

New Jersey Child and Family Services Review Round 3 Program Improvement Plan

State/Territory: New Jersey

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NJ DCF will report to Children's Bureau on a semi-annual basis.

INTRODUCTION

In July 2017, the Children's Bureau, within the U.S. Department of Health and Human Services' Administration for Children and Families, administered Round Three of the Child and Family Service Review (CFSR) in New Jersey. CFSRs are reviews of state child welfare systems that are structured to help states identify strengths and areas needing improvement in their child welfare practices and programs as well as institute systemic changes that will improve child and family outcomes. The reviews are focused around seven outcomes:

- Safety 1: Children are, first and foremost, protected from abuse and neglect.
- Safety 2: Children are safely maintained in their homes whenever possible and appropriate.
- Permanency 1: Children have permanency and stability in their living situations.
- Permanency 2: The continuity of family relationships and connections is preserved for families.
- Well-Being 1: Families have enhanced capacity to provide for their children's needs.
- Well-Being 2: Children receive appropriate services to meet their educational needs.
- Well-Being 3: Children receive adequate services to meet their physical and mental health needs.

Additionally, CFSRs assess seven systemic factors including the statewide information system, case review system, quality assurance system, staff and provider training, service array and resource development, agency responsiveness to the community, and foster and adoptive parent licensing, recruitment, and retention.

CFSR Process in New Jersey

From July 10-14, 2017, New Jersey's Department of Children and Families (NJ DCF) participated in a traditional CFSR in collaboration with the Children's Bureau. This included a week-long onsite review in which a team consisting of state and federal employees reviewed 65 cases (40 foster care and 25 in-home) in Essex, Monmouth, and Warren counties using the federal Onsite Review Instrument (OSRI)¹. The period under review was April 1, 2016 to the commencement of the onsite review in July 2017.

For each case, reviewers ranked 18 items corresponding to the seven outcomes as a "strength" or "area needing improvement". Items were assigned an overall strength rating if 90% or 95% (Safety 1 and Well-being 2 only) of applicable cases were rated as a strength in this area. To be found in "substantial conformity" with a specific outcome, 95% of the cases had to be considered as having substantially achieved the outcome.

¹ Children's Bureau. (2007-2018). CFSR Round 3 Resources. Accessed from [https://training.cfsrportal.acf.hhs.gov/resources/3105#Onsite Review Instrument and Instructions](https://training.cfsrportal.acf.hhs.gov/resources/3105#Onsite%20Review%20Instrument%20and%20Instructions).

As a supplement to this onsite review, NJ DCF prepared a statewide assessment of performance related to the outcomes and systemic factors. The Children's Bureau also facilitated 20 interviews and focus groups with state stakeholders (e.g., child welfare agency staff), partners (e.g., representatives from the courts), and children and families engaged in services.

The interviews and statewide assessment were used by the Children's Bureau to rank 18 items under the seven systemic factors. For NJ DCF to be found in "substantial conformity" with a given systemic factor, one or no items (depending on the factor) could be rated as an area needing improvement.

Key Findings from the CFSR in New Jersey

Similar to the emerging national trends in Round 3 (2015-2016)², none of the seven outcomes met the 90% or 95% threshold required to be considered in "substantial conformity" in New Jersey. However, protection of children from abuse and neglect (89% of cases substantially achieved), safely maintaining children in their homes when possible and appropriate (75% of cases substantially achieved), preserving continuity of family relationships and connections (83% of cases substantially achieved), and ensuring children receive appropriate services to meet their educational needs (89% of cases substantially achieved) and physical and mental health needs (73% substantially achieved), emerged from the review as important strengths in New Jersey. In particular, the Round 3 CFSR found that NJ:

- effectively conducts initial risk/safety assessments and initial safety planning;
- capably assesses and addresses the educational, physical and mental health needs of children;
- successfully preserves connections for children in care; and
- cultivates and maintains strong partnerships to effectively coordinate services for families with other system partners

Five of NJ's systemic factors pertaining to the statewide information system, quality assurance system, staff and provider training, agency responsiveness to the community, and foster and adoptive parent licensing, recruitment, and retention were found to be in substantial conformity. In particular, the review commended the Department's ongoing commitment to Continuous Quality Improvement facilitated by the State's internal qualitative review process and NJ SPIRIT, New Jersey's statewide automated child welfare information system.

Building on these strengths, the Round 3 CFSR noted key areas for improving child welfare programs and practice in New Jersey. Areas for growth include: NJ's performance related to in-home cases; implementation of ongoing safety and risk assessments; efforts to achieve timely permanency; engagement of parents in case planning (fathers in particular); and assessment of parents' underlying needs to better align with the identification of the appropriate service to meet the individual needs of families.

² Children's Bureau. (2017). Child and Family Services Reviews: Round 3 Findings: 2015-2016. Accessed from <https://www.acf.hhs.gov/cb/resource/cfsr-round3-findings-2015-2016>

CFSR Program Improvement Plan (PIP)

To carry out the work of the PIP, the New Jersey Department of Children and Families will leverage its robust child welfare infrastructure and Continuous Quality Improvement (CQI) processes.

NJ DCF Infrastructure

The Department of Children and Families (DCF) was created in July 2006, as the first Cabinet-level department devoted exclusively to serving and safeguarding and the most vulnerable children and families in New Jersey. DCF is responsible for managing the state's public children's behavioral health services, child protection and permanency services, child and family serving community programs, and overseeing the Division on Women. In partnership with its network of community providers, DCF provides services and supports to over 100,000 New Jersey women, children and families each month.

In January 2018, New Jersey's 56th governor, Phillip Murphy, took office, and appointed a new Commissioner of the Department of Children and Families, Christine Norbut Beyer. NJ DCF's PIP will advance the core goals of this new administration, which are to ensure that every child and family we encounter is **safe, healthy, and connected**. Departmental priorities to achieve this vision include: protection of children from maltreatment, prevention of ACES, promotion of protective factors, and preservation of families.

DCF's rich child welfare infrastructure is well positioned to advance these Departmental priorities and carry out the work of the PIP. Staffing levels, dedicated offices, and purchased services will be leveraged in service of accomplishing critical improvements needed for New Jersey's vulnerable children and families, including:

- 46 child protection and permanency Local Offices providing investigation and case management services throughout the State. Within each office, case workers report to a supervisor to form a unit; and typically, three units report to a casework supervisor to form a tier. In turn, typically four to six tiers report to a Local Office Manager and comprise a local office.
- A mature Case Practice Model that has been implemented for over 10 years, and comprises written expectations, comprehensive training and professional development curricula, and supervision tools and strategies including existing expectations for supervisor: caseworker conferences and supervisor direct observation of staff in the field.
- The Office of Training and Professional Development, which manages the professional development across the Department
- Data infrastructure including NJ SPIRIT (New Jersey's SACWIS system) and a public, web-based data portal
- The Office of Research, Evaluation and Reporting, which creates and manages SafeMeasures and other reporting tools, ad hoc reports, as well as longitudinal analyses, program evaluation, the Department's dashboard, etc.
- The Office of Quality, which manages the CQI process for child welfare services
- The Office of Strategic Development (OSD) which leads program development for new purchased services.
- The Children's System of Care, a strong continuum of behavioral health, developmental disability, and substance use treatment services, offered in an array of settings, and available to all children and families in the state

- Community services focused on preventing violence and strengthening families across the lifespan, including 3 evidence-based home visiting models, Family Success Centers, supportive housing, domestic violence and sexual violence prevention and intervention services, school-based programming available in every county in the State
- Additional purchased services for child welfare involved families, which are available in the communities where families live

NJ DCF's Continuous Quality Improvement Practice

New Jersey's continuous quality improvement (CQI) practice will play a pivotal role in the management of the PIP. DCF's overall efforts in this regard aim to ensure that direct practice and purchased service expectations are clearly articulated, that practitioners at multiple levels and within multiple functional roles have access to the professional development supports and community resources needed to carry out that practice, and that we use participatory, qualitative and quantitative quality management methods to ensure that the system operates as intended.

DCF uses quantitative and qualitative data collection and analytics to identify, describe, and analyze strengths and problems and then test, implement, learn from, and revise solutions. Our participatory CQI practice prioritizes inclusion of stakeholders, including agency staff, children, young adults, families, community partners, and others. With respect to the child welfare program, inputs into CQI process include quantitative reporting tools such as SafeMeasures, an externally available Data Hub, and routine quantitative analysis; as well as qualitative review processes, ChildStat, targeted case reviews, and comprehensive reports. In addition, DCF conducts Qualitative Reviews (QR); which consist of reviews of samples of cases from local offices conducted by a multi-disciplinary team of trained reviewers on a rotating basis. Each county is reviewed once every two years. This QR process incorporates record review, interviews, observations and professional assessment to identify patterns in case practice, assesses fidelity to the NJ case practice model, and elevates service needs. Findings are disseminated at the local level to DCF staff and external stakeholders, and, inform the development of a county-specific Program Improvement Plan (PIP). Effective beginning 2019, this QR cycle will also be reinforced by DCF's ChildStat, a monthly session in which local leadership discusses with Executive Leadership the county needs assessment, QR findings, preliminary development of the local PIP (e.g. implementation readiness), and performance of the children's behavioral health care system in the county.

