



**Protection Committee**  
**Richard Stagliano, Chair**  
**Liza Kirschenbaum, Esq, Vice-Chair**  
**January 23, 2019**  
**1:00 P.M. Meeting**

**Minutes**

**In Attendance:**

Greta Anderson  
Joyce Applegate  
Jacquelynn Duron  
Esther East  
Liza Kirschenbaum  
Martin Krupnick  
Nydia Monagas  
Sonia Moticha  
Jane Reynolds  
Tara Rizzolo  
Debbie Riveros  
Jennifer Underwood  
Lorene Wilkerson

DCF – Institutional Abuse Investigation Unit (IAIU)  
Catholic Charities – Diocese of Metuchen  
Rutgers University  
Jewish Family Service  
CASA of New Jersey  
IEP Youth Services  
New Jersey Children’s Alliance  
Department of Education  
Mercer County Forensic Nurse Coordinator  
Foster and Adoptive Family Services  
Monmouth County Child Advocacy Center  
Department of Community Affairs  
Child Placement Advisory Council

**By telephone:**

Martin Finkel  
Judy Spinney  
Nydia Monagas  
Eileen Caraker  
Nora Pearce  
Doug Behan  
Clinton Page

CARES Institute  
Therapist  
New Jersey Children’s Alliance  
Gloucester County Forensic Nurse Coordinator  
Attorney/Trainer  
Rutgers School of Social Work  
NJ Department of Children and Families

**Guest:**

Scout Hartley  
Katie Stoehr

National Foster Youth Institute  
NJ Department of Children & Families

**Staff:**

Daniel Yale

DCF-NJTFCAN

**Introduction and Welcome**

A brief welcome was provided by Liza Kirschenbaum and each attendee briefly introduced themselves.

**Review and Approve November 14, 2018 Minutes**

The November 14, 2018 minutes were approved without edit.



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**New Business**

**Family First Prevention Services Act Presentation**

***Katie Stoehr, Deputy Commissioner of Operations, New Jersey Department of Children and Families***

Katie provided a printed summary of the Family First Prevention Services Act (FFPSA) from the Children's Defense Fund to each member of the committee. Katie explained that there a couple of big headline items as well as other smaller items that were included in this bill. Katie stated that she would explain the major pillars of the legislation. The Administration for Children and Families (ACF) issued a number of program information documents over the course of 2018 that go into detail about how they are interpreting the law and the action steps that are required of them.

Katie then spoke about how the Federal Government finances child welfare as well as the history behind it. In the 1960's, Title IV-E allowed the Federal Government to contribute to the cost that a state bears when a child is in out of home placement. The major financing for child welfare has been for foster care placements only and has not included funding for prevention efforts. The funding for foster care placements was framed as "Care and Maintenance for the Child" As the field evolved, the policy changed but financing structure did not. Issues with Title IV-E financing:

- Aid to families with dependent children was removed. In 1996, Temporary Assistance for Needy Families (TANF) was created and allowed each state to create its own rules within certain parameters. Prior to 1996, if a state removed a child, the state paid the necessary costs and then submit the bill to the federal government if the family was below the federal poverty level. After welfare reform, there were 50 different standards.
- When Congress created TANF, they allowed states to receive reimbursement for the care of low income children, but the poverty level threshold level was frozen at 1996 standards. Now it is 2019 and the threshold is still at 1996 levels.
- States can only ask for reimbursement if the family is below the 1996 federal poverty level. Every year each state receives less federal support for the cost of out of home placements.
- In order for the state to receive reimbursement, the family members have to be citizens or naturalized immigrants, there must be a legal court order placing a child into care, and the child has to be in licensed care.

Federal financing for prevention efforts has historically worked in a different way. Generally through a formula grant, each state receives an allotment of money for prevention efforts based on certain factors about the state, mostly population based. FFPSA does not change the issue of the poverty line placed out of home. It does allow states to request reimbursement for certain services that are provided to prevent the need for out of home placement. FFPSA permits seeking reimbursement for expenditures that states make for families where the following exist:



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- Open child welfare case;
- A child is a candidate for foster care;
- Children of children who are in care (teen parent);
- Children who have left foster care.

The services themselves have to be evidence-based or promising practices that are listed on a federal clearinghouse. These services can only be mental health or substance abuse services delivered by a clinician using an evidence-based modality or a parenting skills class that is evidence based. The family must also have an open case with the Division of Child Protection and Permanency (DCPP), so it is not for primary prevention. It is support for secondary prevention efforts to prevent out of home placement and is mostly used for clinical or near-clinical intervention.

The legislation was passed in February 2018 and the federal government is in the process of defining some of the terms regarding prevention. A clearinghouse of acceptable evidence-based interventions was scheduled to have been released by October 1, 2018 but that has not yet occurred. As such, NJ cannot yet state what prevention programming we will fund as the feds have not listed the permissible program modalities. A statement was issued in December 2018 that listed the first 12 programs that they were considering. The intention is to build a clearinghouse iteratively which presents a challenge because, if a state chooses a program to fund and that program does not make the list, the funds will not be reimbursable. Another requirement is that Title IV-E funds must be the “payer of last resort” meaning that if a state can use Medicaid to support a cost, it must be used first.

