

**The Prevention Shift: New Jersey's Prevention Strategy &
Family First Prevention Services Act 5-Year Plan
December 2022**

Introduction

The New Jersey Department of Children and Families (DCF) was created in 2006 to provide child protection and welfare services to support and strengthen New Jersey's families. In the years since its creation, DCF's mandate has expanded well beyond the welfare and protection of children to include: design and delivery of New Jersey's public behavioral health care system for children and families, provision of public services for children with intellectual and developmental disabilities and their families, specialized educational programming, support services aimed at promoting success of transition aged youth, the administration of a network of community-based services focused on strengthening families and preventing and interrupting child maltreatment and services and programming to support women. DCF's divisions and offices envelop the core infrastructure components needed to serve the vast constituency across New Jersey. Each month, DCF serves over 138,000 constituents through an array of direct family-centered programs and services and a network of community providers.

This concept paper will focus on DCF's transformative goal of prevention of maltreatment and its objective to provide high-quality, high impact community-based prevention services across the state. DCF recognizes that the technical efforts outlined below are insufficient on their own; DCF's essential values and fundamental approaches are essential and catalytic to advancing its prevention strategy. DCF views the Family First Prevention Services Act (the Family First Act) as an opportunity to expand and strengthen its prevention efforts.

DCF's Strategic Plan

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

- **Vision.** DCF's vision is that all New Jersey residents be safe, healthy and connected.
- **Values.** DCF's values guide the work of the Department, serving as the professional compass for decisions large and small, in all that we do. DCF's values include collaboration, equity, evidence, family, and integrity.
- **Core Approaches.** As DCF moves ahead, it has identified a set of core approaches that are not initiatives or programs, but instead are practices that will be embedded in all aspects of our work. DCF's core approaches include race equity, healing centered practice, protective factors framework, family voice, and culture of safety.
- **Transformational Goals.** While simultaneously striving to maintain excellence in core service delivery and achieve large-scale, fundamental transformation, DCF identified DCF's identified major priorities for the Department. These priorities include primary prevention of maltreatment

and maltreatment related fatalities, preserving kinship connections, staff health and wellness, and a fully integrated and inclusive Children's System of Care (CSOC).

More information on DCF's strategic plan can be found at: <http://www.nj.gov/dcf/about/strategic.html>.

Development of New Jersey's Prevention Strategy

Since 2018, DCF's executive leadership team focused on understanding the strengths and challenges of New Jersey's existing child welfare system, including the Department's prevention strategy and service array. The components of this examination included:

- **Commissioner's listening tour.** In 2018-2019, Commissioner Beyer met with over 750 constituents, including youth and families engaged in DCF's programs and services, in 22 locations across 15 counties. Findings from these sessions were summarized by Rutgers Institute for Families and made public.¹
- **Regional and virtual forums.** Since Fall 2018, DCF has convened semi-annual regional and virtual forums with stakeholders, including DCF staff, attorneys for children and parents, service providers, advocates and others. In the inaugural Regional Forum, DCF administered a survey to over 200 stakeholders, to solicit their input regarding what changes would need to be made in order to achieve DCF's strategic vision.
- **Synthesis of existing needs assessments.** In Spring 2019, DCF conducted a synthesis of multiple existing needs assessments to gain a more comprehensive understanding of the challenges and needs of families in New Jersey. The assessments represented the voices of over 2,000 youth, caregivers, staff and external stakeholders (e.g., advocates, providers, etc.) with a range of perspectives.
- **Statewide Human Service Advisory Council (HSAC) needs assessment.** In 2019-2020, DCF, through the HSACs, completed a statewide needs assessment to attain county-specific qualitative information related to county needs and barriers to meeting those needs. Statewide findings were synthesized by Rutgers Institute for Families and made public.²
- **Review of Department administrative data.** DCF examined its administrative data, looking at documented family circumstances that were most prevalent amongst families with open child protection cases. New Jersey's data is publicly available.³
- **New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) Prevention Plan.** In 2021, DCF reviewed the 2022-2025 NJTFCAN statewide prevention plan, inclusive of priorities and strategies for the prevention of maltreatment.⁴

Taken together, the information gathered during this process suggested that, in order for New Jersey to better meet the needs of children and their families, it is necessary to add new services to the current service array, to improve the existing services, to further develop the Department's and providers'

¹ <https://www.nj.gov/dcf/news/reportsnewsletters/dcfreportsnewsletters/ListeningTourReport.pdf>

² [DCF | DCF/HSAC County Needs Assessment \(nj.gov\)](https://www.nj.gov/dcf/news/reportsnewsletters/dcfreportsnewsletters/ListeningTourReport.pdf)

³ <https://nichilddata.rutgers.edu>

⁴ https://nj.gov/dca/library/spotlight/2022-2025_NJ_Statewide_Prevention_Plan.pdf

capacity to provide quality services, and to improve collaboration across major public sectors. More specifically, there are needs for:

- Additional concrete supports, such as housing and financial and employment assistance, as well as increased and improved capacity in specific social services, such as mental health and substance use disorder treatment for youth and adults, post-adoption services, and more,
- Holistic services for youth and families with complex needs and families with infants,
- Culturally appropriate, trauma-informed individualized approaches to service provision,
- Removal of barriers to getting help, such as transportation challenges, stigma and lack of service awareness,
- Improved system coordination, communication, and collaboration,
- Additional evidence-based services, and
- Increased youth and parent voice and community engagement.

