New Jersey Department of Children and Families

DCF Needs Assessment 2015

Interim Report:
Strengths and needs of children and youth at risk for entering out-of-home placement and those in out-of-home placement

Rutgers School of Social Work

Needs Assessment 2015

An Interim Report Prepared for the

New Jersey Department of Children and Families,

Office of Performance Management and Accountability

Child Welfare and Well-Being Research Unit
Institute for Families
The School of Social Work
Rutgers, The State University of New Jersey

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Executive Summary

PURPOSE

This report presents the interim findings from the New Jersey Department of Children and Families' (DCF) 3-year, multi-phase Needs Assessment process identifying the strengths and needs of families with children at risk for entering out-of-home placement and those already in out-of-home placement. DCF has partnered with the *Child Welfare and Well-Being Research Unit* and the Institute for Families at the Rutgers University School of Social Work to assist in this Needs Assessment process.

SUMMARY OF KEY ACTIVITIES

The focus of this phase of the needs assessment included the following key activities and accomplishments summarized below.

- **Phase I: Review DCF Reports and Assessments.** The internal workgroup finalized review of reports and assessments completed by DCF from 2008 to 2014 to identify key need domains for children in families involved with DCF.

- **Phase II: Review of DCF Client Level Data.** The major task of this phase of the needs assessment was to analyze client level data from NJ's case management system, *New Jersey Statewide Protective Investigation, Reporting, and Information Tool* (NJSPIRIT), to define the mix of child and family needs in New Jersey for children both at risk for and already in out-of-home placement. A subgroup of the internal workgroup consisting of core staff from DCF and University partners from Rutgers School of Social Work continued to meet weekly to guide the NJSPIRIT data extraction and analysis of data. This group will continue to meet weekly as the needs assessment unfolds and is responsible for carrying out the tasks necessary to produce analysis and deliverables for the project.

- **Phase III: Begin primary data collection.** During this phase of the project, the study team began planning and launched the primary qualitative data collection through focus groups and interviews with key internal and external stakeholders.

- **Continue Internal and External Workgroups.** The DCF internal workgroup continues to meet monthly and provide critical guidance to the needs assessment process, including identifying and developing broad need domains and identifying sources of data for New Jersey's child and family service array. The external workgroup met once, and a core group of individuals, including service providers and a family member, were identified to continue the external consultation for the needs assessment process.

SUMMARY OF KEY FINDINGS

- The volume of reports for both child abuse and neglect and for child welfare services received by DCF increased by 12% from 2009-2013. While no single factor can account for this rise in reporting, it reflects the national trend.

- In addition, following three statewide initiatives to improve the identification and reporting of domestic violence, DCF saw a 22% increase from 2011-2013 in reports of children that were identified as living in homes with domestic violence present.

- The most frequent need domains are caregiver mental health and substance abuse issues across every population served by DCF.

- Children and caregivers presenting with mental health and substance abuse issues also demonstrated diminished protective factors including: struggling family relationships, caregiver history of abuse or neglect as a child, lack of a social support system, problematic parenting skills, health concerns or physical disabilities, and limited communication skills.

- Many families and children confront the cumulative effects of multiple risk factors, cutting across multiple needs, with 28% of families having 2 or more needs, and 10% facing 3 or more needs.

- While certain hotspots for particular risk factors emerged geographically, needs appear to be largely consistent across counties, child protection vs. child welfare cases, as well as the gender and age of the child.

NEXT STEPS

This phase of the needs assessment has provided a structure to support the process as it moves forward. Next steps include:

1. Continue monthly internal workgroup meetings;
2. Continue quarterly external workgroup meetings;
3. Continue development of service array data, including identifying additional sources of secondary and primary data on services;
4. Continue collection and analysis of primary data through focus groups and key stakeholder interviews, and construct a plan for collection of follow-up staff and family surveys; and
5. Continue analysis of client level data to better understand needs of subpopulations.

Introduction

The NJ Department of Children and Families (DCF) has implemented a 3-year, multi-phase needs assessment process to identify the strengths and needs of families with children at risk for entering out-of-home foster care placement and those already in out-of-home placement. As part of the ongoing requirements under the Sustainability and Exit Plan (formerly the Modified Settlement Agreement) and the Department's commitment to operate as a learning organization, DCF is taking concrete steps to better understand the needs and service gaps for those children and families that are served. This has included partnering with leading child welfare scholars at the *Child Welfare and Well-Being Research Unit* and Institute for Families at Rutgers University School of Social Work to support the needs assessment process.

The first phase of the needs assessment was completed with a comprehensive review of DCF's prior reports and assessments of need from 2008 to 2014. The internal workgroup finalized this review to identify key need domains for children in families involved with DCF and published the report on the DCF website.

The second phase of the needs assessment identified some of the most pressing needs for children and families through a review of child abuse and neglect investigations and child welfare assessments completed from 2009-2013[1] by DCF's Child Protection and Permanency (CP&P) division. This helped to guide the focus of the needs assessment, whereby sources of client level data were identified and analyzed to describe the needs of children and families. New Jersey's State Administered Child Welfare Information System, NJSPIRIT, NJ's client level case management system, was used to construct need domains for children and families served by DCF from 2009-2013. This report presents the findings of this secondary data analysis of the NJSPIRIT data. Additionally, this phase of the needs assessment began the process of identifying the current service array for children and families engaged with DCF. Phase three of the needs assessment is also underway with the collection of qualitative data through interviews and focus groups with key stakeholders.

REPORT ORGANIZATION

This report emphasizes the activities of this phase of the DCF needs assessment in the following sections:

> **Section I: About CP&P:** This section provides context for the remainder of the report by providing an overview of child welfare services in New Jersey, highlighting CP&P responsibilities and activities, and discussing how families become engaged with NJ's child welfare system.

[1] All child welfare records used in this analysis between 1/1/2009 to 6/30/2011 are impacted by expunction. Any family with an unfounded allegation of abuse or neglect and no prior history of abuse or neglect is deleted from NJSPIRIT after three years if no subsequent allegation of abuse or neglect is found (See DCF Policy Manual CPP-III-E-2-100).

Section II: Child and Family Needs Overview: This section describes child and family needs in New Jersey based on an analysis of NJSPIRIT data from 2009 to 2013.

Section III: Describing Children and Families with Needs: This section describes findings from exploration of needs across gender, racial and ethnic subgroups, and age.

Section IV: Where are the Children and Families with Needs? This section examines the geographic variation in need across NJ's counties.

Section V: CP&P Service Array: Description of data sources available to describe the current service array for children and families served by DCF.

Section VI: Next Steps: Identification of the next steps for the DCF needs assessment process.

About CP&P

WHAT WE DO

The Division of Child Protection and Permanency (CP&P) is a division of New Jersey's Department of Children and Families (DCF), the state's first comprehensive agency dedicated to ensuring the safety, well-being and success of children, youth, and families. Created in July 2006, DCF's vision is to ensure a better today and even a greater tomorrow for every individual the agency serves.

Formerly known as the Division of Youth and Family Services (DYFS), CP&P is the state's child protection and child welfare agency. Its mission is to ensure the safety, permanency and well-being of children and to support families.

CP&P is responsible for investigating allegations of child abuse and neglect and, if necessary, arranging for the child's protection and services to help the family. These tasks involve investigating reports of child maltreatment, providing out-of-home care for children when indicated, and collaborating with many community-based agencies to provide therapeutic services, counseling, parenting skills classes, substance abuse treatment, mental health care and in-home services. When a child enters out-of-home placement, CP&P begins a concurrent planning process. This involves working with the family towards reunification and concurrently implementing a permanency back-up plan. In cases in which the family court supports the determination that a child cannot be safely returned home from foster care, CP&P will begin adoption planning.

HOW WE DO IT

The Child Abuse Hotline (State Central Registry) receives all reports of child abuse and neglect 24-hours a day, seven-days a week. Reports requiring a field response are forwarded to a CP&P Local Office for investigation. (After normal business hours, the hotline is linked with a statewide network of Special Response Units (SPRU) charged with the responsibility of responding to such reports.)

In cases in which a child has been harmed, or is at risk of harm, CP&P may petition family court to place the child in foster care. Foster homes are provided by caring individuals who have completed an extensive training and licensing program. CP&P's primary goal is to achieve reunification of the child with his or her birth parents. If the family court determines that a child cannot safely be returned home from foster care, CP&P will begin adoption planning.

CP&P also handles cases that are opened for child welfare services, which are services to assist a family in ensuring the basic health and welfare of their children in the absence of any child protection concerns. Typically, in these cases, a service need exists for the family, but there is insufficient risk to the child to justify a formal child protection investigation.

As part of its work, CP&P partners with many community-based agencies throughout the state to provide services to children and families such as:

- Case management
- Family support services (parenting skills training, counseling, child care, etc.)
- Substance abuse treatment
- Domestic violence services
- Mental health services
- Foster care
- Adoption and kinship legal guardianship

The Department's Office of Clinical Services plays an important role in providing health services to children in out-of-home placement. DCF worked with the Francois-Xavier Bagnoud Center at Rutgers University's School of Nursing to create the Child Health Units (CHU) in each CP&P local office. The CHU is staffed with a clinical nurse coordinator, nurse health care case managers, and staff assistants. Through this program, a nurse is assigned to every child in an out-of-home placement.

CP&P also provides services and supports to adolescents under supervision until their 21st birthday. Services assist youth to become self-sufficient as they transition to adulthood. Some of the services include life skills training, education, employment, financial assistance and housing.

CP&P's work is guided by its Case Practice Model, which is a statement of best practices with guiding principles and expectations intended to improve outcomes for New Jersey's most vulnerable children and families. The Case Practice Model helps to establish clarity about how CP&P treats children and families and how families and their natural support networks are engaged in decisions affecting their safety and well-being. The key components of the case practice model include engaging, teaming, assessing, planning, intervening, and tracking and adjusting (Figure 1).

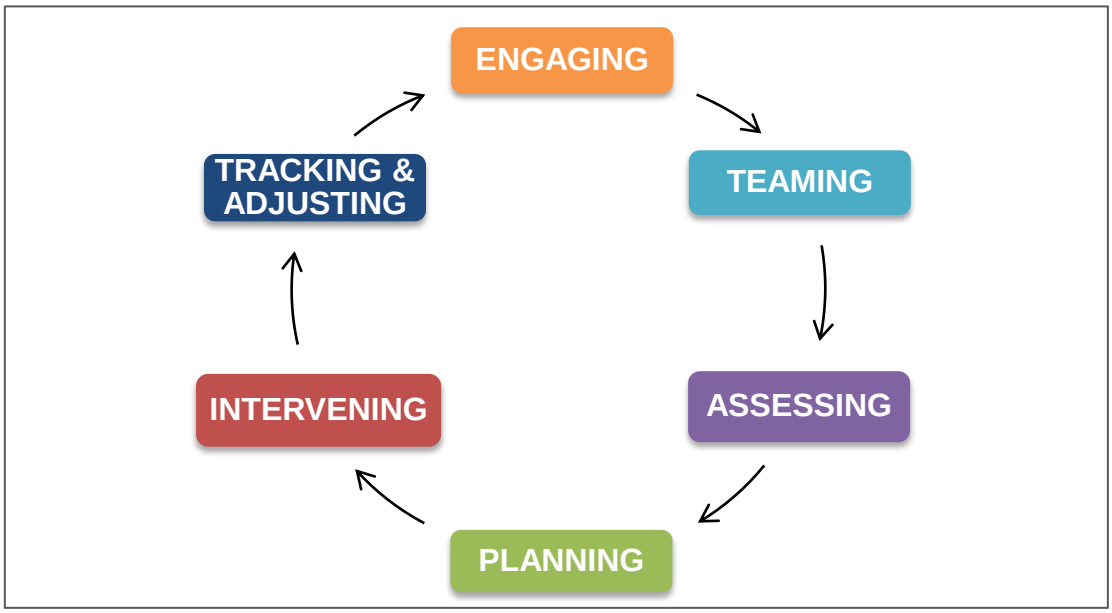


Figure 1. New Jersey's Case Practice Model

WHO WE SERVE

In addition to investigating allegations of child abuse and neglect, CP&P provides services that aim to ensure the safety and well-being of children and to help children and youth in out-of-home foster care achieve permanency. As of DCF's quarterly demographics report from June 30, 2015, CP&P was actively delivering services to almost 51,000 children (Figure 2), either in their own homes (43,291) or in out-of-home placements (7,501). Reflecting CP&P's commitment to keeping children and families together in the absence of a risk of harm, approximately 85% of children received services in their own homes.

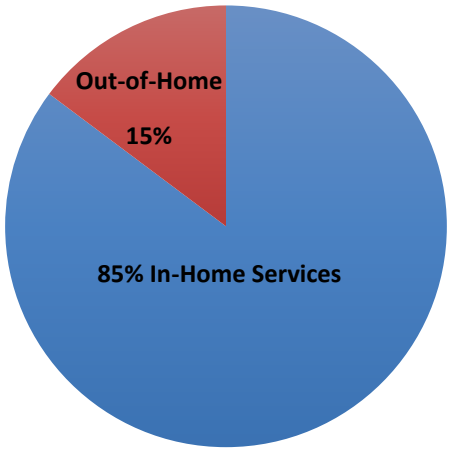


Figure 2. Proportion of children receiving In-Home and Out-of-Home Services as of June 30, 2015

In-Home Population

Children and youth receiving in-home services as of June 30, 2015 ranged in age from birth up to age 21 years. Nearly 40% of children being served in their own home are under the age of 5 years (18% are 2 years old or younger and 18% are 3-5 years old). Another almost 40% of children are school aged children ranging in age from 6-12 years (39%). Adolescents and older youth made up the rest of the in-home population, with 22% of children and youth between the ages of 13 and 17, and 3% ages 18 or older.

As of June 30, 2015, the percentages of males (50%) and females (50%) receiving in-home services were virtually identical. One third of the children and youth receiving in-home services were African American, while equal percentages of white (28%) and Hispanic (29%) children and youth received in-home services.

Out-of-Home Population

As of June 30, 2015, almost half of children in placement were 5 years old or younger (26% were 2 years and younger and 19% were aged 3-5 years). The largest percentage of children in out-of-home placements were between the ages of 6 and 12 (31%). An additional 19% of youth were between 13 and 17 years of age, 6% of youth are 18 years and older.

The percentages of males (51%) and females (49%) in out-of-home placements were almost equal. More than forty percent of the children and youth in out-of-home placements were identified as African American (42%). White children made up the second largest group of children in out-of-home placements (29%), followed by Hispanic (22%) children, and just 5% of children represent "Other" racial groups such as Asian, Native American, Pacific Islander, etc. More than 90% of children reside in a family-based resource home (52% unrelated foster care, 39% kinship care). The remaining children and youth resided in either a group home/residential placements (7%) or were living independently (2%).

HOW DO FAMILIES BECOME INVOLVED WITH CP&P?

Families generally become involved with CP&P in one of two ways. First, New Jersey's mandated reporter law requires every citizen to report suspected cases of child abuse or neglect to CP&P through NJ's Child Abuse Hotline (State Central Registry). These families are investigated by CP&P for a need of Child Protection Services (CPS) resulting from a CPS report generated by the Child Abuse Hotline. Second, families are assessed by CP&P for a need of Child Welfare Services (CWS) resulting from a CWS referral also generated by the Child Abuse Hotline when caregivers need support in ensuring the well-being of their children, even if there is no imminent risk of abuse or neglect to the child. The following provides information about the numbers of CPS reports and CWS referrals received by CP&P, as well as a brief overview of the CP&P process from initial report or referral to the hotline to case termination.

Sources of Reports and Referrals

CPS reports and CWS referrals come from a number of sources, such as members of the community, family members, service professionals, schools, and law enforcement. Between June 1, 2014 through June 30, 2015, school staff initiated almost a quarter (22%) of the CPS reports and CWS referrals received by CP&P. After school, law enforcement (15%), healthcare providers (13%), and anonymous reporters (11%) were the next largest sources of calls to the Hotline.

Volume of Reports and Referrals

During the first half of 2015, CP&P received a total of 38,318 CP&P CPS reports and CWS referrals. CPS reports accounted for more than three quarters (77.3%) of the total. In 2014, CP&P received a total of 74,411 reports and referrals, with 39,224 received between January and June. Similar to the data we have so far this year, CPS reports made up 77% of the total reports and referrals CP&P received in 2014.

CP&P Process from Hotline Call to Termination

Screening

When a report of child abuse and neglect is received through the Child Abuse Hotline, the report is first screened as to whether it meets the statutory criteria for child abuse or neglect in New Jersey. For example, the report must involve a child under the age of 18. If the report does not meet this criteria, CP&P does not initiate a response. If the report meets the statutory criteria for abuse or neglect, the screener will categorize the report by type of abuse (i.e., physical abuse, neglect, emotional abuse, or sexual abuse). The screener will also classify the report as either an initial report (i.e., the first report relating to this child and caregiver) or a subsequent report. The screener will then determine whether a report requires an immediate response or a response within 24 hours is sufficient.

Unlike CPS reports, with the exception of a court order, CWS referrals are voluntary. If CP&P accepts a CWS referral, field staff generally have 72 hours to initiate a response. However, a court order might require an earlier intervention.

Initial Response

The assigned child protection investigator must make a good faith effort to initiate an investigation through in-person contact with the child and family during the required time period. During the first contact with the child and family in a CPS report case, the investigator assesses the safety of the child using an evidence-based Structured Decision Making (SDM) tool. After the assessment, the child is classified as Safe, in need of a safety plan (child can remain in home with a Safety Plan in place), or Unsafe. Investigators continue to assess child safety throughout the case. During the initial response period, investigators will also conduct risk assessments, as well as assessments of strengths and service needs.

In CWS referral cases, investigators assess the child and family to determine if there are particular needs that should be met through CP&P rather than other child serving agencies. In the absence of a court order, service provision depends on caregiver consent.

Substantiation Determination

After investigating a CPS report, the child protection worker and his or her supervisor analyze the information collected during the investigation and make a finding as to whether or not the child is a victim of abuse or neglect. If the child is determined a victim, the CPS report is marked *Substantiated*. For the majority of the time period covered under this report, CP&P used a two-tier substantiation system, and CP&P reports were determined to be either *Substantiated* or *Unfounded*. As of April 1, 2013, CP&P employs a four-tier model, and reports are determined to be 1) *Substantiated*, 2) *Established*, 3) *Not Established*, or 4) *Unfounded*. In many cases, the four-tier system allows workers and supervisors to consider both aggravating and mitigating factors when deciding upon a substantiation category. Parents can appeal substantiations of abuse and neglect through the Office of Administrative Law. As CWS referrals do not involve abuse or neglect, these cases do not go through the substantiation process.

