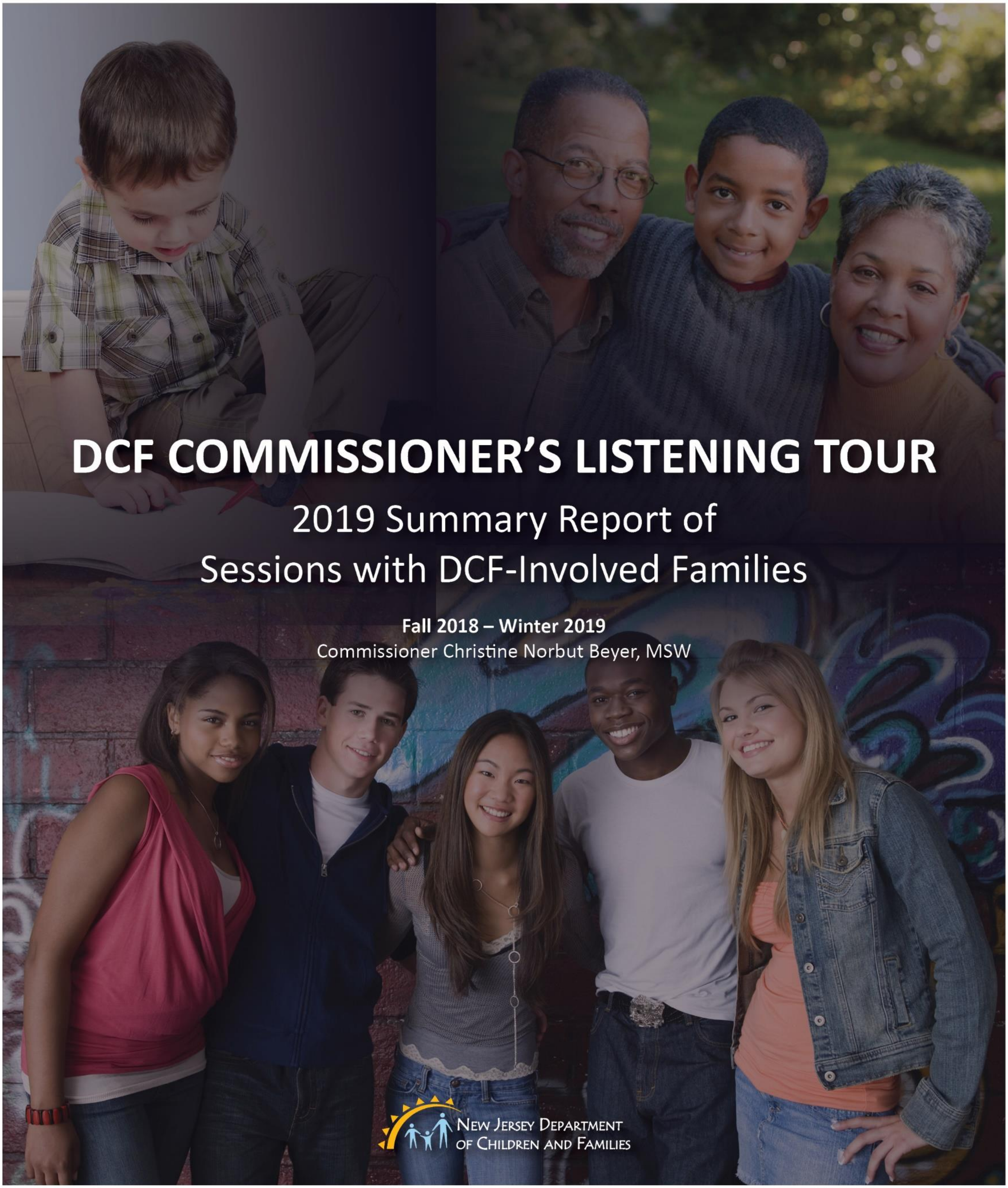

DCF COMMISSIONER'S LISTENING TOUR

2019 Summary Report of Sessions with DCF-Involved Families

Fall 2018 – Winter 2019
Commissioner Christine Norbut Beyer, MSW

New Jersey Department of Children and Families

RUTGERS
School of Social Work

2019 Report Prepared by:
Child Welfare & Child Well-Being Research Unit
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NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Dear Stakeholder,

In January 2018, I was nominated by Governor Phil Murphy to be Commissioner of the Department of Children and Families (DCF). In June of that year, I was confirmed by the full Senate and sworn in soon after. It is an incredible honor to lead the Department and to work alongside the nearly 6,600 staff that dedicate their every day to helping New Jersey families to be safe, healthy and connected.

In order to establish a child and family serving system that is responsive to the needs of its service recipients, in August 2018 I embarked on a statewide Listening Tour to meet with some of the men, women, youth and families participating in DCF's programs and services. I visited with over 600 constituents – youth in foster care, biological and foster families, kinship families, survivors of domestic violence, parents of youth with behavioral needs, parents of youth with intellectual or developmental disabilities, displaced homemakers and new parents participating in our home visiting services.

I wanted to hear their thoughts about what DCF is doing right, the DCF trouble spots and what services we need to enhance, expand or even eliminate. After I began these meetings, it became clear that the department would need some support in documenting the participant comments and pulling together the information into a report. Rutgers University School of Social Work staff joined us in that capacity in October 2018.

The following '**SUMMARY REPORT of the COMMISSIONER'S LISTENING TOUR SESSIONS with DCF-INVOLVED FAMILIES**' is a candid and comprehensive compilation of feedback received during the Listening Tour and input collected through a designated DCF email account. It has enlightened staff and me about where DCF's attention should be directed, and it has informed many subsequent policy decisions.

For example, because of the Listening Tour participants' contributions, DCF now has an Office of Family Voice, which is dedicated to bringing together individuals with lived experience to ensure that we're including their ideas and expertise in our policies and programming. We have brought on Dr. Carol Spigner, Professor Emeritus, of the University of Pennsylvania School of Social Work as a consultant in the areas of racial equity and cultural competency. We are advancing efforts to increase kin and familial connections for children in out of home placement. We are emphasizing evidence-based, outcome-based, data-driven contracting. We will strategically align services to put greater weight on the primary prevention of child abuse and neglect before it occurs, rather than to focus the lion's share of our efforts on responding to maltreatment after it occurs. And, we are launching a 6-month task force, including providers and advocates with lived experience to help design an integrated health care approach to services available through the department's Children's System of Care.

Change is not always easy, but it is necessary for continual growth and improved outcomes. This is just the beginning of DCF's evolution into a 21st Century youth, parent and family serving agency. I look forward to continuing to collaborate with staff, advocates, stakeholders and consumers as we forge ahead.

Sincerely,

Christine Beyer

Christine Norbut Beyer
Commissioner

TABLE of CONTENTS

SECTION A: Introduction & Overview

In January 2018, Governor Murphy appointed Christine Norbut Beyer to lead the New Jersey Department of Children and Families. She was confirmed and sworn into office June 2018. In late August, Commissioner Beyer launched a *Listening Tour* around the state of New Jersey so she could engage with DCF-involved families, caregivers, men, women, youth and young adults to learn more about their experiences with DCF. Researchers from Rutgers University's School of Social Work were able to participate in a portion of sessions held between October, 2018 – January, 2019 (the Rutgers team did not attend sessions including youth under the age of 18, and were not able to attend sessions held prior to October, 2018). This report is informed by those sessions as well as input received through a designated DCF email account.

Across multiple in-person meetings, each solely led by Commissioner Beyer, participants conveyed both positive and negative commentary about their personal experiences with a wide array of New Jersey Department of Children and Families' (DCF) services. Town-hall style meetings were held in 22 locations, across 15 counties with approximately 550 residents who had received, or were receiving, services from a variety of DCF programs.

Commissioner Beyer's intentions with these Listening Tour session were clear and the following quote is emblematic of how she engaged with participants at the start of every session:

"We want residents to be safe, healthy and connected. We need to be changing and reevaluating some of the work that we do. Thank you for being here… An opportunity to hear directly from parents about what are the needs that they have, what are the services that would help them, what are we doing that we should stop doing." -Commissioner Beyer

The overwhelmingly positive response to the Listening Tour is aptly characterized in the following comment by one of the participants:

> ***"In the ten years that I've been receiving services, this is the first time that anyone has offered this type of thing. To actually hear parents. It's invigorating and wonderful."***
>
> *- Caregiver participant*

Format of Listening Tour Sessions

A community-based approach: Each agency-based session was organized through a partnership between the Department of Children and Families (DCF) and the participating agencies. Session recruitment and management was handled jointly by DCF and the agencies and was organized around specific populations served by DCF.

The Child Welfare and Well-Being Unit (CWWBU) and Institute for Families (IFF) at Rutgers University assisted with the sessions.

Participant protection: The Rutgers team managed consent procedures, note taking, and session recording to protect confidentiality and provide institutional oversight in case attendees wanted to remit their participation. Participants were given the opportunity to refuse participation.