The infrastructure in support of the CQI practice includes:

- *State CQI Steering Committee*, comprising senior leadership from across DCF, which oversees the development and implementation of DCF's CQI system, and makes use of findings from the CQI process.
- *Office of Quality*, a centralized office that supports CQI activities at the local office and area levels across the state, including CQI training; supporting the development of local CQI teams; synthesizing information gained from the local CQI activities; tracking the implementation of Steering Committee directives, and communicate results, lessons learned, and recommendations in written and verbal form, as needed, to the CQI Steering Committee and other DCF stakeholders.

- *Child Protection and Permanency (CP&P) Area Quality Coordinators.* Nine Area Quality Coordinators manage CQI teams and the program improvement plan process at the county level and ensure that information gained from the local CQI activities is shared with the CQI Liaisons.
- *CP&P Statewide Collaboration Team.* This CQI Statewide Collaboration Team ensures that the CQI communication plan is fully functioning, develops strategies to meet staff training and information needs related to implementing CQI activities and implements and monitors activities that support organizational learning at all levels of CP&P.
- *CP&P County CQI teams.* The County CQI teams develop, implement and support the evaluation of interventions outlined in the program improvement plans (PIPs). Members of the county CQI teams also share information related to any additional CQI activities with the Area Quality Coordinators.

These elements – CQI practice, dedicated infrastructure, and comprehensive set of qualitative and quantitative information - will be leveraged to manage the CFSR PIP activities. For example, ChildStat discussions and local PIPs will incorporate CFSR PIP goals and activities; data tools such as Safe Measures will be modified to ensure that managers can track their progress on specific CFSR PIP activities in real time, etc.

PIP Development Process

From October 2017 to June 2018, NJ DCF engaged in a process to develop a Program Improvement Plan (PIP) focused on the outcomes in which the Department did not achieve “substantial conformity”. The process was led by an interdisciplinary workgroup comprised of research and program staff from Child Protection and Permanency (DCP&P) and the Office of Performance Management & Accountability (OMPA) and was organized based on the five stages of PIP Development outlined by the Children’s Bureau: 1) analyze data; 2) explore possible interventions; 3) finalize interventions; 4) develop an implementation plan; and 5) develop a reporting structure and measurement plan. At each stage of the process, sub-workgroups were assembled to work on specific components of the PIP (e.g., measurement planning workgroup, writing workgroup). The process was further informed by bi-weekly consultations with Children’s Bureau staff. An overview of the PIP development process is given below:

- 1) *Analyze data:* The workgroup engaged in a review of existing data sources to identify specific areas needing improvement under each CFSR outcome as well as root causes of underperformance. This included an in-depth review of each CFSR case as well as CFSR interview and focus group results to identify specific areas needing improvement under each item, a comparison of CFSR findings with state-wide Qualitative Review findings, structured feedback from local CQI teams, CP&P case reviews, and a review of quantitative administrative data disaggregated by county to explore geographic variation in outcomes. Findings from discrete research and evaluation activities previously conducted by NJ DCF (e.g., CQ projects, program evaluations, needs assessments) were also discussed as relevant.

The Office of Performance Management and Accountability (PMA) also facilitated informational interviews with the Office of Strategic Development (OSD), Office of Adolescent Services (OAS), and various stakeholders within Child Protection and

Permanency (CP&P). NJ DCF convened a stakeholder group with participation from the Judiciary, the Office of the Public Defenders – Parental Representation and Law Guardian, the Office of Attorney General, Advocates for Children of New Jersey (ACNJ), Legal Services of New Jersey (LSNJ), Court Appointed Special Advocate (CASA), CP&P, DCF Legal and Legislative Affairs, the Office of Probation, the Child Placement Review Board (CPRB), and Rutgers Law to discuss challenges and barriers to permanency. Lastly, NJ DCF hosted a series of meetings with external stakeholder groups including service providers, foster parents, case workers, and casework supervisors to gain additional insights into CFSR findings.

- 2) Explore possible interventions: The workgroup engaged with internal NJ DCF (e.g., OSD and CP&P) and external stakeholders to catalogue the relevant initiatives currently underway or in the planning phases in New Jersey and assess them for alignment with the CFSR’s seven outcomes. As part of this process, the workgroup created a matrix which matched strategies to areas needing improvement and highlighted gaps in improvement initiatives. NJ DCF also identified areas needing improvement for which interventions had yet to be identified.
- 3) Finalize interventions: The workgroup created a final list of interventions for inclusion in the PIP. Strategies were prioritized based on supporting evidence, time required for implementation, ability to quickly and effectively achieve results to impact safety, permanency, and children’s well-being, alignment with NJ DCF’s strategic priorities and stakeholder feedback. In addition to stakeholder feedback sought during the PIP development process, interventions chosen for inclusion were the culmination of extensive stakeholder engagement strategies tied to that specific project.³
- 4) Develop an implementation plan: CP&P and PMA in collaboration with the Children’s Bureau, and various stakeholders within NJ DCF including the Office of Training and Professional Development developed implementation plans for each of the goals and strategies within the PIP. In May 2018, NJ DCF, the Children’s Bureau and the Administrative Office of the Courts (AOC) convened an onsite PIP meeting with full participation from all participants to develop and establish the implementation steps for the PIP’s strategies. After that onsite meeting NJ DCF continued working to finalize implementation plans for each PIP strategy.
- 5) Develop a reporting structure and measurement plan: To develop a reporting structure and measurement plan, the sub-workgroup first compared the existing QR process in New Jersey to the PIP measurement requirements to determine where there were synergies and differences. For example, while the OSRI and QR tools measured similar content, there were important differences in the outcomes measured. Additionally, the sampling strategies and periods under review differed between the two processes. Based on this process and consultation with the Children’s Bureau’s Measurement and Sampling Committee (MASC), the workgroup determined that it would develop an independent OSRI-based data collection strategy to measure outcomes related to the PIP. To develop the strategy, the workgroup reviewed existing measurement-related

³ For example, NJ DCF issued a Request for Information to obtain feedback from Family Preservation Services providers on what was working and not working with the current structure prior to issuing a new Request for Proposals.

documents associated with the 2017 CFSS onsite review then collaboratively developed a measurement plan. The plan was vetted with internal stakeholders and modified as needed.

Structure of the PIP

New Jersey's PIP addresses the key CFSS outcomes in which the Department did not achieve "substantial conformity" within this context. It is focused around three overarching goals and six cross-cutting strategies that will leverage impact across multiple areas needing improvement.

The three overarching goals of the PIP are to:

- 1) Ensure that children remain safely in their own home whenever possible;**
- 2) Improve the quality of child welfare case practice in New Jersey, particularly around engagement and assessment of parents; and**
- 3) Improve the timeliness of permanency for children entering foster care in NJ.**

Under these goals, cross-cutting strategies will be implemented to improve outcomes in the following key areas:

- Improve the quality of ongoing risk and safety assessments
- Strengthen safety protection plan development, implementation and monitoring
- Improve engagement of parents, especially fathers, in case planning
- Assess the underlying needs of parents to help support the individualization of services
- Improve the quality of worker visits with parents
- Increase the number of children that achieve timely permanency
- Reduce the number of children who re-enter out-of-home placement
- Improve the quality of casework on in-home cases
- Strengthen the case review system

Part One of this PIP summarizes NJ DCF's key challenges, strategies for improvement, key activities, and expected outcomes that address each of NJ's three goals focused on improving safety, well-being and permanency. For each strategy, DCF outlines the specific activities that will be undertaken to implement change, and will outline those activities using a framework adapted from the National Implementation Research Network,⁴ comprising:

⁴ <https://nim.fpg.unc.edu/learn-implementation/implementation-drivers/>

Competency Drivers <i>develop and improve staff's competency to implement the practice model</i>	Organizational Drivers <i>create the hospitable organization and systems environments needed for the EBP/EIP to be implemented with fidelity and achieve expected outcomes</i>
1. Well defined practice expectations Precise, behaviorally oriented definitions of the practice expectations that are shared with all impacted staff	4. Decision support data systems Information used to help make good decisions which allow the organization to assess overall performance of the desired practice, and support practitioners in making decisions.
2. Training & coaching The principal ways in which staff learn to change the behaviors that support the desired practice.	5. Facilitative administration Attention by the administration to reduce barriers to the desired practice, and create an administratively hospitable environment for staff to carry out the desired practice
3. Assessment of fidelity to the model Measurements of <i>context</i> (i.e., completion of training), <i>compliance</i> (adherence to processes), and <i>competence</i> (extent to which practice is of the desired quality)	6. Systems interventions Building and sustaining the culture, policies, regulatory practices, and funding mechanisms necessary for the desired practice to thrive.

