



REPORT

DECEMBER 2024

The First Annual Performance Report on the New Jersey Division of Child Protection and Permanency

By the Staffing and Oversight Review Subcommittee (SORS)
of the New Jersey Task Force on Child Abuse and Neglect



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I. Executive summary

Purpose of the report

This is a first of its kind report in the State of New Jersey.

Its purpose is to describe how New Jersey's child protective services system is performing and to make recommendations on how to improve the system.

New Jersey's child protective system is operated by the New Jersey Division of Child Protection and Permanency (DCP&P) within the New Jersey Department of Children and Families (DCF).

This report is required by New Jersey state law. DCP&P was under federal court oversight via a federal monitor for nearly 20 years. In 2023, federal oversight of DCP&P ended with the execution of an Exit Plan and Agreement, which helped shape new legislation that required an annual DCP&P performance review by a diverse, public stakeholder group.

The author of the report is the Staffing and Oversight Review Subcommittee (SORS) of the New Jersey Task Force on Child Abuse and Neglect comprised of at least 13 volunteer, public members including parents with lived experience with DCP&P, an attorney representing children, an attorney representing parents involved in DCP&P, a county human services director, foster parents, a member of a child advocacy organization, an alumni of the foster care system, a member of a state-based child abuse prevention organization, DCP&P senior staff and service providers.

SORS retained the Camden Coalition as an independent contractor to help carry out its new oversight responsibilities from July 2023 through December 2024.

Areas the report covers & major data sources

The law obligates SORS to review DCP&P's performance in three broad categories:

1. children and families
2. staff
3. operations

SORS secured most of the quantitative data in this report from three main public data sources, the [Child Welfare Data Hub](#), the [DCF Commissioner's Monthly Report](#), and the [DCF Collaborative Quality Improvement \(CoQI\) Briefs](#), and from discussions with DCF senior staff and discussions among SORS members. SORS secured most of the qualitative data¹ from a series of briefing papers describing findings from DCF's centralized quality improvement process or Annual Cycle Collaborative Quality Improvement (CoQI) Process.

Performance in many of these areas can be measured in several different ways. Given this, SORS dedicated substantial time and effort to learn more about the performance areas and the data available to determine which would best measure performance.

It is important to point out that for most of the areas SORS is reporting on, there can be many factors that explain why the outcomes are what they are; some are related to factors under DCP&P or parental control, but some are outside their control. For example, a reason why visits between caseworkers and parents occur is that caseworkers schedule the visits at mutually agreed upon times, and a reason why visits do not happen may be because a parent's employer changes her work schedule, so she can no longer make the scheduled visit. For this reason, SORS took a lot of time to understand context and nuance associated with the performance areas under review.

Major findings

New Jersey’s current child welfare system is vastly improved in comparison to the system that existed at the outset of the litigation more than 20 years ago. This is a tremendous accomplishment, and the culmination of nearly two decades of work to bring about positive change for New Jersey’s children, youth, and families. As in any substantial system, SORS did identify areas that could be improved.

I. Children and families

SORS divided the Children and Families category into four subsections or ‘Pillars’ for ease of organizing and understanding the measures. The Four Pillars chart is [here](#). The Pillars represent the sequential phases children experience in child protective services. Neither DCF nor SORS set performance targets for the measures in the Pillars. Instead, DCF – and SORS in its oversight role – focused on how outcomes or performance measures are trending. The “Directionality” column in the Four Pillars indicates whether an increase or a decrease in a measure is better over time. The data in the Pillars are quantitative.

Some qualitative DCP&P data was relevant to measures in the Pillars, and SORS included that data with the explanation of the Pillar data, but it is not listed in the Pillars. For the qualitative data, DCP&P generally highlighted a measure as an “area of strength” if it achieved a quality score of 80% and above and “area in need of improvement” if it scored below 80%.

In the explanation of the Pillars, SORS identified what is working well, what needs improvement and DCP&P improvement activities.

To provide context for the major findings, below is key, over-arching information about children and families involved in DCP&P.

- ▶ Nearly 100,000 children were reported to the child abuse hotline in 2023 (98,655).
- ▶ 97% of these children (95,822) were not found to be abused or neglected, which has been the case for the last three years. Many of these families had social service needs, but not child protection needs.

- ▶ 32,407 children were involved with DCP&P at a point in time in 2023, and most were under age 13 (71%) and were children of color (71%). Children who were Black/African American were involved in DCP&P at a rate more than two times their proportion in the general population (32% and 13% respectively). Children who were white were involved at a little more than half the rate of their proportion in the general population (24% and 43% respectively).
- ▶ New Jersey had the lowest rate of children removed from their families and placed in foster care in the country (2021).

Pillar #1: The Front Door

Child protective services get involved only when families cannot take care of children themselves. Child protective investigations are timely and of high quality. Services and supports are provided to families to safely prevent the use of foster care placement.

WHAT WORKS WELL

- ▶ DCP&P completed investigations on all children reported to the child abuse hotline and completed 83% of these investigations in a timely manner (2023).
- ▶ Most children involved with DCP&P received services at home (91% in 2023), and the remaining children resided in foster care (9% or 2,939). Children often have better outcomes over time if they safely remain with their families.
- ▶ The quality of DCP&P’s investigations was 81% in 2021 which was down 10% from the previous year.

AREAS NEEDING IMPROVEMENT

- ▶ Investigations of abuse and neglect involve caseworkers completing risk assessments to determine the likelihood of children being maltreated in the future. In 2021, 59% of caseworkers’ risk assessments were of substantial and complete quality, which was down 8% from the prior year (67%).

DCP&P IMPROVEMENT ACTIVITIES

- ▶ Regarding risk assessments, DCP&P retrained staff to complete risk assessments for children who live in two households and initiated efforts to reduce the standard caseload number for caseworkers who do investigations and offer enhanced supervisor training.

Pillar #2: Temporary Placement / Children Separated from Their Families

Foster care placement is used as a safety intervention temporarily, and only as a last resort. While in care, children are placed in the least restrictive setting, with kinship settings prioritized; children experience stability and safety in their living situations, and family and community connections are preserved.

WHAT WORKS WELL

- ▶ Most children removed from their families lived with kin (46% in 2023). Children in kinship care may remain in care longer, however, they should be placed with family whenever possible because they experience more of a sense of family than children in other types of foster care and they often have fewer placement changes which results in better outcomes.
- ▶ 84% of children had stable foster care placements - meaning they only had one or two placements in the first year they were removed (2022). Children do best when they develop a stable relationship with an adult, and multiple placements often delay permanency for children.
- ▶ DCP&P's internal quality review process resulted in an 83% quality rating for ensuring children had an appropriate and supportive living arrangement (2023).

AREAS NEEDING IMPROVEMENT

- ▶ DCP&P removed nearly five times more children who were Black/African American from their family than children who were white in 2023 (rate per 1,000 children).
- ▶ The overall quality of DCP&P's efforts to help children reunite with their families or find another permanent living situation needs improvement. For example, DCP&P's internal quality review process resulted in a 58% quality rating for consistently conducting family assessments to identify interventions to resolve issues so families could function safely and exit DCP&P (2023).
- ▶ 72% of caseworkers conducted family team meetings in a timely manner (2023) – a 7% decline from the previous year. When caseworkers use family team meetings and other engagement practices, timely reunification and guardianship become more likely.

DCP&P IMPROVEMENT ACTIVITIES

- ▶ The New Jersey Task Force on Child Abuse and Neglect, which is guided by DCF, focused its 2023 conference on the intersection of poverty, neglect, and race and featured strategies for the state, DCP&P, and community partners to reduce child maltreatment risk factors and racial inequality.
- ▶ Implementing quality improvement efforts – including the Local Office Collaborative Quality Improvement Process or CoQI.
- ▶ Implementing the Solution Based Casework model that prioritizes parent participation by guiding caseworkers, for example, to involve families in decision making and creating action plans to meet a family's unique needs.

Pillar #3: Well-Being

Children in foster care are provided with a nurturing home environment that supports healthy growth and development, good physical and mental health, and academic achievement. Services for specific needs of children in foster care and their families are available and of high quality.

WHAT WORKS WELL

- ▶ DCP&P's child health program is well-staffed to address children's health needs (2023).
- ▶ DCP&P's quality review process resulted in a 79% quality rating on their efforts to help school-age children achieve educational stability and connect to needed educational services (2023). A stable placement not only means children ideally staying in one foster care placement, it also means children stay connected to their teachers, friends and activities at school.

AREAS NEEDING IMPROVEMENT

- ▶ DCP&P's quality review process resulted in a 76% quality rating for their efforts to assess children's social and mental health status and monitor their treatment progress and communicate their needs (2023).
- ▶ Only 76% of preschool age children received timely assessments for potential developmental delays (2023). National research shows that most preschool age children in foster care have developmental problems, so assessing their development is key to detecting problems and connecting young children to needed services.

DCP&P IMPROVEMENT ACTIVITY

- ▶ DCP&P launched CoQI for Local Offices as a mechanism to target performance issues and create improvement plans specific to the needs of each Local Office.

Pillar #4: Exit to Permanence

Children exit foster care as quickly as possible for a safe, well-supported family environment or other planned permanent living arrangement.

WHAT WORKS WELL

- ▶ The share of youth aging out of foster care remained fairly steady from 2022 to 2023 (7% and 8% respectively). Youth who age out can experience greater difficulty finding stable housing and livable-wage jobs; they have a higher incidence of health problems and are at greater risk for involvement in the criminal justice system.
- ▶ 12% of children who entered foster care for the first time in 2021 and exited within one year returned. The rate of children returning to foster care in New Jersey is the same as the national rate.

PERMANENCY PLACEMENTS

- ▶ The majority of children (60%) who entered foster care in 2021 exited DCP&P within two years. Among these children:
 - 39% returned home to their parents, and a similar share of children by race went home.
 - 9% of children were adopted. Most were babies under age one, and nearly two times as many children who were white than Black/African American were adopted (11% and 6% respectively).
 - 7% of children exited to Kinship Legal Guardianship.
 - 5% of children left foster care to live with relatives.

In the Exit to Permanence Pillar, it is important to note that directionality is unspecified for the placement types. SORS members generally agreed that the less time children spend separated from their families the better, but sometimes it takes children and families longer to do what they need to do to reunify. And how long it takes relies on factors parents and DCP&P control as well as factors beyond their control.

II. Staff

DCP&P staff are key to fulfilling the division's mission to assist all New Jersey residents to be safe, healthy and connected. There is an undeniable connection between positive outcomes for children and families and a supported, stable, competent workforce delivering high quality services.

- ▶ **Staff caseloads:** DCP&P maintained a high caseload compliance rate of at least 90% for the last six years. When staff have reasonable caseloads, they have the time to better engage children and families and deliver quality services which can result in improved child safety and permanency, and it helps improve caseworker job satisfaction and staff retention rates.
- ▶ **Case practice:** DCP&P recently adopted an additional evidence-based child welfare practice model, Solution-Based Casework (SBC). DCP&P reported it did not yet have results showing the overall impact of SBC as it would take several years before the impact is evident. However, SORS did report on several case practice components in the Four Pillars such as caseworker visits with children and completion of ongoing family assessments and planning processes.
- ▶ **Staff retention:** DCP&P achieved an annual staff retention rate of 90% or greater for the last five years. For specific types of DCP&P workers in 2023, the retention rate ranged from 94% for Family Service Specialist 1 positions (senior workers who provide more intensive family interventions or who are in administrative roles) to 75% for trainees (the newest caseworkers).
The race and gender of DCP&P's 3,300 member staff is not reflective of children's race and gender in 2021. While the ratio of staff and children who were Black was similar (42% and 31% respectively), there were two times as many staff who were white than children who were white (52% and 26% respectively) and 17 times fewer staff who were Hispanic than children who were Hispanic (34% and 2% respectively).

III. Operations

SORS was tasked with reviewing DCP&P operations in several areas including the two described here related to funds DCP&P has to directly support children and families and on DCP&P's data systems.

Funds for families

The 46 DCP&P Local Offices have access to two types of funds for the purposes of preventing children from being removed from their families, stabilizing children in foster care, promoting family reunification, and ensuring child well-being. Flexible Funds are generally used for non-urgent needs and Local Office Business Account (or LOBA) Funds are for urgent needs.

Of the \$12.7 million in combined flexible and LOBA funds, DCP&P spent one-third or \$4.3 million on housing related needs. The second largest share of funding, 13% or \$1.6 million, was spent on support services (some rent and mortgage assistance, as well as legal, financial and transportation assistance). DCP&P spent roughly 10% of the funds, or just over \$1 million, on each of these services: transportation, clothing, and childcare. In the future, SORS intends to review DCP&P's use of the funds for their specified purposes.

Data systems

Because DCP&P made no major changes to its data collection systems since the federal monitor's last report in June 2023, SORS determined that data accuracy remained high and that no further validation was needed at this time. DCF collected and provided data from NJ SPIRIT, New Jersey's Statewide Automated Child Welfare Information System (SACWIS), a case management and financial system where DCP&P caseworkers and supervisors enter all information about children and families. SafeMeasures is a data warehouse and analytical tool that pulls data from NJ SPIRIT and allows tracking of critical child welfare indicators by worker, supervisor, Local Office, county, and statewide. It is used by different levels of staff to track, monitor, and analyze performance and trends in case practice and targeted measures and outcomes.



Recommendations

Recommendations for DCP&P

1. Continue to undertake improvement activities in areas identified as needing improvement for children, birth and foster parents, and families. Prioritize areas that directly impact children and contribute to accurately assessing and fulfilling families' needs, thereby facilitating a quicker exit from DCP&P involvement. The areas in need of strengthening include:
 - ▶ Increase the timeliness of contact between children and their parents. (71% had timely contact).
 - ▶ Decrease the number of foster care placements for teenage children. (Nearly 1 in 4 had more than two placements).
 - ▶ Decrease the proportion of teenage children in congregate care. (Nearly 1 in 4 were in congregate care).
 - ▶ Increase the quality of DCP&P's practice to assess children's social and mental health status and monitor and communicate about their treatment needs improvement. (DCP&P achieved a 76% quality rating on this measure).
 - ▶ Increase the quality of DCP&P's practice to conduct family assessments to identify appropriate and effective interventions to resolve issues so that families could function safely and independent from DCP&P's involvement and achieve permanence. (DCP&P achieved a 58% quality rating on this measure).
 - ▶ Increase the quality of DCP&P's practice to engage families in ongoing planning that involved establishing goals, connecting families to appropriate services, monitoring progress towards goal achievement, adjusting the plan, and preparing families for sustained independence or from DCP&P. (DCP&P achieved a 70% quality rating on this measure).
 - ▶ Increase the timeliness of family team meetings. (72% had timely meetings).
2. Continue to undertake improvement activities in areas identified as needing improvement for staff and report on them including:
 - ▶ Increase the retention rate of Family Service Worker Trainees (75%) and Assistant Family Service Workers (87%).
 - ▶ Increase the number of caseworkers who are Hispanic, Spanish speaking, Black, male and have lived experience with DCP&P.
 - ▶ Intentionally recruit staff and consultants who have lived experience with child welfare from groups that gather youth, birth parents and foster parents.
3. Continue to take targeted steps to reduce the disproportionate involvement of children who are Black and Hispanic in DCP&P through the efforts of the Subcommittee on Race, Poverty and Neglect and ongoing DCP&P staff bias training.
4. Continue to regularly publish data on the quality of DCP&P services and activities, such as the Collaborative Quality Improvement (CoQI) Briefs.
5. Ensure new and existing caseworkers are well informed about Education Stability Liaisons to better support children in achieving stability in their schooling and overall well-being.
6. In the case practice model, ensure that family goals reflect the original safety concern that initiated DCP&P involvement, and the goal setting process is jointly informed by and evaluated on the parents' stated goals and needs.

Recommendations for DCP&P, families, and community partners

Continue to reduce the number of children DCP&P removes from their parents – particularly by expanding existing and implementing new removal prevention strategies such as preventive legal assistance, targeted utilization of Flexible and LOBA Funds, anti-bias removal decision making, and enhanced training for all court staff and other key stakeholders about child trauma due to removal from their parents.

Recommendation for the Governor

Convene leadership from state departments that address families' material needs, such as housing (Department of Community Affairs), health insurance, childcare, workforce and cash assistance (Department of Human Services), child welfare (DCF) and other key offices, to address and resolve issues that unnecessarily involve some families in DCP&P including housing and food insecurity and inaccessible or unaffordable childcare and public transportation.

Recommendations for SORS

Short-term (in 2025)

1. Devise and implement a plan to review and report on DCP&P's performance in 2025 in areas that SORS did not fully cover in 2024. These include: providing comprehensive, culturally responsive services to address the identified needs of children, youth, and families; providing medical care to children and youth residing in foster care; placing children out of state for behavioral health care; the adoption process; Flexible Funds; and the effectiveness of DCP&P's recruitment and hiring practices. Part of SORS' plan will involve working in partnership with DCP&P and the other Task Force subcommittee leaders and inquiring if they are currently in the process of or are planning to review any of these areas (to reduce duplication of work), or if they would consider reviewing an area if the area appears to be a part of their subcommittee's purview.
2. Regarding devising a plan to review DCP&P's performance in providing relevant, comprehensive, culturally responsive services, the plan will include reviewing:
 - ▶ DCP&P's performance in assessing and identifying the major underlying challenges/needs associated with families' DCP&P involvement and connecting and supporting families to secure the resources and services to fulfill those needs – including conducting assessments of a family's economic stability and need for concrete supports such as housing assistance, cash assistance and childcare subsidy
 - ▶ The most common types of services and treatments DCP&P requires parents to receive and assessing their accessibility and effectiveness

3. Strongly consider using different measures for the Child Well Being Pillar as the statute requires reporting on dental exams, follow-up care and treatment, mental health assessment and treatment, and behavioral health treatment provided in the least restrictive setting.
4. SORS will continue to seek independent input from DCP&P staff, utilizing survey methods as the committee has done in the past, as well as independent input on DCP&P's performance from a broader set of stakeholders with lived experience with the agency, including youth currently in and recently exited from DCP&P, biological parents, foster parents, and service providers.
5. Continue SORS members' participation in DCP&P's quality improvement processes of family interviews and Local Office Collaborative Quality Improvement (CoQI).

Long-term (in 2026)

6. Begin to explore how the court system, and judges in particular, are involved in the following issues and how they interact with DCP&P: the adoption process; the major causes of delays in the court process that impact children's time to permanence, and how court staff are trained regarding child welfare and whether it specifically includes child trauma that can be associated with removal from their parents.
7. Begin to explore the experience of foster parents who are and are not kin and their interactions with biological parents and families.
8. Begin to explore the decision some parents make to give temporary custody of their children to relatives or friends to reduce or avoid involvement with DCP&P, including what information is provided and what resources are utilized to make these decisions. Explore the resulting impact of these types of arrangements on children, parents, kin and DCP&P.

Note: DCF reported that it does not currently have some of the data or data collection infrastructure to address some of the recommendations in this report, yet it is interested in securing it to be able to count, for example, the most common services children and families receive. DCF reported it has been working since 2020 to implement an information management strategic plan to build its data capacity. Consequently, SORS would like to work with DCF to better understand its data capacity and how DCF could consider collecting new data to address the report recommendations for which there is currently no data or capacity to collect it.

Note: See the "What Works Well" section in the full report for SORS' recommendations to DCP&P to keep up the good work in many areas

II. Purpose of the report

The purpose of this report is to describe how New Jersey's child protective services system is performing and to make recommendations on how to improve the system. The conclusions in the report were drawn by a voluntary, multi-stakeholder board that included people with lived experience with the New Jersey child protective system (see Appendix B for a list of members). While New Jersey's child protective system, the Division of Child Protection and Permanency (DCP&P), within the New Jersey Department of Children and Families (DCF), has a membership seat on the board, the conclusions are based on deliberations of the full board.

This report is required by New Jersey state law and includes a review of DCP&P's performance in specific areas that fall, generally, into three broad categories: 1) children and families, 2) staff, and 3) operations. (See Appendix A for the specific performance areas). The law requiring this report was prompted by the dismissal of a federal court case in 2022 following a settlement agreement. In 1999, the State of New Jersey and DCP&P were sued based on allegations that the State failed to protect children in the state's protective custody from abuse and neglect.

