



**State of New Jersey**

**Final 2015-2019**

**Annual Progress and Services Report**

**2019**

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



*State of New Jersey*

DEPARTMENT OF CHILDREN AND FAMILIES  
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PHILIP MURPHY  
*Governor*

SHEILA Y. OLIVER  
*Lt. Governor*

CHRISTINE NORBUT BEYER, MSW  
*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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## General Information

### Collaboration

Over the past year the New Jersey Department of Children and Families (DCF) began a transformation to propel New Jersey's child welfare landscape into a collaborative, prevention-focused, family-centered 21<sup>st</sup> Century model of child welfare. This transformation began with the January 2018, appointment of a new DCF Commissioner, Christine Norbut Beyer, MSW. Commissioner Beyer began her tenure with a focus on strengthening families, protecting children, promoting resilience, promoting protective factors and addressing adverse childhood experiences.

To ensure stakeholders have a voice in the development and implementation of this focus, following her confirmation by the New Jersey Legislature, Commissioner Beyer and her team completed more than 20 listening tour sessions hearing from more than 500 biological parents, adolescents, resource parents, kinship caregivers, and families of children with disabilities throughout the state.

Feedback from these sessions inspired the creation of a new department level office, the *Office of Family Voice (OFV)*. The first of its kind, this office will ensure that those who have lived experience with the child welfare system are heard and fully engaged throughout the Department. Engagement and collaboration with parents, caregivers, youth and community stakeholders as program consultants will ensure that new and existing services are responsive to their needs while informing DCF of the strengths and challenges of those services as well as policy and practice and their impact on those that are served.

In addition, in September 2018, DCF partnered with the US Department of Health and Human Services, Administration for Children and Families Associate Commissioner Jerry Milner, national child welfare expert Amelia Franck-Meyer and Advocates for Children of New Jersey (ACNJ) to host a one-day symposium: *Safe, Healthy, and Connected: New Jersey Child Welfare in the 21<sup>st</sup> Century*. Attended by key system stakeholders, this symposium provided a platform for an in-depth dialogue of changing the vision of child welfare in New Jersey. To continue this dialogue, DCF and ACNJ hosted three follow up regional forums across the state to gather input and action steps from over 450 community partners.

The feedback from the listening tours, symposium and regional forums will be analyzed and incorporated into future programming as described in the 2020-2025 Child and Family Services Plan (CFSP).

Other collaborative opportunities in which DCF engaged throughout FY19 in furtherance of its strategic goals include but are not limited to the below forums and processes. Through these settings, DCF gained feedback on its system function and planning, and was able to engage in dialogue with system partners and constituents:

- DCF/Administrative Office of the Courts (AOC) CFSR PIP workgroup: in collaboration with the Children's Bureau, this workgroup formed to analyze CFSR results and define goals, strategies and measures for NJ's CFSR PIP.
- Qualitative Review (QR): Identified as an essential continuous quality improvement activity. Utilizing the QR, DCF seeks to understand and evaluate its' work with the children and families it serves. The QR assesses how well children and families are doing and how well their needs are being met by the child welfare system. The QR identifies practice strengths and areas for improvement in helping families reach and sustain independence from DCF supervision, as well as provide safety, well-being and permanency for children. The results from the QR are used to improve DCF's work, enhance the quality of services provided, and ultimately increase positive outcomes for children and families. A critical element of the QR includes interviews with parents, children, caseworkers, and others who are important to the family, e.g. schools, service providers, teachers, counselors, law guardians, caregivers, and other stakeholders. In 2018 a total of 2,030 interviews were conducted with these key stakeholders. For more information on the QR process go to: <https://nj.gov/dcf/about/divisions/opma/>.
- Human Service Advisory Councils (HSAC): In each county, a HSAC reviews county level human service activities and serves as the primary vehicle for making local recommendations to assist county governments, the New Jersey Department of Human Services and DCF.
- Children's Inter-Agency Coordinating Councils: The Children's Inter-Agency Coordinating Councils (CIACC) serve as the mechanism to develop and maintain a responsive, accessible, and integrated system of care for children with special social, emotional and behavioral needs, including child-welfare involved youth and youth in the community.
- The Youth Advisory Network (YAN) is a multifaceted approach to youth advocacy and leadership in the State of New Jersey. The YAN regional chapters, in partnership with Office of Adolescent Services (OAS) providers, are working together 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. For more information on YAN and our work with adolescents go to: <https://nj.gov/dcf/adolescent/>.
- The DCF Office of Advocacy assists the Department by providing information and responding to the concerns of parents, youth, foster parents and others involved with DCF services. The Office of Advocacy gathers feedback and identifies issues and trends to help DCF work in collaboration with its partner agencies to improve services to children and families.
- Children in Court Improvement Committee: The Children in Court Improvement Committee (CICIC) allocates and administers federal grants for Children in Court

Improvement projects affecting the lives of children in foster care. In 2018, the DCF Deputy Commissioner for Operations and DCF Assistant Commissioner for Child Protection and Permanency were invited to join the Children in Court Improvement Committee.

- **Advisory Council on Domestic Violence:** The twenty-member Advisory Council on Domestic Violence is appointed by the Governor and represents government and non-profit groups. The council is charged with studying needs, priorities, programs, and policies throughout the State; ensuring that service providers and community organizations are aware of needs and services; making recommendations for community education and training programs; monitoring the effectiveness of laws concerning domestic violence and making recommendations for their improvement.
- **Domestic Violence Fatality and Near Fatality Review Board:** The Board's primary objectives are to identify domestic violence related fatalities and near fatalities; engage in quantitative and qualitative reviews of statewide fatalities; and recommend system changes to promote victim safety, offender accountability, and work towards prevention of domestic violence fatalities.
- **Child Fatality and Near Fatality Review Board:** The Child Fatality and Near Fatality Review Board members are appointed by the Governor and have expertise or experience in child abuse. The purpose of the Board is to review fatalities and near fatalities of children to identify their causes, relationship to governmental support systems, and methods of prevention.
- **New Jersey Task Force on Child Abuse and Neglect:** The purpose of the New Jersey Task Force on Child Abuse and Neglect 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.
- **Governor's Advisory Council Against Sexual Violence.** The multidisciplinary Governor's Advisory Council Against Sexual Violence is comprised of governmental and non-governmental members from across the State, who are charged with reviewing and recommending policies, procedures, protocols, legislation, trainings, and standards related to sexual violence and recommending solutions for the prevention of sexual violence.
- **New Jersey Advisory Commission on the Status of Women.** The Commission is composed of eleven members appointed by the Governor. The Commission advises elected officials and the DCF Division on Women regarding issues affecting women; acts as a resource for municipal, county, and local commissions and for women's organizations throughout the State; and empowers women through partnership, programming and publicity.

- Youth Suicide Prevention Advisory Council. The Youth Suicide Prevention Advisory Council meets regularly to examine existing needs and services and makes recommendations to DCF for youth suicide reporting, prevention, and intervention.
- Staffing and Oversight Review Subcommittee (SORS). The New Jersey Task Force on Child Abuse and Neglect Staffing and Oversight Review Subcommittee (SORS) reviews staffing levels of CP&P and develops recommendations regarding the most effective methods of recruiting, hiring, and retaining staff within the organization.
- The New Jersey Child Welfare Data Hub is a collaborative effort between the New Jersey Department of Children and Families and the Institute for Families at the Rutgers University School of Social Work. The Data Hub seeks to improve the lives of children and families by disseminating New Jersey child welfare data through the Data Portal and the Data Map. Population characteristics and socioeconomic variable data are generated by the U.S. Census Bureau, the U.S. Bureau of Labor Statistics, the New Jersey Substance Abuse Monitoring System, the Annie E. Casey Foundation KIDS COUNT Data, and the NJ Department of Education. For more information on the hub go to:  
<https://njchilddata.rutgers.edu/>.

Additional examples of on-going collaborative partnerships are available throughout this report and on the DCF Public website at: <http://nj.gov/dcf/>.

## Update on Assessment of Performance

Over the past five years, DCF has observed progress in achieving positive outcomes for children and families as well as progress in meeting the core strategic goals identified in the 2015-2019 CFSP:

1. Strengthening case practice model
2. Refinement of the service array
3. Continuous Quality Improvement
4. Organizational Development
5. Enhancing Partnerships

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>1</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 provide and gather community and stakeholder feedback on the extent to which the Department is meeting the needs of its constituents, as described previously in the collaboration section.

Using these quantitative and qualitative methods, DCF was able to identify strengths and areas in need of improvement to assist in guiding the Department's vision over the past several years. In July 2017, NJ DCF participated in round three of the CFSR, the findings of which align with DCF's own ongoing assessment.

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

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<sup>1</sup> <https://www.nj.gov/dcf/about/divisions/opma/docs/Qualitative.Review.Overview.pdf>

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

- statewide information system
- quality assurance system
- staff and provider training
- agency responsiveness to the community
- foster and adoptive parent licensing, recruitment, and retention

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

The following narrative summarizes NJ's performance with the CFSR national standards, outcomes and systemic factors.

### **CFSR National Performance**

Data elements from AFCARS and NCANDS noted in the January 2019 New Jersey CFSR 3 data profile in figure 1 shows that over several reporting years, NJ has met or exceeded the national average performance in the following areas: placement stability; maltreatment in care and repeat maltreatment. DCF has been 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.

- <sup>1</sup> ▲ State's performance (using RSP interval) is statistically better than national performance
- <sup>2</sup> ■ State's performance (using RSP interval) is statistically no different than national performance
- <sup>3</sup> ■ 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)	42.7%▲	RSP	41.3%	41.7%	41.0%	41.6%	43.0%	42.2%				
		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)	45.9%▲	RSP					42.1%	41.8%	43.3%	42.5%	43.8%	41.1%
		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)	31.8%▲	RSP					33.2%	34.0%	33.3%	34.1%	34.8%	32.6%
		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	8.1%▼	RSP	11.3%	11.3%	12.7%	12.7%	12.2%	11.4%				
		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)	4.44▼	RSP					4.19	4.12	3.84	4.29	4.08	4.06
		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
			14AB, FY14	15AB, FY15	16AB, FY16	FY14-15	FY15-16	FY16-17				
Maltreatment in care (victimizations/100,000 days in care)	9.67▼	RSP	7.15	5.91	4.61							
		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	9.5%▼	RSP					9.0%	9.0%	8.2%			
		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			

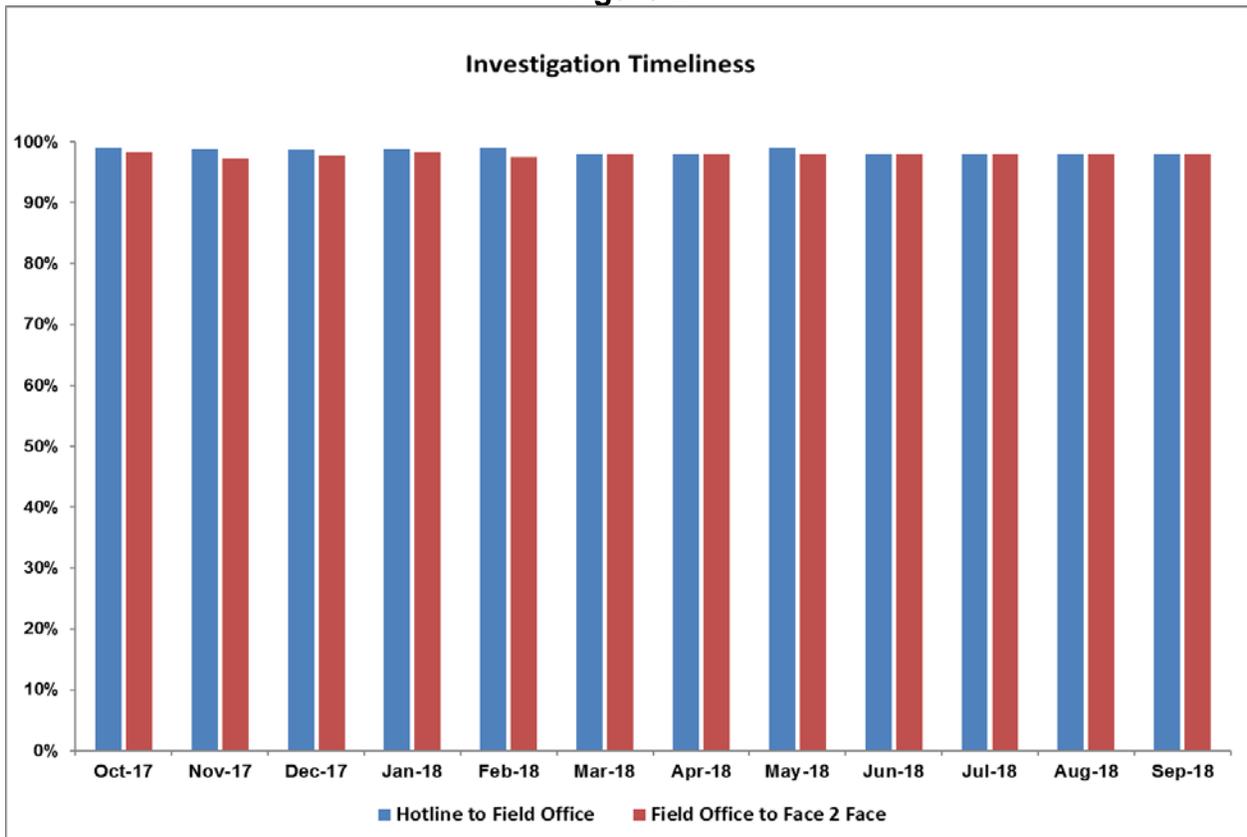
▲ For this indicator, a higher RSP value is desirable. ▼ For this indicator, a lower RSP value is desirable.

**CFSR Outcomes:**

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

Over the years DCF continued to strengthen safety practice at the front end. During the 2017 CFSR, NJ was commended for ensuring that state policies of timely initiation of investigations for reports of child maltreatment and face to face contact with children were met. Figure 2 below highlights that response timeliness is still an area of strength for NJ.

**Figure 2**



As noted in the *Child Maltreatment 2017* report recently published by the Administration for Children and Families (ACF)<sup>2</sup>, and highlighted in figure 3, NJ response time to reports of child maltreatment is amongst the fastest across the nation:

<sup>2</sup> <https://www.acf.hhs.gov/cb/resource/child-maltreatment-2017>

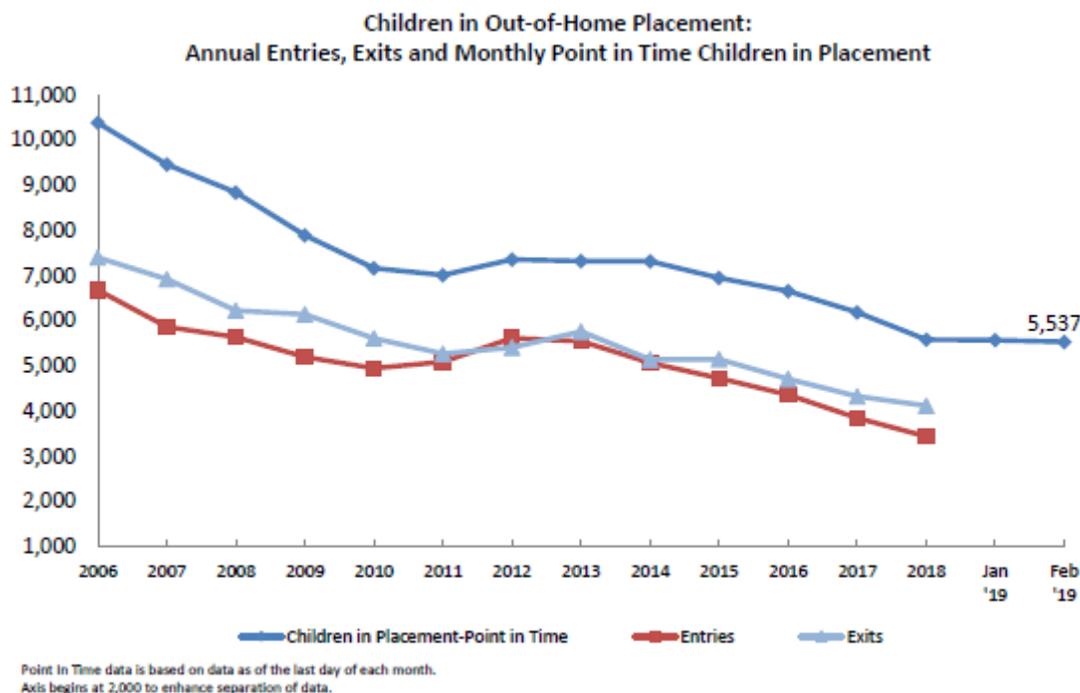
**Figure 3**

National Average Response time in Hours	NJ Average Response time in Hours
76	18

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

DCF provides services to over 85,000 children in a given month and is committed to keeping children safe in their own home and reducing the trauma of family separation. Figure 4 illustrates this commitment as seen by the reduction in the number of children entering out of home placement from the onset of the DCF reform in 2006 with over 13,000 children in placement to 5,537 as of February 2019.

**Figure 4**



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

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

1. Safety: Home Setting indicator is used to access 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).

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.

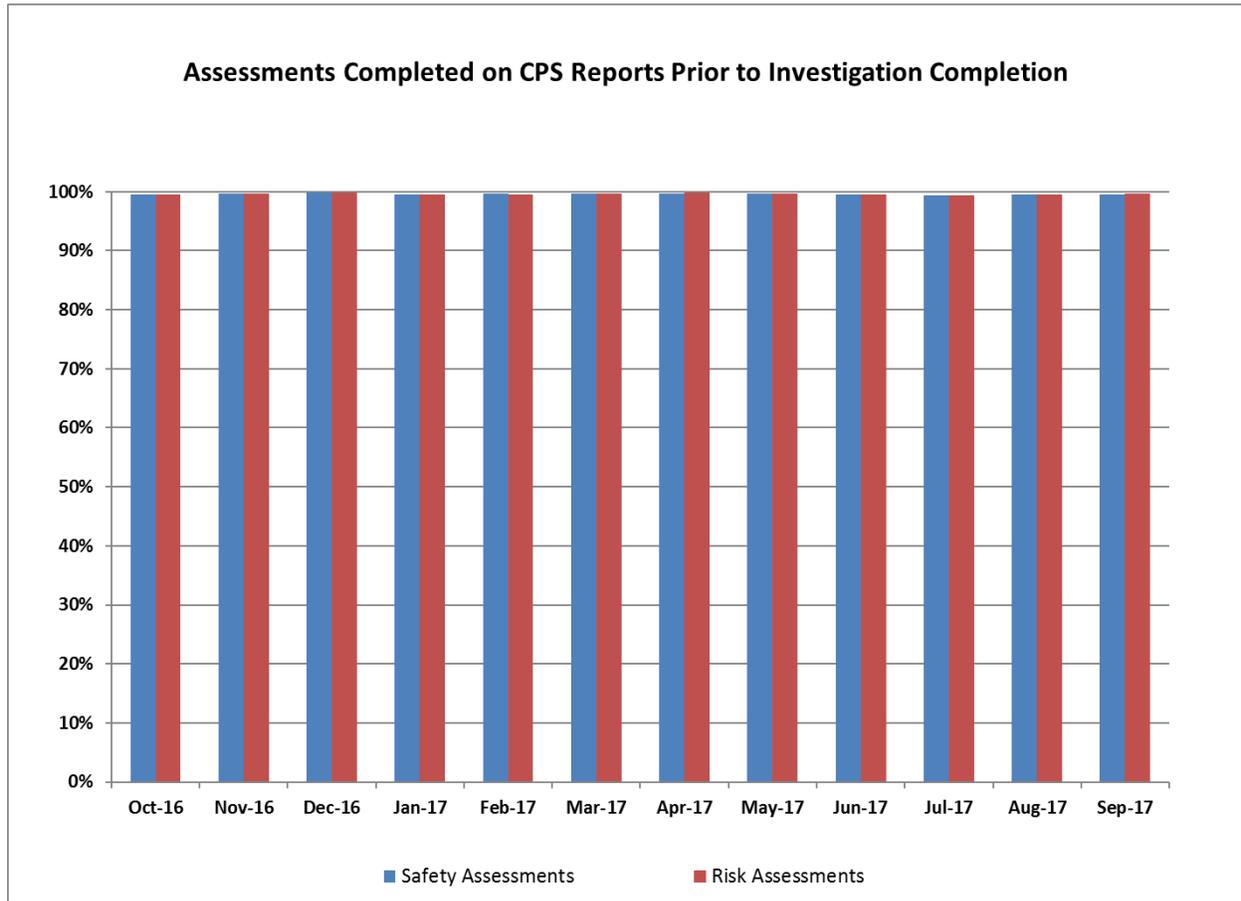
Comparison data in figure 5 between the QR and CFSR support that DCF continues to have strong practice around safety.

**Figure 5**

QR Performance Indicator	CY2016 QR Strength Rating	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CFSR Item	2017 CFSR Strength Rating
Safety: Home Setting	98%	96%	99%	Item 1	89%
Safety: Other settings	97%	99%	98%		

When child protective service investigations begin, initial assessments of safety and risk help to guide decision making on the front end to determine whether children are safe to remain in their own home, whether families have the supportive tools necessary to maintain their families and if not, what additional formal and informal supports are necessary to sustain the family beyond system involvement. Figures 6 reflect the most up to date performance in NJ for initial use of safety and risk assessments that are part of a suite of Structured Decision Making (SDM) tools.

Figure 6



While NJ has strengths in ensuring the safety and risk of children remains 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 the 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 as noted in figure 7 below:

**Figure 7**

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

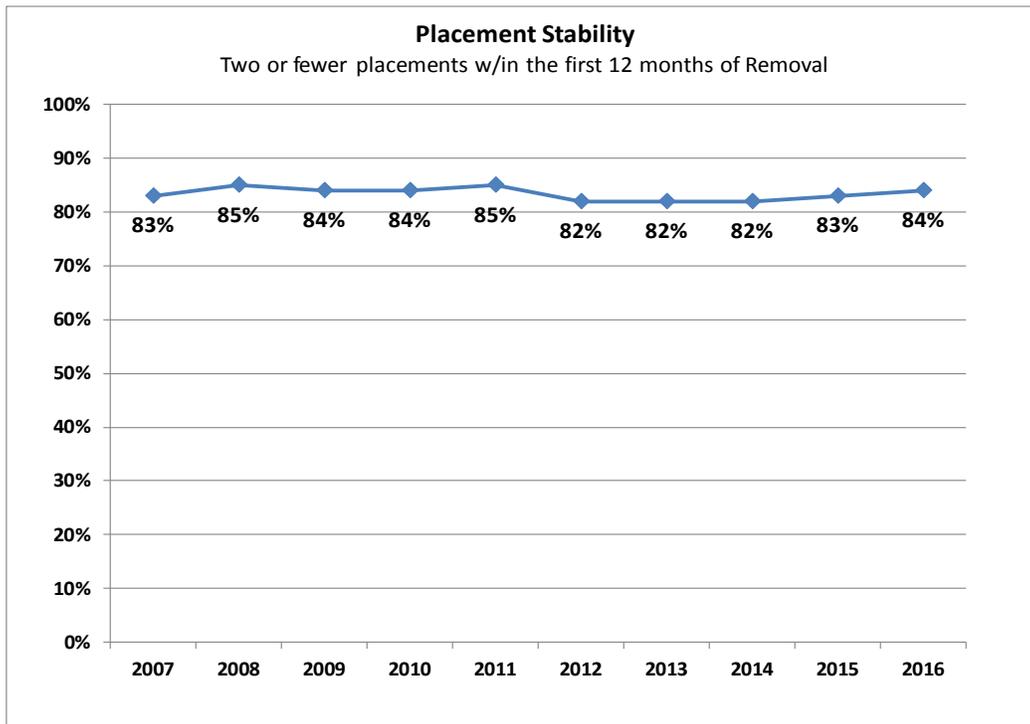
NJ has identified strategies and activities within the CFSR PIP to address this area for improvement and this will be incorporated into the 2020-2024 CFSP.

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

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

The CFSR identified that placement stability was also a strength. In fact, 97.5% of cases reviewed cited that current placements for children were stable. Figure 8 demonstrates the most recent complete data of children who had two or fewer placements within the first 12 months of a removal episode which shows an upward trend in this area.

**Figure 8**



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.

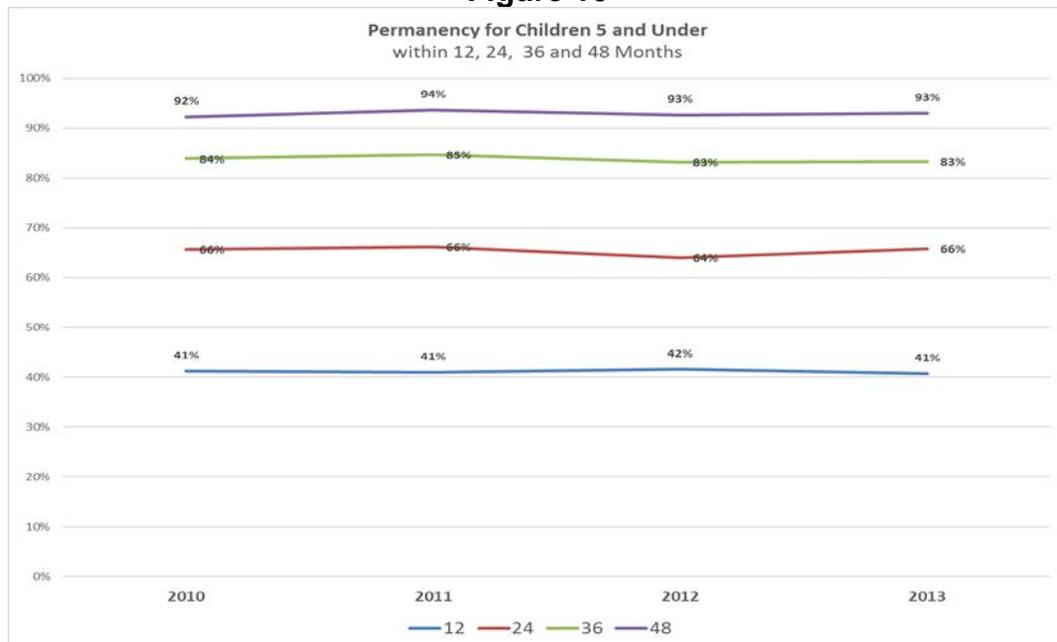
Comparison data in figure 9 between the QR and CFSR support that DCF continues to have strong practice around stability of children.

**Figure 9**

QR Performance Indicator	CY2016 QR Strength Rating	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CFSR Item	2017 CFSR Strength Rating
Stability: Home	84%	83%	86%	Item 4	80%
Stability: Education	91%	93%	92%		

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 as noted in figure 10 below:

**Figure 10**



QR indicators for Prospects for Permanency and Long-Term View measure whether specific steps to achieve permanency are implemented on a timely basis and that support systems and plans are in place for children and families to be successful.

Comparison data in figure 11 between the QR and CFSR highlight that permanency outcomes continue to be a challenge for NJ.

**Figure 11**

QR Performance Indicator	CY 2016 QR Strength Rating	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CFSR Item			2017 CFSR Strength Rating		
				Item 5	Item 6	Case Review System	67%	30%	ANI
Prospects for Permanence	73%	70%	68%	Item 5	Item 6	Case Review System	67%	30%	ANI
Long Term View	51%	53%	49%						

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

These challenges and areas 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

These areas will also be incorporated into the NJ 2020-2024 CFSP.

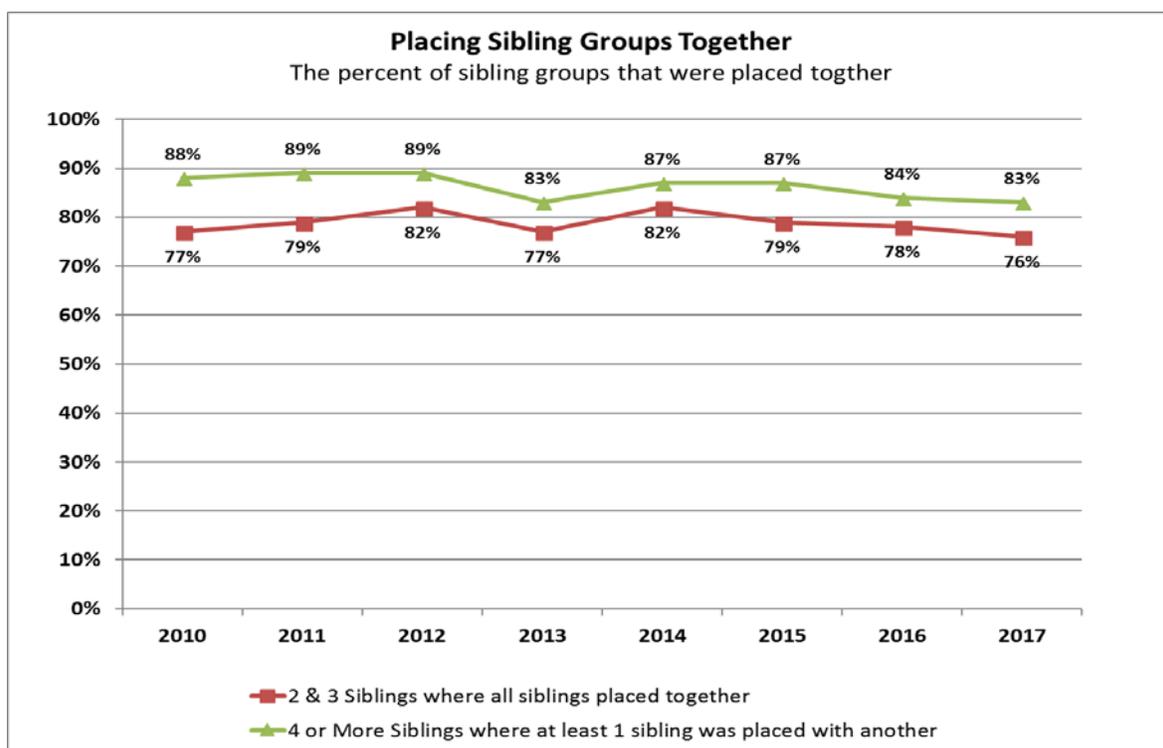
**Permanency Outcome 2: The continuity of family relationships and connections is preserved for children**

When families must be separated to ensure the safety of children, placement with kinship caregivers and frequent and appropriate opportunities for families to visit and/or other forms of contact will help maintain family ties. This includes opportunities for connections that are conducted in locations conducive to family activities and offer "quality time" for advancing or maintaining relationships among family members such 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.

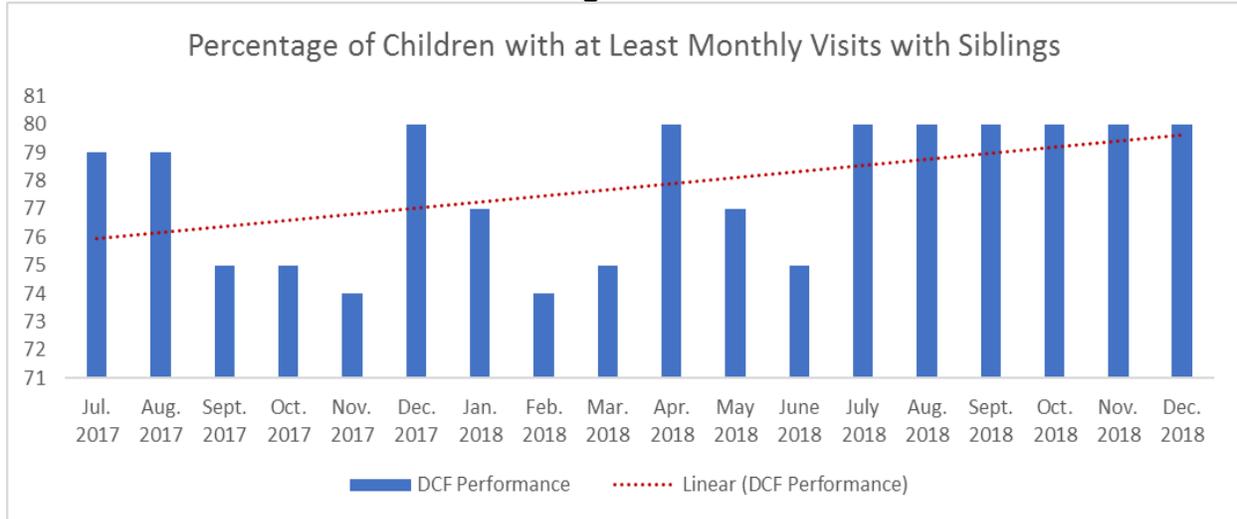
Several strengths were highlighted during the 2017 CFSR for NJ to include the preservation of connections for children in care with their families. This includes strong efforts to place siblings together which was a strength in almost 87% of cases reviewed. As noted in figure 12 below, NJ continues to make positive efforts to place siblings together.

**Figure 12**



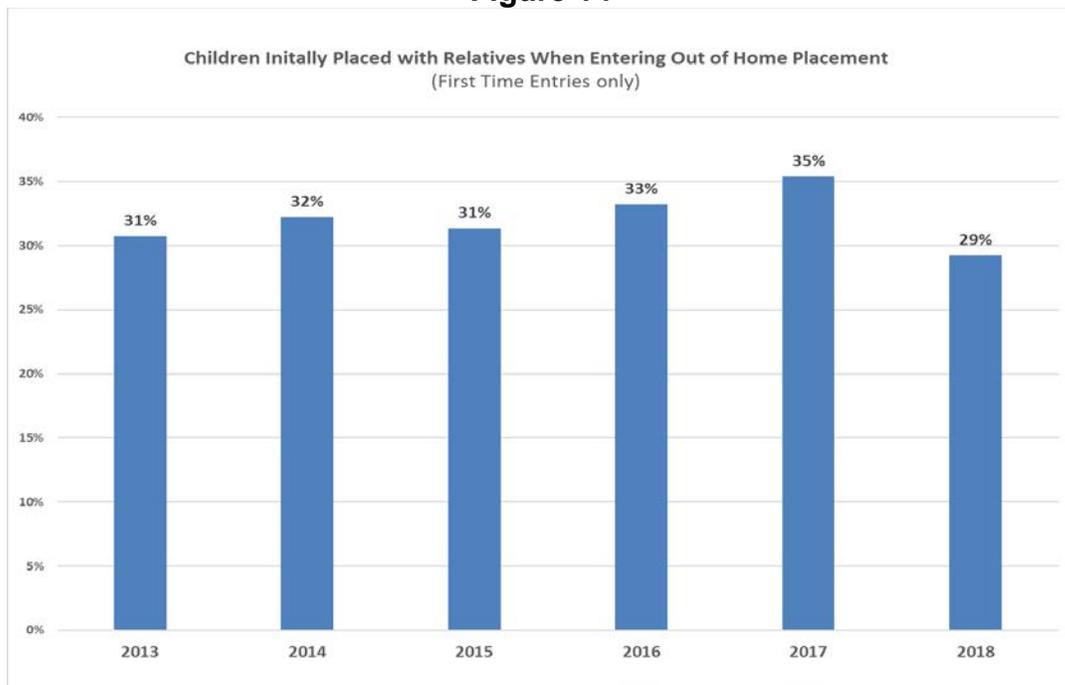
When sibling separation was necessary, NJ ensured that the frequency and quality of visits with siblings occurred. In fact, sibling visitation was a strength in 92% of cases reviewed during the CFSR. Figure 13 below shows that an upward and stable trend of positive sibling visits are occurring.

**Figure 13**



When children require separation from their birth families, placing with kinship caregivers can reduce the trauma of that separation and assist with maintaining family connections. Current data as of February of 2019<sup>3</sup> reflected in the DCF Commissioners Monthly report shows that 37.5% of children requiring out of home placement were placed with kinship caregivers. Over time NJ has seen positive trends in placing children with relatives as noted in figure 14:

**Figure 14**



<sup>3</sup> [https://nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report\\_4.19.pdf](https://nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report_4.19.pdf)

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

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

**Figure 15**

QR Performance Indicator	CY2016 QR Strength Rating	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CFSR Item	CFSR Item	CFSR Item	CFSR Item	2017 CFSR Strength Rating			
Family and Community Connections Mother	78%	74%	78%	Item 11	Item 8	Item 9	Item 10	64%	78%	87%	82%
Family and Community Connections Father	49%	55%	61%					87%			
Family and Community Connections Siblings	89%	79%	93%					Item 7			

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

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

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

Figure 16

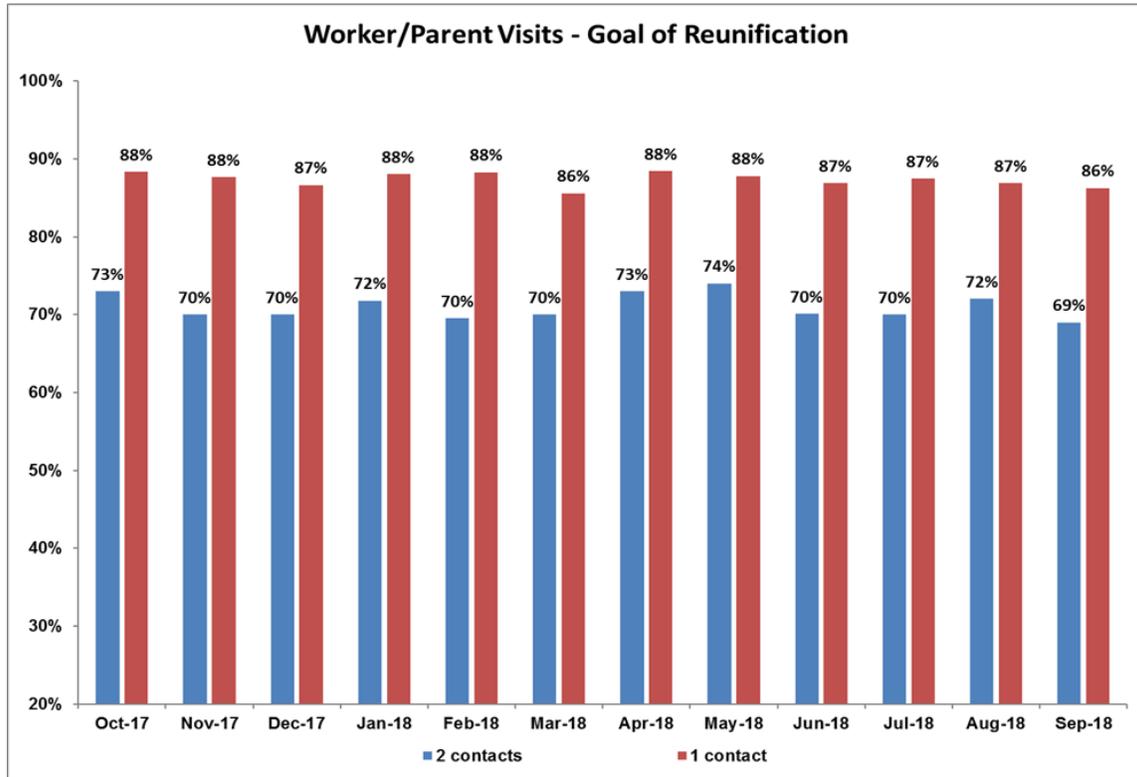
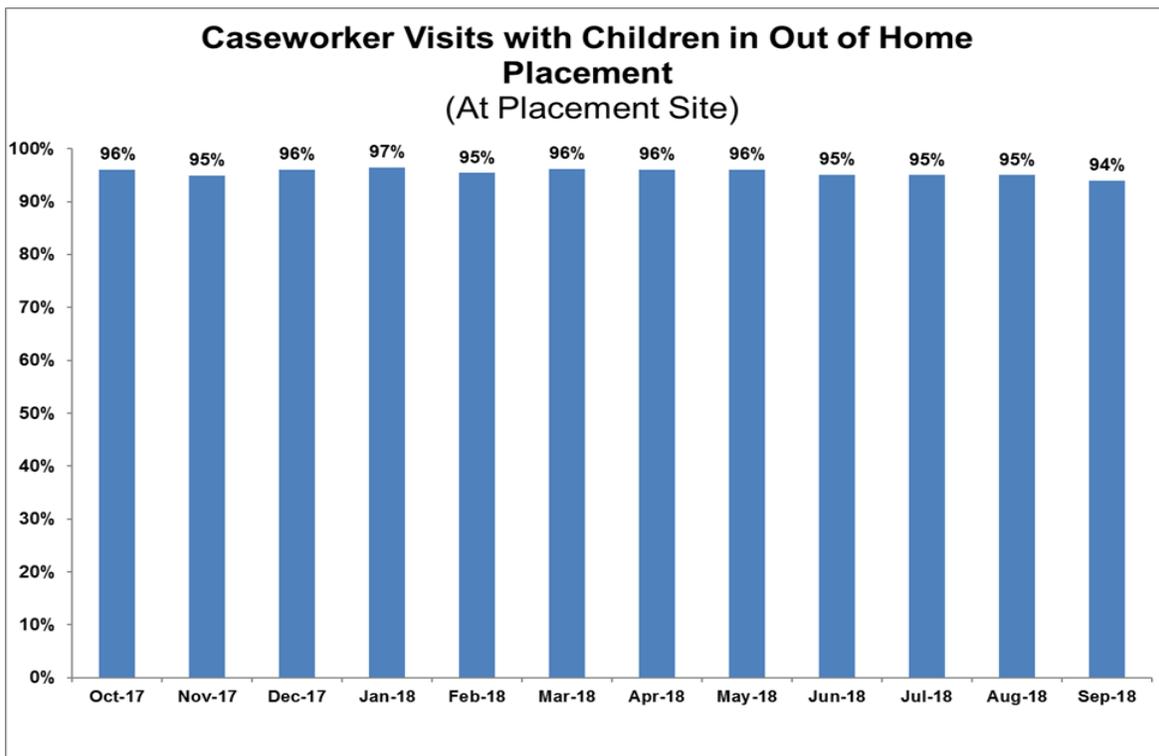


Figure 17



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

Quality of visits is measured through several QR indicators to include engagement, ongoing assessment process, teamwork and coordination as well as child and family planning process. These areas were the targeted focus for Core Strategy 1 which can be reviewed under the *Plan for Improvement and Progress Made to Improve Outcomes – NJ DCF 2015-2019 Core Strategies - Goals, Intentions and Progress* section later in this report.

*Engagement* indicators assess the development of a collaborative and working relationship that supports on-going assessment, understanding and service planning while *On-going Assessment* indicators evaluate 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.

The *Teamwork and Coordination* indicator focuses on whether CP&P, children, families and service providers collaborate, communicate and function as a team to support families to goal completion. It also assesses whether there is effective coordination in the provision of services across all providers.

The *Child and Family Planning Process* indicator assesses how well case plans were individualized to include the family voice and input in addressing the identified needs to achieve the specified goals while the *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.

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

**Figure 18**

QR Performance Indicator	CY2016 QR Strength Rating	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CFSR Item	2017 CFSR Strength Rating
Assessment of child	77%	80%	77%	Item 12A	83%
Assessment of mother	38%	35%	40%	Item 12B	44%
Assessment of father	22%	25%	22%		
Assessment of Foster parents	92%	89%	90%	Item 12C	76%

Child and Family Planning Process	54%	57%	55%	Item 13	53%
Plan implementation	59%	64%	64%		
Teamwork and coordination	42%	54%	53%	Item 13	53%
Engagement of child	84%	89%	89%	Item 14	82%
Engagement of mother	60%	58%	62%	Item 15	45%
Engagement of father	35%	40%	34%		
Engagement of Resource Parent	88%	89%	90%	N/A	N/A

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. This is also 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.

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 and will be focus areas in the NJ 2020-2024 CFSP.

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

Supporting the educational needs of children continues to be a priority for DCF. During the 2017 CFSR assessment of a child’s educational needs was found in 100% of applicable cases reviewed and in the majority of cases, concerted efforts to provide appropriate services when needs were identified was found as well.

The *Learning and Development* indicators 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.

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

**Figure 19**

QR Performance Indicator	CY2016 QR Strength Rating	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CFSR Item	2017 CFSR Strength Rating
Learning and Development under age 5	99%	94%	94%	Item 16	89%
Learning and Development over age 5	93%	90%	87%		

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

Ensuring the children receive services to meet their health needs has also been and continues to be a high priority of DCF. 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.

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.

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.

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

**Figure 20**

QR Performance Indicator	CY2016 QR Strength Rating	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CFSR Item	2017 CFSR Strength Rating
Physical Health	98%	98%	95%	Item 17	80%
Provision of Health Care Services	98%	95%	95%		
Emotional Well-Being	93%	93%	92%	Item 18	83%

Additional information on the physical/dental health as well mental/behavioral health of children can be reviewed under the 2020-2024 CFSP Health Care Oversight and Coordination Plan Attachment A.

## **CFSR Systemic Factors:**

### **Statewide Information System**

The NJSPIRIT application continues to readily support 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.

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 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.

Data Quality Plan development for NJ SPIRIT is underway to become CCWIS compliant. The submission of the plan 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:

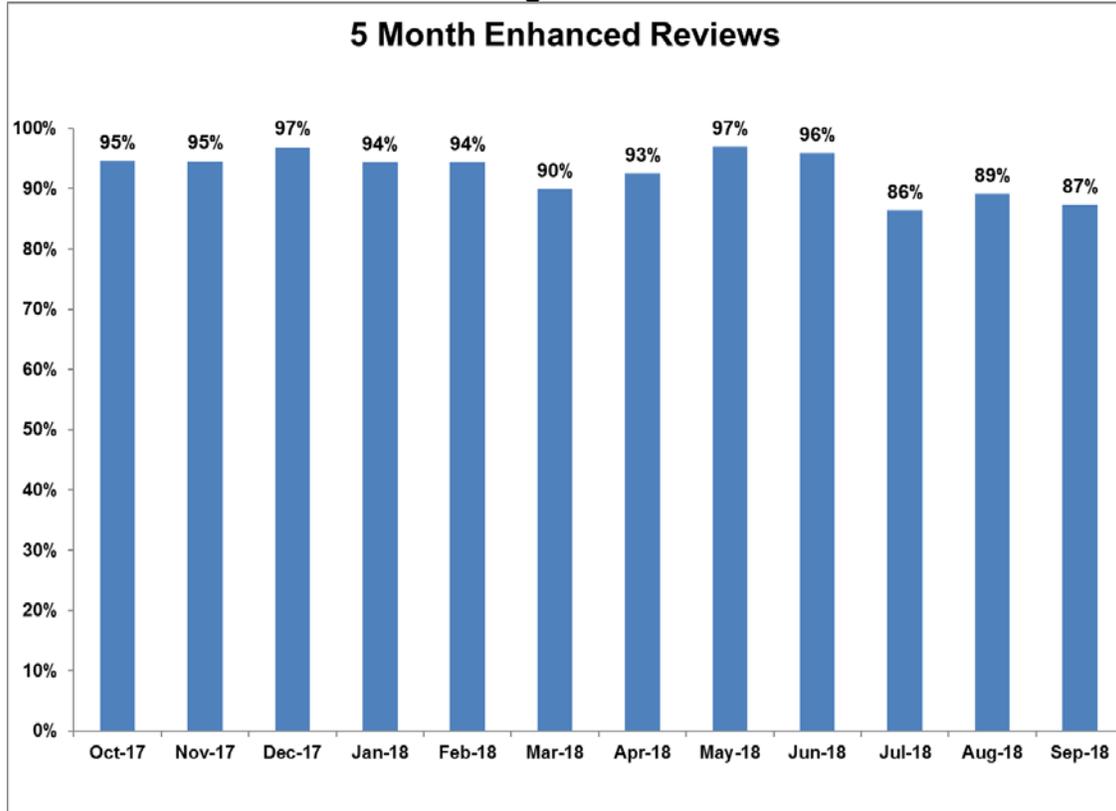
- Determine if the title IV-E agency and, if applicable, child welfare contributing agencies, meet the requirements detailed above
- Confirm that the bi-directional data exchanges meet the ACF CCWIS requirements
- Report the status of compliance

### **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 21 shows that these critical reviews continue to occur timely.

