



**State of New Jersey**

**2020-2024**

**Child and Family Services Plan**

**Christine Norbut Beyer, MSW  
Commissioner  
June 30, 2019**



*State of New Jersey*

DEPARTMENT OF CHILDREN AND FAMILIES  
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*Commissioner*

June 30, 2019

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

Dear Mr. Nicholas,

On behalf of the State of New Jersey, I am pleased to submit the New Jersey 2014-2019 Final Annual Progress and Services Report (APSR) to include the annual CAPTA update and signed Governors Assurance; the 2020-2024 Child and Family Services Plan (CFSP) for the Stephanie Tubbs Jones Child Welfare Services (CWS), the Promoting Safe and Stable Families (PSSF), the Monthly Caseworker Visit Grant programs, the Chafee Foster Care Program for Successful Transition to Adulthood (Chafee), the Education and Training Vouchers (ETV) programs; the identified targeted plans, signed Governors Chafee Certification, signed Title IV-B subparts 1 and 2 assurances as well as the signed fiscal documents to include CFS 101-Parts I, II and III, CFS 101 Addendum and the annual reporting of ETV awards.

The Final 2015-2019 APSR, the 2020-2024 CFSP and the Targeted Plans will be submitted as separate documents as outlined in the Program Instructions. Also included in separate attachments are supportive documents for the 2020-2024 CFSP as well as excel copies of the CFS 101 documents.

We trust that these reports satisfactorily address all federal requirements and we look forward to your response and feedback. As always, we thank you for your continuing support of our vision in which everyone in New Jersey is Safe, Healthy and Connected.

Sincerely,

A handwritten signature in cursive script that reads "Christine Beyer".

Christine Norbut Beyer, MSW  
Commissioner

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## Collaboration and Vision

### **A: State Agency Administering the Program**

The New Jersey Department of Children and Families (DCF) is the identified state agency that administers and supervises the Title IV-E and IV-B programs. DCF was formed in 2006 as New Jersey's first comprehensive state agency dedicated to the safety and well-being of children, families and communities. In years since its creation, DCF's mandate has expanded well beyond the protection of children to include: design and delivery of New Jersey's public children's behavioral health care system; provision of public services for children with intellectual and developmental disabilities and their families; provision of public services for children with autism and their families; and the administration of a network of services and coordinated supports aimed at strengthening families, preventing and interrupting child maltreatment, and supporting transition-aged youth. In July 2012, DCF also proudly became the home of the Division on Women, New Jersey's pioneering State agency dedicated to the development, promotion and expansion of women's rights in the areas of poverty and welfare, employment and wages, work and family, the economic and social aspects of healthcare, violence against women, and women's civic and political participation in their communities. Over the last 12 years, concurrent with this growth, the Department has stabilized, grown, and developed the infrastructure needed to face the effectively serve children, women and families in the 21st Century. Today, DCF serves over 100,000 constituents each month.

DCF is staffed by approximately 6,600 employees and encompasses:

- Adolescent Services – manages a network of programming and supportive services to transition-aged youth, including oversight of the Chafee plan
- State Central Registry – New Jersey's child abuse/neglect hotline open 24/7/365
- Child Protection and Permanency - responsible for investigating allegations of child abuse and neglect, providing supportive case management services to preserve families, and, if necessary, providing foster care, family reunification, adoption, guardianship and other permanency related services.
- Children's System of Care - responsible for the design and administration of the state's public child and adolescent behavioral health care system; public network of service for children with developmental and intellectual disabilities and their families
- Office of Training and Professional Development – oversees the delivery of mandatory and elective training to Department staff and certain contracted providers, including administration of the state's Title IV-E training program.

- Family and Community Partnerships - manages a network of community-based services aimed at the prevention of maltreatment and maltreatment related fatalities.
- Institutional Abuse Investigation Unit - investigates claims of abuse and neglect of children who attend or reside in out-of-home settings, including settings that are regulated by DCF (e.g., resource homes and congregate care facilities) and those that do not fall under DCF regulations, (e.g., public schools, bus companies and unregistered family childcare provider homes).
- Office of Licensing – manages the licensing of child care, residential care, and resource families
- Office of Education – directly operates 16 regional schools for children with specific needs and two hospital-based satellite programs including TEC (Transitional Education Centers) programs for at-risk youth, TEACH (Teen Education and Child Health) programs for pregnant and parenting teens.
- Division on Women - state agency charged with the creation, promotion and expansion of rights and opportunities for all women in the State of New Jersey and oversees a network of sexual violence prevention and treatment services, as well as domestic violence prevention and intervention services.

## **B. Collaboration in Establishing the DCF Strategic Plan**

In January 2018, Governor Philip D. Murphy appointed Christine Norbut Beyer to serve as Commissioner of the Department of Children and Families. Commissioner Beyer initiated a comprehensive assessment and planning process for the Department including continuation of major efforts launched in the prior administration, and the implementation of several new efforts, described below:

### **Continued examination of current system performance through CFSR**

From October 2017 to June 2018, NJ DCF engaged in a process to develop a Program Improvement Plan (PIP) focused on the outcomes in which the Department did not achieve “substantial conformity” in the CFSR. DCF engaged in a review of existing data sources to identify specific areas needing improvement under each CFSR outcome as well as root causes of underperformance. This process included an in-depth review of each CFSR case as well as CFSR interview and focus group results to identify specific areas needing improvement under each item, a comparison of CFSR findings with state-wide Qualitative Review findings, structured feedback from local CQI teams, CP&P case reviews, and a review of quantitative administrative data disaggregated by county to explore geographic variation in outcomes. Findings from discrete research and evaluation activities previously conducted by NJ DCF (e.g., CQI projects, program evaluations, needs assessments) were also discussed as relevant.

NJ DCF convened a stakeholder group with participation from the Judiciary, the Office of the Public Defenders – Parental Representation and Law Guardian, the Office of Attorney General, Advocates for Children of New Jersey (ACNJ), Legal Services of New Jersey (LSNJ), Court Appointed Special Advocate (CASA), CP&P, DCF Legal and Legislative Affairs, the Office of Probation, the Child Placement Review Board (CPRB), and Rutgers Law to discuss challenges and barriers to permanency. NJ DCF also hosted a series of meetings with external stakeholder groups including service providers, foster parents, case workers, and casework supervisors to gain additional insights into CFSR findings. In May 2018, NJ DCF, the Children’s Bureau and the Administrative Office of the Courts (AOC) convened an onsite PIP meeting with input and feedback from all participants to develop and establish the implementation steps for the PIP’s strategies.

Based on feedback gathered through these processes, NJ DCF identified the strategies for the CFSR PIP, which have been incorporated into the CFSP within Goal 2.

### **Continued engagement with NJ Task Force on Child Abuse and Neglect Prevention Plan**

The New Jersey Task Force on Child Abuse and Neglect includes officials from NJ State agencies such as the Office of the Attorney General, Office of the Public Defender, Administrative Office of the Courts, Departments of Health, Commissioners and Human Services; elected officials; advocates; and local providers of health care and social services. The purpose of the Task Force is to study and develop recommendations regarding the most effective means of improving the quality and scope of child protective and preventative services provided or supported by State government. In March 2018, the Task Force completed the 2018-2021 Statewide Prevention Plan. Five-hundred and forty (540) stakeholders, including parents, caregivers, community advocates, providers, and public and private partners engaged in the planning process in 2017-18, which included an analysis of quantitative and qualitative data acquired from DCF, as well as surveys and interviews. The major components of this plan are:

1. Outreach and Engagement - Increase coordination across child, youth, and family-serving systems and supports, ensuring meaningful parent and youth involvement and leadership at the State and local levels.
2. Use of evidence-based and/or evidence-informed programs and best practices and developing and supporting long-term implementation strategies such as training, coaching and informing practice, and implementation with data.
3. Infrastructure and Resources - develop and create sustainable strategies to increase funding for prevention programs
4. Communication – increase awareness of prevention messages and connect families with prevention services and supports

DCF incorporated the recommendations from this plan within Goal 1 of the CFSP. The complete current Statewide Prevention Plan

[[http://www.nj.gov/dcf/providers/boards/njtfcan/NJ%20DCF\\_Statewide%20Prevention%](http://www.nj.gov/dcf/providers/boards/njtfcan/NJ%20DCF_Statewide%20Prevention%20Plan.pdf)

20Plan\_Action%20Plan.pdf] was endorsed by the Task Force and presented to NJ Stakeholders in September 2018.

**Direct engagement of constituents: 2018 Listening Tour**

From August 2018 to January 2019, Commissioner Beyer engaged in a statewide “listening tour” to hear directly from children, families and caregivers served by DCF about their lived experiences with the Department. Through a series of town-hall style meetings held across the State, she met with over 500 individuals, including biological parents, youth in care, kinship caregivers, families of children with intellectual and developmental disabilities, resource parents, families receiving in-home and out-of-home services, and foster care alumni. Rutgers University, School of Social Work, Child Welfare & Child Well-Being Research Unit documented the listening tour and summarized the reflections and requests of constituents. That feedback informed multiple strategies within this plan and was the catalyst for the formation of DCF’s new Office of Family Voice.

**Direct engagement of professional stakeholders: Fall 2018 Regional Forums**

In September 2018, DCF, in partnership with the Advocates for Children of New Jersey (ACNJ), convened a one-day symposium, *Safe, Healthy and Connected: New Jersey Child Welfare in the 21<sup>st</sup> Century*. ACF Associate Commissioner Jerry Milner and national child welfare expert Amelia Franck-Meyer joined DCF and ACNJ to discuss the national opportunities available to child welfare following the passage of the Family First Prevention Services Act (FFPSA), and DCF’s vision for child welfare. During the symposium, New Jersey stakeholders also had the opportunity to engage in the national dialogue about the future of child welfare in the United States.

In November and December 2018, DCF and ACNJ deepened this dialogue, sharing the details of New Jersey DCF’s vision for a 21<sup>st</sup> Century child welfare system that does everything possible to strengthen struggling families, prevent childhood trauma, and to keep children not just physically safe, but well. This discussion was held in a series of three regional forums (in the north, center and south of the state) with over 400 stakeholders including providers, advocates, members of the judiciary, DCF managers, administrators of the Court Improvement Program, DCF leaders responsible for administering the Community Based Child Abuse Prevention program, and representatives of state and local government partners administering TANF, child care, and other human service programs. During the forums, DCF and ACNJ sought feedback through discussion and written surveys of assembled stakeholders on the following questions. The most frequent responses gathered from over 200 completed surveys, are included below:

Question	Summary of Most Common Responses
Where do families go for help in your community?	<i>Government agencies, non-profits, churches, health care providers, schools, library, police</i>

What places (e.g., businesses, parks, other) do families frequent in your community?	<i>Multi-purpose service centers, family success centers, pediatricians, schools, parks, recreation centers, libraries, convenience stores</i>
Are there important community partners that you don't see here today, who we'll need to enlist to help us achieve this vision?	<i>Health care providers, housing/homeless service providers, Departments of Social Service</i>
If we want to achieve this larger vision, what should we <b>Start Doing</b> (something we don't currently do, but we should)?	<i>Collaboration, provide housing and housing support, increase communication, listen to more families/have humility, community engagement</i>
If we want to achieve this larger vision, what should we <b>Stop Doing</b> (something that is totally counter to, or in the way of the vision)?	<i>Being overly restrictive with kinship foster homes, using punitive approaches, working in silos, setting unrealistic expectations, giving every family the same "cookie cutter" plan</i>
If we want to achieve this larger vision, what should we <b>Continue Doing</b> (something we already do, that works well to serve the vision)?	<i>Collaboration and relationship building, use research/evidence-based services, educate and train staff members, advocate for families, use prevention</i>
What's the very next thing we should do to make progress toward this vision?	<i>Collaboration and relationship building continue to hold meetings to keep momentum going, educate/train staff, use evidence-based approaches, rebrand DCF image, change language</i>
What's the very next thing you're going to do to support progress toward this vision?	<i>Share the knowledge, collaboration and relationship building, educate/train staff, share goals/vision</i>

This feedback underscored the need for state and local collaboration, and validated strategies such as review of kinship foster home licensing processes, and the uptake of evidence-based programming, that had been under consideration within the Department. Feedback also served to confirm the Department's emerging vision, described in greater detail in the following section.

### **Synthesis of DCF needs assessments**

In 2018-19, DCF also sought to synthesize findings from needs assessments conducted within the last 8 years as part of various planning processes, to ensure that all needs were contemplated in the strategic planning process that would follow.<sup>1</sup> As part of this process, the DCF Office of Research, Evaluation and Reporting examined administrative data from New Jersey's State Automated Child Welfare System, as well as needs assessments conducted on behalf of or by the department, including input from thousands of youth, parents, child protection staff, resource parents, other DCF staff, and external community stakeholders.

<sup>1</sup> See Appendix B for full report

The review of administrative data showed that a consistent set of challenges is impacting families served in the state's child welfare system, but that these challenges were more likely to be co-occurring in families in which children were placed out of home. Next, DCF applied the UN Committee on Economic, Social and Cultural Rights' AAAQ framework to identify the service delivery challenges that constituents named across the various needs assessments. The findings suggested that child welfare involved families present with complex, inter-related needs, and that the service system established to support those family's needs to make substantial adjustments to service delivery in order to be effective. DCF has developed extensive plans to make use of these findings, as described in the *Plan to Achieve Service Excellence* section.<sup>2</sup>

### **C. Moving Forward: Building Collaboration for the 21<sup>st</sup> Century Child Welfare System**

DCF efforts to advance the strategies included in the CFSP will only succeed if successful collaborations are built and sustained. Specific efforts already underway to build and sustain meaningful collaboration in support of the DCF strategic plan include:

#### **Transparency: Publishing Performance Data**

NJ DCF publishes monthly performance data regarding all programs on its website, and through a partnership with Rutgers University, makes public over 20 customizable reports via the NJ Child Welfare Data Hub <https://njchilddata.rutgers.edu/>. These tools are intended to provide any interested party with detailed information on how the child welfare system is functioning and what outcomes are obtained, so that they may be empowered to innovate, plan, advocate and hold the Department accountable.

#### **Partnership with the Judiciary**

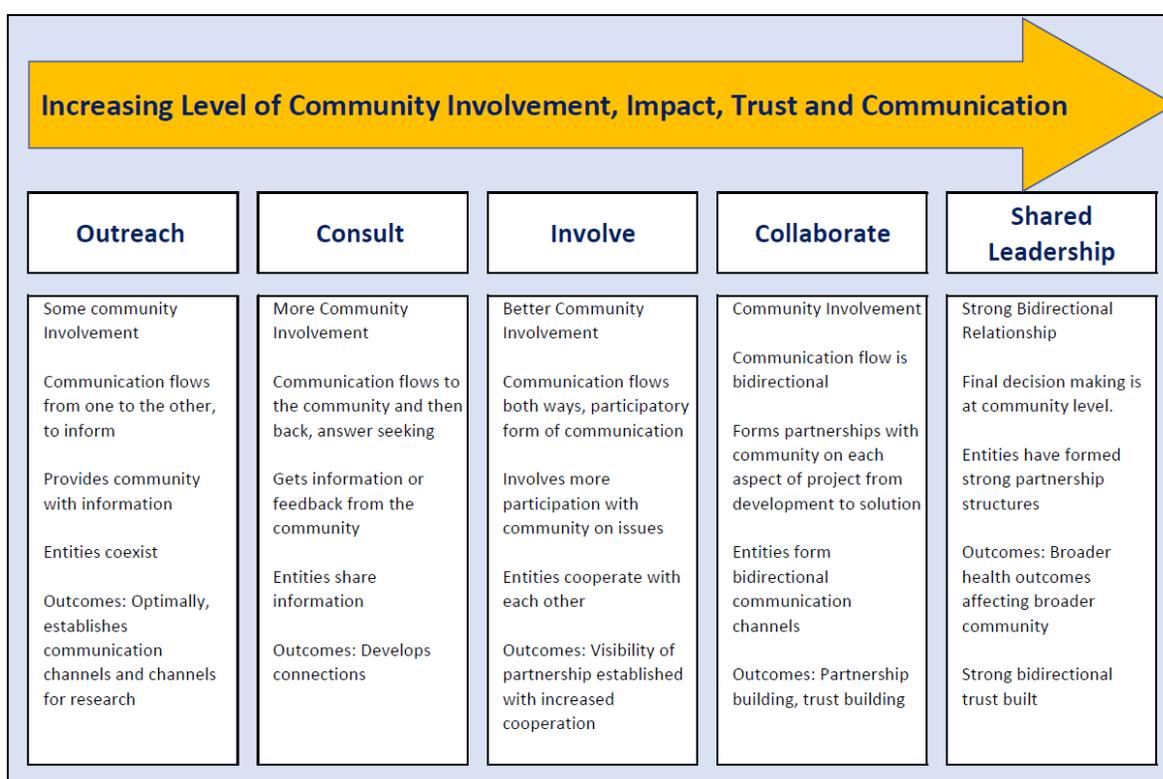
In 2018, Honorable Judge Glenn A. Grant, J.A.D., Acting Administrative Director of the Courts appointed the DCF Deputy Commissioner for Operations and Assistant Commissioner for Child Protection and Permanency to serve on the statewide Children in Court Improvement Committee. This committee, which is comprised of judges, attorneys, advocates, representatives from the juvenile justice and children's behavioral health care systems, and officials from the Administrative Office of the Courts, also carries out the Court Improvement Plan for the State of New Jersey. Through this partnership, the judiciary and DCF have successfully collaborated on the CFSR PIP and the CIP race equity strategy, and are routinely examining system performance data with judicial stakeholders in monthly meetings. The CICIC represents an ongoing opportunity to continue to engage and partner with judicial stakeholders in discussion of strategies, performance, and needs for course-correction as the CFSP is carried out.

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<sup>2</sup> This section of the CFSP can be found on page 8

## Including Constituents in Our Work

In December 2018, as a result of the strong feedback received during Commissioner Beyer’s listening tour, DCF created the Office of Family Voice, which is intended to use innovative approaches to organize and elevate the voice of constituents ensuring that policy, operations, and practice throughout the Department are infused with the voices of those who have lived experience. The Office of Family Voice is responsible for planning, designing, implementing, and evaluating community engagement efforts, with the ultimate goal of achieving shared leadership, as described in the graphic included below<sup>3</sup>:



OFV 4.26.19

The Office has been conducting a national review of various approaches to shared leadership with constituents, and a first priority for the Office will be to establish constituent councils (e.g., parent councils, youth councils, foster parent councils), which – once they are created – will be engaged in the implementation of the CFSP.

<sup>3</sup> CDC Principles of Community Engagement [https://www.atsdr.cdc.gov/communityengagement/pce\\_what.html](https://www.atsdr.cdc.gov/communityengagement/pce_what.html)

### **Ongoing Dialogue with Stakeholders**

DCF and ACNJ have agreed to continue to hold semi-annual regional forums as a means to continually engage stakeholders throughout the implementation of the Department's strategic plan. Invited stakeholders include members of the Judiciary, county human service directors, DCF providers, DCF staff, leaders from state agencies administering TANF, Medicaid, and the child care development block grant; medical, mental health, substance abuse, and domestic violence service providers, legal stakeholders, and others. A second round of Regional Forums was completed in May 2019, and preliminary planning for the Fall series is underway. These forums provide an opportunity for any stakeholder to hear directly from key leaders about the progress of the Department and to provide unedited feedback. We look forward to extending the impact of the forums to additional stakeholders through the use of technology, such as electronic participant surveys, web-casting, and the like.

In addition to these statewide Regional Forums, DCF will continue to support and participate in local planning and coordinating bodies including the Children's Inter-Agency Coordinating Councils (county-based, child-focused partnerships for providers, schools, and other child-serving entities to collaborate); Human Services Advisory Councils (county-based partnerships that enable representatives of local government, volunteer agencies, providers, consumers, consumer advocates, and municipalities to coordinate efforts to improve the quality of human services); local Children in Court Advisory Committees (county-based committees comprising child welfare stakeholders from the Judiciary, the Department, legal representatives and others); and County Councils for Young Children (local planning bodies in which parents/families, early childhood providers and other community stakeholders develop strategies to increase access to needed services promoting promote the healthy development of young children and their families).

### **Participatory ChildStat Process**

In 2019, DCF began revising its ChildStat practice. Each session now focuses on one New Jersey county, and ChildStat will focus on each county once every two years. Through a phased implementation which is already underway, these sessions will be constructed to include direct input from the County's Human Services Advisory Council (a local human services council comprising local officials and service providers), discussion and review of the functioning and outcomes of that county's child protection office(s), and discussion and review of the county's children's behavioral health and intellectual/developmental disabilities services. In a typical session, roughly 20 local leaders participate in presenting and discussing their work, and about 60 statewide system leaders observe the presentation and discussion in a fishbowl-style format. Key themes emerge from the data observed, and discussions include deliberate attention to major departmental priorities articulated in the Department's Strategic Plan, CFSR PIP,

and the major components of the NJ Sustainability and Exit Plan<sup>4</sup>. Following the session, counties are charged with the development of a county-specific program improvement plan, providing an opportunity to ensure that each county is managing to the work of the CFSP.

#### **D. Vision for New Jersey in the 21<sup>st</sup> Century**

No United States jurisdiction has successfully completed a Child and Family Services Review. Across the country, the same challenges persist for us all:

- When we cannot find ways to prevent families from struggling to the point that a child is at risk of serious harm;
- When we cannot find ways to intervene with struggling families so that those families can heal while parenting safely;
- When we separate children from their families but don't find a way to keep those children safe in another family that they already know – a relative, or a family friend;
- When we fumble in trying to keep foster care placement temporary and ensure that it ends in a safe transition to permanent family through reunification, adoption, or guardianship.

Children and families in New Jersey need the child welfare system to get this work right - to find ways to prevent families from struggling, and if they do struggle, to find ways to help them manage that so that their children can be safe at home, or at least safe with an adult they already know and trust.

Within the national context, New Jersey has a lot to be proud of. After 15 years of historic reform, we have a very solid base from which to build, and these resources have provided positive results. For example: the rate of maltreatment related child fatalities in New Jersey is currently significantly below the national average; New Jersey has a relatively high rate of preserving families and avoiding removal of children to keep them safe; and New Jersey makes relatively little use of congregate care and more use of family and kinship care. But these are relative measures. The families and individuals we serve are not interested in whether our performance is 1<sup>st</sup> or 50<sup>th</sup> in the country. What families care about, and what DCF is orienting our work around, is whether our performance is what each family needs in order to raise their children, together and safely.

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<sup>4</sup> Sustainability and Exit Plan (SEP) is the latest federal modified settlement agreement that recognizes reform efforts and outlines a transitional path from federal oversight <https://nj.gov/dcf/about/welfare/Sustainability-and-Exit-Plan-110415.pdf>

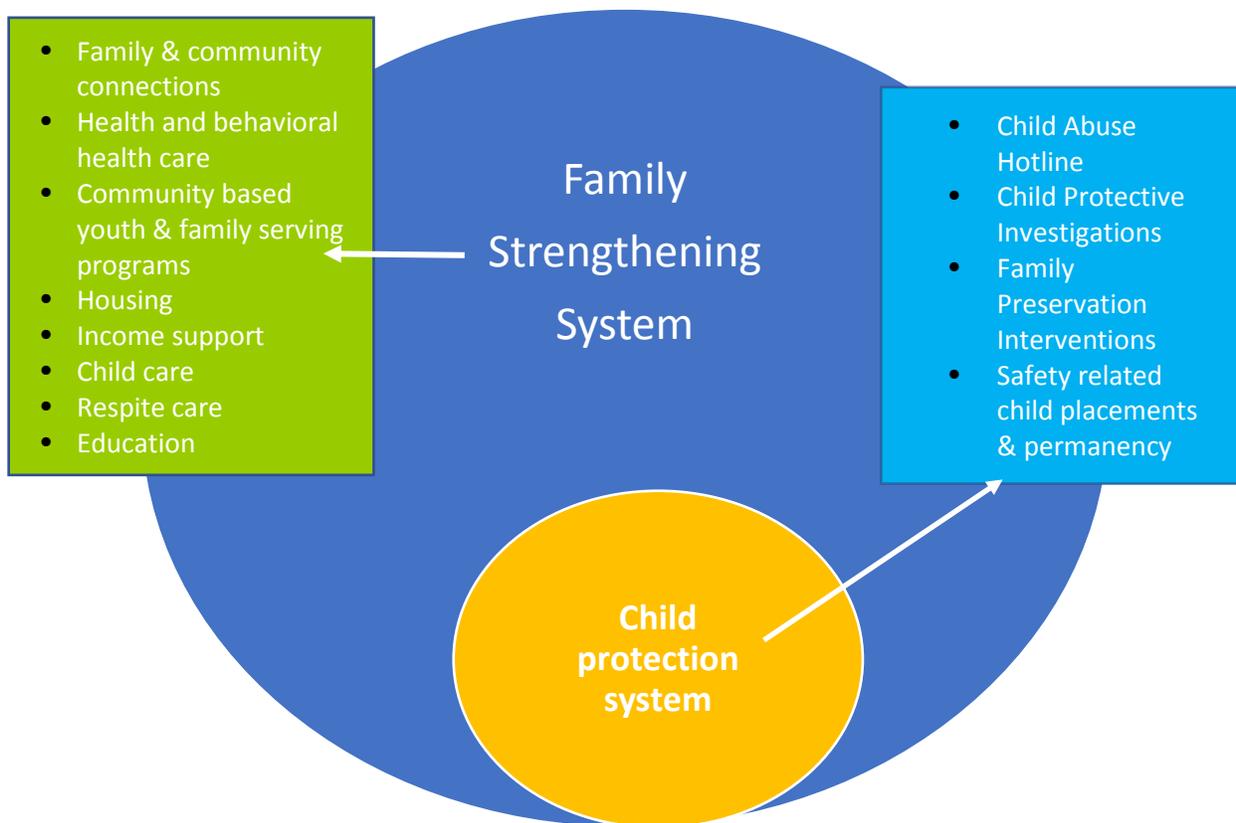
New Jersey DCF envisions a state in which everyone in New Jersey is Safe, Healthy and Connected:

*Safe* – absent from harm or maltreatment

*Healthy* –mentally, developmentally and emotionally well

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

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



To achieve this vision, we need to distinguish between a Family Strengthening System, and a child protection system. Our goal is to transform child welfare in New Jersey so that most of our effort, and resource, is available to children outside of the child protection system. If we are successful, the child protection system will be reduced – because we will have grown the family system to effectively support families to the point where fewer families require a child protection intervention. This 21<sup>st</sup> Century child welfare system is not equal to the Department of Children and Families; rather it is much broader and includes all manner of supports to families, such as transportation,

education, zoning, parks, health care and income supports. Integration of public programs, and collaboration across state and local entities, will be critical to our success.

## **Realizing the Vision**

From December 2018 – March 2019, DCF’s Executive Management team convened in a series of strategic planning sessions to consider the findings from the review of current system performance, and input of stakeholders as described above. In this process, the team identified values and strategies needed in order to achieve the new vision:

### Values

DCF leadership identified a set of values that will serve to guide our work – both at the macro scale of planning and executing statewide strategies, but also at a micro scale, providing guideposts that staff can use to inform decision making on individual cases:

- *Collaboration* – We value working together in teams, when it is comfortable and perhaps especially when it is uncomfortable. DCF teams and shares power with the youth, men, women and children we serve; we partner across state and local government, philanthropy and the private sector; and we are open to and accept input and assistance from traditional and non-traditional partners in service.
- *Equity* – We value equitable outcomes. Different individuals and families may require different types or intensities of service. Our job is to do what needs to be done to ensure that everyone is safe, healthy and connected.
- *Evidence* – We value evidence in individual decisions, as well as within our broader network. We need to use evidence-based approaches in areas of our work where such approaches exist and can meet the needs of the constituents we serve. We need to use data and outcomes information to inform decisions about advancing, or ending, specific services. Lastly, we need to make sure that we take great care to have clear criteria for the use the authority of the state intervention in family life.
- *Family* – We value the family voice and listen to the needs and interests of the families we serve.
- *Integrity* – We are honest, reliable and respectful in all that we do.

### Core Approaches

DCF also identified a set of core approaches will be integrated across the Department. These approaches are not separate initiatives, but are the responsibility of all leaders to carry out in every aspect of our work:

- *Race Equity* – We recognize that race-based, and cultural biases are impacting our families, as well as our interactions with families. DCF has engaged a consultant to assist the Department in launching work to advance race equity across all program areas.
- *Healing Centered Practice* – We recognize that many of the constituents we serve have survived significant trauma, and that we are therefore responsible for establishing office spaces, customer service standards, program designs and arrays that promote healing.
- *Protective Factors Framework* – We continue to structure our practice models and purchased services to promote the 5 protective factors, which are shown to promote family safety and stability.
- *Family Voice* – We recognize that individuals and families know better than anyone what they need to thrive. Are we projecting onto them what we *think* they need or are we really hearing *them*? The Office of Family Voice will support the department in incorporating the voice of constituents with lived experience in service design, delivery, training, policy development, and the like.
- *Collaborative Safety* – We recognize the need to adopt into child welfare, the type of safety science approaches that are already in use in safety critical fields such as aviation, heavy industry, and healthcare so that our system does not merely respond to adverse events but learns from them in such a way that we can reliably prevent future adverse events from happening. This way of working rests on our ability to create a safe space for staff to let us know where our weaknesses exist before critical events occur.

Finally, the DCF identified key leaders and stakeholder groups to vest with responsibility of carrying out specific strategies. This was the final step in solidifying the strategic plan, and that work is described in the Goals and Objectives laid out later in this Plan.

## Assessment of Current Performance in Improving Outcomes

DCF uses quantitative and qualitative data to inform policy, strengthen standard operation procedures, and maintain its focus on continuous improvement. Tools used in support of this work include data gathered from NJ Spirit, New Jersey's statewide automated child welfare information system, state of the art reporting tools such as Safe Measures that make real-time data available to child protection caseworkers, as well as qualitative methods such as a qualitative review<sup>5</sup> process that reviews each county biennially, and additional targeted case reviews. Data is also routinely made available to the public at large through a data portal created in partnership with Rutgers University (<https://njchilddata.rutgers.edu/>), and monthly performance and descriptive reports that are published to DCF's website (<https://www.state.nj.us/dcf/>). 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, as described previously in this Plan.

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

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

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

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

- statewide information system
- quality assurance system
- staff and provider training

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<sup>5</sup> <https://www.nj.gov/dcf/about/divisions/opma/docs/Qualitative.Review.Overview.pdf>

- agency responsiveness to the community
- foster and adoptive parent licensing, recruitment, and retention

In particular, the review commended DCF's ongoing commitment to Continuous Quality Improvement facilitated by the State's internal qualitative review process and NJ SPIRIT.

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

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

Through on-going collaboration with key stakeholders to include the NJ Administrative Office of the Courts (AOC), the Capacity Building Center for State and for Courts, as well as the Children's Bureau, these targeted improvement areas are the focus of NJ's CFSR Program Improvement Plan (PIP) and are leveraged into NJ's 2020-2024 Child and Family Services Plan (CFSP). Below is a snapshot of NJ's current performance and functioning of the CFSR outcomes and systemic factors

### **A. CFSR Outcomes:**

Data elements from AFCARS and NCANDS noted in the January 2019 New Jersey CFSR 3 data profile in figure 1 shows that NJ exceeds the national average performance in the following areas: placement stability; maltreatment in care and repeat maltreatment. DCF is on target with the national average in achieving permanency within 12 months (entries) and permanency within 12 months (24+ months). However, NJ still struggles with achieving permanency within 12 months (12-23 months) as well as re-entry outcomes. DCF has made permanency outcome #1 and the case review system a primary focus of the CFSR PIP; targeting strategies to improve outcomes that will be included in the 2020-2024 CFSP.