In 2003, the parties reached an initial settlement agreement that directed system reform and resulted in federal court oversight and monitoring via an appointed neutral federal monitor. When the suit ended in 2022, the New Jersey child welfare system was viewed among the best in the country, having met and/or exceeded most of the requirements of the Settlement Agreement.

With the end of federal oversight, the law stipulates that the Staffing and Oversight Review Subcommittee (SORS) of the New Jersey Task Force on Child Abuse and Neglect issue the report annually to the governor, legislature and public, creating an ongoing and public reporting mechanism on these important issues.²

SORS' intent is to analyze the required data from a variety of sources, collect it in one place and make recommendations that sustain existing areas of strength and lift up areas that need improvement so that child welfare stakeholders – youth and parents with lived experience with DCP&P, DCP&P leaders and staff, service providers, elected officials, community members and advocates – can use the report findings to better support New Jersey children, families and staff involved in child protective services.



III. Description of the Department of Children and Families (DCF) and the Division of Child Protection and Permanency (DCP&P)

DCF is a state agency devoted exclusively to serving and supporting New Jersey children and families. It is made up of about 6,600 staff who are focused on and committed to assisting and empowering residents to be safe, healthy and connected.

The work of the DCF is done through an array of evidence-based, family-centered programs and services that are provided by a robust network of state staff and community providers using work-practices that incorporate racial equity, that are healing centered and utilize a protective factors framework.

Collectively, DCF and its partners work to: increase kinship placements and family connections; prevent maltreatment and promote strong families; integrate consumer voice in all programs and services; cultivate a culture of accountability; maximize federal revenue; provide an integrated and inclusive system of care for youth; safeguard staff and promote professional satisfaction.

DCP&P is one of many divisions and offices that comprise DCF, and its mission is to assist all New Jerseyans to be safe, healthy and connected. With a staff of approximately 3,300, DCP&P is responsible for investigating allegations of child abuse and neglect and, if necessary, arranging for the child's protection and the family's services.

Most children involved in DCP&P remain with their parents in their home, but if DCP&P determines a child has been harmed or is in imminent danger of harm, DCP&P may remove the child from its parents and place the child into foster/ resource care. While in foster care, DCP&P works with the family to assess needs and aims to connect families with services particular to each individual family's needs with the goal of reunifying the child and parents. DCP&P, parents, the law guardian, (an attorney assigned to represent the child's interest), and an attorney for the parents appear in court with DCP&P periodically for mandated

conferences for status checks, and a permanency hearing to determine the child's permanent placement. Utilizing a federally mandated timeline, DCP&P regularly reviews progress towards reunification and develops alternative permanency plans, such as kinship legal guardianship or adoption, so that the child reaches a potentially permanent home as quickly as possible. The family court ultimately determines whether a child can or cannot be safely returned home. Throughout these proceedings, both parents and children are represented by attorneys.

DCP&P staff provide investigation, assessment, case management and other services in 46 local offices across the state while other services are provided through community-based organizations under contract with DCF; services include counseling, parenting skills classes, substance abuse treatment, in-home services, foster care and residential placement. In addition, services should be particularized to each individual family and their needs, often referred to as "reasonable efforts" to reunify families.

Over the course of many years, numerous administrations and Department leadership focused on a vast array of practice improvements, training and professionalizing the frontline and supervisory staff, financial investments, data transparency, and allocation of funds to make more resources available for children and families in the community.

New Jersey's current child welfare system is vastly different than the one that existed at the outset of the litigation, and improvements to the system resulted in meeting the requirements and performance metrics of the Settlement Agreement and successor agreements and allowed for the end of federal oversight. This is a tremendous accomplishment, and the culmination of nearly two decades of work to bring about positive change for New Jersey's children, youth and families.

IV. Description of the Staffing and Oversight Review Subcommittee (SORS)

SORS is one of four subcommittees of the New Jersey Task Force on Child Abuse and Neglect. The Task Force’s purpose is to study and develop recommendations regarding the most effective means of improving the quality and scope of child protective and preventative services provided or supported by State government, including a review of the practices and policies used by DCP&P. SORS’ responsibility had originally been focused on reviewing staffing levels of DCP&P to develop recommendations regarding staffing levels and the most effective methods of recruiting, hiring and retaining staff within the DCP&P. The state law passed in December 2022 expanded SORS’ responsibilities to review, analyze and make recommendations regarding DCF’s performance in additional areas regarding children and families, staff and operations.

The state law also directed the Task Force to appoint at least 13 members to SORS that meet specific criteria.

Specifically, members must include a representative of a state-based child advocacy organization, an individual who formerly lived in foster care in New Jersey, and an attorney who represents parents involved in child protection services. Consequently, almost one third (5 out of 17) of current SORS members were new to the subcommittee in 2023. (See Appendix B for a list of SORS members).

SORS engaged in an extensive planning process at the end of 2023 to prepare for its new responsibility to publish this first annual report. In December 2023, SORS published a report detailing its preparation and plans for this annual report – [read the 2023 report here](#).³

A standard model for a report of this kind does not exist, therefore, SORS created its own roadmap and prioritized providing analysis that is transparent and easy for the public to understand and use.



V. Big-picture background data on children involved in DCP&P

How do children get involved with DCP&P? Who refers them and for what reasons? How many children are involved? Below are some background data on children involved in New Jersey's child protective services for the purpose of providing context for the performance review.

By the end of 2023, a total of 32,407 children were involved in some way with DCP&P.⁴

Who are these 32,407 children?

- ▶ Most children were age 12 or younger: ages 0-5 (33%), 6-12 (38%) ages 13-17 (25%) and ages 18 and over (4%).
- ▶ Children of color comprised 71% of all children – almost three times as many children of color as children who were white. The breakdown of children by race is: Hispanic (35%), Black/African American (32%), white (24%), another race (4%), and missing/undetermined (5%).
- ▶ Children who were Black/African American were involved in DCP&P at a rate more than two times their proportion in the general population (32% and 13% respectively). Children who were white were involved at a little more than half the rate of their proportion in the general population (24% and 43% respectively).⁵
- ▶ Half the children were identified as male and half as female.

Where are the children?

- ▶ Most children, 91% (or 29,468) remained in their homes; 9% (or 2,939) were residing in foster care, which is a temporary living arrangement outside their previous/natural living situation that is arranged, often and ideally, with the advice and consultation of parents, caregivers and the child or youth themselves.
- ▶ Of the 2,939 children living in foster care, nearly half, or 46%, lived with a family member (kinship care), 42% lived with non-kin, 10% lived in an institution (congregate care) and 2% lived independently on their own.

Concrete family supports promoted at 2023 NJ Child Abuse Conference

In New Jersey and across the country, the vast majority of reports into child abuse hotlines do not result in continued child protective services involvement. Many families have social service needs, but not child protection needs. A number of approaches would increase families access to those social service supports and simultaneously increase families' stability, while reducing child maltreatment – including connecting families with the lowest incomes to material and economic supports such as childcare subsidy, food stamps, and housing.

The NJ Task Force on Child Abuse and Neglect focused its 2023 conference on the intersection of poverty, neglect and race and featured strategies for states, child protection agencies and community partners to reduce child maltreatment risk factors and racial inequality.

For more information, see [Watch the Recording: ACNJ/NJ DCF 2023 Summer Forum - Advocates for Children of New Jersey and 2023-NJTFCAN-Conference-Program_web.pdf \(stockton.edu\)](#).

Why are children involved in child protective services?

- ▶ In 2023, 2,833 children were identified as maltreated. Most, 64%, were identified as neglected, 13% as sexually abused, 13% as experiencing multiple types of abuse and 10% as physically abused.
- ▶ In 2020, among all children involved with DCP&P, parent/caregiver substance use was the top household challenge, followed by parent/caregiver mental health issues, poverty, child mental health issues, and housing challenges.⁶

How do children get involved in child protective services?

- ▶ In New Jersey, everyone is a mandated reporter; this means that anyone who has “reasonable cause” to believe a child has been abused or neglected is required to make a report to the state’s child abuse hotline.⁷
- ▶ In 2023, the hotline received 62,777 reports of alleged abuse and neglect representing 98,655 children.
- ▶ DCP&P conducted investigations for all 98,655 children. 2,833 of these children (3%), were confirmed maltreated; 97% of the children (approximately 96,000) were **not** found to be abused or neglected. Since 2020, 3-4% of children investigated have been confirmed to be maltreated. See sidebar for more information.

Which children are removed from their families and placed in foster care?

- ▶ As of 2021, New Jersey had the lowest rate of children removed from their families/placed in foster care in the nation (see Figure 1).⁸
- ▶ Furthermore, the number of children removed from their families decreased by 62% over the last eight years (4,399 children in 2016 and 1,655 children in 2023).
- ▶ However, in the last year, the number of children removed from their families increased for the first time in eight years from 1,523 in 2022 to 1,655 in 2023 (see Figure 2).
- ▶ In the United States, the share of children separated from their family who are Black/ African American is the lowest in two decades, yet they are overrepresented relative to the general child population.⁹ Nearly every state has a disproportionate number of children who are Black removed from their families.
- ▶ In New Jersey, nearly five times more children who are Black/African American were removed from their families than children who are white in 2023 (at 2.4 and 0.5 rate per 1,000 children respectively) (see Figure 3).

FIGURE 1

New Jersey had the lowest foster care placement rate in the country in 2021

Foster care entry rate (per 1,000), FY2021, by state

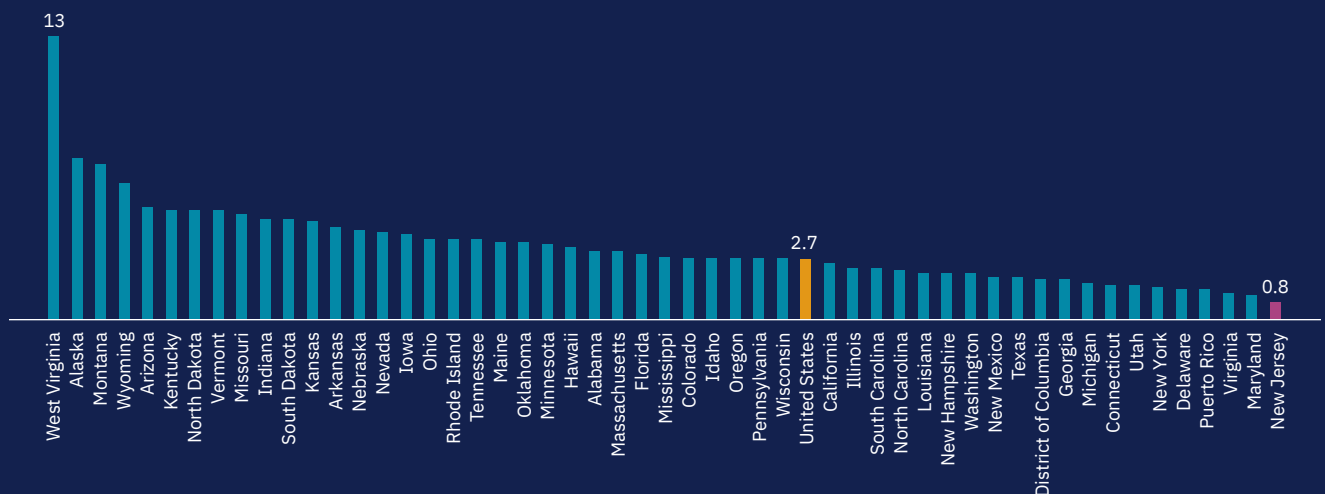


FIGURE 2

Family separation in New Jersey increased for the first time in 2023

Total children entering, 2019–2023

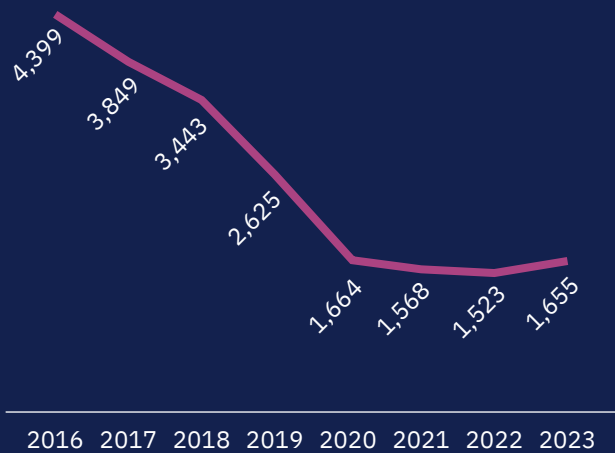
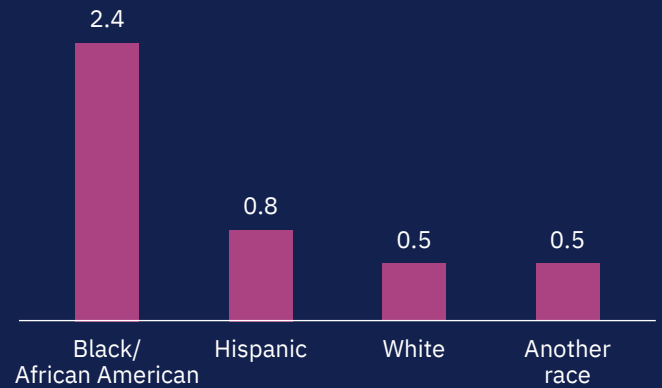


FIGURE 3

Nearly five times more children who are Black/ African American were removed from their family than children who are white in New Jersey in 2023

Rates per 1,000 children



New state efforts to reduce racial disparities

In the spring of 2023, the New Jersey Task Force on Child Abuse and Neglect created the Subcommittee on Race, Poverty, and Neglect to examine ways in which the child welfare system conflates poverty and neglect and ways in which racial inequities drive and compound that conflation. To date, this subcommittee has focused on mandated reporters of abuse and neglect and the pathways by which they make reports alleging neglect, how they are trained, and how to educate them about support services for families unrelated to allegations of neglect.

For more information see [DCF | Subcommittees \(nj.gov\)](https://www.nj.gov/DCF/subcommittees)

VI. The report data

SORS is required to report on DCP&P's performance in specific areas and to report on the quantity and quality of these services/activities.

The performance areas fall into three broad categories: 1) children and families, 2) staff, and 3) operations. Performance in these areas can be measured in many ways – particularly related to children and families. SORS dedicated substantial time and effort in 2023 and 2024 to learn more about the performance areas and the wide variety of child protective services data available to measure performance in order to choose the data they believed would best measure performance. SORS sought to find the right balance in the amount and type of data to report that accurately fulfilled the law's requirements and could be translated and presented clearly to the public.

Main report data sources

SORS secured most of the data in this report from five main sources described in the chart on page 16. The quantitative data comes from an interactive, online data dashboard, the New Jersey Child Welfare Data Hub, that primarily provides annual data on all children actively involved in DCP&P in the following areas: referrals to the state's child abuse hotline; children involved in DCP&P; the types and amount of abuse and neglect (maltreatment); and for children in foster care, placement stability and when and how they leave foster care. The DCF Commissioner's Monthly Report is a second source for select quantitative data about several DCF divisions, including children actively involved in DCP&P, on topics such as timeliness of visits between caseworkers and parents and the immunization status of children in foster care. For both sources, calendar year 2023 was the most current year data was available. SORS primarily used calendar year 2022 as the comparison or baseline year as this was the last full year of the federal monitor's oversight.

SORS secured most of the qualitative data in this report from a series of briefing papers describing findings from DCF's centralized quality improvement process or Annual Cycle Collaborative Quality Improvement (CoQI) process. DCF derived the data

for the Annual Cycle CoQI from record reviews and published papers on the topics of investigations, older youth, education and case practice. The papers cover different periods of time and different numbers of family cases, and these papers are referenced throughout the report. Also, most measures in these papers are new, so limited baseline data is available.

Additional qualitative data for SORS' report comes from discussions with DCF and DCP&P leadership and SORS members' experiences interacting with DCF and DCP&P staff and services shared at SORS' monthly meetings and small group meetings among SORS members.

Report data and measures may change in future years

It is important to note that child welfare is an evolving field. What was considered best practice two decades ago is not necessarily where the field is today. Over the course of the lawsuit, DCF became a national leader in some of the significant child welfare practice shifts focused on, for example, keeping children with their natural families whenever possible, and when that was not possible, ensuring children could live with kin.

As best practices evolve, the metrics that SORS tracks will change; new metrics may be added, and metrics that are no longer relevant or useful to collect will be discarded. Similarly, as continuous quality improvement practices in child welfare and health and human services mature, it is possible that SORS, in consultation with DCF, will adopt new oversight methods and/or join new processes adopted by DCF.

This is all to say that child welfare is not a static field or practice, and SORS will adapt its own activities to reflect this in furtherance of its legislative mandate to develop recommendations regarding the Department's performance, staffing levels and the most effective methods of recruiting, hiring and retaining staff within the Division.

Main data sources

Source	Description	Type of data	Year most current data available	Baseline year data
Child Welfare Data Hub	Provides child welfare data, primarily on a yearly basis, on the topics of hotline referrals, children served by DCP&P, maltreatment and placement stability and permanency, and is a collaboration between DCF and the Institute for Families at the Rutgers University School of Social Work	Quantitative	2023 Calendar Year	2022 Calendar Year; the last full year of the federal monitor's oversight
DCF Commissioner's Monthly Report	Provides selected data points, primarily on a monthly basis, related to several DCF divisions including DP&P	Quantitative	2023 Calendar Year	2022 Calendar Year; the last full year of the federal monitor's oversight
DCF Collaborative Quality Improvement (CoQI) Briefs	Provides findings from DCF's 2022 Annual Cycle Collaborative Quality Improvement Process (CoQI) derived from record reviews	Qualitative	The reports cover different time frames	Most measures are new, so limited baseline data is available
DCF Staff	Information secured through SORS meetings and small group meetings	Qualitative	Not applicable	Not applicable
SORS Members	Information secured through SORS meetings and small group meetings	Qualitative	Not applicable	Not applicable

Reasons why the outcomes are what they are

For most of the areas SORS is reporting on in this report, there can be many factors that explain why the outcomes are what they are. Some of these reasons will seem obvious to readers and some may not. For example, a reason why visits between caseworkers and parents are completed is that caseworkers schedule the visits at mutually agreed upon times, and a reason why visits do not happen is because a parent's employer changes her work schedule, so she can no longer make the scheduled visit. In other words, some of the reasons that explain why the outcomes are as reported are related to factors that DCP&P controls, but some outcomes might be the result of issues outside the control of DCP&P or parents, for that matter. For example, DCP&P may require a parent to get counseling,

and the parent agrees, but the demand for counselors in her community is high and no counselors are available, and she is put on a waiting list. The outcome in this case might be that the parent has not yet received counseling, but the reason is beyond the control of DCP&P and the parent.

SORS has sought and obtained more background information on many of the performance measures in this report. However, providing context for every measure in this report would unnecessarily complicate and lengthen the findings and make it hard to access as a public report. Where SORS found it useful to clarify certain measures, SORS described additional information or inserted a reference where more information could be found. SORS is of course open to discussion about these findings and invites public comments at all SORS' meetings.

VII. The performance review

SORS organized the performance areas outlined in the state statute into three categories: Children and Families, Staff and Operations.

Children and families

Before reviewing the measures in this category, below are some important notes about it.

Performance measures are organized into ‘Four Pillars’

SORS divided the Children and Family category into four subsections or ‘Pillars’ for ease of organizing and understanding the measures. This approach is based on a reporting framework used by the Washington DC Child and Family Services Agency (see the report [here](#)).¹⁰ The pillars are described below and represent the sequential phases children experience in child protective services. The descriptions are not a list of definitions of what subject matter each pillar will include, but instead a list of the values and vision of an ideal state each pillar represents. Quantitative and qualitative data will be reported using these divisions.

The Four Pillars are:

- 1. Front Door:** Child protective services get involved only when families cannot take care of children themselves. Child protective investigations are timely and of high quality. Services and supports are provided to families to safely prevent the use of foster care placement.
- 2. Temporary Placement:** Foster care placement is used as a safety intervention temporarily, and only as a last resort. While in care, children are placed in the least restrictive setting, with kinship settings prioritized. Children experience stability and safety in their living situations, and family and community connections are preserved.