**Figure 21**



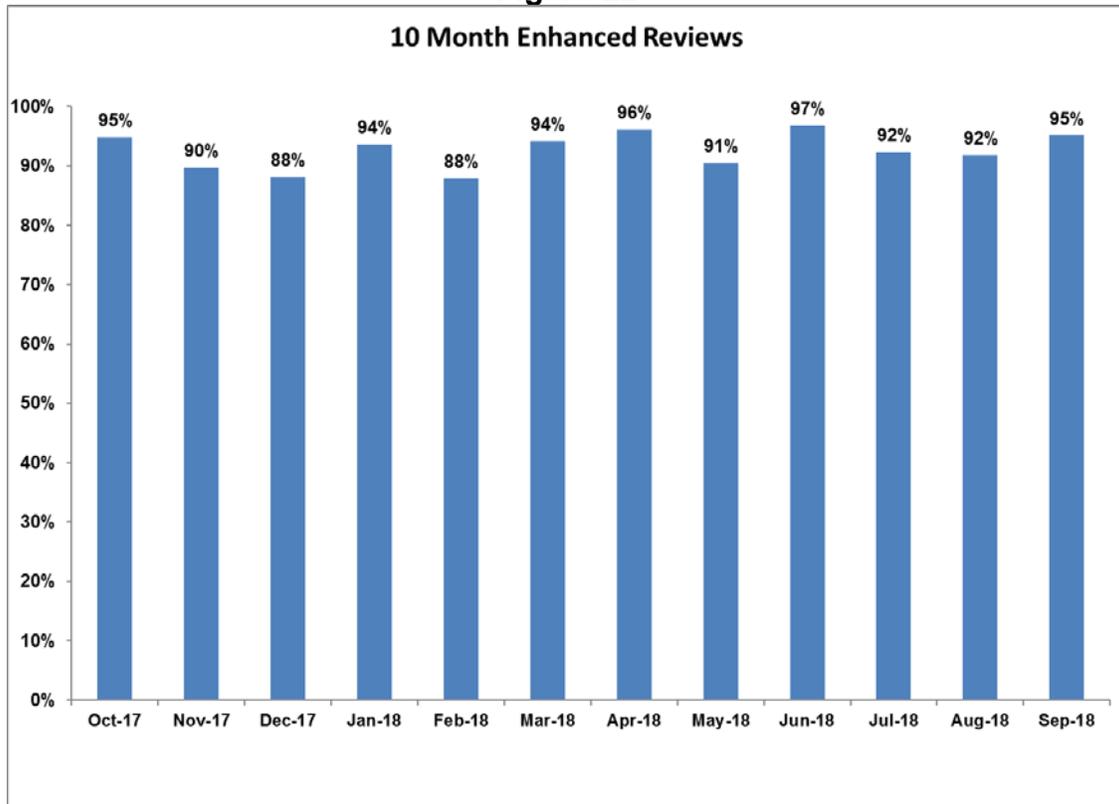
Another enhanced review is the ten-month review. This is a critical decision-making review when CP&P prepares for the permanency hearing by either approving an ASFA exception based on the improved circumstances of the parents and likelihood of family reunification or recommending the termination of parental 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.

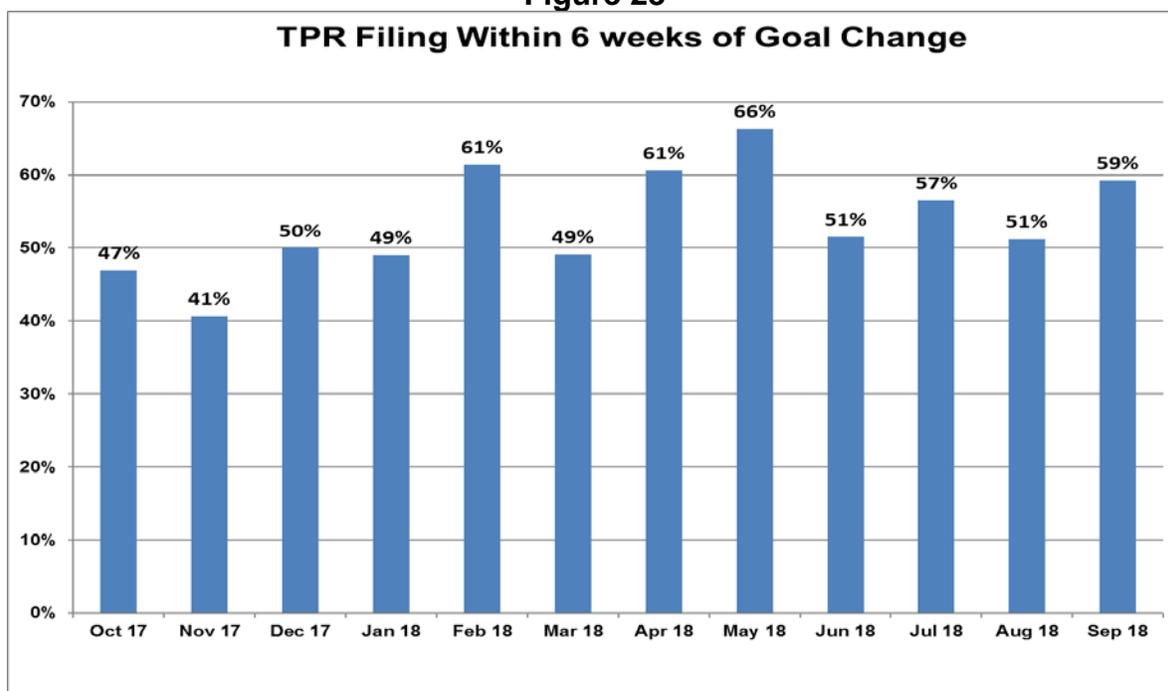
Data in figure 22 below represents that these reviews continue to be a strength for NJ.

Figure 22



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 23 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 23**



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 and will be a focus for the 2020-2024 CFSP.

### **Quality Assurance System**

Continuous Quality Improvement was a focus goal for the 2015-2019 CFSP and discussion of accomplishments over the past five years can be reviewed under Core Strategy 4 in the *Plan for Improvement and Progress Made to Improve Outcomes – NJ DCF 2015-2019 Core Strategies - Goals, Intentions and Progress* section.

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 which can be viewed here: <https://www.nj.gov/dcf/about/divisions/opma/cqi.html#framework>

### **Staff and Provider Training**

Over the past five years, DCF along with NJ Embrella continued 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. Training and professional

development was a targeted goal for the 2015-2019 CFSP and further discussion can be reviewed under *Core Strategy 3- Organizational Development* in the *Plan for Improvement and Progress Made to Improve Outcomes – NJ DCF 2015-2019 Core Strategies - Goals, Intentions and Progress* section.

NJ was found to be in substantial conformity for this systemic factor during the 2017 CFSR.

### Service Array and Resource Development

Service array and resource development was a targeted goal for the 2015-2019 CFSP. For a complete discussion of accomplishments related to service array and resource development please go to *Core Strategy 2* under the *Plan for Improvement and Progress Made to Improve Outcomes – NJ DCF 2015-2019 Core Strategies - Goals, Intentions and Progress* section.

The QR indicator *Resource Availability* reviews whether the child and family an adequate array of supports that are readily accessible, have power to produce desired results, are available for use as needed, and are culturally compatible with the needs and values of the child and family. It also looks at whether the family has a choice in the selection of supports.

While QR results demonstrate that formal and informal supportive resources for families are accessible and aligned with their needs, the 2017 CFSR results for service array and resource development, as well as services to prevent entry or re-entry into out of home placement, highlight challenges for families as referenced in figure 24:

**Figure 24**

QR Performance Indicator	CY2016 QR Strength Rating	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CFSR Item			2017 CFSR Strength Rating		
				Item 2	Item 29	Item 30	ANI	ANI	ANI
Resource Availability	85%	88%	84%						

Service array and resource development will be a priority focus in the NJ 2020-2024 CFSP.

### 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 and *Core Strategy 5- Strengthening and Enhancing Partnerships* in the *Plan for*

*Improvement and Progress Made to Improve Outcomes – NJ DCF 2015-2019 Core Strategies - Goals, Intentions and Progress* section provides discussion of accomplishments over the past five years.

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

Over the past five years, DCF focused on targeting recruitment of homes that can accommodate larger sibling groups as well as increase kinship placements in targeted counties where recruitment and approval of kinship homes were a barrier. Please see *Core Strategy 2, Intention 3: Children have family-based settings that allows them to remain connected with their siblings in OOH placement* in the *Plan for Improvement and Progress Made to Improve Outcomes – NJ DCF 2015-2019 Core Strategies - Goals, Intentions and Progress* section.

NJ was found to be in substantial conformity of this systemic factor during Round the 2017 CFSR.

## **Plan for Improvement and Progress Made to Improve Outcomes**

### **NJ DCF 2015-2019 Core Strategies - Goals, Intentions and Progress**

This section outlines the Core Strategy accomplishments, progress and identified areas to improve upon for the 2020-2024 CFSP.

Feedback from stakeholders was sought in a variety of ways during the 2015-2019 CFSP and examples are outlined in the Collaboration section as well as Core Strategy 4, Intention V and Core Strategy 5.

#### **Core Strategy 1 – Strengthening the Case Practice Model**

The Case Practice Model (CPM) is the foundation of the work at the Department and is to be infused in all interactions with children, youth and families. The core of the CPM is partnerships with families through engagement of formal and informal supports, joint planning and teaming for desired outcomes, as well as individualized services to address the specific and unique needs of families.

During the 2015-2019 CFSP the Department piloted initiatives to improve staff competency in two core CPM strategies, teaming and case planning. The goal of improved teaming and joint planning is for families to feel supported and to work in partnership with DCF promote better outcomes.

#### **Core Strategy 1 - Intentions:**

Three critical intentions for this core strategy were identified for the 2015-2019 CFSP:

1. Families will experience collaborative service planning through timely completion of case plans and greater quality of case plans
2. Teaming process will lead to positive permanency outcomes
3. Families' needs, and histories are understood and inform engagement strategies

***Intention 1: Families will experience collaborative service planning through timely completion of case plans and greater quality of case plans.***

#### Year 5 Action Plans (FFY18) and Measures – Intention 1:

- Action Plan 1: Train staff in enhanced Case Plan
  - Measure: # staff were trained on the enhanced Case Plan

#### Year 1-4 Summary and Year 5 Results – Intention 1:

The QR measures the quality of teaming through the Teamwork and Coordination indicator. This element looks at whether the family and their informal and formal support system function collaboratively as a team by focusing on the strengths, needs and goals to achieve positive outcomes. To better understand barriers to quality teaming a statewide workgroup was convened. One workgroup recommendation was to enhance the case plan so that it is more meaningful for families, incorporates their voice, and is more user friendly for staff. To date all staff in the 46 local offices have been trained on the enhanced Case Plan and are now using a carbonized enhanced family agreement so that families and staff can craft a service plan in real time and receive an immediate copy.

The QR also measures the quality of case plans through the Child and Family Planning Process and Case Plan Implementation indicators. These measures are to ensure that collaborative service case plans are developed with the families' voice and are individualized to meet their unique strengths, needs, goals, and are implemented in a timely fashion. Analysis of QR results in this area were utilized to identify barriers to quality case plans across the state. To increase the quality of case planning CP&P launched the Back to Basic (B2B) pilot, which covered various areas (e.g.: Engagement, Rapport Building, in-depth review of family history, etc.), so staff can collaborate with the family for effective case planning. While the B2B pilot initially saw some increase in case plan indicators, these were not sustained over time.

***Intention 2: Teaming process will lead to positive permanency outcomes***

**Year 5 Action Plans (FFY18) and Measures – Intention 2:**

- Action Plan 1: Shift the focus to increasing the quality of family engagement in family teaming
  - Measure: Establish quality baseline
  - Measure: Training and Distribution of carbonized FA to Area and Local Offices
- Action Plan 2: Ensure adequate staff are trained on teaming
  - Measure: Identify ratio standard and areas that were underdeveloped in meeting ratio capacity
  - Measure: CPP to partner with OTPD to increase capacity of Facilitators
- Action Plan 3: Permanency Roundtables (PRT) will be reinstated to assist older youth in achieving permanency
  - Measure: # of PRT Held

- Action Plan 4: Pilot and implement YARH Component 1 Connect to Family and Connecting to Well-Being in Burlington, Mercer, and Union Counties
  - Measure: Service contracts and evaluation activities

Years 1-4 Summary and Year 5 Results – Intention 2:

To ensure that the core foundation of the CPM, teaming and facilitation of a Family Team Meeting (FTM), was elevated as a priority DCF focused on building staff capacity in these areas. Over the past five years the Department's Division of Child Protection and Permanency (CP&P) developed master coaches, coaches and facilitators of the Family Team Meeting (FTMs) process across all 46 local offices statewide. These critical meetings occur at the onset of our work with families and provide opportunities to engage and collaborate in initial service case planning with families. To increase the capacity of facilitators, CP&P partnered with the Office of Training and Professional Development (OTPD) and created a pre-service training workgroup to review the library of trainings offered to new staff. The workgroup identified that the Case Practice Module training, Module 3- Facilitating the Family Team Meeting Process, was not offered during new worker training. Module 3 is now part of the mandatory package of new worker training, providing staff with the tools, knowledge and facilitation skills to engage the family's informal and formal supports in collaborative service planning with the family.

In 2014, data analysis revealed a low rate of initial FTM's; specifically, there was an increase in the number of FTM's that were categorized as "declined by a family" or "family declined/unavailable to participate". An FTM pilot was initiated in targeted counties to explore engagement strategies to increase the frequency of initial FTM's and decrease the decline/unavailability categories. While the pilot was met with some success as initial FTM's increased, there was not a significant quantifiable outcome and therefore this initiative was ended in year three.

Planning, teaming and assessment of youth and young adults has also been a priority over the last five years. The Children and Youth Bill of Rights was created and published to provide opportunities for children and youth to understand their rights while in care to include what to expect regarding their health, safety and involvement with the court system. The youth transitional plan, Transitional Plan for YOUTH (TPYS) was updated to better facilitate planning conversations with adolescents.

In Year 3, the Permanency Roundtables were reinstated to assist older youth with achieving permanency, since then there has been a total 165 Permanency Roundtables held. This included professional development opportunities for judicial partners working with older youth to highlight the importance of permanency. Permanency Action Plans are tracked and are currently being analyzed for trends. In addition, DCF created a

public video highlighting the importance of permanency for older youth and is available on the NJ Youth Resource Spot website: <http://www.njyrs.org/> .

DCF also began Phase II of the Youth at Risk of Homelessness (YARH) project Component 1: Connect to Family (Bridging Lasting Connections) and Connect to Well Being (life skills). The Connect to Family component provides intensive support to youth and their families leading up to and including post-permanence by convening permanency teams, conducting aggressive family finding, making realistic decisions, and expediting legal permanence. Connect to Well-Being provides life skills training (flexible, accessible, and ongoing), and promotes positive group identity by holding, hosting or joining youth focused, fun gatherings and events. Training and technical assistance was provided to agency staff implementing these services. In addition, a logic model, practice profile, theory of change and usability testing was initiated.

### **Intention 3: Families' needs, and histories are understood and inform engagement strategies**

#### Year 5 Action Plans (FFY18) and Measures – Intention 3:

- Action Plan 1: Strategic phase in of case conferencing model Focus on Supervision, PMA/CP&P to formulate methodology to measure FOS outcomes
  - Measure: Measurable tool is identified and initiated
- Action Plan 2: To revise and validate the suite of SDM tools
  - Measure: Work with CRC to interpret staff interviews and surveys on risk assessment content and utilization
  - Measure: CRC to publish report on validation study of the risk assessment, risk reassessment, and reunification assessment tools
- Action Plan 3: To update the tools, revise policy and draft new training materials.
  - Measure: Provide updated tools, policy and training materials.

#### Years 1-4 Summary and Year 5 Results – Intention 3:

To assist with supervision, DCF adopted a new multi-disciplined case conferencing model called Focus on Supervision (FOS) that supports the development of staff critical thinking. Staff leverage support and knowledge from subject matter experts, Local Office (LO) consultants, peers and supervisors. The FOS immersion roll out occurred in multiple waves over the past 5 years. By the end of 2016, all LOs were trained in the FOS model and 10 were selected to participate in an internal FOS QR.

The FOS QR results identified the FOS conference structure created an environment to provide guidance around engagement, case planning, and comprehensive assessments of parents and children. The FOS QR included monitoring and data collection of the FOS process as areas needing improvement.

Another practice strategy to strengthen the Case Practice Model was reviewing the Structure Decision Making (SDM) tools. To assist with the reliability, validity and equity of decisions made at critical points in a case, DCF partnered with the Children's Research Center to validate and redesign the suite of SDM tools. Usability testing of these redesigned tools is underway and training curriculum and policy are being developed.

SDM tools are used to help frame a functional assessment to include the historical story, inform engagement strategies, understand strengths and needs of a family as well as to identify risk and safety factors through assessments. While safety and risk assessments are consistently completed during initial contact with families as identified, use of these and other assessment tools declined throughout the life of a case.

The 2017 CFPSR yielded similar results for CFPSR Item 3. As was the case in the previous 2 rounds, initial assessments of safety and risk were identified as a strength, but ongoing assessments were an area needing improvement.

One strategy in NJ's CFPSR PIP is to strengthen DCF's safety and risk assessments and intervention practice through SDM. Strengthening these assessments will ensure that staff effectively assess and address children's and parent's risk and safety concerns, and that families receive interventions that effectively reduce risk and mitigate safety threats so that children can remain safely in their home and free from maltreatment.

It is important to note that the QR process and protocol underwent a revision which was implemented in 2016. This revision included adjustments to several performance indicators, such as distinguishing between work with mothers versus work with fathers as well as right sizing the sample size to reflect the number of children and families served in each county. All 21 counties are reviewed over a two-year cycle. The 10 counties that completed QR reviews in 2016 were able to see a comparative analysis of results to determine improvement in 2018. The remaining 11 counties who completed reviews in 2017 will be able to see a comparative analysis at the end of 2019.

Overall during the past five years while some areas saw improvement such as the increase in quantity of family team meetings and case plans, QR data for the quality of case plans, teaming, engagement and assessment reflect little progress as noted in figure 18. These core areas of practice will be a focus moving forward in the CFPSR PIP and integrated into the 2020-2024 CFSP.

## **Core Strategy 2 – Refinement of the Service Array**

DCF identifies that critical services for children and families must be flexible and reflect current thinking on interventions as well as be nimble enough to respond to emerging needs for its service recipients. DCF's focus during the 2015-2019 CFSP was to complete a comprehensive statewide assessment process to inform the availability of services to address needs in the population including prevention services and services to children in need of out of home placement.

### **Core Strategy 2: Intentions:**

Three critical intentions for this core strategy were identified for the 2015-2019 CFSP:

1. The needs of the children and families served by DCF are well understood and services are in alignment with identified needs
2. Families will have access to evidence supported services to address their needs
3. Children have family-based settings that allows them to remain connected with their siblings in OOH placement

### ***Intention 1. The needs of the children and families served by DCF are well understood and services are in alignment with identified needs***

#### Year 5 Action Plans (FFY18) and Measures – Intention 1:

- Action Plan 1: Continue CP&P Statewide Needs Assessment
  - Measure 1: Conduct Statewide survey on needs of children, youth and families involved with CP&P
- Action Plan 2: Initiate second phase of statewide needs assessment process
  - Measure 1: Continue meta-analysis of DCF Data such as NJS, CSOC, Census data, additional Data set identified if needed
- Action Plan 3: Continue next steps in Focus Groups
  - Measure 1: Conduct focus groups interviews of key stake holders both internal and external.
- Action Plan 4: Through the support of the ACYF Federal Planning Grant, conduct data analysis, a needs assessment, and refine an intervention framework to address ongoing service gaps related to the need for evidence-based, trauma-informed,

protective factor focused and comprehensive life skills and other critical program for adolescent and young adults being served through CP&P.

- Measure 1: Create an intervention that works to prevent homelessness for youth in care, 14-21.

Years 1-4 Summary and Year 5 Results – Intention 1:

Service Array accomplishments include the completion of a multi-year mixed methods needs assessment study to better understand the needs of families, the services available to meet those needs and how families are connected to formal and informal supports when they come in contact with the Division of Child Protection and Permanency (CP&P). Nearly 2,000 parents, resource parents and CP&P staff responded to surveys developed to elicit important feedback regarding the match between families' needs and the current DCF service array. Several need domains were identified to include:

1. caregiver substance abuse
2. caregiver mental health
3. domestic violence
4. child mental health
5. child substance abuse
6. poverty
7. housing

Positive results from this needs assessment reveal that parents who were linked to services to meet the domain need were connected by CP&P and felt supported by those services. CP&P staff across the state reported that services are available in most need domains to assist families.

For example, DCF, in partnership with the Department of Health and the Department of Community Affairs, launched the Keeping Families Together (KFT) initiative in 2014 to provide supportive housing and services to a subset of high needs families involved with the Division of Child Protection and Permanency (CP&P). NJ KFT is a promising model of supportive housing, designed for families involved with child welfare who present with an array of co-occurring challenges; including substance abuse, mental health and other risk factors. The initiative is intended to strengthen families by assisting parents in providing a safe and stable home for their children, accompanied by support and guidance to manage life's obstacles. In 2018 NJ KFT increased capacity Statewide and provides supportive housing for over 600 families.

Family Success Centers (FSC) which offer primary child abuse prevention services to families and bring together concerned community residents, leaders, and community agencies to address the problems that threaten the safety and stability of families have expanded to 57 community-based centers across the state. These centers and other DCF prevention services are administered through the Division of Family Community Partnerships <https://www.nj.gov/dcf/about/divisions/dfcp/>.

In the first phase<sup>4</sup> of the Needs Assessment process, an internal workgroup at DCF partnered with the Rutgers Child Welfare and Well-Being Research Unit to undertake a review of past reports and assessments completed by DCF from 2008 to 2014 to begin the process of identifying key, broad need domains for children and families involved with CP&P. These common need domains encountered across practice areas, including child maltreatment reporting, receipt of in-home services, and out-of-home placement, were used as a starting point to begin building the partnership between DCF and stakeholders and to inform the design and approach for the Needs Assessment to follow.

In the second phase<sup>5</sup>, the preliminary need domains from Phase I were then examined and refined utilizing 5 years of data from New Jersey's Statewide Protective Investigation, Reporting, and Information Tool (NJ-SPIRIT), New Jersey's client-level, State Administered Child Welfare Information System. This analysis resulted in the identification of seven broad need domains: caregiver mental health, caregiver substance abuse, child mental health, child substance abuse, poverty, housing, and domestic violence.

The third phase<sup>6</sup> of the needs assessment involved the collection and analysis of qualitative data from a range of stakeholders. Researchers conducted in-depth focus groups and one-on-one interviews with 170 DCF staff, service providers, and caregivers from families of origin. The resulting qualitative data was analyzed and presented in the April 2017 New Jersey DCF Needs Assessment Interim Report.

During the qualitative portion of the assessment, several themes emerged from interviews and focus groups with DCF staff, providers, and families of origin. In addition to the seven primary need domains identified from the administrative data, focus groups and interviews with CP&P staff and system-involved families revealed additional needs relating to criminal justice involvement and to populations that are especially challenging to serve. Challenging populations were defined as those who have needs across several domains including low-income populations, rural populations and undocumented immigrants.

Building on the study of administrative data and qualitative data collection and analysis, Phase IV<sup>7</sup> of the Needs Assessment used surveys to collect information about family

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<sup>4</sup> Needs Assessment Phase 1 Report:

[https://www.nj.gov/dcf/childdata/continuous/DCF\\_Needs\\_Assessment\\_Interim-Report.pdf](https://www.nj.gov/dcf/childdata/continuous/DCF_Needs_Assessment_Interim-Report.pdf)

<sup>5</sup> Needs Assessment Phase 2 Report:

[https://www.nj.gov/dcf/childdata/protection/DCF.Needs.Assessment.Interim.Report\\_3.16.pdf](https://www.nj.gov/dcf/childdata/protection/DCF.Needs.Assessment.Interim.Report_3.16.pdf)

<sup>6</sup> Needs Assessment Phase 3 Report:

[https://www.nj.gov/dcf/childdata/protection/DCF.Needs.Assessment.Quality.Report\\_4.17.pdf](https://www.nj.gov/dcf/childdata/protection/DCF.Needs.Assessment.Quality.Report_4.17.pdf)

<sup>7</sup> Needs Assessment Phase 4 Report:

<https://www.nj.gov/dcf/childdata/protection/DCF.Needs.Assessment.Phase.IV.Report-March2018.pdf>

needs and available services from three groups: (1) CP&P staff, (2) resource parents, and (3) parents from families of origin, both with children in the home and with children who had been removed. Staff and resource parent surveys were conducted online, while the survey of parents from families of origin was administered by phone. Findings from the surveys are presented in the Phase 4 report, and, where possible, they are synthesized with results from the administrative and qualitative phases of the study.

As noted earlier, the Needs Assessment has illuminated certain themes about the families CP&P serves and the service array in place to meet their needs. These are families facing high levels of risk, often struggling with multiple needs at once. One theme that cuts across domains and magnifies the challenges families face is the pervasiveness of economic hardship. The experience of family poverty is shared among CP&P-involved families, but it is not unique to them. Structural and societal factors throw many NJ families into financial distress, and these factors require broad, cross-system solutions to truly improve the odds for the state's impoverished communities and families.

Another highlight from the Needs Assessment shows that in many domains the service array is well-aligned with what families need, even where there are high levels of need among the CP&P-involved population. For instance, while staff reported that caregiver substance use is a factor in half of the cases they encounter within a month, many also felt that the services in this area were the best matched to the level of need among families served. Moreover, when families received services, they generally thought they were helpful. In most cases CP&P was the source of the referral to services, suggesting that workers are connecting parents and children to the help they need.

Even so, there are gaps between needs and services in two notable and related areas: family poverty and housing. Parents from families of origin reported experiencing pervasive financial strain, affecting their ability to provide safe and stable homes for their children; resource parents, to a lesser degree, also described similar difficulties. Compared to the level of need, relatively few caregivers received services to address family poverty or housing problems and many more felt they could have benefitted from help. Among parents who were referred but did not access services, strict federal and state eligibility standards and limited accessibility were barriers.

While the Needs Assessment indicates that families are receiving services that they find helpful, adjustments are needed. Availability, accessibility, and alignment of support services to meet specific needs remains a challenge. Detailed findings from previous phases of the Needs Assessment will help the Department identify and prioritize specific areas where these efforts might be best deployed moving forward. In addition, ongoing assessment of the match between what families need and the extent to which the services the CP&P links them to are helpful will be necessary. In addition to tracking these metrics over time, future assessments should also examine how needs and services are related to child welfare outcomes, including child safety, permanency, and well-being.

While these areas highlight some of the positive connections for families, other results reveal that systemic challenges in relation to poverty is pervasive and impacts a family's ability to access health care, childcare, housing and basic needs<sup>8</sup>.

To address the service gap for adolescents and young adults, DCF has been working on creating an intervention to prevent homelessness for youth in care. The multi-phase YARH Federal Planning Grant is being used to fund the development of strategies to reduce and prevent youth in foster care from becoming homeless and to build the evidence base on promising strategies to support these youth. These strategies aim to make system and practice level improvements in four areas: stable housing, permanent connections, education/employment, and social-emotional well-being. YARH grantees will build upon a preliminary framework for intervening with youth who are in foster care or have experienced some time in care, including youth age 14 and older, and are most likely to have a challenging transition to adulthood, including homelessness and unstable housing experiences.

During Phase 1 (September 2013 – August 2015), DCF was one of 18 jurisdictions to receive a YARH Federal Planning Grant award in the amount of \$360,000 (\$720,000 for two years). This project is led by DCF's Office of Adolescent Services (OAS), working in partnership with three national organizations: Center for the Study of Social Policy (CSSP), Child Trends, and the Corporation for Supportive Housing (CSH). DCF proposed to assess, plan, and implement holistic and comprehensive strategies and solutions to end youth homelessness and promote education/employment, permanency, and well-being outcomes specifically for young people who have experience in the child welfare system.

In New Jersey, the YARH planning grant was named Connecting YOUth. Connecting YOUth aligns with the goals outlined in the 2011 Adolescent Services Strategic plan and recommendations published by the Task Force on Helping Youth Thrive in Placement (HYTIP). Along with significant data analysis, the Connecting YOUth Team reviewed policies, practices, resources, reports, and various events to collect information from stakeholders (e.g. systems mapping/gap analysis, focus groups, surveys).

During Phase 2, DCF was one of six grantees nationally to receive Phase II YARH implementation funding. This funding is designed to support initial implementation and testing of a three-component intervention strategy developed during the YARH Phase I planning grant. During Phase II, DCF continued to partner with Child Trends, CSSP, and CSH for this project to develop an intervention to prevent homelessness for youth in care ages 14-21. The intervention approach piloted in three counties included the

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<sup>8</sup> To review all the Needs Assessments reports, go to: <https://www.nj.gov/dcf/childdata/protection/>

following services: radical permanency, reconceptualization of life skills, educational advocates, near peer and professional mentors, and supportive housing (utilizing Project Based Section 8 Housing Vouchers).

An intervention framework was designed from this planning phase and new services were posted through an RFP process to be piloted in Burlington, Mercer, and Union Counties. These services included permanency, life skills, education advocates, mentoring, and supportive housing. DCF awarded new contracts in May 2016 and started implementing new programming through the summer into fall of 2016. Implementation continued for new and restructured services in permanency, educational advocacy, mentoring and supportive housing.

Service providers received training and technical assistance to support implementation. In July 2017, the provider for the supportive housing program changed and the contract transitioned, however programming continued in all three counties (please note that services continued in Union County but after 7/1/17 were no longer included in the federal project). Youth were identified and referred to programming through a targeted approach by using the results of the Phase I data analysis to prioritize youth who demonstrate characteristics that might put them at-risk for future homelessness. Early evaluation activities support program refinement and ongoing implementation. A third YARH grant phase, if funded, will involve conducting summative evaluations designed to add to the evidence base on how to support older youth with child welfare involvement and prevent homelessness.

Educational advocacy efforts were further examined and restructured statewide to develop an academic and career coaching program called Pathways to Academic and Career Exploration to Success (PACES) program. RFPs were posted in February 2017 for six PACES programs statewide. PACES is targeted for youth in foster care to address academic needs, assist in career exploration to promote college and career readiness and preparing students for their adjustment and integration into post-secondary institutions.

In June 2017, four agencies were awarded contracts to provide academic and career exploration coaching in response to the RFP for the Pathways to Academic and Career Exploration to Success (PACES) Program. The four agencies, Care Plus, Community Access Unlimited, Embrella (formerly Foster and Adoptive Family Services) and Robins' Nest served approximately 480 foster youth ages 16-21 across the State during this reporting period (PACES program has a capacity to serve 500 youth). Ongoing phone and in person technical assistance to agency directors and coaches was provided from August 2017 thru September 2018 to support implementation. Coaches were trained in

“Education Stability,” “What Every Caseworker Needs to Know about Education,” “Youth Thrive,” NJ Foster Care Scholars and NJ Career Assistance Navigator.

***Intention 2. Families will have access to evidence supported services to address their needs***

Year 5 Action Plans (FFY18) and Measures – Intention 2:

- Action Plan 1: Draft Evidence-Based/Evidence-Informed Blueprint for the Department
  - Measure 1: Identify guidance strategies on the selection, adoption, implementation, evaluation and quality improvement practices for evidence-based/evidence-informed programs
- Action Plan 2: Apply implementation science-informed approach to identified programming including purchased CP&P core services and one purchased prevention service.
  - Measure 1: Infuse evidence-based methods to support quality implementation and scaling up of evidence based/evidence informed programs into our service array.
- Action Plan 3: Provide Technical Assistance to New Initiatives and Evaluate and build evidence for prevention purchased services
  - Measure 1: Build evaluation capacity for Keeping Families Together, Mobile Response Support Services for children in placement, Family Preservation Services and Supportive Visitation Services.

Years 1-4 Summary and Year 5 Results – Intention 2:

The Implementation Science and Service Provider-Informed Blueprint for Integration of Evidence-Based/Evidence-Informed Practices into New Jersey’s Child Welfare System was completed and posted on the DCF website in December 2017. It can be accessed online here: [https://www.nj.gov/dcf/about/divisions/strategicdev/Blueprint-ExecutiveSummary\\_Sept2017.pdf](https://www.nj.gov/dcf/about/divisions/strategicdev/Blueprint-ExecutiveSummary_Sept2017.pdf).

With the goal of meeting the needs of children and families with more well supported, supported, and promising programming and building out innovative practice models that are well defined, supported, and measuring effectiveness, the Department tapped into the principles of implementation science to understand how to approach this effort. The field of implementation science provides frameworks and methods to help assess and support the design and implementation of interventions so that outcomes can be

achieved.<sup>9 10</sup> Integrating more well supported, supported, and promising practices goes beyond simply making a list of preferred models and requesting proposals from providers.<sup>11</sup> Rather, it is a complex process that involves the selection of appropriate practices that meet the needs of the target population and fit with state and community priorities; the development of an infrastructure to support high quality implementation of the practices; and systems changes that will ensure the practices are sustainable.<sup>12</sup> For innovative programs that are informed by literature, but have yet to be implemented and evaluated, the practice must be defined, implementation supports (training, coaching, fidelity tool, etc.) must be developed to support the practice, and data collection and evaluations must be established for ongoing practice improvements so that targeted outcomes can be achieved.

The National Implementation Research Network (NIRN) has summarized implementation science through the following formula:<sup>12</sup>



The formula demonstrates outcomes for children and families can be achieved when there is an effective practice, effective implementation supports, and an enabling context. The formula is multiplication, not addition, so if any one factor is not attended to, outcomes are unlikely to occur.

DCF has used the Active Implementation Framework for select programming. Below is a visual of NIRN's Active Implementation Formula<sup>12</sup> with the specific components that are needed to factor into the equation. Programming, whether new or existing, is assessed for the presence or absence of each factor component. When absent, that component is co-created through a teaming structure that includes stakeholders with the necessary expertise for that component.

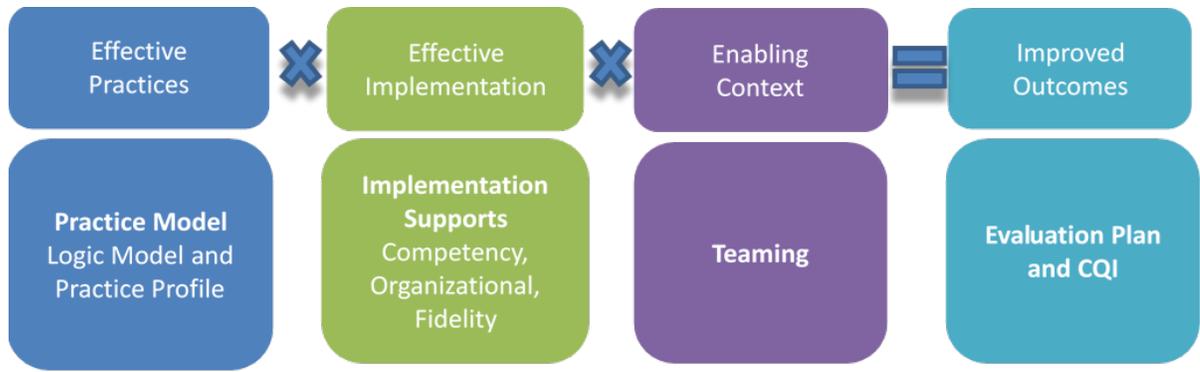
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<sup>9</sup> Powell, B. J., Beidas, R. S., Lewis, C. C., Aarons, G. A., McMillen, J. C., Proctor, E. K., & Mandell, D. S. (2015). Methods to improve the selection and tailoring of implementation strategies. *The journal of behavioral health services & research*, 1-18.

<sup>10</sup> Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2015). Implementation science. In J. D. Wright (Ed.), *International encyclopedia of the social and behavioral sciences* (2nd ed., Vol. 11, pp. 695-702). Amsterdam: Elsevier.

<sup>11</sup> Berliner, L., Fitzgerald, M.M., Dorsey, S., Chaffin, M., Ondersma, S.J., & Wilson, C. (2015). Report of the APSAC Task Force on evidence-based service planning guidelines for child welfare. *Child Maltreatment*, 1, 6-16.

<sup>12</sup> Metz, A., Bartley, L., Maltry, M. (2017). *Supporting the Sustainable Use of Research Evidence in Child Welfare Services, An Implementation Science and Service Provider Informed Blueprint for the Integration of Evidence Based/Evidence Informed Practices into NJ Child Welfare System*. The National Implementation Research Network.



Below is a description of each of the above components:

<b>Teaming</b>	Multi-level teaming structures move programs, practices, and strategies from an idea to full implementation and ensure consistent internal and external communication within teams and between teams. Teams meet regularly, have dedicated appointments, and work in a structured way with agendas, meeting notes, following up on action items, timelines, workplans and project management. <sup>13</sup>
<b>Practice Model</b> Logic Model and Practice Profile	For an intervention or practice to be effective, it must be well-defined by a logic model and practice profile. A logic model is a roadmap that describes what results you hope to achieve by doing specified activities. A practice profile is a tool for operationalizing an intervention so that staff, supervisors, and directors in implementing agencies have a clear understanding of what they are expected to do when implementing the practice. It includes guiding principles and essential functions. Guiding principles are the philosophies, values and beliefs that inform specific interventions. Essential functions describe the practice elements that must be present to say that the practice exists; essential functions promote consistency across staff and providers. <sup>14</sup>
<b>Implementation Supports</b> Competency, Organizational, Fidelity	To ensure that staff are prepared to implement the practice well, staff selection criteria (job descriptions and interview protocol), skill-based training, and follow up coaching to reinforce the training must be in place. In addition, organizational supports such as clear administrative processes, data collection/data systems to support decision-making, and processes for systems coordination are needed so that the context in which the program is being implemented can be established, and to

<sup>13</sup> Metz, A., Bartley, L., Ball, H., Wilson, D., Naom, S., & Redmond, P. (2015). Active implementation frameworks for successful service delivery: Catawba County Child Wellbeing Project. *Research on Social Work Practice, 25*, 415-422.

<sup>14</sup> Metz, A., Bartley, L., Blase, K., & Fixsen, D. (2011). *A guide to developing practice profiles*. Chapel Hill, NC: National Implementation Research Network, University of North Carolina. Available online at <http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN- Metz-WhitePaper-PracticeProfiles.pdf>

	ensure that the factors connected to the implementation are hospitable for the intervention to succeed. <sup>15 16</sup>
Evaluation Plan and CQI	Data is used to support implementation capacity, intervention fidelity, and child & family outcomes. Continuous Quality Improvement (CQI) involves developing a process for identifying, collecting, and analyzing data that are useful to make decisions on improvement. This process should be ongoing.

Using the above framework, DCF has provided/supported technical assistance for quality program development and evaluation for following initiatives: Family Preservation Services (FPS); Keeping Families Together (KFT); Supportive Visitation Services (SVS), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), and Family Success Centers (FSC).

Family Preservation Services is an intensive, in-home crisis intervention and family education program that serves families with children at imminent of out-of-home placement or preparing to be reunified. By providing families with an array of services to meet their needs including skill-based interventions, linkages to resources, and limited financial assistance, the program strives to ensure the safety of children, stabilize families, improve family functioning, prevent unnecessary out-of-home placements and link families with community supports.

Teaming	During the reporting period, DCF created a multi-level teaming structure for the NJ FPS initiative. These teams include a State Operations Team, Provider Operations Team, Model Development Team, and an Evaluation Team. The Provider Operations Team is a vehicle to gather information from DCP&P Local Offices and FPS Providers regarding the implementation of NJ FPS. The Model Development Team works on refining and operationalizing the practice model. profile. The function of the State Operations Team is to address, review, and prioritize utilization and implementation issues and concerns raised by the Provider Operations Team. The Evaluation Team conducts research into the effectiveness of the FPS intervention. These teams meet regularly and have representation from FPS providers, stakeholders, as well as representation from across multiple divisions within DCF.
Practice Model Logic Model and Practice Profile	DCF partnered with FPS providers to create a logic model and a started the process to develop a practice profile for NJ's FPS initiative. The practice profile, in combination with the FPS program manual, will outline the essential functions and key activities expected of FPS staff, helping to ensure consistency of practice across sites.

<sup>15</sup> Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: Louis de la Parte Florida Mental Health Institute, University of South Florida.

<sup>16</sup> Metz, A., & Bartley, L. (2012). Active implementation frameworks for program success: How to use implementation science to improve outcomes for children. *Zero to Three Journal*, 32(4), 11-18.

<p><b>Implementation Supports</b> Competency, Organizational, Fidelity</p>	<p>NJ FPS has training and data collection infrastructure in place. Rutgers provides a multi-day training to new FPS staff on how to implement the model. Providers report monthly to DCF on families served including their needs, services received, and whether families remain safely together. Although there is training capacity, refinements will need to be made to the training curriculum, to include a coaching component, upon completion of the FPS practice profile.</p>
<p><b>Evaluation Plan and CQI</b></p>	<p>In 2018, DCF launched a mixed-methods evaluation of FPS to examine long term child welfare outcomes for FPS families, practice across sites, and facilitators and barriers to families’ success in the program. In Fiscal Year 2018, FPS served nearly 950 families and more than 2,180 children. Within families who completed the full FPS intervention, 96% of children remained safely in their own homes at discharge and 89% continued to reside in their own homes one year later.</p>

*Keeping Families Together* is a supportive housing model designed for a subset of high needs child welfare-involved families faced with co-occurring challenges (e.g. homelessness, substance use, medical or mental health disorders, and domestic violence). The goal of the model is to reduce recidivism within the child welfare system by improving housing stability and family wellbeing. KFT aims to achieve this by providing caregivers and their children with a safe, stable living environment along with robust support services.

<p><b>Teaming</b></p>	<p>The successful implementation of KFT requires close collaboration with the New Jersey’s Departments of Community Affairs (DCA) and Mental Health and Addiction Services (DMHAS), DCF’s Division of Child Protection &amp; Permanency (DCP&amp;P), Housing Developers, Provider Partners and other stakeholders. In 2018 DCF created a multi-level teaming structure to refine the program model and align infrastructure to support the KFT practice. DCF leverages the following KFT teams to support the program’s implementation: Model Design, Program Evaluation, Provider Operations, Statewide Leadership and the Management team.</p>
<p><b>Practice Model Logic Model and Practice Profile</b></p>	<p>During the reporting period, DCF partnered with KFT providers to build the program logic model. Following the logic model development, CP&amp;P, the Corporation for Supportive Housing (CSH), NJ’s Department of Community Affairs (DCA) joined the Model Development team and began the development of the KFT practice profile. The practice profile will also be informed by the Housing the First Approach within a child welfare context as well as “A Practice Framework for Delivering Services to Families in Supportive Housing” (Center for the Study of Social Policy, 2016). The KFT profile, a section of the KFT Program Manual, will outline the essential functions and further define the key practice elements that supports consistent practice across sites.</p>

<p><b>Implementation Supports</b> Competency, Organizational, Fidelity</p>	<p>DCF, with support from CSH, facilitates ongoing learning opportunities and technical support to providers. The Corporation for Supportive Housing (CSH) facilitates ongoing learning opportunities and technical support to providers. CSH may bring in contact experts or facilitate consultation calls to support providers' needs. After the practice profile is completed, DCF will shift to installing implementation supports to strengthen staff competency supports (e.g. staff selection, training, supervision and coaching).</p>
<p><b>Evaluation Plan and CQI</b></p>	<p>DCF launched a mixed-methods evaluation of KFT which examines changes in wellbeing and long-term child welfare outcomes among KFT families, practice across sites, and facilitators and barriers to families' success in the program. Listed below are highlights from this evaluation: Among families housed through the KFT program, 92% remained stably housed after 12 months; 86% were still stably housed after 24 months. Eighty-six percent of caregivers' substance use was considered stable upon enrolling in KFT increasing to 98% after a year in KFT. Fifty-nine percent of families were in a safe environment at enrollment in KFT. This increased to 87% after a year in the program. Only 32% of families were receiving the appropriate services to meet their needs upon enrolling in KFT. 60% were receiving a full range of services to meet their needs after a year. The percentage of KFT families with any CPS report decreased significantly in the 12 months pre-KFT versus post-KFT (70% versus 34%). DCF collects data from providers about families' needs and services on a quarterly basis. This data is used to inform overall decision making and the CQI process.</p>

Supportive Visitation Services (SVS) is a parent-child visitation services for CP&P-involved families with children in out-of-home placement to maintain and strengthen familial interactions and work toward permanency. Services are provided in the least restrictive setting that maintains safety along a continuum of supervision based on family need. Core activities include assessment, reassessment, visitation, aftercare (post-reunification support), transportation and documentation.

<p><b>Teaming</b></p>	<p>DCF is using a multi-level teaming structure to support development, implementation and evaluation of the NJ SVS Model. These teams include three Provider Operations Teams, a Model and Implementation Team, and an internal Data Collection, Reporting and Evaluation Team. The Provider Operations Teams serve as a forum for tracking and monitoring program utilization and factors impacting program implementation. The team includes OSD, CP&amp;P, Contracting and SVS providers. The Model and Implementation Team is tasked with solidifying the SVS Practice Profile and aligning implementation supports. The team includes OSD, RER, and SVS providers. SVS</p>
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	<p>staff have also participated in the vetting of the practice profile and usability testing of it. Their feedback has been incorporated into the practice profile and informs gaps the team will work to develop/support. The Data Collection, Reporting and Evaluation Team providers oversight and input on both process and outcome evaluation. The team includes OSD, RER and SVS providers, as needed.</p>
<p><b>Practice Model</b> Logic Model and Practice Profile</p>	<p>DCF partnered with SVS providers to create logic models and a practice profile for the NJ SVS Model. The practice profile outlines seven guiding principles (collaborative, supportive, flexible, family-driven, community-based/least restrictive, promotes well-being and trauma-informed) and six essential functions (engaging, assessing, active listening, teaming, therapeutic intervening and coaching).</p>
<p><b>Implementation Supports</b> Competency, Organizational, Fidelity</p>	<p>The SVS Model and Implementation Team began working to align implementation supports with the SVS practice profile. The team started to create job descriptions and interviewing protocols for core SVS positions and develop training and coaching and create a fidelity tool.</p>
<p><b>Evaluation Plan and CQI</b></p>	<p>In 2018, DCF developed the SVS Evaluation Plan to gain insight, improve practice and assess effects. DCF is working with SVS providers to collect program data and match it with NJS administrative data to report on child welfare outcomes through an annual report. DCF collects and shares monthly and quarterly data through interactive dashboards where SVS providers can look at trends for one month or over time.</p>

Trauma Treatment and Supportive Services utilizes Trauma Focused Cognitive Behavioral Therapy (TF-CBT), an evidence-based mental health treatment model and support services for child victims of domestic violence (and their non-offending caregivers). TF-CBT is an approx. 12-18-week treatment for individuals experiencing trauma-related symptoms including PTSD, depression, and anxiety or are exhibiting externalized behavioral problems. The CARES Institute, model co-developer, offers training, coaching and support of the model to trained providers

<p><b>Teaming</b></p>	<p>For the Trauma Treatment and Supportive Services Initiative, a multilevel teaming structure is in place consisting of TF-CBT Leadership, Operations, Evaluation, and Learning Collaborative Teams. The TF-CBT Leadership Team consists of leaders from DCF Office of Strategic Development (OSD) and the CARES Institute and is tasked with oversight of the TTSS initiative and planning for sustainability. The TF-CBT Operations Team, supported by OSD and CARES managers, provides oversight and project management for all TF-CBT training and learning collaboratives. The TTSS Evaluation Team is responsible for oversight, planning, and implementation on both a process and outcome evaluation for TSSS. The TTSS Evaluation Team includes representatives from DCF's OSD and Office of Research Evaluation and Reporting, CARES and TTSS providers. For the reporting period,</p>
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	teams met at least monthly.
Practice Model Logic Model and Practice Profile	TF-CBT has a well-defined practice model.
Implementation Supports Competency, Organizational, Fidelity	Rowan Medicine – CARES Institute (CARES) provides expert assistance as the model purveyor to support quality implementation. Staff position requirements, training, learning collaborative, requirements for organizations implementing the model, a fidelity tool, and data collection support and evaluation are offered by CARES to support practitioners and implementing agencies. Dr. Esther Deblinger, model co-developer and CARES co-director, and her team offer the following to Trauma Treatment and Supportive Services (TTSS) programs: a 10-month learning collaborative which includes training, coaching and support of the Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) model; a site visit and consultation calls for 6-months after the learning collaborative to increase sustainability; and ongoing support to trained providers on the TF-CBT model, as needed.
Evaluation Plan and CQI	The DCF convened an evaluation team to develop an ongoing process and outcome evaluation plan for the TTSS. As mentioned above, the model purveyor support is provided for 18 months, during initial implementation. DCF is addressing the need for ongoing evaluation and CQI by developing an evaluation strategy that goes beyond the first 18 months of implementation.

Family Success Centers are “one-stop” shops that provide wrap-around resources and supports for families before they find themselves in crisis. Family Success Centers offer primary child abuse prevention services to families and bring together concerned community residents, leaders, and community agencies to address the problems that threaten the safety and stability of families and the community. There is no cost to access services provided by Family Success Centers (FSCs).

