

DCF Needs Assessment 2018

Report #3: Survey Findings and Synthesis

Needs and service use among children, their families of origin, and resource parents



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Executive Summary

This report presents the findings from the fourth phase of a multi-method Needs Assessment examining the needs of families served by the Division of Child Protection and Permanency (CP&P), a division of New Jersey’s Department of Children and Families (DCF). The purpose of this endeavor is to provide data for DCF to understand the needs of children, youth, and families, and to utilize that information to guide the prioritization of needs for implementing actionable change to enhance the current service array. This Needs Assessment has been conducted by Rutgers University School of Social Work’s Child Welfare and Well-Being Research Unit. Phases I through III included review of: extant DCF reports and assessments; archival administrative data analysis; and qualitative data collection and analysis, respectively.

Methods

The current phase of the Needs Assessment involved surveys of three critical stakeholder groups: (1) CP&P staff, including intake workers and permanency workers (2) parents from families of origin, including those with children in the home (in-home) and those whose children had been removed to foster care (out-of-home), and (3) resource parents providing out-of-home foster care. Together, nearly 2,000 people participated in these surveys, providing extensive, rich data about the needs that families face during the course of their involvement with CP&P and the services currently available.

Executive Summary: Table 1. Survey Details

	Survey Method	Participants (N=1,952)	Response Rate/ Cooperation Rate
Staff Survey	Online	637	30%
Resource Parent Survey	Online	739	46%
Parents from Families of Origin Survey – <i>In-home</i>	Telephone	391	8% ^a
Parents from Families of Origin Survey – <i>Out-of-home</i>	Telephone	185	4% ^a

^a Cooperation Rate: The number of complete and partial surveys divided by the number of people who answered the phone when called by the research team.

Each survey asked participants to evaluate family needs in eight major domains: housing, family poverty, domestic violence, caregiver mental health, caregiver substance use, child mental health, child substance use, and parenting skills. Likewise, the surveys asked about the services available to meet needs within each of these domains, focusing on their availability, accessibility, and adequacy (operationalized in this report as quality and helpfulness). The data collected from staff, resource parents, and parents from families of origin tell a story about what families are facing in the course of their involvement with CP&P and the extent to which services can provide support.

Findings

Previous phases of the Needs Assessment have emphasized a consistent finding: the experience of need in at least one of the assessed domains is shared by families who become involved with CP&P. Often, these families, whose involvement with the division indicates some level of risk has been identified, are experiencing multiple needs at once.

Finding: Families involved with CP&P have substantial needs across domains.

Asked to estimate the percentage of families on their caseload in the last 30 days with needs in each of the eight domains, staff described what they perceive as the prevalence of needs in the population served. According to intake and permanency workers, nearly half of the families they encounter in a month are struggling with issues related to caregiver substance use, and half are coping with needs associated with family poverty (See Executive Summary: Table 2). **Staff also reported that 60% of the families they encountered in the month before the survey was administered were dealing with needs in three or more of these domains.**

Executive Summary: Table 2. Staff-estimated percentage of families on caseloads with needs in each domain in the past 30 days^a

	%
Caregiver Substance Use	49.3
Family Poverty	48.1
Caregiver Mental Health	39.0
Parenting Knowledge	27.0
Child Mental Health	26.9
Parenting Capacity	26.8
Domestic Violence	26.6
Housing	25.9
Homelessness	17.3
Child Substance Use	15.1

^aThe housing domain was split into two subdomains for this question: housing and homelessness. The parenting skills domain was also split into two subdomains for this question: parenting knowledge and parenting capacity.

Parents from families of origin were also asked to describe their needs since their CP&P case was opened. The most commonly reported needs were in the areas of family poverty and caregiver mental health, echoing the estimates of staff.

While previous phases of the Needs Assessment did not explicitly focus on resource parents, the current phase of the project allowed for a closer look at the needs and service use of this group. Resource parents were most likely to describe issues related to the child in their care, specifically the child’s mental health, but needs were reported in other areas as well. For instance, some resource parents reported having needs related to family poverty and housing. Compared to parents from families of origin, the needs expressed by resource parents were largely less urgent. Where the former were more likely to describe needing help finding stable housing, resource parents’ needs were often related to needing more space or additional furniture.

Finding: Family poverty was one of the most commonly-reported needs. As an underlying, structural issue affecting families, it cuts across all of the domains addressed in the Needs Assessment, with a particular impact on housing.

Across all three surveys administered, problems related to family poverty emerge as common challenges for families involved with CP&P. In addition to staff estimates of need, reported above, evidence comes from parents' self-reported income. Nearly 70% of parents from families of origin listed their annual, household income as being below \$20,000. For reference, the Federal Poverty Level in 2017 was \$20,420 for a family of three (U.S. Census Bureau, 2018).

That many system-involved families are economically disadvantaged does not come as a surprise. The issues that bring a family to the attention of the child welfare system are often closely linked to family poverty. Families experiencing poverty are at higher risk of experiencing more stress, leading to increased risk of maltreatment, and they are more likely to live in disadvantaged neighborhoods with fewer resources. Evidence indicates that children living in poverty are more likely to come to the attention of the child welfare system because of the accumulation of risk across domains (Jonson-Reid, Drake, and Kohl, 2009).

A strength of the survey methodology used in this phase of the Needs Assessment is that it allowed caregivers to describe their needs in their own words. Indeed, their responses indicated that economic insecurity influenced their experiences of need in other domains, most notably housing. Describing their housing-related needs, parents from families of origin and some resource parents noted that they had trouble making their rent, paying utility bills, or acquiring furniture.

For families struggling to make ends meet, there may be multiple causes, many of which are structural or societal. A lack of suitable employment opportunities, the high cost of living in New Jersey, and strict eligibility standards for accessing support services may each contribute to the intractability of poverty-related problems among families served by CP&P. These issues, certainly, are beyond the scope of what DCF is equipped to address as a single department. Without widespread policy changes and significant investment on the part of state and federal government, family poverty will remain a major challenge for families involved with CP&P and for families at risk of becoming involved with CP&P.

Finding: In most domains, there are services available to serve families with needs.

With the exception of those services related to family poverty and housing, there was stronger alignment between the level of needs among families and the services that are available in the other need domains. As the following table shows, services were most commonly received in the area of caregiver mental health, followed by parenting skills and caregiver substance use. These were among the more prevalent needs in the population, so it is a sign of a degree of match between needs and services that utilization is high in these areas. Notably, 20% of staff also indicated that services related to caregiver substance use were most closely matched to the level of need in the population (See Prioritizing Needs and Services).

In all cases, more than half of the parents accessing services were referred to them by CP&P, suggesting that workers' assessments and practice are serving to connect families to supports that they otherwise would not have had.

Resource parents also accessed a range of services, most frequently in the area of child mental health. Kin caregivers were more likely than non-kin resource parents to use services related to family poverty, parenting skills, housing, and caregiver mental health. Again, in several areas (child mental health, parenting skills, housing, and family poverty), the majority of resource parents received their referral to services from CP&P. It should be noted that, in the areas of family poverty and housing, the services used by resource parents addressed less serious needs than those used by parents from families of origin.

Executive Summary: Table 3. Caregiver receipt of services by need domain

	Parents from Families of Origin		Resource Parents	
	n	%	n	%
Caregiver Mental Health	258	45.6	73	10.2
Parenting Skills	189	33.5	186	25.5
Caregiver Substance Use	187	33.2	<10	1.4
Child Mental Health	146	26.7	256	37.1
Family Poverty	96	16.9	233	32.5
Domestic Violence	79	14.0	<10	1.2
Housing	72	12.7	123	17.1
Child Substance Use	<10	7.4	<10	5.0

n: number of item respondents reporting needs in given domain; %: percent of item respondents reporting needs in given domain

For parents from families of origin and resource parents who did not receive services in a given area, the surveys asked if those caregivers thought services could have been helpful. With the exception of housing and family poverty, less than one quarter of parents from families of origin who did not receive services thought it would have been helpful if they had. A subset of those did receive a referral from CP&P but did not ultimately access the service. Certainly it is important to note that there is a percentage of parents from families of origin who feel they could benefit from services but are not connected to them. However, these numbers are small in comparison to the number who do in fact access the services they need. There were even fewer parents who did not receive services but thought it would have been helpful if they did.

Finding: When parents received services, most found them to be helpful, across domains.

Among those parents from families of origin and resource parents who did receive services, the vast majority found them to be helpful, across almost all domains. In fact, over three quarters of parents from families of origin—and in some cases far more—agreed or strongly agreed that the service they got was helpful. Three quarters or more resource parents also found the services they received to be helpful, except in some areas where fewer than 10 respondents reported accessing the service.

Executive Summary: Table 4. Helpfulness of Services by Need Domain: Respondents who agreed or strongly agreed that the services they received were helpful.

	Parents from Families of Origin		Resource Parents	
	n	%	n	%
Child Substance Use	<10	88.9	<10	80.0
Parenting Skills	165	88.7	152	82.6
Domestic Violence	67	85.9	<10	33.3
Child Mental Health	110	79.7	189	75.9
Family Poverty	75	79.0	191	84.1
Caregiver Mental Health	198	78.6	62	74.3
Caregiver Substance Use	144	77.4	<10	50.0
Housing	55	76.4	89	75.4

n: number of item respondents who agreed or strongly agreed that the services received were helpful; %: percent of item respondents who agreed or strongly agreed that the services received were helpful.

These findings largely align with staff reports on the quality of services across need domains. In all but one need domain, more than half of the staff agreed or strongly agreed that services available to families were of high quality; the exception was family poverty services, which only one third of staff thought were of high quality. As discussed previously, family poverty is an area where the need is widespread and services may be quite limited; staff, who see these gaps across families they serve, may be especially likely to find available resources to be inadequate.

Finding: Caregiver and staff data suggest that there are service gaps in the areas of housing and family poverty.

Across the three surveys, family poverty and housing emerged as areas where families' need for help seems to outstrip the available services. Asked about the availability of services, only 36% of staff reported that there were enough services in the areas of both family poverty and housing. Additionally, 58% of staff identified housing as the need domain characterized by the largest gap between family needs and services; 14% saw the largest gap in the area of family poverty (See Prioritizing Needs and Services).

Moreover, among parents from families of origin who did not receive services in these areas, large numbers indicated that services would have been helpful. Nearly 4 in 5 non-recipients of services related to family poverty (62, 79%) thought they could have benefitted from services, and three quarters of non-recipients of housing services (358, 75%) thought supports in that area would have been helpful. Likewise, family poverty (235, 52%) and housing (250, 43%) were the domains where most resource parents, especially kin, thought services could have helped. The needs these resource parents described were less severe than those reported by parents from families of origin, however. Taken together, this suggests rather widespread unmet need in New Jersey related to family poverty and housing, certainly among parents from families of origin who become involved with CP&P. Again it must be stressed that these are structural issues in the State that CP&P itself is not equipped to address; their resolution depends largely on systemic change at both the state and federal levels.

Finding: In the areas of family poverty and housing, eligibility and accessibility are barriers to service use for families who need help.

To the extent that the survey could capture information about barriers to service use, eligibility and accessibility appear to pose challenges for families trying to get help related to housing and family poverty. Reporting on services for parents from families of origin, less than half of responding staff indicated that caregivers were usually eligible for services in these areas. Similarly, only 35% of staff reported that services related to family poverty were conveniently located for families who needed them, and 31% said housing services were conveniently located for families who needed them. Asked why they did not access housing or family poverty services, "Wasn't eligible for service" was the most commonly-cited reason among parents from families of origin in each area.

Conclusion

The Needs Assessment, up to and including the current phase of survey research, has illuminated certain themes about the families CP&P serves and the service array in place to meet their needs. Certainly these are families facing high levels of risk, often struggling with multiple needs at once. An issue that cuts across domains to magnify the challenges families face is the pervasiveness of economic hardship. The experience of family poverty is shared among CP&P-involved families, but it is not unique to them. Structural and societal factors throw many New Jersey families into financial distress, and these factors require broad, cross-system solutions to truly improve the odds for the state's impoverished communities and families.

In many domains, even some where there are high levels of need among the CP&P-involved population, though, it seems that the service array is well-aligned with what families need. For instance, while staff reported that caregiver substance use is a factor in half of the cases they encounter within a month, many also felt that the services in this area were the best matched to the level of need among families served. Moreover, when families received services, they generally thought they were helpful. In most cases CP&P was the source of the referral to services, suggesting that, on balance, workers are connecting parents and children to the help they need.

Even so, there are gaps between needs and services in two notable and related areas: family poverty and housing. Parents from families of origin reported experiencing pervasive financial strain, affecting their ability to provide safe, stable homes for their children; resource parents, to a lesser degree, also described similar difficulties. Compared to the level of need, relatively few caregivers received services to address family poverty or housing problems; many more felt they could have benefitted from help. Among parents who were referred but did not access services, strict federal and state eligibility standards and limited accessibility were barriers. It bears repeating that these services fall outside of the scope of those for which CP&P contracts, limiting the division's influence, and solutions to these issues ultimately lie across multiple systems.

As a whole, the Needs Assessment suggests that CP&P's workers are endeavoring to support New Jersey's vulnerable children and families, and that in many cases, families are helped. They often receive services, and, by their own report, those services are usually seen as helpful. Certainly adjustments to the service array, in terms of availability of services, accessibility of services, and adequacy of services, can be made to fine-tune the alignment between families' needs and supports. Detailed findings from this survey and the previous phases of the Needs Assessment can help CP&P identify and prioritize specific areas where these efforts might be best deployed moving forward. This research, however, is best seen as providing CP&P with a baseline set of data in an ongoing cycle of assessment of the match between what families need and the extent to which the services the division links them to are helpful. In addition to tracking these metrics over time, future assessments should also examine how needs and services are related to child welfare outcomes, including child safety, permanency, and well-being.

About CP&P

The Division of Child Protection and Permanency (CP&P) is a division of New Jersey's Department of Children and Families (DCF), the state's first comprehensive cabinet-level agency dedicated to ensuring the safety, well-being and success of children, youth, and families. Created in July 2006, DCF's vision is to ensure a better today and even a greater tomorrow for every individual the department serves.

Formerly known as the Division of Youth and Family Services (DYFS), CP&P is the state's child protection and child welfare agency. Its mission is to ensure the safety, permanency and well-being of children through supporting families. CP&P is responsible for investigating allegations of child abuse and neglect and, if necessary, arranging for the child's protection and the family's treatment. The Child Abuse Hotline (State Central Registry) receives reports of child abuse and neglect 24-hours a day, 7-days a week. Reports requiring a field response are forwarded to the CP&P Local Office who investigates.

CP&P contracts with community-based agencies throughout the state to provide services for children and families. Services include counseling, parenting skills classes, substance abuse treatment, in-home services, foster care, and residential placement. If a child has been harmed or is at risk of harm, CP&P may ask the county family court to place the child in foster care. Foster homes are provided by caring individuals who have completed an extensive licensing program. If the family court determines a child cannot be safely returned home from foster care, CP&P will begin adoption planning. For more information about CP&P, see Appendix A: About CP&P.

Needs Assessment Overview

Purpose of the Needs Assessment

In 2014, DCF engaged Rutgers University School of Social Work to facilitate a Needs Assessment as part of the Modified Settlement Agreement (MSA)¹ and as a key component of DCF's commitment as a transparent, learning organization to better understand the needs and services gaps among those it serves. With this in mind, DCF enlisted Rutgers University's Child Welfare and Well-Being Research Unit to implement a multi-year Needs Assessment that has focused on identifying the strengths and needs of children and youth in out-of-home placement as well as children at risk of entering out-of-home placement. These children and their families are served by the Division of Child Protection & Permanency (CP&P) within DCF.

The purpose of this endeavor is to provide data for DCF to understand the needs of children, youth, and families, and to utilize that information to guide the prioritization of needs for implementing actionable change to enhance the current service array. Using data to drive the focus of the Needs Assessment ensures that the results and recommendations are germane to the subpopulations served by CP&P. While similar processes have been undertaken in other jurisdictions, there is no single, accepted methodology for such a needs assessment. That, along with the fact that CP&P's Needs Assessment is the first of its kind for the

¹ Since the Needs Assessment began, the Modified Settlement Agreement has been ended, and the Sustainability and Exit Plan has taken its place ("Exit Plan"). The Exit plan recognizes DCF's marked and timely achievements toward improving the lives of children and families. It sets a path for the department to end years of federal government monitoring.

system, suggest that the findings presented throughout this and previous reports are best interpreted as providing baseline, context-specific information for New Jersey to chart and track progress moving forward. As such, comparison of these data to other states' would be inappropriate. However, assuming similar methodologies, it may be possible to compare findings and trends over time as policy and practice changes influence the shape of the service array in years to come.

The four phases of the mixed-methods Needs Assessment conducted in New Jersey are outlined below.

Phase I: Review of DCF Reports and Assessments

In the first phase of the Needs Assessment process, an internal workgroup at DCF partnered with the Rutgers Child Welfare and Well-Being Research Unit to undertake a review of past reports and assessments completed by DCF from 2008 to 2014 to begin the process of identifying key, broad need domains for children and families involved with CP&P. These common need domains encountered across practice areas, including child maltreatment reporting, receipt of in-home services, and out-of-home placement, were used as a starting point to begin building the partnership between DCF and stakeholders and to inform the design and approach for the Needs Assessment to follow.

Phase II: Archival Administrative Data Analysis

The preliminary need domains from Phase I were then examined and refined utilizing 5 years of data from New Jersey's Statewide Protective Investigation, Reporting, and Information Tool (NJ-SPIRIT), New Jersey's client-level, State Administered Child Welfare Information System. This analysis resulted in the identification of seven broad need domains: caregiver mental health, caregiver substance abuse, child mental health, child substance abuse, poverty, housing, and domestic violence. For a detailed description of the research methodology and results from phase two, please see the Needs Assessment Interim Report from March 2016 reporting on administrative data (Child Welfare and Well-Being Research Unit, 2016).

Phase III: Qualitative Assessment

The third phase of the needs assessment involved the collection and analysis of qualitative data from a range of stakeholders. Researchers conducted in-depth focus groups and one-on-one interviews with 170 DCF staff, service providers, and caregivers from families of origin. The resulting qualitative data was analyzed and presented in the April 2017 New Jersey DCF Needs Assessment Interim Report (Child Welfare and Well-Being Research Unit, 2017).