Additional detail on findings and themes from the various components of the information gathering process can be found in Appendix A.

New Jersey's Prevention Strategy

Over the last seven years, New Jersey's rate of foster care placement per 1,000 children has declined to less than one-third of its 2014 level (2.5 per 1,000 in 2014, compared to 0.8 per 1,000 in 2021).⁵ Today, New Jersey has the lowest rate of foster care placement in the country.⁶ Placement rates vary based on race and age. New Jersey's placement rate for Black or African American children is four times as high as the placement rate for White children (2.0 per 1,000 compared to 0.5 per 1,000)⁷ and its placement rate for infants under 1 is 4 times higher than the placement rate for any other age group (4.2 per 1,000 compared to 0.5 – 0.8 per 1,000 for other age groups).⁸ In 2021, 55% of children entering foster care were aged 5 years or younger and 27% were infants under the age of one year.⁹ Between 2014-2021, about 80% of children entering foster care are doing so for the first time; consistently, 20% are entering for the second time or greater.¹⁰

Recognizing both the strengths and limitations of New Jersey's existing prevention system, DCF used the findings from the information gathering process to devise a prevention strategy oriented towards achieving outcomes in in three domains: (1) identity, (2) process and (3) program. Descriptions of each domain follows.

Identity Outcomes. Most broadly, DCF's prevention strategy focuses on a desire to shift DCF's departmental identity from a system with a predominant focus on traditional child protection services with peripheral family strengthening efforts to a system with a predominant focus on family strengthening efforts with traditional child protection services utilized only as a targeted intervention. The family

⁵ New Jersey Child Welfare Data Hub [Placement Rates | Data Hub \(rutgers.edu\)](#)

⁶ United States Department of Health and Human Services Children's Bureau (ACF, ACYF). *Child Welfare Outcomes 2019: Report to Congress*. Accessed from: [Child Welfare Outcomes 2019: Report to Congress | The Administration for Children and Families \(hhs.gov\)](#)

⁷ New Jersey Child Welfare Data Hub. Accessed from: [Placement Rates | Data Hub \(rutgers.edu\)](#)

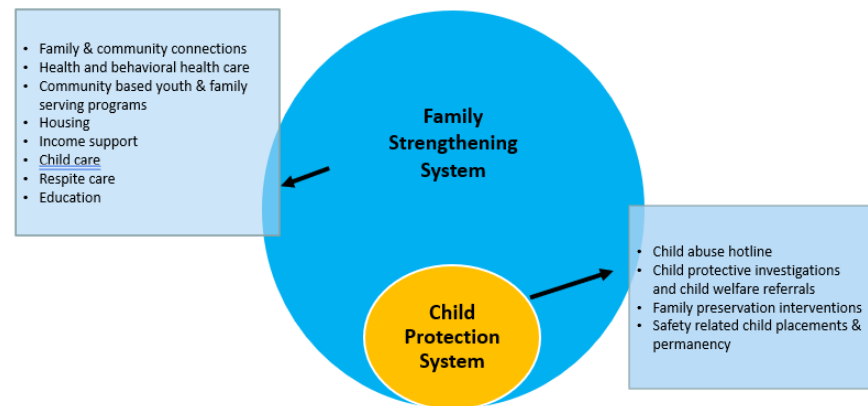
⁸ New Jersey Child Welfare Data Hub. Accessed from: [Placement Rates | Data Hub \(rutgers.edu\)](#)

⁹ New Jersey Child Welfare Data Hub. Accessed from: [Children Entering Out of Home Placement | Data Hub \(rutgers.edu\)](#)

¹⁰ New Jersey Child Welfare Data Hub. Accessed from: [Children Entering Out of Home Placement | Data Hub \(rutgers.edu\)](#)

strengthening system envisioned by DCF is rooted in the Protective Factors Framework.¹¹ In the forefront, it is comprised of the natural connections between families and their extended family, friends, and community. Secondly, it includes a myriad of concrete supports and social, health and education services, all existing outside of the child protection system, aimed at helping families function at their best. When the elements of this system work together, families and communities are supported to thrive safely together and state intervention through the child protection system is reserved for rare situations in which a child is unsafe or at risk of harm.