Part Two presents NJ DCF's PIP measurement plan.

PART ONE: GOALS, STRATEGIES AND KEY ACTIVITIES

Goal 1.0: Ensure that children remain safely in their own home whenever possible

Safety emerged from the CFSR as a key strength of New Jersey's child welfare system⁵. However, while accurate initial safety and risk assessments were found to be a strength of the agency, the CFSR identified challenges related to ongoing risk and safety assessment, particularly for in-home cases, which led to inadequate service provision. NJ DCF's analysis found several barriers to staff consistently completing ongoing safety and risk assessments, and the language in the tools is not well aligned with best practice. For example, risk assessment in NJ relies heavily on the type of allegation (abuse vs. neglect) without integrating case history into decision-making, a practice strongly supported by the scientific literature. Additionally, some language in the tools (e.g. terminology like "compliance" and "service") is not consistent with NJ's Case Practice Model. A survey of CP&P staff found that 60% of staff had difficulty completing the risk assessment and staff reported that the Family Strengths and Needs Assessment was time consuming and did not identify protective factors within the family. As a result of these challenges, and perceived time limitations, the tools are also not well integrated into the case planning process. Only 20% of staff consistently used the SDM tools during supervisory conferences to aid in case planning and decision-making and only 70% of staff use the SDM findings to inform clinical consultations related to drug and alcohol use or domestic violence.

The CFSR also highlighted the need for improvement in DCF's use of Safety Protection Plans. Whenever a safety factor is identified, casework teams make use of Safety Protection Plans to ensure the safety of children. These plans are intended to be concrete in nature, transparent with families, and of limited duration. During the CFSR, DCF found that staff lack adequate data to properly track safety protection plans and lack consistent understanding of the barriers to quality safety protection planning with families.

Strategy 1.1: Use Structured Decision Making to assess safety and risk throughout the life of the case

Strategy 1.1 will focus on strengthening NJ DCF's safety and risk assessment and intervention practice in order to ensure that staff effectively assess and address children's and parents' risk and safety concerns, and that families receive interventions that effectively reduce risk and mitigate safety threats so that children can remain safely at home and free from maltreatment. To this end, NJ DCF will pursue the following:

First, NJ DCF will strengthen its staff guidance on practice expectations related to the assessment of safety and risk and effective safety interventions. New Jersey began using Structured Decision Making (SDM) in 2005 but has not updated the algorithms and tools since that time. We will continue our partnership with the Children's Research Center (CRC) to validate and enhance the SDM tools to ensure that they align with best practices. Based on findings from a validation study conducted by CRC, enhancements to the SDM

⁵ In 89% of cases reviewed, protecting children from abuse and neglect (Safety Outcome 1) was rated a strength. In 75% of cases reviewed, NJ was safely maintaining children in their own homes whenever possible and appropriate (Safety Outcome 2).

tools will include the addition of protective actions and child-level safety decisions, a revised scoring algorithm for risk assessment, and the addition of safety protection plan review dates. DCF will also clarify expectations that safety protection plans be implemented when safety factors are identified and will additionally clarify the conferencing expectations. Management of plans will rest with the casework supervisor.

DCF IT will incorporate these SDM tool revisions into NJ SPIRIT, and modify the Case Plan Family Agreements to support staff in including safety and risk discussions during case planning and Family Team Meetings. NJ DCF will convene a workgroup to update policy to account for the practice expectations articulated above and provide revised guidance related to enhanced SDM tools. Next, NJ DCF will use training and updated supervisory tools to support staff in making needed changes to practice in this area. CP&P will collaborate with the Office of Training and Professional Development (OTPD) to develop and deliver a mandatory state-wide training, which will be focused on improving staff knowledge of the SDM tools, building competency around risk and safety assessment best practices, appropriate use of safety protection plans, and strengthening communication of SDM findings with the courts to improve permanency decisions. NJ DCF will be evaluating the current court report form to ensure that it accurately provides the court and counsel with up to date information in SDM findings and captures current safety and risk information regarding the children and families involved in litigation.

Next, NJ DCF will implement an accountability framework, including a new SafeMeasures screen to track SDM findings and the incidence and duration of the use of Safety Protection Plans. Fidelity tools for use in supervisory conferencing will be developed, to support supervisors and managers in ongoing management of staff practice related to ongoing safety and risk assessment; in addition, the Supervisory Observation tool, a coaching instrument used in the field by supervisory staff to guide professional development around our case practice will be updated to incorporate discussion regarding safety and assessment of risk throughout the life of the case. Finally, NJ DCF will also work to improve the quality of conferencing by CP&P supervisors, to support clear communication and collaboration with parents when safety factors are identified.

To track the impact of these efforts, OPMA will adjust reporting and CQI structures to incorporate the SDM tools and a greater focus on safety and risk throughout the life of the case. DCP&P leadership will also monitor and ensure collaboration with the Deputy Attorney Generals on adherence to DCF policy in this area. OPMA will ensure aggregated data on SDM findings is available for tracking and decision-making and internally, DCP&P will conduct routine reviews of records regarding the use of safety protection plans.

Goal 1.0: Ensure that children remain safely in their own home whenever possible⁶

Key Challenges Identified	Strategies & Key Activities	Long Term Outcome
<p>Language in the SDM tools is not aligned with best practices and does not incorporate the protective factors.</p> <p>The SDM Risk Assessment has never been validated in NJ.</p> <p>Staff have difficulty completing the risk assessment tools, particularly the ongoing risk re-assessment</p> <p>The SDM tools are seldom used in supervisory conferences or integrated into decision-making</p> <p>NJ does not have adequate data to properly track the quality or the timeliness of safety protection plans.</p> <p>Need to improve the quality and monitoring of the safety protection plans in the field.</p>	<p>1.1 Use Structured Decision Making to assess safety and risk throughout the life of the case</p> <p>1.1.1 Ensure Practice Expectations are Clearly Defined</p> <ul style="list-style-type: none"> • Partner with Children’s Research Center (CRC) to validate risk assessment SDM tool to align with NJ’s case practice model. (Complete) • Add safety component to Family Agreement (Q3) • Create protocol for workers to review progress on the enhanced Family Agreement with caregivers at each home visit (Q2) • Safety Protection Plans will be amended to include protective actions. (Q3) • Retain protocol clarifying that when a safety factor has been identified, Safety Protection Plans will be developed with the family and conferenced with the CP&P casework supervisor, supervisor and worker (ongoing). <p>1.1.2 Train and coach staff to practice expectations</p> <p>A. Develop & deliver Statewide training</p> <ul style="list-style-type: none"> • Executive Level training information will be delivered to Area Directors, Assistant Area Directors, and Local Office Managers regarding the enhanced SDM tools and the new training: Assessing and Managing Safety and Risk Throughout the Life of the Case (Qtr 2) • OTPD will manage rollout of Assessing and Managing Safety and Risk Throughout the Life of the Case, in collaboration with DCPP and CRC. The training will be required for casework supervisors, supervisors, and all field staff in New Jersey. Statewide rollout will begin prior to the release of the revised SDM tools in NJ SPIRIT. Casework supervisors and supervisors will be trained first followed by intake and ongoing workers. Specific components include: use of SDM tools, use of enhanced family agreement, practice expectations on safety and risk assessment and intervention throughout the life of the case, and appropriate use and duration of Safety Protection Plans. (Qtr 2-5) 	<p>Safety Outcome 2:</p> <ul style="list-style-type: none"> • Item 2: Services to family to protect child(ren) in home and prevent removal or re-entry into foster care • Item 3: Risk and safety assessment and management <p>Well-Being Outcome 1:</p> <ul style="list-style-type: none"> • Item 12b: Needs assessment and services to parents • Item 13: Child and family involvement in case planning • Item 14: Caseworker visits with child <p>Permanency Outcome1:</p> <ul style="list-style-type: none"> • Item 5: Permanency goals for child • Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement <p>Other:</p>

⁶ Timeframes throughout this document are presented as quarters (e.g., Qtr 1, Qtr 2). These quarters refer to timing following the date that the PIP is approved. For example, “Qtr 1” indicates that an activity will be completed within 3 months of the date on which the PIP is approved.