Figure 1

New Jersey

January 2019

Child and Family Services Review (CFSR 3) Data Profile

Calculations based on revised syntax (pending verification)

Submissions as of 12-10-18 (AFCARS) and 10-12-18 (NCANDS)

Risk Standardized Performance (RSP)

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

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

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

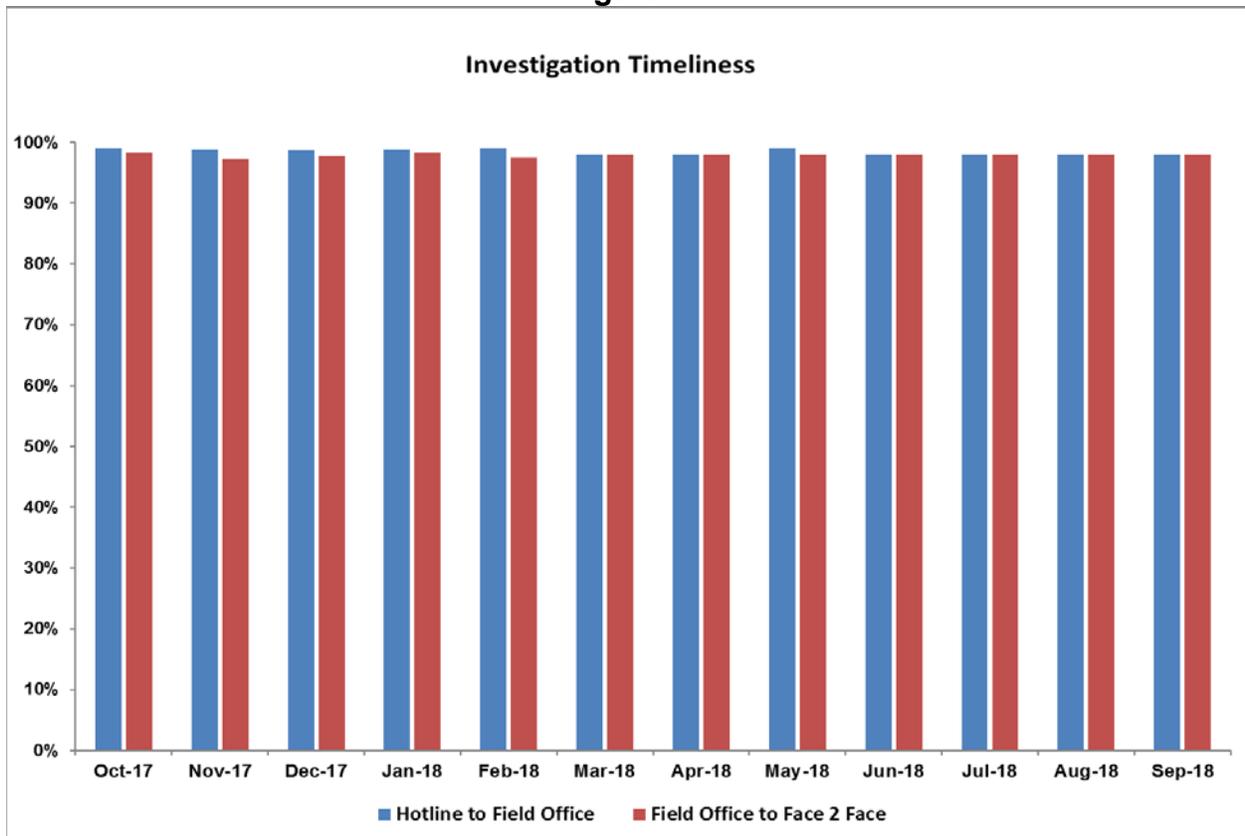
		National Performance	13B14A	14A14B	14B15A	15A15B	15B16A	16A16B	16B17A	17A17B	17B18A	18A18B
Permanency in 12 months (entries)		RSP	41.3%	41.7%	41.0%	41.6%	43.0%	42.2%				
	42.7%▲	RSP interval	39.9%-42.8% <sup>2</sup>	40.2%-43.2% <sup>2</sup>	39.5%-42.5% <sup>3</sup>	40.1%-43.2% <sup>2</sup>	41.4%-44.6% <sup>2</sup>	40.6%-43.9% <sup>2</sup>				
		Data used	13B-16A	14A-16B	14B-17A	15A-17B	15B-18A	16A-18B				
Permanency in 12 months (12 - 23 mos)		RSP				42.1%	41.8%	43.3%	42.5%	43.8%	41.1%	
	45.9%▲	RSP interval				40.1%-44.1% <sup>3</sup>	39.7%-43.8% <sup>3</sup>	41.2%-45.4% <sup>3</sup>	40.3%-44.6% <sup>3</sup>	41.6%-46.0% <sup>2</sup>	38.8%-43.3% <sup>3</sup>	
		Data used				15B-16A	16A-16B	16B-17A	17A-17B	17B-18A	18A-18B	
Permanency in 12 months (24+ mos)		RSP				33.2%	34.0%	33.3%	34.1%	34.8%	32.6%	
	31.8%▲	RSP interval				31.6%-34.7% <sup>2</sup>	32.5%-35.5% <sup>1</sup>	31.7%-34.8% <sup>2</sup>	32.6%-35.7% <sup>1</sup>	33.3%-36.4% <sup>1</sup>	31.0%-34.2% <sup>2</sup>	
		Data used				15B-16A	16A-16B	16B-17A	17A-17B	17B-18A	18A-18B	
Re-entry to foster care		RSP	11.3%	11.3%	12.7%	12.7%	12.2%	11.4%				
	8.1%▼	RSP interval	9.7%-13.1% <sup>3</sup>	9.7%-13.2% <sup>3</sup>	10.9%-14.7% <sup>3</sup>	10.8%-14.7% <sup>3</sup>	10.4%-14.2% <sup>3</sup>	9.7%-13.5% <sup>3</sup>				
		Data used	13B-16A	14A-16B	14B-17A	15A-17B	15B-18A	16A-18B				
Placement stability (moves/1,000 days in care)		RSP				4.19	4.12	3.84	4.29	4.08	4.06	
	4.44▼	RSP interval				4.03-4.36 <sup>1</sup>	3.95-4.3 <sup>1</sup>	3.68-4.01 <sup>1</sup>	4.11-4.48 <sup>2</sup>	3.91-4.27 <sup>1</sup>	3.88-4.25 <sup>1</sup>	
		Data used				15B-16A	16A-16B	16B-17A	17A-17B	17B-18A	18A-18B	
Maltreatment in care (victimizations/100,000 days in care)		RSP	7.15	5.91	4.61							
	9.67▼	RSP interval	6.06-8.44 <sup>1</sup>	4.92-7.09 <sup>1</sup>	3.73-5.69 <sup>1</sup>							
		Data used	14A-14B, FY14	15A-15B, FY15	16A-16B, FY16							
Recurrence of maltreatment		RSP				9.0%	9.0%	8.2%				
	9.5%▼	RSP interval				8.4%-9.6% <sup>2</sup>	8.3%-9.7% <sup>2</sup>	7.5%-8.9% <sup>1</sup>				
		Data used				FY14-15	FY15-16	FY16-17				

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

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

One theme from the CFSR that was seen as a strength was safety practice at the front end. NJ was commended for ensuring that state policies of timely initiation of investigations for reports of child maltreatment and face to face contact with children were met. Figure 2 below highlights that response timeliness is still a strength for NJ.

Figure 2



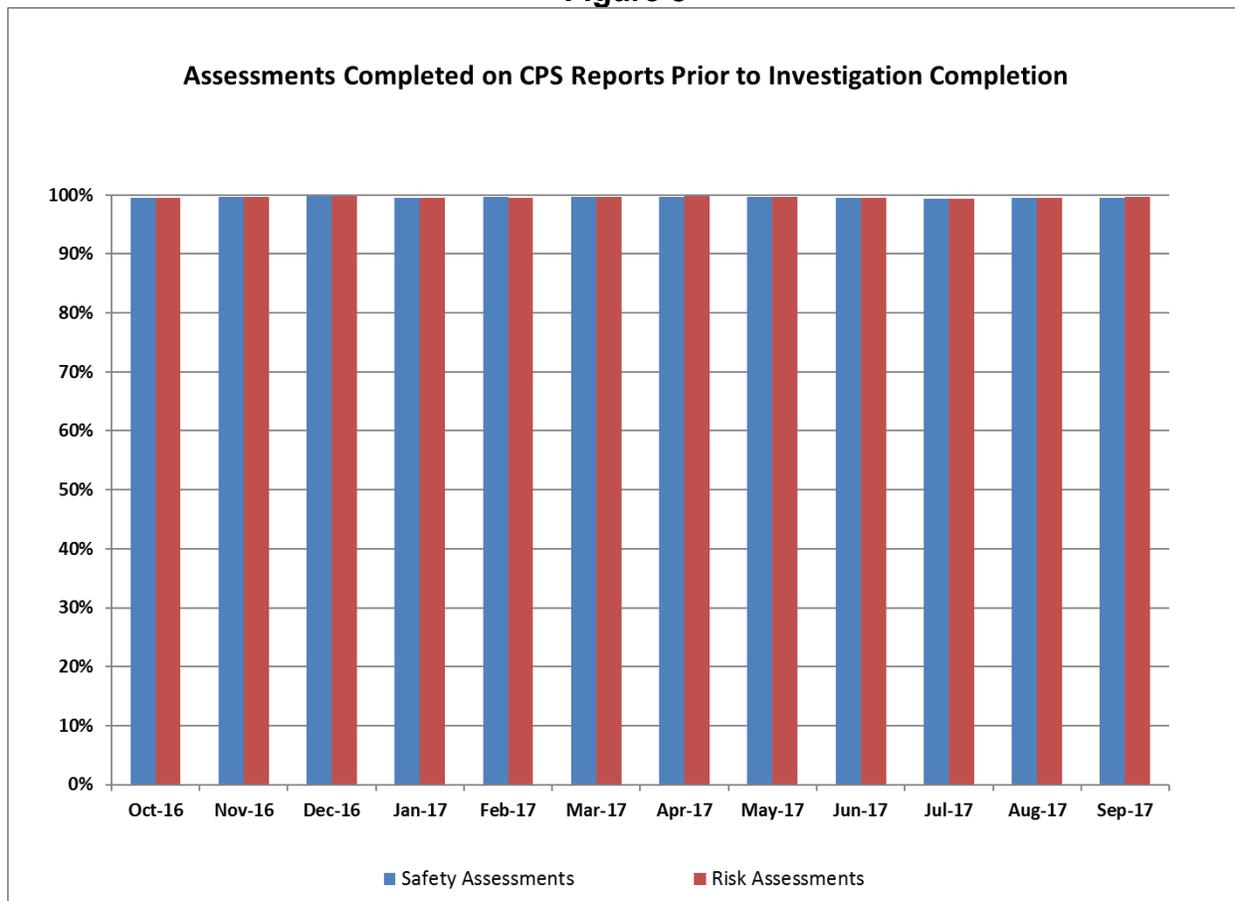
## Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate

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

While initial assessments of safety and risk help to guide decision making on the front end, more work is needed around practice with on-going assessments of safety and risk throughout the life of a case to help guide permanency decisions.

Figures 3 reflects the current performance in NJ for initial use of structured decision-making tools.

**Figure 3**



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

1. Safety: Home Setting indicator is used to assess the living environment of children who are living at home with their parents as well as those residing in out of home placement in a family setting
2. Safety: Other Setting indicator is used to assess other environments in which they spend time such as their neighborhood, community and/or educational setting

In order for any indicator to be considered as a “Strength”, 70% or more of cases must receive an acceptable rating. When assessing the Safety Home Setting indicator, reviewers incorporate questions about high risk behaviors of the caregivers, the child, domestic violence and/or addictive behaviors, other safety or risk identifiers listed on the SDM tools as well as disciplinary measures used in the home. Cases receive an overall rating using a six-point scale ranging from optimal (6) to unacceptable (1). In CY 2018

a sample of 195 children/youth in total were reviewed in 10 counties, and 99% of cases received a Strength rating for Safety Home Setting.

The same standards are used by reviewers when assessing the Safety Other indicator to include the child’s placement environment, educational environment and the neighborhood/community in which they live. For CY 2018, 98% of cases received a Strength rating for Safety Other Setting.

While NJ has strengths in ensuring the safety and risk of children remain low, the CFSR revealed areas where NJ can improve. Areas identified for improvement include lack of ongoing assessment of safety and risk to inform critical decision points throughout the life of a case to assist with stabilization and permanency planning with families. This also led to inadequate service provision. Improvement on the use of Safety Protection Plans was also identified as an area for improvement. Root cause analysis identified barriers including inconsistent utilization of Structured Decision Making (SDM) tools statewide, and staff reporting that the SDM tools were not congruent with NJ’s Case Practice Model. While the risk re-assessment tool for in-home cases is being utilized at higher rates to assist in practice decisions for families, the family reunification tool utilization continues to be an area to improve to assist in permanency decision making.

CY2018 Ongoing Assessment Utilization	
In-Home Risk Reassessment	Out of Home Family Reunification
78%	30%

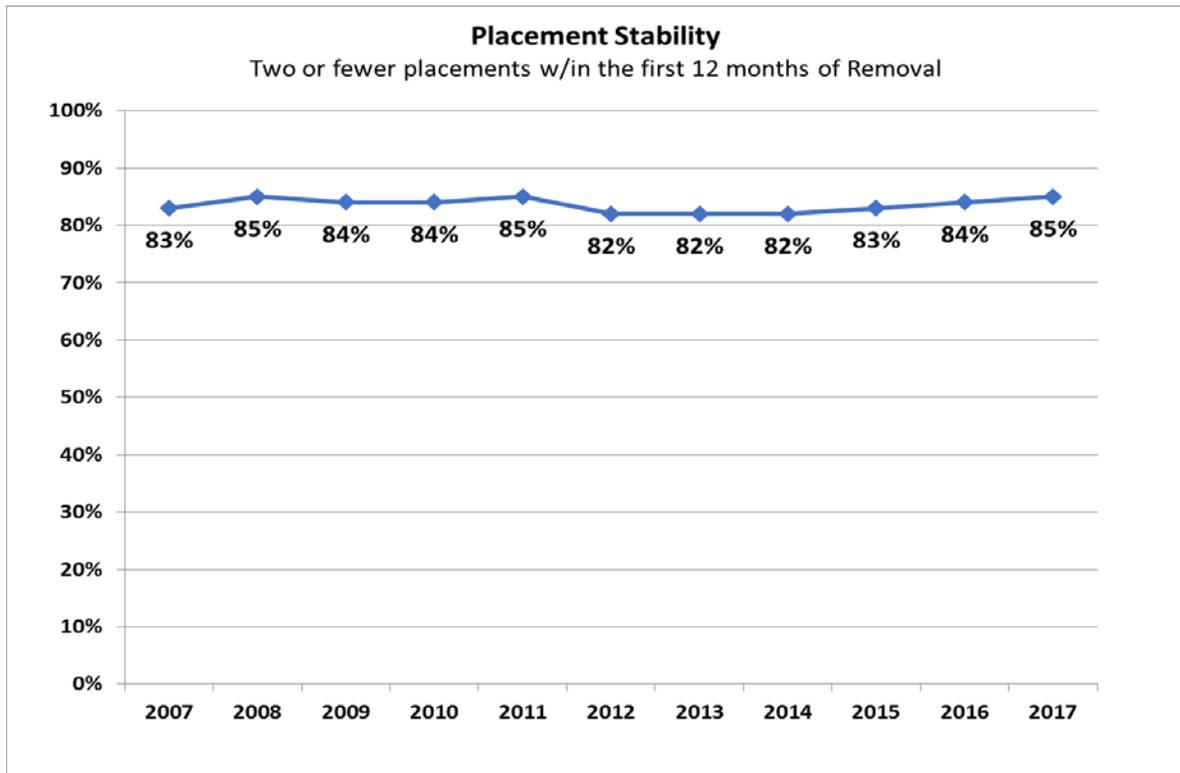
NJ has identified strategies and activities within the CFSR PIP to address this area for improvement under Strategy 1.1: *Use of Structured Decision Making to assess safety and risk throughout the life of the case.*<sup>6</sup>

**Permanency Outcome 1: Children have permanency and stability in their living situations**

The CFSR identified that placement stability was a strength for NJ. In fact, 97.5% of cases reviewed cited that current placements for children were stable. Figure 4 demonstrates the most recent complete data of children who had two or fewer placements with in the first 12 months of a removal episode which shows an upward trend in this area.

<sup>6</sup> See Attachment E CFSP PIP for all PIP references

**Figure 4**



The NJ QR Process also assesses stability through two indicators:

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

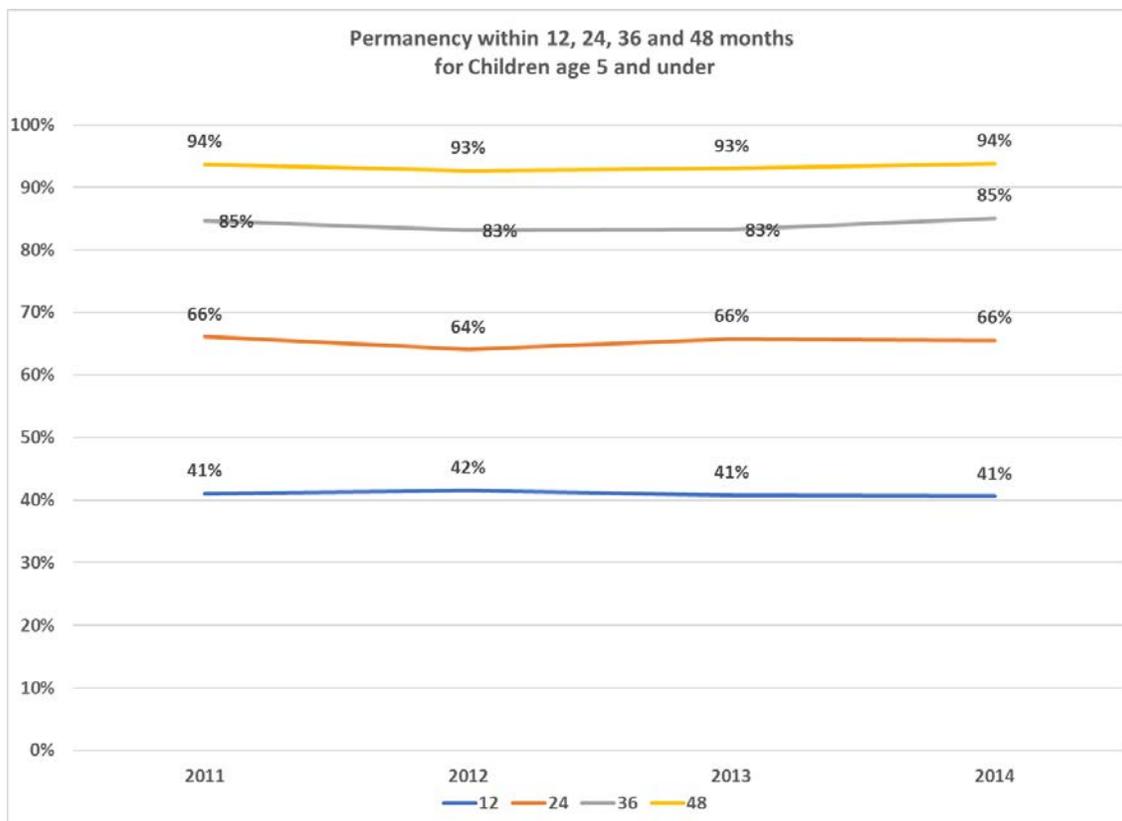
In CY 2018 Stability at Home and Stability at School were both rated as strengths. 86% of cases were rated a strength for Stability at Home while 92% of cases were rated a strength for Stability in Education.

As reported above in the figure 1 CFSR 3 data profile, NJ continues to meet the standard for placement stability.

Where NJ continues to struggle, as highlighted in the CFSR as well as in figure 1, is establishing timely and appropriate permanency goals for children in out of home care and the achievement of those identified goals. NJ data shows delayed permanency outcomes for children under five are the greatest need, especially 36 months and

beyond. Figure 5 below represents the most up to date and complete entry cohort permanency outcomes<sup>7</sup>:

**Figure 5**



The NJ QR process reviews permanency through the *Prospects for Permanence* indicator. This indicator looks at whether the child is living with caregivers that the child, caregivers, and all child and family team members believe will result in enduring relationships and if not, are there specific steps toward permanency presently being implemented on a timely basis that will ensure that the child soon will live in enduring relationships that provide a sense of family, stability, and belonging. The CY2018 QR results for this indicator highlight similar challenges to those from the 2017 CFSP in that only 68% of 195 cases were rated as a strength.

Through review and analysis, NJ DCF has identified practice issues related to concurrent planning and kinship placements that are negatively influencing permanency outcomes for children. In addition, focus groups post CFSP highlighted the need for

<sup>7</sup> 2015 entry cohorts and beyond are not complete but can be viewed here: <https://nichiddata.rutgers.edu/portal/permanency-outcome-report>

more collaboration between DCF and NJ Judiciary partners to include data sharing and opportunities to discuss permanency challenges statewide and locally.

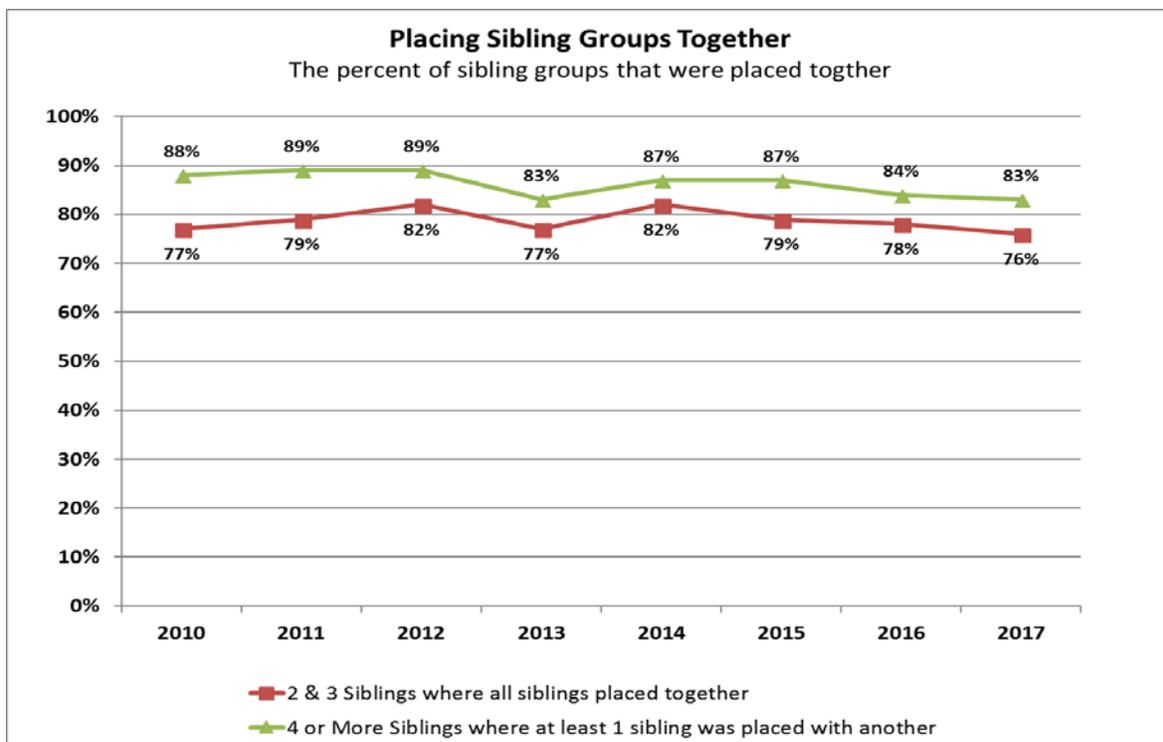
These challenges and areas to improve upon are focus strategies in the NJ CFSR PIP *Goal 3.0: Improve the timeliness of permanency for children entering foster care in NJ.* Under this goal, the following strategies have been identified to monitor and assist NJ in improving permanency outcomes for children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

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

**Permanency Outcome 2: The continuity of family relationships and connections is preserved for children**

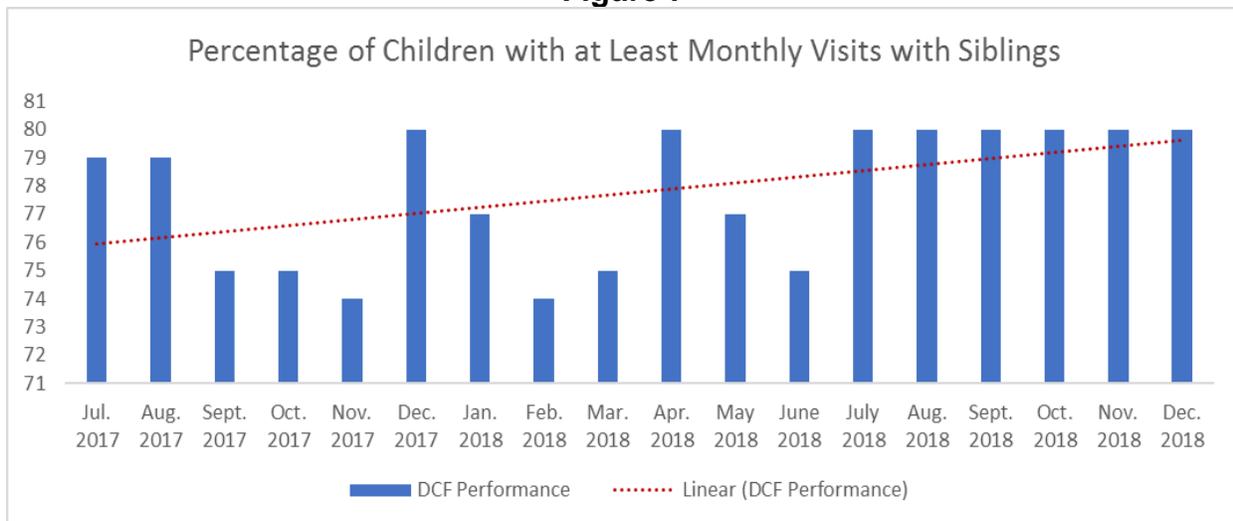
Several strengths were highlighted during the 2017 CFSR for NJ to include the preservation of connections for children in care with their families. This includes strong efforts to place siblings together which was seen as a strength in almost 87% of cases reviewed. As noted in figure 6 below, NJ continues to make positive efforts to place siblings together.

**Figure 6**



When sibling separation was necessary, NJ ensured that the frequency and quality of visits with siblings occurred. In fact, sibling visitation was seen as a strength in 92% of cases reviewed during the CFSP. Figure 7 below shows that an upward and stable trend of positive sibling visits are occurring.

**Figure 7**



Similar positive results are seen through the NJ QR process with the review of *Family and Community Connections* indicator.

This indicator reviews the frequent and appropriate opportunities for families to visit and/or other forms of contact in order to maintain or develop family ties. This includes opportunities for connections that are conducted in locations conducive to family activities and offer "quality time" for advancing or maintaining relationships among family members such as increased or graduated visits, from short, supervised visits in safe locations to overnight or weekend visits and/or other techniques such as phone calls, letters, and/or exchange of photos and when appropriate, parents, siblings, or others with an identified significant relationship are encouraged to participate in school activities, medical appointments, and possibly therapeutic sessions in an effort to maintain and promote positive and nurturing relationships. For *Family and Community Connections for Siblings*, the CY 2018 QR results are incongruent with the CFSP results in that 93% of cases reviewed were rated as a strength.

The CFSP also highlighted that there was strong practice in ensuring family connections with extended family were maintained. However, practice can be enhanced in the area of connections with parents, especially with fathers. The CFSP identified practice differences between visits and other opportunities to promote relationships between children and their mothers versus children and their fathers. This

difference is also seen for CY 2018 QR results for Family and Community Connections for Mother with a strength rating of 78% versus Family and Community Connections for Father with a strength rating of 61%. Outreach and engagement efforts are discussed further in Wellbeing Outcome 1.

**Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.**

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

NJ DCF measures engagement, ongoing assessment process, teamwork and coordination as well as child and family planning process through the NJ QR. Similar to the results of the 2017 CFSR, CY 2018 QR results shows continued challenges in these areas and difference in practice between our work with mothers versus fathers.

Engagement indicators assess the development of a collaborative and working relationship that supports on-going assessment, understanding and service planning. This indicator has the following four components and strength rating:

QR Indicator	Strength Rating
Engagement of child/youth	89%
Engagement of Mother	62%
Engagement of Father	34%
Engagement of Resource Caregivers	90%

On-going Assessment process indicator evaluates how well the agency gathered information, both formal and informal assessments, to understand the strengths, underlying needs, behavioral expressions as well as risk factors for children, parents and resource caregivers. This indicator has four components as well:

QR Indicator	Strength Rating
On-going Assessment process Child/Youth	77%
On-going Assessment process Mother	40%
On-going Assessment process Father	22%

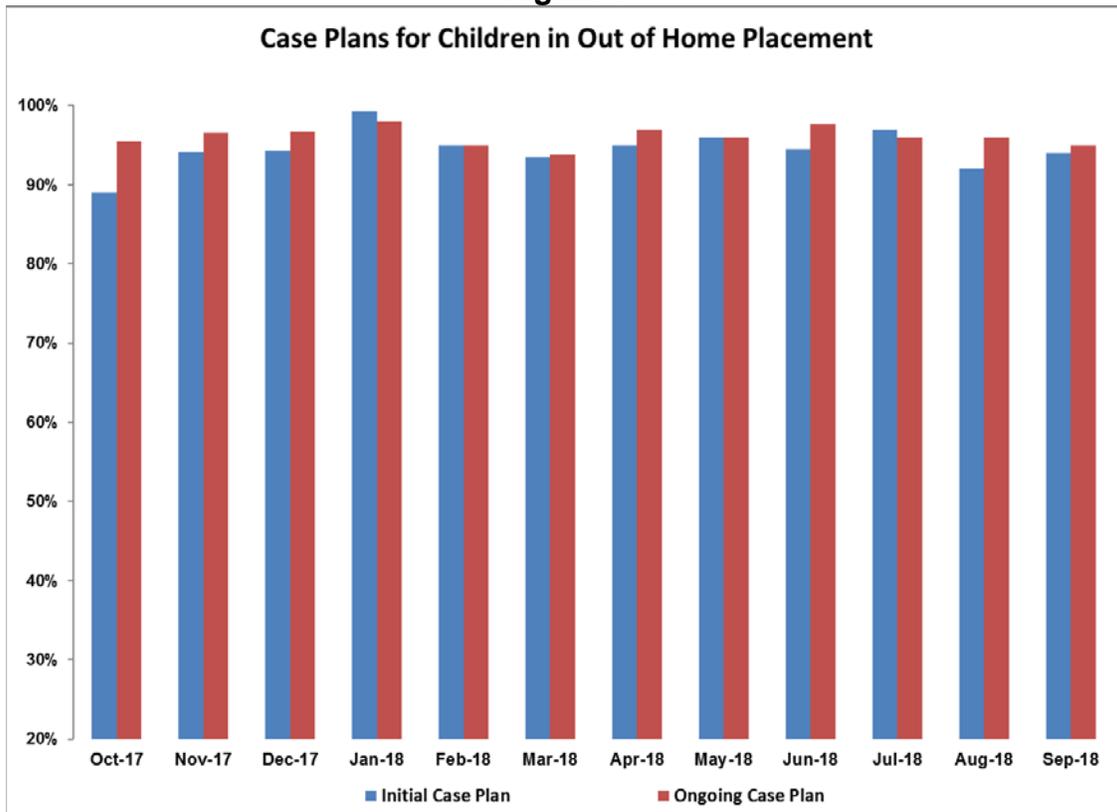
On-going Assessment process Resource Caregiver	90%
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Teamwork and Coordination indicator focuses on whether CP&P, children, families and service providers collaborate, communicate and function as a team to support families to goal completion. It also assesses whether there is effective coordination in the provision of services across all providers. QR results for 2018 reveal that this continues to be an area for improvement:

QR Indicator	Strength Rating
Teamwork and Coordination	53%

Quantitative data reflects that case plans are completed timely in NJ as seen in figure 8 below:

**Figure 8**



While this shows compliance, several performance measurements within the QR process also address quality of case planning activities.

Child and Family Planning Process indicator assesses how well case plans were individualized to include the family voice and input in addressing the identified needs to achieve the specified goals. Evaluation also includes whether identified supports, services and interventions were relevant to the family’s needs.

