

2026 Annual Progress and Services Report



NEW JERSEY DEPARTMENT OF
CHILDREN AND FAMILIES

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Section A. Introduction

State Agency Administering the Program

The New Jersey Department of Children and Families (DCF or the Department) serves as the state's lead agency for the Title IV-E and IV-B programs. DCF is a Cabinet-level agency, created in 2006, with a mandate to administer the state's child welfare/protection system, the design and delivery of New Jersey's public behavioral health care system for children and families, provision of public services for children with intellectual and developmental disabilities (I/DD) and their families, specialized educational programming, support services aimed at promoting success of transition aged youth, the administration of a network of community-based services focused on strengthening families and preventing and interrupting child maltreatment, and services and programming to support women and prevent violence against women. Through partnership and collaboration with state, public and private agencies, DCF advances a powerful network of high quality, effective services and supports for children and families across New Jersey. DCF continuously strives to strengthen interdivisional and interdepartmental relationships in support of children, families, and communities.

In June 2025, DCF submitted, and the Administration for Children and Families (ACF) approved, its 2025-2029 Child and Family Services Plan (CFSP), which outlines DCF's vision and goals for strengthening New Jersey's child welfare system. Each June, DCF submits an Annual Program and Services Report (APSR), providing updates on the progress made to accomplishing the goals and objectives set forth in that CFSP. The 2026 APSR, details DCF's progress on the prior goals during Year 1 (July 1, 2024, through June 30, 2025.) DCF will continue to provide annual updates via APSR. This CFSP and the 2025 APSR are available at: <https://www.nj.gov/dcf/childdata/njfederal/>. For questions related to this report:

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Section B. 2026 APSR

Section 1. Update to the Vision and Collaboration

A. Vision Statement

In keeping with Governor Phil Murphy's platform of a stronger, fairer New Jersey, DCF has been undergoing an urgent transformation that is informed by evolving national best practices, ongoing self-evaluation of the Department's performance, advances in science, and input from staff and constituents, including people impacted by the system. While remaining steadfast in its commitment to ensure a strong, statewide network of core services and programming to support New Jersey's children and families, DCF is evolving into a 21st century child and family serving system.

DCF envisions a state in which every resident is *safe, healthy, and connected*.

Safe – free from physical, psychological and emotional harm or maltreatment, and risk of 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 – it is extremely challenging for humans to attain any one of these conditions without the other two also being present. DCF aims to support constituent achievement of all three conditions.

Guided by this vision, DCF engaged in a multi-year strategic planning process, which was aimed at building on agency strengths and developing solutions to areas needing improvement. In 2019, DCF finalized its strategic plan.¹ In late 2023 and early 2024, DCF's executive leadership revisited the strategic plan and affirmed its commitment to the previously identified vision, values, approaches, and goals. Taking into consideration the most recent needs of constituents served by the child welfare system, leadership expounded on the previously identified goal to achieve service excellence, identifying the following goals. DCF will:

- build and modernize the infrastructure to support and facilitate operations,
- partner with communities to ensure child maltreatment, intimate partner violence, and sexual assault prevention programming promotes protective factors and effectively meets the diverse needs of all New Jersey residents, and
- deliver, either directly or through contracted providers, excellent services that lead to positive outcomes.

DCF views its strategic plan as the platform from which DCF develops and integrates various federal plans and funding streams, as well as state investments. As such, DCF's strategic plan, including the goals and objectives for achieving service excellence, are the foundation of the five-year plan set forth in the 2025-2029 CFSP.

B. DCF's Organization and Infrastructure

Each month, DCF serves over 131,000 constituents through an array of direct, family-centered programs and services, and a network of providers. DCF's direct services are delivered by the following divisions and offices: the Children's System of Care (CSOC), the Division of Child Protection and Permanency (CP&P), the Division of Family and Community Partnerships (FCP), the Division on Women (DOW), the Office of Education (OOE), and the Institutional Abuse Investigation Unit (IAIU), with support from an array of operational and business offices. Summaries of DCF's primary direct service divisions follow.

- **Children's System of Care.** CSOC serves children and adolescents with emotional and behavioral health care challenges and their families; children with I/DD and their families; and children with substance use challenges and their families. Core services include: 24/7/365 access to request services; mobile response and stabilization services, care management, intensive in-community treatment, applied behavior analysis, individual and family support services, treatment homes, residential treatment, and family support organizations.
- **Division of Child Protection and Permanency.** CP&P is responsible for receiving and responding to reports of alleged child maltreatment and ensuring the safety, permanency and well-being of children. To carry out these responsibilities, CP&P directly operates the State Central Registry (child abuse hotline), carries out child protective investigations and child welfare assessments, provides case management for children and their families, recruits, trains and supports kin and unrelated foster/adoptive parents, facilitates family preservation, reunification, adoption and guardianship processes, and accesses a

¹ https://www.nj.gov/dcf/about/DCF-strategic-plan-narrative_2019-2020.pdf

statewide network of community-based services built to assist families that struggle to parent safely in their process of healing, learning, changing, and thriving.

- **Division of Family and Community Partnership.** FCP promotes the health, well-being and personal safety of New Jersey's children and families. It works with parents, caregivers, organizations, and communities to ensure an effective network of proven support services, public education, and community advocacy to prevent maltreatment. FCP is responsible for the management of New Jersey's kinship navigator programs, Family Success Centers (FSC), school-linked services, early childhood services, in-home services that promote safety and keep children and families together, reunification services and housing programs, in addition to multiple statewide partnerships to promote strong families and communities.
- **Division on Women.** DOW creates, promotes, and bolsters the rights and opportunities for women and other constituents in New Jersey. The Division administers funding and supports the development of programming in the areas of domestic violence, sexual violence, service accessibility, prevention, economic self-sufficiency and financial empowerment, and policy and assessment. It also collaborates with public and private entities on legal, policy and program development.

Since its inception in 2006, the Department has stabilized, grown, and developed the infrastructure needed to take on the challenges of—and to take advantage of the opportunities associated with—serving children, women, men, and families in the 21st century. DCF continuously evaluates its infrastructure to ensure best-in-class approaches to service design and delivery are utilized to support work that achieves its vision. Core infrastructure components include:

- **Workforce.** DCF's strongest asset is its staff. DCF employs over 6,600 employees, including investigators, caseworkers, inspectors, regulators, trainers, evaluators, researchers, attorneys, analysts, administrators, and more. For detail on the Child Protective Service Workforce, see Section C, *CAPTA State Plan Requirements and Updates*.
- **Training.** DCF's Office of Training and Professional Development (OTPD) coordinates and oversees Department-wide training and certificate programs. OTPD delivers training directly and through two statewide training partnerships: the New Jersey Child Welfare Training Partnership and a partnership with Rutgers University Behavioral Health Care. DCF offers in-house certificate programs for staff, i.e., the Violence Against Women Certificate program, the Substance Use Disorder (SUD) Fellowship program, etc. Training is detailed in DCF's Round 4 Child and Family Services Review (CFSR) Statewide Assessment (SWA) ("Round 4 CFSR SWA"), Systemic Factor 4, *Staff and Provider Training*.
- **Coordinated Implementation.** DCF relies on a rich implementation infrastructure to support collaborative model selection, design, implementation, data collection, monitoring, evaluation and ongoing Continuous Quality Improvement (CQI) to achieve outcomes. DCF's Office of Strategic Development (OSD) centers its work in the principles of implementation science, enabling DCF to effectively manage large scale implementation efforts with fidelity to each programs core model and service standards across an extensive portfolio of service lines. For additional information on DCF's implementation

approach, see Section 3(B), *Goal 2*, and DCF's Round 4, CFSR SWA, *Systemic Factor 5, Service Array and Resource Development*.

- **Financial Management.** In State Fiscal Year (SFY) 2024, DCF's operating budget, including federal funding, was \$2.33 billion. DCF continually looks to be good stewards of state and federal revenue, managing innovative and financially responsible programs and contracting. In May 2024, ACF conducted a primary review of New Jersey's Title IV-E foster care program in accordance with 45 CFR § 1356.71; Children's Bureau (CB) determined New Jersey was in substantial compliance with federal eligibility requirements. Reviewers identified program strengths and promising practices, including New Jersey's automated data system, the timeliness of court proceedings and judicial determinations, and timeliness of providing licenses to approved resource family homes.
- **Facilities and Equipment.** DCF maintains one Central Office, 46 CP&P local offices, nine CP&P area offices, 13 schools, and a state-of-the art training and professional development center. DCF's fleet of vehicles supports staff to undertake investigations, inspections, and casework and service activities. DCF's information technology and telephonic infrastructure, managed by DCF's Office of Information Technology (OIT), allow staff to maximize efficiency and effectiveness of their work through both mobile and office-based technological supports.
- **Continuous Quality Improvement, Data and Research Infrastructure.** DCF employs well-functioning systems to support its ability to self-monitor performance, assess outcomes achieved, analyze practice, and self-correct. DCF uses data to inform policy and programming, strengthen standard operating procedures, maintain focus on CQI and tell the stories of constituents across New Jersey. DCF maintains NJSPIRIT, New Jersey's comprehensive child welfare information system (CCWIS), and contracts for the development and maintenance of CYBER, the electronic information system used by CSOC. DCF maintains program-specific data systems and is developing consistent data collection methods for services delivered through other parts of its contracted service network. DCF's Office of Analytics and Systems Improvement (ASI) manages the Department's quality assurance and program evaluation activities, data analysis and reporting, and child fatality and near fatality case practice reviews. For additional information on DCF's information management and CQI systems, see DCF's Round 4 CFSR SWA, *Systemic Factor 1, Statewide Information System*, and *Systemic Factor 2, Case Review System*.
- **Critical Business and Operational Offices.** DCF's work to support children and families would not be possible without the many offices that provide critical business and operational expertise, including Offices for Communications and Public Affairs, Legislative Affairs, Human Resources, Facilities, and Policy, Legal Affairs and Compliance, Special Projects, and more.

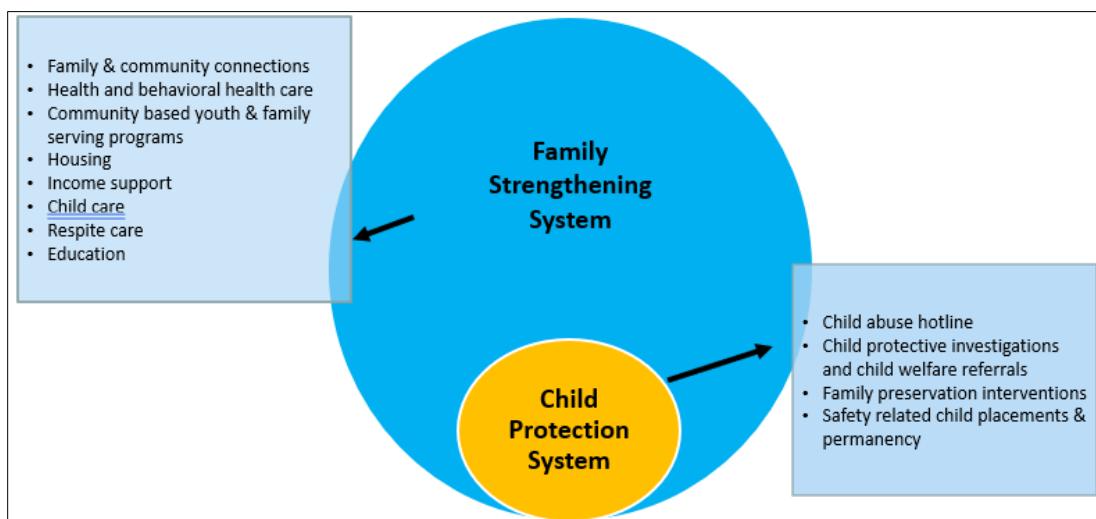
As the State's Title IV-B and Title IV-E lead agency, DCF ensures coordination of plans, strategies and provision of the contracted services for children and families. Further coordination is made possible through DCF's role as lead agency for various federal grants, including the Community-Based Child Abuse Prevention (CBCAP) and Children's Justice Act (CJA) grants. DCF's efforts related to federal planning for CB grant programs, e.g., organization of the APSRs, planning for the Round 4 CFSR, monitoring and tracking of CFSR Program Improvement Plans (PIP), management of the FFA five-year plan, and coordination, application and monitoring of progress related to federal CBCAP and CJA grants, and more, remain consolidated within one office. This

structure continues to increase DCF's ability to integrate across federal plans, to synergize efforts whenever possible, and to effectively coordinate with state, e.g., the Court Improvement Plan Coordinator, and federal entities, e.g., CB partners and consultants. This office will work to further integrate the findings of additional federal reviews, including the Round 4 CFSR Final Reports and PIP, Title IV-E foster care eligibility reviews, Adoption and Foster Care Analysis and Reporting System (AFCARS) reviews, National Youth in Transition Database (NYTD) reviews, and other relevant CB reviews, across all plans and reports as the reviews take place.

C. DCF's Collaboration Efforts

Family Strengthening as a Collaborative, All-of-State Effort. Since the onset of the current administration, DCF has focused on a necessary shift from a system with a predominant focus on traditional child protection services with peripheral family strengthening efforts to a system with a predominant focus on family strengthening efforts with traditional child protection services utilized only as a targeted safety intervention. This strategy envisions a future with (1) a greatly reduced, and safely reduced, child protection system and (2) a greatly enhanced family strengthening system.

Figure 1. DCF's Vision of a Family Strengthening System



The family strengthening system envisioned by DCF is rooted in the Protective Factors Framework.² In the forefront, it is comprised of the natural connections between families and their extended family, friends, and community, a network of relationships that often offers the strongest and most effective support for families. Secondarily, it includes a myriad of concrete supports and social, health, and education services aimed at helping families function at their best. These supports and services exist outside the child protection system. When the elements of this system work together, families and communities are supported to thrive safely together and state intervention through the child protection system is reserved for rare situations in which a child is unsafe or at risk of harm.

DCF's vision of a broader family strengthening system is a collaborative, all-of-state effort. Successful service for families and children depends both on efforts led by DCF, as well as those in which DCF exists as a partner. Family strengthening efforts include those made by DCF, its

² [Protective Factors Framework - Center for the Study of Social Policy \(cssp.org\)](http://www.cssp.org)

sister agencies, families and youth, the courts and legal partners, provider agencies, educational partners, law enforcement, healthcare partners, and many more. Together, these collaborative efforts have the potential to offer a very powerful network of support to New Jersey's children and families.

With this vision in mind, DCF depended on consultation and collaboration with a wide range of stakeholders and partners in developing both its strategic plan and the five-year plan set forth in its 2025-2029 CFSP. For additional information on highlighted efforts to directly hear from constituents during this planning and development, e.g., the 2018-2019 Commissioner's Listening Tour, constituent councils, co-design efforts, and regional forums, see DCF's 2025-2029 CFSP.

Collaboration in Reviewing and Implementing the 2025-2029 CFSP. DCF's efforts to advance the strategies included in its strategic plan and 2025-2029 CFSP will only succeed through effective collaboration. Highlighted efforts to build, engage, and sustain meaningful consultation and collaboration and, therefore, realize systems integration, alignment and improvement, during Year 1 follow.

- **Stakeholder Convenings.** DCF continued to bring together multidisciplinary groups of child welfare stakeholders to discuss DCF's key initiatives and goals and service provision across the state. Examples include:
 - o **Biannual regional forums.** DCF continues to hold biannual regional forums, bringing together hundreds of critical stakeholders for continued dialogue on DCF's initiatives and approaches. These ongoing events provide an opportunity for any stakeholder to hear directly from key leaders about the progress of the Department and provide unedited feedback.
 - o **Round 4 CFSR Planning and SWA development.** Throughout the reporting period, DCF worked with a wide array of stakeholders to develop the Round 4 CFSR SWA that will be submitted in July 2025 and prepare for the September 2025 On-Site Review and subsequent development of the PIP. In addition to DCF staff specializing in child protection, data, research, CQI, project management, and federal reporting, New Jersey's CFSR planning team includes people with lived experience and multiple staff from the Judiciary. This team met at least bi-monthly, as well as monthly with CB partners. DCF also coordinated numerous kick-off sessions and listening sessions with stakeholders from across the state, including youth and parents with lived experience with DCF services, resource parents, child protection staff (trainees, caseworkers, specialty positions, leadership), the judiciary, legal and law enforcement partners, members of advocacy groups and provider organizations, state and county human service professionals, and more. For additional information, see DCF's Round 4 CFSR SWA, *General Information*.
- **Inclusion of Constituents in Our Work.** Established in 2018 as the first of its kind among public child welfare agencies nationwide, DCF's Office of Family Voice (OFV) advances shared leadership and co-design with people who have lived experience to create and sustain systemic change. OFV uses innovative approaches to elevate the perspectives of constituents and promotes authentic partnership to improve and transform DCF services leading to a more responsive and equitable child- and family-serving system. OFV continues to build capacity to provide opportunities for constituents to share perspectives, develop priorities, and implement recommendations to improve and transform the agency's policy, practice and services. During Year 1, the following OFV initiatives were

in operation.

- **Youth Council.** Established in 2019 and fully operational in 2020, DCF's Youth Council consists of approximately 20 young people, ages 15-23, working in two-year terms to elevate the voices of youth and alumni directly impacted by DCF's CP&P, CSOC and OOE. Noteworthy accomplishments of past Youth Council cohorts include authoring and passing the Sibling Bill of Rights legislation, creating a peer to peer mentoring program and completing an overhaul of the New Jersey Youth Resource Spot (NJVRS) website. During Year 1 and through the present, the third Youth Council cohort was operational. DCF is preparing to recruit for Cohort 4. Efforts of the Youth Council are described throughout this report.
- **Fathers with Lived Experience Council.** The Dads Achieving Dynamic Success (D.A.D.S.) Council, which is comprised of a diverse group of fathers having experience with the child welfare system, continued to work to enhance Department policy and practice and to empower fathers to make decisions on critical issues. The D.A.D.S. Council develops annual recommendations for DCF leadership that impact DCF's approach to engaging fathers and will improve the experience of fathers and father figures involved with the child welfare system.
- **Parent Council.** The DCF Parent Council, the newest addition to OFV, was launched in June 2024 and consists of 22 parents from across New Jersey, each contributing their personal experiences with CP&P. In October 2024, the council presented their mission statement and departmental priorities to the Commissioner. Council members have also actively participated in initiatives aimed at improving child welfare services by joining subcommittees of New Jersey Task Force on Child Abuse and Neglect (NJTFAN or the Task Force) and contributing to the development of a Parent Handbook alongside CP&P and D.A.D.S. council members. In 2025, the Parent Council plans to advance their priorities, aspiring to make a meaningful impact on the policies and practices of CP&P, ensuring that family voices are effectively heard and integrated into the system.
- **Lived Experience Expert Partnership.** In Year 1, DCF developed the Lived Experience Expert Partnership (LEEP) to support and ready constituents to serve as lived experience consultants on various projects across the department. OFV developed critical components of the program, including recruitment and hiring processes, an onboarding plan, and standardized tools and processes, with members of the Youth and D.A.D.S. Councils and Powerful Families, Powerful Communities (PFPC). DCF onboarded nine LEEP consultants, who are now serving as consultants on projects across the Department. DCF also began enhancing this initiative through CQI processes. Full implementation will take place later in 2025.
- **Resource Parent Advisory Committee.** In March 2024, DCF kicked off a Resource Parent Advisory Committee (RPAC), consisting of two licensed resource parents, some kin and some non-kin, from each of New Jersey's nine CP&P catchment areas that serve a term of one year. This Committee's goal is to strengthen the partnership and communication between DCF and resource parents to collaboratively achieve the best outcomes for children in out-of-home care. The Committee, which meets monthly work towards viable solutions and will act as liaisons, sharing information with resource families in their areas. For additional information on the RPAC, see Section 3(B), *Goal 2.*

- **Partnership with the Judiciary.** In this reporting period, DCF and the Judiciary maintained a strong partnership. In addition to working closely to plan for New Jersey's participation in Round 4 CFSR as described above, DCF continued to have representation on the New Jersey Children in Court Improvement Committee (CICIC) and its subcommittees, enabling continued information sharing on strategic priorities, coordination of joint initiatives and training events or conferences, and monthly meetings examining system performance data with a wide range of legal stakeholders. In March 2025, the CICIC held its annual conference, including multiple speakers from DCF and its constituent councils to present throughout the two-day event. Local Children in Court Advisory Committees (CICAC) continued to meet quarterly in each county to discuss localized court practices, review data, share information about new and ongoing initiatives, and discuss the availability of services.

In addition, DCF and the New Jersey Administrative Office of the Courts (AOC) continue to work towards the development of new two-way interfaces between New Jersey's Comprehensive Child Welfare Case Management System, NJ SPIRIT, and the AOC's Ecourts data system. DCF and AOC information technology teams are in the process of integration testing and validations of the normal operational data integrations and the initial transfer of all open docket details into NJ SPIRIT. The teams are also separately performing system testing to validate the user interface and functional changes in both systems. DCF expects this testing to conclude in July 2025. In the same month, user-acceptance testing will run for approximately two weeks. The system integration functions are targeted to go live in August 2025.

- **Continued partnership with the New Jersey Task Force on Child Abuse and Neglect.** The NJTFCAN studies and develops recommendations regarding the most effective means of improving the quality and scope of child protective and preventative services provided or supported by state government.³ The Task Force is comprised of 30 volunteer members that are broadly representative of the community, ranging from child protection representatives and law enforcement to advocates for children and parents.⁴ In Fall 2024, the NJTFCAN and DCF hosted its annual interdisciplinary conference for over 250 professionals in the fields of child protection, law enforcement, social work, education, childcare, mental health, medicine, juvenile justice, domestic violence, and the courts. The 2024 conference focused on mandated reporting and the conflation of poverty and neglect. Attendees heard from national experts and New Jersey leaders and engaged in small group dialogue on child welfare topics. In addition to hearing perspectives of stakeholders throughout the day, the conference concluded with a survey for additional insights on mandated reporting practices. For additional information on the NJTFCAN, see DCF's June 2025 CJA Annual Program Report and Application.
- **Multidisciplinary Advisory Groups.** DCF routinely employs multidisciplinary advisory groups to support major initiatives. Year 1 examples include the Statewide Home Visiting Workgroup (provides input, coordination, and guidance in the implementation of New Jersey's evidence-based home visiting network), the New Jersey Statewide Student Support Services (NJ4S) Advisory Group (informs the implementation of the NJ4S network), the Chafee Advisory Group (CAG) (provides input on services for youth and execution of the 2025-2029 Chafee plan), and the Child Advocacy Center (CAC) Multidisciplinary Team

³ N.J.S.A. 9:6-8.75-8.82; see also [DCF | New Jersey Task Force on Child Abuse and Neglect \(NJTFCAN\)](#)

⁴ N.J.A.C. 9:6-8.76; see also [DCF | Task Force Members \(nj.gov\)](#)

Advisory Board (plans for and evaluates the effectiveness of the state's network of CAC). For additional information on home visiting and NJ4S, see Section 3(A), *Goal 1*. For additional information on the CAG, see Section 5(G), *Updates on Service Descriptions, Chafee Program*.

- **Planning and Coordinating Bodies.** In Year 1, DCF continued to support and participate in planning and coordinating bodies, including, but not limited to, the following:

- **Children's Interagency Coordinating Councils.** Children's Interagency Coordinating Councils (CIACCs) are county-based entities that foster cross-system service planning for youth with behavioral health and/or Intellectual or Developmental Disability needs and their families. CIACCs, which exist in every county, serve as the mechanism to develop and maintain a responsive, accessible and integrated system of care for children with special social and emotional needs and their families through the involvement of parents, youth, and child-serving agencies as partners.
- **Human Services Advisory Councils.** Human Service Advisory Councils (HSACs) are statutorily mandated, DCF-funded county-based planning, advisory and advocacy organizations dedicated to meeting human service needs. They seek to facilitate, coordinate, and enhance the delivery of quality 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, advocates, families, representatives from other county-level advisory boards and State agencies, and more. DCF partners with the HSACs on various initiatives, including efforts to modernize and improve the NJ 211 website and to share information on available services. For additional information on NJ 211, see Section 3(A), *Goal 1*.
- **County Councils for Young Children.** County Councils for Young Children (CCYCs) are local planning bodies in which parents and families, early childhood providers and other community stakeholders develop strategies to increase access to needed services and promote the healthy development of young children and their families. During this reporting period, DCF funded CCYCs in each county across the state.

- **Interagency Initiatives.** DCF partners with other state agencies to ensure that the needs of children and families are met. Examples include:

- **Connecting NJ.** Co-managed with the New Jersey Department of Health (DOH), Connecting NJ (CNJ) hubs throughout the state provide a county-based single point-of-entry system to early childhood services, streamlining the referral process for 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. CNJ hubs utilize developmental health promotion and screening policies statewide. Key partners and stakeholders in the integrated early childhood system include DOH, the New Jersey Department of Education (DOE), New Jersey Department of Labor (DOL), the New Jersey Department of Human Services (DHS), the CNJ hub providers, parent leaders, home visiting agencies, Advocates for Children of New Jersey, the Statewide Parent Advocacy Network, FSCs, Early Intervention, childcare agencies and more. Community alignment specialists, who are integral to New Jersey's universal home visiting program, and Early Childhood Specialists (ECSs), who consult with CP&P, are housed within the CNJ hubs.

For additional information on CNJ, ECSs and DCF's single point of entry integrated early childhood system, see Section 5(A), *Updates on the Service Descriptions, , Stephanie Tubbs Jones Child Welfare Services Program*, and DCF's Round 4 CFSR SWA, Systemic Factor 5, *Service Array and Resource Development*.