Commissioner led discussion: Each session began with a brief introduction by the Commissioner in which she shared her objectives for the Listening Tour: to provide a forum for learning about participants' perceptions of the strengths and challenges of DCF programs and services, as well as their suggestions for improving them. Commissioner Beyer encouraged participants to be candid in their feedback, expressing a sincere interest in hearing about the details of challenges they have encountered with programs, services, or DCF personnel. This atmosphere was cultivated at each and every session and it was apparent to observers that participants felt comfortable in sharing personal experiences with her.

Varied content and tone: This informal, individualized format engendered dialogue reflective of each group's unique dynamic. For example, in a typical session, large portions of discussion were focused on individual cases or case needs, which limited the breadth of content referenced. Note that in the sessions attended by the Rutgers team this often, but not always, established a critical tone about DCF among participants, reducing opportunity for sharing positive perspectives.

Analysis of session notes (i.e., qualitative data): The Rutgers team produced this report by analyzing the hand-typed notes from each session and checking their accuracy against transcribed content when available.[1] Transcripts and session notes were collectively analyzed to uncover themes and highlights across all participants in every group. The Rutgers team utilized two to three coders to analyze the data, with a fourth senior team member providing oversight of their analysis.

The analysis of transcript data was conducted in two ways: collectively across all groups, as well as separately by youth/young adults and adult caregivers/service recipients. While names and identifying information are not included in any section of this report, the participant's constituency group is noted for each quote.

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[1] To protect confidentiality, sessions including youth with open CP&P involvement were not recorded and therefore, no transcriptions were produced. At least one other session was not recorded per a participant's request.

Content was reviewed across and within groups of participants to examine insights among:

- Parents who receive in-home mental health, behavioral health, and developmental disability services for their children
- Youth who are currently receiving or recently received services including foster care, mental health, behavioral health, disability services
- Kinship care providers (including Kinship Navigator Program)
- Families receiving home-visiting services
- Parents of origin or parents whose children have (or had) open cases with the Division of Child Protection and Permanency, and receive services

Objective: This report's objective is to describe the themes that emerged from the analysis of the transcript data. Verbatim and paraphrased content is provided to reflect these themes. Also provided are concrete suggestions offered by participants with as much contextual insight as possible to explain their meaning. The report also highlights areas of concern that the Commissioner specifically identified for Departmental attention, while conducting the sessions.

The report is divided into two sections: a) shared themes reflected across the groups, and b) insights yielded from the analysis by specific population group, in this case youth/young adults and parents, caregivers, and adult recipients of services. The distinctions in perspectives among these groups was pronounced and warranted highlighted focus on each.

The report also summarizes the few email messages provided via the DCF designated email address specifically for feedback about services and programs. Due to the differences in this format, these messages could not be combined with the Listening Tour session material. Finally, individual participant stories about their experiences are provided to illustrate the tenor of the sessions and convey more fully snapshots of select participants' reflections and input.

Methodological limitations: Because focus groups by their nature tend to draw people with strong opinions (both for and against) rather than middling ones, it is crucial to recognize that this body of feedback is not inclusive of the full array of perspectives held by people affiliated with DCF services and programs. Additionally, group dynamics affected the breadth of discussion. For example, citing a desire to refrain from sharing in the group forum, two individuals reached out to the Rutgers team subsequent to the groups to voice their perspectives.

SECTION B: What Works Well

The report begins with a section on the positive perceptions of DCF programs, services, and personnel that emerged in the Listening Tour sessions. These perceptions span across almost all of the groups and encompass many different program and/or service domains. The content was analyzed and coded so that major themes could be discerned. For each program or domain, we present the primary themes along with verbatim or paraphrased quotes from participants to support these themes.

Prevention Programs

Participants in prevention programs uniformly found these services to be valuable and, even, transformative. Respondents reported strong, caring, relationships with service providers that offered an important template from which to parent. One mother's comments were typical: *"My workers have been amazing. The workers, they have taken the stress from me."* While another noted that *"my worker is like my kids' Grand mom, she is family."*

Parents communicated the myriad ways in which workers were available, accessible, and reliable, which in turn, created the foundations for a strong working relationship. One respondent enthused: *"My hours are late and she comes after work, I love her."*

Another shared: ***"I am a single mom… you are by yourself, but you have this person, a companion, like a best friend who becomes a part of the family. You turn to them before you call your family… They stick by you."***

Themes that emerged:

- Transformative role of DCF contracted services
- Availability and accessibility of caseworkers
- Utility of prevention program services (and resulting positive impact on children)
- Skill development
- Comprehensive nature of program services
- Ease of participation

Perhaps, most importantly, prevention programs offered concrete, positive parenting strategies and a developmental perspective which parents reported increased the quality of their relationship with their children. One parent shared: *“My son turned 2 and wants to do his own thing, she helped me realize he is not bad, these are the things he is supposed to do…They bring a bag of tricks and leave things for us to do.”* Another parent noted that *“I have learned how to play with the kids.”* The concrete strategies that workers offered and which parents adopted had noticeable positive effects on children’s behavior and for the caregiving relationship: One parent pointed out that *“My oldest, her behavior is progressing, she is talking more and interacting with other kids,”* while another parent stated: *“My daughter now listens, she spells her name, and next year she will start school.”*

Regarding concrete caregiving skills they have acquired, parents shared that the programs had taught them everything ranging from weaning a child from a pacifier to how to talk to their teenage children more effectively.

Prevention programs also supported parents with developing a range of skills to manage everyday life. One parent’s story exemplifies this type of support: *“My home visitor is very helpful. It is a lot for me to go to class, do my student teaching, and parent my children. Thank goodness, we set goals, I will be graduating soon.”* Moreover, many parents appreciated the comprehensive nature of the services these interventions provided. As one caregiver shared: *“My worker met me at the farmers market instead of my house. It was good for both us to learn about the farmer’s market. She said I can meet you there while you do your chores. You can always call me if you have a question. She just like says, what other steps can you do, like to be more organized. She looked up stuff to help me be more organized with the kids’ toys.”*

Finally, programs offered in the home made it easy for parents to participate.

Family Support Organizations

Family Support Organizations were frequently noted to be important for successful intervention. In particular, parents and caregivers appreciated the mentoring programs and social skill building opportunities that were offered through Family Support Organizations. One caregiver noted that: *"I just got with the group and I want to say thanks because you have really, really helped. My daughter has a mentor, her mentor is on point, and she helps my daughter a lot."* While another shared: *"They suspended my daughter 25 times in one year. I was at my wits end but since the FSO started, I haven't even gotten a phone call."* Several parents advocated for these programs to be expanded: *"Organizations that are doing great work, like the FSO of HSW, should be leveraged with increased grant funding to provide more resources including social skill building groups for teens."* Another parent stated: *"my son who didn't act out, he kinda acted in…He became part of this male mentoring program and he's come out. He's very outspoken now…So that program needs to be expanded."*

Similar to a theme observed in prevention programs, participants in Family Support Organizations noted that the caring and supportive relationships they formed with workers and mentors created the conditions for positive change. Parents and youth experienced workers to be nonjudgmental, sensitive, and thoughtful about their strengths and weaknesses. One parent's comments typified this sentiment: *"I just wanted to say that FSO is a great program. I've been through a few... At FSO they meet you where you are. Every child is not the same, every case is unique and we had a unique case, and they told us what we needed to. I came to FSO through CMO and I think FSO needs to come first."*

Youth echoed their caregivers' experience with Family Support Organizations, connecting the services they received to improved outcomes:

"Ever since I had my FSO mentor I have not gotten into trouble. I am so thankful for my IEP. It's not funny because I have a learning disability. I am very thankful for this program."

Themes that emerged:

- Appreciation for mentoring and skill building
- Would like to see them expanded
- Supportive and caring relationships
- Positive impact of services

Keeping Families Together

Several participants appreciated the housing assistance they had received through the Keeping Families Together (KFT) Program. Stresses related to economic difficulties, particularly housing, were a theme in the majority of Listening Tour sessions. These stresses were reduced for those who had access to affordable housing through this program. As one parent noted: *"KFT does a good job…They need more funding for their families while they are waiting for housing."* Another parent wished more families could have access to KFT: *"Keeping Families Together—I feel like it should be a bigger program---should have more families, they need housing."*

Themes that emerged:

- Appreciation for KFT
- Stress reduction on families

Kinship Navigator Program

For several Kinship parents, the support they received through the Kinship Navigator Program made a tangible difference in their ability to provide care. In particular, kinship parents appreciated the ability to receive advice and support from other kinship parents. As one kinship parent noted: *"Only thing I can say, this is a good program. I can always call. And all these ladies here (other kinship parents), I can call one of them. I know all of them."* Participants appreciated the wraparound services the Kinship Navigator program provided. As one kinship parent summarized: *"Everything been good with kinship, wraparound. Haven't been out in a while. It's a good program and anybody in it would say the same thing."*

Themes that emerged;

- Advice and support
- Utility of wraparound services

SECTION C: Areas for Improvement – Insights about Specific Service Domains

In this section, we present the feedback from participants about the challenges they have experienced with different elements of DCF programs, services, or relevant casework matters. These perceptions span across all of the groups and encompass many different program and/or service domains. The content was analyzed and coded so that major themes could be discerned. For each domain, we present the primary themes along with verbatim or paraphrased quotes from participants to support these themes. When available, we close each section with specific suggestions directly offered by participants during the sessions.