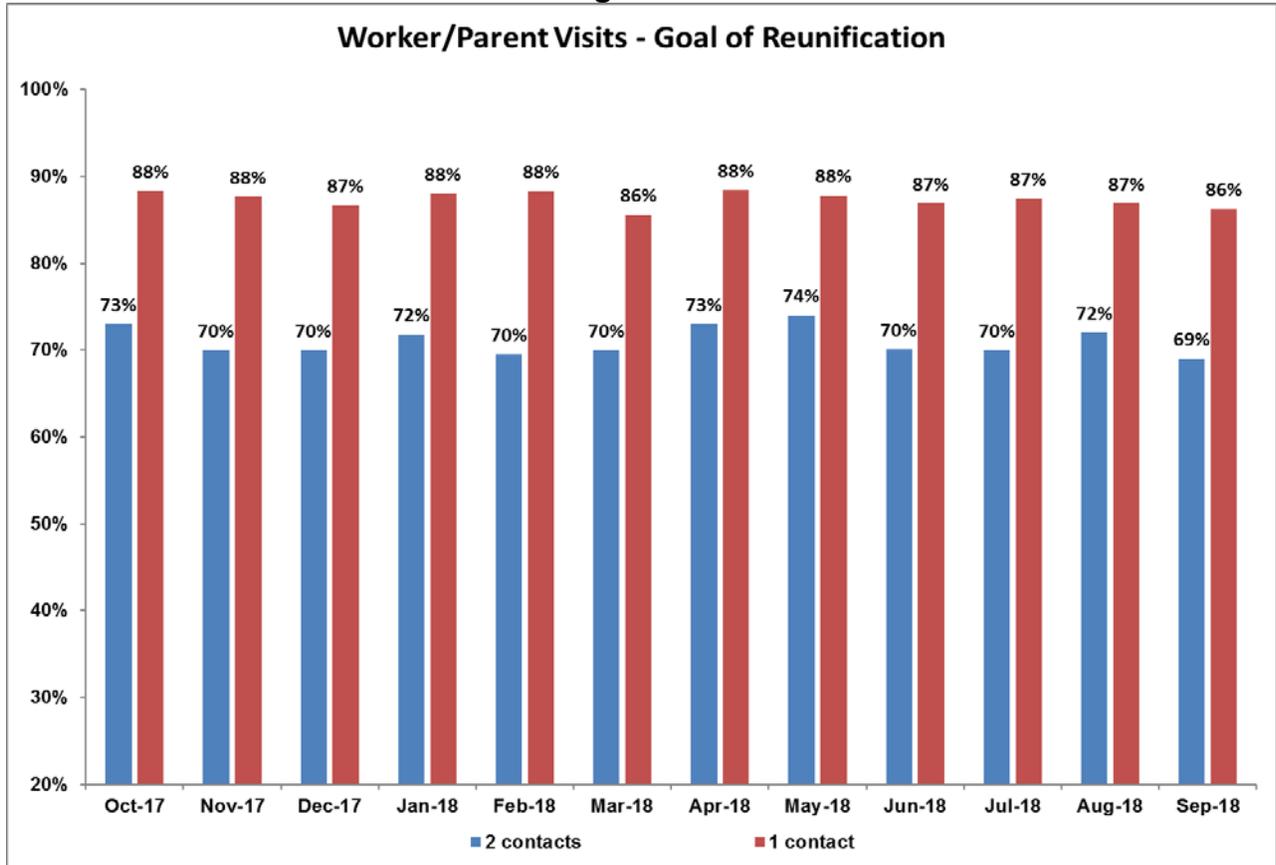
Case Plan Implementation indicator evaluates how the identified resources, services and interventions were implemented by examining the timeliness, appropriateness, availability and quality of the service providers to meet the individual needs of the family. QR results for CY 2018 show that both case planning process and implementation continues to be areas for improvement:

QR Indicator	Strength Rating
Child and Family Planning Process	55%
Case Plan Implementation	64%

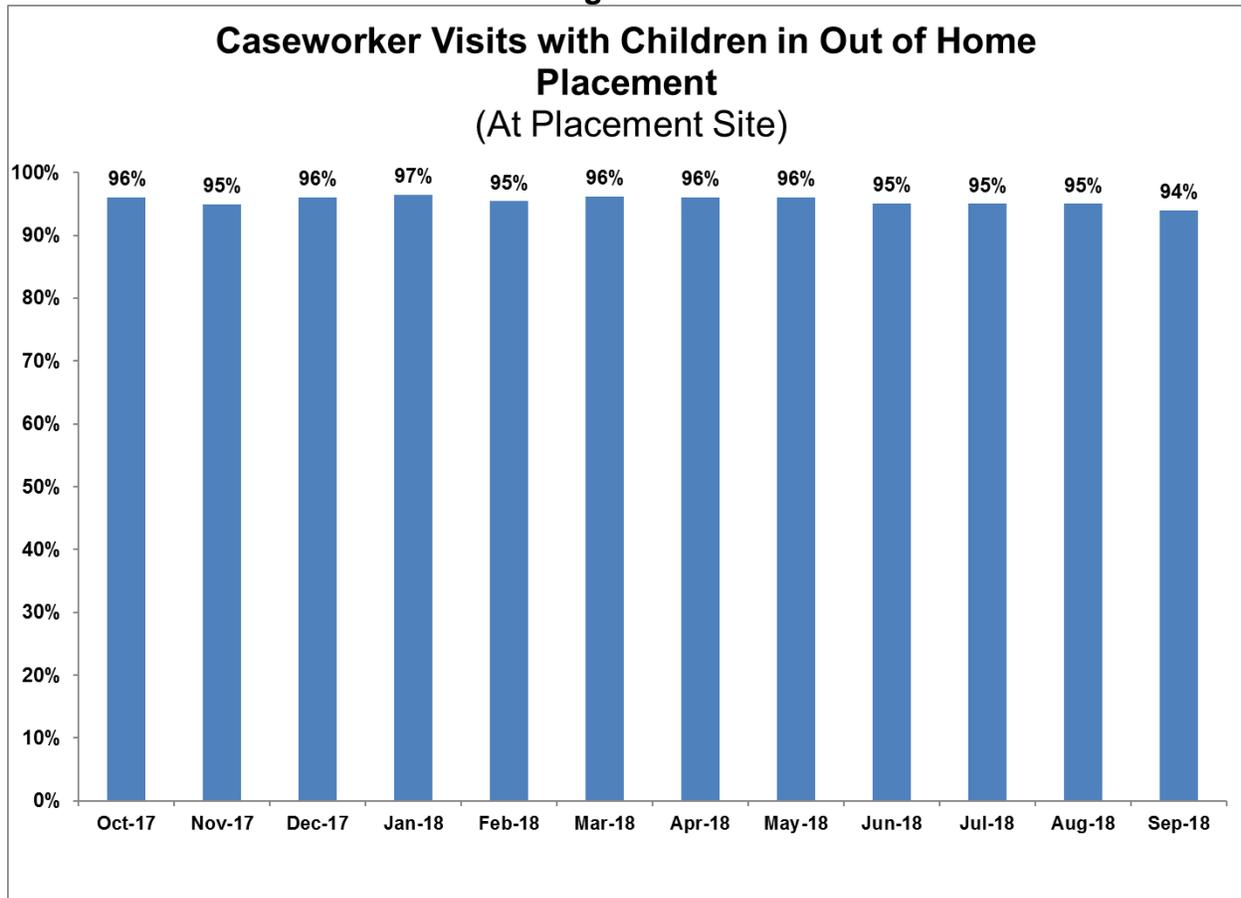
Like the QR results, case planning with families was found to be an area needing improvement during the CFSR. Further analysis of the QR and CFSR show that there is a lack of comprehensive assessments to help align the right supports for families as well as a lack of the family’s voice in their case plan defaulting to caseworkers becoming the facilitator of the plan as opposed to the family.

Quantitative data shows strengths in caseworker visits with parents (monthly) and children as noted in figures 9 & 10 below. NJ DCF quantitative data reflects higher quantitative performance than the CFSR results however quantity of visits do not reflect the quality as noted above in the QR performance indicators.

Figure 9



**Figure 10**



Analysis of engagement differences in practice with mothers versus fathers revealed that mothers viewed the relationship with the caseworker as superficial or non-productive, lack of trust for the caseworker and interactions did not address underlying or sensitive issues. For fathers, barriers included lack of diligent or inadequate search efforts to locate fathers or lack of contact due to incarceration and personal bias towards fathers. These barriers present challenges with our work with families and impacts positive outcomes for families.

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

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

## **Child and Family Well Being Outcome 2: Children receive appropriate services to meet their educational needs.**

There were many strengths cited for NJ during the CFSR round 3 regarding the educational needs of children. For instance, assessment of a child's educational needs was found in 100% of applicable cases reviewed and overall in a majority of cases, concerted efforts to provide appropriate services when needs were identified was found as well.

The Child and Family Status Indicator of Learning and Development through the QR focuses on the extent to which children are regularly attending school in a grade level consistent with their age, engaging in instructional activities, reading at grade level or Individualized Education Plan (IEP) expectations, and meeting requirements for annual promotion and course completion leading to high school graduation.

For older youth, this may include completing GED requirements, attending vocational training and preparing for independent living and self-sufficiency, or transitioning to post-secondary education. High school-aged youth should also be developing goals for future education, work and assisted with the transition to adult services, if developmental or mental health needs exist. Reviewers consider a variety of questions when assessing learning and development in children ages five and older including whether they are regularly attending school, performing at grade level and receiving specialized educational supports as necessary. For older youth, reviewers also consider the extent to which services leading to self-sufficiency and independent living are in place.

This indicator is broken down into two categories: *Learning and Development for children under five* and *Learning and Development for five and older*. For CY 2018 the overall rating for learning and development for children under five was 94% and for children age five and older was 87%, demonstrating that attention to the educational needs of children continue to be a strength for DCF.

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

Many strengths were cited during the CFSR that reveal that children are receiving adequate services to meet their physical and mental health needs. Assessment of health and dental needs were appropriately completed on 96% and 92% of cases reviewed and oversight of prescription medications for health or dental needs was completed on 92% of cases.

Likewise, assessment of mental health/behavioral health needs were appropriately completed on 92% of cases reviewed, appropriate services were provided on 85% of cases and oversight of psychotropic medications was completed on 100% of cases.

Strong partnerships and coordination of services with internal and external stakeholders to include the Office of Clinical Services (OCS) and CSOC help maintain optimal physical as well as mental/behavioral health for children.

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

- The *Physical Health of the Child* indicator examines whether children are in good health and their basic physical health needs are met. It also assesses if children are receiving routine preventive health care services on a timely basis such as periodic examinations, immunizations, and screenings for possible developmental or physical problems.
- *Emotional Well-Being* indicator examines whether children and young adults present age-appropriate emotional and behavioral well-being in their home and school settings that are consistent with their age and abilities. It also identifies that children and young adults have enduring supports with their parents, caregivers and friends. This indicator also examines whether children and young adults have been emotionally and behaviorally stable and functioning well in all key areas of social/emotional development and life adjustments for an extended time period.
- The *Provision of Health Care Services* indicator determines if the level and continuity of health care services provided are appropriate given the unique physical and behavioral health care needs of each child.

In CY 2018, the *Physical Health of the Child* indicator was rated as a strength achieving 95% of cases rated in the acceptable range.

Likewise, the *Provision of Health Care Services* was also rated as a strength in 95% of cases and *Emotional Well-Being* was rated a strength in 92% of cases.

These substantial performance ratings continue to illustrate NJ's commitment to the physical and mental/behavioral health needs of children.

Additional information on the physical/dental health as well mental/behavioral health of children can be reviewed under the Health Care Oversight and Coordination Plan Update Attachment A.

## **B: CFSR Systemic Factors**

### **Statewide Information System**

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

The NJSPIRIT application readily supports the documenting and reporting of children's case status, demographic characteristics, locations, and goals. This information is gathered for all case participants including those children in foster care. Specific data elements such as those for reporting in AFCARS and NCANDS are required fields in NJSPIRIT and must be completed before other work can be done in the system. Supervisory and at times multiple level supervisors review and approve work. This is where review of data quality occurs. Within 30 days of a child's placement the worker and supervisor must have entered an approved Case Plan into NJSPIRIT. Within the case plan is the case status, child's DOB, goals and if completed during an FTM, the family voice.

Users of NJSPIRIT are the key stakeholders to provide input on the functionality of this system to maintain conformity of this systemic factor. End users include, clerical staff, transportation aides, caseworkers, supervisors, business staff, legal staff, Managers, Executive staff, DAG's, Nurses and a very limited number of contracted providers.

When end users have questions or encounter issues, the Application Support Team known as the Help Desk is available from 9a-5pm Monday through Friday to provide technical assistance and support as outlined in the Ongoing Support section.

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

**Worker safety notifications:** cases turn red when there is a worker safety note on the case allowing users at all levels to immediately see when there is a worker safety issue received positive feedback

**Participant view:** providing an alternate view for users to see work specific to a person as opposed to everything on the case was cited as very helpful

**ICPC forms:** ICPC forms were incorporated into NJS reducing the need for manual tracking elicited positive feedback from ICPC staff

**Wildcard searches:** when searching addresses the wildcard allows a user to search with minimal criteria for a street name to include the maximum amount of possible results. Positive feedback was received from SCR citing this assists when searching for people when very little is known/provided during calls to the hotline.

DCF Office of Information Technology (OIT) continued updating the NJSPIRIT Disaster Recovery Plan through the end of 2017 in preparation for our biannual exercise. This is a mission critical application used 24 hours a day, 7 days a week.

The purpose of the exercise will be to test the functionality of the core application to run at the disaster recovery site in Hamilton, New Jersey. The testing will meet audit guidelines as well as provide assurance to the State that in the case of a real disaster, DCF will be able to run the mission critical components of NJSPIRIT.

The test will be conducted over a three to four-week period scheduled to be complete in calendar year 2019. This time frame was specifically chosen to incorporate all interfaces and batches (daily, weekly, and monthly) during the testing.

### Department of Education (DOE) data sharing

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

- What are the trends in student performance at the state, county, district, school and grade level with respect to PARCC and student growth percentile for students in foster care?
- What are the trends regarding students in foster care and their need for special education services, on a statewide, county and district basis, compared to the general population?
- What are the trends in promotion, graduation and dropout rates at the state, county, district and school level for students in foster care?
- What are the post-secondary trends among students in foster care?
- What are the trends in student behavior and attendance at the state, county, district and school level for students in foster care?
- What are the trends in the continuity of education for foster care children and youth, by placement type?
- Are children under the age of 6 enrolled in pre-school?

The Memorandum of Agreement (MOA) between DCF and DOE was executed on August 2, 2017 and the first file from DCF for matching and analysis was sent to DOE. DOE returned the initial end of school year file (academic year 2016-2017) in September of 2017. A second file from DOE was received in February 2018, with an additional 9 fields (the school districts report certain data at different points in time). Initial analysis and review of these files are ongoing. The actual development of the NJ SPIRIT bi-directional interface and the corresponding screens needed to receive this

data is schedule to begin next reporting period. This will be a required component for NJ SPIRIT to become CCWIS compliant in the future.

### Mobilization of NJ SPIRIT

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

DCF has implemented various mobile solutions since 2011, depending upon the operational needs and the technology available at the time. As a result, DCF currently has nearly 7,200 devices ranging from Smartphones, iPads, iPods, and Dell Venues/Latitudes distributed across numerous functional units.

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

Currently, DCF is testing multiple tablet devices in preparation for transitioning all caseload carrying staff away from their current desktop workstations. The future device selected will have mobile capabilities and the Windows Operating System, to ensure an interchangeable and seamless computing solution for our users.

To achieve the goal of providing the technology needed to create the most effective and efficient work force, DCF will look to procure and deploy nearly 2,200 devices over the next year.

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

### Additional development of the Administration of the Courts (AOC) Data sharing

Currently NJ SPIRIT has three outbound nightly interface files with the Administration Office of the Courts (AOC): The Notice of Placement which provides initial placement information regarding the child; the Notice of Change which provides updates to the courts while the child is in placement; and the Address file for updates to addresses for the child, parent/s and resource. DCF is working with the AOC to electronically file multiple verified complaints and orders into eCourts, a web-based application utilized by the NJ Court system. This will provide the essential parties assigned to the case jacket with access to view complaints, orders and upload relevant documents. In addition, an

inbound interface from the AOC to DCF will provide court information for cases directly into NJ SPIRIT.

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

### Systems Maintenance

Modifications and enhancements are coordinated through systematic releases. The priority of releases has gone from a reactive mode (i.e. fixing bugs and "putting out fires") to a proactive mode (i.e. developing functionality to meet our changing business practice and federal requirements).

Highlighted achievements of the last release cycle are identified below:

- Enhanced the Medical Mental Health Window to be person based not case based. This resulted in numerous related updates:
  - Medical Mental Health link on Transitional Plan window based on new person based medical model
  - Investigation risk factors window for person based medical model
  - Medical Mental Health link on Substance Use window based on new person based medical model
  - Case Participant Information window for person based medical model
  - Adoption Planning window for person based medical model
- Added the participant ID number to the AFCAR tickler, so the worker can go directly into the AFCARS window to look up exception messages
- Added an error message to prevent users from closing a person that is still in DCF custody
- Incorporated a notification into the new Special Approval Request (SAR) process to warn workers when service end dates are nearing and additional SAR changes
- Added new edits to Appeals window in NJ SPIRIT under the Appeals Status dropdowns
- Addition of a history hyperlink on the resource family basic tab and History window to display:
  - Inquiry Date, Application Approved by Supervisor Date, Application Received Date changes
- Updated the Child Welfare Service (CWS) and Information & Referral (I&R) intake values to meet changing operational needs
- Added new values and descriptors on the Intake and CWS Assessment windows to capture information regarding Substance Affected Newborns

### Ongoing Support

The Help Desk team continues to provide end-user and application support for NJ Spirit. The responsibilities include:

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

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

### CCWIS Declaration

The State of New Jersey CCWIS declaration was approved by the Administration for Children and Families (ACF), as part of last year's APDU submission. The ACF recognized that New Jersey continues to enhance NJ SPIRIT to support case practice and reflect end-user needs. They also concluded that DCF successfully demonstrated how we will meet all CCWIS requirements, provided a CCWIS Automated Functions Checklist, and described the state's plan to implement bi-direction interfaces for the National Electronic Interstate Compact Enterprise (NEICE), and Department of Education and Court partners.

### NYTD Enhancement

An online NYTD module was developed to allow contracted adolescent service providers to document the NYTD services delivered to youth. Services are created in NJ SPIRIT, but not approved until the caseworkers have verified the information submitted. This enhancement also provides a way to identify when a child has been referred to a provider for adolescent services and track any services connected to that referral. This provides the ability to track services to DCF and non-DCF youth.

### Data Quality Plan development

This will be a required component for NJ SPIRIT to become CCWIS compliant in the future. Plan research and development is underway. The plan submission will take

place as part of this year's NJ SPIRIT Annual Planning Document Update (ADPU) in March. The CCWIS data quality plan will describe the comprehensive strategy to promote data quality including the steps to meet the following requirements.

NJ SPIRIT data:

- Meets the most rigorous of the applicable federal, state or tribal standards for completeness, timeliness, and accuracy
- Is consistently and uniformly collected by NJ SPIRIT and, if applicable, child welfare contributing agency systems
- Is exchanged and maintained in accordance with confidentiality requirements
- Supports child welfare policies, goals, and practices
- Is not to be created by default or inappropriately assigned

NJ SPIRIT implements and maintains automated functions to:

- Regularly monitor CCWIS data quality
- Alert staff to collect, update, correct, and enter CCWIS data
- Send electronic requests to child welfare contributing agency systems to submit current and historical CCWIS data to the CCWIS
- Prevent, to the extent practicable, the need to re-enter data already captured or exchanged with the CCWIS
- Generate reports of continuing or unresolved CCWIS data quality problems

NJ SPIRIT will conduct biennial data quality reviews to:

- Determine if the title IV-E agency and, if applicable, child welfare contributing agencies, meet the requirements detailed above
- Confirm that the bi-directional data exchanges meet the ACF CCWIS requirements
- Report the status of compliance

#### Future Activities

- Current NJ SPIRIT functionality will be enhanced to support the recent validation of these tools:
  - Safety Assessment
  - Risk Assessment
  - Risk Reassessment
  - Reunification Assessment
  - MVR schedule
- Develop NEICE (National Electronic Interstate Compact Enterprise) interface
  - NJ SPIRIT will be enhanced to securely exchange data and documents required by the Interstate Compact on the Placement of Children (ICPC) with the NEICE Clearinghouse
- Enhancements are to be made to the Case Plan in NJ SPIRIT, in order to capture candidacy elements for Family First Act (FFA)
- Enhance NJ SPIRIT CWS and CPS screening summary
- Systematic changes to the NJ SPIRIT application are currently being researched and identified to comply with the new federal guidelines set forth in the Family First

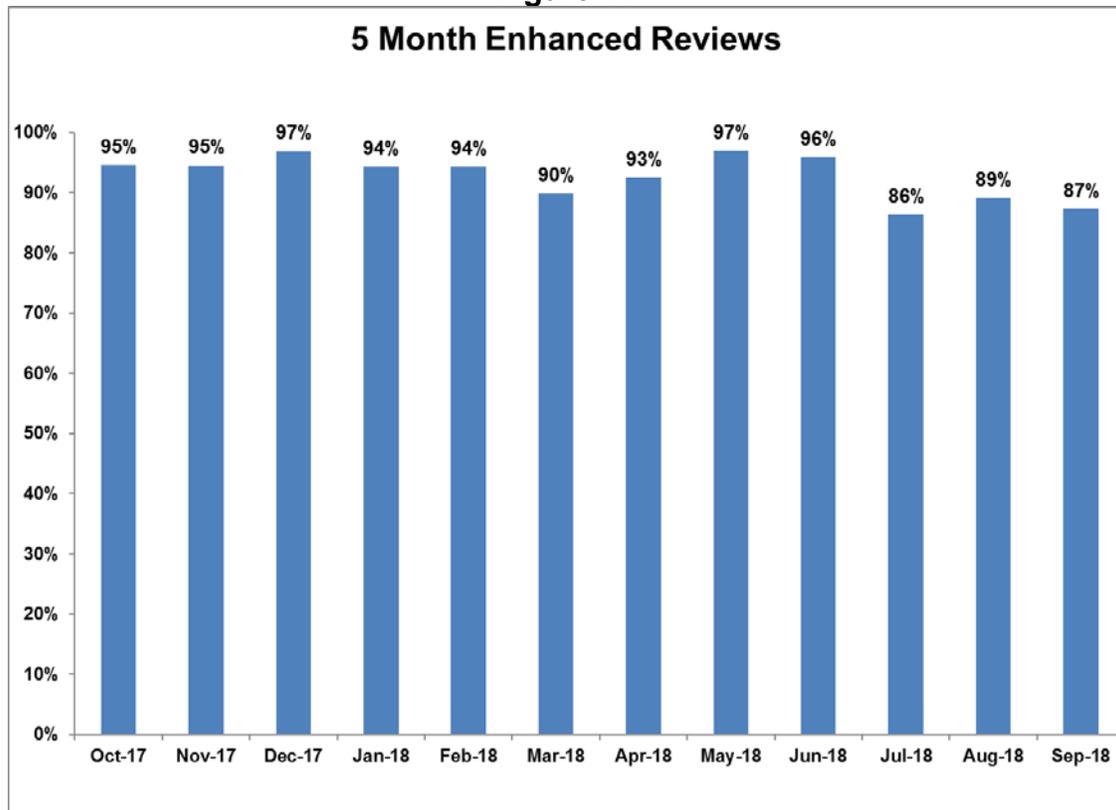
Prevention Services Act (FFA). Once complete, these NJ SPIRIT enhancements will enable DCF to identify, capture and report preventative services provided to the eligible children and families.

### Case Review System

The Case Review System was found to not be in substantial conformity during the CFSR. Some strengths were noted to include the timely occurrence of periodic reviews and permanency hearings. Enhanced reviews are periodic reviews conducted to assure that all reasonable efforts have been made to prevent the placement of a child and if placement is necessary to assure that permanency and concurrent planning are being carried out in a timely and appropriate manner. Two critical reviews are conducted at the five-month and ten-month benchmarks.

The five-month periodic administrative review determines the progress made in achieving the goals reflected in the family case plan. This review looks at the completion of key permanency tasks (such as missing parents), assesses parental participation and progress towards reunification or lack thereof, considers if unsupervised parent/child visits can occur, measures the effectiveness of services already provided and identifies changes needed to meet the needs of the child, family, or resource family. Data in figure 11 shows that these critical reviews continue to occur timely.

Figure 11

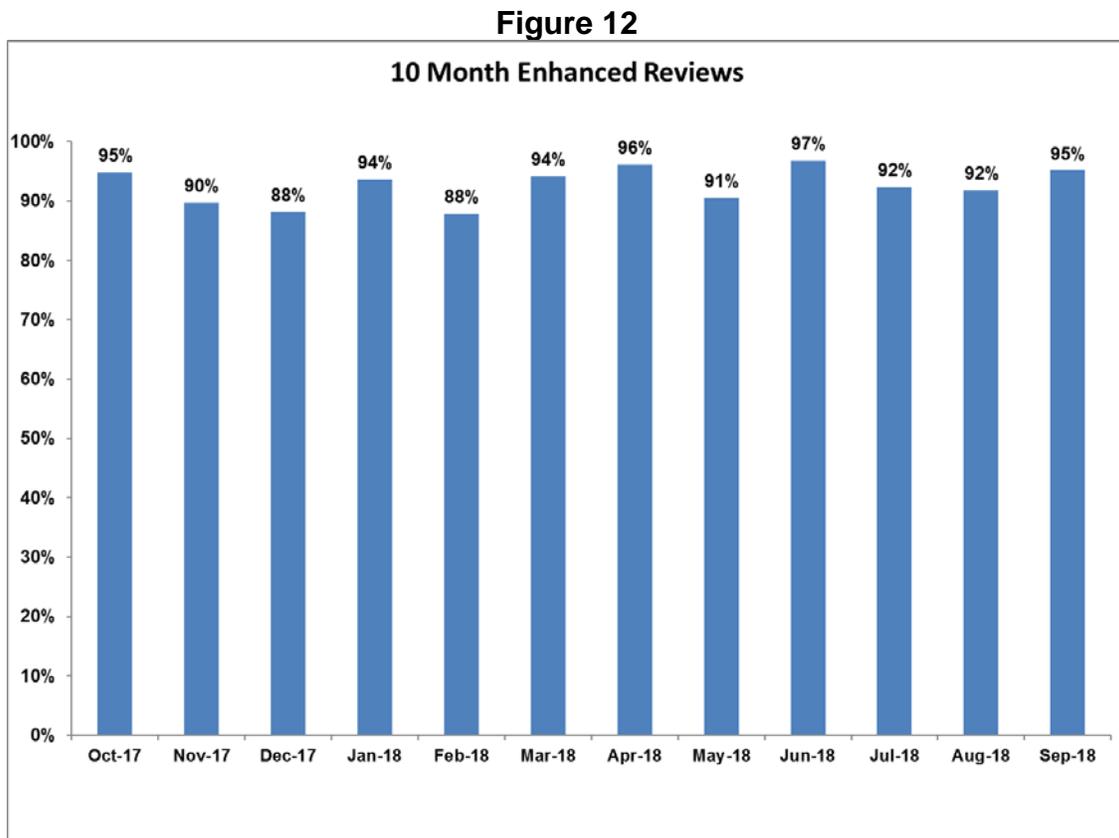


Another critical enhanced review is the ten-month review. This is a critical decision-making review when CP&P prepares for the permanency hearing by either approving an ASFA exception based on the improved circumstances of the parents and likelihood of family reunification or recommending the termination of parental rights (TPR) for the purpose of adoption. This review includes the Family Discussion and the Litigation Conference.

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

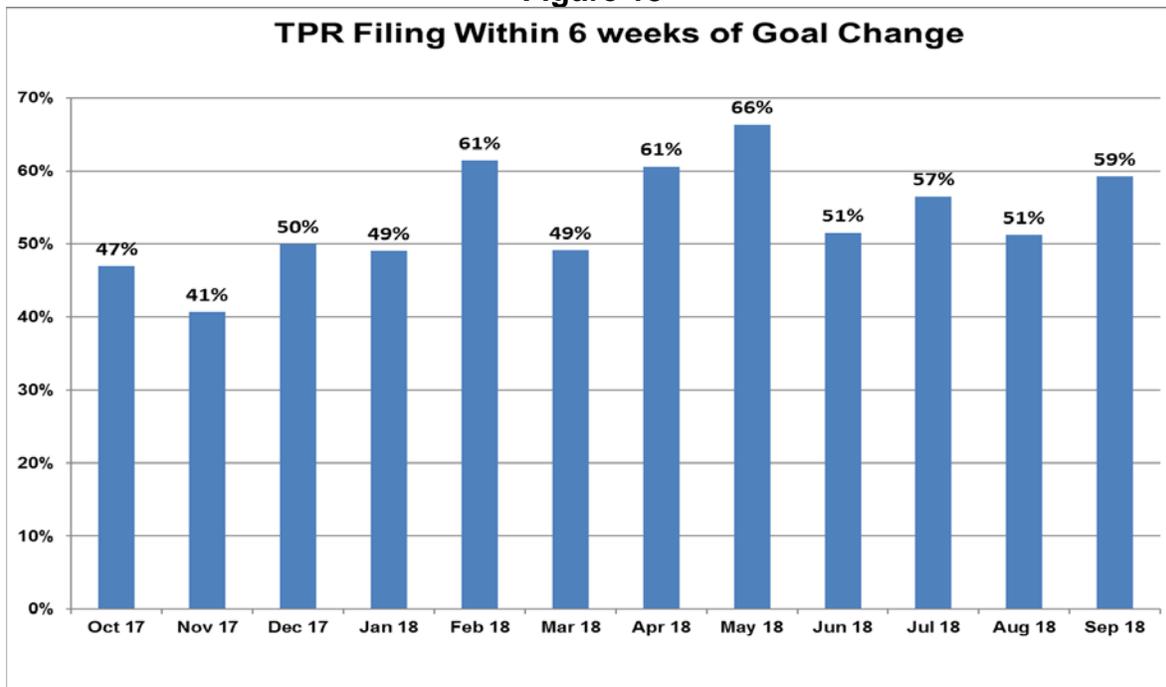
The purpose of the litigation conference is intended to establish and assess the agency's suggested permanency goal with legal counsel in preparation for the permanency hearing normally held at the 12<sup>th</sup> month of placement.

Data in figure 12 below represents that these reviews continue to be a strength for NJ.



Once a permanency hearing is completed and the goal of adoption has been established by CP&P, TPR petitions should be filed within six weeks. Data in figure 13 represents that there are challenges in meeting these timeframes. Root cause analysis through discussion with staff report that in some areas it is believed that the filing of a TPR petition cannot occur unless the courts accept the goal of adoption.

**Figure 13**



Like those described in Permanency Outcome 1, engagement of parents to ensure they have a voice in the development of case plans was noted as a challenge. Additionally, delays in the TPR process; lack of caregiver notice and right to be heard in court and administrative review proceedings were also identified as challenges. In addition, causes for delays in TPR hearings as well as TPR appeals are not well defined or understood to include data challenges between DCF and the Administrative Office of the Courts (AOC). These areas in collaboration with the AOC are included in activities in the CFSR PIP under goal 3 as indicated in Permanency Outcome 1.

Input and communication with Judiciary stakeholders is ongoing to support and strengthen the partnership with NJ DCF to achieve the shared view of timely permanency. Progress has been made and NJ is well aligned to meet targeted activities and strategies outlined in goal 3 of the CFSR PIP for the first two quarters.

## Quality Assurance System

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



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

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

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

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

**Learn and Plan:** DCF learns from the intervention testing and attempts to replicate success. Staff members synthesize and disseminate information gained

from the intervention studies so that DCF leadership can adapt and plan strategic replication of successful programs. Finally, DCF deploys successful interventions statewide, as deemed appropriate, through thoughtful implementation frameworks and careful planning that continues to effectively support and measure impacts over time.