- **CAC and MDTs.** Each county in New Jersey has a CAC, a child friendly setting to coordinate investigation and response between law enforcement, child welfare investigators, and medical and mental health providers. A CAC Multidisciplinary Team (MDT) Advisory Board exists to undertake a comprehensive plan for evaluating the effectiveness of the state's network of CACs and MDTs. More specifically, the board is responsible for ensuring that every CAC and MDT is following practice guidelines that are consistent with the accreditation standards of the National Children's Alliance. The CAC-MDT Model aims to reduce trauma faced by children who are victims of abuse and successfully resolve civil and criminal court proceedings.
- **Juvenile Detention Alternatives Initiative.** The Juvenile Detention Alternatives Initiative (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. DCF has been a partner on the state and local levels collecting and analyzing data while collaborating with the AOC, Youth Justice Commission (YJC), 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.
- **Juvenile Youth Justice Commission.** In December 2021, the YJC, through the Office of the Attorney General, issued a Restorative and Transformative Justice for Youth and Communities Pilot Program. The program aims to divert youth from the formal justice system and support their successful reintegration into communities through community-led, non-residential programs. YJC developed an innovative restorative and transformative continuum of care in four of New Jersey's largest municipalities: Camden, Newark, Paterson, and Trenton. Pursuant to P.L. 2021, c.196, each of the four identified municipalities currently have a restorative justice hub that provides community-based enhanced diversion and reentry wraparound services. DCF partners with the YJC and these local communities through data sharing and analysis, identification of service gaps, and reciprocal referrals across these systems.
- **Youth Housing Continuum.** DCF facilitates a continuum of youth housing programs and related services that are intended to empower eligible homeless youth, youth at risk for homelessness, and youth aging out of the child welfare system, ages 18 – 21 years, to maintain safe and stable housing, develop strengths, and realize their potential as they transition to adulthood. The youth housing continuum provides services, including transitional, supervised, and permanent supportive housing and street outreach services, and also matches housing, vouchers or subsidies with wraparound services. The youth housing continuum is made possible via coordination with key stakeholders in the housing and homelessness space, including, the United States Department of Housing and Urban Development (HUD), New Jersey Department of Community Affairs (DCA), contracted provider partners, public housing authorities (PHAs), Continuums of Care (CoC), landlords and housing developers, and other community partners, and is

supported by a mix of state and federal funding resources, including Chafee and TANF.

- **Home Visiting Network.** Through partnership with DOH and coordination with state and local stakeholders, New Jersey offers a comprehensive system of care to link pregnant women and parents with necessary health and social support services. The home visiting network offers three targeted, evidence-based home visiting models across all 21 counties: Healthy Families, Nurse-Family Partnership, Parents as Teachers Initiated with Maternal, Infant and Early Childhood Home Visitation (MIECHV) grant funding, the home visiting network is now funded via a combination of federal and state funds, including Temporary Assistance for Needy Families (TANF) and MIECHV. In addition to the network of targeted home-visiting services, New Jersey makes available a universal evidence-based program, Family Connects NJ. DCF continues to roll out the Family Connects NJ program across the state and expects programming to be available statewide by 2027. For additional information on the targeted evidence-based home visiting models, see Section 5(B), *Updates on the Service Descriptions, Stephanie Tubbs Jones Child Welfare Services Program*. For additional information on the Family Connects NJ, see Section 3(A), Goal 1.

Emphasizing Transparency. DCF values data transparency and believes any interested individual should be able to easily access and review agency policy and performance and outcomes data to assess how the child welfare system is functioning and be empowered to innovate, plan, advocate and hold the Department accountable. DCF maintains clear, concise and accessible policies, which are available to the public and accessible online.⁵ DCF publishes monthly performance data and various briefs, reports, plans, and concept papers on its public website.⁶ In addition, through a partnership with Rutgers University, DCF makes public customizable data reports related to CP&P and CSOC performance via the New Jersey Child Welfare Data Hub.⁷ The Data Hub includes the New Jersey Child Welfare Data Portal that allows users to explore key indicators of child well-being through customizable visualization and query tools, and the New Jersey Child Welfare Data Map that allows users to explore key child welfare and well-being measures, population characteristics and socioeconomic variables at the state and county-level.

Section 2. Update to the Assessment of Current Performance in Improving Outcomes

DCF heavily relies on data to inform policy, strengthen standard operating procedures, and maintain its focus on CQI. Through its portfolio of ASI, DCF has the ability to collect and analyze quantitative and qualitative information to measure and support organizational performance. DCF uses this information to support effective management of programs, report on the outcomes of service delivery to children and families, and to comply with state and federal requirements.

Primary tools used in support of this work include NJSPIRIT, New Jersey's statewide automated CCWIS, state-of-the-art reporting tools that make child protection and welfare data available to caseworkers in real time, and qualitative methods, such as record reviews and family interviews that support CP&P's Collaborative Quality Improvement (CoQI) process, and other ad hoc targeted reviews. Data is also routinely made available to the public at large through a data portal created in partnership with Rutgers University and monthly performance, and periodic descriptive

⁵ https://www.nj.gov/dcf/policy_manuals/toc.shtml

⁶ www.nj.gov/dcf

⁷ [NJ Child Welfare Data Hub | Data Hub \(rutgers.edu\)](http://NJ Child Welfare Data Hub | Data Hub (rutgers.edu))

reports and briefs that are published to DCF's website.⁸ Lastly, 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. For information on CCWIS and DCF's CQI efforts, see DCF's Round 4 CFSR SWA, *Systemic Factor 1, Statewide Information Management System, and Systemic Factor 3, Quality Assurance System*. For information on data transparency and stakeholder collaboration, see Section B(1), *Update to the Vision and Collaboration*.

Using these quantitative and qualitative methods, DCF is able to identify strengths and areas in need of improvement. Through significant investment in data infrastructure and quality improvement processes, along with other reform and transformational efforts, DCF has achieved many positive outcomes for children and families. For example, New Jersey safely reduced rates of children entering out-home-placement from 2.5/1,000 in 2004 to 0.9/1,000 in 2023—now the lowest rate in the country. There are also areas of practice, e.g., achievement of timely permanency, where DCF recognizes a need for improvement.

In this section of the APSR, DCF typically provides data from a variety of sources, including administrative and longitudinal data from CCWIS, SafeMeasures, and the New Jersey Data Hub, qualitative data from the various CoQI processes, ad hoc reviews, and various surveys and focus groups, and more. DCF also typically analyzes that data to identify current areas of strength and areas in need of improvement. In light of the timing of DCF's participation in Round 4 of the CFSR and, more specifically, DCF's preparation of its Round 4 CFSR SWA for submission to the same audience in July 2025, and to avoid provision of duplicate information for review, DCF refers readers to that document for information and data on each CFSR outcome and systemic factor. In the remaining APSRs submitted in relation to the 2025-2029 CFSP, DCF will resume its regular reporting on DCF's performance related to the CFSR outcomes and systemic factors. For data and performance analysis related to the CFSR outcomes and systemic factors, see DCF's Round 4 CFSR SWA, Section 3, *Assessment of Child and Family Outcomes*, and Section 4, *Assessment of Systemic Factors*.

Section 3. Update to the Plan for Enacting Vision & Progress to Improve Outcomes

Based on constituent and stakeholder inputs and the additional information gathering processes described in 2025-2029 CFSP, DCF refined its strategic plan to ensure that every person in New Jersey is safe, healthy, and connected. Progress on the goals and objectives of DCF's 2025-2029 CFSP, outlined in Table 1, are detailed through this section.

Table 1. 2025-2029 Goals and Objectives for Enacting the State's Vision

Goal 1: To prevent unnecessary involvement in the child protection system.
Objective 1. To engage stakeholders outside of the child protection system to ensure use of the child abuse hotline is reserved only for situations in which maltreatment, as opposed to family poverty, is suspected
Objective 2. To improve awareness of access to statewide family resource directory.
Objective 3. To expand community programs and protective factors.
Objective 4. To reform call screening practice to distinguish poverty more precisely from neglect
Goal 2: To improve the quality of services to families involved with DCF.
Objective 1. To ensure constituent safety in CP&P out-of-home settings and CSOC residential settings.
Objective 2. To improve the service array.

⁸ [NJ Child Welfare Data Hub | Data Hub \(rutgers.edu\); DCF \(nj.gov\)](http://njchildwelfare.rutgers.edu)

A. Goal 1: To prevent unnecessary involvement in the child protection system.

Rationale for Goal 1. As DCF detailed in its 2025-2029 CFSP, very few child protective service investigation reports meet evidentiary standards for “substantiated” or “established” findings.⁹ In fact, the majority of investigations conclude that no maltreatment incident occurred at all. In New Jersey, and in the United States overall, most of these investigations are responses to allegations of neglect, rather than abuse. Relevant statistics demonstrate a significant over-use of the child protection system impacting over tens of thousands of families each year. Child protection systems are not charged with, designed, funded for, or skilled enough to effectively mitigate the impact of economic distress on families. DCF is committing to reducing the inappropriate use of the child protection system and ensuring that caregivers who are not suspected of actual maltreatment do not become involved with the child protection system. To review additional information and supportive data for the Rationale for Goal 1, see DCF’s 2025-2029 CFSP.

Objectives and Strategies for Achieving Goal 1. To achieve Goal 1, DCF plans to advance the four objectives. To review the rationale behind this goal and each objective, including supportive data and other evidence, see DCF’s 2025-2029 CFSP. Table 2 includes the annual benchmarks for each Goal 1 objective. In the remainder of this section, DCF summarizes progress towards the Year 1 benchmarks made during the reporting period. The Goal 1 objectives are:

1. Engage stakeholders outside of the child protection system to ensure that use of the child abuse hotline is reserved only for situations in which maltreatment—as opposed to family poverty—is suspected.
2. Improve awareness of access to statewide family resource directory.
3. Expand community programs and protective factors.
4. Reform call screening practice to distinguish poverty more discretely from neglect.

⁹ <https://njchilddata.rutgers.edu/>

Table 2. Benchmarks for Goal 1, Objective 1-4

	Objective 1. Engage stakeholders outside of the child protection system to ensure that use of the child abuse hotline is reserved only for situations in which maltreatment—as opposed to family poverty—is suspected.	Objective 2. Improve awareness of access to statewide family resource directory.	Objective 3. Expand community programs and protective factors.	Objective 4. Reform call screening practice to distinguish poverty more discretely from neglect.
Year 1	<p>A subcommittee of the NJTFCAN will engage with the primary reporting sources and their trade organizations to gain a better understanding of mandatory reporter training practices, reporting behaviors and recommendations for change.</p> <p>Geospatial modeling & community planning: In Cohort 1 counties, DCF will engage in improvement-focused conversations with stakeholders. In Cohort 2 counties, DCF will conduct geospatial predictive risk analysis DCF will engage in a collaborative planning process to determine project scope for Years 2-5.</p>	<p>DCF will continue the marketing campaign that started in SFY24. DCF will identify public and private stakeholders positioned to use and disseminate information about NJ 211; DCF will create an engagement strategy. DCF will modify contracts, where appropriate, to include requirements related to maintenance of NJ 211 listings. DCF will identify a strategy for use of NJ 211 as an alternative to State Central Registry (SCR) in situations of family poverty with no concern for maltreatment ("SCR alternative strategy," and develop a workplan for Year 2.</p>	<p>UHV: DCF will begin providing UHV services to counties in Group B, Cohort 1.</p> <p>NJ4S: 90% of NJ4S hubs will be fully staffed. 65% of eligible schools will be engaged in NJ4S program. 50% of engaged schools will apply for Tier 2/3 services. DCF will implement the recommendations from Phase 1 of the evaluation.</p>	<p>DCF will define new screening standards, engaging public review via a subcommittee of the NJTFCAN. DCF will design and begin to implement internal change management, e.g., training, defined screener, supervisory and managerial practices, practice guides.</p>
Year 2	<p>A subcommittee of the NJTFCAN will use Year 1 learnings to establish goals, develop a workplan for Year 2, and move forward with that workplan.</p> <p>Geospatial modeling & community planning: In Cohort 1 counties, DCF and stakeholders will develop and implement prevention and equity-focused strategies. In Cohort 2 counties, DCF will engage in improvement-focused conversations with stakeholders. DCF will prepare to move forward with plan identified in Year 1, with a focus on data acquisition.</p>	<p>DCF will execute engagement strategy identified in Year 1. DCF will assess progress on the SCR alternative strategy, move forward with Year 2 workplan and develop a workplan for Year 3.</p>	<p>UHV: DCF will begin providing UHV services to counties in Group A, Cohort 2.</p> <p>NJ4S: NJ4S hubs will sustain staffing. 70% of eligible schools will be engaged in NJ4S program. 60% of engaged schools will apply for Tier 2/3 services with increase in Tier 2 over Tier 3 services. DCF will implement recommendations from evaluation.</p>	<p>DCF will continue implementation of the change management strategy. DCF will design sustainable CoQI process for SCR.</p>
Year 3	<p>A subcommittee of the NJTFCAN will assess progress on goals, develop a workplan for Year 3, and move forward with that workplan.</p> <p>Geospatial modeling & community planning: In Cohort 2 counties, DCF and stakeholders will develop and implement prevention and equity-focused strategies. DCF will conduct additional geospatial predictive risk analysis based on plan identified in Year 1.</p>	<p>DCF will assess progress on the SCR alternative strategy, move forward with Year 3 workplan and develop a workplan for Year 4.</p>	<p>UHV: DCF will begin providing UHV services to counties in Group B, Cohort 2, making UHV program available statewide.</p> <p>NJ4S: NJ4S hubs will continue to sustain staffing. 75% of eligible schools will be engaged in NJ4S program. 65% of engaged schools will apply for Tier 2/3 services with increase in Tier 2 over Tier 3 services. DCF will continue implement recommendations from evaluation.</p>	<p>DCF will roll out CoQI process designed in Year 2. DCF will produce a public report regarding implementation.</p>
Year 4	<p>A subcommittee of the NJTFCAN will assess progress on goals, develop a workplan for Year 4, and move forward with that workplan.</p> <p>Geospatial modeling & community planning: DCF will engage in improvement-focused conversations with stakeholders based on plan identified in Year 1.</p>	<p>DCF will assess progress on SCR alternative strategy, move forward with Year 4 workplan and develop a workplan for Year 5.</p>	<p>UHV: DCF will achieve, at a minimum, 60% population reach of all births statewide.</p> <p>NJ4S: NJ4S hubs will continue to sustain staffing. 80% of eligible schools will be engaged in NJ4S program. 70% of engaged schools will apply for Tier 2/3 services with increase in Tier 2 over Tier 3 services. DCF will continue implement recommendations from evaluation.</p>	<p>DCF will sustain the CoQI process.</p>
Year 5	<p>A subcommittee of the NJTFCAN will assess progress on goals, develop a workplan for Year 5, and move forward with that workplan.</p> <p>Geospatial modeling & community planning: DCF and stakeholders will develop and implement prevention and equity focused strategies.</p>	<p>DCF will assess progress on SCR alternative strategy and move forward with Year 5 workplan.</p>	<p>UHV: DCF will continue to achieve, at a minimum, 60% population reach of all births statewide.</p> <p>NJ4S: NJ4S hubs will continue to sustain staffing. 90% of eligible schools will be engaged in NJ4S program. 75% of engaged schools will apply for Tier 2/3 services with increase in Tier 2 over Tier 3 services. DCF will continue implement recommendations from evaluation.</p>	<p>DCF will sustain the CoQI process. DCF will provide a second public report regarding implementation.</p>

Year 1 Update for Goal 1, Objective 1. Engage stakeholders outside of the child protection system to ensure that use of the child abuse hotline is reserved only for situations in which maltreatment—as opposed to family poverty—is suspected. During the reporting period, the Subcommittee met on a at least monthly basis to continue to examine ways in which the current operation of the child welfare system inappropriately conflates poverty and neglect and to identify specific efforts that can change the status quo. In Summer 2024, DCF, through a consultant, conducted focus groups with the primary callers to the child abuse hotline—health care professionals, educators and law enforcement professionals—to learn more about mandated reporter practices and trainings. In Fall 2024, DCF and the NJTFCAN hosted the Task Force’s annual conference, which focused on mandated reporting and the conflation of neglect and poverty. There were approximately 250 attendees, including DCF staff, NJTFCAN representatives, members of law enforcement and legal field, educators and school personnel, health care providers, DCF contracted providers, and more. At the conclusion of the conference, DCF asked attendees to participate in a survey on mandated reporting practices with a focus on training, workplace protocols, and factors in reporting decision-making. In addition to this qualitative research, DCF and the NJTFCAN analyzed Child Protection Services (CPS) data with a focus on cases of neglect and patterns by reporter type, reviewed scholarly literature for comparison with existing policies and practices, and, in early 2025, contracted with a consultant to support NJTFCAN efforts to identify actionable strategies to address and mitigate the conflation of poverty and neglect, including efforts related to universal mandated reporter training for highest referral sources, exploration of personal, professional, and institutional liability among mandated reporters, and ways to increase linkages and supports through community resources, when safely able to do so. Also in 2025, DCF partnered with Rutgers University to develop a new mandated reporter training; the training is expected to be finalized during the first half of Year 2.

DCF also continued efforts 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. Throughout the reporting period, DCF held improvement focused conversations with community stakeholders in Camden and Cumberland counties, including local service providers, law enforcement, schools and CP&P staff. Stakeholders identified areas for continuous improvement, including better outreach to families in need of services and strengthened coordination amongst service. Additionally, DCF continued its contract with its analytical partner, Camden Coalition of Healthcare Providers (Camden Coalition). During Year 1, Camden Coalition secured data needed for the analysis in Newark and Salem City from DCF and local police departments. DCF finalized amendments to the existing data use agreement with the New Jersey Department of Health to secure the necessary vital statistics and hospital discharge data.

Year 1 Update for Goal 1, Objective 2. Improve awareness of access to statewide family resource directory. Beginning in 2021, DCF began efforts aimed at enhancing the capacity of New Jersey 211 (NJ 211), the statewide community resource directory, information, and referral system, including the formation of an interagency resource directory advisory group, investment in improvements to the site’s publicly available web search tool, and, in 2024, the development of a statewide marketing campaign to ensure that constituents and those positioned to help constituents, e.g., social workers, medical providers, clergy, etc., were aware of the availability of the NJ 211 network.¹⁰ Throughout Year 1, the marketing campaign continued with success; as of March 2025, the campaign garnered approximately 50.7 million online impressions and 518,000 clicks. In the same month, there were 161,408 visits to the NJ 211 website, which is 63% ahead of the campaign’s adjusted goal of 99,000 visits per month), and 6,353 calls to the NJ 211

¹⁰ [About NJ 211 | NJ 2-1-1 Partnership](#)

telephone service, just 1% behind the campaign goal of 6,425 calls per month. In addition, DCF identified and increased support and engagement to those who interface with and provide services to families statewide, undertaking presentations and training sessions with a wide array of stakeholders. For example, in Winter 2024, DCF and NJ 211 hosted trainings for DCF-contracted providers of CSOC, FCP and DOW services that provided website tutorials, search demonstrations, information to enhance user understanding of search results, information on how providers can update and improve their own listings. DCF also provided the providers with information on accessing NJ 211 marketing tools to further disseminate information on the NJ 211 services.

In addition, for SFY 2025, DCF revised its contract requirements for CSOC, FCP, and DOW providers to require that providers who offer services to the general public maintain accurate and updated listings for all programs in the NJ 211 online directory. The modified contracts also require providers to review and update their NJ 211 program listings semi-annually, at a minimum, and/or whenever there is a significant change in program offerings, availability, or contact information added.

Year 1 Update for Goal 1, Objective 3. Expand community programs and protective factors. DCF and its sister agencies continued to collaborate on and coordinate statewide efforts to prevent child maltreatment by enhancing the protective factors of all families through many programs, including Family Connects NJ and NJ4S. During Year 1, the expansion of Family Connects NJ, New Jersey's statewide evidence-based universal home visiting program that initially launched in January 2024, continued as planned. In January 2025, services were expanded to the six additional counties in Somerset, Sussex, Passaic, Hudson, Bergen, and Ocean counties (Group B, Cohort 1), making the program available to approximately 65% of the birthing population in New Jersey. Significantly, Ocean County has the state's highest birth rate and the most births of any county in the state. Data from the first year of the program, Calendar Year 2024, demonstrates the positive impact and importance of Family Connects NJ visits to the participants. In the first year of the program, nurses most commonly referred families to supports for concrete needs, e.g., diapers and food, childcare, postpartum mental health, and connecting the caregiver with a primary care provider. For 17% of families, a referral was made for a significant caregiver or infant health concern or a caregiver well-being concern. Significantly, during the first year, only two Family Connects NJ visits resulted in a call to the child protection hotline – in both cases due to emergency housing needs.

Likewise, the expansion of NJ4S continued throughout Year 1. Launched for the 2023-2024 school year, NJ4S is an innovative, statewide hub and spoke model of services and resources to support youth mental wellness and positive youth outcomes. As of April 2025, 92% of NJ4S hubs were fully staffed. The program had reached 855 of 1,131 eligible schools from 354 districts across the state.^{11,12} Of the schools reached, 58% had engaged their local hub to apply for Tier 2 or Tier 3 services. Through NJ4S, 239,702 students, caregivers and school staff received Tier 1 supports. 15,352 students, caregivers, and school staff received Tier 2 programming comprised of 277 different interventions; of these interventions, 65% were evidence-based programs. 1,120 students and caregivers received Tier 3 brief clinical interventions. Also, during Year 1, DCF worked to connect the NJ4S network to other prevention programs that families could benefit from, using NJ4S provider meetings as a networking and information-sharing opportunity. DCF

¹¹ In this context, “reach” means that a school had at least one school representative signed up to receive NJ4S Tier 2 or Tier 3 services through NJ Connex, the program’s information management system. “Engaged” means that a school filed an application for Tier 2 or Tier 3 services through the portal.

¹² Of the 354 districts reached, 26% were low need districts, 35% were moderate need districts, and 39% were high need districts. 45% of the schools who received services were considered high need.

connected the network to FSCs, the New Jersey Kinship Navigator Program, Young Parent Coalition, Family Support Organizations, HiTops Inc., and more. Through April 2025, during the 2024-2025 school year, hubs made 764 referrals to community services.; The most frequent community services include counseling and intensive support services, e.g., PerformCare, 2nd Floor-Youth Helpline, Pediatric Psychiatry Collaborative, and various outpatient facilities, family and social support services (e.g., FSCs, mentoring, and men's empowerment groups), employment training and education support services, information and referral to concrete services (e.g., housing assistance, food banks; and healthcare services).

Year 1 Update for Goal 1, Objective 4. Reform call screening practice to distinguish poverty more precisely from neglect. In 2024, DCF's child abuse hotline received 158,204 calls.¹³ Of these, almost half (46%) were assigned to CP&P offices for a CPS investigation (61,040) or a child welfare services assessment (12,022).¹⁴ Of those referred for a CPS investigation, approximately 70% were allegations of neglect. Only 2% of the allegations of neglect resulted in a substantiated or established finding. The 2024 data is nearly identical to the previous year's data included in the 2025-2029 CFSP. In Year 1, DCF determined that it was necessary to retain a consultant to support this work and went through the procurement process. In June 2025, DCF began working with this consultant. Also in Year 1, CP&P leadership began socializing the work with the consultant working with DCF and the NJTFCAN on the actionable strategies to reduce conflation between poverty and neglect, described in *Year 1 Update for Goal 1, Objective 1*, above, with SCR staff, and plans to continue to undertake focus groups with screening staff to further explore referral acceptance practices.

Year 1 Updates on Goal 1 Implementation and Program Supports. To accomplish Goal 1 and the identified objectives, DCF continues to rely on sustained federal and state funding and the core infrastructure components described in Section 1, *Vision and Collaboration*. Updates for highlighted implementation supports required for Goal 1 include:

- **Capacity building and technical assistance for DCF staff.**
 - o **Medical expertise related to Family Connects NJ.** A critical member of the Family Connects NJ backbone team is its medical advisor. During Year 1, DCF maintained its medical advisor, a board-certified pediatrician. The medical advisor oversaw clinical guidelines, provided critical subject matter expertise during program implementation, and led DCF's outreach and engagement efforts with the medical community. The medical advisor also worked with the Local Medical Directors from each Family Connects NJ provider for local medical community linkages and supported local teams with case conferences and consultations.
 - o **Consultative services on screening standards.** As is detailed above, DCF procured a consultant to support DCF's efforts to define new screening standards and design and implement internal change management.
 - o **SCR staff training related to new screening standards.** DCF will develop new trainings and practice guides for SCR screeners and supervisors with the consultant described above in Year 2. Subsequently, in Year 2 and Year 3, screeners will participate in training and begin using the practice guides based on the change management strategy.

¹³ [Screening.and.Investigation.report_12.24.pdf](#)

¹⁴ [Screening.and.Investigation.report_12.23.pdf \(nj.gov\)](#)

- **Capacity building and technical assistance to be provided by DCF.**
 - o **Education and training for schools and districts about NJ4S.** Throughout Year 1, DCF continued to collaborate with educational partners to ensure and expand understanding of NJ4S services and procedures, and to provide technical assistance to schools, districts, and program advisory boards. DCF facilitated small group discussions with educational partners to review program data, provide updates on program procedures, identify community themes, and share best practices.
 - o **Training for Family Connects NJ nurses.** To ensure continuation of learning for the existing Family Connects NJ nurse workforce and to successfully onboard new nurse provider partners, DCF maintained its contract with Family Connects International for training registered nurses. In addition to this training, DCF has provided supplemental training for the nurses through state partners and community organizations on topics or issues that nurses may encounter during their visits and areas of need identified by nurse providers, e.g., mandated reporting, intimate partner violence, accidental overdoses, and breastfeeding.
- **Evaluation and research activities.**
 - o **Research related to mandated reporting.** In Year 1, DCF and the NJTFCAN undertook research related to reporting behaviors and mandated reporter protocols and trainings of primary reporting sources, including focus groups and surveys with the most frequent callers to the SCR. For additional detail, see *Year 1 Update on Goal 1, Objective 1*, above.
 - o **Analytical support for Geospatial modeling and community planning efforts.** In Year 1, DCF continued to engage with the Camden Coalition for analytical support and related capacity building. For additional detail, see *Year 1 Update on Goal 1, Objective 1*, above.
 - o **NJ4S Evaluation.** In Year 1, DCF moved forward with a multi-phased plan to evaluate the NJ4S program, including both formative and outcomes evaluation. The formative evaluation plan includes a mixed methods approach to evaluate program outputs and reach, program implementation fidelity to determine if the program is being delivered as intended, is achieving program delivery benchmarks, and is meeting the contextualized needs of constituents in its provision of services. The formative evaluation is robust with evaluators assessing community context and delivery of services via two to three site visits across a sample of five hubs, as well as 35 key stakeholder interviews, 17 key stakeholder focus groups, and an implementation survey. In March 2024, data collection for the formative evaluation. The evaluation team has presented early results, summarized below, to internal and external audiences and, in April 2025, an annual report and key quantitative findings were presented to the program Advisory Board. The outcomes evaluation will include an examination of aggregate data at the school and student level, as well as a thorough analysis of administrative data collected NJ Connects and validated surveys.