The specific domains covered in this section include:

- Housing
- Education
- Transportation
- Financial Concerns

Housing

Many participants discussed concerns about housing and that resources and efforts to support participants' attainment of safe, appropriate housing can be improved. Conducting thorough vetting of a child's living situation is crucial for ensuring safety and culturally appropriate care. For example, a youth in foster care noted she was placed in two resource homes that were non-Spanish speaking when she speaks Spanish. When she got to the first home she didn't know English at all and it was very difficult. A kinship provider commented: *"We should be on the top of the list for housing. With a yard or white picket house or something. I live in a high rise, I can't be following my granddaughter up and down the elevator when she's 10, 11 years old. We are the people that need housing."*

Some youth believed that housing programs were in business solely to make a profit and were not concerned for youths' well-being. Finally, a youth in foster care noted that her housing location was inconvenient. *"I was going to school in Bergen County. They gave me a housing voucher for Passaic County. Now I have to walk an hour to work and an hour back. I just want to know what the process is for the (housing) voucher."*

Concerns about the threat of losing or having experienced loss of housing is very real for many. One alumni from foster care said, *"I don't know anybody in particular, but the stories I've heard, there's kids end up being homeless because of certain situations. To me they shouldn't be homeless."* In another instance, a parent said, *"I had TRA[2] and DYFS told me don't tell them. Boom, eviction notice."* A different participant noted the vulnerability that others experience with

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[2] Rental assistance

housing: *"I live with my sister and they are literally trying to push me out. And I'm like I don't need that give it to someone else. I am good. I have a house. I have support. Give it to someone else who needs housing."*

The degree to which homelessness interfered or threatened to interfere with reunification was shared by many parents. Overall, "housing instability" was mentioned numerous times and factored into several personal stories by participants. One participant described frequent moves between various shelters and how this negatively affected her caregiving efforts and her ability to reunify with her children: *"…I moved downstairs to a shelter with children, which was really hard for all of them. But nothing else was offered."* Another parent echoed this and noted: *"moving into a shelter with both kids is a step backwards."* Another parent noted that her caseworker told her she was on a wait list for KFT, *"but there is no availability right now. When will it happen?"*

Coupled with this is the concern about the high cost of housing. Noted one parent, *"I cannot afford an apartment for me and my two children—it's a struggle."* Said another, *"Hunterdon County is very expensive and I cannot afford housing."*

Themes that emerged

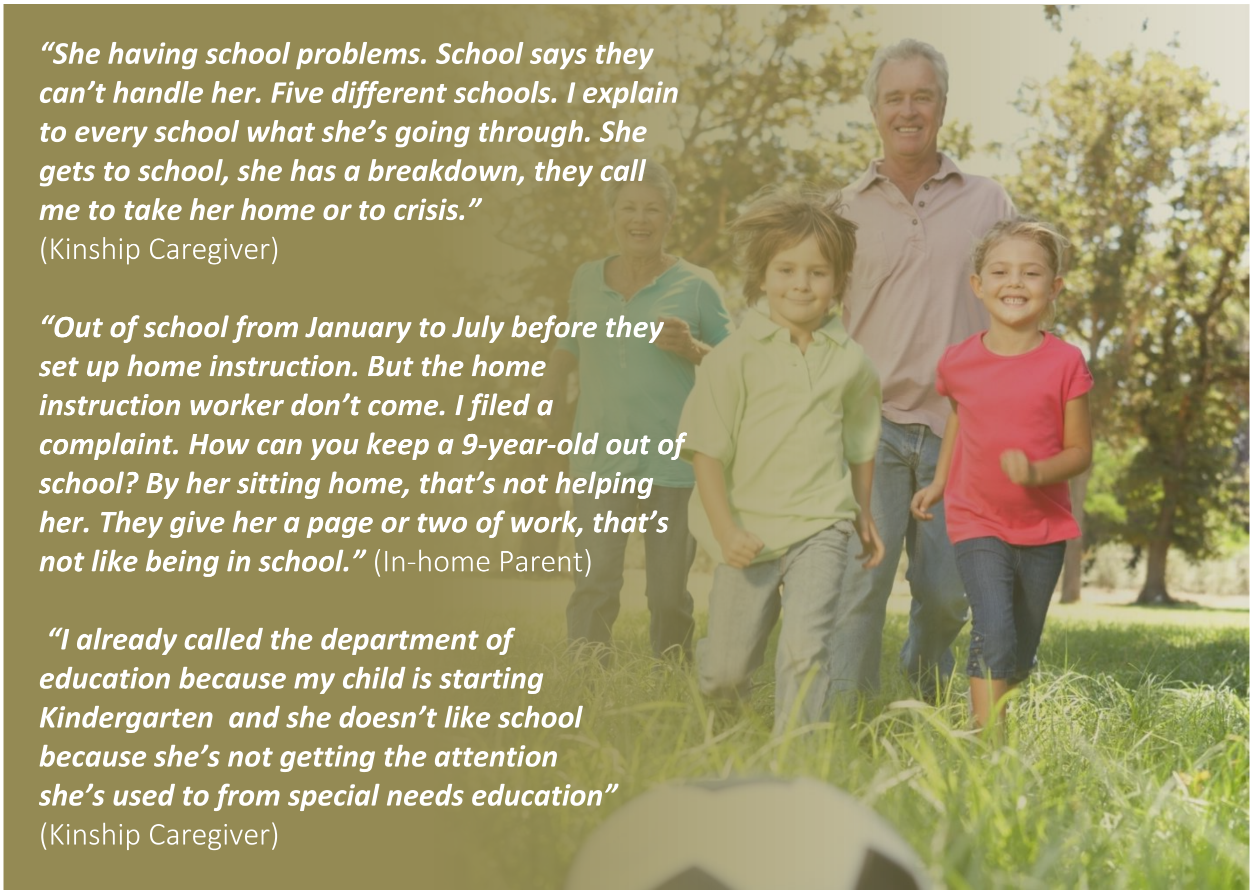
- Need for appropriate placement process and/or housing placement
- Concerns about losing housing
- Homelessness as obstacle in raising children
- High cost of housing

Participant Recommendations

- Provide more housing vouchers and clarify procedures for their use
- Give foster youth more placement options and choices
- Allow foster youth to visit a potential foster home before placement

Education

The difficulties that many youth in foster care or those who care for them experience is evident in the following themes. Some expressed concerns about access to appropriate educational environments and successful retention in these settings. The following quotes exemplify this theme:



"She having school problems. School says they can't handle her. Five different schools. I explain to every school what she's going through. She gets to school, she has a breakdown, they call me to take her home or to crisis."
(Kinship Caregiver)

"Out of school from January to July before they set up home instruction. But the home instruction worker don't come. I filed a complaint. How can you keep a 9-year-old out of school? By her sitting home, that's not helping her. They give her a page or two of work, that's not like being in school." (In-home Parent)

"I already called the department of education because my child is starting Kindergarten and she doesn't like school because she's not getting the attention she's used to from special needs education"
(Kinship Caregiver)

Many voiced concerns about the challenges of working with specific schools or school districts. As described by one youth:

"For me school was hard, but it didn't help that they would just sign this form and say 'oh you have this. Autism.'…It says so on the paper and they don't look at it. A lot of times the kids get in trouble. I had a teacher who didn't like me. They almost failed me. I was out of school for a week, and they assigned me two whole pages of work and they expected me to do all of it." (Youth in Foster Care)

Moreover, some expressed concerns about lack of support from their school districts when their children might need extra support or services. One parent stated: *"If the municipality's school district doesn't want to support parent's access to out of area services, the child suffers."*

The role of guidance and mentorship was also noted. The lack of guidance is illustrated in this quote by a former foster youth:

"When I was in HS for four years I had my mind set on going to a four year college. I had my whole plan set up." my two or three workers that I had, "they told me I wasn't capable of going to a four-year college because of my depression and anxiety." They told me to go to a two-year college." (Youth in Foster Care)

On the other hand, a parent appreciated the availability of mentorship. "Mentorship is so key, both of them are a part of the program. I want to encourage families to find mentorship. Plug in." Another caregiver expressed relief for her daughter's mentor: "She is on point and she helps my daughter a lot." Without guidance, another caregiver explains, "a lot of children are living stories (in schools) that are enough to make you cry."

Similarly, according to several participants, parents should be provided with more knowledge about their rights in working with schools. A caregiver with extensive knowledge about supporting children in schools explained:

"I see a lot of parents who have IEPs, but they need handbooks and they need to know their rights. That handbook is like your bible."