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

<p><i>Requirement 1.</i></p>	<p>Is the State operating an identifiable quality assurance system that (1) is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided?</p>	<p>Example CQI activities influencing all NJ jurisdictions include:</p> <ul style="list-style-type: none"> <li>▶ Designated staff roles to support CQI in all jurisdictions</li> <li>▶ Case record review data and processes</li> <li>▶ NJ ChildStat</li> <li>▶ Statewide access to information management systems that provide real time and longitudinal data (e.g., Safe Measures, longitudinal data reports, and NJ Child Welfare Data Portal)</li> <li>▶ CQI staff capacity building and framework integration at the state, area and local levels</li> </ul>
<p><i>Requirement 2.</i></p>	<p>Is the State operating an identifiable quality assurance system that (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety).</p>	<p>Examples of DCF’s strategies for applying standards to evaluate the quality of services include:</p> <ul style="list-style-type: none"> <li>▶ Tracking, monitoring results in relation to specified targets, dissemination and use of data related to 48 process and outcome measures;</li> <li>▶ Qualitative Review standardized protocol and process to support the state (i.e. scoring, reviewer training) in interpretation of performance based on DCF and SEP standards;</li> <li>▶ Safe Measures case management process for collecting and extracting quantitative and qualitative data based on DCF standards</li> </ul>
<p><i>Requirement 3.</i></p>	<p>Is the State operating an identifiable quality assurance system that</p>	<p>Example strategies for identifying the strengths and needs of the service delivery system include the:</p>

	<p>(3) identifies the strengths and needs of the service delivery system.</p>	<ul style="list-style-type: none"> <li>▶ Statewide Needs Assessment process conducted in collaboration with each County’s Human Services Advisory Council and integrated into ChildStat</li> <li>▶ Ongoing Strengths and Needs of Services Survey</li> <li>▶ Office of Strategic Development dedicated to matching needs and services, Office of Family Voice dedicated to infusion of family voice in planning and operations</li> <li>▶ Quarterly Statewide Resource Family Survey</li> </ul>
<p><i>Requirement 4.</i></p>	<p>Is the State operating an identifiable quality assurance system that (4) provides relevant reports</p>	<p>Evidence of primary CQI activities related to providing relevant reports include, but are not limited to:</p> <ul style="list-style-type: none"> <li>▶ Reports posted on the DCF Website;</li> <li>▶ The New Jersey Child Welfare Data Portal that allows end users to access NJDF data and generate customized reports;</li> <li>▶ Use of comprehensive data systems that produce data reports, and fulfill internal and regulatory data requests;</li> <li>▶ Meeting of federal reporting requirements; and</li> <li>▶ Internal reports distributed to Central Office, Area Office and Local Office leadership as appropriate.</li> </ul>
<p><i>Requirement 5.</i></p>	<p>Is the State operating an identifiable quality assurance system that (5) evaluates implemented program improvement measures?</p>	<p>Examples of primary CQI activities related to evaluating implemented program improvement measures include, but are not limited to:</p> <ul style="list-style-type: none"> <li>▶ Externally Contracted Evaluations</li> <li>▶ Internal Evaluations of Statewide CP&amp;P Pilots</li> <li>▶ Process and outcome measurement of County CQI Program Improvement Plans</li> </ul>

**Staff and Provider Training**

NJ was found to be in substantial conformity for this systemic factor during the CFSP round 3. NJ DCF along with NJ Embrella continues to be committed to the training and professional development of all staff levels and resource and adoptive parents to ensure better outcomes for children and families.

Input and feedback from relevant stakeholders and partners to include University Partners, CP&P staff at all levels, DCF Executive staff, trainers and training participants are collected in several ways to enhance the development and implementation of training and support that NJ continues to maintain substantial conformity. For example,

Pre/post tests are utilized for essential pre-service and mandatory ongoing training to help measure knowledge gain while also help identify areas of curriculum and training that may need clarification. Between July and December 2018, the overall pretest score was 59% and the average posttest score was 88% showing a 29+ point knowledge gain to assist training participant to carry out their duty to children and families.

In addition, training class participants are asked to complete a course evaluation survey at the completion of training to assess their satisfaction with the learning experience as well as solicit feedback on the training, materials and instructor(s). Likert-type scale rating responses ranging from one (strongly disagree) to four (strongly agree) are used. The overall mean satisfaction ratings ranged from 3.68 to 3.74 in areas such as building participants knowledge and skills in the training topic and the training topic provided instructional activities in a way that will enable participants to use the information with children and families.

Prior to any curriculum development, consultation, in partnership with stakeholders is completed to develop the purpose, goal, audience and support for participants once training is complete and focus groups are held to gain the voice of those that will be receiving the training and carrying out the work/skills learned.

Moving forward, additional feedback will be sought through experience feedback surveys at least annually.

For more information on staff and provider training please see:

- Attachment A- Foster and Adoptive Diligent Recruitment Plan
- Attachment D- Training Plan

### **Service Array and Resource Development**

During round 3 of the CFSR, Service Array and Resource Development was not found in substantial conformity. Please see discussion of current performance and plan for improvement under the *Services: Child and Family Services Continuum* section of this document.

### **Agency Responsiveness to the Community**

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

The Collaboration and Vision section of this Plan describes in greater detail the major components of DCF's partnerships with a variety of key stakeholders across the state.

## **Foster and Adoptive Parent Licensing, Recruitment and Retention**

NJ was found to be in substantial conformity of this systemic factor during Round 3 of the CFSP. Please see Attachment A- 2020-2024 Foster and Adoptive Diligent Recruitment Plan which outlines relevant plans and performance for this systemic factor.

In addition to the work described in the Diligent Recruitment Plan:

- The Office of Licensing (OOL) is the licensing and regulatory authority of DCF. OOL licenses and regulates all state child care centers, youth and residential programs, resource family homes and adoption agencies and has set standards that are applied statewide:  
<https://www.nj.gov/dcf/providers/licensing/laws/index.html>
- Criminal History Record Information (CHRI) background checks are regulated by policy, statute and Administrative Code which can be viewed at the link listed above.
- When a home study is received at OOL, staff utilize the electronic Licensing Information System (LIS) Application Page to document required items included in the home study packet as well as any items that are outstanding. This includes the Child Abuse Record Information (CARI) and CHRI background checks for both applicants and adult household members. These items are updated once the required documentation is received from the local office. Once all outstanding home study items are received and approved by OOL, the home can be processed for licensing if no Level I violations exist. During the initial licensing of a resource family home all required background checks and training requirements are considered Level I violations.
- Query system, Information Assist, is used to run queries for outstanding violations of licensed resource family homes that have an outstanding violation cited for approved State and Federal Criminal History Record Information (CHRI) background checks for all adult household members including resource parent applicants. During the initial licensing of a resource family home, if OOL has not received and verified an approved criminal history background checks completed on all adult household members over the age of 18 then this is considered a Level I violation. Resource family homes need to be in full compliance with Level I violations prior to licensing the home. Results from this query show that there are no outstanding violations for CHRI checks.
- Recruitment and approval of cross jurisdictional placement resources was an area in need of strengthening. Tracking as well as delays in sharing and distributing information between other states hinders timely recruitment and approval of placement resources for children from other jurisdictions. Currently

NJ, through the collaborative efforts of several national partners to include the American Public of Human Services Association (APHSA) and the Children's Bureau (CB), is in the development stages of a new electronic system to assist in expediting the placement of children across state lines. The National Electronic Interstate Compact Enterprise (NEICE) will begin roll out in 2019. These advancements will assist in better tracking and monitoring of cross jurisdictional placements of children so that any challenges to permanency can be quickly identified and resolved and timely permanency can be achieved.

## Plan for Enacting the States Vision

Relying on the feedback received from various stakeholders statewide as described in the Collaboration and Vision section as well as the performance improvement areas identified from the final 2015-2019 APSR, CFPSR and areas described in the Assessment of Current Performance in Improving Outcomes section, the following goals and strategies have been developed to move the states vision into a 21<sup>st</sup> Century Child Welfare System where everyone in New Jersey is Safe, Healthy, and Connected.

### **Goal 1: Child Maltreatment, and Child Fatalities Resulting from Maltreatment, will be Reduced.**

#### **Rationale for Goal 1:**

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

In recent years, New Jersey has had a relatively low population rate of child abuse/neglect related fatalities<sup>8</sup>, and has similarly had a relatively low victimization rate<sup>9</sup> However, the feedback that DCF received in 2018 through the collaboration efforts described in the first section of this Plan, made clear that there is both a need and a collective desire across sectors to strengthen our prevention efforts. For example, in regional forums, when asked "If we want to achieve the larger vision, what should we Start Doing (something we don't currently do, but we should)," a number of responses called for increased attention to primary prevention, community engagement, and concrete supports for families.

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

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<sup>8</sup> In 2016, NJ's rate of child maltreatment-related fatalities was 1.06 per 100,000, less than half the national average of 2.36 per 100,000; and in 2017, NJ's rate of 0.66 per 100,000 was less than a third of the national average of 2.32 per 100,000 - Source: Child Maltreatment, 2016; *Child Maltreatment 2017*.

<sup>9</sup> For each of the five years between 2013-17, NJ's children were victims of child abuse/neglect about one-third as often as children in the US on average; for example NJ's victimization rate was 3.4 per 1,000 in 2017, when the national average was 9.1/1,000 - Source: Child Maltreatment, 2017.

### Measurement of Progress for Goal 1:

Measure	Baseline	Year 1 Interim Target	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Target	Data source to Measure Progress
Variability in maltreatment rates among NJ counties	3.7	3.7	3.4	3.1	2.8	2.4	NJSpirit / NJ Child Welfare Data Hub: Interquartile Range of Maltreatment Rates among NJ Counties
Service Excellence Standards	Establish in Year 2	N/A	Establish Baseline	TBD	TBD	TBD	DCF will develop service excellence standards for purchased service based on the AAAQ Framework; Assess a baseline in year 2; establish performance targets for subsequent years
Benchmarked improvements in specific system components impacting safety	TBD	N/A	N/A	TBD	TBD	TBD	DCF will work with national experts to develop and implement a Safety Review Tool to score and track results of human factors analysis conducted following fatalities and critical incidents. Identification of system components consistently impacting safety will occur in year 2 and targeted, measurable improvement plans will be developed for those components.

## **Objectives/Strategies/Interventions for Goal 1:**

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

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

#### ***Rationale for Objective 1:***

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

Recent advances in statistical analysis and machine learning have made it possible to use location-based predictive analytics to find discrete geographic locations—down to the city block—where the risk of future child maltreatment and related fatalities is elevated based on environmental risk factors. A geographic risk and protective factor analysis can determine which risk factors are most harmful and which protective factors are most helpful in each community. This methodology has already proven successful in other U.S. locations. For example, in Fort Worth, Texas, predictive modeling accurately predicted the location of 98% of the following year's child maltreatment cases and determined that nearly 60% of child maltreatment incidents took place within 3.7% of the city's area. Additionally, in Fort Worth, the majority of child homicides, child firearm shootings and stabbings, child asthma-related fatalities, child suicides, and even accidental child drownings and sudden unexpected infant deaths occurred in the identified risk cluster areas.

Knowing the precise geographic areas and the environmental factors that are linked to maltreatment, as well as the other poor outcomes that are associated with maltreatment at the local level will provide much needed information that can be leveraged in collaborative community efforts to ensure that in each community, families are best set

up to succeed and that needed interventions to prevent child maltreatment are designed for and targeted to the specific, local populations who need them most.

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

***Benchmarks for Achieving Objective 1:***

**Year 1:** Geospatial risk modeling will be launched in 2 NJ counties

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

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

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

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

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

***Rationale for Objective 2:***

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

In recent years, these approaches have been applied in child welfare, notably in Tennessee and Arizona. In 2018, DCF began to implement work to use human factors

debriefing and other tools to create a similar "safety culture" so that the frequency of safety critical incidents -child fatalities and near fatalities - will be reduced. Throughout the CFSP period, DCF will use human factors analysis and other approaches from safety science to ensure system learning and correction from child fatalities and near-fatalities.

***Benchmarks for Achieving Objective 2:***

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

**Year 2:** Continue implementation of critical incident debriefing process.

**Year 3:** Assess impact of new process.

**Year 4:** TBD based on Year 3 assessment.

**Year 5:** TBD based on Year 3 assessment.

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

***Rationale for Objective 3:***

As detailed in the report "Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities" released by The Commission to Eliminate Child Abuse and Neglect Fatalities, evidence-based home visiting programs demonstrated reductions in child maltreatment. NJ DCF has had a long-standing commitment to investing in home visiting services throughout the state of New Jersey, and currently manages, in collaboration with the NJ Department of Health, a statewide network of 66 local implementing agencies providing 3 evidence-based home visiting models in all 21 counties, and a 4<sup>th</sup> evidence-based model in one additional county. In 2018, about 7,000 families received evidence-based home visiting services. This includes services to more than 4,000 pregnant women and 5,700 children [0-5yrs]. These programs offer valuable contributions to communities across the state, increasing accessibility and fit for families will support more families at risk.

A DCF review of the last 5 years of child fatalities showed that in child maltreatment fatalities, young children are at higher risk. Of the 110 child maltreatment fatalities reviewed, 42.7% were under the age of one, and 61.8% were under the age of two (inclusive). Sixty-five percent (64.5%) of child maltreatment fatalities had no history with child protective services (CPS) at the time of the incident. More than one-quarter of the caregivers of children whose fatalities were reviewed were identified as having a history of at least one of the following stressors: substance use, child protective services

involvement (as victim and/or perpetrator), domestic violence, and criminal or delinquent activity.

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

***Benchmarks for Achieving Objective 3:***

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

**Year 2:** Launch Phase I implementation

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

**Year 4:** Continue implementation; begin evaluation.

**Year 5:** Continue implementation and evaluation

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

***Rationale for Objective 4:***

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

EBPs combine well-researched interventions with clinical experience, ethics, client preferences, and culture to guide and inform the delivery of treatments and services to ensure DCF reaches its goals of reducing maltreatment related fatalities. These interventions, consistently applied, will produce improved outcomes. RCT; quasi-

experimental studies; case-control and cohort studies; pre-experimental group studies; surveys; and qualitative reviews contribute to the strength of evidence for interventions we will select. The California Evidence-Based Clearinghouse for Child Welfare among other tools will be utilized to aid us in determining which EBPs meet the culture and context of families we serve. Evidence of impact will be matched to diverse populations (e.g., different socioeconomic, racial, and cultural groups) and diverse settings (e.g., urban, suburban, and rural areas), as well as various types of populations, schools, and communities.

As part of the work to strengthen the DCF Service Array, described in *Benchmarks for Achieving Improvements in Service Array*<sup>10</sup>, DCF will use data including information from the County Needs Assessments and ChildStat processes, 5 year review of fatalities, and learning from the geospatial risk modeling and safety science strategies alluded to above, to identify risk and protective factors and compounding challenges in our communities and prioritize short and long-term targets for reduction of child maltreatment and maltreatment related fatalities. DCF aims to not only impact outcomes for child maltreatment, but to change the population prevalence rates of a child maltreatment related fatalities.

#### ***Benchmarks for Achieving Objective 4:***

Please see section *Benchmarks for Achieving Improvements in Service Array Services* for identified outline over the next five years.<sup>11</sup>

#### **Goal 1 Implementation Supports:**

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

##### ***Staffing:***

DCF's Office of Research, Evaluation and Reporting will provide analytic staff as well as support tracking of interventions to determine efficacy of objectives and goal measures. Office of Family and Community Partnerships (FCP) will support community engagement, planning and design of local interventions and monitoring.

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

Additional staffing needs for will be determined throughout Year 1 and staffed as needed by year 2.

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<sup>10</sup> This section of the CFSP can be found on page 84

<sup>11</sup> This section of the CFSP can be found on page 84

***Training/Coaching:***

Predict-Align-Prevent staff will train DCF staff throughout Year 1 and into Year 2 on techniques needed to perform geospatial risk analysis. Collaborative Safety, LLC, has trained DCF executive leadership and is training DCF managers via Safety Champion Institutes, on human factors and safety science. Collaborative Safety, LLC will deliver orientations regarding human factors and the revised critical incident debriefing process, to all DCPD staff; and will deliver advanced practical training to deepen human factors debriefing skills to a selected group of DCF staff. Additional training supports for home visiting will be provided to DCF staff and purchased service providers and will vary depending on the model. We anticipate trainings will be complete in Year 2 and technical assistance and coaching will be ongoing in years 2 and 3 and may extend to year 4.

***Technology:***

DCF may need to acquire more powerful hardware and will need to enter into data sharing agreements with state and local partners. DCF does not anticipate needing additional software. DCF is also seeking to use CBCAP funds to support an assessment and set of recommendations for DCF to improve data integration in support of prevention strategy and service delivery.

**Goal 1 Technical Assistance Needs:**

DCF is engaging Predict-Align-Prevent, to assist NJ in planning and executing the following strategies: 1) use geospatial analysis to demonstrate the geographic locations within two New Jersey counties in which children are at highest risk of child maltreatment and/or maltreatment related fatalities (“hot spots”), and what variables are most closely associated with risk to children; 2) develop and implement community prevention planning for services and supports using the analysis developed; and 3) provide the capacity to compare the New Jersey analysis to similar analyses from other jurisdictions in the United States.

DCF is engaging Collaborative Safety, LLC, to provide training and technical assistance in support of creating a critical incident debriefing process for child fatalities, near fatalities, and serious staff injuries that incorporates human factors analysis and state of the art safety science. This business process will include record review and interviews and will collect and aggregate data using a standard assessment tool.

As DCF will be adding to the continuum of home visiting programs and implementing additional evidence-based programs we will ensure the appropriate resources to implement the program are present. We anticipate needing to work closely with the program developers and technical assistance providers to ensure appropriate training, implementation and model adherence.

## **Goal 1 Research & Evaluation Activities:**

**Translational Research:** DCF is partnered with Predict-Align-Prevent to conduct a place-based predictive analytics project to investigate the geographic relationships of child maltreatment, related fatality, and pathophysiology associated with chronic exposure to adverse events. This project will focus on predicting where child maltreatment is likely to occur in the future; strategically aligning services, education, and resources where they are most likely to reach the most vulnerable children and families, and; measuring the efficacy of aligned prevention efforts by baselining and actively surveilling risk, protective, and outcomes metrics in high-risk places to inform ongoing prevention efforts.

**Program Evaluation:** DCF is engaged in a variety of program evaluations to help us understand the quality and impact of our purchased services to align with the geospatial risk analysis. One example of this work is the evaluation NJ's network of Family Success Centers. An evaluation team, led by DCF's Office of Research, Evaluation and Reporting, with stakeholders from across the Department and community-based Family Success Center (FSC) Directors is developing a fidelity assessment tool. This tool will be organized around essential functions to assess whether the FSC practice profile is being delivered as intended, and to develop a comprehensive Decision Support Data System that captures all three categories of information needed: short and long-term outcomes, fidelity data and implementation supports. The evaluation includes construction of a revised logic model that aligns with the Practice Profile and selection of appropriate outcome measures, as well as measurement tools configured in a web-based data management system with statewide data collection beginning in 2020.

**Program Evaluation:** DCF is partnered with Johns Hopkins University, other State Agencies and community partners to conduct an ongoing, rigorous evaluation of NJ's home visiting models. The evaluation is aligned with project goals, objectives and activities to promote success and to inform decision-making as well as the NJ MIECHV Continuous Quality Improvement (CQI) Plan. The evaluation's conceptual framework is grounded in implementation science and theories of behavior and allows home visiting outcomes to be traced back to actual services, which in turn can be traced back to individual- and organizational-level factors. This model bridges the gap from theory-driven science to policy and practice, thereby promoting the translation of research to action. This year's evaluation focuses on the following key areas: a) identify and recruit families into HV, b) service tailoring to improve retention of families who enroll in HV, and c) assessing the patterns of service referral and use among substance using women

## **Goal 2: Timely and effective family stabilization and preservation.**

### **Rationale for Goal 2:**

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

However, New Jersey experiences barriers, similar to the emerging national trends in Round 3 (2015-2016)<sup>12</sup>, where none of the seven outcomes met the 90% or 95% threshold required to be considered in “substantial conformity”. There are several key areas for improving child welfare programs and practice in New Jersey. Areas for growth that are described in the NJ CFSR PIP include: NJ’s performance related to in-home casework; implementation of ongoing safety and risk assessments that can assist in decision making to help stabilize and preserve families; efforts to achieve timely permanency when children are separated from their families; engagement of parents in case planning (fathers in particular) to achieve identified family goals and assessment of parents’ underlying needs to better align with the identification of the appropriate service to meet the individual needs of families.

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<sup>12</sup> Children’s Bureau. (2017). Child and Family Services Reviews: Round 3 Findings: 2015-2016. Accessed from <https://www.acf.hhs.gov/cb/resource/cfsr-round3-findings-2015-2016>

**Measurement of Progress for Goal 2:**

<b>Measure</b>	<b>Baseline</b>	<b>Year 1 Interim Target</b>	<b>Year 2 Interim Target</b>	<b>Year 3 Interim Target</b>	<b>Year 4 Interim Target</b>	<b>Year 5 Target</b>	<b>Data source to Measure Progress</b>
	The Measurement Plan for this Goal is the CFSR PIP measurement plan.						

## **Objectives/Strategies/Interventions for Goal 2:**

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

### **Objective 1: Use structured decision making to assess safety and risk throughout the life of the case<sup>13</sup>**

#### ***Rationale for Objective 1:***

The CFSR identified challenges related to ongoing risk and safety assessment which led to inadequate service provision. DCF analysis conducted as part of the PIP development process found several barriers to completion of ongoing SDM tools and that language in the tools was not well aligned with best practice. Survey of staff showed that 60% found difficulty in completing tools; only 20% consistently used them as a supervisory conferencing tool to aid in case planning and decision making and only 70% used SDM findings to help inform assessment consultations. This objective will target the following CFSR related outcomes and systemic factors: Safety Outcome 2- item 2 & 3; Wellbeing Outcome 1- items 12b, 13 & 14; Permanency Outcome 1- items 5 & 6; Work with in-home cases; re-entry rates; Case Review System- Item 20.

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<sup>13</sup> See CFSR PIP page 10

***Benchmarks for Achieving Objective 1:***

**Year 1:** Q1-Q4 CFSR PIP Key Activities

**Year 2:** Q5-Q8 CFSR PIP Key Activities

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

**Year 4:** Validation Study of SDM tools

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

**Objective 2: Implement behavior-based case planning practice<sup>14</sup>**

***Rationale for Objective 2:***

CFSR and QR identified challenges related to the frequency and quality of caseworker visits with parents. Analysis of findings identifies that discussions during visits with parents did not explore or were not comprehensive in identifying or addressing needs; supervision needs to consistently model and support best practice and supervisors need to address engagement and assessment in supervisory conferences. This objective will target the following CFSR related outcomes and systemic factors: Safety Outcome 2- item 3; Wellbeing Outcome 1- items 12b, 13 & 15; Permanency Outcome 1- item 5; work with in home cases; re-entry rates; Case Review System- item 20.

***Benchmarks for Achieving Objective 2:***

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

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

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

**Year 4:** Through use of existing CQI activities, continually assure model fidelity.

**Year 5:** Through use of existing CQI activities, continually assure model fidelity.

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<sup>14</sup>See CFSR PIP page 16

**Objective 3: Promote a culture and practice that prioritize father engagement and assessment<sup>15</sup>**

***Rationale for Objective 3:***

Analysis of CFSR and QR results as well as other CQI system strategies revealed challenges as it relates to working with mothers versus fathers. These challenges include staff personal bias and fear impacted engagement of fathers; limited efforts and understanding of diligent search for fathers; historical beliefs that engagement with fathers was not a priority and lack of strategies to engage fathers living outside of NJ or the country. There is no way to track visits with mothers and fathers separately in NJ SACWIS and Case Management systems. This objective will target the following CFSR related outcomes and systemic factors: Safety Outcome 2- item 3; Wellbeing Outcome 1- items 12b, 13 & 15; Permanency Outcome 1- item 5; work with in home cases; re-entry rates; Case Review System- item 20.

***Benchmarks for Achieving Objective 3:***

***Year 1:*** Q1-Q4 CFSR PIP Key Activities

***Year 2:*** Q5-Q8 CFSR PIP Key Activities

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

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

***Year 5:*** Execute Year 4 plan.

**Objective 4: Strengthen concurrent planning practice and accountability<sup>16</sup>**

***Rationale for Objective 4:***

Timely permanency was identified as the greatest challenge for NJ CFSR. Analysis post CFSR revealed that staff does not consistently engage in a robust concurrent planning process and should work more sequentially. Lack of standardized review tools and policy that clearly defines concurrent planning roles and responsibilities. This objective will target the following CFSR related outcomes and systemic factors: Safety Outcome 2- item 3; Wellbeing Outcome 1- items 12b, 13 & 14; Permanency Outcome 1- item 5 & 6; Permanency Outcome 2- item 10; Case Review System

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<sup>15</sup> See CFSR PIP page 16

<sup>16</sup> CFSR PIP page 21

***Benchmarks for Achieving Objective 4:***

**Year 1:** Q1-Q4 CFSR PIP Key Activities

**Year 2:** Q5-Q8 CFSR PIP Key Activities

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

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

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

**Objective 5: Increase the use of kinship care<sup>17</sup>**

***Rationale for Objective 5:***

Analysis of NJ statewide data shows that children in kinship care have reduced rates of re-entry and increased likelihood of permanency after the first 12 months. This data is consistent with national studies. (Eun Koh, Volume 33, Issue 9, 2011) Barriers to the utilization of kinship care or KLG is NJ DCF's policy and practice. This objective will target the following CFSR related outcomes and systemic factors: Permanency Outcome 1- item 5 & 6; Permanency Outcome 2- item 10; Case Review System.

***Benchmarks for Achieving Objective 5:***

**Year 1:** Q1-Q4 CFSR PIP Key Activities

**Year 2:** Q5-Q8 CFSR PIP Key Activities

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

**Year 4:** Carry out additional strategies identified in Year 3

**Year 5:** Carry out additional strategies identified in Year 3

**Objective 6: Strengthen NJ DCF's partnership with child welfare stakeholders and the Judiciary<sup>18</sup>**

***Rationale for Objective 6:***

Permanency findings suggest that delays are heavily concentrated in guardianship proceedings and that interface between NJ DCF and Judiciary data systems are limited. There is also historically a lack of collaborative forums for sharing data to address and

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<sup>17</sup> CFSR PIP page 22

<sup>18</sup> CFSR PIP page 23

understand barriers to achieving permanency. This objective will target the following CFSR related outcomes and systemic factors: Safety Outcome 2- items 3; Wellbeing Outcome 1- items 12b & 13; Permanency Outcome 1- items 5 & 6; Permanency Outcome 2- item 10; Case Review System

***Benchmarks for Achieving Objective 6:***

**Year 1:** Q1-Q4 CFSR PIP Key Activities

**Year 2:** Q5-Q8 CFSR PIP Key Activities

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

**Year 4:** Implementation of joint strategies identified in Year 3

**Year 5:** Implementation of joint strategies identified in Year 3

**Objective 7: Strengthen the partnership between resource parents and families**

***Rationale for Objective 7:***

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

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

***Benchmarks for Achieving Objective 7:***

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

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

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

**Year 4:** Implement parent council recommendations

**Year 5:** Implement parent council recommendations

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

***Rationale for Objective 8:***

As part of the work to strengthen the DCF Service Array, described in *Plan to Achieve Service Excellence* section<sup>19</sup>, DCF will use data including information from the County Needs Assessments and ChildStat processes, ongoing CFSR reviews, and learning from other strategies identified in the CFSP, to identify strengths and gaps in the current service network, and to create a plan to enhance the service network accordingly. Having high quality, evidence-based programming to support families can reduce the need for family separation, timely permanency and reduce re-entry into care.

***Benchmarks for Achieving Objective 8:***

See Section: *Benchmarks for Achieving Improvement in Service Array* for full description of plan over the next five years.<sup>20</sup>

**Goal 2 Implementation Supports:**

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

***Staffing:***

DCF has staffing at all levels to achieve this goal. Additional staffing needs will be evaluated over the first two years.

***Training/Coaching:***

The Office of Training and Professional Development will provide training to support this goal to include use of SDM tools, father engagement, concurrent planning, criminal background checks and KLG. These trainings will be provided to Judicial partners and DCF staff at various levels. Additional training regarding behavioral based case

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<sup>19</sup> This section of the CFSP can be found on page 82

<sup>20</sup> This section of the CFSP can be found on page 84

planning is being developed with a model developer. These training activities will take place between years 1-2.

In addition, DCF staff will be trained in protocols to increase service coordination between DCP&P, Home Visiting and evidence-based treatment programming in CSOC. Program leads will be trained on monitoring tools and protocol. DCF staff and providers will be trained on Service Excellence Standards. Once core services are identified, training will be provided to service providers to support their practice based on the Evidence Based models selected. These training activities will take place between years 1-5.

***Technology:***

Modification of NJSPIRIT SACWIS and Safe Measures case management systems will need to occur. Interface between DCF and Judiciary data systems will be enhanced. It is anticipated that this will occur within years 1-2. Additional support around building provider data into CQI processes will be evaluated.

***Administrative Practices/Policies/Teaming***

As described in detail in the CFSR PIP, DCF will utilize internal leadership meetings across the department to enhance and communicate practice around safety and risk throughout the life of a case, concurrent planning and placement and permanency with relatives. DCF will partner with stakeholders with lived experience to develop policy and practice around father engagement. DCF will team with judicial partners around permanency agendas. These practices will take place between years 1-2 and will be evaluated for ongoing needs.

DCF will team with model developers to align administrative practices and policies as needed. Service Excellence standards will be imbedded into DCF contracts. These practices will take place between years 2-5.

***Partnerships and Collaborations***

As described in detail in the CFSR PIP, DCF will utilize internal collaborative partners to review and revise policy around legal practices and policy. In addition, DCF will also partner with external stakeholders around challenges with father engagement. DCF will partner with Judiciary around challenges with permanency and concurrent planning. This will include DCF representation on CICIC and develop joint permanency workshops for Annual CICIC Conference.

DCF will partner with model developers, implementing agencies and internal or external evaluators and consultants to assist in implementing core services for the DCF service array. DCF will engage with stakeholders from within and outside the department including constitutes with lived experience to develop the department wide Service Excellence Standards.

These partnerships will be maintained and/or implemented in year 1.

## **Goal 2 Technical Assistance Needs:**

As described in the CFSR PIP, DCF will partner with the Judiciary, Office of Parental Representation and other critical stakeholders to recommend to the CICIC approaches for how all stakeholders can ensure that families are apprised of (1) ASFA timeframes and all possible permanency outcomes; (2) the role of concurrent planning. In addition, this partnership will review data to understand challenges to permanency and track progress in county CICAC groups. This includes making permanency a standing agenda for monthly statewide CICIC with DCF representation. This partnership will research permanency outcomes and practice nationally and utilize technical assistance from the Capacity Building Center for States as needed.

In addition, DCF will consult with Children's Research Center for validation and enhancement of SDM tools to ensure they align with best practices as well as the model developer for Behavior Based Case Planning.

Finally, DCF will require assistance from Social Services Associates, LLC, to implement the behavior based case planning strategy described in Objective 2.

## **Goal 2 Research & Evaluation Activities:**

**Translational Research and Quality improvement:** NJDCF has been working with the developer of Structured Decision-making (SDM) Tools, Children's Research Centre, for several years on a comprehensive review of the implementation of SDM risk assessment tools in NJ. This study began with a rigorous validation study of SDM tools using administrative data, followed by case readings and focus groups with frontline staff. Based on these findings, DCF has revised both the SDM tools and training for staff to include the addition of protective actions and child-level safety decisions, a revised scoring algorithm for risk assessment risk re-assessment and reunification assessment, and the addition of safety protection plan review dates. Training on the new tools is currently underway, and roll-out of the new tools in NJS is expected in early 2020.

**Family Preservation Services Evaluation:** The Office of Research, Evaluation, and Reporting (RER), in partnership with the Office of Strategic Development conducts ongoing monitoring and evaluation of the Family Preservation Services Program. In 2018, RER led a collaborative process to develop the FPS evaluation plan. They engaged providers, DCF staff, and RER staff to identify key evaluation questions, determine measures and data sources needed to answer those questions, and establish data management and analysis structures. DCF has purchased the most up-to-date version of the North Carolina Family Assessment Scale (NCFAS) on-line data system, which measures the degree to which a family's functioning has increased, or decreased, over the time that they participated in FPS. This new data system will be available to all FPS providers this summer. The focus of this year's evaluation is to establish a fidelity tool that will assess the degree to which the model is being

implemented as expected across the state and to examine more closely how exposure to the FPS program influences family stabilization.