Thus far, qualitatively, NJ4S is being well received by constituents and there is a strong degree of satisfaction among stakeholders. Students have found NJ4S facilitators to be welcoming, engaging, and supportive and have found the Tier 2 services to be extremely helpful in their ability to navigate through stressful situations. While some students have noted feeling embarrassed about requesting NJ4S services, others have noted that NJ4S is helping to de-stigmatize the need for mental health services.

Parents have found NJ4S to be helpful in providing tools for use when talking with their children about issues of emotions and mental health. With the promise of these findings in mind, the evaluation team also found implementation challenges. For example, it is important for NJ4S Tier 2 facilitators to strike a balance between delivering the lesson plan and addressing organic questions that arise that may be outside of the lesson plan. As another example, at the conclusion of Tier 3 individualized counseling services, there is not always a warm handoff to outside counseling services for various reasons, e.g., insurance issues, waiting lists. Last, some schools have found the consent form process to be cumbersome, and outreach and awareness of NJ4S to be limited.

- **Other implementation supports.**

- **Contracting.** In Year 1, DCF modified provider contracts to ensure maintenance of 211 resource directory entries. For additional information, see *Year 1 Update on Goal 1, Objective 2*, above. In addition, based on the predetermined schedule for statewide implementation and roll-out of both Family Connects NJ and NJ4S, DCF has issued Requests for Proposals and, upon award, entered contracts with providers. For additional information, see *Year 1 Update on Goal 1, Objective 3*.
- **Data collection and information technology.** Throughout Year 1, DCF has maintained and continues to improve its NJ Connects system for use by NJ4S based on feedback from program leads and constituents. In Year 1, there were no changes needed to NJSPIRIT functionality related to screening standards and protocols. If changes are identified in Year 2, DCF IT will provide consultation and technical guidance and will develop timeframes for modifications.
- **Staffing.** In Year 1, DCF retained existing staffing and recruited new staff to support Family Connects NJ. Between July 2024 and June 2025, DCF added a program support specialist to assist advancing the Community Alignment component of the program and is in the process of hiring an additional program support specialist. The Medical Advisor, previously a 50% Full-Time Equivalent (FTE) role, was expanded to 75% FTE.

Measurement of Progress towards Goal 1. Table 3 includes the metrics and annual targets for measuring progress towards achievement of Goal 1 that DCF included in its 2025-2029 CFSP. In Calendar Year 2024, 96% of the CPS reports received were unsubstantiated; of these, 57% were determined to be unfounded and 39% were not established. 321,828 clients contacted the NJ 211 helpline. Both measures trended in the right direction. DCF expects that as the work towards the Year 2 benchmarks for each of the objectives identified above continues, these trends will continue, and Year 2 targets will be achieved.

Table 3. Goal 1 Measurement of Progress

Measure	Baseline (2023)	Year 1		Year 2	Year 3	Year 4	Year 5
		Interim Target	Performance	Interim Target	Interim Target	Interim Target	Target
Percent of CPS reports to the child abuse hotline that are unsubstantiated (unfounded and not established) ¹⁵	97%	95%	96%	94%	93%	92%	90%
Number of clients who contact the NJ 211 helpline (includes duplicate contacts)	292,143	438,215	321,828	657,323	657,323	657,323	657,323

B. Goal 2: Improve quality of services to families involved with DCF.

Rationale for Goal 2. DCF provides and oversees an array of public services for children, youth, families and adults throughout the state. Some services are provided directly to children and families by DCF staff, including out-of-home or residential care to children and youth via CP&P and CSOC, while others are provided via a network of community-based organizations and vendors operating under contract with the Department. After reviewing extensive data and findings and applying the United Nations Committee on Economic, Social and Cultural Rights' Availability, Accessibility, Acceptability and Quality (AAAQ) framework,¹⁶ DCF identified a number of strategies to achieve service excellence. DCF continues to move forward with the identified strategies, which continue to evolve with the changing needs of New Jersey's children and families. For additional information on DCF's service array, see Section 4, *Services*, DCF's CFSR Round 4 SWA.

Objectives/Strategies/Interventions for Goal 2. To achieve Goal 2, DCF plans to advance two objectives. To review the rationale behind this goal and each objective, including supportive data and other evidence, see DCF's 2025-2029 CFSP. Table 4 includes the annual benchmarks for each Goal 2 objective. In the remainder of this section, DCF summarizes progress towards the Year 1 benchmarks made during the reporting period. To achieve Goal 2, DCF will advance the following two objectives:

1. Ensure constituent safety in CP&P out-of-home settings and CSOC residential settings.
2. Improve service array.

¹⁵ NJSPIRIT/Child Welfare Data Hub, <https://njchilddata.rutgers.edu/portal>

¹⁶ <https://gbvguidelines.org/wp/wp-content/uploads/2019/11/AAAQ-framework-Nov-2019-WEB.pdf>

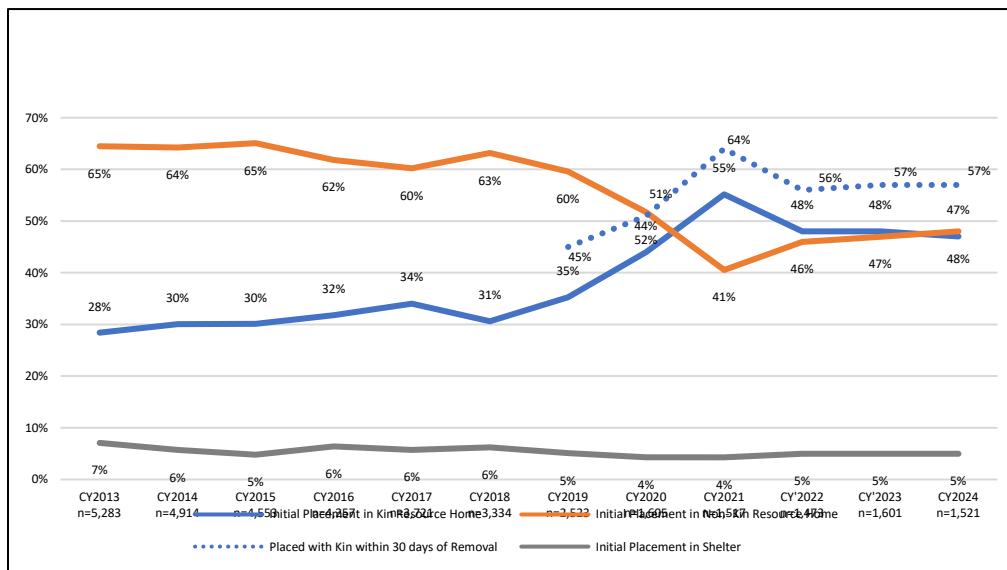
Table 4. Benchmarks for Achieving Goal 2, Objective 1-2

	Objective 1. Ensure constituent safety in CP&P out-of-home settings and CSOC residential settings	Objective 2. Improve service array
Year 1	<p>CSOC Collaborative Safety: For Cohort 1 providers, DCF will undertake initial implementation and launch fidelity assessment. DCF will identify Cohort 2 providers.</p> <p>Strengthening Resource Care: DCF will continue efforts to revise kin licensing regulations. DCF will integrate the Objectives and Key Results (OKR) process into the CP&P CoQI process. DCF will implement a resource parent advisory council (RPAC). DCF will undertake assessment of additional supports for resource families.</p>	<p>Program Plans & Project Management: DCF will continue to advance service array redesign through programmatic plan process. DCF will develop a program development maturity model and assessment of programmatic plans for program maturity. DCF will begin to refine the programmatic plans based on the program development maturity model.</p> <p>DCF will finalize standardized workplan for program development for programmatic plans. DCF will integrate the new project management model for programmatic plans and transformational initiatives. DCF will conduct comprehensive Year 2 resource assessment for programmatic plans. DCF will develop project management manual.</p> <p>Purchased Services CoQI: For Cohort 1 (demonstration) programs, DCF will continue to implement Purchased Services CoQI process. DCF will begin to implement Purchased Services CoQI with Cohort 2 programs. DCF will build fidelity assessment. DCF will implement a reporting/communication plan.</p> <p>Monitoring: DCF will continue monitoring for Wave 1 programs that began in SFY24. DCF will launch monitoring for the remaining Wave 1 programs and all Wave 2 programs and will begin to launch Wave 3 programs. DCF will finalize a Year 2 monitoring calendar.</p> <p>Policy and Contract Updates: DCF will identify and develop any necessary policies related to CoQI, monitoring and constituent service expectations of DCF-contracted purchased services.</p>
Year 2	<p>CSOC Collaborative Safety: For Cohort 1 providers, DCF will continue implementation and fidelity assessment. For Cohort 2 providers, DCF will undertake initial implementation and launch fidelity assessment.</p> <p>Strengthening Resource Care: DCF will make efforts to ensure revised kin licensing regulations are finalized. DCF will revise any relevant policies. DCF will initiate training for licensing and resource support staff about the modified regulations and process. DCF will assess effectiveness of integration of OKR process into CP&P CoQI process and adjust as needed. DCF will review recommendations of RPAC and support assessment and develop action plan for recommended changes. DCF will administer kinship staff survey.</p>	<p>Program Plans & Project Management: DCF will continue to advance service array redesign through programmatic plan process. DCF will continue to refine the programmatic plans based on the program development maturity model. DCF will continue to use the project management model for programmatic plans and transformational initiatives. DCF will conduct resource assessment for Year 3 programmatic plans.</p> <p>Purchased Services CoQI: For Cohort 1 and 2 programs, DCF will continue to implement Purchased Services CoQI process. DCF will begin to implement Purchased Services CoQI with Cohort 3 programs. DCF will begin to assess fidelity. DCF will publish biennial findings.</p> <p>Monitoring: DCF will continue monitoring Wave 3 programs. DCF will launch monitoring in Wave 4 programs. DCF will continue monitoring practices in accordance with the Year 2 calendar and will finalize a Year 3 monitoring calendar.</p> <p>Policy and Contract Updates: DCF will ensure policies and previously adopted standards are incorporated into auditing and licensure processes.</p>
Year 3	<p>CSOC Collaborative Safety: For Cohort 2 providers, DCF will continue implementation and fidelity assessment. DCF will create a scaling and sustainability plan. DCF will identify Cohort 3 providers.</p> <p>Strengthening Resource Care: DCF will launch new kin licensing process in accordance with amended regulations. DCF will execute support action plan. DCF will evaluate and disseminate results of kinship staff survey.</p>	<p>Program Plans & Project Management: DCF will continue to advance service array redesign through refined programmatic plan process. DCF will continue to use the project management model for programmatic plans and transformational initiatives. DCF will conduct resource assessment for Year 4 programmatic plans.</p> <p>Purchased Services CoQI: For Cohort 1, 2 and 3 programs, DCF will continue to implement Purchased Services CoQI process. DCF will continue to assess fidelity.</p> <p>Monitoring: DCF will continue monitoring Wave 4 programs. DCF will continue monitoring practices in accordance with the Year 2 calendar and will finalize a Year 4 monitoring calendar.</p> <p>Policy and Contract Updates: DCF will evaluate how the new policies are working and revise as required.</p>
Year 4	<p>CSOC Collaborative Safety: DCF will execute scaling and sustainability plan. For Cohort 3 providers, DCF will undertake initial implementation and launch fidelity assessment.</p> <p>Strengthening Resource Care: DCF will review data and assess impacts of new kin licensing process. DCF will explore expansion of RPAC to include subcommittees to address specific areas of need. DCF will assess implemented changes based on OKRs, support action plan, and survey results.</p>	<p>Program Plans & Project Management: DCF will continue to advance service array redesign through refined programmatic plan process. DCF will continue to use the project management model for programmatic plans and transformational initiatives. DCF will conduct resource assessment for Year 5 programmatic plans.</p> <p>Purchased Services CoQI: DCF will continue to implement Purchased Services CoQI process. DCF will continue to assess fidelity. DCF will publish biennial findings report.</p> <p>Monitoring: DCF will continue monitoring practices in accordance with the Year 3 calendar and will finalize a Year 5 monitoring calendar.</p> <p>Policy and Contract Updates: Constituent Service Expectations: DCF will continue to evaluate how the new policies are working and revise as required.</p>
Year 5	<p>CSOC Collaborative Safety: DCF will execute scaling and sustainability plan. For Cohort 3 providers, DCF will continue implementation and fidelity assessment.</p> <p>Strengthening Resource Care: DCF will continue to review data and assess impacts of new kin licensing process. DCF will continue to assess implemented changes based on OKRs, support action plan, and survey results.</p>	<p>Program Plans & Project Management: DCF will continue to advance service array redesign through refined programmatic plan process. DCF will continue to use the project management model for programmatic plans and transformational initiatives. DCF will conduct resource assessment for following year's programmatic plans.</p> <p>Purchased Services CoQI: DCF will continue to implement Purchased Services CoQI process. DCF will continue to assess fidelity.</p> <p>Monitoring: DCF will continue monitoring practices in accordance with the Year 4 calendar and will finalize a monitoring calendar for the next year.</p> <p>Policy and Contract Updates: DCF will continue to evaluate how the new policies are working and revise as required.</p>

Year 1 Update for Goal 2, Objective 1. Ensure constituent safety in CP&P out-of-home settings and CSOC residential settings. Despite the authority of child and family services to utilize family separation, DCF aims to keep children safe in their own home whenever possible. Since 2006, DCF has reduced the number of children in CP&P out-of-home placement by more than 70%. In addition to the already-existing, effective, safety protocols in CP&P and CSOC out-of-home placements described in Section 2, *Assessment of Current Performance in Improving Outcomes*, the current administration is committed to advancing safety and well-being in out-of-home settings through transformational initiatives, including continued integration of the Collaborative Safety approach into the work of CP&P and CSOC. In Year 1, DCF began working with the Center for Helping Professions. For more information on DCF's work with the Center, see *Year 1 Update for Goal 2 Implementation Supports*, below. In addition, DCF identified five CSOC out-of-home treatment providers to participate in a demonstration cohort (Cohort 1) and worked with those providers, through a structure of five subcommittees and series of 15 meetings, to develop an operations guide for the CSOC review of unusual incidents. DCF and the Center for Helping Professionals also developed a certified, state-specific Safe Systems Improvement Tool (SSIT) and manual to guide the review process. The SSIT is an information integration tool designed to guide the output of a conversation within and across agency teams following an unusual incident. The SSIT to be used for CSOC reviews is aligned with the six core strategies to reduce the use of seclusion and restraints. Initial implementation for Cohort 1 began in May 2025. Identification of Cohort 2 providers will take place in Year 2.

In Year 1, DCF also focused on strengthening resource care, including furthering efforts to ensure that children can remain with extended family or family friends and providing additional support for resource family caregivers. Considering the final rule published by ACF in September 2023, permitting Title IV-E agencies to adopt kin-specific licensing or approval standards, DCF formed a workgroup to review New Jersey's existing standards for kinship caregivers. Using the workgroup's feedback and recommendations, DCF drafted a revised version of the kin licensing standards, which is pending review. Throughout the reporting period, DCF continued to utilize the OKR process. Integration of the OKR and CP&P CoQI processes is still under consideration, as DCF strategizes the most effective way to transition the OKR reviews. Figure 2 shows that, after many years of progress, there was a decrease in the percentage of kinship placements in 2022; since then, the percentage has remained generally stable.

Figure 2. CP&P Children Entering Kinship Care Placement, by Calendar Year¹⁷



As is described in Section B (1), DCF established a RPAC, which convenes monthly. During this reporting period, RPAC developed their targeted priority areas for policy and practice enhancement, which fall into five categories, as defined by the RPAC: pre-placement, e.g., pre-service training and the licensing process; initial placement, e.g., placement facilitation phone calls, initial post-placement visit, and information received at the outset about the child; ongoing placement, e.g., ongoing support provided after placement; late placement, e.g., support and teaming as the case is nearing permanency decisions; and post-placement and miscellaneous, e.g., ongoing training, peer networking, retention, recognition, etc. DCF, RPAC and other stakeholders formed subcommittees and began to refine the priorities, develop viable solutions towards their goals, and outline specific action steps necessary to achieve those goals. Additionally, in December 2024, DCF launched a survey of resource parents to better understand and improve the experiences of resource parents. 546 resource parents completed the full survey and 1,077 resource parents partially responded to the survey. For additional information on this survey, including details on methodology and key findings, see DCF's Round 4 CFSR SWA.

Year 1 Update for Goal 2, Objective 2. Improve service array. DCF's early information gathering efforts made clear that its programs and service lines were at varying stages of maturity in the extent to which they incorporated family voice, used well defined or evidence-based practice models, and had sufficient implementation supports to ensure high quality implementation. During Year 1, DCF moved forward with its efforts to achieve service excellence by expanding systemic capacity to both (1) to manage the service array reform and (2) to monitor and ensure the quality of the service array. More specifically, DCF's OSD continued to drive the redesign of the Department's service array through a systematic programmatic planning process for 44 "program plans" using implementation science strategies to ensure targeted outcomes are achieved.

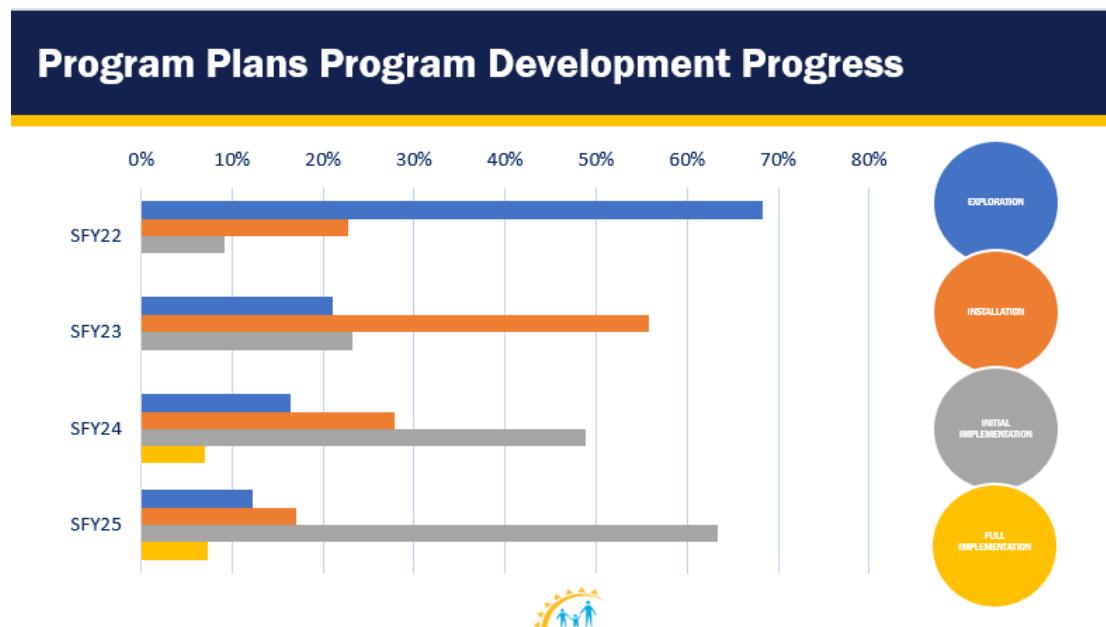
Using the Active Implementation Framework, developed by the National Implementation Research Network at the University of North Carolina, as the cornerstone for program development, DCF guides program implementation and improvement efforts through specific

¹⁷ Source: NJ Child Welfare Data Hub and SafeMeasures. Note: n represents all children entering foster care in the calendar year except children placed in treatment or independent living settings.

processes in four distinct stages: exploration, installation, initial implementation, and full implementation. Oftentimes, it takes at minimum 2-4 years to reach full implementation.

For additional information on DCF's approach to program development, see DCF's Round 4 CFSR SWA, *Systemic Factor, Service Array and Resource Development*. Figure 3 illustrates the progress of the 44 program plans through the program development process. In SFY 2025, the majority of program plans were in the initial implementation phase, meaning the new or improved services were available to children and families, and efforts focused on assessing and improving implementation processes through monitoring and continuous quality improvement practices. In Summer and Fall 2024, DCF conducted a comprehensive resource assessment for the continued advancement of the program plans in Year 2. In this reporting period, DCF also continued to build on the success of these program plans, developing a program development maturity model to be used by the Department more widely. The maturity model enables DCF to assess the maturity of programs, guiding development efforts and resource allocation to target improvements that facilitate desired outcomes are achieved.

Figure 3. Progress of Program Plan Development



In Year 1, DCF expanded its project management capacity by securing resources to establish project management unity within OSD. This team developed a project management model and standardized workplan for program development, which have been integrated into all program plans. A project management manual for program development is being finalized, featuring standardized job descriptions, training paths, tools and templates, processes, and expectations for reporting on the progress and maturity of program plans. This initiative represents a coordinated strategy to institutionalize project management practices across the Department, enhancing alignment, accountability, and efficiency.

In Year 1, DCF also advanced efforts to monitor and ensure the quality of the service array, through purchased services CoQI and monitoring. DCF further developed and launched its CoQI process for purchased service networks. DCF established a logic model, a practice profile, and cross-Departmental communication and feedback loops. CoQI activities, including orienting DCF program and providers on the CoQI process and identifying and training the local CoQI teams,

began for the five programs included in Cohorts 1 and 2: Family Preservation Services (FPS), Keeping Families Together (KFT), out-of-home residential care, Care Management Organization (CMO), and domestic violence direct services. As implementation continues, DCF will develop a fidelity assessment plan and a reporting and communication plan.

During this reporting period, DCF also made progress in expanding its monitoring processes. During Year 1, DCF successfully completed monitoring the following Wave 1 programs: Domestic Violence Direct Services, Intensive Residential Treatment Services, Psychiatric Community Homes, and Care Management Organizations. DCF also completed tool development for the Wave 3 programs: Family Unification Program, Expectant and Parenting Youth, Family Friendly Centers, Displaced Homemakers, Hispanic Women Resource Centers, Statewide Domestic Violence Hotline, and Women's Referral Central Hotline. In February 2025, the launch of monitoring for the Wave 2 programs was temporarily paused to allow for a comprehensive assessment of 163 CSOC out-of-home treatment facilities, focused on identifying immediate threats to youth safety through site observations, case record reviews, and staff and youth interviews. In April 2025, DCF re-launched the efforts related to both Wave 2 and Wave 3 programs. In May 2025, the Office of Monitoring proposed programs to be monitored in Wave 4.

There were no necessary policy changes in this reporting period related to CoQI, monitoring and constituent service expectations of DCF-contracted purchased services.

Year 1 Updates on Goal 2 Implementation and Program Supports. To accomplish Goal 2 and the identified objectives, DCF continued to rely on sustained federal and state funding and the core infrastructure components described in Section 1, *Vision and Collaboration*. Updates for highlighted implementation supports required for Goal 2 include:

- **Capacity building and technical assistance for DCF staff.**
 - o **Consultative services on collaborative safety.** In Year 1, DCF ended its partnership with Collaborative Safety, LLC and entered a contract with the Center for Helping Professionals to extend collaborative safety processes to CSOC and improve and strength practices with CP&P. The Center is a non-profit organization that partners across sectors to improve systems and outcomes through evidence-based approaches and pragmatic innovation. As the founding and lead technical support to the National Partnership for Child Safety, the Center for Helping Professionals is uniquely positioned to help DCF strengthen its internal capacity to implement and sustain the use of safety science to promote safe, consistent, and effective practices.
- **Capacity building and technical assistance to be provided by DCF.**
 - o **Provider training.** In Year 1, DCF partnered with CSOC residential treatment providers from Cohort 1 to produce an operations manual for collaborative safety reviews in CSOC, including strategies to help with engagement, buy-in, and implementation. Simultaneously, DCF and CHP customized the SSIT for use in the CSOC reviews. SSIT certification training occurred in June 2025.
- **Evaluation and research activities.**
 - o **Fidelity assessment.** In Year 1, DCF undertook a number of efforts with the Center for Helping Professionals related to fidelity, including modeling case reviews (i.e., “see one, do one” or co-lead), coaching and participation in system learning meetings, ongoing support to assess case findings, and aggregate data analysis. As implementation continues, DCF will undertake a fidelity assessment to ensure that the model is

implemented as intended, promote accurate data collection, and help to understand what may be impacting the expected outcomes.

- **Research related to resource family support.** In Year 1, DCF researched ways to strengthen support for resource families statewide. In addition to the resource family survey referenced above and detailed in DCF's Round 4 CFSR SWA, DCF reviewed available literature on best practices for supporting resource families and learned that many of the best practices are already in place in New Jersey, e.g., peer networking, monthly support groups, mentorship by experienced resource parents, specialized staff roles, resource parent recognition events, and use of flexible funds. In addition, the RPAC and embrella explored and moved forward with ways to enhance retention and overall resource caregiver satisfaction, e.g., developing clear communication strategies, creating Frequent Asked Questions documents that will be available online, revising the Resource Family Handbook, and increasing awareness around available supports. During this reporting period, DCF recognized that it could elicit vital feedback after completion of resource parent pre-service training. As a result, DCF is revising and streamlining the post-training evaluation survey to include more scaled and open-ended questions. DCF will review the results, which will be available by trainer, course, and area, on a quarterly basis to inform future revision or enhancements.
- **Other implementation supports.**
 - **Data collection and information technology.** In Year 1, DCF partnered with CHP to develop the SSIT. In addition, DCF developed a RedCap database to collect SSIT data and enable DCF to itemize data, identify trends over time, and target systems improvement opportunities. DCF will build a data collection system and reporting tools for the collaborative safety work. Additionally, DCF continued to expand use of its resource and licensing data system, Binti. In addition to engaging in ongoing technical assistance related to currently available modules, DCF continued to work with the system developer and its information management project manager to integrate Binti, NJ SPIRIT, and DCF's Licensing Information System. Throughout this reporting period, this work also focused on the documentation and design of Binti features to enable Binti to fully replace the Licensing Information System for the management of Resource Family Licenses. The Binti vendor identified a series of functional updates to meet these needs that will be developed and deployed during 2025.
 - **Expanded systemic capacity to manage program development and monitor services.** During Year 1, DCF increased its systemic capacity to effectively manage the service array reform and to monitor and ensure the quality, including the continued use and improvement of programmatic plans, new project management capacity, continued implementation of monitoring practice, and continued development and launching of CoQI for purchased services.