Figure 1: Family Strengthening System



To achieve this identity outcome, DCF will:

- Operationalize DCF's strategic plan, and
- Advance the efforts aimed at the process and program outcomes outlined below.

Process Outcomes. DCF's information gathering efforts illustrate needs beyond new service provision. There is a need for improvement in the quality of services delivered by the Department and its provider network, as well as enhancement in DCF and provider infrastructure and capacity. Satisfaction of the following process outcomes will support DCF in its efforts to achieve the identity outcome described above and the programmatic outcomes described below. DCF identified the following process outcomes for achieving its prevention strategy: (1) creation of Departmental infrastructure to support implementation of evidence-based models, including program staffing, training, data collection, and continuous quality improvement (CQI) processes, and (2) strengthened stakeholder collaboration and state and local level public and community partnership to ensure that appropriate help is available to families at ideal times, locations, and manners.

DCF has already adjusted its organizational structure to better support implementation of prevention-focused and trauma-informed programming. Recognizing the importance of attending to implementation, DCF developed a rich infrastructure to support collaborative program selection, design, data collection, monitoring, evaluation and ongoing CQI. DCF similarly restructured and expanded its direct service divisions, i.e., the Office of Family and Community Partnership (FCP), for improved programming. To improve administrative data, DCF undertook an assessment of opportunities for development of data

¹¹ [Protective Factors Framework - Center for the Study of Social Policy \(cssp.org\)](http://www.cssp.org)

capacity and data integration and brought on a consulting practice to build a department-wide information management strategy aimed at (1) improvement of business intelligence, reporting and advanced analytics capabilities; (2) information technology support for revenue maximization, program development, and compliance; and (3) modernization of DCF's application integration capabilities. DCF identified the need to improve the agency's processes for managing the quality of its purchased services, standing up the Office of Monitoring and effectuating new "quality standards" for the provider network. To ensure a systematic quality improvement process that utilizes data, evidence and best practices in decision-making, DCF reimagined its CQI process, developing an agency-wide Collaborative Quality Improvement (CoQI) framework to replace its earlier CQI infrastructure.

Stakeholder collaboration and partnership are essential to ensuring families attain appropriate support at times, in locations and in manners that are best for them. The information gathering process underscores the need for additional collaboration with stakeholders. In response, DCF has made dedicated efforts to increase stakeholder engagement, e.g., establishing semi-annual regional forums, utilizing monthly and quarterly provider surveys, strengthening DCF's communication strategy with an increased social media presence and a new community engagement specialist position, and more. DCF is emphasizing public and community partnership, at both the state and local levels, to advance services and initiatives, e.g., the statewide HSAC needs assessment, collaboration towards the Adverse Childhood Experiences (ACEs) Action Plan, convening a multitude of intergovernmental teams, and more.

To achieve these process outcomes, DCF will:

- Continue to build Department capacity to manage implementation and sustainability of evidence-based practices,
- Build out the Department's information management strategy,
- Advance the new monitoring and CoQI approaches, with a heavy focus on inclusion of family voice and transparency,
- Focus on engagement with providers to collaborate on consistent operational and workforce challenges within and across services lines,
- Continue to engage providers and stakeholders in CoQI and monitoring processes,
- Continue to use DCF's website, social media, regional forums and other avenues to share information, and invite feedback on DCF's initiatives,
- Ongoingly participate in multi-agency bodies and meetings, and
- Continue implementation of the ACEs strategic plan and the Connecting NJ Strategic Plan.

Program Outcomes. DCF understands that family struggles are often associated with greater risk to children. The information gathering process, in combination with academic literature¹², point to a discrete set of family system challenges for families involved in the child welfare system. These family system

¹² See, for example: Lipari, R.N. and Van Horn, S.L. (August 24, 2017). Children living with parents who have a substance use disorder. The CBHSQ Report. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD. Mullick, M., Miller, L.J. & Jacobsen, T. (2001). Insight into mental illness and child maltreatment risk among mothers with major psychiatric disorders. *Psychiatry. Serv.*, 52, 488–492. Spears, L. (2000). Building bridges between domestic violence organizations and child protective services. *Child Welfare*, 800, 537-2238. Keller TE, Salazar AM, & Courtney ME. (2010). Prevalence and timing of diagnosable mental health, alcohol, and substance use problems among older adolescents in the child welfare system. *Children and Youth Services Review* 32:626–634. Burns, B., Phillips, S., Wagner, R. et al. (2004). Mental Health Need and Access to Mental Health Services by Youths Involved with Child Welfare: A National Survey. *J Am Acad Child Adolesc Psychiatry* 43(8):960-70.