Key Challenges Identified	Strategies & Key Activities	Long Term Outcome
	<ul style="list-style-type: none"> • An additional supervisory module will train supervisors and casework supervisors on managing this work throughout the life of the case. (Qtr 2-5) <p>B. Coach workers to embed practice</p> <ul style="list-style-type: none"> • Roles: supervisors will be primary coaches of this practice and will in turn receive coaching from the Casework Supervisor • Tools: Supervisory Observation Tool will be updated to include observation of safety/risk assessment (Q1-2) • Tools: Casework Supervisor Observation Tool will be created to record observation of supervisor/ worker conferences. (Q1-2) • Practice: Supervisors will observe worker use of the Family Agreement in the home at least 1x/mo using updated supervisory observation tool. During record reviews, supervisors will review record with particular attention to caseworker use of SDM tools; during supervisor conferences Supervisors will discuss SDM assessments (Conversation will be documented in supervisor conference notes) (Qtr 2-5 & ongoing; each office will launch this practice following supervisor completion of the supervisor module of training.) <p>1.1.3 Assess fidelity to the practice model</p> <ul style="list-style-type: none"> • Casework Supervisor will directly observe individual supervisor/worker conferences utilizing the Casework Supervisor Observation Tool. (Qtr 2-5, following staff and supervisor completion of training) • Casework Supervisor will collect & assess supervisory observation tools (Beginning Qtr 3 & ongoing) • AQC for each Area will track use of and findings from supervisory observation tools as well as findings related to supervisory competency in coaching to this practice, and will review a sample of records to assess for quality of safety and risk assessment, and appropriate use of Safety Protection Plans (Beginning Qtr 4 & ongoing) • Casework Supervisor must approve all Safety Protection Plans. (Q3) • Casework Supervisor will use SafeMeasures report to monitor frequency and duration of Safety and Protection Plans (Q4) <p>1.1.4 Create or Adapt Decision Support Data Systems</p>	<ul style="list-style-type: none"> • Work with in-home cases • Re-entry into placement <p>Systemic Factors:</p> <ul style="list-style-type: none"> • Individualizing services

Key Challenges Identified	Strategies & Key Activities	Long Term Outcome
	<ul style="list-style-type: none"> • Implement SDM changes of Safety Assessment, Risk Assessment, Risk Reassessment, Reunification Assessment, & MVR schedule in NJSPIRIT (Q3) • Incorporate safety and risk narrative into the Family Agreements (Q4) • Add changes to NJ SPIRIT that require SDM assessments are completed at critical points in the life of the case. Specifically, require completion of reunification assessment prior to child's discharge from NJ DCF custody and completion of safety assessment prior to case closing (Q3) • SafeMeasures will include a new report that monitors completion and duration of Safety Protection Plans (Q4) <p>1.1.5 Make use of Facilitative Administration</p> <ul style="list-style-type: none"> • Local Office Managers will regularly review SafeMeasures report with DAG • SafeMeasures reports on use of Safety Protection Plans will be regularly reviewed by DCPD leadership • Supervisor/Caseworker team meetings will incorporate discussion of feedback and learning from training, coaching, and fidelity assessment • AQC will share review findings with LOM & AD locally and at Statewide AD meeting • CQI teams/local PIP process will incorporate work on safety and risk throughout the life of the case • Office of Quality will review DCF Quality Review methodology to ensure it effectively reviews safety and risk throughout the life of the case <p>1.1.6 Identify and Manage Systems Interventions Needed to Support The Practice</p> <ul style="list-style-type: none"> • The Office of Policy and Regulatory Development (OPRD) will update DCF policy to align with goals outlined above (e.g. include revisions to the SDM tools, supervisory conferences that include a discussion of the SDM tools, etc) (Q2) • In routine quarterly meetings, DCPD leadership will ensure collaboration with DAG office to jointly assess consistency of practice regarding decisions to take legal action on cases involving Safety Protection Plans (Q3 and ongoing) • OPRD and OLLA in collaboration with CP&P will review and revise policy regarding Safety Protection Plan timeframes (Q4) 	

Goal 2.0: Improve the quality of child welfare case practice in New Jersey, particularly around engagement and assessment of parents

NJ DCF works to ensure that caseworkers visit with parents regularly; in a recent six-month period, 71% of parents were visited by their caseworker at least twice per month⁷. While NJ DCF is focused on improving consistency in meeting with parents, NJ DCF also recognizes the importance of ensuring that the visits are effectively used to strengthen outcomes for families. NJ DCF tracks the frequency of visits and uses its qualitative review process to understand the quality of the Department's interaction with families, with a focus on visits and ongoing coordination. For example, NJ DCF measures engagement, ongoing assessment process, team work and coordination as well as the child and family planning process.

Using its qualitative data, NJ DCF has identified engagement and assessment of mother and father as area of practice that are in need of improvement. Of the cases reviewed in the 2016 – 2017 Qualitative Review process, 59% achieved a strength rating for engagement for biological mothers compared to 37% for biological fathers. Regarding ongoing assessment process, 39% of the cases reviewed achieved a strength rating in assessment for biological mothers and 23% received a strength rating for biological fathers. In examining NJ's 21 counties, 3 of 21 achieved a strength rating in engagement of either parent and 2 of 21 achieved a strength rating in ongoing assessment process when reviewed for either parent.

Understanding this to be a systemic area of focus for the Department, NJ DCF used its additional continuous quality improvement system strategies and the information gained from the CFSR process to understand why the practice challenges exist from multiple perspectives and understand the systems adaptations needed to support improvement. In NJ DCF's ongoing analysis of available data, we have identified differences in both levels at which staff engage mothers versus fathers and the barriers they face when engaging them.

- In a review of cases that demonstrated engagement of parents as an area needing improvement based on QR data from 2016-2017, the predominant issue for both mothers and fathers was a lack of relationship between the family and the team. However, the underlying reason for the lack of relationship differed from the perspective of mothers and fathers. For mothers, the lack of relationship was evidenced most commonly by a lack of trust for the caseworker, limited or no contact with the caseworker, a superficial relationship or a non-productive relationship. Qualitative Review case reviewers noted a number of drivers of these relationship challenges including: the mother's negative perception of CP&P's intent, the parent feeling powerless resulting in anger and non-cooperation with the caseworker, and interactions between the mother and caseworker that did not address underlying or sensitive issues. For fathers, the lack of relationship was evidenced most commonly, but by the agency's lack of diligent effort, followed by an inadequate search for the father, or an incarcerated father with no contact. Drivers of these challenges included: lack of or insufficient outreach (e.g., delayed or absence of follow-up activities), limited efforts to consistently engage with the father, or non-responsiveness on the part of NJ DCF.

⁷ Commissioner's Monthly Report, March 2018

- Staff faced particular challenges identifying creative strategies to engage with fathers and to reach fathers who were out-of-state. Personal biases and fear also play a role. In county-level CQI processes, staff have reported multiple factors influencing decision-making regarding engagement of fathers including life experiences that generate personal bias toward involving fathers in planning for their children and concerns about working with fathers who have violent criminal histories.
- Lastly, when visits do occur, they often focus on ensuring that key practice related steps are followed in accordance with state and federal policy. Workers sometimes struggle to foster ongoing trust-based relationships with each parent, relationships that the necessary foundation if staff are to engage in the type of meaningful conversations that would identify and address underlying needs.

NJ DCF is committed to addressing these areas of case practice by focusing its efforts on both individual level and systems level improvement strategies. NJ DCF analyses suggest that there is an opportunity both to increase staff's knowledge and confidence as it relates to engaging and assessing parents, and to enhance the skills and confidence of NJ DCF leaders and supervisors to enable them to effectively coach workers and model behaviors that support high quality assessment and engagement in challenging circumstances (e.g., addressing trauma and other difficult topics, partnering with fathers). Additionally, there is a need to systematically disaggregate NJ DCF's data on caseworker visits to distinguish our practice with respect to mothers and fathers separately, so that we can appropriately monitor practice. NJ has identified two strategies to improve the quality of its child welfare case practice and ultimately support better alignment of services to strengthen families and improve outcomes:

2.1 Implement behavior-based case planning practice

Strategy 2.1 will focus on improving the quality of casework with parents, particularly around the worker's engagement and assessment, to focus more on needed behavior changes in the home environment and less on service completion.

To address challenges related to the quality of engagement and planning with families, NJ DCF intends to explore evidence-based, evidence-informed, and promising practices in behavior-based case planning⁸. DCF is in the process of exploring models that are aligned well with our existing case practice model. Once an approach has been selected, DCF will make use of multiple parts of its infrastructure to support ongoing practice in this area, including the training and coaching infrastructure, CQI infrastructure, data and evaluation infrastructure, and policies and procedures. DCF's intention is to engage in the planning stages of this work (model selection, engagement of stakeholders, articulation of practice expectations for the model in New Jersey, identification of any needed changes to NJ SPIRIT, SafeMeasures, or other data infrastructure, design of curriculum, design of fidelity measurements and fidelity monitoring processes, etc.) during the quarters when Goal 1.0 is being implemented. Specific action steps and timeframes for this

⁸ Some examples may be found via the California Evidence Based Clearinghouse "Casework Practice" programs: <http://www.cebc4cw.org/search/by-topic-area/>

work will need to be developed with the model developer after a model has been selected. DCF will sequence the implementation of training with staff to follow the successful rollout of Goal 1.0.