- 3. Well-Being:** Children in foster care are provided with a nurturing home environment that supports healthy growth and development, good physical and mental health and academic achievement. Services for specific needs of children in foster care and their families are available and of high quality.
- 4. Exit to Permanence:** Children exit foster care as quickly as possible for a safe, well supported, family environment or other planned permanent living arrangement.

How to determine if performance is improving or declining

Neither DCF nor SORS set performance targets for the measures. Previously, the federal monitor reported on targets established by the Settlement Agreement for DCP&P. After the dismissal of the lawsuit, DCF decided not to use system-wide targets for child and family-related outcomes or for any outcomes, with the exception of targets established by the federal government for child protective services. Instead, DCF – and SORS in its oversight role – is focused on how outcomes or performance measures are trending, whether they were moving in a positive or negative direction. The “Directionality” column in the Four Pillars indicates whether an increase or a decrease in a measure is better over time, and the Percent Change column shows whether the measure increased, decreased or stayed the same. For example, for the measure about DCP&P initiating investigations of child abuse and neglect in a timely manner, it is desirable for timeliness to go up, so “Up is better” is the desired direction. For the measure

about children being abused or neglected in foster care, it's desirable for children not to be harmed, so the desired trend is described as "Down is better".

The data in the pillars are quantitative. Some qualitative data was relevant to the measures in the pillars, and SORS included that data in the narrative explaining the pillar data. For the qualitative data in its CoQI briefing papers, DCP&P generally highlighted a measure as an "area of strength" if it achieved a quality score of over 80% and "area in need of improvement" if it scored below 80%.¹¹ Given this, SORS asked DCP&P about its improvement activities for areas that scored around 80% or below and reports below on any information it received in this regard.

Prioritization of measures and data

SORS prioritized certain performance measures and data types over others, particularly those that directly reflected child and family outcomes. For instance, the measure within the "Front Door Pillar" that tracked the ability of children and parents to stay together safely was especially significant. Research consistently demonstrates that children thrive when they can remain safely with their families, avoiding unnecessary separation and foster care placement. This measure clearly illustrated how children and families were directly impacted.

SORS also placed significant importance on qualitative data, which generally provides insights into the quality of outcomes. Much of the qualitative data in this report was derived from DCP&P's case record reviews. For example, one measure in the Temporary Placement Pillar asked how consistently DCP&P staff conducted family assessments to identify interventions to resolve issues that led to DCP&P's involvement. Qualitative data is crucial for understanding the context behind the numbers and how caseworker practices influence child and family functioning and outcomes. To be clear, quantitative data is also important, and this report contains both types of data. In combination, they provide a better understanding of New Jersey's child protective services.

Measures that show how New Jersey's child protective services compare to national performance was also important. Thus, where available, national performance data is included in this report.

Finally, in terms of foster care, in this report 'parent' refers to the individual a child was removed from – which could be a child's natural/biological parent or another caregiver the child was living with at the time they were removed from their home.



The Four Pillars*

#1: Front Door

Child protective services get involved only when families cannot take care of children themselves. Child protective investigations are timely and of high quality. Services and supports are provided to families to safely prevent the use of foster care placement.

Measure	Directionality	Baseline value & year	Current value & year	Percent change
Outcome 1: Families stay together safely.				
Investigations of abuse and/or neglect completed in a timely manner (60 days)	Up is better	86% (2022)	83% (2023)	-3%
Children remain safely in their home	Up is better	91% (2022)	91% (2023)	0%
Individualized planning and relevant services identified for family in a timely manner	Up is better	97% (2022)	95% (2023)	-2%
Caseworker engagement with youth and families who remain at home	Up is better	88% (2022)	89% (2023)	1%

#2: Temporary Placement

Foster care placement is used as a safety intervention temporarily, and only as a last resort. While in care, children are placed in the least restrictive setting, with kinship settings prioritized; children experience stability and safety in their living situations, and family and community connections are preserved.

Measure	Directionality	Baseline value & year	Current value & year	Percent change
Outcome 1: Children and youth are placed with families whenever possible.				
Children residing with kin	Up is better	45% (2022)	46% (2023)	1%
Placement with siblings; maintaining an adequate number and array of family-based placements	Up is better	87% (2022)	84% (2023)	-3%
Child contact with siblings when not placed with siblings	Up is better	85% (2022)	86% (2023)	1%
Placement of adolescents ages 13–17 in congregate care	Down is better	31% (2022)	26% (2023)	-5%
Child contact with parents (in person)	Up is better	79% (2022)	71% (2023)	-8%
Children abused and neglected in foster care	Down is better	<1% ¹² (2022)	<1% (2023)	0%
Children under age 13 in shelter	Down is better	<1% (2022)	0% (2023)	<1%
Outcome 2: Planning for permanence begins the day a child enters child protective services.				
Caseworker engagement with youth	Up is better	95% (2022)	93% (2023)	-2%
Caseworker engagement with parents	Up is better	79% (2022)	71% (2023)	-8%
Caseworker engagement with family teams	Up is better	79% (2022)	72% (2023)	-7%
First step of the adoption process initiated in a timely manner	Unspecified	68% (2022)	59% (2023)	-9%
Children have stability in their living situations	Up is better	89% (2021)	84% (2022)	-5%

*See Appendix D for a detailed version of the Four Pillars with the data sources for each measure.

#3: Well-Being

Children in foster care are provided with a nurturing home environment that supports healthy growth and development, good physical and mental health, and academic achievement. Services for specific needs of children in foster care and their families are available and of high quality.

Measure	Directionality	Baseline value & year	Current value & year	Percent change
Outcome 1: Children and youth in foster care maintain good physical and emotional health.				
Nurse to child ratios in the Child Health Units in the DCP&P Local Offices	Down is better	1:30 (2022)	1:35 (2023)	
Nurse vacancies in the Child Health Units	Down is better	3 (2022)	1 (2023)	
Outcome 2: Children and youth in foster care get an appropriate education and meet expected milestones.				
Children currently in DCP&P custody ages birth–5 get a timely developmental screening	Up is better	80% (2022)	76% (2023)	-4%

#4: Exit to Permanence

Children exit foster care as quickly as possible for a safe, well-supported family environment or other planned permanent living arrangement.

Measure	Directionality	Baseline value & year	Current value & year	Percent change
Outcome 1: Children and youth leave the child protective system quickly and safely and do not re-enter in the future.				
Time to reunification within 24 months	Unspecified	43% (2020)	39% (2021)	-4%
Time to kinship guardianship within 24 months	Unspecified	3% (2020)	7% (2021)	4%
Time to adoption within 24 months	Unspecified	7% (2020)	9% (2021)	2%
Youth who age out of foster care	Down is better	7% (2022)	8% (2023)	1%
Ensure safe and sustained transition from agency - that children do not re-enter child protective services.	Down is better	9% (2020)	12% (2021)	3%

Pillar #1: Front Door

The first area or ‘Pillar’ of performance is the Front Door Pillar focused on the experience of children and families as DCP&P investigates an allegation of abuse and/or neglect, and the way DCP&P staff handle the investigation. At the Front Door stage, the intent is that DCP&P only get involved with families when they cannot take care of their children themselves. Investigations are intended to be timely and of high quality, and DCP&P connects families to services to safely prevent the use of foster care placement.

The vast majority of children remain safely with their families

The single outcome for the Front Door Pillar is families stay together safely. Children often have better outcomes over time if they safely remain with their families. Remaining home also works to accomplish the DCP&P goal to maintain equality in placements as children who are Black and Hispanic are more likely to be removed from their homes than white children. Removing children from their family can cause profound harm.

In 2022 and 2023, 91% of children involved with DCP&P remained safely together with their families.

The quality of DCP&P investigations declined

DCP&P reported that the overall quality of investigations of abuse and neglect was 81% in 2021, which is down 10% from 2020.¹³

Investigations of abuse and neglect involve caseworkers completing safety and risk assessments. Safety assessments help caseworkers determine whether children are currently in immediate or imminent danger of serious harm which would require an immediate safety intervention such as creating a safety plan or removing the child(ren) from the home. The accuracy of DCP&P staff’s safety assessments was 92% in 2021.¹⁴

Risk assessments help guide caseworkers to determine the likelihood of children being maltreated in the future and whether to close a case after the investigation or open a case for ongoing services. The accuracy of DCP&P staff’s risk assessments was 59% in 2021, which was down 8% from the prior year (67%).¹⁵

Most children and families received timely investigation-related services

DCP&P completed investigations for abuse and neglect in a timely manner for 83% of families in 2023, which is similar to 2022 (86%).¹⁶

For 95% of families in 2023, DCP&P staff completed plans and identified relevant services in a timely manner, which is similar to 2022 (97%).

Caseworkers visited children with open cases who remained living at home in a timely manner 89% of the time (at least once per month) in 2023, which is similar to the previous year (88%).

DCP&P improvement activities for the Front Door Pillar

DCP&P staff’s accuracy in completing risk assessments was 59% in 2021. DCP&P has undertaken the following actions to improve this: retraining staff to complete risk assessments for children who live in two households; exploring strategies to reduce the standard caseload number for caseworkers who do investigations; offering enhanced training for supervisors, and launching the Collaborative Quality Improvement process (CoQI) in the Local Offices as a mechanism to target performance issues and create improvement plans specific to the needs of the Local Office. (See page 38 for more information on CoQI and see Appendix E for more detailed information on the improvement activities described here).

Pillar #2: Temporary Placement / Family Separation

The second Pillar of performance is the Temporary Placement Pillar focused on children removed from their homes and placed in foster care. The intent of placement in foster care is to provide a temporary safety intervention and is only used as a last resort. While in foster care, children are to be placed in the least restrictive setting with kinship settings prioritized, experience stability and safety in their living situations, and preserve their family and community connections. (See sidebar).

This Pillar has two major outcomes. The first is that children are placed with kin (extended family members) when possible, and the second is that planning for permanence begins the day a child enters child protective services with the goal of returning home, when possible.

DCP&P'S collaborative efforts to prevent need for foster care

DCP&P has engaged in efforts to prevent children with open cases from being separated from their families which includes connecting families to preventive legal assistance that involves educating parents on their legal rights, identifying and addressing concrete needs such as housing, food insecurity, transportation, public benefits (cash assistance, food stamps), and referrals to mental health and substance use treatment.

(For more information see: [Protecting Families from Poverty—and CPS: How Early Legal Representation is Working in New Jersey \(risemagazine.org\)](#) and [Poverty and the Child Welfare System - LSNJ](#)).

Outcome 1: Children and youth are placed with families whenever possible.

Children who cannot live with their parents often do better living with kin. Children in kinship care may remain in care longer, but they often have fewer placement changes, experience equal or lower repeat maltreatment rates than children not placed with kin and experience more of a sense of family than children in other types of foster care.

Nearly half of all children removed from their homes were placed with kin

In 2023, DCP&P placed 46% of children in foster care with their kin, which was similar to the share in 2022 (47%).

DCP&P placed a larger proportion of children ages 0–12 with kin than it did of children ages 13 and older in 2022 and 2023. See chart below.

Young children ages 0–12 were living in kinship care at higher rates in 2023

Age	2022	2023	Change (up is better)
Under 1	51%	56%	5%
1 to 5	55%	57%	2%
6 to 12	50%	50%	0%
13 to 17	33%	31%	-2%
18 and over	12%	12%	0%

In 2023, a larger share of children who were white were residing in kinship care (53%) compared to youth who were Black/African American (43%), Hispanic (44%) and other races (40%). See chart below.

Children who are white comprised the largest share of children placed in kinship care in 2023

Race	2022	2023	Change
Black/African American	40%	43%	3%
Hispanic	43%	44%	-1%
White	55%	53%	-2%
Another race	40%	40%	0%

1 in 4 youth ages 13–17 removed from their home were placed in congregate care

Group settings, or what are known as congregate placements, such as group homes and shelters, are among the most restrictive and least desirable settings for DCP&P to place children.¹⁷ Across the country, children in congregate care tend to be older. The outcomes for children and teens in group care are often worse than in other settings.^{18,19}

Regarding shelters specifically, in 2023, DCP&P did not place any young children under age 13 in shelters, similar to 2022 when DCP&P placed two children (or less than 1%) in shelters.

A similar share of children ages 13–17 by race were placed in congregate care in 2023. See chart below.

A similar share of children by race were in congregate care in 2023

Race	2022	2023	Change
Black/African American	25%	25%	0%
Hispanic	19%	23%	4%
White	19%	21%	2%
Another race	21%	24%	3%

Court decisions impact congregate care placement and involvement in DCP&P

Judges in at least one New Jersey county send some youth involved in criminal activities to shelters to prevent or divert them from going to a secure facility right away. If these youth remain in shelter for a specified number of days, DCP&P is required to get involved, and the youth are included in DCP&P's congregate care numbers. This diversion program is an example of how actions in another system, juvenile justice, can impact the child protective services system.

The quality and quantity of children's connections with their families is mixed

Maintaining family connections while children are placed in out-of-home care is essential to make progress toward the goal of reunification.

- ▶ **Parent connections:** Frequent, quality visits between parents and their children in out of home placement predict higher rates of reunification.

Maintaining each child's family connections involves caseworkers engaging parents in developing visitation plans, actively supporting visitation activities, and continuously assessing the interactions and relationships between parents and children during visits. In 2023 in this area of practice, DCP&P achieved a 76% quality rating.²⁰

The share of children who had timely contact with their parents (one or more visits a week) decreased 8% between 2023 (71%) and 2022 (79%).

- ▶ **Sibling connections:** The bond between siblings is frequently stronger and longer lasting than any other bond, including with parents. This is particularly true for abused and neglected children who may have relied on each other to cope with trauma.

In 2023, DCP&P placed 84% of children with their siblings (for sibling groups with two or three siblings), which is similar to 2022 (87%).

When DCP&P did not or could not place siblings together, the share of children who had timely contact with their siblings (at least two visits per month) was essentially unchanged between 2023 (86%) and 2022 (85%).

- ▶ **Overall quality of connections:** Caseworkers are responsible to ensure each child has an appropriate and supportive living arrangement, and they continually assess how children adjust to being removed from their homes. In 2023, DCP&P achieved a 83% quality rating in this area of practice.²¹

Very few children were reported abused in foster care, and the rate of children abused in a New Jersey foster home placement was lower than the national rate

Ensuring that children are not abused and neglected while in foster care is critical to their safety. Very few children are reported abused or neglected in foster care in New Jersey. In 2022 and 2023, less than one percent of children in foster care were reported as abused or neglected.

Caseworkers are responsible to assess child safety and take immediate action to address any additional safety concerns that emerge. Caseworkers also gain agreement from all relevant parties in developing and implementing a safety intervention. In 2023, DCP&P achieved a 90% quality rating in this area of practice.²²

How do children in New Jersey compare to children across the country when it comes to being abused and neglected in foster care? New Jersey's performance is statistically better than the nation's performance. Children in New Jersey are abused and neglected in foster care at a lower rate (3.15) compared to children across the country (9.07).²³

Outcome 2: Permanence begins the day a child enters child protective services.

Foster care placement is a temporary safety intervention for children, with the goal of children returning to a permanent, stable living situation – ideally one in which family connections are preserved. Stable attachments to parents and/or a parenting adult, siblings and extended family members are crucial to children's healthy development.

The overall quality of DCP&P efforts to help reunite children with their families or find another permanent living situation needs improvement

DCP&P assessed how consistently staff gathered and analyzed information about families through ongoing formal and informal assessments to identify effective interventions to resolve issues so that families could function safely and independent from DCP&P's involvement and achieve permanence. In 2023, DCP&P achieved a 58% quality rating in this area of practice.²⁴

DCP&P also assessed how well staff engaged in ongoing planning with families that involved establishing goals, connecting families to appropriate services, monitoring progress towards goal achievement, adjusting the plan, and preparing families for sustained independence from DCP&P. In 2023, DCP&P achieved a 70% quality rating in this area of practice for children.²⁵

DCP&P staff made timely visits with children, but timely visits with parents and family teams declined

Staying focused on returning a child home or to another permanent living situation is critical throughout the time families are involved in DCP&P. Frequent caseworker contacts with children and families are strongly associated with improved permanency outcomes. When child welfare workers use family team meetings and engagement practices, timely reunification and guardianship are more likely over the long term.

DCP&P staff work with family teams to convene regular family team meetings. Family teams are ideally comprised of everyone important to the life of the child including family members, foster/adoptive parents, neighbors and friends as well as representatives from the child's natural support system, such as schools, therapists and substance abuse treatment providers. Participants in family team meetings help assess and make decisions about what services and supports are needed, how and who should deliver the services, and how to identify and achieve success to end DCP&P's involvement with the family.

In 2023, 72% of caseworkers conducted family team meetings in a timely manner in the first year of a child's involvement with DCP&P (meaning three family team meetings completed within 12 months after the first meeting). This is a 7% decline from 2022 (79%).

Caseworkers are expected to meet one-on-one with parents and children regularly. In 2023, 71% of caseworkers visited with parents in a timely manner, meaning two or more meetings per month. This is a decline of 8% since 2022 (79%). In 2023, 93% of caseworkers visited with children in a timely manner, meaning at least one meeting per month, which is similar to the rate in 2022 (95%).

Mixed perspectives among SORS members on DCP&P’s performance related to timeliness of staff initiating the adoption process

To comply with federal policy, once DCP&P determines that a child will enter the adoption process, the agency is required to initiate court proceedings to terminate the parent’s parental rights, or legally sever the parent-child relationship, within six weeks.

In 2023, DCP&P met this requirement for 59% of children, marking a decline from the 68% compliance rate achieved in 2022.

Some SORS members noted that while the share of children was lower in 2023, filing for termination of parental rights is not the only relevant factor to determine whether DCP&P performed well in initiating adoptions.

From the perspective of permanency for the child, the hope has been that adoptions occur soon after parental rights are terminated. This is why before terminating parental rights, DCP&P must first attempt to find a child’s parent not involved in DCP&P and/or kin to determine if a child could be placed with or even adopted by them. However, whether or not an adoption should be initiated depends on a number of factors that are driven by the circumstances of each child and the courts, including of course whether a child wants to be adopted. SORS recommends this as an area for further review, specifically with regard to how the court system approaches the issue, and how judges are trained on the adoption process.

For additional discussion on SORS’ members varied perspectives on permanency and how children achieve it, see page 35.

The majority of children had stable foster care placements, with younger children experiencing more stability than older children

Children who are removed from their families do best when they can develop a stable relationship with foster parent and stay in one place. A stable placement means children remain in the same community and in the same school, and they stay connected to the same friends, teachers, employers and community members.

Multiple placements often delay permanency. Children with multiple placements often stay longer in foster care and are at increased risk of leaving and re-entering foster care. Multiple placements increase safety risks for children and are associated with poor school outcomes, higher need for mental health services and challenges developing meaningful attachments with people.²⁶

In 2022, 84% of children in foster care had stable placements, meaning two or fewer placements, which is similar to 2021 (89%).

Younger children have the most stable placements and older children have the least. In 2022, 93% of children under one year old had one or two placements, and 76% of children ages 13 to 17 had one or two placements. Notably for preschool age children, there was an 8% decline in stability from 2021 (91%) to 2022 (83%). See chart below.

Younger children moved the least in foster care and older children moved the most in 2022: The percent of children with one or two placements

Age	2021	2022	Change (up is better)
Under 1	94%	93%	-1%
1 to 5	91%	83%	-8%
6 to 12	85%	83%	-2%
13 to 17	80%	76%	-4%
18 and over	NA	NA	NA

There was little to no difference in the share of children by race with placement stability. In 2022, 84% of children who were Black/African American, Hispanic and white had one or two placements. See chart below.