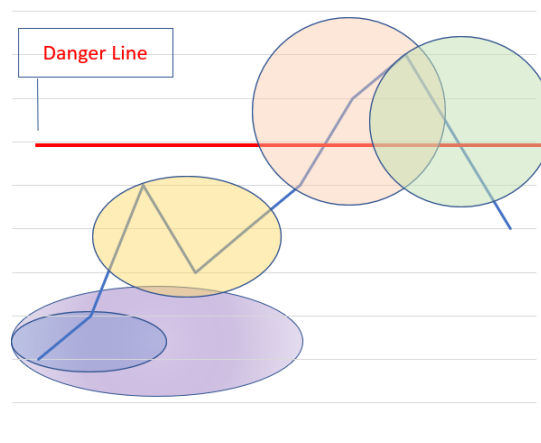
challenges include, alone or in combination: a condition of the parent that impairs their ability to parent safely, e.g., parental mental illness, substance use disorder, and/or physical or cognitive disability; physical violence between adults in the home, and/or physical abuse of child(ren); sexual violence between adults in the home, and/or sexual abuse of child(ren); and a condition of the child that presents significant challenges to the parent, e.g., child’s mental health problems, substance use disorder, and/or physical, developmental, or cognitive disability. Individual family members and the functioning of the family system as a whole are further influenced by other family characteristics, e.g., family size, single parenthood, poverty, isolation, etc., and community and societal factors, e.g., community violence, racism and cultural bias, etc. With this knowledge as the basis, DCF’s prevention plan includes a core set of program outcomes: to prevent child maltreatment and maltreatment related fatalities, to prevent unnecessary use of the child protection system to address family system challenges that can safely be addressed through health, social service, and community programming, to prevent the use of non-kin foster care as a safety intervention, and to prevent re-entry to foster care.

Family life is dynamic. Figure 2, below, describes the ways in which family stress (the Y axis) might change over time (the X axis). The family’s journey is represented by the blue line. The danger line, depicted in red, represents the likelihood that child maltreatment will occur or certainty that child maltreatment already occurred. When the family’s behaviors escalate to a point of crossing over the danger line, concerns for risk of harm or safety threats to children or other family members emerge. Public systems must take different positions at various points in the course of the family life. Relying on family development theory, Solution Based Casework™, and public health approaches, DCF must proactively support New Jersey families in developing their protective factors (1) to ensure that the ordinary ebb and flow of family life does not become overwhelming, (2) to prevent the development of the family system challenges described above, and (3) if and when family system challenges do begin to develop, to interrupt their progression and/or increase family capacity to manage that challenge.

Figure 2: Services to Support Families

Child and Family Programming:

- Population level prevention
- Removal of family stressors
- Support for family’s ability to cope with stressors
- Intervention in high risk or unsafe situations
- Help for families to repair and heal



Child welfare programmatic efforts can be grouped into the following five domains:

- **Population level prevention.** Universally accessible efforts, rooted in the protective factors, to prevent child maltreatment.
- **Removal of family stressors.** Policies and programming to reduce common family system stressors, e.g. concrete and other needs.
- **Support for family's ability to cope with stressors.** Services and supports available to help families experiencing family system stressors, and to cope with those stressors effectively.
- **Intervention in high risk or unsafe situations.** State involvement, i.e., child protective services, with families that are struggling to care for children safely, especially as they approach or cross the "danger line."
- **Help for families to repair and heal.** Therapeutic services and supports for individual family members and/or family systems, who experienced child abuse or neglect and/or family separation.

Below, DCF details each of these five domains, including examples of initiatives and activities that are driving the achievement of program outcomes in that particular domain. Mindful of DCF's vision of a broader family strengthening system, these summaries include efforts led by DCF, as well as efforts in which DCF exists *as a partner*. Because constituents consistently describe concrete supports as critical to their effort to remain safely together as a family, statewide efforts to address concrete needs and efforts to build or improve specific clinical and social services are included. Some examples are fully funded, existing prevention components, while others are in process or yet to be built, which will be financed through a combination of investments of state and federal funds. ***Red italic font*** denotes prevention services for which DCF will seek federal reimbursement via the Family First Act. DCF's ability to claim for the services included in this plan, and the timing of those claims, is contingent upon building provider networks and the infrastructure to meet the requirements of the Family First Act.

Population level prevention. DCF and its sister agencies collaborate on, and often jointly manage, statewide efforts to prevent child maltreatment by enhancing the protective factors of all families. While New Jersey's primary population level prevention strategies are often universal, some strategies and/or approaches to strategies are targeted to specific subpopulations. For example, the NurtureNJ initiative is aimed at promoting race equity in birth outcomes; the new universal newborn home visiting program is aimed at proactive support for health and wellness of families of newborns; and so on. Population level prevention includes: efforts aimed at preventing ACEs, such as the creation and implementation of the NJ ACEs Action Plan and ACEs Interface training; efforts to promote strong perinatal outcomes, such as the all-of-government work included in the NurtureNJ plan, the statewide Connecting NJ network, universal newborn home visiting, and expanded Medicaid coverage for 365 days post-partum; and universal efforts to support families through child-rearing years, such as the statewide networks of Family Success Centers and School-Linked Services, the recently proposed New Jersey Statewide Student Support Service (NJ4S) network, and family help lines.