Teaming	<p>To develop and sustain the work that occurred during this reporting period, we established a clear, accountable team structure and process. We had a multi-level team structure with three implementation teams (Administration, Data Support, Learning and Professional Development) that reported to one oversight Leadership Team. Below is brief description of each team and their work during its reporting period</p> <ul style="list-style-type: none"> <li>• Leadership Team: provided leadership and ongoing support for all infrastructure development and implementation outlined in the Phase 3 Implementation Plan.</li> <li>• Administrative Team: developed job descriptions, hiring and interview protocols (tools) to align with the practice profile.</li> </ul>
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	<p>Developed clear guidance regarding existing and any updates of contractual requirements to FSC Contracted Providers and Program Directors that come out of the Phase 3 deliverables</p> <ul style="list-style-type: none"> <li>• Data Team: provided coordination to develop, launch, and support fidelity assessment tools and the decision support data system for the FSC network.</li> <li>• The LPDI Team provided coordination to develop, launch, and support sustainable FSC learning and professional development for the following:             <ul style="list-style-type: none"> <li>○ FSC network Staff, Directors, Host Agency Leadership, and Advisory Boards</li> <li>○ DCF Office of Family Support Services Staff</li> </ul> </li> </ul>
<p><b>Practice Model Logic Model and Practice Profile</b></p>	<p>DCF engaged the National Implementation Research Network (NIRN) to lead the development of a practice profile for NJ Family Success Centers (FSC). In Phase 1 of our work, NIRN collaborated with the FSC Network, DCF, and a wide array of stakeholders to create a practice profile that describes the essential functions and guiding principles of the FSC model. The practice profile was thoroughly vetted and tested with the FSC network before producing the final document. The practice profile was completed in the early fall of 2017.</p>
<p><b>Implementation Supports</b> Competency, Organizational, Fidelity</p>	<p>Following the completion of the FSC Practice Profile, Phase 2 began. In Phase 2 NIRN conducted interviews with representatives from the FSC network and the Phase 2 Implementation Team (DCF's OFSS, ORER, OTPD, OSD and FCP/DOW Assistant Commissioner) to assess the existing infrastructure capacity to support implementation of the practice profile, identify gaps or capacity needs, and prioritize implementation activities. From this analysis, the FSC Phase 3 Implementation Plan was completed in January 2018. The Phase 3 Implementation Plan focuses on strengthening the infrastructure to support the implementation of the FSC practice profile by developing and refining supports that build staff competency and organizational capacity. The Phase 3 Implementation Plan is the playbook on how to strengthen the FSC infrastructure, and teams will be the vehicle bringing the Implementation Plan to life. (see teaming section above for Phase 3 teaming structure)</p>
<p><b>Evaluation Plan and CQI</b></p>	<p>The development of a mixed-methods (qualitative and quantitative) evaluation plan that captures all three categories of information needed: outcomes, fidelity data and implementation support did not occur this during this reporting period. We anticipate this work being completed during the next reporting period.</p>

***Intention 3. Children have family-based settings that allows them to remain connected with their siblings in OOH placement***

Year 5 Action Plans (FFY18) and Measures – Intention 3:

- Action Plan 1: Resource homes are available to serve larger sibling groups (SIBS homes).
  - Measure 1: Increase available homes for large sibling groups by 10%
  - Measure 2: Children with 3 or more siblings able to be placed together is increased by 5%
- Action Plan 2: Siblings placed a part have regular contact with one another.
  - Measure 1: Increase sibling visitation by 5%
- Action Plan 3: Continue to increase kinship placements
  - Measure 1: Increase kinship placements in target counties by 5%
- Action Plan 4: Continue to reduce shelter placements for older youth
  - Measure 1: Reduction in shelter placement in target counties by 3%

Years 1-4 Summary and Year 5 Results – Intention 3:

DCF understood and recognized the importance of placing children in family-based settings. NJ continues to see success in placing children and their siblings in family settings such as kinship homes and continues to see a reduction in congregate care settings. In fact, as of February of 2019, almost 91% of children in out of home placement were placed in a family setting with almost 40% placed with a kinship caregiver and less than 8% were placed in a congregate care setting.

One area of focus was placing siblings together in family-based settings. However, there are multiple factors that impact placing sibling together (e.g., size of sibling group, age gap, behavior challenges). The Office of Resource Families developed a plan to increase the number of foster homes willing to care for large sibling groups by conducting recruitment efforts to target existing resource families who will be explored to accommodate 4 or more siblings. Recruitment staff implemented strategies related to recruitment plans and continued to focus recruitment efforts on local needs while highlighting the need for families willing to accept large sibling groups and adolescents. By developing and maintaining successful relationships with businesses and community partners as well as assessing the effectiveness of their recruitment efforts staff are able to adjust their strategies and ensure they are as successful.

Our partners continue to work with us to highlight the need for families willing to accept large sibling groups and adolescents to local communities by offering table space at their events, advertisements online and in print, speaking engagements to professional

organizations, and events at local sports complexes and movie premieres to reinforce our message.

DCF continued to require recruitment staff statewide to host recruitment and retention events for large sibling groups as well as adolescents. As a result, recruitment staff statewide were involved and participated in a variety of activities that took place within their assigned communities. These positive efforts in addition to a comprehensive recruitment and retention plan were highlighted during the CFSR.

In addition, DCF established a goal to increase siblings 3+ placed together by 5%. DCF understands the need for siblings to maintain their relationships, however, sometimes placement in the same home is not feasible. As noted earlier in figure 12 represents the percent of sibling groups of 2-3 and 4 or more where at least 1 sibling was placed with another. While DCF continues to meet the standards set forth by the Sustainability and Exit Plan (SEP), placement of sibling groups maintained at a steady level overtime with minimal progress.

DCF also established a goal of Sibling Visitations at 60%. Over that past 5 years the sibling visitation has averaged 73%, this reflects a 5% increase since 2014 as indicated in figure 25:

**Figure 25**

	2014	2015	2016	2017	2018
<b># of SIBS (5+) Resource Homes</b>	24	24	27	23	18
<b># of SIBS (4) Resource Homes</b>	N/A	N/A	56	90	55
<b>% of Sibling Groups (4+) Placed Together</b>	25.2%	34%	43.5%	38%	28%
<b>% of Sibling Visitations</b>	68%	76%	74%	73%	74%

In Year 3, DCF established a goal to increase Kinship Placements by 5%. The belief is that Kinship Placements should increase close sibling contact, due to the relative's personal relationship. During the 3-year period, 20 of the 21 NJ counties reflected an increase in Kinship Placements over 5% as noted in figure 26:

Figure 26

#	County	2016	2017	2018	#	County	2016	2017	2018
1	Atlantic				11	Mercer		8%	103%
2	Bergen		18%	15%	12	Middlesex	6%		
3	Burlington			61%	13	Monmouth		8%	17%
4	Camden	14%		37%	14	Morris		12%	127%
5	Cape May	20%		9%	15	Ocean	8%		
6	Cumberland	10%		9%	16	Passaic	6%		
7	Essex		5%	15%	17	Salem	13%		16%
8	Gloucester	7%			18	Somerset		13%	
9	Hudson		11%		19	Sussex			9%
10	Hunterdon	5%			20	Union		14%	92%
					21	Warren		18%	25%

In Year 3, DCF established a goal to reduce the number of youth (age 13 and older) being placed in Shelter by 3% in targeted counties. This type of placement is temporary and appropriate under certain circumstances (i.e., alternative to detention, short-term adolescent crisis, homeless youth, court order). These were counties were above the state average for shelter placements. They were identified through the DCF Fellows program and through multiple CP&P CQI processes.

CP&P and CSOC worked together to develop a shelter protocol to correctly identify youth in need of behavioral health supports vs. child protection interventions. Figure 27 represents comparative data for those counties showing that all met or exceeded the 3% target.

Figure 27

Reduce the number of older youth ( 13-17) entering Shelter Placements							
County	2013			2017			% Change
	Entries	# Shelter	% shelter	Entries	# Shelter	% shelter	
Warren	23	7	30%	18	1	6%	-82%
Morris	17	9	53%	12	3	25%	-53%
Cape May	17	9	53%	13	4	31%	-42%
Burlington	75	25	33%	39	9	23%	-31%
Monmouth	55	17	31%	56	12	21%	-31%
Atlantic	32	11	34%	37	9	24%	-29%
Sussex	16	5	31%	4	1	25%	-20%
Gloucester	42	16	38%	35	11	31%	-18%
Salem	10	4	40%	12	4	33%	-17%
Mercer	75	54	72%	45	27	60%	-17%
Hudson	94	25	27%	40	9	23%	-15%
Middlesex	101	43	43%	41	16	39%	-8%
Ocean	58	12	21%	15	3	20%	-3%

### **Core Strategy 3 – Organizational Development**

Organizational development builds on the accomplishments made in training and development of its workforce; coupled with the increased availability of access to the tools necessary for staff to effectively and efficiently work with the children, youth and families we serve. This Core Strategy also includes steps to strengthen the technology available to staff to effectively and efficiently work with children, youth and families. The strengthening of the organization helps staff accomplish the broader positive outcomes for those it serves.

#### **Core Strategy 3 Intentions:**

Three critical intentions for this core strategy were identified for the 2015-2019 CFSP:

1. Families benefit from well trained staff who are competent in their ability to engage and team with families
2. Align staff training to critical or emerging areas of practice
3. Provide enhancements to technology to improve workflow for staff and transparency to ensure staff are prepared

#### ***Intention 1. Families benefit from well trained staff who are competent in their ability to engage and team with families.***

##### Year 5 Action Plans (FFY18) and Measures – Intention 1:

- Action Plan 1: Maintain support for certificate programs in specialty areas like domestic violence, managing by data, adolescent services
  - Measure: Percentage of staff completing the program (total completion/total enrolled)
- Action Plan 2: David Mandell Training: Provides training for CP&P staff on the Safe and Together Model. This model focuses on interventions with the perpetrator in the child welfare arena.
  - Measure: David Mandell: Percentage of staff completing the program (total completion/total enrolled)
- Action Plan 3: Domestic Violence Liaison (DVL) Training: DVLs are required to provide four DV related trainings to CP&P staff in the local office per contract year.
  - Measure: Total Number of CP&P staff trained in the LOs

- Action Plan 4: Provide Strengthening Families (SF) Protective Factors Training- Improving Outcomes for families with Young Children ages Birth to Age 5 through Protective Factors training
  - Measure: Provide training in the SF Protective Factors Framework to (CP&P staff and community partners) in 2 target counties
- Action Plan 5: Provide Qualitative Review Supervisory Seminar- reinforce with CPP field staff importance of the key quality measures, the impact on practice, the principles and indicators of the Qualitative Review (QR), the opportunity for participants (workers/supervisors) to practice rating a case utilizing the protocol.
  - Measure: Number of trainings held and number of staff who attended
- Action Plan 6: Use educational incentive programs to recruit and retain social workers into the agency (BCWEP, MCWEP)
  - Measure: Increase MCWEP program to 5 cohorts/90 students. Percentage of staff still employed 2 years post program (total retained/total graduated)

Year 1-4 Summary and Year 5 Results – Intention 1:

There have been many initiatives to build DCF staff competency. The Adolescent Advocacy program was designed to provide staff with a multidisciplinary understanding of the role of the Child Advocate as seen through the disciplines of law, social work, education, and psychology among others. The Manage by Data<sup>17</sup> program teaches staff how to leverage data to improve outcomes for children and families. It is at the center of our department-wide commitment to operate as a learning organization. The Violence Against Women & Children (VAWC) program offers staff the opportunity to specialize their studies on issues of violence against women and children. Figure 28 displays the number and percentage of individuals who completed the Adolescent Advocacy, Managing by Data and VAWC certificate programs.

**Figure 28**

	Year 1		Year 2		Year 3		Year 4		Year 5		Total	
	# Comp.	%	# Comp.	%	# Comp.	%	# Comp.	%	# Comp.	%	# Comp.	%
Adolescent Advocacy	38	95	N/A	N/A	27	84	37	93	37	95	139	91.75
Managing by Data	44	100	40	91	40	93	38	97	33	92	195	94.6
Violence Against Women & Children	41	95	44	85	53	83	46	92	45	90	229	89

<sup>17</sup> Manage by Data Program Report: <http://www.public-catalyst.com/assets/reports/New-Jerseys-Manage-by-Data-Program-IBM.pdf>

The Master's Child Welfare Education Program (MCWEP) intent is to enhance the knowledge and skills of supervisors who are currently employed at CP&P, through completion of a master's Degree in social work (MSW). Through participation in MCWEP, CP&P supervisors broaden their perspectives on social work and child welfare (including evidence-based public child welfare practice), develop advanced clinical skills, and deepen their supervisory skills so that they become more confident supervisors and mentors in the work with at-risk children and families and more effective leaders in the continuing transformation of New Jersey's public child welfare system.

In addition, NJ DCF partnered with social work education programs and the New Jersey Chapter of the National Association of Social Workers to create the Baccalaureate Child Welfare Education Program (BCWEP). The intent of BCWEP is to enhance the public child welfare workforce by encouraging students with generalist social work education and additional coursework in child welfare to enter professional positions in CP&P.

Since the inception of the MCWEP<sup>18</sup> program, there have been a total of 7 cohorts, 135 people were accepted into the program and 70 have graduated the program. Cohorts 5 – 7, which is comprised of 59 people are still active in the MCWEP program with Cohort 5 starting to graduate. Out of the 14 BCWEP<sup>19</sup> cohorts, 344 (70%) are still employed at DCP&P.

Since 2014 there have been 22 trauma focused symposiums and learning experiences at the Office of Training and Professional Development as well as regionally held events in local offices. A total of 1,229 individuals have participated to gain a stronger understanding of trauma. Resiliency Summits have been conducted, focusing on vicarious trauma and ways to ensure frontline talent understands the effects, how to seek assistance and ways to remain healthy. To ensure a focus on trauma, there have been 75 courses taught that focus on trauma and stress reductions, since 2014. Through these courses 1,901 participants have gained knowledge to identify and manage stress.

David Mandell and Associates provided training for CP&P staff on the Safe and Together Model. This model focuses on interventions with the perpetrator in the child welfare arena. Various CP&P staff, contracted, and non-contracted staff and court staff were trained. DCF provided training and certification for 12 trainers on the Intervening with Batterers model that was developed for NJ by David Mandell and Associates. This

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<sup>18</sup> MCWEP Annual Report 2016 – 2017: <https://stockton.edu/child-welfare-education-institute/mcwep/documents/MCWEPAnnualReport2016-17.pdf>

<sup>19</sup> BCWEP Annual Report 2016 – 2017: [https://stockton.edu/child-welfare-education-institute/bcwep/documents/annual-reports/bcwep\\_annual\\_report\\_2016\\_2017.pdf](https://stockton.edu/child-welfare-education-institute/bcwep/documents/annual-reports/bcwep_annual_report_2016_2017.pdf)

allowed for 6 training teams to provide the training for 3 counties. A total of 494 (82%) of staff completed the David Mandell Training program.

Domestic Violence Liaisons (DVL) are domestic violence experts co-located at CP&P Offices (when available), to provide onsite case consultation to CP&P and support and advocacy for domestic violence victims and their children. Over the past 3 years, the DVL's provided 158 trainings to all Local Office staff in the 21 counties.

Strengthen Families Protective Factors training was provided to improve outcomes for families with Young Children ages Birth to Age 5. From January 2017 through September 2018, a total of 36 Protective Factors trainings were provided to 1,170 participants in 11 counties.

DCF continues to invest its efforts to integrate the Protective Factors Framework in all its initiatives with children and families. In collaboration with its Child Welfare Training Partnership, DCF developed a three-day training that outlines and applies the promotive and protective factors of the Youth Thrive model in the context of child welfare practice with adolescents. The training is required for supervisory and management staff as well as all (non-intake) DCF case carrying staff. It is also a contractually required training for contracted providers serving adolescents. Over the 5-year period, there were 70 trainings held through the state and 1,714 participants attended to include CP&P staff, provider agency staff, and resource parents.

Qualitative Review trainings (Supervisory Seminar and QR 101: Quality Counts) were provided to staff. The Supervisory Seminar, a one-day seminar, brought Supervisors and Casework Supervisors together to introduced them to:

- how quality measures (such as investigations, case plans and FTM's) are assessed
- Qualitative Review protocol and indicators.

There were 26 sessions and almost 700 Supervisors and Casework Supervisors in attendance. The QR 101: Quality Counts training was developed to reinforce the importance of key quality measures, its impact on practice, the principles and indicators of the QR and allows participants to practice rating a case utilizing the protocol. There were 128 QR 101: Quality Counts trainings held at local offices throughout the state and 3,723 staff completed the training.

### ***Intention 2. Align staff training to critical or emerging areas of practice***

#### **Year 5 Action Plans (FFY18) and Measures – Intention 2:**

- Action Plan 1: Medicaid training to all CP&P Local Office (LO) Medicaid staff

- Measure: Number of trainings held – yearly; Number of staff (per LO) attending Medicaid training; training attendance corresponds to Medicaid security designation
- Action Plan 2: Continue Local Office Manager / Caseworker Supervisor Leadership Series
- Action Plan 3: “Boot camp” training to be provided to all training staff on NJ SPIRIT functions including safety assessment
  - Measure: Training staff will fully understand how to integrate the NJSPIRIT actions into regular classroom training so that training emulates the mixture of activities that occur.

Years 1-4 Summary and Year 5 Results – Intention 2:

Medicaid Liaison Training was provided bi-annually to all Local Office staff with the designation of “Medicaid Liaison”, with a total of 89 (78%) having completed the training. Leadership staff from the Office of Child and Family Health (OCFH) within DCF participated in NJ Medicaid Academy, a professional development and leadership program for selected state managers across the New Jersey Department of Human Services, Department of Health and DCF, designed to strengthen both the Medicaid expertise and leadership capacity of NJ managers so they can be the foundation for meeting the many potential challenges faced by the State’s Medicaid program. This knowledge has been used to enhance current training topics and guidance, build professional relationships with Medicaid and improve partnership with families that have dual involvement.

Approximately 200 Casework Supervisors participated in the Casework Supervisor Project. The content for the Leadership Series was developed from an assessment that ranked core competencies needed for Casework Supervisors within the New Jersey Child Welfare System. The information was gathered through interviews, focus groups and surveys. The participants were exposed to leadership methodologies and were responsible for completing an action plan for each new skill that they learned. From there, the staff worked with their supervisor to apply the new skills in practice. After the opportunity practice, participants continued support through a designed learning circle. The learning circles provided a venue to discuss experiences and further ways to strengthen, integrate, and sustain their new behavior as part of their practice. Topic areas completed included: Accountability, Developing Others, Strategic Thinking, External awareness, creating Vision.

All Local Office Managers (LOM) participated in the Local Office Manager Initiative. This initiative exposed the LOMs to specific models and theories on coaching and providing feedback to those they lead to ensure reinforcement and increased staff use

of a specific behavior that will affect outcomes for children, families and the organization. The LOMs participated in four workshops targeting behavior modification, coaching and application of coaching practice. This initiative was designed to support the new learning that is occurring in the Casework Supervisors Project, as the Local Office Managers are their direct supervisors.

All Office of Training and Professional Development (OTPD) staff were trained on how to integrate NJ Spirit into regular classroom training. By embedding NJ Spirit in the learning environment during pre-service training, staff increase competency in navigating NJ Spirit.

In addition to the above, 4,892 staff were trained during the review period in Human Trafficking awareness. In total 6,359 individuals have attended 1 or more “Human Trafficking” training.

***Intention 3. Provide enhancements to technology to improve workflow for staff and transparency to ensure staff are prepared***

Year 5 Action Plans (FFY18) and Measures – Intention 3:

- Action Plan 1: Continue NJ SPIRIT releases as scheduled
- Action Plan 2: Provide access to tools to enhance knowledge and skill
  - Measure: CP&P New policies be made available on DCF internet page
- Action Plan 3: Continue to support the Use of Safe Measure
  - Measure: Maintain or increase the number of staff using Safe Measures to monitor workload and performance
- Action Plan 4: Deploy new screens for tracking performance based on organizational need
  - Measure: Screen shots of new screens
- Action Plan 5: Train CQI staff on access and use of longitudinal data
  - Measure: Number of people trained; topics covered with access to local data
- Action Plan 6: Increase access to county and case level outcome data
- Action Plan 7: Use available and accessible systems (NJS, SM) to accurately track and report on psychotropic medication use

- Measure: OCFH to partner with RER to develop an electronic psychotropic medication report. Implementation of automated report for monitoring psychotropic medication monitoring
- Action Plan 8: Continue technical assistance (TA) to further development of the information and data associated with the Systemic Factors
  - Measure: Employ monthly phone calls with CB Regional Office support. Monthly OPMA/CP&P Collaboration Meetings

### Year 1-4 Summary and Year 5 Results – Intention 3:

Over the past 5 years, DCF has modified NJ Spirit eleven times; the current iteration is release 6.0. NJ Spirit has a systematic release schedule. Initially, the releases were reactive (i.e. fixing bugs and "putting out fires") but later transitioned to being proactive (i.e. developing functionality to meet our changing business practice and federal requirements).

In promoting a more collaborative and transparent agency all DCF policies<sup>20</sup> are now available on the DCF internet page for all stakeholders to review. Also, NJ Youth Resource Spot<sup>21</sup> website provides information on how to access resources for young people who were involvement in DCF.

Since 2014, DCF has increased the number of staff using SafeMeasures. In 2014, staff viewed 1,484,005 SafeMeasure reports. As of 2018, 5,818 staff viewed 2,315,240 SafeMeasure reports to monitor workload and performance. Of those staff, 81% of were case carrying staff and 18% were supervisors. Supervisors viewed 68% of the 2,315,240 reports. NJ DCF has one of the highest rates of SafeMeasure utilization among subscribing agencies. New screens continue to be developed to meet the needs of the users and existing screens also continue to be enhanced.

DCF continues to provide internal access to DCF users for longitudinal data. In August 2018, seventeen (17) CQI staff from every county across the State, were trained to use the NJ Child Welfare Data Hub and CP&P Statewide Longitudinal Data. The Data Hub provides both point in time and longitudinal data and allows users to explore key child welfare and well-being measures at the state- and county-level. The topics covered in the training included access, functionality, data visualization, query tools, and filtering variables. The NJ Child Welfare Data Hub<sup>22</sup> is not only available to CQI staff, but it is

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<sup>20</sup> DCF Policy Manual: [https://www.nj.gov/dcf/policy\\_manuals/toc.shtml](https://www.nj.gov/dcf/policy_manuals/toc.shtml)

<sup>21</sup> NJ Youth Resource Spot: <http://www.njyrs.org/>

<sup>22</sup> NJ Child Welfare Data Hub: <https://njchilddata.rutgers.edu/>

available to all staff and the public. CP&P Statewide Longitudinal Data also includes permanency outcome data and is available to DCF staff. DCF has partnered with the State University of Rutgers to redesign the longitudinal data website using a totally different user interface to meet the needs of its internal users. DCF will resume its training on the longitudinal data after the new redesign is complete.

The Office of Clinical Services (OCS) partnered with RER and created an automated report to improve monitoring of psychotropic medication use for children in Out of Home Placement. RER generates a quarterly report that is reviewed by Child Health Unit and Child/Adolescent Psychiatrist for DCF to resolve duplicates and discrepancies.

DCF Office of Performance Management and Accountability (OPMA) management engaged in monthly calls with the CB regional office to enhance knowledge and skills needed to develop compliance for Systemic Factors associated with the planning and execution of the CFSR. In addition, NJ DCF utilized the Capacity Building Collaborative for State Capacity Assessment to improve collaboration with Administrative Offices of the Court (AOC). Technical support with the Regional Children's Bureau Office continued, on an as needed basis, during the final year to assist NJ through the CFSR PIP development. This included phone conferences and a 2-day onsite meeting with representatives from across DCF, CB Regional staff, Capacity Building Center for States and Courts as well as NJ Judiciary to include AOC, Judges, Parental Representation and child representation.

These achievements for Organizational development are reflected in the CFSR results for statewide information system and training factors as discussed in the CFSR Systemic Factors Section showing that these areas continue to be a strength for NJ DCF.

## **Core Strategy 4 – Continuous Quality Improvement**

DCF recognizes that Continuous Quality Improvement (CQI) includes the development of a fully functioning and sustainable system that has the organizational structure to support high quality data collection including case record review processes, data analysis, with stakeholder feedback processes as well as ways for public dissemination of information.

### **Core Strategy 4 Intention:**

The critical intention for this core strategy identified in the 2015-2019 CFSP was to develop a robust and fully functioning CQI system. A five-year summarization of the CQI system is organized to mirror the CQI functional components<sup>23</sup>.

- I. Foundational Administrative Structure
- II. Quality Data Collection
- III. Case Record Review Data and Process
- IV. Analysis and Dissemination of Quality Data
- V. Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process

### **Year 5 Action Plans (FFY18) and Measures for Intention:**

- Action Plan: Gather understanding about status of CQI activities
  - Measure: Update accounting of CQI activities statewide
- Action Plan: Build capacity of PMA staff to support CQI activities
  - Measure: Developed and implemented CQI training for staff designated CQI roles
- Action Plan: Review and approve Draft CQI policies
- Action Plan: Conduct a review of the documents/forms needed for the Independent Living Stipend.
  - Measure: Results of the review and any follow up practice or policy guidance/changes
- Action Plan: Operate a quality data collection process

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<sup>23</sup> ACYF Information Memorandum – ACYF-CB-IM-12-07:  
<https://www.acf.hhs.gov/sites/default/files/cb/im1207.pdf>

- Measure: Pilot accountability/quality control after a targeted review and follow next steps
- Action Plan: Initiate process to build additional controls around data collection
- Action Plan: Continue work on the AFCARS PIP
  - Measure: Continue work of AFCARS PIP- enhancements
- Action Plan: Operate a case record review process
  - Measure: Number of QRs completed 2018. Annual summary report published
- Action Plan: Continue implementation of the QR process and made modifications as needed
- Action Plan: Complete targeted reviews on the quality of investigations as well as the quality of services to older adolescents for 2018
  - Measure: Results of the reviews and recommendation follow up
- Action Plan: Provide data reports on key agency performance indicators to the public
  - Measure: Number of reports posted on website
- Action Plan: Integrate feedback from stakeholders into processes and systems
- Action Plan: Counties with QRs during period have completed Program Improvement Plans from a systems perspective with input from stakeholders
  - Measure: Review of PIP participants and PIPs for statewide themes
- Action Plan: PMA will provide technical assistance with CPP and onsite assistance with PIP development and monitoring
  - Measure: PIP's will be updated as needed and that the improvement practices identified are attainable and measurable.
- Action Plan: Conduct Quality Review Summit will be held to review the QR data from the previous year, discuss opportunities for improvement to the QR process, and to set improvement goals for the QR process.
  - Measure: Was the summit held

### Years 1-4 Summary and Year 5 Results – Intention 1:

DCF has fully embraced the Continuous Quality Improvement (CQI) approach, which provides invaluable insight to strengthen practice and improve outcomes for children and families. As a learning organization committed to continuous and unvarnished self-assessment, collecting and analyzing this information is a necessity. In the past 5 years, DCF has refined the CQI system into its latest iteration, which aligns with the Children’s Bureau (CB) “five components essential to a functioning CQI system in child welfare: an administrative structure to oversee effective CQI system functioning; quality data collection; a method for conducting ongoing case reviews; a process for the analysis and dissemination of quality data on all performance measures; and, a process for providing feedback to stakeholders and decision makers and as needed, adjusting State programs and process.”

#### ***I. Foundational Administrative Structure***

DCF leadership recognizes the importance of maintaining strong oversight to ensure that the CQI system is implemented consistently. DCF has designated staff members who provide oversight and ensure CQI information sharing across all levels of the department. These designated CQI entities include: DCF Executive Leadership; State CQI Steering Committee; Office of Quality CQI Liaisons and Team Leads; Area Quality Coordinators; CQI Statewide Collaboration Team and County CQI teams.

DCF consulted with other Child Welfare systems and Child Welfare Organizations to learn about their process for adopting a CQI plan. DCF administered a CQI survey to identify existing CQI activities, conducted information gathering sessions with regional and local leadership to prioritize and assess existing CQI activities. The CQI State steering committee reviewed historical CQI policies and wrote formal CQI policy. The committee finalized the formal CQI communication plan which outlines strategies to systematically share relevant and timely information, ensure information reaches key audiences and elicit feedback and recommendations from staff and stakeholders. The plan also highlights the existing designated CQI roles to support communication and information sharing across all levels of staff. The CQI communication plan is available to all staff and was posted on the DCF intranet. DCF published the comprehensive Statewide CQI Plan<sup>24</sup> and developed a CQI logo and branding strategy to support the integration of the CQI framework.

DCF utilizes various proactive, systematic processes to address data quality. DCF has staff positions dedicated to ensuring data quality. The Adoption and Foster Care Analysis and Reporting System (AFCARs) and the National Child Abuse and Neglect

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<sup>24</sup> DCF CQI Plan: <https://www.nj.gov/dcf/about/divisions/opma/cqi.html#framework>

Data System (NCANDS) Coordinators are data analysts that review ongoing periodic reports designed to monitor timely entry and compliance of data. The coordinators then work directly with the Area Quality Coordinators to improve the accuracy of this data, as applicable. The coordinators provide training as needed for new system functionality and for ongoing data quality improvement initiatives.

DCF has developed trainings—CQI Orientation, Advanced CQI and Capacity Building—that are accessible to all staff. A review of all departmental policies and Administrative Orders related to CQI was conducted and the CQI Steering Committee developed a plan to finalize CQI policies.

## ***II. Quality Data Collection***

Data from New Jersey Spirit (NJ Spirit) is transformed through the SafeMeasures (SM) software application into a reporting system available as a case management tool. SM is available to frontline caseworkers, supervisors, and managers throughout the agency and assists with ensuring data quality. SM contains over 100 screens with child level data and is used to guide workflow, track timely data entry, verify data quality and measure performance. Staff can utilize SM to ensure case level data is accurate and report discrepancies to supervisors and the NJ Spirit Help Desk.

The Office of Information and Technology (IT) staffs the NJ Spirit Help Desk to address any technical issues related to the use of NJ Spirit. Data quality is supported by this process, when an IT staff member identifies patterns in user concerns the staff member submits an incident report in the IT incident tracker to initiate the formal processes for addressing concerns. Once an official incident is created, an IT staff member is assigned to explore the problem and propose viable solutions. If changes are made, IT provides an update to staff throughout the Department.

DCF contracts with Rutgers University to transform data recorded in NJ Spirit into longitudinal data reports via a Statewide and County Workbook. This Workbook is utilized by the DCF Office of Research, Evaluation, and Reporting (RER) and available to CP&P management staff. All CP&P managers and key support staff have been trained on the use of the longitudinal outcomes report.

DCF also uses SM to extract and aggregate data from NJ Spirit so that front end users can track progress on cases. There is functionality within the system to monitor the work flow of staff. The systems support data quality by giving staff automated prompts to promote consistent data entry. Enhancements to NJ Spirit have been ongoing to mitigate the AFCARS Improvement Plan (AIP) findings with quarterly reports submitted timely to ACF.

One of the first tasks of refining the CQI system was to identify all existing departmental CQI activities, which were prioritized, tracked, analyzed and logged in the CQI grid. PMA staff conducted Key Performance Indicators (KPI) calls with leadership from each DCP&P Area Office, to look at practice compliance and data accuracy. DCF implemented bi-weekly Data Quality & Compliance meetings between DCP&P and PMA to provide leadership an opportunity to have data inform its decision-making while verifying if the data being used is accurately measuring what is needed.

In addition, an enhancement to the QR PIP process included the development and use of tools to help guide the process and ensure fidelity. Those tools included the CQI Facilitators guide to assist those with designated CQI roles who completed the enhance CQI training as well as the CQI Pocket Guide for County CQI teams.

The Caseload Verification Review Process is used to assesses the quality of the intake assignment process and caseload data using a combination of administrative data, in-depth case record reviews and qualitative interviews as necessary. The verification process consists of multiple levels of review beginning with administrative data and moving into more intensive qualitative processes with the aim of understanding the context of any intake assignment irregularities.

Enhancements to the Statewide Automated Child Welfare Information System (SACWIS) are implemented to satisfy technical requirements, quality data collection and AFCARS Improvement Plan (AIP).

### **III. Case Record Review Data and Process**

The QR process<sup>25</sup> and protocol<sup>26</sup> was revised for January 2016. The purpose of these revisions to the protocol was to simplify and clarify the language used and integrate these elements into case practice. QRs are conducted in all of New Jersey's twenty-one counties over a two-year period. Starting in 2016, ten counties were reviewed; the eleven subsequent counties were reviewed in 2017, with this pattern remaining the same over subsequent years. Each review will include a minimum of 10 cases and a maximum of 30 cases depending on the percentage of children and youth served in the county under review. This is a change from previous years when each county had the same number of cases reviewed despite differences in population served. Three lists will be generated for the county under review determined by the office size. The sample will consist of Placement, or "out-of-home" (OOH) (Age 0-17) cases; In-Home (INH) (Age 0-17) cases; and Adolescent (ADO) (Age 18-21) cases.

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<sup>25</sup> Qualitative Review: <https://nj.gov/dcf/about/divisions/opma/docs/Qualitative.Review.Overview.pdf>

<sup>26</sup> Qualitative Review Protocol: <https://nj.gov/dcf/about/divisions/opma/docs/Qualitative.Review.Protocol.and.Instrument.pdf>

The ChildStat<sup>27</sup> process was revised in 2014 & 2018. In 2014, ChildStat focused on reviewing case regarding permanency with reunified families. In 2018, DCF changed its ChildStat case conferencing model from a focus on repeat out-of-home placements to a focus on in-home case practice with families whose cases have been open for eighteen months or longer. The ChildStat presentation highlights the family history, case history, key decision points, and quantitative data. The Round Table segment was added to enhance learning and allows the audience to break into small groups to answer questions developed by the presenting office.

Targeted reviews of Quality of Investigations, Services to Older Adolescents are conducted biennially and began in Year 3. The results and recommendations of the targeted reviews are published in Our Work with Children Young Adults and Families Report<sup>28</sup>.

Quality of Investigation reviews are conducted by select CP&P Local Office supervisory staff assigned to investigations, representatives from DCF's Office of Performance Management and Accountability (PMA) and staff from the Center for the Study of Social Policy (CSSP). The reviews are of a statewide statistically valid sample of all Child Protective Services (CPS) completed investigations assigned to DCF Local Offices during a specified timeframe.

DCF's PMA, CP&P, OAS, and Center for the Study of Social Policy (CSSP) jointly conduct a Services to Older Adolescents record review that specifically concentrates on services to young adults. The primary purpose of this review is to provide qualitative data to inform the employment, educational attainment and housing measures for young adults. From a continuous quality improvement perspective, the review provides valuable information about the needs for and delivery of services to these young adults in the areas of housing, employment/vocational training, and education. The sample consisted of young adults who were in an out-of-home placement for at least one day within specified timeframe. Moreover, the young adults in the sample must have been in their current placement episode for a minimum of three consecutive months and must have been discharged from their out-of-home care placement during the review period.

A review of the Independent Living Stipend documents was done in October 2017, the IL Stipend documents of 125 youth who receive the stipend as of July 2017. As a result of the review, new forms were created (Independent Living Stipend Responsibility Agreement and the Voluntary Services Agreement). Also, a need to provide additional

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<sup>27</sup> ChildStat: <https://nj.gov/dcf/about/divisions/opma/docs/ChildStat.pdf>

<sup>28</sup> Our Work with Children Young Adults and Families Report: <https://www.nj.gov/dcf/childdata/exitplan/Our.Work.with.Children.Young.Adults.and.Families-2017.pdf>

guidance to staff to assist them in completing the budget with the youth to accurately assess the needed stipend amount. DCF provided technical assistance in the form of phone calls, in-person case consultations, and information through the “Got Adolescents?” training.

#### ***IV. Analysis and Dissemination of Quality Data***

On-going meetings with key stakeholders as outlined in the collaboration section occur monthly with discussions that center around the improvement of outcomes as it relates to the goals and strategies of the CFSP. As a transparent agency, available data is made public and is monitored, tracked and adjusted through continuous stakeholder feedback. The following represents just some of the reports available to the public on the DCF website<sup>29</sup>:

- Commissioner Monthly report
- Investigations Report-Monthly
- Children's Inter Agency Coordinating Council (CIACC)-Monthly
- Demographics report- Quarterly
- Governor's Transparency Report- Quarterly
- Abuse/Neglect Report-Annual
- Needs Assessment-Annual
- Fatality Report-Annual
- Educational Stability-Bi-Annual
- Child Welfare Hub-Annual
- Safe Haven Report-Annual

In addition, DCF partnered with Rutgers Child Welfare and Well-Being Research Unit to disseminate NJ child welfare and well-being data to the public via the NJ Child Welfare Data Hub. The Data Hub allows the public to explore key indicators of child well-being through customizable visualization and query tools.

In addition, the New Jersey Child Welfare Data Hub<sup>30</sup>, which includes the data portal and the data map, was developed collaboratively by DCF and the Child Welfare and Well-Being Research Unit at Rutgers University School of Social Work. The Data Hub seeks to improve the lives of children and families by making New Jersey child welfare and well-being data available to the public. The Data Portal allows users to explore key indicators of child well-being through customizable visualization and query tools while the data map provides population characteristics, and socioeconomic variables at the state- and county-level.

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<sup>29</sup> NJ DCF Website: <https://nj.gov/dcf/>

<sup>30</sup> <https://njchilddata.rutgers.edu/>

## ***V. Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process***

The CQI system is informed by staff, families, providers and stakeholders. Stakeholders are invited to participate in a range of CQI activities including development of Area QR PIPs, attendance and participation at ChildStat as well as providing input and feedback on DCF's Strategic Plan. DCF is involved in numerous collaborative efforts wherein information is shared with and between external stakeholders to help guide efforts, inform goals and strategies, improve practice, enhance services and monitor/track progress towards goals. DCF participates on numerous stakeholder boards, committees and councils including the NJ Task Force on Child Abuse, Youth Advisory Boards, and the Human Services Advisory Council. Stakeholders participate in the QR process as reviewers and provide input into the process when they are interviewees. The debrief component of the QR allows stakeholders to hear QR findings from the review and provide insight to support next steps for system improvement.

In November 2017, a CQI summit was held to ensure that staff members from throughout the Department and external stakeholders had the opportunity to both offer feedback and gain a better understanding of what we have learned from our CQI activities as a state, how we can better utilize the information we have to improve practice and how we can improve our CQI system to ensure that all staff and providers have the information they need to provide the best quality of service possible. The summit was attended by DCF staff and external providers. NJ's quantitative and qualitative data was shared, and breakout sessions were utilized to further explore the Department's efforts around engagement, assessment and teaming with families.

The QR Area Data Meetings are now referred to as Area Data Stories and are presented in conjunction with the QR results to provide a more comprehensive identification of areas of case practice strengths and challenges. Separate data stories are held for leadership and each office in the county. The data story is a presentation to Area Leadership and Local Office staff. The data story, presented by the Office of Quality staff, combines QR results with quantitative data including longitudinal data, Key Performance Indicators (KPI) and case practice performance trends to link quantity and quality measures. The data story explains the results of the QR and incorporates other data to provide a holistic "story" of the quality, performance and outcomes measures. The data presentation is combined with case examples, or the story behind the data, to reinforce the connection between data indicators and case practice. The data story allows for a question and answer period to ensure staff understands the data presented.

The data story is the start of the QR Program Improvement Plan (PIP) process and ensures decisions about the PIP are not based solely on the results of the QR. The Data Story also provides an initial opportunity for the local offices to provide insight into

the root causes of identified problems. County CQI teams as well as stakeholders within the county are involved in the creation of the PIP and County leadership ensures the activities identified in the PIP are completed. Some of the statewide PIP themes identified are engagement, teaming, assessment and case planning. The PIPs are tracked by Area and Local Office staff within the county. If counties do not show progress in performance indicators or outcomes after their subsequent QR, PIPs will be adjusted. Representatives from the office of quality and RER assist the County CQI team in the development and measurement of the County PIP and participate in ongoing PIP planning meetings to provide technical assistance.

Following targeted reviews (i.e., Quality of Investigations, Services to Older Adolescents) a plan is developed to provide a systematic way to share relevant and timely information, ensure relevant information reaches key audiences, and elicit feedback and recommendations for improvement. For example, information learned from targeted review is shared with DCF staff through briefs distributed and posted on the Office of Quality webpage, DCF-wide "DID YOU KNOW" emails, and during statewide leadership meetings.

NJ DCF continues to have a strong Quality Assurance System which was highlighted during the 2017 CFSR.

## **Core Strategy 5 – Strengthening and Enhancing Partnerships**

The Department of Children and Families' focus during the 2015-2019 CFSP was to strengthen the collaboration with stakeholders and community partners to improve outcomes for those we serve. Accountability and transparency are two key components to enhancing partnerships. Additionally, partnerships must reflect the voices and input of those served by the system. Formal systems of data collection and information gathering from stakeholders and partners must be in place and leveraged in decision-making and planning for true systems change.

### **Core Strategy 5 Intentions:**

Three critical intentions for this core strategy were identified for the 2015-2019 CFSP:

1. Partnerships are strengthened through transparency
2. Youth perspective is incorporated into the DCF system
3. Mechanisms are available to receive stakeholder feedback and feedback is used to inform the system

### ***Intention 1. Partnerships are strengthened through transparency***

#### Year 5 Action Plans (FFY18) and Measures – Intention 1:

- Action Plan 1: Make data reports available to the public through the DCF webpage.
  - Measure: CIACC reports and Data Dashboard are available monthly on the DCF website. Continue to post data to the Governor's Transparency website.
- Action Plan 2: Partner with entities in the research committee to disseminate knowledge.
  - Measure: 16 research projects have been approved.
  - Measure: Evaluation of the Child Family Nurse (CFN) Initiative Pilot by Johns Hopkins University provided a comprehensive outcomes-based evaluation of the CFN Pilot which will inform program practices and improve resources for CP&P.
- Action Plan 3: Entered into a Memorandum of Agreement (MOA) with the Department of Education to obtain educational data for identifying and tracking educational outcomes and trends of youth in foster care.

Years 1-4 Summary and Year 5 Results – Intention 1:

Over the past five years, DCF has made data reports available to the public through the DCF webpage. DCF began in 2014 by posting several reports on their website, which included: Data Dashboards, Monthly Screening and Investigation Report, Annual Child Abuse and Neglect Report and the Children's Inter-Agency Coordinating Council (CIACC) reports. To strengthen transparency, DCF partnered with various stakeholders to disseminate knowledge that has been pertinent to child welfare. DCF used feedback systems such as focus groups, planning sessions and surveys to inform how we should work best with our children and families. This information increased DCF's understanding of the strengths and challenges that these various groups face.

DCF conducted surveys with various stakeholders and obtained valuable information. Family Team Meeting (FTM) surveys were collected statewide and quarterly reports were completed to identify trends. CP&P leadership reviewed these reports. The feedback provided an understanding of the challenges of conducting FTMs such as, providing child care so parents can participate and accommodating working parents. In addition, the survey was translated into Spanish to obtain greater participation from our Spanish speaking parents, youth, and stakeholders.

DCF collaborated with stakeholders on several projects that highlighted the voices of the youth, family and stakeholder participants. The Resource Family Retention Task Force was convened in 2015 to improve and support the retention of resource parents in New Jersey. There were over 80 team members and included CP&P staff as well as resource families. Resource families had the opportunity to share their experiences and influence process changes within DCF. In March 2016, DCF created a Retention Plan to highlight the important partnerships that we have with our resource providers. Please see the link below for that document. <https://www.nj.gov/njfofosteradopt/RetentionPlan.pdf>

In addition, DCF partnered with Rutgers to complete several phases of a Needs Assessment. These assessments examined the needs of families served by CP&P. In May 2018, Rutgers University published their report of Phases One to Three of their assessment of the agency. The respondents included CP&P staff, parents who had in-home and out-of-home cases as well as resource parents. The needs assessment provided feedback on housing, domestic violence, caregiver mental health and substance abuse, child mental health and substance abuse and parenting skills.

***Intention 2. Youth perspective is incorporated into the DCF system***

Year 5 Action Plans (FFY18) and Measures – Intention 2:

- Action Plan 1: Restructure youth advisory boards to create a network of programming and culture in NJ that values youth leadership and voice (YAN).
  - Measure: Implementation of new YAN programming.

Years 1-4 Summary and Year 5 Results – Intention 2:

With respect to youth, there were several feedback loops that were utilized during 2015-2019. DCF captured the perspective of the adolescents who have been a part of DCF by engaging them and the service providers who were a part of their lives. This communication enabled DCF to explore the strengths and challenges that impact this population. DCF initially captured the voices of youth by utilizing Youth Advisory Boards (YAB). Recently, the agency has restructured the YABs to create a network of programming and culture in NJ that values youth and leadership voice (YAN). The YANs began in October 2017 by creating a blueprint for the program model and YAN Coordinators conducted site visits with providers. In June 2018, YAN Coordinators began conducting their first quarterly meetings with provider staff and in the winter of 2018, they held focus groups with 59 youth about policies which impacted them.

The feedback from the various stakeholders led DCF to make improvements for DCF involved adolescents in NJ. New Jersey created the LGBTQI Policy to ensure that these youth have a safe, healthy and inclusive environment. In addition, DCF partnered with the Department of Community Affairs to offer 100 Project based Section 8 Housing Vouchers to youth who were aging out of care. This new service addressed the housing challenge that was consistently articulated

***Intention 3. Mechanisms are available to receive stakeholder feedback and feedback is used to inform the system***

Year 5 Action Plans (FFY18) and Measures – Intention 3:

- Action Plan 1: Resource families are engaged and have structured opportunities to provide input and feedback on the system.
- Action Plan 2: State DV Plan Initiative: The Division on Women has embarked on the creation of a new and innovative plan that identifies and meet the needs of survivors and the communities NJ serves. The focus of this plan is inclusivity and accessibility

- Measure: State DV Statewide Initiative: Schedule interviews/surveys, focus groups and starting stakeholder engagement in the process.
- Action Plan 3: Safety and Accountability Initiative (SAA): Pilot Project to assess cultural accessibility and inclusivity in intuitional responses to DV.
  - Measure: Safety and Accountability Initiative (SAA): DOW will complete assessments on the local county and state level to ensure policies and procedures surrounding the investigation, prosecution and services for DV survivors are safe and effective.

### Years 1-4 Summary and Year 5 Results – Intention 3

Resource family longitudinal survey as part of the resource family assessment was distributed in the fall of 2018.

DCF's Division on Women began to explore the DV services in New Jersey through focus groups, surveys and stakeholder engagement as part of a steering committee plan that identifies and meets the needs of survivors and the communities that they are served. Over 250 DV survivors, partners/providers and DCF staff participated. Priorities identified include Prevention, Response, Support and Policy. Moving forward these priorities will become the framework for strategic planning.

The SAA pilot project began in two areas, Asbury Park in Monmouth County and Middlesex County. As of October 2018, an Asbury Park team completed its assessment of DV response for Latina survivors and developed suggestions to create more coordinated and culturally inclusive processes. The Middlesex team has conducted interviews with key stakeholders regarding language access in the court system and will be organizing focus groups to gain knowledge on barriers survivors face for the Gujarati population. Additional teams will convene and feedback from all will be used to enhance the implementation of recommendations to services in New Jersey.

DCF convened the Research Committee to review the various research requests from external researchers. This was a means to share data and collaborate on how to make the services that DCF utilizes more effective. Below are several of the research projects from 2015-2019 in figure 29:

Figure 29

Approved Research Projects	Partner(s)	Aim
Mother and Infant Childhood Home Visiting Program Evaluation	US Dept of HHS, Mathematica Policy Research, Johns Hopkins Univ, Univ of Georgia and Columbia Univ	This is a large-scale evaluation which has been funded by the federal government. It will explore the long-term effects of home visiting on participating families who utilize Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs. Encompasses 2011- 2021 and 12 states including New Jersey.
The Child/Family Nursing (CFN) Initiative	John Hopkins University (JHU), Rutgers Univ-School of Nursing	In 2015, JHU developed an evaluation plan for the CFN Initiative. The findings will inform practice and improve resources for DCP&P.
Home Visitation enhancing linkages project (HELP): Enhancing evidence-based home visitation to address substance abuse, mental health and DV	Nat'l Center on Addiction & Substance Abuse at Columbia Univ, Rutgers Univ, Univ of Arizona	The goal of Project HELP is to help home visitors identify, substance abuse, mental health and DV issues and link families to immediate treatment. The evaluation will explore the infrastructure for integrating home visiting and strengthening and expanding evidence based HV program sites.