Removal of Child and Court Process

Although CP&P's goal is to preserve the child's family life, CP&P can remove a child from the child's home either 1) with a court order, or 2) when the child is in imminent danger and available CP&P or family resources will not eliminate this danger. If a child is removed without a court order, CP&P must inform the parent or legal guardian of the removal and the time and date of the court hearing to review the emergency removal.

During the first hearing, the court will determine whether CP&P has demonstrated that the child should be removed from the family home. If the court decides that the child can be cared for safely at home, the child will be returned home, with appropriate services, if needed. If the case proceeds, a fact finding hearing will be held, and the court will make a finding as to whether or not the child was abused or neglected. If the court finds abuse or neglect did happen, the court holds a disposition hearing, where a determination will be made as to what in-home or out-of-home services should be put in place. The court will hold review hearings following the disposition to monitor the progress of the family and the CP&P plan.

After a child has been in an out-of-home placement for 12 months, CP&P must request that the court hold a permanency hearing. If a child has been in an out-of-home placement for 15 of the last 22 months, with limited exceptions, CP&P must request a termination of parental rights hearing. If a child's parents' rights are terminated, the child can be adopted.

Case Plan

CP&P must prepare a case plan for families within 1) 30 days of a child entering out-of-home placement, or 2) within 60 days of a CP&P or CWS referral being referred for investigation or response. The child and family should be engaged in the creation of the case plan, and the plan should be strengths-based. The case plan should clearly lay out the steps that both CP&P and the family must take in order to reach the goals of the case plan, as well as the services and supports to be provided to the family. The case plan should be reviewed and changed every 6 months, as well as on an as needed basis.

Permanency Planning

CP&P requires that every child who enters an out-of-home placement receives permanency planning, with the goal of securing a permanent placement for the child as quickly as possible. CP&P caseworkers generally engage in concurrent permanency planning, i.e., the caseworker plans for reunification while also developing a plan for a secondary goal, such as adoption.

Termination

As services for child abuse or neglect are not always voluntary, CP&P is involved in the decision to terminate a CP&P report case. CP&P may terminate services in several circumstances, such as when 1) the child is safe and the case plan is complete, 2) a court orders termination of services, 3) the youth under supervision reaches the age of 21, or 4) the youth under supervision reaches the age of 18 and asks for his or her case to be closed.

Table 1. Key Demographics and Findings.

Who We Serve	
In-Home • About 85% CP&P children and youth • 50% male; 49% female • 34% are 5 years old and younger • 33% African American; 28% white; 28% Hispanic	Out-of-Home • About 15% of CP&P children and youth • 50% male; 49% female • 44% are 5 years old and younger • 42% African American; 28% white; 22% Hispanic • Almost 90% in resource families or kinship care
Reports & Substantiations	
CP&P Reports/CWS Referrals • 38,313 reports/referrals in the first half of 2015 • More than 3 out of 4 were reports of abuse or neglect • Close to one quarter came from school staff	Substantiation • In April 2015, 5% of CP&P reports were substantiated; 7% Established; 61% Not Established; 27% Unfounded

VOLUME OF CHILD PROTECTIVE AND CHILD WELFARE SERVICES, 2009-2013[1]

Data on the overall volume of reports to Child Protective Services (CPS) and referrals for Child Welfare Services (CWS) were examined for 2009-2013 to understand whether New Jersey was experiencing changes in the number of reports received by its State Central Registry system. Figure 3 presents the volume of CPS and CWS reports over the 2009-2013 period. Although there is substantial within-year variation in the monthly number of CPS and CWS reports, there was a general increase in the volume of these reports between 2009 and 2013, with an increase of 12% when 2013 is compared to 2009. This is part of a nationwide increase of 11% in the reporting of child abuse and neglect for the same period[2].

The overall 12% topline increase in combined CPS and CWS reports, however, disguises important variation in the increase between the two referral types. CPS reports only increased by 7% between 2009 and 2013, whereas CWS referrals were up 38% over that same period. CWS referrals thus increased as a proportion of total reports from 16% of the total in 2009 to over 20% in 2013.

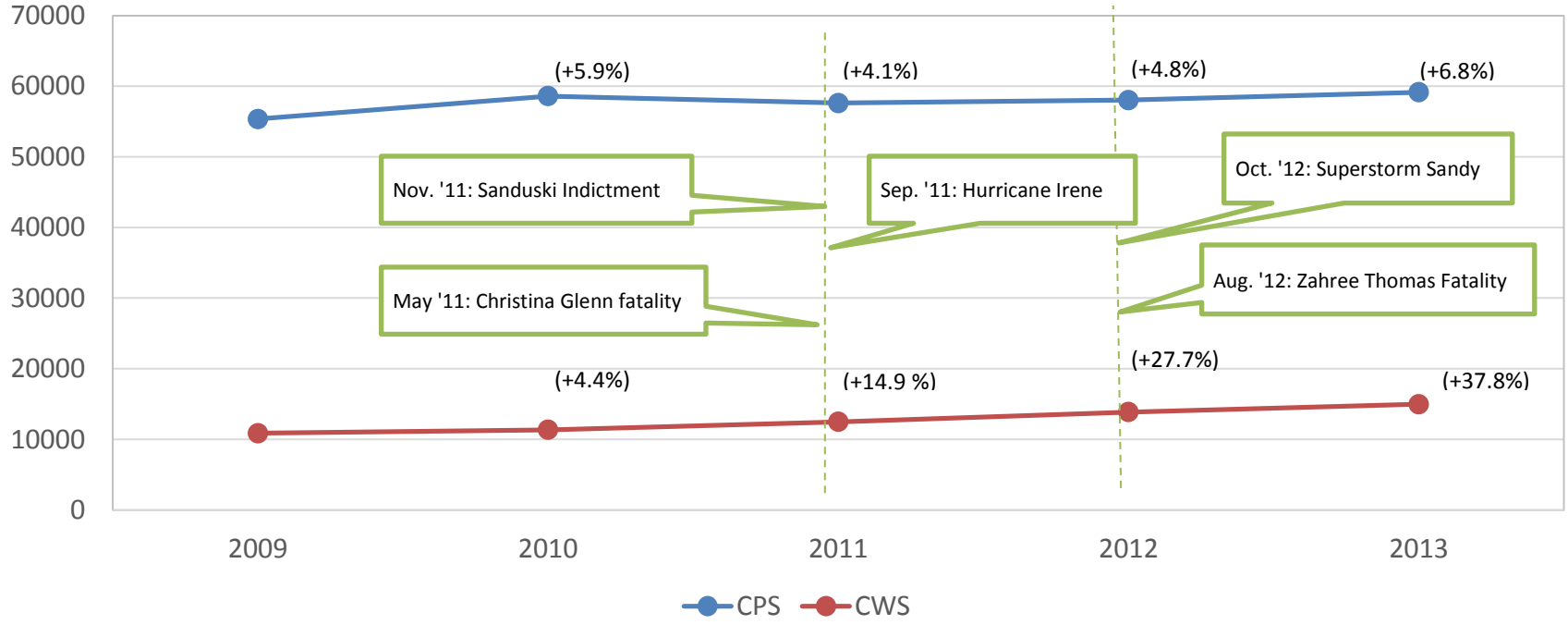
In addition to one-time incidents that may have contributed to this trend, including Superstorm Sandy[3], high profile child fatalities, and the widely publicized arrest and trial of Jerry Sandusky in nearby Pennsylvania, the increase may also be attributed to more protracted socioeconomic factors, namely the economic downturn following the 2008 recession and rising unemployment.[4] In New Jersey, unemployment grew sharply from 5% in January 2008 to 10% in October 2009, remaining above 9% until 2013[5]. As more New Jersey families faced lengthy periods of economic uncertainty, requests for services and reports of suspected abuse or neglect may have been affected.

[2] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2015). *Child maltreatment 2013*. Available from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment

[3] Keenan, H. T., Marshall, S. W., Nocera, M. A., & Runyan, D. K. (2004). Increased incidence of inflicted traumatic brain injury in children after a natural disaster. *American Journal of Preventive Medicine*, 26(3), 189-193.

[4] Chicago; Brooks-Gunn, J., Schneider, W., & Waldfogel, J. (2013). The Great Recession and the risk for child maltreatment. *Child Abuse & Neglect*, *37*(10), 721-729.

[5] U.S. Department of Labor, Bureau of Labor Statistics. (2015). *Economy at a glance: New Jersey*. Available from http://www.bls.gov/eag/eag.nj.htm.



Note: Values in parentheses represent % change from 2009

Figure 3. Child Protective Service and Child Welfare Service report volume, 2009-2013

Child and Family Needs Overview

In the first phase of the needs assessment, DCF internal reports and assessments completed from 2008-2014 were reviewed to identify common need domains encountered across the various practice areas, including child maltreatment reporting, receipt of in-home services, and out-of-home placement. Reports and assessments with information about children and families at risk of out-of-home placement and families receiving services from DCF presented a common set of risk factors and service needs. These needs were then compared across NJSPIRIT data to determine whether the needs should be included in this analysis. This process resulted in seven need domains: caregiver mental health, caregiver substance abuse, child mental health, child substance abuse, poverty, housing, and domestic violence. (For a detailed description of the research methodology see Appendix A.)

This section of the report describes the needs of children and families overall, the changes in child and family needs between 2009 and 2013, and the prevalence of multiple needs among children and families. Child and family needs by abuse type and substantiation status, number of reports to Child Protection and Permanency, Children's System of Care, and Structured Decision Making categories are also presented.

KEY FINDINGS

- The needs most frequently experienced by children and families were caregiver substance abuse and caregiver mental health problems. The presence of caregiver mental health problems in families coming into contact with the system increased 16% from 2011 to 2013. Caregiver substance abuse problems increased by 17% over that same period.
- Caregiver substance abuse and caregiver mental health needs often co-occur with other needs, such as poverty, domestic violence, and child mental health needs. Close to one in three CP&P-involved families have multiple identified needs, and most of these families have caregiver substance abuse and/or caregiver mental health problems.
- Domestic violence also increased 22% from 2011 to 2013. This may reflect increased awareness among caseworkers following DCF domestic violence initiatives.
- With the exception of child mental health and child substance abuse, all needs are higher among children and families with CPS reports than among those with CWS referrals.
- Child mental health and child substance abuse were the only needs to decrease over this period.

OVERALL CHILD AND FAMILY NEEDS 2009-2013[1]

Table 2 presents the identified needs of all children with reports between 2009 and 2013, as well as child and family needs separated by CPS reports and CWS referrals. Caregiver substance abuse was the most commonly identified need for children overall (32%), as well as for children with CPS reports (36%). Fewer children with CWS reports (14.0%) had caregiver

substance abuse needs. Child mental health was the most frequently identified need for children with CWS reports (22%), while 11% of children with CPS reports had child mental health needs. Just over 22% of children overall, as well as 24% of children with CPS reports and 14% of children with CWS reports, had caregiver mental health needs.

From this point forward in the reporting of needs, analyses will group CPS reports and CWS referrals together as one universe of children and families served by CP&P.

Table 2. Percentage of children with identified needs for all CPS reports and CWS referrals, 2009-2013[1].

Need Domain	All Reports %	Child Protective Services %	Child Welfare Services %
Caregiver Mental Health	22.2	24.1	14.0
Child Mental Health	12.7	10.6	21.7
Caregiver Substance Abuse	32.0	36.1	14.4
Child Substance Abuse	3.0	2.4	5.4
Family Poverty	11.0	11.6	8.4
Housing	6.3	5.8	8.5
Domestic Violence	14.4	16.2	6.4

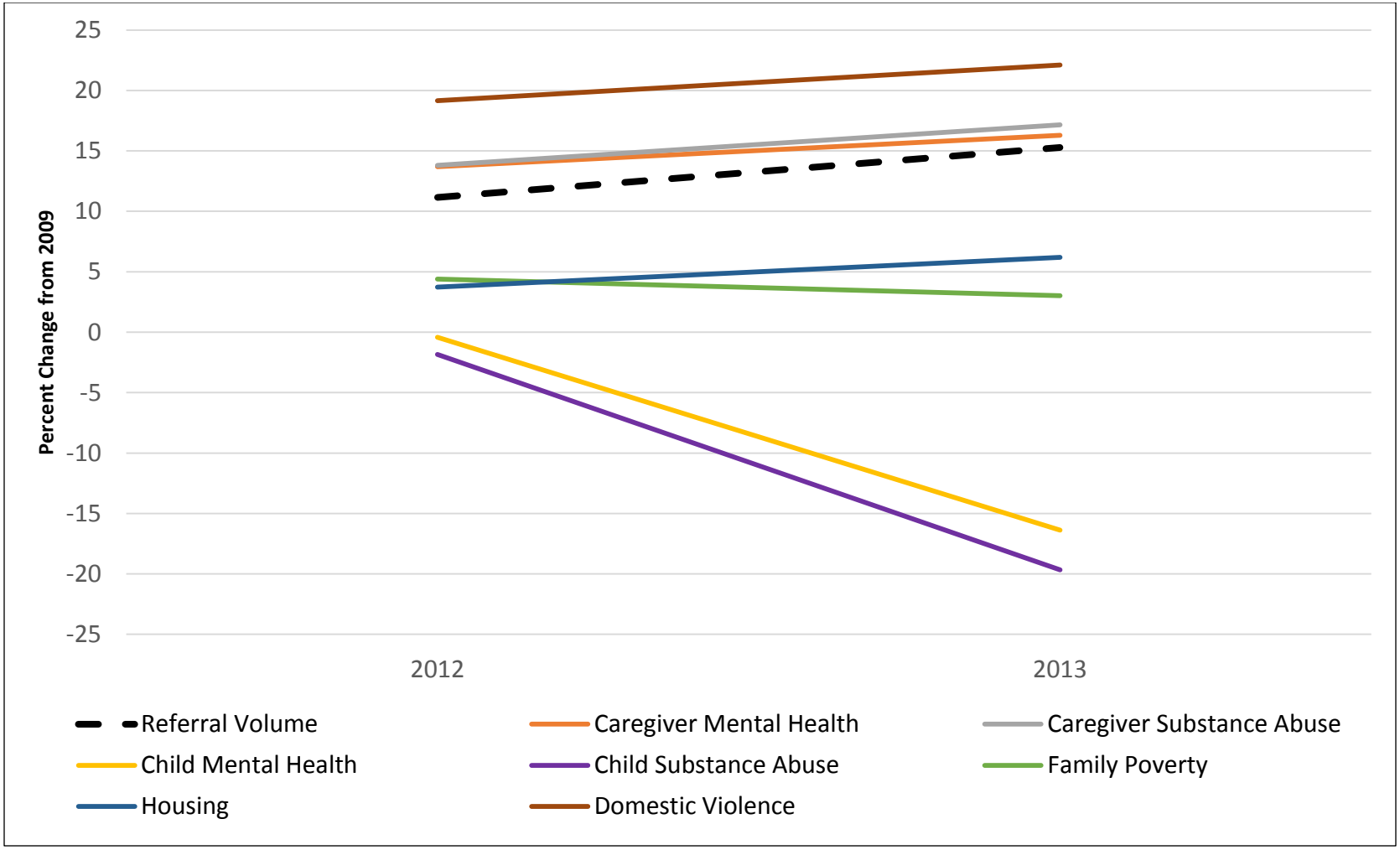
Note: Percentages will not add up to 100%, as children and families may have multiple needs identified

CHANGES IN CHILD AND FAMILY NEEDS BETWEEN 2011 AND 2013[1]

The volume of reports to CP&P was compared with child and family need to investigate how the child and family needs connected to reports changed over the 2011-2013 time period. Figure 4 presents the percent change from 2011 for each need domain. Two sets of needs increased in tandem during this time period: caregiver mental health and caregiver substance abuse rose by 16% and 17% respectively, and poverty and housing needs increased by 3% and 6%. The only needs that decreased from 2011-2013 were those specific to children and youth; needs related to child mental health and child substance abuse decreased by 16% and 20% respectively. The next phase of the needs assessment process is exploring how expanded programs through the Children's System of Care implemented during this time may account for some of this decrease. Children and youth with mental health needs and substance use disorders, who historically received services through CP&P, now may be served through alternative DCF support structures.

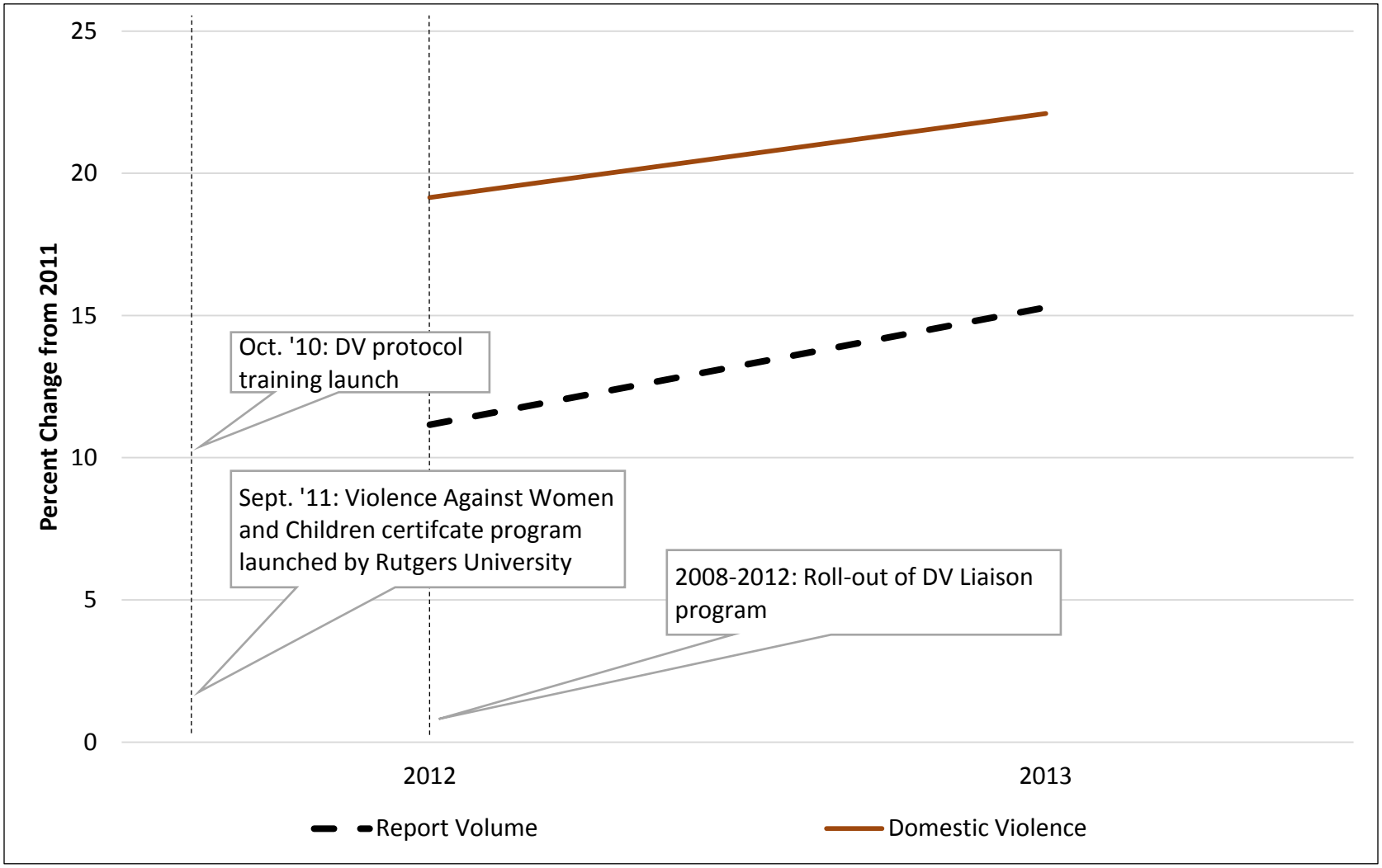
Needs related to domestic violence saw the greatest change from 2011, with a 22% increase overall. Figure 5 takes a closer look at changes in the domestic violence need category. During the 2009-2013 period, DCF and its community partners launched several training and practice initiatives related to strengthening identification of domestic violence. The Domestic Violence Liaison (DVL) Program was launched in 2008 and, by 2012, had 31 DVLs serving the 21 counties in New Jersey. This program was created with the goal of strengthening and

enhancing service coordination between CP&P and the domestic violence lead agencies. Included in this effort was the strengthening of domestic violence assessments by CP&P staff and, for domestic violence service providers, strengthening the identification of cases that require referral to CP&P. In October of 2009, DCF launched a comprehensive Case Practice Protocol for cases where domestic violence was present, which was followed by a statewide series of trainings to caseworkers. The Domestic Violence Case Practice Protocol aims to provide both guidance on the identification and assessment of domestic violence and case planning guidance when domestic violence co-occurs with child abuse and neglect. Additionally, Rutgers University's School of Social Work implemented a Violence Against Women and Children Certificate Program in September of 2011 to provide specialized advanced training to Masters in Social Work students. Taken together, the 2009-2013 period saw a concerted effort in New Jersey to raise awareness and train both DCF workers and clinical professionals in the identification of domestic violence.