Removal of Family Stressors. In DCF's synthesis of needs assessments, five major concrete supports emerged as the most pressing for child welfare involved families: child care, transportation, housing, economic supports, and health care. Similarly, the HSAC statewide needs assessment highlighted housing and transportation as significant needs and barriers, respectively. At a national level, the Centers for Disease Control (CDC) identified economic supports to families as a major strategy in the prevention of

child maltreatment.¹³ The CDC points specifically to child support payments, Earned Income Tax Credit, food security programs, housing subsidies, and child care subsidies, among others as proven strategies to prevent child abuse.¹⁴ While the Family First Act does not permit federal financial participation for concrete family supports, the evidence in the form of input from stakeholders and scientific literature is clear that concrete family supports are a necessary component of any serious prevention strategy.

DCF does not administer major public benefits programs; the strength of New Jersey's benefits programs, administered via other state and local agencies, provides an effective safety net for many families. In addition to administering Temporary Assistance to Need Families (TANF) programming, the Women, Infants, Children (WIC) Program, the Supplemental Nutrition Assistance Program (SNAP), Medicaid and other benefits, New Jersey manages multiple additional efforts aimed at removing family stressors, highlights of which include: specialized tax credits for families with children, a \$15 minimum wage by 2024, family leave insurance, various subsidized and supportive housing programs, child care assistance programs, the Cover All Kids Initiative, NJ Transit's 2030 strategic plan, child care assistance programs and expansion of early childhood and pre-k programming.

Supporting Family's Ability to Cope with Stressors. When families encounter family system stressors that are correlated with risk to children, they should be able to rely on a network of social and health services to interrupt or slow the stressor's progression. For more permanent conditions, families may need management and habilitation supports. In New Jersey, such supports are available to families who meet clinical or program criteria; while families with child welfare involvement are eligible to receive these services, an open child welfare case is *not* a requirement for service eligibility. Throughout the information gathering process, stakeholders provided significant feedback regarding services in this domain, including recommendations for increased support of early childhood mental health, additional trauma-informed and culturally appropriate services, development of more evidence-based programming, provision of additional supports "upstream," and additional capacity for services that address certain major family challenges (e.g., parental substance use disorders, parent mental illness, child behavioral health challenge, etc.).

In this domain, CSOC provides a broad continuum of services to children and adolescents with emotional and behavioral health challenges, intellectual and developmental disabilities, and substance use disorders (SUD), and will be building that continuum further to support infant mental health and to create an innovative assertive community treatment program for youth. The New Jersey Department of Human Service, Division of Mental Health and Addiction Services provides a broad range of mental health and SUD services for adults, notably including the Maternal Wraparound (M-WRAP) program for opioid dependent pregnant and postpartum women. DCF's Division on Women funds domestic violence services for victims and survivors of domestic violence statewide and is expanding and improving the state's batterer intervention programming. DCF's FCP oversees an effective network of support services, public education and community advocacy, including the kinship navigator program, Family Success Centers, school-linked services and early childhood services, e.g., statewide evidence-based home visiting programs. FCP intends to establish a community-based family preservation service that is accessible to families without involvement in the child welfare system, utilizing **Motivational Interviewing**.

¹³ Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

¹⁴ Ibid.

Interventions When Family Distress Creates High Risk or Unsafe Situations. When a family system is experiencing significant challenges such that children are unsafe or at a high risk of abuse or neglect, child protection interventions are available to support the family and ensure the safety of children. In New Jersey, such interventions include DCF’s Division of Child Protection and Permanency (CP&P) core child protection services, e.g., investigations, case management and planning, etc., and its statewide network of social and clinical services for families with active child protection involvement, which includes an array of services aimed at addressing mental health, SUD, parenting support, domestic violence, and more. Throughout the information gathering process, DCF determined a need to further refine and develop these services, including the development of additional evidence-based practices and prevention supports, increased use of kinship placements and support for kin families, better individualized service plans, improved support for sibling connections, and improved training courses for caregivers. Moving forward, plans include continued enhancement of CP&P’s case practice model with Solution Based Casework™ and strengthening particular service lines, including Family Preservation Services and Keeping Families Together, through integration of **Motivational Interviewing**. DCF intends to add the following models to its current service array: **Positive Parenting Program, Intercept, Brief Strategic Family Therapy and Sobriety Treatment and Recovery Teams**, among others.