During the qualitative portion of the assessment, a number of themes emerged from interviews and focus groups with DCF staff, providers, and families of origin. In addition to the seven primary need domains identified from the administrative data, focus groups and interviews with CP&P staff and system-involved families revealed additional needs relating to justice involvement and to populations that are especially challenging to serve. Challenging populations were defined as those who have needs across several domains including low-income populations (Martin & Citrin, 2014), rural populations (Child Welfare Information Gateway, 2012), and undocumented immigrants (Child Welfare Information Gateway, 2015).

Phase IV: Surveys of Staff, Parents from Families of Origin, and Resource Parents

Building on the study of administrative data and qualitative data collection and analysis, Phase IV of the Needs Assessment used surveys to collect information about family needs and available services from three groups: (1) CP&P staff, (2) resource parents, and (3) parents from families of origin, both with children in the home and with children who had been removed. Staff and resource parent surveys were conducted online, while the survey of parents from families of origin was administered by phone.

Findings from the surveys are presented in the current report, and, where possible, they are synthesized with results from the administrative and qualitative phases of the study.

FAMILY POVERTY

Throughout all phases of the Needs Assessment, problems related to financial or economic stability and security emerge as common challenges for families involved with CP&P. These problems are referred to in this report as “family poverty” to capture the level of need experienced by CP&P-involved families. However, it should be noted that this is not a direct reflection of whether families fall below the Federal Poverty Line, and the term might somewhat overstate the need felt by some families, including resource families. However, the blanket term “family poverty” is used throughout the report to avoid confusion.

It should also be noted that family poverty is an issue that makes effects felt in other need domains, especially housing. Families experiencing financial hardship may struggle as the lack of resources permeates their lives, making it difficult to secure food, clothing, shelter, child care, transportation, health care, and more. As these needs compound and accumulate, family stress increases, which is associated with negative effects on caregiver and child mental health as well as greater risk for substance use behaviors. Evidence indicates that poor children are more likely to come to the attention of the child welfare system because they face an accumulation of risk in multiple areas (Jonson-Reid, Drake, and Kohl, 2009). Thus, family poverty can be seen as a thread particularly interwoven with each of the assessed need domains.

For families struggling to make ends meet, there may be multiple causes, many of which are structural or societal. A lack of suitable employment opportunities, the high cost of living in New Jersey, and strict eligibility standards for accessing support services may each contribute to the intractability of poverty-related problems among families served by CP&P. These issues, certainly, are beyond the scope of what CP&P is equipped to address. Without widespread policy changes and significant investment on the part of state and federal government, family poverty will remain a major challenge for families involved with CP&P and for families at risk of becoming involved with CP&P.

Synthesis, Prioritization, and Ongoing Assessment

Having completed the analytic phases of the Needs Assessment, findings can be synthesized for a comprehensive understanding of the needs faced by families served by CP&P, as well as the services that are available in New Jersey to meet those needs. This assessment will support DCF's efforts to prioritize those domains in which policy and practice changes may be necessary to better support the well-being of CP&P-involved families. Through this undertaking, DCF may use the Needs Assessment data as a baseline benchmark in order to monitor its own ongoing efforts and demonstrate the crucial role that external systems and service providers play in closing the gaps between needs and services for system-involved families.

Organization of the Report

The findings presented in this report are based on survey data collected over the summer and fall of 2017 from three groups: (1) CP&P staff, including intake workers and permanency workers; (2) resource parents, also known as foster parents, including both kin and non-kin resource parents; and (3) the parents of children with open CP&P cases, also referred to as parents from families of origin. A portion of the parents had in-home cases, in which their children lived in the home with them while receiving services, while another group of parents had out-of-home cases where their child had been removed to foster care.

The report begins with a description of CP&P's work and an overview of the Needs Assessment process. Survey methods are described, and findings are subsequently presented, starting with an examination of the prevalence of needs among children and families involved with CP&P. In exploring needs faced by parents, both staff estimates of need levels and parents' self-reports are presented. Whereas previous phases of the Needs Assessment have not explicitly focused on resource families, findings in this report include data from their descriptions of their particular needs. Eight broad need domains are addressed, including the seven originally identified during Phase II (housing, domestic violence, family poverty, caregiver mental health, caregiver substance use, child mental health, child substance use) and a new domain, parenting skills. CP&P contracts for services related to parenting skills, so it was determined that the Phase IV surveys ought to include questions about needs and services in this domain. Likewise, families with multiple needs and some special populations (immigrant and undocumented families and children with juvenile justice involvement) were included as areas of interest. Regarding special population, findings related to these groups are not included in the current report, as survey data addressing these issues was limited.

Having presented the prevalence of needs in these eight domains, based on information provided by staff, parents from families of origin, and resource parents, the report pivots to describing New Jersey's services to meet those needs. Several characteristics of services are compared across the need domains, including: (1) referral to and use of services; (2) barriers to service use, comprising availability of and accessibility to services; and (3) quality or helpfulness of services. An examination of geographic differences in the prevalence of needs and use of services is also presented.

Finally, the report closes with a synthesis of findings and implications for CP&P's policies and practice, as well as the service array for vulnerable families in New Jersey. Appendices contain further information about CP&P, supplemental tables, summaries of family needs at the county level, and the survey instruments used during Phase IV.

Research Methods

Sample

Three groups of DCF stakeholders were included in this phase of the Needs Assessment: CP&P Staff, resource parents, and parents from families of origin.

The staff survey targeted CP&P employees in two roles: Intake Worker and Permanency Worker (See sidebar for a description of these staff roles). While many CP&P staff serve in many other positions, staff in these roles were selected because they are most likely to have a sense of the needs that child-welfare involved families in New Jersey face, as well as the services that are available to meet those needs. Intake and Permanency Workers have developed this understanding through their regular interaction with CP&P clients. Of the 2,196 staff invited to complete the survey, 1,010 were Intake Workers, and 1,143 were Permanency Workers. Excluding from the calculation those whose e-mails bounced back, 30% of invited staff (637) ultimately participated in the survey.

CP&P resource parents and kinship caregivers who currently had a child placed with them were invited to complete the Resource Parent survey. Although resource parents may have more than one child placed with them, the survey asked about a single target child. Rather than generalizing across multiple children when answering survey questions, which would provide less reliable data, resource parents were able to provide child-specific information. In families with multiple children, the target child was selected by identifying the child whose birth date, regardless of month or year, was earlier. In the case of twins who shared a birth date, the child whose name came first alphabetically was selected. Information about these children can be aggregated across respondents to provide more generalizable, population-level data. Each target child was associated with one resource parent, and 1,810 resource parents were invited to complete the survey. Excluding from the calculation those whose e-mails bounced back, 46% of invited resource parents (739) participated in the survey.

Biological mothers or fathers of children who were the subject of an open CP&P case that had a case goal of reunification comprise the third survey sample; they are referred to throughout this report as parents from families of origin. These were predominantly mothers and some fathers of children with open CP&P cases. Within this group there were two subgroups: those whose children remained in their homes while the case was open, and those whose children had been removed to out-of-home substitute care. To be included, parents in the latter group had to have a case goal of reunification. As with resource parents, parents from families of origin may have had multiple children involved in a CP&P case, but survey participants were asked to respond to questions about only

CP&P STAFF ROLES

Intake Workers: Field staff assigned to investigate reports of child abuse and neglect. The intake worker may open a case for services at any point in the investigation, or conclude that the report is closed at investigation. Within 60 days of a report being made, the worker must make a determination whether a concern of child abuse or neglect has been substantiated and whether the division has just cause to be concerned about the family. They may complete Child Welfare Assessments when the allegations do not rise to the level of abuse and neglect and conduct Family Team Meetings as needed.

Permanency Workers: Field staff who provide ongoing case management services to a client family in open case status. Once an investigation or assessment is completed and a determination has been made that the case requires CP&P supervision and services, the case is assigned to a permanency worker. That worker is responsible for the case until permanency is achieved through family stabilization, family reunification, or the case is transferred to an adoption worker to process or kinship legal guardianship or adoption. They may also conduct Family Team Meetings as needed and supervise visitation between parents and children and siblings as needed.

one of their children. The procedures for selecting the target child were the same as those for selecting the target child in the resource parent survey. Each target child was associated with one parent; 10,207 parents with in-home cases and 1,544 parents with out-of-home cases were included in the population. The final sample included 391 parents whose child was living with them, representing 8% of those successfully contacted, and 185 parents whose child had been removed, comprising 4% of those successfully contacted.

Procedures

Staff Survey

The survey of CP&P staff was conducted online using Qualtrics (Qualtrics, Provo, UT), a web-based survey platform. All eligible staff received an e-mail inviting them to complete the survey as part of the Needs Assessment and providing a personalized hyperlink to the Qualtrics instrument; recipients who had not completed the survey received up to four follow-up messages reminding them that their participation was invited. Once a staff person completed the survey, future follow-up messages were stopped. To incentivize participation, staff were informed that the ten local offices with the highest response rates would receive prizes, including a new single-serve coffee machine with a starter pack of supplies for staff and a selection of books and toys for family visitation rooms. The staff survey, which took approximately 30 minutes to complete, opened on August 17, 2017 and remained available for three weeks, closing on September 11, 2017.

Resource Parent Survey

Resource parents were also surveyed online using Qualtrics. An initial invitation was e-mailed to eligible resource parents, and up to four scheduled follow-up e-mails were sent to those who had not participated by the messages' delivery dates. Each respondent who reached the end of the survey and provided a preferred e-mail address received, by e-mail, a \$25 gift card to a large national retail store; the gift card could be used online or at brick-and-mortar stores. The resource parent survey, which took approximately 30 minutes to complete, was available for three weeks, from October 2, 2017 to October 23, 2017.

Family of Origin Parent Surveys

Parents from families of origin were surveyed by phone, as the research team anticipated that members of this population, who otherwise might be more difficult to engage, would be more likely to participate in the context of a person-to-person interaction over the phone. Telephone surveys were conducted by the Rutgers University survey research institute, the Eagleton Center for Public Interest Polling. Parents who participated in the survey received a \$25 gift card of their choice from a small selection of online and brick-and-mortar retailers. The surveys took approximately 30 minutes to complete. Data collection began on October 2, 2017, and continued through November 31, 2017.

Instruments

Three separate surveys were constructed: one for staff, a second for resource parents, and the third for parents from children's families of origin. The surveys of resource parents and parents were largely similar, with the latter being an abridged version of the former. In addition to questions about the extent of families' needs and the availability, accessibility, and quality of services, several validated scales were also included in the survey for separate, future analyses (See Appendix D: Survey Instruments).

Analysis

For each group, analyses were limited to those respondents who completed 50% or more of their respective survey. Respondents who answered questions may be reasonably converted to "completers" in the analysis, as long as there is plausible understanding of why they dropped out (Bosnjack & Tuten, 2001). In this case, most who provided incomplete responses ended their participation within the first few pages of the survey, possibly because they were uncomfortable with the content, or because they were

uninterested in the questions being asked. Each of these reasons could affect the validity of participants' responses, so these records were excluded from the analysis. Meanwhile, respondents who got through half of the survey and stopped before completing it are likely to have done so because of the length of the instrument, having provided presumably valid answers to the prior questions. The decision to set the threshold for inclusion at 50% was intended to include as many valid responses as possible while excluding participants who dropped out for reasons that may have compromised the quality of their responses. The research team conducted data analysis using the statistical software packages SPSS (IBM Corp, Version 24.0) and Stata (StataCorp, Version 15.1) for computing frequencies and measures of central tendency. Where appropriate, independent samples *t*-tests were run to determine if observed group differences are significant.

Limitations

The surveys conducted for the Needs Assessment allowed researchers to collect first-hand, quantitative and qualitative data on the observations, recollections, experiences, and preferences of a large number of individuals in the three populations of interest. This information complements what was available through administrative data analysis and qualitative research. However, there are a few limitations that are important to note, some of which are endemic to survey research and needs assessments in general, and some of which are specific to this project.

First, as respondents were not randomly sampled, caution should be exercised in generalizing the results of the surveys. However, it should be noted that a structured *a priori* set of inclusion criteria was developed and, demographically, the samples surveyed broadly mirror the populations from which they were drawn, to the extent that it is possible to assess, allowing for a high degree of confidence in the representativeness of the findings to the broader New Jersey system.

Second, because surveys rely on respondents' self-report, the data may be subject to certain sources of bias. For instance, social desirability—a phenomenon in which respondents skew their responses to questions to place themselves in a more favorable light—cannot be altogether avoided (Lavrakas, 2008). Especially with regard to parents from families of origin and resource parents, the surveys asked about sensitive topics, such as caregiver substance abuse and domestic violence, and some respondents facing issues in those areas may not have felt comfortable disclosing honestly. To mitigate this risk, all survey participants were assured that their answers were completely confidential, that CP&P would not have access to any individual responses, and that their data would be housed according to strict security protocols. However, given that risk of underreport, particularly around the most sensitive questions, the findings are likely to represent conservative estimates of the prevalence of those need areas.

Third, the surveys were only available in English, limiting participation among non-native English-speaking families involved with DCF. This group may have particular needs that would not have been captured in these surveys.

Finally, the findings from the Needs Assessment should not be considered in isolation; rather, whenever possible, it is important to understand the results in context. The surveys administered in this phase of the project collected data about families' needs at a single point in time, so it is not possible to know if the reported prevalence of these needs is related to trends over time. The findings reported here can be seen as a baseline benchmark against which future assessments of needs and services may be compared moving forward (presuming similar methodologies).

Likewise, there is limited information about how the prevalence of needs or availability of services reported in these surveys compare to other jurisdictions. Even within those jurisdictions that do undertake rigorous needs assessment processes, there is no widely-used approach to assessment or survey administration in child welfare that would allow for such juxtaposition. Where possible, data about the rates of needs among children and families served in other states is presented; however, this information is offered to complement and provide context for this report's findings, not for strict comparison.

Findings

Response Rates

Response rates for all surveys can be found below in Table 1. For each of the online surveys (staff and resource parent), the response rate is calculated by dividing the number of respondents who completed at least half of the survey by the number of people invited to participate. Calculation of response rates for telephone surveys is somewhat more complex; in fact, in current telephone survey best practices, several rates are used to describe the survey's yield. Information about the various rates used to describe telephone survey samples are provided in the sidebar on this page.

Table 1. Survey Response Rates

Staff Survey	
Response Rate	30%
Total Respondents (N)	637
Resource Parent Survey	
Response Rate	46%
Total Respondents (N)	739
Survey of Parents from Family of Origin: In-Home	
Response Rate	5%
Contact Rate	26%
Cooperation Rate	8%
Refusal Rate	18%
Total Respondents (N)	391
Survey of Parents from Family of Origin: Out-of-Home	
Response Rate	3%
Contact Rate	27%
Cooperation Rate	4%
Refusal Rate	14%
Total Respondents (N)	185

The cooperation rate describes the number of completed and partial surveys divided by the number of potential respondents who answered the phone when contacted. There are few telephone surveys of child

RESPONSE RATES IN TELEPHONE SURVEYS

Public opinion researchers use several metrics to describe a survey's yield. These rates are presented to illustrate the level of response among parents from families of origin, who were surveyed by phone for the Needs Assessment. This population, with its high level of needs, can be difficult to reach; this is reflected in the relatively low contact rates. Among parents who answered the phone when researchers called, however, a large proportion agreed to participate; this is illustrated by the cooperation rate.

Response Rate: The number of complete and partial surveys divided by the number of people eligible to participate in the survey

Contact Rate: The number of people who answered the phone when called by the research team divided by the number of people eligible to participate in the survey

Cooperation Rate: The number of complete and partial surveys divided by the number of people who answered the phone when called by the research team

Refusal Rate: The number of people who refuse to take the survey divided by the number of people eligible to participate in the survey

(AAPOR, 2016)

welfare system-involved adults to compare to the cooperation rates of 8% and 4% for in-home and out-of-home caregivers, respectively, achieved in the current study. In general, response rates for telephone surveys have plummeted in recent years. In fact, Pew Research has reported that it has become increasingly difficult to recruit respondents for standard political polls, with response rates falling precipitously throughout the 1990s and 2000s and leveling off around 9% (Pew Research Center, 2017). It is not surprising that the response rates for the caregiver telephone surveys would be even lower, as the survey instrument used in this Needs Assessment was lengthy and asked participants for a great deal of personal information on sensitive topics including mental health, domestic violence, and substance abuse.

That participation might be lower in surveys of child welfare-involved parents than other, less vulnerable groups is not surprising. Methodological issues complicating the collection of data from this group include the frequency with which the phone numbers in the case record may be incorrect or disconnected; that caregivers unsatisfied with child welfare services may be more likely to decline participation, and dissatisfied clients may be more likely to participate to air their complaints; and that potential respondents may fear that their candid participation in surveys could negatively impact their cases (Alpert, 2005; Baker, 2007). Nonetheless, there is agreement that the collection of client feedback on child welfare and related services is essential, especially in elucidating the pathways between service receipt and client outcomes (Alpert, 2005). Strategies that may be effective in increasing participation in future surveys of CP&P-involved caregivers, in this case parents from families of origin, include sending information to potential participations via mail before survey administration (Dillman, 2014) and use of parent advocates in collecting data (Alpert, 2005).

Respondents

Staff

Nearly equal numbers of intake workers (319) and permanency workers (318) completed more than 50% of the staff survey. Of these respondents, three quarters were women, most (63%) held a bachelor's degree, and about half (47%) had been working for DCF for at least five years. Intake workers were likely to have been on the job for slightly longer than permanency workers. Further demographic information about staff respondents is presented in Appendix B.

Resource Parents

Among resource parents who participated in the survey, just over one quarter were related to the child in their care (27%). These kin caregivers were most likely to be grandmothers to these children. While the average age of all responding resource parents was approximately 46 years, related or kin resource parents were somewhat older, in general, than non-related resource parents. Likewise, children living with relatives were likely to be older than their counterparts living with non-kin resource parents. Additional demographic information about resource parents who participated in the survey can be found in Appendix B.