2.2 Promote a culture and practice that prioritize father engagement and assessment.

Strategy 2.2 will focus on strengthening father engagement by ensuring that there is a statewide focus on accountability in this area, and an emphasis on understanding and managing the underlying challenges of effective engagement with fathers.

NJ DCF recognizes, that as a system, we need to better understand how our existing practice and systems interact to historically promote limited engagement of and attention to fathers. To that end we are synthesizing information and engaging stakeholders from across the Department. NJ DCF will implement the statewide workgroup committee on fatherhood engagement, the membership of which will be adjusted to include biological fathers, external stakeholders and system partners. NJ DCF leadership will utilize this workgroup to inform and support best practices in father engagement statewide.

While NJ DCF attends to these systemic trends, Local Offices have also identified two specific changes that they feel will support better practice in engagement of fathers. Staff have requested IT solutions to documenting information about visits with mothers and fathers, rather than designated as “parent;” we believe that providing reporting on this data as requested by staff will support NJ DCF in learning more about our work with fathers overtime. In addition, staff asked to be exposed to strategies for strengthening engagement with fathers as well as strategies for identifying and working through biases that may be influencing case practice.

In order to address these specific changes, NJ DCF will implement changes to NJ SPIRIT and create new measurement screens in SafeMeasures so that the workers’ visits with mothers and fathers can be monitored separately. Additionally, OTPD will implement the Father Engagement Curriculum. This training curriculum, developed and piloted by the NJ Child Welfare Training Partnership, will be required for all CP&P staff. Finally, in December 2018, DCF created an Office of Family Voice, which will be vested with the responsibility of organizing and elevating the voice of constituents throughout the Department, ensuring that policy, operations and practice throughout the Department include input from those with lived experience.

To track the impact of the efforts described above, DCF will leverage its CQI process. The QR cycle will continue to involve birth parents, youth and foster parents on a county by county basis (e.g. feedback in activity development, feedback in the form of surveys or focus group to support implementation or to gather data regarding results). Moving forward, the work of the County CQI teams will be connected with the Fatherhood Engagement group described above. Any county in which father engagement is identified as an area needing improvement through the Qualitative Review will undergo an in-depth CQI process to understand factors influencing the problem, develop locally-driven solutions, implement strategies and track and report progress through county level PIPs and the ChildStat process. CP&P and OPMA Leadership will communicate the requirement to County CQI Teams and hold counties accountable for conducting in-depth analysis and addressing father engagement. The collaborative leadership will develop and

implement a reporting plan to ensure that the work group identified above receives information in a timely manner. QR Administrators will report on local progress to the statewide workgroup and other key stakeholders as deemed appropriate.

Goal 2.0: Improve the quality of child welfare case practice in New Jersey, particularly around engagement and assessment of parents

Key Challenges Identified	Strategies & Key Activities	Long Term Outcome
<p>Inadequate frequency and quality of caseworker visits with parents.</p> <p>The discussions during visits were not exploring or comprehensive in identifying or addressing needs.</p> <p>There is a need for supervisors to consistently model best practices and support staff in strengthening quality of practice in the field.</p> <p>There is a need for supervisors to consistently address engagement and assessment in supervisory conferences in a purposeful effort to sustain and maintain fidelity of the case practice model.</p>	<p>2.1 Make use of behaviorally based case plans</p> <p>2.1.1 Ensure Practice Expectations are Clearly Defined</p> <p>DCF will explore and choose evidence based/informed case practice enhancements (launched; to be completed by Q1)</p> <p>DCF will work with model developers to incorporate evidence informed case planning into NJ practice model (timeframe TBD with model developer)</p> <p>2.1.2. Train and coach staff to practice expectations</p> <p>Training and coaching strategy to be developed Q2-4; roll out TBD</p> <p>2.1.3 Assess fidelity to the practice model</p> <p>Model fidelity tools and practices to be developed jointly with model developer (Q2-4)</p> <p>2.1.4 Create or Adapt Decision Support Data Systems</p> <p>Adaptations to NJ SPIRIT, SafeMeasures, other systems to be identified Q2</p> <p>Rollout of changes TBD depending on complexity</p> <p>2.1.5 Make use of Facilitative Administration</p> <p>Specific action steps to be co-developed with model developer and DCPD</p> <p>2.1.6 Identify and Manage Systems Interventions Needed to Support The Practice</p>	<p>Safety Outcome 2:</p> <ul style="list-style-type: none"> • Item 3: Risk and safety assessment and management <p>Well-Being Outcome 1:</p> <ul style="list-style-type: none"> • Item 12b: Needs assessment and services to parents • Item 13: Child and family involvement in case planning • Item 15: Caseworker visits with parents <p>Permanency Outcome1:</p> <ul style="list-style-type: none"> • Item 5: Permanency goal for child <p>Other:</p> <ul style="list-style-type: none"> • Work with in-home cases • Re-entry into placement <p>Systemic Factors:</p> <ul style="list-style-type: none"> • Individualized services

Key Challenges Identified	Strategies & Key Activities	Long Term Outcome
	Specific action steps to be co-developed with model developer and DCPD	
	2.2 Promote a culture and practice that prioritize father engagement and assessment.	
<p>There is no way to track visits with mothers and fathers separately, only parents together.</p> <p>Staff's personal biases and fears impact their engagement of fathers, limited efforts and understanding of diligent search, lack of strategies for engaging fathers who are out-of-state.</p> <p>Historically, staff have not believed that father engagement was priority for the agency.</p>	<p>2.2.1 Ensure Practice Expectations are Clearly Defined</p> <p>Support the Case Practice Model with clear expectations regarding level of effort required to pro-actively engage fathers.</p> <p>2.2.2 Train and coach staff to practice expectations</p> <p>A. Develop & deliver Statewide training</p> <ul style="list-style-type: none"> • Statewide rollout of “Fathers are Important: A caseworker’s guide to working with fathers”. This training is required for all field staff, is rolled out across the state sequentially by region, and will include accountability and support packages to support transfer of learning to practice (launched; to be completed by Q6) • Implement marketing strategy to elevate attention to the need for the training (complete) <p>B. Coach workers to embed practice</p> <ul style="list-style-type: none"> • Roles: supervisors will be primary coaches of this practice and will in turn receive coaching from the Casework Supervisor • Tools: Supervisory Observation Tool will be updated to include observation of use of father engagement practices (Q1-2) • Practice: Supervisors will use modified observation tool; supervisors will review record with particular attention to caseworker use of father engagement practices; Supervisors will discuss father engagement during supervisor conferences (Conversation will be documented in supervisor conference notes) (Qtr 4) <p>2.2.3 Assess fidelity to the practice model</p> <ul style="list-style-type: none"> • Casework Supervisor will directly observe individual supervisor/ worker conferences (existing practice) • Casework Supervisor will collect and assess supervisory observation tools (Q3 and ongoing) 	<p>Safety Outcome 2:</p> <ul style="list-style-type: none"> • Item 3: Risk and safety assessment and management <p>Well-Being Outcome 1:</p> <ul style="list-style-type: none"> • Item 12b: Needs assessment and services to parents • Item 13: Child and family involvement in case planning • Item 15: Caseworker visits with parents <p>Permanency Outcome1:</p> <ul style="list-style-type: none"> • Item 5: Permanency goal for child <p>Other:</p> <ul style="list-style-type: none"> • Work with in-home cases • Re-entry into placement <p>Systemic Factors:</p> <ul style="list-style-type: none"> • Individualized services

Key Challenges Identified	Strategies & Key Activities	Long Term Outcome
	<ul style="list-style-type: none"> • AQC for each Area will track use of and findings from supervisory observation tools as well as findings related to supervisory competency in coaching to this practice (Q5 and ongoing) • AQC for each Area will review sample of records (Q5 and ongoing) <p>2.2.4 Create or Adapt Decision Support Data Systems</p> <ul style="list-style-type: none"> • Implement changes to NJSPIRIT to be able to track visits with mothers and fathers separately. (Q4) • Implement tacking mechanism in SafeMeasures to track visits with mothers and fathers separately (Q5) <p>2.2.5 Make use of Facilitative Administration</p> <p>Elevate father engagement as a priority area for County level PIPs</p> <ul style="list-style-type: none"> • Office of Quality will work with CP&P Central Office Leadership and County CQI teams to incorporate a focus on father engagement into the county PIP process. (launched; to be maintained ongoingly) • CP&P Leadership and the Office of Quality will report trends in local PIP progress quarterly to the statewide CQI workgroup, Fatherhood workgroup, and other key stakeholders as deemed appropriate. (ongoing) • CP&P Leadership and the Office of Quality will monitor these efforts quarterly through the existing CQI infrastructure. (ongoing) <p>Statewide Fatherhood Engagement workgroup will be strengthened and expanded to include stakeholders with lived experience:</p> <ul style="list-style-type: none"> • The workgroup will be expanded to ensure stakeholder representation for internal and external partners, fathers and community partners (launched) • Workgroup to establish year one and year two goals- (Q1) • The workgroup will be charged with partnering with external stakeholders (e.g. father, community providers) to share learning and develop recommendations, including <ul style="list-style-type: none"> ○ System partners will be invited to bring their data to assist in further understanding barriers to father engagement (Q2) ○ The workgroup will interface with the NJ DCF CQI approach to better understand systemic needs for father engagement (ongoing) 	