Helping Families to Repair and Heal. If a family experiences a maltreatment episode, and especially if a child experienced out-of-home placement following a maltreatment episode, a permanent removal from his or her family of origin and/or a guardianship arrangement, the healing process for the child, youth and family is complex. The involved children and families often benefit from support through this process through clinical and other services. Youth who exit care to adulthood or who spend significant portions of their adolescence in placement benefit from support through their adolescent and adult years, such as through DCF’s new peer-to-peer mentoring program. The information gathering activities showed a need for improved services for youth transitioning to adulthood and for improved post-permanency services. DCF intends to create new pre- and post-adoption services.

To achieve these program outcomes, DCF will move forward with:

- Identified opportunities to evolve or build service capacity, and
- Identified operational plans that leverage Family First prevention services claiming, where possible.

The Family First Prevention Services Act and New Jersey’s 5-Year Prevention Plan

Title IV-E Prevention Services. The Family First Act, which was enacted in 2018, was created to “to turn the focus of the current child welfare system toward keeping children safely with their families to avoid the trauma that results when children are placed in out-of-home care.”¹⁵ Among other provisions, the Family First Act creates a mechanism by which states can claim partial reimbursement for certain mental health and substance use prevention and treatment services provided by qualified clinicians and in-home parent skill-based programs, when those programs are utilized to prevent foster care placement. To be eligible for federal match, the programs must be rated and approved by the Title IV-E Prevention Services Clearinghouse and administered in a manner that conforms to the requirements of the Act.¹⁶ DCF views

¹⁵ U.S. Department of Health and Human Services, Children’s Bureau. *Family First Prevention Services Act* [Family First Prevention Services Act - Child Welfare Information Gateway](#).

¹⁶ [Home | Title IV-E Prevention Services Clearinghouse \(hhs.gov\)](#)

the Family First Act as an opportunity to work towards achievement of the previously described prevention strategy, strengthening its service array with evidence-based models that meet the needs of those who both utilize and provide prevention services. Using the findings from the information gathering process, DCF determined that following models from the Title IV-E Prevention Services Clearinghouse have the potential to supplement or enhance DCF’s existing prevention initiatives¹⁷:

Prevention Service	Service Description	Intervention Type	Clearinghouse Rating
Brief Strategic Family Therapy (BSFT)	BSFT is an intervention that uses a structured family systems approach provided to families with children from ages six to 17 years who display or are at risk for developing or problem behaviors, including substance use, conduct problems, and delinquency.	Mental health, Substance Use	Well-Supported
Motivational Interviewing (MI)	MI is an evidenced-based and client-centered counseling approach that promotes change in behavior and helps individuals address and resolve issues related to ambivalence to change.	Mental health, Substance Use, Parenting Skills	Well-Supported
Intercept	Intercept® provides intensive in-home mental health services to children and youth from birth to 18 years of age who are in out-of-home place or at risk for entry or re-entry into out-of-home placement.	Substance Use, Parenting Skills	Well-Supported
Sobriety Treatment and Recovery Teams (START)	START is a family-centered model, serving families involved with the child welfare system with at least one child age 5 or younger and one parent diagnosed with a substance use disorder. The model recruits, engages and keep parents in SUD treatment while simultaneously keeping their children safe.	Substance Use, Parenting Skills	Supported
Positive Parenting Program (Triple P)	Triple P (Standard) is a one-on-one parenting intervention for families with concerns about their child’s moderate to severe behavioral problem. Triple P (Group) is a group-based parenting and family support system and intervention that addresses behavioral and emotional issues in children and youth.	Parenting Skills	Promising

With a grounding in the field of implementation science, DCF’s programmatic and operational offices will, together, provide the infrastructure required for successful and sustainable implementation of the FFA prevention service models included in this plan. DCF will utilize the Active Implementation Formula and Implementation Stages developed by the National Implementation Research Network (NIRN) as its organizing approach to manage the complexities of implementation for high quality program development.¹⁸

The Family First Act requires that states include a well-designed and rigorous evaluation strategy for each evidence-based service submitted in their prevention plan; if a state provides compelling evidence of the effectiveness of “well-supported” services and meets CQI requirements, this requirement may be waived. DCF will seek a waiver for Motivational Interviewing, BSFT, and Intercept. DCF commits to undertake rigorous evaluations of the START and Triple P models. All Family First Act prevention services will be continuously monitored to ensure fidelity to the practice model, determine outcomes achieved and ensure that data informs ongoing quality improvement efforts. DCF’s evaluation CoQI processes will bring together data from diverse sources to provide a comprehensive picture of both program and provider

¹⁷ In addition to the services include in this plan, DCF’s current prevention services array includes a number of other evidence-based interventions that are included in the Title IV-E Prevention Services Clearinghouse with a rating of Well-Supported, Supported or Promising. At the time of development of this plan, these interventions are funded through other federal sources, i.e., the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, Medicaid, etc., and, as a result, claiming via the Family First Act is not available.