Measurement of Progress towards Goal 2. Table 5 includes the metrics and annual targets for measuring progress towards achievement of Goal 2 that DCF included in its 2025-2029 CFSP. In 2024, 3 children were victims of child abuse and/or neglect in resource homes. Seven children were victims of child abuse and/or neglect in residential out-of-home placements. Performance on both measures not only exceeded the Year 1 targets, but reached a level targeted for outyears. DCF will aim to maintain these performance levels.

Table 5. Goal 2 Measurement of Progress

Measure	Baseline (2023)	Year 1		Year 2	Year 3	Year 4	Year 5
		Interim Target	Performance	Interim Target	Interim Target	Interim Target	Target
Number of children in resource family homes who are victims of child abuse and/or neglect ¹⁸	8	7	3	6	5	5	5
Number of children in residential out-of-home placements who are victims of child abuse and/or neglect ¹⁹ (includes DDD facility/ group home/ residential care)	16 ²⁰	12	7	10	8	6	6

Section 4. Quality Assurance System

DCF continues to implement a robust and sustainable quality assurance infrastructure, rooted in a scientific reasoning framework with the five core components listed below. The state's quality assurance system is in place statewide, has standards to evaluate the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures. For information on DCF's CQI framework and CQI processes, including programmatic division CoQI, service quality monitoring, program evaluation and related stakeholder collaboration, and progress on planned enhancements related to CQI, see DCF's Round 4 CFSR SWA, *Systemic Factor 3, Quality Assurance System*. For information on DCF's plans to expand systemic capacity to monitor and ensure the quality of services, see Section 3(B), *Goal 2*. For information on collaboration with parents, youth, young adults, and system partners about system improvement efforts, see Section 1, *Collaboration*. The remainder of the information included in this section supplements the information provided in the aforementioned documents and/or sections.

Impact of CCWIS Enhancements and Updates. Because CP&P administrative data remains a critical input into the CP&P CoQI process, enhancements or updates to CCWIS and SafeMeasures, e.g., new or modified data fields, dashboards, disaggregation, etc., are incorporated into the processes as releases come out. Relevant offices, including OIT, the Office of Quality (OOQ), the Office of Data Management and Reporting, and CP&P, remain in contact during development of enhancements and updates to ensure seamless coordination of changes.

¹⁸ <https://njchilddata.rutgers.edu/portal/child-abuse-neglect>

¹⁹ <https://njchilddata.rutgers.edu/portal/child-abuse-neglect>

²⁰ Baseline data updated to reflect current 2023 data; changes may be due to additional investigations concluding since the time that former data was pulled.

DCF's CCWIS Data Quality Plan, which is a part of the Department's CCWIS declaration, includes a comprehensive strategy for promotion of data quality. The effectiveness of that plan and its execution ensures the quality of the data that is the basis of all discussions and plans in the rapid and annual improvement planning cycles.

DCF's Case Record Review and Round 4 On-Site Review. DCF conducts various case reviews that provide an understanding of what is steering the safety, permanency, and well-being data regarding day-to-day practice in the field, and how that practice impacts child and family functioning and outcomes. As part of CP&P CoQI, DCF OOQ conducts reviews of case practice for families with children remaining in-home, families with children in out-of-home placement, and young adults. Reviewers examine indicators of case practice that align with the CFSR, including assessments related to the implementation of interventions, ongoing assessment of safety and risk, stability of the home and education, permanency planning, and overall well-being. Together, these indicators capture a holistic assessment of all relevant family members throughout the life of the case. Using standardized review tools and guidance documents that are tailored to case type, e.g., in-home, out-of-home, or young adult, reviewers assess approximately 1,150 cases annually to determine the extent to which evidence in the electronic case record aligns with best practices and policy.

Just as OOQ made efforts to align the CFSR outcome measures and sampling strategies with the local office CoQI process, OOQ also made efforts to align the On-Site Review Instrument (OSRI) with the review tool during tool development. While DCF does not use the federal OSRI in its regular record reviews, DCF used the OSRI during the 2019-2021 CFSR baseline review and measurement rounds that followed participation in the Round 3 CFSR. Likewise, DCF will utilize the OSRI tool during the On-Site Review of the Round 4 CFSR in September 2025, as well as during the subsequent baseline review and measurement rounds. In addition to integrating Round 4 CFSR findings into the Department's overall CQI strategy, DCF will use the CFSR Round 4 findings via the OSRI to inform any potential needed changes to the CP&P CoQI process. DCF determined, and CB approved, that the Department will engage in a CB-led CFSR for Round 4. After implementation of CoQI processes across DCF's programmatic divisions and network of purchased services, DCF will assess the CB's "State-Led CFSR Case Review Criteria" to determine DCF's ability to conduct a State-led review process during future rounds of the CFSR.

Section 5. Updates on Service Descriptions

A. DCF's Child and Family Services Continuum, Generally

DCF provides and oversees an array of public services for children, youth, families and adults beyond child welfare and protection; the department's scope also includes New Jersey's public behavioral health care system for children and families, provision of public services for children with I/DD and their families, specialized educational programming, support services aimed at promoting success of transition aged youth, the administration of a network of community-based services focused on strengthening families and preventing and interrupting child maltreatment, and services and programming to support women. Some of the services available through DCF are direct services provided by DCF staff to children and families, e.g., child protection investigations and case management. Other services are provided via a network of community-based organizations and vendors operating under contract with the Department. Throughout this section of the report, DCF describes services funded, in whole or in part, by particular federal funding as directed by PI-25-01. These services are a subset of New Jersey's complete child and family services continuum, which includes core child protection services, services for adults children with behavioral health disorders or I/DDs, services to improve parenting and family dynamics, services to remove stressors or support families' concrete needs, services for transition aged youth and young adults, educational support, and legal representation for CP&P involved families in Children in Court litigation, and more. For information on the full continuum of services, see Attachment B to DCF's 2025-2029 CFSP or DCF's Round 4 SWA, *Systemic Factor 5, Service Array and Resource Development*.

At the onset of the current administration, the executive leadership team focused on understanding the strengths and gaps of the existing child welfare system in New Jersey, including the then-existing service array. Key inputs into DCF's assessment of the strengths and gaps in its service array included a listening tour with over 550 youth, families, and other individuals engaged in DCF's programs and services to hear about their lived experiences with DCF and its service network, as well as multiple regional convenings and surveys with stakeholders with varying perspectives on DCF's vision, including DCF staff, the Judiciary, attorneys for children and parents, medical, mental health, SUD, domestic violence and other DCF-contracted service providers, advocates, county human service directors, leaders from state agencies administering other federal grants, and more. DCF also conducted a meta-synthesis of multiple DCF-related, existing needs assessments representing the voices of over 2,000 youth, caregivers, DCF staff, and external stakeholders, e.g., advocates, providers, etc., to triangulate common themes across needs assessments with quantitative information from DCF's administrative data. DCF, through the HSACs, completed a statewide needs assessment to attain county-specific qualitative information related to family and youth needs and barriers to meeting those needs. DCF also considered the results of Round 3 of the CFSR and the NJTFCAN's prevention strategy. For details on the information gathering process, including methodologies and key findings, see DCF's 2025-2029 CFSP and DCF's Round 4 CFSR SWA, *Systemic Factor 5, Service Array and Resource Development*.

The information gathered during this process suggested that, in order for New Jersey to better meet the needs of children and their families, it was necessary to add new services to the current service array, to improve the existing services, to further develop the department's and provider's capacity to provide quality services, and to improve collaboration across major public sectors. DCF identified necessary improvements and additions and strategies for advancing those plans and included those efforts in its 2020-2024 CFSP. To review the improvements identified and DCF's progress in executing the identified strategies between 2020 and 2024, see DCF's 2025-2029 CFSP and DCF's Final APSR to the 2020-2024 CFSP.

While the findings of the initial assessment remain foundational, DCF's service array improvement efforts are necessarily informed both by the progress of each program's development and by more recent and ongoing information gathering processes. DCF relies on a variety of processes to gather both (a) information about the composition of the statewide service array to ensure it includes the services and supports needed by families, e.g., through the Family Strengths Survey, targeted Family Strengths Surveys, Community Needs Indices, and various methods of stakeholder engagement, as well as (b) information about the strengths and needs of DCF's existing service lines to determine whether specific programs are meeting the needs of engaged children and families, e.g., service monitoring and evaluation and measurement. Information on these processes, including key findings, is detailed in DCF's Round 4 CFSR SWA, Systemic Factor 5, *Service Array and Resource Development*.

DCF's current service array, including its child and family services continuum, and the goals for achieving service excellence that DCF included in its 2025-2029 CFSP are products of the aforementioned assessment processes. Throughout the years covered by the 2025-2029 CFSP, DCF will continue to rely on these processes, and other processes as they are identified or developed, to tailor its service array to best meet the changing needs of children and families across the state. For additional information, including the benchmarks and Year 1 updates, on DCF's efforts to expand systemic capacity to manage the service array reform and monitor and ensure the quality of services, see Section 3(B), *Goal 2*.

B. Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1)

The Stephanie Tubbs Jones Child Welfare Services Program, Title IV-B, Subpart 1, provides grants for programs aimed at keeping families together, including protection and promotion of child welfare, prevention of abuse or neglect, support for at-risk families through preventive services, promotion of safety, permanency and well-being of children in foster care, and provision of training, professional development and support to ensure a well-qualified workforce.

During Year 1, DCF continued to utilize Title IV-B, Subpart 1 funding for statewide caseworker activities directly provided to children and families involved with CP&P, including investigations of child abuse or neglect, caseworker visits with children in their own home or in out-of-home placement, and case planning activities to promote family stabilization and permanency. Additionally, DCF used Title IV-B, Subpart 1 funding to help support the prevention and family support services described in the Title IV-B, Subpart 2 section, below. For information on the estimated number of individuals and families served, see the New Jersey FY2026 CFS 101, submitted on the same date as this report. The specific statutory requirements of Title IV-B, Subpart 1 are addressed in the sections that follow.

Services for Children Adopted from Other Countries. Children adopted internationally do not usually interface with the public system as the families interested in adopting children from other countries work in concert with private adoption agencies. In 2024, there were no intercountry adoptions facilitated by DCF. Though DCF was not involved in the initial adoption proceedings for children placed internationally, it continued to make available services for any adoptive family in the state, regardless of the source of the adoption. DCF continued to maintain adoption and kinship resources through a contract with Children's Aid and Family Services, who provides a New Jersey adoption resource clearinghouse and Kin-Connect, family trainings and educational resources, a free lending library on adoption-related topics, referrals to support groups and clinical service providers that specialize in adoption and kinship related needs. Additionally, intercountry adoptive families continued to have access to a multitude of other services provided by DCF; for

example, they remained able to access support and services for child and youth behavioral health through CSOC or educational services through OOE.

During this reporting period, there were no changes to the processes to be utilized if an international adoption disrupts after the child is adopted. In the event that an international adoption disrupts after the child is adopted in the United States and the child enters CP&P out-of-home placement, DCF will make every effort to place the child with 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, that relative would be considered for an adoptive placement. DCF has a protocol that requires New Jersey adoption agencies to maintain information regarding the number of intercountry adoptions and the countries from which the children originate; DCF's Office of Licensing has access to this information. For both incoming and outgoing intercountry adoptions with Hague Convention signatory countries, DCF complies with the Hague Convention requirements for intercountry adoption, including when the child is in the custody of CP&P and kin is located in another country. To facilitate that assessment and home study process, DCF would contact the United States Department of State, 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. Upon approval, DCF will contact International Social Services (ISS). Staff from DCF's Office of Interstate Services will work with ISS regarding intent to assess and place for adoption.²¹ CP&P will work 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.

Services for Children Under the Age of Five. As Figure 4 shows, in Calendar Year 2024, more than half (52%) of the children who entered care were between the ages of 0-5.

Figure 4. Children Entering Out-of-Home Placement Care by Age

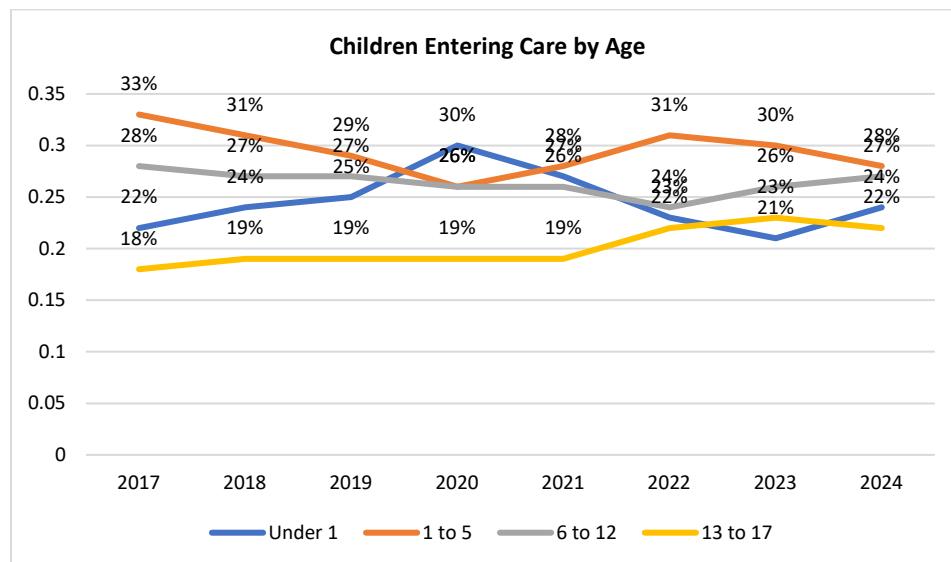


Figure 5 and Tables 6 and 7 demonstrate that achieving permanency outcomes for children, especially children under the age of five, is a challenge in New Jersey. For the 2020 entry cohort, 33% of children ages 0-18 achieved permanency within 12 months; of the children in this cohort

²¹ <https://dcfpolicy.nj.gov/api/policy/download/CPP-IV-C-9-100.pdf>

ages 0-5, only 31% achieved permanency within 12 months, Figure 5. A closer examination of entry cohorts of young children entering foster care between 2014-2023, Table 6, shows that children under the age of one (27% of 2020 entry cohort) are even less likely to achieve permanency within 12 months of entering out-of-home placement than other age groups; this trend continues for young children entering care in 2021 through 2023. As Table 7, shows, for children entering care in 2021 and 2022, the median lengths of stay of were 21 months for children under age 1 and 15 months for children ages 1-5, both longer than any other age group. For additional information and data on permanency in New Jersey, see DCF's Round 4 CFSR SWA, Section III, *Assessment of Child and Family Outcomes*

DCF anticipates that the continued uptake of Solution-Based Casework (SBC), additional coaching via Case Practice Liaisons, the Case Practice Unit and local leadership on the effective use of action planning to maintain progress towards outcomes, and the service array reform efforts summarized in Section 3(B), *Goal 2*, will have a strong positive impact on permanency for all age groups, including young children.

Figure 5. Permanency for Children ages 5 and under

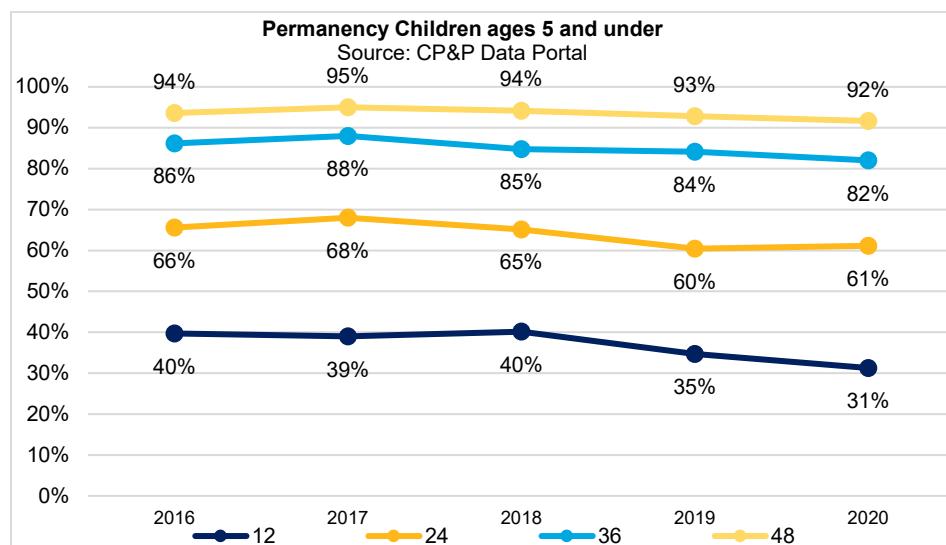


Table 6. Children under 1 and 1 to 5 who achieved permanency within 12 months

Age	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Under 1	339/955	292/883	302/816	257/761	247/720	178/608	128/468	96/404	83/323	87/340
	35%	33%	37%	34%	34%	29%	27%	24%	26%	26%
1-5 years	635/1443	593/1259	501/1206	472/1117	404/902	261/656	138/383	151/390	153/430	157/453
	44%	47%	42%	42%	45%	40%	36%	39%	36%	35%

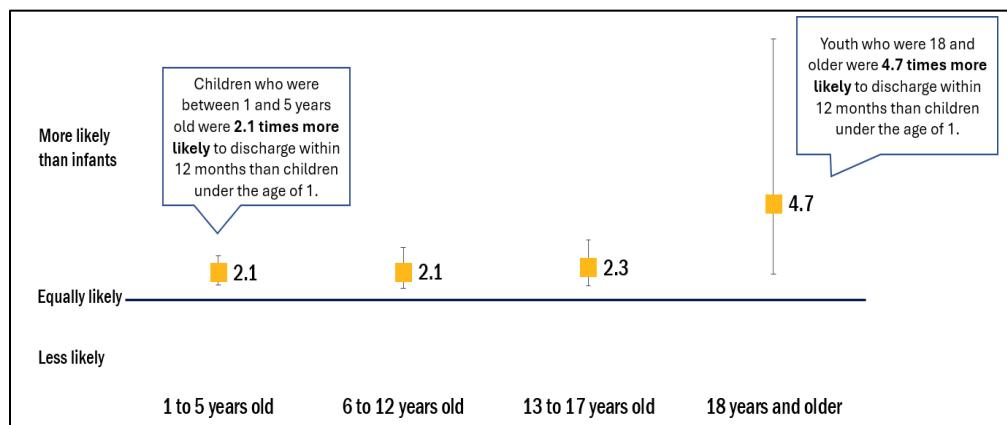
Table 7. Median Length of Stay for Children under 1 and 1 to 5 who Entered Care

Age	2015	2016	2017	2018	2019	2020	2021	2022	2023
Under 1	17	15	17	15	20	20	21	21	23
1-5 years	10	12	13	11	13	15	15	15	18

In 2024, DCF undertook an in-depth examination of the duration of time children entering foster care in New Jersey spend in out-of-home placement. Using logistic regression analyses and information about children who entered care in 2022, DCF examined the relationship between discharging from care within 12 months and the characteristics of the child, including age at entry. The study found no statistically significant differences in the likelihood of discharging from care

within 12 months by many characteristics. Children were, however, less likely to discharge within 12 months if they entered care as an infant. As Figure 6 demonstrates, children ages 1 to 5, 6 to 12, and 13 to 17 were about twice as likely to be discharged within 12 months compared to children under the age of 1. Children 18 and older were more than four times as likely to be discharged within 12 months than children under the age of 1. For additional information DCF's in-depth examination of permanency, see DCF's Round 4 CFSR SWA, Section III, *Assessment of Child and Family Outcomes*.

Figure 6. Regression Results, Association Between Discharging from Care Within 12 Months and Child's Age at Entry²²



During Year 1, DCF offered supports and services to reduce the length of time young children are in foster care and to address the needs of at-risk children under the age of five, including their developmental needs. Through CP&P, CSOC and FCP, DCF provided services to young children in foster care, as well as children served in their own homes and other community-based settings. Highlighted programs for families with young children and activities during Year 1 are described below. For more detailed service descriptions, see DCF's Round 4 CFSR SWA, *Systemic Factor 5, Service Array and Resource Development*.

- **Home Visiting.** New Jersey continues to provide a statewide continuum of targeted, evidence-based home visiting services—Healthy Families, Nurse-Family Partnership, and Parents as Teachers—as well as the statewide, universal evidence-based program, Family Connects NJ. The three targeted models provide individualized support in the home to pregnant women, parents and/or other caregivers in families with infants and young children and promote five essential protective factors—promoting infant and child health and development, nurturing positive parent-child relationships, recognizing, and facilitating parent resilience, building social and community connections, and providing linkages to resources and concrete supports. In SFY 2024, the network of targeted evidence-based home visiting providers serviced 4,730 families. As is further detailed in Section 3(A), Goal 1, DCF's continued to expand the Family Connects NJ program, which launched in January 2024. During Year 1, these services became available in six additional counties, making the program available to approximately 65% of the birthing population in New Jersey. Between program launch and May 20, 2025, 4,000 visits were made to families who welcomed a newborn through birth, adoption or resource home or kinship home placement, or families who have experienced a stillbirth or neonatal loss.

²² The brackets denote the 95% confidence interval. The model adjusts for child's gender, race, ethnicity, initial placement, sibling status, and the number of risk factors.

- **Single Point of Entry Integrated Early Childhood Services.** As is described earlier in this section, DCF maintained its Help Me Grow (HMG) initiative throughout the reporting period. HMG continued to promote a coordinated and integrated early childhood system across DCF and multiple sister agencies to support children through age five and their families achieve optimal wellness. The state's network of CNJ hubs continued to operate throughout Year 1 to facilitate care coordination and efficient linkages for families to services that support a child's health development and family well-being. Through a mini assessment, the local CNJ hub identifies prenatal mothers and families with children birth to five interested in receiving maternal child health services and information. Participants receive local HMG care coordination for maternal child health services, including evidenced-based home visiting, childcare, Healthy Start, and other health and family related services.
- **Early Childhood Specialists.** ECSs remained in place through the CNJ system, described above, to support CP&P staff when working with families with young children. ECSs are specially trained professionals with extensive knowledge of infant mental health and parent-child relationships. To best integrate early childhood services throughout the child welfare system and strengthen system integration and local service linkages, ECSs provide consultation, assessment, and enhanced planning, engage in staff development, and attend Plans of Safe Care (POSC) case conferences. They also provide referrals to services available through New Jersey's integrated early childhood system.
- **Child Health Care Case Management.** DCF maintained its contracts with Rutgers University School of Nursing for its Child Health Unit (CHU) and Child and Family Nurse Program (CFNP) programs. Throughout Year 1, all local offices were supported by the specially trained CHU and CFNP nurses, who helped to ensure that the medical and behavioral health needs of CP&P-involved children were met. CHU nurses continued to assist in developing POSC for infants affected by prenatal substance use and withdrawal. For addition information on CHU and CFNP, see the DCF's 2025-2029 Healthcare Oversight and Coordination Targeted Plan and DCF's Round 4 CFSR SWA, Section III, *Assessment of Child and Family Outcomes*, and *Systemic Factor 5, Service Array and Resource Development*.

Efforts to Track and Prevent Child Maltreatment Deaths. One of DCF's core functions is the protection of children from maltreatment. While child fatalities from maltreatment are relatively rare in New Jersey,²³ their prevention remains a priority for the Department. When a maltreatment related fatality occurs, a child's cause of death and manner of death must be certified by a physician, typically a medical examiner. As identified in National Child Abuse and Neglect Data System (NCANDS) reporting, between October 2009 and September 2024, 250 children statewide died. A closer look at these 250 cases, shows that child maltreatment was the manner of death for 31% of the fatalities.²⁴ Other homicide accounted for 30%. The manners of death for the remaining 39% were a combination of accidental, natural causes and unknown/undetermined. Children less than one year old accounted for 43% of the fatalities. Male children accounted for 55% of the fatalities.

New Jersey law requires any person with reasonable cause to believe a child has been subjected to abuse or neglect to immediately report this information to DCF.²⁵ Reporters may include law

²³ In 2022, New Jersey's rate of child maltreatment-related fatalities was 0.70 per 100,000, less than half the national average of 2.73 per 100,000. Source: Child Maltreatment 2023.

²⁴ "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 can vary greatly.

²⁵ N.J.S.A. 9:6-8:10

enforcement agencies, medical personnel, family members, schools, medical examiner offices, child death review teams, and more. NJ SPIRIT continues to be the Department's primary source for collecting reports of abuse or neglect, as well as sharing child fatalities reports to NCANDS. To ensure complete and accurate information on child maltreatment deaths are reported to NCANDS, DCF's NCANDS liaison continued to consult and coordinate with CP&P Central Office leadership and DCF's Fatality & Critical Incident Review Unit (FIRU), which receives child death information directly from the medical examiner's office and other sources, e.g., law enforcement or the Division of Vital Statistics. Staff within CP&P's Central Office continued to provide oversight of child maltreatment determinations and Comprehensive Child Abuse & Prevention Treatment Act (CAPTA) reports.