Note: Values in the above were calculated as the percent change in each need domain compared to 2011 (Percent Change= (% with x need in y year - % with x need in 2009)/%with x need in 2011)

Figure 4. Changes in proportion of Child and family need domains from 2011-2013[1].



Note: Values in the above were calculated as the percent change for all reports and domestic violence need compared to 2011

Figure 5. Changes in domestic violence need volume and DCF initiatives, 2011-2013[1].

FAMILIES FACING MULTIPLE CHALLENGES

An important finding of this analysis is that many children and families experience a combination of multiple needs. Close to a third (28%) of children had more than one identified need, with 18% having 2 needs and 10% having 3 or more identified needs. Most children with multiple needs also had caregiver substance abuse and/or caregiver mental health needs. Notably, among children with 2 identified needs, a combination of caregiver mental health and caregiver substance abuse was the most common, with more than one third (35%) of children in the 2-need category having this need combination (see Table 3 for the ten most frequent combinations of needs for those with 2 needs). Moreover, either caregiver substance abuse or caregiver mental health was 1 of the 2 needs present in 8 of the 10 most frequently reported needs combinations. Caregiver substance abuse with domestic violence was the second most frequent combination, accounting for 14% of children with 2 identified needs. Children with 3 or more needs often experienced a combination of caregiver mental health and/or caregiver substance abuse along with domestic violence (19%), family poverty (12%), or child mental health (9%) needs (see Table 4 for the ten most frequent combinations of needs for those with 3 needs).

Table 3. Frequency of need combinations for families presenting with two identified needs from 2009-2013.

Need Combination	n (%)
Caregiver Mental Health, Caregiver Substance Abuse	32,109 (34.6)
Caregiver Substance Abuse, Domestic Violence	13,370 (14.4)
Caregiver Mental Health, Child Mental Health	6,287 (6.8)
Child Mental Health, Caregiver Substance Abuse	5,806 (6.3)
Caregiver Substance Abuse, Family Poverty	5,631 (6.1)
Caregiver Mental Health, Domestic Violence	5,408 (5.8)
Family Poverty, Housing	4,708 (5.1)
Caregiver Mental Health, Family Poverty	3,494 (3.8)
Child Mental Health, Child Substance Abuse	3,109 (3.3)
Family Poverty, Domestic Violence	2,660 (2.9)

It is important to recognize that needs frequently occur in combinations, with substance abuse and mental health occurring most frequently among these combinations. This is particularly important as a window into family functioning, considering the role of caregiver substance abuse and caregiver mental health as needs directly proximal to parenting capacity. These needs are also associated with accumulating risk and need across more distal socioeconomic needs such as poverty and housing.

Table 4. Frequency of need combinations for families presenting with three identified needs from 2009-2013.

Need Combination	n (%)
Caregiver Mental Health, Caregiver Substance Abuse, Domestic Violence (DV)	10,140 (18.7)
Caregiver Mental Health, Caregiver Substance Abuse, Family Poverty	6,520 (12.0)
Caregiver Mental Health, Caregiver Substance Abuse, Child Mental Health	4,708 (8.7)
Caregiver Mental Health, Caregiver Substance Abuse, Family Poverty, DV	3,287 (6.1)
Caregiver Mental Health, Caregiver Substance Abuse, Family Poverty, Housing	2,819 (5.2)
Caregiver Substance Abuse, Family Poverty, DV	2,317 (4.3)
Caregiver Substance Abuse, Family Poverty, Housing	1,969 (3.6)
Caregiver Mental Health, Family Poverty, Housing	1,591 (2.9)
Caregiver Mental Health, Caregiver Substance Abuse, Housing	1,459 (2.7)
Caregiver Mental Health, Family Poverty, DV	1,454 (2.7)

CHILD MALTREATMENT ALLEGATIONS AND SUBSTANTIATIONS

Child maltreatment allegations made in an initial CPS report are categorized as physical abuse, emotional abuse, sexual abuse, or neglect. The child maltreatment allegations made in the initial CPS report were described by need, both for type of abuse and substantiation status. Table 5 presents the percentage of children with each need by type of abuse for all allegations and for those allegations that were later substantiated.

For all but one need domain, the proportion of children with the need was higher for substantiated cases than for the larger allegation pool. The one major exception was for child mental health, where across each maltreatment type, child mental health needs were proportionally lower in the substantiated group than in the larger pool of families facing allegations. In terms of the needs associated with the different allegation types, caregiver substance abuse (69%), poverty (29%), and housing (16%) were all highest for substantiated neglect. Almost all children with substantiated emotional abuse allegations had caregiver mental health needs (96%), while child mental health and domestic violence needs were also highest among children with substantiated emotional abuse. (Please see the Appendix for charts detailing county level variation in child and family need)

Table 5. Child and family needs by allegation type and substantiated allegation for 2009-2013[1]. Percentages shown are proportion of alleged or substantiated reports for each maltreatment type that had that particular need present.

	Physical Abuse		Neglect		Sexual Abuse		Emotional Abuse	
	n=115,811		n=316,169		n=30,451		n=1,106	
Type of Need	Alleged %	Substantiated %	Alleged %	Substantiated %	Alleged %	Substantiated %	Alleged %	Substantiated %
Caregiver Mental Health	17.3	34.8	27.1	48.8	18.4	21.0	98.0	95.8
Child Mental Health	29.3	24.4	21.0	19.9	22.1	19.4	38.2	37.9
Caregiver Substance Abuse	22.1	39.5	42.6	68.6	21.3	21.8	21.5	35.8
Child Substance Abuse	4.3	4.1	3.2	3.5	2.6	2.9	3.7	3.0
Family Poverty	6.9	15.1	15.5	28.7	8.6	10.7	7.3	11.7
Housing	2.1	5.1	7.3	16.1	2.2	2.8	1.5	4.7
Domestic Violence	11.7	26.2	19.7	31.0	8.6	10.8	15.1	35.5

NEEDS OF FREQUENTLY ENCOUNTERED FAMILIES[1]

Frequently encountered families are families that have three or more referrals to CP&P. These families represent a small volume of high need families that return to the child welfare system over and over. Child and family needs were investigated by whether, after an initial report, children and families had re-reports to CP&P. In order to do this, the population of children was modified into a cohort design to achieve a valid representation of re-reports. From the population of children who received reports to CP&P in 2009, children who had any previous involvement with CP&P were excluded from the sample. The resulting cohort includes only children who received their first report to CP&P between 1/1/2009 and 12/31/2009, a total of 33,134 children.

The cohort was followed until 12/31/2013 and children were categorized based on the number of reports to CP&P. Of these children, 60% had only one report, 20% had a total of two reports, and 20% were frequently encountered families with three or more reports during the 2009-2013 time period. As the number of reports to CP&P increase, the proportion of children experiencing the various needs increase in kind (Figure 6). The biggest differentials within need categories existed for caregiver mental health, caregiver substance abuse, poverty, housing, and domestic violence. Table 6 presents the percentage of children with identified needs in each of the report categories.

Table 6. Number of reports to CP&P by child and family need 2009-2013[1].

	Presence of Need Domain by Number of Reports			
	n=33,134	n=20,012	n=6,638	n=6,484
Need Domain	Total Cohort %	One report %	Two reports %	3+ reports %
Caregiver Mental Health	23.8	13.4	28.4	51.1
Child Mental Health	19.4	15.2	20.9	28.6
Caregiver Substance Abuse	30.6	19.7	37.0	62.6
Child Substance Abuse	3.3	2.9	3.4	6.8
Family Poverty	17.3	9.8	19.0	35.1
Housing	9.3	5.3	10.5	20.6
Domestic Violence	19.6	10.6	23.3	40.7

Note: Values represent the percentage of children with the associated need in each report category separated by the number of CPS reports and CWS referrals over a 12 month period from 2009-2013. These data represent a cohort where cases included did not have any open case prior to 2009 and were followed through 2013.

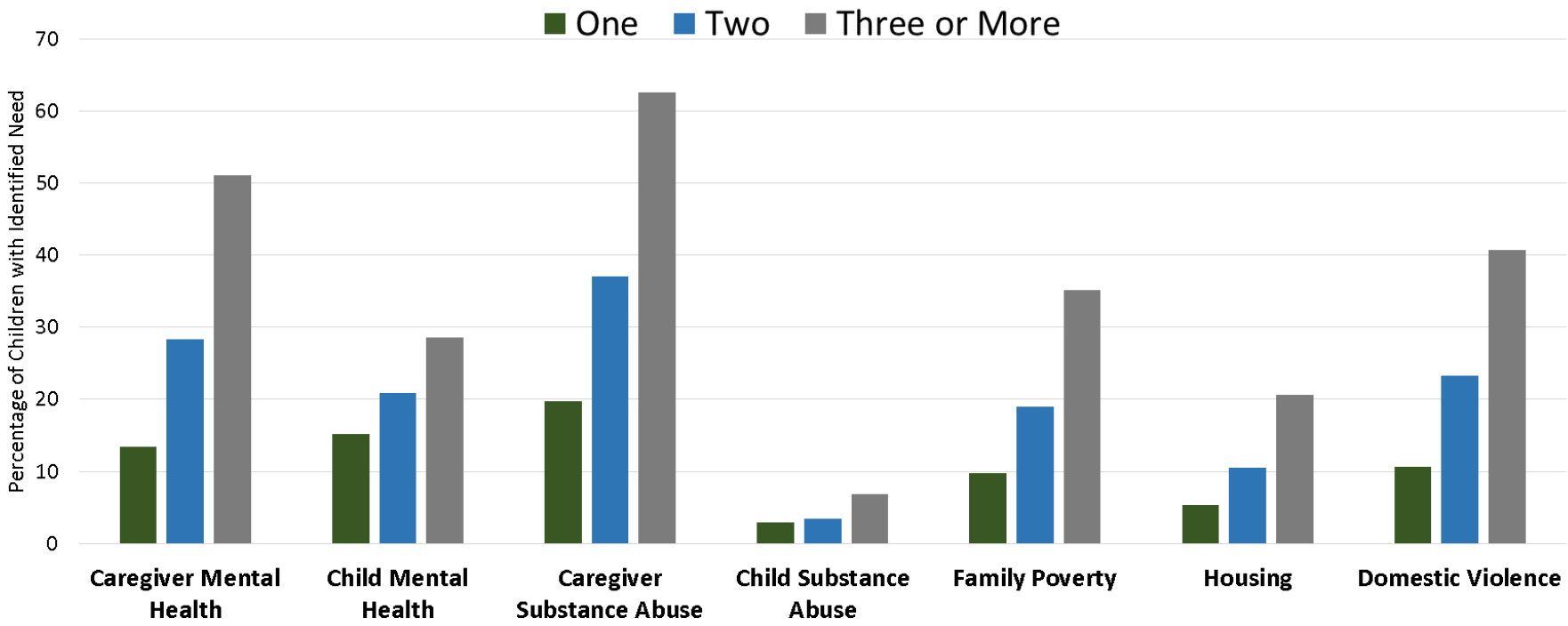


Figure 6. Re-Reports to DCF and Child and Family Needs, 2009-2013[1]

Service Populations: In-Home Services and Out-of-Home Placement

Children may receive services in-home where they remain with their families of origin or through out-of-home (OOH) foster care placement where children enter a resource placement and CP&P works with the family toward reunification or the identified permanency goal.[6] This analysis compares these service populations on the domains of need. Child and Family needs were then compared for these populations. The majority of children and families who work with CP&P are served in their own homes. Figure 7 presents the child and family needs by all reports, in-home services, and OOH placements. Within each service population, the highest need children are in OOH placements. Within the OOH placement population caregiver substance abuse (64%) and caregiver mental health (52%) were the most frequently identified needs.

While the percentages of children with needs in each domain is smaller for the in-home services population than in the OOH placement population, when looking within the service populations, it is important to note that the majority of children with each need remain in their own home. The need domain populations are presented separately in Figure 8 to illustrate this. For example, although more than 60% of children in OOH placements had caregiver substance abuse needs, fewer than 10% of children with a caregiver substance abuse need were removed from their homes. Similarly, while just over half of children in OOH placement had needs related to caregiver mental health, fewer than 10% of children with caregiver mental health needs entered OOH placement.

[6] In-home services are defined as a child having a case opened for services tied to a report to DCF without a placement in a resource home, and OOH is defined as a child being placed in any resource setting for greater than or equal to 7 days.

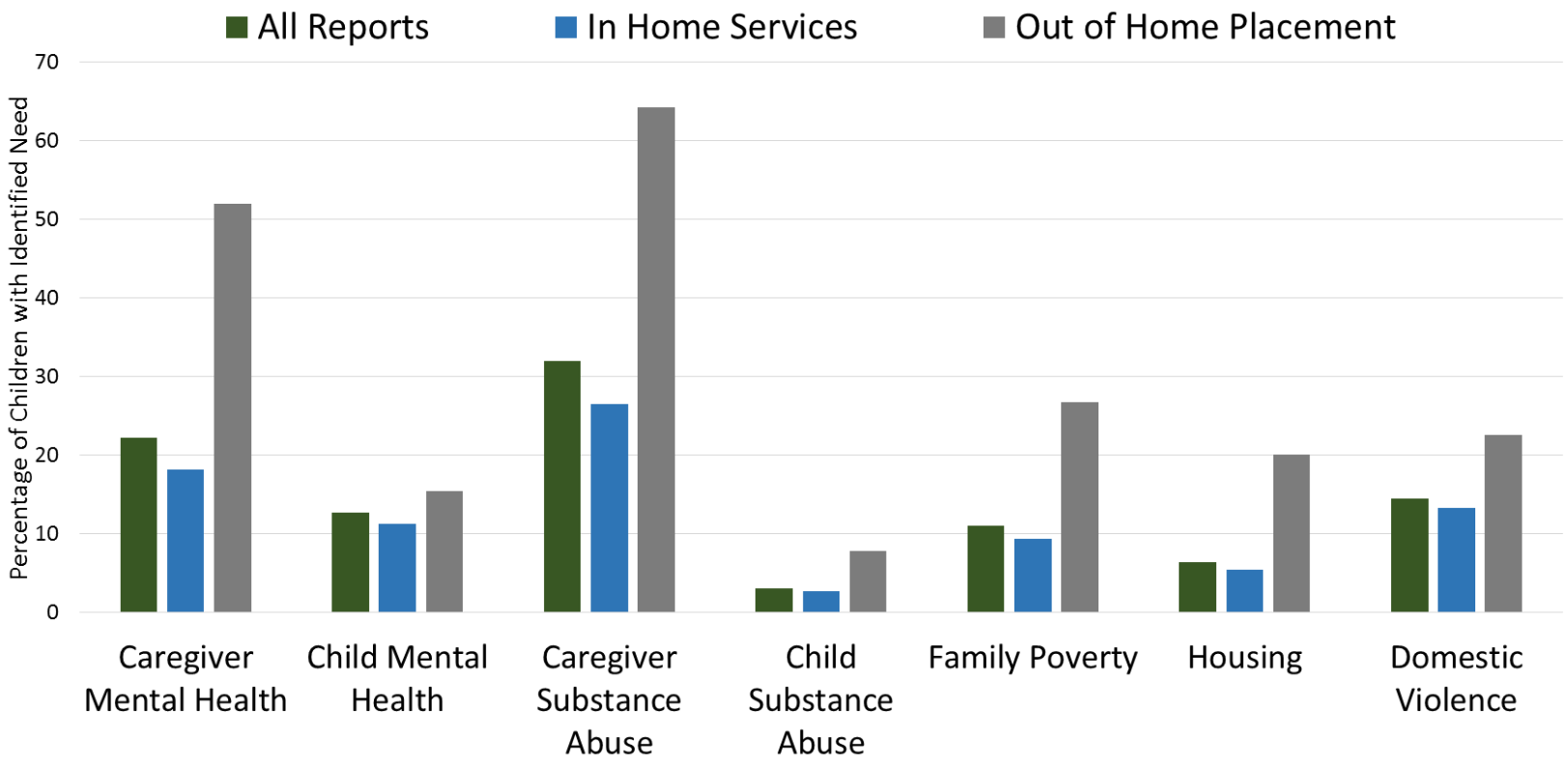


Figure 7. Percentage of children with each identified need domain for in-home or out-of-home services, 2009-2013[1]