Parents from Families of Origin

The survey sample was drawn from a list of biological mothers or fathers of children who were the subject of an open CP&P case that had a case goal of reunification. While this excludes certain types of caregivers, including adoptive parents and extended family members with legal guardianship, it provides a more homogenous survey sample. The vast majority (97%) were biological mothers, though a small number of biological fathers did complete the survey. Of the 576 parents who participated in the surveys, just over two-thirds (68%) were caring for their children in their home (referred to as in-home caregivers throughout this report), and nearly one third (32%) were parents of children who had been removed to foster care. Most parents were in their early-thirties; though in-home caregivers were slightly older. Compared to out-

of-home caregivers, in-home caregivers had higher income levels and older children. Detailed demographics for parents are presented in Appendix B.

Prevalence of Needs

The surveys addressed needs among two population of CP&P-involved caregivers: (1) parents from families of origin and (2) resource parents. Both staff and the parents themselves reported on needs of parents from families of origin and their child; resource parents themselves reported on their needs and the needs of the child in their care.

Caregivers

Staff Survey

In the current phase of the Needs Assessment, intake and permanency workers were asked to estimate the percentage of families on their caseloads dealing with needs in the domains listed in Table 3. The housing domain was separated into two subdomains: housing needs (e.g., needing help with rent, not having a stable place to live, or living in unsafe housing) and homelessness (e.g., living in a shelter or on the street, or in a motel or couch-surfing or doubling up in someone else's home). Also, "parenting skills" was added as a new domain because DCF contracts for services in this area. Parenting skills are divided into two subdomains: parenting knowledge (e.g., lacking knowledge about child development or age-appropriate parenting strategies) and parenting capacity (e.g., having necessary parenting knowledge but lacking the capacity to put it into practice).

Average staff estimates of the prevalence of families' needs are presented in Table 2.

Table 2. Staff-estimated percentage of families on caseloads with needs in each domain in the past 30 days^a

	%
Caregiver Substance Use	49.3
Family Poverty	48.1
Caregiver Mental Health	39.0
Parenting Knowledge	27.0
Child Mental Health	26.9
Parenting Capacity	26.8
Domestic Violence	26.6
Housing	25.9
Homelessness	17.3
Child Substance Use	15.1

^a The housing domain was split into two subdomains for this question: housing and homelessness. The parenting skills domain was also split into two subdomains for this question: parenting knowledge and parenting capacity.

According to intake and permanency workers, about half of all families have needs related to a caregiver's substance abuse; caregiver substance use was also found to be the most common need in the Phase II administrative data analysis. Several studies, including a nationally-representative, longitudinal study of children involved with child welfare, have confirmed that parental substance use affects a sizable proportion of this population. In the national sample, 25% of children in foster care (not including children living in the home with their family of origin) had a substance-abusing parent (Casanueva, Smith, Dolan, & Ringeisen, 2011). At the state level, needs assessments for child welfare services in Ohio also found caregiver substance use to be among the most prevalent needs, affecting over 40% of the population served (Ohio Department of Child and Family Services, 2016). In Michigan, substance abuse issues were a feature of 29% of cases with children removed and 32% of cases where children remained in the home

(Child Welfare Resource Center, School of Social Work, Michigan State University, 2009). These findings, while not intended as a direct comparison to those presented in Table 2, provide some context, demonstrating that caregiver substance abuse affects a substantial proportion of families who become involved with child welfare across the country.

It is also notable that staff surveyed for Phase IV perceive that half of the families they encounter are struggling with family poverty. This accords with findings from other research, which found that, nationwide, caseworkers reported that the most prevalent need for in-home parents was for financial assistance, affecting 43% of the population (Dolan, Casanueva, Smith, & Ringeisen, 2012).

Families with Multiple Needs

Previous phases of the Needs Assessment highlighted a fact of life for many families involved with CP&P: that they are facing multiple, overlapping needs at once. Research indicates that the presence of multiple risk factors during childhood has a greater negative impact on child development than any single risk exposure alone (Evans, Dongping, & Whipple, 2013; Rutter, 1979; Sameroff, 2000).

In the current phase of the Needs Assessment, staff were also asked what percentage of families on their caseload in the last thirty days had needs in three or more domains. These need domains included the core issues addressed throughout this report (housing, domestic violence, family poverty, caregiver mental health, caregiver substance use, child mental health, child substance use, and parenting skills) along with several additional areas (caregiver physical health, caregiver criminal justice involvement, child academic problems, caregiver educational or job training deficits, and immigrant and undocumented issues). As shown in Table 3, staff reported that most CP&P-involved families are dealing with needs in at least three areas.

Table 3. Families with multiple needs, according to staff estimates

	%
Percent of families with three or more needs ^a in the past 30 days	60.4

^a Need domains included: housing, domestic violence, financial or economic needs, caregiver mental health, caregiver substance abuse, child mental health, child substance abuse, parenting skills, caregiver’s physical health, child’s physical health, caregiver’s criminal justice involvement, juvenile justice, child’s academic problems, caregiver educational or job training deficits, and immigrant and undocumented issues.

Parents from Families of Origin

For their part, parents were also asked to report on their own needs in each of the domains addressed in the Needs Assessment. For each need domain, caregivers were asked an optional, open-ended question: “What, if any, needs have you had related to [need domain] since your CP&P case was opened?” Responses were categorized within each domain to describe the types of needs families had.² It should be noted that there is some overlap in responses across need domains, especially regarding housing and family poverty. For instance, many caregivers who reported having needs in the area of family poverty described needing help with housing costs. Also, in some domains, the number of respondents describing a particular type of need can be quite small (e.g., 10 or fewer respondents). These findings are not intended to demonstrate the population prevalence of specific issues within need domains, rather they are presented to illustrate

² Many responses fell into an “Other/unspecified” category. Most often these were responses that read, “Yes” or “Some” (or some variant) in answer to the question, but did not provide further detail about the type of needs caregivers had.

the range of problems families struggle with within each area. Results are summarized below, ordered by the number of in-home caregivers who described needs.

Family Poverty

Parents receiving in-home services who reported needs related to poverty or finances (195, representing 50% of survey respondents) were most likely to report needing help fulfilling basic needs (e.g., food, clothing, health care; 68, 35% of item respondents) or help with housing costs (67, 34%). Acquiring furniture (18, 4%), paying for child care or education (18, 9%), and covering transportation costs (7, 4%) were also noted.

Caregivers whose children had been removed to out-of-home care who reported needs related to poverty or finances (84; 45% of survey respondents) were more likely to report needs related to paying for housing and associated costs (25, 30% of item respondents). Meeting basic needs (19, 23%), transportation costs (6, 7%), acquiring furniture (4, 5%), and costs associated with child care or education (3, 4%) were among other types of needs cited.

Housing

Among parents whose children were living with them in the home who reported housing needs (168; 43% of survey respondents), more than half (102, 61% of item respondents) described needing help getting housing or finding stable housing. Far fewer in-home caregivers reported needs related to help paying for rent (31, 18%), help paying for furniture or other household items (24, 14%), and help paying for utilities (19, 11%).

Of the out-of-home parent sample, over half of the survey respondents described some housing need (98; 53% of survey respondents). The most common housing need among parents whose children had been removed was also help getting housing or getting stable housing (58, 59% of item respondents). Other needs included help paying for rent (16, 16%), help paying for utilities (7, 7%), and help paying for furniture or other household items (3, 3%).

Caregiver Mental Health

Asked about their needs related to mental health, parents receiving in-home services who responded (141; 36% of survey respondents) described psychological symptoms or diagnoses. Mood disorders were most common (e.g., depression; 90, 64% of item respondents). Anxiety (68, 48%) and trauma or post-traumatic stress disorder (18, 13%) were also reported.

Parents whose children were not living with them also described psychological symptoms or diagnoses when asked about their mental health needs (88; 48% of survey respondents). Most indicated that they had mood disorders (67, 76% of item respondents), and roughly half (43, 49%) reported anxiety. A smaller portion of these caregivers described problems related to trauma or post-traumatic stress disorder (17, 19%).

Child Mental Health

When asked to describe any mental health needs their child had, 111 in-home parents provided responses (28% of survey respondents). Of these, most referenced psychological symptoms and diagnoses (70, 63% of item respondents). Other areas of need included adjustment challenges and trauma (23, 21%), behavioral challenges (18, 16%), and educational challenges (8, 7%).

The distribution of child mental health needs was similar among parents with children in out-of-home care responding to the question (46; 25% of survey respondents). Psychological symptoms and diagnoses were most common (29, 63% of item respondents), followed by adjustment challenges and trauma (5, 11%) and behavioral challenges (5, 11%).

Domestic Violence

Responses to the question regarding needs related to domestic violence among in-home parents (96, 55% of survey respondents) primarily referenced emotional or physical abuse by a current or former partner (52, 54% of item respondents). A smaller number of respondents described abuse of a child (7, 7%), and the remaining responses were miscellaneous or unspecified.

Parents with children in out-of-home care with domestic violence needs (33; 18% of survey respondents) also reported emotional or physical abuse by a current or former partner (14, 42% of item respondents) and abuse of children (2, 6%).

Parenting Skills

Among in-home parents describing needs in the area of parenting skills (78; 20% of survey respondents), issues related to discipline (14, 18% of item respondents) and children's emotional or behavioral issues (11, 1%) were the most common. Needing help with providing structure and routine (9, 12%) and improving communication (2, 3%) were also noted. Some in-home caregivers also described being referred to court-ordered or mandatory services (9, 12%).

Asked about needs related to parenting, out-of-home parents gave responses (26; 14% of survey respondents) that did not fall into clear categories. Some reported trouble dealing with children's emotional or behavioral issues (2, 7% of item respondents), but most responses were unspecified.

Caregiver Substance Use

In-home parents who described needs related to substance use (73; 19% of survey respondents) were most likely to indicate that they used illegal drugs (45, 62% of item respondents), usually marijuana. A smaller number reported alcohol use (9, 12%).

Results were similar for out-of-home parents who reported substance use needs (71; 38% of survey respondents). Drug use was reported by nearly two-thirds (45, 63% of item respondents), and alcohol use by 13% (9) of out-of-home caregivers.

Child Substance Use

A small number of in-home parents reported that their child had substance use needs (13; 3% of survey respondents), and most of these needs were related to the use of illegal drugs (8, 62%). A much smaller number of caregivers described needs related to their child's alcohol use (2, 15%).

Likewise, only 5 out-of-home parents indicated that their child had substance use needs (3% of survey respondents), 80% (4) of which involved the child's use of illegal drugs.

Resource Parents

Previous phases of the Needs Assessment did not explicitly examine the specific needs of resource parents. Surveying this group in Phase IV allowed a closer look at the challenges faced by this population. Like parents from families of origin, resource parents were asked, "What, if any, needs have you had related to [need domain] since [target child] came to live with you?" Again, responses were categorized within each domain to describe the types of needs families had.³ It should be noted that the results below do not distinguish between kin and non-kin resource parents; however, other findings presented in this report

³ Many responses fell into an "Other/unspecified" category. Most often these were responses that read, "Yes" or "Some" (or some variant) in answer to the question, but did not provide further detail about the type of needs caregivers had.

suggest that kin resource parents have more needs as they use more services than their non-kin counterparts. Results are summarized below, ordered according to their frequency.

Child Mental Health

The most commonly-cited needs among resource parents were related to the mental health of the child in their care; 233 resource parents described needs in this area (32% of survey respondents). Of those, over half cited a need for counseling or therapy (134, 58% of item respondents). Other needs were related to the child's psychological symptoms or diagnoses (32, 14%), behavioral challenges (21, 9%), and problems associated with adjustment or trauma (7, 3%).

Family Poverty

Many resource parents (218; 29% of survey respondents) responded to the open-ended question asking if they had needs related to finances since the target child came to live with them. However, many wrote responses like "stipend," referring to the monthly payment received for caring for the child. Without more specificity in these responses, it is not possible to know exactly what was meant by these comments. It is possible that resource parents were describing the increased financial need associated with bringing a child into their home, which the stipend is aimed at ameliorating. Resource parents' satisfaction with the stipend is not clear from these responses. When describing other financial or poverty-related needs, resource parents most frequently cited trouble meeting basic needs (e.g., food, clothing, health care; 48, 22% of item respondents). Covering the costs of child care/education (27, 12%), housing (14, 6%), furniture (7, 3%), and transportation (3, 1%) were also noted. Needs appear to be somewhat more prevalent among kin resource parents, though non-kin resource parents were among those reporting needs as well.

Housing

Among resource parents who described housing needs (120; 16% of survey respondents), the largest percentage indicated needing help acquiring furniture (60, 50% of item respondents). A smaller number described needs related to finding more appropriate housing or relocating (19, 16%) and paying for home repairs or adjustments (14, 12%). Other needs included help paying for utilities (5, 4%) and help paying rent (2, 2%). It should be noted that the housing-related needs that resource parents reported were less urgent than those described by parents from families of origin; for instance families of origin were more likely to identify immediate needs related to finding stable housing, while resource parents' needs had to do with getting furniture or a more spacious home.

Caregiver Mental Health

Of resource parents who reported mental health needs (96; 13% of survey respondents), one third cited anxiety (35, 36% of item respondents), and 6% (6) indicated that they have needs related to depression. An additional 6% (6) described trauma or post-traumatic stress disorder. The remainder of responses included other or unspecified needs.

Parenting Skills

Many resource parents explicitly indicated that they did not have any needs related to parenting skills. Among those who did note having needs (41; 6% of respondents), the most commonly cited had to do with support for their child's emotional or behavioral issues (12, 29% of item respondents), followed by assistance addressing their child's special needs (8, 20%). Others noted needs related helping their child deal with issues related to being in foster care or separated from their parent(s) (6, 15%), and disciplining their child (3, 7%).

Other Needs

Fewer than 10 resource parents described needs related to domestic violence, child substance use, or their own substance use.

Synthesis

Across surveys, specific information was gleaned about the prevalence of needs among families and resource parents; there was also some convergence of themes. For instance, families involved with CP&P struggle with needs that often overlap. Family poverty permeates the lives of many parents and even resource parents, with impacts in other need domains as well. Additional key findings follow:

- Needs in the areas of caregiver mental health, caregiver substance abuse, and family poverty were most common, according to staff.
- Staff reported that between one half and two thirds of the families they encountered in the month before the survey was administered were dealing with needs in three or more domains.
- In-home parents were most likely to describe having needs related to family poverty, while the most commonly reported needs among out-of-home parents related to their own mental health.
- Among resource parents, the most frequently described needs had to do with the mental health of the child in their care. A portion of reported needs, however, were not specific to the child and related to the broader family circumstances. For instance, some resource parents indicated having needs related to housing (120, 16% of survey respondents).

Referral to and Use of Services

Independent of whether caregivers reported that they had needs, the surveys asked parents and resource parents if they used any services in each domain since their target child's involvement with CP&P began. Further, if services were used, the surveys asked parents to indicate if CP&P was the source of the referral.

Users/Recipients of Services

Parents from Families of Origin

Parents were asked about whether or not they received services related to each need domain (Table 4). Caregiver mental health services ranked first as the most used service for all parents (46%), in-home caregivers (36%) and out-of-home caregivers (66%). Out-of-home parents were significantly more likely than in-home caregivers to receive services related to adult mental health, parenting skills, and substance abuse. For caregiver mental health, out-of-home recipients were nearly twice as likely as in-home caregivers to receive mental health services. For parenting skills and substance use, out-of-home caregivers were more than twice as likely to receive services compared to in-home caregivers.

Table 4: Caregiver receipt of services by need domain

	All		In-Home		Out-of-Home	
	n	%	n	%	n	%
Caregiver Mental Health***	258	45.6	137	35.9	121	65.8
Parenting Skills***	189	33.5	91	23.7	98	54.1
Caregiver Substance Use***	187	33.2	91	23.8	96	52.8
Child Mental Health	146	26.7	92	24.2	54	32.3
Family Poverty	96	16.9	75	19.4	21	11.5
Domestic Violence	79	14.0	59	15.5	20	10.9
Housing	72	12.7	56	14.5	16	8.7
Child Substance Use	<10	7.4	<10	7.5	<10	6.9

Caregivers who accessed services were also asked to give more detail on the type of service they received. They were not required to answer these questions, but were given the opportunity to elaborate on services received if they saw fit; for this reason, the number of respondents listed below may not align with what is reported in Table 4, as not all survey participants chose to answer the open-ended questions. These responses were categorized, and the most frequently reported service types are summarized by need domain below. As above, these results are reported to show the range of services caregivers received related to the main need domains, not population percentages of service usage.

Family Poverty

About one in five in-home caregivers indicated that they received some type of service related to poverty or financial need (75, 19% of item respondents). Most commonly, these caregivers received SNAP (also referred to as food stamps or food assistance in the survey; 42, 56% of item respondents). Other services included TANF/cash assistance (19, 25%), help with household expenses (e.g., rent, utilities, furniture; 13, 17%), child care payments (6, 8%), and transportation assistance (5, 5%).

21 out-of-home caregivers (11% of survey respondents) reported using services related to family poverty. SNAP/food stamps/food assistance was most common (9, 43% of item respondents), followed by TANF/cash assistance (8, 38%), and housing/utility/furniture assistance (7, 33%). Remaining responses described unspecified services. More information about the types of public assistance programs parents and resource parents used can be found on the following page.

Caregiver Mental Health

Of all in-home caregivers, 135 (35% of survey respondents) reported using caregiver mental health services. Types of services received included counseling/therapy/outpatient therapy (109, 81% of item respondents), medication management (34, 25%), other forms of mental health services (16, 12%), and inpatient/residential treatment (2, 1%).

Meanwhile, nearly two thirds of out-of-home caregivers reported using caregiver mental health services (121, 65% of survey respondents). The most commonly described services were related to therapy or counseling (98, 81% of item respondents). A much smaller number specified that they received medication for mental health problems (9, 7%), and the rest noted unspecified services.

Parenting Skills

90 in-home caregivers (23% of survey respondents) reported using parenting skills services. They indicated receiving parenting classes (55, 61% of item respondents), counseling/therapy (23, 26%), having a parent coach or mentor (8, 9%), and other or unspecified services.