In the 2017 CFSR, NJ struggled with engagement and consultation of its stakeholders. NJ will continue to collaborate with more of its youth, families and various stakeholders to create a feedback loop that will enable DCF to develop goals, objectives and annual updates for the CFSP. As noted earlier, the Office of Family Voice will be key to ensuring that this occurs, and the 2020-2025 CFSP outlines in greater detail New Jersey's plans in this regard. Service coordination was rated a strength in the 2017 CFSR. Examples of strength in service coordination include: NJ coordinated with the Department of Education to support educational stability, with the DCA to access housing and transitional living services, and with the DOH to ensure early intervention services.

Also noted in the CFSR, DCF struggled with partnering with children and families for case planning as noted earlier in figure 18. DCF has identified this as an area of focus for the CFSR PIP.

## **Update on Service Description - Title IV-B Subpart 1**

### **The Stephanie Tubbs Jones Child Welfare Services Program**

Over the past five years, DCF continued to support protective services with Title IV-B subpart 1 funding to include caseworker activities on behalf of children and families such as 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. Results of these activities over the 2015-2019 CFSP are highlighted in the CFSR Outcomes section as well as Core Strategy 1- Strengthening the Case Practice Model under the *Plan for Improvement and Progress Made to Improve Outcomes – NJ DCF 2015-2019 Core Strategies - Goals, Intentions and Progress* section.

In addition, funding was used to support the State Central Registry (SCR). SCR is NJ's statewide hotline which receives and responds to all reports. With every call into the hotline, decisions are made which could potentially affect the safety, well-being, stability and permanent future of a child and his or her family. The precision, speed and means with which SCR receives, screens and acts on calls to the hotline can influence how the public interacts with and perceives NJ's child welfare system.

In addition to SCR, funding under Title IV-B Subpart 1 supports prevention and family support services as outlined in the PSSF section of this report.

## **Update on Service Description - Title IV-B Subpart 2 Promoting Safe and Stable Families**

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

DCF maintains a comprehensive contract monitoring and execution process to ensure that:

- Purchased services meet the identified needs of the Department's Clients;
- Purchased services achieve identified performance objectives;
- Provider agencies and programs meet contracted levels of service;
- Programs comply with all applicable DCF contracting and all applicable program standards and policies;
- Agencies operate in a fiscally responsible manner and in compliance with agreed upon budgets;
- Agencies comply with applicable licensing requirements;
- DCF and provider agencies maintain open communication that encourages prompt problem identification and resolution; and
- Feedback regarding service needs from local DYFS staff, children and families, and other stakeholders is incorporated into negotiations for new contracts and renewals.

This monitoring process reviews all relevant program and service information, to include information contained within the PSSF update reports, during the monitoring process procedure which include:

- DCF Internal Check-in: DCF Contract Administrator meets with DCF Program Leads to review programmatic performance and contract compliance during the first contract quarter.
- On-Site Monitoring Visit: DCF Monitoring Team consisting of Contract Administrator, Program Lead and DCF Business Office supervisory staff completes program on-site visit during the second and third contract quarters to review programmatic performance, contract compliance as well as address any concerns or issues raised during check-in meeting. This visit includes an Administrative interview, program service interviews, record reviews, exit conference and written report.
- Coordinated Contract Review Meetings (CCRM): During the fourth contract quarter the DCF Business Office will conduct an internal meeting to review all relevant program information received during the monitoring process. The meeting is used for assessing if the provider agency is achieving contracted

levels of service, meeting performance objectives, submitting required reports, and follows any applicable licensing standards. Its primary purpose is to support decision making concerning the contract renewal which will improve the services purchased through the contract. After the Coordinated Contract Review Meeting (CCRM), the Contract Administrator completes a Contract Monitoring Report which identifies the findings in all programmatic, administrative and fiscal areas, including any actions identified for follow-up. Recommendations to improve the contracts services, service availability and accessibility, are included in the report, and are the basis for contract negotiations with the provider.

NJ DCF has not yet changed the use of funds or with the enactment of Family First Prevention Services Act (FFPSA) in response to changes in definition to Family Support Services and the revision of Family Reunification Services. Table 1 provides a brief overview of each service category and the funding breakdown. Table 2 provides a list of service programs, program description, the geographic area and population served as well as any changes to programming.

While there is not research proven correlation of the impact that the services listed in table 2 have had, these services have assisted NJ DCF in meeting program goals such as primary prevention of out of home placement , child maltreatment and child maltreatment fatalities. Services such as Healthy Families and Keeping Families Together have provided a supportive network for families to preserve the integrity of the family unit in their own home or helped reunify them together. As highlighted in figure 4, NJ continues to see a decline in the number of children requiring out of placement. In 2015, NJ saw 6,955 children in out of home placement and as of February 2019, that number has been reduced by over 20% to 5,537.

These services have also continued to support families by providing education and treatment services to reduce the risk of maltreatment and child maltreatment fatalities. As noted in the *Child Maltreatment 2017* report published by the Administration for Children and Families (ACF)<sup>31</sup>, NJ average child maltreatment victimization rate per 1,000 children stands as one of the lowest in the nation at 3.4% compared to the national average victimization rate of 9.1. NJ's child fatality rate per 100,000 is 0.66% compared to the national child fatality rate of 2.32%.

While some select services were part of the evidence-based programming integration work as described in Core Strategy 2, moving forward, the DCF service array to include the PSSF suite of services will be a priority focus in the 2020-2024 CFSP.

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<sup>31</sup> <https://www.acf.hhs.gov/cb/resource/child-maltreatment-2017>

**Table 1 - PSSF**

<b>Family Preservation Services (FPS)</b>	<b>Family Support Services (FSS)</b>	<b>Family Reunification Services (TLFRS)</b>	<b>Adoption Promotion and Support Services (APSS)</b>
<p>Services are designed to help children and families who are at risk or in crisis including: services that are geared to:</p> <ul style="list-style-type: none"> <li>• Help children reunify with families</li> <li>• Help children be placed for adoption, or with legal guardian</li> <li>• Offer pre-placement preventive services</li> <li>• Provide post reunification follow-up</li> <li>• Offer respite care of children</li> <li>• Improve parenting skills</li> <li>• Infant Safe Haven programs</li> </ul>	<p>Community-based services are provided to promote the well-being of children and families by:</p> <ul style="list-style-type: none"> <li>• Increasing the strength and stability of families</li> <li>• Increasing competence in parenting abilities</li> <li>• Building a safe and stable environment</li> <li>• Strengthening parental relationships</li> <li>• Promoting healthy marriages</li> <li>• Enhancing child development</li> </ul>	<p>Services are provided to the parents or the primary caregiver and children in placement, in order to facilitate reunification.</p> <p>The services and activities include:</p> <ul style="list-style-type: none"> <li>• Counseling</li> <li>• Substance abuse treatment services</li> <li>• Mental health services</li> <li>• Assistance to address domestic violence</li> <li>• Temporary childcare/therapeutic services</li> <li>• Crisis nurseries</li> <li>• Transportation to or from services and activities</li> <li>• Visitation</li> </ul>	<p>Services and activities are designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children.</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>• Pre and post-adoption counseling</li> <li>• Summary writers</li> <li>• Visitation and treatment</li> <li>• Behavioral Supports</li> <li>• Information and referrals</li> <li>• Advocacy and support services</li> </ul>
1,437,224	1,305,999	1,537,205	1,968,371
23%	21%	25%	31%

**Table 2 - PSSF**

Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	# Served Last FFY (3h)		Changes to Program (4a)	# Estimated Next FFY (4d)	
						Individuals	Families		Individuals	Families
Care Plus NJ	Adoption House	APSS	Service Components of Adoption House include: birth family/child visitation, sibling visitation, and preparatory groups. All children attending Adoption House services also receive round-trip transportation.	Children ages newborn to 17 years of age and families, who are affiliated with the Division of Child Protection and Permanency.	Union, Essex, Bergen, Passaic, Hudson, Somerset, and Monmouth	90	26	90 days post-termination for visits between parent-child. Sibling visits will be held	53	18
The Children's Home Society	Adoption Support	APSS	The Pre- and Post-Adoption/Kinship Counseling program (PACS) provides services to stabilize adoptive and relative placements and enable caregivers to meet the unique needs of children who have been exposed to abuse/neglect and removed from their birth families. Services are provided pre- and/or post finalized adoption and Kinship Legal Guardianship (KLG). These services include individual, group and/or family therapy, psychoeducation, life	The target population is children up to the age of 21 who are preparing for or have achieved permanency in an adoptive or relative placement. Pre- and post-finalization services are provided to children and families in DCF placements. The target population is fully blended (pre and post adopt/KLG) for all geographic locations covered in the contract. Post adoption services are offered to families who	Mercer, Monmouth, Middlesex, Ocean, Somerset, and Hunterdon	142	129	No	120	110

			story/life book work, parent support and education, respite services, advocacy, and follow-up.	were not involved with DCF						
						<b># Served Last FFY (3h)</b>		<b># Estimated Next FFY (4d)</b>		
<b>Provider Name (1a)</b>	<b>Program Name (1b)</b>	<b>Relevant Service Category (1c)</b>	<b>Description of Service (2a)</b>	<b>Population Served (2b)</b>	<b>Geographic Area (2c)</b>	<b>Individuals</b>	<b>Families</b>	<b>Changes to Program (4a)</b>	<b>Individuals</b>	<b>Families</b>

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The Children's Home Society of NJ	Child Summary Writers	APSS	The Child Summary Writers work in the various DCP&P local offices. They are assigned children for whom to write summaries by the Concurrent Planning Specialists and are given access to the necessary case files. From the information in the case files, the Child Summary Writers create the child summary, which is used as a part of the adoption process.	This service ultimately serves children in the care of the Division of Child Protection and Permanency who are free for adoption and who require a Child Summary to be completed. However, the work done in the program is with the Division of Child Protection and permanency staff and not directly with the children themselves	All 21 counties in New Jersey			No		
Volunteers of America-Northern New Jersey Sector	Parenting Skills Partnership Program-Adoption Support	APSS	A comprehensive module of in-home parenting education and support is provided to the adoptive parents. While using a strength approach the overall objective of the Parenting Skills Partnership Program is to stabilize and preserve the family unit. The program provides tools for caring parents of adoptive children to effectively work with children to stabilize the family, increase adaptive behaviors, and decrease inappropriate behaviors in order to achieve a successful adoption	Pre and post adoptive families	Northern New Jersey including Bergen, Hudson, Morris, Passaic, Sussex, and Warren counties	17	12	No	68	36

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						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	Individuals	Families	Changes to Program (4a)	Individuals	Families
Catholic Charities, Diocese of Metuchen	Adoption Support and Advocacy Program (ASAP)	APSS	Catholic Charities, Diocese of Metuchen provides in-home behavioral supports for adoptive and pre-adoptive families via the Adoption Support and Advocacy Program (ASAP). ASAP serves children in out-of-home placements and the majority of these children cannot or have not benefited from traditional psychotherapy. The children's behavioral and emotional difficulties are causing significant stress on the adoptive or pre-adoptive family functioning to the point where placement disruption is possible	The Adoption Support and Advocacy Program is available to children of any age who need in-home behavioral support services to strengthen family functioning in order to prevent placement disruption, facilitate adoption finalization plans, and assist DCP&P with permanency achievement.	Essex, Middlesex, and Union counties	3		there are no planned changes, but we will work with stakeholders to identify much needed referrals	108	

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Oaks Integrated Care	FOCUS	FPS	The FOCUS Program provides intensive outpatient counseling using various methods to address issues and concerns of children and families. Masters level therapists facilitate individual and family counseling one to two hours weekly on average. The primary goal of the program is to prevent hospitalization and/or placement in residential treatment settings.	Children ages 5 and older (21) and their families.	Burlington County (Lumberton); Camden County (Cherry Hill, Sicklerville) and Cumberland County (Vineland)	2	2	No	2	2
						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
<b>Provider Name (1a)</b>	<b>Program Name (1b)</b>	<b>Relevant Service Category (1c)</b>	<b>Description of Service (2a)</b>	<b>Population Served (2b)</b>	<b>Geographic Area (2c)</b>	<b>Individuals</b>	<b>Families</b>	<b>Changes to Program (4a)</b>	<b>Individuals</b>	<b>Families</b>

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SAFE in Hunterdon	PRS Case Management	FPS	Counselors provided counseling services to adults and teens who experienced domestic and/or sexual violence. Most of the clients served were mothers whose children were at risk of abuse or neglect. Counseling services are individualized and support the survivor in processing their trauma experiences, empowers the development of emotional safety and supports them in beginning the process of healing and self-efficacy as well as connects them to resources in the community. These services directly relate to supporting the parent in pursuing their own treatment to be better equipped to assist their children in the long-term and preventing abuse and neglect of the children.	Adult and teens who experienced domestic or sexual violence.	Hunterdon County	31	31	With the opening of a Child and Adolescent Department, we will be shifting this funding to adult, teen and child services.	15	15
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Center for Family Services	Services Empowering Rights of Victims (SERV) Cumberland	FPS	SERV Child Advocacy program provides advocacy and support services for child victims of domestic violence. Advocacy includes basic needs assessments, education advocacy, and special needs advocacy. Support services include individual and group counseling, age-appropriate safety planning, and recreational activities. The children's group meets weekly during the same time as the adult support group and their individual counseling sessions are scheduled at a convenient time for both the parent and the child.	Child victims of domestic violence	Cumberland County	30	96	No	50	105
						<b># Served Last FFY (3h)</b>		<b># Estimated Next FFY (4d)</b>		
<b>Provider Name (1a)</b>	<b>Program Name (1b)</b>	<b>Relevant Service Category (1c)</b>	<b>Description of Service (2a)</b>	<b>Population Served (2b)</b>	<b>Geographic Area (2c)</b>	<b>Individuals</b>	<b>Families</b>	<b>Changes to Program (4a)</b>	<b>Individuals</b>	<b>Families</b>
Family Connections Inc.	Keeping Families Together (KFT)/ Home Safe	FRS	Provide supporting housing services to children & families. Services include: clinical case management, house case management, group support	Child welfare involved families' w/children out of home or at risk of placement. Homelessness must be experienced, and parent has co-occurring	Essex County	52	12	build more community resources to support families. Secure more relationships	52	10

								with landlords and property mgt for housing		
The North Ward Center, Inc.	Permanency Links Program NWC-Life Links Program	FRS	The goal of the program is to identify connections that will lead to permanency pacts and/or permanent connections that support the adolescent. The process includes the identification of caring adults who will provide a safe and supportive relationship for the youth as he/she transitions from out of home placement. Potential supportive adults will be identified through discussion and activities with youth, the DCP&P caseworker and a review of the case file by North Ward Center staff	Out of home placement youth 14 to 21 years old under the supervision of Essex County, that require permanency services and who are aging out of placement. They may be legally free for adoption and/or lack a permanent plan. Their case goal must be Individual Stabilization, Independent Living or Other Long Term Specialized Care.	Essex County	1359	144	Provide summer youth development program. Incorporate DV, D&A, MH and anger mgt into trainings to better serve youth.	1300	150
						<b># Served Last FFY (3h)</b>		<b># Estimated Next FFY (4d)</b>		
<b>Provider Name (1a)</b>	<b>Program Name (1b)</b>	<b>Relevant Service Category (1c)</b>	<b>Description of Service (2a)</b>	<b>Population Served (2b)</b>	<b>Geographic Area (2c)</b>	<b>Individuals</b>	<b>Families</b>	<b>Changes to Program (4a)</b>	<b>Individuals</b>	<b>Families</b>

Robins' Nest	Creative Visitation	FRS	<p>The program provides services that address the goals of: improving parental capacity and parent-child interactions, supporting and maintaining family bonds; providing parents with opportunities to identify and practice skills that meet their child's needs; decreasing the length of time children remain in out of home placement. Staff also provide documentation of visits strengths and needs to support permanency planning. Services provided include: transporting children to and from visits; supervising visits; coaching parents on their parenting skills, debriefing after each visit to reinforce what went well and to plan ways to meet their child's needs during future visits, and providing comprehensive relevant documentation regarding our observations and interactions.</p>	<p>DCP&amp;P involved parent whose children (birth to 18) are in an out of home placement in our service area and in the legal custody of DCP&amp;P</p>	<p>Burlington, Camden, Gloucester, Salem, Cumberland, Atlantic, and Cape May counties</p>	236	106	<p>Make fully supervised visits longer and more frequent for families to begin at two and a half hours and/or have multiple visits within a week. Having longer visits will benefit the families by giving more time to build healthy attachments, increase trust and security, and receive feedback from staff. Engage in visit planning meetings prior to the start of visits and debriefing sessions following the visits. This will incorporate a feedback loop with ongoing assessment and communication to help reinforce</p>	31	14
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								parent's efforts and accomplishments. Creative Visitation visit coaches will also include the Resource Parent in this process when appropriate.		
						<b># Served Last FFY (3h)</b>		<b># Estimated Next FFY (4d)</b>		
<b>Provider Name (1a)</b>	<b>Program Name (1b)</b>	<b>Relevant Service Category (1c)</b>	<b>Description of Service (2a)</b>	<b>Population Served (2b)</b>	<b>Geographic Area (2c)</b>	<b>Individuals</b>	<b>Families</b>	<b>Changes to Program (4a)</b>	<b>Individuals</b>	<b>Families</b>

Mercy Center	Family Resource Center	FPS & FRS	<p>The FRC serves as a community based social service agency, where service delivery methods are designed to address the family needs and strengthen the family system. Families have the ability to access and obtain information regarding community resources. Presentations, educational workshops, community resource guides are provided to social service providers, individuals, organizations, churches and schools. Crisis intervention services are available to walk-ins in crisis. Families have the option of receiving direct support services on-site or referred to the appropriate agency to address their needs/situations.</p>	<p>The vulnerable/fragile families in Asbury Park, Neptune and the immediate surrounding areas, who are experiencing some level of crisis that has put their children at risk for out of home placement. FRC also serves individuals and families whose behaviors/issues created a level of instability and dysfunction that affects their ability to maintain a healthy family unit.</p>	Asbury Park and Neptune areas in Monmouth County	NA	160	<p>Mercy Center has expanded its behavioral treatment services to children between the ages of 5-12, as a result of a small grant for the New Jersey Natural Gas (NJNG). Mercy Center also is implementing a VOCA grant to provide advocacy services to victims/witnesses from Asbury Park and Neptune that has been expand to other underserved areas in the county. These additional services allow the Family Resource Center to provide services in a more holistic and comprehensive approach.</p>	NA	150
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						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	Individuals	Families	Changes to Program (4a)	Individuals	Families
Southern NJ Perinatal Cooperative	Atlantic County Healthy Families	FSS	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to	Women who are either pregnant or with a newborn younger than 3 months, regardless of number of previous live births. We continue to offer home visitation services to families until the child's 3rd birthday or until the child becomes enrolled in Preschool	Atlantic City, Ventnor, Brigantine, Pleasantville, Egg Harbor Township, Absecon, Galloway Township, Egg Harbor City, Mays Landing, and Somers Point	868	434	none	868	434

			existing social service and health care resources, and promote positive parenting and healthy child growth and development							
						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	Individuals	Families	Changes to Program (4a)	Individuals	Families

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Care Plus, NJ	Healthy Families-TIP Bergen	FPS	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources and promote positive parenting and healthy child growth and development.	The Healthy Families-TIP target population is first time families who are screened through Central Intake who reside in Bergen County and TANF recipients with a child 12 month and under.	Bergen County	196	98	No	117	58
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Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	# Served Last FFY (3h) Individuals	Families	# Estimated Next FFY (4d) Changes to Program (4a)	Individuals	Families

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<p>Burlington County Community Action Program</p>	<p>Healthy Families-TIP</p>	<p>FPS</p>	<p>The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development</p>	<p>New and Expecting Mothers</p>	<p>Burlington County</p>	<p>142</p>	<p>71</p>	<p>We replaced staff who left the agency and hired a bilingual Home Visitor. This enabled us to serve a population we were unable to work with before.</p>	<p>140</p>	<p>70</p>
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						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	Individuals	Families	Changes to Program (4a)	Individuals	Families
Center for Family Services	Healthy Families-TIP Camden	FPS	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to	First time mothers and mothers who are receiving TANF benefits and have a child under 12 months	Camden County	322	161	No	340	170

			existing social service and health care resources and promote positive parenting and healthy child growth and development.							
						<b># Served Last FFY (3h)</b>		<b># Estimated Next FFY (4d)</b>		
<b>Provider Name (1a)</b>	<b>Program Name (1b)</b>	<b>Relevant Service Category (1c)</b>	<b>Description of Service (2a)</b>	<b>Population Served (2b)</b>	<b>Geographic Area (2c)</b>	<b>Individuals</b>	<b>Families</b>	<b>Changes to Program (4a)</b>	<b>Individuals</b>	<b>Families</b>

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Holy Redeemer	Healthy Families Cape May County	FPS	<p>The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development</p>	<p>Parents who are currently pregnant or have a baby younger than 3 months of age. Other parents may participate if they are DFD families and have a child less than 12 months of age. Alumni and referrals from DCP&amp;P are considered on a case by case basis. Our program does not have a limited target population.</p>	Rural Community in Cape May County	256	128	No	256	128
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Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	# Served Last FFY (3h) Individuals	Families	# Estimated Next FFY (4d) Changes to Program (4a)	Individuals	Families

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Robin's Nest Inc	Healthy Families-TIP Cumberland County	FSS	<p>The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development</p>	<p>The target population for Healthy Families-TIP Cumberland program is any parent residing in Cumberland County who is pre-natal to three months post-natal. In addition, any parent who is GA/TANF (General Assistance/ Temporary Aid to Needy Families) eligible may enroll up to infant turning one year of age as part of the TIP program (TANF Initiative for Parents)</p>	Cumberland County	840	420	No	922	461
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Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	# Served Last FFY (3h) Individuals	Families	# Estimated Next FFY (4d) Changes to Program (4a)	Individuals	Families

VNAHG	Essex HF/TIP	FSS	<p>The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development</p>	<p>Essex VNA Healthy Families/TIP Program will serve all eligible pregnant and parenting women with a child less than 3 months who live in Essex county; the site will focus concentration on families living in the high-risk towns of Newark, Irvington and the Oranges. In addition, the site will serve pregnant and parenting women who are eligible to receive TANF benefits, live in Essex County and are parenting a child less than 12 month</p>	<p>Essex County New Jersey with a focus on Newark, Irvington, the Oranges</p>	936	468	No	936	468
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Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	# Served Last FFY (3h) Individuals	Families	# Estimated Next FFY (4d) Changes to Program (4a)	Individuals	Families

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Robins' Nest Inc.	Healthy Families Gloucester County	FSS	<p>The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development</p>	<p>Any parent who is pregnant or has an infant 3 months or younger is eligible for Healthy Families-TIP Gloucester. Additionally, the program is available to parents with an infant up to twelve months old if they are currently receiving or eligible to receive Temporary Assistance to Needy Families (TANF), Emergency Assistance (EA) or General Assistance (GA).</p>	Gloucester County	614	307	No	672	336
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Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	# Served Last FFY (3h) Individuals	Families	# Estimated Next FFY (4d) Changes to Program (4a)	Individuals	Families

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Care Plus NJ, org	Healthy Families –TIP Hudson County	FPS	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families’ culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	All TANF families with children under the age of 12 months old, and new parents living in Hudson County	Hudson County	194	97	No	143	71
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						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	Individuals	Families	Changes to Program (4a)	Individuals	Families
Mercer Street Friends	Healthy Families-TIP Mercer County	FPS	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to	The Program serves pregnant/parenting women residing in the East and West Wards of the City of Trenton, identified either prenatally or within 14 days of giving birth; and any pregnant/parenting woman residing in Mercer County receiving TANF, GA or EA with a child under 12 months of age	Mercer County	248	124	No	248	124

			existing social service and health care resources, and promote positive parenting and healthy child growth and development							
						<b># Served Last FFY (3h)</b>		<b># Estimated Next FFY (4d)</b>		
<b>Provider Name (1a)</b>	<b>Program Name (1b)</b>	<b>Relevant Service Category (1c)</b>	<b>Description of Service (2a)</b>	<b>Population Served (2b)</b>	<b>Geographic Area (2c)</b>	<b>Individuals</b>	<b>Families</b>	<b>Changes to Program (4a)</b>	<b>Individuals</b>	<b>Families</b>

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Central Jersey Family Health Consortium	Middlesex/Somerset Healthy Families-TIP	FPS	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	The target population for the Middlesex/Somerset County Healthy Families-TIP program is any parent residing in these counties, that is pregnant or has a child under the age of three months old. Also, TIP component connects with prenatal and newly parenting TANF families receiving assistance from the Board of Social Services in both counties	Middlesex and Somerset counties	242	121	none	308	154
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						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	Individuals	Families	Changes to Program (4a)	Individuals	Families
Visiting Nurse Association Health Group	Monmouth Healthy Families-TIP	FSS	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process, which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to	Available to serve all eligible pregnant and parenting women, who live in Monmouth County, with a child less than three months of age. The program also serves prenatal clients or parents who reside in Monmouth County, are receiving TANF/GA benefits, and have a child younger than 12 months in age.	Asbury Park, Long Branch, Neptune, Red Bank, Keansburg, and Freehold	738	369	No	738	163

			existing social service and health care resources, and promote positive parenting and healthy child growth and development							
						<b># Served Last FFY (3h)</b>		<b># Estimated Next FFY (4d)</b>		
<b>Provider Name (1a)</b>	<b>Program Name (1b)</b>	<b>Relevant Service Category (1c)</b>	<b>Description of Service (2a)</b>	<b>Population Served (2b)</b>	<b>Geographic Area (2c)</b>	<b>Individuals</b>	<b>Families</b>	<b>Changes to Program (4a)</b>	<b>Individuals</b>	<b>Families</b>

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Partnership for Maternal and Child Health of Northern New Jersey	Healthy Families – TIP of Morris County	FPS	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	The MCHF-TIP Program serves any first time pregnant mother, new mothers with a baby younger than 3 months of age, or new /pregnant mothers with multiple children, with TANF, GA and/or EA families with children under 12 months residing in Morris County	Morris County	138	69	Level Change Policy is expected to go into effect as of Spring 2019.	112	56
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Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	# Served Last FFY (3h) Individuals	Families	# Estimated Next FFY (4d) Changes to Program (4a)	Individuals	Families
Preferred Behavioral Health Group	Healthy Families/TIP Ocean County	FSS	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to	The service population consists of 2 tiers. The first tier serves all pregnant mothers, including those who may have experienced one or more births. The second tier of the Healthy Families/TIP Ocean County Program the Target Population served includes all pregnant women and post-natal mothers, whose child is three months old or younger. The additional population served consists of parents who are receiving Temporary Assistance for Needy Families (TANF). The TIP component may enroll families up until the baby is twelve months old.	Northern Ocean County through Central Ocean County, north of Lacey Township	426	213	Reduced FSW staff and hired program/data assistant	180	90

			existing social service and health care resources, and promote positive parenting and healthy child growth and development							
						<b># Served Last FFY (3h)</b>		<b># Estimated Next FFY (4d)</b>		
<b>Provider Name (1a)</b>	<b>Program Name (1b)</b>	<b>Relevant Service Category (1c)</b>	<b>Description of Service (2a)</b>	<b>Population Served (2b)</b>	<b>Geographic Area (2c)</b>	<b>Individuals</b>	<b>Families</b>	<b>Changes to Program (4a)</b>	<b>Individuals</b>	<b>Families</b>

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Partnership for Maternal & Child Health of Northern NJ	Passaic County HF-TIP Program	FPS	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	Passaic County Healthy Families-TIP (TANF Initiative for Parents) program serves any first time pregnant mother or any first-time mother with a baby younger than 3 months of age or mothers under the age of 25 with multiple children. that residing in the cities of Paterson, Passaic and Clifton; all TANF, GA and/or EA families with children under 12 months residing in Passaic County	Passaic County	1534	767	No	1534	767
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						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	Individuals	Families	Changes to Program (4a)	Individuals	Families
Prevent Child Abuse New Jersey	Healthy Families New Jersey (Tech. Assistance)	FSS	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to	The program serves new and expectant parents who meet at risk screening and assessment criteria for the Healthy Families Program.	Statewide	na	na	no	na	na

			existing social service and health care resources, and promote positive parenting and healthy child growth and development							
						<b># Served Last FFY (3h)</b>		<b># Estimated Next FFY (4d)</b>		
<b>Provider Name (1a)</b>	<b>Program Name (1b)</b>	<b>Relevant Service Category (1c)</b>	<b>Description of Service (2a)</b>	<b>Population Served (2b)</b>	<b>Geographic Area (2c)</b>	<b>Individuals</b>	<b>Families</b>	<b>Changes to Program (4a)</b>	<b>Individuals</b>	<b>Families</b>

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Robins' Nest, Inc	Healthy Families/TIP Salem County	FSS	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	All parents in Salem County who are pregnant or have an infant 3 months old or younger, or have an infant 12 months or younger if receiving TANF or GA.	Salem County	660	330	No	672	336
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						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	Individuals	Families	Changes to Program (4a)	Individuals	Families
Holy Redeemer Home Care - NJ, North	Union County Healthy Families/TIP Program	FPS	The Union County Healthy Families/TIP Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF/TIP identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to	All TANF eligible families with children under the age of 12 months and all new parents who are prenatal or with children up to 3 months of age	Union County	376	188	Outreach process has changed- Referrals are given to the supervisor who will offer enrollment. This allows FSWs to do more community outreach in order to increase the referrals into the program	278	139

			existing social service and health care resources, and promote positive parenting and healthy child growth and development							
						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	Individuals	Families	Changes to Program (4a)	Individuals	Families

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Family and Children's Services	PAC	APSS	<p>Counseling and support services are provided to families on a weekly basis. The focus of counseling services is to facilitate adjustment to the foster home (for pre-adoption children) or to the adoptive or kinship home (for post-adopted and KLG children). Counseling focused on strengthening parent/child attachment. Psychoeducation is provided to families collaboratively enhancing their knowledge and understanding of the psychological impact of the transition to permanency on the child's emotional, social and cognitive development.</p>	<p>Services are provided to families of diverse ethnic backgrounds, religions, socioeconomic levels, and cultures. Our client population included same-sex parents, single and two-parent families, multi-racial families, and clients with chronic disabilities and medical challenges</p>	<p>Union County, Middlesex (within 10 miles of Union County), areas of Essex adjacent to Union county</p>	63	187	No	180	60
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						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	Individuals	Families	Changes to Program (4a)	Individuals	Families
Oaks Integrated Care	Pre-Post Adopt/KLG Counseling (PACS)	APSS	PACS (Pre-Post Adopt/KLG Counseling) is a home-based program which includes pre-adoption, pre-KLG, post-adoption and post KLG services. The goals are to stabilize the family; to finalize adoption and KLG; to prevent the dissolution of an adoption; to maintain stability post-discharge; and for consumers to be deemed "goals achieved" at discharge. Adoption specific services focus on grief and loss, and the significant trauma many foster and adoptive children experience. The duration of services varies by case, but are generally open for approximately 6 months with some exceptions made	Children under 21 years of age whose permanency plan is adoption or KLG and are either placed in a home with the goal of adoption/KLG or for whom DCP&P is seeking a permanent adoptive placement. Also served are children and families who had previously adopted and need therapeutic services	Atlantic, Burlington, Camden, Cumberland, Gloucester, and Salem counties	105	76	We hope to provide more support to children and families by doing support groups on a regular basis. We plan to collect more data and have focus groups to assess the needs of our clients	155	varies

						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	Individuals	Families	Changes to Program (4a)	Individuals	Families
Catholic Charities Archdiocese of Newark	Pre/Post-Adoption/Kinship Counseling	APSS	Offers services to special needs children and their families in their homes for periods of up to one year or longer (in select cases). Through supportive counseling and education, parents learn to understand and cope with the host of emotional and behavioral issues the child often brings into their adoptive family. Individual, family, and therapeutic group counseling assist the children in dealing with issues of separation, loss, and abandonment; histories of abuse and neglect; and resulting maladaptive behaviors. Parents gain support, information, skills and insights in ways to best meet the needs of their adopted child and to manage the various related issues that the whole family may be	Adoptive parents, grandparents, siblings, foster siblings, or other family members living in the household and kinship legal guardians	Hudson County	39	26	We have fully integrated the new logic model developed by DCP&P. No further changes planned	39	26

			experiencing as an adoptive family. Post KLG services provide counseling and support to families where kinship legal guardianship has occurred and there is a need to services and supports to stabilize and/or strengthen the family to ensure that wellbeing for the children and family, and permanency, are maintained							
						<b># Served Last FFY (3h)</b>		<b># Estimated Next FFY (4d)</b>		
<b>Provider Name (1a)</b>	<b>Program Name (1b)</b>	<b>Relevant Service Category (1c)</b>	<b>Description of Service (2a)</b>	<b>Population Served (2b)</b>	<b>Geographic Area (2c)</b>	<b>Individuals</b>	<b>Families</b>	<b>Changes to Program (4a)</b>	<b>Individuals</b>	<b>Families</b>

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Children's Aid and Family Services	Post Adoption/Kinship Counseling Program	APSS	Provides family and individual therapy for children up to age 21. Therapy is strengths-based, family focused and largely cognitive in approach, to address core adoption and kinship issues. The focus is on helping children overcome the effects of abuse and separation, and provide the support, encouragement and life skills necessary for the family's longevity and well-being. Therapy is intended to facilitate healing processes, promote family bonding and integration, and foster the development of support systems. Issues related to separation and loss, identity, shame, trust, abandonment, and developmental hurdles are addressed with an adoption/kinship and trauma informed approach. Families in PACS therapy can also receive respite funding to offset costs for children's out of home activities that support stabilization and treatment goal progress. In addition to therapy,	Children up to age 21 and their families, where there is a finalized adoption or Kinship Legal Guardianship agreement	Bergen, Passaic and Essex Counties. For kinship families, Newark is excluded from the Essex County catchment	36	35	none	38	36
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			adoption support groups are offered to provide teens, pre-teens and parents an opportunity to meet other adopted children, adoptive parents and engage in group discussion							
						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	Individuals	Families	Changes to Program (4a)	Individuals	Families

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Children’s Aid and Family Services	Kinship Care Clearing House (KinKonnnect)	APSS	The Kinship Legal Guardianship Resource Clearing House (KinKonnnect) is an information center for Kinship families in NJ. KinKonnnect provides resources, support and education through the web site, <a href="http://www.kinkonnnect.org">www.kinkonnnect.org</a> , phone and warm line e-mail support as well as training workshops. The program also includes a free lending library focusing on Kinship Care. The books that focus on kinship care is housed in the same location as the NJ ARCH lending library which currently consists of 1301 books and video titles, some books having multiple copies. Topics focus on adoption, foster care, kinship care, parenting and the like. In addition, the library has over 2800 articles on various topics to copy or borrow	All members touched by Kinship Care /Kinship Legal Guardianship and the professionals who work with them	New Jersey	161	unable to differentiate	The kinship Care Clearing House website ( <a href="http://www.kinkonnnect.org">www.kinkonnnect.org</a> ) was redesigned, upgraded and launched in June 2018. With most websites, enhancements are required to keep the website working optimally. We will continue to review various enhancements such as the search capability of the free lending library, so it makes it even easier for consumers and staff to find their book of choice.	175	unable to differentiate
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						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	Individuals	Families	Changes to Program (4a)	Individuals	Families
Children's Aid and Family Services	New Jersey Adoption Resource Clearing House (NJ ARCH)	APSS	The New Jersey Adoption Resource Clearing House (NJ ARCH) provides adoption advocacy, support, education, information and resources through a web site, phone and e-mail warm line, support group support as well as buddy mentoring/ training workshop offerings for adoption support groups, conferences, etc. throughout the state. The program also includes an extensive free lending library. We currently carry 1301 books and videos titles, some books having multiple copies. Topics focus on adoption, foster care, kinship care, parenting and the like. In addition, the library has over 2800 articles on various topics to copy or borrow	All members of the adoption constellation: birth parents, adoptive parents, adopted persons, and the professionals who work with them	New Jersey	888		The NJ ARCH website (www.njarch.or g) was redesigned, upgraded and launched in April 2016. With most websites, enhancements are required to keep the website working optimally. We are currently reviewing how to enhance the lending library search capability to make it easier for consumers and staff to find their book of choice	700	

						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	Individuals	Families	Changes to Program (4a)	Individuals	Families
Urban League of Hudson County	Mentors	FSS	Educating youth on self-empowerment in low-income communities. We are providing the tools to help youth make positive choices that will achieve academic success, break the cycles of teen pregnancy, poverty, and overcome the barriers of bigotry. Urban League envisions a community in which every youth experiences a nurturing one-to-one relationship and community support. This will allow each youth to develop into their full potential, capable of making informed, responsible decisions as involved members of our community. Mentoring is a powerful and personal way to enhance the lives of all types of youth	The Urban League’s Mentoring Program accepts ages 13 – 18 referred from the Division of Child Protection & Permanency this includes youth involved with the juvenile justice system, walk-ins or other youth	Hudson County	150	63	No	140	60

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Preferred Behavioral Health Group	Family Visitation	FPS	Family Visitation provides an array of services; supervised visitation, therapeutic visitation, in-home therapy, parent mentoring, and crisis response	Families with an open DCP&P case in which children are in placement, at risk of placement, or transitioning to reunification	Ocean County	122	49	The contract was revised in July 1, 2018. There is flexible service delivery which benefits the population by allowing families to have multiple services within the program for families and individuals to enhance permanency. Purchased building in Southern part of the county for future service delivery.	unk	unk
						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
<b>Provider Name (1a)</b>	<b>Program Name (1b)</b>	<b>Relevant Service Category (1c)</b>	<b>Description of Service (2a)</b>	<b>Population Served (2b)</b>	<b>Geographic Area (2c)</b>	<b>Individuals</b>	<b>Families</b>	<b>Changes to Program (4a)</b>	<b>Individuals</b>	<b>Families</b>

Family and Children's Services	Family Stabilization	FPS	<p>The program provides comprehensive assessments, short-term therapy, and case management services to families and/or individuals to address current levels of functioning, child abuse and neglect issues, reduce potential risk factors and minimize conflict. Case management services address concrete needs, in the family environment that can be best managed with referrals to ancillary service providers or the provision of basic education and support. The primary goal of the program is to achieve stability and ultimately to improve child safety, permanency and well-being</p>	<p>Children who are at risk of out of home placement or who have been placed out of the home short term due to a family crisis. Families in which there is a risk of child abuse or neglect</p>	Union County	197	68	<p>We will be focusing on an increased team approach and ensure all families are availed to clinical and case management services. All clinicians are license by state of NJ. We are implementing a new family assessment tool</p>	175	62
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Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	# Served Last FFY (3h) Individuals	Families	# Estimated Next FFY (4d) Changes to Program (4a)	Individuals	Families
Robins' Nest	Family Ties	FRS	<p>This program assists with permanency planning in a manner consistent with the Adoption and Safe Families Act (ASFA). The program provides services that address the goals of: maintaining family bonds; supporting parent/child relationships; providing parents with opportunities to learn and practice new skills; decreasing the length of time children remain in out of home placement; successfully reunifying children with parents or relatives; and providing documentation to support permanency planning.</p> <p>Services provided include: transporting children to and from visits; supervising visits; coaching parents on their parenting skills, debriefing after each visit to reinforce what went well and to plan ways to meet</p>	DCP&P involved parent whose children (birth to 18) are in an out of home placement in our service area and in the legal custody of DCP&P	Burlington, Camden, Gloucester, Salem, Cumberland, Atlantic and Cape May counties	335	127	Make fully supervised visits longer and more frequent for families by getting DCP&P approval at the time of case conference for visits to begin at two and a half hours and/or have multiple visits within a week. Family Ties staff will also work to engage in visit planning meetings prior to the start of visits and debriefing sessions following the visits. This will incorporate a feedback loop with ongoing assessment and	118	48

			their child's needs during future visits, and providing comprehensive relevant documentation regarding our observations and interactions					communication to help reinforce parent's efforts and accomplishments. Family Ties visit coaches will also include the Resource Parent in this process when appropriate		
						<b># Served Last FFY (3h)</b>		<b># Estimated Next FFY (4d)</b>		
<b>Provider Name (1a)</b>	<b>Program Name (1b)</b>	<b>Relevant Service Category (1c)</b>	<b>Description of Service (2a)</b>	<b>Population Served (2b)</b>	<b>Geographic Area (2c)</b>	<b>Individuals</b>	<b>Families</b>	<b>Changes to Program (4a)</b>	<b>Individuals</b>	<b>Families</b>

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Partnership for Maternal and Child Health of Northern NJ	Healthy Families/TIP-Essex	FPS	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources and promote positive parenting and healthy child growth and development.	New and expectant parents in Essex County. The program also provides home visitation services to expectant women in their third trimester and/ or with children under the age of 12 months who are TANF (Temporary Assistance to Needy Families) eligible	Essex County	1372	686	No	??	??
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						# Served Last FFY (3h)		# Estimated Next FFY (4d)		
Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	Individuals	Families	Changes to Program (4a)	Individuals	Families
Visiting Nurse Association	Healthy Families Perth Amboy	FSS	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to	Healthy Families serves low income, pregnant and parenting women with a child less than 3 months of age	Perth Amboy, Middlesex County	84	42	Program will strive to retain FSW within the program by focusing on self-care and employee engagement	136	68

			existing social service and health care resources, and promote positive parenting and healthy child growth and development							
Robins Nest	Pre- & Post Adoption & kinship services	APSS	Pre- & Post adoption and kinship counseling programs (PACS) to stabilize adoptive and relative placements. Therapy parent education, respite services, life book work, educational support and advocacy	Pre and post adoptive families	Burlington, Camden, Gloucester, Cumberland, Salem, Cape May & Atlantic counties	64	43	New pre and post assessment tools were implemented July 2019. All previously open cases and prior assessment tools will be phased out	66	44

## **Monthly Caseworker Visit Formula Grants**

For the period being reviewed, the Caseworker Visitation funds were expended in the following areas to enhance the visitation experience: \$132,710 was used to upgrade the visitation rooms; \$67,526 was expended on visitation contracts; and \$157,731 was used to purchase venues for caseworker staff. Similar use of these funds occurred during the 2015-2019 CFSP.

DCF Leadership is committed that these funds were used to improve the quality of monthly caseworker visits, with an emphasis on improving caseworker decision making and on activities designed to increase retention, recruitment, and training.

## **CHAFEE and ETV Services Annual Update: Accomplishments and Plans**

Over the past five years of the 2015-2019 CFSP, Chafee funded services have been utilized to meet the intended purposes of the funds as described under this section. In addition to the accomplishments and planned activities, information regarding collaboration, program support, and service description are included. Organizationally the primary responsibility for administering, coordinating and assessing the delivery of Chafee funded services as well as the Education and Training Vouchers was organized by the Department of Children and Families, Office of Adolescent Services (OAS).

The Office of Adolescent Services collaborated with a variety of internal and external stakeholders and partners to provide services to adolescents and young adults who are in foster care.

Table 3 represents an overview of service type, category and service description as well as highlights and achievements over the past five years and following the table is the final 2015-2019 Chafee and ETV update.

**Table 3 – CHAFEE and ETV**

Service Type	Provider Name	Relevant Service Category	Description of Service	Five Year Highlights
General Adolescent and Young Adult Services	Various Agencies	CFCIP	Contract and partner with community-based agencies statewide to provide life skills, aftercare, mentoring, and permanency services. In addition, contract and partner with community-based agencies statewide to provide wraparound emergency funds.	<p><b>Year 1</b> - The Permanency Roundtables were held for older youth in care who have not achieved legal permanency. DCF funded 25 slots in the New Jersey Youth Corps through the New Jersey Department of Labor for CP&amp;P involved adolescents.</p> <p><b>Year 2</b> - The Medicaid Extension for Young Adults (MEYA) was extended to the age of 26 for eligible youth. DCF partnered with First Star Academy and Rowan University to provide a year-round college bridge program for youth in foster care, beginning at 8th grade and going through 12th grade. DCF entered into an agreement with Camden School District for the sharing of educational data for children 6-20, placed by CP&amp;P in an out of home placement and who are attending a Camden City School. DCF will be partnering with DOH to provide services, support and education to youth in out of home placement congregate settings about reducing unintended pregnancy, STD's and HIV/AIDS while promoting optimal health and well-being. The transitional plan policy and form for CP&amp;P involved youth was revamped and renamed the Transitional Plan for YOUth Success (TPYS). The new TPYS was restructured in order to promote a youth driven and strengths based, and protective factors focused planning process.</p> <p><b>Year 3</b> - DCF funded 25 slots in the New Jersey Youth Corps through the New Jersey Department of Labor for CP&amp;P involved adolescents. New Jersey Youth Corps engages young adults in full-time community service, training and educational activities. Staff who serve as mentors guide the youth. The youth receive education development, employability skills instruction, personal and career counseling, and</p>

				<p>transition services.</p> <p><b>Year 4</b> - DCF continues to provide new and updated information on resources and services for DCF involved and non-involved youth on the new NJ Youth Resource Spot website.</p> <p><b>Year 5</b> - CP&amp;P continues to allow youth to remain in foster care until age 21; as such, they are eligible to receive financial, housing, counseling, employment, education and other appropriate services.</p>
Education and Employment	Foster and Adoptive Family Services (FAFS) / Embrella	ETV	<p>Provides Education Training Vouchers (ETVs) to eligible youth through the New Jersey Foster Care (NJFC) Scholars program. The voucher may be used for tuition, dorm fees, books, student loan repayments and qualified living expenses.</p>	<p><b>Year 1</b> - DCF continues to collaborate with Foster and Adoptive Family Services to provide ETV to eligible youth who have aged out of foster care or left care for kinship legal guardianship or adoption through the New Jersey Foster Care (NJFC) Scholars program.</p> <p><b>Year 2</b> - 23 confirmed graduates from the New Jersey Foster Care Scholars program.</p> <p><b>Year 3</b> - 24 confirmed graduates from the New Jersey Foster Care Scholars program. The Summer Housing Internship Program (SHIP) was provided for 40 NJ Foster Scholars. The Summer Internship Program (SIP) was provided to 20 NJ Foster Scholars. OESP and OAS provided approximately 167 Ward of the Court letters to verify adolescents as an independent when filing for the Free Application for Federal Student Aid.</p> <p><b>Year 4</b> - 26 confirmed graduates from the New Jersey Foster Care Scholars program. Gap housing replaced the Summer Housing Internship Program. NJFC Scholars provided guidance counselors with information sessions held at 16 County or District locations.</p> <p><b>Year 5</b> - Through a contract with Embrella, Gap housing provides financial assistance and housing resources during school breaks to post-secondary students participating in the NJ Foster Care Scholars Program so that students have housing stability while in school. In total, 33 youth utilized gap housing during fall and winter 2017 and spring and summer 2018 breaks. NJFC Scholars sessions, including information about ETV, were held across the state to inform staff and youth on eligibility and to enhance a collaborative service partnership to promote their success in postsecondary education. An online version of</p>

				the NJ Foster Care Scholars application was launched to expedite the application process, and a student portal was developed to allow students access to educational related information, as well as to make educational support requests and gap housing requests.
Education and Employment	Project MYSELF, Pathways to Academic and Career Exploration to Success (PACES)	CFCIP	Supports youth in foster care in their successful transition to and retention in post-secondary education (including career technical education) and workforce readiness. Coaches provide individual coaching sessions at a ratio of 1:25 students. There are 4 community-based agencies that are implementing six PACES program statewide.	<p><b>Year 1</b> - Project MYSELF mentoring is to help youth stay in school and navigate the challenges of college life. Special attention is being given to first year students enrolled in remedial courses and students on academic probation.</p> <p><b>Year 2</b> - Office of Educational Support and Programs (OESP), communicates regularly with FAFS and Project MYSELF staff to provide program support and resolve any issues surrounding a student’s academic performance, social well-being, or financial status at a post-secondary institution.</p> <p><b>Year 3</b> - The Director of Client Services at the Higher Education Student Assistance Authority (HESAA) agreed to streamline the process for independent student verifications, homeless student documentation to ensure NJ Foster Care Scholars with financial assistance in a timely manner.</p> <p><b>Year 4</b> - Transitions for Youth at the Rutgers University School of Social Work continued to provide coaching and support in the areas of academic, social and physical and mental well-being to all NJFC Scholars through Project MYSELF through the end of their contract on June 30, 2017. Project MYSELF was replaced with PACES.</p> <p><b>Year 5</b> - PACES Program launched in September 2017, providing yearlong academic and career coaching to foster youth from 10th grade through their 2nd year of college or completion of a career technical certificate. The program has a capacity of 500 youth; 480 were served between October 1, 2017 and September 30, 2018. PACES services are now offered Statewide by four community agencies</p>

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<p>Education and Employment</p>	<p>State Employment and Training Commissions (SETC) and Shared Youth Vision Council (SYVC)</p>	<p>CFCIP</p>	<p>The SETC partners with business, employees and job seekers, organized labor, and state and county agencies to set policy, develop plans and evaluate the performance of the workforce system to improve the workforce for the economic viability of New Jersey. Members of the Governor’s Cabinet also serve on the SETC. The SYVC is to help New Jersey develop a comprehensive strategy that will connect state agencies, secondary education, community organizations, workforce development programs and other stakeholders to assist youth to successfully navigate the labor market and to obtain the skills they need for employment.</p>	<p><b>Year 1</b> - NJ DCF is a standing member of SETC and participates in SYVC. For SETC minutes: <a href="https://www.nj.gov/njsetc/commission/setc/minutes/">https://www.nj.gov/njsetc/commission/setc/minutes/</a> For SYVC minutes: <a href="https://www.nj.gov/njsetc/commission/youth/minutes/">https://www.nj.gov/njsetc/commission/youth/minutes/</a> <b>Year 2 - 5</b> - Continue to collaborate and partner with the NJ Labor and Workforce Development and the State Employment and Training Commission (SETC).</p>
<p>Housing</p>	<p>Transitional /Supportive Housing</p>	<p>CFCIP</p>	<p>Services offered through the Transitional Supportive Housing Program are designed to help young people who are homeless make a</p>	<p><b>Year 1 - Year 3</b> - DCF annually funded 370 transitional housing beds throughout the state. <b>Year 4</b> - DCF Funded 370 transitional housing beds throughout the state and created a workgroup to assess the effectiveness of existing transitional living programs and to ensure that they are able to provide the necessary supports to youth.</p>

			successful transition to self-sufficient living.	<b>Year 5</b> - DCF currently funds approximately 331 transitional/supportive housing beds throughout the state. DCF continues to partner with PerformCare to maintain the Adolescent Housing HUB which is an online reservation system for transitional housing for older youth.
Housing	Section-8 Housing Vouchers	CFCIP	Assists in making safe and quality housing in the private rental market affordable to low, and very low-income households by reducing housing costs through direct rent subsidy payments to landlords.	<b>Year 3 - 5</b> - DCF worked with the NJ Department of Community Affairs who annually provided DCF with 100 project-based Section-8 Housing Vouchers to provide long term, stable and supportive housing opportunities for young people aging out of foster care.
Housing	Federal Family Unification (FUP) and Family Self-Sufficiency (FSS)	CFCIP	Provide the opportunity to participate in a demonstration testing the effectiveness of combining housing choice vouchers for eligible youth lacking adequate housing under the Family Unification Program (FUP) with assistance under the Family Self Sufficiency (FSS) program. The purpose is to increase opportunities for housing youth with support to achieve self-sufficiency.	<b>Year 5</b> - Through this partnership LHA provided DCF with 10 FUP vouchers to assist in stably housing and supporting young people aging out of care in Ocean County, NJ. The FSS component provides an escrow account, to assist youth with savings.