Throughout Year 1, New Jersey continued to take steps to prevent child maltreatment and maltreatment related fatalities. Highlighted activities include:

- **Child Fatality and Near Fatality Review Board.** The FIRU continued to support the New Jersey Child Fatality and Near Fatality Review Board (CFNFRB), which resides in, but is independent of DCF. CFNFRB remained responsible for reviewing child fatalities and near fatalities to identify their causes, relationship to governmental support systems, and methods of prevention. Throughout the reporting period, CFNFRB maintained its multidisciplinary membership, two subcommittees, and three regional, community-based review teams. CFNFRB continued to function as a citizen review panel, conducting monthly meetings. In this role, the CFNFRB issued its 2024 annual report with a series of recommendations for DCF and its sister agencies.²⁶
- **Collaborative Safety.** DCF focused on reducing child maltreatment fatalities through the use of human factors debriefing and safety science to identify system improvements needed to prevent fatalities and serious injuries. During Year 1, DCF maintained use of the collaborative safety review process in CP&P and expanded the process for use in CSOC residential treatment programs. For Year 1 updates related to Collaborative Safety, see Section 3(A), *Goal 1*. DCF also maintained engagement with the National Partnership for Child Safety with the shared goal of strengthening families, promoting innovations and a public health response to reducing child maltreatment fatalities.
- **Geospatial risk modeling.** DCF continued the use of geospatial risk modeling to identify communities and populations in need of focused prevention efforts. For Year 1 updates related to geospatial risk modeling, see Section 3(A), *Goal 1*.
- **Home Visiting Services.** In Year 1, DCF continued to grow its array of home visiting services to support families of young children, given that they are at elevated risk of maltreatment related fatalities. For information on home visiting services, see above in this section.
- **Service Array Improvements.** As is detailed in Section 3, *Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes*, Goal 2, Objective 2, DCF carried forward with the ongoing process to identify and implement necessary improvements to the prevention service array, incorporating evidence-based programming as warranted.
- **Efforts related to Sudden Unexpected Infant Death.** DCF continued to participate in the CDC's Sudden Unexpected Infant Death (SUID) Case Registry via a five-year grant to collect data that help to identify the causes of SUID. In addition, DCF maintained existing partnerships, and built new connections with medical examiners, Vital Statistics, and law

²⁶ [CFNFRB-2024-Report-on-2019-Data.pdf](#)

enforcement to support its efforts to improve the timeliness of SUID identification, standardize death scene investigations, and continuously improve the quality of FIRU's reviews.

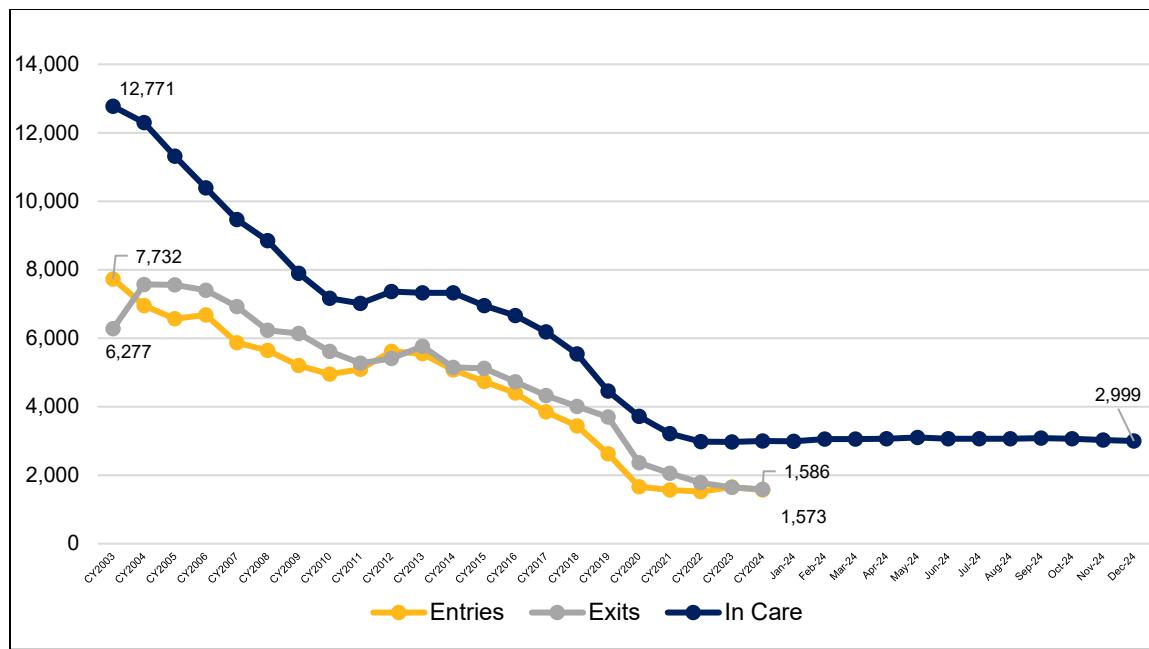
C. MaryLee Allen Promoting Safe and Stable Families (Title IV-B, Subpart 2)

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. At least 20% of the funding must be spent on programs in each of the following four categories: Family Preservation Services, Family Support Services, Family Reunification Services and Adoption Promotion and Support Services. DCF continues to maintain funding percentages for each category above 20%. See New Jersey FY2026 CFS-101, submitted on the same date as this report.

In this reporting period, PSSF-funded programming supported families by providing education, in-home crisis intervention, supportive housing, family stabilization, a continuum of visitation services for children in placement, reunification support, support to child victims of domestic violence, and treatment services to reduce the risk of maltreatment and child maltreatment fatalities. For a list of DCF programs that utilize PSSF funding, including program descriptions, geographic areas, populations served, and the number of actual and anticipated clients and families served, see Attachment A, *NJ DCF 2026 APSR PSSF Table*.

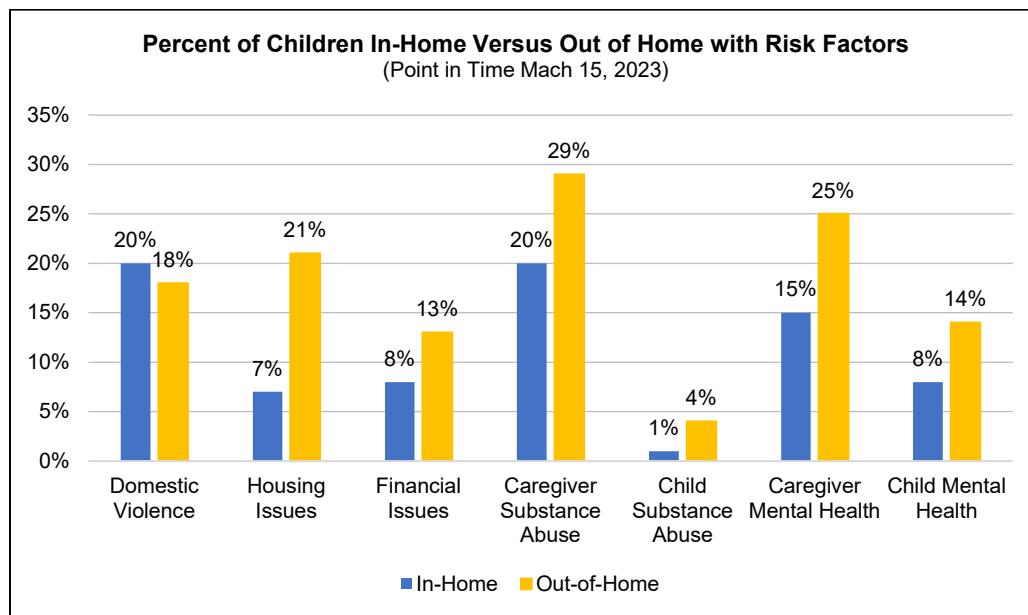
While research has not been conducted to provide information on the impact of New Jersey's PSSF program specifically, these services have assisted DCF to meet program goals, such as primary prevention of out-of-home placement, child maltreatment and child maltreatment fatalities. PSSF-funded services, such as Healthy Families America and KFT, provide a supportive network for families to preserve the integrity of the family unit in their home or assist in reunification. Consistent with the national trend, New Jersey continues to see a decline in the number of children entering out-of-home placement (Figure 7). There has been a 71% reduction in the number of children entering out-of-home placement from the onset of the DCF reform in 2006, and a reduction in children in placement from over 13,000 children in placement in 2003 to 2,999 as of December 2024.

Figure 7. Trends in Out-of-Home Placement



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 was caregiver substance use (out-of-home: 29%; in-home: 20%). Domestic violence (out-of-home: 18%; in-home: 20%) and caregiver mental health (out-of-home: 25%; in-home: 15%) were the next most common challenges. Housing issues were more common among children in out-of-home placement than children served in their own homes (out-of-home: 21%; in-home: 7%). Figure 8 provides a visual of these risk factors.

Figure 8. Percent of Children In-Home vs. Out-of-Home with Risk Factors



As is described in Section 3, *Updates to the Plan for Enacting the State's Vision*, and the introduction to this section, DCF will continue to make significant effort to ensure that its entire service continuum is available, accessible, adapted to the specific needs of these and other populations served by the Department, and of high quality. Highlighted efforts to strengthen families and prevent family separation follow.

- **Caregiver Substance Use Services.** DCF oversees a network of substance use services provided via contracts with various agencies throughout the state to meet the needs of pregnant and parenting adults struggling with substance use and co-occurring mental health disorder. The continuum of caregiver substance use services includes substance use assessment, treatment and recovery services. Available levels of care include outpatient, intensive outpatient, withdrawal management, halfway house, and short and long-term residential treatment programs, including "Mommy and Me" residential treatment programming for mothers and their children. Through the Child Protection Substance Abuse Initiative, Certified Alcohol and Drug Counselors and counselor aides assess, refer, and engage clients in appropriate treatment to address their individual needs. In SFY 2024, CP&P staff referred 7,692 parents or caregivers for a SUD assessment. Of the referred, 4,942 (64%) completed an assessment. Additionally, DCF's Peer Recovery Support Specialists (PRSS) provide one-on-one peer support to CP&P-involved parents or caregivers who are seeking to establish or strengthen their substance use recovery process. PRSS is available in all 46 local CP&P offices. In SFY 2024, CP&P staff referred 823 parents or caregivers for PRSS services. Of those referred, 384 (47%) enrolled in PRSS services.
- **Services for Adult's with Mental or Behavioral Health Disorders.** DHS's Division of Mental Health and Addiction Services (DMHAS) oversees New Jersey's adult system of community-based behavioral health services and provides a full array of services, including: substance use prevention and early intervention, emergency screening, outpatient and intensive outpatient mental health and addiction services, partial care and partial hospitalization, case management, medication assisted treatment for substance use, and long- and short-term mental health and substance use residential services. Additionally, families with active child protection involvement may access DCF's statewide network of community-based social and clinical services and supports, including for mental health.
- **Housing Support.** DCF's Office of Housing continued to manage a comprehensive hub for housing and related services to enhance service coordination and operations, improve the alignment of housing services with prevention-related outcomes, and augment the Department's response to the housing needs of constituents. KFT, a statewide housing-first, supportive housing intervention intended to support a subset of high needs child welfare-involved families faced with co-occurring challenges, e.g., homelessness, substance use, medical or mental health disorders, and domestic violence, continued to operate at capacity, providing housing assistance and supportive services to over 660 families statewide.
- **Domestic Violence Programming.** DCF provides funding to domestic violence programs for direct services to victims and survivors of domestic violence. Services include, but are not limited to, 24-hour hotline and crisis response; emergency shelter; housing; individual or group counseling; victim advocacy; interpretation and translation; legal advocacy; medical accompaniment; children's services; and community education, training, and awareness. In 2024, the DCF domestic violence network served over 30,000 survivors.

DCF maintained its Domestic Violence Liaison (DVL) program with DVLs co-located in the 46 CP&P local offices to assist caseworkers in on-site assessment, case management, safety planning, support, and advocacy for domestic violence victims and their children. In 2024, the DVL program served approximately 5,299 survivors. DCF also continued to fund programs for children and youth who were exposed to domestic violence through two programs; Peace: A Learned Solution is available in nine counties and Trauma Focused Cognitive Behavioral Therapy programs are available in 12 counties. DCF also offers domestic violence abuse intervention programming (AIP) across the state, providing risk assessments and treatment and intervention.

- **Additional Services to Strengthen Families and Prevent Family Separation.** In Year 1, DCF maintained its existing targeted evidence-based home visiting portfolio, described above. Services remained available in all 21 counties and provided services to 4,730 families. DCF also continued to manage a statewide network of 57 FSCs, community-based, family-centered, neighborhood centers where parents can connect with other parents, access free wrap-around resources and supports, and be a part of building their community. Since 2019, FSCs across New Jersey have delivered over 918,860 core service sessions, mainly in the areas of general referral linkages (38%), family health (15%), life skills (13%), and advocacy (13%), to approximately 201,619 families. The full array of DCF's services, including many that are in place to strengthen families and prevent family separation, see DCF's Round 4 CFSR SWA, *Systemic Factor 5, Service Array and Resource Development*.
- **PCEs Awareness** DCF's Office of Resilience (OOR) coordinates, facilitates, and hosts statewide initiatives related to raising awareness of, and creating opportunities to reduce or mitigate, Adverse Childhood Experiences (ACEs) while promoting Positive Childhood Experiences (PCEs) through community-led efforts by supporting organizations who are new or currently pursuing trauma-informed initiatives. In Year 1, OOR launched foundational training for organizations to systematize trauma informed approaches and develop a statewide network of certified trainers using a train the trainer model. To date, OOR has trained 402 individuals representing 94 organizations across the state. Additionally, OOR began to facilitate free access to an organizational assessment tool, the Trauma Responsive Understanding Self-assessment Tool (TRUST) and to make available individualized coaching to organizations upon request. DCF is moving forward with development of the Resilient NJ Technical Assistance Center, which will host the assessment tool, trainings, provide resources, coaching and technical assistance to organizations shifting to a trauma-informed approach.
- **PFPC.** In 2025, through a contracted provider, DCF began to expand its PFPC work to engage more communities across the state in co-design activities. In this reporting period, DCF began to form an Advisory Board, including representatives from state agencies, community stakeholders and people with lived experience with child and family services, to oversee the expansion of PFPC throughout 2025. In 2025, DCF will pilot up to three local chapters to strengthen community support networks for families, create spaces for local communities to identify community needs and to engage more parents and families in co-design activities that strengthen child and family services. DCF will continue to show the Truth to Transformation documentary, described in DCF's 2025-2029 CFSP, in various community settings to promote local community engagement in PFPC.

D. Kinship Navigator Funding

DCF's Kinship Navigator Program (NJ KNP), which DCF has been operating for 22 years, supports caregivers who have taken on the responsibility of caring for a child in their extended family or community network. Four contracted regional KNP providers help caregivers to navigate various forms of government systems and supports, such as housing and economic assistance, to determine their eligibility for KNP benefits, and to provide technical support with legal commitments to the child. Core NJ KNP program activities include outreach, intake and screening, information and referral, assessment, case planning, and discharge. Families can connect with their regional NJ KNP through the NJ 211 helpline, the DCF website or directly through a regional provider. In Federal Fiscal Year (FFY) 2024, NJ KNP served 26 families with KLG support and 1,960 families with wraparound services, for a total of 1,986 families. To date in FFY25, NJ KNP serviced 18 families with KLG support and 1,406 families with wraparound services for a total of 1,424 families.

NJ KNP has undergone systematic evaluation to enhance its effectiveness in supporting kinship caregivers for several years. Since 2018, through federal kinship navigator evaluation funding, DCF's ARE team, in collaboration with Rutgers University and the Urban Institute, has actively assessed the program's implementation and laid the groundwork for a rigorous impact evaluation. The upcoming phase marks a significant transition, as DCF will independently oversee the evaluation process for the first time. In the current reporting period, DCF built on the work that had been completed in earlier grant periods. The FFY 2024 grant funds supported DCF's efforts on the following activities:

- **Data Quality Assurance.** DCF implemented rigorous data quality assurance processes in partnership with DCF program staff and provider organizations to ensure that accurate and reliable data is collected through NJ KNP Connex. Using a CoQI framework, team members with various expertise worked together to ensure that data was accurate, complete, and reliable by identifying anomalies in reporting and working with providers to rectify identified issues.
- **Outcome Evaluation.** Building on an analysis of strengths, needs, and empowerment data, DCF continues to explore several variables to assess outcomes related to child stability, caregiver engagement, and community networking and partnership. DCF discussed the findings and statistically significant changes in participant outcomes with program partners.
- **Continuous Quality Improvement.** DCF operationalized a CoQI protocol that includes providers in the review and interpretation of data, thereby increasing data literacy across the program while helping to troubleshoot data and programmatic challenges among specific providers and across the program.
- **Examination of KNP Reach.** There is no generalizable, publicly available data in New Jersey that describe the characteristics of all kinship caregivers across the state.²⁷ As part of a separate research project, DCF, in partnership with Rutgers University, began to collect survey data from a large sample of kinship caregivers across the state, including those who did and did not have access to KNP, to understand characteristics, needs and use of supportive services.
- **Rigorous quasi-experimental or experimental evaluation.** DCF continued partnering with the Urban Institute to develop a rigorous experimental or quasi-experimental evaluation that would build evidence in alignment with the requirements outlined in the *Title IV-E Prevention*

²⁷ U.S. Census Bureau, 2022

Services Clearinghouse Handbook of Standards and Procedures. Prior work had established a clear, feasible theory of change and measurement instruments to collect demographic, process, satisfaction, and outcome data. During the FFY 2024 grant period, the evaluation team unsuccessfully worked to identify a comparison group for the evaluation and establish a plan for collecting outcome data from that group. Efforts included meetings with the AARP, New Jersey's Office of Aging, and New Jersey's Department of Family Development (DFD) to explore administrative data and potential opportunities to recruit a comparison group with baseline equivalence to the caregivers enrolled in the KNP program, as well as further examination of income data to determine whether a Regression Discontinuity Design can be used with an income cut-off. We were unable to develop a comparison group, however.

Through the FFY25 grant, DCF continues evaluation efforts, including implementation of rigorous data quality assurance processes and the CoQI process, examination of KNP reach in partnership with Rutgers University, additional efforts to increase outreach, and strategizing programmatic enhancements. To identify enhancements, the evaluation team will observe support groups for caregivers and conduct qualitative interviews with these caregivers to learn more about their specific need. Once identified, DCF will pilot one at least one enhancement with one provider agency and study its impact on the caregivers who participate. If found to be effective, DCF will consider scaling the enhancement statewide, engaging kin caregivers in an advisory role. DCF is also planning efforts to better understand the needs of youth in kin care and identifying enhancements for additional supports in FFY 2026.

E. Monthly Caseworker Visit Standards and Formula Grants

Monthly Caseworker Visit Grants are provided to states to improve the quality of caseworker visits and decision-making and caseworker recruitment, retention and training. States are required to ensure the total number of monthly caseworker visits is not less than 95 percent of the total visits that would be made if each child were visited once per month. In addition, at least 50 percent of the total number of monthly visits made by caseworkers to children in foster care must occur in the child's residence.²⁸

To ensure the maximum benefit of CP&P support and services to children and their families, DCF policy includes Minimum Visitation Requirements (MVR) that mandate CP&P caseworkers make regular, in-person visits with children, their parents, and, if applicable, the out-of-home placement provider.²⁹ The purpose of MVRs is to assess whether the child is receiving appropriate care and is safe from harm, whether the objectives of the case plan are being met, what progress is being made toward achieving the case goal, whether barriers to achieving the case goal are being alleviated, the child's adjustment to, and progress in, the out-of-home placement, and any other relevant information or concerns about the child. Frequency of visits can range from weekly to monthly, depending on the circumstances of the case, and schedules must be reviewed at least once every six months and modified as needed. For example, caseworkers must have face-to-face visits with a child in out-of-home placement at least twice per month during the first two months of an initial placement or a change of placement, and at least once per month throughout the remainder of the child's placement. Caseworkers visit with the parent or guardian at least twice per month when the case goal is reunification, and at least once per month if the goal is something other than reunification. For additional information and data on CP&P MVRs, see DCF's Round 4 CFSR SWA, Section III, *Assessment of Child and Family Outcomes*.

In this reporting period, DCF used the caseworker visit grant to fund training and the continued

²⁸ Section 436(b)(4)(B)(i); Section 424(f)

²⁹ [CPP-III-C-3-100.pdf \(nj.gov\)](#), [CPP-III-C-3-200.pdf \(nj.gov\)](#)

implementation of the SBC certification process. SBC is an evidence-based, family-centered model for case practice. For additional information on SBC, see DCF's Round 4 CFSR SWA, Section II, *State Context Affecting Overall Performance*. Additionally, this grant funded the ongoing use of the alert media application, a safety application installed on staff members' mobile devices to use along with a tether to immediately notify law enforcement for assistance in emergency or life-threatening situations. The application relays information about the location of the caseworker for quicker emergency response. DCF also used these funds for recruitment advertisements and 10% administrative costs per the grant requirement. Finally, this grant was used for electronic equipment for caseworkers and contracted providers to document face-to-face visits with children in real time, enhancing associated decision-making related to safety, permanency, and well-being of children. DCF will ongoingly assess the optimal use of the Monthly Caseworker Visit grant to ensure that it is utilized to advance DCF's strategic plan and the goals identified in DCF's 2025-2029 CFSP.

DCF will continue to ensure that statutory performance standards are met through monitoring of administrative data from the state's CCWIS and via SafeMeasures. DCF will assess the quality of caseworker visits though the CP&P CoQI process and via SBC fidelity tools and observations. For additional information on the data and CQI processes in this paragraph, see DCF's Round 4 CFSR SWA, Section III, *Assessment of Child and Family Outcomes*, Systemic Factor 1, *Statewide Information System*, and Systemic Factor 3, *Quality Assurance System*.

F. Progress Reporting for other Grants and Requirements Coordinated through the CFSP/APSR

Adoption and Legal Guardianship Incentive Payments. The Adoption and Legal Guardianship Incentive Payments program recognizes improved performance in helping children and youth in foster care find permanent homes through adoption and legal guardianship. States receiving adoption and legal guardianship incentive awards must spend the funds for services (including post-adoption services) and activities allowable under titles IV-B and IV-E of the Act.³⁰

As described in Section 5, *Update on the Service Descriptions: Child and Family Services Continuum*, DCF undertook a comprehensive assessment process to identify necessary changes, i.e., continuation, expansion and/or uptake of new programming to its array of core services. During that process, DCF identified service improvements and expansions to take place, with programmatic plans as roadmaps, beginning in SFY 2023 and continuing forward. For additional information on the assessment process, see Section 5, *Update on the Service Descriptions* and DCF's Round 4 CFSR SWA, *Systemic Factor 5, Service Array and Resource Development*. For additional information on the programmatic plan efforts, see Section 3(B), *Goal 2*. Since then, DCF has used Adoption Incentive dollars to fund some of these initiatives, e.g., transitional living programming for older youth, continuum of family support programming for families involved with CP&P, including parents with children at risk of placement. Additionally, DCF used Adoption Incentive payments to improve DCF's ability to track, manage and support resource work operations through the integration of new software with DCF's CCWIS and LIS. In the most recent fiscal year, DCF used Adoption Incentive payments to fund new car seats to ongoing ensure the safe transport of CP&P-involved babies and young children.

Adoption Savings Expenditures Adoption savings are financial savings that Title IV-E agencies achieve with respect to their own funds due to the expansion of eligibility under the Title IV-E Adoption Assistance program. Adoption Savings must be spent to provide child welfare

³⁰ Section 473A of the Act

services allowable under Title IV-B and Title IV-E programs. Twenty percent of each year's calculated savings must be spent on post-adoption and post guardianship services. Those expenditures, plus amounts spent on services to support positive permanent outcomes for children at risk of entered foster care must equal at least 30 percent of each year's calculated savings.

Like the Adoption Incentive payments above, DCF has used Adoption Savings dollars to fund some of the new and/or improved services being managed through the program plan process. Through this process and utilizing Adoption Savings payments, DCF successfully launched a high quality and sustainable Adoption and Kinship Legal Guardianship Clinical Services (AKLGCS) program, inclusive of new provider contracts, model developer support and consultation, and evaluation. This program will offer in-home, evidence-informed clinical services to youth and their adoptive and kinship families to support identity, attachment, and family formation, and to reduce trauma associated with the alternative permanency process. Fifty percent (50%) of program participants are youth and their pre-adoptive or kinship families; for these participants, services aim to facilitate stable and permanent adoption arrangements. The remaining 50% are youth and their adoptive or kinship families post-permanency. This program, which launched in January 2024, is available statewide. Through 2024, the program provided in-home services to 62 families. As of April 1, 2025, the AKLGCS program was providing services to 52 families and had already served 57 families year-to-date. Of those families served in 2025, 54% were post adoption or KLG. Provider clinicians completed training and continue to move through the DDP accreditation process during their practice period with the model developer. DCF continues to evaluate this program to understand early implementation and to identify opportunities to strengthen and stabilize programming.

DCF will continue the AKLGCS programming in future fiscal years via Adoption Savings. DCF will also use Adoption Savings, in combination with sources, to fund the implementation of its new in-home parent support continuum of services. Supplementing the currently available FPS and EPA programming, DCF will add three new evidence-based models to the continuum: BSFT, Intercept, and Triple P. The new programs, which are in various stages of development and procurement, will be available to CP&P-involved families beginning in Fall 2025.

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 Transition Grants. Grants through the Family First Transition Act are provided to states to support implementation of the Family First Prevention Services Act (FFA).³¹ FFA Transition funding may be used for any purpose specified in Title IV-B or for activities directly associated with the implementation of FFA. Shortly after the enactment of FFA, DCF began to plan for and develop the infrastructure required for service delivery, reimbursement claiming, and data reporting. In that time, DCF funded a number of planning and development activities, in full or in part, via FFA transition funding, including activities listed below. In June 2025, ACF approved DCF's five-year Title IV-E prevention services plan.

- Beginning in 2021, DCF engaged in external consultation related to amending DCF's cost allocation plan (CAP) to support claiming for its FFA prevention services program. With the support, DCF finalized its proposed cost allocation plan, submitting it to HHS in May 2025.
- In Fall 2021, DCF procured an IT consulting firm to support short- and long-term IT planning and project management for the development of the data architecture required for FFA

³¹ Pub. L. 116-94

prevention services delivery, claiming, and reporting. To meet the requirements of FFA, DCF is making significant upgrades to its IT and data collection systems, including both modifications to existing systems, e.g., NJ SPIRIT, and the development of new systems, e.g., enterprise data warehouse and short-term and long-term provider data systems. This contract was in place throughout this reporting period and continues through the present.

- In Fall 2024, DCF began contracting with an external software consultant to develop a new long-term data collection system for use by service providers of DCF's Title IV-E prevention service program models, including Brief Strategic Family Therapy, Intercept, Positive Parenting Program and Motivational Interviewing through FPS and KFT. The inaugural version of this system is expected to become available in June 2026. This contract was in place throughout this reporting period and continues through the present.
- In 2024 and 2025, DCF contracted with the model developers for three evidence-based models that will be a part of DCF's FFA prevention services program: Brief Strategic Family Therapy, Intercept, and the Positive Parenting Program. These model developers are supporting DCF's implementation of new programming and provider networks. These models are expected to be available to New Jersey children and families beginning in Fall 2025. This contract was in place throughout this reporting period and continues through the present.
- In 2025, DCF contracted with Rutgers University to enhance the currently available training for FPS providers. FPS practitioners were previously trained to utilize Motivational Interviewing in their work with children and families. The currently available FPS training is being updated to incorporate their use of Motivational Interviewing. This contract was in place throughout this reporting period and continues through the present.