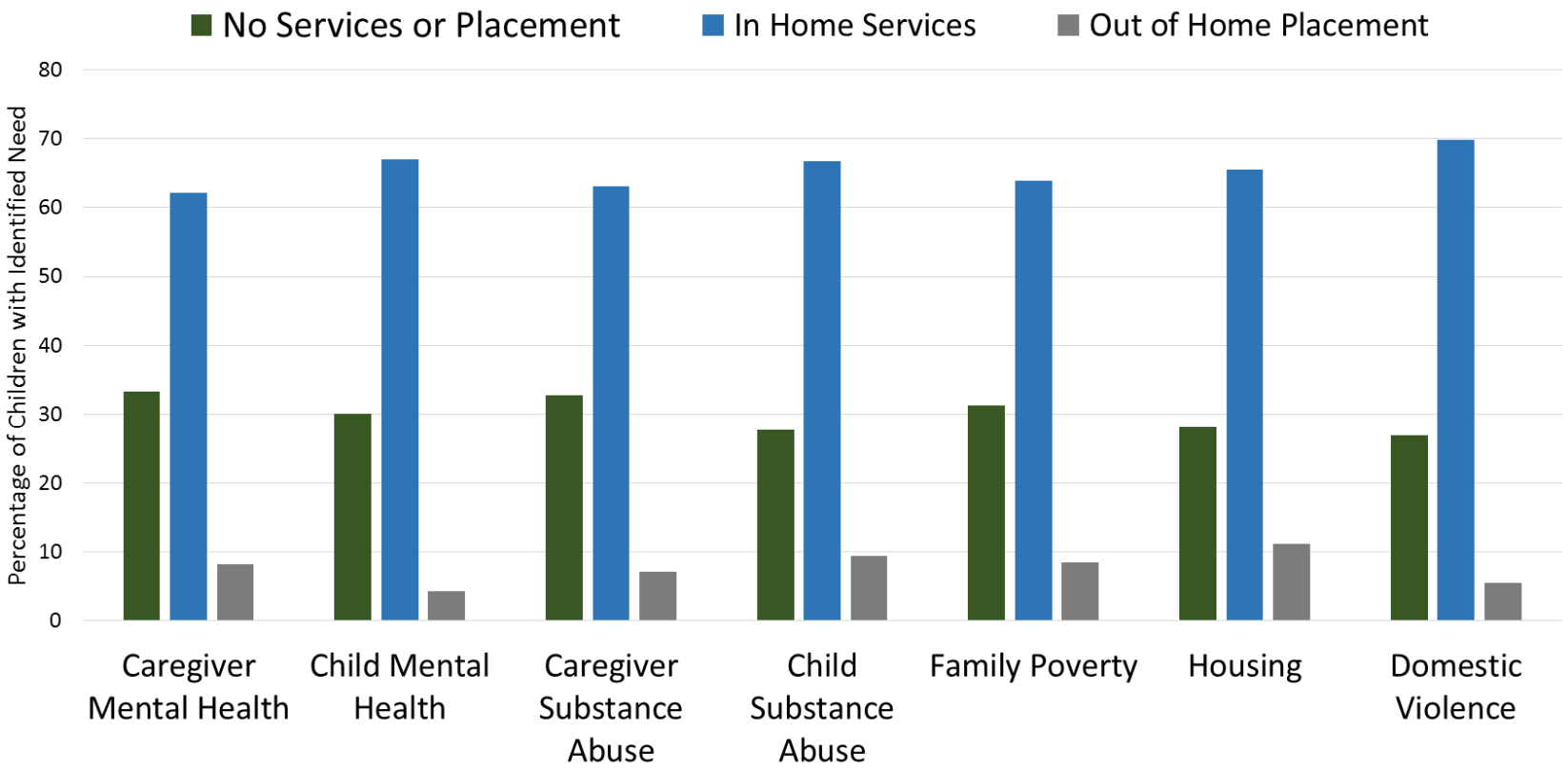


Figure 8. Percentage of Service Population among Child and Family Needs, 2009-2013[1]. For each need domain percentages add to 100, to demonstrate what type of services are received by families with each particular need domain.

ASSESSING SAFETY AND RISK FOR CHILDREN

When working with a family, caseworkers have a suite of Structured Decision Making (SDM) tools to use as support tools for case planning. These tools include the Risk Assessment, Safety Assessment, Caregiver Strengths and Needs Assessment, and the Child Strengths and Needs Assessment. Through this Needs Assessment, DCF has been able to newly examine the results of the SDM assessments and provide an overview of the findings related to identified needs. This section of the report describes the needs of children and families in terms of the ratings given to them in the SDM assessments.

Risk and Safety Assessments

Risk Assessments are completed in two modules: Neglect Risk and Abuse Risk. After a caseworker completes each module, the higher risk level assessment score is captured by NJSPIRIT as the Final Risk Level with Low, Moderate, High, and Very High as the possible Final Risk Level categories. Table 7 shows child and family needs as they relate to the different levels of the Risk Assessments.

Across the final risk level, as risk increased or safety decreased the needs of children and families increased with one exception. Child substance abused decreased for the final risk level from 4.3% to 3.9%.

Table 7. Risk level by family need: Risk assessments

	Caregiver Mental Health	Child Mental Health	Caregiver Substance Abuse	Child Substance Abuse	Family Poverty	Housing	Domestic Violence
	%	%	%	%	%	%	%
Final Risk Level							
Low	8.0	4.5	12.0	2.2	5.6	3.2	9.3
Moderate	19.6	19.8	29.2	3.2	9.7	4.7	26.3
High	40.3	26.1	60.0	4.3	20.2	8.9	20.3
Very High	63.2	28.7	70.2	3.9	37.3	26.1	26.1

Note: Values represent the percentage of children within each risk level that have indication for each of the need domains

Caregiver Strengths and Needs Assessment.

Tables 8 and 9 show the percentage of children whose caregivers had needs identified through the Caregiver Strengths and Needs Assessment, both among all reports and among children in out-of-home placements. For children overall, the most commonly identified caregiver needs were emotional needs and caregiver substance abuse, with over 15% of children having the top two levels of needs in each of these domains. Both emotional needs and caregiver mental health needs were higher among children in out-of-home placement, as more than 4 out of 10

children had each of these needs. However, caregiver needs relating to parenting skills were the most common for children in out-of-home placement, with the majority (52.7%) of children removed from their homes experiencing needs in this assessment domain.

Similar to the patterns observed in the Risk Assessment, higher ratings of caregiver needs were associated with children having higher percentages along the need domains. Table 10 presents the percentages of children and caregivers in each need domain falling within the levels of the caregiver strengths and needs assessment.

Caregiver needs associated with the highest percentages of children in the caregiver mental health and caregiver substance abuse domain include: family relationships characterized by chronic discord, chronic to moderate emotional instability, no social support system, severely limited or mismanaged financial resources, severely limited communication skills, abusive to inadequate parenting skills, minor to serious problems associated with abuse or neglect as a child, alcohol or drug dependency, and health concerns or disabilities that result in inability to care for children. Poverty was associated with no support system, severely limited communication skills, alcohol or drug dependency, and health concerns or disabilities that result in inability to care for children. Housing needs were most closely related to no social support system, severely limited or mismanaged financial resources, limited communication skills, and physical disabilities. Finally, domestic violence was associated with the following caregiver needs: chronic discord in family relationships, chronic to moderate emotional instability, custody or visitation issues characterized by harassment and conflict, and serious problems associated with abuse or neglect as a child.

Table 8. Caregiver Strength and Needs Assessment: Assessment domains by all reports and out of home placement

	All Reports	Out of Home Placement
	N=229,021	N=11,141
Assessment Domains		
Family Relationships	n (%)	n (%)
Chronic Discord	4,550 (1.9)	708 (6.2)
Frequent Discord	28,299 (11.8)	2,667 (23.4)
Minor or Occasional Discord	147,852 (61.7)	6,453 (56.6)
Supportive	58,824 (24.6)	1,569 (13.8)
Emotional		
Chronic or Severe Emotional Instability/Mental Health Concerns	3,486 (1.5)	930 (8.2)
Mild to Moderate Emotional Instability/Mental Health Concerns	34,056 (14.2)	4,065 (35.7)
No Evidence of Emotional Instability/Mental Health Concerns	185,365 (77.4)	6,183 (54.3)
Positive Emotional Stability/Mental Health	16,618 (6.9)	219 (1.9)
Caregiver Substance Abuse		
Alcohol or Drug Dependency	4,982 (2.1)	1,364 (12.0)
Alcohol or Drug Abuse	35,256 (14.7)	3,991 (35.0)
Alcohol or Prescribed Drug Use or No Use	156,804 (65.5)	5,248 (46.0)
Teaches and Demonstrates Healthy Understanding of Alcohol and Drugs	42,483 (17.7)	794 (7.0)
Physical Health		
Serious Health Concerns or Disabilities result in Inability to Care for Child	521 (.2)	148 (1.3)
Health Concerns or Disabilities Affect Family Functioning	8,093 (3.4)	953 (8.4)
Health Issues do not Affect Family Functioning	189,284 (79.0)	9,155 (80.3)
Preventative Health Care is Practiced	41,627 (17.4)	1,141 (10.0)
Social Support		
No Support System	1,250 (.5)	284 (2.5)
Limited Support System	25,271 (10.6)	3,010 (26.4)
Adequate Support System	180,566 (75.4)	6,780 (59.5)
Strong Support System	32,438 (13.5)	1,323 (11.6)

Note: Values represent percentage of children within all reports or OOH with indicated need

Table 9. Caregiver Strength and Needs Assessment: Assessment domains by all reports and out of home placement

	All Reports	Out of Home Placement
	N=229,021	N=11,141
Assessment Domains		
Financial Management	n (%)	n (%)
No resources or resources are severely limited and/or mismanaged	2,304 (1.0)	617 (5.4)
Resources are insufficient or not well-managed	20,172 (8.4)	2,543 (22.3)
Resources are limited but are adequately managed	185,339 (77.4)	7,479 (65.6)
Resources are sufficient and adequately managed	31,710 (13.2)	758 (6.7)
History of Abuse or Neglect		
Serious Problems Related to Abuse or Neglect as a Child	4,550 (1.9)	613 (5.4)
Minor Problems Related to Abuse or Neglect as a Child	12,673 (5.3)	1,544 (13.5)
No Abuse or Neglect as a Child	215,213 (89.8)	8,856 (77.7)
Abuse or Neglect as a Child, Demonstrated Good Coping Ability	8,596 (3.6)	384 (3.4)
Communication Skills		
Severely Limited Skills	449 (.2)	77 (.7)
Limited Skills	6,450 (2.7)	808 (7.1)
Functional Skills	33,243 (83.2)	9,408 (82.5)
Strong Skills	33,243 (13.9)	1,104 (9.7)
Custody Issues		
Custody/Visitation Issues are Characterized by Harassment and/or Severe Conflict	3,488 (1.5)	155 (.8)
Custody/Visitation Issues are Characterized by Frequent Conflict	19,966 (8.3)	711 (6.2)
Custody/Visitation does not Apply or does not Appear Problematic	202,251 (84.4)	9,798 (86.0)
Custody/Visitation Issues Handled in a Positive Manner	13,820 (5.8)	733 (6.4)
Parenting Skills		
Parents in a Destructive or Abusive Manner	1,450 (.6)	542 (4.8)
Inadequately Parents or Protects Children	20,322 (8.5)	5,460 (47.9)
Adequately Parents and Protects Children	199,181 (83.2)	5,175 (45.4)
Strong Skills	18,572 (7.8)	220 (1.9)

Note: Values represent percentage of children within all reports or OOH with indicated need

Table 10. Caregiver Strengths and Needs Assessment by child and family need domains

	Caregiver Mental Health	Child Mental Health	Caregiver Substance Abuse	Child Substance Abuse	Family Poverty	Housing	Domestic Violence
Family Relationships	%	%	%	%	%	%	%
Chronic Discord	64.0	17.6	57.3	9.8	28.7	9.3	52.1
Frequent Discord	53.5	15.7	54.2	6.9	25.3	8.9	39.1
Minor or Occasional Discord	31.1	11.4	41.3	3.0	14.3	7.6	12.8
Supportive	22.6	9.5	34.0	1.9	10.6	6.3	7.7
Emotional							
Chronic or Severe Emotional Instability/Mental Health Concerns	100	12.8	68.9	3.1	36.8	16.2	29.7
Mild to Moderate Emotional Instability/Mental Health Concerns	100	13.8	67.4	4.0	31.4	12.8	28.5
No Evidence of Emotional Instability/Mental Health Concerns	20.7	11.3	37.9	3.2	12.3	6.6	13.4
Positive Emotional Stability/Mental Health	9.2	9.7	20.3	2.8	6.3	4.3	7.5
Social Support							
No Support System	64.6	11.7	54.6	5.1	63.3	36.8	25.0
Limited Support System	57.0	14.3	55.4	4.6	43.0	18.1	24.1
Adequate Support System	29.4	11.3	40.0	3.2	11.5	6.2	14.5
Strong Support System	28.1	10.8	37.0	2.9	10.4	5.1	13.4
Financial Management							
No resources or resources are severely limited and/or mismanaged	70.8	9.5	70.0	5.2	100	57.4	23.1
Resources are insufficient or not well-managed	58.8	12.8	59.7	3.2	100	30.5	22.7
Resources are limited but are adequately managed	31.1	11.6	41.5	3.2	7.0	5.2	15.3
Resources are sufficient and adequately managed	19.6	10.9	26.5	3.7	1.1	2.1	11.1

Note: Values represent the percentage of children at each level of assessment associated with the need domains

Table 10 (Continued). Caregiver Strengths and Needs Assessment by child and family need domains

	Caregiver Mental Health	Child Mental Health	Caregiver Substance Abuse	Child Substance Abuse	Family Poverty	Housing	Domestic Violence
Communication Skills	%	%	%	%	%	%	%
Severely Limited Skills	66.4	15.1	47.7	5.3	42.3	21.6	25.4
Limited Skills	58.5	14.8	44.0	3.7	35.0	14.8	22.9
Functional Skills	32.6	11.5	42.5	3.3	14.9	7.5	15.5
Strong Skills	25.0	11.0	33.9	3.2	11.1	5.4	13.5
Parenting Skills							
Parents in a Destructive or Abusive Manner	70.7	15.2	62.5	6.1	29.7	14.7	28.0
Inadequately Parents or Protects Children	65.0	12.8	66.3	5.3	36.3	18.5	24.2
Adequately Parents and Protects Children	30.3	11.5	40.5	3.2	13.5	6.6	14.9
Strong Skills	14.5	10.3	21.6	2.6	6.3	4.2	9.9
Custody Issues							
Custody/Visitation Issues are Characterized by Harassment and/or Severe Conflict	47.2	11.3	46.7	2.0	17.4	5.7	40.7
Custody/Visitation Issues are Characterized by Frequent Conflict	36.7	11.0	44.5	2.2	15.7	6.3	26.1
Custody/Visitation does not Apply or does not Appear Problematic	31.8	11.7	41.0	3.5	14.9	7.6	13.9
Custody/Visitation Issues Handled in a Positive Manner	29.3	10.1	40.3	2.6	14.1	7.2	14.9
Abuse or Neglect History							
Serious Problems Related to Abuse or Neglect as a Child	96.9	11.6	70.9	3.1	39.1	19.5	29.9
Minor Problems Related to Abuse or Neglect as a Child	95.5	10.8	65.2	2.7	34.2	15.3	25.4
No Abuse or Neglect as a Child	27.7	11.7	39.5	3.4	13.5	6.8	14.6
Abuse or Neglect as a Child, Demonstrated Good Coping Ability	30.6	10.5	42.0	2.5	15.0	8.0	15.4

Note: Values represent the percentage of children at each level of assessment associated with the need domains

Table 10 (Continued). Caregiver Strengths and Needs Assessment by child and family need domains

	Caregiver Mental Health	Child Mental Health	Caregiver Substance Abuse	Child Substance Abuse	Family Poverty	Housing	Domestic Violence
Substance Abuse	%	%	%	%	%	%	%
Alcohol or Drug Dependency	76.8	7.3	100	5.8	38.2	14.8	22.1
Alcohol or Drug Abuse	56.0	7.7	100	3.6	24.0	9.1	23.6
Alcohol or Prescribed Drug Use or No Use	29.3	12.4	32.8	3.1	13.6	7.3	14.3
Teaches and Demonstrates Healthy Understanding of Alcohol and Drugs	18.6	12.2	17.3	3.3	9.8	5.9	11.7
Physical Health							
Serious Health Concerns or Disabilities result in Inability to Care for Child	79.3	19.2	60.3	7.1	45.3	22.6	17.9
Health Concerns or Disabilities Affect Family Functioning	73.1	20.0	57.2	5.2	38.5	16.0	18.1
Health Issues do not Affect Family Functioning	32.3	11.4	42.4	3.3	14.9	7.5	15.5
Preventative Health Care is Practiced	23.9	10.8	33.3	2.9	10.2	5.2	14.4

Note: Values represent the percentage of children at each level of assessment associated with the need domains

Child Strengths and Needs Assessment.

Tables 11 and 12 show the percentage of children with needs identified through the Child Strengths and Needs Assessment, both among all reports and among children in out-of-home placements. For children overall, the most commonly identified assessment need domains were related to coping skills (16%) and educational difficulties (13.4%). Child needs relating to challenged (21.8%) or harmful (4.6%) family relationships were the most common for children in out-of-home placement.

Similarly, the Child Strengths and Needs Assessment was compared to the constructed child and family need domains. Table 13 presents the percentage of children within each strengths and needs category who fell within the child and family need domains. Higher percentages of need were generally associated with the at-risk categories in the Child Strengths and Needs Assessment. For example, two thirds of children rated as having family relationships that were harmful had a caregiver identified as having a mental health need, 60% had a caregiver with a substance abuse need, and 40% had a domestic violence need. The majority of children (60%) rated as lacking a social support network had a caregiver with a mental health need. Children who lacked access to quality health care experienced poverty (55%), caregiver substance abuse (68%), caregiver mental health (63%), and housing (30%) needs.