About half of the out-of-home caregivers responding to the survey reported using services related to parenting skills (97, 53% of survey respondents). The vast majority attended parenting classes (86, 89% of item respondents), while some described family counseling or therapy (6, 6%).

Child Mental Health

Just under a quarter of in-home caregivers (90, 23% of survey respondents) reported using child mental health services. Among those services described were therapy or counseling (69, 77% of item respondents), medication management (21, 23%), inpatient treatment (8, 9%), behavioral interventions (7, 8%), and other, unspecified services.

PUBLIC ASSISTANCE USE

Both parents and resource parents were presented with a list of public assistance programs and asked if they were receiving any benefits from each program. The results are presented to illustrate the frequency with which these programs are used by each group of caregiver.

Parents from Families of Origin

Public assistance programs used	All		In-Home		Out-of-Home	
	n	%	n	%	n	%
Temporary Assistance for Needy Families (TANF) / Welfare cash assistance	82	14.2	60	15.4	22	11.9
Women, Infants and Children (WIC)	120	20.83	92	23.5	28	15.1
Supplemental Nutrition Assistance Program (SNAP) / Food Stamps / EBT Card	310	53.8	224	57.3	86	46.5
Supplemental Security Insurance (SSI), Social Security Disability Insurance (SSDI), or other disability benefits	110	19.1	81	20.7	29	15.7
Housing subsidy, housing voucher / Section 8 or public housing	127	22.1	91	23.3	36	19.5
Health insurance subsidy (to purchase health insurance on the private market)	115	20.0	84	21.5	31	16.8
Other	44	7.6	36	9.2	8	4.3

Resource Parents

Public assistance programs used	All		Kin		Non-Kin	
	n	%	n	%	n	%
Temporary Assistance for Needy Families (TANF) / Welfare cash assistance	<10	<1	<10	<1	<10	<1
Women, Infants and Children (WIC)	250	33.8	49	25.7	200	37.2
Supplemental Nutrition Assistance Program (SNAP) / Food Stamps / EBT Card	35	4.7	15	7.9	20	3.7
Supplemental Security Insurance (SSI), Social Security Disability Insurance (SSDI), or other disability benefits	34	4.6	15	7.9	19	3.5
Housing subsidy, housing voucher / Section 8 or public housing	33	4.5	17	8.9	16	3.0
Health insurance subsidy (to purchase health insurance on the private market)	19	2.6	<10	3.1	13	2.4
Other	66	8.9	24	12.6	42	7.8

54 out-of-home caregivers (29% of survey respondents) reported using child mental health services. Most described therapy/counseling (49, 91% of item respondents), and the remainder noted medication management (3, 6%), early intervention (3, 6%), and other services.

Caregiver Substance Use

Among in-home parents, 88 (23% of survey respondents) reported using caregiver substance use services. The services received include intensive outpatient treatment (38, 43% of item respondents), substance abuse counseling/therapy (19, 22%), inpatient rehabilitation treatment (16, 18%), medication assisted treatment (3, 3%), detox treatment (2, 2%), and other, unspecified services.

96 out-of-home caregivers reported using caregiver substance use services, representing just over half of the survey's respondents (52%). The most commonly used service was intensive outpatient treatment (62, 65% of item respondents), followed by inpatient/rehabilitation services (19, 20%). Remaining responses described counseling or therapy (7, 7%), support groups (3, 3%), detox services (2, 2%), and other, unspecified services.

Domestic Violence

Use of domestic violence services was described by 57 respondents (15% of survey respondents). Most of these indicated that they had received therapy or counseling (36, 63% of item respondents). Others reported that they got housing or housing assistance (8, 14%), attended classes or domestic violence programs (7, 12%), went to anger management (3, 5%), or participated in a support group (3, 5%).

Domestic violence services were described by 20 respondents (11% of survey respondents). Again, therapy/counseling were the most commonly reported services (11, 55% of item respondents), followed by housing or housing assistance (3, 15%). Other responses referred to other or unspecified services.

Housing

56 in-home caregivers (14% of survey respondents) reported using housing services. Of these, 17 (30% of item respondents) got help paying utility or other bills, 16 (29%) received rental assistance, and 15 (27%) had help acquiring furniture or other household goods. Other services included security deposits (9, 16%), housing vouchers (7, 13%), and shelter or temporary housing (7, 13%).

Only 16 out-of-home caregivers reported using housing services, representing 8% of survey respondents. Of these, 8 indicated that

That CP&P was the referral source for the majority of services received suggests that workers are connecting families to supports to help address needs that may have brought them to the attention of the system in the first place.

they received assistance with paying security deposits (50% of item respondents), 4 received rental assistance (25%), and 2 got help paying utility or other bills (13%). The remaining responses described other or unspecified services.

Child Substance Use

Few in-home caregivers reported accessing substance use services for their child (7, 2% of survey respondents). Most of these were related to counseling or therapy (6, 85% of item respondents).

Just 2 out-of-home caregivers reported using child substance use services (1% of survey respondents). One described therapy services (50% of item respondents), and the other referred to inpatient treatment (50%).

Caregivers who received services in a given need domain were also asked if they were referred to those services by CP&P. In nearly all domains, more than half of the survey respondents, both in-home and out-of-home caregivers, reported that CP&P, rather than another entity, referred them to the services they accessed (Table 5). CP&P was the most common referral source for caregivers receiving services related to parenting skills. These, as well as other services with high referral rates from CP&P, may have been mandated, which may begin to explain why the majority of referrals came from the division. However, that CP&P was the referral source for the majority of services received suggests that workers are connecting families to supports to help address needs that may have brought them to the attention of the system in the first place. There were no significant differences in referral source for in-home versus out-of-home caregivers receiving services across domains.

Table 5. Caregiver recipients of services who were referred to those services by CP&P

	All		In-Home		Out-of-Home	
	n	%	n	%	n	%
Parenting Skills	155	82.5	74	81.3	81	83.5
Child Substance Use	<10	77.8	<10	71.4	<10	100
Housing	49	69.0	39	70.9	10	62.5
Domestic Violence	54	68.4	39	66.0	15	75.0
Caregiver Substance Use	126	67.4	59	64.8	67	69.8
Caregiver Mental Health	154	60.4	76	56.3	78	65.0
Child Mental Health	81	57.5	46	51.1	35	68.6
Family Poverty	47	50.5	37	51.4	10	47.6

n: number of item respondents reporting they were referred to services by CP&P; percent of item respondents reporting they were referred to services by CP&P.

Resource Parents

Resource parents were also asked whether they had received any services in each need area since the target child had come to live with them (see table 6). Regarding receipt of services, child mental health services were most commonly used among all resource parents (37%) and non-kin resource parents (38%). For kin resource parents, services related to family poverty (35%) ranked first for receipt of services by need domain. Kin resource parents were nearly twice as likely to use services related to poverty compared to non-kin. Likewise, kin resource parents were also significantly more likely to use services related to parenting skills and housing. Kin resource parents were more than twice as likely to use services related to housing than non-kin.

Table 6. Resource parent receipt of services by need domain

	All		Kin		Non-Kin	
	n	%	n	%	n	%
Child Mental Health	256	37.1	62	35.2	194	37.9
Family Poverty***	233	32.5	88	47.1	145	27.6
Parenting Skills***	186	25.5	73	38.8	113	21.0
Housing***	123	17.1	54	28.3	69	12.9
Caregiver Mental Health*	73	10.2	28	15.0	45	8.5
Child Substance Abuse	<10	5.0	<10	4.4	<10	5.2
Caregiver Substance Abuse	<10	1.4	<10	1.6	<10	1.1
Domestic Violence†	<10	1.2	<10	1.7	<10	<1

Differences between kin and non-kin resource parents significant at * $p < .05$ and *** $p < .001$.

n: number of item respondents reporting needs in a given domain; % percent of item respondents reporting needs in a given domain

Resource parents were also asked to give more details on the services they or their child received. They were not required to answer these questions, but were given the opportunity to elaborate on services received if they saw fit. As some resource parents chose not to answer the open-ended questions, the numbers of respondents presented below may not accord with the numbers of service recipients listed in Table 6. These responses were categorized, and the most commonly-cited categories of services used are presented below. As before, these responses are presented for illustrative purposes, to describe the range of types of services resource families receive related to particular needs.

Child Mental Health

Child mental health services were the most commonly reported among resource parents (245, 33% of survey respondents). The most common service received was therapy or counseling (198, 81% of item respondents), followed by medication management services (8, 3%) and behavioral interventions (8, 3%). The remaining responses referred to other or unspecified services.

Family Poverty

196 resource parents reported using services related to family poverty (27% of survey respondents). As when asked about needs, many resource parents responded by describing their monthly stipend (89, 45% of item respondents). Other services reported included those related to food, clothing and health (37, 19%), child care and extra-curricular activities (28, 14%), WIC (Women, Infants and Children; 19, 10%) and other, unspecified services.

Housing

Use of housing services was reported by 16% of resource parents responding to the survey (117). Of these, the vast majority indicated that they received help acquiring furniture or other household supplies (111, 95% of item respondents). The remaining responses were related to help with security deposits (4, 3%), assistance paying for housing repairs or moving costs (2, 2%), and other, unspecified services.

Parenting Skills

Of responding resource parents, 13% (96) indicated that they used services related to parenting skills. Parenting classes were most frequently reported, (55, 57% of item respondents), followed by counseling or therapy (13, 14%), and in-home interventions (5, 5%). Other services reported did not fall into clean categories.

Caregiver Mental health

62 resource parents reported using caregiver mental health services (8% of survey respondents). Therapy and counseling was most common (48, 77% of item respondents), and a small number of respondents indicated that they received medication management (4, 6%). The remaining responses described other or unspecified services.

Child Substance Use

A small percentage of responding resource parents described accessing substance use services for their child (23, 3% of survey respondents). Of these, 6 (26% of item respondents) reported counseling or therapy, and another 6 (26%) indicated that their child received services because they were born drug-addicted. The rest of the responses referred to other or unspecified services.

Other Services

Fewer than 10 resource parents reported using services related to domestic violence or caregiver substance use.

As in the parent survey, the survey of resource parents asked respondents who received services whether they were referred to those services by CP&P (Table 7). In five of the eight domains, CP&P referred more than half of responding resource parents to the services they were using; these included child mental health, parenting skills, housing, family poverty, and domestic violence. Outside of referrals to services related to family poverty, kin and non-kin resource parents were equally likely to have received their referral from CP&P. The only significant difference found was in the area of family poverty, where kin receiving services were more likely be referred to those services by CP&P than were non-kin caregivers.

Table 7. Resource parent recipients of services who were referred to those services by CP&P

	All		Kin		Non-Kin	
	n	%	n	%	n	%
Child Mental Health	210	82.7	49	79.0	161	83.9
Parenting Skills	145	79.7	61	85.9	84	75.7
Housing	92	76.4	43	71.0	49	71.0
Family Poverty*	156	69.6	90	82.7	66	63.8
Domestic Violence†	<10	62.5	<10	66.7	<10	50.0
Caregiver Mental Health	29	40.5	14	50.0	15	33.3
Caregiver Substance Use†	<10	22.2	<10	0.0	<10	33.3
Child Substance Use†	<10	5.0	<10	7.1	<10	4.2

Differences between in-home and out-of-home parents significant at * $p < .05$

† Fewer than 10 respondents reported using this service

n: number of item respondents reporting they were referred to services by CP&P; %: percent of item respondents reporting they were referred to services by CP&P.

Nonusers/Non-recipients of Services

When survey respondents reported that they did not use services in a given need domain, they were asked a series of follow-up questions about whether they could have benefitted from services, if they ever received a referral to services, and, if applicable, why they did not access the services to which they were referred. These questions help shine a light on how frequently those not receiving services may still have needs and how often those needs are being recognized by CP&P workers.

Parents from Families of Origin

For parents from families of origin who stated they did not receive services, a majority of those parents (362, 79%) thought services related to family poverty would have been helpful (Table 8). For in-home caregivers (76%), housing services were cited most frequently as services that would have been helpful.

Housing was the only domain where there was a significant difference between the percentage of in-home and out-of-home caregivers. Out-of-home caregivers were significantly more likely than in-home caregivers to think housing and family poverty services would have been helpful.

Table 8. Of all caregivers from families of origin who were non-recipients of services, % who thought services could have been helpful

	All		In-Home		Out-of-Home	
	n	%	n	%	n	%
Family Poverty*	362	79.0	229	75.8	133	85.3
Housing***	358	74.7	216	69.0	142	85.9
Parenting Skills	91	27.0	65	25.3	26	32.5
Caregiver Mental Health	65	23.6	46	21.2	19	32.2
Domestic Violence	93	20.9	64	22.0	29	18.7
Child Substance Use	16	19.7	^a	13.8	^a	20.8
Child Mental Health	73	19.7	51	19.3	22	22.7
Caregiver Substance Use	31	9.3	^a	8.7	^a	11.3

Differences between in-home and out-of-home parents significant at * $p < .05$, *** $p < .001$

^a Number of respondents masked as cells may include fewer than 10 respondents.

n: number of item respondents who thought services could have been helpful; percent of item respondents who thought services could have been helpful.

Of those parents not receiving services who thought that services would be helpful, some received referrals from CP&P (Table 9). Parents who said they could benefit from services related to caregiver mental health were most likely to have received a referral to services in that area from CP&P. Across domains, in-home and out-of-home caregivers who reported that services would have been helpful were equally likely to receive a CP&P referral to a related service; the exception is child mental health, for which significantly more CP&P referrals were provided to in-home caregivers.

When parents received referrals to services, some did not ultimately access them. Parents in this category were asked why they did not access the services, and across all but one need domains, by far the most common reason given was that they “did not feel [they] needed [them].” The only exception was regarding services related to family poverty, for which the most common reason for not accessing services was not being eligible. The next section (Barriers to Service Use) explore other issues that prevented parents from receiving the services to which CP&P referred them.

Table 9. Of all caregivers from families of origin who were non-recipients of services who thought services would have been helpful, % who got a referral from CP&P

	All		In-Home		Out-of-Home	
	n	%	n	%	n	%
Caregiver Mental Health	16	24.6	^a	26.1	^a	21.1
Domestic Violence	21	23.3	^a	27.9	^a	13.8
Child Mental Health**	14	19.2	^a	27.5	^a	0.0
Caregiver Substance Use	<10	13.3	^a	9.5	^a	22.2
Housing	36	10.2	22	1.0	14	9.9
Child Substance Use	<10	6.7	^a	10.0	^a	0.0
Parenting Skills	<10	6.6	^a	6.2	^a	7.7
Family Poverty	16	4.5	^a	5.3	^a	3.1

** Differences between in-home and out-of-home parents significant at $p < .01$

^a Number of respondents masked as cells may include fewer than 10 respondents

n: number of item respondents who thought services would have been helpful; % percent of item respondents who thought services would have been helpful.

Resource Parents

Resource parents who reported that they did not receive services were asked the same follow-up questions as parents from families of origin. Compared to parents from families of origin, resource parents were generally less likely to report that services would have been helpful, though this was not true in all cases. About half of resource parents reported that services related to family poverty would have been helpful, making it the most common area where resource parents thought they could have benefitted from additional supports (Table 10). Kin resource parents were significantly more likely to indicate that they could have benefitted from housing services than non-kin resource parents. The opposite was true for child mental health services: non-kin resource parents were significantly more likely to think their child could have benefitted from services than kin resource parents.

Table 10. Of all resource parents who were non-recipients of services, % who thought services could have been helpful

	All		Kin		Non-Kin	
	n	%	n	%	n	%
Family Poverty *	235	51.7	59	61.5	176	49.0
Housing***	250	42.8	64	48.5	186	41.2
Parenting Skills	156	29.8	28	25.5	128	31.0
Caregiver Mental Health	92	15.5	23	15.3	69	16.2
Child Substance Use	11	12.8	^a	5.0	^a	15.2
Child Mental Health*	49	12.5	^a	6.9	^a	14.5
Domestic Violence	28	4.5	12	7.5	16	3.4
Caregiver Substance Use	23	3.6	^a	3.0	^a	3.8

Differences between in-home and out-of-home parents significant at * $p < .05$, *** $p < .001$

^a Number of respondents masked as cells may include fewer than 10 respondents

n: number of item respondents who thought services could have been helpful; %: percent of item respondents who thought services could have been helpful.

Next, Table 11 presents the percent of resource parents who thought services would have been helpful who in turn received a referral from CP&P. Overall, few resource parents who reported that services in a given need domain would be beneficial received a CP&P referral. Those who did were most likely to receive a referral to services related to child mental health. This is unsurprising, as CP&P's primary interest for children in foster care is their well-being, and adult services are more likely to be directed toward the children's family of origin. Resource parents also reported lower levels of need, as shown earlier in this report. Those with needs may have also been more likely to have accessed services in the first place.

Table 11. Of all resource parents who were non-recipients of services who thought services would have been helpful, % who got a referral from CP&P

	All		Kin		Non-Kin	
	n	%	n	%	n	%
Child Mental Health	14	28.6	^a	14.3	^a	31.0
Domestic Violence	<10	17.9	^a	8.3	^a	25.0
Caregiver Substance Use*	<10	13.0	^a	40.0	^a	5.6
Caregiver Mental Health	10	11.0	^a	8.7	^a	11.8
Parenting Skills	16	10.3	^a	7.1	^a	11.0
Child Substance Use	<10	9.1	^a	0.0	^a	10.0
Poverty	18	7.7	^a	6.8	^a	8.0
Housing	12	4.8	^a	6.4	^a	4.3

Differences between in-home and out-of-home parents significant at * $p < .05$

^a Number of respondents masked as cells may include fewer than 10 respondents

n: number of item respondents who thought services would have been helpful; %: percent of item respondents who thought services would have been helpful.

As with parents from families of origin, resource parents who did not receive services after being referred to them by CP&P were most likely to indicate that they “didn’t feel like [they] needed [them].” Few other barriers to service use were cited by this group.