¹⁸ Metz, A., Bartley, L., Maltry, M. (2017). *Supporting the Sustainable Use of Research Evidence in Child Welfare Services, An Implementation Science and Service Provider Informed Blueprint for the Integration of Evidence Based/Evidence Informed Practices into NJ Child Welfare System.* The National Implementation Research Network.

level performance, including reports from the Office of Monitoring, NJ SPIRIT data, provider data entered in a new DCF information system, and model developer data systems.

Eligibility for Title IV-E prevention services. DCF has built networks of prevention services for children and families both with and without involvement in the child protection system. Similarly, DCF intends to offer the Family First prevention services included within its prevention plan to families of children involved with CP&P and children who are not involved with CP&P, including, but not limited to the following populations:

- Children in families who have accepted voluntary services from CP&P, except those in out-of-home placement,
- Children or youth who have exited out-of-home placement,
- Children whose adoption arrangement is at risk of a disruption that would result in out-of-home placement,
- Children whose caregivers have a substance use disorder or mental health condition, medical condition or disability which affects parenting capacity,
- Children in families experiencing homelessness or housing instability,
- Children who are chronically absent from school or preschool,
- Children in families experiencing domestic violence or other interpersonal violence,
- Children of incarcerated parents,
- Children in families impacted by physical violence or inappropriate sexual activity or contact
- Children who experience substance use disorders and/or moderate to severe mental health conditions
- Substance-exposed infants, regardless of whether substance exposure has been identified as abuse or neglect,
- Youth involved with law enforcement or who have been charged with civil/criminal offenses, and
- Trafficked youth.

The Family First Act requires that prevention services be specified in advance in an individualized prevention plan for that child. For CP&P-involved families, individualized prevention plans, inclusive of the elements required by the Family First Act, will be included in the family's CP&P case plan; CP&P case workers are already required to develop an initial case plan with the family within 60 days of involvement and must update the family's case plan at least every six months. For families without CP&P involvement, individualized prevention plans, inclusive of the elements required by the Family First Act, will be included in service plans created by the community provider agency (CPA) with the family. DCF will work with CPAs to build CPA capacity to use assessments as a resource in engaging families and co-creating individualized prevention plans that reflect families' perspective of their needs and measures of success. Via ongoing partnership, as well as procurement and contracting processes, DCF will ensure that the CPAs approach the work using a trauma-informed, strength-based perspective that centers families as experts. CPA staff will develop the initial service plan with the family at the time of the family's referral to the CPA service and will update the service plan at least every six months. CPA staff will enter the service plan into a DCF

information system. DCF staff will make the final determination regarding eligibility for Family First Act prevention services and DCF's ability to seek federal reimbursement for that service.

Monitoring Safety and Risk. The Family First Act requires that states monitor and oversee the safety of children who receive prevention services through (1) periodic risk assessments throughout the period in which prevention services are provided and (2) reexamination of the prevention plan for the child if risk remains high despite the provision of the services or programs. For CP&P families, CP&P caseworkers will monitor safety and risk of children receiving Family First Act prevention services via formal assessment with validated Structured Decision Making® tools, as well as information assessment via regular, in-person, face-to-face visits with all participants of a case and collection of collateral documentation. For families without child protection system involvement, CPA staff will assess the safety and risk of children receiving services via formal assessments using a validated safety tool selected from a suite of approved options for periodic safety and risk assessment, as well as informal assessment via regular contact with the family. CP&P and CPAs will maintain appropriate caseload sizes for staff supporting families receiving Family First Act prevention services based on the requirements of the specific evidence-based models, staff's overall caseload assignment readiness, complexity of needs identified among families being served, and more.

Child Welfare Support and Training. The Family First Act requires states to outline how they are supporting and enhancing a competent, skilled, and professional child welfare workforce to deliver trauma-informed and evidence-based services. In addition, States must provide training and support for staff to assess what children and their families need, connecting the families served, knowing how to access and deliver the trauma-informed and evidence-based services and overseeing and evaluating the continuing appropriateness of services. DCF will utilize the procurement and contracting processes to outline clear guidelines regarding CPA recruitment, selection, hiring and staff competencies necessary to deliver interventions and services as intended and with fidelity. DCF will ensure newly developed Request for Proposals and contract language incorporate requirements associated with DCF's quality standards, fidelity monitoring, data collection requirements, and Family First Act requirements. Through DCF's Office of Training and Professional Development, DCF will coordinate mandatory orientation trainings for all CPAs delivering Family First Act prevention services. Orientation sessions will be designed to build the skills and competencies necessary to develop and monitor the case planning and assessment processes described above. DCF will collaborate with model developers and other training partners to ensure CPAs have access to capacity building and consultation opportunities that ensure the delivery of services as intended.