Table 11. Child Strength and Needs Assessment: Assessment domains by all reports and out of home placement

	All Reports	Out of Home Placement
	N=229,021	N=11,141
Assessment Domains		
Family Relationships	n (%)	n (%)
Harmful Relationships	1,838 (.8)	513 (4.6)
Challenged Relationships	25,806 (5.0)	2,429 (21.8)
Adequate Relationships	153,768 (67.1)	6,926 (62.2)
Nurturing/Supportive Relationships	47,609 (20.8)	1,273 (11.4)
Coping Skills		
Extreme Lack of Coping Skills	3,445 (1.5)	327 (2.9)
Periodic Lack of Coping Skills	33,229 (14.5)	1,993 (17.9)
Displays Appropriate Coping Skills	177,927 (77.7)	8,219 (73.8)
Displays Strong Coping Skills	14,420 (20.8)	602 (5.4)
Child Substance Abuse		
Substance Abuse/Dependency	375 (.2)	82 (.7)
Alcohol or Drug Use	4,050 (1.8)	483 (4.3)
No Sustained Use	82,128 (35.9)	4,286 (38.5)
No Substance Use	142,468 (62.2)	6,290 (56.5)
Physical Health		
Serious Lack of Health Care	331 (.1)	102 (.9)
Inadequate Health Care	4,405 (1.9)	799 (7.2)
Adequate Health Care	185,364 (80.9)	8,772 (78.7)
Good Health Care	38,921 (17.0)	1,468 (13.2)
Social Support		
Lacks Positive Support Network	453 (.2)	131 (1.2)
Limited Positive Support Network	10,068 (4.4)	1,453 (13.0)
Adequate Positive Support Network	189,589 (82.6)	8,413 (75.5)
Good Positive Support Network	28,911 (12.6)	1,144 (10.3)

Note: Values represent percentage of children within all reports or OOH with indicated need

Table 12. Child Strength and Needs Assessment: Assessment domains by all reports and out of home placement

	All Reports	Out of Home Placement
	N=229,021	N=11,141
Assessment Domains		
Development	n (%)	n (%)
Severely Limited Development	1,542 (.7)	86 (.8)
Limited Development	10,895 (4.8)	875 (7.9)
Age Appropriate Development	213,681 (93.3)	10,057 (90.3)
Advanced Development	2,903 (1.3)	123 (1.1)
Education		
Severe Educational Difficulty	3,064 (1.3)	263 (2.4)
Some Educational Difficulty	27,778 (12.1)	1,540 (13.8)
Satisfactory Achievement	192,970 (84.3)	9,110 (81.8)
Outstanding Achievement	5,209 (2.3)	228 (2.0)

Note: Values represent percentage of children within all reports or OOH with indicated need

Table 13. Child Strengths and Needs Assessment by child and family need domains

	Caregiver Mental Health	Child Mental Health	Caregiver Substance Abuse	Child Substance Abuse	Family Poverty	Housing	Domestic Violence
Family Relationships	%	%	%	%	%	%	%
Harmful Relationships	66.1	21.5	59.6	14.7	27.9	11.3	39.9
Challenged Relationships	44.5	23.4	43.7	12.8	18.7	6.9	21.4
Adequate Relationships	32.2	10.6	42.5	2.3	15.1	7.7	15.3
Nurturing/Supportive Relationships	24.7	8.5	35.6	1.3	11.3	6.0	12.2
Coping Skills							
Extreme Lack of Coping Skills	41.5	44.2	35.1	25.3	16.2	6.2	10.8
Periodic Lack of Coping Skills	36.6	28.0	35.9	11.1	15.3	5.8	12.7
Displays Appropriate Coping Skills	31.7	8.5	42.7	1.7	14.8	7.6	16.3
Displays Strong Coping Skills	27.2	6.1	38.0	1.1	13.0	7.1	14.7
Social Support							
Lacks Positive Support Network	60.0	27.2	53.4	25.2	45.7	27.2	18.1
Limited Positive Support Network	54.8	23.6	50.6	12.7	36.0	15.9	19.4
Adequate Positive Support Network	31.7	11.2	41.4	3.0	14.1	7.1	15.7
Good Positive Support Network	27.7	10.5	37.7	2.3	11.4	5.4	13.4

Note: Values represent the percentage of children at each level of assessment associated with the need domains

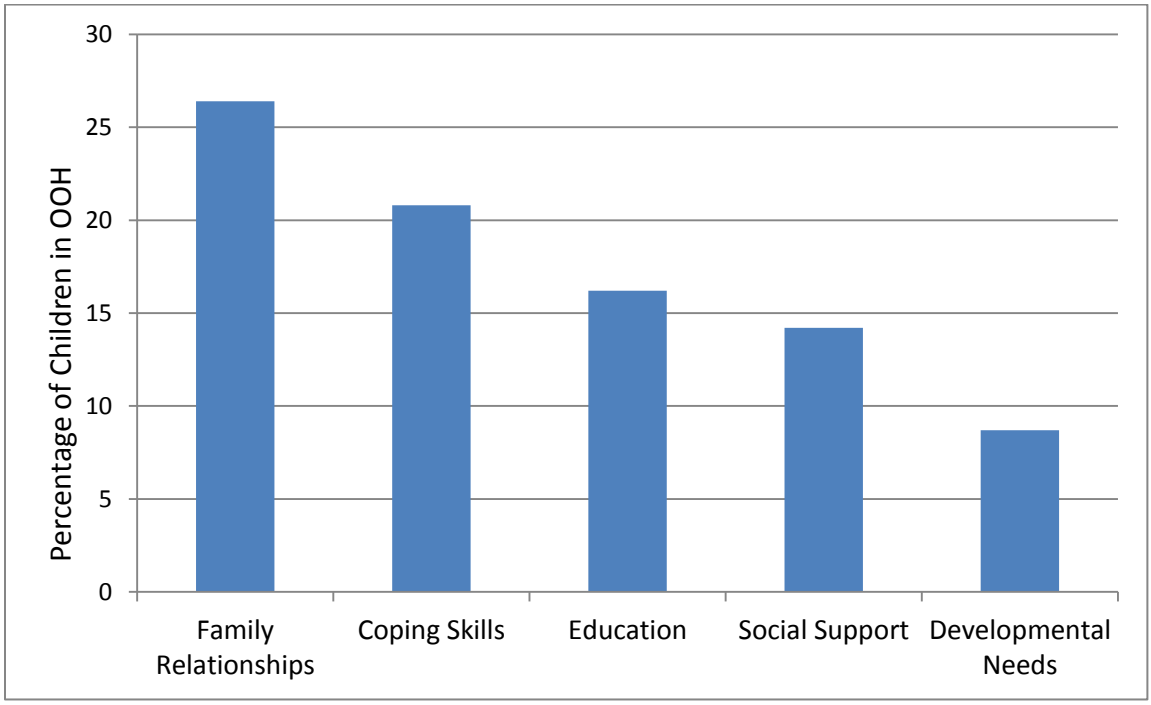
Table 13 (Continued). Child Strengths and Needs Assessment by child and family need domains

	Caregiver Mental Health	Child Mental Health	Caregiver Substance Abuse	Child Substance Abuse	Family Poverty	Housing	Domestic Violence
Substance Abuse	%	%	%	%	%	%	%
Substance Abuse/Dependency	47.2	23.5	62.7	100	20.5	11.7	8.3
Alcohol or Drug Use	34.6	26.8	47.3	100	13.1	6.0	9.6
No Sustained Use	32.3	11.7	41.2	2.2	14.2	7.5	14.5
No Substance Use	32.1	11.2	41.2	1.1	15.2	7.2	16.4
Physical Health							
Serious Lack of Health Care	62.5	18.4	57.7	6.3	55.6	29.6	15.1
Inadequate Health Care	55.4	16.7	57.6	6.1	44.4	20.8	18.4
Adequate Health Care	32.5	11.8	41.8	3.6	14.7	7.4	15.5
Good Health Care	28.4	10.5	37.1	2.1	11.5	5.2	15.6
Child Development							
Severely Limited Development	42.6	51.9	38.5	1.4	20.3	8.3	12.3
Limited Development	45.5	41.3	40.6	4.8	21.9	9.8	14.2
Age Appropriate Development	31.6	10.0	41.5	3.3	14.5	7.2	15.7
Advanced Development	27.8	7.5	36.3	2.2	10.7	6.8	14.6
Education							
Severe Educational Difficulty	44.1	43.5	41.4	16.9	21.4	9.7	11.5
Some Educational Difficulty	37.3	32.1	38.8	9.8	18.3	7.3	12.2
Satisfactory Achievement	31.4	8.4	41.8	2.3	14.3	7.3	16.1
Outstanding Achievement	30.1	6.2	37.7	2.2	11.9	6.0	16.0

Note: Values represent the percentage of children at each level of assessment associated with the need domains

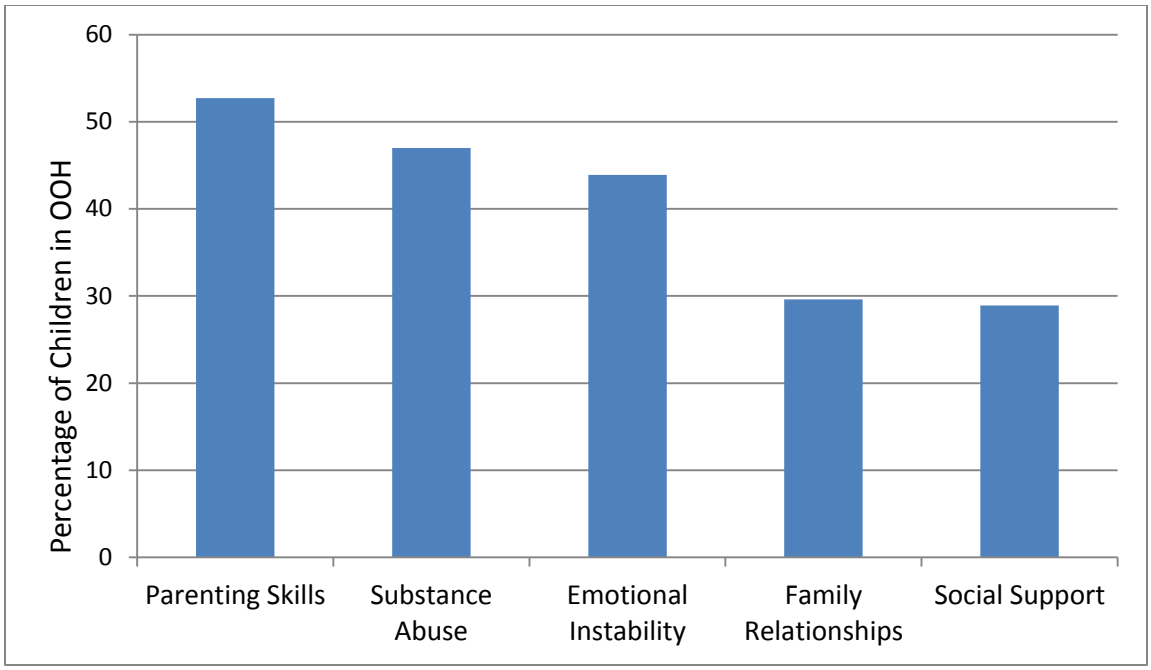
Child and Caregiver Strengths and Needs Assessment and Out-of-Home Placement

Outside of the main need areas identified throughout this report, both the Child and Caregiver Strengths and Needs Assessment contain individual level need domains that are related to out of home placement. Figure 9 contains the needs from the Child Strengths and Needs Assessment. The top 5 domains associated with out-of-home placement were: family relationships, coping skills, education, social support, and developmental needs. The child strengths and needs associated with out-of-home (OOH) placement show, at a family level, the importance of family functioning; a strong support network; and supporting children's emotional, educational, and developmental needs as protective factors. Figure 10 contains the needs from the Caregiver Strengths and Needs Assessment. The top 5 were: parenting skills, substance abuse, emotional instability, and family relationships. For caregivers the SDM tools reinforce the needs of mental health and substance abuse as being two of the most pressing needs for families in New Jersey.



Note: Values represent the percentage of children in OOH placement who scored as being in need for the above five domains of the Child Strengths and Needs Assessment

Figure 9. Proportion of children in out-of-home placement assessed as in need for five domains of the Child Strengths and Needs Assessment.



Note: Values represent the percentage of children in OOH placement who scored as being in need for the above domains of the Caregiver Strengths and Needs Assessment

Figure 10. Caregiver Strengths and Needs Assessment domains by percentage of children in OOH placement

Describing Children and Families with Needs

KEY FINDINGS

- Caregiver substance abuse and caregiver mental health are the most prevalent needs among all CP&P-involved families; however, among racial and ethnic minority communities including African American, Asian, and Hispanic families, caregiver substance abuse and child mental health needs are most prevalent, followed by caregiver mental health
- Child mental health needs were more frequently identified in cases involving boys (26.2%) than girls (19.3%).
- Cases involving older youth are less likely to have needs related to caregiver substance abuse or mental health than cases involving younger children; they are also more likely to have needs related to youth substance abuse and mental health.

HOW DO NEEDS VARY ACROSS GROUPS?

The distribution of child and family needs was explored across gender, race, ethnicity, and age categories to see if selected groups were experiencing differential need.

Gender. Table 14 presents the breakdown of child and family needs by gender of the child who was the subject of the case. Identified needs were similar for families regardless of whether the focal child was a girl or a boy. Approximately 32% of both boys' and girls' cases had caregiver substance abuse needs, while the percentage of caregiver mental health needs was 22% for boys and 23% for girls. The percentages of children with child substance abuse, family poverty, housing, and domestic violence needs were virtually identical across genders.

The largest difference between gender categories was seen for child mental health, where boys (26%) had a higher identified need than girls (19%). Whether or not boys actually have greater mental health needs is an area for future exploration. It is also possible that reporters and case-workers are more likely to identify disruptive externalizing behaviors, such as aggression, rule-breaking, and conduct problems, than internalizing behaviors. Boys tend to exhibit externalizing behaviors at higher levels than girls, while girls are more likely to show symptoms of internalizing problems, like depression and anxiety. If staff are less likely to recognize internalizing problems, our administrative data could appear to show greater mental health problems for boys.

Table 14. Child and family needs by gender, 2009-2013[1]

Need Domain	Girls n=253,571 %	Boys n=261,867 %
Caregiver Mental Health	22.6	22.0
Child Mental Health	19.3	26.2
Caregiver Substance Abuse	32.1	31.9
Child Substance Abuse	3.8	3.9
Family Poverty	12.2	12.4
Housing	6.3	6.2
Domestic Violence	14.8	14.8

Race and Ethnicity. Table 15 summarizes the percentages of children's cases with particular needs by race and ethnicity. Compared with the other racial and ethnic groups, multi-racial children (Defined by caseworker indicating multiple categories for race in NJSPIRIT) had the highest levels of need in the categories of caregiver mental health, caregiver substance abuse, poverty, housing, and domestic violence, while white children had the highest need in the domain of child mental health.

Table 15. Child and family needs by race and ethnicity, 2009-2013[1]

	CPS Reports and CWS Referrals					
	All Reports	African American	Asian	White	Multi-racial	Hispanic
Need Domain	n=520,665 %	n=156,181 %	n=5,226 %	n=227,350 %	n=9,479 %	n=101,610 %
Caregiver Mental Health	22.2	21.0	16.0	25.9	33.3	19.3
Child Mental Health	12.7	21.9	21.2	25.7	25.1	21.6
Caregiver Substance Abuse	32.0	31.4	10.9	36.8	43.6	26.2
Child Substance Abuse	3.0	3.5	2.1	4.7	3.3	3.4
Family Poverty	11.0	13.2	7.3	12.8	18.8	12.3
Housing	6.3	8.3	3.1	5.4	9.6	5.9
Domestic Violence	14.4	12.0	16.7	16.7	18.9	16.8

Note: Values represent the percentage of children in each racial/ethnic category with indication of the associated need

Age. Table 16 presents the percentages of children's cases with particular needs, separated by the child's age group. Caregiver substance abuse was one of the most frequently identified needs for children of all age groups. Caregivers of younger children (0-2) had the highest rates of substance abuse; nearly one in three children between 0 and 2 have a caregiver with a substance abuse need. The proportion of cases with this need decreased steadily as children get older.

Other Takeaways

- Domestic violence needs, family poverty, and caregiver mental health needs also declined with each successive age group.
- Child mental health needs were higher among children and youth in the older age groups, though the oldest youth had slightly lower rates of mental health need than 13 to 17 year-olds.
- Housing needs decreased as children got older, with one important exception; the percentage of children with housing needs was the highest for youth in the 18 to 22-year-old group.

Table 16. Child and family needs by age group, 2009-2013[1]

	Age Group				
	n=92,351	n=61,159	n=234,083	n=124,588	n=3,433
	0-2	3-4	5-12	13-17	18-22
Need Domain	%	%	%	%	%
Caregiver Mental Health	29.4	23.4	20.8	19.5	13.1
Child Mental Health	2.4	5.9	14.3	20.7	18.5
Caregiver Substance Abuse	43.2	34.8	29.7	27.1	17.8
Child Substance Abuse	--	--	.9	9.7	8.9
Family Poverty	15.1	12.3	10.4	8.7	8.8
Housing	9.1	6.8	5.5	5.2	9.8
Domestic Violence	20.8	17.5	13.8	9.6	7.5

Note: Values represent the percentage of children with indication of the associated need within each age category

Where are the Children and Families with Needs?

KEY FINDINGS

- There is a great deal of variation across counties in the proportion of cases with particular needs identified; however, the rank order of needs (most common to least common) is quite consistent.
- Across nearly all counties, caregiver substance abuse and caregiver mental health needs are the most common.
- Some counties have high rates of need across multiple areas, though the reader should use caution in interpreting these percentages, as some counties have far fewer reports than others.

COUNTY-LEVEL VARIATION IN CHILD AND FAMILY NEEDS

The percentage of reports associated with each of the need domains was assessed by county to investigate regional variation (Table 17). A few counties stand out as having a high proportion of need across several domains. Sussex County has the highest rate of needs identified across five need domains: caregiver mental health, child mental health, caregiver substance abuse, child substance abuse, and poverty. Gloucester is among the highest in proportionate need across three domains: caregiver mental health, caregiver substance abuse, and poverty.

With the exception of Camden, most of the counties that have proportionally high need on mental health, substance abuse, and poverty are more rural, with higher rates of poverty than the rest of New Jersey. Housing is more frequently cited as a need in some of the more populous counties in the state; both Camden and Essex had high percentages of children with housing identified as a need (Figure 11). While less affluent areas tended to be high risk for most need domains, domestic violence appears in a greater share of cases in affluent counties; Bergen, Morris, and Hunterdon all ranked high for domestic violence prevalence and are among the wealthiest counties in New Jersey (Figure 12).

Please see the Appendix for additional detail about county-level needs; no major differences were observed between counties on the need domains, and longitudinal trends were generally in the same direction across all counties.