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Housing	Youth At-Risk of Homelessness(YARH)	CFCIP	Support initial implementation and pilot testing of two intervention strategies to prevent and address homelessness for youth with experience in foster care. DCF was piloting Bridging Lasting Connections (relationship building/permanency) and continues to pilot Connect to Home (supportive housing and case management) in three NJ counties	Please see Core Strategy 2 For details
Human Trafficking	Prevent Child Abuse NJ and Various Agencies	CFCIP	Offers prevention of Human Trafficking training to providers and youth. DCF contracts with community providers to provide rescue intervention for cases of human trafficking of youth, prevention of human trafficking, providing stabilization, resources and supported services youth need, and prepare youth for independence.	<p><b>Year 1</b> - DCF provided human trafficking prevention trainings to community contracted providers, Resource Parents and youth through a contracted provider. Homeless youth street outreach programs were expanded to additional counties throughout the state.</p> <p><b>Year 2 - 4</b> - Prevent Child Abuse New Jersey (PCANJ) to offer prevention of Human Trafficking training to providers and youth.</p> <p><b>Year 5</b> - PCANJ provided human trafficking prevention trainings to 190 youth and 147 staff. community contracted providers.</p>

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<p>Independent Living Stipend and Financial Literacy</p>	<p>Conduent (Xerox), PayPerks</p>	<p>CFCIP</p>	<p>Electronic distribution of the independent living stipend and online budgeting and financial literacy information. DCF provided NJ Money Skills website to teach NJ youth ages 14-21, about managing finances through illustrated tutorials covering a wealth of topics.</p>	<p><b>Year 3</b> - DCF partnered with Xerox and Rutgers School of Social Work on a two year contract through the Department of Treasury to create an electronic distribution process of the independent living stipend through debit card or direct deposit as well as provide youth with access to a mobile application to assist with budgeting and financial literacy.</p> <p><b>Year 4</b> - DCF continued to work with Xerox and Rutgers to prepare for and switch from the independent living stipend being a paper check to debit card or direct deposit.</p> <p><b>Year 5</b> - DCF continues to partner with Conduent (formerly Xerox) and subcontracted PayPerks to provide financial literacy education through the NJ Money Skills website.</p>
<p>Youth Advocacy and Leadership</p>	<p>Youth Advisory Network (YAN)</p>	<p>CFCIP</p>	<p>YAB / YAN is a multifaceted approach to youth advocacy and leadership in the State of New Jersey. The YAN regional chapters, in partnership with Office of Adolescent Services (OAS) providers, are working together 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.</p>	<p><b>Year 1</b> - Youth Advisory Boards (YAB) was restructured and expanded to include 15 boards representing all counties in NJ to continue providing policy and practice feedback and recommendations to DCF, an opportunity for peer networking, and to develop leadership and advocacy skills. The YAB launch event was held to kick off the new structure and introduce the new staff to the youth and bi-monthly YAB meetings were held.</p> <p><b>Year 2 - 3</b> - The YABs continue to provide leadership opportunities for youth through meetings twice a month. The YABs continue to meet quarterly with DCF leadership to voice their concerns and/or identify need for change in practice or policy.</p> <p><b>Year 4</b> - YABs continue to provide leadership opportunities for youth through meetings twice a month and ended on 6/30/17.</p> <p><b>Year 5</b> - The new youth advocacy YAN model was launched on 7/1/17. The YAN Coordinators conducted multiple onsite visits with all programs to assess their current practices and explore opportunities for enhanced youth engagement and participation. They also conducted quarterly meetings in June 2018 and September 2018 with all youth-serving programs to begin discussing new strategies and activities related to youth engagement and leadership. YAN Coordinators also conducted six youth focus groups across the state to gather youth feedback on various DCF policies and practices.</p>

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<p>Youth Advocacy and Leadership</p>	<p>Foster Youth in Action (FYA)</p>	<p>CFCIP</p>	<p>FYA works to build a movement led by young people directly impacted by the foster care to radically transform child welfare. Drawing on a youth organizing approach, FYA trains and equips foster youth to be strong leaders and organizers; grows the capacity of groups to engage a broad base of youth to work for justice; and connects change agents across the country.</p>	<p><b>Year 4</b> - OAS partnered with Foster Youth in Action (FYA) to receive technical assistance for the youth engagement and advocacy work.  <b>Year 5</b> - In October 2017, FYA conducted a full-day workshop with YAN provider staff and OAS on strategies for enhancing youth voice and developing youth leadership skills at both the programmatic and system levels. In the winter of 2017-2018, FYA partnered with OAS to develop a formal feedback process for collecting youth feedback, as well as a Theory of Change for enhancing youth engagement practices across all youth-serving programs contracted through OAS. In September 2018, FYA held a two-day train-the-trainer workshop for OAS and provider staff on youth engagement strategies, concepts and activities.</p>
<p>Normalcy and Reasonable and Prudent Parent Standard</p>	<p>Juvenile Law Center, Normalcy Workgroup</p>	<p>CFCIP</p>		<p><b>Year 4</b> - OAS partnered with the Juvenile Law center to receive technical assistance regarding the implementation of the normalcy and prudent parent mandates.  <b>Year 5</b> - DCF created a Normalcy Workgroup to continue implementation efforts of the normalcy and reasonable prudent parent mandates. This Workgroup consists of DCF staff, youth representatives, community-based providers, and advocates. Normalcy Workgroup started meeting to create and update various FAQs and policies to further implement the normalcy and prudent parent mandates. In addition, DCF started the training consultation process to create a training for staff regarding these mandates.</p>

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<p>LGBTQI Initiatives</p>	<p>Safe Space Program</p>	<p>CFCIP</p>	<p>Safe Place provides access to immediate help and supportive resources for youth in need. As a community initiative, the program designates schools, fire stations, libraries, and other youth-friendly organizations as Safe Place locations.</p>	<p><b>Year 1</b> - DCF collaborated with LGBTQI community partners to provide safe space liaisons with information on coaching peers, locating resources, changing culture in the office and understanding sexual orientation/identity.</p> <p><b>Year 2</b> - OAS has partnered with the Polaris Project and the U.S. Department of Homeland Security to five presentations on LGBTQI youth involved with human trafficking and cyber –bullying.</p> <p><b>Year 3</b> - Convened the 1st annual statewide Safe Space Liaison/LGBTQI Youth Committee training day on December 11, 2015 that included workshops and panel discussions for the Safe Space Liaisons, the LGBTQI Youth Committee members and young people. An LGBTQI policy was published.</p> <p><b>Year 4</b> - An annual statewide Safe Space Liaison/LGBTQI Youth Committee training day was developed to include workshops and panel discussions for the Safe Space Liaisons and the LGBTQI Youth Committee members.</p> <p><b>Year 5</b> - The “Cultural Competency LGBTQI: 2-Day training was finalized. Train-the-Trainer sessions occurred in November 2017 followed by two pilot trainings in February and March 2018. The training rollout began in the spring of 2018 to leadership staff including Local Office Managers, Case Work Supervisors, Case Practice Specialists and Supervisors. LGBTQI trainings and support continued to be provided to the DCF Safe Space Liaisons and staff throughout the state. Community based programs such as Gay, Lesbian and Straight Education Network (GLSEN), Lambda Legal and Garden State Equality presented.</p>
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<p>Expectant and Parenting Youth</p>	<p>Home visitation programming, parent linking programs</p>	<p>CFCIP</p>	<p>Provide supports for a teen parent to successfully complete their education; improve child and maternal health outcomes; improve pregnancy spacing and reduce the likelihood of repeat teen pregnancies; increase parenting skills for mothers, fathers and families; strengthen father involvement and co-parenting relationships, as appropriate; decrease intimate partner violence; and raise awareness of and coordinate available state and local resources to better support expectant and parenting teens and their families. For details on Home Visitation, please see Promoting Safe and Stable Families Section.</p>	<p><b>Year 5</b> - OAS partners with the DCF Division of Family and Community Partnerships regarding programming and supports (i.e. home visitation programming, parent linking programs) to ensure that the child welfare workforce is aware of available resources for new expectant and parenting youth.</p>
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The following description is the final 2015-2019 CFSP update for Chafee and ETV services:

#### General Adolescent and Young Adult Services

- DCF continues to contract and partner with community-based agencies statewide to provide life skills, aftercare, mentoring, and permanency services.
- DCF continues to contract and partner with community-based agencies statewide to provide wraparound emergency funds.

#### Education and Employment

- DCF continues to collaborate with Embrella (formerly Foster and Adoptive Family Services) to provide Education Training Vouchers (ETVs) to eligible youth through the New Jersey Foster Care (NJFC) Scholars program. ETVs are available to current or former foster youth and youth who exited care and achieved kinship legal guardianship or adoption.
- DCF launched the Pathways to Academic and Career Exploration to Success (PACES) Program in September 2017 to support youth in foster care in their successful transition to and retention in post-secondary education (including career technical education) and workforce readiness. Coaches provide individual coaching sessions at a ratio of 1:25 students. There are 4 community-based agencies that are implementing six PACES program statewide.
- DCF continues to attend the State Employment and Training Commissions meetings and Shared Youth Vision Council to identify and share employment resources and practices to inform staff and our provider network.

#### Housing

- DCF continues to contract and partner with community agencies to provide transitional housing for older youth. DCF currently funds approximately 331 transitional/supportive housing beds throughout the state.
- DCF continues to partner with PerformCare to maintain the Adolescent Housing HUB which is an online reservation system for transitional housing for older youth.
- DCF is working with the NJ Department of Community Affairs who has provided DCF with 100 project-based Section-8 Housing Vouchers to provide long term, stable and supportive housing opportunities for young people aging out of foster care.
- OAS continues to partner with the Mercer Homeless Youth Subcommittee to better understand the county's homeless youth population and to look at options for housing that may exist or that can be established.
- DCF partnered with the Lakewood Housing Authority (LHA) to participate in the Federal Family Unification Program (FUP) and Family Self-Sufficiency (FSS)

demonstration project. Through this partnership LHA provided DCF with 10 FUP vouchers to assist in stably housing and supporting young people aging out of care in Ocean County, NJ. The FSS component provides an escrow account, to assist youth with savings.

- DCF continues to partner with the New Jersey Housing and Mortgage Finance Agency (NJHMFA), sharing data and training DCF contracted providers who have housing vouchers to report into the Homeless Management Information System (HMIS) so that NJ will better understand its homeless youth population.

#### Youth At-Risk of Homelessness Federal Project

- DCF continues to partner with national experts on the Phase II Youth At-Risk of Homelessness (YARH) implementation grant to support initial implementation and pilot testing of two intervention strategies to prevent and address homelessness for youth with experience in foster care. DCF was piloting Bridging Lasting Connections (relationship building/permanency) and continues to pilot Connect to Home (youth supportive housing and case management) in three NJ counties.

#### Human Trafficking

- DCF contracts with community providers to provide rescue intervention for cases of human trafficking of youth, prevention of human trafficking, providing stabilization, resources and supported services youth need, and prepare youth for independence.
- DCF continues to partner with Prevent Child Abuse New Jersey to offer prevention of Human Trafficking training to providers and youth.

#### Independent Living Stipend and Financial Literacy

- DCF continues to partner with Conduent (formerly Xerox) regarding the electronic distribution of the independent living stipend and online budgeting and financial literacy information subcontracted through PayPerks. PayPerks provides DCF with the NJ Money Skills website focused on teaching NJ youth ages 14-21, about managing finances through illustrated tutorials covering a wealth of topics.

#### Youth Advocacy and Leadership

- DCF launched the Youth Advisory Network (YAN) in late 2017. There are 4 contracted YAN providers implementing this new model statewide.
- DCF partnered with Foster Youth in Action (FYA) to receive technical assistance for the youth engagement and advocacy work. In October 2017, FYA conducted a full-day workshop with YAN provider staff and OAS on strategies for enhancing youth voice and developing youth leadership skills at both the programmatic and system levels. In the winter of 2017-2018, FYA partnered with OAS to develop a

formal feedback process for collecting youth feedback, as well as a Theory of Change for enhancing youth engagement practices across all youth-serving programs contracted through OAS. In September 2018, FYA held a two-day train-the-trainer workshop for OAS and provider staff on youth engagement strategies, concepts and activities.

#### Normalcy and Reasonable and Prudent Parent Standard

- DCF partnered with the Juvenile Law center and received technical assistance regarding the implementation of the normalcy and prudent parent mandates.
- DCF created a Normalcy Workgroup to continue implementation efforts of the normalcy and reasonable prudent parent mandates. This Workgroup consists of DCF staff, youth representatives, community-based providers, and advocates.

#### LGBTQI Initiatives

- DCF continued the work of the LGBTQI Youth Committee that helps to inform DCF's Safe Space Program. The LGBTQI Youth Committee meets quarterly and includes DCF staff and LGBTQI community advocates.

#### Expectant and Parenting Youth

- OAS partners with the DCF Division of Family and Community Partnerships regarding programming and supports (i.e. home visitation programming, parent linking programs) to ensure that the child welfare workforce is aware of available resources for new expectant and parenting youth.

#### Adolescent and Young Adult Chafee Service Providers

- OAS continues to hold quarterly meetings with service providers to share resources, policy/practice updates, seek feedback on various adolescent and young adult issues, and provide opportunity for peer networking.

#### Juvenile Justice

- DCF continues to partner with Juvenile Justice regarding coordination of services and supports for dually involved youth, the juvenile detention alternative initiative, and Juvenile Justice and Delinquency Prevention efforts.

The Office of Adolescent Services provided the following program support to DCF staff as well as community partners:

#### Program Support: CP&P Staff

- OAS met with CP&P leadership and staff throughout the state to share information on policy updates, gather information on services and to discuss adolescent practice.

- The Post BA Certificate in Adolescent Advocacy was offered to 40 DCF staff. The program at Montclair State University is a fifteen-credit certificate focused on adolescent advocacy and case practice. It is designed to provide students with a multidisciplinary understanding of the role of the adolescent advocate seen through the disciplines of law, sociology, and psychology. The coursework in this certificate program may be applicable to the MA in Child Advocacy for those students who are academically qualified to continue.
- OAS provided the “Got Adolescents?” training to CP&P staff and providers on a quarterly basis. The training covers adolescent policy, practice and resources. Topics of focus included establishing lifelong connections for all youth, enhancing youth engagement in their own planning and effectively preparing youth for the transition to adulthood.
- DCF continued to provide the 3-day Youth Thrive protective and promotive factors training to staff.
- DCF continued to provide the 1-day Transitional Plan for YOUth Success/Casey Life Skills Assessment training to staff.
- DCF provided the Value of Permanency training in conjunction with the Permanency Roundtables which included information on the importance of legal permanency for older youth.
- LGBTQI trainings and support continued to be provided to the DCF Safe Space Liaisons and staff throughout the state. Community based programs such as Gay, Lesbian and Straight Education Network (GLSEN), Lambda Legal and Garden State Equality presented.
- The “Cultural Competency LGBTQI: Understanding Diversity in Sexual Orientation, Gender Identity and Gender Expression” 2-Day training was finalized. Train-the-Trainer sessions occurred in November 2017 followed by two pilot trainings in February and March 2018. The training rollout began in the spring of 2018 to leadership staff including Local Office Managers, Case Work Supervisors, Case Practice Specialists and Supervisors. The roll-out to leadership and supervisory staff continued throughout 2018.
- OAS continued to provide technical assistance to school district and DCF staff to ensure 1) educational stability for children in out of home placement and 2) children’s rights regarding special education and disciplinary procedures were protected.

Program Support: Community Based Providers and Judicial Staff

- DCF continued to partner with Prevent Child Abuse New Jersey (PCANJ) to provide a series of human trafficking prevention trainings to community contracted providers.
  - The youth related trainings included gender-specific prevention/awareness education designed to change perceptions about the commercial sex industry and violence against women. Approximately 190 youth were trained during this reporting period.
  - Several facilitator trainings (train the trainer) targeted youth serving providers, including the two aforementioned gender-specific trainings, a prevention/awareness education training on the commercial sexual exploitation of LGBTQ youth, and a curriculum designed to provide therapists, counselors and other clinical professionals with the tools to educate youth about sexual exploitation during one-on-one clinical sessions. Approximately 147 staff were trained during this reporting period.
  
- DCF continued to provide the 3-day Youth Thrive protective and promotive factors training to providers.
  
- DCF continued to provide the 1-day Transitional Plan for YOUth Success/Casey Life Skills Assessment training to providers.
  
- OAS provided training to judicial staff (Law Guardians and Deputies Attorney General) regarding relevant federal legislation, CP&P updates to policy and services, and case practice.
  
- DCF participated in a year-long work group, convened by the Department of Education, to develop Transgender Guidelines for School Districts. The Guidelines were issued to all 600+ New Jersey school districts on September 22, 2018.
  
- DCF continues to collaborate with LGBTQI community advocates through the LGBTQI Youth Committee to ensure DCF is a welcoming and inclusive organization. A LGBTQI Priority Planning meeting was convened in October 2017 (facilitated by Clarus Consulting) to identify priorities for serving LGBTQI youth and families, for timeframe 2018 through 2020. The document was finalized in December 2017.
  
- The 3<sup>rd</sup> Annual Safe Space Statewide Training and Networking Day was held in January 2018. The Keynote Speaker was from Lambda Legal and presented on legal disparities faced by LGBTQI individuals. A presentation was also provided by Garden State Equality, a NJ based community agency, on “Creating and

Affirming Resource Families for Transgender and Gender Nonconforming Youth”. Additionally, an Interfaith Panel presented on “Balancing Values and Professional Responsibilities”.

OAS would like the following technical/capacity building assistance:

- Talk to and learn from other jurisdictions who provide services to youth 18-21
- NYTD data collection strategies and tips/resources regarding NYTD data analysis
- Supervisory level transfer of learning
- Savings accounts for youth in care (including minors)
- Serving expectant and parenting youth

### **Purpose 1: Assist Youth in Making the Transition to Self-Sufficiency**

Accomplishments:

#### New and Pilot Programming

- A new youth advocacy and leadership model, the Youth Advisory Network (YAN), was created and began on 7/1/17. OAS contracted with two providers (4 contracts) statewide to provide training and technical assistance to all youth-serving programs contracted through OAS on the topics of youth engagement and leadership development. The technical assistance providers, or YAN Coordinators, conducted multiple onsite visits with all programs to assess their current practices and explore opportunities for enhanced youth engagement and participation. YAN Coordinators conducted quarterly meetings in June 2018 and September 2018 with all youth-serving programs to begin discussing new strategies and activities related to youth engagement and leadership. YAN Coordinators also conducted six youth focus groups across the state to gather youth feedback on various DCF policies and practices.
- Through the YARH Federal Implementation Grant new life skills, permanency (Bridging Lasting Connections), and mentoring services continued piloting to CP&P involved youth in three counties.
- Through the YARH Federal Implementation grant new permanent supportive housing programs (Connect to Home) continued piloting in two counties (20 youth).
- The PACES program launched in September 2017 (see Purpose 2).
- Continued to implement 2 new permanent supportive housing programs for expectant and parenting youth (24 youth/families).

#### National Youth in Transition Database (NYTD)

- Continued to create a new NYTD data collection process to ensure accurate documentation of independent living services youth are receiving.
- Reviewed cursory analysis of NYTD service data with providers.

### General Adolescent and Young Adult Services

- DCF continues to provide life skills, aftercare, mentoring, and permanency services statewide through contracts with community-based agencies.
- DCF continues to provide emergency funds through contracts with community-based agencies.

### Independent Living Stipend and Financial Literacy

- DCF continues to partner with Conduent regarding the electronic distribution of the independent living stipend and online budgeting and financial literacy information subcontracted through PayPerks. PayPerks provides DCF with the NJ Money Skills website focused on teaching NJ youth ages 14-21, about managing finances through illustrated tutorials covering a wealth of topics.

### Human Trafficking

- DCF continues to promote rescue, intervention and prevention of human/sex trafficking of youth, provide youth linkages to stabilization and needed resources as well as prepare youth for independence.

### Training and Events

- DCF worked with Rutgers to deliver the Youth Thrive training that was offered to DCF staff and contracted agencies monthly. A correspondence course was created and is available for and offered to resource parents.
- The Post BA in Adolescent Advocacy Certificate Program continued to be offered primarily to CP&P staff who work with adolescents to provide staff with a multidisciplinary understanding of the role of the adolescent advocate as seen through the disciplines of law, sociology, and psychology. An Annual Adolescent Summit was held to bring together staff that completed the Post-BA in Adolescent Advocacy Certificate Program and those currently enrolled in the program. Topics addressed at the Summit included Transformational Relationships, Understanding Substance use Disorders in Adolescents, Normalcy Mandates and Preventing Sex Trafficking/Runaway Youth.
- Meetings were held with CP&P staff to provide updates on policies, gather information on services and to discuss adolescent case practice.
- OAS participated in county/region-based Aging Out events statewide that are designed to provide information to youth who are aging out of care to help with their transition.

### Planned Activities:

- Ongoing training to CP&P staff and community-based providers regarding policy, practice, and resources relevant to engaging, assessment, and planning with/for young people in foster care.

- Continue to offer adolescent and young adult services such as life skills, housing, mentoring, permanency, aftercare, and wraparound funding.
- Finalize and implement the enhanced NYTD data collection process through the NJ Spirit extension window to ensure accurate report and documentation of NYTD services.
- CP&P staff will continue to work with youth on life skills training and/or refer them to the appropriate services to assist them in their transition to self-sufficiency.
- Continue to review and research best practices related to financial literacy education for youth and young adults along with expanding current programming to more DCF providers and offices.
- Continue to assess services that are available for expectant or parenting youth including fatherhood programs.
- Refine the YARH pilot programming to increase focus on refining the Connect to Home permanent supportive housing program.
- Refine the YARH pilot programming through a revision of the Bridging Lasting Connections permanency program that would include a redesign of current life skills, mentoring, and permanency programs.
- Mandatory Cultural Competency LGBTQI 2-day training will continue to be rolled-out throughout the state with the goal that all Leadership and Supervisory staff will be trained by the end of 2019.
- The 4th Annual Statewide Safe Space Liaison training day was held on December 10, 2018.
- Progress with tasks identified through the LGBTQI Priority Setting Goals 2018-2020.
- Explore redesign of youth transitional living programs and implementing an evidenced informed youth housing model.
- Continue implementing the Youth Advisory Network through statewide youth advocacy and leadership training, regional quarterly meetings, creating and implementing youth advocacy and leadership TA plans with providers, and planning the first annual youth day of action.
- The 3<sup>rd</sup> Annual Adolescent Summit is expected to be held in June 2019 with keynote speakers on Healing Centered Engagement and Implicit Bias.
- The biennial Adolescent Networking Conference is planned for April 2019 and the topic is Adolescent Sexual Health.

**Purpose 2: Assist Youth in Obtaining Education, Training and Services Necessary to Obtain Employment**

Accomplishments:

- The PACES program launched and began providing yearlong academic and career coaching to foster youth from 10<sup>th</sup> grade through their 2<sup>nd</sup> year of college

or completion of a career technical certificate. In addition to academic support and post-secondary exploration, this program assists youth with developing soft skills necessary to succeed in a work environment. This may include job shadowing, volunteerism and apprenticeships. The program has a capacity of 500 youth; 480 were served between October 1, 2017 and September 30, 2018.

- Gap housing was launched and offered to youth who are NJ Foster Care Scholar eligible and were at-risk of homelessness. Through a contract with Embrella (formerly FAFs), Gap housing provides financial assistance and housing resources during school breaks to post-secondary students participating in the NJ Foster Care Scholars Program so that students have housing stability while in school. In total, 33 youth utilized gap housing during fall and winter 2017 and spring and summer 2018 breaks.

Planned Activities:

- Continue to offer Gap housing as needed to FC Scholars.
- Continue to offer PACES programming and provide technical assistance to PACES agency directors and coaches to operationalize practice and service deliverables to ensure high quality and beneficial services to youth.
- Continue to participate on the State Employment and Training Commission (SETC).
- Work with the SETC's Shared Youth Vision Council (SYVC) to support the State's strategic plan for the Workforce Innovation Opportunity Act (WIOA).
- Adjust the New Jersey Career Assistance Navigator (NJCAN) training and deliver to staff, stakeholders, and providers.

**Purpose 3: Assist Youth to Prepare for and Enter Post-Secondary Training and Educational Institutions**

Accomplishments:

- Embrella continues to administer the New Jersey Foster Care (NJFC) Scholars program, which provides financial assistance to eligible youth to pursue post-secondary education programs.
- OAS continues to provide technical assistance to CP&P caseworkers and supervisors to ensure youth have access to funds or waivers to enable them to receive academic supports such as tutoring and college preparatory courses, books, extracurricular activities, and college fees.
- NJFC Scholars sessions, including information about ETV, were held across the state to inform staff and youth on eligibility and to enhance a collaborative service partnership to promote their success in postsecondary education. The specific

programs and offices were: Catholic Charities, Covenant House, West Milford Guidance Department, Audubon Guidance Department, Kean University EOF/EEO and Passport Programs, Ocean's Harbor House, Jefferson High School Guidance Department, Montclair State University Dept. of Counseling and Education Leadership, Kean University Financial Aid Department, Kean University Guidance Counselor Invitational, Rutgers University, Cherokee High School Guidance Office, Office of School Linked Services Grantees, Monmouth Cares, Inc., Youth Connection (providers), Devereaux Treatment Network, Cedar Creek High School, Stockton University, Legacy Treatment Services, PACES Providers, OAS Quarterly Networking Meeting, Collier House, Lakeland Guidance Department, EOF Statewide Conference, Lakewood Housing Authority, Old Bridge Guidance Department, NJ School Counselor Association Spring Conference, Passport to Education presentation, NJACAC Conference, Family Connections, JJC Executive Directors, AmeriCorps, Rowan College at Burlington County, Education Opportunity Fund/Program, Juvenile Justice Commission Social Workers, NJDCF Skill Building Conference tabling, CASA of Monmouth County and CASA of NJ Conference.

- OAS continues to provide Ward of the Court letters to verify adolescents as an independent when filing for the Free Application for Federal Student Aid, assisting them in obtaining the maximum amount of federal and state aid.
- PACES services are now offered Statewide by four community agencies: Care Plus, Community Access Unlimited, Embrella (formerly FAFS) and Robins' Nest. PACES Coaches support high school youth (or those pursuing a high school equivalency) in exploring career and post-secondary interests, navigating the financial aid process and selecting the best fit post-secondary institution.
- Online contributions launched for the Francis Day Scholarship fund (formerly known as the DCF Scholarship fund) in November 2017.
- The First Annual Passport to Education Statewide Event, hosted by Embrella, was held in April 2018. The event was attended by youth, resource parents, providers and CP&P staff. New Jersey's Higher Education Student Assistance Authority provided a workshop on the financial aid process including federal and state grants opportunities.
- An online version of the NJ Foster Care Scholars application was launched to expedite the application process, and a student portal was developed to allow students access to educational related information, as well as to make educational support requests and gap housing requests.

Planned Activities:

- DCF will continue to provide Ward of the Court letters to young adults pursuing post-secondary education who experienced foster care at age 13 and after. These letters provide verification of the students' independent status on the Free Application for Federal Student Aid (FAFSA).
- Continue to provide training, technical, and case practice support to CP&P staff and PACES providers on the Federal and State education laws and regulations.
- On March 22, 2019, Embrella will host the 2<sup>nd</sup> annual statewide Passport to Education event for youth in foster care, CP&P staff and caregivers. This all-day event will offer informational workshops on pursuing post-secondary education, financial aid and other related information such as the NJ Foster Care Scholars Program.

**Purpose 4: Provide Personal and Emotional Support to Youth Through Mentors and Interactions with Dedicated Adults**

Accomplishments:

- Continued to provide permanency services to assist older adolescents in achieving relational or legal permanency.
- Continued to support CP&P staff and community partners by providing on-going training on the importance of lifelong connections and working with youth to ensure they do not age out of care without connections to caring adults.
- The Permanency Roundtables were held for 56 youth in foster care who have not achieved legal permanency.
- Held a Permanency Roundtable convening with jurisdictions that have experienced success with implementing this process and have seen positive outcomes.
- A video to highlight the importance of permanency for older adolescents is available on the DCF public website as well as the NJ Youth Resource Spot website.
- Through the YARH Federal Implementation grant piloted new permanency and mentoring with CP&P involved youth in three counties to promote legal permanency and life-long connections.
- Convened a workgroup to assess the effectiveness of adolescent mentoring programs.
- Convened a workgroup to support DCF's continued implementation of the normalcy and prudent parent mandates.

Planned Activities:

- Create a report regarding the permanency status for youth reviewed through the Permanency Roundtables.
- Create an updated program and system level intervention to ensure that youth in foster care have relationships and connections with their family, friends, and communities that help to develop critical skills and promote well-being and healthy development.

**Purpose 5: Provide Financial, Housing, Counseling, Employment, Education, and Other Appropriate Support and Services to Former Foster Care Recipients between 18 and 21 years of age**

Accomplishments:

- The Medicaid Extension for Young Adults (MEYA) continues to be available to the age of 26 for eligible youth. Information was shared with internal and external stakeholders in an effort to offer this resource to as many eligible youths as possible.
- OAS continues to partner with the Mercer Homeless Youth Subcommittee to better understand the county's homeless youth population and to look at options for housing that may exist or that can be established. During this reporting period, the county received federal funding to support several rapid rehousing beds for young adults and the committee conducted a point-in-time count event specifically geared towards identifying youth who are homeless or who are at-risk of becoming homeless. The committee also created a Youth Coordinated Assessment Team, designed to identify and house each homeless youth in the county.
- OAS and the Ocean CP&P Local Offices are partnering with the Lakewood Housing Authority on the HUD Family Unification Program (FUP) demonstration project, providing 10 housing vouchers to youth aging out of foster care. During this reporting period all 10 slots were filled.
- The Adolescent Housing Hub, an online reservation system, continues to provide access to housing programs for DCF involved and homeless youth. DCF continues to share information about the Adolescent Housing Hub with staff and community providers.
- DCF is providing supportive housing through newly acquired Section 8 Housing vouchers targeting expectant and parenting youth and high need youth.
- CP&P continues to allow youth to remain in foster care until age 21; as such, they are eligible to receive financial, housing, counseling, employment, education and other appropriate services. A Voluntary Services Agreement is signed by

the youth and worker that outlines the expectations/responsibilities as well as what supports/services they can receive once a youth turns 18.

- DCF continues to provide Ward of the Court letters to young adults pursuing post-secondary education who experienced foster care at age 13 and after. These letters provide verification of the students' independent status on the Free Application for Federal Student Aid (FAFSA).
- DCF continues to provide new and updated information on resources and services for DCF involved and non-involved youth on the new NJ Youth Resource Spot website njyrs.org. In partnership with the site administrator, this site is edited on an ongoing basis as resources change.
- DCF continues to provide case management through aftercare as well as financial assistance through wraparound funds to youth who have closed their case or aged out of care between the ages of 18-22.
- An ongoing workgroup is assessing the effectiveness of existing transitional living programs and to ensure that they are able to provide the necessary supports to youth. This activity included the identification and national review of evidence-based models serving adolescents.

Planned Activities:

- Ongoing feasibility review to implement best practice housing models for adolescents and young adults.
- The Adolescent Housing Hub will be updated to include more user-friendly functionality, improved reporting capabilities and archiving of youth no longer in need of housing. Additionally, a texting campaign will be launched so that youth who call the Adolescent Housing Hub can opt in to receive the information they are provided via text message following their call.
- Review and research best practices regarding financial literacy programming and supports.
- PACES coaches will continue providing services to approximately 500 youth in and aging out of foster care.

**Purpose 6: Make Available Vouchers for Education and Training (ETV), Including Post-Secondary Education, To Youth Who Have Aged Out of Foster Care**

Accomplishments:

- DCF continues to provide ETV to eligible youth through the New Jersey Foster Care (NJFC) Scholars program. Youth who have aged out of foster care or left care for kinship legal guardianship or adoption program are eligible for ETVs. DCF contracts with Embrella who administers the ETVs.
- The number of youth who received ETV awards for the 2017-2018 academic year is as follows:

- 413 unduplicated youth participated in the NJFC Scholars Program.
- 221 unduplicated youth utilized ETV funding. 112 of those were new youth.
- The remaining students did not utilize NJFC Scholars program funding because financial aid packages provided by their post-secondary institutions covered their expenses during the academic year, they did not request educational supports, or they were not registered for classes.
- Embrella continued to hold year-round workshops throughout the state for current and former foster youth, their caregivers and caring adults to assist them in applying for ETV and aided with completing the FAFSA and New Jersey's Tuition Aid Grant (TAG) and the New Jersey Alternative Aid Application.
- The first Annual "Passport to Education" statewide event was held in spring 2018, which was hosted by Embrella. The event offered youth, resource parents, DCF staff and providers information related to post-secondary education including ETV funding and other financial aid resources.
- PACES coaches were trained on the NJ Foster Care Scholars Program and informed of the ETV funding. The PACES coaches assist the youth in understanding the parameters of the funding.

Planned Activities:

- The 2<sup>nd</sup> Annual Passport to Education Statewide event, targeting youth, DCF staff, and adolescent serving providers to support youth pursuing post-secondary education will be held in the spring of 2019.

**Purpose 7: Provide Services to Youth Who Attained Kinship Guardianship or Adoption at Age 16 and Older.**

Accomplishments:

- Youth who exit foster care at 16 or older and attain Kinship Legal Guardianship or Adoption continue to be eligible for services including but not limited to life skills, aftercare, wraparound funds and housing. These services continue to be provided through contracted agencies.
- OAS provided ongoing training opportunities to DCF and provider staff on the services and supports available to youth who attained Kinship Legal Guardianship or adoption at age 16 or older.

Planned Activities:

- DCF is working to expand knowledge and information regarding service availability for youth who exit foster care at 16 or older and attain KLG or Adoption. Through the Family First Act, DCF will review whether additional

efforts are needed since the definition of Chafee eligible youth has been updated and expanded.

- OAS will share information on available services to adoptive, kinship legal guardianship families, and parents whose youth are reunified. This information will also be shared with relevant community-based agencies such as Family Success Centers, Care Management Organizations, and Family Support Organizations.

**Purpose 8: Ensure children who are likely to remain in foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally appropriate activities as defined in section 475(11) of the Act.**

DCF has policy, practice, resources, and initiatives in place to ensure that youth have opportunities to engage in developmentally appropriate activities. In 2016, a policy that addresses normalcy for youth in out of home placement was published. The Children and Youth Bill of Rights was published in the policy manual and with youth feedback will be updated and released in spring 2019. In addition, DCF's flex fund policy (400) outlines how funds can be used towards "enrichment" activities such as camp, entertainment, games, driving lessons, bicycle gear, activity and membership fees, sports, fees, vacation, and classes.

DCF also has access to receive financial support for these activities through One Simple Wish and Embrella's Fostering Wishes program. Additionally, in 2012 DCF created the Task Force on Helping Youth Thrive in Placement (HYTIP) to identify areas of practice where more strategies were needed to help promote "normalcy" for youth in care. A recommendations report was created and DCF has been following up to achieve these recommendations. The updated Transitional Plan for YOUth Success (TPYS) was updated in September of 2014 and enhanced to highlight a youth's hobbies, activities, and interests at the beginning of the plan.

In 2016 DCF launched the 3-day Youth Thrive training for staff and providers. The Youth Thrive training provides guidance on how to engage, assess, and plan with and for a young person through a protective and promotive factor lens ultimately supporting developmentally appropriate and realistic goal setting and activities for and with youth.

DCF began receiving technical assistance from the Juvenile Law Center in 2017 regarding the implementation of mandates regarding normalcy and reasonable prudent parenting standards. In the fall of 2017, a Normalcy Workgroup has created that has supported efforts to create multiple resource documents for staff, youth, resource parents, and legal guardians.

**Accomplishments:**

- Ongoing Youth Thrive training for staff, stakeholders, and providers. An online home correspondence Youth Thrive training is available to resource parents.
- Normalcy Workgroup started meeting to create and update various FAQs and policies to further implement the normalcy and prudent parent mandates. In

addition, DCF started the training consultation process to create a training for staff regarding these mandates.

**Planned Activities:**

- Provide additional training and support to resource parents to help promote these activities.
- Update contracts and program models for adolescent community-based programs to ensure they are promoting developmentally appropriate activities.
- Update other relevant policies regarding providing opportunities for young people to engage in age and/or developmentally appropriate activities.
- Finalize Normalcy and Reasonable Prudent Parent FAQs for distribution to CP&P staff, resource parents, youth, and legal guardians/caregivers.
- Finalize the Normalcy Training for staff to roll out late 2019/early 2020.

**National Youth in Transitions Database (NYTD)**

- DCF has completed a cursory review of the NYTD service data, with a deeper analysis to occur by April 2019.
- Finalize a CWIS/NJS interface for providers to enter NYTD independent living services that are provided to youth/young adults.
- OAS will continue to lead efforts to ensure NYTD surveys are complete for required youth with experience in foster care.

DCF partners with and coordinates services with several community agencies in NJ that are funded under the Part B title III of the Juvenile Justice Delinquency Prevention Act of 1974. The agencies provide the basic center programs, transitional living programs and street outreach for youth who are homeless. OAS collaborates with these agencies when there are current or former CP&P involved adolescents who need housing or who have runaway or are missing. We do not currently coordinate services with abstinence programs. In addition, DCF life skills providers are required to provide pregnancy prevention inclusive of education and information regarding abstinence.

DCF endeavors to involve youth/young adults in all aspects of our work including, but not limited to, reviewing and providing comments on adolescent policy, getting feedback on services/supports that are offered to adolescents as well as providing internship opportunities within the Office of Adolescent Services. These efforts are underway through the recent creating of the Youth Advisory Network and DCF's Office of Family Voice.

**Indian Tribe Consultation:**

New Jersey does not have any federally recognized Indian Tribes.

## Additional Information Required

This section covers specific areas as outlined in the Program Instructions.

### 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. The DCF Office of Licensing has established a protocol that requires New Jersey adoption agencies to maintain information regarding the number of their inter-country adoptions and the countries from which the children originate. This information is accessible by the Office of Licensing.

Though CP&P is not involved in the initial adoption proceedings for children placed internationally, the agency funds a network of post adoption support services that any adoptive family in the state may utilize. Thus, DCF does make post-adoptive services accessible to any adoptive family living in New Jersey with a minor child, regardless of the source of the adoption. In addition, inter-country adoptive families can also access a multitude of service provisions through DCF (e.g., help with adolescence, child behavioral health, and educational services).

New Jersey maintains a statewide Post Adoption Counseling (PAC) program that is administered locally by a network of contracted 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.

DCF is part of the Adoption Agency Council of New Jersey (AACNJ), which represents many of the Adoption Agencies in New Jersey, including those offering inter-country Adoptions. Our partnership in this council affords the sharing of information including Post Adoption Support Services offered through DCF.

Additionally, DCF has been able to provide post adoption support to our domestic as well as to International Adoptive families through our Partnership with the Quality Improvement Center for Adoption and Guardianship (QIC-AG) and we are currently in our 5th full year of this partnership. The QIC-AG is a five-year project working with eight sites that will implement evidence-based interventions or develop and test promising practices which, if proven effective, can be replicated or adapted in other child welfare jurisdictions.

Effective interventions are expected to achieve long-term, stable permanence in adoptive and guardianship homes for waiting children as well as children and families after adoption, both domestic and international or when kinship guardianship has been finalized. New Jersey has selected Tuning in to Teens as the intervention to test with post adoption and kinship families in New Jersey. Tuning in to Teens is a six-session emotion coaching program designed to proactively increase parent's capacity to understand and respond effectively to their child's emotions, and thereby, help their child to develop and improve emotional competence.

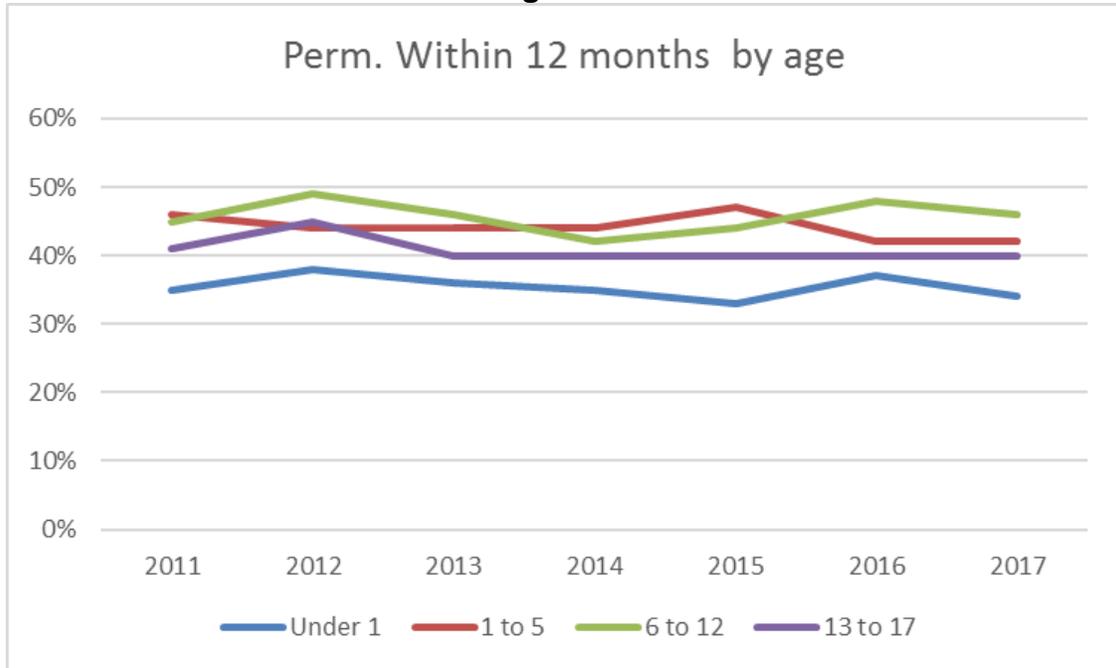
During this past year, Tuning in to Teens and Tuning in to Kids groups were held in 6 different locations throughout the state and families from 12 counties were invited to attend a group in their area. Over 30 families have attended Tuning into Teens or Tuning in to Kids groups this year. Tuning in to Teens was part of a randomized control trial, testing the effectiveness of the intervention on a specific population of post adoptive/KLG families as well as offered to Adoption agencies to share with their adoptive families. Evaluation of this program will be conducted as we come to the formal end of this partnership in September of 2019.

## Services for Children Under the Age of 5

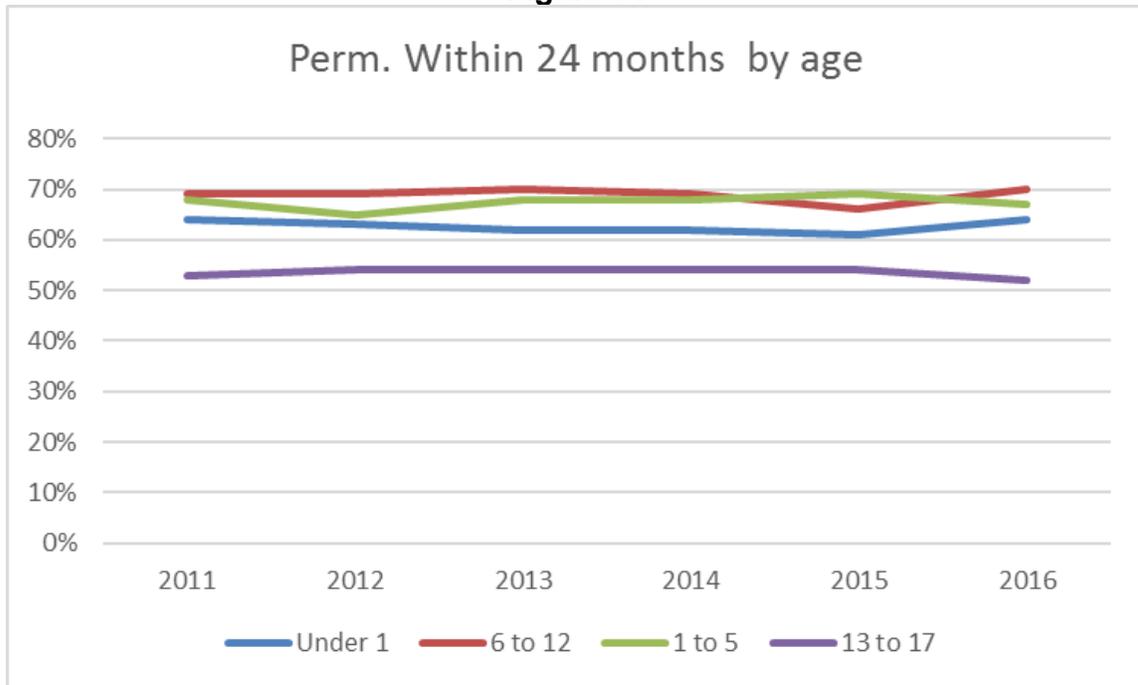
### ***Activities to Reduce the Length of Time Young Children are in Foster Care without a Permanent Home***

NJ understands the importance of family stabilization and permanency. The CFPSR and data highlighted in figures 30-32 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.