Conclusion

After extensive information gathering, DCF devised the prevention strategy summarized in this concept paper to advance its transformative goal of maltreatment prevention and its objective to provide statewide high-quality, high impact community-based prevention services across the state. DCF will strive to achieve the identity, process and program outcomes summarized above, utilizing the Family First Act to help carry this work forward. Stakeholders and members of the public are invited to submit written comment to the concepts of this paper by emailing DCF.FFAFeedback@dcf.nj.gov. All comments are due by Monday, January 16, 2023.

Appendix A. Findings and themes from the various components of the information gathering process.

	Description	Findings and/or Themes
Commissioner’s listening tour¹⁹	In 2018-2019, Commissioner Beyer met with over 750 constituents, including youth and families engaged in DCF’s programs and services, in 22 locations across 15 counties.	<ul style="list-style-type: none"> - Highlighted the value of prevention services and case manager accessibility. - Named housing and transportation as barriers to family success. - Identified services gaps in the following areas: early childhood mental health, trauma-informed services, improved support- emotional/behavioral health, step-down and wraparound services, support for siblings, improved services for individuals with autism, improved services for transitioning to adulthood, improved post-adoption services, improved service coordination and integration, and improved training courses for caregivers.
Regional and virtual forums	Since Fall 2018, DCF has convened semi-annual regional forums with stakeholders, including DCF staff, attorneys for children and parents, providers, advocates, etc. In the inaugural forum, DCF administered a survey to over 200 stakeholders, seeking input about changes needed to achieve DCF’s strategic vision.	<ul style="list-style-type: none"> - What DCF should “start” doing: collaborate, provide housing and housing support, increase communication, listen to more families/have humility, community engagement. - What DCF should “stop” doing: being overly restrictive with kinship homes, using punitive approaches, working in silos, setting unrealistic expectations, and giving every family the same “cookie cutter” plan. - What DCF should “continue” doing: collaboration and relationship building, research/implement evidence-based services, educate/train staff members, advocate for families, and support prevention/proactive approaches.
Synthesis of existing needs assessment	In Spring 2019, DCF conducted a synthesis of multiple existing needs assessments to gain a more comprehensive understanding of the challenges and needs of families in New Jersey. The assessments represented the voices of over 2,000 youth, caregivers, staff and external stakeholders (e.g., advocates, providers, etc.) with a range of perspectives.	<ul style="list-style-type: none"> - Service delivery needs: <ul style="list-style-type: none"> o Availability: targeted services for “special populations” (including undocumented immigrants, children of domestic violence survivors, children and adults with disabilities, and youth transitioning to adulthood), early child and infant mental health, and visitation slots o Accessibility: evening and weekend hours, increased in-home services, bilingual service providers & interpretation services, services in close geographic proximity to families’ homes o Acceptability: trauma-informed services, culturally appropriate services, non-judgment strengths-based approach, works with socialized knowledge and training in domestic violence and substance use, inclusion of youth and parent voice in service design and delivery, individualized services o Quality: evidence-based programs and promising practices, shorter wait times, lower staff caseloads, lower staff turnover, and quality assurance processes and evaluation - Concrete support needs: housing, transportation, childcare, healthcare assistance and insurance, and financial and employment assistance - Systems needs: improved service integration, coordination and communication, holistic services for caregivers with complex needs, services for dually involved youth and caregivers, coordination and communication across service providers, and integrated data across systems
Statewide HSAC needs assessment²⁰	In 2019-2020, DCF, through the HSACs, completed a statewide needs assessment to attain county-specific qualitative information related to county needs and barriers to meeting those needs.	<ul style="list-style-type: none"> - Despite differences in demographics, population density, income level and more, the counties largely identified the same needs: housing, mental/behavioral health care for adults and children and substance use disorder services. - Counties largely identified the same, often compounded barriers to access available services: lack of awareness of services, transportation, waitlists, and stigma.
Review of department administrative data²¹	DCF examined its administrative data, looking at documented family circumstances that were most prevalent amongst families with open child protection cases.	<ul style="list-style-type: none"> - Caregiver substance use and mental health issues were highly prevalent in families in which a child had been placed into foster care, and that domestic violence, housing issues and poverty were documented in nearly half of those families. - Children’s mental health and substance use issues were less prevalent, though still significant.

¹⁹ <https://www.nj.gov/dcf/news/reportsnewsletters/dcfreportsnewsletters/ListeningTourReport.pdf>

²⁰ [DCF | DCF/HSAC County Needs Assessment \(nj.gov\)](https://www.nj.gov/dcf/news/reportsnewsletters/dcfreportsnewsletters/ListeningTourReport.pdf)

²¹ <https://njchilddata.rutgers.edu>