A similar share of children by race had one or two placements in 2021 and 2022

Race	2021	2022	Change (up is better)
Black/African American	86%	84%	-2%
Hispanic	89%	85%	-4%
White	91%	84%	-7%
Another race	88%	85%	-3%

How do children in New Jersey compare to children across the country when it comes to placement stability in foster care? New Jersey's performance is statistically better than national performance. Children in New Jersey experienced a lower rate of placement moves (3.54) compared to children across the country (4.48).²⁷

DCP&P improvement activities for the Temporary Placement Pillar

- ▶ 23% of youth ages 13 – 17, or nearly 1 in 4, were placed in congregate care.
- ▶ 76% of staff engaged parents in developing visitation plans.
- ▶ 71% of children had timely contact with their parents.
- ▶ 58% quality score in ongoing assessment of families.
- ▶ 70% quality score in ongoing planning with families.
- ▶ 72% of caseworkers conducted family team meetings in a timely manner.
- ▶ 71% of caseworkers visited with parents in a timely manner.

Pillar #3: Well-Being

The third Pillar of performance is Well-Being focused on children in foster care being provided with a nurturing home environment that supports healthy growth and development, good physical and mental health, and academic achievement. The intent is that services to address the specific needs of children and their families are available and of high quality.

This Pillar has two major outcomes. The first is that children in foster care maintain good physical and emotional health, and the second is that they receive an appropriate education and meet expected developmental milestones.

Outcome 1: Children and youth in foster care maintain good physical and emotional health

Ensuring children attain their maximum health by getting regular checkups, vaccines, screenings and treatment when they are sick set them up to achieve their full potential. For children in foster care particularly, attaining maximal health can also promote children's stability and enhance their achievement of permanency. Nationally, children in foster care disproportionately experience health problems.

For all of the areas combined above, DCP&P has undertaken the following actions to improve them:

- ▶ Implementing quality improvement efforts – including the Local Office Collaborative Quality Improvement Process or CoQI. (More information is on page 38).
- ▶ Implementing the Solutions Based Casework Model, and specifically increasing the family voice aspect of the model by caseworkers: involving families in joint decision making; highlighting strengths, and tailoring and adjusting action plans to their unique needs. (More information is on page 38).
- ▶ Working to maintain caseloads at required ratios. (More information is on page 37).
- ▶ Working to improve caseworker supervision by providing ongoing training for supervisors and educational programs such as the Violence Against Women Certificate and the Substance Use Fellowship.

Research shows that approximately 30–80% of children in out-of-home placement have medical problems, and as many as one third have a chronic health issue.^{28, 29}

DCP&P's child health program is well-staffed to address children's health needs

Over a decade ago, DCF started providing health care services for children in foster care in each of the 46 local DCP&P offices throughout the state. The services are provided in Child Health Units by nurses and administrative staff who develop a child health plan in collaboration with children's families, provide specific health care services, and help children, families and caseworkers navigate, schedule and coordinate health care services.^{30,31,32} Examples of specific nurse responsibilities include: performing health assessments before a child is placed in foster care; completing mental health screenings; monitoring medications and treatment for mental health conditions; ensuring comprehensive medical exams are secured in a timely manner; ensuring children are up to date with immunizations; working with the child's health insurance company, and obtaining and reviewing medical records.

DCF publishes regular data on children who receive services from the Child Health Units.³³ For example, in December 2023, almost all children, 95%, received a medical assessment before DCP&P placed them in foster care, which was similar to the share of children one year prior in December 2022 (99%). In December 2023, 60% of children received a post-placement medical exam, which is an 11% decline from December 2022 (71%). In the last quarter of 2022 and 2023, around 90% of children had up to date immunizations. See chart below.

Child health units helped more than 90% of children in foster care secure pre-placement medical assessments and up to date immunizations, but a smaller share of children secured post-placement medical exams in December 2022 and 2023*

	2022	2023	Change
Pre-placement medical assessments	99%	95%	-4%
Post-placement comprehensive medical exam (within 30 days of placement)	71%	60%	-11%
Immunizations up to date	92%	90%	-2%

*The data in the chart is point in time data. For pre-placement medical assessments and comprehensive medical exams, the data is for the months of December 2022 and December 2023. For immunizations, the data is from the fourth quarter of 2022 and 2023.

In the Child Well-Being Pillar, SORS chose to measure DCP&P’s performance on maintaining the physical and mental health of children in foster care by reporting on nurse staffing levels in the Child Health Units. If the Child Health Units are well staffed, children are more likely to get the services they need and attain better health outcomes.

DCP&P reported in 2020 it reduced the total number of nurses in the Child Health Units because the number of children DCP&P removed from their homes had substantially declined. To maintain a high level of care for children, DCP&P aims to maintain a ratio of 1 nurse to 40 children in each Child Health Unit/Local DCP&P Office. In 2023 the average nurse to child ratio across the 46 Child Health Units was one nurse to every 35 children which is similar to the ratio in 2022 (one nurse to 30 children).

The number of unfilled nurse positions or vacancies also provides information about how well staffed the Child Health Units are. At the end of 2023, DCP&P had one nurse vacancy across all 46 offices which is similar to the number of nurse vacancies at the end of 2022 (3).

The quality of caseworkers’ efforts to assess children’s social and mental health status and monitor and communicate about their treatment needs improvement

In addition to staff in the Child Health Units, DCP&P caseworkers are also responsible for assessing children’s social and mental health status. DCF evaluated how well caseworkers continuously and comprehensively assessed children’s emotional, psychological, and social well-being, as well as the extent to which caseworkers communicated with mental health providers and monitored the child’s progress in treatment. In 2023, staff achieved a 76% quality score on this measure.³⁴

Outcome 2: Children and youth in foster care receive an appropriate education and meet expected developmental milestones

Most school-age children spend a significant part of their days and lives focused on learning in a school or some other educational setting. As mentioned earlier in this report, for children in foster care, a stable placement is vital to support their well-being and to advance their movement out of foster care. A stable placement is not only characterized by children ideally staying in one foster care placement, it also means children stay connected to their teachers, friends and activities at the school they attended before they were removed from their homes – or if that’s not in their best interest, that they make a smooth and timely transition to a new school.³⁵

Connecting to school is critical for children because an education sets them up for better life outcomes in adulthood. Children who graduate from high school typically experience more employment opportunities, higher paying jobs, better health and less involvement in criminal activities.³⁶

Many children in foster care, however, experience academic difficulties.^{37,38} On a national level, 65% of children in foster care graduate from high school by the time they are 21 years old compared to the national graduation rate of 84%.³⁹ Children in foster care also perform lower on state tests and are absent from school two times more compared to children not in foster care.⁴⁰

The quality of caseworkers' efforts to help school-age children achieve educational stability and connect to needed educational services is mixed

DCP&P does not publish data on high school graduation rates for youth of high-school graduation-age in foster care, but they do assess and publish data related to the quality of children's educational experiences.

In 2023, 79% of children had educational stability.⁴¹ DCP&P measured educational stability by assessing whether children continued attending their current school or educational placement, or if children made a smooth and timely transition to a new school when continuing in their pre-placement school was determined not to be in their best interest.

For children experiencing academic challenges or making poor academic progress, DCF measured whether children were connected to relevant academic supports such as tutoring or other specialized services. In 2023, 82% of these children had secured academic supports.⁴²

DCP&P assessed how well staff maintained on-going, high-quality communication with school personnel regarding children's academic performance and progress. In 2023, staff had a high level of communication with schools for 51% of families with school-age children.⁴³

For older youth ages 18 – 21, DCP&P looked at their combined experience with education and employment. For example, DCP&P assessed whether older youth were either currently enrolled in an education or training program or currently employed full or part-time, or whether there was documented evidence that DCP&P staff were engaged in consistent efforts to help them secure employment. In 2023, 93% of older youth were engaged in education or employment – which is similar to the share of older youth in 2022 (92%).⁴⁴

Also for older youth, DCP&P assessed how consistently staff maintained detailed and comprehensive documentation that reflected their housing, employment and educational status as well as staff's efforts to support these outcomes. In 2023, for 72% of youth, DCP&P's documentation was current and illustrated a comprehensive summary of the youth's housing, education, and employment status.⁴⁵

1 in 4 preschool age children did not receive timely assessments for potential developmental delays

For very young children who are not yet in school, there are many ways to assess whether they are growing and developing as expected. Crawling, walking, eating, dressing, and problem solving are examples of developmental milestones for preschoolers, and they form the foundation for children's continued growth and learning.

Unfortunately, national research shows that approximately 60% of children in foster care under five have developmental health issues.⁴⁶

DCF's aim is for every child between the ages 0 and 3 entering foster care to secure a timely developmental screening (within 30 days of foster care placement). If a potential problem is detected, the typical process is for children to be referred for a more comprehensive assessment, and if a developmental delay is confirmed, children are typically referred for treatment.

DCP&P educational liaisons work in every local office to enhance child stability

Every Local Office has an Educational Liaison to assist caseworkers of school-aged children in out-of-home placement address their education-related needs including: school registration and enrollment; school placement; education planning; transportation arrangements to and from school, and support services. Educational Liaisons also serve as consultants to Local Office staff on education law and DCP&P educational stability policies, and they foster collaboration with local school districts and the state Department of Education.

For more information see [CPP-VII-A-1-700.pdf \(nj.gov\)](#) and [New Jersey Educational Stability Liaisons \(nj.gov\)](#)

Staff at the Child Health Units track whether developmental screenings have been completed and provide follow up services as needed. In 2023, 76% of children from ages 0 – 5 received a timely developmental screening, which is similar to the share of children in 2022 (80%). DCF does not currently publish data on how many children have a confirmed developmental delay or are receiving treatment.

DCP&P improvement activities for the Child Well Being Pillar

- ▶ Caseworkers achieved a 75% quality score in assessing and treating children’s emotional health needs.
- ▶ 79% of school-age children had educational stability determined by staff assessing whether children continued attending their current school or educational placement, or if children made a smooth and timely transition to a new school when continuing in their pre-placement school was determined not to be in their best interest.

- ▶ For 51% of families with school-age children, staff maintained on-going, high-quality communication with school personnel regarding children’s academic performance and progress.
- ▶ 76% of young children secured a timely developmental screening.

For all of the areas combined above, DCP&P has undertaken the following actions to improve them:

- ▶ Launching the Collaborative Quality Improvement process for Local Offices as a mechanism to target performance issues and create improvement plans specific to the needs of the Local Office. Local Offices that struggle with demonstrating quality work to assess child well-being have the opportunity to improve by establishing an annual improvement plan.
- ▶ Using Solutions Based Casework to assist caseworkers in improving emotional, psychological, and social well-being assessment skills by focusing on children’s day-to-day routines and behaviors in the context of a child’s developmental level.

Pillar #4: Exit to Permanence

The fourth and final Pillar of performance is Exit to Permanence focused on children leaving foster care as quickly as possible for a safe, well-supported family environment or other planned permanent living arrangement. Permanency helps children form and maintain deep attachments to their parents or caregivers which helps to ensure a child’s optimal physical and emotional growth and health.

Pillar #2 on Foster Care addressed the quality and timeliness of DCP&P’s efforts to prepare children for permanence starting from the day DCP&P placed them in foster care. The outcomes for Pillar #4 are how long it takes children to leave the child protective system and how many children re-enter foster care because abuse reoccurred.

Permanency types	
Reunification	Children return to the care of their parent(s) or the caregivers(s) they were living with when they were removed from their home.
Living with relatives	Children live with a relative(s) who has custody. This includes children living with a parent not involved with DCP&P and children living with a relative who was granted custody by the court.
Guardian Legal Kinship (KLG)	A kinship legal guardian is a relative or close family friend who has cared for the child for at least a year and is appointed by the court to raise the child until the child’s 18th birthday (or 21st if the child is disabled). KLG does not terminate the parents’ rights. Parents can seek visitation and are financially responsible for the child.
Adoption	Adoption transfers all rights and responsibilities regarding the child to the adoptive parents. It terminates the birth parents’ rights in every aspect of the child’s life. The adoptive parents can also decide whether the birth parents can have contact with the child.
Aging out to independent living or reaching the age of majority	Youth ages 18–21 leave DCP&P to live on their own. Anyone age 18 and older is a legal adult, yet DCP&P identifies some young adults under age 21 as not ready to live on their own.

For most children, the goal is to return to the care of their parent(s) or the caregiver(s) with whom they were living when they were removed from their home. The other permanency options are living with relatives/kin who are and are not legal guardians, adoption, and older youth age out of care and live independently. (See the table on page 30 for an explanation of each type).

The share of children exiting to permanence (except for youth who age out to independent living) is measured by looking at all of the children who entered foster care in a specific year (called a cohort of children, and in this case, an ‘entry’ cohort) and seeing how many of them return back to their home or some other form of permanency one, two, three or four plus years later.

A smaller share of children are leaving foster care in one year, and the share of children leaving in two, three, and four years had remained steady

Combining all the types of permanence together (except for youth exiting to independent living), a smaller share of children are leaving foster care within 12 months (33% in 2021 and 42% in 2013). The share of children who left foster care in 24 months remained steady in the last nine years with 60% of the 2021 entry cohort and 64% of the 2013 entry cohort leaving in 24 months. See the graph below.

Nearly 1 in 4 and 1 in 7 children remained in foster care after 3 and 4 years, respectively

The share of children who left foster care in 36 months in the 2013 and 2019 entry cohorts remained unchanged at 78%, as did the share of children who left in 48 months (85%). For these cohorts, this means that nearly 1 in 4 and 1 in 7 children remained separated from their families after three and four years respectively. See the graph below. Once children spend 36 to 42 continuous months in foster care, their chances of leaving foster care are extremely low.⁴⁷ These children are more likely to age out of foster care, and they can have greater difficulty finding stable housing and livable-wage jobs, and they are at greater risk for involvement in the criminal justice system.⁴⁸

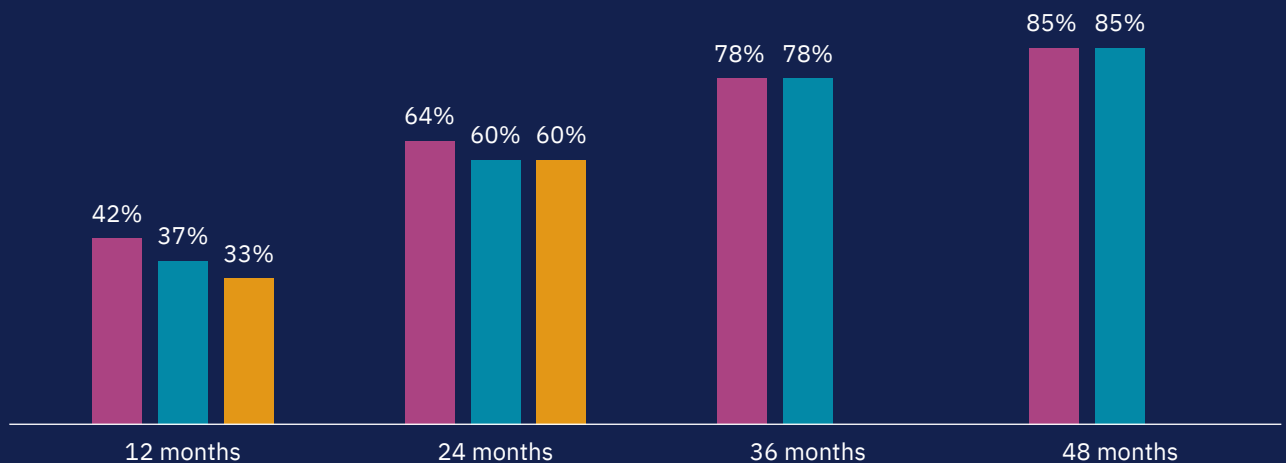
Most children who entered foster care returned home within two years

In the Exit to Permanence Pillar, SORS chose to report on children who exited DCP&P within 24 months of being removed from their families by specific type of permanency (return home/reunification, adoption, Kinship Legal Guardianship and living with a relative).

The entry cohort of children DCP&P placed in foster care in 2021 and that exited within 24 months (by 2023) is the most recent entry cohort for which data is available.

A smaller share of children are leaving foster care within one year and there is no change in share of children leaving in two, three and four years

■ 2013 ■ 2019 ■ 2021



The share of youth who age out of foster care to independent living is not measured by cohort, and how it is measured is described on page 34.

Overall, approximately 1,500 children entered foster care in 2020 and 2021, and the majority, or 60%, exited DCP&P within two years. Of the children who exited, most returned home/reunified with their parents/caregivers (39% in the 2021 entry cohort and 43% in the 2020 entry cohort). For the 2021 entry cohort, adoption was the next most common way children left DCP&P (9%), followed by kinship legal guardianship (7%) and living with a relative (5%). See the table below.

Most children in foster care exited DCP&P within two years and returned home

	2020		2021	
	Number	Percent	Number	Percent
Total children in the entry cohort	1530	—	1440	—
Children who exited in 24 months	896	59%	857	60%
Children who exited in 25+ months	634	41%	583	40%
Children who exited in 24 months to these types of permanency:				
Went home/reunified	663	43%	558	39%
Adopted	105	7%	127	9%
Kinship legal guardianship	53	3%	98	7%
Relative	75	5%	74	5%

Reunification: For the 2021 entry cohort, 39% of children were reunified with their parents within 24 months, which is similar to 2020 (43%).

For the 2021 entry cohort, children ages 1 to 12 comprised the largest share of children reunited in 24 months, which was similar to 2020.

In the 2021 entry cohort, a similar share of children by race were reunited in 24 months (40%) – except for children in the ‘other race’ category (30%). See chart above.

In 2021, the largest share of children who reunited in 24 months were 1–12 year olds AND the share of children reunited was similar across races

	2020	2021	Change
Age			
Under 1	35%	29%	-6%
1–5	51%	48%	-3%
6–12	51%	45%	-6%
13–17	35%	31%	-4%
Race			
Black/African American	41%	39%	-2%
Hispanic	46%	40%	-6%
White	44%	40%	-4%
Another race	37%	30%	-7%

Adoption: In the 2021 entry cohort, 9% of children were adopted within 24 months, which is similar 2020 (7%).

In the 2021 entry cohort, 22% of babies under age one who left DCP&P in 24 months were adopted. This is four times more than children ages one to five (5%) and seven times more than six to 12 year olds (3%). Fewer than 10 children ages 13 to 17 were adopted.

Of all children adopted in the 2021 entry cohort, nearly two times as many children who were white than Black/African American were adopted (11% and 6% respectively). See chart below.

In 2021, children under age one were adopted in 24 months at a rate four and seven times greater than children ages 1–5 and 6–12 respectively AND nearly two times as many children who were white than Black/ African American were adopted

	2020	2021	Change
Age			
Under 1	17%	22%	5%
1–5	4%	5%	1%
6–12	<10*	3%	—
13–17	<10*	<10*	—
Race			
Black/African American	6%	6%	0%
Hispanic	6%	9%	3%
White	10%	11%	1%
Another race	<10*	<10*	—

*Indicates less than 10 children. Data was suppressed to protect child and family privacy.

Kinship Legal Guardianship (KLG): In the 2021 entry cohort, 7% of children exited DCP&P within 24 months to live with kin who secured legal guardianship of the children. This is double the share of children from 2020 when 3% exited to KLG.

In the 2021 entry cohort, nearly 10% of children ages one to 12 left DCP&P to KLG. This is twice the share of children under one year old (4%).

In the 2021 entry cohort, roughly the same share of children by race left to KLG (6-7%). See chart below.

In 2021, the largest share of children who exited to KLG in 24 months were 1-12 year olds AND the share of children was similar across races

	2020	2021	Change
Age			
Under 1	3%	4%	1%
1-5	4%	9%	5%
6-12	4%	8%	4%
13-17	4%	6%	2%
Race			
Black/African American	2%	7%	5%
Hispanic	6%	6%	0%
White	3%	7%	4%
Another race	<10*	<10*	

*Indicates less than 10 children. Data was suppressed to protect child and family privacy.

Live with relatives: In both the 2021 and 2020 entry cohorts, 5% of children left foster care within 24 months to live with relatives.

In the 2021 entry cohort, a similar share of children by age and race left DCP&P to live with relatives (5%). See chart below.

A similar share of children by age and race exited to live with relatives in 24 months in 2021

	2020	2021	Change
Age			
Under 1	4%	5%	1%
1-5	5%	5%	0%
6-12	4%	5%	1%
13-17	7%	5%	-2%
Race			
Black/African American	7%	5%	-2%
Hispanic	3%	5%	2%
White	5%	6%	1%
Another race	<10*	<10*	

*Indicates less than 10 children. Data was suppressed to protect child and family privacy.