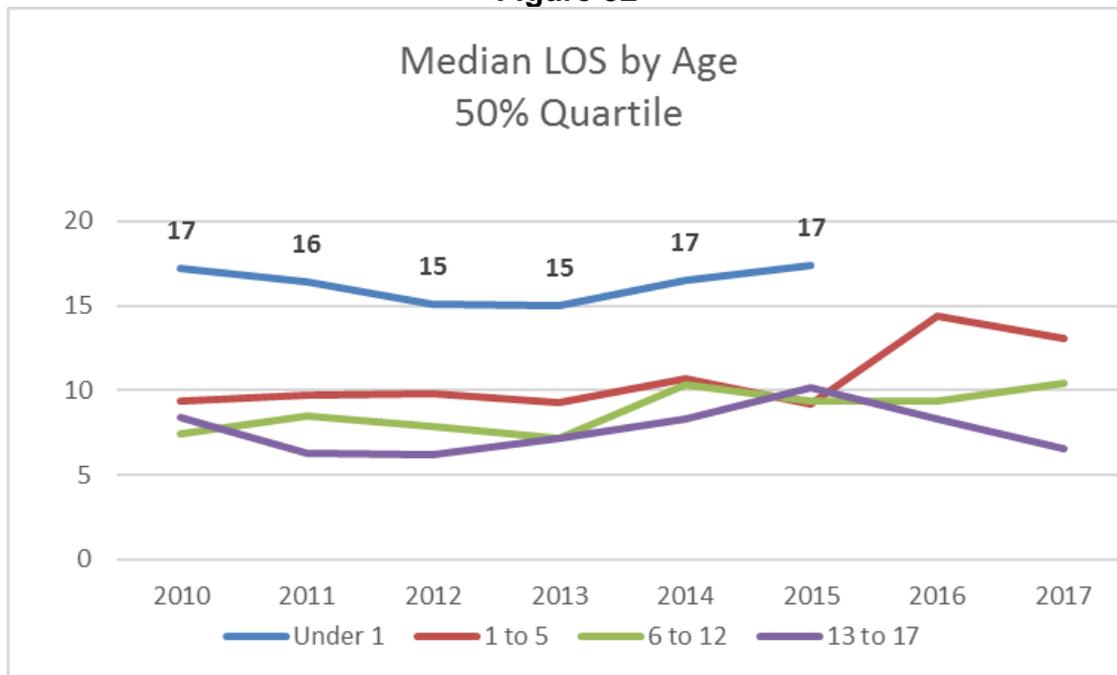
Figure 30



**Figure 31**



**Figure 32**



Over the past five years, DCF has focused numerous strategies to improve permanency outcomes for children, including those under the age of five. Beginning with Core

*Strategy 1- Strengthening the Case Practice Model*<sup>32</sup>, identified strategies to improve engagement, teaming and collaborative service planning work with families were initiated and implemented to strengthen practice and promote positive permanency outcomes.

This included strategies such as implementation of enhanced case conferencing models, increase in staff capacity to facilitate and coach the Family Team Meeting (FTM) process, validation study and redesign of the SDM tools and revision of the QR process and protocol to help distinguish and identify barriers between work with mothers versus work with fathers.

The QR process was also a strategy used to strengthen permanency outcomes. When permanency was identified as a challenge in an area, program improvement plans were developed to assist in evaluating root causes, development of improvement strategies and implementation steps and monitoring.

As noted in the *Update on Assessment of Performance*<sup>33</sup> section, NJ completed Round 3 CFSR in 2017. The CFSR revealed that the greatest area in need of improvement is in the achievement of timely permanency. Timely permanency was rated as a strength in only 15% of cases (37% reunification, 16% adoption). Overall, while practice in establishing timely and appropriate permanency goals (77%) and filing for termination of parental rights in a timely manner (86%) was strong, NJ DCF has identified that practice issues related to concurrent planning and kinship placements are negatively influencing permanency outcomes, and that we need to improve our engagement of Court stakeholders in deeper partnership to further permanency outcomes.

Following the CFSR, analysis of multiple quantitative and qualitative data sources was reviewed to identify root cause of underperformance. Through this analysis three primary challenges emerged:

1. DCF found that staff does not consistently engage in a robust concurrent planning process, and often think more sequentially about permanency planning.
2. While staff understand the importance of kinship connections, we: (a) do not identify kin early enough in the placement process; (b) lack consistent understanding of policy regarding exclusions for criminal backgrounds; (c) struggle to support families in navigating some of the clinical issues that arise in kinship placements.
3. The need for closer collaboration between DCF and the Judiciary regarding permanency as there is limited data sharing on permanency-related topics, few forums for discussing and sharing data, and a need to raise awareness about permanency challenges with relevant stakeholders.

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<sup>32</sup> See page 33

<sup>33</sup> See page 8

These challenges are focus strategies in the NJ CFSR PIP and will be leveraged into the NJ 2020-2024 CFSP.

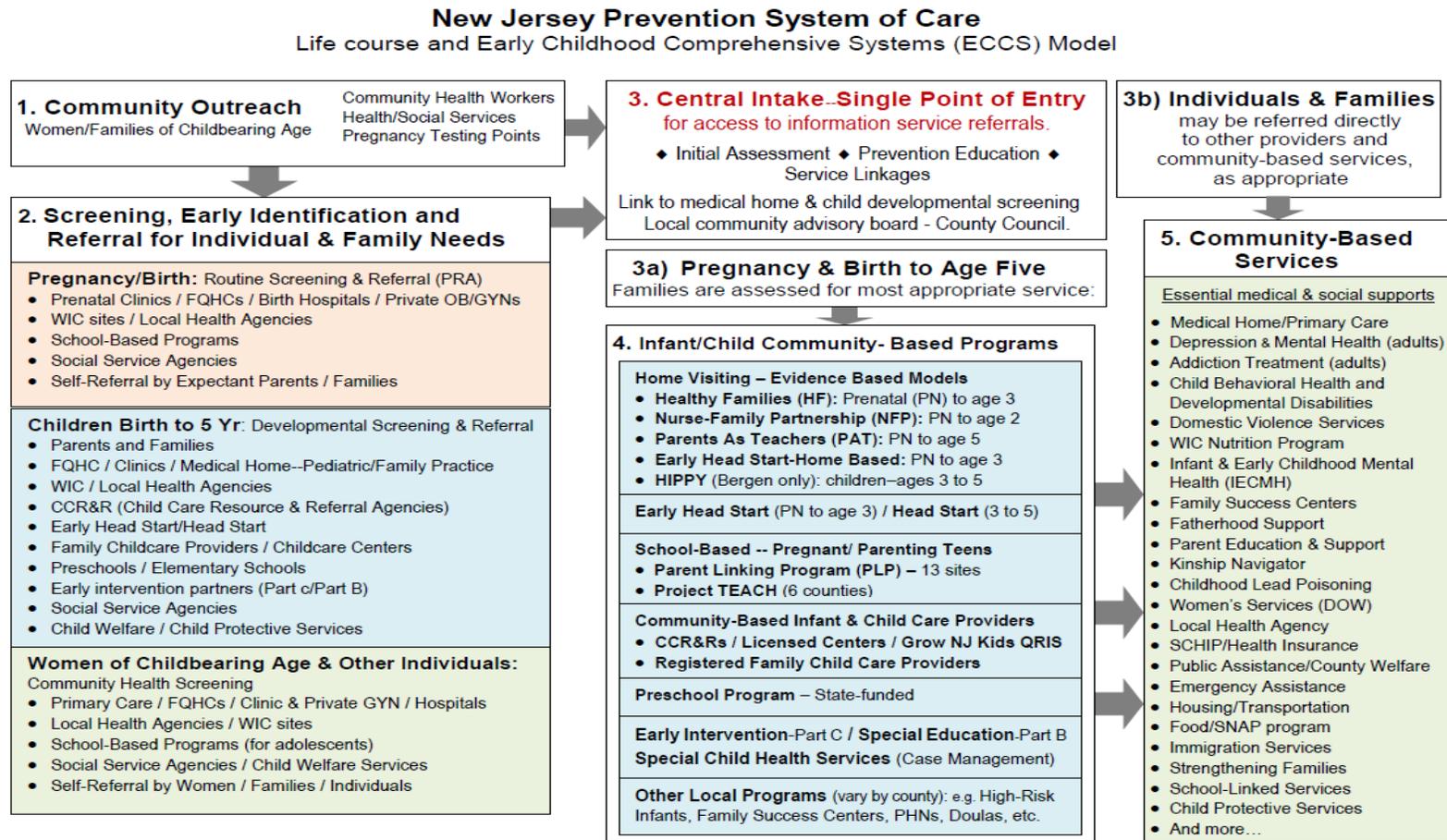
***Activities Over the Past Year to Address the Developmental Needs of all Vulnerable Children Under the Five Years of Age***

The following programs represent targeted services within the New Jersey Prevention System of Care: Early Childhood Comprehensive System (ECCS). This systems model as shown below in figure 33 outlines the access and suite of services available over the past year to address the developmental needs of all vulnerable children under the age of five. Additional information about this model and other services can be found on the DCF website.<sup>34</sup>

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<sup>34</sup> <https://nj.gov/dcf/families/early/>

Figure 33



Updated 7-26-17

- **Children in Foster Care**

**Child Health Program (CHP)**

DCF partnered with Rutgers University to create the CHP. The CHP has provided DCF the ability to implement and build the capacity to provide comprehensive and continuous coordination of quality health care case management to support the needs of children in placement and ensure they receive services that promote optimal growth, development, health, and well-being and improve their long-term outcomes.

The CHP includes Child Health Units (CHU) that are co-located in 46 child welfare offices throughout New Jersey. The CHUs are staffed with baccalaureate prepared nurses, who serve as Health Care Case Managers (HCCM), and professional Staff Assistants, who provide support and assistance to meet the health care goals for children and families.

During a child's placement, the nurse works collaboratively with the child, birth parents, resource parents, case workers and community providers to develop and integrate a health plan within the child welfare service plan, to coordinate health care services, and to advocate for child specific health care services. This includes ensuring that every child who enters care receives a Pre-placement Assessment (PPA) within 24 hours of removal to identify, document and develop a plan to address the child's immediate (urgent and non-urgent) health care needs, document injury if present, and ensure each child is free from contagion or identify conditions that might inform decision-making about the most appropriate care setting for the child. The HCCM also ensures that within 30 days of entering out-of-home care for the first time, every child completes a Comprehensive Medical Exam (CME). A CME is a full medical assessment that provides an overview of the child's current status, physical and developmental history, medical record review based on what is available, an initial mental health screening and physician recommendations.

The HCCM is also responsible for monitoring any and all follow up care to include when referrals to Early Intervention Services (EIS) is required per policy for any child under the age of three who are the victim of a substantiated or established finding of abuse or neglect or when there are concerns regarding a child's development.<sup>35</sup>

- **Children in Home**

**Early Childhood Outcomes (ECO)**

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<sup>35</sup> [https://www.state.nj.us/dcf/policy\\_manuals/PPP-V-A-5-200\\_issuance.shtml](https://www.state.nj.us/dcf/policy_manuals/PPP-V-A-5-200_issuance.shtml)

Through collaboration between the Office of Early Childhood Services (ECS) and CP&P, community-based prevention partners in Burlington, Cape May, and Ocean counties piloted a project to decrease risk and increase protective factors for Frequently Encountered Families, with infants and young children, in the child welfare system. This Capstone Project sought to lay the groundwork for a Prevention System of Care, increase the knowledge and skills of all system partner staff, and promote teaming through the Protective Factors Framework. This project has been renamed Early Childhood Outcomes (ECO) and it has expanded opportunities to integrate early childhood expertise across DCF.

Over this final year, DCF collaborated with Rutgers University to develop outcomes and evaluation methods essential to the expansion of the initiative. The enhanced early childhood conference model was developed for the ECO initiative. This required participation from assigned CP&P staff, the Domestic Violence Liaisons (DVL), a clinical consultant, representation from Essex County Central Intake, a Certified Alcohol and Drug Abuse Counselor (CADAC), the Early Childhood Liaison, and various community-based agencies to identify strengths and needs of the family. At the end of each conference, the group identifies potential supports and services for the family. The Early Childhood Liaison assists the family with engagement to services in the Essex County Central Intake Hub and follows up with referrals and suggested services. This initiative has thus far displayed success of state and community-based agencies working together to meet the needs of vulnerable families.

- **Children in Community Based Settings**

**Community-Based Child Abuse Prevention (CBCAP) & Children's Trust Fund (CFT)**

The CBCAP and CFT programs play an important role in services for children under the age of five. For instance, in FY 2017, Home Visitation (HV) programs, that are available in all 21 counties, served 5,707 children (age 0-5). Of those children served, 106 (1.86%) were victims of substantiated maltreatment. With the assistance of these HV programs, New Jersey has seen a decrease in the number of child victims (age 0-5) of substantiated maltreatment as referenced in figures 23-25.

These supportive services have also contributed to the decrease in the number of children age 0-5 who entered out of home placement. These early childhood services and other statewide systemic change efforts under DCF's Community-Based Child Abuse Prevention (CBCAP) programs help to inform and enhance the development of NJ's 2020-2024 CFSP.

**Help Me Grow (HMG)/Central Intake (CI):** Early Childhood Prevention System of Care<sup>36</sup>

Help Me Grow (HMG) is an early childhood collaborative grant that aligns the Early Childhood Comprehensive System (ECCS) and NJ partners to improve screening, early identification, referral, and appropriate linkages to needed education and intervention services for families with infants and young children with developmental delays. ECCS manifested from the prior National Governor's Association "Ready, Set, and Grow" Initiative. ECCS activities are coordinated with other early childhood collaborative efforts that include the NJ Council for Young Children and Build New Jersey.

Central Intake (CI) is a comprehensive prevention system that provides one single point of entry for access, assessment, and referral to family support services in a community. CI addresses both care coordination and systems integration by improving communication between families and providers across sectors. The single county-based point of entry allows for easy access to information, eligibility, assessment, and referral to local family support services reducing duplication of services and increasing support for families to improve prenatal care, birth outcomes, early learning, and other community supports.

Over the past year, DCF and 5 Place-Based Communities (PBC) continued to successfully operationalize the priorities of the ECCS Impact Initiative, implementing local change strategies to support child developmental health promotion and family engagement strategies. The Essex PBC team piloted the Brookes Publishing Ages and Stages online Family Access (ASQ FA) Portal for universal developmental screening, developmental health promotion, and linkages to services. The Essex team developed protocols and procedures for training and implementation. These protocols and procedures support the use and expansion of the ASQ FA Portal used by the other four PBCs.

**New Jersey County Council for Young Children/CCYC**

County Councils for Young Children is a partnership of DCF, DOE, DOH, DHS and the New Jersey Council for Young Children (NJCYC). The goal of the CCYCs is to facilitate active, strong and successful community engagement with input from parents, and other interested community members. By participating on the CCYC, parents and community members are encouraged to come together as active partners who share and learn of issues that affect the health, education and well-being of pregnant women and their children. They also offer ideas, opinions and solutions for ways to build stronger connections for children and families through the lens of the Protective Factors Framework.

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<sup>36</sup> Early Childhood Prevention System of Care: <https://www.nj.gov/dcf/families/dfcp/Prevention.system.of.care.pdf>

Over the last year the CCYC's served over 2000 parents and community residents and over 1100 professional and community stakeholders.

### **Strengthening Families (SF) /Protective Factors Framework (PFF)**

SF is a multifaceted approach to preventing child abuse and neglect by strengthening families through the early care and education system. The Center for the Study of Social Policy developed the Strengthening Families, Protective Factors Framework (PFF), which is used by the state. The fundamental principle of PFF is that certain protective factors contribute towards family resiliency and strength. These protective factors include parent resiliency, nurturing parent-child relationships, parent/caregiver knowledge of infant/child development, family social connections, and linkages to needed concrete supports.

FCP deepened its relationships with other early childhood partners such as the Department of Human Services' Division of Family Development (DFD), Department of Education, NJ Council for Young Children, NJ Head Start/Early Head Start Collaboration Office, Child Care Source and Referral Agencies, Prevent Child Abuse NJ and Professional Impact. A revised interdepartmental Memorandum of Agreement (MOA) with the DFD added the Strengthening Family component into the existing Child Care Resource & Referral (CCR&R) contracts. SF had 35 participating trainings employed through the CCR&Rs. An estimated 7,100 children and 6,900 families received information and support from SF.

Over the past year in response to the recent changes in the federal Child Abuse Prevention and Treatment Act (CAPTA), NJ incorporated information from the Plans of Safe Care for substance affected infants into the "Bringing the Protective Factors Framework to Life" curriculum. DCF invited service providers to join DCF in its efforts to serve and protect substance affected infants and offer support to their parents and caregivers.

### **Evidenced-Based Home Visitation/ HV**

Evidence-Based Home Visitation (EBHV) services target families (pregnant women, parents, infants and children up to age five) in at-risk communities. In 2010, FCP developed a formal partnership with the NJ Department of Health (lead administrative agency) on development of the NJ State HV Plan for the Maternal, Infant and Child Health (MIECHV) Program. FCP and DHSS collaborated to complete a comprehensive needs assessment that is driving the EBHV expansion in the State's most at-risk counties and municipalities.

Since that time, there are now three EBHV models to include Nurse Family Partnerships, Healthy Families and Parents as Teachers in all 21 counties serving over 7000 families.

### **Project LAUNCH (Linking Actions for Unmet Needs of Children's Health)**

The mission of New Jersey Project LAUNCH (NJPL) is to link and enhance efforts to improve overall young child wellness in Essex County. With the support of the Substance Abuse and Mental Health Services Administration (SAMHSA) and DCF, NJPL brings together culturally competent, evidenced-based programs that address the physical, social, emotional, behavioral and cognitive well-being of children birth to eight years old, along with targeted training for providers, families and early childhood partners across sectors statewide. In September 2013 OECS received a five-year federal grant from SAMHSA to confirm the sustainability of NJPL and ensure New Jersey's children are thriving in safe, supportive environments. This project ended in the summer of 2018.

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

Over the course of the past year, DCF has continued to review and identify populations of children who are at the greatest risk of maltreatment through a variety of methods to include but not limited to the review of quantitative and qualitative data and community stakeholder feedback. What is seen is that children and caregivers who become involved with the NJ child welfare system 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 34.) 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. These children that require out of home placement 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. In addition to these children, African American children and children under the age of 5, more specifically children under the age of 1 are also at the greatest risk of maltreatment (see figures 35-37).

Over the past five years, DCF has focused core services described throughout this report to assist families struggling with these complex challenges. Beginning with the services described in the section above: *Services for Children under the Age of 5*, early childhood services target high risk families early, before birth, to prevent child abuse and neglect.

Core services as described in *Core Strategy 2- Refinement of Service Array*<sup>37</sup> include services such as KFT that provides safe and stable housing along with supportive services to address co-occurring challenges such as substance use, medical or mental health disorders and family violence along with homelessness and FSCs which are

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<sup>37</sup> Core Strategy 2- Refinement of Service Array can be found on page 38

primary child abuse prevention centers that provide wrap around resources and supports to address family's needs that threaten their safety and stability.

Services identified in *Table 2- Promoting Safe and Stable Families*<sup>38</sup> such as FPS<sup>39</sup>, provide crisis pre-placement intervention services to stabilize families, post reunification follow up to help prevent re-entry and other supportive services.

Additionally, services identified in the *CAPTA State Plan Requirements and Update* section such as the Child Protection Substance Abuse Initiative (CPSAI)<sup>40</sup> provides services through community-based organizations to provide assessment, treatment referral and other supportive services to parents with substance use challenges.

In recent years, New Jersey has had a relatively low population rate of child abuse/neglect related fatalities<sup>41</sup>, and has similarly had a relatively low victimization rate<sup>42</sup> However, the feedback that DCF received in 2018 through the Commissioner's Listening Tour<sup>43</sup> and a series of three statewide regional forums made clear that there is both a need and a desire to strengthen our prevention efforts. Moving forward, this will be a focus in the 2020-2024 CFSP.

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<sup>38</sup> Table 2- Promoting Safe and Stable Families can be found on page 82

<sup>39</sup> Description of FPS can also be found under Core Strategy 2 on page 38

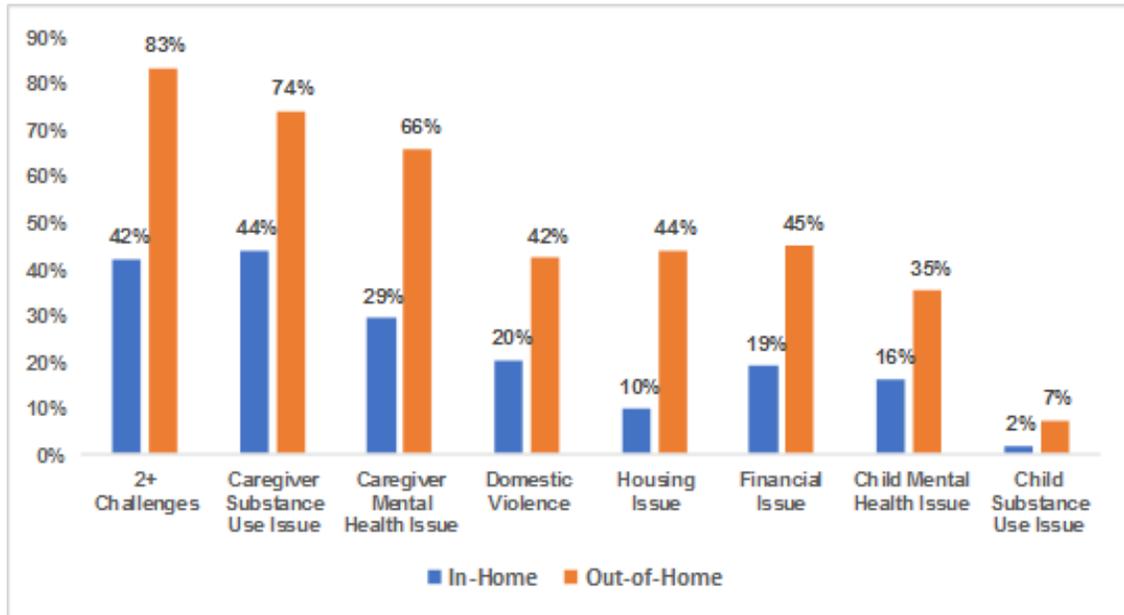
<sup>40</sup> Description of CPSAI services can be found beginning on page 209

<sup>41</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*.

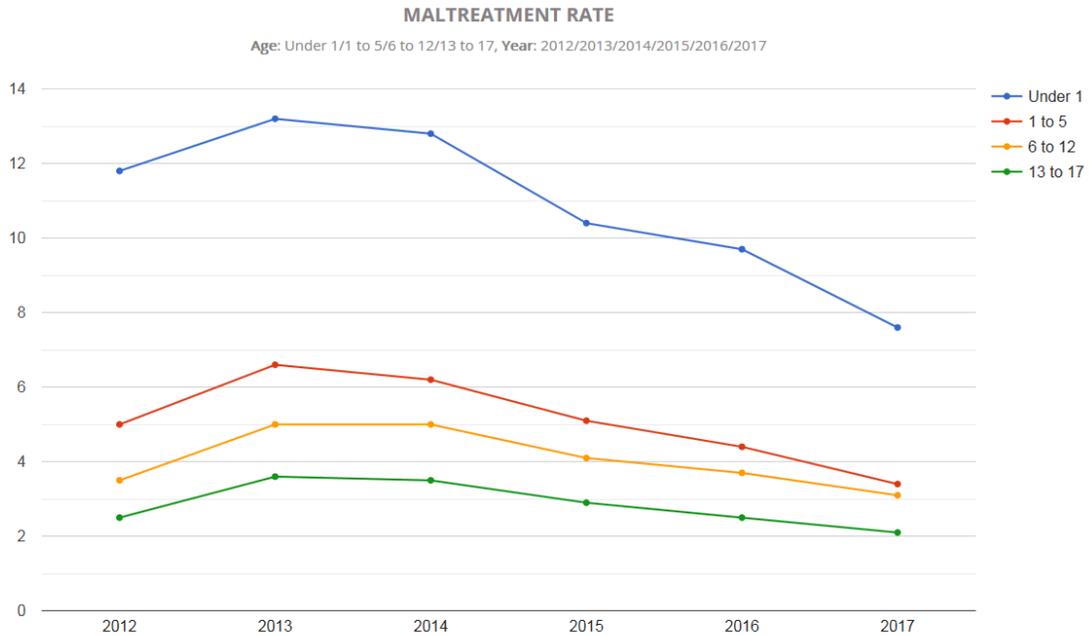
<sup>42</sup> For each of the five years between 2013-17, NJ's children were victims of child abuse/neglect about one-third as often as children in the US on average; for example, NJ's victimization rate was 3.4 per 1,000 in 2017, when the national average was 9.1/1,000 - Source: Child Maltreatment, 2017.

<sup>43</sup> See Collaboration section page 4

Figure 34



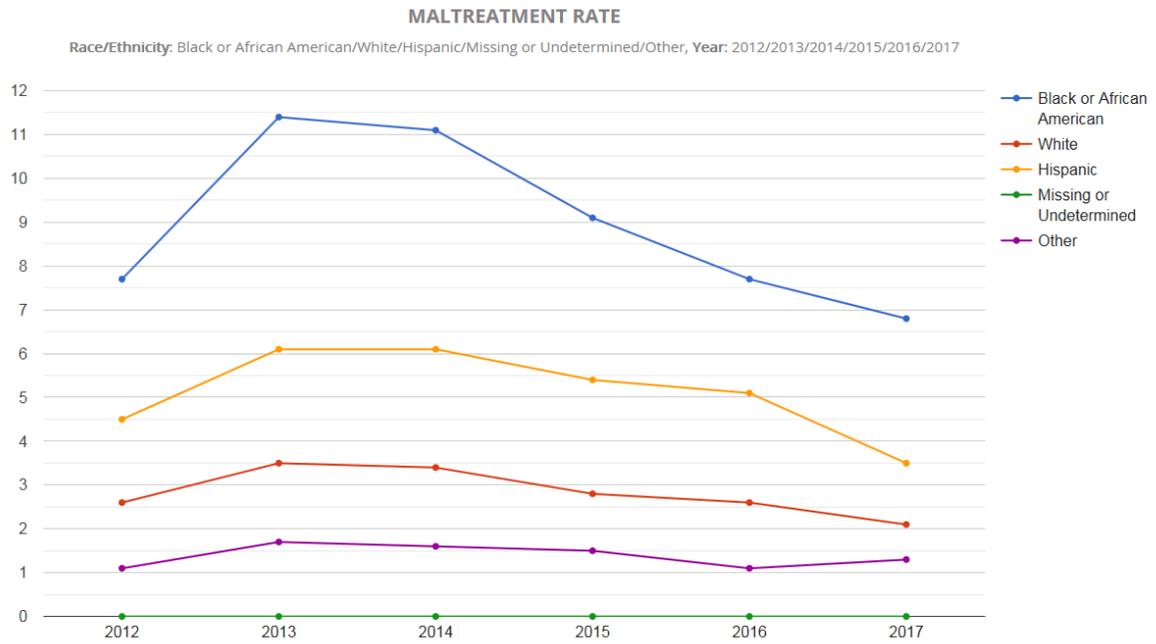
**Figure 35**  
**Maltreatment Rate Report<sup>44</sup>**



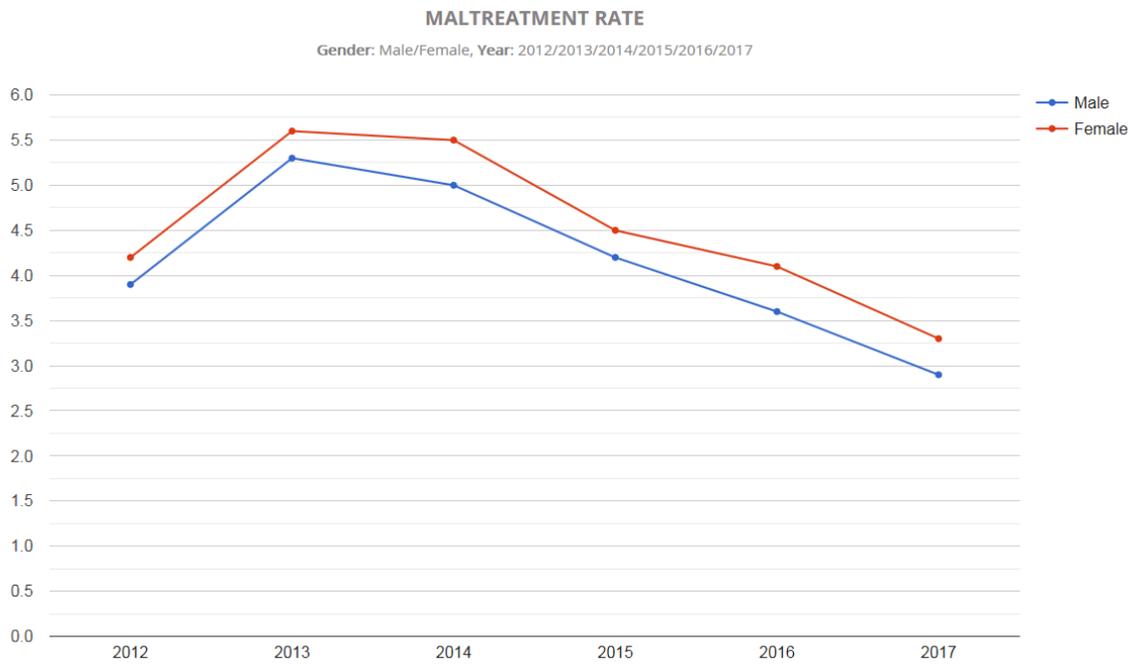
<sup>44</sup> NJ Child Welfare Data Hub - Maltreatment Rate Report Definition:

The report, Maltreatment Rate, provides the rate per 1,000 of children who were victims of child abuse/neglect during the calendar year. Rates are calculated using population data from the US Office of Juvenile Justice and Delinquency Prevention (OJJDP). Child victims are only counted once for the calendar year. If a child is a victim of abuse/neglect in subsequent reports in the same calendar year, they are not counted again to calculate maltreatment rates.

**Figure 36**



**Figure 37**



## FFY 2018 Kinship Navigator Funding

### **Background of New Jersey’s Kinship Navigator Program:**

New Jersey’s Kinship Navigator Program (KNP) is managed by the Department of Children and Families (DCF), Division of Family and Community Partnerships (DFCP), Office of Family Support Services (OFSS). One full-time and one part-time Department staff are assigned to support this work. The Department contracts with four agencies across the state to implement the NJ KNP. They are located in two northern regions, one central region, and one southern region of the state. The NJ KNP model and the four provider agencies have been providing support services to families for 20 years. Core NJ KNP program activities include Referral and Intake, Kinship Wraparound Services, Kinship Legal Guardianship Services, Information and Referral, and Community Outreach and Collaboration.

### **Approach for Developing, Enhancing or Evaluating the NJ KNP Model:**

With the goal of creating a replicable NJ KNP Model that improves outcomes, DCF and Rutgers, The State University of New Jersey (Rutgers), tapped into the principles of implementation science to help guide our process. In order to apply the Active Implementation Formula to support the development, enhancement, and evaluation of NJ KNP, DCF partnered with Rutgers to conduct a two phase, multi-pronged formative evaluation project of NJ KNP. This formative evaluation project will provide recommendations to improve the existing NJ KNP practice model, identify gaps in implementation supports, and identify potential process and outcome measures. Below are the tools and processes that were proposed to be completed as part of FFY 2018 funding and an update on accomplishments to date:

Components	Proposed Activities	Accomplishments
Teaming	<ul style="list-style-type: none"> <li>Develop multi-level teaming structure to include: Project Leadership Team; Model Development and Implementation Team; and Evaluation Team. Teams include participation from DCF, Rutgers and NJ KNP regional providers.</li> </ul>	<ul style="list-style-type: none"> <li>In order to complete the work outlined in the FFY2018 Kinship Navigator Grant, OSD created implementation teams tasked with focusing on areas of program development. The NJ KNP teaming structure includes the following teams:               <ul style="list-style-type: none"> <li>Leadership Team;</li> <li>Model Development Team; and</li> <li>Formative Evaluation Team.</li> </ul> </li> <li>The <b>KNP Leadership Team</b> includes DCF staff from the Office of Strategic Development; Office of Research, Evaluation and Reporting; and Office of Family Support Services. It also includes project leadership from Rutgers. The team began meeting in November 2018 and currently meets biweekly through 1.5-hour, in-person meetings. Functions include developing, implementing and managing scope of work, detailed workplans and deliverables within teams and for the project overall. The team is tasked with ensuring alignment of the NJ KNP initiative with NIRN Active Implementation principles.</li> <li>The <b>KNP Model Development Team</b> includes DCF staff from the Office of Strategic Development and Office of Family Support Services; Rutgers; and one representative from each of the four NJ KNP provider agencies (Care Plus NJ, Center for Family Services, Children’s Home Society of NJ, and The Salvation Army). The team began meeting in</li> </ul>

		<p>January 2019 and currently meets monthly for a 3-hour, in-person meeting. Functions include lifting up activities from the NJ KNP provider logic models and creating a NJ DCF KNP Practice Profile.</p> <ul style="list-style-type: none"> <li>• The <b>KNP Formative Evaluation Team</b> includes DCF staff from the Office of Strategic Development, Office of Research, Evaluation and Reporting and Office of Family Support Services and Rutgers. The team is expected to begin meeting in April 2019 through monthly, in-person meetings. Functions includes providing oversight and input on the KNP formative evaluation plan.</li> </ul>
<p><b>Practice Model Logic Model and Practice Profile</b></p>	<ul style="list-style-type: none"> <li>• <b>Logic Model Development -</b> <ul style="list-style-type: none"> <li>○ Create local-level logic models with each regional NJ KNP and NJ 2-1-1 identifying existing resources and activities</li> <li>○ Revise state-level logic model by elevating resources and activities from each local-level logic model</li> <li>○ Explore potential program outcomes</li> </ul> </li> <li>• <b>Practice Profile Development</b> <ul style="list-style-type: none"> <li>○ Develop NJ KNP Practice Profile by:           <ul style="list-style-type: none"> <li>▪ Reviewing available NJ KNP documents</li> <li>▪ Reviewing relevant literature</li> <li>▪ Conducting key informant interviews with NJ DCF and OFSS staff and NJ KNP regional providers</li> <li>▪ Engaging providers in model development team to identify and operationalize guiding principle and essential</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• In December 2018 and January 2019, OSD facilitated the development of logic models with each NJ KNP provider agency and NJ 2-1-1 in using DCF's standard logic model template. The template includes the provider's vision, target population, resources, activities, short-term and long-term outcomes for its KNP. OSD focused on identifying the agency's existing target population, resources and activities. OSD provided identified staff from each NJ KNP provider agency with an overview of what logic models are and facilitated a group discussion of what resources are needed and what activities are provided to get to outcomes. After the half-day, in-person meetings, OSD shared draft logic models back with providers for edits and clarifications. Finally, the logic models were vetted through DCF's Office of Family Support Services.</li> <li>• After creating and finalizing the provider KNP logic models, the KNP Model Development team in February and March 2019 lifted up common resources and activities across providers to a develop a statewide NJ KNP logic model. The team began developing a NJ KNP practice profile by brainstorming guiding principles and essential functions. The team's guiding principles and essential functions along with those identified from Rutgers' review of the literature and NJ KNP documents will be vetted by program staff through key informant interviews.</li> <li>• Once the guiding principles and essential functions are finalized, the KNP Model Development Team will define the guiding principles and operationalize the essential functions. The NJ KNP Practice Profile will then go through Usability testing. Usability testing is a strategic use of Plan, Do, Study, Act (PDSA) cycles to "test" and improve aspects of an intervention or implementation supports. A Usability testing protocol will be developed. It will include observing KNP activities and interviewing program staff and clients, if appropriate. Usability testing will assess alignment of the essential functions with staff's current practice and assess feasibility of implementing the essential functions as defined in the practice profile. It will highlight barriers of implementing the essential functions and/or supports needed to do so.</li> <li>• The potential program outcomes in the logic model development are being explored in the evaluation component, to measure programs' ideas about potential outcomes with how the families are function after receiving services from KN programs.</li> <li>• For the Practice Profile Development, the Rutgers team assisted in a number of ways. First, the Rutgers team received from DCF over 75 documents pertaining to KNPs' functions, services, training, and outreach to KN families. The Rutgers team reviewed and analyzed these documents, exploring each agency's respective essential functions and guiding principles, using the NIRN guidelines for</li> </ul>

	<p>functions.</p> <ul style="list-style-type: none"> <li>○ Develop usability testing protocol</li> <li>● <b>Formative Evaluation</b></li> <li>○ Survey NJ KNP referring agencies to better understand decision-making processes for how families are referred for NJ KNP service, such as through NJ-211</li> <li>○ Explore stakeholder perceptions of service and practice strengths and challenges identified in key informant interviews</li> <li>○ Examine administrative records at the NJ KNP agencies, analyzing aggregate data on factors such as number of referrals, referral reasons, outcomes of referral, and pertinent agency level information</li> <li>○ Explore outreach to informal kin caregivers to understand where informal kin are in NJ and develop strategies to locate informal kin caregivers and networks, circumstances that necessitate becoming an informal caregiver, and existing systems informal kin caregivers are connected to for support</li> <li>○ Interview kin caregivers and review their case record to</li> </ul>	<p>conducting such an exploration. The team looked both within and across the agencies and then summarized the findings in a PowerPoint presentation for DCF in February 2019. Second, the Rutgers team conducted a scoping review of the relevant research literature about KNPs across the United States. The goal of this review was to identify best practices in states' KNPs, as well as the research methods used to assess these best practices. The team reviewed over 45 reports and journal articles that were produced between 2005-2018. The results of this review were summarized into a PowerPoint review for DCF in February 2019.</p> <ul style="list-style-type: none"> <li>● As part of the Practice Profile Development and the Formative Evaluation, the Rutgers team conducted 15-18 stakeholder interviews with NJ DCF and OFSS staff, DHS staff, and NJ KNP regional providers and relevant affiliates. The interview guide with key stakeholders was developed in collaboration with DCF. The in-person interviews (approximately 1 hour in length per participant) were conducted in March 2019 and the responses were analyzed and summarized into a report for DCF. Furthermore, the KNP stakeholders were also interviewed about their understanding of the decision-making process and how families are referred for services. The interviews explored the strengths and challenges of this process, and what programmatic gaps need to be addressed. Ultimately much of this data will inform the Phase 2 of the project, or the interviews with kin caregivers.</li> <li>● As part of the evaluation, the Rutgers team will be examining KNP agencies' administrative records to examine the aggregate count of referrals, referral reasons, and outcomes. This will occur in June 2019. The results will be summarized in the final report.</li> <li>● As part of the evaluation, the Rutgers teams will be conducting 100 1-hour in-person interviews with Kin caregivers to understand their experiences with KNPs and to explore their overall strengths and challenges and how they perceive programmatic gaps in KNPs (this is Phase 2 of the project). The results will be analyzed and summarized in the final report. At present, the evaluation tool is being developed in collaboration with DCF.</li> <li>● As part of the evaluation, the Rutgers team will explore strategies for reaching informal kin caregivers who are not connected to KNPs, or any formal services. This exploration will also examine the strengths and challenges that these families experience. The results will be summarized in the final report.</li> </ul>
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	<p>understand family characteristics, strengths and needs and perceptions and/or experiences of the NJ KNP services</p>	
<p><b>Implementation Supports</b> Competency, Organizational, Fidelity</p>	<ul style="list-style-type: none"> <li>Assess existing NJ KNP implementation supports using NIRN's Hexagon Exploration Tool</li> <li>Begin to develop fidelity measures-</li> </ul>	<p>The Hexagon Exploration Tool, developed by NIRN, provides a framework that can be used to evaluate new and existing programs and practices in six domains: evidence, supports, usability, need, fit, and capacity. The tool presents several questions within each domain that can be used to guide the assessment of the program or practice.</p> <p>In order to assess the implementation supports, we will complete the Hexagon Tool for the existing NJ KNP program, with a specific focus on two domains: support &amp; usability. Sample questions include:</p> <ul style="list-style-type: none"> <li>Are sample job descriptions and interview protocols available for hiring or selecting new staff for this practice?</li> <li>Is there a fidelity assessment that measures practitioner behavior (i.e., assessment of whether staff use the practice as intended)?</li> </ul> <p>All guiding questions within these domains will be answered through information gathered during the logic model development and practice profile development processes, and in consultation with staff from the Office of Family Support Services. Once questions have been answered, the responses will be included in summary document, that highlights the existing state of the NJ KNP supports and usability, highlighting where there are gaps. This is expected to be completed by 4/30/19.</p> <ul style="list-style-type: none"> <li>The Rutgers team will develop measures and indicators for assessing the extent to which programs operate according to their logic models and how DCF can assess this going forward.</li> </ul>
<p><b>Evaluation Plan and CQI</b></p>	<ul style="list-style-type: none"> <li>Identify valid and reliable program outcomes measures</li> </ul>	<ul style="list-style-type: none"> <li>The Rutgers team will develop measures and indicators that DCF can use to help monitor KNP performance after the Rutgers evaluation has concluded. This will provide DCF with guidance on monitoring programs in subsequent years.</li> </ul>

## **Child Welfare Waiver Demonstration Activities**

New Jersey does not have an approved Child Welfare Waiver Demonstration Project

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

The Adoption and Legal Incentive Grant that was received in FFY 2016 to be obligated by 9/30/19 and expended by 12/31/19 was expended to support two Post Adoption Counseling Service Programs: Oak Integrated Care and Robins' Nest. Please refer to the PSSF section for complete program description.

## Program Support

This section outlines the requirements under Program Support in the Program Instructions.

### Training and Technical Assistance

**Family Success Center Network:** Throughout the northern, central, and southern regions, the OFSS provides technical assistance and coaching to a statewide network of 57 Family Success Centers (FSC). Each region has dedicated Regional Coordinators who maintain an open line of communication as well as support model partnerships of engagement with community members. The practices of the Regional Coordinators and the FSC Directors align daily with the guiding principles of the FSC Practice Profile.

To ensure quality implementation and ongoing quality improvement, the OFSS developed several one-day trainings. A list of trainings can be found below.

Training	Description	Frequency	Presenter
FSC Model: The Basics	Training offers a basic overview of the FSC model, a primary prevention approach to support families. Participants become familiar with the FSC model, goals, and purpose of primary prevention approaches, core services, planning and development of activities, calendar development and marketing strategies.	Offered quarterly to FSC staff.	OFSS <b># Trained:149</b>
Data Collection and Reporting	Training provides in depth knowledge of FSC data collection and reporting. Attendees received a copy of Power Point presentation, reporting definitions, and Quality Assurance tips.	Training is offered twice a year. In addition, Regional Coordinators provide technical assistance, as needed.	OFSS <b># Trained:48</b>

OFSS in partnership with the Office of Strategic Development (OSD) and Office of Research Evaluation and Reporting (ORER), completed work with the National Implementation Research Network (NIRN) to develop a Practice Profile for the statewide network of Family Success Centers. This past year, the work has expanded to align implementation supports to the FSC Practice Profile. This includes but is not

limited to refining job descriptions and developing and delivering a series of trainings to build staff competency in the FSC Practice Profile.

Currently, the OFSS also collects monthly data from each FSC to assess performance, and to provide appropriate technical assistance. FSC Directors submit monthly reports through Survey Monkey, then OFSS and DCF's Data Support Team verifies the accuracy of reports and analyzes them. Data collected is used to generate a dashboard that is shared by Regional Coordinators with the FSC Directors, which is then used to determine their level of service, understand the demographics of participants and their utilization of services, planning of programming, and applied to other grant opportunities. The Regional Coordinators may perform technical assistance site visits to each FSC. These visits are designed to provide one-on-one support, develop capacity, develop leadership and design strategies to overcome operational and programmatic challenges.

Another way the OFSS provides technical assistance to the New Jersey model is through an FSC assessment process. Each FSC Director completes the assessment and then meets with the Regional Coordinator to get feedback and input on areas needing improvement. The Regional Coordinator provides technical assistance as needed to overcome identified challenges.

In 2018 the OFSS expanded its partnership with the OSD and began meeting with the goal of developing an enhanced evaluation plan and data collection system for the FSCs. The FSC Data Support Implementation Team is responsible for:

- Revising the FSC logic model to align with the FSC practice profile.
- Developing fidelity assessment tools to assess whether the FSC model is being delivered as intended.
- Developing statewide evaluation questions, establish high fidelity standards, and produce an evaluation plan.
- Ensuring there is a comprehensive Decision Support Data System (DSDS) that supports a mixed-methods approach (qualitative and quantitative) that captures all three categories of information needed: short and long-term outcomes, fidelity of data and implementation support.
- Ensuring a structure for CQI is in place and all relevant staff (i.e. FSC staff, OFSS staff, etc.) are trained and provided with ongoing support on how to interpret and use the data for decision-making.

## **Keeping Families Together, Family Preservations Services, Supportive Visitation Services, Trauma Focused Cognitive Behavioral Therapy**

As DCF has worked to develop and/or solidify program models for select core initiatives, the Office of Strategic Development (OSD) has offered training and technical assistance to program and senior leaders at contracted provider agencies particularly on how to build logic models and practice profiles and support implementation using implementation science.

OSD uses a teaming approach, bringing stakeholders together at regular intervals to participate and collaborate to complete various program development activities. Not only do staff from provider agencies help ensure final products reflect what is being done in practice but engaging them in the development process creates an opportunity for providers to learn about principles of implementation science and for buy in. Staff directly implementing services are also engaged in the process for learning and for vetting and consensus.

More information about how DCF has provided and/or receives technical assistance for select core purchased services such as Keeping Families Together, Family Preservations Services, Supportive Visitation Services, Trauma Focused Cognitive Behavioral Therapy can be found in Core Strategy 2- Service Array under the *Plan for Improvement and Progress Made to Improve Outcomes – NJ DCF 2015-2019 Core Strategies - Goals, Intentions and Progress* section.

## **Early Childhood Comprehensive Systems Impact Initiative**

The Early Childhood Comprehensive System (ECCS) Impact Initiative is a collaborative effort with 5 Place-Based Communities (PBC). Communities work alongside their state leads to inform statewide policies and procedures within New Jersey's early childhood system's infrastructure. The community leads for the initiative are the local Central Intake (CI) and County Councils for Young Children (CCYC) within the five communities. Both CI and CCYC work from a two generational and collective impact approach to provide service linkages and support within early childhood, health and social service systems, through the promotion and support of family and community engagement. Communities participate in technical assistance webinars/calls, learning sessions and provide data reports and analysis.

In 2018, NJ DCF and the 5 Place-Based Communities (PBC) continued to successfully operationalize the priorities of the ECCS Impact Initiative, implementing local change strategies to support child developmental health promotion and family engagement strategies. The Essex PBC team piloted the Brookes Publishing Ages and Stages online Family Access (ASQ FA) Portal for universal developmental screening, developmental health promotion, and linkages to services. The Essex team developed protocols and procedures for training and implementation. These protocols and

procedures support the use and expansion of the ASQ FA Portal used by the other four PBCs.

The ECCS Impact/Help Me Grow state and local teams received technical assistance and support from the National Institute for Children’s Health Quality. Throughout the fiscal year, training opportunities were offered to DCF’s OECS personnel. Training consists of developmental health promotion, screening, along with the Ages and Stages Developmental Screening tool.

The OECS also partnered with Rutgers University, School of Social Work’s Institute for Families to facilitate the “Bringing the Protective Factors to Life” training. Developed by the National Alliance of Children’s Trust and Prevention Funds, this training is offered to child protective service workers and local early childhood service providers to educate them on the Protective Factors. The training provides opportunity for engagement and discussion on how the Protective Factors Framework may be infused in their work. From October 2017 through September 2018, a total of 16 training sessions were offered to a total of 438 individuals. Of this, there were 285 child protective service workers and 153 early childhood and community partners participating in the training. The following counties were trained: Atlantic (163 participants), Burlington (60 participants), Camden (85 participants), Cape May (49 participants), Middlesex (55 participants) and Union (26 participants). DCF continues to invest its efforts to integrate the Protective Factors Framework in all its initiatives with children and families.

**NJ Child Assault Prevention program (NJCAP)**

The NJ CAP offers training in child abuse prevention. Trainings are held primarily in schools and in communities.

One of the two primary goals and expected outcomes for NJCAP services focuses on educators to attain the knowledge and skills needed to provide a safe environment for children

**Expected Outcome:** 96% of teachers and school administrators will report *that they feel more knowledgeable* of abuse and bullying, including prevention and intervention strategies.

Outcome	Actual Rate
% of participants whose knowledge increased from CAP workshop	91%

NJCAP measures its workshop impact through pre- and post-assessments.

The goal is to have 96% of participants indicate that their knowledge of abuse and bullying has increased. With an outcome of 91%, NJCAP aims to increase the participants' knowledge in the upcoming fiscal year.

Through bi-monthly calls, the OSLS provides technical assistance to the NJ Child Assault Prevention program (NJCAP) state offices. These calls address any programmatic concerns or updates. In addition, DCF hosted an Annual Leadership Conference in June 2018 where technical assistance was provided to all 21 local NJCAP coordinators and staff.

DCF acknowledges the importance of participating in national conversations that address lessons learned and opportunities experienced at the state and local level. Staff regularly participates in CBCAP sponsored trainings, webinars, and online education sessions.

### **Human Trafficking Prevention (HT)**

Family and Community Partnerships continued to collaborate with the Office of Adolescent Services (OAS), in providing Community-Based Child Abuse Prevention (CBCAP) funding to support HT intervention trainings for community-based service providers. OAS oversees a contract with Prevent Child Abuse New Jersey (PCA-NJ), who provides the human trafficking training. The contract includes multiple funding sources including CBCAP.