Themes that emerged:

- School attendance challenges
- Challenges working with school or school district
- Importance of mentorship
- Knowledge of rights

Participant Recommendations

- Parents should be provided with additional information during IEPs about Perform Care and what it does for families in need.
- Enhance mentoring and guidance for youth, in school and as they are considering college or vocational education programs
- Ensure parents and caregivers are equipped with handbooks and knowledgeable about their rights, particularly for children with disabilities.

Transportation

Transportation concerns weighed heavily on participants' ability to access school, work, services, and visits with family members. One youth explained that lack of transportation meant she could not *"visit with her sister very much."* Participants believed that expectations around transportation use is unreasonable and additional support may be beneficial. Explained one parent, *"You can't turn to DYFS (Division of Child Protection and Permanency, or DCPP), when I turned to DFYS (DCPP) and I say I have this new job but I have transportation issues getting them to school, can you help with transportation. Only time we transport kids, is when they're under my kids. We can give you a bus card, I appreciate it, it's helpful, but that can't get me two places at once."*

Emphasizing the complexities of meeting case demands when transportation is inconsistent, one parent offered this description: *"I drive 100 miles a day because of all the different districts just to go to school. My car got repoed. The Division didn't care. I had to make these appointments even if my car was going to blow up."* Noted another parent, *"the bus route doesn't work, living in [Sudsberry] (called Scumberry, by the client). The bus doesn't come here and I just need money for gas instead. None of the offices are on the Riverline—so that would be a great thing."*

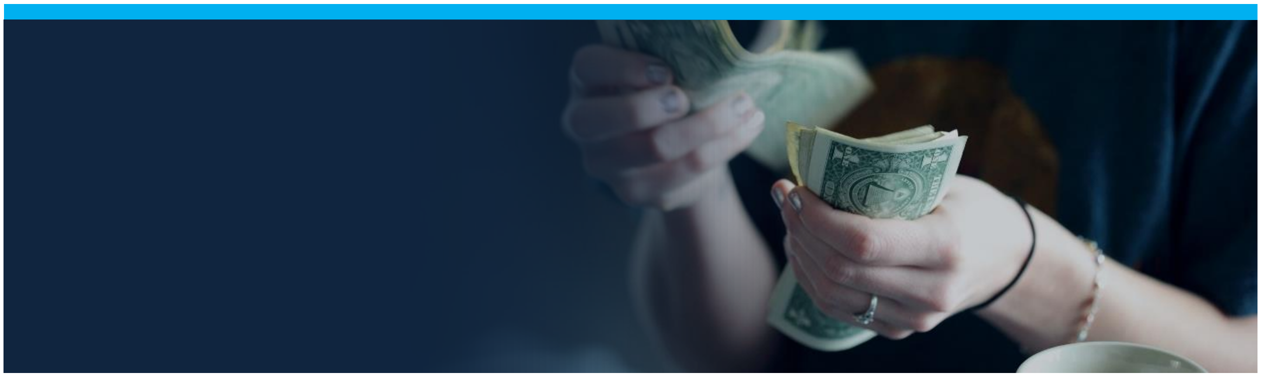
Finally, one parent expressed concerns about the safety of her children when they are transported for long distances (e.g., from a shelter program to school programs). She noted: "They moved me to temporary housing in Camden County…the kids go to school in Burlington County. But I don't feel safe with the private transportation that DYFS (DCPP) provided. The driver looks like a pedophile with my 6-year-old being the last one dropped off. I drive them every morning instead, which costs $150/week in gas."

A specific suggestion that came up frequently by many participants across the groups was that in addition—or in place of, depending on the situation—to the provision of bus vouchers, vouchers for gas should also be provided.

Themes that emerged:

- Negative impact of transportation challenges
- Concerns about children's safety

Financial Concerns



The concerns in this section were noted by youth currently in or formerly in foster care as well as by kinship care providers. One central theme was the challenges of "banking on your own" and the need for additional guidance and support in financial matters.

One former foster youth noted *"It should be the foster parents or group home to help them (youth). Like 'hey you want to open up a bank account. Okay let's go'. Not just do it all on your own."*

The financial burden of caring for additional children was a concern raised by kinship caregivers. *"Kinship payments stop at 18, but not foster care payments."* Said another kinship care provider, *"I have asked if I could get food stamps…what they give me is for them*[3]*, but they won't give me more. Then they ask me why I don't go to work."* While another kinship parent observed that resource parents receive financial assistance related to court costs but kinship parents cannot: *"If I had accepted kinship and she brought me to court, I had to cover the expense."* Finally, some kinship parents noted that the high needs of the children in their care meant that they could no longer work: *"I have been with these children for 10 years. Before I was their mother, I would do the housekeeping…If I didn't have these kids, I could work and relax, but these kids are not normal kids [diagnosed with autism]."*

Access to and eligibility for financial assistance is often a problem for caregivers and youth in foster care. There was confusion about who is included in one's household income when determining eligibility. Stated one kinship provider: *"They included my income and my girl's income…it's because she gets child support from her dad."* Relatedly, participants reported challenges to accessing financial supports even when they were available. For example, one youth formerly in foster care commented: *"I was told I'm not eligible for [Chaffee funds]. (after some period of time) I just finally got money from NJ scholars." This was echoed by another youth who said, "I spoke to the person about the Chaffee fund. And they said I'm not eligible."*

In a concern specifically identified by current and former foster youth, some perceived that the financial support being allocated to their caregivers was not being used for youths' benefit. This perception is reflected in the following two statements: *"People who have been in foster care or group homes we feel as though the money goes to the caregiver not the individual who the money*

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[3] Referring to the children

is supposed to be for." (Former foster youth). *"They're getting some kind of money but they're not using it on the child."* (Former foster youth).

Themes that emerged:

- Lack of guidance and support
- Financial burden/perceived inequity in funding
- Eligibility and access challenges
- Inappropriate use of funds

Participant Recommendations

- Caseworkers should help foster youth with efforts to access scholarships and grant money for college and vocational education programs
- Foster parents and group home personnel should help youth open bank accounts
- Increase clarity about how programs can offer more flexibility with how money can be used, for items such as housing and food

SECTION D: Service Gaps and Training Needs

In this section, we present the feedback from participants about the perceived programmatic gaps in DCF services. These perceptions span across all of the groups and encompass many different service and program domains. This section also provides feedback on concerns related to parent training programs for caregivers. The content was analyzed and coded so that major themes could be discerned. For each domain, we present the primary themes along with verbatim or paraphrased quotes from participants to support these themes.

The primary themes that emerged regarding DCF service gaps:

- Early childhood mental health
- Trauma-informed services
- Improved support for emotional and behavioral health care
- 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
- Improved training courses for caregivers

Need for More Early Childhood Mental Health Service

Several parents noted their difficulty in obtaining mental health services for their young children. Some participants relayed perceptions about interactions with caseworkers in that some caseworkers did not believe young children needed mental health intervention: *"A care manager said that he's (the child) only four, he'll grow out of it."* Similarly, another participant noted: *"they don't take you seriously if you have young children."* Even when their concerns were taken seriously, parents and caregivers whose young children had identified mental health needs were often unable to find trained providers in this area. One parent summed up the dilemma this way:

"There is nothing for 3-5 year olds."

Need for More Trauma-Informed Services

Several parents and youth expressed a need for more trauma-informed services in New Jersey, particularly for children and youth with extensive trauma histories. Caregivers and youth shared frustrations with their experiences with behaviorally-based services, noting inadequacies in approaches for children with histories of ruptured attachments. One parent shared: *"My child's issues are all attachment based or developmental trauma-focused. The problem is they come in and wanted to look at only her behavior. They wanted to diagnose her but that wasn't what she needed. We were told to have her enrolled in three IOPs (intensive outpatient programs). A child with attachment issues is not going to attach in 45 days…We need more services for attachment-based needs, for those with developmental needs."*

Youth in out of home care also requested that providers, caregivers, and caseworkers use a trauma-informed lens rather than a behavior-based framework to understand their backgrounds, experiences, and current functioning. These youth noted that often their actions were in response to things that had happened to them rather than a desire to misbehave. Youth suggested that when something isn't working or a youth is not behaving that caseworkers and resource parents should first assume there is an unmet emotional or service need rather than a behavior problem that needs to be diagnosed. Moreover, some youth recognized that caseworkers and resource parents might need better training in order to understand their behavior and to adopt a different framework from which to interpret their conduct. Finally, youth and caregivers noted that all service systems, not just the Department of Children and Families, would benefit from an enhanced focus on trauma and its attendant impacts.