Nearly 1 in 10 older youth aged out of foster care

Aging out to live independently: DCF measures children who age out of care to independent living (also known as reaching the age of majority) as the share of all children ages 18–21 in a calendar year who leave foster care to live independently.⁴⁹

Youth who age out can experience greater difficulty finding stable housing and livable-wage jobs; they have a higher incidence of health problems, and they are at greater risk for involvement in the criminal justice system.⁵⁰

In 2023, 8% or 125 of the youth DCP&P put in placement for any duration of time left placement to live independently, which is similar to the share of youth in 2022 (7% or 127).

In 2023, roughly the same share of youth by race aged out of foster care to independent living (74%–77%). See chart below.

A similar share of youth by race aged out in 24 months in 2023

	2022	2023	Change
Race			
Black/African American	69%	74%	5%
Hispanic	69%	75%	6%
White	69%	77%	8%
Another race	<10	<10	—

*Indicates less than 10 children. Data was suppressed to protect child and family privacy.

How do children in New Jersey compare to children across the country when it comes to the share of children who exit foster care within 24 months to all types of permanency options combined (reunification, adoption, guardianship and living with a relative)? New Jersey’s performance is statistically no different than national performance; 43.2% of children in New Jersey exited to permanence compared to national performance (43.8%).⁵¹

1 in 10 children re-entered foster care within a year, and the rate of children returning in New Jersey is the same as the national rate

Recurrence of child abuse and neglect harms children previously separated from their families. The goal is to ensure children’s safe and sustained transition from DCP&P so that children do not re-enter child protective services.

12% of children who entered foster care for the first time in 2021 who exited foster care placement within 12 months to permanency (not including adoption), re-entered foster care within 12 months. This is similar to the share of children in 2020 (9%).

Due to small case numbers and the Rutgers Data Hub’s suppression rules, age and race data for children who re-entered DCP&P isn’t always published. Data was only available and unsuppressed for 2019 and 2018. In 2018, teenagers had the highest rate of re-entry (14%) which was two times higher than 6–12-year-olds with the lowest re-entry rate (7%). And the rate by age from 2018 to 2019 remained steady.

In 2019, by race, children who were white and Hispanic had the highest rate of re-entry (12% and 11% respectively) which was two times higher than children who were Black/African American at 6%. The re-entry rate of children who were Hispanic almost doubled from 2018 to 2019 (5% and 11% respectively), and the rate of children who were Black/African American decreased by almost half (10% and 6% respectively). See chart below.

The largest share of children who re-entered foster care were teenagers and children who were white and Hispanic in 2019

	2018	2019	Change
Age			
Under 1	11%	13%	2%
1 – 5	9%	11%	2%
6 – 12	7%	8%	1%
13 – 17	14%	*	—
Race			
Black/African American	10%	6%	-4%
Hispanic	5%	11%	6%
White	9%	12%	3%
Another race	34%	*	—

* Indicates less than 10 children. Data was suppressed to protect child and family privacy.

How do children in New Jersey compare to children across the country when it comes to the children who re-enter foster care within 12 months of exiting? New Jersey’s performance is statistically the same as the nation’s performance; 6.3% of New Jersey children re-entered foster care within 12 months compared to the nation’s performance (5.6%).⁵²

SORS members' observations on how children achieve permanency

In the Exit to Permanency Pillar, directionality is unspecified for the measures that address the percent of children who achieve the three different permanency types within 24 months (reunification, kinship legal guardianship, and adoption). SORS members had differing views on whether an increase or a decrease in these measures was ultimately better for children over time. Members generally agreed that the less time children spend separated from their families, the better. But sometimes it takes children and families longer to do what they need to do to reunify. And how long it takes relies on factors parents and DCP&P control as well as factors beyond their control.

Thirty years ago, too many children were languishing in foster care. To address this alarming trend, the federal government passed the Adoption and Safe Families Act (ASFA) in 1997 which requires state agencies like DCF to demonstrate reasonable efforts to resolve the problems that led to their child's removal; once a child has been separated from their family for 15 of the last 22 months, states must file for the termination of parental rights (legal severance of the parent-child relationship). Courts are given the authority to exempt families from this requirement by determining that reasonable efforts have not been made to bring a family safely together or that there was a compelling reason to delay giving the family more time to reunify, or finding an alternative to terminating parental rights. It is important to note that the federal government can financially penalize states for not meeting related standards.

The law has reduced the time children are in foster care and separated from their families, but some believe this does not always benefit children.

The median length of stay in foster care in the United States declined from 20 months in 1998 to 13.9 months in 2016.⁵³

Yet a higher share of children are not reunifying with their parents as adoptions have steadily climbed and the percentage of children living in the home of a relative has grown.⁵⁴

Moreover, children who are Black are more likely to be placed in foster care and spend longer periods of time in foster care than white children, which increases the likelihood their parents' rights will be terminated.⁵⁵

While it makes sense to have a policy mandate that requires children to be reunified with their parents within a certain period of time or find them other, viable permanency, it is also true that some parents may not be ready to reunify with their children within these times period for many reasons, including some that are out of their control.

SORS did not conduct research to determine the impact of AFSA in New Jersey, but some SORS members provided anecdotal information about what they perceive is AFSA's impact and factors that contribute to how long it takes for children to achieve permanency.

For example, some SORS's members described variability in terms of which parents were connected to and obtained material or concrete supports such as housing, help paying back rent, childcare subsidies and food. In addition, SORS members expressed some concerns that DCP&P required many parents to obtain psychological evaluations and/or participate in parenting classes even though those requirements did not seem connected to the original reason the parent or family became involved with DCP&P.

Permanence can be delayed for some children who live in two households

For a child living in two households, one parent may have harmed the child while the other did not. Some SORS members with experience with DCP&P identified that there can be a lag in time for DCP&P to find and place a child with the parent who did not cause harm. This time lag can further delay permanency. DCP&P reported that it does not currently collect data on this type of occurrence. SORS members suggested that DCP&P measure and report on the time to permanence for children who are removed from one parent and placed or reunified with their other parent.

Securing and completing participation in these services takes time, and for some parents these services are not immediately accessible or ever available in their communities which delays completion, which can then increase the amount of time children are separated from their families, putting them at increased risk for losing custody.

Regarding psychological evaluations specifically, some SORS members expressed concerns that some of the evaluations made conclusions or diagnoses that parents and their legal advocates believed were erroneous. In some of these cases, despite the erroneous conclusions, SORS members noted their knowledge of legal advocates nonetheless advising parents not to challenge the results in court. Those advocates recommended compliance with the recommendations in psychological evaluations that were ordered because a challenge to those recommendations could result in months-long delays and ultimately delays in exiting DCP&P.

For other parents, the evaluations directed them to receive specialized services that were in short supply and high demand, so parents went on waiting lists or did not receive the services because they were not offered in their community. Some SORS members stated that if evaluations were ordered for both children's parents, and one parent did not receive it, this stalled efforts towards permanency for the other parent, even if they were seeking separate custodial arrangements.

For this report, SORS was not able to do a comprehensive review of the number of parents DCP&P required to receive psychological evaluations, the number of parents that challenged the evaluation results or the number of parents who were prescribed additional services as a result of the evaluation, the type of services that were prescribed or the number of parents that received them. SORS is charged with reporting on DCP&P's provision of comprehensive, culturally responsive services to address the identified needs of the children, youth, and families – which includes psychological evaluations. SORS intends to create and implement a plan to do so in 2025 (see page 46 for more details).

SORS members recognize that the ability of children to return to their families depends on families connecting to and utilizing quality services relevant to the reason they became involved with DCP&P and on families securing the services in a timely manner given the federal AFSA deadlines. As noted above, SORS also recognizes that achieving this is dependent on some factors that are within DCP&P's and parents' control and some that are not. SORS hopes a future report can tease out the nuances of these different factors to better understand this issue, and, where appropriate, make recommendations to improve performance in this area.



Staff

DCP&P staff are key to fulfilling the division’s mission to assist all New Jersey residents to be safe, healthy and connected. There is an undeniable connection between positive outcomes for children and families and a supported, stable, competent workforce delivering high quality services.

Pursuant to the state law enacted in 2022, SORS is required to report on an expanded set of staffing-related issues. SORS has had a long-standing role in reviewing methods of recruiting, hiring and retaining DCP&P staff.⁵⁶

This section on staff covers four main areas: 1) staff caseloads, 2) DCP&P’s case practice model, 3) staff retention, recruitment, and hiring, and 4) staff training.

#1 Staff caseloads

A caseload is the number of families assigned to a caseworker in a specific period of time. Manageable caseloads are important for both families and child protective services staff. When staff have reasonable caseloads, they have the time to better engage children and families and deliver quality services which can result in improved child safety, well-being and

permanency. Manageable caseloads also help improve caseworker job satisfaction, reduce stress and burnout and contribute to higher staff retention rates.⁵⁷

DCP&P has maintained a high caseload compliance rate of at least 90% for the last six years

DCP&P employs four major types of caseworkers: intake, permanency and adoption caseworkers, and caseworkers in the Institutional Abuse Investigations Unit. A brief description of each caseworker’s role and the caseworker supervisor’s role is in the chart below along with their allowable maximum caseload sizes. The chart also shows DCP&P’s compliance with the maximum caseload size standards as an average for the years 2022 and 2023. For example, an average of 97% of all intake caseworkers in 2022 met the caseload size standard which was 12 or fewer investigations at a time and 8 or fewer of them can be new families because new families typically require more caseworker time.

Across all types of caseworkers for which data is available, and for casework supervisors, DCP&P maintained a very high caseload size compliance rate in 2023 – between 90% and 100% - and for the five years prior. See chart below.⁵⁸

DCP&P caseworkers					
Type	Role	Caseload standard	2022 average caseload compliance	2023 average caseload compliance	Change from 2022 to 2023
Intake	Receive referrals from the child abuse hotline and investigate allegations of abuse and neglect	No more than 12 families at a time and no more than eight new referrals per month	97%	90%	-7%
Permanency	Provide services to families whose children remain at home and to families whose children have been removed/ in placement	No more than 15 families with a maximum of ten children in placement	100%	100%	0%
Adoption	Find permanent homes for children who cannot safely return to their parents	No more than 15 children	99%	99%	0%
Institutional Abuse Investigations Unit (IAUI)	Respond to allegations of abuse and neglect in institutional settings such as correctional facilities, shelters and foster care homes	No more than 12 families at a time and no more than eight new referrals per month	*Data not available	*Data not available	
Supervisor to Worker	Provides support and supervision of caseworkers among a wide variety of supervisory responsibilities	No more than five workers assigned to a supervisor	100%	100%	0%

* The NJ Department of Children and Families reported that IAUI caseloads are not tracked in the same system as the other caseworkers, and they did not have the ability to easily generate the data needed to calculate average caseload compliance for past years.

#2 Case practice model

A case practice model provides overall guidance to child welfare staff about the department's approach to their interactions and decisions related to children and families. A case practice model helps staff understand how to conduct investigations of alleged abuse and neglect, how to engage with children, families and others in their support network, and how to create plans with families and help connect them with needed services.⁵⁹ Case practice can be used to improve safety, well-being and permanency outcomes for children and families by increasing the quality and consistency of practice across the system.

To enhance its case practice model, DCP&P recently adopted an evidence-based child welfare practice model, Solution-Based Casework (SBC), that has been shown to impact the quality of case practice outcomes.^{60,61} SBC uses a strengths-based approach that focuses on a family's abilities, knowledge and capacities and builds on those rather than focus on deficits or weaknesses. SBC is intended to require and support DCP&P staff in building stronger partnerships with families, assisting families to create stronger networks of support, establishing uniform case planning, conducting more thorough behavior-based assessments and developing action plans that support objectives developed by the family.⁶² DCP&P staff began implementing SBC in January, 2022.

SORS is required to report on DCP&P's implementation of a case practice model that emphasizes the quality of their practices. More specifically, SORS is to report on particular components of the model – the performance of safety and risk assessments; engagement with youth and families; work with family teams; provision of individualized planning and relevant services; performance of continuous review and adaptation, and assurance of safe and sustained transitions from DCP&P.

DCP&P reported to SORS that it did not yet have any data or results to show the overall impact of SBC on outcomes. DCP&P noted it would take several years before the impact of SBC is evident. SORS was not able to interview staff about their experience using the new case practice model but may do so in future years.

SORS was able to report on several case practice components included in the Four Pillars section of this report including caseworker engagement/visits with children who remained at or were removed from their parents and ongoing family assessments and planning processes. Some of this data was secured from DCP&P's 2023 Collaborative Quality Improvement briefing paper, Case Practice Strengths and Challenges.⁶³ SORS received additional case practice information from DCP&P at several of its monthly meetings during which senior staff presented more information about SBC.

SORS members observed DCP&P staff engage in quality improvement activities

Throughout 2024, several SORS members observed staff in three DCP&P local offices conduct their Annual Collaborative Quality Improvement Process meetings, and the improvements the offices were seeking were largely focused on strengthening case practice. DCP&P initiated this approach in 2023 in place of its previous quality improvement efforts.

The three local offices were Camden South, Ocean South and Passaic Central. The annual process takes approximately 15 months to complete, and SORS members observed three meetings in each office as staff started their 2024 improvement process.⁶⁴ SORS members were observers during these meeting, meaning they did not comment or ask questions, but senior DCF staff were available to answer questions one on one. Because SORS members observed the beginning of the annual improvement process in these offices, they will report on the full process and any outcomes in their 2025 report.

At the first meeting, the offices reviewed information from children's and family's records to help identify where the office did well and where there was room for improvement. From this assessment, the staff chose one area for improvement to focus on for the annual improvement process, and each office chose a different area: family assessments, supervision and ongoing safety assessments. At the second meeting, the staff created a plan and activities to achieve improvement in that focus area, and at the third meeting staff reported on and discussed the progress they were making on their plans.

SORS's members main observations included:

- ▶ Overall, SORS members reported that they believed the DCF staff running the meetings were skilled facilitators and that the meetings had clear, well-structured agendas. SORS members believed the facilitators were well-prepared and knowledgeable about the annual quality improvement process and that they were skilled at engaging staff and soliciting staff feedback. SORS members observed that staff at the Local Offices were engaged in the process, demonstrated care for each other and the families they work with based on the information they shared, and that staff seemed to take the process seriously and were invested in making positive change.
- ▶ Staff at all three offices expressed challenges with staff turnover and having many new staff who typically do not have prior experience in child protective services work and are still in the training phase.
- ▶ Staff at all three offices expressed some challenges adequately documenting their work. They stated that staff typically completed the work, but some were not documenting it.
- ▶ One of the offices did not meet their improvement goal last year but many staff stated that they still learned important lessons from the experience.
- ▶ SORS members wondered how DCF was using lessons learned from 2023 annual local office improvement process to inform efforts in 2024. For example, DCP&P reported that in 2023 more than half of the offices (24 of 46) chose supervision as their focus area for improvement. Of the offices that showed improvement in supervision last year, which strategies produced the most improvement? Were those strategies being replicated in other offices? Each DCP&P office is different in the number of families they work with, in staff size, in need for and access to specific community services, for example, but some successful strategies could be more universally applied – particularly among offices that share some similarities.

SORS participated in some family interviews in 2024, and anticipates securing additional external stakeholder feedback about case practice in 2025

In 2024, several SORS members underwent extensive training to participate in DCP&P's family interview process to collect information and feedback from biological parents and youth 18 and older involved with DCP&P to inform this report. DCP&P is working with the Rutgers School of Social Work to create the interview questions and coordinate and conduct the interviews. The family interviews are part of DCP&P's quality improvement efforts, and DCP&P intends to use the interview results to: identify case practices in the Local Offices that work well as well as those that need to be strengthened, collect feedback from staff, and develop and execute plans for improvement. The goal was to conduct 86 interviews in 2023 and 23 were completed.

SORS members observed two meetings of interviewers discussing and analyzing selected interviews – about five or six interviews total. SORS members observed that:

- ▶ The interview questions seemed relevant, in-depth, and to have covered a wide variety of practice areas.
- ▶ The interviewers were skilled in using non-judgmental words to try and make interviewees feel comfortable answering the questions regardless of whether their answers were positive or negative about their experience with DCP&P. The interviewers also consistently asked relevant follow up questions to help ensure the interviewees answers were complete.
- ▶ Interviewees had a variety of experiences, and for the few interviews that SORS members had the ability to observe, they identified two early themes. One was that the relationship formed between family members and caseworkers strongly impacted a family member's experience. For example, one interviewee explained that they found their intake caseworker to be very engaged and communicative, but they did not believe the permanence caseworker had the same skill set which they found frustrating and difficult and resulted in a negative experience. A second theme was that the reasons a family becomes involved with DCP&P can shape a family member's experiences. One interviewee described that domestic violence was the reason they became involved, and they were grateful and pleased with the support they received from DCP&P, including housing assistance, counseling and educational resources.

Because SORS members participated in the beginning of the family interview process, SORS will report on the full process and any outcomes in their 2025 report.

In addition, SORS anticipates it will undertake independent interviews with various stakeholders and report its findings in its 2025 report as it represents both an important source of qualitative information and a diverse pool of stakeholder feedback. SORS had hoped to include additional interview data in this report from individual caseworkers, supervisors and parents related to DCP&P's case practice model and how services are delivered and received, but the agency was unable to support that request this year.

#3 Staff retention, recruitment, and hiring

The recruitment and retention of knowledgeable, engaged and committed staff is foundational to a child protection agency's ability to support children and families so they achieve the best outcomes. When caseworkers stay in their jobs and turnover is low, research shows that children experience fewer recurrences of abuse and families have more success attaining goals on time.⁶⁵ Retaining staff is also beneficial to child protection agencies as it can positively contribute to the overall organizational culture and help reduce agency costs.⁶⁶ High turnover can have a negative impact on relationships with families, interrupt continuity of services, leave remaining caseworkers with less time to assist children and families, delay service delivery, and lead to poorer safety, reunification and permanency outcomes.^{67, 68} See sidebar for more information.

SORS is required to report on DCP&P's efforts to achieve and maintain the most effective methods of recruiting, hiring and retaining staff. For this inaugural 2024 report, SORS is primarily reporting on the methods DCP&P leadership reported it employed in 2023 to retain, recruit and hire staff. For its 2025 report, SORS intends to create and implement a plan to collect feedback directly from non-leadership DCP&P staff and from national best practice data to more comprehensively evaluate DCP&P's retention and recruiting methods.

SORS members had varied experiences with DCP&P staff turnover

Some SORS members with experience with DCP&P identified that some caseworkers remained the same during families' involvement which importantly helped build good communication and trust. Some SORS members stated that they worked with multiple caseworkers which caused confusion about whether the new caseworker was taking the place of a former caseworker or was an additional caseworker with a new role. Some members expressed frustration being assigned a new caseworker and having to answer questions they previously answered or losing access to a service provider because the new caseworker didn't have a relationship with them. One SORS member suggested a 'warm handoff' between old and new caseworkers, when possible, to improve communication and avoid disconnection to services.

Staff retention

Child welfare agencies across the country have struggled to retain staff. A recent estimate of the average national attrition rate for child welfare staff is 30%, with a range between 20% to 40%, with higher turnover rates for new trainees.⁶⁹

The overall staff retention rate is high, yet retention of specific types of staff needs improvement

Across all DCP&P staff, the retention rate in 2023 was 91%, which is similar to 2022 (92%), and has remained relatively steady over the last five years. See chart on next page.

The overall DCP&P staff retention rate remained relatively steady from 2019 to 2023

2019	94%
2020	96%
2021	94%
2022	92%
2023	91%

For specific types of DCP&P workers, in 2023, the retention rate ranged from 75% for trainees, which are the newest staff, to 94% for Family Service Specialist 1 positions who are senior workers who provide more intensive family interventions or who are in administrative roles. The retention rate for Family Service Specialist 1 positions was the same in 2022 as it was in 2023, but the retention rate for trainees in 2022 was lower at 27%. DCP&P reported that the total number of trainees during this time was 26 due to the pandemic, and trainee numbers increased to 200 in 2022 which caused the decline in retention rate. See the chart below.