Key Challenges Identified	Strategies & Key Activities	Long Term Outcome
	<ul style="list-style-type: none"> ○ The workgroup will be charged with providing at least annual update/recommendation to executive management (ongoing). ● The Office of Policy and Regulatory Development and CP&P will review and, as necessary, revise existing DCPD policies to ensure that father engagement is supported (Q1-4). <p>2.2.6 Identify and Manage Systems Interventions Needed to Support The Practice</p> <p>QR Administrators will report local progress on father engagement to the statewide workgroup and other key stakeholders as deemed appropriate.</p> <p>Fatherhood workgroup will share information on local progress and challenges to the Statewide CQI committee.</p>	

Goal 3.0: Improve the timeliness of permanency for children entering foster care in NJ

The greatest challenge identified in New Jersey’s CFSR is related to timely permanency; timely permanency was rated as a strength in only 15% of cases (37% reunification, 16% adoption). Overall, while practice in establishing timely and appropriate permanency goals (77%) and filing for termination of parental rights in a timely manner (86%) was strong, NJ DCF has identified that practice issues related to concurrent planning and kinship placements are negatively influencing permanency outcomes, and that we need to improve our engagement of Court stakeholders in deeper partnership to further permanency outcomes.

In our work following the CFSR, NJ DCF found that staff does not consistently engage in a robust concurrent planning process, and often think more sequentially about permanency planning. A lack of standardized review tools and policy that clearly defines roles and responsibilities contribute to variation in practice across the state. In addition, as identified earlier, staff are not systematically using safety and risk assessments to inform permanency decisions.

Research has shown that children have better outcomes, including better permanency outcomes, when placed with kinship caregivers.ⁱ NJ DCF believes we can improve our permanency outcomes through strong attention to these kinship practices. To this end, DCF undertook a meta-analysis of historical findings from CQI processes related to kinship practice. We found that while staff understand the importance of kinship connections, we: (a) do not identify kin early enough in the placement process; (b) lack consistent understanding of policy regarding exclusions for criminal backgrounds; (c) struggle to support families in navigating some of the clinical issues that arise in kinship placements.

Lastly, focus groups convened as part of the CFSR process illuminated the need for closer collaboration between DCF and the Judiciary regarding permanency. Focus groups found limited data sharing on permanency-related topics, few forums for discussing and sharing data, and a need to raise awareness about permanency challenges with relevant stakeholders. Given these identified challenges, NJ has identified three strategies to improve timely permanency. The Judiciary and DCF are committed to sharing readily available data to assist in improving timeliness to permanency. As to strategies referenced in this PIP requiring data reports that have not been previously compiled, the Judiciary and DCF will coordinate their efforts to develop such reports based on available resources.

3.1: Strengthen concurrent planning practice and accountability

Strategy 3.1 will focus on strengthening concurrent planning practice in NJ to ensure that appropriate permanency goals are established for children and permanency is achieved in a timely manner. NJ DCF will continue implementing its newly enhanced statewide permanency workshops, which focus on building intake and permanency workers' knowledge, skills and confidence to implement the concurrent planning process and increasing teaming between workers and other DCF staff (e.g., resource units) through the life of the case. NJ DCF will develop and implement an accountability framework to ensure that workers competently execute concurrent case planning as part of their routine case practice. This will include educating Area Directors and Local Office Managers about their role in the concurrent planning process; creating a teaming structure between concurrent planners and area and local office leadership that ensures concurrent planning tasks are completed and challenges are addressed in a timely manner; and developing a support structure for concurrent planners in the Central Office which includes avenues to elevate issues related to the concurrent planning process. The Agency will create additional structure around the concurrent planning process by distributing updated policy guidance to staff that clearly outlines roles and responsibilities as they relate to concurrent planning and a new standardized review template for enhanced five and ten-month case reviews that will include language specific to the SDM tools. Finally, NJ DCF will develop and implement a professional development strategy around straightforward conversations for concurrent planning. As part of this process NJ DCF will explore professional development opportunities and partnerships with the Judiciary around the topic of 'Talking with families about concurrent planning'.

While historically, the responsibility for talking with families about concurrent planning has fallen with DCF, the Judiciary and DCF have developed a framework for partnership in this area. The Judiciary is developing a bench card that provides information on ASFA and concurrent planning that will be distributed to judges who hear CIC cases. The Statewide Children In Court Improvement Committee (CICIC) has tasked its Quality Hearings Subcommittee with identifying ways in which the Judiciary can support concurrent planning; the first project in this regard will be the revision of a parent calendar which will provide contact and court information to parents and will be updated to include useful information for parents on concurrent planning. While the Quality Hearings Subcommittee continues to identify other areas in which concurrent planning can be addressed by stakeholders, the Judiciary has committed that any strategy that is identified and endorsed by the CICIC for implementation will include (as resources permit) an assessment on the impact it has had on practice in NJ.

3.2: Increase the use of kinship care

Strategy 3.2 will focus on increasing the use of kinship care placements for children entering out-of-home placement, because kinship care has a demonstrated impact on timely permanency in New Jersey. NJ's analysis of statewide data shows, consistent with national studies, that children in kinship care have reduced rates of re-entry compared to children in non-kinship foster care and increased likelihood of permanency after the first 12 months.

In developing the PIP, NJ DCF held discussions with the Judiciary and the CICIC regarding kinship strategies including the intention to increase kinship placements and increase the use of kinship legal guardianship. The judicial stakeholders expressed support of both strategies. The judicial stakeholders and DCF agree that the most significant barrier to use of kinship placements and kinship legal guardianship practice in NJ is DCF's own policy and practices; as those are modified, the judicial stakeholders are ready to support DCF's renewed work in this area.

In furtherance of efforts to increase kinship placements and expand the use of kinship legal guardianship, the DCF Commissioner has tasked every division and office within the Department with determining how it will modify its work to support kinship caregivers. These Outcomes and Key Results will be monitored by the Commissioner's office and updated every 90 days during 2019-2021. The DCF Manage By Data Fellows alumni will support implementation of division and office plans in this regard. In advance of this effort, DCF has (a) initiated a review of national practice in kinship legal guardianship, as the first step toward modifying its policy that currently restricts the use of kinship legal guardianship to a specific subset of children; and (b) identified early identification of kin as an area in need of improvement. With respect to the latter, NJ DCF will develop a form used during enhanced reviews that will identify maternal and paternal relatives and document any reason the relative was not used; and CP&P will review the utilization of PROMIS/Gavel, an automated criminal case tracking system that captures information concerning defendants who have been charged with criminal offenses, and take steps to ensure that decisions regarding the fitness of relatives to provide kinship care are made on the basis of consistent criteria throughout the state.

To ensure that the judicial stakeholders are prepared for modified DCF practice as the KLG policy is modified and as the DCF work to increase kinship placements matures, DCF and the Judiciary committed to joint exploration of any systemic barriers (e.g. criminal background history, waivable offenses, etc.) that are impeding the ability of kin to care for children and youth in out of home placement, or to exit care via kinship legal guardianship. As part of NJ DCF's collaboration with the Judiciary on the Court Improvement Strategic Plan, DCF is committed to collaborating with the Judiciary to explore tools for measuring organizational culture around implicit racial and social economic biases and will identify factors that contribute to the differences in the rate of kinship placements.

The Judiciary and DCF will jointly review available data in NJ SPIRIT and FACTS to monitor the number of KLGs being finalized. Lastly, NJ DCF will explore the impact of kinship legal guardianship (KLG) on long term permanency for children by assessing the current KLG practice and policy, reviewing national best practices and outcomes, and adjusting NJ practice in this area as needed.

3.3: Strengthen NJ DCF's partnership with child welfare stakeholders and the Judiciary

Strategy 3.3 will focus on strengthening NJ DCF's partnership with external stakeholders, particularly the Judiciary, to improve communication and collaboration in service of improving timely permanency. During the process of developing NJ's PIP, the Administrative Director of the Courts and DCF Commissioner have committed to collaboration in decreasing lengths of stay and increasing kinship and kinship legal guardianship as key strategies to that end.