Need for Increased Services and Support for Behavioral and Mental Health Care

Across all Listening Tour sessions, participants expressed a desire for increased services and support related to children's behavioral and mental health. The majority of youth and caregivers expressed concern that there were provider shortages for psychiatric care and longer-term treatment that negatively impacted children's ability to function successfully. One parent summarized her experience this way: *"…Really difficult to get resources because [it] seems they don't have a lot of providers available in the system of care; we have been looking since April for a therapist and psychiatrist that is the right fit…"* Another parent characterized her attempts to obtain behavioral health services for her daughter over several years as *"just one big circle with no solid assistance."*

When parents and caregivers were able to find appropriate care, they expressed concern about long wait times of six months or more they believed impacted the effectiveness of treatment. As one parent stated, *"…behavioral health professionals are overwhelmed and overworked…doctor patient workloads are 1 to 100."* Long wait times also impacted the amount of time children were in out-of-home care. Some parents noted that their reunification with their children was pushed back because they were waiting to receive mandated services that keep *"falling through."*
Once services were received, high turnover rates of providers could also negatively impact care. One parent recounted that *"we are left with no constant therapy of which [child] needs ongoing, repetitive care to keep her behavior stable."*

With provider shortages, some parents felt that it was difficult for anything but the most acute behavioral or mental health needs to be responded to, setting children up for crisis. One parent stated: *"It takes having the kid in the ER to get a service. I call every week. And ER can't manage him, so he's getting sent home. He would have killed someone before he got a crisis bed."* Parents and caregivers expressed a desire for more accessible services for children who were generally struggling with a mental health issue such as depression or anxiety but not in a crisis. General mental health services were viewed as critical for preventing escalation of depression, anxiety, and mental health symptoms.

Need for Step-Down and Wrap Around Services

Several parents noted that ideally, a successful transition from a residential program would involve a step down or transitional service program to be implemented after their child completed a residential program. Caregivers found that they were not able to sustain some of the treatment gains made in residential treatment without continued support. As one parent stated: *"You go up for family therapy in the group home, but nothing can be translated back in the home. We need some services that continue in the home so that whatever's working in the residential program can be continued in the home."* Additionally, parents of children with chronic and serious mental health or physical disorders expressed a desire for wrap around services to assist with daily care and help avoid crises.

Need for Service to Support Siblings of Children with Serious Emotional Disturbances or Developmental Disabilities

A few parents reported that there is a need for sibling services when another child in the family has a serious developmental disability or serious emotional disturbance. These parents and caregivers detailed how the entire family system is impacted by these conditions. Parents asserted that each person in the family needs support, not just the target child. One mother noted that her daughter often felt invisible in her telling [the mother]: *"You have two daughters, but I only have one sister. There really needs to be sibling supports. It shouldn't be until there is a crisis."*

Need for Improved Services for Autism Spectrum

Several parents and caregivers noted gaps in services for children with Autism Spectrum Disorder. Parents believed that services offered were often not appropriate either for their child's level of functioning or for their specific behavioral or developmental needs. As one parent noted: *"One hundred percent integration does not work for all children, so they should be allowed different options."* Several parents identified the need for better training for intervening with children with an Autism Spectrum Disorder diagnosis: *"There needs to be better placement, more training for dealing with the autism population. The behavioral specialists are not trained enough."* Parents and caregivers of children with an Autism Spectrum Disorder diagnosis indicated that they did not have access to a full range of treatment programs or wraparound services that are important for ensuring high quality care. One parent observed that while their child was *"on the high end of functioning [they] still needed help in managing their anger."* However this family was not able to receive services.

Need for More Services to Support the Transition to Adulthood

Many youth and parents noted that there is a need for an expansion of services for youth transitioning to adulthood. One youth stated that *"No one is trying to help adults like me. Young adults."* One Family Support Organization intern observed that many youth and families are not aware of the services that exist to support this developmental transition. Several participants requested better communication about the array of programs for youth ages 18-21, which may address this perceived gap.

Need for Post Adoption Services Disorder

Several resource parents requested more post-adoption services, noting that financial, behavioral, and mental health needs do not stop once a child is adopted. Adoptive families described being left on their own to manage challenging behaviors that they had previously received support for when the child was foster child, while some kinship families noted that their hesitancy to adopt was based on the support they would lose for themselves and their child.

Need for Improved Service Integration and Coordination

Even when services were obtained, parents and caregivers expressed a desire for improved service integration and coordination. Many noted that sometimes they felt caught in a loop, unsure who had ultimate responsibility for the case or following up on next steps. One parent described the dilemma this way: *"A lot of back and forth between DCP&P and other organizations, saying to call Perform Care, Perform Care says call your DCPP worker, so on and so forth."* Another noted that *"the left doesn't always know what the right is doing…"* On the whole, parents and caregivers reported that it would be helpful to have clear systems for coordinating information and responsibility so that all involved in a case could be on the same page together.

Additionally, parents and caregivers identified a need for service coordination to reduce the burdens associated with receiving multiple services. One parent suggested that *"visits by different stakeholders such as lawyers, advocates and caseworkers could be coordinated to decrease the burden on resource parents."* While a kinship parented noted that *"Therapies could be combined, services could be integrated."* In instances when service coordination did occur, parents and caregivers reported how useful this coordination was. One kinship parent shared: *"Our social worker's director called and told me it's a complicated system and said they'd come out so we can meet the people in the system (social worker, attorney, director, etc.). They then offered for our family and friends to be present so they can ask questions. It was a three-hour meeting but it was a great meeting because everybody heard everything at the same time and they also heard what my husband and I were going through."*

Finally, several participants also expressed a need for increased coordination with primary care providers and educators.

Need for Post Adoption Services Disorder

Improved Training for Parents and Caregivers
Caregivers noted several frustrations with how parent training groups or classes were conducted. Some participants perceived that their needs were not well understood by the trainers. For example, one resource parent described her experience: *"I go to my meetings with my workers and I explain the anxiety my child has and they are looking at me with blank stares and I tell them, I've done weighted blankets and other things for anxiety for the child, especially when preparing for biological (family) visits because they trigger. Why am I as the foster parent giving the information? They should know."* Relatedly, another caregiver observed that the training felt inadequate: *"…(you have to) Get parent certificates. But it irked me I was taking parent classes with people who taught that had no children."* A kinship caregiver expressed frustration that the training sessions obstructed their ability to care for children. *"The classes I took, I have to retake them each time. All 40 hours. They keep making us retake these classes. They're making it hard for us to take in the kids. I can understand why family members don't want to take them in because they make it so hard."* A different kinship caregiver noted that the training curriculum should be broadened: *"One thing, as you look for kinship relationships, is to maybe have some part of that training should be devoted to people who don't have kids. There are those who have kids who have experience because they have kids, and if you don't have kids you don't really know what you're getting into."*

Regarding the PRIDE training program, participants had specific suggestions for improving how these training sessions are conducted. For instance, including current foster caregivers in the training sessions is a great benefit. Observed one resource parent, *"I spoke at a recent PRIDE training and it was great. One of the trainees said it was one of the greatest things to have a seasoned foster parent there."*

And yet others highlighted some of the inadequacies of the PRIDE format. Said one resource parent, "The PRIDE training needs to be so much better, we had no idea what we were doing, that all these things had to be done in the first 10 days. I don't know how foster parents do that with the amount that's required for us to do as well as, a lot of what these are, are the things that you can get in a kid, but not who we could contact**,** no follow through."

Participant Recommendations

- Include seasoned foster parents in PRIDE training
- Improve PRIDE training by including contact information about who to communicate with during those first, most difficult days, of a new foster placement
- Ensure trainers have relevant experience that is aligned with course content

SECTION E: Insights by Youth & Young Adults

In this section, we provide the feedback specifically from youth and young adults who are currently receiving or recently concluded receiving services from DCF. These reflections span concerns about programs and services as well as about how they believe are perceived by the 'DCF system.'

These perceptions are from Listening Tour sessions that were composed solely of youth and young adults. The content was analyzed and coded so that major themes could be discerned. For each domain, we present the primary themes along with verbatim or paraphrased quotes from participants to support these themes. We conclude this section with specific suggestions directly offered by these participants during the sessions.

The themes summarized in this section include:

- Voice and agency
- Stigma
- Complexity of dynamics with resource caregivers/families
- Access to services and to caseworkers

Voice and Agency

While both parents and youth expressed concerns about voice and agency, youth responses were dominated by reports of feeling disenfranchised, not listened to, and experiencing marginalization within the DCF system. The statements by three participants exemplify these sentiments:

"They don't listen to kids."

"My voice doesn't matter."

"I've been told not to speak, to stay quiet."

Moreover, a common sentiment among youth was that they were *"not believed"* about a wide variety of concerns ranging from serious allegations of maltreatment occurring with biological parents and resource parents to needs related to medication, school services, and treatment preferences. Multiple youth expressed a concern that a caseworker or resource parent's perspective would always be believed over theirs. These concerns were accompanied by requests for greater transparency about their cases, with some youth requesting access to their case files as a means for ensuring their preferences were being incorporated in decision-making. Relatedly, other youth/young adult participants would like to request caseworker audits or permission to change caseworkers.