The retention rate of specific work types varied in 2022 and 2023

Worker type	2022	2023	Change
Assistant Family Service Specialist	90%	87%	-3%
Family Service Specialist 1	94%	94%	0%
Family Service Specialist 2	90%	90%	0%
Family Service Specialist Trainee	27%	75%	-52%

The race and gender of DCP&P staff is not reflective of children’s race and gender

SORS believes that because children and families involved in DCP&P have a variety of racial, ethnic and cultural backgrounds, one way to help ensure that DCP&P staff have the values, knowledge, abilities and skills to address their needs is to recruit people who have experience with the communities in which the families live, work and play – people who grew up in the same communities, for example, or who come from the same cultural backgrounds or who are curious and willing to learn.

DCP&P publishes staff demographic data by race and gender, and 2021 is the most recent year data is available.⁷⁰

Among the nearly 4,000 staff employed at DCP&P in 2021, 52% were white, 42% were Black, 2% were Hispanic and 4% were another race (see the chart below). The race of staff was largely not reflective of the children involved in DCP&P in 2021. While the ratio of staff and children who were Black was similar (42% and 31% respectively), there were two times as many staff who were white than children who were white (52% and 26% respectively) and 17 times fewer staff who were Hispanic than children who were Hispanic (34% and 2% respectively). See chart below.

The race of DCP&P staff was not reflective of children involved in DCP&P in 2021

	Staff	Children
Black	42%	31%
Hispanic	2%	34%
White	52%	26%
Another race	4%	4%

Regarding staff gender, 84% were female and 16% were male. In 2021, half the children involved in DCP&P were male and half were female. More than one and half times more staff were female than female children involved in DCP&P. See the chart below.

A recent national survey of undergraduate and graduate social work programs showed that over 80% of students were female, and child protective services in New Jersey face similar recruitment challenges of people who are male and non-binary as other parts of the country.⁷¹ See chart below.

Most DCP&P staff were female

	Staff	Children
Female	84%	50%
Male	16%	50%
Non-binary	0%	Data not available

DCP&P employed many strategies to retain staff

Numerous child welfare policy experts and researchers have published a wide variety of strategies and recommendations for retaining staff that demonstrate varying degrees of success or whose impacts have not yet been thoroughly evaluated (see sidebar). Casey Family Programs, a national foundation, recently featured DCF's efforts to attract and retain staff in a 2022 briefing paper, *How Does New Jersey Maintain a Stable Child Welfare Workforce?*⁷²

Recommended child welfare staff retention strategies^{73,74}

- ▶ Understand workforce needs
- ▶ Create manageable, family wage jobs
- ▶ Use realistic job previews and recruitment bonuses
- ▶ Create university-agency partnerships
- ▶ Recruit from within the agency
- ▶ Build and maintain a healthy, equitable culture
- ▶ Maintain manageable caseloads
- ▶ Offer training and advancement education
- ▶ Create recognition and reward programs
- ▶ Provide mentoring and coaching
- ▶ Provide flexible scheduling

DCP&P reported to SORS that it employed a variety of retention-related strategies in 2023 that contributed to the staff retention rates described above. Below are brief descriptions of a few of DCP&P's retention strategies and related hiring challenges.

ASSESSMENT OF WORKFORCE NEEDS

In 2023, DCF commissioned a comprehensive study of labor market challenges experienced by a variety of DCF divisions, including DCP&P, to address a reported decline in qualified candidates for key roles, increased attrition, and increased caseload and complexity of cases.⁷⁵

DCF reported the analysis projected that a group of eight major job positions would be short at least 11,000 staff over the next 5 years if no corrective action was taken. Some of the main workforce challenges included: a sharp increase in demand for care work causing more competition for workers; high migration of NJ college graduates to other states; the volume of current staff about to retire in NJ is higher than US on average; high turnover/poor retention, driven by pay, lack of career advancement opportunities and lack of appreciation/recognition, and challenging on-boarding processes.

The analysis generated twenty different solutions to drive up and maximize the existing workforce, each with varying degrees of feasibility and costs to implement including: increase opportunities for students to fulfill their clinical/field hours with DCF; streamline the onboarding process; offer a retention bonus; consider non-financial retention incentives and create a regional pool of flex workers.

DCF reported it has undertaken a number of actions to implement these solutions including: encouraged private social service provider organizations to use the analysis to inform their recruitment and retention strategies; modified specific DCF job qualification requirements to match a wider portion of the labor market; examined regulatory issues at residential facilities that can be barriers to hiring; provided a loan redemption program for specific DCF positions with one time federal funds, and invested \$40 million in fiscal year 2024 and \$22 million in fiscal year 2025 for provider rates and a cost of living adjustment for staff. For more details about DCF's actions, see Appendix E.

OFFICE OF STAFF HEALTH AND WELLNESS

The Office of Staff Health and Wellness provides and connects staff to resources and supports designed to foster overall physical and emotional well-being, strong morale, and a culture of inclusivity and empowerment. DCF created the Office in 2019 to improve the health, safety and wellbeing of all DCF staff.⁷⁶ Examples of these resources are listed below.

WORKER2WORKER PROGRAM

The Worker2Worker program provides free, confidential peer support to help DCP&P staff cope with stress, and physical, mental and behavioral health issues, and to improve overall life and work quality.⁷⁷ The program is staffed by former DCP&P staff who provide services that include: peer counseling; debriefing crisis situations; referrals to local resources for additional treatment and support, and a weekly support group for all staff facilitated by a licensed clinician.

EMPLOYEE COUNCIL

DCF reported to SORS that in 2024 it created the Employee Council comprised of 25 DCF staff across the state from a variety of divisions in a variety of roles, including DCP&P staff, for the purpose of engaging staff in critical review of and feedback about

DCF rules, policies, and initiatives. The Employee Council meets quarterly to share ideas, concerns, and recommendations to achieve effective partnership with DCF leaders.

COLLABORATIVE SAFETY

Collaborative Safety is a process that staff engage in when children they work with are involved in a critical safety incident, such as a child death. The Collaborative Safety process examines any organizational or systemic barriers that may have impacted staff decision-making related to the critical adverse child events to help remove any shame or blame staff experience and foster a culture of accountability.

Staff recruitment & hiring

The number of job applicants has substantially declined since before the pandemic

DCF reported to SORS that in 2023 it received approximately 3,000 applications for approximately 114 caseworker openings that year – which is more applications than 2021 when it received 2,700 applications for approximately 283 openings. Interest in DCP&P positions declined overall compared to before the pandemic when DCF received up to 12,000 resumes annually.

DCP&P posts open positions on its website and on other online job platforms and participates in various job fairs. DCP&P reported to SORS that it employed a variety of other recruitment strategies in 2023, and brief descriptions of a few of these strategies are described below.

JOB FESTS

DCP&P hosted approximately 45 mass interview events, or job fests, to recruit staff in 2023. DCP&P held the events in counties where DCP&P Local Offices have vacancies.⁷⁸ Job Fests were primarily used to hire entry level caseworkers such as Family Service Specialist Trainees. Between 30 to 60 candidates participated at each event, and they were interviewed by a panel of DCP&P staff that included supervisory staff from the nearby Local Office who knew the particular needs and demands in the office. Candidates also provided writing samples and completed and submitted required paperwork.

Candidates who successfully completed the Job Fest and background checks were added to a hiring list DCP&P distributed weekly to the 46 Local Offices throughout the state, so managers and supervisors could select candidates to fill positions as vacancies occurred. DCP&P hired approximately 325 caseworkers as a result of the 2023 Job Fests. DCP&P reported that this proactive process allowed them to fill positions as soon as vacancies become available which helped them maintain mandated caseload levels.

DCP&P-UNIVERSITY PARTNERSHIPS

Since 2005, DCP&P has worked with local colleges and universities to recruit caseworkers through the Baccalaureate Child Welfare Education Program.⁷⁹ A consortium of eight undergraduate social work programs in New Jersey participate. The program provides tuition to selected undergraduate social work students to support them during the year they complete an internship at DCP&P, and in exchange, the students commit to working for at least two years in a caseworker position at DCP&P.

DCP&P reported that this program has grown in popularity, and in 2023, DCP&P doubled the number of interns and staff hires to 30 people.

#4 Staff training

Initial and on-going training is key to adequately prepare and support staff to understand their roles and responsibilities, keep up with current practices and improve efficiency and effectiveness in working with children and families. Comprehensive and quality training can also help improve job satisfaction, decrease staff turnover, and increase retention.⁸⁰

SORS is to report on DCP&P's efforts to maintain a comprehensive training program for child welfare staff and supervisors, with a focus on key areas, including: pre-service training covering the case practice model and permanency planning; adoption training; training on case management systems, and mechanisms for staff completing the trainings to demonstrate competency on the required areas of training.

The DCF Office of Training and Professional Development coordinates training for caseworkers, and new and existing caseworkers receive different types of training.⁸¹

Annual in-service training for existing caseworkers and other DCP&P staff

DCP&P restructured its annual training requirements in 2023. Prior to the restructuring, caseworkers had to complete 40 training credit hours annually. After restructuring, the number of hours decreased to 20. DCP&P reported that one reason for the change in hours was that the agency and its caseworkers had demonstrated the ability to sustain reformed case practice and foundational knowledge and skills to work with children and families that it implemented many years ago. DCP&P reported that another reason for the change was that the new training requirements align with the hours and rigor of the New Jersey State Board of Social Work Examiners Continuing Education Requirements who set the standard for continuing education for licensed social workers.

Also, as part of the restructuring, additional staff who previously had no annual training hour requirements were required to complete 20 credit hours annually, and these staff are supervisors, casework supervisors, case practice specialists, and resource engagement specialists.

Training topics for existing caseworkers are relevant and comprehensive, yet the share of staff who complete the training needs improvement

In 2023, approximately 3,300 DCP&P staff were required to complete 20 hours of annual training. Approximately 4 in 5 (or 78%) staff completed the training, with a range from 100% (in six Local Offices) to 46% (in one Local Office).

DCF reported that staff can meet their training requirement by taking courses offered by internal and external sources. Internally, DCF, DCP&P, and the Local Offices provide trainings. Externally, DCF has training contracts for caseworkers with Rutgers and Stockton universities, Prevent Child Abuse New Jersey, the Child Welfare League of America, the American Public Human Services Association, and other local and national organizations.

DCF reported that DCP&P staff complete pre and post-tests to demonstrate competency in the training topics.

New caseworker training

Training topics for new caseworkers are relevant and comprehensive, yet the share of staff who complete the training needs improvement

DCP&P requires its new caseworkers to engage in 18 months of training. DCF delivers the training in two phases: orientation/pre-service and foundational courses.

100% of the Family Service Specialists DCP&P hired in calendar years 2023 (293 staff) and 2022 (124 staff) completed the orientation and pre-service training; 3 in 4 staff hired in 2022 (or 76%) completed almost all of the foundational courses. (Not enough time has passed to report on staff hired in 2023).

DCP&P reported that some of the reasons for non-completion of the foundational courses included missing a module within a course, a pause in a course in order to update content, a new course coming online during this period, and staff time off.

Pre-service training lasts roughly four months and starts with an orientation period that covers an overview of the mission and work of DCF, confidentiality of records, prevention of workplace violence, ethics, and racial bias and non-discrimination in the workplace. The main pre-service period trainings include: the case management computer application, New Jersey Spirit, which is used for investigations, case management and adoption; child development and indicators of child abuse and neglect; engaging families; Solution Based Casework, Structural Decision Making tool; culturally responsive practice; safety awareness, and an introduction to domestic violence, substance use, and engaging families with mental health conditions. DCP&P reported that the training is complemented with caseworkers shadowing seasoned workers out in the community interacting with families.

DCP&P reported that during the pre-service training phase, new staff complete competency exams after most of the training modules, and they are expected to score a minimum of 70% to successfully advance to subsequent modules and complete the pre-service training. If staff do not pass the first exam, they can take it again. If they do not pass the second exam, the new caseworker's supervisor works with them to make and implement a plan to build the caseworker's knowledge and skills.

Foundational training lasts approximately 15 months and the topics include:

- ▶ Domestic Violence
- ▶ Substance Use Disorders
- ▶ Engaging Families with Mental Health Conditions
- ▶ Child Sexual Abuse
- ▶ Education and Special Education
- ▶ Cultural Competency LGBTQIA+

DCP&P improvement activities

- ▶ DCP&P retained 87% of their Assistant Family Service Workers and 75% of their Family Service Worker Trainees in 2023.
- ▶ The race and gender of DCP&P staff is not reflective of children's race and gender as two times as many of their staff are white compared to children who are white (52% and 26% respectively), 17 times fewer staff are Hispanic than children who are Hispanic (34% and 2% respectively), and more than one and half times as many staff are female than children who are female (84% and 50% respectively).
- ▶ Approximately 1 in 5 staff did not complete the required 20 hours of annual training and 1 in 4 newly hired caseworkers did not complete the required foundational training.

For all of the areas combined above, DCP&P has undertaken the following actions to improve them by:

- ▶ Forming a DCF Onboarding Workgroup in 2024, comprised of staff at different levels within DCP&P, to enhance staff recruitment, onboarding, and retention with a particular focus on Family Service Worker Trainees. The workgroup developed strategies targeting high schools and colleges for recruitment, refining onboarding practices to ensure a welcoming and supportive environment, establishing staff mentorship programs, strengthening supervisory training, and improving staff morale. DCF reported it will add new members to the Workgroup that will meet quarterly to discuss implementation of the recommended strategies, and it will be led by the offices of Human Resources, Staff Health and Wellness, and Training and Professional Development.
- ▶ Placing job opening advertisements in Hispanic newspapers and community centers.
- ▶ Researching the potential for a male focused Job Fest and/or Job Fair.
- ▶ Increasing monitoring of training hour completion throughout the year by DCP&P leadership teams and the DCF Office of Training and Professional Development.
- ▶ Increasing communication with training liaisons in each Local Office.
- ▶ Collecting and sharing strategies used by Local Offices that have had great success in staff training completion to support those with lower percentages of completion.



Operations

SORS is tasked with reviewing DCP&P operations in five areas: 1) service array, 2) local office funds for children and families, 3) funding for physical and mental medical services, 4) maintenance of a case management information and data collection system, and 5) adjustment of support rates for foster parents. Below includes what SORS was able to review this year. As with other areas, SORS hopes to be able to collect more qualitative information on some of these issues in the coming years.

#1 Service array

The services children and families secure during their involvement with DCP&P play a crucial role in reducing children's risk of future maltreatment and working towards reunification. Relevant, accessible, high-quality services and resources are key. DCP&P does not provide specific direct care services, but it partners with organizations to provide certain services and connects children and families to those and other service agencies in the community.

Pursuant to the state law enacted in 2022, SORS is required to report on DCP&P's provision of comprehensive, culturally responsive services to address the identified needs of the children, youth, and families the department serves, including but not limited to: services for youth age 18 to 21; services for LGBTQI+ youth; mental health, and domestic violence services for birth parents whose families are involved with the child welfare system; preventive home visitation programs; trauma-informed care, and an adequate statewide network of Family Success Centers.

DCF, in partnership with the New Jersey county Human Services Advisory Councils, conducted an extensive evaluation of services in 2019-2020 to make sure the right mix of services and activities were available in every county in the state to support families. DCF reported that it used the evaluation to support its continuous quality improvement efforts, to devise and implement plans to strengthen services, and to report on the service array as part of its federal reporting requirements.⁸²

SORS members identified that their new responsibility of assessing the broad array of services DCP&P connects children and families to was a challenging undertaking, especially in the first year of its expanded statutory responsibilities. SORS made a plan, however, to evaluate a selected set of services, and that plan included: 1) identifying existing data that shed light on the availability of the selected services; 2) meeting with staff in DCF's Office of Monitoring (that assesses the quality of contracted services, ensures consistency of service delivery, and evaluates constituent experience with providers) to understand what providers they monitor, and how they identify needs and track the volume of services, and 3) interviewing biological and foster parents and casework staff to determine whether there are outstanding service needs.

SORS requested DCP&P's assistance to set up meetings with staff in the Office of Monitoring, and DCP&P reported to SORS that the Office would not have any data or results to report regarding its current service monitoring efforts until 2025.

SORS also requested DCP&P's assistance to set up interviews for SORS members with individuals who deliver and/or utilize the services including select local office leadership, supervisors and caseworker teams and DCP&P advisory groups such as the Youth Council and the Father's Group, but DCP&P was unable to support that this year.

DCF reported that in the fall of 2024 it will start making plans to undertake a new, comprehensive evaluation of services in preparation for its 2025 federal reporting requirements.

To fulfill its responsibilities, SORS anticipates making and implementing a plan to evaluate DCP&P services in 2025. This evaluation will include a review of data from the Office of Monitoring, independent interviews with various stakeholders who deliver and use the services, and a review of data from DCF's preparations for and implementation of its new service evaluation efforts.

#2 Local office funds for children and families

While poverty can be a contributing factor to child abuse and neglect, poverty is often conflated or equated with child neglect, even when neglect is not present, and can unnecessarily trigger a family’s involvement with child protective services.⁸³ Nationally, neglect accounts for 63% of children removed from their homes.⁸⁴ Many studies emphasize that addressing poverty is crucial in preventing child welfare involvement in the first place and in preventing children from being removed from their families. This is particularly important for children who are Black and Hispanic, whose families are disproportionately impacted by financial hardship stemming from historical systemic conditions and structural racism.⁸⁵

Many state child protection agencies, including New Jersey, have money or flexible funds to help families address their economic and concrete needs related to housing, health care and more.

The 46 DCP&P Local Offices have access to two types of funds: Flexible Funds generally used for non-emergent needs and Local Office Business Account (or LOBA) Funds available for emergent needs (see chart below). DCP&P can use money from one or both funds to help a child and family based on the family’s circumstances and extent of their need.

The purpose of both funds is to ensure that families can provide appropriate care to their children and, more specifically, to ensure the successful implementation of the case plan and achievement of the tasks established in the family team meetings. DCP&P described that the funds are for:

- ▶ Keeping children safe
- ▶ Ensuring children’s well-being
- ▶ Preventing out-of-home placement
- ▶ Stabilizing children’s placement
- ▶ Promoting family reunification

Both funds pay for some of the same services or items such as clothing, transportation and medical care, but they are paid for under different circumstances – either non-emergent or urgent-- and neither fund can be used to make additional payments to providers already contracted with DCP&P or used for loans, gift cards or cell phones. The amount of money that can be spent in a year differs by fund. See chart below.

Flexible funds

Flexible funds are designed to be used for temporary, short-term needs while the family is in the process of developing a sustained source of funding from a public benefit like Medicaid for health care expenses or cash assistance (Temporary Assistance for Needy Families/

Description of flexible funds and Local Office Business Account Funds (LOBA)

	Flexible funds	LOBA Funds
What the funds are for	non-emergent needs	emergent needs
Examples of covered expenses	childcare, clothing, transportation, education (computers), enrichment (sports fees, vacation), food, furnishings (beds), housing (utilities), medical and dental care (vision and psychological care), and other supports (rent/mortgage, legal, car seat)	clothing for children in placement (when entering placement, uniforms), transportation (primarily limited to children), food, furniture for children, hand rails, safety gates, security deposit for rental property, utilities, medications, eyeglasses, legal (birth certificate, guardianship papers), personal items, luggage, independent living (rent, food)
Services not covered	additional payments to a provider contracted with DCP&P, loans, gift cards, cell phones	additional payments to a provider contracted with DCP&P, loans, gift cards, cell phones
Who the funds are for	child, birth family, foster family	child, birth family, foster family
Amount that can be spent in one year	\$10,134 per case, but in these specific amounts: child \$500; birth family \$8,634; foster family: \$1,000	\$1,600 per case (child and family combined)

TANF), social security or rental assistance.⁸⁶ The fund is also meant to provide enrichment for children and families to enable them to purchase needed items, goods, or services that they would not otherwise be able to experience, such as paying for fees to play sports or for a vacation.

DCP&P can spend up to approximately \$10,000 per case per year in flexible funds in these specific amounts: \$500 for a child, \$8,634 for the birth family, and \$1,000 for the foster family.