Synthesis

Regarding the referral to and use of services among parents and resource parents, some high-level findings emerged, summarized here:

- Caregiver mental health services were the most common type received for parents from families of origin responding to the survey, from both the in-home and the out-of-home groups; however, twice as many out-of-home parents used mental health services than did in-home parents.
- One-half to more than three quarters of parents using services in any domain were referred to those services by CP&P. It was most common for a parent’s referral to come from CP&P if the services were related to parenting skills; 4 of 5 parents getting services related to parenting skills got the referral from CP&P. That the majority of referrals came from CP&P may reflect the fact that those services were, in many cases, mandated. However, it also suggests that CP&P workers are connecting families to services to help address their needs.
- Resource parents were less likely than parents from families of origin to be using services. The most common services used were related to the target child’s mental health. Generally, when services were accessed, more kin foster parents than non-kin foster parents used them; this difference was significant in the areas of family poverty, parenting skills, housing, and adult mental health.
- In most cases, resource parents using services were referred by CP&P. Referrals came more frequently from other sources in the areas of caregiver mental health and caregiver substance abuse.
- Among parents not receiving services related to family poverty, most felt that they could have benefitted from support; the same was true in the area of housing services. This suggests that most families have some needs in these areas, and a substantial number may not be receiving any help. However, as described above, family poverty is an issue that permeates the lives of many if not most CP&P-involved families, and there are limited supports available in New Jersey to adequately address the need.

Barriers to Service Use

For those families who had needs but did not receive services, the surveys asked about potential barriers preventing service use. Staff described issues that kept parents from accessing services, and both parents from families of origin and resource parents were asked about the factors that limited their use of supports. The barriers assessed fall into two main categories: (1) issues regarding the availability of services, including eligibility standards, and (2) issues regarding the accessibility of services. It should be noted that the numbers of parents and resource parents responding to these questions were quite low; as such, findings for these groups are presented to illustrate the range of barriers families face, rather than a fully generalizable representation.

Availability of Services

Parents from Families of Origin

Parent Survey

Parents from Families of origin had the opportunity to report on the barriers they faced in accessing services if they had been referred to services but did not access them. As noted in the previous section, the most common reason for not following up on a referral, in almost all cases, was that the respondent “didn’t feel like [they] needed [the service].” In some instances, however, services were not accessed because, as the caregiver noted, the waitlist was too long. Among in-home caregivers, five of the 32 (16%) who were referred to housing services and did not receive them reported the length of the waitlist as the reason.

Eligibility

Not being eligible for services was also a barrier to accessing supports for some parents. This was most frequently the case for in-home caregivers in the areas of family poverty (3 of 16 non-recipients, 19%), housing (6 of 32 non-recipients, 19%), and caregiver substance use (2 of 20 non-recipients, 10%). Among out-of-home caregivers, eligibility was a barrier for accessing services related to family poverty (3 of 4 non-recipients, 75%), housing (3 of 17 non-recipients, 18%), and domestic violence (2 of 23 non-recipients, 9%).

Staff Survey

Richer information about the availability of services was gathered from staff, who were asked about the extent to which sufficient services were available within each domain to meet need they observed among families on their caseload. These data are presented in Table 12, which shows the average percentage of respondents who agreed or strongly agreed with the questions about availability of services throughout the survey. In general, these questions were worded as follows: “[Type of service] to meet families’ needs related to [need domain] were available when families needed them,” or “There were enough [type of services] to meet families’ needs related to [need domain].” Within each need domain, these questions were asked about several types of services. For example, in the caregiver mental health section of the survey, staff were asked these questions about psychological evaluations, psychiatric mental health evaluations, outpatient therapy, inpatient therapy, partial care/hospitalization, and medication monitoring (For availability results by service type, please see Appendix B). Staff responses were averaged across these questions for a general availability score pertaining to each domain. As these questions reflect agreement with positively-worded questions, lower percentages indicate poorer availability of services.

Overall, there was consensus among workers in regards to the level of service availability for families within each need domain. Child mental health services were rated as being most available, followed by domestic violence services and caregiver substance abuse services. In all but two domains, over half of responding staff indicated that the availability of services was sufficient to meet existing need. The exceptions were housing and services related to family poverty, where only approximately one third of staff reported that there were enough services available when families needed them.

Table 12. Staff assessment of service availability by need domain for caregivers

	%
Child Mental Health	75.5
Domestic Violence	73.8
Caregiver Mental Health	72.5
Caregiver Substance Use	71.7
Child Substance Use	64.6
Parenting Skills	64.0
Family Poverty	36.0
Housing	36.0

Eligibility

Within each of the main need domains, staff were also asked to what extent families who needed services were eligible for them. The following table (Table 13) shows the average percentage of respondents who agreed or strongly agreed with the questions about families' eligibility for services throughout the survey. In general, these questions were worded as follows: "Families who needed services related to [*need domain*] typically qualified (met eligibility criteria) for them." As these questions reflect agreement with positively-worded questions, percentages below 50% indicate that, more often than not, staff observed that families did not typically meet eligibility criteria. Overall, staff reported that less than half of the families in need of housing services or financial supports were able to qualify for them. For other services, however, the majority of staff felt families referred were eligible for services from nearly three-quarters for child substance abuse and parenting skills, to over 80% for the other domains.

Table 13. Staff assessment of caregiver eligibility for services by need domain

	%
Child Mental Health	86.6
Caregiver Mental Health	85.2
Domestic Violence	82.0
Parenting Skills	79.7
Caregiver Substance Use	83.1
Child Substance Use	69.1
Family Poverty	47.3
Housing	41.2

Resource Parents

As the survey given to resource parents paralleled that administered to parents from families of origin, resource parents who were given a referral but did not receive a service had the opportunity to indicate what if any barriers kept them from accessing the service. Across all need domains, none reported that a waitlist being too long was the reason they were not able to follow up on a service referral.

Eligibility

Among resource parents who were referred to services but did not access them, not meeting eligibility criteria was only cited as the reason in a few instances. Of the 28 kin resource parents who were referred but did not receive services related to family poverty, two indicated that eligibility was a barrier (7%). This issue was also noted by two of the 24 referred non-recipients of housing services (8%).

Accessibility of Services

A second category of barriers to receiving services encompasses issues relating to accessibility. Even if services are available in sufficient quantities to meet families' needs in a timely fashion, parents and resource parents must be able to access them if they are to benefit. Issues compromising accessibility include a parents' lack of reliable transportation, unavailability of child care, parents' inability to take time off work or providers lacking convenient hours, and providers being inconveniently located.

Parents from Families of Origin

Parent Survey

As described above, parents from families of origin who were referred to services but did not access them were able to indicate what kept them from getting those services. The following summarizes the accessibility-related reasons that were provided for non-receipt of services. Generally, when only one respondent cited a given reason for not accessing services in a particular domain, it is not noted here. Also,

as many of the survey items described here had few respondents, these results should not be generalized; rather they provide examples of the types of accessibility issues that restrict parents' access to services.

Transportation

While most parents reported that they were able to get to CP&P appointments easily some or all of the time (464, 86%), some indicated that they did not access services because they lacked transportation. Among in-home caregivers, five of 38 referred non-recipients of adult mental health services (13%) and two of 20 referred non-recipients of adult substance use services (40%) reported lacking transportation as a barrier to service use. Meanwhile, two of four out-of-home respondents referred to services related to family poverty did not access those supports because they didn't have access to transportation (50%).

Location of Services

For in-home caregivers, a provider being located too far away was a barrier for three of 38 referred non-recipients of adult mental health services (8%) and three of 50 referred non-recipients of domestic violence services (6%). The issue was only noted by out-of-home caregivers in the area of domestic violence services, where two of the 23 non-recipients referred to services noted that the provider was too far away (9%).

Provider Hours

In-home caregivers reported that providers' hours not being convenient for them was a barrier to service use in the areas of family poverty (two of 16 referred non-recipients; 13%) and caregiver mental health (four of 38 referred non-recipients; 11%). Among out-of-home caregivers, inconvenient hours were offered as the reason for not accessing services by one respondent in each of the following domains: family poverty, domestic violence, caregiver mental health, and caregiver substance use.

Time off Work

Whether a provider's hours are convenient for a caregiver is related to the working parent's ability to take time from work to access a service. This was noted as a barrier for in-home caregivers who did not access services they were referred to in the areas of adult mental health (four of 38 referred non-recipients; 11%), adult substance use (two of 20 referred non-recipients; 10%), and domestic violence (two of 50 referred non-recipients; 4%). Likewise, three of 23 out-of-home caregivers referred to domestic violence services reported that the providers' inconvenient hours were a barrier to service use (13%).

Child Care

Parents with young children may require child care in order to access the services they need. For in-home caregivers, however, lack of child care was a barrier to service use in the areas of caregiver mental health (five of 38 referred non-recipients; 13%), caregiver substance use (two of 20 referred non-recipients; 10%), and housing (two of 32 referred non-recipients; 6%). Having no access to child care was only cited as the reason for not following up on a referral in three cases for out-of-home caregivers, referring to unused adult mental health services, child mental health services, and adult substance use services, respectively.

Staff

Within each need domain, staff were asked about accessibility of several types of services available to parents. In general, these questions were worded as follows: "[Type of services] were conveniently located for parents who needed them." Table 14 shows the average percentage of respondents who agreed or strongly agreed with the questions about accessibility of services throughout the survey. As these questions

reflect agreement with positively-worded questions, lower percentages indicate poorer accessibility of services. Staff responses to questions about specific services within each need domain can be found in Appendix B.

Table 14. Staff assessment of service accessibility by need domain

	%
Child Mental Health	70.3
Caregiver Mental Health	67.9
Parenting Skills	66.1
Caregiver Substance Use	65.0
Domestic Violence	64.3
Child Substance Use	60.1
Family Poverty	35.0
Housing	31.0

In general, more than half of the staff surveyed agreed or strongly agreed that services across domains were accessible to parents who needed them. However, services related to family poverty and housing services received much lower marks.

Resource Parents

Across domains, resource parents were less likely to report having needs, and, therefore, less likely to access services. When they were referred to services but did not access them, the most common reason for doing so was that they “didn’t feel like [they] needed it.” Accessibility did not emerge as a major barrier to service use for resource parents.

Synthesis

All staff respondents provided their impressions of the issues that keep families from receiving the services they need; meanwhile, smaller numbers of parents and resource parents were able to reflect on their specific experiences in particular need domains. Together, these sources of information yielded a somewhat more complete picture of barriers to service use, summarized below:

- Most parents from families of origin and resource parents reported being able to get to their CP&P appointments easily, and few indicated that transportation was a barrier to accessing services. In fact, 86% of parents from families of origin reported that they can get to DCF appointments easily some of the time or all of the time.
- Staff reported that availability, eligibility, and accessibility are challenges for families who need services related to family poverty and to housing, two closely related problem areas. As outlined in the previous section, parents who were not receiving services in these areas reported that they could have benefitted from increased support. For both family poverty and housing, only one third of staff thought the services in these domains were sufficiently available to meet families’ needs and conveniently located for those who needed them.
- Several parents also reported that waitlists for services related to family poverty and housing were too long.

Quality and Helpfulness with Services

Parents from Families of Origin

To measure their satisfaction with services, parents who reported receiving services relating to an identified need domain were asked to rate the extent to which they agreed that the services received were helpful. Table 15 shows the percentage of caregivers by caregiver type who reported both 1) receiving a service relating to an identified need domain, and 2) either agreeing or strongly agreeing that those services were helpful.

In general, parents reported that the services they received were helpful. For each need domain, three-quarters of all parents who reported receiving services also agreed or strongly agreed that those services were helpful. Percentages reporting service helpfulness ranged from 76% for housing to 89% for child substance abuse services. Among in-home caregivers, for every identified need domain, the majority reporting receipt of services either agreed or strongly agreed that those services were helpful. Percentages reporting service helpfulness ranged from 73% for caregiver substance abuse services to 88% for domestic violence services. For each need domain, more than two-thirds of out-of-home caregivers reporting receiving services agreed or strongly agreed that that those services were helpful. Percentages reporting service helpfulness ranged from 70% for services related to family poverty to 100% for child substance abuse services (though it should be noted that fewer than 10 parents reported accessing child substance abuse services).

Table 15. Helpfulness of services by Need Domain: % of respondents who agreed or strongly agreed that the services they received were helpful

	All		In-Home		Out-of-Home	
	n	%	n	%	n	%
Child Substance Use	<10	88.9	<10	85.7	<10	100
Parenting Skills	165	88.7	79	87.8	86	89.6
Domestic Violence	67	85.9	51	87.9	16	80.0
Child Mental Health	110	79.7	39	80.7	71	78.0
Family Poverty	75	79.0	61	81.3	14	70.0
Caregiver Mental Health	198	78.6	110	81.5	88	75.2
Caregiver Substance Use	144	77.4	66	73.3	78	81.3
Housing	55	76.4	43	76.8	12	75.0

n: number of item respondents who agreed or strongly agreed that the services they received were helpful; %: percent of item respondents who agreed or strongly agreed that the services they received were helpful

Parents were also asked whether their referral to services came from CP&P or another source (see Table 5). Independent samples *t*-tests were run to determine whether respondents were more or less likely to find services helpful if the referral came from CP&P or elsewhere. These tests did not reveal any significant differences in how helpful groups of parents found services based on the referral source (Appendix B).

Staff

Staff were asked the percentage of families on their caseload or served by their local offices in the last 30 days who had needs relating to the identified need domains. If a staff member reported that more than 0%

of families had a need relating to an identified need domain, apart from housing, the staff member was asked one or more questions relating to the quality of services for that need domain. Generally, the questions asked staff to rate the extent to which they agreed that “[*Type of services*] to meet families’ needs related to [*need domain*] were of high quality.” Where more than one service was evaluated within a need domain (e.g., medication monitoring and psychiatric evaluations, among others, within the need domain caregiver mental health), responses were averaged. Table 16 shows the percentage of all staff by who both 1) reported that some percentage of families had needs relating to the domain within the past 30 days and 2) either agreed or strongly agreed that services received by those families were of high quality.

Table 16. Staff assessment of service quality, by need domain: % of staff agreeing or strongly agreeing that services are of high quality

	%
Child Mental Health	71.74
Domestic Violence	68.38
Caregiver Mental Health	64.54
Caregiver Substance Use	64.08
Child Substance Use	59.88
Parenting Skills	59.15
Family Poverty	32.05

For all but one need domain, family poverty, more than 50% of staff either agreed or strongly agreed that services families received relating to the identified domains were of high quality.

Resource Parents

To measure helpfulness of services, resource parents who reported receiving services relating to the need domains were asked the extent to which they agreed that the services received were helpful. Response percentages were calculated for all resource parents, as well as for kin and non-kin resource parents separately. Table 17 shows the percentage of resource parents, overall and by resource parent type, who reported both 1) receiving services relating to an identified need domain and 2) either agreeing or strongly agreeing that those services were helpful.

With the exception of domestic violence services, 50% or more of resource parents reported agreeing or strongly agreeing that services for each identified need domain were helpful. Among all resource parents, percentages reporting service helpfulness ranged from 33% for domestic violence to 84% for financial need. Among kinship resource parents, reported service helpfulness percentages ranged from 50% for domestic violence to 100% for child substance abuse.⁴ For non-kinship resource parents, service helpfulness percentages ranged from 25% for domestic

⁴No kinship resource parents reported receiving caregiver substance abuse services.

For each key need domain, three-quarters of all parents who reported receiving services also reported either agreeing or strongly agreeing that those services were helpful.

violence to 100% for caregiver substance abuse. It is notable that, in all of the domains where more than 10 respondents indicated that they had received services, nearly three quarters—and in some cases more—of resource parents reported that they found those services to be helpful. This suggests that the services resource parents are receiving are largely very well received.

Table 17. Helpfulness of Services by need domain: % of resource parent respondents who agreed or strongly agreed that the services they received were helpful

	All		Kin		Non-Kin	
	n	%	n	%	n	%
Family Poverty	191	84.1	118	83.9	73	84.3
Parenting Skills	152	82.6	61	83.6	91	82.0
Child Mental Health	189	75.9	44	80.3	140	74.5
Housing	89	75.4	36	67.9	53	81.5
Caregiver Mental Health	62	74.3	34	66.7	18	79.1
Child Substance Use	<10	80.0	<10	100	<10	60.0
Caregiver Substance Use	<10	50.0	--	--	<10	100
Domestic Violence	<10	33.3	<10	50.0	<10	25.0

Resource parents who reported receiving services relating to a need domain were asked whether they were referred to those services by CP&P or another source (Table 7). Independent samples *t*-tests were run to determine whether helpfulness rates differed for resource parents who were referred to services by CP&P and those referred by another source. In the case of services related to family poverty, respondents referred by CP&P were significantly more likely to report that services were helpful than those referred by a different entity. Non-kin resource parents receiving parenting skills services were also significantly more likely to find those services to be helpful if they were referred by CP&P (Appendix B). In these areas, it appears that workers are connecting resource parents with needed and helpful services.

Synthesis

In general, most parents, staff, and resource parents’ responses indicated that they were satisfied with services received relating to identified need domains. Key findings are summarized below.

- For each identified need domain, parents largely agreed or strongly agreed that the services they received were helpful.
- Apart from services relating to family poverty, most staff reported that services families received relating to each identified need domain were of high quality.
- Apart from domestic violence services, most resource parents found services they received relating to each identified domain helpful.
- In several instances, higher percentages of respondents referred to services by CP&P reported service were helpful than those referred to services by another source. For instance, all parents (from families of origin and resource) referred to services related to family poverty were more likely to be satisfied with those services when the referral came from CP&P. Likewise, non-kin resource parents thought parenting skills services were more helpful when they accessed those services through a CP&P referral.

Prioritizing Needs and Services

In addition to questions about the needs parents faced and the services they received, the staff survey also asked CP&P workers about their assessment of the alignment of existing needs and available services. Given

an expanded list of need domains, staff were asked to rank-order the top domains in which there was the **greatest match** between needs and services. As shown in Table 18, the top three areas in which intake workers and permanency workers noted the greatest match between needs and services were domestic violence, caregiver substance use, and parenting skills. Results were mixed, with one quarter of staff indicated that domestic violence services were best matched to need, while one fifth reported that caregiver substance abuse services were most closely aligned. The full table can be viewed in Appendix B. It is notable that some of the areas where needs are most prevalent, including caregiver substance abuse, for instance, are among domains where staff indicate the greatest match between needs and services. Even though certain needs may be common, many staff reported that services are sufficiently available to meet them.