Table 17. Child and family need domains for all reports, 2009-2013[1]:

	Caregiver Mental Health	Child Mental Health	Caregiver Substance Abuse	Child Substance Abuse	Family Poverty	Housing	Domestic Violence
Atlantic	**31.3**	12.4	38.6	3.0	12.7	6.9	14.7
Bergen	18.0	13.9	25.9	2.4	8.2	4.1	17.4
Burlington	24.8	**14.9**	31.2	3.1	10.9	6.3	12.5
Camden	25.1	12.9	36.2	3.2	10.3	7.3	12.4
Cape May	23.5	12.7	40.4	2.5	9.4	5.1	12.9
Cumberland	24.3	12.0	30.8	2.8	11.8	**7.6**	13.4
Essex	20.2	11.3	29.8	2.9	10.3	**7.9**	10.1
Gloucester	**31.3**	12.7	**40.6**	3.0	13.3	6.5	15.7
Hudson	19.5	11.0	30.0	3.3	10.9	6.5	14.8
Hunterdon	26.0	**14.7**	35.6	3.1	**16.1**	5.3	**22.1**
Mercer	27.1	13.1	32.4	**3.5**	10.3	6.3	12.6
Middlesex	18.9	13.0	27.9	2.8	13.1	5.6	14.4
Monmouth	20.4	12.2	34.0	3.1	10.3	5.6	14.1
Morris	16.9	13.7	25.5	2.7	10.1	3.3	**27.0**
Ocean	22.4	13.5	38.9	**3.5**	11.5	5.3	17.3
Passaic	14.5	11.7	24.0	2.3	9.6	5.7	13.1
Salem	28.7	11.1	**41.5**	2.8	**14.0**	**7.5**	12.8
Somerset	17.6	14.3	30.2	3.1	10.1	3.9	**21.3**
Sussex	**34.1**	**21.4**	**41.7**	**3.9**	**13.7**	4.4	15.2
Union	18.8	11.2	25.2	2.7	11.9	7.1	12.2
Warren	27.3	13.4	37.9	2.9	11.1	5.0	14.2
New Jersey	22.2	12.7	32.0	3.0	11.0	6.3	14.4

Values in table represent the percentage of children in each county with identified needs in NJSPIRIT. The three counties with the highest frequency of need in each domain are in bold.

Figures 13 and 14 further illustrate the distribution of the two most commonly identified needs—caregiver mental health and caregiver substance abuse—across the state. Between 2009 and 2013, caregiver substance abuse was less likely to be identified in northeastern counties, with the exception of Essex and Hudson, and more likely to be noted in Sussex, Warren, Salem, Gloucester, and Atlantic Counties. The patterns were similar for caregiver substance abuse needs, though rates were very high in Ocean and Cape May Counties. Figure 15 shows the density of families with 3 or more needs by municipality. While certain counties appear to have higher concentrations of needs, municipalities with high incidences of multiple needs families are scattered throughout the state.

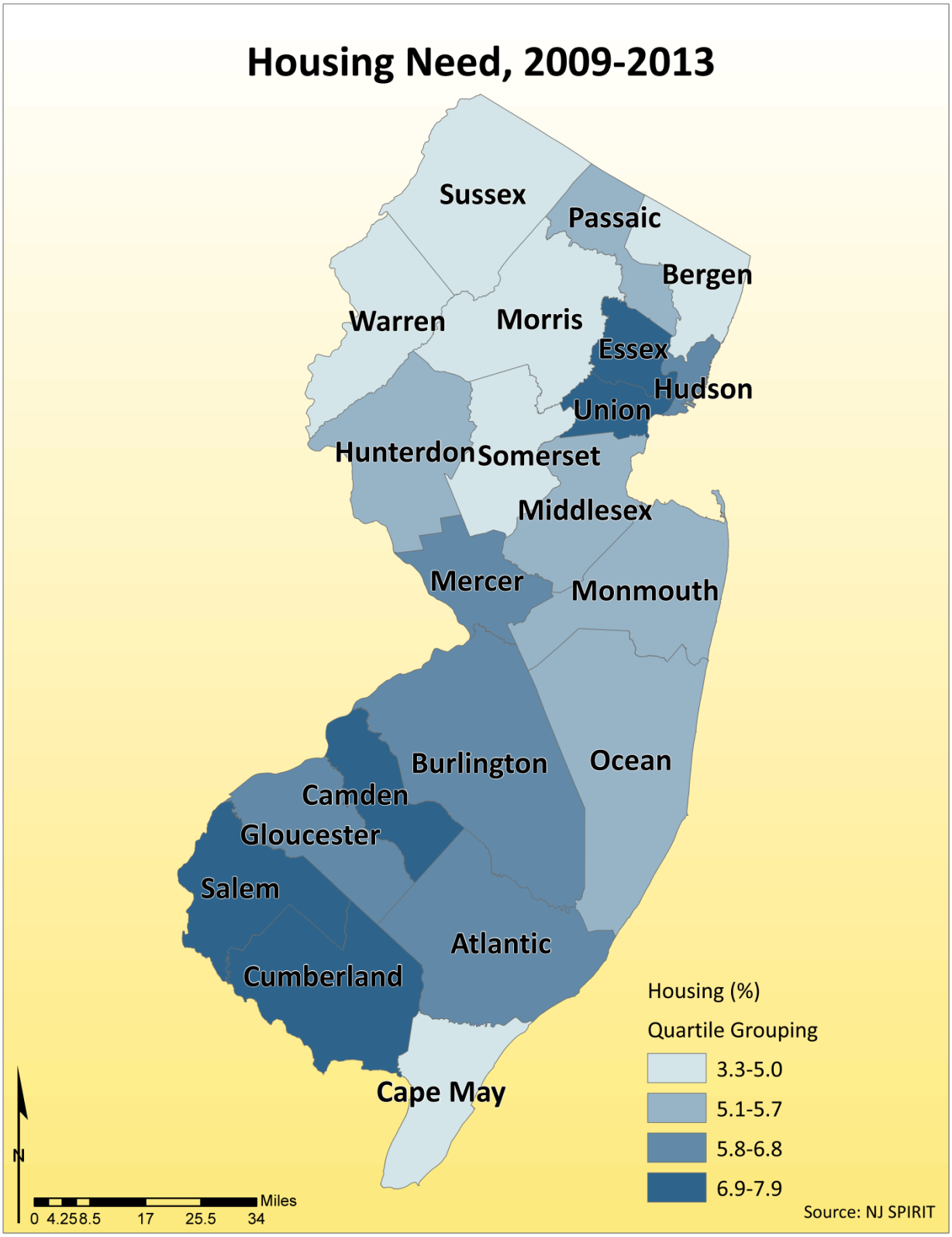


Figure 11. County-Level Distribution of Housing Need, 2009-2013[1]

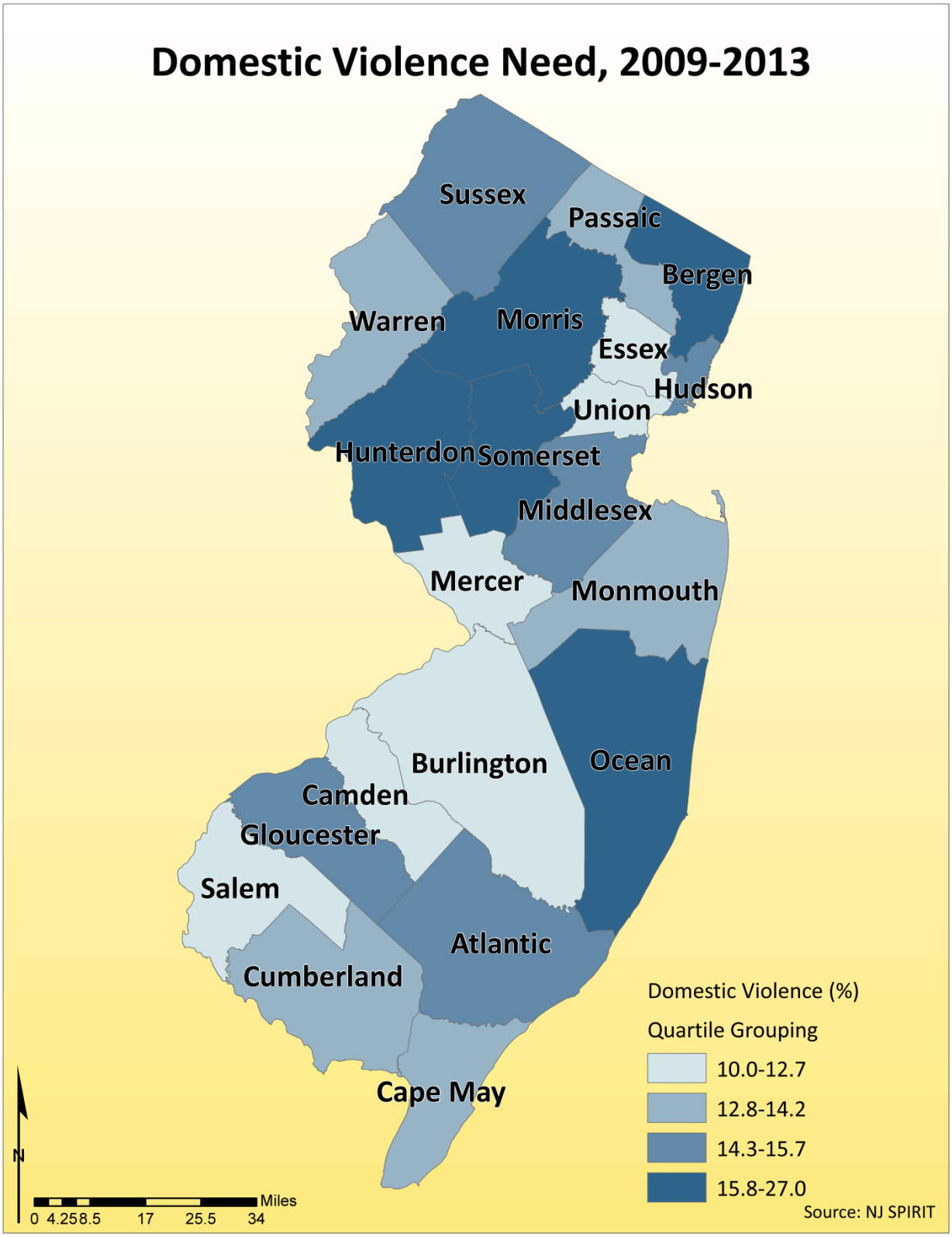


Figure 12. County-Level Distribution of Domestic Violence Need, 2009-2013[1]

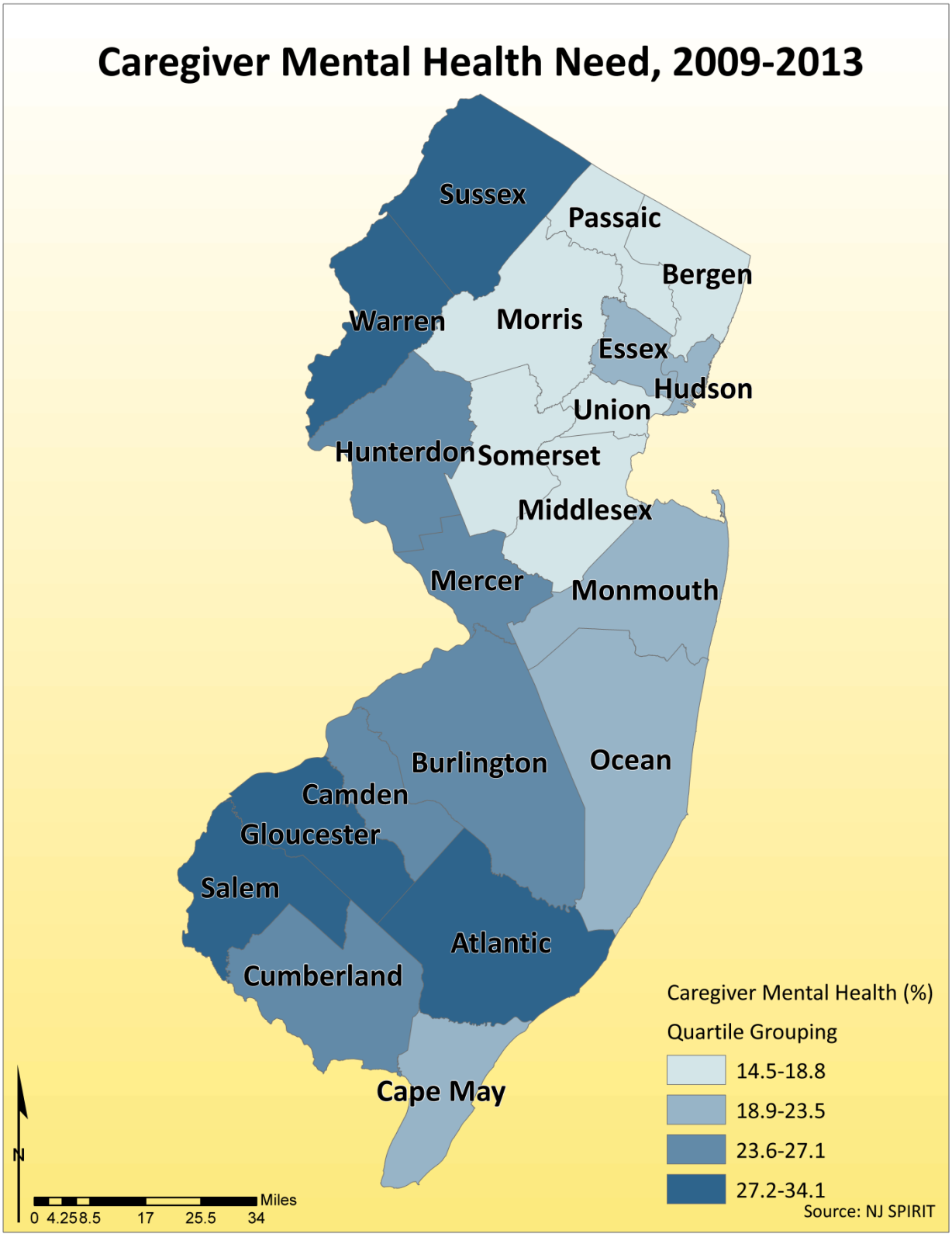


Figure 13. County-Level Distribution of Caregiver Mental Health Need, 2009-2013[1]

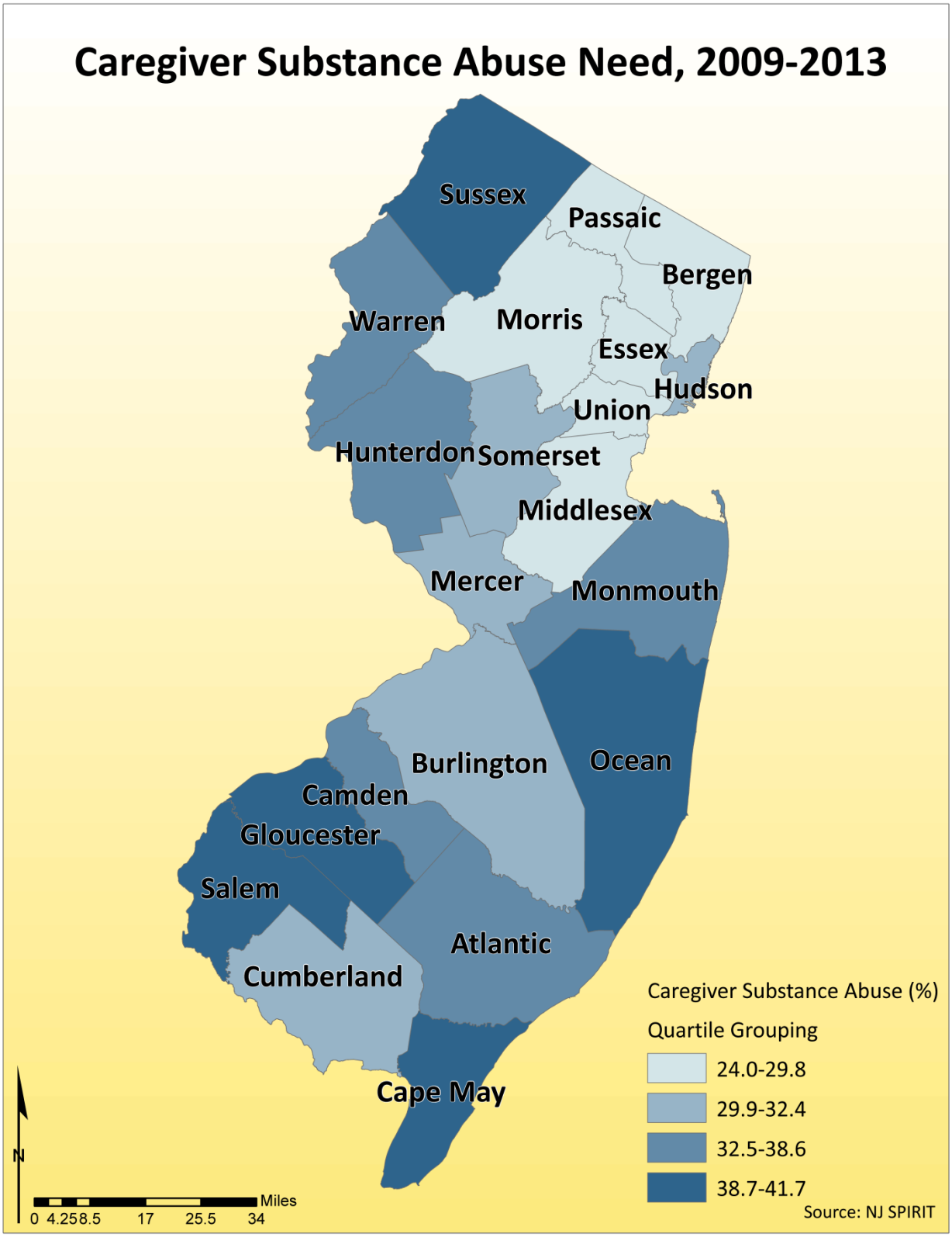
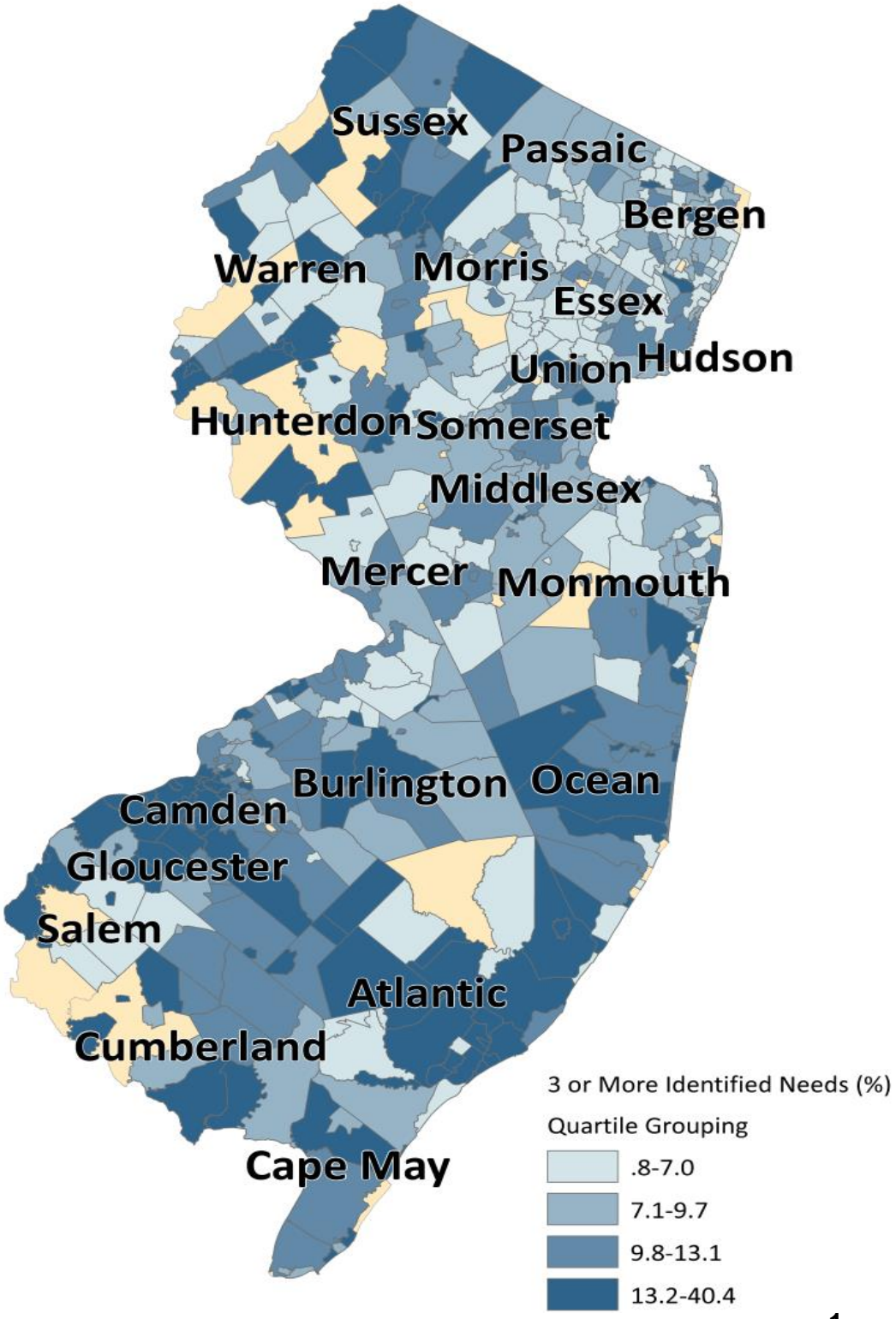