With the exception of the CAP consultant, all of the above contracts remain active. FFA transition funds will be used to support these contracts through the grants obligation date of September 30, 2025. DCF expects to spend down the grant funds by that date on activities described above.

While DCF did not use FFA Transition Act funding to provide direct services to children and families, children and families across the state will be benefited by the services that will rely on the IT and training infrastructure made available through FFA Transition Act funds. CP&P involved children, including, but not limited to, children who meet New Jersey's definition of candidacy, pregnant and parenting youth (PPY) in foster care, and the caregivers of candidates and PPY, will benefit from the newly available and/or enhanced evidence-based prevention services models. Each Title IV-E prevention service included in DCF's five-year plan has a different target population. For example, BSFT is for families with children from age six to 17 years old, who display or at risk for developing problem behaviors, including substance use, conduct problems and delinquency. As a second example, the Positive Parenting Program serves families with children up to 12 years of age that exhibit behavior or emotional difficulties. For information on the target populations for Intercept, FPS and KFT, see DCF's Five-Year IV-E Prevention Strategy, approved on June 13, 2025. In addition, all children and families engaged in DCF-services, including those involved with CP&P, will benefit from any services or supports that are able to be maintained or developed at a later time through the use of reimbursements received.

FFA Funding Certainty Grants are not applicable to DCF.

G. John H. Chafee Foster Care Program for Successful Transition to Adulthood

The John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) program, including the Education and Training Voucher (ETV) program, provides flexible funding

to support youth who have experienced foster care of age 14 or older in their transition to adulthood, young people who aged out of foster care, youth who left foster care through adoption or guardianship at age 16 or older, and youth likely to remain in foster care until age 18 by ensuring opportunities to participate in age or developmentally-appropriate services.³²

Agency Administering Chafee. DCF administers, supervises and oversees New Jersey's statewide Chafee program. With an understanding of the unique and often complex needs of youth and young adults, DCF's Office of Adolescent Services (OAS), which sits within CP&P, leads case practice, policy initiatives, training and management of contracted providers related to DCF's services and supports for Chafee-eligible youth. Throughout Year 1, the Chafee Advisory Group, which is comprised of approximately 20 members, including a youth with lived experience and cross-disciplinary stakeholders with varied experience working with adolescents, met quarterly to inform, guide, and monitor progress in the execution of the Chafee program. For additional information on OAS and CAG, see DCF's 2025-2029 CFSP.

2025-2029 Chafee Plan: Program Design and Delivery during Year 1. Last year, DCF developed its 2025-2029 Chafee Plan; the five strategies and associated activities are outlined in Table 8. Informed by feedback from youth and young adults with lived experience, DCF-contracted adolescent community providers, the CAG and child welfare staff, as well as guidance and information from numerous sources, DCF developed a plan that aligns with DCF's strategic vision, aims to improve Social Determinants of Health (SDoH), incorporates the Youth Thrive protective and promotive factors framework, and focuses on healing to enable youth to thrive. For additional information on the program design process and the frameworks that underpin DCF's Chafee plan, see DCF's 2025-2029 CFSP.

During Year 1, DCF maintained its Chafee programming and moved forward with each of the strategies of the 2025-2029 Plan as described below. For additional information on services available to youth and young adults, including Chafee-eligible youth, see DCF's Round 4 CFSR SWA, *Systemic Factor 5, Service Array and Resource Development*.

Table 8. 2025-2029 Chafee Plan Strategies and Activities

Strategy 1. Increase youth voice in all aspects of youth policy, programming, and practice.
a) Collaboration between OAS and OFV for partnership with Youth Consultants.
b) Provide opportunities for youth and young adults to participate in workgroups and subcommittees, including the CAG.
c) Develop, in partnership with the Youth Council and Youth Consultants, a survey to be administered annually to youth and young adults, ages 14-21+ to obtain information on their experiences with DCF and contracted providers, outstanding needs, and challenges and successes.
d) Improve the quality of transition planning with youth and young adults to incorporate their goals and dreams and identify concrete steps to accomplish their goals.
Strategy 2. Provide skill development, learning opportunities, and concrete supports to build economic stability.
a) Increase the number of youth and young adults who have checking and savings accounts, which will include developing partnerships with banking institutions.
b) Provide youth and young adults with access to financial literacy websites and applications.
c) Research individual development accounts and other options for match savings.
d) Continue to provide financial assistance through Independent Living Stipends and emergency assistance through wraparound funding.
e) Continue to provide skill development and career and education preparation through contracted services, e.g., transitional and permanent supportive housing, LifeSet, and Pathways to Academic and Career Exploration to Success (PACES).

³² Section 477 of the Act

f)	Leverage internal and external resources to identify available funding streams to address youth and young adult housing needs.
Strategy 3. Assist youth and young adults to build social and community networks and connections.	
a)	Help youth and young adults with lived experience build and maintain connections with one another through a platform or application.
b)	Increase support for youth in out-of-home placement to participate in activities, experiences, and areas of interest.
c)	Assist youth and young adults to prepare for and obtain driver's licenses.
d)	Provide youth in out-of-home placement with peer-to-peer support through contracted services, e.g., Enlightenment.
e)	Work with OOR and FCP to identify community resources and other opportunities for youth to address ACEs, embrace positive childhood experiences and support connections and healing.
Strategy 4. Ensure youth and young adults have access to quality health care.	
a)	Continue to provide access to mental health services.
b)	Research and provide information on non-clinical mental health services to support healing.
c)	Continue to provide Medicaid coverage until the age of 26.

Year 1 Updates for Strategy 1. Increase youth voice in all aspects of youth policy, programming, and practice. During Year 1, DCF increased youth voice in many aspects of policy, programming and practice. In this reporting period, DCF included LEEP youth consultants, Youth Council members, and other youth lived experts in a variety of forums, including:

- The Youth Council partnered with OAS to revise DCF's job description for CP&P adolescent unit caseworkers; the revisions will be finalized later in 2025. OFV and OAS also undertook planning efforts for the Youth Council to assist a planned restructuring of OAS. For additional information on the Youth Council, see Section B(1), *Update to the Vision and Collaboration*. (Activity 1(a).)
- Youth participated in a National Youth in Transitions Database (NYTD) workgroup, an initiative to identify and implement a new structure for child welfare staff who work with adolescents aging out of care, and a project with the Annie E. Casey Foundation to explore the use of the SOUL permanency plan in New Jersey. A young adult with lived experience continued to be a member of the CAG throughout Year 1. Additionally, two LEEP consultants participated in a workgroup to refine and enhance the PACES program components and program manual to better incorporate youth perspective. (Activity 1(b).)
- OAS and OFV, with support from ARE, began to develop a Chafee survey administered to youth and young adults to gather additional information on their experiences and needs. The group will continue to meet for the next several months to refine the survey questions. (Activity 1(c).)
- In this reporting period, DCF began to work with a consultant to help envision and implement identified changes in this area, including provision of training for child welfare staff effective transition planning and restructuring the child welfare workforce to have specialized adolescent staff who can better support youth who are aging out of care and preparing for adulthood. Additionally, Youth Council members built out training for staff to ensure youth connection to kin and assist in transition planning. To encourage and motivate DCF staff to take further action to support youth and ensure sibling connections, the Council also worked with OTPD to add descriptions of their personal experiences with DCF to trainings via recorded person videos. Youth were able to remain anonymous with avatar and voiceover options. Council members also presented at numerous youth events, motivating and empowering youth to take action in their care. (Activity 1(d).)

Year 1 Updates for Strategy 2. Provide skill development, learning opportunities, and concrete supports to build economic stability. During Year 1, DCF provided financial assistance to youth and made efforts to develop youth capacity to achieve economic security. During Year 1, DCF continued to provide independent living stipends to eligible youth ages 16-21 to support rent, food and other related cost of living expenses. Between July 2024 and March 2025, DCF provided an Independent Living stipend to an average of 299 youth, per month. In addition, DCF continued to make wraparound emergency funding available to eligible youth who were no longer open with child welfare. Between July 2024 and March 2025, DCF's three wraparound programs served 192 young people. In order to increase the number of youth and young adults with checking and savings accounts, DCF began to gather information from stakeholders, including CAG members, on their experiences with and recommendations for banking institutions for this population and to continue to research individual development accounts and other options for match savings. (Activities (d), (a), and (c).)

DCF made resources available to increase the financial literacy of youth and young adults. DCF maintained its NJYRS website, which was designed by the Youth Council and launched in Spring 2022. NJYRS includes a financial literacy section that features youth friendly information on budgeting, opening a bank account, building credit, and understanding independent living stipends. DCF is also exploring its ability to procure an application for youth to access additional financial literacy information. (Activity (b).)

Throughout the reporting period, DCF continued to provide skill development and career and education preparation services. (Activity (e).) Highlights follow.

- DCF also facilitates a continuum of youth housing programs and related services. For a description, see Section B(1), *Updates on the Vision and Collaboration*. Programming within this continuum that was available during Year 1 included: My First Place, Connect to Home, Fostering Youth to Independence, Expectant Parenting Youth and Family Unification.
- DCF's LifeSet program continued to serve young people, ages 17-23, statewide. Between the program's launch in October 2020 and March 2025, this program served 763 unduplicated young adults. On average, 10 new young people enroll in LifeSet each month. The Fourth Annual KPIs show that, of the 149 youth who discharged during the period, over 93% discharged with a safe place to stay, 97% discharged with employment or educational stability, and 98% avoided legal involvement or arrests during their time in LifeSet. When youth were asked about their biggest accomplishment since enrolling in LifeSet, one youth replied, "Since being in the program, I have learned about the diligence of life. Going from high school and learning how to be independent on my own is my biggest accomplishment thus far." Another youth reported, "I have gained confidence, and I have learned to stop doubting myself. This program has helped me improve my confidence and achieve things I never thought I could. My biggest accomplishment so far is enrolling in school- college."
- PACES offers tailored educational and workforce skill development for youth, aged 16-21, with a history of out-of-home care. Through personalized coaching, PACES supports youth to explore their interests in post-secondary education, workforce development, or technical and certificate programs. The program focuses on enhancing soft skills, advocacy, and life skills, with an emphasis on financial literacy, personal budgeting, and access to scholarship opportunities, as well as technical skill development and resource connections. In Calendar Year 2024, 590 youth engaged in PACES services.
- EnlightenMENT is a credible messenger program designed to support 14-21-year-olds in out-of-home care by pairing them with Peer Navigators—mentors who have personal

experience with New Jersey's child welfare system. These Peer Navigators play a crucial role in fostering skill development, career and education preparation, and financial literacy. For additional information on EnlightenMENT, see Strategy 3, Activity (d), below. In Calendar Year 2024, 118 youth engaged in EnlightenMENT services.

DCF also leveraged internal and external resources to identify available funding streams that address youth and young adult housing needs. More specifically, DCF leveraged internal federal and state resources to expand access to evidence-informed support services, e.g., Life Set, and support one-time move in expenses, such as security deposits, application fees, etc., for young adults. In addition, DCF's Office of Housing partnered with local Public Housing Authorities (PHAs) and Continua of Care (CoC) to identify and secure external federal funding to provide Housing Choice subsidies and support services to youth facing housing instability. During the referenced time period, new partners included: Asbury Park PHA, Monmouth County PHA, Monmouth County CoC, and the Pleasantville PHA. (Activity 2(f).)

Year 1 Updates on Strategy 3. Assist youth and young adults to build social and community networks and connections. During Year 1, DCF continued to support youth in building connections to family, friends, schools, community members, and more. Examples include:

- In this reporting period, OAS began researching and exploring platforms that could be used to help youth and young adults build and maintain connections with each other. Through this research, OAS identified a website and application for youth who are or were in foster care. DCF held discussions with the developers and presented the information to the Youth Council to get their thoughts on making this website and application available to New Jersey youth. Exploration continues. (Activity 3(a).)
- New Jersey continues to offer EnlightenMENT, DCF's peer-to-peer mentoring program which was co-designed with the Youth Council and launched in 2022. EnlightenMENT provides young people, ages 14-21, and in the care of CP&P, with peer support through trained professional staff and credible messengers who themselves have lived experience in New Jersey's child welfare system. The program ensures that youth entering care have someone they can go to for advice and guidance on navigating the foster care system. Three regional programs operate in select counties in the southern, central, and northern regions of the state. Since the launch, over 100 youth have been served by a Peer Navigator. Early evaluation has shown positive outcomes, including increases in youth confidence, advocacy skills, and connections within the community. During the reporting period, DCF continued to engage with an expert in lived experience workforce development on an organizational assessment. The assessment highlighted the need for enhanced training that incorporates competency-based mentoring. (Activity 3(d).)
- In April 2025, OOR helped to coordinate a Youth Summit for youth involved with DCF. The summit brought together, and connected youth with, community resources. Throughout the event, there were workshops promoting connections and healing with topics selected by the youth. (Activity 3(e).)

Year 1 Updates on Strategy 4. Ensure youth and young adults have access to quality health care. During Year 1, DCF, through its Office of Integrated Health and Wellness (OIHW), continued to ensure that youth have access to quality physical and mental health services. New Jersey continued to provide Medicaid coverage to youth and young adults through the age of 26 via the Medicaid Extension for Young Adults (MEYA). (Activity 4(c).) OIHW also leads DCF's Medicaid continuity of coverage initiative, which includes a requirement that Medicaid be offered to eligible

adults formerly in foster care who move to a new state and who have turned 18 on or after January 1, 2023. As of January 2025, all children and adults enrolled in New Jersey Medicaid have access to behavioral health and SUD treatment via their managed care organization, including outpatient mental health counseling, mental health partial hospitalization and SUD outpatient/intensive and partial care. Youth and young adults also have access to mental health services through CSOC. (Activities 4(a) and (c).) DCF continues to research non-clinical ways to support healing, including stress management, building resilience, and co-regulation. During the adolescent Networking Conference, there were several workshops focused on wellness and co-regulation, providing child welfare staff with concrete strategies and tips to utilize when working with adolescents. (Activity 4(b).

Using and Sharing NYTD Data. For youth who completed the NYTD survey and received at least one NYTD service, DCF is analyzing 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 associate 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. DCF continues to move forward with the efforts outlined in its 2025-2029 CFSP to strengthen NYTD data collection, including the formation of a workgroup focused on determining additional questions for the baseline and follow-up surveys.

DCF makes a concerted effort to analyze NYTD data and identify the most effective methods for sharing the results with internal and external stakeholders, the CAG, and the public. For example, DCF's Office of Applied Research and Evaluation (ARE) analyzed NYTD survey results and Cohort 5's NYTD independent living services for 2017-2021 and published a publicly available data brief.³³ In addition, ARE developed a microlearning video series for all DCF staff, "DCF Data Bite Insights," to share data and research to help inform DCF's programs and initiatives; the first episode highlighted the NYTD data for Cohort 5. OAS, ARE, and young people will work together to develop versions that are youth-friendly and to share information with DCF-contracted adolescent providers and other stakeholders. DCF uses NYTD data to improve services, e.g., services that address youth homelessness and the needs of parenting youth transitioning out of care, and inform planning, including the plan set forth in the 2025-2029 CFSP.

Ensuring that the Chafee Program will Serve Youth Statewide. DCF's CP&P is a state-administered child welfare system. All governing policies and practices, including those related to services and supports for youth and young adults, are administered through a centralized statewide authority. Across the state, youth that experience out-of-home care are recipients of services both to secure permanency and to establish strong pathways to healthy interdependence. Likewise, DCF offers Chafee program services statewide. Services are primarily located in areas of the state or county where the concentrations of youth are highest. Some services, such as housing, are not located in every county but can be accessed by youth from across the State. Because New Jersey has urban, suburban and rural areas, services may vary due to differences in transportation infrastructure, population density, and/or cost of renting or owning a property to offer services.

DCF ongoingly analyzes NYTD data, including data that is disaggregated by county, to determine if there are any differences in service delivery. Outside of NYTD data, DCF relies on and analyzes additional youth-specific data to assess and improve service delivery, including data from record

³³ <https://www.nj.gov/dcf/adolescent/NYTD-Data-Brief.pdf>

and qualitative reviews, data available on the Child Welfare Data Hub, educational data through DOE, provider data, and more.³⁴ Additionally, with the increasing implementation of evidenced-informed models, additional data is available. For additional information on record reviews and ad hoc reviews relevant to this population, see DCF's Round 4 CFSR SWA, *Systemic Factor 3, Quality Assurance System*.

DCF provides services to youth who moved to New Jersey after exiting foster care in another state. Upon contact from a youth or young adult or a representative from another state for services for the youth, DCF works to understand the youth's needs and connect them to the appropriate services and supports.

Serving Youth of Various Ages and Stages of Achieving Independence. New Jersey has a state-extended foster care program, serving youth and young adults to the age of 21. Many of DCF's contracted programs, including the services described above, serve youth and young adults even beyond the age of 21. DCF continues to use the Youth Thrive survey and an SBC transition plan with youth and young adults ages 13 through 21 in foster care. Some services are also available to older youth who are not in placement and involved with DCF to prevent placement. Youth and young adults, with assistance from their child welfare caseworker, complete the Youth Thrive survey annually. The child welfare caseworker uses the survey, along with other relevant evaluations, e.g., educational, mental health, substance use, cognitive, to assess the youth's protective and promotive factors, assist youth in developing their transition plan, and connect the youth to contracted, community-based or school-based services appropriate to their age and stage of achieving independence. DCF recognizes that expectant and parenting youth, including young fathers, require unique services and supports that both develop them as a young adult and support their role as a parent. Informed by NYTD data and survey responses of parenting youth in care, DCF developed a stakeholder-informed plan to improve practice and policy to better support expectant and parenting youth.

Tables 9 and 10 show the number of youth and young adults between ages 13-21 in foster care by county and demonstrate youth in care in all of New Jersey's 21 counties. Table 11 shows more youth aged out of care at 21+ than in recent years.

Table 9. Youth in Foster Care, Ages 13-17, by County, 2020-2024³⁵

	2020	2021	2022	2023	2024
Atlantic	45	34	37	35	41
Bergen	24	23	25	28	23
Burlington	32	25	29	42	55
Camden	84	73	71	91	86
Cape May	15	16	18	17	19
Cumberland	34	31	28	31	30
Essex	112	95	99	90	107
Gloucester	47	45	49	48	43
Hudson	48	35	40	39	33
Hunterdon	<10*	<10*	-	-	<10*
Mercer	44	44	38	42	45
Middlesex	45	39	35	39	29
Monmouth	37	37	33	31	44
Morris	18	20	21	17	17
Ocean	37	32	35	35	38
Passaic	39	32	44	40	49

³⁴ https://www.nj.gov/dcf/childdata/exitplan/2023_CoQI.Older.Youth.Brief.pdf

³⁵ Data source: NJ Child Welfare Data Hub. In order to protect the privacy of youth represented, data suppression was activated and is displayed as "<10*." As a result, actual totals may be higher than the totals represented here.

Salem	12	<10*	<10*	<10*	<10*
Somerset	12	11	10	<10*	<10*
Sussex	<10*	<10*	<10*	10	13
Union	38	42	33	24	24
Warren	<10*	<10*	11	<10*	<10*
Totals	723	660	656	659	696

Table 10. Youth in Foster Care, Ages 18³⁶

	2020	2021	2022	2023	2024
Atlantic	13	11	<10*	<10*	<10*
Bergen	15	<10*	12	11	14
Burlington	<10*	<10*	<10*	10	<10*
Camden	24	24	27	21	21
Cape May	<10*	0	<10*	<10*	<10*
Cumberland	12	<10*	<10*	<10*	<10*
Essex	39	39	29	22	20
Gloucester	<10*	<10*	12	15	12
Hudson	13	14	13	10	<10*
Hunterdon	<10*	<10*	-	-	-
Mercer	14	14	16	15	<10*
Middlesex	11	22	24	20	14
Monmouth	<10*	10	<10*	<10*	10
Morris	<10*	<10*	<10*	<10*	<10*
Ocean	18	14	13	<10*	12
Passaic	15	17	13	14	15
Salem	<10*	<10*	<10*	<10*	<10*
Somerset	<10*	<10*	<10*	<10*	<10*
Sussex	<10*	<10*	<10*	-	-
Union	24	20	23	15	11
Warren	<10*	<10*	-	-	<10*
Totals	198	234	182	153	129

Table 11. Number of Youth Ages 21+ Aging Out of Care

Exit Year	2020	2021	2022	2023	2024
Total Youth 21+	28	28	26	26	36

Collaboration with Other Private and Public Agencies. As is described in Section 1, *Update to Vision and Collaboration*, DCF is committed to and relies on ongoing and meaningful collaboration with a variety of stakeholders from the private and public sector in all of its work, including the implementation and management of the Chafee program and services. OAS and FCP regularly create and convene opportunities for collaboration with community-based service providers, including non-contracted agencies. Chafee-specific contracted service providers convene quarterly for updates, trainings and resources on youth-related topics, and for feedback on DCF's services and initiatives. Ongoing stakeholder partnerships include:

- **One Simple Wish.** DCF works closely with One Simple Wish, an online platform that brings national awareness to the foster care system and increases the well-being of children in out-of-home care by granting their unique wishes. This support increases a youth's access to important items, e.g., musical instruments or sports equipment. This program supports youth currently in foster care and youth with experience in foster care ages 21+.
- **Youth Housing.** DCF contracts with several housing programs. One unique housing partnership is with Roots and Wings, a privately funded program that provides safe housing, case management, education, counseling, and life skills to young adults 18+ aging out of foster care. This is an important program and partnership because the program serves youth

³⁶ Data source: NJ Child Welfare Data Hub. In order to protect the privacy of youth represented, data suppression was activated and is displayed as "<10*." As a result, actual totals may be higher than the totals represented here.

up to age 24.

- **Educational Data.** In accordance with the 2015 Every Student Succeeds Act, DCF and the New Jersey Department of Education entered into a data sharing agreement that allows DOE to share educational and school data regarding youth in foster care with DCF. This partnership will allow DCF and the CAG to review and analyze trends in students' educational attainment.
- **Juvenile Justice Involved Youth.** To improve outcomes for youth involved with the juvenile justice system or dually involved with both the child welfare and juvenile justice systems, DCF participates in several collaborations with the Juvenile Justice Commission (JJC), including the New Jersey Council on Juvenile Justice System Improvement and efforts through the Office of Juvenile Justice and Delinquency Prevention. For additional information on JJC, see Section B(1), *Updates to the Vision and Collaboration*.
- **Normalcy Dialogue.** Since the implementation of the normalcy and reasonable prudent parent policies,³⁷ DCF convenes a large stakeholder group to provide feedback and drive related improvements to guidance, resources, training, and policy. Outstanding issues raised include driving instruction, cellular phones, transportation, and savings accounts.

Determining Eligibility for Benefits and Services. Child welfare caseworkers are responsible for linking youth and young adults with Chafee services through a youth driven assessment and planning process. The Youth Bill of Rights and the Voluntary Services Agreement, that is used for youth 18+, outline the services and supports that DCF, in partnership with the youth or young adult and their supports, is responsible for providing. Statewide, Chafee-eligible youth and young adults with open or closed cases with the child welfare system access Chafee services through various service providers. In addition, youth may re-enter the child welfare system after 18 and before the age of 21 if they were receiving child welfare services at age 16+. Youth that were in foster care at age 14+ and were reunified with their families are also eligible for Chafee services.

DCF is reviewing the service eligibility process to ensure all eligible youth and young adults have access to Chafee supports and services. This review will also assist DCF to ensure that there is not a duplication of services that provide the same skill development and to maximize the number of youth and young adults who can participate in services. OAS, through the LifeSet program, continues to pilot a centralized referral process to explore whether it can help to understand the youth's needs and make referrals to the most appropriate services for that child. DCF is evaluating the pilot through a randomized control trial.

Chafee funds for independent living services and room and board are implemented through various service providers and leveraged with other funding sources to create a statewide continuum of Chafee services. DCF will not deny eligibility for independent living services to a youth who otherwise meets the eligibility criteria but who is temporarily residing outside of New Jersey. Likewise, DCF will not terminate ongoing independent living assistance solely because a youth is temporarily residing out of state. Table 12 includes additional detail on eligibility for Chafee benefits and services.

Table 12. Chafee Services and Eligibility

Support	Youth that have	Youth who aged out of	Youth who exited foster	2020-2024 Plan for
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³⁷ <https://dcfpolicy.nj.gov/api/policy/download/CPP-IV-A-4-500.pdf>, <https://dcfpolicy.nj.gov/api/policy/download/CPP-IV-A-4-400.pdf>

	experienced foster care at age 14 up to age 21	foster care at 18	care for adoption or KLG after 16+	Extended Eligibility Youth who exited care to reunification at 14 or older
General services or supports for youth and young adults				
Youth Bill of Rights	Yes, through child welfare case worker	Yes, through child welfare case worker	No	No
Sibling Bill of Rights	Yes, through child welfare caseworker	Yes, through child welfare case worker	Yes, if there are siblings in care	Yes, if there are siblings in care
SBC Individual and Family Agreement (Part 2,Section B)	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
Youth Thrive Survey	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	Yes, at age 18, through the child welfare case worker	Yes, at age 18, through the child welfare case worker	No	No
Chafee specific programming for youth and young adults				
Pathways to Academic and Career Exploration to Success coaching services	Yes, 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
Peer2Peer Program: EnlightenMENT	Yes	Yes	No	No
Financial literacy through Ever-Fi	Yes	Yes	Yes	Yes
Independent Living Stipend for rent, food, and/or incidentals	Yes, 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
NJFCS 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
NJFCS Gap Housing (for breaks and summer)	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 18 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 23	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

H. Education and Training Vouchers Program

DCF, through OAS, is responsible for operating the management of the New Jersey Foster Care Scholars (NJFCS) program, the umbrella program for the State's ETV, Tuition Waiver and "State Option" funding programs. Embracing and Empowering Families (embrella) oversees and administers the NJFCS program via contract. Through this program, DCF provides ETVs to eligible youth who have aged out of foster care or left care for kinship legal guardianship (KLG) or adoption. This section describes ETV-eligible youth, methods of operation and coordination related to the ETV program. As shown in Table 13, DCF awarded 190 ETVs during the 2024-2025 school year. Of these 190 ETV students, 40% are freshman, 18.5% are sophomores, 17.5% are juniors, 12% are seniors, and 11% attend technical or career institutions. 8.5% attend an in-state post-secondary institution. 9% are connected to the Educational Opportunity Fund (EOF) Program. 8.5% are registered in remedial courses. 45% are currently, or were recently, open with CP&P. See also, DCF's Annual Reporting of ETV Awarded Form (ACF PI-25-01 Attachment C), attached to the New Jersey FY2026 CFS-101, submitted on the same date as this report.