Table 18. Top three areas of greatest match between family needs and available services,^a as ranked by staff

	rank	% of staff listing domain as having greatest match between needs and services
Domestic Violence	1	25
Caregiver Substance Use	2	20
Parenting Skills	3	11

^a Staff were presented with the expanded list of need domains, which included: housing, domestic violence, financial or economic needs, caregiver mental health, caregiver substance abuse, child mental health, child substance abuse, parenting skills, caregiver’s physical health, child’s physical health, caregiver’s criminal justice involvement, juvenile justice, child’s academic problems, caregiver educational or job training deficits, and immigrant and undocumented issues.

Likewise, intake and permanency workers were asked to rank-order the domains where they believed there was the **largest gap** between needs families had and services that were available. There was wider agreement over which services were least well-matched to the need: over half of the staff respondents reported that the largest gap was in the area of housing. The second- and third-ranked gaps between needs and services were in the areas of family poverty and immigrant and undocumented issues, respectively. It should be acknowledged that some immigrants served by CP&P are undocumented, but most are not. These populations face separate issues, particularly regarding access to certain services (e.g., housing); however, the groups were combined for the purposes of these survey questions.

The story is less clear moving beyond the top three ranked areas of greatest match or largest gap between needs and services. Some of the need domains appear among the top-ranked areas in each list; for instance, caregiver mental health is the fifth-highest-ranked area of greatest match and the fourth-highest-ranked area of largest gap. This indicates variability in staff’s perceptions of the sufficiency of services to serve families with needs in such areas.

Table 19. Top three areas of largest gap between family needs and available services,^a as ranked by staff

	rank	% of staff listing domain as having largest gap between needs and services
Housing	1	58
Family Poverty	2	14
Immigrant and Undocumented Issues	3	7

^a Staff were presented with the expanded list of need domains, which included: housing, domestic violence, financial or economic needs, caregiver mental health, caregiver substance abuse, child mental health, child substance abuse, parenting skills, caregiver’s physical health, child’s physical health, caregiver’s criminal justice involvement, juvenile justice, child’s academic problems, caregiver educational or job training deficits, and immigrant and undocumented issues.

Geographic Differences

New Jersey consists of nine CP&P Area Office regions, and survey findings from those nine Area Offices across the state were analyzed to explore potential geographic trends. Some Area Offices have catchment areas that include multiple counties; others in more populous counties include only a single county. Analyses by Area Office focused on: (1) need prevalence (staff survey); (2) service utilization by caregivers (parents from families of origin survey, resource parent survey); and (3) helpfulness of services used by caregiver type (parents from families of origin survey, resource parent survey).

The distribution of counties across the nine Area Office is as follows:

- Atlantic – Burlington – Cape May
- Bergen – Hudson
- Camden
- Cumberland – Gloucester – Salem
- Essex
- Hunterdon – Mercer – Somerset – Warren
- Middlesex – Union
- Morris – Sussex – Passaic
- Ocean – Monmouth

Findings across Area Offices

The overall patterns of need, use, and helpfulness of services by domain closely mirror the statewide distribution. This suggests that, by Area Office, there was uniformity in the services families and children need and receive as well as in how helpful they were. Calculating the range of response by domain indicates that there was some variation by Area Office in terms of the *degree* of prevalence by need, service use, and helpfulness. Similar patterns were found in county-level analysis performed in Phase II of the Needs Assessment. In effect, Area Office analyses indicates that while there is much statewide consistency, there are some distinctions. For example, the domains that represent the most used services were essentially the same across all Area Offices. However, the frequency of service use within a particular domain, might show differences in amount of use by Area Office, with some areas showing higher levels of need. Summaries of county-level data can be found in Appendix C.

Needs

The three most needed services were consistent across each Area Office and included caregiver substance use, family poverty and caregiver mental health (Table 20). The range indicates that the proportion of these needs varied by Area Office. For example, all area offices reported that their greatest needs related to caregiver substance use; however, Ocean/Monmouth reported that 63.6% of its caregivers had this need, while Essex reported that 39.3% of its caregivers do. The range by domain for the remaining groupings varied less, suggesting that despite Area Office differences, there was a similar pattern of need prevalence. The least varied need was child substance use which was the lowest reported need.

Table 20. Staff Reported Need (%) by Area Office

	NJ	Area Offices									Range
		A/B/CM	B/H	C	C/G/S	E	H/M/S/ W	M/U	M/S/P	O/M	
Caregiver Substance Use	49.3	59.2	43.9	46.0	56.6	39.3	46.1	44.8	50.4	63.6	25 (39-64)
Family Poverty	48.1	53.6	41.9	49.6	53.2	46.0	45.5	47.4	45.9	54.0	12 (42-54)
Caregiver Mental Health	39.0	43.4	36.3	38.5	42.8	32.2	38.2	37.1	45.0	43.0	13 (32-45)
Parenting Knowledge	27.0	25.9	24.3	32.4	30.5	27.2	20.2	29.2	26.3	28.5	12 (20-32)
Child Mental Health	26.9	32.4	28.3	26.5	22.2	25.5	27.2	28.9	28.7	27.9	10 (22-32)
Parenting Capacity	26.8	25.7	25.4	28.3	32.0	25.3	22.1	28.6	28.8	28.2	10 (22-32)
Domestic Violence	26.6	27.4	28.3	21.9	30.3	16.3	25.1	31.9	31.3	27.5	16 (16-32)
Housing	25.9	28.9	24.9	24.4	28.5	31.5	21.7	27.0	28.0	24.8	10 (22-32)
Homelessness	17.3	23.5	18.9	13.7	20.3	21.6	15.4	17.5	18.1	14.1	10 (14-24)
Child Substance Use	15.1	16.3	14.6	15.0	13.8	12.6	17.6	14.4	21.7	16.7	9 (13-22)

Top three need domains are presented in bold.

A/B/CM: Atlantic, Burlington, Cape May; B/H: Bergen, Hudson; C: Camden; C/G/S: Cumberland, Gloucester, Salem; E: Essex; H/M/S/W: Hunterdon, Mercer, Somerset, Warren; M/U: Middlesex, Union; M/S/P: Morris, Sussex, Passaic; O/M: Ocean, Monmouth

Service Use

Within caregiver types (parents from families of origin, resource parents), the three most frequently used services remained consistent.

Parents from Families of Origin

The three most frequently used services were mostly consistent across Area Offices and included caregiver mental health services, services related to parenting skills, and caregiver substance use services; one exception was in the child mental health domain (Appendix B). For three out of nine Area Offices, child mental health was a top three category.⁵ Notably, the range of service use percentage was most varied in child mental health as well. For example, Bergen/Hudson used child mental health services most frequently (46.4%) while Atlantic/Burlington/Cape May and Camden used them least often at 17.5% and 18.2%, respectively. The reason for such variation in use of child mental health services across Area Offices is unclear from the data available here.

Resource Parents

The three most frequently used services among resource parents were consistent across Area Offices and included child mental health services, services related to family poverty, and services related to parenting skills (Appendix B). The proportion of service use was most varied in the domains of child mental health and family poverty, demonstrating that despite their shared rank, some Area Offices used these services more frequently. The domains with the least service use variation across Area Offices were caregiver substance use and domestic violence.

Helpfulness

There was more variation in what services respondents deemed helpful by Area Office. The range of each service also varied widely. For resource parents, there was variation in helpfulness by service. Caregiver substance abuse, domestic violence, and child substance abuse were not ranked in the top three most helpful services for any area office.

Parents from Families of Origin

Services related to parenting skills were reported to be most helpful across six of the nine area offices (Appendix B). There was no convergence regarding the second or third most helpful service reported by caregivers of origin. Child mental health services and caregiver mental health services were most likely to be ranked as the second or third most helpful service by area office. There was also a wide range in the reported helpfulness of the services. Family poverty had the widest range of service helpfulness (30) while domestic violence had the narrowest range (8).

Resource Parents

Services related to family poverty and parenting skills were reported most consistently to be in the top three services reported most helpful across the nine area offices (Appendix B). This mirrors statewide results, where services related to family poverty and parenting skills were ranked as the two most helpful services by resource parents. Housing, caregiver mental health, and child mental health were also notably ranked as high.

⁵ Area Offices with higher Child Mental Health Service Use included Hunterdon/Mercer/Somerset/Warren; Monmouth/Ocean and Bergen/Hudson.

Conclusion

Several main findings emerge from the analyses of data from the CP&P staff survey, parents from families of origin survey, and resource parent survey. Laid out in the Executive Summary, they are reiterated here, in Table 21, and synthesized with the findings from Phases II and III of the Needs Assessment.

Table 21. Phase IV Main Findings

1.	Families involved with CP&P have substantial needs.
2.	Family poverty was one of the most commonly-reported needs. As an underlying, structural issue affecting families, it cuts across all of the domains addressed in the Needs Assessment, with a particular impact on housing.
3.	In most domains, there are services available to serve families with needs.
4.	When parents received services, most found them to be helpful, across domains.
5.	Caregiver and staff data suggest that there are service gaps in the areas of housing and family poverty.

Synthesis of Findings

With the addition of findings from Phase IV, some common themes emerge across the Needs Assessment. First, it is not surprising that all three sources of data—administrative, qualitative, and survey—confirm that families that become involved with CP&P have high levels of need. This is practically self-evident, as families come to the attention of the division when faced with difficulties that prevent them from safely caring for their children. Various needs have been highlighted across the phases of the Needs Assessment, but research indicates that the presence of any specific type of need is less important than the accumulation of multiple needs (Jonson-Reid, Drake, and Kohl, 2009). Indeed, all of the Needs Assessment reports confirm that many CP&P families are struggling with multiple needs at once.

Second, family poverty is a persistent, difficult-to-address problem for CP&P-involved families. Survey data from Phase IV highlight the magnitude of the issue in the population, and findings from the qualitative portion of the Needs Assessment (Phase III) provide nuance about the intractability of the issue. Focus groups and interviews with CP&P staff and families highlighted the structural issues that entrench families in financial distress. For instance, many caregivers are susceptible to financial instability because relatively minor setbacks can easily become major crises. Magnifying these situations, parents in low-wage positions may not get sufficient hours to allow their families to escape poverty. Housing costs contribute heavily to the lack of financial security among these families. It is clear from data collected in Phases III and IV of the Needs Assessment that there are service gaps keeping families from achieving financial security. However, the issues contributing to these gaps are largely situated at the societal level, beyond the scope of what CP&P is able to address. For example, federal policy in the form of 5-year lifetime limits on TANF (Temporary Assistance for Needy Families) and strict work requirements for recipients contributes to the lack of long-term safety net supports for families. CP&P may be able to provide short-term assistance to help caregivers secure basic necessities for their children, but that may simply be insufficient to elevate families from poverty.

Third, with the exception of services related to family poverty or housing, findings from across the Needs Assessment about the alignment of the service array with families' needs are mixed. At the level of need domain, survey findings from Phase IV appear to indicate that there are sufficient services in most areas. Indeed, most staff reported that services are available, and families in need appear to be receiving help. Within domains, however, the story may be somewhat more complicated. Some information about the availability, accessibility, and adequacy of specific types of services can be gleaned, both from staff survey

results (Appendix B) and qualitative findings from Phase III. At times, these sources provide converging information, while elsewhere the findings are contradictory. Ultimately, the lack of consistent, objective data about the scope of the service array poses a major limitation to the Needs Assessment's capacity to fully document the availability of services.

Fourth, an aim of the Needs Assessment was to identify any significant geographic variation in the prevalence of needs and the adequacy of the service array; across all three substantive analytical phases (Phases II-IV), rather little variation in terms of common needs was found. The administrative data and survey data provided remarkably convergent findings in this respect. Although there is a great deal of variation across counties in the proportion of cases with particular needs identified, the rank order of needs (most common to least common) is quite consistent. Caregiver substance use, family poverty, and caregiver mental health are the most frequently-reported needs across the state, both when comparing counties to one another and when comparing Area Office catchment areas. Phase IV survey data also revealed that the utilization of services in need domains follows the same pattern, when examined at the Area Office level. There is variation in the percentage of families using services, but the most commonly used services were largely consistent across the state (for parents from families of origin: caregiver mental health services, parenting skills services, and caregiver substance abuse services; for resource parents: child mental health services, services related to family poverty, and parenting skills services).

Taken as a whole, the Needs Assessment offers some insight for CP&P into the needs families face and the extent to which services are helping to address them. It bears repeating, however, that the findings from this extensive project are best understood as a baseline against which future Needs Assessment results may be compared (assuming similar methodologies). As CP&P continues in its efforts to refine the service array to best respond to families' needs, ongoing assessment will be necessary to monitor and measure progress, and to link information about needs and services to outcomes for families. As a learning organization, DCF remains committed to this process.

Appendix A: About CP&P

The Division of Child Protection and Permanency (CP&P) is a division of New Jersey's Department of Children and Families (DCF), the state's first comprehensive agency dedicated to ensuring the safety, well-being and success of children, youth, and families. Formerly known as the Division of Youth and Family Services (DYFS), CP&P is the state's child protection and child welfare agency. Its mission is to ensure the safety, permanency and well-being of children and to support families.

How We Do It

The Child Abuse Hotline (State Central Registry) receives all reports of child abuse and neglect 24-hours a day, seven-days a week. Reports requiring a field response are forwarded to a CP&P Local Office for investigation. (After normal business hours, the hotline is linked with a statewide network of Special Response Units (SPRU) charged with the responsibility of responding to such reports.)

In cases in which a child has been harmed, or is at risk of harm, CP&P may petition family court to place the child in foster care. Foster homes are provided by caring individuals who have completed an extensive training and licensing program. CP&P's primary goal is to achieve reunification of the child with his or her birth parents. If the family court determines that a child cannot safely be returned home from foster care, CP&P will begin adoption planning.

CP&P also handles cases that are opened for child welfare services, which are services to assist a family in ensuring the basic health and welfare of their children in the absence of any child protection concerns. Typically, in these cases, a service need exists for the family, but there is insufficient risk to the child to justify a formal child protection investigation.

As part of its work, CP&P partners with many community-based agencies throughout the state to provide services to children and families such as:

- Case management
- Family support services (parenting skills training, counseling, child care, etc.)
- Substance abuse treatment
- Domestic violence services
- Mental health services
- Foster care
- Adoption and kinship legal guardianship

The Department's Office of Clinical Services plays an important role in providing health services to children in out-of-home placement. DCF worked with the Francois-Xavier Bagnoud Center at Rutgers University's School of Nursing to create the Child Health Units (CHU) in each CP&P local office. The CHU is staffed with a clinical nurse coordinator, nurse health care case managers, and staff assistants. Through this program, a nurse is assigned to every child in an out-of-home placement.

CP&P also provides services and supports to adolescents under supervision until their 21st birthday. Services assist youth to become self-sufficient as they transition to adulthood. Some of the services include life skills training, education, employment, financial assistance and housing.

CP&P's work is guided by its Case Practice Model, which is a statement of best practices with guiding principles and expectations intended to improve outcomes for New Jersey's most vulnerable children and families. The Case Practice Model helps to establish clarity about how CP&P treats children and families and how families and their natural support networks are engaged in decisions affecting their safety and well-being. The key components of the case practice model include engaging, teaming, assessing, planning, intervening, and tracking and adjusting (Figure 8).

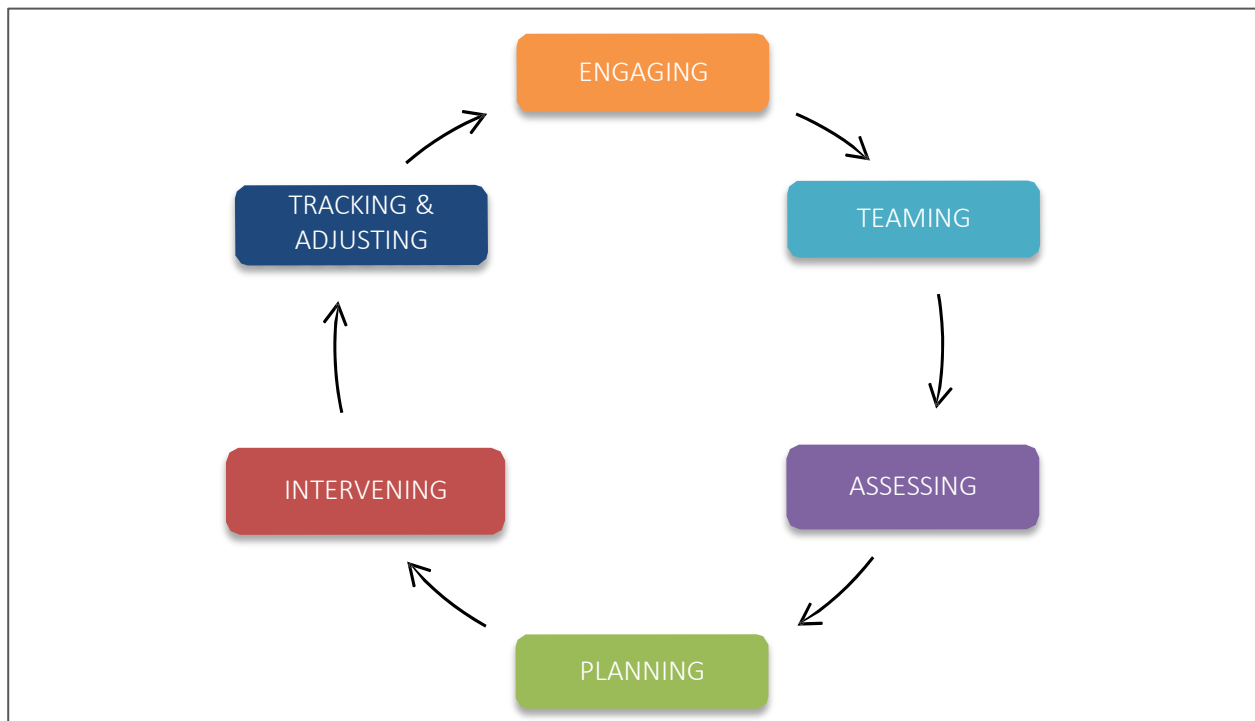


Figure 1. New Jersey's Case Practice Model

Who We Serve

In addition to investigating allegations of child abuse and neglect, CP&P provides services that aim to ensure the safety and well-being of children and to help children and youth in out-of-home foster care achieve permanency. As of DCF's quarterly demographics report from June 30, 2015, CP&P was actively delivering services to almost 51,000 children (Figure 9), either in their own homes (43,291) or in out-of-home placements (7,501). Reflecting CP&P's commitment to keeping children and families together in the absence of a risk of harm, approximately 85% of children received services in their own homes.