During the past fiscal year, OAS placed a priority on ensuring quality implementation of its HT prevention training. To accomplish this, there was a decrease in the number of trainings held but an increase in the technical assistance/site visit aspects of the work. Also, to ensure quality service, PCA-NJ increased its number of site visits to provider agencies from 5 in 2017 to 25 in 2018. Technical assistance sessions via phone and email increased from 50 in 2017 to 155 in 2018. The site visits allowed PCANJ to provide in-person guidance to trained providers on the implementation of the prevention groups in their own agencies and to ensure the trainings were implemented with fidelity.

### **Intervention Trainings for Community-Based Providers**

In addition to foundational Human Trafficking education, the training curricula included specialty areas of training.

- **LGBTQ** – With the assistance of CBCAP funding, DCF was able to pilot both the LGBTQ and I AM Empowerment trainings in 2017 and continue the trainings in 2018. The LGBTQ training focuses on providing human trafficking awareness and prevention information to youth who identify as LGBTQ. The curriculum is designed to address the intersection of human trafficking and

LGBTQ youth. In 2018, PCANJ conducted two LGBTQ curriculum trainings, with 40 staff members attending from 12 different contracted provider agencies. Trainees provide group trainings for youth in their respective programs. In addition to the group for providers, PCANJ conducted two pilot groups for child welfare-involved youth who identify as LGBTQ.

- **I AM Empowerment** – The I AM Empowerment curriculum provides activities and discussion walkthroughs for clinicians to effectively engage with youth around topics, including but not limited to: peer group inclusion, violent masculinity, gang involvement, media influence, action impact, bullying, sexual assault and understanding consent, as well as sexual exploitation and trafficking. In 2018, 44 clinicians representing 29 different provider agencies were trained.

Across all the HT prevention trainings, there has been a consistent increase in knowledge and awareness from pre-test to post-test as well as favorable responses on satisfaction surveys.

### **HIPPA Guidance and 42 Code of Federal Regulations**

OCS collaborated with the Department's Office of Legal Affairs to prepare a standard presentation of HIPPA guidance that also incorporates guidance regarding 42 Code of Federal Regulations (CFR). This presentation, delivered jointly through OCS and Legal Affairs, is intended for DCP&P Local Office staff to have a better understanding of the procedures and expectations for sharing client Substance Use Disorder (SUD) information. It's also emphasized during this presentation that communication through email must be done using a secure/encrypted process. This presentation has been provided to 3 Local Offices to date and will continue to be delivered to all DCP&P Local Offices.

### **Rutgers Forensic Evaluation Training**

In September 2014 DCF announced the availability of \$400,000 for the purpose of establishing a Coordination Center for Child Abuse and Neglect Forensic Evaluation and Treatment (NJCC) to assist the Department, its network of Regional Diagnostic Treatment Centers, and other providers conducting forensic evaluations and providing treatment recommendations for the Department with:

- Ensuring that NJ DCF's Division of Child Protection and Permanency (CP&P), and children and families have access to Centers of Excellence in the area of child abuse and neglect assessment and treatment within New Jersey;

- Supporting and disseminating best practices to improve the quality of child abuse and neglect assessment/evaluation and treatment;
- Training, coaching, and providing technical assistance to the forensic evaluation provider community;
- Advancing understanding and scholarship in the area of child abuse assessment; and,
- Assisting DCF with ongoing planning activities in the area of child abuse neglect evaluation and treatment.

The work of the NJCC has included a Quality Improvement Study, which began in 2015 with the forensic evaluation Utilization Study and assisted DCF and providers in identifying and understanding areas of strength and areas needing improvement related to forensic evaluations; providing training and technical assistance to providers of forensic evaluations, which support best practices to improve the quality of evaluations; and hosting Statewide Summits, in 2016, 2017, and 2018, to provide psychologists, DCF staff, and DAGs with professional education, practical knowledge, and skills that can be readily apply to their work with children and families. The 2018 Summit focused on evidence-based interventions for children and families affected by child abuse, effective courtroom testimony, the impact of culture on child maltreatment, trauma-informed forensic evaluations, and parenting capacity guidelines.

The NJCC has produced 10 brief reports covering topics identified in the Quality Improvement Study as areas needing improvement. The brief reports cover psychological assessment tools/measurements, cultural competency, referral questions, and quality recommendations. These reports have been, and will continue to be, made available to psychologists, other clinicians, and DCF leadership. The NJCC is also developing various virtual trainings/webinars regarding the operationalization of the Forensic Guidelines, best practices for psychological evaluations, how to demonstrate cultural competency, and the intersect of mental health evaluations and client substance use.

The training and education materials developed by NJCC serve to strengthen the skills of the CP&P forensic evaluation provider network. CP&P utilizes evaluations at various points in the life of a family involved with CP&P to inform case and service planning; therefore, the quality of evaluations and utilization of best practices directly impacts the children and families served by CP&P.

## Six Core Strategies

Promising Path to Success (PPS) is a SAMHSA-funded statewide initiative that utilizes two interventions to support CSOC system partners in creating safer, healing, trauma informed environments for youth and families. Six Core Strategies to reduce seclusion and restraint is an evidenced-based approach that provides a practical and accessible framework to guide trauma-informed culture change within organizations and is presented in a two-day training format. The Six Core Strategies are: Leadership toward organization change, data to inform practice, workforce development, full youth and family inclusion, the use of self-regulation tools (which include the environment of care and use of sensory modulation) and Debriefing.

The Nurtured Heart Approach is a relationship-focused methodology founded strategically in The 3 Stands™ for helping children (and adults) build their Inner Wealth and use their intensity in successful ways. It has become a powerful way of awakening the inherent greatness in all children while facilitating parenting and classroom success. The essence of the Approach is a set of core methodologies originally developed for working with the most difficult children. It has a proven impact on every child, including those who are challenged behaviorally, socially and academically.

Prior to a PPS phase kickoff, Rutgers UBHC coaches provide onboarding with residential service agency leadership and their identified implementation team members. Team members include staff champions from all levels of the organization who are change agents who can assist in the organizational transformation. These teams attend the two-day Six Core Strategies training in preparation for the next 10-12 months of implementation.

During implementation, coaches initially assists the team in assessing what strategies should be focused on and then provide technical assistance, guidance and resources accordingly. Following the 10-12 months of coaching and implementation, coaches continue to support teams on a quarterly basis or as necessary.

Nurtured Heart trainings are provided throughout the state and the approach is supported as part of the implementation teams under workforce development. For sustainability, all Care Management, Family Support, Mobile Response and Residential Intervention programs receive at least two spots at one of the six NHA train the trainer certification trainings. To date, PPS has had over 300 people become NHA certified trainers, more than 18,000 trained in NHA and had more than 1100 people attended Six Core Strategies training.

For more details on Training and Technical Assistance, please refer to the *Plan for Improvement – Core Strategy 3*<sup>45</sup> and the 2020 – 2024 CFSP Training Plan.

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<sup>45</sup> See page 56

## **Technical Assistance and Capacity Building**

For Technical Assistance and Capacity Building please refer to Plan for Improvement – Core Strategy 3, Intention 3 which discusses the technical assistance and capacity building provided by the Children’s Bureau as well as the Capacity Building Collaborative to improve collaborative work with the NJ Administrative Office of the Courts to assist in improving permanency outcomes.

## **Related Research, Evaluation, Management Information Systems**

For Related-Research and Evaluation, please refer to Plan for Improvement – Core Strategy 3, 4, and 5.<sup>46</sup>

Additionally, Family and Community Partnerships (FCP) and the Division on Women (DOW) continued to work towards a robust data system. This system, Apricot by Social Solutions, will assess key aspects of overall performance and provide data to support decision making. The Office of Research, Evaluation and Reporting and the Office of Information Technology continued to work with program leads in FCP-DOW to implement two additional programs in Apricot.

The programs that were implemented were the Primary Prevention of Sexual Violence (PPSV) in the Office of the Prevention of Violence Against Women in DOW and the Adolescent Pregnancy Prevention Initiative (APPI) in the Office of School Linked Services in FCP. PPSV is a CDC-funded program and has extensive evaluation requirements that were previously met utilizing Excel spreadsheets and Survey Monkey reports. APPI is a slight variation on the Prevention of Juvenile Delinquency Program (PJD) that is already developed in Apricot.

The development process for PPSV began in September 2017. The Data Support Team worked with DOW to convene a workgroup with representatives from sexual violence prevention groups and the New Jersey Coalition Against Sexual Assault (NJ CASA). The Data Support team, DOW program leads, and this workgroup developed forms and procedures to collect confidential data in the system with no personally identifying information. The DCF Apricot team presented these requirements to Social Solutions in February through March 2018 and they began configuring them in April. After several rounds of testing and report-building consultations, the two new programs were ready to go live in October 2018. Full-day in-person trainings were scheduled for the end users at the end of October and the system went live for providers in November.

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<sup>46</sup> Beginning on page 56

## **Consultation and Coordination Between States and Tribes**

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. All are members of the New Jersey Commission on Indian Affairs.

The Department of Children and Families may provide services to children who are members of these tribes, 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. New Jersey seeks to appropriately serve Indian children within the requirements and spirit of the Indian Child Welfare Act, regardless of their tribal affiliation. In an ongoing effort to build collaborative relationships with 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.

DCP&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. 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, DCP&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 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.

The Commission and/or the BIA continue to be available to help the child welfare agency to resolve a child's status. During 2018, eight ICWA child requests were submitted and resolved through DCF's Office of Interstate Services. The Commission and BIA's input will continue to be sought in child welfare processes.

## CAPTA State Plan Requirements and Update

The following section outlines the requirements listed in the Program Instructions for CAPTA.

### **New Legislation: Victims of Child Abuse Act Reauthorization**

On January 7, 2019, President Trump signed the Victims of Child Abuse Act Reauthorization Act of 2018 which incorporated an amendment to CAPTA. This amendment relates to legal immunity for good faith reports of child abuse and neglect and expands this immunity to professional who provide consultation or medical diagnosis in child abuse cases. This new legislation was reviewed by legal professionals within the DCF Office of Policy, Legal Affairs and Compliance (PLAC) who determined that NJ Immunity Law is in compliance with this new legislation.

In NJ, anyone with a reasonable cause to believe a child is a victim of abuse or neglect is a mandated reporter and thus is immune from liability. This immunity under NJ law extends to those who under judicial proceedings, provides testimony in regard to a report of abuse or neglect. This includes professionals who provide consultation. See below for NJ legislative statutes regarding child abuse and neglect reporting and immunity:

- **9:6-8.10. REPORTS OF CHILD ABUSE**  
*Any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same immediately to DCF's Child Protection and Permanency (CP&P) by telephone or otherwise. Such reports, where possible, shall contain the names and addresses of the child and his parent, guardian, or other person having custody and control of the child and, if known, the child's age, the nature and possible extent of the child's injuries, abuse or maltreatment, including any evidence of previous injuries, abuse or maltreatment, and any other information that the person believes may be helpful with respect to the child abuse and the identity of the perpetrator.*
- **9:6-8.13. PERSON MAKING REPORT; IMMUNITY FROM LIABILITY; ACTION FOR RELIEF FROM DISCHARGE OR DISCRIMINATION**  
*Anyone acting pursuant to this act in the making of a report under this act shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. Any such person shall have the same immunity with respect to testimony given in any judicial proceeding resulting from such report.*

*A person who reports or causes to report in good faith an allegation of child abuse or neglect pursuant to section 3 of P.L.1971, c. 437 (C. 9:6-8.10) and as a result thereof is discharged from employment or in any manner discriminated against with respect to compensation, hire, tenure or terms, conditions or privileges of employment, may file a cause of action for appropriate relief in the*

*family part of the Chancery Division of the Superior Court in the county in which the discharge or alleged discrimination occurred or in the county of the person's primary residence.*

*If the court finds that the person was discharged or discriminated against as a result of the person's reporting an allegation of child abuse or neglect, the court may grant reinstatement of employment with back pay or other legal or equitable relief.*

These laws are defined in NJ Statute as well as posted on the DCF public website<sup>47</sup> with additional information regarding:

- how and when to report child abuse and neglect
- defining child abuse and neglect
- 24-hour hotline information
- information related to physical and behavioral indicators of child abuse and neglect
- information on child fatalities as a result of child maltreatment
- information related to Child Abuse Information Record (CARI) background checks

Honorable NJ Governor Phil Murphy has signed the requisite CAPTA Governor's Assurance Statement certifying that the state has in effect and is enforcing this new amendment.<sup>48</sup>

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<sup>47</sup> <https://www.nj.gov/dcf/reporting/links/>

<sup>48</sup> See attachment A

### **Substantive Changes to State Law**

There have not been any substantive changes to state law or regulations that would affect NJ's eligibility for the CAPTA State Grant.

### **Significant Changes to Approved State CAPTA Plan**

There have not been any significant changes to NJ's CAPTA Plan in the use of funds.

### **Utilization of CAPTA State Grant Funds**

Currently, NJ utilizes direct CAPTA funding to support 3 of the 14 program areas enumerated in the section 106(a) of CAPTA. The 3 program areas are the following:

1. Intake, assessment, screening<sup>49</sup> and investigation<sup>50</sup> of report of children abuse or neglect
3. Case management<sup>51</sup>, including ongoing case monitoring and delivery of services and treatment provided to children and their families
10. Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting

Under these three program areas, funds are used for a variety of different programs to include but not limited to the DCF Family Success Centers (<http://www.nj.gov/dcf/families/support/success/>), collaborative training opportunities for investigative workers as well as community stakeholders such as Finding Words (<http://www.nj.gov/dcf/providers/boards/njtfcan/work.html>); services to assist with high risk factors for families such as Domestic Violence (<http://www.nj.gov/dcf/women/domestic/>), and public awareness services such as the Child Assault Program (<http://www.nj.gov/dcf/families/assault/>).

Additional information related to these funded areas are listed under Services for Children < 5 & Populations at Greatest Risk of Maltreatment section<sup>52</sup> to include CAPTA Community Based Child Abuse Prevention programs & Children's Trust Fund.

Additional funds are coordinated from other programs listed below such as the Children's Justice Act, Child Protection Substance Abuse Initiative as well as the three citizen review panels.

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<sup>49</sup> DCF Policy: Screening - [https://www.nj.gov/dcf/policy\\_manuals/\\_CPP-II-A-1-100\\_issuance.shtml](https://www.nj.gov/dcf/policy_manuals/_CPP-II-A-1-100_issuance.shtml)

<sup>50</sup> DCF Policy: Investigations - [https://www.nj.gov/dcf/policy\\_manuals/\\_CPP-II-C-2-200\\_issuance.shtml](https://www.nj.gov/dcf/policy_manuals/_CPP-II-C-2-200_issuance.shtml)

<sup>51</sup> DCF Policy: Case Management - [https://www.nj.gov/dcf/policy\\_manuals/\\_CPP-I-A-1-200\\_issuance.shtml](https://www.nj.gov/dcf/policy_manuals/_CPP-I-A-1-200_issuance.shtml)

<sup>52</sup> Services for Children < 5 & Populations of Greatest Risk of Maltreatment Section – beginning on page 168

***CHILDREN'S JUSTICE ACT***  
**Performance Report – Federal Fiscal Year (FFY) 2019**

The New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) and the New Jersey Department of Children and Families (DCF) is pleased to submit a program report for the Children's Justice Act (CJA) grant. In FFY 2019, CJA funds were used to develop, implement and administer programs designed to improve:

- the handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner which limits additional trauma to the child victim;
- the handling of cases of suspected child abuse or neglect related fatalities;
- the investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation; and,
- the handling of cases involving children with disabilities or serious health-related problems who are victims of abuse or neglect.

**CJA FFY 2019 Grant Activities**

In FFY 2019, CJA funds were used for child-centered programs designed to prevent additional trauma to child victims. Since its inception, NJTFCAN has advocated for a statewide multidisciplinary approach to the investigation, prosecution and treatment of cases of child physical and sexual abuse. Model programs funded through CJA provided state-of-the-art training in the identification, investigation and prosecution of child abuse and neglect and improved diagnostic and therapeutic services to child victims and their families.

**Model/Demonstration Programs**

***NJTFCAN Professional Development & Training Programs***

Each year, NJTFCAN sponsors multidisciplinary training programs to improve the handling of cases of child abuse and neglect. All NJTFCAN sponsored professional training programs are child-focused and designed to promote skills that prevent additional trauma to child victims and their families.

In FFY 2019, CJA funds were used to support the following professional development projects to enhance the knowledge of persons involved in the investigation, prosecution, assessment and treatment of child abuse and neglect.

## **\$220,000 - Finding Words-New Jersey: Forensic Interviewing Training**

### Statement of Purpose

Since 2002, the DCF and NJTFCAN have supported Finding Words-New Jersey, a forensic interviewing program originally developed in collaboration with the American Prosecutors' Research Institute (APRI) and based on the national Corner House protocol RATAAC and subsequently disseminated by the National Child Protection Training Center (NCPTC).

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

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

Forensic interviewing not only brings out information that is needed to determine if abuse or neglect has occurred, it may also provide evidence that is admissible in court should the investigation lead to criminal prosecution. A legally sound forensic interview relies on interviewer objectivity, the use of non-leading questioning techniques and precise documentation.

### Target Population

- Prosecutors, DCPP child abuse investigators, law enforcement, multidisciplinary team members, and professionals involved in interviewing alleged child victims of maltreatment.

### Approach

- Intensive classroom curriculum provided by professionals with expertise in civil and criminal cases of child abuse.
- Lecture, group discussion, role play and videotaped mock interviews.
- Videotaped interviews are critiqued by the teaching faculty with suggestions for improvement.

- Participants evaluate the training and make suggestions for improvement.

### Outcome

In FFY 2019, the following trainings were conducted throughout the State:

- March 12-16, 2018 Training - Held in Camden County
  - The Southern Regional Training included participants from the following disciplines: 13 Prosecutors' Detectives, 2 New Jersey State Police Officers, 8 Assistant Prosecutors, 14 Division of Child Protection and Permanency (DCPP) staff, 2 Municipal Police Detectives, 1 Deputy Attorney General, 1 victim advocate, 1 Program Coordinator, and 1 DCPP Institutional Abuse staff member.
  - 40 participants\* and 3 observers\*\*:
    - Atlantic County: 5 participants, 1 observer
    - Burlington County: 6 participants
    - Camden County: 8 participants
    - Cape May County: 6 participants
    - Cumberland County: 6 participants, 1 observer
    - Gloucester County: 5 participants
    - Salem County: 3 participants
    - State of New Jersey, Division of Criminal Justice: 1 participant, 1 observer
- May 30 ,31, 2018 and June 1, 4, 5, 2018 Training – Held in Morris County
  - The Northern Region Training included participants from the following disciplines: 12 Prosecutors' Detectives, 1 Municipal Detective, 2 NJ Division of Criminal Justice Detectives, 7 Assistant Prosecutors, 17 DCPP staff, 2 DCPP Institutional Abuse staff, 2 mental health professionals, 1 Multidisciplinary Team Coordinator, 1 social worker, 1 victim witness.
  - 37 participants\*, 5 observers\*\*:
    - Bergen County: 5 participants, 1 observer
    - Essex County: 7 participants
    - Hudson County: 8 participants
    - Morris County: 5 participants, 3 observers
    - Passaic County: 8 participants, 1 observer
    - Warren County: 2 participants
    - State of New Jersey, Division of Criminal Justice: 2 participants
- October 17-19, 2018 and October 23, 24, 2018 Training – Held in Middlesex County
  - The Central Region Training included participants from the following disciplines: 12 Prosecutors' Detectives, 2 Deputies Attorney General, 1 New Jersey Division of Criminal Justice detective, 5 Assistant Prosecutors, 1 Municipal Officer, 3 Municipal Detectives, 16 DCPP staff, 1 mental health

- professional, 4 psychology fellows, 2 Victim Advocates, 1 Sexual Abuse Nurse Examiner, 1 intern.
- 39 participants\*, 10 Observers\*\*:
    - Bergen County: 1 participant, 3 observers
    - Camden County: 2 participants
    - Hudson County: 1 observer
    - Hunterdon County: 3 participants
    - Mercer County: 5 participants, 1 observer
    - Middlesex County: 6 participants, 2 observers
    - Monmouth County: 4 participants
    - Ocean County: 5 participants, 1 observer
    - Passaic County: 2 participants, 1 observer
    - Somerset County: 3 participants
    - Union County: 4 participants, 1 observer
    - Warren County: 1 Participant
    - State of New Jersey, Division of Criminal Justice: 3 participants

[\*Actual number of attendees reported]

[\*\* Observers do not conduct the mock interviews with both the child (non-abuse event) and actor (portraying a child victim and using the interview protocol). They attend all the lectures, sit in on the break-out room discussions and take the post test. Observers receive a certificate of attendance while participants get a certificate of completion.]

### Impact of the Program on the Child Protection System

The *Finding Words-New Jersey* child-focused forensic interviewing project continues to reform the investigation and prosecution process and improve civil and criminal court proceedings.

To date, over 2,000 professionals involved in investigating child sexual abuse have been trained in the *Finding Words-New Jersey* protocol and have demonstrated, through role play, effective child sensitive interviewing skills. Multidisciplinary team members are more knowledgeable about the process of disclosure, age appropriate guidelines in questioning, child development, barriers to disclosure, memory, perpetrator/victim relationships, suggestibility and problems encountered during the interview.

Some of the outcomes of the training are:

- Prosecutors have adopted Finding Words - NJ as their protocol of choice when interviewing alleged child abuse victims.
- Child Forensic Interviewing is included in the U.S. Department of Justice Best Practices. Trained child forensic interviewers are taught research-based methods for improving investigations; these skills have decreased interview

errors in laboratory settings. Training appears to be effective when highly structured protocols are used, and regular supervision is provided.

- Criminal cases are strengthened with accurate information to withstand legal scrutiny and child victims are better prepared for courtroom testimony.
- Child victims experience fewer traumas during the investigation and prosecution process
- Prosecutors are more sensitive to the special needs of child victims and actively support the development of Child Advocacy Centers (CAC).
- The project is in compliance with the goals of the Task Force CJA Three-Year Assessment to reform the investigation and prosecution process and improve civil and criminal court proceedings.
- NJTFCAN continues to work with DCF to facilitate child-focused forensic training for DDCPP child abuse investigative units.
- This project relates to category A listed in the federal law in that it directly improves investigative handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation.

### **\$14,000 - Multidisciplinary Team (MDT) Training**

#### Statement of Purpose

In FFY 2019, CJA funds were used to support two statewide training conferences for members of multidisciplinary teams (MDT), child welfare/protection workers and prosecutors' child abuse units.

In 1990, NJTFCAN collaborated with the DDCPP to develop a training curriculum and implement a multidisciplinary case management approach to handling criminal cases of child abuse. Children's Justice Act funds provide annual training to multidisciplinary teams made up of professionals in law enforcement, prosecution, child protective services, mental health, medicine, and victim witness advocacy.

MDTs provide case supervision from the initial criminal and civil investigation to case disposition. The MDT coordinator ensures that members are informed about changes in the case and that child victims receive the appropriate physical and mental health assessments and support services to prevent additional trauma during the investigation and prosecution process.

(See Appendix B – Agenda)

### Target Population

- Statewide multidisciplinary teams and professionals in law enforcement, child protection, social work, mental health, domestic violence, and juvenile justice.

### Approach

- Classroom training in a multidisciplinary case management approach to facilitate investigations, prosecution and treatment of child physical and sexual abuse from investigation to case disposition.
- Training seminars conducted by State and national experts in joint investigations, child deaths, psychological and medical evaluations, child safety, prosecution issues, expert witness testimony, victim witness advocacy and issues related to the MDT process.
- Ongoing evaluation of training needs by the NJTFCAN and partners.

### Outcome

June 7, 2018 – The “*Continuum of Care: Drug and Alcohol Facilitated Sexual Assault, Music Therapy for Healing Victims, and Vicarious Trauma in the Course of Everyday Work*” conference was held at Montclair State University and was attended by 130 child protection professionals. Attendees included prosecutors, Deputy Attorneys General, law enforcement, child protection service workers, medical professionals, mental health professionals, victim advocates, CAC staff, human trafficking service providers, substance abuse counselors, music therapists, and Domestic Violence Sexual Assault Liaisons. The professionals came from 21 counties throughout New Jersey, as well as from some statewide agencies. Presenters included:

- Craig Smith, a certified Forensic Child Interviewer with 27 years of experience with the Royal Canadian Mounted Police (RCMP), 16 of which were investigating sexual offenses and homicides;
- Kathy Janzen, a professional chemist and forensic toxicologist with 25 years of experience with the RCMP;
- Carol Ann Blank, a Board-Certified Music Therapist; and,
- John Pizzuro, a certified Neurolinguistics Practitioner.

The New Jersey Multidisciplinary Team Coordinators Association partnered with Monmouth University School of Social Work to provide 5 clinical and 1 non-clinical Continuing Education Units (CEUs). Also, this conference offered New Jersey Continuing Legal Education (CLE) credits under the approved provider status of the Camden County Prosecutor’s Office.

### Impact on the Child Protection System

- County prosecutors continue to embrace the MDT case management approach to the prosecution of child abuse.
- Child victims are referred to regional diagnostic treatment centers for medical and mental health assessment.
- Ongoing training enables law enforcement, social workers, medical and mental health providers to learn about changes in the law, prosecution issues, forensic interviewing, and treatment protocols.
- The MDT supports the expansion of child advocacy centers throughout the State where child victims can be interviewed and receive support services in a neutral setting.
- Prosecutors' cases are strengthened through the MDT case management approach.
- Child victims and their families are better informed about the progress of the case and children are emotionally strengthened for courtroom testimony.
- Ongoing training strengthens MDT best practice standards and education about child abuse issues, and team functioning.
- Child death cases will be investigated to identify child abuse factors.
- The project is in compliance with the goals of the Task Force CJA Three-Year Assessment to support, improve and maintain the 21 county MDTs and to continue to provide basic and advanced training of MDTs to support optimal team functioning.
- The annual MDT training supports both categories A and B in the federal law as it includes not only topics related to investigative, administrative and judicial handling of cases of child abuse and neglect, but also includes topics for the prosecution and successful resolution of criminal court proceedings.

### **\$43,000 - Skill Building Conference**

#### Statement of Purpose

NJTFCAN, in collaboration with DCF, and with the logistical assistance of Rutgers University, Office of Continuing Professional Education, hosted a statewide conference for 185 professionals in the field of child protection on Friday, September 14, 2018 at the centrally located Pines Manor in Edison, NJ. The interdisciplinary conference,

entitled *“Hidden Danger: Keeping Kids Safe on the Internet,”* provided professionals and advocates who work with children and families an opportunity to learn from experts in child welfare/protection issues and disciplines serving children and families. The speakers for this event included national and local experts in the field of child abuse and technology, including:

- Dr. David Finkelhor, PhD, Director of Crimes Against Children Research Center, Co-Director of Family Research Laboratory, and Professor of Sociology at the University of New Hampshire;
- Detective Alaa Musleh, NJ State Police Internet Crimes Against Children Task Force, Digital Technology Investigation Unit; and,
- John Kriger, MSM, LCADC, CPS.

### Target Population

- Professionals in child protection, law enforcement, social work, educators and daycare providers, mental health, medicine, juvenile justice, domestic violence, law guardians, and CASA volunteers.

### Approach

- Selected experts presented on topics relevant in child abuse and neglect cases.

### Impact on the Child Protection System

- The conference provided an overview of sexual exploitation via the Internet and provided suggestions on how to discuss these issues with children.
- Attendees were provided with information on how some of the most popular social media apps are being used to exploit children. Presenters provided information on how to protect children while they are online.
- Participants in this conference discussed technology dependence and the potential impact on children and strategies for reducing/avoiding technology dependence. Information was provided regarding keeping children safe while using smart phones and the Internet.

### Outcome

- Front-end child protection professionals, community partners, volunteers and advocates will be better informed and learn new strategies for responding to and reducing the risk of child exploitation and technology dependence.
- Children and families will be better served by the child protection system.
- The 2018 Skill Building Conference was in line with the Task Force CJA Three-Year Assessment recommendation to provide more intensive training for child

protection professionals and law enforcement regarding all aspects of child sexual abuse, including Internet and smartphone safety.

- This conference was in line with category A of the CJA law regarding investigative, administrative and judicial handling of cases of child abuse and neglect. By providing training and information about Internet and smartphone safety, child protection professionals will be better equipped to assist in reducing the risk of child abuse and neglect.

### ***Additional and Unique Professional Development – Trauma Informed Care***

#### **\$50,000 - Taming Trauma Training**

##### Statement of Purpose

The goal of this project is to provide training and consultation services to DCF administration, supervisors, staff, and stakeholders regarding trauma and secondary trauma experiences and its effects on the individual.

Taming Trauma uses the Adverse Childhood Experiences (ACEs) study by Kaiser Permanente and the Center for Disease Control (CDC) to illustrate that the population the DCF worker serves is highly traumatized, having likely endured at least one, and, too often, many, traumatic experiences. Participants explore how such trauma can be acute and trigger a persistent stress response that is unable to be regulated by the individual(s) experiencing it. In turn, participants will gain an understanding how this causes physiological, cognitive and behavioral adaptations, and later maladaptation for survival.

Current research shows that child protection workers have the highest rate of secondary traumatization in their workplace. In a circular fashion, the family experiences a traumatic event, then the worker experiences secondary trauma in their work with the family (which may also activate their own traumatic experiences) and this in turn affects the families with whom they work. This continuous exposure to traumatic events has been shown to have a significant effect on worker turnover, absenteeism, and medical leave.

The training shows the DCF employee how to recognize their own stress response and that of the youth and family members with whom they are working. The training focuses on defining secondary trauma and its effects to help DCF system partners to develop techniques to regulate and physically respond to stress. Participants will understand how their own stress response is triggered and it can then lead to their own secondary traumatization if not self-regulated. The training ends with interactive exercises to allow them to work with other participants to use the newly taught set of tools called Mutually Therapeutic Dyadic Attunement (MTDA) tools to bring together all the concepts around hierarchical brain shutdown due to chronic

stressors and how to utilize breath, posture, breathing, “paralleling” and other interventions to down-regulate oneself and the other in dyadic work.

### Target Population

- The target population served by this program is DCF administrators, supervisors, staff, and stakeholders who are working with children and their families. The trainee population is diverse: education ranges from some high school to doctoral level; various learning styles (including learning challenges) are represented; and of course, many cultures are reflected. Several professional disciplines are represented as well.

### Approach

- Intensive classroom curriculum provided by Eric Arauz, President of the Trauma Institute of New Jersey.
- Lecture and group discussion.
- Role play activities in the use of Mutually Therapeutic Dyadic Attunement (MTDA) tools.
- Experiential learning activities include activation and management of the sympathetic and parasympathetic nervous system, Bee breath, Proximal abandonment test, and Yes/No experiment.
- Video presentations on Validation Therapy and the Still Face Experiment.
- Participants evaluate the training and make suggestions for improvement.

### Outcome

Since its inception, over 2000 individuals attended 63 training sessions.

- From October 2017 to March 2018, 548 individuals attended 16 scheduled trainings.

### Impact on the Child Protection System

- A top-down process was developed to offer this program first to the highest level of management, then the supervisory level, and finally the frontline staff. DCPD and Children’s System of Care (CSOC) staffs were trained together, fostering common understanding and collaboration between youth- and family-serving staff in New Jersey.

- Attendees demonstrated increased ability to recognize their own stress responses and ways to regulate and reduce it.
- On evaluations, staff reported a better understanding of trauma and its effects on the individual.
- Data (non-identifying) has been collected on participant's ACE test scores and meetings are underway to develop strategies to analyze this data.
- The Taming-Trauma Training is in line with the Task Force CJA Three-Year Assessment recommendation to provide training for child protection professionals regarding the psychological and physiological effects of childhood trauma.
- This training is in compliance with Category A of the CJA law as it is a training designed to improve the investigative handling of cases of child abuse and neglect.

### ***Additional and Unique Professional Development***

#### **\$101,000 - Collaborative Safety Training**

##### **Statement of Purpose**

Designed to establish a culture of safety while simultaneously transforming the critical incident review system using contemporary safety science and a nationally recognized model, the Collaborative Safety model supports the agency to develop a robust and proactive response to critical incidents and a responsive system dedicated to learning and improvement. It uses an approach that moves away from a culture of blame and towards a culture of responsibility. Years of research have shown that blame may decrease accountability, as it inhibits the ability of the organization to learn and improve. It is recommended that this work take place over the course of three phases.

Phase One objectives include establishment of the systemic critical incident review, alignment of agency executives and management in using systems-thinking as well as understanding of the review process, engagement of external stakeholders, and implementation of systemic critical incident review which includes orienting frontline staff and supervisors to the process.

Phase Two objectives include engagement of leadership and management in leadership labs over the course of a year to embed systems-thinking into organizational management, training agency supervisors on how to embed safety science principles into everyday agency supervision, and ongoing maintenance and technical assistance to refine the systemic critical incident review system.

Phase Three includes ongoing maintenance and fidelity to the systemic critical incident review process and establishment of sustainability.

### Target Population

The target population is all DCF staff including leadership, management, care management organization workers, frontline supervisors and frontline workers.

### Approach

Safety Champion Institute, a four-day institute engineered to provide a formal skill set to professionals in organization safety and quality assurance, will be implemented and is comprised of four courses:

- Introduction to Human Factors and Systems Safety
- Human Factors Debriefing
- Accident Analysis
- Systems Analysis

The Safety Leadership Institute, a two-day training designed to provide agency management with a high-level understanding of safety science, will be used to engage managers on how to respond to support safety advancement and system change as well as how to ethically respond to failure in a way that promotes organizational learning and improvement. The Institute is connected to the principles in the Safety Champion Institute along with the Critical Incident Review process learned by Safety Champions. This provides management with a shared understanding of how their agency may advance these principles and how their Safety Champions will approach change. The Safety Leadership Institute is comprised of three courses:

- Human Factors and Systems Safety Management Course
- Supporting Culture Transformation
- Integrating Safety Science into Leadership

The advanced Practical Training Institute is a two-day training designed for frontline investigators, frontline caseworkers and frontline supervisors. The first day of the Institute provides a framework of system safety and is designed to engage participants with a comprehensive and holistic introduction to Human Factors and System Safety. Contrasting models and approaches are presented to give participants an increased command of relevant scientific literature. Concepts and learning objectives are presented in a way that enables participants to make information meaningful. Throughout the course, information is strategically and thoughtfully connected to their work. The second day of the Institute is directed toward teaching participants on how to integrate safety science concepts into investigations and casework.

### Outcomes

- Increased trust in the provision of care;
- Improvements in employee retention;
- Increased public trust; and
- Improved outcomes from a system dedicated towards improving the reliability and safety of provided services.

### Impacts on Child Protection System

- A robust and proactive response to critical incidents;
- A responsive system dedicated to learning;
- Improved staff morale;
- Increased staff engagement;
- Increased accountability; and,
- Improved systems in place.

The Collaborative Safety Initiative is in compliance with the goals of the Task Force CJA Three-Year Assessment to provide training to frontline protection investigators and supervisors to provide better outcomes for the families of New Jersey.

This initiative is in line with Category C of the CJA federal law in that it is a reform of current procedures regarding how critical incidents of child abuse or neglect, including child fatalities, are handled within DCF. As detailed above, these new procedures will result in improvement to not only how DCF responds to critical incidents, but also how DCF will be able to continually analyze and improve responses in the future.

### **\$1,000 Shared Hope International (JuST Conference)**

#### Statement of Purpose

In FFY 2019, CJA funds were used to support multidisciplinary professionals in child protection in the participation of a nationally renowned training conference featuring today's most pressing issues facing professionals and advocates in the anti-trafficking field.

### Target Population

- Professional staff members of DCF, the State's Juvenile Justice Commission and the Administrative Office of the Courts

### Approach

- JuST Conference featured workshops focused on skill-building, survivor experiences, cross-discipline collaboration, case studies and lessons learned in the areas of investigation, prosecution and therapeutic services. This collaborative community training conference was open to any and all individuals, understanding that each person has a role to play in the prevention, disruption and eradication of sex trafficking.

### Outcome

- One DCF staff member attended the JuST Conference from October 16-18, 2018 in San Diego, California.

### Impact on Child Protection System

- These conferences focus on working with victims of human trafficking, thereby building the attending professional's knowledge and fostering collaborative partnerships to improve the effectiveness of the strategies and supports provided for these victims.

### **Child Protection Substance Abuse Initiative (CPSAI)**

NJ DCF utilizes a portion of CAPTA State Grant to support the Child Protection Substance Abuse Initiative (CPSAI). CPSAI provides services through contracts with community agencies whose overall goals are to provide assessment, treatment referral, motivational support, and related transportation to CP&P clients who are referred by CP&P workers for substance use or abuse assessment and substance abuse treatment. At least one CPSAI staff member who conducts substance use or abuse assessments of parents of CP&P-supervised children is in each CP&P Local Office. The CPSAI initiative supports program areas in CAPTA<sup>53</sup> section 106(a). Table 4 provides an overview of service category and description, geographic area and population served as well as any changes to programming.

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<sup>53</sup> Child Abuse Prevention and Treatment Act: <https://www.acf.hhs.gov/sites/default/files/cb/capta.pdf>

**Table 4 - CPSAI**

Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	# Served Last FFY (3h)		Changes to Program (4a)	# Estimated Next FFY (4d)	
				Individuals	Families		Individuals	Families
CPSAI	The Catholic Charities Diocese of Metuchen CPSAI Program outposts Substance Abuse Counselors and counselor aides in the local DCP&P offices in the counties of Middlesex, Union, and Essex. This program provides consultation services with DCP&P workers as needed, to identify appropriate cases to be assessed for substance use disorder, to assess DCP&P parents/caregivers for a substance use disorder, and to case manage those individuals referred to treatment. CPSAI provides early identification and assessment of the severity of the addictive disorder. PRSS is offered in the three Newark local offices (only) to provide recovery support to the parent/caregiver, who meet the criteria. The referral is made via CPSAI to target primarily permanency cases with a history of intervention due to substance use disorder. This is not a clinical process. PRSS provide support through shared life experiences to assist in navigating the recovery community and process.	Parents/Caregivers of children that are involved with DCP&P; adults that live in the household with the child(ren) who are involved with DCP&P and individuals who are being considered as Adoptive or Resource Families but have a history of substance use or abuse.	CPSAI: Middlesex, Union and Essex. PRSS: Newark, NJ	2580	1905	Continue to provide case management services to help ensure admission to treatment programs for parents/caregivers, when treatment is recommended. CCDOM CPSAI to continue to improve and maintain communications with DCP&P at staff and supervisor meetings. CCDOM CPSAI will continue to work with the DCP&P training departments to have all 4 trainings offered to DCP&P caseworkers count towards their yearly required credits. PRSS to increase and improve appropriate referrals to the program.	2800	2500

Final APSR 2019

<p>CPSAI</p>	<p>Center for Family Services provides consultation with DCP&amp;P workers as needed to identify appropriate cases to be assessed. Standardized substance use disorder assessments, including urine drug screens, referral and case management to, and advocacy for, appropriate levels of treatment. Substance use disorder trainings for DCP&amp;P staff to facilitate the early identification of a potential substance use disorder. Identification of cases appropriate for Work First New Jersey Substance Abuse Initiative (SAI) and coordination of treatment placement. Collaboration with provider agencies for treatment coordination, follow up, and monitoring of treatment compliance in keeping with current case closing protocols. Transportation and support services. Ongoing written and verbal case conferencing with DCP&amp;P Staff. Referral to Peer Recovery Support Specialist (PRSS) Services by CPSAI staff and assisting DCP&amp;P staff with referrals. Systems coordination facilitating communication between DCP&amp;P (Camden Co) and local county welfare agency.</p>	<p>Caregivers who are under investigation by or supervision of DCP&amp;P, to rule out substance use disorder as a precipitating or coexisting factor to child abuse/neglect. Adult parents/caregivers who received a DSM V diagnosis are referred to the appropriate level of treatment.</p>	<p>Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem. The Peer Recovery Support Specialists are in Camden, Gloucester Atlantic and Cape May counties.</p>	<p>2961</p>	<p>2961</p>	<p>CPSAI will continue to provide case management services to enhance parent/caregiver outreach thereby supporting a continuum of care. Substance use disorder training to DCP&amp;P staff to facilitate the early identification of potential substance use disorder issues at local DCP&amp;P offices. Combined Substance Abuse Educational workshop series are presented at offsite location to DCP&amp;P/CPSAI staff throughout the year. Providing additional resources to the RDS' to share with their staff at the RDS meeting held every three months. The new Peer Recovery Support Specialist Program. Attending DCP&amp;P staff meetings to discuss the new Peer program. Attending DCP&amp;P Focus on Supervision meetings, plan of safe care and consortiums</p>	<p>5100</p>	<p>5100</p>
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Final APSR 2019

<p>CPSAI</p>	<p>Preferred Behavioral Health (PBH), Child Protection Substance Abuse Initiative (CPSAI) provides substance use assessments, extended assessments, referral, case management, motivational interviewing, Peer Recovery Support Specialist (PRSS) services, transportation and chain of custody drug screenings for families associated with the Department of Children and Families (DCF), Division of Child Protection and Permanency (DCP&amp;P). CPSAI offers expertise in Substance Use Disorders by offering training, consultation, participation in the local office staff meetings, Child welfare Consortiums, participation in Family Team Meetings, focus on Supervision and Child Stat, when requested, Plans of Safe Care multi-disciplinary team meetings and Early Childhood Conference. The goal of CPSAI is to ensure child safety by assisting DCP&amp;P with the identification of a parent/caregiver involvement with substance use by providing a comprehensive substance use assessment to ascertain the appropriate level of care for the parent/caregiver involved with the DCF-DP&amp;P</p>	<p>Individuals/care givers involved with the DCF - DCP&amp;P due to allegations of substance use.</p>	<p>Bergen, Hudson, Hunterdon, Mercer, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex and Warren. PRSS services in Hudson, Monmouth, Ocean, and Passaic.</p>	<p>6698</p>	<p>6698</p>	<p>PBH CPSAI continues to recruit certified and licensed bi-lingual staff and dually licensed clinicians to complete assessments. Recognizing a wide range of cultural and ethnic differences, we continue to recruit and hire staff who live in the communities we serve. The CAAPE-5 is initiated and the CPSAI Project through a comprehensive substance use assessment intends to establish the appropriate level of care recommendation using the CAAPE-5, the Level of Care Index-3 (LOCI-3), Diagnostic Statistical Manual Criteria (DSM-5) and applying ASAM Third Edition Criteria to determine the severity of the substance use disorder and the potential risk to the child(rem). The results of the substance use assessment will enable the CPSAI Assessment/Extended Assessment Counselor to make an appropriate</p>	<p>7800</p>	<p>7800</p>
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						<p>referral to treatment. Additionally, it is an opportunity to determine if the parent/caregiver requires further services, including medical, and/or psychiatric evaluation. PBH CPSAI will also refer parents/caregivers to our Peer Recovery Support Specialist (PRSS) to assist in developing skills and accessing the resources needed to initiate and maintain recovery by offering shared life experiences and providing support.</p> <p>PBH CPSAI will continue to provide in-service workshops to DCP&amp;P staff for the next contract year, as participation in the workshops provide increased knowledge of addiction disorders.</p>		
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## **NJ Citizen Review Panel Reports and NJ DCF Written Reponses**

NJ has three statutorily required Citizen Review Panels:

1. New Jersey Task Force on Child Abuse and Neglect (NJTFCAN)
2. New Jersey Staffing and Oversight Review Subcommittee (SORS)
3. New Jersey Child Fatality and Near Fatality Review Board (CFNFRB)

Each panel submits and publishes an annual report that can be reviewed publicly at the DCF Public Website. The following links represent the latest Citizen Review Panel Reports:

CFNFRB: 2017 Annual Report- Issued October 2017

[https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/fatality\\_reports.html](https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/fatality_reports.html)

NJTFCAN: Seventh Annual Report July 1, 2017-June 30, 2018

[https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/njtfca\\_reports.html](https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/njtfca_reports.html)

SORS: Eleventh Annual Report July 1, 2017- June 30, 2018

[https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/njtfca\\_reports.html](https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/njtfca_reports.html)

DCF is committed to the partnerships with the Citizen Review panels and continues to work in collaboration with them. Each year the three primary Citizen Review panels submit an annual report and DCF is given the opportunity to respond. The following represents the DCF responses to the previous year's annual reports:



**State of New Jersey**

DEPARTMENT OF CHILDREN AND FAMILIES  
50 EAST STATE STREET  
P.O. BOX 729  
TRENTON, NEW JERSEY 08625-0717

PHILIP MURPHY  
*Governor*

SHEILA Y. OLIVER  
*Lt. Governor*

CHRISTINE NORBUT BEYER, MSW  
*Commissioner*

February 28, 2019

Kathryn McCans, M.D., Chair  
Child Fatality and Near Fatality Review Board  
P.O. Box 717  
Trenton, New Jersey 08625-0717

Dear Dr. McCans,

I am in receipt of your letter regarding recommendations offered by the Child Fatality and Near Fatality Review Board in its 2017 annual report. I have had an opportunity to review both and to discuss these initiatives with staff.

The DCF has a broad inventory of promotional materials that the Communications unit is cataloguing and assessing. The water safety public education information is being updated to include specific reference to bathtub precautions, as well as for pools and open water. This is an excellent opportunity to refresh the awareness campaign in a way that ensures families understand the gravity and the risks involved with children around all water activities.

When the updated materials are ready, we will share them with the Board and the DCF's internal and external stakeholders.

The department's Division of Child Protection and Permanency staff read with interest the Board's ideas related to data collection and electronic information sharing. As noted in your letter, these materials and case-facts are deemed by law to be confidential, with very strict rules and regulations that govern their accessibility. CPP Staff will further review this recommendation with a legal and Information Technology (IT) capability lens.

To advance replication of the Child Fatality Multi-Disciplinary Investigation Protocol as modeled by Gloucester County, I encourage you to outreach the New Jersey Association of Counties, the New Jersey State Board of Medical Examiners and the State Attorney General's Office. Consistency in response to child fatalities among these professionals is critical to creating and sustaining a fair and efficient system.

On behalf of the DCF, I appreciate the Board's work towards our mutual mission to keep New Jersey residents safe, healthy and connected.

Sincerely,

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

Christine Norbut Beyer, MSW  
Commissioner

[www.nj.gov/def](http://www.nj.gov/def)

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*State of New Jersey*

DEPARTMENT OF CHILDREN AND FAMILIES  
50 EAST STATE STREET  
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PHIL MURPHY  
*Governor*

SHEILA Y. OLIVER  
*Lt. Governor*

CHRISTINE NORBUT BEYER, MSW  
*Commissioner*

May 22, 2019

Marygrace Billek, L.C.S.W., L.C.A.D.C., Chairwoman  
Human Services Director  
Mercer County Department of Human Services  
PO Box 8068  
Trenton, NJ 08650-0068

Dear Ms. Billek:

This letter is to formally thank you and the members of the Staffing and Oversight Review Subcommittee (SORS) for the SORS 12th Annual Report as well as your volunteerism and continued commitment. DCF strives to build collaborative partnerships with stakeholders and community partners to improve outcomes for New Jersey's children, youth and families.

The identified SORS priorities and areas for follow-up align with the DCF mission. As a result, I look forward to continuing our work with SORS as you continue to provide the opportunity to build on our successes and address areas for sustainable improvement in our work. Together, we can move to a 21<sup>st</sup> century model system for the children and families we serve.

Thank you for your leadership, service and commitment.

Sincerely,

A handwritten signature in blue ink that reads "Christine Beyer".

Christine Norbut Beyer, M.S.W.  
Commissioner

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State of New Jersey  
DEPARTMENT OF CHILDREN AND FAMILIES

PHIL MURPHY  
*Governor*

SHEILA Y. OLIVER  
*Lt. Governor*

CHRISTINE NORBUT BEYER, MSW  
*Commissioner*

June 20, 2019

Martin A. Finkel, DO, FACOP, FAAP  
Co-Chair, NJ Task Force on Child Abuse and Neglect  
Professor of Pediatrics  
Medical Director  
C/O Child Abuse Research Education Services (CARES) Institute  
Rowan University School of Osteopathic Medicine  
42 E. Laurel Road, Suite 1100  
Stratford, NJ 08084

Dear Dr. Finkel:

The New Jersey Department of Children and Families is guided by a vision in which all New Jersey residents are safe, healthy and connected. In order to achieve that vision, the Department must engage partners from across the service spectrum that are committed to our work to strengthen families and support and nurture children. Our agency's standing partnership with the New Jersey Task Force on Child Abuse and Neglect is emblematic of a system-wide approach to empower families and prevent child maltreatment.