**Keeping Families Together Evaluation:** The DCF internal evaluation team, led by DCF's Office of Research, Evaluation and Reporting, is leveraging a teaming process to understand implementation of KFT and assess the program's impact on families' housing stability, wellbeing and child welfare outcomes. DCF also collaborates with stakeholders from across the Department and community-based Keeping Families Together (KFT) providers to develop the Practice Profile and subsequent fidelity assessment tool. This Practice Profile and model design process is intended to solidify the essential functions, support the program's delivery as intended, and enhance the existing Data Supported Decision System that captures all three categories of information needed: short and long-term outcomes, fidelity data and implementation supports. This evaluation also includes revision of the program logic model to support alignment with the Practice Profile, selection of appropriate outcome measures, as well as measurement tools configured in a web-based data management system.

In partnership with the Urban Institute and with support from the Robert Wood Johnson Foundation, DCF is enhancing its existing internal evaluation by further examining both the implementation and impact of the KFT program model. The Urban Institute's body of work will build on DCF's ongoing evaluation of KFT by more deeply exploring implementation of the program from the perspectives of families and provider staff and by providing an objective, external assessment of the impact of the program on families' child welfare outcomes as compared to a similar group of families who did not receive the program. The evaluation will provide DCF and KFT providers with additional data to better understand whether the program is meeting the needs of its families. Findings from this evaluation will be used to inform model development and refinement along with identifying corresponding implementation supports (e.g., hiring, supervision, training, coaching).

**Supportive Visitation Services Evaluation:**

In June 2018, DCF developed an evaluation plan for its Supportive Visitation Services (SVS) programming. The purposes of the evaluation are to gain insight, improve practice and assess effects. As part of the SVS evaluation, DCF draws together a number of stakeholders including DCF administration, CP&P, SVS providers, OSD, ORER and SVS families to answer the following evaluation questions:

- What are the characteristics of families enrolled in the SVS program?
- Was the SVS program implemented as intended?
- What were the barriers and facilitators to the program achieving its objectives?
- To what extent did the program influence safety, permanency, and wellbeing for children and families?
- What is the reach of the SVS Program?

To answer these questions, the SVS evaluation utilizes a variety of different data sources including DCF administrative data, providers' service data collected through electronic health records, providers' rosters, outcome assessment tools (Protective Factors Survey Version 2 and Parent Skills Ladder) and qualitative interviews and/or focus groups with participating families and providers. DCF has been and will continue to work on implementing our evaluation activities particularly developing and/or supporting processes and systems to collect and report data to answer our evaluation questions.

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

**Rationale for Goal 3:**

Child welfare systems have long been challenged by high worker turnover. In recent years, research into the impact of secondary trauma and organizational climate on frontline staff has demonstrated a link between those factors and worker turnover. Worker turnover, in turn, negatively impacts important child welfare outcomes such as the ability of staff establish trust-based relationships with clients, family engagement in needed services, and timely permanency (see, e.g., "The unsolved challenge of system reform: The condition of the frontline human services workforce." The Annie E. Casey Foundation, 2003; "High Caseloads: How do they impact delivery of health and human services." Social Work Policy Institute, 2010.).

High rates of worker turnover are also associated with increased rates of repeat maltreatment (NCCD, 2006). Less well-studied, but additionally important is the link between staff wellness and the ability of frontline staff to meaningfully engage clients in relationships that lead to needed change in the family system; staff who are exposed (e.g., "Children's Services Practice Notes" NC Division of Social Services and the Family and Children's Resource Program, 2005.)

NJ DCF therefore intends to focus on staff health and wellness (1) to ensure that public servants who dedicate their professional lives to working with highly traumatized clients are working in environments that provide state-of-the art supports to them; (2) to create work environments and supports that set frontline staff up to succeed in engaging children, youth and families; and (3) to reduce turnover from the caseworker position.

**Measurement of Progress for Goal 3:**

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

## **Objectives/Strategies/Interventions for Goal 3:**

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

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

#### ***Rationale for Objective 1:***

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

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

These supports have been well received and valuable to staff. In the 5-year CFSP period, DCF intends to build on this foundation, creating an agency-wide Office of Staff Health and Wellness which will report to the Commissioner. This office, once established, will be responsible for the coordination and implementation of strategies to manage and improve staff health and wellness to include (a) maintenance of successful initiatives such as Peer to Peer and psychoeducational wellness support for managers and frontline staff through the Worker 2 Worker program, new worker training and information dissemination; and (b) information gathering, assessment and development of additional strategies based on staff input and review of best practices from child welfare and related fields.

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

***Benchmarks for Achieving Objective 1:***

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

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

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

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

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

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

***Rationale for Objective 2:***

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

Traditionally, many child welfare organizations and the public at large, when faced with a poor case outcome, narrow the scope of retrospective inquiry to the individual casework team's actions or inactions. This narrowing of scope not only limits the efficacy of reviews, but also sets the stage for a self-fulfilling prophecy, that all case

outcomes are primarily attributable to casework activities. The resulting dynamic – a high pressure work situation primed to blame individuals – can prove a toxic work environment. DCF’s use of human factors analysis will support the department’s efforts to create a healthy work environment, one in which there is accountability, but also recognition that ultimately responsibility is shared within the complex human, social and organizational environments in which we work.

***Benchmarks for Achieving Objective 2:***

See description of benchmarks for Goal 1.

**Objective 3: Enhance physical security supports for staff.**

***Rationale for Objective 3:***

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

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

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

***Benchmarks for Achieving Objective 3:***

***Year 1:*** Maintain existing physical security supports for staff.

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

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

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

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

### **Goal 3 Implementation Supports:**

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

#### ***Staffing:***

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

#### ***Training/Coaching:***

Workforce Wellness call-in sessions are provided by Alia, Inc, to DCF staff monthly. For description of training and coaching provided by Collaborative Safety LLC, please refer to the *Training/Coaching section under Goal 1*. Training on worker safety and worker supports, which are already provided, will continue. The need for additional courses or amendments to courses will be established within the Staff Health and Wellness plan alluded to in Objective 1.

#### ***Technology***

DCF will use a safety review tool and will collect and aggregate data from the tool. No new data applications will need to be acquired or adjusted.

### **Goal 3 Technical Assistance Needs:**

#### ***Provided to DCF From Partner Organizations:***

See description of TA from Collaborative Safety, LLC, in Goal 1.

### **Goal 3 Research & Evaluation Activities:**

Research and evaluation activities will be determined upon the creation of the Office of Staff Health and Wellness.

## Services: Child and Family Services Continuum<sup>21</sup>

### A. Strengths and Gaps in Services

NJ DCF's child welfare practice model aims to meaningfully engage families in a process that helps them to identify what changes are needed within their family in order to ensure that children are not at risk of harm, and in turn, what support they will need in order to achieve that change. Often, the family team process identifies a need for a formal service such as family or individual therapy, crisis intervention and stabilization, homemaking, parenting education, and the like. DCF has been working for several years to ensure that New Jersey has an appropriate, network of high quality services available to families.

Throughout 2018, DCF undertook several initiatives to assess the strengths and gaps of its services. These included:

### B. Self-Assessment

In the previous CFSP, DCF took steps to make use of a framework rooted in implementation science to identify the capacity of the department to import and sustain evidence-based practices. Major milestones in this work included:

- Draft Evidence-Based/Evidence-Informed Blueprint for the Department
- Apply implementation science-informed approach to identified programming including purchased prevention and CP&P core services.
- Provide technical assistance to new initiatives and evaluate and build evidence for prevention purchased services  
(see the 2015-2019 Final APSR Core Strategy 2: Refinement of Service Array for the results of the above action items).

With internal capacity built within DCF to support evidence-based practices in place, DCF undertook a preliminary self-assessment, examining the extent to which specific service elements were present in the major services we provide directly or include in the network of purchased services, including:

- Family Voice
- Use of clear practice models
- Use of teaming and collaboration
- Availability of implementation and sustainability supports
- Evidence of positive impact on families

This self-assessment identified that the existing services are at varying stages of maturity within the above framework. (See Attachment F: Descriptions of Services Document for highlights of the largest services and service networks that DCF purchases.)

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<sup>21</sup> This section is a cross reference for the Service Array Systemic Factor rather than including data and analysis of strengths and concerns in that section

### **Synthesis of Needs Assessments**

In March-April 2019, NJ DCF conducted a review and meta-synthesis of DCF-related needs assessments in order to gain a more comprehensive understanding of the challenges and needs of families in New Jersey. The team reviewed administrative child welfare data from NJ DCP&P's statewide, automated child welfare information system, NJ SPIRIT, and nine unique needs assessments representing the voices of over 2,000 youth, caregivers, DCF staff and external stakeholders (e.g., advocates, providers). The full review report including methods can be found in Appendix B. Findings from the needs assessment review and meta-synthesis were organized into child and caregiver challenges, service delivery needs and system's needs.

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

The review and meta-synthesis additionally identified cross-cutting needs related to systems and delivery of services. Service delivery needs fell under the four domains of the rights-based AAAQ framework<sup>[1]</sup> and included availability (e.g., targeted services for undocumented immigrants), accessibility (e.g., flexible service hours), acceptability (e.g., trauma-informed and culturally appropriate services), and quality (e.g., evidence-based programming, quality assurance systems) of services. Systems needs included enhanced communication and data sharing across systems and a "one-stop-shop" model where caregivers can receive support for a variety of challenges in one place rather than working with multiple providers and organizations to meet their needs.

[1] United Nations Committee on Economic, Social and Cultural Rights. (2000). General Comment on the Right to Health.

### **C. Review of 2017 CFSR Findings**

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

- **Item 29 – Array of Services**

New Jersey received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that the state does not have an adequate array of services accessible to children and families statewide. Although there have been some improvements in the available array of

services for children through the Children’s System of Care, service gaps and waitlists exist for inpatient substance abuse treatment (particularly for programs that allow mothers and fathers to keep their children with them), mental health services, in-home prevention services, housing, post-adoption services, visitation services, transportation, supportive services for resource families, and mentors for youth. There are barriers to accessing services in neighboring counties, and the quality of some contracted services is a concern.

- **Item 30 – Individualizing Services**

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

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

#### **D. Plan to Achieve Service Excellence**

To date, DCF has focused on the quality of select core purchased services by integrating more evidence-based programming and, where evidence-based programming is not available, developing program practices, implementation supports and evidence for promising practices. However, findings from the synthesis of the needs assessments and the CFSR both highlight the necessity for DCF to look not only at the quality of services we are purchasing or delivering directly, but also the availability, accessibility and acceptability of the services,<sup>22</sup> utilizing the rights-based AAAQ framework referenced earlier.

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

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<sup>22</sup> [https://www.who.int/hhr/news/hrba\\_to\\_health2.pdf](https://www.who.int/hhr/news/hrba_to_health2.pdf)

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

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

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

As alluded to in Goal 2, NJ DCF is enhancing its case practice model with the use of a behavior-based case planning approach. This work will both shore up DCF’s ability to more precisely identify the specific family system issues that are contributing to risk to children and will also lead to improved identification of plans for change that are rooted in the daily routines of families. DCF also anticipates that this work will enhance caseworkers’ ability to help families identify supports and solutions that are naturally available within the existing family system and its organic network of relationships.

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

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

In 2018, DCF completed a survey of existing providers to examine the extent to which the service network (a) includes evidence-based services; and (b) includes services that are delivered from a trauma-informed stance. In 2019, DCF is completing a fiscal analysis of purchased services. With those inputs and feedback from the synthesis of needs assessments in place, DCF will next launch work to identify the core set of services that need to be provided statewide within the network of purchased services.

This process will illuminate opportunities to build out evidence-based approaches, statewide training and implementation infrastructure.

In order for any service to effectively impact families, there needs to be a clear and shared understanding of what the desired outcome of the service is for a particular family within the context of a well-developed case plan, and a sequencing of interventions so that families are set up well to manage a set of changes. As the core set of services referenced above is identified, DCF will also be taking steps to shore up the business process by which families are referred and meaningfully engaged in services, and the way in which service delivery is planned and sequenced with families, to best position each family for success. This work will involve achieving consistent role clarity within several DCP&P staff functions, enhancing collaboration between DCP&P and the Children's System of Care, and enhancing/creating procedures and practice guides to support decision making around service selection and sequencing.

## **II. Establish Service Excellence Standards**

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

## **III. Developing DCF infrastructure for program monitoring and development**

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

## **E. Benchmarks for Achieving Improvement in Service Array:**

### **Year One:**

- Complete fiscal analysis of service array
- Complete Service Excellence Standards for DCF service array
- Determine data integration needs to support monitoring

- Establish protocols for increased service coordination between DCP& P, Home Visiting, and evidence-based family treatment programming in the Children’s System of Care.

**Year Two:**

- Embed Service Excellence Standards in DCF contracts
- Begin creation of monitoring tools and protocols
- Identify a suite of core services, evidence based when appropriate, that need to be available to all NJ families. Core services will be determined based on the role of purchased services in behavior-based case planning, CF SR and needs assessments findings, and ongoing local input. Begin installation of infrastructure supports for identified core services.

**Year Three:**

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

**Year Four:**

- TBD based on Year Three self-assessment

**Year Five:**

- TBD based on Year Three self-assessment

**F. Examples of Current Service Coordination:**

***Service Coordination for Families with Active Child Welfare System Involvement***

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

- **Child Health Unit Nurses** – DCF contracts with Rutgers University School of Nursing to ensure that a Registered Nurse is assigned to coordinate care for every child in foster care. CHU nurses help to ensure each child’s medical and behavioral health care needs are met and provide overall health care case management to address daily needs for each child in out-of-home placement.

In addition, CHU Nurses visit children in the resource home and attend Family Team Meetings.

- **Child Protection Substance Abuse Initiative (CPSAI)** – CPSAI provides Certified Alcohol and Drug Counselors (CADCs) and Counselor Aides co-located in child protection local offices, who support caseworkers in planning for cases where substance use has been identified as a concern. They assess, refer, and engage clients in appropriate treatment to address their individual needs. Once assessed, cases remain open in CPSAI for a minimum of 30 days and a maximum of 90 days to allow the CADC and counselor aide to monitor/follow up with provider agencies.
- **Clinical Consultants** – The Children’s System of Care funds clinical consultants, licensed behavioral health professionals, to provide on-site consultation services to CP&P staff regarding children and youth with mental and behavioral health concerns. Clinical Consultants also review records and make recommendations regarding appropriate behavioral health interventions to improve and support each child in achieving positive outcomes.
- **Domestic Violence Liaisons (DVLs)** – DVLs are specially trained professionals with extensive knowledge of domestic violence and domestic violence support services. They assess, develop case plans (for non-offending parents and batterers), and refer for services. They also team with and educate CP&P staff on the dynamics of domestic violence and align their practices with DCF policy.
- **Early Childhood Specialists (ECSs)** – ECSs are specifically trained professionals with extensive knowledge of infant mental health and parent-child relationships. The collaboration between prevention (FCP) and CP&P aims to improve outcomes for families with infants and young children who come to the attention of CP&P. They team with CP&P staff by providing staff development and consultation, enhanced planning, assessment, service assessment and systems collaboration. Funding from the Preschool Development Grant provided by ACF has been instrumental in expanding this initiative statewide.

In addition, DCF has cultivated, funds, and/or participates in partnerships for service delivery for child welfare involved families, including:

- **Mobile Response and Stabilization Services for resource families.** Through a partnership between the NJ Division of Child Protection and Permanency and the NJ Children’s System of Care, all children and youth placed by CP&P local offices receive a behavioral health Mobile Response and Stabilization Services at the time of placement. The purpose of this service is to provide increased support to children and resource parents during the transition into a new home. When the service is initiated, a Mobile

Response behavioral health worker goes to the resource home, screens for and attends to child behavioral health issues, assists resource parents to develop plans to support positive child/youth behavior in the home, and can authorize access to continued behavioral health care support through the Children's System of care if needed.

- **Keeping Families Together** In collaboration with the NJ Department of Health and the Department of Community Affairs (CDA), DCF initiated the KFT program pilot and rapidly expanded capacity to provide all KFT families with housing assistance vouchers or rental subsidies. Housing vouchers serve as a main component of the intervention and allows families access to safe, stable and affordable housing; this serves as a springboard from which families can begin to access an array of supportive services intended to address additional needs (including trauma and other concrete needs) and stabilize in housing. This partnership is critical as DCA is the sole State entity to administer housing vouchers Statewide.

DCF also partners with the Corporation for Supportive Housing (CSH) to facilitate the development of key stakeholder relationships and provide ongoing technical support and provider training on the program model.

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

As a first step, on May 6, 2019, Judge Grant distributed a memo to all assignment and family presiding judges, titled "Family – Children in Court – Children in Court Advisory Committee (CICAC) Forms; Review of Permanency Data; Children in Placement for Three or More Years." In recognizing that shifting to a data-centered focus for the CICAC meetings may be a change in practice, surveys have been administered to assess the committee member's comfort with data analysis and creation of reports. At this time, the first round of county specific data reports on children in placement over 3 years will be produced and provided to the members. After reviewing the data and conducting case reviews, the local CICACs will be required to submit action plans to address the areas where the delays in permanency appear to be occurring. The action plans will then be reviewed by a subcommittee of the statewide Children in Court Improvement

Committee (CICIC). Additionally, the AOC and DCF continue to partner to create a second round of county specific data reports which will be more comprehensive and focus on all children in out of home placement since 2013.

- **CB Grant Programs** NJ DCF partners with other grant programs such as Community Based Child Abuse Prevention (CBCAP) and the Children's Justice Act (CJA) to assist in the service coordination and support of goals outlined in this plan. Engagement with these grant programs include the development of the 2018-2021 Statewide Prevention Plan of the NJ Task Force on Child Abuse and Neglect Prevention Subcommittee<sup>23</sup>. Grantees have also been invited and participated in direct engagement events such as the DCF Regional Forums<sup>24</sup> and will continue to be an essential voice in future forums.

## G. Service Coordination for Families in the Community

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

- **Human Services Advisory Councils** County Human Service Advisory Councils (HSACs) are county-based planning, advisory and advocacy organizations dedicated to meeting the human service needs of the county. They seek to facilitate, coordinate and enhance the delivery of human services through collaborative relationships within the county and amongst the counties and private and state agencies. N.J.A.C. 10:2-1.1. Membership varies by county and may consist of public and provider providers, consumers, consumer advocates, family members, representatives from other county-level advisory boards and State agencies, and anyone else the county believes could provide a valuable contribution to human services planning. N.J.A.C. 10:2-1.3. HSACs are statutorily mandated and are funded by DCF.

Beginning in Summer 2019, HSACs will undertake needs assessments on the same scheduled as DCF's qualitative reviews. The DCF/HSAC needs assessment, which was designed in collaboration with the Human Services Directors, will allow HSACs to attain county-specific qualitative information related to the scope and nature of county needs and barriers to meeting those

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<sup>23</sup> See additional information on page 7: *Continued engagement with the NJ Task Force on Child Abuse and Neglect Prevention Plan*

<sup>24</sup> See additional information on page 8: *Direct engagement of professional stakeholders: Fall 2018 Regional Forums*

needs. Each county will be evaluated every two years. Beginning in 2020, the findings of the needs assessments will be embedded into DCF's ChildStat process and shared with staff and stakeholders during each county's ChildStat presentation. Every two years, the findings from all twenty-one counties will be reviewed and synthesized into a statewide comprehensive report.

- **Youth** The Youth Advisory Network (YAN) is a multi-faceted approach to youth advocacy and leadership in the State of New Jersey. The YAN regional chapters (under contract with DCF) in partnership with direct-service providers, work to ensure that youth with experience in the child welfare system and/or with homelessness have an opportunity to provide feedback on issues impacting them and develop leadership and advocacy skills. The YAN regional leads train DCF provider agencies and their staff in the work of youth leadership and advocacy development, as well as youth participation concepts, youth/adult partnerships and strategies. The training aids program staff to develop opportunities for young people to gain leadership skills and participate in decision-making processes at their programs and communities on a day-to-day basis. In addition, youth and OAS providers participate in shared learning opportunities at regional quarterly meetings and the annual YAN Statewide Day of Action.
  
- **JDAI** 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. A major focus of the work is reducing the disparate use of detention for minority youth. The Annie Casey Foundation is the driving force for the initiative and they have 8 core principles that provide a basis for the work.
  - 1) Collaboration
  - 2) Data use
  - 3) Objective admissions decisions
  - 4) Alternatives to detention
  - 5) Expedited case processing
  - 6) Special detention cases
  - 7) Conditions of confinement
  - 8) Reduction of racial and ethnic disparities

DCF has been a partner on the state and local levels collecting and analyzing data while collaborating with the AOC, JJC, and local system partners to help 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 holistic support:

- **Youth Housing** DCF maintains a strategic partnership with the New Jersey Department of Community Affairs in the form of varied subsidized and supportive housing models for youth across the state. This includes, but is not limited to, Section 8 vouchers for child welfare-involved young adults (including those expectant and/or parenting) and other supports. These programs use a positive youth development services model that founded on the ability of young people to make positive and healthy choices if they have the opportunity to develop social, moral, emotional, physical and cognitive competencies. This model focuses on providing youth with opportunities to develop the skills they need with supportive case management services.
- **M-WRAP** The MWRAP is a collaborative program supported by the NJ Department of Health and DCF to assist pregnant and parenting mothers with an opioid use disorder to access substance use disorder treatment and other services to reduce the risks associated with maternal opioid use disorder. Services include intensive case management to link mothers with substance use disorder and mental health treatment, including MAT, prenatal care, and other concrete services including county-based social services, child care, and transportation. The MWRAP also provides peer recovery support services delivered by a peer recovery specialist with relevant life experiences.
- **Home Visiting** DCF has been integrally involved in New Jersey's development of a comprehensive and seamless system of care to link pregnant women and parents with necessary health and social support services. New Jersey was awarded a Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant to strengthen evidence-based Home Visiting services. The Division of Family Health Services (FHS) in the New Jersey Department of Health (DOH) is the lead administrative agency and core DCF partner for the MIECHV Grant Program, through which Parents as Teachers, Nurse Family Partnership, and Healthy Families America are provided in all 21 NJ counties. DOH and DCF continue to work collaboratively with a strong network of state and local stakeholders to improve home visiting services and to strengthen programs and activities carried out under Title V of the Social Security Act.
- **Home Visiting: Enhanced Workforce Development** In collaboration with the Maryland Department of Health, NJ Department of Health, Rowan University and

DCF and with funding from HRSA, additional supports are being provided to the HV network by way of training, coaching, and evaluating each states' utilization of the Goal Plan Strategy (GPS). The GPS is a sophisticated implementation system that supports staff in developing and implementing individualized family plans. It includes well-aligned and well-integrated training, supervision, monitoring, and continuous quality improvement (CQI) measures. The evaluation focuses on GPS' overall feasibility and effectiveness in motivating, enabling, and reinforcing visitors' use of the family goal plan.

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

The ECCS collective impact approach works to enhance early childhood (EC) systems building and demonstrate improved outcomes in population-based children's developmental health and family well-being indicators using a Collaborative Innovation and Improvement Network (CoIIN) model. With collaborations at the state (DCF) and local level, teams actively participate in intensive targeted technical assistance on how to utilize collective impact principles to accelerate or improve results for families in a comprehensive, coordinated preventative health, and early childhood system that addresses the physical, social-emotional, behavioral and cognitive aspects.

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

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

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

The Strengthening Families framework is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. New Jersey has been providing the *Bringing the Protective Factors Framework to Life* training to New Jersey's Child Protective Service workers and early childhood community partners since March 2015. Trainings include providers from a multitude of sectors including CP&P, early childhood (home visiting, child care, etc.), domestic violence, mental health,

substance use and recovery, health services and Family Support Networks. This framework will continue to be integrated in various systems throughout the State in FFY2020.

- **Strengthening Families Initiative (SFI)** Through a partnership with the NJ Department of Human Services and DCF, Child Care Resource & Referral (CCR&R) agencies are hosting Books, Balls and Blocks (BBB) events to promote developmental health promotion, screening, referral and linkage efforts to families with young children in their communities. Embedded in the Protective Factors Framework, BBB events are implemented within a community in partnership with other community partners and volunteers to support parents as they engage in learning how to best support their child in improving their math skills, promote early literacy and problem solve through play.

### **Early Childhood Integrated Data System (ECIDS)**

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

### **School-Based Youth Services Program (SBYSP)**

DCF Office of School-Linked Services (OSLS) partners with school districts and community providers throughout the State to operate SBYSP. SBYSP services are available to all enrolled students and include mental health counseling, substance abuse counseling & education/prevention, preventative health awareness, primary medical linkages, learning support, health youth development, and recreation and information/referral.

### **Parent Linking Program**

There are a sub-set of SBYSPs that receive additional funding to implement the Parent Linking Program (PLP). The goal of the PLP is to prevent child abuse and neglect and minimize/eliminate barriers that often impede expectant and parenting teens from completing their education. Program services administered through intensive case management that focuses on: Prenatal education and linkages, parent education and skill building, infant/child development education, childcare and *as needed referral services*. The funding for these programs is a combination of state and federal Temporary Assistance for Needy Families (TANF) funds.

## **Title IV-B Subpart 1**

NJ DCF currently utilizes Title IV- B Subpart 1 funding towards caseworker activities on behalf of children and families to include investigations of child abuse and neglect, caseworker visits with children whether in their own home or in out of home placement as well as case planning activities with families to promote family stabilization and permanency. As described in the section *Services: Child and Family Services Continuum*, DCF will continue to evaluate and maximize use of all federal funding over the next five years.

### **A. 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 the private adoption agencies.

Though DCF is not involved in the initial adoption proceedings for children placed internationally, DCF does and will continue to fund a network of adoption support services that any adoptive family in the state may utilize and therefore are accessible to any adoptive family living in New Jersey with a minor child, regardless of the source of the adoption.

DCF will continue to maintain a statewide Post Adoption Counseling (PAC) program that is administered locally by a network of contract agencies with adoption expertise. Through this program, adoptive families can access a variety of adoption-related supports. The PAC services are covered by contractual agreements between DCF and the specific agency and thus are offered to the adoptive family free-of-charge. The vast majority of program resources are devoted to a few core services: (1) in-home therapeutic services; (2) child and family counseling; (3) behavioral supports to adoptive families; (4) education, resource and referral services through an online adoption clearinghouse ([www.NJARCH.org](http://www.NJARCH.org)), as well as, a warm line for immediate support; and (5) family respite through structured child activity.

These services are directed towards:

- Preventing adoption disruption and dissolution
- Preventing the residential placement of adopted children
- Promoting the successful reunification of children to their adoptive families from residential placement
- Providing therapeutic support and guidance to adoptive families where dissolution or disruption is not a threat

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

## **B. Services for Children Under the Age of Five**

NJ understands the importance of family stabilization and permanency. The CFSR and data highlighted in figure 6 reflects that permanency outcomes for children, especially children under the age of five are still a struggle for NJ. Examining entry cohorts of young children entering foster care between 2011-2017, NJ finds that children under five and more specifically, children under the age of one are less likely to achieve permanency within 12 months of entering out of home placement (29%) with a median length of stay of 16 months- longer than any other age group. In addition, only about 62% of this age group achieve permanency in 24 months.

Objectives targeting improvements for permanency to include evaluation of the service array are highlighted in the *Plan for Enacting the States Vision* section as well as areas of focus in the NJ CFSR PIP. DCF anticipates that these objectives – particularly those centered around father engagement, kinship care, and behavior-based case planning – will have a strong impact on permanency for young children.

With respect to activities in place or planned to address the developmental needs of all children, below are highlights of existing and planned supports and partnerships for young children in the state and their families.

### **Home Visiting**

As described in the service coordination section, DCF implements a statewide continuum of evidence-based home visiting services for families with young children, birth to age five. To address the developmental needs of all vulnerable children under the age of five over the next five years, DCF will look to expand home visiting services by adding universal home visiting services. HV expansion will implement the lessons learned through the HV/Medicaid Demonstration Project. This Demonstration Project will be an opportunity to expand HV services in eleven counties once this project is approved through contract management.

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

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

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

### **Early Childhood Specialists (ECSs)**

Funding from the Preschool Development Grant provided by ACF has been instrumental in expanding this initiative statewide, as referenced in the service coordination section. The Early Childhood Specialist will support referrals for children birth-5 years of age and women who are pregnant. Their primary population will be families with developmental concerns as well as those referred by CP&P. For referrals that express a developmental concern, the ECS will support them by providing developmental resources, a developmental screen (Ages and Stages Questionnaire®), or a referral to Early Intervention. The ECS will help to facilitate communication and teaming between our early childhood system of care (Central Intake) and CP&P. With the caregiver's consent, the Early Childhood Specialist will provide timely feedback regarding information and service linkages made.

### **Father Engagement**

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

### **Parent Linking Program (PLP)**

The Parent Linking Program is required to provide family centered childcare services for infants/toddlers 6 weeks to 36 months old. Childcare services are provided in a center-based setting and promote healthy child development through relationship building and a variety of cognitive, physical, and social activities. Research reveals that the location of a childcare center in the high school setting supports the goal of the teen parent remaining in school while learning about childcare. The close network of guidance counselors, parenting class teachers, and social workers at the high school contribute to close follow-up. Efforts will be made to expand PLP services to additional high schools throughout the statewide to meet the needs of expectant and parenting teens. Additional efforts will be made to identify and support a higher volume of young fathers to maintain the care and support of his child through parenting and employment education.

### **Child Health Care Case Management**

Over the years, DCF was able to reform the health care system for children in placement by assessing where there were service gaps, areas of strength, and areas in need of improvement. The assessment was done using data collection and analysis, system mapping and best practice review. This work led to the development of a structured model to ensure primary and preventive health care needs of children entering out-of-home placement are met. The development of Coordinated Health Care Plan and teaming with Rutgers University, has provided DCF the ability to implement the plan and build the capacity to provide comprehensive and continuous coordination of quality health care case management to support the needs of children in placement within the 46 CP&P Local Offices. As part of this capacity building, DCF and Rutgers University/Child Health Unit (CHU) staff have focused on continuity of care for children from the time they enter placement until they exit care, engagement of biological family in health care planning and follow-up, as well as the appropriateness and timeliness of mental/behavioral health care services. This level of partnership and coordination of health care case management allows DCF to ensure children in placement receive appropriate medical and behavioral health care supports and services. For more information please refer to the Health Care Oversight and Coordination Plan.<sup>25</sup>

## **C. Efforts to Track and Prevent Child Maltreatment Deaths**

One of the core functions of DCF is the protection of children from maltreatment. Child fatalities resulting from maltreatment, while relatively rare in New Jersey<sup>26</sup>, are nonetheless an ongoing point of focus for the Department.

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<sup>25</sup> See Attachment B

<sup>26</sup> In 2016, NJ's rate of child maltreatment-related fatalities was 1.06 per 100,000, less than half the national average of 2.36 per 100,000; and in 2017, NJ's rate of 0.66 per 100,000 was less than a third of the national average of 2.32 per 100,000 - Source: *Child Maltreatment, 2016*; *Child Maltreatment 2017*.

From January 2010 until January 2019, 168 New Jersey children died as a result of maltreatment, identified in NCANDS reporting. In the State of New Jersey, cause and manner of death must be certified by a physician, typically a medical examiner. "Manner of Death" refers to one of five subcategories of death: Homicide, Suicide, Accident, Natural and Undetermined. "Cause of Death" refers to the specific mechanism of death and varies greatly.