LOBA funds

LOBA funds are designed to be used for emergent needs that a child or family could not fill by using emergency or other assistance through county or municipal public benefits because they did not qualify.⁸⁷

Some examples of situations that are appropriate to use these funds for include:

- ▶ Very little food is available for children on that very day.
- ▶ There is no gas, water, heat, and/or electricity in the family home.
- ▶ Adequate, clean bedding, cribs, or playpens are lacking for children or infants.
- ▶ Adequate, clean, properly fitted, seasonal clothing are lacking.
- ▶ Repair of household equipment, such as plumbing, refrigerators, or stoves, is necessary for health reasons.
- ▶ Youth in independent living lack funds for rent, food or incidental items.

Most foster parents receive a monthly stipend to care for a child. DCP&P describes that some foster parents live on marginal incomes and are unable to absorb all of the costs involved in caring for a child, so DCP&P can use LOBA funds to provide financial assistance at a time of a crisis to allay immediate danger to a child's health or safety caused by a fire, flood, natural disaster, or a sudden breakdown in a heating or plumbing system, for example. Foster parents can also use the funds to purchase temporary respite care services, such as a parent helper or trained childcare worker, to alleviate the pressures on a family, particularly where a foster family has been asked to care for a large sibling group or a number of young children.

DCP&P can spend a maximum of \$1,600 per case, covering the child and the combined needs of the birth and foster families. See the chart below for more details about the two types of funds.

DCP&P spent one third of combined flexible and LOBA funds, \$4.3 million, on housing-related needs

DCP&P reported to SORS that for 2023 it spent a total of \$12.7 million in combined Flexible and LOBA funds.⁸⁸

DCP&P expended the largest share of the combined funds, one third or \$4.3 million, on housing-related needs such as payment for rent, utilities, and security deposits for rental properties. As mentioned earlier in this report, in 2020, housing was identified among the top challenges for children and families involved with DCP&P.⁸⁹

The second largest share of funding, 13% or \$1.6 million, was spent on support services, which also included some rent and mortgage assistance, as well as legal and financial assistance and transportation for family members escorting children.

DCP&P spent roughly 10% of the funds, or just over \$1 million, on each of these services: transportation, clothing and childcare.

DCP&P spent nearly half a million dollars on rent, food, clothing and other needs for youth living in independent living placements and spent just over \$350,000 on food and \$300,000 on children's medical and dental needs. See the table on the next page for more funding details.

In the future, SORS intends to review DCP&P's performance in using the funds for their stated purposes of preventing removal of children from their families, stabilizing children in foster care, promoting family reunification and generally ensuring child well-being. Specifically, for its next report, SORS anticipates devising and implementing a plan to review the use of 2024 funds. The plan will involve questions some SORS members have raised about how the funds are used and for which children and families including:

- ▶ How many children and families receive these funds every year?
- ▶ What are the characteristics of children and families that receive the funds? – age, race, county, living at home, in foster care.
- ▶ What types of services make the greatest impact on preventing the removal of children, stabilizing children in foster care and promoting family reunification?
- ▶ When are the funds primarily used – when a child first gets involved in DCP&P or later?
- ▶ How do caseworkers generally decide why and when to request the funds?
- ▶ What is the process to request the funds? How easy or difficult is it for caseworkers to secure approval?
- ▶ What is the expenditure of funds by Local Office?
- ▶ If not all the funds are expended at an office, why not?
- ▶ How do families learn about these funds?

#3 Sufficiency of DCP&P funding for physical and mental medical services

SORS is required to report on the sufficiency of funding for the following physical and medical services for children: preplacement and entry medical assessments; dental examinations; immunizations; follow up care and treatment; mental health follow-up care and treatment; and behavioral health treatment provided in the least restrictive setting for children and youth.

DCP&P had sufficient funds for physical and mental medical services

SORS members met with DCF financial leaders who reported that several federal and/or state policy mandates require that DCF provide these services. Accordingly, from their perspective, there are budget mechanisms in place that assure these services are funded, and adequate dollars are allocated each year. For example, if the amount allocated for these services in the state budget one year was insufficient, supplemental funds would be requested from the state legislature.

DCP&P spent one third of its combined flexible and LOBA funds on housing related services for children and families in 2023

Service	Amount spent	Percent
Housing Related Services Total	4,347,869	34
Rent	3,257,336	
Housing	602,612	
Utilities	198,017	
Security Deposit	181,886	
Furniture	94,898	
Other housing related items	13,121	
Support Services	1,618,376	13
Transportation Related Services Total	1,311,174	10
Transportation	1,259,774	
Child Transportation	37,561	
Car Seat and Bicycle Helmet	13,839	
Clothing Related Services Total	1,255,802	10
Initial Clothing	557,048	
Special Clothing	506,365	
Clothing	188,277	
Luggage	4,112	
Child Care (including Respite Care)	1,088,722	9
Independent Living (food, clothing, rent, etc)	457,860	4
Food	368,074	3
Health Related Services Total	314,762	2
Medical/Dental	159,857	
Health (glasses, prescriptions, etc.)	154,905	
Additional Services Total: Enrichment, Miscellaneous, Other, Personal Items, Education Services, Personal Allowance, Legal (birth certificates, summons, etc.), Vacation and Hurricane related	1,965,202	15
GRAND TOTAL	12,727,841	

#4 Maintain a case management information and data collection system

SORS is also required to report whether DCP&P maintains a case management information and data collection system that allows for the assessment, tracking, posting/web-based publishing, and utilization of key data indicators with consistent definitions and methodology. SORS must also report on the accuracy of DCP&P's published data.

DCP&P maintained a case management and information and data collection system that produced accurate data

NJ SPIRIT is New Jersey's Statewide Automated Child Welfare Information System (SACWIS), a case management and financial system where DCP&P caseworkers and supervisors enter all information about children and families. SafeMeasures is a data warehouse and analytical tool that pulls data from NJ SPIRIT and allows tracking of critical child welfare indicators by worker, supervisor, Local Office, county,



and statewide. It is used by different levels of staff to track, monitor, and analyze performance and trends in case practice and targeted measures and outcomes.

In their final report, the federal monitor noted that in the early years of the litigation, the monitor would independently validate much of DCF's reported performance, but as data systems and data quality improved, the need for external validation diminished.⁹⁰ Going forward, DCF committed to continuing to provide updates to the public on performance through monthly reports, as well as annual updates based on analysis of the CoQI process, as described above. DCF has committed to continue contracting with Rutgers to produce the Child Welfare Data Hub, which includes information and maps on several measures, disaggregated by race, for both CP&P and the Children's System of Care which is New Jersey's public behavioral health system.

SORS was able to confirm that in 2023, DCF fulfilled its commitment to providing the data described above, and that SORS used data from all of these sources to conduct this performance review. Because DCP&P made no major changes to its data collection systems since the federal monitor's last report in June 2023, SORS determined that data accuracy remained high and that no further validation was needed at this time.

#5 Adjustment of support rates for foster care parents

When the New Jersey child protection services agency places a child in any foster home, including a kinship foster home, it must pay that caregiver foster care maintenance payments. These payments must cover food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals and more.⁹¹ The rates vary depending on a child's age and emotional and physical needs.

SORS confirmed that DCP&P was not required to adjust the support rates for foster care parents in 2023

DCP&P and other state agencies establish this rate based on standards or benchmarks established by federal agencies, namely: the US Department of Agriculture estimates for the cost of raising a child or adolescent in the urban Northeast; the US Department of Housing and Urban Development Fair Market Value for average rent in NJ; IRS estimates for monthly food and household expenses.

SORS confirmed that in 2023 the US Department of Agriculture did not adjust the support rates and that it has not published an estimate for the cost of raising a child since 2017.⁹²

VIII. Performance areas SORS did not report on fully or at all in 2024

As stated earlier in this report, the state law passed in December 2022 greatly expanded SORS' responsibilities to review, analyze and make recommendations regarding DCF's performance in additional areas regarding children and families, staff and operations. Because a standard model for a report of this kind did not exist, SORS created a report roadmap and worked diligently over the last year to meet its obligations. As noted above, SORS members found that assessing all the required areas in the first year was a challenging undertaking. There are some areas where SORS was unable to provide an evaluation at all for a variety of reasons including its own time constraints or DCF's lack of capacity to respond to a multitude of new requests for information. Going forward, it is possible that SORS will report on some areas in every report, and report on others cyclically (e.g. every other year). SORS pointed out a few of these areas in the body of the report and has listed them in their entirety below. To fulfill its responsibilities, SORS anticipates making and implementing a plan to address these areas in 2025.

- ▶ **Area (d)** - Out of state behavioral health placement: providing the most appropriate and least restrictive placements when out-of-home placement is necessary – specifically precluding children from being placed in out-of-State behavioral health facilities without written approval from the Assistant Commissioner for the Children's System of Care
- ▶ **Area (e)** - Service array: providing comprehensive, culturally responsive services to address the identified needs of the children, youth, and families the department serves, including but not limited to:
 - services for youth age 18 to 21
 - services for LGBTQI+ youth
 - mental health, and domestic violence services for birth parents whose families are involved with the child welfare system
 - preventive home visitation programs
 - trauma-informed care
 - an adequate Statewide network of Family Success Centers
- ▶ **Area (f)** - Providing medical care to children and youth residing in resource family care, including:
 - appropriate medical assessment and treatment, pre-placement, and entry medical assessments under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
 - guidelines, dental examinations
 - up-to-date immunizations
 - follow-up care and treatment and mental health assessment and treatment, where appropriate
 - behavioral health treatment provided in the least restrictive setting for children and youth
 - evaluating the sufficiency of funding for these medical services
- ▶ **Area (h)** – Flexible funds: Making flexible funds available for use by caseworkers in crafting individualized service plans for children, youth, and families to:
 - meet the needs of children and families
 - facilitate family preservation and reunification where appropriate
 - ensure that families are able to provide appropriate care for children and avoid the disruption of otherwise stable and appropriate placements
- ▶ **Area (k)** – Adoption: generally beginning the process of preparing a child for adoption and seeking and securing an adoptive placement as soon as the child's permanency goal becomes adoption, but in no case later than as required by federal law; conducting five-month and 10-month placement reviews for children in custody; developing a child-specific recruitment plan for all children with a permanency goal of adoption needing the recruitment of an adoptive family, as well as evaluating the sufficiency of funding for such processes.

IX. What works well

Over the past year, SORS members have heard about, observed or reviewed information about things working well at DCP&P and with the Taskforce for Child Abuse and Neglect. Although this is not an exhaustive list, SORS wanted to identify some of those areas in this report.

For DCP&P:

1. Keep up the good work in sustaining and further improving areas that produce good outcomes for children, birth and foster parents, and families – particularly in areas that accurately assess families’ needs and results in families getting their needs met in order to exit DCP&P as fast as possible. These areas of strength include:
 - ▶ The vast majority of children (91%) remain safely with their families (are not removed to foster care).
 - ▶ Nearly half of children removed from their families are placed with kin (46%).
 - ▶ The majority of children in foster care have stable placements (84%).
 - ▶ The quality rating of caseworkers’ efforts to help school-age children achieve educational stability (79%) and access needed educational supports (82%) is relatively high.
 - ▶ Caseworkers visit with children removed from their families in a timely manner (93%).
2. Keep up the good work sustaining and further improving in areas that produce good outcomes for staff which include:
 - ▶ A high caseload compliance rate for the last six years (at least 90%).
 - ▶ A high retention rate of staff overall (91%).
 - ▶ A well-staffed child health program (1 nurse to 35 children).
 - ▶ Relevant and comprehensive training for new and existing caseworkers.

For the task force on abuse and neglect in partnership with DCF, families and community partners:

1. Continue to prevent children and families from unnecessary involvement with DCP&P by:
 - ▶ Continuing to increase awareness to families and to people who most frequently contact the child abuse hotline (primarily law enforcement, school staff and health care providers) about where and how they can access social services, so they can refer families to the appropriate support service. Increase awareness particularly about concrete and economic supports families need most including housing, rental assistance, substance use disorder treatment, behavioral health care, childcare subsidies and food.
 - ▶ Continuing to promote and increase the capacity of existing state helplines, such as 211 New Jersey, that serve as information and referral services connecting people in need with a variety of health and human services programs.
 - ▶ Continuing to modify written materials about and the trainings for reporting child abuse, particularly for law enforcement, school personnel and health care providers, so they more clearly define when to report children to the child abuse hotline and when to refer families to social service helplines. Specifically, continue to support the efforts of the Subcommittee on Race, Poverty and Neglect that is focused on the pathways by which reporters report alleged neglect, how they are trained, and how to educate them about support for families outside of allegations of neglect.

X. Recommendations

Recommendations for DCP&P

1. Continue to undertake improvement activities in areas identified as needing improvement for children, birth and foster parents, and families. Prioritize areas that directly impact children and contribute to accurately assessing and fulfilling families' needs, thereby facilitating a quicker exit from DCP&P involvement. The areas in need of strengthening include:
 - ▶ Increase the timeliness of contact between children and their parents. (71% had timely contact).
 - ▶ Decrease the number of foster care placements for teenage children. (Nearly 1 in 4 had more than two placements).
 - ▶ Decrease the proportion of teenage children in congregate care. (Nearly 1 in 4 were in congregate care).
 - ▶ Increase the quality of DCP&P's practice to assess children's social and mental health status and monitor and communicate about their treatment needs improvement. (DCP&P achieved a 76% quality rating on this measure).
 - ▶ Increase the quality of DCP&P's practice to conduct family assessments to identify appropriate and effective interventions to resolve issues so that families could function safely and independent from DCP&P's involvement and achieve permanence. (DCP&P achieved a 58% quality rating on this measure).
 - ▶ Increase the quality of DCP&P's practice to engage families in ongoing planning that involved establishing goals, connecting families to appropriate services, monitoring progress towards goal achievement, adjusting the plan, and preparing families for sustained independence or from DCP&P. (DCP&P achieved a 70% quality rating on this measure).
 - ▶ Increase the timeliness of family team meetings. (72% had timely meetings).
 - ▶ Increase the timeliness of contact between caseworkers and parents. (71% had timely contact).
2. Continue to undertake improvement activities in areas identified as needing improvement for staff and report on them including:
 - ▶ Increase the retention rate of Family Service Worker Trainees (75%) and Assistant Family Service Workers (87%).
 - ▶ Increase the number of caseworkers who are Hispanic, Spanish speaking, Black, male and have lived experience with DCP&P.
 - ▶ Intentionally recruit staff and consultants who have lived experience with child welfare from groups that gather youth, birth parents and foster parents.
3. Continue to take targeted steps to reduce the disproportionate involvement of children who are Black and Hispanic in DCP&P through the efforts of the Subcommittee on Race, Poverty and Neglect and ongoing DCP&P staff bias training.
4. Continue to regularly publish data on the quality of DCP&P services and activities, such as the Collaborative Quality Improvement (CoQI) Briefs.
5. Ensure new and existing caseworkers are well informed about Education Stability Liaisons to better support children in achieving stability in their schooling and overall well-being.
6. In the case practice model, ensure that family goals reflect the original safety concern that initiated DCP&P involvement, and the goal setting process is jointly informed by and evaluated on the parents' stated goals and needs.

Recommendations for DCP&P, families and community partners

Continue to reduce the number of children DCP&P removes from their parents – particularly by expanding existing and implementing new removal prevention strategies such as preventive legal assistance, targeted utilization of Flexible and LOBA Funds, anti-bias removal decision making, and enhanced training for all court staff and other key stakeholders about child trauma due to removal from their parents.

Recommendation for the Governor

Convene leadership from state departments that address families' material needs, such as housing (Department of Community Affairs), health insurance, childcare, workforce and cash assistance (Department of Human Services), child welfare (DCF) and other key offices, to address and resolve issues that unnecessarily involve some families in DCP&P including housing and food insecurity and inaccessible or unaffordable childcare and public transportation.

Recommendations for SORS

Short-term (in 2025)

1. Devise and implement a plan to review and report on DCP&P's performance in 2025 in areas that SORS did not fully cover in 2024. These include: providing comprehensive, culturally responsive services to address the identified needs of children, youth, and families; providing medical care to children and youth residing in foster care; placing children out of state for behavioral health care; the adoption process; Flexible Funds; and the effectiveness of DCP&P's recruitment and hiring practices. Part of SORS' plan will involve working in partnership with DCP&P and the other Task Force subcommittee leaders and inquiring if they are currently in the process of or are planning to review any of these areas (to reduce duplication of work), or if they would consider reviewing an area if the area appears to be a part of their subcommittee's purview.
2. Regarding devising a plan to review DCP&P's performance in providing relevant, comprehensive, culturally responsive services, the plan will include reviewing:
 - ▶ DCP&P's performance in assessing and identifying the major underlying challenges/needs associated with families' DCP&P involvement and connecting and supporting families to secure the resources and services to fulfill those needs – including conducting assessments of a family's economic stability and need for concrete supports such as housing assistance, cash assistance and childcare subsidy
 - ▶ The most common types of services and treatments DCP&P requires parents to receive and assessing their accessibility and effectiveness

3. Strongly consider using different measures for the Child Well Being Pillar as the statute requires reporting on dental exams, follow-up care and treatment, mental health assessment and treatment, and behavioral health treatment provided in the least restrictive setting.
4. SORS will continue to seek independent input from DCP&P staff, utilizing survey methods as the committee has done in the past, as well as independent input on DCP&P's performance from a broader set of stakeholders with lived experience with the agency, including youth currently in and recently exited from DCP&P, biological parents, foster parents, and service providers.
5. Continue SORS members' participation in DCP&P's quality improvement processes of family interviews and Local Office Collaborative Quality Improvement (CoQI).

Long-term (in 2026)

6. Begin to explore how the court system, and judges in particular, are involved in the following issues and how they interact with DCP&P: the adoption process; the major causes of delays in the court process that impact children's time to permanence, and how court staff are trained regarding child welfare and whether it specifically includes child trauma that can be associated with removal from their parents.
7. Begin to explore the experience of foster parents who are and are not kin and their interactions with biological parents and families.
8. Begin to explore the decision some parents make to give temporary custody of their children to relatives or friends to reduce or avoid involvement with DCP&P, including what information is provided and what resources are utilized to make these decisions. Explore the resulting impact of these types of arrangements on children, parents, kin and DCP&P.

Note: DCF reported that it does not currently have some of the data or data collection infrastructure to address some of the recommendations in this report, yet it is interested in securing it to be able to count, for example, the most common services children and families receive. DCF reported it has been working since 2020 to implement an information management strategic plan to build its data capacity. Consequently, SORS would like to work with DCF to better understand its data capacity and how DCF could consider collecting new data to address the report recommendations for which there is currently no data or capacity to collect it.

Note: See the "What works well" section in the full report for SORS' recommendations to DCP&P to keep up the good work in many areas.