Uniformly, youth emphasized the need for new processes and formal procedures that would actively seek their input and feedback and which would also hold caseworkers and resource parents accountable for responding to their concerns, questions, and expressed wishes. Youth suggested several areas where their input should be routinely sought such as whether or not their name was changed during an adoption proceeding; preference for a resource or kinship placement; whether a youth wanted to reunify; and a youth's preferences related to prescription of medications. Implicit in many youth comments was a need to understand the context for decisions about their care and understand why their requests or preferences were seemingly denied by caseworkers and resource parents.

Stigma

A majority of youth expressed the feeling that they are treated as if they are "bad" kids by both caseworkers and resource parents. One youth noted that "workers tell their caregivers that they are bad, which creates a complicated situation," while another noted that when "big deals are made out of small issues, they make me feel like I'm a bad kid." Most youth in foster care emphasized the need for caseworkers and resource parents to view their behavior through the lens of developmental trauma rather than difficult behavior or defiance. One youth summed this theme up this way: "Any normal person would be a little shaken up by being in foster care right? It makes sense we'd have some mental health issues." Youth explained that behavior interpreted negatively was assumed to be mental health-related, which was not their take on the situation. For example, one youth participant who missed appointments actually had transportation difficulties, but instead was labeled "AWOL."

Other participants expressed concerns about **unmet needs related to their traumatic backgrounds[4].** For example, several youth described running away from resource homes because they believed their concerns about their lack of treatment were not being addressed. Several youth explained that when something isn't working or a youth is not behaving that caseworkers and resource parents should first assume there is an unmet emotional or service need rather than a behavior problem. One youth recognized that caseworkers and resource parents might need **better training** in order to understand their behavior differently.

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[4] Note that this was discussed in a previous section pertaining to service gaps, but is also a significant and relevant issue for this section as well.

Difficult Dynamics with Resource Families

Many youth and young adults described painful feelings about differential treatment by resource families. Some youth explained that they perceived themselves to have different rules, opportunities, and levels of care compared with biological children in their resource families. One youth described being made to eat at a separate table, while another detailed that there were no pictures of her in the house, only those of the parents' biological children. These feelings can be summed up by one participant who said: *"If you're gonna be a parent (referring to resource parent), we need a parent, we need someone to look up to. Follow through if want to be in my life. And don't treat foster children so differently than biological children."*

Relatedly, several youth expressed their concern that the stipends being received by resource families were not being spent appropriately on needs related to them. In these cases, youth requested that the Department of Children and Families audit resource families spending of these stipends.

Youth also noted the need for caseworkers to offer them opportunities to speak privately when visiting them at a resource family home in order to create a safe space to share their concerns. Finally, youth requested that caseworkers partner with them to consider how their concerns are managed and addressed. One youth recounted how the caseworker's intervention made it much more "awkward" for her to be with her resource family. Comments expressed in this domain made clear the deep sensitivity that foster children have about any differences in care or inclusion in the resource family setting.

Access to Services and Caseworkers

A dominant sentiment expressed by youth in all sessions was their **need for greater support in every area: emotional, behavioral, relational, educational, learning and obtaining basic life skills.** Youth requested more **frequent access to caseworkers**, explaining that they were often frustrated by how long it would take to have questions or requests answered. One participant stated that seeing her caseworker once a month was “not enough.” Generally, youth also indicated their desire for continued services as they transitioned beyond foster care into Independent Living or Post Adoption programs. Many youth state that they did not have appropriate “life skills” and needed further programming to teach them how to successfully navigate the world. In particular, better training related to financial management and educational strategies/opportunities was requested. One youth suggested that the Department of Children and Families provide a binder with informational guides such as “how to open a bank account” etc. In fact, these suggestions were very similar to the already existing QuickCents Program, indicating a need for its expansion or better awareness of its existence.

Another youth noted that better communication around opportunities for educational programs and scholarships was needed to ensure that important deadlines were not missed. Finally, youth had a number of questions related to how their health insurance worked, what their stipends could be used for, and what services were available to them, indicating a need for clearer communication about both departmental policies and opportunities available.

Participant Recommendations

In summarizing this section of the report, youth and young adults from the Listening Tour Sessions offered a specific array of suggestions directed toward improving experiences with DCF.

1. Caseworkers, resource parents, and adoptive parents, should examine behavior before reacting. Running away and “acting out” may be for a reason such as a “bad” placement.
2. Develop standardized procedures to allow youth to participate in their own placements, educational choices, and housing options. States one youth, “give youth their own file.”
3. Provide summer housing, especially for those in college and have nowhere to live during summer breaks.
4. Increase clarity for accessing and managing health insurance.
5. Improve communication about scholarship and educational opportunities.
6. Provide youth the option for same-gender match between youth and caseworkers.
7. Provide option to youth to change caseworker.
8. Become aware of and address “doctor shopping” by resource parents. This reflects. taking a youth to multiple different therapists until resource parents found one who “said what they wanted to hear.”
9. Provide specialized services for pregnant youth.
10. Provide assistance with deposits for apartments.
11. Provide specialized training for caseworkers and resource parents on trauma-informed care and about medication for emotional and behavioral health challenges.

SECTION F: Insights by Parents and Caregivers

In this section, we provide the feedback specifically from parents and caregivers. These reflections represent concerns and challenges about DCF programs and services that were conveyed across the Listening Tour sessions for kinship care providers, resource parents, parents who receive in-home services, and parents with children placed in out-of-home care. In addition, we provide sub-sections specific to distinct caregiver groups: parents receiving in-home or out-of-home care services; kinship caregivers; and resource parents.

The content was analyzed and coded so that major themes could be discerned. For each domain, we present the primary themes along with verbatim or paraphrased quotes from participants to support these themes. We conclude this section with specific suggestions directly offered by the participants during the sessions.

The themes summarized in this section, across all parent/caregiver groups, include:

- Improved communication
- Improved conflict resolution
- Improved peer and parent-support programs
- Service burden challenges
- Caseworker turnover

Improved Communication

Many parents and caregivers expressed an emphatic desire for improved communication between themselves and DCF. In particular, parents and caregivers would like more concrete, frequent, and clear information about available programs and services for themselves and their children. Caregivers often noted that they did not know where to go or whom to talk with about barriers to service provision or other challenges. As one parent noted: *"You can't expect parents to know what to do when they don't have adequate information."* Another parent said: *"What kinds of things are going to be in place to help me be a good father? What about daycare? I had to figure that out myself."* Additional clarity about accessing services such as child care, transportation, and housing resources were consistently requested among participants.

Additionally, parents and caregivers noted frustrations with reaching personnel from DCF and wished they had more direct contact methods for them. One resource parent noted that: *"Some workers only respond to emails. I don't always get a phone number. I just want their contact information. Because to call the hotline, it's going through a million people."* A kinship parent noted that calling the hotline took too long when she had a need: *"I call the hotline and it takes three hours."* And a parent receiving in-home services noted that without direct access to caseworkers, support needed in the moment could come too late: *"You call and wait and* *eventually they call you back and ask are you alright …when at that time when they call you, you might be."* Parents and caregivers identified having direct points of contact as an important step in resolving issues more quickly, before they become crises.

Need for Process for Resolving Conflicts

Many parents and caregivers also requested clear processes for resolving conflicts with DCF. Expressing concern that there was no due process or official remedies for debates and disagreements with caseworkers, parents and caregivers suggested the creation of formal procedures for addressing disagreements. One participant explained the need for an assurance of a formal procedure this way: *"I have a career I stand to lose and a child I stand to lose."*

Need for Peer and Parent-Support Programs

An oft-repeated desire stated by numerous parents and caregivers in the Listening Tour sessions was the need for parent support groups or peer-parent mentoring programs where they could connect with families experiencing similar challenges to share advice and resources. One parent suggested: *"Maybe a group where parents can support each other. Parents need to be able to talk with each other about what they are going through where they are not judged. Sometimes it feels like you can't really say what you want to say because you are being judged."* While another observed, *"Other parents have been the most support. That's been the most powerful for us."* A resource parent emphasized the effectiveness of mentorship: *"Having a mentor has been vital. I'm a new foster parent too, and it was pretty hard right at the beginning."*

Service Burdens Pose Challenges for Parents and Caregivers

Many parents and caregivers outlined the ways in which required services interfered with their ability to maintain economic or job security. For example, several participants reported having to attend services during work hours, which in turn jeopardized their employment. Parents felt they were caught in a double bind, compelled to choose between receiving mandated services and the financial security necessary to maintain custody. As one parent noted: *"[DCF] put me in a treatment program for 6 months, Mommy & Me. I have a job, I have a home. I'm going to lose my job and then my home, and then you're going to take them (my children) from me."* Others reported that the long distances between services made it difficult to manage attending them and also posed financial challenges related to paying for gas. When concrete barriers to attending services such as access to transportation or work hours arose, parents felt they had no way to resolve them. One kinship parent noted that *"the visits are not conducive to a 9 to 5 position. In the beginning I told them I can't be taking off work."* Another kinship parent stated that *"you can't be employed [because of time associated with visits]!"*

Parents and caregivers also noted the difficulties posed when relocations to other districts meant they and their children lived and attended school in different places. A few parents believed that service requirements did not always fit their needs and desired more options for treatment.