Katie also explained that another concept included in the law is that states are now being restricted in their ability to receive federal support for the cost of using congregate care. The ability to use federal support for prevention and the scaling back of support for use of congregate care are linked in the law. So, the first day that a state wants to receive support for prevention, they must be in compliance with the rules regarding congregate care. As New Jersey does not have high numbers of children in group homes or youth shelters, we are in a good position with respect to this law. In order to access residential care in New Jersey, the child must have a clinical condition that requires treatment of a type that is best delivered in a clinical setting. There are multiple checks and balances through entities that can't self-refer using clinicians with clear clinical standards to make those decisions. In New Jersey, our ability to conform to the standards set forth in these laws will not be a big challenge. These standards are imposed if a state wants to use IV-E claiming mechanism to support the cost. In New Jersey, we don't use a lot of IV-E funding, it is mostly on the Medicaid platform.

The other issues addressed in this bill are things like directing states to join with their health department to create fatality prevention plans, imposition of federal standards around foster care licensure, etc. These don't represent problems for NJ, as these things have already been under way in some fashion. This just gives more guidance around the federal expectations.

Dr. Finkel shared that he was surprised that the use of the California Clearinghouse was not allowable. Katie stated that the law is very detailed in what counts as an evidence-based practice and the criteria



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is slightly different than that of the California Clearinghouse. Dr. Finkel asked how the state is going to assure that these agencies are using evidence-based practices. Katie stated that a survey was issued to service providers for children involved with DCPD asking them to describe the modalities that they are using and the training that they have undergone. This survey was completed so that DCF is better able to understand the capacity available in our service network.

Jennifer Underwood asked if there is a formula to determine each state's allocation. Katie explained that it is not a grant so there is no allocation, but rather it is reimbursement. The state has to spend the money and if it is spent according to the rules, we can ask for a 50% reimbursement, case by case, child by child.

**The Digital Realm of Child Abuse Workgroup**

Sonia stated that the last Digital Realm of Child Abuse Workgroup conference call was in November. At that time, it was decided that the workgroup would move forward with a survey to nonpublic schools. The survey was presented to the NJ Nonpublic Advisory Council and there were some concerns that they wanted to discuss prior to making the determination to participate. The concerns were as follows:

- Separation of data from public schools;
- Quality and accuracy of data as it is open to all school staff to respond. It was felt that perhaps it should be limited to one representative per school or per district;
- Who would see the data and the implication of the results; and,
- There are no members of the NJ Nonpublic Advisory Council on the Protection Committee or the Digital Realm of Child Abuse Workgroup.

The representative would like to speak with the chair of the workgroup further prior to making a decision. The workgroup will discuss whether they will continue with just that data that they already have or whether they will continue to seek the participation of nonpublic schools. Liza asked if there was any reason not to open a seat on the workgroup for a representative of the nonpublic schools. The Committee discussed asking a representative to join the workgroup and/or the Protection Committee.

Jennifer Underwood explained that Dr. Jacquelynn Duron agreed to evaluate the survey data. Members of the committee were provided the evaluation data by email prior to the meeting. Dr. Duron informed the committee that she supplied a rough "snapshot" analysis of the data that was provided. Dr. Duron explained that they looked at differences by grade level regarding the provision of curricula or programs that generally address child sexual abuse. Dr. Duron explained the analysis of the data and how it was analyzed. Dr. Duron stated that this was only a beginning analysis and that they would be diving deeper into the information. The committee discussed that there is an interest as to what is provided in rural areas versus what is provided in urban areas.



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Dr. Finkel stated that he sent a paper to the committee members that was just published regarding the prevalence of sexting behaviors amongst youth. 15% of youth acknowledge sending naked images and 25% of youth acknowledge receiving images. The school has a role in educating children and parents about the risks of the internet. Dr. Finkel stated that although this paper specifically deals with teenagers, he finds that kids as young as 6 years old are watching pornography in their own homes or on school busses. Dr. Krupnick stated that in NJ there is a law that says on the first offense, offenders can be referred by the local police for counseling. Sonia stated that a bill recently passed stating that, in the next revision of the student learning standards for comprehensive health and physical education, there will be language included for middle schools regarding sexting. Liza discussed three bills that are pending in the legislature that deal with prevention of sexual abuse in schools. Liza stated that the connection to digital child abuse is missing from these bills and that the workgroup should keep an eye on these bills going forward. Daniel Yale agreed to send copies of the aforementioned bills to the members of the Protection Committee and Task Force.

**Juveniles with Sexually Inappropriate Behaviors Workgroup**

Dr. Krupnick reminded the committee about the discussion regarding the child sexual abuse case consultation project that was provided by the NJTF CAN until approximately 10 years. Dr. Krupnick stated that he was tasked with attempting to develop a budget to get a rough idea of what it would cost. If there were two groups – one north and one south – the cost would be approximately \$22,000. Previously the funding allowed for distribution of printed materials while the individuals that attended were responsible for buying the required book. Part of the discussion would be whether the funding would cover the printed materials and books. The training included one all day training, followed by 20 2-hour case consultations throughout the course of a year. The clinicians would also have to carry at least one pro bono case which would allow a case to present. Dr. Krupnick stated that he has already he multiple requests to join this initiative. Nydia asked if this training was a particular model or whether it was around professional development. Dr. Krupnick explained that it is both. It is the professional development aspect of working with juveniles with sexually inappropriate behaviors but evidence-based models would also be discussed. The instructors will evaluate multiple evidence-based programs to custom fit the program based on the populations with which the agencies work.

**Announcements**

Daniel asked the committee if there were any ideas for the 2019 Biennial Conference dealing specifically with child protection issues. Several ideas were discussed including the Family First Prevention Services Act, Kinship Care, divorced parents and the negative effects on children, Adverse Childhood Experiences, Trauma-informed interventions, and the role of fathers and men in the child welfare system.

**Meeting adjourned**