In the 168 cases being referred to:

- Manner of Death: Homicide accounted for 30% and Child Maltreatment accounted for 32% of fatalities
- Age at Death: Children less than 1 year of age account for 44% of the fatalities
- Gender: Male children account for 58% of the fatalities
- Race: White children accounted for 45% while Black/African American children accounted for 43%
- Hispanic: Non-Hispanic children account for 63%
- Gender and Race combined: White Females 20% and Black/African American Males 27%

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

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

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

The New Jersey Child Fatality and Near Fatality Review Board reviews child fatalities and near fatalities to identify their causes, relationship to governmental support systems, and methods of prevention. The Board is multi-disciplinary, including representation from pediatrics, law enforcement, the NJ Department of Health, social work, psychology, and substance abuse treatment. Membership consists of ex-officio members and six public members with expertise or experience in child abuse appointed by the Governor. Four

Regional Community-Based Review Teams operate under the aegis of the Board and its composition mirrors that of the Board. The Board also functions as a citizen review panel and conducts monthly meetings. The Board looks for challenges or barriers and whether current protocols and procedures should be modified, or new resources are needed; and they analyze challenges erected by other systems in which the family was involved such as medical, mental health, substance abuse, law enforcement, and education.

Goal 1 describes activities underway and planned to prevent maltreatment and maltreatment-related fatalities through the use of: (a) geospatial risk modeling to identify communities and populations in need of focused prevention efforts; (b) in partnership with the NJ Department of Health, growth of an array of home visiting services to support families of young children, given that young children are at elevated risk of maltreatment related fatalities; (c) use of human factors debriefing and safety science to identify systems improvements needed in order to prevent fatalities and serious injuries; (d) an ongoing process of identifying and implementing necessary improvements to the prevention service array, incorporating evidence based practices as warranted. As these activities are further developed and as data on their impact emerges, DCF will rely on dialogue with the NJ Task Force on Child Abuse and Neglect and NJ Child Fatality and Near Fatality Review Board to provide ongoing input and feedback on these and related initiatives.

## **Title IV-B Subpart 2: Promoting Safe and Stable Families**

Current service description under Family Preservation, Family Support, Family Reunification and Adoption Promotion and Support to include geographic areas and types of families served can be viewed in Table 2 of the 2015-2019 Final APSR report.

### **A. Service Decision-Making Process for Family Support Services**

Current Family Support Services programs will continue through FFY20. These programs include community-based supports such as home visiting, counseling, family resource centers, kinship navigation, community-based family stabilization and others. Future decision making regarding the optimal use of these funds to support needed services for children and family's processes will be aligned with the *Plan to Achieve Service Excellence* evaluation process as described under the *Strengths and Gaps in Services* section<sup>27</sup>.

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

### **B. Populations at Greatest Risk of Maltreatment**

Children and caregivers who become involved with Child Protection & Permanency present with a variety of family, caregiver, and child-level challenges. Among children served both in- and out-of-home, the most common among these were caregiver substance use (out-of-home: 74%; in-home: 44%) and caregiver mental health issues (out-of-home: 66%; in-home: 29%). (See Figure 13.) Domestic violence, housing issues, financial issues, and child mental health challenges affected over one-third of children in out-of-home placement. In almost every domain, the percentage of children in out-of-home placement affected was more than double that of in-home children. Additionally, the vast majority of children in out-of-home placement (83%) experienced co-occurring challenges compared to just under half (42%) of children served in their own homes. Children under the age of 5 with caregivers who experience co-occurring challenges are at the greatest risk of maltreatment.

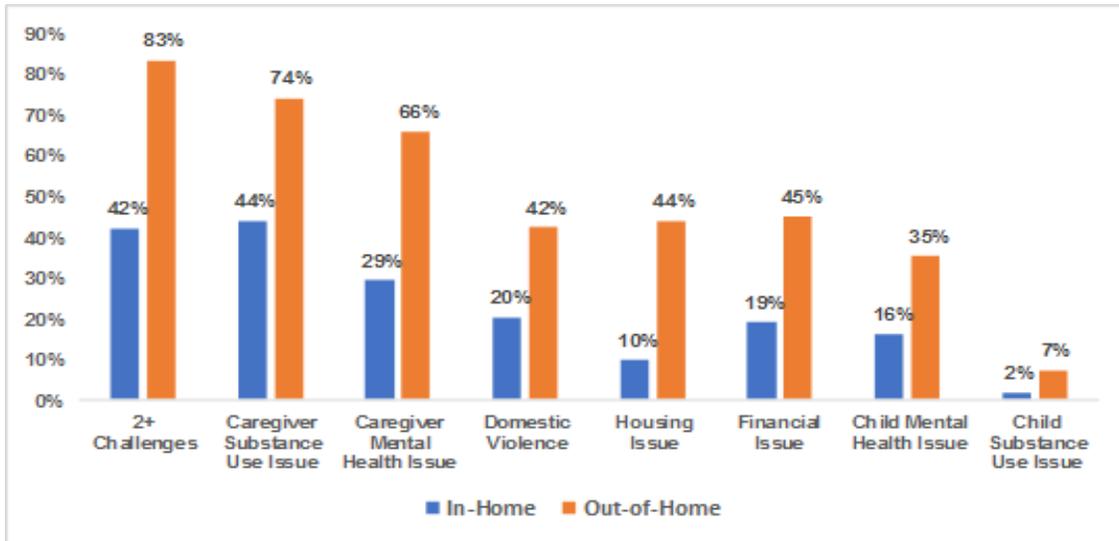
As described in the section *Services: Child and Family Services Continuum*<sup>28</sup>, over the next five years DCF will be undertaking a significant effort to ensure that its entire service continuum is available, accessible, adapted to the specific needs of these and other populations served by the Department, and of high quality.

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<sup>27</sup> This section of the CFSP can be found on page 82

<sup>28</sup> This section of the CFSP can be found on page 77

Figure 13



## Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

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

The established Minimum Visitation Requirement (MVR) schedule can fall between a range of once every week to monthly. When the child is living in his or her own home, the MVR schedule is determined by the New Jersey CP&P Family Risk Assessment and ranges from one to four visits per month. A child in out-of-home placement shall have face-to-face visits with his or her caseworker at least twice per month during the first two months of an initial placement, or a change of placement, and thereafter at least once per month throughout the child's placement. When the case goal is reunification, the caseworker continues to visit with the parent or guardian at least twice per month, and at least once per month if the goal differs from reunification. Families experiencing serious problems, where the risk of removal or maltreatment of a child is extremely high (e.g., drug involved parent, allegations of sexual abuse) may require more frequent visits by the caseworker. MVR schedules are to be reviewed at least once every six months and modifications to the MVR schedule are made when necessary.

The purpose of MVRs as cited in policy is to determine:

1. Whether the child is receiving appropriate care and is safe from harm
2. Whether the objectives of the case plan are being met
3. What progress is being made toward achieving the case goal
4. Whether barriers to achieving the case goal are being alleviated
5. The child's adjustment to, and progress in, the out-of-home placement
6. Any other relevant information or concerns about the child from the out-of-home placement provider or the child.

Currently, the Monthly Caseworker Visit grant is utilized to fund electronic equipment for caseworkers to document in real time face to face visits with children to include decision making assessment of safety, permanency and well-being as well as contracted programs. As discussed in the *Plan to Achieve Service Excellence*<sup>29</sup> section, NJ DCF will be evaluating all purchased services and use of funding to maximize outcomes for families, and this process will include review and planning for optimal use of the Monthly Caseworker Visit grant.

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<sup>29</sup> This section of the CFSP can be found on page 82

## **Additional Services Information**

### **A. Child Welfare Waiver Demonstration Activities**

NJ currently does not have any Child Welfare Waiver Demonstration Activities.

### **B. Adoption and Legal Guardianship Incentive Payments**

Currently NJ DCF utilizes the Adoption and Legal Guardianship Incentive Payments to support Post Adoption Counseling (PAC) services. These are home-based service programs that assist to stabilize the family; to finalize adoption and KLG; to prevent the dissolution of an adoption and to maintain stability post-discharge. Adoption specific services focus on grief and loss, and the significant trauma many foster and adoptive children experience. The current Adoption and Legal Incentive Grant has been obligated and targeted to be expended by 12/31/2019. Any future grant funding will be evaluated to determine use and maximize outcomes for families.

### **C. Adoption Savings**

Similar to the Adoption and Legal Guardianship Incentive Payments, the Adoption Savings payments received were used to support PAC services which are available statewide. Over the next year NJ will be evaluating to determine best use of the current and future unused savings calculated.

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

## Consultation & Coordination between States and Tribes

As noted in the final 2015-2019 APSR, New Jersey has no federally recognized tribes. However, in November of 2018 New Jersey's Attorney General's Office reached a settlement with the Nanticoke Lenni-Lenape Tribal Nation and in March of 2019 reached another settlement with the Powhatan Renape Nation and the Ramapough Lenape Nation which included official recognition as American Indian Tribes by the State of New Jersey. All are members of the New Jersey Commission on Indian Affairs.

In an ongoing effort to build collaborative relationships with the community throughout New Jersey, DCF has solicited feedback from the Commission on Indian Affairs, which is administered through the New Jersey Department of State. Representatives from DCF's Interstate Services Unit have been attending the quarterly Commission meetings. Most recently, in March of 2019, DCF's Administrator for the Resource Family Unit attended a Commission meeting to partner with the tribes to identify and recruit tribal members who are willing to go through the resource family licensing process to act as a placement option for children that may enter CP&P custody that have a tribal affiliation

New Jersey seeks to appropriately serve Indian children within the requirements and spirit of the Indian Child Welfare Act, regardless of their tribal affiliation. DCF may provide services to children who are members of the tribes described above, as well as to children who currently reside in New Jersey but are members of, or eligible for membership in, tribes outside of New Jersey.

CP&P implemented the new rule to the Indian Child Welfare Act (comprehensive regulations which provide the first legally-binding federal guidance on how to implement ICWA) through its updated policy released in February of 2019<sup>30</sup>. The updated policy and procedures include new definitions for determining if a child is an Indian Child and new processes regarding notice requirements, emergency removals, voluntary and involuntary proceedings, transferring of jurisdiction, etc. Additionally, CP&P centralized the notification process for staff in 2018 by assigning a NJ Central Liaison to the Bureau of Indian Affairs (BIA) and Tribes. The Liaison sends notification letters to the Tribes and BIA and tracks and monitors responses/information exchanged between the Division, the Tribes and BIA. The NJ Commission and BIA continue to provide advice on a case specific basis, as well as consultative services to meet the requirements set forth. BIA continues to provide training as needed to the Liaison.

All new adoption workers are trained on the rules and guidelines of ICWA. With this, an integrated practice guide is available to assist staff in appropriately identifying any tribal affiliations of youth within the first five days of placement. Concurrent planners also regularly discuss a child's possible tribal affiliation to ensure staff is continually following

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<sup>30</sup> [https://www.nj.gov/dcf/policy\\_manuals/CP-III-C-1-500\\_issuance.shtml](https://www.nj.gov/dcf/policy_manuals/CP-III-C-1-500_issuance.shtml)

up on the issue and appropriately collaborating or transferring cases to tribes when necessary.

The Administrative Office of the Courts and CP&P are working together to strengthen the protocol to handle cases under ICWA's New Rule. In ongoing practice, the courts and the Deputies Attorney General apply the provisions of the Indian Child Welfare Act successfully. They require that tribal affiliations be included in all final adoption papers. Matters which must be transferred to tribal jurisdiction are handled appropriately, focus on the law, and their interactions with staff are maintained as necessary.

The Division's case practice reform efforts continue to expand throughout the state, offering opportunities to address two ongoing concerns about the identification of tribal members and the provision of culturally sensitive services to families with a tribal affiliation. Key components of this initiative are the engagement of families and their ability to share their own background and history. The model of practice focuses on services customized for the family's needs, the use of self-selected family supports and community resources, and the use of family meetings as a planning mechanism. All offer tribal members a means to keep children within their communities and enable them to receive supports that fit their needs. DCF has presented information regarding these reforms, and on the process of relatives and kin becoming caregivers to tribal leaders and the larger community.

Input from the Commission and the Bureau will continue to be sought in child and family service planning as well as individual case status issues.

## **John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)**

### **A. Agency Administering Chafee**

The DCF, Office of Adolescent Services (OAS) will administer and supervise the implementation of the Chafee program and plan. OAS works in partnership with the DCF's, Division of Child Protection and Permanency (CP&P) to implement the Chafee program in all 21 counties across the state. OAS leads training, case practice, and policy initiatives related to serving Chafee eligible youth. In addition, all National Youth in Transition Database (NYTD) activities and Chafee services contracted through service providers are monitored by OAS. The OAS Team has approximately 15 staff that supports the Chafee program and plan statewide. OAS reports directly to DCF's Commissioner emphasizing the importance of supporting youth in foster care to successfully transition to adulthood.

### **B. Description of Program Design and Delivery**

#### ***Program Design and Structure***

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

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

By the nature of a youth's age and experience in foster care, youth are offered Chafee funded services and supports as well as other services that are funded through a variety of other State and Federal resources (see Table 1-Chafee Services and Eligibility). This broad service and support array aims to fulfill Chafee program requirements and leverages other service systems and community-based programs to holistically and comprehensively address youth needs.

### ***Youth Voice, Leadership, and Advocacy***

Since 2001 DCF has supported youth advisory initiatives to promote youth voice and provide input to DCF, while also teaching life skills, promoting peer networking, encouraging engagement in community, and providing youth with a platform to share feedback about their experience in foster care.

#### Youth Advisory Network

In July of 2017, DCF awarded four regional YAN community-based providers to implement a Youth Advisory Network model statewide. The YAN is a radically different approach to promoting youth voice, leadership, and advocacy. YAN is designed to create a network of youth serving (and Chafee specific) programming and to shift the culture in New Jersey to one that values youth leadership and voice, provides opportunities to strengthen youth's advocacy and leadership skills, ensuring that youth get their concerns heard and that they continue to play a critical role in changing and improving both the DCF system and local communities in New Jersey. This redesigned model aims to engage a larger number of youth in a more consistent, comprehensive manner that will create an enduring, pervasive impact. By partnering with DCF provider agencies and their staff, YAN will ensure Chafee-eligible youth are able to provide feedback, connect with their peers and develop their leadership skills on a regular basis, as part of their everyday experiences.

As part of the effort, DCF is working to ensure that provider staff are knowledgeable and confident in their ability to provide opportunities for youth advocacy and leadership. As such, YAN regional leads provide training to DCF provider agency staff in youth leadership and advocacy development, as well as youth participation concepts and strategies.

YAN implementation to date has included:

- With the support of Casey Family Programs, DCF accessed technical assistance from Foster Youth in Action (FYA), to roll out YAN in 2018. FYA developed and led trainings for YAN staff, worked with DCF to create a Theory of Change for the new model and designed a communication process for youth feedback. FYA provided coaching and technical assistance to all YAN providers to support implementation of the program design.

- The first two regional meetings, held in June and September of 2018, brought provider staff together to begin planning for the engagement of youth in future meetings.
- In January of 2019, 71 youth attended regional meetings and 50 youth participated in the next set of meetings in April and May of 2019.
- In addition to gathering youth feedback at regional meetings, YAN has also conducted a series of focus groups involving 59 youth across the state to discuss various DCF policies and initiatives.
- Initial feedback from these regional meetings from both provider staff and youth have been very positive in their feedback. The youth reported that they love the opportunity to meet new people and the energy each of the meetings bring. Staff have stated that the fun, short activities and support they receive from DCF, peers, and regional leads has been great for them and their youth.
- YAN regional leads have provided training to over 175 youth-serving program staff to help build their knowledge and capacity in youth-adult partnerships, as well as how to receive feedback from youth in a manner that is engaging and effective. Evaluations received from these program staff regarding the training was positive, citing that the interactive nature of the training and its applicability to the work with youth was refreshing. In addition, program staff noted that the content of the trainings, such as Positive Youth Development and Hart's Ladder of Youth Engagement, was very interesting and helpful to the population they serve

Over the next year, YAN will

- Continue to engage youth and gather their feedback through quarterly meetings, and new and other means of communication (e.g. YAN website to be developed, social media, and video conferencing) that will enable all youth within the Chafee specific programs to provide input.
- YAN regional leads will work directly with DCF provider agencies to develop and implement tailored technical assistance plans to ensure that youth voice, leadership and advocacy is prioritized in their programs. Areas of focus will include program policy and operation, youth skill development, community and system engagement, and staff development. The tasks and goals identified in these plans will be informed by environmental scans that were completed with each program by YAN regional leads in 2018. These scans explored each program's policies and practices related to youth voice, leadership and advocacy. Findings from these scans will allow YAN to highlight and replicate current successes while identifying opportunities for additional support, education and technical assistance.

- YAN regional leads will continue to provide statewide training and professional development opportunities for all provider agency staff on a regular basis.
- The YAN will also be refined and expanded to ensure all youth serving stakeholders (i.e. service providers, child welfare caseworkers, advocates, and caregivers) teach youth advocacy and leadership to youth in foster care as a critical life skill for adulthood and to promote their voice and feedback to DCF.

In addition, youth and OAS providers will participate in shared learning opportunities at regional quarterly meetings and at an annual YAN Statewide Day of Action scheduled for the summer of 2020. (Figure 1 Youth Advisory Network Theory of Change).

### Youth Councils

In December of 2018, DCF announced the creation of the Office of Family Voice (OFV) that will include and hire young adults, parents, and caregivers that have experience with DCF's programs and services. This new Office will lead various initiatives to promote family and youth voice across DCF programming and services. OFV recently hired a Program Specialist that has lived experience and will lead additional efforts around youth voice such as a Statewide Youth Council. Additional youth voice related initiatives are currently under development will be included in the 2020 APSR update.

While the youth advisory work continues to be implemented, this plan was informed by youth through the 30-day public comment period as well as the following:

1. 2018 Commissioner Listening Sessions: three youth listening sessions including youth in and aging out of foster care (approximately 50 participants).
2. YAN facilitated focus groups with 59 youth who provided feedback on various DCF policies and initiatives (2018-2019).
3. DCF's Normalcy Workgroup Youth Ambassador (2 consistent participants) feedback and information regarding youth in foster care (2017-2019).
4. Focus groups with 24 youth in housing programs regarding ideas and feedback regarding housing program models (October-November 2017).
5. Interviews with 13 youth receiving Bridging Lasting Connections permanency program (through the Youth At-Risk of Homelessness Federal Project) to provide feedback regarding their program experience (April-May 2018).
6. Youth contacting the DCF Office of Adolescent Services with questions and concerns.

## ***Strengthening New Jersey's Chafee Program 2020-2024***

New Jersey's 2020-2024 Chafee Plan outlines several important and ambitious changes that seek to improve and strengthen policy, practice, support, and service delivery informed by and provided to Chafee eligible youth. By August 31, 2019, all strategies outlined below will have a clear workplan with timeframes for completion of key activities. Details regarding benchmarks for success and detail related to how activities will be accomplished will be finalized in the workplans by December 31, 2019.

### **Strategy 1: Create Statewide Chafee Advisory Group**

DCF currently convenes our Chafee-specific providers quarterly for training, networking, feedback opportunities, and resources. DCF believes a standalone advisory group is needed to inform, guide and track progress in the execution of the Chafee program. The Statewide Chafee Advisory Group will be created and will hold its first meeting by 12/31/19. Currently the New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) has an existing Adolescent Workgroup that is reviewing the needs of and services available to youth in foster care. DCF will explore coordinating NJTFCAN's Adolescent Workgroup and the Statewide Chafee Advisory Group.

The Advisory Group will include youth representatives and will align efforts with other DCF youth empowerment initiatives. The purpose of the Statewide Chafee Advisory Group is to provide leadership and ongoing support and feedback for the implementation of the Chafee program. Specific roles and responsibilities will be co-created with the Advisory Group and may include, but will not be limited to the following:

- a. Provide feedback, leverage resources, and support the implementation of the Chafee program and plan.
- b. To support the development of a network of stakeholders that is committed to supporting youth in foster care to successfully transition to adulthood.

The agendas and minutes from each of the Statewide Chafee Advisory Group meetings will be publicly posted on DCF's website so the general public will also receive regular and ongoing information regarding the implementation of DCF's Chafee Plan.

### **Strategy 2: Continue to Elevate Youth Voice**

Family and youth voice has been prioritized as a value and core approach to implement DCF's newly released strategic plan. New Jersey's Chafee Program will continue enhanced efforts to promote youth voice through the activities below:

- a. The Office of Family Voice (OFV) in partnership with OAS will develop a Statewide Youth Council that will provide feedback to the system regarding changes and enhancements needed to DCF's programs and services.
- b. Develop a training for youth and youth serving adults that will support young people in various roles (e.g. workgroups, task forces, panel presentations, councils, committees) to appropriately prepare and receive support regarding strategic sharing and using their own lived experience in a healthy way to help inform systems change and enhancement.
- c. Partner with relevant stakeholders to develop strategies to ensure that youth in foster care are informed of, prepared for, and attend their family court hearings.
- d. Increase opportunities for youth with lived experience to serve as peer supports for youth currently in care.
- e. Increase opportunities for youth with lived experience to be included in training initiatives (e.g. informing curriculum, serving as trainers).

### Strategy 3: Design and Implement Changes in Chafee Program Philosophy

DCF has made great strides to improve policy, practice, and programming to comprehensively serve youth in foster care. The Youth Thrive framework includes the importance of relationships, understanding of adolescent brain development, trauma-informed care, and youth voice. However, through quantitative and qualitative reviews of our data and youth we serve, there needs to be additional considerations to effectively serve youth in foster care.

#### *Race Equity Informed Policy, Practice and Programming*

DCF acknowledges and is concerned about the disproportionate number and disparate treatment of African American/Black and Hispanic/Latino youth in foster care. DCF is embarking on broader efforts to address institutional and systemic racism. The Chafee program will also and more closely examine these inequities and include a race equity informed lens to update and enhance policy, practice, and programming to youth in foster care.

#### *Healing-Centered Engagement*

Trauma-informed care has been and will continue to be important and meaningful approach to serve children, youth, and families in the child welfare system. However, there is a recognition that those we serve also need to thrive and not just survive. Trauma-informed care has important considerations regarding understanding and helping individuals cope with trauma, however DCF seeks to go beyond coping, and truly helping those we work with to heal. Often times

youth in foster care are in survival mode and just getting by. Our goal is to help youth in foster care to recover and thrive through healing. Chafee program changes during 2020-2024 will move beyond asking “what’s happened to you?” to “what’s right with you?” to meet young people where they “dream” and not just where they are at.<sup>31</sup>

#### Strategy 4: Promoting Kinship Care, Permanency, and Connections

DCF’s 2017 CFSR results indicated a need to improve efforts regarding achieving permanency for youth in foster care. The CFSR Performance Improvement Plan includes strategies regarding strengthening concurrent planning practices and our relationship with judiciary staff and promoting kinship care. The Chafee program will be strengthened to also support these efforts by:

1. Developing a formalized process and create resources (i.e. bench cards) to train and increase knowledge of judiciary staff regarding the unique needs of adolescents and young adults in foster care. This information will include updated policy, practice, and program information impacting youth in foster care.
2. Supporting youth in kinship care through system and direct service intervention strategies that support both the youth and their kinship caregiver.
3. Updating life skills services for youth through reimagining age appropriate skill development within the context of family, peer, and community relationships. This reimagined service may help to promote emotional and legal permanency.
4. Refining efforts to ensure that youth in foster care experience age and developmentally appropriate activities that will assist in building and strengthening relationships in their home, promote stability, and support efforts towards legal permanency.

#### Strategy 5: Services for Young Adults 18+

Many of DCF’s services for young adults’ rest on program models that have not been updated in over a decade. The Chafee program will be strengthened by reviewing and updating the housing program model for youth 18+ and aftercare services for youth 18+ to more comprehensively support a youth’s transition to adulthood.

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<sup>31</sup> Ginwright, Shawn, Flourish Agenda, Healing Centered Engagement, 2019 [webinar]

### Strategy 6: Marketing Chafee Services to Eligible Youth

In recognition of the evolving nature of preferred methods of communication for youth and young adults, DCF will develop a strategy to market Chafee services to newly eligible youth that achieved reunification 14+ and will refine marketing strategies of Chafee services to Chafee eligible youth whose child welfare cases are closed.

### Strategy 7: Technology

In 2015, a new youth-specific website [the New Jersey Youth Resource Spot ([www.njyrs.org](http://www.njyrs.org))] was launched. DCF will be updating the content and functionality of the NJYRS website. DCF is also interested in developing a mobile application specific to youth in foster care to help them navigate the foster care system, understand their rights, and get connected to available resources and supports.

## **C. New Jersey's Process for Sharing the Results of NYTD Data Collection**

Thus far, DCF has shared the results of the NYTD data collection with contracted service providers over the last several years using the data snapshots created by the Children's Bureau. We have been able to discuss both the independent living services data using information from federal fiscal years 2013-2107 as well as the outcomes data from the surveys using information from cohorts 1 and 2. In addition, NYTD data has been shared with child welfare staff (frontline workers to leadership).

### 2020-2024 NYTD Data Sharing Plan

To share the NYTD data with a broader cross section of stakeholders, DCF plans to:

1. Develop a NYTD data project plan that provides ongoing information and data analysis of available NYTD data that can then be shared with stakeholders ongoing.
2. Post NYTD data on the public DCF and New Jersey Youth Resource Spot websites. Send notifications through the DCF listserv when this data is posted.
3. Share NYTD data and information with the Youth Advisory Network and Statewide Youth Council (when developed).
4. Incorporate NYTD data into all presentations and trainings (i.e. presentations to court staff, ongoing adolescent trainings, meetings with providers).
5. Include NYTD data in any DCF Continuous Quality Improvement activities/presentations when possible (i.e. Child Stat, Qualitative Reviews).

### ***Strengthening NYTD Data Collection 2020-2024***

DCF recently created a CWIS/NJS interface for community-based providers to enter NYTD Independent Living Services that are provided to youth/young adults. This will assist in improving the quality of the data that is collected. This will roll out fully by the summer of 2019 and will be refined as needed.

Other strategies to strengthen NYTD data collection include:

1. DCF will work to create a system to capture NYTD Independent Living Services being provided by resource parents as well as child welfare staff.
2. Incorporate reviewing NYTD data during case record reviews during contract monitoring site visits with service providers to ensure that services are being provided as well as verify documentation for those services is in the youth's record.
3. Develop online access for youth to complete the NYTD Follow Up survey to improve access to and number of youth who complete the survey.
4. Develop a quality assurance process to ensure timeliness of data collection and submission, update NYTD policies as needed, and make any necessary improvements or changes.

### ***Using Data to Measure Success and Improve Service Delivery to Chafee Eligible Youth***

DCF is currently analyzing the NYTD data along with risk and protective factors to determine 1) the factors associated with incarceration, homelessness and adolescent parenthood among youth transitioning out of foster care, 2) the factors that may 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. This data is being analyzed by looking at youth who completed the NYTD survey and received at least one NYTD service.

Outside of ongoing NYTD data collection and analysis, DCF will develop a plan to include additional youth specific data to help inform the Chafee program. This will include data from record reviews, qualitative reviews, New Jersey's Child Welfare Data Hub, education related data through NJ's Department of Education, and other available data. By September 30, 2020 DCF will refine outcomes that will be tracked and identify measurement tools. This work will be led by DCF and reviewed and informed by the Chafee Advisory Group.

## **D. Serving Youth Across the State**

### ***Ensuring that the Chafee Program will Serve Youth Statewide***

New Jersey has a state administered child welfare system through 9 Area Offices and 46 Local Offices within CP&P. All governing policies and practices are administered through a centralized statewide authority. All youth that experience out-of-home care are recipients of services to both secure permanency and establish strong pathways to healthy interdependence. CP&P operates rigorous continuous quality improvement systems that ensure staff receive quality pertinent training; that resources for youth and families are robust and available and that all efforts for an adolescent to achieve permanency are exhausted prior to case closure.

Chafee services are offered statewide; however, they are primarily located in areas of the state or county where there are higher concentrations of youth. There are some services such as housing that are not located in every county, however, youth from across the state can access the service. NJ has urban, suburban and rural areas and as such, services may vary due to differences in transportation infrastructure, population density, and/or cost of renting or owning a property to offer services.

Through the Youth Advisory Network and meetings with child welfare staff and contracted providers, we receive feedback on barriers youth experience regarding accessing services as well as how the youth's experience in receiving services may differ by county or region.

### ***Data Informing Service Variation by Region or County***

For the 2020-2024 Chafee program plan, DCF plans to analyze NYTD data by county to see if there are any differences in services that are provided. In addition, and as referenced in the section *"Using Data to Measure Success and Improve Service Delivery to Chafee Eligible Youth"*, a plan has been proposed to use multiple data sources to review and analyze youth specific data to inform the Chafee program and services. As DCF reassesses current supports and programming to update and enhance service models (see *"Strengthening New Jersey's Chafee Program" 2020-2024*), data will be reviewed from a variety of sources. This analysis will help determine how services may look different or are designed differently across the state.

### **Serving Youth of Various Ages and Stages of Achieving Independence**

As noted in the *Services: Child and Family Services Continuum* section<sup>32</sup>, DCF plans to implement strategies to achieve service excellence, to include services for youth of various ages and stages of achieving independence, to address concerns related to availability (targeted for special populations, etc.), accessibility (service gaps, waitlists,

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<sup>32</sup> See section beginning on page 75

access for neighboring counties, more language availability, etc.), acceptability (individualized services, etc.), and quality. The strategies outlined in that section will also target Chafee program services and supports.

### *Targeting Chafee Program Services and Supports*

New Jersey extended foster care to age 21 in 2004. During 2015-2019 there were training enhancements (e.g. Youth Thrive and LGBTQI) and updates to planning resources (e.g. Transitional Plan for YOUth Success) for child welfare casework staff and community-based providers. Through new training and updated planning resources, staff and providers are better able to engage, assess, and plan with youth in a developmentally appropriate and informed way.

Youth in foster care often have needs related to mental health, substance use, and domestic and/or interpersonal violence. DCF will continue refining these efforts through leveraging and improving existing resources offered by DCF's Office of Clinical Services (specifically the child health nurse program), Children's System of Care (mental health and substance use supports and services) and the Division on Women (domestic violence supports and services). These efforts will be coordinated with DCF's 2020-2024 Health Care Oversight and Coordination Plan.<sup>33</sup> By March 31, 2020 DCF will develop a stakeholder informed plan to review supports and services currently available and used, while also identifying areas that need to be strengthened and tailored to meet the needs of youth in foster care. Please refer to Table 1 regarding eligibility for benefits and services that outlines Chafee specific services and additional services offered through DCF that can support Chafee eligible youth.

DCF also recognizes that expectant and parenting youth (including young fathers) need unique services and supports to support their role as a parent while also developing as a young adult. Through 2020-2024, DCF will update and improve policy, practice, and programming to best meet the needs of these youth to promote successful parenting and prevent maltreatment with their own children. By December 31, 2019 DCF will develop a stakeholder informed plan to improve these systemic efforts.

As stated earlier (see "*Strengthening New Jersey's Chafee Program 2020-2024*") the Chafee program will be strengthened by using a race equity informed lens to update and enhance policy, practice, and programming for youth in foster care. These efforts will explore strategies to tailor practice and Chafee services to ensure all youth receive fair and equitable treatment and receive support and services that are culturally informed and appropriate.

Also stated earlier, under "*Using Data to Measure Success and Improve Service Delivery to Chafee Eligible Youth*", there will be improved efforts in 2020-2024 to use data to inform continuous quality improvements in the delivery of Chafee services.

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<sup>33</sup> See Attachment B: Health Care Oversight and Coordination Plan

Please see Tables 2 and 3, which provides data on the number of youth in foster care by county from 2015-2017 ages 14-17 and 18-21.

### *Assessments and Tools to Determine Individualized Needs*

DCF currently uses the Casey Life Skills Assessment (CLSA) with youth 14+ in foster care. The CLSA is completed annually by the youth with assistance from either the child welfare caseworker or a contracted service provider. The CLSA is used in conjunction with the Transitional Plan for YOUTH Success (TPYS) to help inform goals that have been identified by youth. There are six domains of the TPYS that include:

- Supportive Relationships and Community Connections,
- Education,
- Employment,
- Living Arrangement,
- Health, and
- Transitional Services

At this time DCF has identified that the CLSA self-assessment is not the best indicator of a youth's knowledge or skill across domains. Some preliminary research on assessments was conducted through DCF's Youth At-Risk of Homelessness federal project, however this research did not yield an assessment that was appropriate to replace or supplement the CLSA.