Preliminary findings suggest that New Jersey's permanency delays are heavily concentrated in guardianship proceedings. To ensure the timely completion of guardianship matters, DCF and the Judiciary will collect and disseminate data analyses; DCF and the Office of the Attorney General are collaborating to issue joint protocols to ensure timely filing of guardianship complaints; and the Judiciary will develop an enhanced scheduling order for FG cases that provide a framework for all steps in the case to ensure that they are completed in a timely fashion. Specifically, the latter will include the scheduling of evaluations, sharing of discovery, and raising objections to evidence to improve the efficiency of resolving cases in the guardianship phase. DCF and the Judiciary will continue to share any available information and data to gauge the effectiveness of this order on the timeliness of the resolution of guardianships. To address the impact of adjournments on delays in time to permanency, the Judiciary will amend adjournment orders to require information on who requested an adjournment and the rationale for the adjournment. Once the order is implemented, any available data will be reviewed to ensure that reasons for adjournments are being provided. The Quality Hearings Subcommittee of the CICIC will continue to monitor this data to determine if the use of the order is effective and to develop strategies to address areas where there are excessive adjournments.

More broadly, NJ DCF will partner with the CICIC on a statewide permanency improvement effort. The Judiciary will be directing each of New Jersey's Children in Court Advisory Committees (CICAC), which are comprised at the county level of local judicial, attorney, advocacy, and DCF leadership, to jointly create and implement a local action plan to improve timely permanency. Each county committee in New Jersey is required to hold quarterly meetings with all child welfare stakeholders. These committees will be asked to review data and other local issues and provide action plans to the CICIC regarding the county's plans to improve timely permanency. In this process, the Judiciary and DCF will provide the county with available local data and the CICACs will be tasked with reviewing permanency timeframes, decision points, and other practices that may have an impact on permanency. The CICIC will review each CICAC plan and provide feedback to the local CICACs. The success of the strategies identified will be assessed and shared with other CICACs where applicable. The CICIC will manage this effort through use of a standing agenda item related to permanency and will task a subcommittee with the working oversight of the local CICAC planning and implementation efforts.

To build capacity throughout the state to carry out these efforts, NJ DCF and the Judiciary will include permanency related workshops for Continuing Legal Education (CLE) credit in the annual CIC conference. NJ DCF and the Judiciary will also collaborate to strengthen New Jersey's capacity to collect and review available data related to progress on timely permanency, to identify any persisting barriers to permanency (e.g., caregivers not attending hearings, guardianship appeals) and to identify locally-driven solutions to improve timely permanency for children. NJ will also take advantage of technical assistance opportunities to gain insight on other states practices with regard to TPR appeals and permanency outcomes.

Lastly, The CFSR highlighted that New Jersey's heavy reliance on forensic evaluations and assessments contributes to delays in permanency. This practice is informed by individual stakeholder practice as well as New Jersey statute and case law regarding standards for terminations of parental rights. Over the past five years, DCF has been building and executing on a comprehensive strategy to strengthen practice in this area, including:

- The 2012 release of the *Guidelines for Expert Evaluations in Child Abuse/Neglect Proceedings (Mental Health)*, which were developed following review and analysis of professional guidelines and the work of other states and included input from an interdisciplinary group of experts to form DCF's Advisory Group on Child Abuse and Neglect Mental Health Evaluation and Treatment.
- To manage quality of evaluations, in 2015 NJ DCF created the New Jersey Coordination Center for Child Abuse and Neglect Forensic Evaluation and Treatment (NJCC), which is managed by Rutgers University. NJCC has begun implementing a statewide quality improvement program that promotes advances in knowledge, policy and practice within the field of child abuse and neglect forensic evaluation and treatment. Statewide activities facilitated through the NJCC in partnership with DCF have/will include:
 - **A study of forensic evaluation utilization** was completed reviewing the 18-month period Jan 1, 2013 - June 30, 2015
 - **Peer review processes.** NJCC recruited and trained 22 psychologists to serve as peer reviewers of evaluations; evaluators began reviewing evaluations throughout the state by region in 2017
 - **Development of standard metrics to assess practice.** NJCC created a Quality Improvement Tool based on the *Guidelines* referenced above
 - **Consultation with local and national experts**
 - **Training and technical assistance** including the development of various virtual trainings/webinars regarding the operationalization of the Forensic Guidelines, best practices for psychological evaluations, how to demonstrate cultural competency, and the intersect of mental health evaluations and client substance use.
 - **Development of materials and resources** including six brief reports that focus on the use of psychological assessment tools/measurements, cultural competency, and substance use
 - **Dissemination of knowledge and information** including an annual summit in which over 175 clinicians from throughout the State gather to advance knowledge and practice for expert evaluation in child abuse/neglect proceedings
- To support DCF staff in making appropriate requests for evaluations, the DCF Office of Clinical Services is creating a Clinical Evaluation Desk Guide, which will assist CP&P in identifying what type of mental health evaluation might be most appropriate for a client; and a universal psychological referral form to provide formality around the referral, encourage critical thinking about the reason for referral and referral questions, and prompt CP&P to share appropriate collateral information.

- To enhance work with the Courts regarding timeliness and appropriate use of forensic evaluations, DCF presented at the July 2018 Children in Court Improvement Committee. As DCF deepens its engagement with the CICIC, we expect dialogue and further work in this area to continue.

Goal 3.0: Improve the timeliness of permanency for children entering foster care in NJ

Key Challenges Identified	Strategies & Key Activities	Long Term Outcome
<p>Staff inconsistently engage in concurrent planning, and often think more sequentially about permanency planning for children in out-of-home placement</p> <p>Staff are reluctant to change the case goal without obtaining court approval</p> <p>Staff inconsistently use the standardized process for enhanced reviews</p> <p>CP&P policy does not clearly define concurrent planning roles and responsibilities</p> <p>Staff need to maintain a balance between placing children with relatives and permanency timeframes because parents sometimes become comfortable when their children are with relatives.</p>	<p>3.1 Strengthen concurrent planning and practice accountability</p> <p>3.1.1 Ensure Practice Expectations are Clearly Defined</p> <p>To ensure that any alternate placement or permanency resources, particularly potential kinship resources, are explored expeditiously throughout the life of the case, DCF is amending protocol to require resource workers to be present at pre-placement conference and all enhanced reviews (at day 30, day 90, 5-month, 10 month) (Effective Q1 and ongoing)</p> <p>Quality Hearings Subcommittee of the CICIC will revise the parent calendar and introduce same to CIC stakeholders (by Q7)</p> <p>3.1.2. Train and coach staff to practice expectations</p> <p>Develop DCF staff skills in holding straightforward conversations for concurrent planning (“Talking with families about concurrent planning”)</p> <ul style="list-style-type: none"> Develop webinar content (Q1-2) Push out webinar content through existing DCPD staff meeting structure (Q3) Webinars remain available for ongoing worker training (Q3-ongoing) <p>Update and implement newly enhanced Permanency Workshops for workers statewide to help staff understand the concurrent planning process, the role of staff and ASFA timelines (complete)</p> <p>3.1.3 Assess fidelity to the practice model</p> <ul style="list-style-type: none"> Supervisors will observe workers using Supervisory Observation Tool, to address conversations about concurrent planning (Q3 and ongoing) 	<p>Safety Outcome 2:</p> <ul style="list-style-type: none"> Item 3: Risk and safety assessment and management <p>Well-Being Outcome 1:</p> <ul style="list-style-type: none"> Item 12b: Needs assessment and services to parents Item 13: Child and Family involvement in case planning Item 14: Caseworker visits with child <p>Permanency Outcome1:</p> <ul style="list-style-type: none"> Item 5: Permanency goal for child Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement <p>Permanency Outcome2</p> <ul style="list-style-type: none"> Item 10: Relative Placement

Key Challenges Identified	Strategies & Key Activities	Long Term Outcome
	<ul style="list-style-type: none"> • AQC will track resource worker attendance at pre-placement conferences and enhanced reviews (Q2 and ongoing) • CICIC will assess impact of amended parent calendar and any additional initiatives recommended by the Quality Hearings Subcommittee in furtherance of concurrent planning (Q6 and ongoing) <p>3.1.4 Create or Adapt Decision Support Data Systems</p> <ul style="list-style-type: none"> • No adaptations to data systems/reports needed. <p>3.1.5 Make use of Facilitative Administration</p> <ul style="list-style-type: none"> • Develop internal communication strategies targeting the importance of concurrent planning by the concurrent planners- experts/mentors on the subject matter (Q2) • Use concurrent planning quarterly meetings to ensure practice consistent across the state and that the role of the concurrent planner is functioning appropriately (Q1 and ongoing) <p>3.1.6 Identify and Manage Systems Interventions Needed to Support The Practice</p> <ul style="list-style-type: none"> • Update DCF policy on concurrent planning practice to include roles, responsibilities and the standardized review template. (Q1) • DCF will partner with the Judiciary, Office of Parental Representation and other critical stakeholders to recommend to the CICIC approaches for how all stakeholders can ensure that families are apprised of (1) ASFA timeframes and all possible permanency outcomes; (2) the role of concurrent planning (Q1 and ongoing) • The Judiciary is developing a bench card that provides information on ASFA and concurrent planning (Q2), and will distribute to family court judges (Q3) • The Judiciary will modify the resource family information form and revise the resource family hearing notice (Q3) 	<p>Systemic Factors: Case Review System</p>
	3.2 Increase use of kinship care	
There is a need to ensure continuous search and re-evaluating of relatives.	3.2.1 Ensure Practice Expectations are Clearly Defined	<p>Permanency Outcome1:</p> <ul style="list-style-type: none"> • Item 5: Permanency goal for child