Caseworker Turnover

Throughout the sessions, parents and caregivers noted that frequent caseworker and provider turnover negatively impacted their case. As one parent stated: "I have had 6 workers, it's slowed the process down a lot," while another noted "I've gone through 7 workers. It was an inconvenience to me." Uniformly, parents and caregivers expressed a desire for more consistency in their caseworkers.

Caregivers Receiving In-Home or Out-of- Home Services:
Among parents and caregivers receiving in-home or out-of-home services, there were specific concerns related to the need for clear case objectives, improved partnership with caseworkers, and specialized services. These are discussed in order below.

Need for Clear Case Objectives

Parents and caregivers receiving in and out of home services recounted confusion over the reason their children were removed from their care or why DCPP had opened up a case. One parent stated: "You took my family without an explanation, you made me feel victimized." This lack of clarity extended from reason for removal to service plans and case objectives and was accompanied by a desire for more information about what parents and caregivers needed to do to maintain or regain custody of their children.

Additionally, parents and caregivers felt that the objectives for their case continued to change, making it impossible to close their case. *"Every time you get to that touchdown line, they push you back 100 yards."* When Commissioner Beyer asked a group if they felt there was an "endpoint" to their cases, the resounding answer was *"no."* As one parent put it: *"You have a case plan, do a, b, and c, and then DCP&P keeps adding something else."* At the same time, parents and caregivers also felt that their caseworkers had the expectation that they would change ingrained parenting practices in a short period of time. One mother summarized this feeling this way: *"People aren't going to get it together overnight."* Implicit in these comments was a desire for more concrete guidance on positive parenting strategies to replace negative parenting behaviors. Parents noted that they needed more support with what to do instead of what not to do.

Need for Caseworkers with Specialized Knowledge

Parents with substance use disorders and parents whose cases involved intimate partner violence indicated a need for caseworkers or units with specialized training in these issues. Parents with substance use disorders believed that their case outcomes would be improved if workers understood more about the effects and impact of specific substances, the intricacies of drug testing, and the nonlinear nature of recovery. Parents whose cases involved intimate partner violence expressed a desire for caseworkers to have more content knowledge in the dynamics of intimate violence, specifically the tactics abusers use to exert power and control. In fact, parents' suggestions were very similar to the already existing Domestic Violence Liaison (DVL) Program, indicating a need for its expansion. Parents whose cases involved intimate partner violence felt that cases should not be opened on the non-offending caregiver and wished there were better administrative procedures to keep caregivers separate during the investigation and service phases.

Partnership with Caseworkers

Many parents and caregivers reported feeling that there was a 'double standard' in that caregivers and parents had to comply with every departmental request but caseworkers did not have to respond to parents' questions or service requests. One parent summed it up this way: *"I do what you ask but when I ask for something there's no answers or help."* Another parent noted that her child's *"ADHD evaluations [were] not done, eye glasses [were] not done. But you send them back and if I don't do one thing that's it. But you don't need to get anything done?"* Parents and caregivers wanted to feel that their caseworkers were held to the same requirements they were in terms of responsiveness and follow-through.

Challenging relationships with caseworkers was a common concern among parents and caregivers receiving in-home and out-of-home care services. Similar to how youth and young adults often felt stigmatized, parents and caregivers too felt labeled as 'bad,' by their caseworkers, with one parent stating directly *"you're labeling me."* Another noted that *"they [the* *caseworkers] speak to you condescendingly."* Parents' and caregivers' feelings of being labeled posed challenges to their ability to form strong working alliances with caseworkers.

However, this perceived negativity was not uniformly the case across all of the LT sessions. Several parents shared stories of how caseworkers' respect and sensitivity provided the foundation for their success. One parent noted that *"I have had two workers and awesome supervisors…best people I have ever seen. They are the reason I got my life together…There are a lot of appointments, I had to juggle working full time and then I switched to the second and third shift. It's a compromise but I did it…I did it because I knew my workers cared, they were behind me. If you have a great worker, the family team meetings are wonderful."* Another caregiver noted that her case turned around when her case worker switched. *"I [had] a horrible worker who didn't like me or my family...It just so happened that worker got a promotion, we got a wonderful worker who did what I had asked for 9 months in 9 hours."*

Parents and caregivers also shared how important it was to feel like their caseworker cared about them and that they were not just *"a number"* or caseworkers were not only on the job just for a *"paycheck."* Examples that were commonly shared and that conveyed strong partnerships between parents and caseworkers included: caseworkers who approached parents with a nonjudgmental stance, maintained consistent contact, offered concrete assistance, and conveyed that they genuinely cared about the parent and children.

Kinship Caregivers

Kinship parents noted specific concerns related to the strict licensing or regulatory requirements that made providing care harder as well as the need for additional caregiver support and maintaining connections with family members. These concerns are discussed in order below.

Stringent Requirements

A common concern among kinship parents were the ways in which stringent licensing requirements could interfere with their ability to provide care or receive respite. One participant noted: *"They keep making us retake these classes. They're making it hard for us to take in kids."* Several parents observed that it was hard to obtain babysitters and comply with departmental rules with one observing that *"if your two backups are unavailable, you're stuck."*

Need for More Caregiver Support

Relatedly, kinship caregivers noted that providing care was emotionally draining and at times difficult to negotiate. Many kinship parents wanted opportunities for more support, particularly with the emotional challenges posed by new family dynamics. Kinship parents described their grief and loss over siblings, parents, and children who could no longer care for their children and expressed a desire for services to address their own trauma. One caregiver shared: "My grandson asked: Why do I see all my friends' parents pick them up but my mom and dad can't come get me. I said I need to answer this question. But I started to cry." Another kinship parent noted: *"My daughter is angry with me from taking the children from her. I blame myself sometimes because I didn't raise my daughter right. I had a problem with drugs when I raised her. I blame myself a* *lot because she had a hard life with me leaving her all the time."* These and other caregivers expressed a desire for services designed to specifically address intergenerational family relationships. Kinship caregivers also felt they could learn from other kinship parents in similar situations and would benefit from formal mentorship or peer support programs.

Continued Connection with Children in Resource Families

Some kinship caregivers were concerned that they were not able to see other children they were related to who were placed with resource families. Generally, kinship caregivers expressed a desire to ensure visitation and connection with biological relatives who were placed outside the family. One parent summarized this idea: *"I feel that if the child gets adopted from the family, the biological family should still be entitled to access that child. For their identity. The person that adopts them may not know how harmful that is for the child. The child ends up becoming dysfunctional because it's disconnected. That leaves an impression on the child."*

Resource Parents

Concerns specific to resource parents included a need for better quality of information about the children in their care and discretionary application of policies and procedures.

Need for Higher Quality of Information About Children in Their Care

Some resource parents shared that when a child came in to their care, there was not always sufficient background information about the child, or that it was sometimes incorrect. Some examples include resource parents who had had incorrect names, birthdays, and gender. Another resource parent shared: *"I've had no information, dropped off with no letter, nothing, nobody calls I don't know last name, middle name, no health insurance card. If he had to go to hospital, I couldn't take him."* Resource parents expressed a desire for improved processes for information sharing. One parent stated: *"I can't think who to ask, I want a card with your name, contact info, DCF supervisor. If I'm having a problem, who do I reach out to?"*

Discretionary Application of Policies and Procedures

Some resource parents expressed frustration with what they perceived to be discretionary and unclear licensing policies and procedures. One resource parent noted: *"I have been told by a licensing agent that it's up to their discretion. When they come back to relicense you they may catch something you need to do."* Another parent shared: *"I was with a bunch of licensing agents. What was explained to me that there is a paragraph on the last page of the licensing requires, and there's a "yes, but" sentence based on individual circumstances where the licensing inspector can make determinations on a case by case basis."* Resource parents identified a need for more uniform policies and procedures as well as their application.

Participant Recommendations

In summarizing this section of the report, caregivers from the Listening Tour Sessions offered a specific array of suggestions directed toward improving experiences with DCF. These are divided into sub-sets of suggestions pertaining to: communication and procedures; caseworker dynamics; and health and well-being.

Communication & Procedures

1. Parents involved with DCF need an advocate from OUTSIDE the "system," particularly for court proceedings.
2. Develop resource information for youth so they can enhance their knowledge about services and resources. DCF might also consider enlisting help from primary care physicians and pediatricians, to share information about services with youth.
3. Develop caseworker visitation schedule that can better accommodate caregivers working in traditional 9-5 work settings.
4. Improve communication about the Office of Advocacy hotline. For example: what is it? Why do you call it? What can you expect from calling?
5. Clarify babysitting policy for resource parents and explain the extent of authorization needed and with whom.
6. Clarify policies and procedures *across counties and offices* and reduce discretionary practices.
7. Improve communication among the case stakeholders, e.g. caseworker, case supervisor, resource parent, biological family, guardian, etc.
8. Combine services and therapies to improve rates of success and completion rates.
9. Offer more parent-to-parent support groups and other opportunities for communication and networking.