More recently, DCF has reviewed the newly released Youth Thrive Youth Survey. This survey is a self-assessment that DCF plans to incorporate utilizing with youth in care to help round out the Youth Thrive protective and promotive factors framework that is being used by child welfare staff and contracted service providers.

The findings from the 2017 CFSP indicated a need to improve practice regarding assessing needs and connecting with services. Moving forward, DCF will conduct a deeper level review and inventory of existing assessments to identify if there is anything else that exists that might be useful to gain a better understanding of the needs of youth in order to connect them to the appropriate service(s)/support(s). If we are unable to find an assessment(s) that meets our needs, we will look to develop one. The "Embracing a Youth Welfare System: A Guide to Capacity Building" guide has helpful information regarding what needs to be included in a useful assessment which will be taken into consideration when trying to identify or develop assessments we may want to use in the future. DCF will also include a more intentional link between the assessment results and connecting youth to appropriate service(s).

DCF is also exploring the use of behavior-based case planning for child welfare practice. The Office of Adolescent Services will partner with the child welfare leadership

regarding this potential change in planning to determine how it can enhance the Chafee program, services, and practice.

DCF also plans to look at possibly providing services for adolescents who are not in placement but involved with child welfare to prevent placement. There is an existing child's strength and needs assessment that is used that may be an indicator of additional support or services a family might need to build protective and promotive factors to prevent placement. The assessment looks at family relationships, coping skills (in home, school and community), substance use, physical health, social/community relationships, development, education and response to case plan/treatment services.

## **E. Collaboration with Other Private and Public Agencies**

DCF is committed to ongoing and meaningful collaboration with a variety of stakeholders as a central element of its work and the implementation of the Chafee program and services. Multiple approaches and activities are utilized to continue collaboration and consultation with stakeholders, these include but are not limited to:

### **1. Collaborative Mechanisms with Contract and Non-contracted Providers**

DCF regularly creates and convenes opportunities for synergy with community-based service providers. Many of these efforts are open to non-contracted agencies. Through the Office of Adolescent Services, there are layered discussions, forums and focus groups to ensure that services are accessible and represent cutting-edge practices.

Chafee-specific contracted service providers convene quarterly for updates, trainings, and resources on a variety of youth related topics. During the last three quarterly meetings these providers have received information regarding NYTD services, the Child and Family Service Plan, and have provided feedback regarding the Chafee program purposes. This feedback has been incorporated into the planning activities outlined in this 2020-2024 Chafee plan.

DCF also works closely with One Simple Wish (OSW), an online platform that brings national awareness to the foster care system and increases the wellbeing of children experiencing out-of-home care by granting their unique wishes. This support increases a youth's access to items including but not limited to musical instruments, sports equipment and other needs. OSW will support youth currently in foster care and youth with experience in foster care ages 21+.

Although DCF contracts with several housing programs, DCF also partners with Roots and Wings which is a privately funded program that provides safe housing, case management, education, counseling, and life skills to youth aging out foster care 18+. This is an important program and partnership since this program is able to serve youth up to age 24.

## 2. Initiatives with Key Stakeholders

### *Youth*

Youth are key stakeholders and partners to inform the Chafee program and service area. See the earlier section titled “*Youth Voice, Leadership, and Advocacy*” for more information.

### *Public Agencies in New Jersey*

The Children in Court Improvement Committee and the Administrative Office of the Courts (AOC): DCF’s Office of Adolescent Services provides standard and ad-hoc training for the Children in Court Improvement Committee (CICIC) and the AOC to improve communication and collaboration in service of improving timely permanency, particularly for adolescents. More broadly, DCF will partner with the CICIC on a statewide permanency improvement effort. The CICIC will manage this effort through use of a standing agenda item related to permanency.

The Department of Community Affairs (DCA): DCF will continue its strategic partnership with DCA in the form of varied subsidized and supportive housing models for youth across the state. This includes, but is not limited to, Section 8 vouchers for child welfare-involved young adults (including parenting youth) and other supports.

The Housing and Mortgage Finance Agency (HMFA): HMFA is dedicated to increasing the availability of and accessibility to safe, decent and affordable housing to families in New Jersey. HMFA and DCF collaborate with contracted supportive housing providers to track housing and services for adolescents and young adults, identify gaps in the local service continuum and develop appropriate outcome measurements. Also, HMFA’s Homeless Management Information System (HMIS) staff provide periodic trainings and technical assistance to DCF-funded housing service providers.

The Department of Education (DOE): In accordance with the 2015 Every Student Succeeds Act, DCF and DOE have a data sharing agreement in place to provide education/school data regarding youth in foster care with the intent to review trends in student’s educational attainment.

The Juvenile Justice Commission (JJC): To improve outcomes for youth involved with the juvenile justice system or dually-involved with both child welfare and juvenile justice, DCF participates in several collaborations with the JJC. This includes Juvenile Detention Alternative Initiative statewide and local activities and efforts through the Office of Juvenile Justice and Delinquency Prevention.

### *Technical Assistance Providers*

Through federal projects and other initiatives DCF partners with and has contracts for various technical assistance (TA) providers regarding initiatives to improve and

enhance Chafee services and programming. Some of these technical assistance providers include:

1. The Center for the Study of Social Policy, providing TA regarding the Youth Thrive initiative.
2. The Juvenile Law Center, providing TA regarding implementing the normalcy and reasonable prudent parent mandate.
3. The Corporation for Supportive Housing, providing TA regarding New Jersey's Connect to Home youth supportive housing programs specific to the Youth At-Risk of Homelessness Federal Project.
4. Child Trends, providing evaluation TA regarding the Youth At-Risk of Homelessness Federal project.
5. Payperks (through Conduent), providing TA regarding the NJ Money Skills online financial literacy program.

## **Collaboration with Other Private and Public Agencies 2020-2024**

### *Enhancing Career Planning and Supports*

In September 2017, DCF launched a new Pathways to Academic and Career Success (PACES) coaching program statewide. The PACES program serves 500 youth across 6 programs within 4 community-based service providers. PACES programs provide yearlong academic and career coaching to youth in foster care, ages 16-21, from 10th grade thru their 2nd year of college or completion of a career technical certificate. In addition to academic support and post-secondary exploration, this program includes assisting the youth in developing soft skills necessary to succeed in a work environment. DCF has provided technical assistance and trained PACES coaches and recognizes that additional support is needed to bolster their knowledge and resources regarding career coaching.

To ascertain whether the PACES program has a positive effect on students' academic performance, development of soft skills and college and career technical school enrollment and persistence, DCF will be measuring outcomes such as increases in high school GPAs by the end of the school year, students planning to attend NJ colleges or universities that apply and receive the New Jersey Tuition Aid Grant, students persisting to the second year of college, and students in career technical education students completing their certification. These outcomes will be measured through data received through a Memorandum of Agreement with the Department of Education, NJ Foster Care Scholars data maintained by Embrella, a community-based agency who oversees the NJFC Program. DCF is continuing to explore outcomes measures for soft skills/non-technical employability skills that lead to employment success.

There will be efforts to develop a partnership between Rutgers' Heldrich Center for Workforce Development, PACES coaches, and potentially other youth serving staff.

More specifically there is interest in developing a partnership with the New Jersey Career Network Coaching Community of Practice to support service providers and staff to provide effective career coaching and soft skills to youth in foster care.

In addition, although there have been some partnerships over the years, DCF is interested in strengthening our partnership with Labor and Workforce Development and the Statewide Employment and Training Commission regarding initiatives to support career readiness for youth in foster care. For example, there are initiatives related to Science, Technology, Engineering, and Math (STEM) and apprenticeships that could be highly beneficial for youth in foster care.

#### *Initiatives Related to Adolescent Health*

In review of Chafee program purposes DCF acknowledges there is a need to strengthen practice and education to youth regarding preventative health activities (smoking avoidance, nutrition education, and pregnancy prevention). DCF plans to partner internally through the Child Health Nurse Program for youth in foster care and with the Department of Health regarding these prevention activities. The goal is to ensure that this information is provided to youth in foster care through a variety of practice and programming activities.

#### *Preventing Homelessness and Promoting Housing Stability for Youth in Foster Care*

DCF has numerous contracts for youth supportive housing and several key partnerships with housing stakeholders statewide. Over the last few years DCF has become more familiar and started working more closely with the Continuums of Care (CoCs) statewide. DCF seeks to expand and improve CoC partnerships to better coordinate youth housing resources and ensure that youth experiencing housing instability are appropriately assessed to best understand their housing needs.

#### *Promoting Developmentally Appropriate Activities and Experiential Learning*

Since the implementation of the normalcy and reasonable prudent parent mandate, DCF has convened a large stakeholder group to provide feedback and drive related practice guidance resources, training, and policy. There are outstanding issues related to driving instruction, cell phones/cell phone plans, transportation, and savings accounts for youth in foster care that need to be addressed. DCF will seek out partnerships with other State departments and private agencies to identify potential resources to leverage or purchase to ensure youth in foster care more consistently and easily have access to activities and learning that are necessary and developmentally appropriate for transitioning to adulthood.

## **F. Determining Eligibility for Benefits and Services**

Child welfare caseworkers are responsible for linking youth with needed Chafee services through a youth driven assessment and planning process. The Youth Bill of Rights and the Voluntary Services Agreement (for youth 18+) outlines these services and needs that the caseworker is responsible for in partnership with the youth and their supports. For Chafee eligible youth that are closed with the child welfare system, they can access Chafee services through various service providers available statewide. 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+. Eligibility for Chafee services will be expanded to serve youth that were in foster care at age 14+ and were reunified with the families. DCF is currently reviewing youth data and funding availability to determine whether Chafee services can be extended to 23 and ETVs can be extended to 26.

Chafee funds for independent living services and room and board are implemented through programming with various service providers and leveraged with other funding sources to create a continuum of Chafee services statewide. Please refer to Table 1 regarding eligibility for benefits and services.

DCF will not deny eligibility for independent living services to a youth who otherwise meets the eligibility criteria but who is temporarily residing out of state. DCF will not terminate ongoing independent living assistance solely due to the fact that a youth is temporarily residing out of state.

### **Cooperation in National Evaluations**

DCF will cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee.

## **G. Chafee Training**

DCF has a vast training menu supporting various areas of child welfare practice. Within this training menu there are several Chafee specific training opportunities available to child welfare staff, service providers, and other stakeholders to effectively implement policy, practice, and programming to ensure high quality and comprehensive services to Chafee eligible youth. These trainings are highlighted below:

Youth Thrive: The Youth Thrive protective and promotive factors framework training was co-designed by the Center for the Study of Social Policy (CSSP), OAS, and DCF's Office of Training and Professional Development (OTPD) to help NJ's young people reach their full potential. This training is co-led by a seasoned trainer and a trainer with lived experience. Youth Thrive is based on emerging research in neuroscience and brain development as well as established research on the promotion of positive youth development. This training emphasizes the importance of supporting healthy development and wellbeing of youth to help promote their positive outcomes. This

three-day training is offered to child welfare staff and service provider staff. In addition, a Youth Thrive home correspondence course has been developed and is offered to resource and adoptive parents.

Got Adolescents?: Got Adolescents? is a one-day training for child welfare staff primarily serving adolescents and young adults. The training provides the “101” regarding youth specific policy, practice, and programming to best prepare child welfare staff to best engage and team with youth.

Transitional Plan for Youth Success (TPYS)/Casey Life Skills Assessment (CLSA): TPYS/CLSA is a one-day training that is designed to provide child welfare staff and service providers an opportunity to develop a basic competency and understanding of assessment and planning practices with youth in foster care. The content includes the identification and exploration of assets and opportunities, long and short-term goal setting and application of the CLSA in the development of a TPYS. The training focuses on the importance of comprehensive assessment, effective planning and youth-involvement in assisting youth with their transition into adulthood.

Post-BA Certificate in Adolescent Advocacy (ADAD): OAS and Montclair State University created this 15-credit certificate program primarily geared to child welfare staff and expanded to other DCF staff over the years. The ADAD certificate focuses on adolescent advocacy, case practice, and provides students with a multidisciplinary understanding of the role of the adolescent advocate as seen through the disciplines of law, sociology, and psychology. The certificate incorporates youth perspectives, concepts from the Youth Thrive framework, adolescent development, trauma informed care, and engagement into its coursework. DCF will be updating the coursework to include more transfer of learning activities and the Attachment, Regulation, and Competency (ARC) framework. The ADAD certificate is a one-year program that includes five courses; two in the fall, two in the spring and one in the summer. In an effort to ensure that all staff have access to the program, both an in-class option at Montclair and an online option are offered for 40 staff each year.

Adolescent Practice Forums: OAS recognizes that inter-departmental practice conversations are an important tool to provide quality and consistent services to adolescents. OAS began the Adolescent Practice Forums (APFs) to establish a forum where professionals across DCF can discuss common practice concerns and receive updates on adolescent-related policy, practice and workgroup/task force activities. These forums are offered several times in regional offices across the state. They are designed to facilitate dialogue between adolescent-serving staff within CP&P, the Office of Education (DCF-OOE) and the Case Management Organizations (CMO) serving Children’s System of Care (CSOC) youth. Forums include an overview of adolescent-specific resource materials, trainings on requested topics, and services offered by OAS.

Safe Space Program and Training: The Safe Space Program encourages and promotes DCF to create welcoming and inclusive environments for Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) youth, families, and staff. This

strategy provides an atmosphere whereby the LGBTQI population can feel safe, supported, and access resources specific to their needs. Sexual and gender minority youth are an at-risk population that is faced with many challenges regarding accessing services, placement and interactions with other professionals. DCF continues to educate its workforce on providing proficient and comprehensive services to LGBTQI individuals. In order to ensure that DCF remain responsive to this population, Safe Space Liaisons participate in Safe Space in-service trainings held throughout the State. Each in-service training features a guest speaker, cutting-edge resources and specific LGBTQI education. In addition, a statewide Safe Space Networking conference is held annually.

Cultural Competency LGBTQI Training: This recently launched two-day training for child welfare staff develops a basic understanding of the needs, challenges, issues, and resources pertinent to LGBTQI youth, adults, and families served by the child welfare system as well as the skills to recognize and meet these needs. Through discussions and activities around terminology, values and attitudes, the coming out process, safety, and legal issues, participants will learn how to best provide services that promote the psychological, social, emotional, and physical health and welfare for all, regardless of sexual orientation, gender identity, or gender expression.

Youth Leadership and Advocacy Training: This one-day training is currently offered to Chafee specific service providers to provide an overview of the theories and concepts related to youth engagement and leadership development. The training emphasizes how youth engagement contributes to healthy development, healing from trauma, and fostering youth resilience. Knowledge is increased regarding strategies for developing effective youth-adult partnerships and effective strategies to promote leadership and advocacy. This training will be expanded to child welfare staff, resource parents, and other youth advocates over the next three years.

Adolescent Networking Conference: OAS partners with Rutgers University to hold a one-day biennial conference for youth, staff, service providers, and other interested stakeholders. The conference topic 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. In 2019 the conference topic was Adolescent Sexual Health; the next conference will be planned for 2021.

### ***Chafee Training Plan 2020-2024***

Along with the training opportunities above, DCF will continue implementing or pursue the following trainings below:

1. Normalcy Training: Training has been in development regarding the normalcy and reasonable prudent parent mandates. A video webinar will launch in September 2019 for child welfare staff and will be available on DCF's website. A subsequent in person training will be available for child welfare staff by early

2020. A similar training will be developed for resource and adoptive caregivers and for non-family based out of home providers.

2. Expectant and Parenting Youth Training: DCF seeks to develop training for child welfare staff and providers regarding the unique needs of expectant and parenting youth (including young fathers).
3. Chafee-related training for resource and adoptive parents: DCF has several trainings for child welfare staff and service providers, however needs to focus on strategies to ensure that similar Chafee related training is available to resource and adoptive parents through in-person and/or online based modalities.
4. Develop a training for youth and youth serving adults that will support young people in various roles (e.g. workgroups, task forces, panel presentations, councils, committees) to appropriately prepare and receive support regarding strategic sharing and using their own lived experience in a healthy way to help inform systems change and enhancement.

## **H. Consultation with Tribes**

New Jersey does not have any federally recognized tribes; however, three tribal nations have very recently received state recognition. DCF will plan to engage these tribes through the Commission on Indian Affairs regarding Chafee and ETV program services for Indian youth. As outlined in the *Serving Youth Across the State* and *Determining Eligibility for Benefits and Services* sections, these services are available statewide to all eligible youth to include those identified as Indian children.

There have not been any tribes requesting to develop an agreement to administer, supervise, or oversee the Chafee or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision.

## Education and Training Vouchers (ETV) Program

### A. Methods to Operate the ETV Program Effectively

Through the New Jersey Foster Care (NJFC) Scholars program, DCF continues to provide ETVs to eligible youth who have aged out of foster care or left care for kinship legal guardianship or adoption. The NJFC Program is the umbrella program for ETV, Statewide Tuition Waiver and “State Option” funding. The NJFC Scholars program is overseen by the Office of Educational Support and Programs (OESP) within the Office of Adolescent Services (OAS), and administered via contract by the non-profit provider, Embrella (formerly Foster and Adoptive Family Services).

#### 1. Identification of Prospective Students

Eligibility for ETV funding under the NJFC Scholars Program is based on age and length of time in foster care placement. In New Jersey, students who are 16-21 years of age and were: 1) 14 years of age or older with at least 18 months of foster care placement, 2) 16 years or older with 9 or more months of foster care placement or 3) who exited care for adoption or Kinship Legal Guardianship (KLG) after the age of 16 qualify for the program. Students who exited care for adoption between the ages of 12 and 15 are also eligible for NJ Foster Care Scholars under “State Option” which offers the same financial support as ETV (using State dollars). Students enrolled in NJFC and in school at the time they turn 21 are eligible for ETV funds up to age 23.

DCF’s Office of Research, Evaluation and Reporting provides a monthly data file using an algorithm that captures all youth age 14-21 years of age with the requisite foster care placement histories as well as the youth ages 12-15 who exited care for adoption and those who exited care after age 16 for adoption or KLG. This monthly data report is used to qualify students for the NJFC Scholars Program and determine if the student is eligible for ETV or State funding (for the Tuition Waiver or State Option). This report is also used for targeted recruitment strategies (see below).

#### Outreach/Recruitment

Embrilla convenes year-round workshops throughout the state for youth currently and formerly in foster care, their caregivers and caring adults to assist them in applying for ETV and completing the Free Application for Federal Student Aid (FAFSA) as well applications for New Jersey specific state aid.

Embrilla also convenes the Passport to Education conference, held annually, for youth in foster care, their child welfare caseworkers and youth-serving providers. Information and resources are shared with both youth pursuing post-secondary education and training and the agency staff or resource caregivers that are

assisting them. The conference includes workshops on navigating the financial aid process, college application process, budgeting and options for post-secondary education etc.

NJFC Scholars sessions, including information about ETV, are also held across the state to inform secondary and post-secondary school staff and youth about eligibility and to enhance a collaborative service partnership for a youth's success in post-secondary education. Sessions are also held with youth service providers and advocates such as Court Appointed Special Advocates (CASA), Law Guardians, life skills and housing providers, high school guidance counselors, Educational Opportunity Fund (EOF) programs, and college support programs.

### **Application Process**

The NJFC Scholars application is web-based allowing convenient access and to expedite the application process. Students must apply in the fall semester and there is an abridged version of the application for reapplicants. For new applicants, students must provide a copy of their high school diploma or High School Equivalency as well as:

- For Citizens: Proof of completed and submitted FAFSA for the academic year (confirmation email from FAFSA, Student Aid Report, award letter, etc.)
- For Dreamers eligible for New Jersey State Aid and the New Jersey Statewide Tuition Waiver: Proof of completed and submitted New Jersey Alternative Financial Aid Application
- Proof of acceptance or enrollment from the Post-Secondary Institution they are attending or are planning to attend (acceptance letter, registration or class schedule)
- If transferring to a new school, proof of the number of credits transferred must be provided, or a letter explaining why credits did not transfer
- Returning students only must provide:
  - Most recent college/technical school transcript

Students requesting educational supports (e.g. assistance with books, bus passes, and computers) can apply for these supports at the beginning of each semester.

### **2. Review and Acceptance**

Upon acceptance, students receive a welcome letter confirming their acceptance into the NJFC Scholars Program. The welcome letter outlines the academic policy and requirements of the student's funding as specified by either ETV or the Statewide New Jersey Tuition Waiver legislation. The letter specifically notes that the ETV funding must not exceed the cost of attendance, is limited to up to \$5000 per academic year and must be dispersed in two \$2,500 installments. Students are also informed that they must be registered at least half time and must be continuously enrolled on their 21<sup>st</sup> birthday to continue to receive funding until they

reach the age of 23. Lastly, the letter advises the student that funding ends at age 23 regardless of the student's completion of post-secondary education.

Each NJ Foster Scholar is assigned a Scholarship Coordinator at Embrella who assists the student in understanding their funding, communicates with the financial aid offices to resolve any financial aid issues and supports the student in navigating any financial aid requirements.

### **3. Measuring Satisfactory Progress**

As per the academic policy, students must maintain a 2.0 GPA each semester and make Satisfactory Academic Progress (SAP) as determined by their Post-Secondary Institution (PSI). Scholarship Coordinators are responsible for verifying GPA and SAP each semester by using the "NJ Foster Scholars Program Student Account Inquiry Form" (refer to the section below on "Methods to Ensure ETV Funding Doesn't Exceed Total Cost of Attendance"). Students who don't meet the above-stated academic requirements will be placed on probation with the objective of raising their grades to meet the 2.0 requirement for the next semester. If a student falls below a 2.0 GPA for two consecutive semesters they are removed from the program. The student may appeal their removal due to extenuating circumstances and can be reinstated. The majority of students whose appeals are granted successfully continue in school.

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

Embrella uses an "NJ Foster Scholars Program Student Account Inquiry Form" to ensure that ETV funding does not exceed the cost of attendance. Upon a student's acceptance into the NJFC Program, Embrella staff email the Inquiry form (every semester) to the Post-secondary institution's (PSI) Financial Aid, Bursar or Student Accounting office for completion of cost of attendance expenses, actual costs for tuition and fees, room, and board. The inquiry form also asks the PSI to list the financial aid awarded to the student for the semester by category- federal (Pell, SEOG), state, and institutional grants, scholarships, loans (subsidized, unsubsidized, private) and personal payments.

Once Embrella receives the completed inquiry form from the PSI and confirms that the student's financial aid package doesn't exceed the COA, the ETV funds (up \$2,500 per semester and no more than \$5,000 per academic year) are available to be released to either the PSI, the student, or a third-party vendor depending on the category of student's unmet need. Funds will be released to the PSI if the unmet need is for tuition and fees, room and board (if the student is living on campus). Funds are released to the student (via check, debit card or direct deposit) for educational supports such as transportation, child care expenses, laundry, food, incidentals or rental payments (with

a copy of a lease). Funds are released to a third-party vendor for the purchase of computers or laptops, books and supplies.

It should be noted that students who remain under the supervision of Child Protection and Permanency (CP&P) do not receive ETV funds for food, rent or incidentals support because CP&P provides those students with Independent Living stipends to cover those expenses. NJ Foster Care Scholars have access to their web-based student portal to allow them to make educational support requests.

All financial records are maintained in a secured Microsoft Access database. Fields in the database include all the COA, payments, amount of payments, payee information, what the payment or purchase was for, date of payment or purchase and the type of funding used (ETV or State). The database also captures the student's demographic data, grade point average by semester, and ETV timeframes. This includes the date school began, date the student disengaged from school (if relevant) and date resumed school (if relevant) and date of student's 23<sup>rd</sup> birthday. Students are notified in writing 6 months prior to their 21<sup>st</sup> birthday that they need to remain consecutively enrolled to continue receiving funding after their 21<sup>st</sup> birthday. In addition, students are notified in writing 6 months prior to their 23<sup>rd</sup> birthday to remind them that ETV funding will terminate.

### **C. Coordination with Other Education and Training Programs**

DCF and Embrella make every effort to assist youth in maximizing all available financial aid. Embrella also administers New Jersey's Statewide Tuition Waiver Program (TW) on behalf of DCF. ETV students whose ETV funding is discontinued because they reach the age of 23 and who meet the TW eligibility (9 months of foster care placement after the age of 16) may then access TW funding to complete their education. The TW funding is available to students for 5 years from the date TW is accepted allowing the student to continue their education up to age 28 (if they begin using TW at age 23).

DCF will work with the administration of the New Jersey's Higher Education Student Assistance Authority (HESAA) to ensure current and former foster youth apply and utilize available State aid. HESAA has oversight of the Education Opportunity Fund Program as well as State aid, including the Tuition Aid Grant, Community College Opportunity Grant, NJ STARS, the Governor's Urban Scholarship Program and the Governor's Industry Vocations Scholarship (NJ-GIVS).

Embrilla also has coordinated (and will continue to coordinate) with HESAA to ensure NJFCS' independent status is verified expeditiously. This streamlining allows students to obtain applicable State aid without the necessity for additional paperwork.

DCF has relationships with several of New Jersey's State Universities: Rutgers University, Stockton, Montclair State University – each having their unique college support programs which many of our NJ Foster Scholars are participants.

DCF's PACES program (which began in September 2017), in partnership with four non-profit agencies (see Chafee plan for additional information on PACES) is tasked with ensuring that high school students in foster care are college-ready. This includes referring them to college bridge and student support and TRIO programs, such as Upward Bound and the Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP) Programs.

#### **4. Method for Determining Unduplicated Youth**

Using the database, Embrella and OESP staff can run a variety of reports using the “query” function. A query is also done to check for duplicates. Frequently run reports include:

1. All students with identifying information, name and location of PSI, enrollment status, GPA
2. ETV-funded students
3. State-funded students
4. Amount of ETV spending and by spending category
5. New students per semester
6. Returning students
7. Students who fell below 2.0 GPA

**Table 1 Chafee Services and Eligibility**

<b><u>Support</u></b>	<b><u>Youth that have experienced foster care at age 14 up to age 21</u></b>	<b><u>Youth who aged out of foster care at 18</u></b>	<b><u>Youth who exited foster care for adoption or KLG after 16+</u></b>	<b><u>2020-2024 Plan for Extended Eligibility Youth who exited care to reunification at 14 or older</u></b>
Youth Bill of Rights	Yes, through child welfare case worker	Yes, through child welfare case worker	No	No
Transitional Plan for YOUTH Success (planning tool)	Yes, through child welfare case worker	Yes, through child welfare case worker	Yes, through some Chafee specific service providers	Yes, through some Chafee specific service providers
Casey Life Skills Assessment (CLSA)	Yes, through child welfare case worker	Yes, through child welfare case worker	Yes, through some Chafee specific service providers	Yes, through some Chafee specific service providers
Voluntary Services Agreement (VSA)	Yes, through the child welfare case worker starting at age 18	Yes, through the child welfare case worker starting at age 18	No	No
<b>Chafee specific programming available</b>				
Life skills services	Yes	Yes	Yes	Yes
Pathways to Academic and Career Exploration to Success coaching services	Yes, starting at age 16 if eligible for Foster Scholars programming	Yes, if eligible for Foster Scholars programming	Yes, if eligible for Foster Scholars programming	Yes, if eligible for Foster Scholars programming
Permanency/family finding services	Yes	Yes	Yes	Yes
Mentoring	Yes	Yes	Yes	Yes

Financial literacy through njmoneyskills.com and Ever-Fi	Yes	Yes	Yes	Yes
Independent Living Stipend for rent, food, and/or incidentals	Yes, starting at age 16+ if the youth is in an eligible independent living placement	Yes, if the youth is in an eligible independent living arrangement	No	No
Flexible funding to support extracurricular activities, sports, and hobbies	Yes	Yes	No	No
Foster Care Scholars ETV and State Tuition Waiver funds	Yes, based on federal and state eligibility requirements	Yes, based on federal and state eligibility requirements	Yes, based on federal and state eligibility requirements	Yes, based on federal and state eligibility requirements
Foster Care Scholars Gap Housing (for breaks and summer months)	Available to any Foster Care Scholar	Available to any Foster Care Scholar	Available to any Foster Care Scholar	Available to any Foster Care Scholar
Supervised transitional living housing programs	Yes, starting at age 16 up to 21	Yes	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21
Transitional living programs	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21
Permanent supportive housing	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21
Participation in the Youth Advisory Network (youth advocacy and leadership)	Yes, if involved with the Chafee specific service provider	Yes, if involved with the Chafee specific service provider	Yes, if involved with the Chafee specific service provider	Yes, if involved with the Chafee specific service provider
Aftercare case management and life skills up to age 22	Youth are eligible but cannot receive services until 18 and when the child welfare case is closed	Youth are eligible but cannot receive services until the	Youth are eligible to receive services after age 18	Youth are eligible to receive services after age 18

		child welfare case is closed		
Wraparound emergency funds up to age 22	Youth are eligible and can apply for funds after the child welfare case is closed	Youth are eligible and can apply for funds after the child welfare case is closed	Yes, after the age 18	Yes, after the age 18
<b>Supplemental DCF supported services available to youth in all categories</b>				
Children’s System of Care: mental health, substance use, and intellectual/developmental disability services				
Home Visitation Programs: in-home parenting support and psycho-education for new or at-risk parents				
Outreach to At-Risk Youth Programming (OTARY): community-based afterschool programs to prevent juvenile delinquency and gang involvement				
School-Based Programming: Prevention and support programming located in select middle and high schools				
<b>Supplemental and frequently used services available to youth in all categories</b>				
Afterschool programs (e.g. Boys and Girls Clubs, YMCA)				
Day and summer camps (one camp is funding through DCF)				
One-stop county-based career centers				
One Simple Wish (wish granting for concrete needs for youth in foster care)				

**Table 2 Youth in Care 14-17**

<b>County</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Atlantic	53	59	49
Bergen	56	57	49
Burlington	78	65	51
Camden	119	124	108
Cape May	21	26	28
Cumberland	41	48	53
Essex	187	185	178
Gloucester	73	78	68
Hudson	101	94	78
Hunterdon	11	<10	<10
Mercer	78	92	80
Middlesex	71	71	69
Monmouth	51	60	68
Morris	31	35	26
Ocean	73	75	55
Passaic	60	65	54
Salem	17	12	16
Somerset	21	15	10
Sussex	<10	<10	<10
Union	78	75	69
Warren	17	11	23
<b>Totals</b>	<b>1237</b>	<b>1247</b>	<b>1132</b>
<i>Please note totals are slightly higher after adding counties with &lt;10 youth.</i>			

**Table 3 Youth in Care 18-21**

<b>County</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>Atlantic</b>	<10	11	<10
<b>Bergen</b>	28	24	24
<b>Burlington</b>	13	11	21
<b>Camden</b>	37	27	33
<b>Cape May</b>	<10	<10	<10
<b>Cumberland</b>	12	12	15
<b>Essex</b>	92	79	60
<b>Gloucester</b>	12	13	17
<b>Hudson</b>	37	38	33
<b>Hunterdon</b>	<10	<10	<10
<b>Mercer</b>	16	13	15
<b>Middlesex</b>	21	24	16
<b>Monmouth</b>	20	21	19
<b>Morris</b>	<10	<10	<10
<b>Ocean</b>	17	20	<10
<b>Passaic</b>	13	17	17
<b>Salem</b>	<10	<10	<10
<b>Somerset</b>	<10	<10	<10
<b>Sussex</b>	<10	<10	<10
<b>Union</b>	33	33	26
<b>Warren</b>	<10	<10	<10
<b>Totals</b>	<b>351</b>	<b>343</b>	<b>296</b>

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

Figure 1 YAN TOC



# New Jersey Youth Advisory Network – *Theory of Change*

**PROBLEM** - Young people served by the DCF system have limited accessibility to participate in improving the system and developing leadership and advocacy skills.

**ASSUMPTIONS**

- Youth can make meaningful contributions to improving services and the DCF system
- Being involved in change-making is a powerful developmental process for youth
- Agency and system level efforts to support youth leadership and participation must be engaging and culturally and developmentally relatable
- Modeling of changes in practice and policy by DCF is a key factor in motivating agencies to make practice and policy change

**CONTEXT**

- Previous DCF efforts at engaging a broad base of youth to participate in leadership and advocacy efforts has been challenging.
- Lack of strong formal processes and structure has not yet been established to lift up important youth issues.