In-Home Population

Children and youth receiving in-home services as of June 30, 2015 ranged in age from birth up to age 21 years. Nearly 40% of children being served in their own home are under the age of 5 years (18% are 2 years old or younger and 18% are 3-5 years old). Another almost 40% of children are school aged children ranging in age from 6-12 years (39%). Adolescents and older youth made up the rest of the in-home population, with 22% of children and youth between the ages of 13 and 17, and 3% ages 18 or older.

As of June 30, 2015, the percentages of males (50%) and females (50%) receiving in-home services were virtually identical. One third of the children and youth receiving in-home services were African American, while equal percentages of white (28%) and Hispanic (29%) children and youth received in-home services.

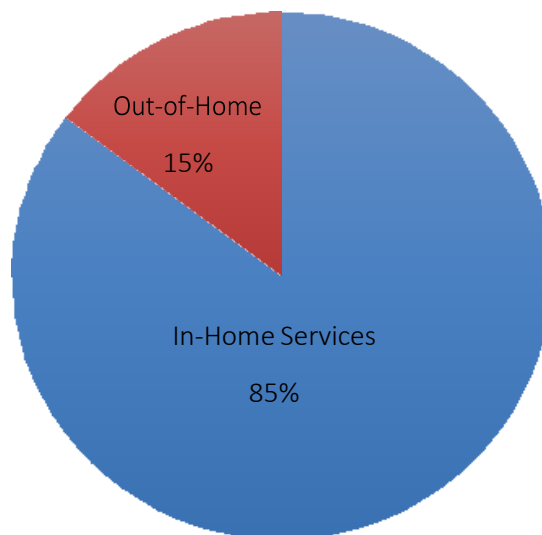


Figure 2. Proportion of children receiving In-Home and Out-of-Home Services as of June 30, 2015

Out-of-Home Population

As of June 30, 2015, almost half of children in placement were 5 years old or younger (26% were 2 years and younger and 19% were aged 3-5 years). The largest percentage of children in out-of-home placements were between the ages of 6 and 12 (31%). An additional 19% of youth were between 13 and 17 years of age, 6% of youth are 18 years and older.

The percentages of males (51%) and females (49%) in out-of-home placements were almost equal. More than forty percent of the children and youth in out-of-home placements were identified as African American (42%). White children made up the second largest group of children in out-of-home placements (29%), followed by Hispanic (22%) children, and just 5% of children represent —Other|| racial groups such as Asian, Native American, Pacific Islander, etc. More than 90% of children reside in a family-based resource home (52% unrelated foster care, 39% kinship care). The remaining children and youth resided in either a group home/residential placements (7%) or were living independently (2%).

How Do Families Become Involved with CP&P?

Families generally become involved with CP&P in one of two ways. First, New Jersey’s mandated reporter law requires every citizen to report suspected cases of child abuse or neglect to CP&P through NJ’s Child Abuse Hotline (State Central Registry). These families are investigated by CP&P for a need of Child Protection Services (CPS) resulting from a CPS report generated by the Child Abuse Hotline. Second, families are assessed by CP&P for a need of Child Welfare Services (CWS) resulting from a CWS referral also generated by the Child Abuse Hotline when caregivers need support in ensuring the well-being of their children, even if there is no imminent risk of abuse or neglect to the child. The following provides information about the numbers of CPS reports and CWS referrals received by CP&P, as well as a brief overview of the CP&P process from initial report or referral to the hotline to case termination.

Sources of Reports and Referrals

CPS reports and CWS referrals come from a number of sources, such as members of the community, family members, service professionals, schools, and law enforcement. Between June 1, 2014 through June 30, 2015, school staff initiated almost a quarter (22%) of the CPS reports and CWS referrals received

by CP&P. After school, law enforcement (15%), healthcare providers (13%), and anonymous reporters (11%) were the next largest sources of calls to the Hotline.

Volume of Reports and Referrals

During the first half of 2015, CP&P received a total of 38,318 CP&P CPS reports and CWS referrals. CPS reports accounted for more than three quarters (77.3%) of the total. In 2014, CP&P received a total of 74,411 reports and referrals, with 39,224 received between January and June. Similar to the data we have so far this year, CPS reports made up 77% of the total reports and referrals CP&P received in 2014.

CP&P Process from Hotline Call to Termination

Screening

When a report of child abuse and neglect is received through the Child Abuse Hotline, the report is first screened as to whether it meets the statutory criteria for child abuse or neglect in New Jersey. For example, the report must involve a child under the age of 18. If the report does not meet this criteria, CP&P does not initiate a response. If the report meets the statutory criteria for abuse or neglect, the screener will categorize the report by type of abuse (i.e., physical abuse, neglect, emotional abuse, or sexual abuse). The screener will also classify the report as either an initial report (i.e., the first report relating to this child and caregiver) or a subsequent report. The screener will then determine whether a report requires an immediate response or a response within 24 hours is sufficient.

Unlike CPS reports, with the exception of a court order, CWS referrals are voluntary. If CP&P accepts a CWS referral, field staff generally have 72 hours to initiate a response. However, a court order might require an earlier intervention.

Initial Response

The assigned child protection investigator must make a good faith effort to initiate an investigation through in-person contact with the child and family during the required time period. During the first contact with the child and family in a CPS report case, the investigator assesses the safety of the child using an evidence-based Structured Decision Making (SDM) tool. After the assessment, the child is classified as Safe, in need of a safety plan (child can remain in home with a Safety Plan in place), or Unsafe. Investigators continue to assess child safety throughout the case. During the initial response period, investigators will also conduct risk assessments, as well as assessments of strengths and service needs.

In CWS referral cases, investigators assess the child and family to determine if there are particular needs that should be met through CP&P rather than other child serving agencies. In the absence of a court order, service provision depends on caregiver consent.

Substantiation Determination

After investigating a CPS report, the child protection worker and his or her supervisor analyze the information collected during the investigation and make a finding as to whether or not the child is a victim of abuse or neglect. If the child is determined a victim, the CPS report is marked Substantiated. For the majority of the time period covered under this report, CP&P used a two-tier substantiation system, and CP&P reports were determined to be either Substantiated or Unfounded. As of April 1, 2013, CP&P employs a four-tier model, and reports are determined to be 1) Substantiated, 2) Established, 3) Not Established, or 4) Unfounded. In many cases, the four-tier system allows workers and supervisors to consider both aggravating and mitigating factors when deciding upon a substantiation category. Parents can appeal substantiations of abuse and neglect through the Office of Administrative Law. As CWS referrals do not involve abuse or neglect, these cases do not go through the substantiation process.

Removal of Child and Court Process

Although CP&P’s goal is to preserve the child’s family life, CP&P can remove a child from the child’s home either 1) with a court order, or 2) when the child is in imminent danger and available CP&P or family resources will not eliminate this danger. If a child is removed without a court order, CP&P must inform the parent or legal guardian of the removal and the time and date of the court hearing to review the emergency removal.

During the first hearing, the court will determine whether CP&P has demonstrated that the child should be removed from the family home. If the court decides that the child can be cared for safely at home, the child will be returned home, with appropriate services, if needed. If the case proceeds, a fact-finding hearing will be held, and the court will make a finding as to whether or not the child was abused or neglected. If the court finds abuse or neglect did happen, the court holds a disposition hearing, where a determination will be made as to what in-home or out-of-home services should be put in place. The court will hold review hearings following the disposition to monitor the progress of the family and the CP&P plan.

After a child has been in an out-of-home placement for 12 months, CP&P must request that the court hold a permanency hearing. If a child has been in an out-of-home placement for 15 of the last 22 months, with limited exceptions, CP&P must request a termination of parental rights hearing. If a child’s parents’ rights are terminated, the child can be adopted.

Table A.1. CP&P Population Demographics and Services

Who We Serve	
In-Home About 85% CP&P children and youth 50% male; 49% female 34% are 5 years old and younger 33% African American; 28% white; 28% Hispanic	Out-of-Home About 15% of CP&P children and youth 50% male; 49% female 44% are 5 years old and younger 42% African American; 28% white; 22% Hispanic Almost 90% in resource families or kinship care
Reports & Substantiations	
CPS Reports/CWS Referrals 38,313 reports/referrals in the first half of 2015 More than 3 out of 4 were reports of abuse or neglect Close to one quarter came from school staff	Substantiations In April 2015, 5% of CP&P reports were substantiated; 7% Established; 61% Not Established; 27% Unfounded

Case Plan

CP&P must prepare a case plan for families within 1) 30 days of a child entering out-of-home placement, or 2) within 60 days of a CP&P or CWS referral being referred for investigation or response. The child and family should be engaged in the creation of the case plan, and the plan should be strengths-based. The case plan should clearly lay out the steps that both CP&P and the family must take in order to reach the goals of the case plan, as well as the services and supports to be provided to the family. The case plan should be reviewed and changed every 6 months, as well as on an as needed basis.

Permanency Planning

CP&P requires that every child who enters an out-of-home placement receives permanency planning, with the goal of securing a permanent placement for the child as quickly as possible. CP&P caseworkers generally engage in concurrent permanency planning, i.e., the caseworker plans for reunification while also developing a plan for a secondary goal, such as adoption.

Termination

As services for child abuse or neglect are not always voluntary, CP&P is involved in the decision to terminate a CP&P report case. CP&P may terminate services in several circumstances, such as when 1) the child is safe and the case plan is complete, 2) a court orders termination of services, 3) the youth under supervision reaches the age of 21, or 4) the youth under supervision reaches the age of 18 and asks for his or her case to be closed.

Appendix B: Supplemental Tables

Demographics

Table B.1. Staff Demographics

Total (N)	623	
Age (mean, standard deviation)	38.7, 9.2	
	n	%
Gender		
Man	105	18.6
Woman	458	81.1
Another	<10	<1
Hispanic/Latino		
Yes	161	28.7
No	400	71.3
Race (more than one possible)		
White	288	53.0
Black or African American	189	34.8
American Indian or Alaska Native	<10	<1
Asian	<10	1.7
Some other race	23	4.2
Multiracial	30	5.5
Highest completed education level		
High school/GED	<10	1.2
Some college	<10	<1
Associate's degree	<10	<1
Bachelor's degree	394	68.5
Master's degree	180	29.6
Ph.D. or Doctorate	<1	<10
Time in job**		
6 months - 1 year	35	7.0
1-2 years	52	10.3
3-4 years	125	24.8
5-10 years	100	19.8
More than 10 years	192	38.1

Table B.2. Parents from Families of Origin Demographics

	All		In-Home		Out-of-Home	
Total	576		391		185	
Age (mean, standard deviation)	32.8, 7.4		33.2, 7.4		32.0, 7.1	
Including self, # of adults in HH	1.9, 1.6		1.8, 1.0		1.9, 1.3	
	N	%	n	%	n	%
Primary Language spoken in home						
English	534	93.7	356	92.5	178	96.2
Spanish	22	3.8	17	4.4	5	2.7
Other	14	2.5	^a	3.1	^a	1.1
Gender						
Man	8	1.4	<10	1.3	<10	1.6
Woman	561	98.4	380	98.7	181	97.8
Another	<10	<1	0	0	<10	<1
Hispanic/Latino	130	22.6	98	25.1	98	25.1
Race (more than one possible)						
White	203	35.2	128	32.7	75	40.5
Black or African American	204	35.4	132	33.8	72	38.9
American Indian or Alaska Native	24	4.2	^a	3.8	^a	4.9
Asian	<10	1.2	<10	1.5	<10	<1
Other	21	3.7	17	4.4	<10	2.2
Parent IS Child's Primary Caregiver	462	81.6	349	91.6	113	61.1
Respondent's Relationship to Child						
Biological Mother	565	98.6	384	99.0	181	97.8
Biological Father	<10	1.2	<10	1.0	<10	1.6
Other	<10	<1	0	0	<10	<1
Relationship Status						
Married	75	13.3	59	15.4	16	8.7
Committed Relationship	104	18.3	65	17.0	39	21.2
Widowed	<10	1.1	<10	1.3	<10	<1
Divorced	51	9.0	39	10.2	12	6.5
Separated	56	9.9	40	10.5	16	8.7
Never Married	274	48.3	174	45.6	100	54.4
Cohabiting with Current Partner	133	56.8	93	57.1	40	56.3
Cohabiting with Former Partner	33	7.6	18	6.3	15	10.4
Education Level						
8 th grade or less	14	2.5	<10	1.8	<10	3.8
Some high school	90	15.7	57	14.7	33	17.8
High school graduate	241	42.1	165	42.6	76	41.1
Vocational/technical school	16	2.8	^a	2.6	^a	3.2
Some college	123	21.5	76	19.6	47	25.4
Junior college graduate	43	7.5	^a	8.8	^a	4.9
4-year college graduate	33	5.8	^a	7.0	^a	3.2
Graduate work	12	2.1	^a	2.8	^a	<1
Caregiver is a student	49	8.6	36	9.4	13	7.0
Employment Status						
Full-Time	189	33.3	131	34.2	58	31.5
Part-Time	110	19.4	68	17.8	42	22.8
Non-Employed/Unemployed	268	47.3	184	48.0	84	45.7

Table B.2 (Continued). Parents from Families of Origin Demographics

	All		In-Home		Out-of-Home		
	N	%	n	%	n	%	
Caregiver unemployed or out of work for 30 days or more in a row during last 12 months	345	60.4	236	60.8	109	59.6	
Total family income in 2016, incl. cash assistance**							
Less than \$5000	149	29.8	83	25.3	66	38.4	
\$5,001 - \$10,000	75	15.0	44	13.4	31	18.0	
\$10,001 - \$15,000	70	14.0	45	13.7	25	14.5	
\$15,001 - \$20,000	54	10.8	35	10.7	19	11.1	
\$20,001 - \$25,000	36	7.2	25	7.6	11	6.4	
\$25,001 - \$30,000	31	6.2	^a	8.2	^a	2.3	
\$30,001 - \$35,000	21	4.2	^a	5.2	^a	2.3	
\$35,001 - \$40,000	16	3.2	^a	3.7	^a	2.3	
\$40,001 - \$45,000	11	2.2	<10	2.4	<10	1.7	
\$45,001 - \$50,000	<10	1.4	<10	1.8	<10	<1	
More than \$50,000	30	6.0	26	7.9	<10	2.3	
Age of Child***		7.2		8.0		5.7	
		n	%	n	%	n	%
Child's Gender							
Boy	271	47.8	184	48.0	87	47.3	
Girl	296	52.2	199	52.0	97	52.7	
Another	0	0	0	0	0	0	
Where does child live most of the time (>50%)							
With respondent	386	68.0	337	87.3	49	26.9	
With someone else	182	32.0	49	12.7	133	73.1	
Where child is living***							
With another parent	30	16.4	^a	53.1	^a	3.0	
With another family member (not parent)	69	37.7	13	26.5	56	41.8	
In a foster home	64	35.0	<10	4.1	62	46.4	
In a group home	<10	4.4	<10	4.1	<10	4.5	
Don't know	<10	0.6	<10	2.0	0	0.0	
Somewhere else	11	6.0	<10	10.2	<10	4.5	
Number of children (incl. target child) in HH***							
Zero children	111	19.8	27	7.0	84	47.2	
1 child	138	24.6	102	26.6	36	20.2	
2 Children	161	28.7	132	34.4	29	16.3	
3 Children	74	13.1	56	14.6	18	10.1	
4 Children	43	7.7	^a	9.1	^a	4.5	
5 Children	19	3.4	^a	4.2	^a	1.7	
More than 5 children	16	2.9	16	4.2	0	0.0	

Significant differences between in-home and out-of-home parents at ** $p < .01$ and *** $p < .001$ ^a Cell may contain fewer than 10 respondents.

Table B.3. Resource Parent Demographics

	All		Kin		Non-Kin	
Total	739		191		538	
Age (mean, standard deviation)***	45.8, 10.8		49.0, 11.8		44.7, 10.3	
	n	%	n	%	n	%
Primary Language spoken in home						
English	713	97.5	187	98.4	522	97.2
Spanish	13	1.8	^a	1.1	^a	2.1
Other	<10	<1	<10	<1	<10	<1
Gender						
Man	65	8.9	14	7.3	51	9.5
Woman	663	91.0	177	92.7	486	90.3
Another	<10	<1	0	0	<10	<1
Hispanic/Latino						
Yes	94	13.4	29	16.0	60	11.5
No	603	86.0	152	84.0	451	86.7
Race (more than one possible)						
White	430	60.1	117	61.9	313	59.4
Black or African American	229	32.0	57	30.2	172	32.6
American Indian or Alaska Native	<10	<1	0	0	<10	<1
Asian	0	0	<10	1.2	<10	<1
Other	23	3.2	^a	3.7	^a	3.0
Multiracial	25	3.5	^a	4.2	^a	2.3
Resource Parent IS Child's Primary Caregiver	690	94.8	183	96.3	507	94.2
Related Resource Parent's Relationship to Child						
Grandmother			78	40.8		
Grandfather			8	4.2		
Aunt			66	34.6		
Uncle			<10	1.1		
Sibling			<10	<1		
Other family			21	11.0		
Other			20	10.5		
Income						
Less than \$5,000	<10	<1	<10	1.61	<10	<1
\$5,001 - \$10,000	<10	<1	<10	1.08	<10	<1
\$10,001 - \$15,000	12	1.70	<10	2.15	<10	1.55
\$15,001 - \$20,000	13	1.84	<10	3.76	<10	1.16
\$20,001 - \$25,000	32	4.54	12	6.45	20	3.88
\$25,001 - \$30,000	29	4.11	12	6.45	17	3.29
\$30,001 - \$35,000	40	5.67	15	8.06	25	4.84
\$35,001 - \$40,000	31	4.40	^a	4.84	^a	4.26
\$40,001 - \$45,000	32	4.54	10	5.38	22	4.26
\$45,001 - \$50,000	53	7.52	13	6.99	40	7.75
More than \$50,000	453	64.26	99	53.23	352	68.22

Table B.3 (Continued). Resource Parent Demographics

	All		Kin		Non-Kin	
Age of Child ***						
0-18 mos	142	19.5	15	7.9	127	23.2
1.5-5 years	329	45.1	102	53.4	227	42.2
6-11 years	154	21.1	21	26.7	103	19.1
12-17 years	85	11.7	21	11.0	64	11.9
18-21 years	19	2.6	<10	1.1	17	3.2
Child's Gender						
Boy	385	52.8	102	53.4	283	52.6
Girl	343	47.1	89	46.6	254	47.2
Another	<10	<1	0	0	<10	<1

Significant differences between kin and non-kin resource parents at *** $p < .001$; significance testing was not conducted on income.