I want to thank you and the members of the Task Force for your ongoing commitment to New Jersey's children and families, and for the recent feedback and recommendations that were provided to my office through the Task Force's Eighth Annual Report. I look forward to our continued work together and a productive dialogue as we transform DCF into a 21<sup>st</sup> Century child- and family-serving agency that is supported by our system partners so that we can meet the needs of children and families throughout the Garden State.

Thank you for your leadership, service and commitment.

Sincerely,

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

Christine Norbut Beyer, MSW  
Commissioner

[www.nj.gov/def](http://www.nj.gov/def)

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## Infants Affected by Substance Abuse

### Policy/Statute

The Comprehensive Addiction and Recovery Act of 2016 (CARA) Section 503 amends Title I of the Child Abuse and Prevention Treatment Act (CAPTA) to help states address the effects of substance use disorders on infants, children, and families

- Removes the term “illegal” with the intent that all infants born substance affected are identified, even in those cases where exposure is due to a legally prescribed substance
- Requires a Plan of Safe Care and recommends best practice; multi-disciplinary, family-focused, strengths-based / protective capacities and protective factors
- Increases DCF’s federal reporting requirements

NJ DCF convened an intradepartmental CARA workgroup to develop and implement strategies to meet these requirements under the federal policy. This included consultation and partnership with medical subject matter experts and other stakeholders such as the NJ Department of Health (DOH). NJ DOH is the licensing authority for hospitals and birthing centers.

It was determined through this partnership that practice and policy around reporting substance exposed infants (SEI) was not clear and that healthcare providers would only report on instances of SEI if there was an identified child abuse or neglect concern. New regulation was needed in order to ensure adherence to the reporting regulations. In collaboration with the NJ DOH the following new rule was adopted January 16, 2018:

- NJAC 3A: 26 Substance Affected Infants: ensures that hospitals and birthing centers report substance exposed infants at birth to the Statewide Central Registry (SCR) hotline regardless of suspected abuse and neglect

### Target Population

The CARA workgroup identified the need for a standard definition of the term “affected by substance abuse” to specify those infants for whom the legislation reporting and plans of safe care apply. Utilizing the clinical expertise and research knowledge of medical subject matter experts as well as technical assistance and support from the National Center for Substance Abuse and Child Welfare (NCSACW) the following definition was endorsed and incorporated into NJAC 3A:26:

A “Substance Affected Infant” is one:

- Whose mother had a positive toxicology screen for a controlled substance\* or metabolite thereof during pregnancy or at the time of delivery
- Who has a positive toxicology screen for a controlled substance after birth which is reasonably attributable to maternal controlled substance use during pregnancy
- Who displays the effects of prenatal controlled substance exposure or symptoms of withdrawal resulting from prenatal controlled substance exposure

- Who displays the effects of Fetal Alcohol Spectrum Disorder (FASD)

*\*Controlled substance – Manufacture, possession, or use controlled by government entity; prescription meds or illicit drugs*

### **Data Collection:**

In order to accommodate reporting of SEI referrals and meet the requirements of reporting in the National Child Abuse and Neglect Data System (NCANDS), the CARA workgroup reviewed policy as well as reporting mechanisms in the NJ statewide automated child welfare information system known as NJSPIRIT to determine how reports were captured. Enhancements to NJSPIRIT and guidelines were established for entering referrals of SEIs when reports are called into SCR.

### **Plans of Safe Care Protocol Summary**

In order to assess NJ DCF capacity to support the implementation and monitorization of services, supports and plans of safe care a Safe Care Implementation Workgroup was formed. This workgroup was charged with developing a protocol to integrate CARA requirements and plans of safe care into current case practice. This protocol includes:

- Referrals coded “substance affected infant” identified by the Local Office
- Intake caseworker will initiate the CPS investigation or child welfare assessment prior to the child’s discharge from the hospital, completes Structured Decision-Making tools to identify safety and risk factors, strengths and protective capacities as well as needs of the infant and family, engages parent(s) in substance abuse evaluation(s), ensures that parents understand Safe Sleep, Shaken Baby Syndrome and medication safe storage, obtains medical reports on the health and development of the infant.
- Families of substance affected infants are scheduled for a multi-disciplinary team, Early Childhood Initiative Case Conference prior to closing the investigation or during a transfer conference to permanency. This team will include but not limited to DCP&P staff, system partners with knowledge of developmental needs of infants and young children as well as Early Childhood System of Care, substance abuse professional, clinical consultant and Domestic Violence Liaison.
- Caseworker shares recommendations from the conference and substance abuse evaluation with the family and invites them to a Family Team Meeting (FTM) and develops a Family Agreement.
- The Family Agreement serves as the Plan of Safe Care.
- If the parent declines an FTM, a Family Agreement/Plan of Safe Care is developed by the caseworker and the parent(s).
- The Family Agreement/Plan of Safe Care ensures that the infant and parents are referred for services and supports that reduce risk factors and increase protective factors. Services include but are not limited to:
  - Substance abuse treatment and recovery support services

- social services
- housing
- early intervention services
- home visiting services
- health care services
- childcare
- parenting support and education
- services through the Family Success Centers
- parents anonymous

### **Collaborating with the Birthing Centers**

- Ideally, Plans of Safe Care will be developed during prenatal care or initiated before discharge from the hospital in collaboration with healthcare providers.
- Caseworker will ensure that parent(s) complete treatment recommendations. If family is not opened for services (refuses to engage in voluntary services and there is not sufficient evidence for court involvement), the caseworker ensures that parent(s) receive education on risks to children when parent abuses substances, services available for treatment and recovery support, and safety planning for the child in periods of relapse.

### **Documentation**

- The multi-disciplinary team / Early Childhood Conference is documented on a Supervisory Contact Sheet and includes family structure, CPS history, current status / family's voice, safety concerns, risk factors, protective factors, tasks/responsibilities/target dates.
- The Plan of Safe Care is documented on the Family Agreement and identifies the resources, services and supports that the family agrees to obtain to reduce risk factors and increase protective factors.

### **Reporting**

CP&P will submit reports on the number of infants for whom a Family Agreement/Plan of Safe Care was developed and the number of infants for whom referrals were made for services (including services for the affected family/caregiver) to the Office of Research Evaluation and Reporting who will collect for NCANDS reporting.

### **Pilot**

One of the counties most impacted by the opioid epidemic in NJ is Atlantic County. Since March of 2018, the outlined protocol has been successfully piloted in Atlantic County and expanded to additional counties similarly affected by the opioid crisis.

**Update:**

The Department of Children and Families (DCF) adopted, in January 2019, a policy for Plans of Safe Care for Infants Identified at Birth and Affected by Substance Use or Drug Withdrawal. This policy includes the earlier outlined protocol.

Plans of Safe Care are currently being integrated in those counties most effected by the opioid crisis. However, by April 2019 Plans of Safe care will be statewide.

DCF in conjunction with Department of Human Services (DHS)-Division of Mental Health and Addiction Services (DMHAS) are in the process of developing and providing a Plan of Safe Care consumer information package to be distributed by medication-assisted treatment (MAT) and other service providers serving pregnant women with substance use disorders. These materials will assist service providers in helping the pregnant mother understand, learn what to expect, and prepare for the birthing event. The packet includes an introduction letter, a Plan of Safe Care template, 4 Opioid Use Disorder and Pregnancy to After Birth Fact Sheets from the Substance Abuse and Mental Health Services Administration, DCF list of Central Intake for community services, the DCF 'Supporting Substance Affected Newborns and Their Families', DCF-Safe Sleep for Infants, and DCF-When a Baby Cries, pamphlets, a Center for Disease Control and Prevention safe storage of medication pamphlet, and DCF and NJ's Division of Highway and Traffic information on car safety pamphlet.

DCF & DMHAS are optimistic that providing this packet to the MAT providers prior to the birth event and subsequent call to DCF will support the mother and baby to be more prepared for intervention thus making it less traumatic and more supportive.

**CAPTA Coordinator/State Liaison Officer:**

New Jersey Department of Children and Families  
Division of Child Protection and Permanency  
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## Statistical and Supporting Information

This section represents the requirements for statistical and supporting information as outlined in the Program Instructions.

### CAPTA Annual State Data Report Items

## Information on Child Protective Service Workforce

DCF is committed to hiring an educated, diversified workforce and providing them with the necessary training and tools to fulfill the Department's mission. Social workers seeking employment must meet stringent requirements in order to be hired. Extensive training for all new caseworkers is mandatory as is 40 hours of continuing education per year for all other caseload carrying workers and supervisors. DCF also has established caseload standards so that workers have the ability to effectively meet the needs of the children and families they serve.

### Summary of Recruitment Plan for Family Service Specialist Trainee (FSST)

The Department of Children and Families takes a proactive approach to hiring by maintaining a pool of pre-screened, pre-qualified candidates to fill vacancies for entry level case manager positions, Family Service Specialist Trainee. Since the Department receives more than 11,000 resumes for this position each year, candidates are prioritized based on their education and experience in order to select those candidates most likely to succeed in public social work. Recruitment efforts are centered on an interviewing process known as a Job Fest. A Job Fest generally includes 25 to 35 candidates interviewed in the AM session and the same number for a PM session and consists of:

#### A. Introduction

1. Overview of the Department of Children and Families, Division of Child Protection and Permanency, DCP&P and the role of the Family Service Specialist.
2. Instructions for completing the pre-employment forms/paperwork.
3. Overview of the Hiring Process.
4. Video presentation-the realities of the job.

#### B. Initial Interview

1. Each candidate is interviewed individually by a panel of two interviewers.
2. Each fest has eight to twelve interview panels.
3. Interview questions for the most part is scenario-based and designed to assess the following skills:
  - a) Judgment/Decision Making
  - b) Oral Communication
  - c) Problem Analysis
  - d) Interpersonal Responsiveness
  - e) Organization
  - f) Time Management

### **C. Writing Sample**

1. Each candidate participates in preparing a writing sample in ten minutes
2. The writing sample is evaluated to determine if it is relevant, coherent, in a narrative format, and reflects proper spelling/grammar/punctuation

### **D. Credential/Paperwork Checkout**

1. Each candidate meets with an HR representative to:
  - a) Review employment application for completeness.
  - b) Review and verify documents (valid driver's license, social security card, college transcript, list of references).
  - c) Ensure candidate signs necessary releases, consents, and affidavits.
  - d) Advise candidate of any outstanding documentation needed to complete the application process.

Candidates successfully completing the Job Fest and background check processes are added to a hiring matrix which is distributed each week to the 46 Local Offices throughout the State. Managers and supervisors in the Local Offices use the hiring matrix to select candidates to fill positions as vacancies occur. This proactive process allows DCP&P to fill caseload carrying positions as soon as vacancies become available. By doing so, DCP&P is better able to maintain mandated caseload standards.

### **Degree and Certifications required for caseworkers and professionals**

#### **Family Service Specialist Trainee**

- Graduation from an accredited college or university with a bachelor's degree. Preference is given to those with a bachelor's or master's degree in Social work or a related degree with six months of social work experience.

#### **Family Service Specialist 2**

- Graduation from an accredited college or university with a bachelor's degree. One (1) year of experience in professional social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and supporting and/or carrying out treatment plans.
- A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be substituted for the indicated experience.
- A Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area may be substituted for the indicated experience.
- Applicants who do not possess the required degree may substitute additional professional support work experience related to case management on a year for

year basis with one (1) year of experience being equal to thirty (30) semester hour credits.

### **Family Service Specialist 1**

- Graduation from an accredited college or university with a bachelor's degree.
- Two (2) years of experience in professional social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and/or carrying out treatment plans.
- A maximum of one year of non-caseload carrying experience may be credited toward the experience requirement listed above.
- A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be substituted for one (1) year of indicated experience.
- A Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area may be substituted for one (1) year of indicated experience.
- Applicants who do not possess the required degree may substitute additional professional case management experience on a year for year basis with one (1) year of experience being equal to thirty (30) semester hour credits.

### **Supervising Family Services Specialist 2**

- Three (3) years of experience in professional social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems, including gathering and analyzing information, determining needs, and planning and/or carrying out treatment plans.
- A maximum of one year of non-caseload carrying experience may be credited toward the experience requirement listed above.
- A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be substituted for one (1) year of indicated experience.
- A Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area may be substituted for one (1) year of indicated experience.
- Applicants who do not possess the required degree may substitute additional experience as indicated on a year-for-year basis with one (1) year of experience being equal to thirty (30) semester hour credits.

### **Supervising Family Service Specialist 1 (Casework Supervisor)**

- Four (4) years of experience in professional social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients

with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and/or carrying out treatment plans, one (1) year of which shall have been a supervisory capacity.

- A maximum of one year of non-caseload carrying experience may be credited toward the non-supervisory experience requirement listed above.
- A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be substituted for one (1) year of non-supervisory experience.
- Applicants who do not possess the required degree may substitute additional experience as indicated on a year-for-year basis with thirty (30) semester hour credits being equal to one (1) year of non-supervisory experience.
- A Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area may be substituted for one (1) year of non-supervisory experience.

## **Training Requirements for staff**

### **Pre-Service (Family & Community Engagement)**

- Pre-Service training is 180 hours of training that includes training on intake, assessments, community resources, Genograms, child passenger restraint and the critical components of the case practice model. All workers are enrolled within two weeks of their start date. Knowledge Transfer assessments are completed by all new case-carrying workers. The Pre-Service training curriculum is centered on the case practice model that includes family and community engagement. The Pre-Service training consists of 31 classroom days and 24 field days dispersed throughout the curriculum. The Pre-Service training also includes simulation exercises that provide trainees with a realistic setting to conduct interviews with parents, medical staff, and other child welfare professionals. During the last review period we began implementing a revised version of this training that has on-line components. The allowable Title IV-E administrative functions this training activity addresses are: Referral to services; Preparation for and participation in judicial determinations; Placement of the child; Development of the case plan; Case reviews; Case management and supervision.
- Concurrent Planning: DCP&P staff are trained in concurrent planning methods, which optimize caseworkers' skills and ability to simultaneously work toward family reunification while also ensuring timely adoption, if the courts so move. The 18 hours of training are offered in a classroom setting. The allowable Title IV-E administrative functions this training activity addresses are: Preparation for and participation in judicial determinations; Placement of the child; Development of the case plan; Case reviews; Case management and supervision; Recruitment and licensing of foster homes and institutions.
- Supervisory Practices in Child Welfare: Supervisory Practices in Child Welfare was developed to train newly promoted employees. It offers 14 days of

combined classroom and field Supervisory training followed by competency assessments. The learning experience is divided into 3 modules which are Self-Management, People Management and Casework Management. The allowable Title IV-E administrative functions this training activity addresses are: Development of the case plan; Case reviews; Case management and supervision.

**In-Service Foundation Courses:** Immediately following their pre-service training, 26 days of training for newly hired DCP&P staff are offered within their first year of service includes:

- **Case Practice Module 1: Engaging Families and Building Trust-Based Relationships (3 Day Course)** This introduction to the guiding principles of DCF Case Practice focuses on engagement skills as the initial step in this strengths-based, family-centered model of practice. Concepts and strategies promoting respect, genuineness, empathy, and trustworthiness will be presented and further discussed. Skills that foster trust-based relationships with children, families, and communities will be highlighted and practiced. In addition, tools and techniques to identify the needs and strengths of the family will be illustrated through case studies.
- **Case Practice Module 2: Making Visits Matter—Home Visiting to Improve Safety, Well-Being, Stability, and Permanence for Children and Families (3 Day Course)** Today's changing child welfare practices focus strongly on the relationships with the child, family, or substitute caregiver(s) as well as the family's informal and formal supports. Skills needed to make the visit effective for information gathering and decision making will be presented so that participants will be better able to define the family's needs, the potential of all team members, and the support of all involved systems. Learning how to use the principles of the practice model in getting to know each family will be a central point in this workshop. Methods to achieve the four outcomes (safety, permanency, well-being, and stability) will be further explored. Ways to connect/join with children, families, and their informal and formal support networks will be emphasized.
- **Child Sexual Abuse Training for Child Welfare Professionals: Module 1 (4 Day Course)** This training prepares the child welfare professional for working with families in which children have been sexually abused. Module 1 offers days 1-2 (Course 31) and days 3-4 (Course 32) of this course to examine how participants' values, beliefs, and emotional responses can impact case practice; identify the facts and myths about child sexual abuse that are prevalent in our society; and discuss the historical context of child sexual abuse and its influence on present day beliefs. Participants will also be able to identify the many systems involved in child sexual abuse cases and differentiate between the specific roles and resources they offer, discuss the indicators of child sexual abuse within the context of normal and problematic sexual behaviors, discuss the effects of child sexual abuse and recognize the need for specialized treatment, examine

personal feelings and beliefs about the non-offending parent/adults in the family, and discuss the crisis of the disclosure and the impact on the family.

- Child Sexual Abuse Training for Child Welfare Professionals: Module 2 Course # (4 Day Course) Module 2 offers days 1-2 (Course 33) and 3-4 (Course 34) of the child sexual abuse curriculum to guide the child welfare professional in exploring how personal values, culture, and gender impact issues surrounding child sexual abuse; recognizing implications within the context of domestic violence, language barriers, and immigration status; reviewing the immediate and long-term impact of sexual abuse on children; identifying effective treatment options and remediating treatment barriers; exploring the impact of sexual abuse on the non-offending parent and family members; helping workers recognize common characteristics and types of offenders; and exploring Meghan's Law and other components of the legal system. Participants will discuss specific investigative processes and interview procedures to utilize with children and family members while also learning about effects of vicarious trauma.
- Concurrent Permanency Planning is a three-day course that lays out the concepts and practice of permanency, beginning with an historical perspective of relevant legislation, the modified settlement agreement, and exploration of children's developmental needs. The specific permanency practice of concurrent permanency planning is then explored, including the concepts of prognostic assessment, diligent search, and full disclosure; and the emerging practices of birth parent/resource parent relationships and post-permanency communication. The training culminates with a module concentrating on permanency for youth beyond concurrent planning timelines.
- Domestic Violence (2 Day Course) Current information on domestic violence and applicable NJ laws to provide a framework for the basic assessment of risk and protective factors in families will be the focus of this workshop. Participants will learn about prevalence, correlates, dynamics, and common manifestations of domestic violence. The cycle of violence and the typical progression of an abusive relationship will be illustrated. Highlights of the workshop also include a discussion of the impact of culture on the experience of domestic violence, including culturally accepted behaviors and community responses. Techniques for assessing and responding to domestic violence will be explored, and laws of NJ that pertain to domestic violence will be clarified.
- Domestic Violence Policy and the DCP&P Case Practice Protocol (1 Day Course) This workshop is taught by a trainer and a domestic violence liaison. Supervisors will explore and discuss the Domestic Violence Protocol that guides DCP&P staff when responding to DV situations in families where child abuse/neglect is present. Assessment and management of DV cases will be the central focus of this workshop. The emphasis will be on promoting the use of available DV tools, remedies, and resources so DCP&P workers can effectively address DV issues in their caseloads. To conclude, methods will be presented

that supervisors can use to assess and develop the domestic violence skills of staff.

- **Mental Health Screening Tool (1 Day Course)** This workshop is for non-clinical staff to learn to use the Mental Health Screening Tool for children with mental health concerns. Presentations will address the tool in the context of the effects of trauma on children's mental and physical development. The impact of trauma on the brains of children in foster care and the long-term effects of trauma will be examined. Participants will have an opportunity to practice using the Mental Health Screening Tool on case examples.
- **Mental Health (1 Day Course)** A basic overview of a variety of serious mental illnesses will start this workshop. Participants will learn to recognize "red flags" that may indicate an adult may not be able to safely and effectively care for a child because of a mental illness. Resources in the mental health system and how to use them to create a safety net will be highlighted. Participants will develop skills in helping the adult who is suffering from a mental illness to care for the child (ren) in a safer and more effective manner.
- **Substance Abuse 1: Understanding Substance Abuse and Child Welfare (Day 1)** The goal of this first module is to provide child welfare professionals with a contextual knowledge of the effects of substance use and/or abuse that may be experienced by parents involved in the child welfare system. This module discusses the importance of using a family-centered approach to identify and respond to the variety of needs experienced by the entire family. This module will also discuss the prevalence of substance use (alcohol and other drugs), mental health disorders, and many other issues that may coexist for child welfare-involved families. The prevalence of mental health and substance abuse in New Jersey and the differential impact of these issues from a gender and race/ethnicity perspective will be highlighted.
- **Substance Abuse 2: Substance Abuse Disorders, Treatment, and Recovery (Day 2)** The goals of this second module are to inform child welfare professionals about the substance use disorder, treatment, and recovery needs of child welfare-involved families that can be used in the context of home visitation and case management. This module provides an explanation of the treatment and recovery processes, and it discusses the specifics on how substance use disorders can affect the interpersonal relationships and family dynamics of the family involved with the child welfare system in the context of safety, permanency, and well-being of children.
- **Substance Abuse 3: Mental Illness (Day 3)** This third module aims to increase the child welfare worker's recognition of the differences between mental health disorders and substance use disorders in adults; explain symptoms that warrant comprehensive screening and assessments; define the different models of treatment for co-occurring disorders; and identify how these disorders affect

interpersonal relationships and family dynamics of the family involved with the child welfare system in the context of safety, permanency, and well-being of children.

- **Substance Abuse 4: Case Planning (Day 4)** The purpose of this fourth module is to make child welfare workers aware of the various ways in which children are impacted by their parents' substance use and/or mental disorders, including co-occurring disorders, from prenatal exposure through childhood and adolescent development. This module discusses the importance of screening and assessment for a child's own alcohol, drug, and mental disorders that may or may not be a result of their parents' personal issues. The importance of delivering culturally competent services and collaborating with other service providers in developing and monitoring case plan progress will also be emphasized. Participants will also be provided with techniques for gathering and incorporating information about an individual's or family's substance use, mental health, or co-occurring disorders and treatment into the case plan.
- **First Responders in Child Welfare (Child Protective Services Intake):** The First Responders in Child Welfare training has been developed and incorporated into the Pre-Service program. The First Responders in Child Welfare training is also offered as a stand-alone training to existing intake case carrying staff. During 2012, this course was expanded to 3 modules or six days or 36 hours. First Responders in Child Welfare is a training program designed to enhance investigator's required skills in the areas of family engagement; communication/interviewing; assessment; documentation and investigation. The allowable Title IV-E administrative functions this training activity addresses are: Referral to services; Preparation for and participation in judicial determinations; Case management and supervision.
- **SDM/Safety and Critical Thinking:** This is a 2-day in-service program focusing on safety assessments using structured decision-making, and the creation of safety plans. Training includes instruction on how to recognize and respond to safety issues, and procedures to follow to ensure the safety of the child(ren). A competency exam is administered at the end of the course. Title IV-E administrative functions this training activity addresses are: Referral to services; Preparation for and participation in judicial determinations; Case management and supervision.
- **Documentation for Child Welfare Professionals:** This two-day in-service program covers the fundamentals of grammar rules typically involved in documentation narratives, and instruction and practice in summary recording. The program teaches how to determine relevant content for case narratives, and how to capture it in writing with clarity, accuracy and conciseness. The allowable Title IV-E administrative functions this training activity addresses are: Preparation for and participation in judicial determinations; Development of the case plan; Case reviews; Case management and supervision.

- **Cultural Competency:** This two-day in-service program discusses the influences of culture, assumptions and biases on case practice, and what it means to be culturally competent. Instruction on the importance of cultural competence when working with the LGBTQI community is also provided. The allowable Title IV-E administrative functions this training activity addresses are: Preparation for and participation in judicial determinations; Development of the case plan; Case management and supervision.
- **SPRU Worker Training:** This three-day program provides instruction to Special Response Unit (SPRU) workers on policy and practice in responding to child protective services referrals during evenings, weekends and holidays. Instruction includes the use of internal agency policies on after-hours response. The allowable Title IV-E administrative functions this training activity addresses are: Referral to services; Preparation for and participation in judicial determinations; Case management and supervision.
- **NJ Spirit:** The New Jersey Child Welfare Training Academy trains new and seasoned workers on the automated case management tool that supports case carrying workers' child protection, foster care, and adoption practice work. Training includes instruction on how to navigate the computer system and how to develop and maintain automated records management, case planning, service planning and data tracking. Since January 2009, more than 3,000 staff (3,294) received NJ Spirit training. The allowable Title IV-E administrative functions this training activity addresses are: Referral to services; Preparation for and participation in judicial determinations; Placement of the child; Development of the case plan; Case reviews; Case management and supervision; Recruitment and licensing of foster homes and institutions; Rate setting; A proportionate share of related agency overhead. Costs related to data collection and reporting.
- **Adoption Subsidy Training:** This is a 3-hour workshop offered to all adoption staff to explore in detail at what is involved in meeting the requirements of the Adoption Subsidy Program. Presentation is focused on Adoption subsidy policy/procedures and skills related to pre-finalization approval through post-finalization case completion. The allowable Title IV-E administrative functions this training activity addresses are: Preparation for and participation in judicial determinations; Placement of the child; Development of the case plan; Case management and supervision.
- **Working with and Supporting Families:** This 3-day training focuses on introducing Assistant Family Service Worker talent to the skills and concepts needed to effectively work with and support families involved with DCP&P. The allowable Title IV-E administrative functions this training activity addresses are: Referral to services; Preparation for and participation in judicial determinations; Placement of the child; Development of the case plan; Case reviews; Case management and supervision.

- DCP&P Case Practice and the Domestic Violence Protocol: This course will provide a brief review of domestic violence dynamics, as well as information on the Domestic Violence Protocol adopted by the agency in 2009. Instruction includes how to respond to families experiencing domestic violence, statutory requirements, DCF guiding principles and goals, the application of DV Protocol standards within the DCP&P Case Practice Model. The allowable Title IV-E administrative functions this training activity addresses are: Referral to services; Preparation for and participation in judicial determinations; Placement of the child; Development of the case plan; Case reviews; Case management and supervision.
- Case Planning for Case Planning with Youth, Children and their Families: This interactive mandatory class has two components: an online class and two-day classroom training. The online course informs caseworkers about the NJ Spirit enhancements to the Case Plan. In addition, everyone is to complete the online before attending the two-classroom training. The purpose of the two-day classroom training is to help staff continue to functionalize the skills learned during the Case Practice Model trainings. The revised Case Plan document was created to reflect ongoing efforts to relate to families, to address their underlying needs, and to share decision-making authority with them.
- Immigration Training Day 1: The goal of this day one of a three-day training (each day is an independent module) is to increase child welfare workers understanding of the importance of working together with indigenous family and community structures when serving refugee and immigrant children. Module 1 will offer an overview of Immigration and Child Welfare, which will include knowledge about the various statuses of immigrant families in this country and knowledge about national laws and state policy regarding immigrant and refugee families, their rights and applicable services.

#### Caseload Requirements and Data

DCF is committed to maintaining caseload standards that will allow workers to effectively address the needs of the families on their caseloads. The standards to which we work to adhere are described below and outlined in figures 38-41 and the education and demographic information on the workforce are identified in figures 42-44:

- Intake workers (Investigators) have no more than 12 families at a time and no more than 8 new intakes per month.
- Permanency workers have no more than 15 families with ten children in placement.
- Adoption workers have no more than 15 children.
- No more than 5 workers assigned to a supervisor

**Figure 38**

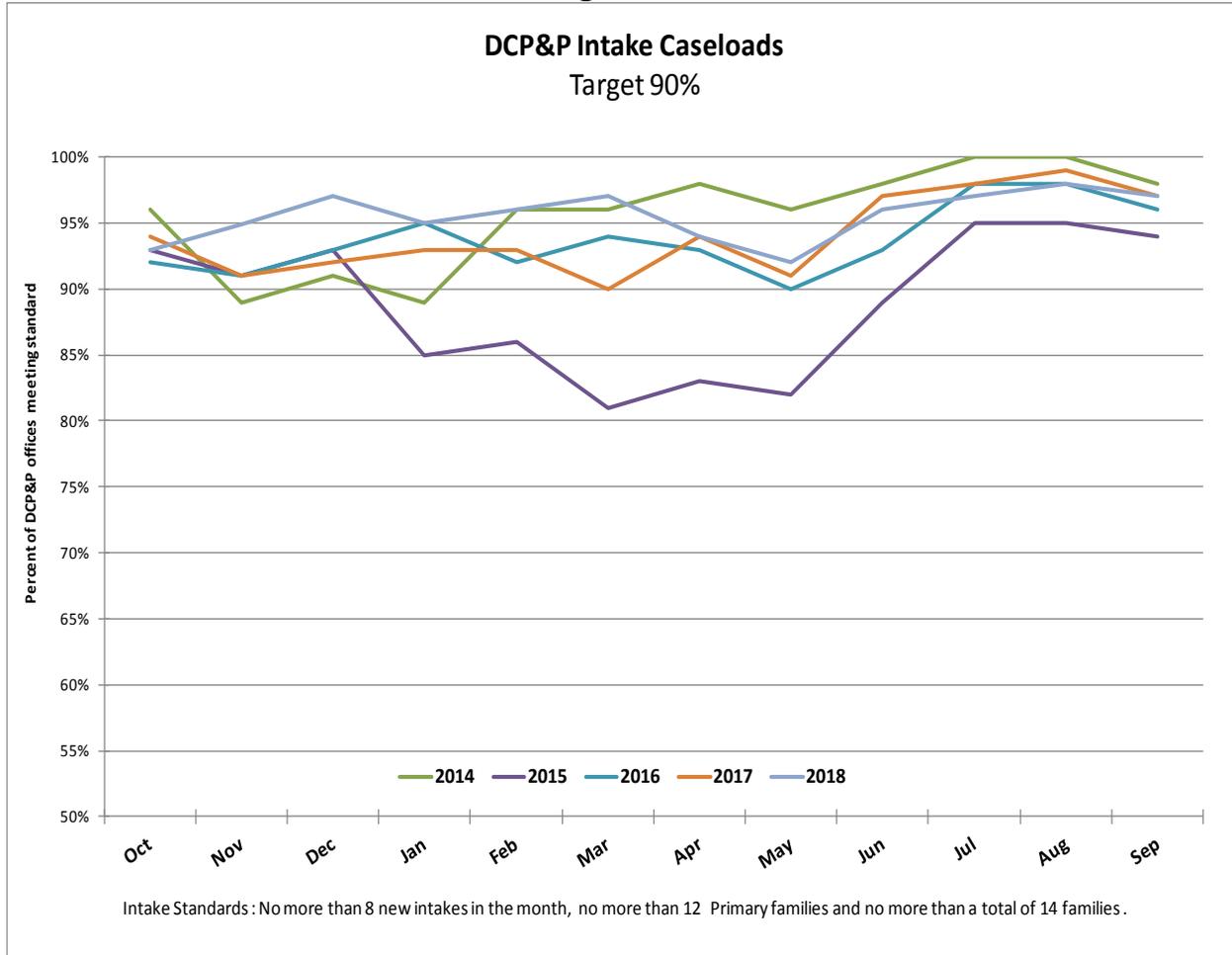


Figure 39

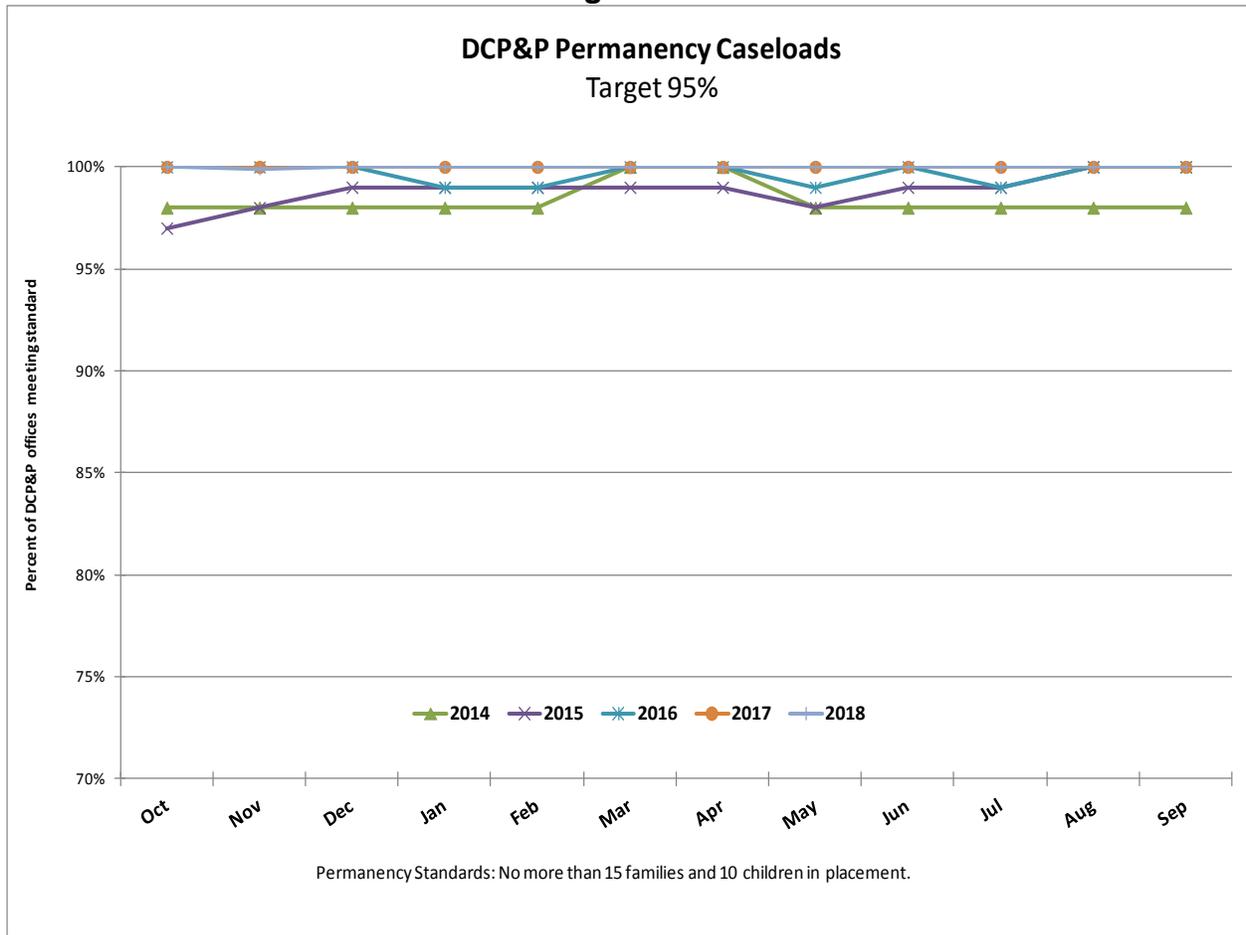


Figure 40

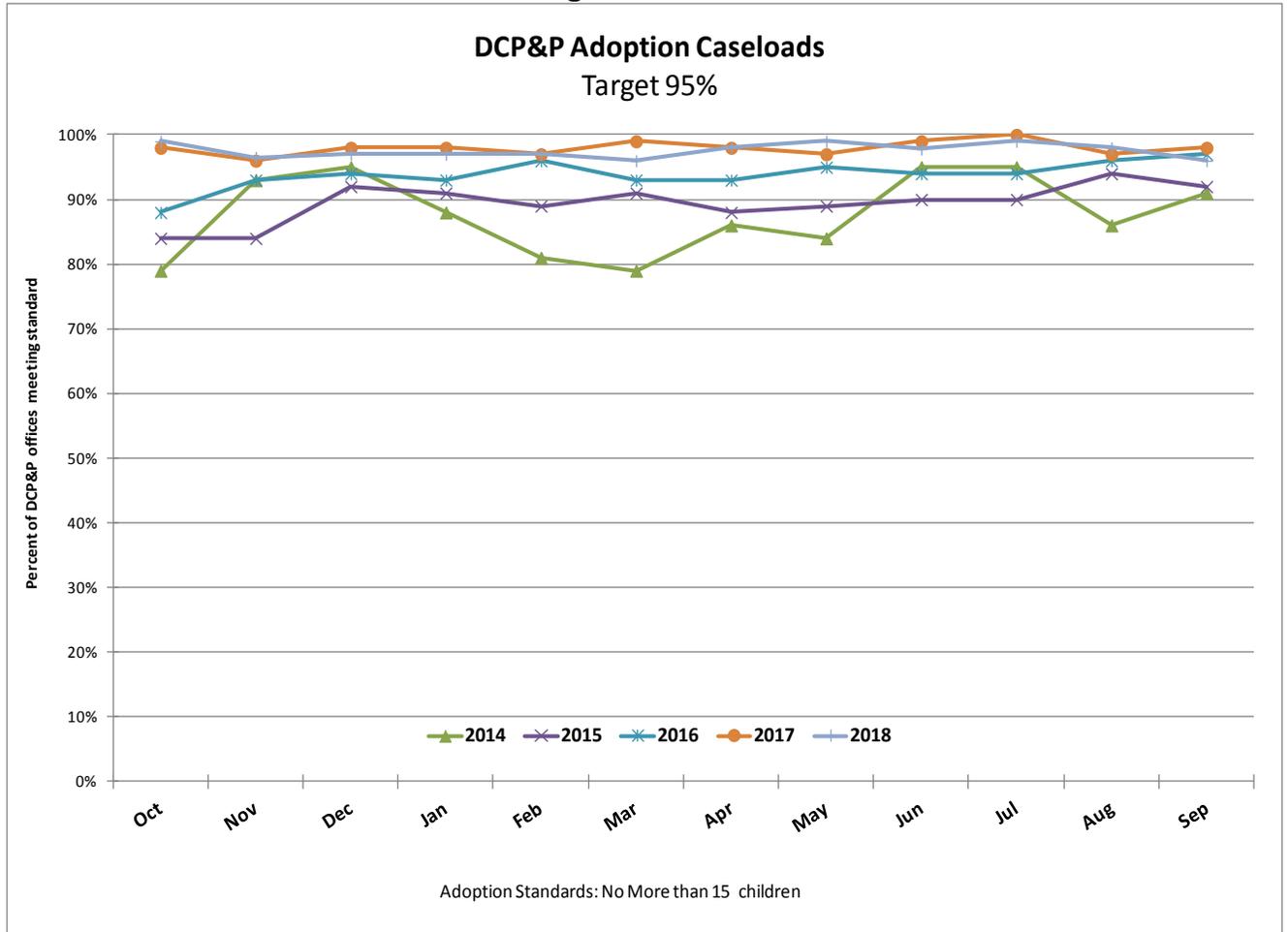
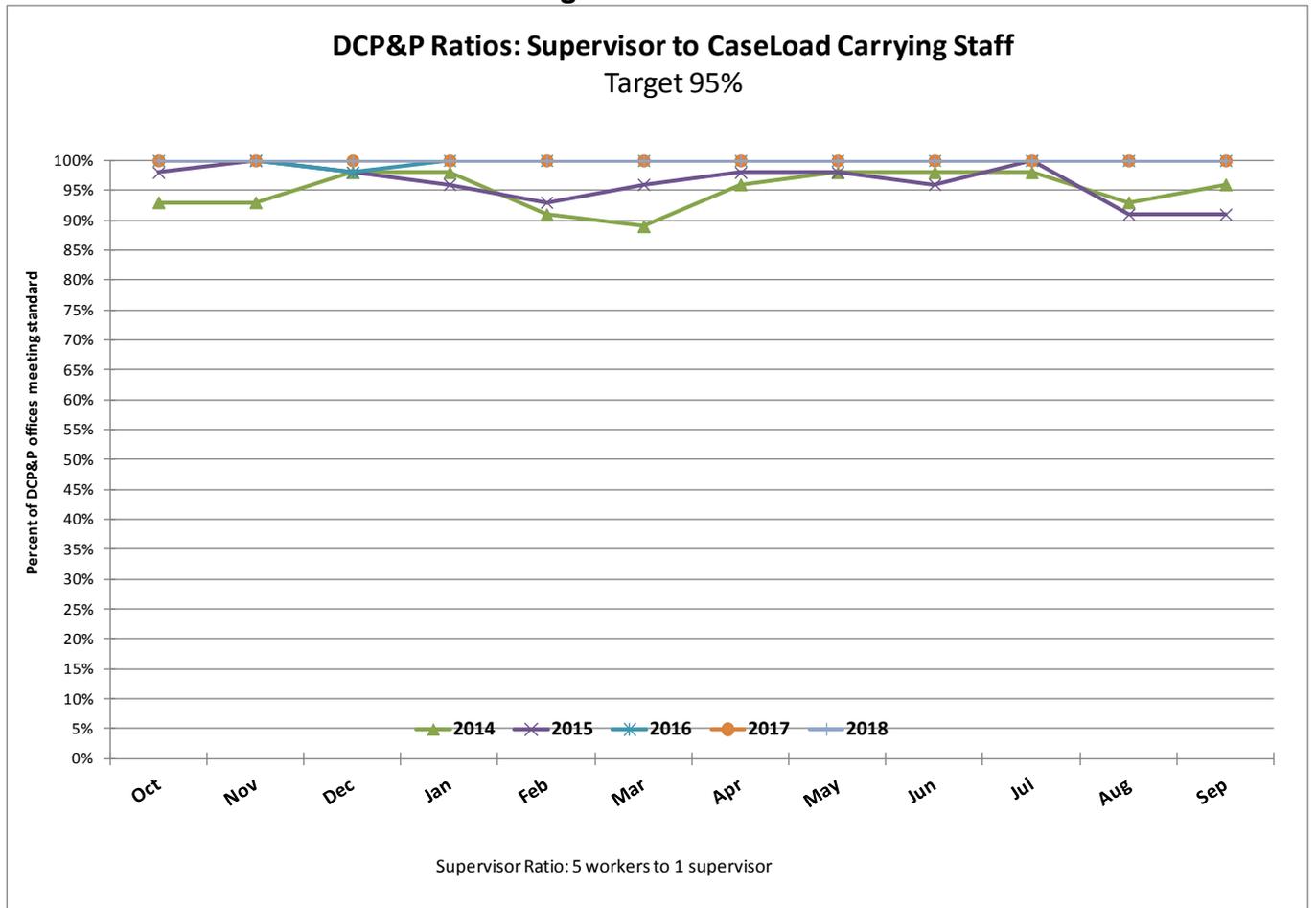


Figure 41



**Figure 42**  
Educational Degrees by Job Function

<b>All Child Welfare Staff by Job Function as of September 30, 2018</b>	<b>MSW</b>	<b>Other Masters</b>	<b>BSW</b>	<b>Other Bachelors</b>	<b>Law Degree</b>	<b>PhD</b>	<b>No 4-year Degree</b>	<b>Staff Totals</b>
Adoption Worker	22	18	45	147				232
Adoption Supervisor	8	7	9	29			1	54
Intake Worker	81	80	198	749			3	1111
Intake Supervisor	17	26	26	151			3	223
Permanency Worker	101	127	208	936		1	13	1386
Permanency Supervisor	54	21	27	187	1		5	295
Resource Family Worker	18	23	38	190		2	5	276
Resource Family Supervisor	4	8	8	33				53
Local Office Support Staff	15	20	20	150			5	210
Local Office Support Supervisor	3	3	2	21	1		1	31
Case Practice Specialist	17	8	9	42				76
Case Work Supervisor	43	23	18	119	1		2	206
Local Office Manager	11	8	5	15		1	1	41
Area Office Support Staff	8	8	6	36	1		2	61
Area Office Manager	7	1	3	6				17
<b>Degree Totals</b>	<b>409</b>	<b>381</b>	<b>622</b>	<b>2811</b>	<b>4</b>	<b>4</b>	<b>41</b>	<b>4272</b>
<b>New Hires by Job Function for October 1, 2017 through September 30, 2018</b>	<b>MSW</b>	<b>Other Masters</b>	<b>BSW</b>	<b>Other Bachelors</b>	<b>Law Degree</b>	<b>PhD</b>	<b>No 4-year Degree</b>	<b>Staff Totals</b>
Adoption Worker	1							1
Intake Worker	4	2	16	18				40
Permanency Worker	26	16	44	154				240
Resource Family Worker	1		1	1				3
Local Office Manager								0
Area Office Support Staff				2				2
<b>Degree Totals</b>	<b>32</b>	<b>18</b>	<b>61</b>	<b>175</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>286</b>

**Figure 43**  
Educational Degrees by Job Title

<b>All Child Welfare Staff by Job Title as of September 30, 2018</b>	<b>MSW</b>	<b>Other Masters</b>	<b>BSW</b>	<b>Other Bachelors</b>	<b>Law Degree</b>	<b>PhD</b>	<b>No 4-year Degree</b>	<b>Staff Totals</b>
Family Service Specialist Trainee	30	17	61	187			1	296
Family Service Specialist 2	149	188	355	1442		2	18	2154
Family Service Specialist 1	59	65	95	560	1	1	7	788
Front Line Supervisor (SFSS 2)	86	65	72	422	2		10	657
Case Practice Specialist (CSS)	19	9	10	45				83
Case Work Supervisor (SFSS 1)	43	23	18	119	1		2	206
Local Office Manager	11	8	5	15		1	1	41
Area Office Support Staff	5	5	3	16			2	31
Area Office Manager	7	1	3	5				16
<b>Degree Totals</b>	<b>409</b>	<b>381</b>	<b>622</b>	<b>2811</b>	<b>4</b>	<b>4</b>	<b>41</b>	<b>4272</b>
<b>New Hires by Job Title for October 1, 2017 through September 30, 2018</b>	<b>MSW</b>	<b>Other Masters</b>	<b>BSW</b>	<b>Other Bachelors</b>	<b>Law Degree</b>	<b>PhD</b>	<b>No 4-year Degree</b>	<b>Staff Totals</b>
Family Service Specialist Trainee	30	17	56	163				266
Family Service Specialist 1								0
Family Service Specialist 2	2	1	5	10				18
Area Office Support Staff				2				2
<b>Degree Totals</b>	<b>32</b>	<b>18</b>	<b>61</b>	<b>175</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>286</b>

**Figure 44**  
Race/Ethnicity/Gender by Job Title

All Child Welfare Staff by Job Title as of September 30, 2018	Asian	Black	Hispanic	Native American	White	Total Female	Asian	Black	Hispanic	Native American	White	Total Male	Staff Totals
	Family Service Specialist Trainee	2	89	2	5	154	252	1	13		2	28	
Family Service Specialist 2	22	815	34	28	857	1756	7	208	7	5	171	398	2154
Family Service Specialist 1	10	263	34	3	360	670	3	48	8	1	58	118	788
Front Line Supervisor (SFSS2)	8	231	22	1	301	563	2	36	1		55	94	657
Case Practice Specialist (CSS)		21			50	71		4	1		7	12	83
Case Work Supervisor (SFSS1)	4	62	5		109	180		12	2		12	26	206
Local Office Manager		14			20	34		2			5	7	41
Area Office Support Staff		9			13	22	2	1			6	9	31
Area Office Manager		5			9	14		1			1	2	16
<b>Totals</b>	<b>46</b>	<b>1509</b>	<b>97</b>	<b>37</b>	<b>1873</b>	<b>3562</b>	<b>15</b>	<b>325</b>	<b>19</b>	<b>8</b>	<b>343</b>	<b>710</b>	<b>4272</b>
New Hires by Job Title for October 1, 2017 through September 30, 2018	Asian	Black	Hispanic	Native American	White	Total Female	Asian	Black	Hispanic	Native American	White	Total Male	Staff Totals
	Family Service Specialist Trainee	2	76	2	5	142	227	1	11		2	25	
Family Service Specialist 1						0						0	0
Family Service Specialist 2		6		1	10	17					1	1	18
Area Office Support Staff		2				2						0	2
<b>Totals</b>	<b>2</b>	<b>84</b>	<b>2</b>	<b>6</b>	<b>152</b>	<b>246</b>	<b>1</b>	<b>11</b>	<b>0</b>	<b>2</b>	<b>26</b>	<b>40</b>	<b>286</b>

## Juvenile Justice Transfers

There were 14 children in placement under the legal authority of the Division of Child Protection & Permanency (DCP&P), during this reporting period that were transferred from DCP&P to the Juvenile Justice Commission (JJC). The Office of Research, Evaluation & Reporting generated a report that listed all children in placement, with a placement ending reason of "Custody and Care Transferred to Another Agency". All children listed on the report were reviewed through SACWIS, and the DCP&P Area and Local office staff identified the children who were transferred to the JJC.

## Education and Training Vouchers

	Total ETVs Awarded	Number of New ETVs
<u>Final Number:</u> 2017-2018 School Year (July 1, 2017 to June 30, 2018)	221	112
2018-2019 School Year* (July 1, 2018 to June 30, 2019)	215	107

## Inter-Country Adoptions

In 2018, there were no reports of children entering state custody because of the disruption of a placement or dissolution of an inter-country adoption.

## Monthly Caseworker Visit Data

NJ will submit monthly caseworker visit data for FY 2018 in a separate submission by December 16, 2019 as outlined in the program instructions.