**STRATEGIES**

1 - DCF and Provider agencies work together in partnership to design, build, evaluate and strengthen a process for improving young people’s participation and leadership development system wide.

2 - DCF funded agencies and their staff strengthen opportunities for young people to gain leadership and participate in decision-making and evaluation of supports, services and practices the agency offers.

Regional leads in each of four regions will:

- Train provider staff in youth leadership and advocacy development and youth participation concepts and methods
- Provide tools, materials, and evidence to encourage and support partners to make program, practice, or policy changes that strengthen youth leadership and participation in service improvements.
- Provide ongoing coaching to providers on implementing these program, practice, and policy changes

3 - Young people served by DCF and its contracted providers regularly provide feedback and identify issues and solutions to challenges youth face.

Regional leads in each of four regions will:

- Assist selected (all) providers to prepare and support youth to participate in sharing learnings at quarterly meetings and other opportunities, as appropriate.
- Organize an engaging process in which youth and staff reps from provider agencies systematically present issues, critically reflect on issues, and develop recommendations for priority issues that youth are raising.

**RESULTS**

**Youth...**

- Are engaged in community or program change effort that impacts the DCF system

**Agencies & their staff are...**

- Increasing capacity, confidence and commitment to youth engagement in program, practice, and policy change
- Making system, policy, budget and practice changes that demonstrate youth engagement

**DCF is...**

- Enacting policy, practice, budget or policy change to increase QUALITY and FREQUENCY of youth involvement
- Enacting policy, practice, budget, or policy change to improve youth outcomes as a result of increase in youth participation



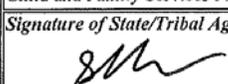
# Appendix A: Financial Information

CFS-101, Part I  
U. S. Department of Health and Human Services  
Administration for Children and Families

Attachment B  
OMB Approval #0970-0426  
Approved through January 31, 2021

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV and  
Reallotment for Current Federal Fiscal Year Funding**

For Federal Fiscal Year 2019: October 1, 2018 through September 30, 2019

<b>1. Name of State or Indian Tribal Organization:</b> New Jersey		<b>2. EIN</b>	216000928	
<b>3. Address:</b> (insert mailing address for grant award notices in the two rows below) 50 East State Street, 7th Floor Trenton, NJ 08625		<b>4. Submission Type:</b> (select one)		
a) Email address for grant award notices: dcfaskrfp@dcf.state.nj.us		<input type="checkbox"/> NEW <input checked="" type="checkbox"/> REALLOTMENT <input type="checkbox"/> REVISION		
<b>REQUEST FOR FUNDING for FFY 2019:</b> Hardcode all numbers; no formulas or linked cells.				
<b>5. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:</b>				\$0
a) Total administrative costs (not to exceed 10% of the CWS request)		ok		\$0
<b>6. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:</b>		% of Total		
a) Family Preservation Services		#DIV/0!		\$0
b) Family Support Services		#DIV/0!		\$0
c) Time-Limited Family Reunification Services		#DIV/0!		\$0
d) Adoption Promotion and Support Services		#DIV/0!		\$0
e) Other Service Related Activities (e.g. planning)		#DIV/0!		\$0
f) Administrative costs (APPLICABLE TO STATES ONLY: not to exceed 10% of the PSSF request)		#DIV/0!		\$0
g) Total itemized request for title IV-B Subpart 2 funds: <i>NO ENTRY: Displays the sum of lines 6a-6f.</i>		#DIV/0!		\$0
<b>7. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)</b>				\$0
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of MCV request)		ok		\$0
<b>8. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)</b>				\$0
<b>9. Requested Chafee Foster Care Independence Program (CFCIP) funds:</b>				\$0
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of CFCIP request).		ok		\$0
<b>10. Requested Education and Training Voucher (ETV) funds:</b>				\$0
<b>REALLOTMENT:</b>				
<i>Complete this section for adjustments to current year (FFY 2018) awarded funding levels.</i>				
<b>11. Identification of Surplus for Reallotment:</b>				
a) Indicate the amount of the State's/Tribe's FFY18 allotment that will not be utilized for the following programs:				
CWS	PSSF	MCV (States only)	CFCIP Program	ETV Program
\$0	\$0	\$0	\$0	\$0
<b>12. Request for additional funds in the current fiscal year, should they become available for re-allotment:</b>				
CWS	PSSF	MCV (States only)	CFCIP Program	ETV Program
\$0	\$0	\$38,613	\$229,785	\$56,594
<b>13. Certification by State Agency and/or Indian Tribal Organization:</b>				
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official		
				
Title CFO, Chief Financial Officer, Dept. of Children and		Title		
Date 05/10/19		Date		

CFS-101, Part I  
 U. S. Department of Health and Human Services  
 Administration for Children and Families

Attachment B  
 OMB Approval #0970-0426  
 Approved through January 31, 2021

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV and Reallocation for Current Federal Fiscal Year Funding**

For Federal Fiscal Year 2019: October 1, 2018 through September 30, 2019

<b>1. Name of State or Indian Tribal Organization:</b> New Jersey		<b>2. EIN</b>	216000928	
<b>3. Address:</b> (insert mailing address for grant award notices in the two rows below) 50 East State Street, 7th Floor Trenton, NJ 08625		<b>4. Submission Type:</b> (select one) <input type="checkbox"/> NEW <input type="checkbox"/> REALLOTMENT <input checked="" type="checkbox"/> REVISION		
a) Email address for grant award notices: dcfaskrfp@dcf.state.nj.us				
<b>REQUEST FOR FUNDING for FFY 2019:</b> Hardcode all numbers; no formulas or linked cells.				
<b>5. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:</b>			\$0	
a) Total administrative costs (not to exceed 10% of the CWS request)		ok	\$0	
<b>6. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:</b>		<b>% of Total</b>		
a) Family Preservation Services		#DIV/0!	\$0	
b) Family Support Services		#DIV/0!	\$0	
c) Time-Limited Family Reunification Services		#DIV/0!	\$0	
d) Adoption Promotion and Support Services		#DIV/0!	\$0	
e) Other Service Related Activities (e.g. planning)		#DIV/0!	\$0	
f) Administrative costs (APPLICABLE TO STATES ONLY: not to exceed 10% of the PSSF request)		#DIV/0!	\$0	
g) Total itemized request for title IV-B Subpart 2 funds: <i>NO ENTRY: Displays the sum of lines 6a-6f.</i>		#DIV/0!	\$0	
<b>7. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)</b>			\$0	
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of MCV request)		ok	\$0	
<b>8. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)</b>			\$2,203,335	
<b>9. Requested Chafee Foster Care Independence Program (CFCIP) funds:</b>			\$0	
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of CFCIP request).		ok	\$0	
<b>10. Requested Education and Training Voucher (ETV) funds:</b>			\$0	
<b>REALLOTMENT:</b>				
Complete this section for adjustments to current year (FFY 2018) awarded funding levels.				
<b>11. Identification of Surplus for Reallocation:</b>				
a) Indicate the amount of the State's/Tribe's FFY18 allotment that will not be utilized for the following programs:				
CWS	PSSF	MCV (States only)	CFCIP Program	ETV Program
\$0	\$0	\$0	\$0	\$0
<b>12. Request for additional funds in the current fiscal year, should they become available for re-allotment:</b>				
CWS	PSSF	MCV (States only)	CFCIP Program	ETV Program
\$0	\$0	\$0	\$0	\$0
<b>13. Certification by State Agency and/or Indian Tribal Organization:</b>				
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
<i>Signature of State/Tribal Agency Official</i>		<i>Signature of Federal Children's Bureau Official</i>		
				
Title CFO, Chief Financial Officer, Dept. of Children and		Title		
Date 05/10/19		Date		

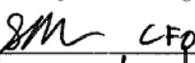
2019 APSR

CFS-101, Part I  
 U. S. Department of Health and Human Services  
 Administration for Children and Families

Attachment B  
 OMB Approval #0970-0426  
 Approved through January 31, 2021

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding**

For Federal Fiscal Year 2020: October 1, 2019 through September 30, 2020

<b>1. Name of State or Indian Tribal Organization and Department/Division:</b>		<b>3. EIN:</b>	216000928	
State of New Jersey		<b>4. DUNS:</b>	784995503	
<b>2. Address:</b> (insert mailing address for grant award notices in the two rows below)		<b>5. Submission Type:</b> (select one)		
50 East State Street., 7th Floor		<input checked="" type="checkbox"/> NEW		
Trenton, NJ 08625		<input type="checkbox"/> REALLOTMENT		
a) Email address for grant award notices:		<input type="checkbox"/> REVISION		
<b>REQUEST FOR FUNDING for FY 2020:</b>				
Hardcode all numbers; no formulas or linked cells.				
<b>6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:</b>			\$5,815,085	
a) Total administrative costs (not to exceed 10% of the CWS request)			\$581,085	
<b>7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:</b>		<b>% of Total</b>	<b>\$0</b>	
a) Family Preservation Services		22%	\$1,404,712	
b) Family Support Services		21%	\$1,365,872	
c) Family Reunification Services		26%	\$1,670,118	
d) Adoption Promotion and Support Services		31%	\$2,032,625	
e) Other Service Related Activities (e.g. planning)		0%	\$0	
f) Administrative costs (APPLICABLE TO STATES ONLY: not to exceed 10% of the PSSF request)		0.0%	\$0	
g) Total itemized request for title IV-B Subpart 2 funds: <i>NO ENTRY: Displays the sum of lines 7a-f.</i>		100%	\$6,473,327	
<b>8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)</b>			\$407,922	
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of MCV request)			\$40,792	
<b>9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)</b>			\$2,490,964	
<b>10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:</b>			\$2,527,633	
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of CFCIP request).			\$406,400	
<b>11. Requested Education and Training Voucher (ETV) funds:</b>			\$698,536	
<b>REALLOTMENT REQUEST(S) for FY 2019:</b>				
Complete this section for adjustments to current year awarded funding levels.				
<b>12. Identification of Surplus for Reallotment:</b>				
a) Indicate the amount of the State's/Tribe's FY 19 allotment that will not be utilized for the following programs:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
<b>13. Request for additional funds in the current fiscal year, should they become available for re-allotment:</b>				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
<b>14. Certification by State Agency and/or Indian Tribal Organization:</b>				
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official		
				
Title		Title		
Date		Date		
04/02/19				

2020 APSR

**CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services**  
 Name of State or Indian Tribal Organization: State of New Jersey

For FY 2020: OCTOBER 1, 2019 TO SEPTEMBER 30, 2020

SERVICES/ACTIVITIES	(A) IV-B Subpart I- CWS	(B) IV-B Subpart II- PSSF	(C) IV-B Subpart II- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served	
1.) PROTECTIVE SERVICES	\$ 2,528,500			\$ -				\$ 71,307,185	5,526	N/A	Children in out-of-home care	Statewide	
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 1,404,712		\$ -				\$ 2,341,727	305	347	Equal Children & Families	Statewide	
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 2,528,500	\$ 1,365,872		\$ 2,490,964				\$ 115,590,493	165,688	N/A	Vulnerable Children & Families	Statewide	
4.) FAMILY REUNIFICATION SERVICES	\$ -	\$ 1,670,118		\$ -				\$ 2,794,173	350	136	Equal Children & Families	Statewide	
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 2,032,625		\$ -				\$ 3,388,489	1,533	325	Equal Children & Families	Statewide	
6.) OTHER SERVICE RELATED ACTIVITIES (see planning)	\$ -	\$ -		\$ -				\$ -	-	-		Statewide	
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE (b) GROUP/INSTIT CARE	\$ -	\$ -		\$ -				\$ 14,216,317	4,698	N/A	All Children in Foster Care	Statewide	
8.) ADOPTION SUBSIDY PYMTS. PAYMENTS	\$ 177,000			\$ -				\$ 4,897,960	178	N/A	All Equal Children	Statewide	
9.) GUARDIANSHIP ASSISTANCE SERVICES	\$ -			\$ -				\$ 55,584,478	14,093	N/A	Equal Adopted Children	Statewide	
10.) INDEPENDENT LIVING SERVICES	\$ -			\$ -				\$ 3,660,000	1,563	N/A	All Equal Children	Statewide	
11.) EDUCATION AND TRAINING VOUCHERS	\$ -			\$ -				\$ 224,384	1,419	N/A	All Equal Youth	Statewide	
12.) ADMINISTRATIVE COSTS	\$ 581,085	\$ -	\$ 40,752	\$ -				\$ 90,790,380	264,098,031	215	N/A	All Equal Youth	Statewide
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -	\$ -	\$ -				\$ 2,541,315	4,461,000				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -	\$ -	\$ -				\$ 2,548,481	2,473,098				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -	\$ -	\$ -	\$ -				\$ 71,339		N/A		Statewide	
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -	\$ -	\$ -				\$ 5,167,346	7,950,896				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 367,190	\$ -				\$ -					
18.) TOTAL	\$ 5,815,085	\$ 6,473,327	\$ 407,922	\$ 2,490,964	\$ 2,527,633	\$ 898,536	\$ 179,772,000	\$ 643,690,124					
19.) TOTALS FROM PART I	\$ 5,815,085	\$ 6,473,327	\$ 407,922	\$ 2,490,964	\$ 2,527,633	\$ 898,536							
20.) Difference (Part I - Part II)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00							

(If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses (\$) means Part II exceeds request)

21.) Population data required in columns I - L can be found:  
 On this form  
 In the APSR/CFSR narrative

**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence and Education And Training Voucher Reporting on Expenditure Period For Federal Fiscal Year 2017 Grants: October 1, 2016 through September 30, 2018**

1. Name of State or Indian Tribal Organization:		2. Address:		3. EIN: 216000928			
State of New Jersey		50 East State Street, 7th Floor Trenton, NJ 08625		4. DUNS: 784995503			
5. Submission Type: (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION							
6. Total title IV-B, subpart 1 (CWS) funds:		(A) Original Planned Spending for FY 17 Grants	(B) Actual Expenditures for FY 17 Grants	(C) Number Individuals served	(D) Number Families served	(E) Population served	(F) Geographic area served
a) Administrative Costs (not to exceed 10% of CWS allotment)		\$ 5,371,995	\$ 5,319,998	1,506	N/A	NA	Statewide
7. Total title IV-B, subpart 2 (PSSF) funds:		\$ 537,198	\$ 537,999				
Tribes enter amounts for Estimated and Actuals, or complete 7a-f.		\$ -	\$ -				
a) Family Preservation Services		\$ 1,241,148	\$ 1,210,331	12,966	6,466	NA	Statewide
b) Family Support Services		\$ 1,235,403	\$ 1,174,969				
c) Time-Limited Family Reunification Services		\$ 1,266,535	\$ 1,440,478				
d) Adoption Promotion and Support Services		\$ 1,749,013	\$ 1,747,258				
e) Other Service Related Activities (e.g. planning)		\$ -	\$ -				
f) Administrative Costs (FOR STATES: not to exceed 10% of PSSF allotment)		\$ -	\$ -				
g) Total title IV-B, subpart 2 funds:		\$ 5,402,099	\$ 5,573,036				
NO ENTRY: This line displays the sum of lines a-f.							
8. Total Monthly Caseworker Visit funds: (STATES ONLY)		\$ 345,949	\$ 357,967				
a) Administrative Costs (not to exceed 10% of MCV allotment)		\$ 34,594	\$ 35,796				
9. Total Chafee Foster Care Independence Program (CFCIP) funds: (optional)		\$ 2,297,848	\$ 2,237,454	519	-	Eight Year old to 11	Statewide
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		\$ 438,116	\$ 406,400	59	-	Eight Year old to 11	Statewide
10. Total Education and Training Voucher (ETV) funds: (Optional)		\$ 732,632	\$ 701,014	221	-	Eight Year	Statewide
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.							
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official					
SM CFO							
Date		Date			Date		
09/2/19							

**CFS-101 ADDENDUM**

**Title IV-B Subpart 1 – Payment Limitations**

The amount of FY2005 Title IV-B, subpart 1, funds New Jersey expended for child care, foster care maintenance, and adoption assistance payments totaled \$724,011.

The amount of non-federal funds expended by New Jersey for foster care maintenance payments and used as part of the Title IV-B, subpart 1 state match for FY2005 was \$0.

**Title IV-B Subpart 2 – Non-supplantation Requirement**

The 1992 base year amount of state expenditures for the purposes of Title IV-B, subpart 2 totaled \$31,021,000.

The FY2017 amount of state expenditures for the purposes of Title IV-B, subpart 2 totaled \$83,721,000.

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe:

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2017-2018 School Year</u> (July 1, 2017 to June 30, 2018)	221	112
<b>2018-2019 School Year*</b> (July 1, 2018 to June 30, 2019)	215	107

Comments:

\*in some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year.

## Appendix B: Meta-Synthesis of Needs Assessments

### BACKGROUND

In March- April 2019, the New Jersey's Department of Children and Families (DCF) conducted a review and meta-synthesis of DCF-related needs assessments in order to gain a more comprehensive understanding of the challenges and needs of families in New Jersey. The following describes the methods and findings from this needs assessment review and meta-synthesis.

### METHODS

#### *Data Sources*

Data sources for the needs assessment review and meta-synthesis included administrative child welfare data from the Division of Child Protection and Permanency's statewide, automated child welfare information system, NJ SPIRIT, and nine unique needs assessments.

- **Administrative Child Welfare Data:** The administrative child welfare data consisted of two datasets, "in-home" and "out-of-home", that included child, caregiver, and family-level challenges among CP&P-involved families (e.g., caregiver substance use, domestic violence, child mental health issues). Challenges were recorded by CP&P caseworkers in families' electronic case files as part of their structured assessment processes. The "in-home" dataset was limited to 16,316 children with open in-home cases assigned to a permanency worker on December 31, 2018. The "out-of-home" dataset included 20,314 children who entered out-of-home placement for the first time between 2009-2013 and remained in placement for more than 7 days.
- **Needs Assessments:** The project team reviewed all known needs assessments that were conducted by or for DCF between 2012 and 2019. These included nine unique documents: a 2019 summary report from the DCF Commissioner's Listening Tour, a 2019 summary report from the DCF Commissioner's Regional Forums, a 2018 summary of service needs conducted for the CFSR Program Improvement Planning process, New Jersey's 2017 Statewide Child Abuse and Neglect Prevention Plan, a 2015 report from contract reviews conducted by the Business Office with Area Office staff, Rutgers University's 2015 Comprehensive Needs Assessment of DCF-involved Youth, a 2015 domestic violence-focused needs assessment conducted by Clarus Consulting Group, a 2014-2018 DCF-wide needs assessment conducted by Rutgers University, and the 2012 Strategic Plan for Early Education and Care. The needs assessments collected data through a variety of methods including quantitative surveys, focus group discussions, structured consultations with stakeholders, and key informant interviews.

Taken together, the administrative data and needs assessments represented the perspectives of a variety of stakeholders including CP&P staff, parents/caregivers, youth, resource parents, non-CP&P DCF staff, and external community stakeholders such as providers and advocacy groups. (See Table 1.)

**Table 1. Stakeholder Perspectives Represented in Reviewed DCF Needs Assessments**

Data Source	CP&P Staff	Parents/ Caregivers	Youth	Resource Parents	DCF Staff (non- CP&P)	External Community Stakeholders
CP&P Admin Data	√					
2017 Prevention Plan	√	√			√	√
CFSR Summary	√	√				
Contract Report from Local Office Interviews	√					
Domestic Violence Needs Assessment						√
Listening Tour		√	√	√		
NJCYC Strategic Plan						√
Regional Forum						√
Rutgers DCF Needs Assessment	√	√		√	√	√
Rutgers Needs Assessment of DCF-Involved Youth	√		√			√

### *Data Analysis*

Using the child welfare administrative datasets, proportions for each area of challenge were generated separately for children served by CP&P “in-home” versus “out-of-home” and were graphed using bar charts.

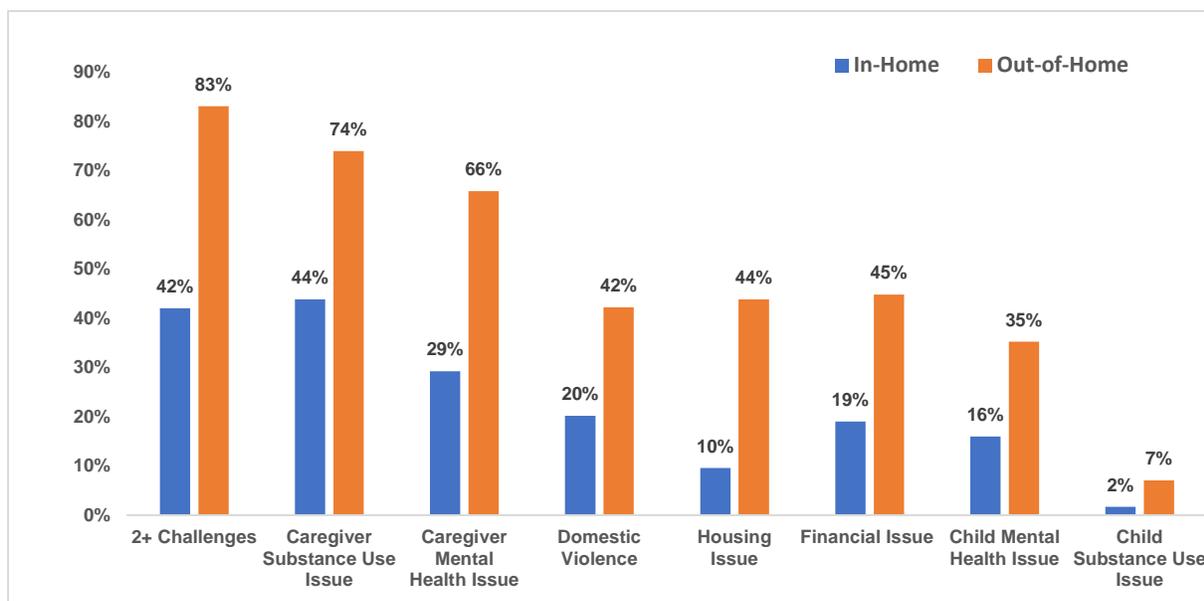
The project team extracted key themes from each of the nine needs assessments and entered them into Microsoft Excel. Data were first coded using an a priori coding scheme that included key areas of need (e.g., parenting skills, concrete supports) identified by the project team and flags for which stakeholders’ needs and which stakeholders’ perspectives were represented in the data. A second layer of inductive coding was then conducted in which sub-themes arose from the data itself. Data were analyzed within and across stakeholder groups for recurring themes and concepts and organized using relevant theory. A heat-map was created for a sub-set of stakeholder perspectives to visualize the frequency with which key themes appeared in the data by stakeholder voice.

## KEY FINDINGS

### ***Child and Caregiver Challenges***

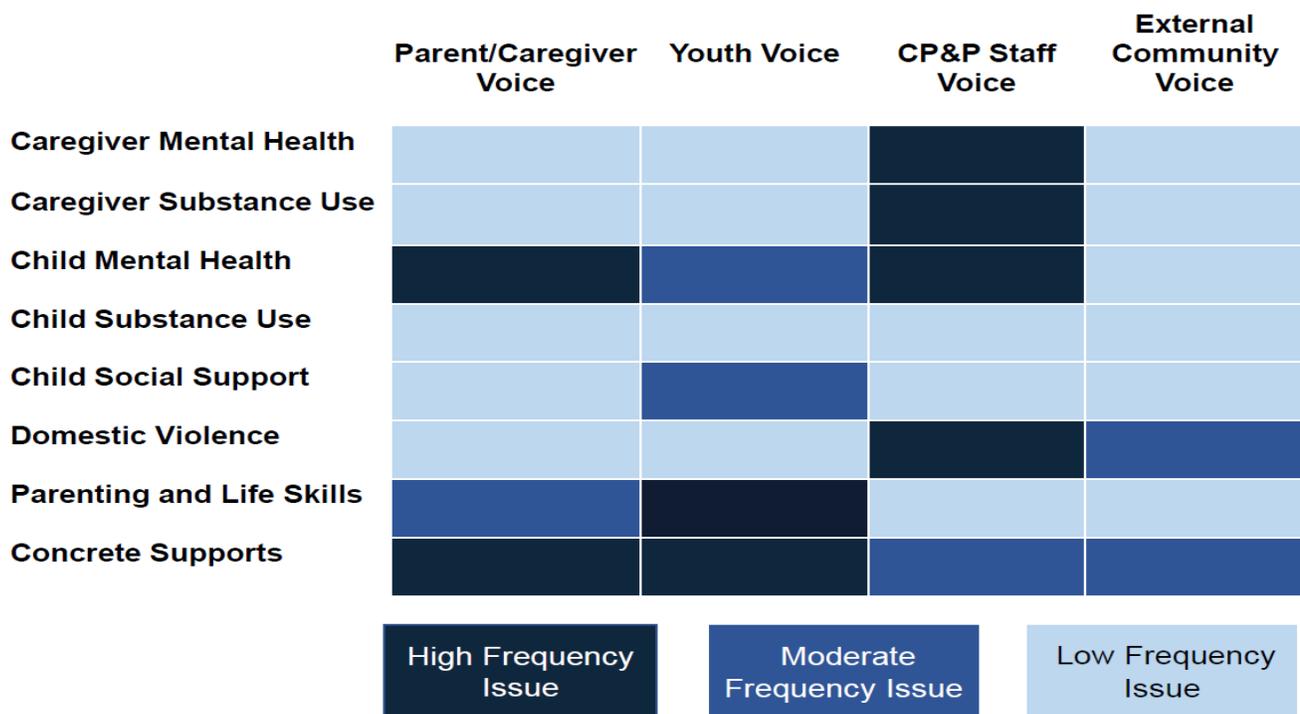
Children and caregivers who became involved with Child Protection & Permanency presented with a variety of family, caregiver, and child-level challenges. Among children served both in- and out-of-home, the most common among these were caregiver substance use (out-of-home: 74%; in-home: 44%) and caregiver mental health issues (out-of-home: 66%; in-home: 29%). (See Figure 1.) Domestic violence, housing issues, financial issues, and child mental health challenges affected over one-third of children in out-of-home placement. In almost every domain, the percentage of children in out-of-home placement affected was more than double that of in-home children. Additionally, the vast majority of children in out-of-home placement (83%) experienced co-occurring challenges compared to just under half (42%) of children served in their own homes.

Figure 1. Percent of CP&P Involved Children with Child and Family Challenges



In the needs assessments, perceptions of DCF-involved families' challenges varied by stakeholder group. (See Figure 2.) Concrete supports were frequently identified as a challenge across all stakeholder groups and included housing, transportation, childcare, healthcare assistance/insurance, financial assistance, and employment assistance. Child mental health was frequently highlighted among caregivers and CP&P staff and noted, but with less frequency, among youth themselves. Domestic violence was a recurring theme among external community stakeholders and CP&P staff. Caregiver mental health issues and caregiver substance use were commonly highlighted as challenges by DCP&P staff only. Parenting skills were a common need noted by caregivers while life skills were frequently discussed among youth. Access to social support arose as a concern among older youth in out-of-home placement, in particular.

Figure 2. Perceived Needs of DCF-involved Families by Stakeholder Voice



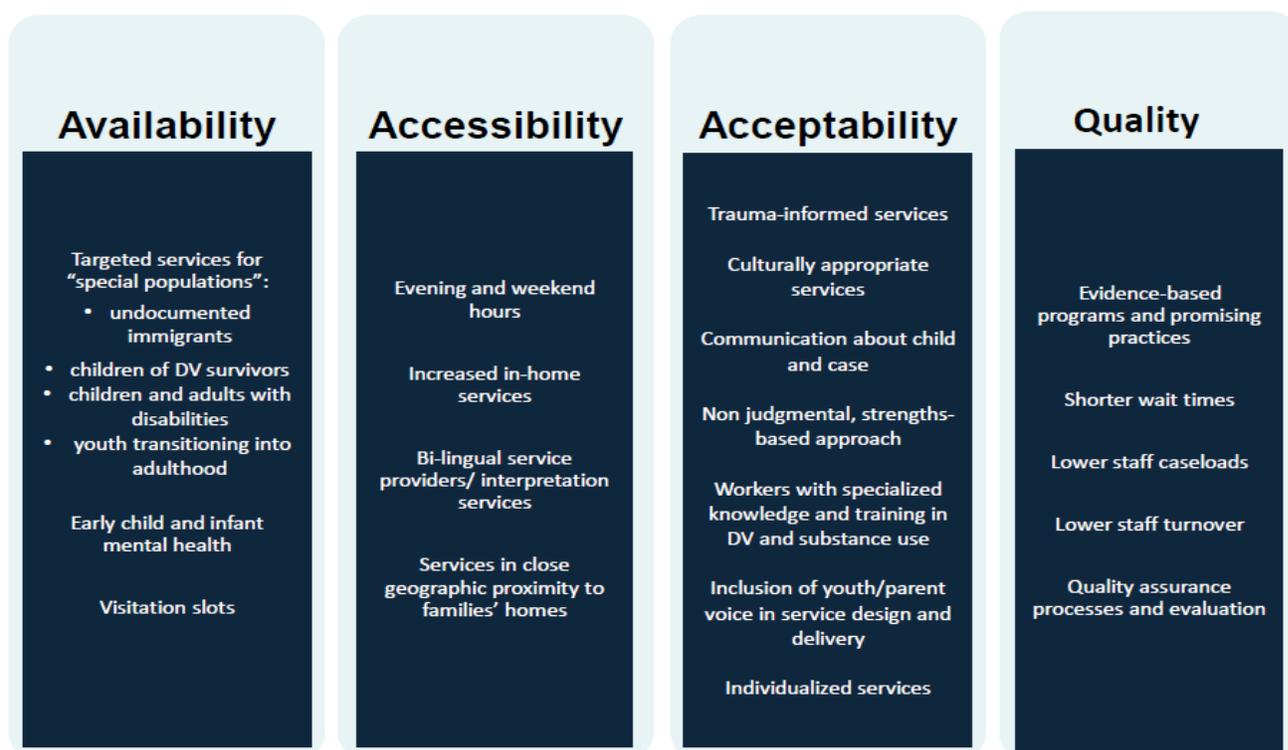
**Service Delivery Needs**

Many of the key themes that arose from the needs assessment review and meta-synthesis were not unique to a specific caregiver or child-level challenge but, instead, were cross-cutting needs related to delivery of services. These themes fell under the four domains of the AAAQ framework: availability, accessibility, acceptability, and quality of services.<sup>34</sup> (See Figure 3.) Concerns around availability of services tended to focus on targeted services for special populations including undocumented immigrants, children of domestic violence survivors, children and adults with disabilities and youth transitioning into adulthood. Visitation slots and early child and infant mental health treatment were highlighted as services that were not available in sufficient quantity in New Jersey. Themes related to accessibility of services included the need for services provided in-home or in close geographic proximity to families’ homes, flexible hours of service delivery (including nights and weekends), and bi-lingual service provision for non-English speakers. Issues around acceptability of services, or the extent to which services are respectful of individuals and culturally and socially appropriate, included the need for trauma-informed and culturally appropriate services, inclusion of children’s and caregivers’ voices in service design and delivery, use of a strengths-based, non-

<sup>34</sup> United Nations Committee on Economic, Social and Cultural Rights. (2000). General Comment on the Right to Health.

judgmental approach in service delivery, and clear communication about the family’s child welfare case. Services that are individualized to meet families’ specific needs and circumstances and delivered by staff with specialized knowledge of domestic violence and substance use, when appropriate, were also identified as a need. Under quality, stakeholders expressed the need for more use of evidence-based and promising practices and programs with quality assurance systems in place including evaluations. Staff turnover, large caseloads, and long wait times were challenges identified as affecting the quality of service delivery.

Figure 3. Service Delivery Needs Among DCF-involved Families



Citation for AAAQ Framework: United Nations Committee on Economic, Social and Cultural Rights. (2000). General Comment on the Right to Health.

### Systems Needs

Finally, the needs assessment review and meta-synthesis highlighted systems-level needs related to service integration, coordination and communication. These included the need for more holistic service models for caregivers who have multiple, complex challenges and/or are involved with two or more systems simultaneously (e.g., child welfare and criminal justice). Stakeholders expressed the need for enhanced communication, data sharing across systems, and a “one-stop-shop” model where caregivers can receive support for a variety of challenges in one place rather than working with multiple different providers and organizations to meet their needs.