Figure 14. County-Level Distribution of Caregiver Substance Abuse Need, 2009-2013[1]



Families with 3 or More Needs, 2009-2013[1]

Figure 15: Municipal Density of Families with 3 or More Identified Needs, 2009-2013[1]

New Jersey Service Array

During this phase of the Needs Assessment, we began the process of preparing secondary data, including contract records, to represent the current service array in New Jersey. The Internal Workgroup process identified three main sources of data to use in the creation of the child and family service array: NJSPIRIT data, CP&P review of service needs, and contract forms.

The first source of data is the service modules in NJSPIRIT, which are built as a claims-based system connected with DCF contracts. Providers who contract with DCF to provide services to children and families receive payment either as a cost reimbursement contract (i.e. providers receive payment on a pre-determined schedule, for a pre-determined amount) or as a fee-for-service contract (i.e. providers receive payment for each service rendered). As such, there are two distinct ways in which data on service receipt are entered. Data available on client services in NJSPIRIT largely consists of services provided in a fee-for-service manner because this data must be entered each time a service is performed in order for the provider to receive payment. Since services provided through a cost reimbursement contract are not tied to a provider's payment, are complex to enter into the system, and dependent upon the caseworker to enter the data, the quality and availability of cost reimbursement contracted services in NJSPIRIT is limited. More work will be done to leverage existing data on these contracts and their level of service around New Jersey in the next phase of this project through survey data collection and focus groups.

DCF's Office of Contract Administration and CP&P convened joint meetings between DCF's business offices and CP&P Area Offices in 2014 to review cost reimbursement contracts serving each Area Office. During these meetings, each area team was asked to consider whether services exist to meet client need; if providers were meeting the contracted level of service; and if providers were supporting DCF's commitment to quality. Each Area Office identified services that are well-received by families and others that, for a variety of reasons, prove more challenging. Area teams also identified services that are incongruent with CP&P's case practice model or best practices, areas of unmet needs, and barriers to service (i.e. geographic or language barriers). These data will be integrated into the development of the child and family service array in the coming phase of the Needs Assessment.

Lastly, the project team reviewed contract forms for all of DCF's contracted providers to determine the type of services, geographic catchment area and levels of service for each contract. This approach was limited by the broad service categories listed by providers, and the very general geographic information provided as either serving NJ statewide or serving a large number of counties. Through this approach, DCF was not able to accurately describe service catchment areas to understand the distribution of services across the State and will need to explore this further through the collection of primary data.

Further, collection of primary data in the next phase will help to detail characteristics of the service array for children and families in New Jersey. We will continue to fine-tune the approach for merging these multiple sources of data. Together, these sources will aid in preparing a fuller picture of the services that are available to children and families in New Jersey, as well as those services in which families are engaging.

What More Do We Want to Know?

The first phases of the Needs Assessment process have highlighted seven core need domains faced by families receiving DCF services: caregiver mental health, caregiver substance abuse, child mental health, child substance abuse, domestic violence, poverty, and housing. In ongoing analysis of secondary data sources and upcoming primary data collection, we will dig into these needs and the service array process in greater detail.

What are the main take-away findings from this phase of the needs assessment looking at child and family needs?

- The volume of reports for both child abuse and neglect and for child welfare services received by DCF increased by 12% from 2009-2013. While no single factor can account for this rise in reporting, it reflects the national trend.

- In addition, following three statewide initiatives to improve the identification and reporting of domestic violence, DCF saw a 22% increase from 2011-2013 in reports of children that were identified as living in homes with domestic violence present.

- The most frequent need domains are caregiver mental health and substance abuse issues across every population served by DCF.

- Children and caregivers presenting with mental health and substance abuse issues also demonstrated diminished protective factors including: struggling family relationships, caregiver history of abuse or neglect as a child, lack of a social support system, problematic parenting skills, health concerns or physical disabilities, and limited communication skills.

- Many families and children confront the cumulative effects of multiple risk factors, cutting across multiple needs, with 28% of families having 2 or more needs, and 10% facing 3 or more needs.

- While certain hotspots for particular risk factors emerged geographically, needs appear to be largely consistent across counties, child protection vs. child welfare cases, as well as the gender and age of the child.

- Determining service availability to meet needs will be a challenge due to data limitations.

What gaps exist in what we know?

Needs:

- What are the needs of families in 2016? Are they consistent with the seven identified need domains? Are there other needs?
- What is the relationship between number of needs and out-of-home placement, length of stay or re-entry?
- What are the strengths and protective factors of families served by DCF?

Service Array:

- What services are available to address family needs?
- What mental health services were provided under the Children's System of Care?
- How quickly can services be accessed? Are there waiting lists?
- How does service availability differ by county and where are the gaps in services?
- What is the relationship between needs identified and service availability?

Out-of-Home Placement:

- What is the demand for out-of-home placement over time?
- How does this demand differ by geographic region?
- How do rates of foster care entries compare with placement resource availability?

Next Steps

Over the next phase, the major task is to continue the collection of primary qualitative data. We are undertaking focus groups and key informant interviews in year 2 to inform the development of a survey tool to be delivered statewide in year 3. Focus groups and interviews will be conducted with each of the following groups: caseworkers, service providers, and families. The Internal and External Workgroups will continue to guide the development of the DCF Needs Assessment.

Over the last three months, the Rutgers Child Welfare and Well-Being Unit has held a total of 14 focus groups and three interviews with 144 child welfare professionals. The participants have included both DCF staff and external stakeholders. Focus groups with additional staff and caregivers, and key stakeholder interviews will be carried out in early 2016. Transcription of the completed focus groups is underway and coding schemes are in development.

DCF will continue development of service array data, including identifying additional sources of secondary and primary data on services for children and families. Additionally, the project team will continue to analyze client level data to better understand needs of subpopulations, including out-of-home placement needs.

Appendix A – Research Methods

INTRODUCTION

As a first step in the Needs Assessment process, reports and assessments completed from 2008-2014 at DCF were reviewed to identify common elements of need that are encountered across the various practice areas: child maltreatment reporting, receipt of in-home service, and out-of-home placement. This helped guide the identification of need domains to include in the analysis of NJSPIRIT data. Reports and assessments detailing information on the needs of children and families at-risk of out-of-home placement and families receiving services from DCF presented a common set of risk factors and/or service needs that were then compared across NJSPIRIT data for inclusion in this analysis. This resulted in seven need domains for inclusion: caregiver mental health, child mental health, caregiver substance abuse, child mental health, child substance abuse, poverty, housing, and domestic violence. This report describes how the need domains have varied over time, geographically, and by service domain within DCF.

CONSTRUCTION OF CHILD AND FAMILY NEED DOMAINS

New Jersey's State Administered Child Welfare Information System (SACWIS), NJSPIRIT, was used to identify need domains for children and families. Data were extracted from every screened-in report to DCF from 2009-2013[1], including reports to Child Protective Services and Child Welfare Services. In order to identify whether a child was associated with any of the need domains, data were leveraged across the case record to construct each need indicator. Elements of NJSPIRIT that were combined to construct need indicators include: initial reports to the State Central Registry, Child Welfare Service assessments, Child Protective Service investigations, medical data on children and caretakers, Structured Decision Making (SDM) risk, strengths, and needs assessment tools, and out-of-home placement data. In this report, need domain data are presented at the child level where values refer to the percentage of children that are associated with each of the need domains.

Appendix B – County Summaries

ATLANTIC COUNTY

QUICK FACTS, 2013

Area	671 square miles
Composition	87% urban, 13% rural
Largest Municipalities	Egg Harbor Township Atlantic City Galloway Township Hamilton Township Pleasantville
Population Density	494.1 persons per square mile
Total Population	275,209
Percent of New Jersey Population	3.1%
Child Population	63,099
Percent of New Jersey Child Population	3.1%
County Single-Parent Households	11.3%
County Children Living Below Poverty	21.1%
County Households Speaking Language Other Than English at Home	25.9%
Child Welfare Reports	5,749
In-Home Services	4,037
Out-of-Home Placements	177

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Atlantic County is a primarily rural county located on the southern shore of New Jersey, providing 5% of the state's child welfare reports and 8% of out-of-home care placements. The distribution of child and family needs in Atlantic county's reports is similar to the state's as a whole, with minor exceptions. Rates of identification of caregiver mental health and caregiver substance abuse are somewhat higher, while child mental health and child substance abuse identification rates are slightly lower.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Atlantic County	New Jersey
Caregiver Mental Health	30.8	22.2
Child Mental Health	8.4	12.7
Caregiver Substance Abuse	40.1	32.0
Child Substance Abuse	1.5	3.0
Family Poverty	11.1	11.0
Housing	7.5	6.3
Domestic Violence	14.0	14.4

BERGEN COUNTY

QUICK FACTS, 2013

Area	233 square miles
Composition	99.9% urban, 0.1% rural
Largest Municipalities	Hackensack Teaneck Fort Lee Fair Lawn Garfield
Population Density	3,884.5 persons per square mile
Total Population	905,116
Percent of New Jersey Population	10%
Child Population	203,495
Percent of New Jersey Child Population	10%
County Single-Parent Households	6.3%
County Children Living Below Poverty	8.8%
County Households Speaking Language Other Than English at Home	38.7%
Child Welfare Reports	6,278
In-Home Services	4,963
Out-of-Home Placements	62

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Bergen County is a wealthier county in the northern coastal region of the state, directly across from Upper Manhattan. In 2013, 5% of child welfare reports in New Jersey came from Bergen County, along with 8% of out-of-home care placements. With the exception of domestic violence, child and family needs among reported families were identified at a lower rate in Bergen County than in the state as a whole. Nearly one in six families reported to the child welfare system in Bergen County had a domestic violence need identified, compared to one in seven in New Jersey.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Bergen County	New Jersey
Caregiver Mental Health	18.8	22.2
Child Mental Health	10.4	12.7
Caregiver Substance Abuse	24.8	32.0
Child Substance Abuse	1.7	3.0
Family Poverty	7.5	11.0
Housing	3.7	6.3
Domestic Violence	17.2	14.4

BURLINGTON COUNTY

QUICK FACTS, 2013

Area	799
Composition	93.3% urban, 6.7 rural
Largest Municipalities	Evesham Township Mount Laurel Township Willingboro Township Pemberton Township Medford Township
Population Density	561.9 persons per square mile
Total Population	448,734
Percent of New Jersey Population	5%
Child Population	102,563
Percent of New Jersey Child Population	5%
County Single-Parent Households	16.2%
County Children Living Below Poverty	7.2%
County Households Speaking Language Other Than English at Home	12.78%
Child Welfare Reports	5,749
In-Home Services	4,037
Out-of-Home Placements	177

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Burlington County is the largest, by area, in New Jersey. Located in the central portion of the state, its population is primarily urban. 5% of the state's child welfare reports and 8% of out-of-home care placements come from Burlington County. Compared to the needs of families reported to child welfare in the state as a whole, the distribution of needs associated with Burlington's reports was fairly similar. Both caregiver mental health needs and child mental health needs are identified in a slightly larger proportion of reported families in Burlington than in New Jersey overall.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Burlington County	New Jersey
Caregiver Mental Health	26.5	22.2
Child Mental Health	10.8	12.7
Caregiver Substance Abuse	31.8	32.0
Child Substance Abuse	2.6	3.0
Family Poverty	10.7	11.0
Housing	5.9	6.3
Domestic Violence	13.2	14.4

CAMDEN COUNTY

QUICK FACTS, 2013

Area	221
Composition	98.4% urban, 1.6% rural
Largest Municipalities	Camden Cherry Hill Gloucester Township Winslow Township Pennsauken Township
Population Density	2,321.5 persons per square mile
Total Population	513,657
Percent of New Jersey Population	6%
Child Population	123,421
Percent of New Jersey Child Population	6%
County Single-Parent Households	11.3%
County Children Living Below Poverty	20.0%
County Households Speaking Language Other Than English at Home	19.9%
Child Welfare Reports	10,367
In-Home Services	6,763
Out-of-Home Placements	362

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Camden County is located in the southwestern portion of the state, directly adjacent to Philadelphia. 9% of the state's child welfare reports and 17% of out-of-home placements are in Camden. Compared to all child welfare reports in New Jersey in 2013, the needs represented in Camden's child welfare reports are largely similar. Caregiver mental health needs, caregiver substance abuse needs, and housing needs were slightly more prevalent in Camden County; domestic violence needs, child mental health needs, and child substance abuse were slightly less prevalent.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Camden County	New Jersey
Caregiver Mental Health	24.8	22.2
Child Mental Health	10.7	12.7
Caregiver Substance Abuse	34.4	32.0
Child Substance Abuse	2.4	3.0
Family Poverty	9.8	11.0
Housing	7.7	6.3
Domestic Violence	11.9	14.4

CAPE MAY COUNTY

QUICK FACTS, 2013

Area	7354 square miles
Composition	82.5% urban, 17.5% rural
Largest Municipalities	Lower Township Middle Township Upper Township Ocean City Dennis Township
Population Density	387.0 persons per square mile
Total Population	97,265
Percent of New Jersey Population	1%
Child Population	17,905
Percent of New Jersey Child Population	1%
County Single-Parent Households	7.0%
County Children Living Below Poverty	15.2%
County Households Speaking Language Other Than English at Home	9.7%
Child Welfare Reports	1,723
In-Home Services	1,227
Out-of-Home Placements	25

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Cape May County is the southernmost county in New Jersey, located on the coast. 1% of the state's child welfare reports and 1% of out-of-home placements come from Cape May. Compared to the state as a whole, in 2013, reported families in the county had higher levels of need in two domains: caregiver mental health and caregiver substance abuse. Notably, caregiver substance abuse needs were identified in association with nearly 40% of the county's 2013 reports, compared to 32% in the state as a whole.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Cape May County	New Jersey
Caregiver Mental Health	23.3	22.2
Child Mental Health	11.7	12.7
Caregiver Substance Abuse	39.2	32.0
Child Substance Abuse	2.4	3.0
Family Poverty	7.8	11.0
Housing	4.8	6.3
Domestic Violence	10.9	14.4

CUMBERLAND COUNTY

QUICK FACTS, 2013

Area	484 square miles
Composition	77% urban, 23% rural
Largest Municipalities	Vineland Millville Bridgeton
Population Density	324.4 persons per square mile
Total Population	156,898
Percent of New Jersey Population	2%
Child Population	37,667
Percent of New Jersey Child Population	2%
County Single-Parent Households	13.6%
County Children Living Below Poverty	25.2%
County Households Speaking Language Other Than English at Home	25.3%
Child Welfare Reports	4,633
In-Home Services	3,329
Out-of-Home Placements	94

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Cumberland County is in the southern portion of the state, bordering Delaware. Among all counties in New Jersey, Cumberland has the highest proportion of children living below poverty at 25%. 4% of child welfare reports and 4% of out-of-home placements come from the county. The distribution of needs associated with child welfare reports in Cumberland County differs slightly from needs associated with reports across the state. Caregiver mental health, caregiver substance abuse, family poverty, and housing were more frequently identified as family needs in Cumberland County's reports than the state's.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Cumberland County	New Jersey
Caregiver Mental Health	26.2	22.2
Child Mental Health	8.9	12.7
Caregiver Substance Abuse	33.8	32.0
Child Substance Abuse	1.6	3.0
Family Poverty	13.3	11.0
Housing	7.4	6.3
Domestic Violence	11.6	14.4

ESSEX COUNTY

QUICK FACTS, 2013

Area	126
Composition	100% urban, 0% rural
Largest Municipalities	Newark East Orange Irvington Bloomfield West Orange
Population Density	6,221.5 persons per square mile
Total Population	783,969
Percent of New Jersey Population	9%
Child Population	193,620
Percent of New Jersey Child Population	9%
County Single-Parent Households	14.6%
County Children Living Below Poverty	23.7%
County Households Speaking Language Other Than English at Home	33.8%
Child Welfare Reports	13,135
In-Home Services	8,873
Out-of-Home Placements	276