Key Challenges Identified	Strategies & Key Activities	Long Term Outcome
<p>A lack of engaging/assessing fathers limits the ability to identify the paternal family.</p> <p>Staff do not have a clear understanding of waivable criminal history</p> <p>Staff that have safety concerns with the biological parents may be overly cautious about relative support</p> <p>Staff are unsure about how to work with families that grew up in the system and have generational child welfare involvement</p> <p>Other states have different codes for criminal history and there is not a clear understanding out-of-state crime</p>	<p>CP&P will review the case practice around the utilization of PROMIS/Gavel background checks for prospective kin caregivers, and establish specific, standard guidance for same. (Q1)</p> <p>DCF Commissioner's Office will launch Department-wide, participatory Objectives and Key Results work to support formal kinship placements and informal kinship connections across all DCF divisions and offices, including in DCF's management of NJ's public children's behavioral health care system, its portfolio of community programming, domestic violence services, and within the child protection and permanency system. (Launched)</p> <p>CP&P will review national practice with respect to kinship guardianship (launched).</p> <p>CP&P will establish written practice expectations for use of KLG (Q1)</p> <p>3.2.2 Train and coach staff to practice expectations</p> <p>OTPD to review and update the training on PROMIS/Gavel background checks (Q3-4)</p> <p>Training and communication needs related to KLG will be developed and implemented, making use of existing staff meeting structures within DCPD, and relying on communication via the CICIC with respect to judicial stakeholders. (Q2-4)</p> <p>3.2.3 Assess fidelity to the practice model</p> <p>Commissioner's Office will manage Department-wide Objectives and Key Results (Q2-8)</p> <p>3.2.4 Create or Adapt Decision Support Data Systems</p> <p>No identified need for changes to data systems.</p> <p>3.2.5 Make use of Facilitative Administration</p> <p>72 hours, 30-day, 90 day and future enhanced review meeting to review all relatives and if relatives are ruled out, describe why the relatives were ruled out (Rule Out Letter) (Q1)</p> <p>OPRD, CP&P, OLLA, will develop a form that will be used to identify relatives and will document any reason the relative was not used (Q1)</p>	<ul style="list-style-type: none"> • Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement <p>Permanency Outcome2</p> <ul style="list-style-type: none"> • Item 10: Relative Placement <p>Systemic Factors: Case Review System</p>

Key Challenges Identified	Strategies & Key Activities	Long Term Outcome
	<p>CP&P will manage data review process to monitor the volume of KLG finalizations and track/monitor rate and type of KLG disruptions.</p> <p>3.2.6 Identify and Manage Systems Interventions Needed to Support the Practice</p> <p>OPRD, CP&P, OLLA will review rule out and waiver policy, and modify if needed. (Q1)</p> <p>DCF will discuss need for information dissemination, training, etc. of judicial stakeholders at CICIC.</p>	
	3.3 Strengthen NJ DCF’s management of timely permanency with Administrative Office of the Courts	
<p>Lack of awareness around understanding permanency challenges statewide</p> <p>The interface between NJ DCF and Judiciary data systems is limited.</p> <p>There are few forums for sharing data between NJ DCF and Judiciary</p> <p>Analyzing available TPR appeal data to identify timeframes is cumbersome</p> <p>Barriers to caregivers attending hearings are not clear</p>	<p>3.3.1 Ensure Practice Expectations are Clearly Defined</p> <ul style="list-style-type: none"> ○ The Judiciary will direct local Children in Court Advisory Committees to develop and submit action plans to improve permanency (Directive to be issued Q2; plans due to the AOC Q3) ● DCF and NJ Office of the Attorney General will issue joint protocols for timely filing of guardianship complaints (Q1) <p>3.3.2 Train and coach staff to practice expectations</p> <p>DCPP staff meeting structure will be used to update staff as to the modification of orders and strategies for timely filing of guardianship petitions.</p> <p>3.3.3 Assess fidelity to practice model</p> <p>DCF and the Judiciary will make use of joint reporting (based on available data) as alluded to in step 3.3.4, below, to monitor timeliness of FG proceedings overall, and the impact of adjournments on timely completion of FG proceedings specifically – at the statewide and county specific level. (Q4 and ongoing)</p> <p>3.3.4 Create or Adapt Decision Support Data Systems</p> <ul style="list-style-type: none"> ● DCF IT and the Judiciary to enhance the interface between NJ SPIRIT and the court’s case management system so that data is consistent in both systems (DCF IT, AOC, CP&P and RER) (TBD) ● The Judiciary to provide data indicating the amount of guardianship appeals compared to amount of guardianship orders entered in Superior Court (Q2) ● NJ DCF to partner with the Judiciary to design and disseminate a data report that will help to align/ understand data elements and timeframes (e.g. guardianship backlog by county) to inform and track 	<p>Safety Outcome 2:</p> <ul style="list-style-type: none"> ● Item 3: Risk and safety assessment and management <p>Well-Being Outcome 1:</p> <ul style="list-style-type: none"> ● Item 12b: Needs assessment and services to parents ● Item 13: Child and Family involvement in case planning <p>Permanency Outcome1:</p> <ul style="list-style-type: none"> ● Item 5: Permanency goal for child ● Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement <p>Permanency Outcome2</p> <ul style="list-style-type: none"> ● Item 10: Relative Placement <p>Systemic Factors:</p>

Key Challenges Identified	Strategies & Key Activities	Long Term Outcome
	<p>progress in county CICAC strategies to improve permanency (Q4 and ongoing)</p> <p>3.3.5 Make Use of Facilitative Administration</p> <ul style="list-style-type: none"> • CICIC to add CP&P Assistant Commissioner and DCF Deputy Commissioner (complete) • The Judiciary will make timely permanency a standing agenda item at monthly CICIC meetings. These will include monitoring of data, implementation of local Children in Court Advisory Committee plans; discussion and management of training and communication needs for judicial stakeholders (complete) • The Judiciary will work with DCF to include workshops reinforcing practice related to timely permanency in the annual CICIC conference. (Q1-2; Q5-6) <p>3.3.6 Identify and Manage Systems Interventions Needed to Support the Practice</p> <ul style="list-style-type: none"> • The Judiciary will revise the templates for guardianship orders to ensure template requires outlining of specific actions needed to achieve timely hearings. (Q2) • The Judiciary will amend adjournment orders to require rationale for adjournment. (Q4) • In collaboration with the Judiciary and attorney groups, DCF will pursue technical assistance/ learning opportunities to gain insight into other states' practice regarding TPR appeals and permanency outcomes. (ongoing) 	Case Review System

PART TWO: MEASUREMENT PLAN

General NOTES:

- Proposed plan to establish baselines and goals, and monitor improvement for each item
- Measurement method - retrospective, prospective, aggregate data, or other method
- Data collection instrument/criteria/whether state using OMS
- Description of aggregate data method and measure, as applicable for Item 1
- Data/sample source
- Sample frame parameters -population of cases, stratification, sampling approach, sample period, Period Under Review, sample size, metro and case type ratios, case elimination criteria (We typically use the same sample frame for FC and IH cases that was used for the CFSR)
- Case review and PIP measurement periods
- Locations/sites
- Case review schedule
- How plan aligns with the state's ongoing QA/CQI approach
- Description of plan for other case review processes: case participant interviews, QA, conflict of interest, safety/red flag concerns

Statewide Data Indicators:

NOTE: N/A

Statewide Data Indicator / Companion Measure	National Standard	Baseline	Improvement Goal / Threshold
Data Quality:			

Case Review Items:

NOTE: Need table for each case review item. Fill out each piece. Include time period represented in the baseline. Also include how many cases rated, and how many cases rated a strength.

Case Review Item	Baseline	Improvement Goal
Data Source and Approach to Measurement: 		

Systemic Factor Items:

Note: Must include “quantifiable data measure” agreed to by C.B. Fill out each element. Include time period measured by the baseline.

Systemic Factor Item	Baseline	Improvement Goal
Data Source and Approach to Measurement: 		

ⁱ Winokur, et al (2018); Systemic Review of Kinship Care Effects of Safety, Permanency and Well-Being; Research on Social Work Practice 2018, Vol. 28(1) 19-32