XI. Appendix

Appendix A. Statutorily required performance areas

New Jersey law [P.L. 2022, c130](#) directs SORS to report on the following areas – including assessing quality in section (b):

staffing levels and the most effective methods of recruiting, hiring and retaining staff

- (a) maintaining a case management information and data collection system that allows for the assessment, tracking, posting or web-based publishing, and utilization of key data indicators with consistent definitions and methodology, along with ensuring the accuracy of published data
- (b) implementing and sustaining a case practice model comprising a continuous set of activities that emphasizes quality investigation and assessment, which model shall include:
 - ▶ performing safety and risk assessments;
 - ▶ engaging with youth and families;
 - ▶ working with family teams;
 - ▶ providing individualized planning and relevant services;
 - ▶ performing continuous review and adaptation;
 - ▶ and ensuring safe and sustained transition from the department
- (c) guaranteeing that the operation of the department’s State Central Registry ensures that allegations of child abuse and neglect are received by the department’s field offices in a timely manner and investigations are commenced within the required response time identified by the State Central Registry
- (d) providing the most appropriate and least restrictive placements when out-of-home placement is necessary, and in so doing allowing:
 - ▶ children to remain in their own communities, be placed with or maintain contact with siblings and relatives, and have their educational needs met;
 - ▶ precluding children under age 13 from being placed in shelters;
 - ▶ precluding children from being placed in out-of-State behavioral health facilities without written approval from the Assistant Commissioner for the Children’s System of Care;
 - ▶ and maintaining an adequate number and array of family-based placements to appropriately place children in family settings
- (e) providing comprehensive, culturally responsive services to address the identified needs of the children, youth, and families the department serves, including but not limited to:
 - ▶ services for youth age 18 to 21;
 - ▶ services for LGBTQI+ youth;
 - ▶ mental health, and domestic violence services for birth parents whose families are involved with the child welfare system;
 - ▶ preventive home visitation programs;
 - ▶ trauma-informed care; and
 - ▶ an adequate Statewide network of Family Success Centers
- (f) providing medical care to children and youth residing in resource family care, including:
 - ▶ appropriate medical assessment and treatment, pre-placement, and entry medical assessments under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT);
 - ▶ guidelines, dental examinations;
 - ▶ up-to-date immunizations;
 - ▶ follow-up care and treatment and mental health assessment and treatment, where appropriate;
 - ▶ behavioral health treatment provided in the least restrictive setting for children and youth; and
 - ▶ evaluating the sufficiency of funding for these medical services

- (g) maintaining a comprehensive training program for child welfare staff and supervisors, including specialized training for investigators which training shall include pre-service training covering the case practice model and permanency planning, adoption training, and training on case management systems, and mechanisms for staff completing training to demonstrate competency on required areas of training
- (h) making flexible funds available for use by caseworkers in crafting individualized service plans for children, youth, and families to:
 - ▶ meet the needs of children and families
 - ▶ facilitate family preservation and reunification where appropriate
 - ▶ ensure that families are able to provide appropriate care for children
 - ▶ avoid the disruption of otherwise stable and appropriate placements
- (i) adjusting support rates for resource family care, adoption assistance, and independent living to ensure alignment with the United States Department of Agriculture estimates for the cost of raising a child or adolescent in the urban

Northeast, the U.S. Department Housing and Urban Development Fair Market Value for average rent in New Jersey, the Internal Revenue Service estimates for monthly food and household expenses, and other appropriate State and national benchmarks identified by the subcommittee

- (j) strengthening and sustaining appropriate permanency and adoption practices for the children and youth the department serves, recognizing that the department's permanency work begins at intake and encompasses the elements of the case practice model
- (k) generally beginning the process of preparing a child for adoption and seeking and securing an adoptive placement as soon as the child's permanency goal becomes adoption, but in no case later than as required by federal law; conducting five-month and 10-month placement reviews for children in custody; commencing the adoption process as soon as a diligent search process has been completed and has failed to identify the location of both parents or a suitable family placement; and developing a child-specific recruitment plan for all children with a permanency goal of adoption needing the recruitment of an adoptive family, as well as evaluating the sufficiency of funding for such processes.

Appendix B. SORS Members

Staffing and oversight review subcommittee members		
Name	Statutory category	Affiliation
Amanda Melillo	Representative of a NJ legislator	Office of Sen. Joseph Vitale, 19th Legislative District and Chair of the Senate Health, Human Services Committee
Angie Waters	Public member	Court Appointed Special Advocate of NJ (CASA)
Corinne Lebaron	Representative of a State-wide organization that supports resource and kinship parents	embrella
Garnett Roberts-Batson	Parent who has previously had involvement with DCPD	Parent advocate with lived experience
Gina Hernandez	Representative of a State-based child abuse prevention focused organization	Prevent Child Abuse NJ
Joshua Levy	Parent who has previously had involvement with DCPD	Parent advocate with lived experience
Katie Stoehr	DCF Commissioner or Designee	DCF
Laura Jamet	DCPD Assistant Commissioner	DCF
Linda Porcaro	Additional Public Member #2	Somerset Office of Youth Services
Lisa Chapland (Co-Chair)	Additional Public Member #4	Kinship Resource Parent
Mary Coogan	Representative of a State-based child advocacy organization	Advocates for Children of NJ
Mary Hallahan	Resource family parent who is currently licensed by the State	Foster and Adoptive Kinship Parent
Marygrace Billek (Co-Chair)	County Human Services Director	Director, Mercer County Human Services
Robyn Veasey	Attorney regularly engaged in the representation of parents in child protection matters	Office of the Public Defender
Scout Hartley	Alumni of the State's resource family care system	National Foster Youth Institute/Doctoral Student/Adjunct Professor OCC
Traci Telemaque	Attorney regularly engaged in the representation of children in out of home placement	Office of the Law Guardian

Appendix C. Brief description of the Camden Coalition and its role in the report

SORS retained the Camden Coalition as an independent contractor to help SORS carry out its new oversight responsibilities in the summer of 2023. Founded in 2002, the Camden Coalition is a multidisciplinary, community-based nonprofit working to improve care for people with complex health and social needs in the city of Camden, across New Jersey, and around the country. The Camden Coalition serves as one of New Jersey’s four Regional Health Hubs working with New Jersey’s Medicaid office, and other state agencies to expand data-sharing and collaboration among organizations.

In addition, the Camden Coalition’s National Center for Complex Health and Social Needs seeks to coalesce the emerging field of complex care by bringing together a broad range of clinicians, researchers, policymakers, and consumers who are developing, testing, and scaling new models of team-based, integrated care.

The DCF renewed the Camden Coalition’s contract through December 2024 to support SORS in publishing its first Annual 2024 Performance Report.



Appendix D. Detailed Four Pillars with data sources

#1: Front Door

Child protective services get involved only when families cannot take care of children themselves. Child protective investigations are timely and of high quality. Services and supports are provided to families to safely prevent the use of foster care placement.

Measure	Directionality	Baseline value & year	Current value & year	Percent change	Metric description	Source
Outcome 1: Families stay together safely.						
Investigations of abuse and/or neglect completed in a timely manner (60 days)	Up is better	86% (2022)	83% (2023)	-3%	Proportion of investigations of Child Abuse/Neglect completed within 60 days	Commissioner's Monthly Report
Children remain safely in their home	Up is better	91% (2022)	91% (2023)	0%	Proportion of children receiving DCP&P in-home services	Commissioner's Monthly Report
Individualized planning and relevant services identified for family in a timely manner	Up is better	97% (2022)	95% (2023)	-2%	Proportion of children in care who had a case plan reviewed every 6 months while in care	Commissioner's Monthly Report
Caseworker engagement with youth and families who remain at home	Up is better	88% (2022)	89% (2023)	1%	Proportion of children receiving DCP&P In Home Visits - monthly visitation requirement	Commissioner's Monthly Report

#2: Temporary Placement

Foster care placement is used as a safety intervention temporarily, and only as a last resort. While in care, children are placed in the least restrictive setting, with kinship settings prioritized; children experience stability and safety in their living situations, and family and community connections are preserved.

Measure	Directionality	Baseline value & year	Current value & year	Percent change	Metric description	Source
Outcome 1: Children and youth are placed with families whenever possible.						
Children residing with kin	Up is better	45% (2022)	46% (2023)	1%	Children in Placement, Point in time, percent of children in out of home placement with kin	Rutgers Data Hub https://njchilddata.rutgers.edu/portal/children-in-placement
Placement with siblings; maintaining an adequate number and array of family-based placements	Up is better	87% (2022)	84% (2023)	-3%	Children in Placement, Point in Time Sibling groups of 2 or 3: Percentage of children who entered out of home placement at the same time or within 30 days of one another who were placed with their siblings/ with the same provider	Rutgers Data Hub https://njchilddata.rutgers.edu/portal/siblings-placed-together
Child contact with siblings when not placed with siblings	Up is better	85% (2022)	86% (2023)	1%	Proportion of children in care who had at least one visit per month with their sibling(s)	Commissioner's Monthly Report
Placement of adolescents ages 13–17 in congregate care	Down is better	31% (2022)	26% (2023)	-5%	Children in Placement, Point in Time Children Entering Out of Home Placement	Rutgers Data Hub https://njchilddata.rutgers.edu/portal/children-in-placement

Child contact with parents (in person)	Up is better	79% (2022)	71% (2023)	-8%	Proportion of children with a goal of reunification, who had at least 1 weekly visit with their parent(s)	Commissioner's Monthly Report
Children abused and neglected in foster care	Down is better	<1% (2022)	<1% (2023)	0%	Abuse and Neglect in Foster Care Percentage of children who are victims of abuse/neglect in foster care.	Rutgers Data Hub https://njchilddata.rutgers.edu/portal/abuse-and-neglect-in-foster-care
Children under age 13 in shelter	Down is better	0.2% (2022)	0% (2023)	<1%	Proportion of children under age 13 in shelter	DCP&P reported directly to SORS

Outcome 2: Planning for permanence begins the day a child enters child protective services.

Caseworker engagement with youth	Up is better	95% (2022)	93% (2023)	-2%	Proportion of children in placement with whom worker had at least one visit a month	Commissioner's Monthly Report
Caseworker engagement with parents	Up is better	79% (2022)	71% (2023)	-8%	Proportion of children in care with a goal of Reunification where worker had at least 2 visits a month with their parent(s)	Commissioner's Monthly Report
Caseworker engagement with family teams	Up is better	79% (2022)	72% (2023)	-7%	Proportion of children with a goal of reunification, who had at least 3 family team meetings after 12 months in care	Commissioner's Monthly Report
First step of the adoption process initiated in a timely manner	Unspecified	68% (2022)	59% (2023)	-9%	Termination of parental rights (TPR) Filing Completed Within 42 Days (6 weeks) of Adoption Goal Established	DCP&P reported directly to SORS
Children have stability in their living situations	Up is better	89% (2021)	84% (2022)	-5%	Proportion of children in out-of-home placement with two or fewer placements in the first year of removal (first time entries).	Rutgers Data Hub https://njchilddata.rutgers.edu/portal/placement-stability

#3: Well-Being

Children in foster care are provided with a nurturing home environment that supports healthy growth and development, good physical and mental health, and academic achievement. Services for specific needs of children in foster care and their families are available and of high quality.

Measure	Directionality	Baseline value & year	Current value & year	Percent change	Metric description	Source
Outcome 1: Children and youth in foster care maintain good physical and emotional health.						
Nurse to child ratios in the Child Health Units in the DCP&P Local Offices	Down is better	1:30 (2022)	1:35 (2023)			DCP&P reported directly to SORS
Nurse vacancies in the Child Health Units	Down is better	3 (2022)	1 (2023)			DCP&P reported directly to SORS
Outcome 2: Children and youth in foster care get an appropriate education and meet expected milestones.						
Children currently in DCP&P custody ages birth–5 get a timely developmental screening	Up is better	80% (2022)	76% (2023)	-4%	Proportion of children DCP&P referred to Early Intervention	Commissioner's Monthly Report

#4: Exit to Permanence

Children exit foster care as quickly as possible for a safe, well-supported family environment or other planned permanent living arrangement.

Measure	Directionality	Baseline value & year	Current value & year	Percent change	Metric description	Source
Outcome 1: Children and youth leave the child protective system quickly and safely and do not re-enter in the future.						
Time to reunification within 24 months	Unspecified	43% (2020)	39% (2021)	-4%	Permanency Outcomes - Entry Cohorts Child cohorts who entered foster care during the calendar year and were then discharged to Reunification within 24 months	Rutgers Data Hub https://njchilddata.rutgers.edu/portal/permanency-outcomes-entry-cohorts
Time to kinship guardianship within 24 months	Unspecified	3% (2020)	7% (2021)	4%	Permanency Outcomes - Entry Cohorts Child cohorts who entered foster care during the calendar year and were then discharged to permanency Kinship Legal Guardianship within 24 months	
Time to adoption within 24 months	Unspecified	7% (2020)	9% (2021)	2%	Permanency Outcomes - Entry Cohorts Child cohorts who entered foster care during the calendar year and were then discharged to permanency Adoption within 24 months	
Youth who age out of foster care	Down is better	7% (2022)	8% (2023)	1%	Children Exiting Out of Home Placement Percentage of children exiting out of home placement each year for the discharge reason: reached age of majority	Rutgers Data Hub https://njchilddata.rutgers.edu/portal/children-exiting-out-of-home-placement
Ensure safe and sustained transition from agency - that children do not re-enter child protective services.	Down is better	9% (2020)	12% (2021)	3%	Re-Entry Number and percentage of children who entered foster care for the first time in the calendar year shown, who are then discharged within 12 months to permanency (excluding adoption) and then re-entered foster care within 12 months of their discharge	Rutgers Data Hub https://njchilddata.rutgers.edu/portal/re-entry

Appendix E. Additional information about DCP&P improvement activities

DCF submitted the information below to SORS:

Regarding the Front Door Pillar measure outcome that DCP&P staff's accuracy in completing risk assessments was 59% in 2021 on page 22:

A specific area of challenge regarding accuracy was uncertainty regarding completion of the risk assessment in cases where there was a secondary caregiver in a different household. In late 2020, changes to the Structured Decision Making (SDM) tools were implemented to better assess situations where children could be residing in two households, requiring assessments for both primary and secondary households. In 2021, DCF launched a re-training of the SDM tools, including both the safety and risk assessments, which included specific focus on this issue. This re-training aimed at supporting staff in completing the safety and risk assessments accurately. Policy was also updated to clarify this issue.

In examining investigations workload generally, DCF has identified high workload for some investigators. DCF's current caseload standards for intake are at most 14 total families, comprised of 12 primary assignments, 2 secondary assignments which includes 8 intakes per month. While the standards will not change at this time, efforts are underway to reduce investigations for caseworkers to less than 8 to allow for more time to complete and process investigations, thus increasing the quality of investigations, of which the completion of the risk assessment is a critical element. Reducing intake workload will increase the ability to have supervisors provide better quality supervision, including enhancing supervisor practice. This will allow more time to conduct accurate and quality risk assessments and more time for supervisors to support in these efforts to ensure risk assessments are completed accurately.

As noted, strong supervision is critical to ensure that risk assessments are completed correctly. To support the growth and development of Supervisor's across DCP&P, DCF is in the process of developing a Supervisor

learning path. DCF currently has a foundational supervisory training and a training for supervisors related to SBC; however, DCF has identified the need for a learning pathway allowing for ongoing learning while supervisors are in these roles. The Office of Training and Professional Development is leading this effort to update our current foundational training to evolve into a supervisory learning pathway. DCF is dedicated to strengthening and supporting supervisors as their role is of paramount importance as it helps to reinforce policy and support strong practice. Supporting supervisors to increase their skills and ability to support caseworkers is key in assisting caseworkers to strengthen practice where needed.

Related to this and other areas the Department is focusing on for improvement, as has been noted, DCF launched Collaborative Quality Improvement. This model is used as a mechanism for Local Offices to target performance issues and create improvement plans specific to the needs of the Local Office.

Regarding staff retention on page 40:

DCF has been working on multiple strategies to address workforce challenges in the sector, informed by the workforce analysis DCF funded and provided to the public. A first group of strategies stemming from that analysis are not ones that are appropriate for state government to operationalize; rather they are to do with provider organization's own protocols, management culture, and the like. For these, DCF has encouraged providers to take advantage of the analysis to inform their recruitment and retention strategies. A next set involve close examination of existing position qualifications that DCF requires in its contracts, looking for possibilities to modify those qualification requirements to match a wider portion of the labor market. Between May – November 2023, CSOC implemented adjustments to staff credentialing and experience requirements for residential treatment staff positions, including clinical, program manager and direct care staff. We also reviewed and modified mobile response staff requirements, in alignment with DMAHS regulations to allow for "associate coordinators" who

are supervised by an independently licensed clinician. DCF has also developed a more extensive matrix of regulatory barriers based on initial feedback from DCF staff and regulatory providers and will be meeting with residential providers to discuss both education/experience requirements and other regulatory barriers, to inform potential regulatory modifications as needed in the near term. Next, DCF partnered with DHS and HESSA to implement a loan redemption program for

specific positions working in DCF and DHS funded home and community-based services, leveraging one-time federal funding included in DHS/DMAHS HCBS Spending Plan: [Department of Human Services | New Student Loan Redemption Program to Support Home and Community- Based Workers \(nj.gov\)](#). Finally, DCF has invested \$40m in provider rates and COLAs in FY24 and another \$22m in FY25.



Endnotes

- 1 The data in this report is either quantitative or qualitative. Quantitative data is information that can be measured, counted or given a numerical value. Qualitative data is non-numerical information that describes qualities or characteristics, often collected through methods such as interviews, observations, and open-ended surveys, providing insights into people's thoughts, feelings and experiences rather than just measurable quantities.
- 2 More specifically, the statute requires SORS to "review the department's performance in the areas identified in this paragraph (1) of subsection c. of this section, and shall issue a report with its findings and recommendations to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature". Read the statute here: [P.L. 2022, c130](#).
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- 4 All data in this section is from the following source unless otherwise noted. New Jersey Department of Children and Families and the Institute for Families at the Rutgers University School of Social Work. New Jersey Child Welfare Data Hub. [NJ Child Welfare Data Hub | Data Hub \(rutgers.edu\)](#).
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- 6 New Jersey Department of Children and Families. 2023 Annual Progress and Services Report (APSR). 2022. Page 136. [2023.APSR.pdf \(nj.gov\)](#).
- 7 An excerpt of the New Jersey mandatory reporter law is on the New Jersey Department of Children and Families website: [DCF | NJ Law](#).
- 8 US Department of Health and Human Services, Administration for Children and Families Administration on Children, Youth and Families, Children's Bureau. Child Welfare Outcomes 2019 Report to Congress. 2022. Page 15. [Child Welfare Outcomes 2019 Report to Congress \(hhs.gov\)](#).
- 9 The Annie E. Casey Foundation. Black Children Continue to Be Disproportionately Represented in Foster Care. 2023. [Black Children Continue to Be Disproportionately Represented in Foster Care - The Annie E. Casey Foundation \(aecf.org\)](#).
- 10 [Four Pillars Scorecard FY19 Quarter 4 & Annual.pdf \(dc.gov\)](#).
- 11 See the DCF Collaborative Quality Improvement Briefs here - [DCF | Child Welfare Outcome Reports \(nj.gov\)](#).
- 12 Due to the low number of children abused and neglected in foster care, raw counts and percentages are suppressed for most years in the Rutgers Data Hub. Because of the suppression rules, we can infer that the percentage rates are consistently below 1%.
- 13 From DCF's CoQI 2023 Brief #1: Quality of Child Protection Investigations that covered the time period October 1 to 14, 2021 and reviewed 354 investigations representing 16% of the 2,169 investigations in that time period.
- 14 Ibid. The measure is new, so there is no comparable data from a previous year.
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- 16 Note: A change of 5% up or down from a previous time period is considered a similar result throughout the report.
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- 21 Ibid.
- 22 Ibid.
- 23 All states submit performance data to the federal government, and that data is calculated differently than the data directly above. See: Children's Bureau in the Office of the Administration for Children & Families in the US Department of Human Services. (April, 2024). CFSR Round 4 Statewide Data Indicators Workbook. The Children's Bureau.
- 24 From DCF's 2023 CoQI Brief #4: Case Practice Strengths & Challenges that covered the time period October 2022 – June 2023 and reviewed 760 families, from 33 of the 46 DCP&P Local Offices, and a third of the families (250) had at least one child removed to an out-of home placement, and the remaining 510 families had all children served in their own homes. The measure is new, so there is no comparable data from a previous year.
- 25 Ibid.
- 26 Casey Family Programs. (May 2023). Issue Brief on Strong Families – What Impacts Placement Stability? [Placement stability impacts - Casey Family Programs](#).
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- 31 [CPP-V-A-1-1300.pdf \(nj.gov\)](#).
- 32 [CPP-V-A-1-100.pdf \(nj.gov\)](#).
- 33 DCF Commissioner's Report.
- 34 From DCF's 2023 CoQI Brief #4: Case Practice Strengths & Challenges that covered the time period October 2022 – June 2023 and reviewed 760 families, from 33 of the 46 DCP&P Local Offices, and a third of the families (250) had at least one child removed to an out-of home placement, and the remaining 510 families had all children served in their own homes. The measure is new, so there is no comparable data from a previous year.
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About the Camden Coalition

The Camden Coalition works to improve care for people with complex health and social needs in Camden, NJ, and across the country. The organization implements person-centered programs and pilots new models that address chronic illness and social barriers to health and well-being. Supported by a robust data infrastructure, cross-sector convening, and shared learning, its community-based programs improve outcomes for some of society's most vulnerable individuals. The Camden Coalition's National Center for Complex Health and Social Needs (National Center) connects complex care practitioners with each other and with data, tools, and other resources.



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