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Essex County is located in northern New Jersey and contains the state's largest city, Newark. 11% of the state's child welfare reports and 13% of out-of-home placements come from the county. Compared to all reports in the state, needs in Essex County are proportionally lower in all domains except housing. The greatest difference is in the child mental health needs domain; 8.7% of cases have associate child mental health needs in the county, compared to 12.7% of cases in the state as a whole.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Essex County	New Jersey
Caregiver Mental Health	20.6	22.2
Child Mental Health	8.7	12.7
Caregiver Substance Abuse	31.2	32.0
Child Substance Abuse	2.4	3.0
Family Poverty	10.5	11.0
Housing	7.3	6.3
Domestic Violence	11.6	14.4

GLOUCESTER COUNTY

QUICK FACTS, 2013

Area	322 square miles
Composition	91.7% urban, 8.3% rural
Largest Municipalities	
Population Density	persons per square mile
Total Population	288,288
Percent of New Jersey Population	3%
Child Population	78,221
Percent of New Jersey Child Population	4%
County Single-Parent Households	8.6%
County Children Living Below Poverty	10.5%
County Households Speaking Language Other Than English at Home	8.6%
Child Welfare Reports	5,201
In-Home Services	3,425
Out-of-Home Placements	126

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Gloucester County is located in the southwestern portion of the state, adjacent to Camden. 5% of the state's child welfare reports and 6% of out-of-home placements come from the county. Identification of caregiver mental health needs and caregiver substance abuse needs is significantly more common in families reported in Gloucester County compared with the state as a whole. Domestic violence and family poverty are also more prevalent, while child mental health and child substance abuse are slightly less prevalent.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Gloucester County	New Jersey
Caregiver Mental Health	32.4	22.2
Child Mental Health	11.4	12.7
Caregiver Substance Abuse	43.9	32.0
Child Substance Abuse	1.9	3.0
Family Poverty	13.3	11.0
Housing	6.2	6.3
Domestic Violence	18.9	14.4

HUDSON COUNTY

QUICK FACTS, 2013

Area	46
Composition	100% urban, 0% rural
Largest Municipalities	Jersey City Union City Bayonne North Bergen Hoboken
Population Density	13,731.4 persons per square mile
Total Population	634,266
Percent of New Jersey Population	7%
Child Population	132,206
Percent of New Jersey Child Population	6%
County Single-Parent Households	11.5%
County Children Living Below Poverty	25.5%
County Households Speaking Language Other Than English at Home	59.2%
Child Welfare Reports	8,518
In-Home Services	5,780
Out-of-Home Placements	144

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Hudson County is both the smallest New Jersey county and the most densely populated. Nearly two-thirds of Hudson County families speak a language other than English at home. In 2013, 7% of the state's child welfare reports and 7% of out-of-home placements came from the county. Compared to all families reported to the state system in 2013, families in Hudson County had lower levels of need in all but two domains. Housing and domestic violence needs proportionally greater in Hudson County than New Jersey.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Hudson County	New Jersey
Caregiver Mental Health	20.0	22.2
Child Mental Health	8.6	12.7
Caregiver Substance Abuse	29.0	32.0
Child Substance Abuse	2.2	3.0
Family Poverty	11.0	11.0
Housing	6.7	6.3
Domestic Violence	16.8	14.4

HUNTERDON COUNTY

QUICK FACTS, 2013

Area	300 square miles
Composition	50.4% urban, 49.6% rural
Largest Municipalities	
Population Density	427.8 persons per square mile
Total Population	123,349
Percent of New Jersey Population	1%
Child Population	28,893
Percent of New Jersey Child Population	1%
County Single-Parent Households	6.0%
County Children Living Below Poverty	4.8%
County Households Speaking Language Other Than English at Home	10.8%
Child Welfare Reports	929
In-Home Services	748
Out-of-Home Placements	8

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Hunterdon County is located in the central-western portion of the state, adjacent to Pennsylvania. The county is the most rural in the state, with half of its residents living in rural areas. In 2013, 1% of child welfare reports and less than 1% of out-of-home placements in New Jersey came from Hunterdon County. While child substance abuse and housing needs were marginally lower among reported families in the county, compared to the state as a whole, all other needs were more prevalent. Domestic violence has the greatest differential, nearly four percentage points higher in Hunterdon County than the state.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Hunterdon County	New Jersey
Caregiver Mental Health	26.5	22.2
Child Mental Health	13.5	12.7
Caregiver Substance Abuse	34.5	32.0
Child Substance Abuse	2.5	3.0
Family Poverty	12.5	11.0
Housing	4.5	6.3
Domestic Violence	18.2	14.4

MERCER COUNTY

QUICK FACTS, 2013

Area	245
Composition	96.5% urban, 3.5% rural
Largest Municipalities	Trenton
Population Density	1,632.3 persons per square mile
Total Population	366,513
Percent of New Jersey Population	4%
Child Population	82,412
Percent of New Jersey Child Population	4%
County Single-Parent Households	8.8%
County Children Living Below Poverty	16.1%
County Households Speaking Language Other Than English at Home	28.2%
Child Welfare Reports	4,839
In-Home Services	3,509
Out-of-Home Placements	128

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Mercer County, in central New Jersey, is home to the state's capital, Trenton. In 2013, 4% of the state's child welfare reports and 6% of out-of-home placements came from the county. The distribution of family needs associated with child welfare reports in Mercer County was generally aligned with reported families' needs in the state as a whole. Caregiver mental health needs, however, are identified more frequently in Mercer County's families than the states overall.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Mercer County	New Jersey
Caregiver Mental Health	28.5	22.2
Child Mental Health	10.4	12.7
Caregiver Substance Abuse	34.8	32.0
Child Substance Abuse	2.9	3.0
Family Poverty	9.7	11.0
Housing	5.4	6.3
Domestic Violence	13.7	14.4

MIDDLESEX COUNTY

QUICK FACTS, 2013

Area	309 square miles
Composition	99.3% urban, 0.7% rural
Largest Municipalities	Edison Township Woodbridge Township Oldbridge Township Piscataway Township New Brunswick
Population Density	2,621.6 persons per square mile
Total Population	809,898
Percent of New Jersey Population	9%
Child Population	184,910
Percent of New Jersey Child Population	9%
County Single-Parent Households	7.9%
County Children Living Below Poverty	10.9%
County Households Speaking Language Other Than English at Home	41.8%
Child Welfare Reports	7,684
In-Home Services	5,506
Out-of-Home Placements	147

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Middlesex County is located in central New Jersey and is the second-most populous county in the state. In 2013, 7% of the state's child welfare reports and 7% of out-of-home placements came from the county. With the exception of domestic violence needs, which are marginally more prevalent among families reported in Middlesex County, families reported to the child welfare system in Middlesex County have lower rates of identified needs than in the state as a whole. Caregiver mental health, child mental health, and caregiver substance abuse have the largest difference, each four percentage points lower in the county.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Middlesex County	New Jersey
Caregiver Mental Health	18.3	22.2
Child Mental Health	9.7	12.7
Caregiver Substance Abuse	27.8	32.0
Child Substance Abuse	2.1	3.0
Family Poverty	10.8	11.0
Housing	5.8	6.3
Domestic Violence	15.8	14.4

MONMOUTH COUNTY

QUICK FACTS, 2013

Area	469
Composition	96.3% urban, 3.7% rural
Largest Municipalities	Middletown Township Howell Township Marlboro Township Manalapan Township Freehold Township
Population Density	1,344.7 persons per square mile
Total Population	630,380
Percent of New Jersey Population	7%
Child Population	146,999
Percent of New Jersey Child Population	7%
County Single-Parent Households	6.7%
County Children Living Below Poverty	9.1%
County Households Speaking Language Other Than English at Home	17.1%
Child Welfare Reports	7,170
In-Home Services	5,538
Out-of-Home Placements	113

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Monmouth is a coastal county in central New Jersey. In 2013, 6% of the state's child welfare reports and 5% of out-of-home placements came from the county. The distribution of needs associated with child welfare reports in Monmouth County roughly mirrors that in the state as a whole, with minor exceptions. Caregiver mental health needs are less frequently identified in the county as compared to the state, as are child mental health needs and family poverty. Domestic violence needs are slightly more common in Monmouth County.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Monmouth County	New Jersey
Caregiver Mental Health	17.4	22.2
Child Mental Health	10.0	12.7
Caregiver Substance Abuse	33.7	32.0
Child Substance Abuse	2.1	3.0
Family Poverty	8.5	11.0
Housing	5.1	6.3
Domestic Violence	16.5	14.4

MORRIS COUNTY

QUICK FACTS, 2013

Area	460
Composition	93.2% urban, 6.8% rural
Largest Municipalities	
Population Density	1,069.8 persons per square mile
Total Population	492,276
Percent of New Jersey Population	6%
Child Population	115,768
Percent of New Jersey Child Population	6%
County Single-Parent Households	5.3%
County Children Living Below Poverty	4.7%
County Households Speaking Language Other Than English at Home	23.9%
Child Welfare Reports	3,928
In-Home Services	3,423
Out-of-Home Placements	29

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Morris County is located in central northern New Jersey and houses 6% of the state's population. In 2013, 3% of the state's child welfare reports and 1% of out-of-home placements came from the county. The family needs associated with child welfare reports in Morris County differ somewhat from the distribution of needs in the state as a whole. Caregiver mental health and caregiver substance abuse are far less frequently identified in the county, and identification of domestic violence needs is much more common.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Morris County	New Jersey
Caregiver Mental Health	16.2	22.2
Child Mental Health	11.0	12.7
Caregiver Substance Abuse	23.8	32.0
Child Substance Abuse	1.8	3.0
Family Poverty	7.6	11.0
Housing	3.4	6.3
Domestic Violence	23.2	14.4

OCEAN COUNTY

QUICK FACTS, 2013

Area	629
Composition	97.1% urban, 2.9% rural
Largest Municipalities	Lakewood Township Toms River Township Brick Township Jackson Township Manchester Township
Population Density	917.0 persons per square mile
Total Population	576,567
Percent of New Jersey Population	7%
Child Population	135,742
Percent of New Jersey Child Population	7%
County Single-Parent Households	6.3%
County Children Living Below Poverty	18.6%
County Households Speaking Language Other Than English at Home	12.1%
Child Welfare Reports	7,469
In-Home Services	5,642
Out-of-Home Placements	82

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Ocean County is the largest coastal county in New Jersey, located in the central region. In 2013, 7% of child welfare reports and 4% of out-of-home placements came from Ocean County. In most domains, the needs associated with child welfare reports are similar in Ocean County as in the state as a whole. However, both domestic violence needs and caregiver substance abuse needs are more prevalent in Ocean County. In the case of caregiver substance abuse, 41% of reported families in Ocean County were identified with this need, compared to 32% in the state as a whole.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Ocean County	New Jersey
Caregiver Mental Health	23.2	22.2
Child Mental Health	11.7	12.7
Caregiver Substance Abuse	41.2	32.0
Child Substance Abuse	2.3	3.0
Family Poverty	10.4	11.0
Housing	5.1	6.3
Domestic Violence	18.1	14.4

PASSAIC COUNTY

QUICK FACTS, 2013

Area	185
Composition	97.6% urban, 2.4% rural
Largest Municipalities	Paterson Clifton Passaic Wayne West Milford
Population Density	2,715.3 persons per square mile
Total Population	501,226
Percent of New Jersey Population	6%
Child Population	124,200
Percent of New Jersey Child Population	6%
County Single-Parent Households	12.3%
County Children Living Below Poverty	25.0%
County Households Speaking Language Other Than English at Home	47.7%
Child Welfare Reports	8,179
In-Home Services	6,582
Out-of-Home Placements	98

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Passaic County is located in northern New Jersey, where nearly half of all households speak a language other than English at home. In 2013, 7% of child welfare reports and 5% of out-of-home placements came from the county. Families who were the subjects of reports in Passaic County had lower levels of need in all domains compared to all reported families in the state. In the cases of caregiver mental health and caregiver substance abuse, the differences were nearly 9 percentage points.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Passaic County	New Jersey
Caregiver Mental Health	13.5	22.2
Child Mental Health	9.2	12.7
Caregiver Substance Abuse	23.2	32.0
Child Substance Abuse	1.8	3.0
Family Poverty	7.4	11.0
Housing	5.0	6.3
Domestic Violence	14.0	14.4

SALEM COUNTY

QUICK FACTS, 2013

Area	332
Composition	54.7% urban, 45.3% rural
Largest Municipalities	
Population Density	199.1 persons per square mile
Total Population	66,083
Percent of New Jersey Population	1%
Child Population	15,192
Percent of New Jersey Child Population	1%
County Single-Parent Households	10.7%
County Children Living Below Poverty	21.4%
County Households Speaking Language Other Than English at Home	7.2%
Child Welfare Reports	1,568
In-Home Services	1,160
Out-of-Home Placements	24

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Salem County, located in the southwestern corner of the state, has the smallest population and the lowest population density of any county in the state. In 2013, 1% of the state's child welfare reports and 1% of out-of-home placements came from the county. Compared to the distribution of needs among reported families in the state as a whole, families who were the subject of reports in Salem County had largely similar needs. Caregiver mental health and caregiver substance abuse were both more common among reported families in the county, while child mental health needs were somewhat less prevalent.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Salem County	New Jersey
Caregiver Mental Health	29.5	22.2
Child Mental Health	8.0	12.7
Caregiver Substance Abuse	41.6	32.0
Child Substance Abuse	2.5	3.0
Family Poverty	13.8	11.0
Housing	6.1	6.3
Domestic Violence	14.2	14.4

SOMERSET COUNTY

QUICK FACTS, 2013

Area	302
Composition	94.2% urban, 5.8% rural
Largest Municipalities	Franklin Township Bridgewater Township Hillsborough Township Bernards Township Montgomery Township
Population Density	1,071.7 persons per square mile
Total Population	323,444
Percent of New Jersey Population	4%
Child Population	79,638
Percent of New Jersey Child Population	4%
County Single-Parent Households	5.8%
County Children Living Below Poverty	5.9%
County Households Speaking Language Other Than English at Home	29.6%
Child Welfare Reports	2,932
In-Home Services	2,360
Out-of-Home Placements	28

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Somerset County is located between northern and central New Jersey. In 2013, 3% of the state's child welfare reports and 1% of out-of-home placements were from the county. Families reported to child welfare in Somerset County, compared to reported families in the state as a whole, have lower levels of need across all domains but one. Caregiver mental health needs and caregiver substance abuse needs were each 5 percentage points lower than the state's rates. Meanwhile, identification of domestic violence was markedly higher in the county than New Jersey overall.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Somerset County	New Jersey
Caregiver Mental Health	16.0	22.2
Child Mental Health	11.2	12.7
Caregiver Substance Abuse	27.0	32.0
Child Substance Abuse	2.0	3.0
Family Poverty	9.9	11.0
Housing	3.5	6.3
Domestic Violence	21.5	14.4

SUSSEX COUNTY

QUICK FACTS, 2013

Area	519 square miles
Composition	60.2% urban, 39.8% rural
Largest Municipalities	
Population Density	287.6 persons per square mile
Total Population	149,265
Percent of New Jersey Population	2%
Child Population	34,263
Percent of New Jersey Child Population	2%
County Single-Parent Households	6.0%
County Children Living Below Poverty	7.8%
County Households Speaking Language Other Than English at Home	9.9%
Child Welfare Reports	1,975
In-Home Services	1,575
Out-of-Home Placements	61

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Sussex County, located in the northwestern corner of the state, holds 2% of the New Jersey's population. In 2013, 2% of the state's child welfare reports and 3% out-of-home placements were from the county. Needs associated with child welfare reports in Sussex County were largely aligned with the state's rates, with a few diversions. Caregiver mental health needs are more frequently identified, along with caregiver substance abuse, child mental health needs, and, to a lesser degree family poverty. Other needs were slightly less prevalent than in the state as a whole.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Sussex County	New Jersey
Caregiver Mental Health	31.5	22.2
Child Mental Health	15.8	12.7
Caregiver Substance Abuse	39.9	32.0
Child Substance Abuse	2.7	3.0
Family Poverty	11.9	11.0
Housing	5.1	6.3
Domestic Violence	14.3	14.4

UNION COUNTY

QUICK FACTS, 2013

Area	103 square miles
Composition	100% urban, 0% rural
Largest Municipalities	
Population Density	5,216.1 persons per square mile
Total Population	536,499
Percent of New Jersey Population	6%
Child Population	131,193
Percent of New Jersey Child Population	6%
County Single-Parent Households	10.8%
County Children Living Below Poverty	15.3%
County Households Speaking Language Other Than English at Home	41.9%
Child Welfare Reports	5,701
In-Home Services	4,254
Out-of-Home Placements	58

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Union County, located in northern New Jersey, is the third-most densely-populated in the state. In 2013, 5% of the state's child welfare reports and 3% of out-of-home placements came from the county. Compared to the state as a whole, the distribution of needs associated with child welfare reports in Union County was similar, with some exceptions. Caregiver substance abuse, caregiver mental health needs, and child mental health needs were substantially lower in the county, while family poverty was slightly higher.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Union County	New Jersey
Caregiver Mental Health	17.8	22.2
Child Mental Health	8.1	12.7
Caregiver Substance Abuse	24.8	32.0
Child Substance Abuse	1.6	3.0
Family Poverty	12.1	11.0
Housing	7.1	6.3
Domestic Violence	12.1	14.4

WARREN COUNTY

QUICK FACTS, 2013

Area	357 square miles
Composition	62.4% urban, 37.6% rural
Largest Municipalities	
Population Density	304.5 persons per square mile
Total Population	108,692
Percent of New Jersey Population	1%
Child Population	24,837
Percent of New Jersey Child Population	1%
County Single-Parent Households	7.7%
County Children Living Below Poverty	7.8%
County Households Speaking Language Other Than English at Home	11.6%
Child Welfare Reports	1,960
In-Home Services	1,465
Out-of-Home Placements	25

Geographic, demographic, economic, and social Quick Facts retrieved from Census.gov on July 16, 2015.

Child welfare-related Quick Facts from NJSPIRIT.

OVERVIEW

Warren County is located in the northwest region of the state, bordering Pennsylvania. In 2013, 2% of the state's child welfare reports and 1% of out-of-home placements came from the county. The needs identified among families reported to the child welfare system in Warren County and the state overall are similarly distributed. Caregiver mental health needs and caregiver substance abuse needs are somewhat more prevalent among the county's reported families than the state's.

PERCENT OF CASES WITH CHILD AND FAMILY NEEDS IDENTIFIED, 2013

Domain	Warren County	New Jersey
Caregiver Mental Health	27.2	22.2
Child Mental Health	10.8	12.7
Caregiver Substance Abuse	37.7	32.0
Child Substance Abuse	2.4	3.0
Family Poverty	10.8	11.0
Housing	6.0	6.3
Domestic Violence	13.2	14.4