Table 13. Total and New ETV's Awarded

School Year	Total ETVs Awarded	Number of New ETVs (% of Total ETVs)
2020-2021 School Year (July 1, 2020 to June 30, 2021)	210	66 (31%)

2021-2022 School Year (July 1, 2021 to June 30, 2022)	175	67 (38%)
2022-2023 School Year (July 1, 2022-June 30, 2023)	147	65 (44%)
2023-2024 School Year (July 1, 2023 to June 30, 2024)	193	85 (44%)
2024-2025 School year (July 1, 2024 to June 30, 2025)	190	76 (40%)

ETV Program Eligibility and Administration. Eligibility for ETV funding under the NJFCS program is based on age and length of time in foster care placement. In New Jersey, qualifying students are 16-25 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 at age 12 or KLG after the age of 16. Students who exited care for adoption between the ages of 12 and 15 are also eligible for NJFCS under a “State Option,” which offers the same financial support as ETV via state dollars. Effective during the 2023-2024 academic year and continuing through this reporting period, students enrolled in NJFCS and in school when they turn 21 are eligible for ETV funds up to age 26.

Identification and Recruitment of Prospective Students. DCF provides internal ETV funding opportunity announcements for staff to share with eligible youth. To facilitate identification of prospective students, DCF produces 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 NJFCS and determine if the student is eligible for support via ETV, Tuition Waiver or State Option. Embrella, in collaboration with the Red Hawks Fellows program at Montclair University and other colleges in New Jersey, manages retention and support on campus. It works with their Admission Offices and Residence of Life Offices to coordinate housing efforts and share information and materials to send to students for enrollment requirements. In addition, as a reminder of eligibility and incentive to re-enroll, the NJFCS application is sent to NJFCS students who were enrolled within the past three academic years. The Scholarship Administrative Coordinator conducts outreach to students who are close to aging out of their funding type to re-engage in the program. OAS also conducts outreach during the summer to students on probation to assess the need for student support and identify barriers to successful outcomes for students.

Application Process and Measuring Progress. The NJFCS application is web-based, allowing convenient access and an expedited application process during the fall and spring semesters. The online application is found on embrella’s website. For those reapplying, an abridged version of the application is available. Through the portal, students can also apply for educational supports, e.g., assistance with books, bus passes, or computers, at the beginning of each semester. Upon acceptance, students receive a welcome letter that confirms their acceptance into the NJFCS program, outlines the academic policy and requirements of the student’s funding, and maximum funding amounts and timeframes. Each NJFCS is assigned an embrella Scholarship Coordinator, who assists the student in understanding funding, communicates with the financial aid offices to resolve financial aid issues, and supports the student in navigating any financial aid requirements.

Scholarship Coordinators are responsible for verifying grade point average and SAP each semester by using a “Student Account Inquiry Form.” For more information, see below. Students that do not meet the academic requirements are provided a list of resources to support their academic needs. A student who fails to meet the requirements for three consecutive semester is removed from the program. Students may appeal the removal due to extenuating

circumstances and seek reinstatement. For additional information on the application process and measuring satisfactory progress, see DCF's 2025-2029 CFSP.

Tracking and Coordinating Funding. Embrella tracks ETV funding and the cost of attendance, including tuition and fees, room, and board and financial aid awarded to the student for the semester by the following categories: federal, state, and institutional grants, scholarships, loans, and personal payments. Upon confirmation that the student's financial aid package does not exceed the COA, the ETV funds may be released to either the institution, the student, or a third-party vendor, depending on the category of unmet need. All financial records are maintained in a secured Microsoft Access database. Students are notified in writing six months prior to their 26th birthday or prior to their 5th year of receiving funds, to remind them that ETV funding will terminate. DCF and embrella rely on the NJFCS database and its various query functions to avoid duplication of benefits under the ETV and other federal and state benefit programs.

DCF and embrella make every effort to help youth and young adults maximize available financial aid. Embrella also administers New Jersey's statewide Tuition Waiver Program and facilitates funding between these programs. For example, students whose ETV funding is discontinued because they reach the age of 26, but who meet the Tuition Waiver eligibility, i.e., 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 Tuition Waiver funding to complete their education. This funding is available to students for five years from the date Tuition Waiver is accepted, allowing the student to continue their education up to age 28. Additionally, DCF and embrella work with New Jersey's Higher Education Student Assistance Authority (HESAA), who has oversight over the EOF program and various state aid programs, to ensure current and former foster youth apply for and utilize available state aid and to improve aid and access to higher education for young adults that experienced foster care. During the last year, DCF has maintained its relationships with several of New Jersey's state universities, such as Rutgers University, Stockton University, and Montclair State University, that offer unique college support programs for NJFCSs. For additional information on tracking of ETV funding and coordination of other training programs, see DCF's 2025-2029 CFSP.

Chafee Training. As is detailed in DCF's 2025-2029 Training targeted plan and DCF's Round 4 CFSR SWA, Systemic Factor 4, *Staff and Provider Training*, DCF has a vast training menu that supports various areas of child welfare practice, including several Chafee-specific training opportunities for child welfare staff, service providers, and other stakeholders. OAS continues to partner with DCF's OTPD to develop an adolescent learning path for child welfare staff who work with adolescents. To determine the content and training methods of the adolescent learning pathway, DCF engaged with Rutgers University to conduct an adolescent needs assessment and develop a logic model. The needs assessment inputs included listening sessions held with child welfare, feedback from youth via a survey, and a topical and national scan of available trainings on identified topics and in use in other jurisdictions. Based on the findings of the assessment, beginning in July 2025, OTPD will work with Rutgers University to develop trainings on some of the topics identified, including SDoH, Youth Thrive 4 Youth, and work with expectant and parenting youth. While the adolescent learning pathway is being developed, the previously described Youth Thrive, Got Adolescents?, and Youth and Young Adult Assessment and Transition Planning trainings remain in place. In addition, DCF partners with Rutgers University to hold a one-day biannual Adolescent Networking Conference (ANC) for youth, staff, service providers, and other interested stakeholders. The conference seeks to identify areas of youth work that may not have training available or may be relevant to improving services and supports provided to youth. OAS hosted the most recent ANC in April 2025. Examples of workshop topics

include housing, employment and co-regulation. The workshops were from the perspective of what knowledge and tools staff can directly use with youth to help them meet their goals.

Chafee and ETV Related Consultation with Tribes. There are no federally recognized tribes located within the geographic boundaries of New Jersey; however, three tribal nations received state recognition. Chafee and ETV services are available to all eligible youth, including those identified as Indian youth. No tribe has requested 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. For additional information on consultation with tribes on child welfare matters, see Section 6, *Consultation and Coordination Between States and Tribes*.

Section 6. Consultation and Coordination Between States and Tribes

There are no federally recognized tribes located within the geographic boundaries of New Jersey; however, three tribal nations have state recognition: the Nanticoke Lenni-Lenape Indians, Powhatan Renape Indians, and Ramapough Lenape Indian Nation. 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 identify and serve Native children within the requirements and spirit of the Indian Child Welfare Act (ICWA), regardless of their tribal affiliation. In recent years, DCF has undertaken efforts to improve the identification of tribal members and the provision of culturally sensitive services to families with a tribal affiliation.

New Jersey continues to build collaborative relationships with indigenous communities throughout the state. Representatives from DCF's Office of Legal Affairs and the Office of Interstate Services participate in bi-monthly meetings with the New Jersey Commission on Indian Affairs, representatives from other state agencies, and members from each of New Jersey's three recognized Indian nations, providing DCF with opportunities to share information about DCF's initiatives and resources, learn about the needs of these communities, foster relationships and identify areas for collaboration and coordination.

DCF relies on regulations and policy as guidance for complying with ICWA.³⁸ DCF sends notifications to the United States Bureau of Indian Affairs (BIA) and tribes through a centralized liaison in DCF's Office of Interstate Services. The liaison tracks and monitors responses and information exchanged between CP&P, the tribes and BIA. To ensure appropriate application of ICWA, the New Jersey Commission and BIA provide advice and consultive services to DCF generally and on a case-specific basis. DCF makes an integrated practice guide available to child welfare staff to ensure appropriate identification of tribal affiliations of youth within the first five days of placement. Concurrent planners regularly discuss possible tribal affiliation to ensure staff are continually following up on the issue and appropriately collaborating or transferring cases to tribes when necessary. DCF also provides ICWA training to all new CP&P adoption caseworkers to ensure understanding of rules and guidance. In 2024, DCF made ICWA referrals for 72 children, representing 44 families. DCF sent 105 letters to individual Native American tribes or nations and contacted the BIA on 6 cases where the tribe or nation was unidentified.

The AOC and CP&P work together to ensure successful court handling around ICWA. In ongoing practice, the courts and the Deputy Attorneys General, who represent DCF in litigated cases, apply the provisions of ICWA successfully. Matters which must be transferred to tribal jurisdiction are handled appropriately, focus on the law, and interactions with staff are maintained. Tribal

³⁸ [CPP-III-C-1-500.pdf \(nj.gov\)](http://CPP-III-C-1-500.pdf (nj.gov))

affiliations are required in all final adoption papers. To ensure the sharing of court-related information, plans and activities with Indian communities, a representative from the New Jersey Commission on Indian Affairs sits on a subcommittee of the CICIC.

Section C. CAPTA State Plan Requirements and Updates

New Jersey continues to participate in the CAPTA State Grant program. DCF coordinates the state's CAPTA program with other federal programs, e.g., Title IV-E and IV-B programs. As described throughout this section, DCF relies on CAPTA funds to support its strategic plan and the goals and objectives set forth in its 2025-2029 CFSP. Throughout this section, DCF describes its continued uses of CAPTA funding, as well as efforts related to Plans of Safe Care (POSC).

DCF's Use of CAPTA Funding. There have not been any substantive changes to state law or regulations that would affect New Jersey's eligibility for the CAPTA State Grant. Likewise, there have not been any significant changes to New Jersey's CAPTA Plan for the use of funds. New Jersey continues to utilize direct CAPTA funding to support four program areas enumerated in Section 106(a): Area 1, the intake, assessment, screening³⁹ and investigation⁴⁰ of reports of child abuse or neglect; Area 3, case management,⁴¹ including ongoing case monitoring, and delivery of services and treatment provided to children and their families; Area 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; and Area 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. More specifically, in Year 1, DCF used CAPTA funds, in combination with other federal and state funding, for various direct services for children and families, staff and provider capacity building and public education initiatives, as follows:

Child Protection Substance Abuse Initiative. DCF continued to utilize a portion of the CAPTA State Grant to support Child Protection Substance Abuse Initiative (CPSAI) services. CPSAI provides Certified Alcohol and Drug Counselors and counselor aides to support caseworkers in case planning when substance use is identified as a concern. Located statewide in each of the 46 CP&P local offices, they assess, refer, and engage clients in appropriate treatment to address their individual needs. For an overview of service category and description, geographic area and populations served, as well as changes to programming, see Attachment B, *NJ DCF 2026 APSR CPSAI Table*.

FSC Network. DCF also maintained, in part through CAPTA funding, its statewide network of 57 FSCs. For additional information on FSCs, see Section 5(B), *Update on Service Descriptions, MaryLee Allen Promoting Safe and Stable Families*.

Child Health Nurses. DCF contracts with Rutgers University School of Nursing to ensure that a Registered Nurse is assigned to provide comprehensive care coordination 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 healthcare case management. In some counties, CP&P can refer families with in-home cases to the CFNP to assess health care needs, provide ongoing care coordination and make links to health care services in the community. For additional information on CHU and CFNP, see DCF's 2025-2029 Healthcare Oversight and Coordination Targeted Plan and DCF's Round 4 CFSR SWA, Section III, *Assessment of Child and Family Outcomes*, and *Systemic Factor 5, Service Array and Resource Development*.

- **Child Welfare Education Programs.** DCF also partners with Stockton University on the Baccalaureate Child Welfare Education Program (BCWEP) and the Master's in Child Welfare

³⁹ https://www.nj.gov/dcf/policy_manuals/CPP-II-A-1-100_issuance.shtml

⁴⁰ https://www.nj.gov/dcf/policy_manuals/CPP-II-C-2-200_issuance.shtml

⁴¹ https://www.nj.gov/dcf/policy_manuals/CPP-I-A-1-200_issuance.shtml

Education Program (MCWEP). MCWEP is a collaborative initiative among DCF and a consortium of four New Jersey colleges with Master of Social Work (MSW) programs. The program aims to enhance clinical practice and leadership skills by providing CP&P supervisory staff with the opportunity to obtain their MSW. MCWEP participants engage in part-time MSW studies, specialized electives, and a learning community. There are currently 31 students participating in the program.

- **Initiatives Related to the Children’s Justice Act.** DCF also serves as the state’s lead agency for the CJA, a section of CAPTA, grant program. Throughout the reporting period, DCF partnered with the NJTFCAN to operate New Jersey’s CJA program, utilizing grant funding to provide forensic interviewing training to law enforcement professionals, caseworkers, and other child welfare stakeholders, to host the biennial NJTFCAN conference, to continue its Collaborative Safety efforts, and to maintain an Online Mandated Reporter Training. In June 2025, DCF submitted its annual program report for May 2024 through May 2025 and its application for another year of CJA grant funding. For more information on DCF’s use of CJA funding on these initiatives, including program details and data, see DCF’s June 2025 CJA program report and FFY 2025 application.
- **Initiatives Related to Community-Based Child Abuse Prevention.** DCF also serves as the state’s lead agency for New Jersey’s CBCAP program. Throughout this reporting period, DCF used CBCAP funding to support, in whole or in part, the previously described FSC network, the Child Assault Prevention program (NJCAP), the Department’s Predict-Align-Prevent efforts, and multiple projects to strengthen prevention-focused programming, e.g., Connections Matter and other trainings and parent leadership activities. NJCAP is a statewide prevention program that provides training to children, parents, and teachers to prevent peer assault, stranger abduction, and known adult assault, as well as a comprehensive bullying prevention program for the school community. This funding was also used to continue DCF’s partnership with NJ 211 and to support Child Abuse Prevention Month activities. In January 2025, DCF submitted its annual program report for FFY 2024. In June 2025, DCF applied for another year of CBCAP grant funding. For more information on DCF’s use of CBCAP funding, see DCF’s January 2025 CBCAP annual report and June 2025 FFY25 application.

Citizen Review Panel Reports and DCF Written Responses. New Jersey has three statutorily required Citizen Review Panels: (1) CFNFRB, (2) NJTFCAN, and (3) the Staffing and Oversight Review Subcommittee (SORS). Each panel submits and publishes an annual report that can be reviewed publicly on the DCF public website.⁴² DCF remains 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 C, D, and E represent the DCF responses to the previous year’s annual reports.

Infants Affected by Substance Use. The Comprehensive Addiction and Recovery Act of 2016 Section 503 amended Title I of CAPTA to help states address the effects of substance use disorders on infants, children, and families. For FFY 2024, New Jersey identified 1,284 substance-exposed newborns reported to CP&P; 1,135 (88%) had a Plan of Safe Care (POSC) and 931 (73%) were referred to appropriate services.

- **State policies, procedures, and processes for POSC.** In January 2018, New Jersey adopted N.J.A.C. 3A:26 et al, Substance-Affected Infants, which sets forth the reporting requirements related to substance exposed infants for hospitals and birthing centers. In

⁴² [CFNFRB-2024-Report-on-2019-Data.pdf \(nj.gov\)](https://cfnfrb.nj.gov/2024-report-on-2019-data.pdf); [NJTFCAN-Report-2025.pdf](https://njtfcan.nj.gov/2025-report); [2024-sors-report.pdf](https://nj.gov/human-services/2024-sors-report.pdf)

December 2024, DCF readopted N.J.A.C. 3A:26 et al. During this reporting period, DCF also drafted proposed changes to these rules that would replace the term “plan of safe care” with “family care plan” and establish a procedure for health care providers to initiate deidentified notifications to DCF when there are no concerns of abuse or neglect. The proposed modifications aim to promote a family focused, preventive, public health approach to support birthing individuals and infants affected by substance use. DCF expects the proposed modifications to be finalized and adopted by November 2025. Over the last year, DCF has continued to utilize the following previously identified protocol in all 21 counties in New Jersey:

- Referrals are coded as “substance-affected infant” when identified by the CP&P Local Office.
- The intake caseworker initiates the child protection services investigation or child welfare assessment prior to the child’s discharge from the hospital. The intake caseworker completes the Structured-Decision Making tools to identify safety and risk factors, strengths, protective capacities, and the needs of the infant and family. The caseworker engages parents in SUD evaluations, ensures that parents understand safe sleep, Shaken Baby Syndrome (Abusive Head Trauma), and medication safe storage, and obtains medical reports on the health and development of the infant.
- CP&P schedules families of substance-affected infants for an MDT case conference prior to closing the investigation or during a transfer conference to permanency. The MDT conference is documented on a Supervisory Contact Sheet in NJ SPIRIT and includes information on family structure, CPS history, current status, family’s voice, safety concerns, risk factors, protective factors, tasks/responsibilities/target dates. For additional information on the MDT conference, see below.
- The caseworker shares recommendations from the conference and substance use evaluation with the family, invites them to attend a family team meeting, and develops a POSC. If the family is opened for services with CP&P, the POSC is documented on a Family Agreement. If the family is not opened for services, the POSC is documented on a closing letter. The Agreement or closing letter serves as the POSC. If the parent declines a family team meeting, a Family Agreement or closing letter, the POSC is developed by the caseworker and the parent(s).
- The POSC ensures that the infant and parents are referred for services and supports that reduce risk factors and increase protective factors. Services may include, but are not limited to, treatment for SUDs and recovery support services, social services, housing, Early Intervention services, home visiting services, health care services, childcare, parenting support and education, and services through FSCs.

- **Consultation and Coordination to Support POSC.** Implementation and continued use and improvement of PSOC requires multi-disciplinary outreach, consultation and coordination. Highlighted collaborative efforts are described below.

- **Multi-disciplinary Team Conference.** As is described above, when a referral for a substance-affected infant is received, an MDT conference is conducted to ensure that a thorough assessment is completed for families. This team includes, but is not limited to, CP&P staff, system partners with knowledge of developmental needs of infants and young children, and representatives from the Early Childhood system of care, SUD professionals, clinical consultants, and the DVL. Team members offer questions, ideas,

resources, and support that the caseworker subsequently shares with the family during the development of a POSC. If a family's case is not opened for services or they decline to engage in voluntary services and there is not sufficient evidence for court involvement, the caseworker ensures that the parents 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.

- **Connecting NJ and Early Childhood Specialists.** DCF, with co-management from DOH, continues to support the statewide network of Connecting NJ hubs, that provide a county-based, single point-of-entry system to early childhood services, streamlining the referral process for 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. Hubs consist of case managers, Community Alignment Specialist and ECSs. In 2024, ECSs attended 537 multidisciplinary POSC conferences statewide. In this reporting period, ECSs were trained in Motivational Interviewing, reflective supervision and consultation, and the Brazelton touchpoints.
- **Division of Mental Health and Addiction Services.** DCF, in partnership with DHS's Division of Mental Health and Addiction Services (DMHAS) provided a POSC 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, a list of Connecting NJ hubs for community services, the DCF "Supporting Substance Affected Newborns and Their Families," "Safe Sleep for Infants," and "When a Baby Cries" materials, Centers for Disease Control and Prevention safe storage of medication pamphlet, and DCF and the New Jersey Division of Highway and Traffic 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, making it less traumatic and more supportive. These materials continue to be utilized.
- **New Jersey Department of Health.** DCF worked with DOH to disseminate information to hospitals regarding reporting requirements for substance exposed infants. In addition, DOH obtained in-depth technical assistance grant through the federal Substance Abuse and Mental Health Services Agency to support efforts to ensure families with substance affected newborns are connected to the most appropriate and less intrusive supports within the community. DCF, DHS, DOH and the Governor's Office formed a workgroup to advance this work and partnered with Johns Hopkins University for associated data analytics. This workgroup developed the proposed regulatory changes described above.
- **Robert Wood Johnson Foundation and Rutgers University.** Using the nationally recognized Project ECHO platform,⁴³ DCF worked with the Robert Wood Johnson Foundation and Rutgers University to provide education to healthcare providers on POSC and resources available to families of substance affected infants.

⁴³ http://rwjms.rutgers.edu/community_health/project-echo

- **Reporting and Monitoring.** CP&P submits reports on the number of infants for whom a POSC was developed and the number of infants for whom referrals were made for services, including services for the affected caregiver, to DCF's ASI, who will collect for NCANDS reporting. POSC are monitored at multiple levels within DCF. At the individual/family level, they 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 local office level, POSC are monitored by an assigned individual, who ensures that all families referred with a substance-affected infant are identified and conferenced within an MDT structure and have a POSC. At the state level, an intradepartmental work group meets regularly to assess implementation progress and address challenges.
- **Continued Assessment.** In January 2020, DCF convened an intradepartmental work group to assess implementation of POSC. 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 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. DCF continues to partner with DOH and the Policy Academy to assess the current POSC practice and inclusion of community partners in supporting families with substance affected newborns. In addition, through the work described in the "New Jersey Department of Health" section above, and its working agreement with Johns Hopkins University for data analysis, New Jersey is reviewing POSC supports and data.

Information on Child Protective Service Workforce. DCF is committed to hiring an educated, qualified 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 pre-service training for all new caseworkers and annual continuing education for all caseload carrying workers and supervisors are mandatory. DCF has established caseload standards so that caseworkers can effectively meet the needs of the children and families they serve. Utilizing data, DCF continues to evaluate the operational needs of offices, caseloads, and vacancies across the agency to ensure appropriate staffing is maintained.

Degree and Certifications Required for Caseworkers and Professionals. DCF has established education, qualification and training requirements for its CPS professions, including requirements for entry and advancements. Descriptions of the education and qualification requirements follow.

- **Family Service Specialist Trainee.** Applicants must meet one of the following or a combination of both experience and education.
 - o Four years of professional experience in 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, or
 - o Earned bachelor's degree from an accredited college or university.

"Professional experience" refers to work that is analytical, evaluative, and interpretive; requires a range of basic knowledge of the profession's concepts and practices; and is performed with the authority to act and make accurate and informed decisions. Thirty semester hour credits are equal to one year of relevant experience.

- **Family Service Specialist 2.** Applicants must meet one of the following or a combination of both experience and education.
 - o Five years of professional experience in 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, or
 - o Earned bachelor's degree from an accredited college or university; and one year of the above-mentioned professional experience, or
 - o Possession of a master's degree in social work, psychology, guidance and counseling, divinity, marriage and family therapy, or other related behavioral science area, or
 - o Earned bachelor's degree and a supervised social work field placement of 300 hours through an accredited college or university performed in a social service agency, or
 - o Four years of the above-mentioned professional experience and a supervised social work field placement of 300 hours through an accredited college or university performed in a social service agency.

"Professional experience" refers to work that is analytical, evaluative, and interpretive; requires a range of basic knowledge of the profession's concepts and practices; and is performed with the authority to act and make accurate and informed decisions. Thirty semester hour credits are equal to one year of relevant experience.

- **Family Service Specialist 1.** Applicants must meet one of the following or a combination of both experience and education.
 - o Six years of professional experience in 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, or
 - o Earned bachelor's degree from an accredited college or university; and two years of the above-mentioned professional experience, or
 - o Earned master's degree in social work, psychology, guidance and counseling, divinity, marriage and family therapy, or other related behavioral science area; and one year of the above-mentioned professional experience, or
 - o Earned bachelor's degree and a supervised social work field placement of 300 hours serviced through an accredited college or university or performed in a social service agency; and one year of the above-mentioned professional experience, or
 - o Five years of the above-mentioned professional experience and a supervised social work field placement of 300 hours serviced through an accredited college or university or performed in a social service agency.

"Professional experience" refers to work that is creative, analytical, evaluative, and interpretive; requires a range and depth of specialized knowledge of the profession's principles, concepts, theories, and practices; and is performed with the authority to act according to one's own judgment and make accurate and informed decisions. Thirty semester hour credits are equal to one year of relevant experience. A maximum of one year of non-caseload carrying experience may be credited toward the experience requirement listed above.

- **Supervising Family Services Specialist 2.** Applicants must meet one of the following or a

combination of both experience and education.

- Seven years of professional experience in 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, or
- Earned bachelor's degree from an accredited college or university; and three years of the above-mentioned professional experience, or
- Earned master's degree in social work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area; and two years of the above-mentioned professional experience.

"Professional experience" refers to work that is creative, analytical, evaluative, and interpretive; requires a range and depth of specialized knowledge of the profession's principles, concepts, theories, and practices; and is performed with the authority to act according to one's own judgment and make accurate and informed decisions. A maximum of one year of non-caseload carrying experience may be credited toward the above-mentioned professional experience. A supervised social work field placement of 300 hours serviced through an accredited college or university or performed in a social service agency may be credited for one year of the above-mentioned professional experience. Thirty semester hour credits are equal to one year of relevant experience.

- **Supervising Family Service Specialist 1 (Casework Supervisor).** Applicants must meet one of the following or a combination of both experience and education.
 - Eight years of professional experience in 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 year of which shall have been in a supervisory capacity, or
 - Earned bachelor's degree from an accredited college or university; and four years of the above-mentioned professional experience, one year of which shall have been in a supervisory capacity, or
 - Earned master's degree in social work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area; and three years of the above-mentioned professional experience, one year of which shall have been in a supervisory capacity.