Caseworker Dynamics

1. Implement an auditing procedure to check-in with foster youth about how the caseworker is doing.
2. Implement procedures about access to youths' case records. For example, caseworkers should not read youths' case file before a first meeting to remain neutral about the youth.
3. Increase the number of caseworkers and improve the training provided to caseworkers.
4. Pair *experienced* caseworkers with brand new resource parents.
5. Provide consistent access to DCF caseworker. Is resource parent allowed email, phone, and DCF supervisor info? How can they reach the DCF worker? Define and apply standards uniformly.

Health and Well-being

1. Examine the reimbursement rates for therapists. Some parents expressed that the rates should be raised to improve the quality and availability of providers.
2. Regarding substance abuse challenges: “Do not treat marijuana users like heroin users”; “Do Intensive Outpatient Program (IOP) or 6 months outpatient rather than 12 steps to improve outcomes” for substance abuse.
3. Provide services during nontraditional hours to support working parents and caregivers.
4. Youth would benefit from alternative therapies like art or music to be able to meet their therapeutic requirement, especially if they don’t feel “ready to talk”
5. Develop comprehensive trauma-informed services for children and for the parents, caregivers, and families caring for them.

SECTION G: Summary of Email Feedback

In this section, a summary is provided of the email messages from DCF-involved individuals who wanted to offer feedback but were unable to attend any of the Listening Tour sessions.

For some, they expressed appreciation for the services and interventions provided by DCF, indicating that these programs had profoundly helped them. One described her experience: *"…This facility provided for me what I could not provide for myself; structure, coping skills, an honest open environment where I could be myself. I was no longer able to sneak out at night or skip school to self-medicate; I was unable, in both the literal and metaphorical sense, to run away from my problems. The staff never gave up on me; when I began to exhibit negative behaviors again, they were there to see to it that I got back on track. The encouragement and support that I received during my stay there has been the stepping stone that I rely on each day. Had I not been gifted that level of care, I do not believe I would be here today to tell my story. Though I had a strong, supportive family and community, I could not 'get out of my own way', as they say."*

This sense of appreciation was echoed in a different email message: *"I am so glad that treatment was available and recommended and that I had externally motivating factors that encouraged me to seek help. As a rebellious teenager I wasn't making the best choices and probably would not have chosen to go into treatment myself. That external motivation quickly became my internal motivation for life and success. Today I am able to be an amazing mother, daughter, wife, sister, friend, and neighbor thanks to the path I was shown early on. I am proud of my accomplishments, my education, my job, and more importantly my family. I am grateful for the opportunity I had in treatment and that I am not just another statistic."*

However, within these two messages, and in several others, there was concern that DCF was not able to currently offer services and programs that addressed youths' significant needs and challenges. Said one individual via email, *"I have to say I am incredibly saddened by the current climate and what is happening to adolescent treatment throughout New Jersey. I hear about programs closing their doors and wonder how this is possible when people are dying every day. The ones dying are our friends, families, neighbors, coaches, co-workers, etc. I ask myself, how can this be it just doesn't make sense. I know that systems are changing along with processes although I wonder how many more people or kids need to die before people see that we have to do something."* Said another constituent: *"I am reaching out to you in wake of the recent closures of adolescent treatment facilities throughout the state. My concern is that young people are not getting the opportunity that I once had; to heal and find acceptance for myself in a supportive environment that afforded me the opportunity to focus only on myself, removing my negative peers and coping mechanisms as an option to turn to. Sadly, more often than not I log on to social media to see someone passing away as a direct result of active substance use. Friends and families are losing their loved ones; I have lost loved ones. I can only wonder if the same opportunity that was gifted me was afforded to them if their lives would have taken a different path. I see posts for missing teens and wonder how many of them need intervention that won't be available to them if this trend continues. I question how, in the wake of all the awareness of substance-use disorders in congruence with the fight against stigma, a crucial level of care is seemingly being* *weeded out. These are our children and we are not ensuring our children are receiving the treatment and care they need."*

Another theme that arose from the email messages centered on the significant and enduring challenges of caring for children with behavioral health complications and/or developmental disabilities. In fact, one parent noted that this was an obstacle in attending a Listening Tour session: *"While some families may be able to arrange child care on a such notice, when you have a child with complex disabilities you have fewer options and frequently need more lead time. Had I known the complete {Listening Tour} schedule, perhaps I could have attended an event in another county."* This constituent, along with others, expressed emphatic concerns about the perceived lack of services, programs, and interventions for this population. These concerns ranged from the lack of services that reflect the entirety of disabilities many children possess, to lack of adequate training for addressing all types of developmental disabilities, to lack of appropriate respite care. Similarly, frustrations were expressed about perceived inadequacies with how schools address children with developmental disabilities. For example, one individual noted that her child (with a developmental disability) was repeatedly bullied at school and that the school failed to intervene on her child's behalf.

SECTION H: Conclusion

In this report, we summarize the major themes that emerged across Listening Tour sessions led by Commissioner Beyer, as well as the material provided by email messages to a special DCF email account. The report focused across all Listening Tour sessions, and then within population groups: youth/young adults and parents, caregiver, and other adults receiving DCF services.

Participants offered both positive and constructive feedback about DCF services and programs. Regarding the former, participants expressed appreciation for numerous attributes of DCF programs such as Prevention Programs, Family Support Organizations, Keeping Families Together, and Kinship Navigator Programs. In contrast, participants across the groups articulated concerns about experiences with additional public service systems external to DCF. These include difficulties and challenges with housing, transportation, education systems, and financial matters. Participants also noted observations about perceived service gaps, for example, the need for early childhood mental health services, trauma-informed interventions, and enhanced services for youth transitioning to adulthood. Participants also discussed training needs and challenges, such as improved execution of the PRIDE training programs.

In the analysis specific to youth and young adults, the primary themes that emerged centered on: voice and agency, stigma, complexity of dynamics with resource caregivers/families, and access to services and to caseworkers. For the analysis specific to parents, caregivers, and other adults, many of the Listening Tour discussions revealed concerns about: improving communication, improving conflict resolution, improving peer and parent-support programs, as well as observations about service burden challenges, and caseworker turnover.

Many participants also offered concrete suggestions for improving services and functions, though it should also be noted that many of these suggestions parallel existing programs or services already offered by DCF. This perhaps point to the need to expand such programs and/or provide additional awareness about their existence.

Overall, the response to these Listening Tour sessions was quite positive, and allowed families to provide honest, useful feedback. Participants conveyed deep appreciation for the opportunity to share their perceptions and feedback with Commissioner Beyer.

Appendix A: Details of Listening Tour Sessions

DATE	COUNTY	PROVIDER	AUDIENCE	# ATTENDEES
August 31, 2018	Passaic	New Destiny FSC	Café Con Leche parent group	35
September 15, 2018	Mercer	NJ FSP Statewide Meeting	Parents of youth in CSOC services	100
September 27, 2018		180 Turning Lives Around	Survivors of domestic violence	12 families/27 children (51)
October 3, 2018	Essex	Regional Family Support Planning Council #4	Families of youth and young adults with developmental disabilities	40
October 4, 2018	Warren	Warren County Autism Support Group	Families of youth with autism	20
October 6, 2018	Mercer	Children's Home Society	Kinship families	17
October 10, 2018	Essex	Salvation Army	Kinship families	12
October 11, 2018	Union	Community Access Unlimited	Families of youth with I/DD	25
October 17, 2018	Mercer	Mercer Street Friends	TIP families	10
October 18, 2018	Gloucester	Robin's Nest	Youth open with CPP age 14-21	14
November 1, 2018	Burlington	Oaks Integrated Care	Parents of youth in CSOC services	2 groups of 12
November 3, 2018	Middlesex	Middlesex Youth Advocate Program	Youth open with CPP age 14-21	20
November 14, 2018	Bergen	Maurice M. Pine Free Public Library	Foster alumni age 18-26	12
November 28, 2018	Essex	Essex Central Local Office	In home/out of home services	2 groups of 12
November 29, 2018	Burlington	Foster Love Support Group	Foster families	30
December 5, 2018	Ocean	Ocean Family Support Organization	Parents of youth in CSOC services	30
December 6, 2018	Morris/Sussex	Morris/Sussex FSO	Parents of youth in CSOC services	50
January 9, 2019	Hunterdon	FSO of HSW families	Parents of youth in CSOC services	36
January 23, 2019	Hudson	Hudson West Local Office	Kinship families	22
February 28, 2019	Salem	Salem Local Office	Foster parents	27
March 6, 2019	Bergen	Bergen One Stop	Displaced Homemakers	17
22 DATES	**15 COUNTIES**			**616**

*To maintain confidentiality for youth with open CP&P cases, attendance records were not kept.