"Professional experience" refers to work that is creative, analytical, evaluative, and interpretive; requires a range and depth of specialized knowledge of the profession's principles, concepts, theories, and practices; and is performed with the authority to act according to one's own judgment and make accurate and informed decisions. A supervised social work field placement of 300 hours serviced through an accredited college or university or performed in a social service agency may be credited for one year of non-supervisory professional experience mentioned above. A maximum of one year of non-caseload carrying experience may be credited toward the non-supervisory professional experience mentioned above. Thirty semester hour credits are equal to one year of relevant experience.

Training Requirements for CPS staff. New child welfare staff, "new workers," are required to participate in extensive training at the onset of their employment to ensure an understanding of child welfare in New Jersey, DCF's enhanced case practice model, and the skills necessary to

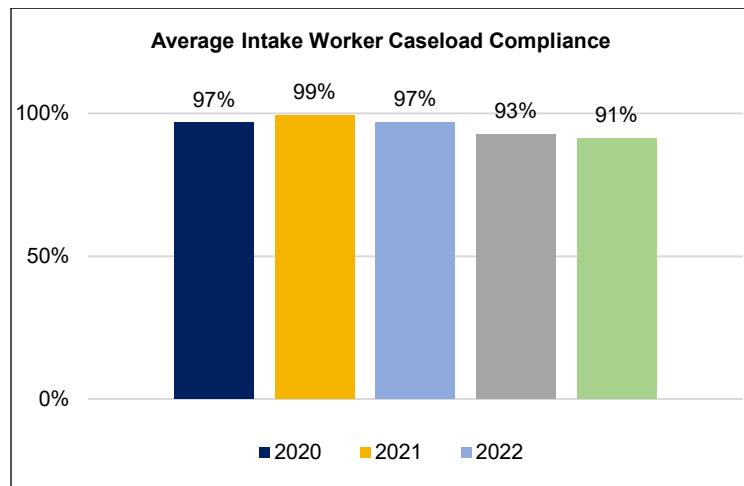
best serve children and families. This training takes place over an 18-month period and includes three training phases: (1) new hire orientation (2) new worker, or pre-service, training, and (3) foundations training. A review of 335 new workers who started employment at DCF between January 2022 and June 2024 shows that 98% completed pre-service training.

In addition, all case-carrying staff, as well as other designated staff are required to complete 20 hours of in-service training annually. For SFY 2024 period, DCF updated the training credit requirements and expanded CP&P staffing titles required to participate in the program. During this timeframe and the inaugural update to the program, there were approximately 3,300 CP&P staff that were required to complete 20 hours of in-service training. Review of DCF's Learning Management System shows that approximately 78% of staff completed the training.

When CP&P staff are newly appointed to a frontline supervisory title, they are enrolled in a foundational supervisory training series and supervisory seminars. Supervisors are also provided with a transformational leadership pathway and other training opportunities. For additional information on DCF training requirements, course offerings, and additional data, see DCF's Round 4 CFSR SWA, *Systemic Factor 4, Staff and Provider Training*.

Caseload Requirements and Data. Codified in New Jersey statute and DCF policy, DCF requires strict maintenance of the caseload standards for CP&P caseworkers listed below.⁴⁴ Caseworkers in intake units may be assigned no more than 8 new investigations per month. Total primary assignments may not exceed 12 families. Two secondary assignments may be added to increase maximum assign to 14 families. Caseworkers in permanency units may be assigned no more than 15 families inclusive of ten children in placement. Caseworkers in adoption units may be assigned no more than 15 children. CP&P supervisors may be assigned no more than five caseworkers. Figures 9 to 12 demonstrate DCF's strong adherence to these standards.

Figure 9. Average Intake Caseload Compliance, 2020-2024



⁴⁴ P.L. 2022, 130; [CP&P-III-C-5-400](#)

Figure 10. Average Permanency Caseload Compliance, 2020-2024

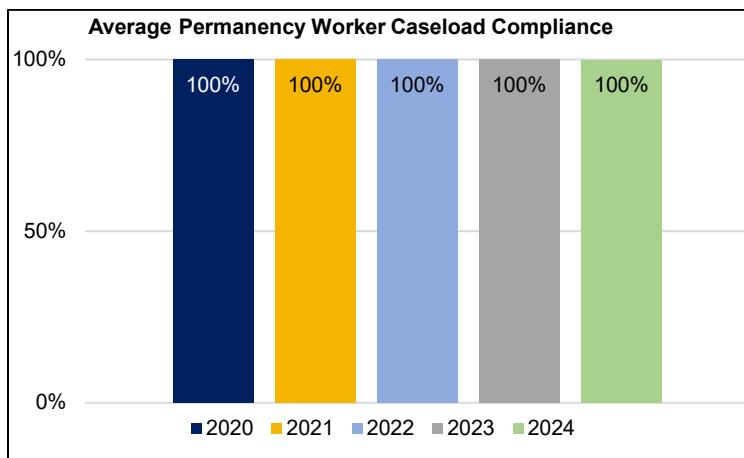


Figure 11. Average Adoption Caseload Compliance, 2020-2024

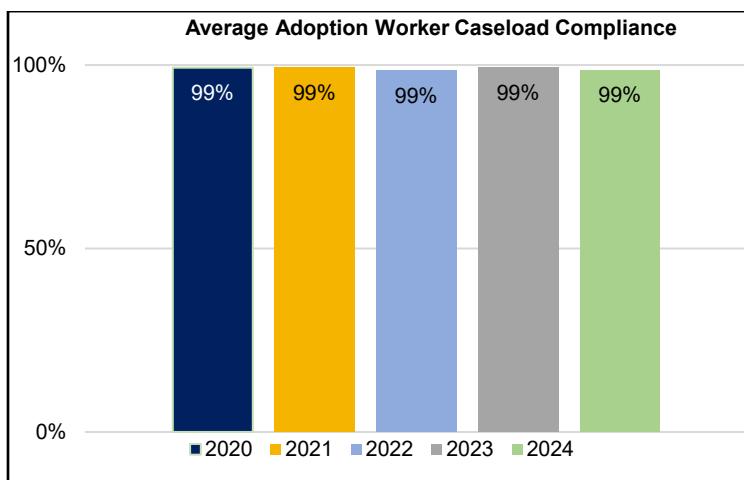
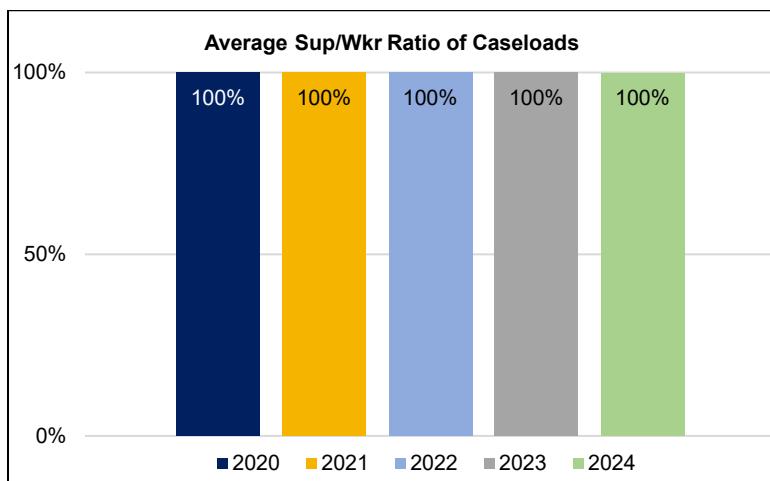


Figure 12. Average Supervisor/Worker Ratio of Caseloads



Child Protection Workforce Data. Tables 14 through 24 summarize information about the CP&P workforce.

Table 14. Total Number of Child Welfare Staff

All Child Welfare Staff by Job Title as of September 30, 2024	Staff Totals
Family Service Specialist Trainee	369
Family Service Specialist 2	1440
Family Service Specialist 1	899
Front Line Supervisor (SFSS2)	648
Case Practice Specialist (CSS)	84
Case Work Supervisor (SFSS1)	211
Local Office Manager	45
Area Office Support Staff	28
Area Office Manager	19
Totals	3743

Table 15. Total Number of New Hires by Job Title

All Staff	Staff Totals
Family Service Specialist Trainee	322
Family Service Specialist 1	0
Family Service Specialist 2	17
Local Office Manager	0
Area Office Support Staff	1
Totals	340

Table 16. New Hires by Month, October 1, 2023-September 30, 2024

New hires by Month Oct 1, 2023, through September 30, 2024	Oct - 23	Nov - 23	Dec - 23	Jan - 24	Feb - 24	Mar - 24	Apr - 24	May - 24	Jun - 24	Jul - 24	Aug - 24	Sep - 24	Total
New Hires	39	21	22	31	13	23	23	30	23	30	20	65	340

Table 17. All Child Welfare Staff by Job Function-Education Level

All Child Welfare Staff by Job Function as of September 30, 2024	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Adoption Worker	9	5	16	92				122
Adoption Supervisor	12	3	5	22			1	43
Intake Worker	78	92	153	787		1	12	1123
Intake Supervisor	30	41	29	175		1		276
Permanency Worker	53	88	114	731			22	1008
Permanency Supervisor	25	28	20	172	1		1	247
Resource Family Worker	8	23	36	141		1	2	211
Resource Family Supervisor	5	9	7	28				49
Local Office Support Staff	14	24	15	139		1	2	195
Local Office Support Supervisor	4	2	3	24	1		2	36
Case Practice Specialist	19	13	6	46				84
Case Work Supervisor	33	39	18	116	1		1	208
Local Office Manager	8	9	3	24			1	45
Area Office Support Staff	7	14	7	48	1		1	78
Area Office Manager	7	1	2	8				18

Degree Totals	312	391	434	2553	4	4	45	3743
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Table 18. New Hires by Job Function-Education Level

New Hires by Job Function for October 1, 2023 through September 30, 2024	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Adoption Worker			1	8				9
Intake Worker	3	6	4	50				63
Permanency Worker	11	17	21	213			3	265
Resource Family Worker		1		1				2
Local Office Manager								0
Area Office Support Staff		1						1
Degree Totals	14	25	26	272	0	0	3	340

Table 19. All Child Welfare Staff by Job Title-Education Level

All Child Welfare Staff by Job Title as of September 30, 2024	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Family Service Specialist Trainee	12	27	27	291			12	369
Family Service Specialist 2	88	120	198	1010		1	23	1440
Family Service Specialist 1	63	89	115	626	1	2	3	899
Front Line Supervisor (SFSS 2)	76	83	64	418	2	1	4	648
Case Practice Specialist (CSS)	18	15	5	46				84
Case Work Supervisor (SFSS 1)	34	39	18	118	1		1	211
Local Office Manager	8	9	3	24			1	45
Area Office Support Staff	5	8	2	12			1	28
Area Office Manager	8	1	2	8				19
Degree Totals	312	391	434	2553	4	4	45	3743

Table 20. New Hires by Job Title-Education Level

New Hires by Job Title for October 1, 2023 through September 30, 2024	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Family Service Specialist Trainee	11	23	25	260			3	322
Family Service Specialist 1								0
Family Service Specialist 2	3	1	1	12				17
Local Office Manager								0
Area Office Support Staff		1						1
Degree Totals	14	25	26	272	0	0	3	340

Table 21. All Child Welfare Staff by Job Title-Female/Ethnicity

All Female Child Welfare Staff by Job Title as of September 30, 2024	Asian	Black	Hispanic	Native American	White	Total Female
Family Service Specialist Trainee	6	165	7	3	137	318
Family Service Specialist 2	25	563	15	25	554	1182
Family Service Specialist 1	24	297	11	8	423	763

Front Line Supervisor (SFSS2)	13	183	16	7	338	557
Case Practice Specialist (CSS)	2	20			54	76
Case Work Supervisor (SFSS1)	12	54	2		112	180
Local Office Manager		14	1		23	38
Area Office Support Staff		7			16	23
Area Office Manager		2			14	16
Totals	82	1305	52	43	1671	3153

Table 22. All Child Welfare Staff by Job Title-Male/Ethnicity

All Male Child Welfare Staff by Job Title as of September 30, 2024	Asian	Black	Hispanic	Native American	White	Total Male
Family Service Specialist Trainee	2	25			24	51
Family Service Specialist 2	6	143	5	6	98	258
Family Service Specialist 1	3	55	4	3	71	136
Front Line Supervisor (SFSS2)	1	26	3		61	91
Case Practice Specialist (CSS)		3			5	8
Case Work Supervisor (SFSS1)	3	9			19	31
Local Office Manager	1	2			4	7
Area Office Support Staff	1	1			3	5
Area Office Manager		1			2	3
Totals	17	265	12	9	287	590

Table 23. New Hires by Job Title-Female/Ethnicity

New Hires by Job Title for October 1, 2023 through September 30, 2024						
Female	Asian	Black	Hispanic	Native American	White	Total Female
Family Service Specialist Trainee	6	145	7	2	117	277
Family Service Specialist 1						0
Family Service Specialist 2		6			8	14
Local Office Manager						0
Area Office Support Staff					1	1
Totals	6	151	7	2	126	292

Table 24. New Hires by Job Title-Male/Ethnicity

Male	Asian	Black	Hispanic	Native American	White	Total Male
Family Service Specialist Trainee	2	21			22	45
Family Service Specialist 1						0
Family Service Specialist 2		3				3
Local Office Manager						0
Area Office Support Staff						0
Totals	2	24	0	0	22	48

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 JJC. DCF generated a report that listed all children in placement who had a placement ending reason of "Custody and Care Transferred to Another Agency". All children listed on the report were reviewed through CCWIS, and the CP&P area and local office staff identified the children who were transferred to the JJC.

CAPTA Coordinator/State Liaison Officer:

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Section D. Updates to 2025-2029 Targeted Plans

In June 2024, DCF submitted the following five-year plans with its 2025-2029 CFSP: Foster and Adoptive Parent Diligent Recruitment Plan, Health Care Oversight and Coordination Plan, Disaster Plan, and Training Plan. As noted below, some of those plans are updated with the submission of this APSR.. Below, DCF summarizes progress made towards achieving those plans during Year 1.

Section 1. Foster and Adoptive Parent Diligent Recruitment Plan

DCF remains committed to recruiting and retaining a pool of potential resource and adoptive families that meet the needs of the infants, children, youth, and young adults served by DCF. For details on DCF's strategies related to recruitment, see the Foster and Adoptive Parent Diligent Recruitment Plan submitted on the same date as this report. For additional information beyond the content of the Foster and Adoptive Parent Diligent Recruitment Plan, including data on children in placement and DCF's pool of licensed resource homes, see DCF's Round 4 CFSR SWA, *Systemic Factor 7, Foster and Adoptive Parent Licensing, Recruitment, and Retention*. DCF's progress and accomplishments in implementing its Foster and Adoptive Parent Recruitment Plan during Year 1 include the following.

In 2024, there were 165 newly licensed non-kin resource homes. Of these, many were identified to serve the special populations described in DCF's five-year plan, including 24 homes for adolescents ages 13-17, 64 for sibling groups of at least two, and 62 for children with at least one special need. As of January 7, 2025, there were 31 children in out-of-home care statewide that were designated as having an Acuity Level 5.

- DCF is partnering with the National Center for Diligent Recruitment (NCDR) to support plan implementation. In addition to data analysis, NCDR is providing coaching, consulting, professional development, and on-site visits to collect feedback from our staff. Areas of focus include refinement and implementation of local and statewide recruitment plans using data-driven and research-informed recruitment practices. NCDR proposed a technical assistance plan, which is currently pending CB, that centers around consistent engagement of youth and family voices, increased public awareness regarding the need for resource families, and enhancing customer service throughout the recruitment and licensing process to better support prospective and existing resource families.
- DCF undertook a recruitment media campaign. From April to September 2024, DCF launched the second phase of a digital advertising campaign with consultant, Positive Solutions. To maximize reach, digital display banners featured graphics designed to target recruitment for general populations of youth, based on the population of children in care. The media campaign also included two sponsored content articles drafted by DCF and shared in select Patch and TAPinto websites. These tactics combined resulted in a 39% increase in average monthly inquiries. DCF is also taking advantage of localized Public Service Announcement style videos offered through AdoptUSKids. These powerful videos

highlight the rewards of adopting teens, told from the perspective of those with lived experience – i.e., adoptive parents and young people who have been adopted.

- In March 2025, DCF implemented monthly recruitment roundtable meetings to promote skill building and information sharing among all DCF recruiters throughout the state. Each month, the agenda is developed around topics that are most relevant to current trends and needs, as identified through inquiry and licensing data, and staff feedback.
- Also in March 2025, DCF held its Annual Resource Parent Symposium. Resource families from around the state gathered for a day of learning, networking, and support. Resource families attended a keynote presentation from the Youth Council, as well as two additional workshops of their choice. Community partners from around the state served as exhibitors, providing information on services available to resource families and children in care.
- The Office of Licensing and ORF began a review of records of resource homes that closed their resource family licenses voluntarily between March 2020 and December 2022 to determine whether efforts could be made to re-engage them.
- DCF continued to explore the National Training and Development Curriculum (NTDC). An implementation team has been identified to observe NTDC trainings, conduct a comprehensive review of the curriculum, and determine the extent to which this curriculum could effectively supplement, or replace, the existing Parent Resources for Information, Development, and Education (PRIDE) curriculum. RPAC, embrella, and the DCF Youth Council will continue to be included in these discussions.
- Throughout the reporting period, DCF continued to facilitate monthly meetings of its RPAC, which kicked off in March 2024. For additional information on RPAC, see Section B(1), *Update to the Vision and Collaboration*. DCF also continued to hold town hall meetings throughout the state. These meetings create a forum in which transparent information sharing and collaboration can occur. Both DCF leadership and resource families have provided positive feedback.

Section 2. Health Care Oversight and Coordination Plan

DCF's OIHW, located within CSOC, is charged with providing support, guidance, and leadership across the Department on child and family health-related matters. OIHW supports the overall safety and connectedness of children and families served by the DCF and supports CP&P in ensuring families and children achieve appropriate physical and behavioral health outcomes. For additional information beyond the content of the Health Care Oversight and Coordination Plan, see DCF's Round 4 CFSR SWA, Section III, *Assessment of Child and Family Outcomes*. DCF's progress and accomplishments in implementing its Health Care Oversight and Coordination Plan during Year 1 include the following.⁴⁵

- DCF maintained its statewide CHU and CFNP, ensuring that all CP&P local offices were able to ensure seamless coordination of services, proper review of medical records, follow-up on assessment and treatment recommendations, and more for CP&P-involved children.

⁴⁵ [NJDCF_2025-2029_CFSP_Health-Care-Final.pdf](#)

- DCF continued to provide children with pre-placement examinations, comprehensive medical examinations, initial and ongoing mental health screenings, and semi-annual dental exams. As shown in Table 25, over 90% of children received a pre-placement exam, initial mental health screening, and ongoing mental health screening. Eighty-six percent of children in care received semi-annual dental exams and 65% received a comprehensive medical exam when entering placement (down from 71% in 2023). Additionally, the percent of children who received immunization records reviews remained relatively stable, above 90%, between FFY2022 and FFY2024.

Table 25. Timely completion of physical and mental health assessments

	FFY 2023	FFY 2024	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Pre-Placement Exams for Children Entering Placement	97%	97%	99%	99%	97%	99%	99%	92%	98%	98%	94%	94%	98%	95%
Comprehensive Medical Exams for Children Entering Placement	71%	65%	68%	65%	67%	69%	65%	57%	71%	76%	65%	53%	58%	69%
Initial Mental Health Screening within 30 Days of Removal	Not available	94%	93%	95%	97%	95%	95%	92%	96%	97%	92%	88%	94%	89%
Ongoing Mental Health Screening Every 6 Months while in Care	Not available	92%	91%	93%	89%	92%	92%	91%	92%	93%	89%	94%	93%	90%
Semi-Annual Dental Exams (Children 3 years and older in care for 6 months or more)	Not available	86%	86%	87%	86%	85%	85%	85%	86%	86%	88%	87%	87%	86%

- CSOC moved forward with implementation of the Zero Suicide framework, integrating its principles into New Jersey's public behavioral health system of care. DCF also continued its evaluation of this implementation to identify barriers, challenges and needed supports for further integration, specifically within non-clinical, youth-serving, behavioral health programs. DCF will continue to use information learned through this evaluation to sustain and improve implementation efforts.
- DCF continued to operate a collaborative care model to enhance mental and behavioral health care. This model has been implemented with hospital systems across the state to ensure that all counties have access to a regional hub of clinical professionals. DCF extended education of integrated care beyond the pediatric primary care setting to include family medicine residents and child and adolescent psychiatry fellows.
- DCF continues to partner and collaborate with DHS in the ongoing implementation and continuation of Certified Community Behavioral Health Centers. These programs provide a robust and comprehensive array of services, including ongoing treatment for behavioral health and physical health needs, across the lifespan.

Section 3. Disaster Plan

Comprehensive emergency preparedness plans are essential to ensure the safety and protection of the children, youth, and families served by DCF. In a system the size of DCF, formal emergency planning and practice drills in anticipation of possible critical events is crucial. Evacuation centers, transportation, education, staffing, and medical care are required during and post-crisis. DCF's

progress and accomplishments in implementing its Disaster Plan during Year 1 include the following.⁴⁶

- During Year 1, DCF's Office of Emergency Management (OEM) monitored activations of the State Emergency Operations Center using the New Jersey Office of Emergency Management Emergency Management Mapping & Information Tracking System. During this time period, none of the state-level activations necessitated activation of DCF's Disaster Plan.
- Throughout the reporting period, DCF carried out evacuation drills in a number of DCF locations. In addition, OEM worked alongside the New Jersey State Police and in collaboration with the Federal Bureau of Investigations and local authorities to plan and conduct active shooter drills at multiple DCF locations.

Section 4. Training Plan

OTPD leads the Department's efforts to facilitate learning experiences for the DCF workforce to carry out DCF's vision and strategic goals. OTPD offers relevant learning experiences in a variety of training modalities that are stakeholder driven, research-informed, consider current practice trends, and address cross-department needs. For additional information, see DCF's Round 4 CFSR SWA, *Systemic Factor 4, Staff and Provider Training*. DCF's progress and accomplishments in implementing its Training Plan during Year 1 include the following.

- DCF continues to implement the new pre-service learning pathway.. Throughout implementation of the new pathway, OTPD communicated updates and sought and received feedback from CP&P leadership, the Field Training Unit Supervisory Collaborative, and Training Liaisons. DCF continues to make efforts to incorporate feedback from youth and parents with lived experience. Through June 2025, OTPD presented to each of DCF's constituent councils and, over the course of the next year, will work to prioritize actions to ensure that the full 18-month learning path best serves, supports, and strengthens families. Launches of the remaining updated courses will finish in Summer 2025. Over the next year, OTPD will focus on developing and strengthening pre- and post-assessments.
- Based on feedback from various levels of CP&P leadership and stakeholder groups, DCF updated the sequence of courses in the Foundational Learning Pathway. More specifically, trainings on domestic violence, engaging families with mental health conditions, and substance use disorders were moved to take place prior to the training on investigative practice. During the reporting period, OTPD and OFV partnered to design and develop a self-paced Sibling Bill of Rights training. This training will be marketed with recorded webinars of the constituent councils sharing their priorities and will become a part of the Foundations Learning Pathway. In addition, the New Jersey Child Welfare Training Partnership, which is led by the Rutgers School of Social Work, Institute for Families and includes Stockton University's Child Welfare Education Institute, continued to update, e.g., Child Sexual Abuse, First Responders, Substance Use Disorders, Concurrent Planning, and develop, e.g., Introduction to Legal Foundations, courses and to deliver foundations training courses.

⁴⁶ [NJDCF_2025-2029_CFSP_Disaster-Final.pdf](#)

- OTPD continued to deliver the longstanding supervisory training on a quarterly basis for all DCF supervisors. Multiple OTPD staff attended a transformational coaching workshop and began integrating the model into the learning objectives and course outline of the supervisory training updates. Fifty additional DCF staff received transformational coaching training to both inform the updates to the supervisory training. In addition, OTPD submitted the course outline to the constituent councils for review and feedback. DCF begins to pilot the training in Year 2. In addition, OTPD also began the early stages of development of onboarding training for supervisors overseeing specific units or areas of work. The first phase includes differentiating needs for supervisors across units and then collecting local resources, guides, or trainings already in use.
- OTPD partnered with OFV and LEEP consultants to develop a LEEP Orientation Training and with the Office of Staff Health and Wellness to implement a new Protecting Professional Resilience training for their existing staff, as it was previously only available to new workers. More recently, OTPD began working with the Office of Resilience (OOR) on Foundational Trauma, Resilience, and Healing-Centered Principles trainings and supporting the development of train the trainer materials. OTPD will be onboarding to and begin training this course next year. OTPD is also working with OOR to develop an asynchronous trauma awareness training that will be finalized and offered to DCF staff and the provider network over the next year.
- OTPD and the Commissioner's Office developed and piloted a new training for CP&P staff on parents' rights. This training will rollout statewide. Additionally, DCF, in partnership with the NJTFCAN and Rutgers University School of Social Work, Institute for Families and the Center for Prevention Strategy, is updating, standardizing, and creating a gold star standard mandatory reporter training that will be offered in both live and self-paced modalities. The training will be completed over the next year. In partnership with Rutgers University and Stockton University, DCF purchased trainings and/or webinars related to high need topics, e.g., psychopharmacology, working with children with mental health and developmental disabilities, navigating youth social media, substance abuse and supervisory transformational coaching. OTPD also identified and shared with staff a number of free trainings that are relevant to practice topics and shared them with staff. There were also local stakeholders that delivered trainings such as domestic violence liaisons, legal staff, and substance use treatment providers. OTPD is also partnering with the Center for Workforce Excellence and Leadership to pilot a leadership program for CP&P casework supervisors and to support enhancements to DCF's BCWEP.

Section E. Financial Information

Payment Limitations

Title IV-B, Subpart 1. The amount of FFY 2005 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 FY 2005 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 FFY 2023 amount of state expenditures for the purposes of Title IV-B, Subpart 2 totaled \$68,210,000. For additional financial information, see the FY26 Budget Request—CFS-101, Parts I and II and FY23 Title IV-B Expenditure Report—CFS-101, Part III, submitted on the same date as this report

Chafee. DCF certifies that no more than 30 percent of New Jersey's allotment of federal Chafee funds has been or will be expended for room and board for youth who left foster care after 18 years of age and have not yet attained age 23 (section 477(b)(3)(B) of the Act).