* Cell may contain fewer than 10 respondents.

Availability of Specific Services, from Staff Survey

Table B.4. Percent of staff who “Agree” or “Strongly Agree” with statements about service availability

	n	%
Housing		
There were enough supportive housing services to meet families' needs.	94	18.1
Supportive housing services were available when families needed them.	93	18.0
Security deposits were available for all of the families who needed them.	143	30.6
Emergency assistance (for paying a bill, paying rent, etc.) was available for all of the families who needed it.	184	37.8
Security deposits were available for all of the youth who needed them.	87	50.3
Emergency assistance (for paying a bill, paying rent, etc.) was available for all of the youth who needed it.	107	51.4
There were enough supportive housing services to meet youths' needs.	69	38.3
Youth supported housing services were available to youth when they needed them.	72	40.9
<i>Average</i>		35.7
Caregiver Mental Health		
Psychological evaluations were available for caregivers when they needed them.	450	88.9
Psychiatric mental health evaluations were available for caregivers when they needed them.	316	68.4
Outpatient therapy was available for caregivers when they needed it.	373	73.9
Inpatient therapy was available for caregivers when they needed it.	243	61.5
Partial care/hospitalization services were available when caregivers needed them.	270	71.6
Medication monitoring services were available for caregivers when they needed them.	316	70.9
<i>Average</i>		72.5
Domestic Violence		
Therapeutic services were available for children and youth when they needed them.	338	78.4
Therapeutic services were available for victims of domestic violence when they needed them.	370	81.7
Batterers intervention services were available for families who needed them.	285	67.5
Emergency shelter services were available for the families who needed them.	241	67.5
<i>Average</i>		73.8
Family Poverty		
Services for teaching money management skills (financial literacy) were available for the caregivers who needed them.	144	33.0
Education or job training services were available for the caregivers who needed them.	167	38.9
<i>Average</i>		36.0
Caregiver Substance Use		
Substance abuse assessments were available for caregivers who needed them.	517	94.2
Outpatient treatment services were available for the caregivers who needed them.	451	83.1
Detox treatment services were available for the caregivers who needed them.	227	56.6
Residential substance abuse treatment services were available for the caregivers who needed them.	198	51.0
Recovery support services were available for the caregivers who needed them.	332	73.6
<i>Average</i>		71.7

Table B.4 (continued). Percent of staff who “Agree” or “Strongly Agree” with statements about service availability

	n	%
Child Mental Health		
Psychiatric evaluations by child psychiatrists were available to children when they needed them.	262	75.3
Mental health assessments by psychologists or social workers were available for children when they needed them.	293	78.8
Outpatient therapy services were available for children when they needed them.	285	76.4
Inpatient therapy services were available for children when they needed them.	203	71.0
Partial care/hospitalization services were available for children when they needed them.	223	75.3
Medication monitoring services were available for children when they needed them.	244	76.3
<i>Average</i>		75.5
Child Substance Use		
Substance abuse assessments were available for children/youth when they needed them.	105	73.4
Outpatient treatment services were available for the children/youth who needed them.	98	72.1
Residential substance abuse treatment services were available for the children/youth who needed them.	68	59.1
Recovery support services were available for children and youth who needed them.	68	58.6
Co-occurring treatment services were available for the children/youth who needed them.	70	59.8
<i>Average</i>		64.6
Parenting Skills		
There were enough services to meet families' needs related to parenting skills.	226	62.1
Services related to parenting skills were available when families needed them.	239	65.8
<i>Average</i>		64.0

n: number of item respondents who agreed or strongly agreed with statements about service availability; %: percent of item respondents who agreed or strongly agreed with statements about service availability
 Respondents were only presented with statements about service availability if they indicated having had families on their caseload in the past 30 days with needs in the given area.

Accessibility of Specific Services, from Staff Survey

Table B.5. Percent of staff who “Agree” or “Strongly Agree” with statements about service accessibility

	n	%
Housing		
Supportive housing services were conveniently located for families who needed them.	118	23.0
Youth supported housing services were conveniently located for the youth who needed them.	70	38.9
<i>Average</i>		31.0
Caregiver Mental Health		
Providers delivering psychological evaluations were conveniently located for the caregivers who needed them.	380	76.0
Providers delivering psychiatric mental health evaluations were conveniently located for the caregivers who needed them	278	59.8
Outpatient therapy providers were conveniently located for the caregivers who needed them	385	76.4
Inpatient therapy services were conveniently located for the caregivers who needed them.	226	58.2
Partial care/hospitalization providers were conveniently located for the caregivers who needed them	261	68.3
Providers delivering medication monitoring services were conveniently located for the caregivers who needed them	303	68.4
<i>Average</i>		67.9
Domestic Violence		
Providers of therapeutic services for children and youth were conveniently located for the families who needed them	295	69.4
Providers of therapeutic services for victims of domestic violence were conveniently located for the families who needed them	308	68.8
Batterers intervention services were conveniently located for the families who needed them	248	59.5
Emergency shelter services were conveniently located for the families who needed them	202	59.4
<i>Average</i>		64.3
Family Poverty		
Services for teaching money management skills (financial literacy) were conveniently located for the caregivers who needed them.	134	31.5
Providers of education or job training services were conveniently located for the caregivers who needed them.	159	38.4
<i>Average</i>		34.9
Caregiver Substance Use		
Providers of substance abuse assessments were conveniently located for the caregivers who needed them	481	87.8
Providers of outpatient treatment services were conveniently located for caregivers who needed them	413	76.3
Providers of detox treatment services were conveniently located for the caregivers who needed them	190	47.6
Providers of residential substance abuse treatment services were conveniently located for the caregivers who needed them	175	45.1
Providers of recovery support services were conveniently located for the caregivers who needed them	306	68.3
<i>Average</i>		65.0

Table B.5 (Continued). Percent of staff who “Agree” or “Strongly Agree” with statements about service accessibility

	n	%
Child Mental Health		
Psychiatric evaluations by child psychiatrists were conveniently located for the families who need them.	222	64.2
Psychologists or social workers delivering mental health assessments were conveniently located for the families who needed them.	278	74.3
Children's outpatient therapy providers were conveniently located for the families who needed them.	278	74.5
Providers of partial care/hospitalization services were conveniently located for families who needed them.	203	69.0
Providers delivering medication monitoring services for children were conveniently located for families who needed them.	222	69.4
<i>Average</i>		70.3
Child Substance Use		
Providers delivering substance use assessments for children/youth were conveniently located for the families who needed them.	97	67.8
Providers of outpatient treatment services for children/youth were conveniently located for the families who needed them.	87	64.0
Providers of residential substance abuse treatment services for children/youth were conveniently located for the families who needed them.	58	52.7
Providers of recovery support services were conveniently located for the children/youth who needed them.	82	61.2
Providers of co-occurring treatment services for children/youth were conveniently located for the families who needed them.	64	54.7
<i>Average</i>		60.1
Parenting Skills		
Providers of services related to parenting skills were conveniently located for families who needed them.	238	66.1
<i>Average</i>		66.1

n: number of item respondents who agreed or strongly agreed with statements about service accessibility; %: percent of item respondents who agreed or strongly agreed with statements about service accessibility
 Respondents were only presented with statements about service accessibility if they indicated having had families on their caseload in the past 30 days with needs in the given area.

Quality of Specific Services, from Staff Survey

Table B.6. Percent of staff who “Agree” or “Strongly Agree” with statements about service quality

	n	%
Caregiver Mental Health		
The psychological evaluations caregivers received were of high quality	372	74.70
Psychiatric mental health evaluations caregivers received were of high quality.	272	60.18
Outpatient therapy caregivers received was of high quality	327	65.14
Inpatient therapy that caregivers received was of high quality	243	62.95
Partial care/hospitalization services that caregivers received were of high quality	238	63.47
The medication monitoring services that caregivers received were of high quality	264	60.83
<i>Average</i>		64.54
Domestic Violence		
Therapeutic services that children and youth received were of high quality	310	75.79
Therapeutic services that victims of domestic violence received were of high quality	336	76.36
Batters intervention services were of high quality	253	61.41
Emergency shelter services that families used were of high quality	196	59.94
<i>Average</i>		68.38
Family Poverty		
Services for teaching money management skills (financial literacy) that caregivers received were usually of high quality.	124	29.45
Education or job training services that caregivers received were of high quality.	140	34.65
<i>Average</i>		32.05
Caregiver Substance Use		
Substance abuse assessments that caregivers received were of high quality	443	80.84
Outpatient treatment services that caregivers received were of high quality	357	66.36
Detox treatment services that caregivers received were of high quality	216	55.81
Residential substance abuse treatment services that caregivers received were of high quality	201	53.74
Recovery support services that caregivers received were of high quality	280	63.64
<i>Average</i>		64.08
Child Mental Health		
The psychiatric evaluations by child psychiatrists that children received were of high quality.	246	72.14
Mental health assessments by psychologists or social workers that children received were of high quality.	270	73.97
Outpatient therapy services that children received were of high quality.	278	74.73
Inpatient therapy services that children received were of high quality.	189	67.26
Partial care/hospitalization services that children received were of high quality.	211	70.57
The medication monitoring services that children received were of high quality.	239	71.77
<i>Average</i>		71.74

Table B.6 (Continued). Percent of staff who “Agree” or “Strongly Agree” with statements about service quality

	n	%
Child Substance Use		
The substance use assessments children/youth received were of high quality.	91	64.54
Outpatient treatment services that children/youth received were of high quality.	84	61.76
Residential substance abuse treatment services that children/youth received were of high quality.	65	58.04
Recovery support services that children/youth received were of high quality.	67	58.26
Co-occurring treatment services that children/youth received were of high quality.	67	56.78
<i>Average</i>		59.88
Parenting Skills		
Services related to parenting skills that families received were of high quality.	210	59.15
<i>Average</i>		59.15

n: number of item respondents who agreed or strongly agreed with statements about service quality; %: percent of item respondents who agreed or strongly agreed with statements about service quality

Respondents were only presented with statements about service quality if they indicated having had families on their caseload in the past 30 days with needs in the given area; no questions about quality related to housing services were asked.

Caregiver-Reported Helpfulness of Services by Referral Source

Table B.7. Helpfulness Services by Referral Source: % of parents from families of origin who agreed or strongly agreed that the services they received were helpful

	All	In-Home	Out-of-Home
Housing			
CP&P Referred	77.6	82.1	60.0 [†]
Other Referral Source	72.7	62.5	100 [†]
Caregiver Mental Health			
CP&P Referred	74.8	76.3	73.3
Other Referral Source	84.8	89.7	78.1
Financial Need			
CP&P Referred	80.9	78.4	90.0 [†]
Other Referral Source	77.8	85.7	50.0 [†]
Caregiver Substance Use			
CP&P Referred	73.0	67.8	77.6
Other Referral Source	86.4	83.9	89.3
Domestic Violence			
CP&P Referred	83.3	87.2	73.3
Other Referral Source	91.7	89.5	100 [†]
Child Substance Use			
CP&P Referred	85.7 [†]	80.0 [†]	100 [†]
Other Referral Source	100 [†]	100 [†]	--
Child Mental Health			
CP&P Referred	78.7	77.3	80.7
Other Referral Source	79.7	83.7	68.8
Parenting Skills			
CP&P Referred	88.2	89.0	87.5
Other Referral Source	90.9	83.4	100

[†] Fewer than 10 respondents reported using this service

Table B.8. Helpfulness of Services by Referral Source: % of resource parent respondents who agreed or strongly agreed that the services they received were helpful

	All	Kin	Non-Kin
Housing			
CP&P Referred	77.4	69.8	83.3
Other Referral Source	73.1	66.7 [†]	76.5
Financial Need			
CP&P Referred	92.3***	90.9***	93.3***
Other Referral Source	65.1***	58.8***	67.4***
Domestic Violence			
CP&P Referred	50.0 [†]	0 [†]	50.0 [†]
Other Referral Source	33.3 [†]	100 [†]	0 [†]
Caregiver Mental Health			
CP&P Referred	76.7	78.6	73.3
Other Referral Source	73.2	53.9	82.1
Caregiver Substance Use			
CP&P Referred	100 [†]	--	100 [†]
Other Referral Source	0 [†]	0 [†]	--
Child Mental Health			
CP&P Referred	76.1	81.3	57.4
Other Referral Source	76.9	76.9	76.9
Child Substance Use			
CP&P Referred	80.0 [†]	100 [†]	75.0 [†]
Other Referral Source	--	--	--
Parenting Skills			
CP&P Referred	87.6**	85.3	89.3**
Other Referral Source	61.1**	70.0	57.3**

Differences between kin and non-kin caregivers significant at ** $p < .01$, *** $p < .001$

Prioritization of Needs and Services

Table B.9. Staff ranking of greatest match between family needs and services

	All		Intake Workers		Permanency Workers	
	rank	%	rank	%	rank	%
Domestic Violence	1	25%	1	32%	2	19%
Caregiver Substance Use	2	20%	2	17%	1	22%
Parenting Skills	3	11%	3	9%	3	13%
Child Mental Health	4	10%	4	8%	4	11%
Caregiver Mental Health	5	7%	5	8%	6	7%
Child's Physical Health	6	7%	6	6%	5	8%
Child's Academic Problems	7	5%	7	5%	8	4%
Housing	8	4%	9	3%	7	4%
Juvenile Justice Involvement	9	3%	8	4%	9	2%
Caregiver Education and Job Training	11	2%	11	2%	12	2%
Family Poverty	10	2%	10	2%	13	1%
Immigrant and Undocumented Issues	12	2%	12	1%	10	2%
Child Substance Use	13	1%	14	1%	11	2%
Caregiver's Physical Health	14	1%	15	0%	14	1%
Caregiver Criminal Justice Involvement	15	1%	13	1%	15	0%
Other	16	0%	16	0%	16	0%

Table B.10. Staff ranking of largest gap between family needs and services

	All		Intake Workers		Permanency Workers	
	rank	%	rank	%	rank	%
Housing	1	58%	1	55%	1	62%
Family Poverty	2	14%	2	14%	2	13%
Immigrant and Undocumented Issues	3	7%	3	7%	3	6%
Caregiver Mental Health	4	5%	6	4%	4	5%
Caregiver Substance Use	5	4%	4	5%	5	4%
Caregiver Education and Job Training	7	2%	7	3%	6	2%
Parenting Skills	9	1%	10	1%	7	2%
Juvenile Justice Involvement	10	1%	9	1%	8	2%
Domestic Violence	6	3%	5	5%	9	1%
Child Substance Use	8	2%	8	2%	10	1%
Child Mental Health	11	1%	11	1%	11	1%
Child's Academic Problems	13	1%	14	0%	12	1%
Caregiver's Physical Health	12	1%	12	1%	13	0%
Caregiver Criminal Justice Involvement	14	0%	13	1%	14	0%
Child's Physical Health	15	0%	15	0%	15	0%
Other	16	0%	16	0%	16	0%

Analysis of Geographic Variation

Table B.11. Caregiver of Origin Reported Service Use (%) by Area Office

	NJ	Area Offices									Range
		A/B/CM	B/H	C	C/G/S	E	H/M/S/W	M/U	M/S/P	M/O	
Caregiver Mental Health	45.6	42.4	48.2	44.2	43.4	41.3	61.7	43.7	50.0	43.2	9 (41 to 50)
Parenting Skills	33.5	33.8	35.7	31.8	25.9	39.8	44.7	29.2	29.4	28.4	19 (26 to 45)
Caregiver Substance Use	33.2	37.9	36.4	35.6	37.0	26.9	23.9	25.4	39.2	39.7	15 (23 to 38)
Child Mental Health	26.7	17.7	47.3	18.6	22.6	20.0	31.1	23.9	22.0	38.4	28 (18 to 46)
Family Poverty	16.9	19.7	16.1	17.8	13.0	16.4	23.4	13.9	13.7	18.9	10 (13 to 23)
Domestic Violence	14.0	13.9	22.2	15.6	20.4	5.8	12.8	8.3	13.5	20.3	15 (6 to 21)
Housing	12.7	4.5	14.3	8.9	20.4	10.6	25.5	11.1	9.6	13.5	21 (5 to 26)
Child Substance Use†	7.4	--	--	--	--	--	--	--	--	--	19 (0 to 19)

Top three service use domains are presented in bold.

A/B/CM: Atlantic, Burlington, Cape May; B/H: Bergen, Hudson; C: Camden; C/G/S: Cumberland, Gloucester, Salem; E: Essex; H/M/S/W: Hunterdon, Mercer, Somerset, Warren; M/U: Middlesex, Union; M/S/P: Morris, Sussex, Passaic; O/M: Ocean, Monmouth

† Fewer than 10 children statewide used this service, and all area office results have been masked to protect respondents' confidentiality.

Table B.12. Resource Parent Reported Service Use (%) by Area Office

	NJ	Area Offices									Range
		A/B/M	B/H	C/	C/G/S	E	H/M/S/W	M/U	M/S/P	M/O	
Child Mental Health	37.1	39.8	39.7	31.0	34.4	23.6	43.2	42.3	42.9	36.5	20 (23 to 43)
Family Poverty	32.5	29.8	34.2	36.5	24.2	34.2	22.9	37.0	35.1	43.8	21 (23 to 44)
Parenting Skills	25.5	17.5	28.6	29.2	28.0	27.8	25.0	32.7	22.4	23.3	15 (18 to 33)
Housing	17.1	13.3	19.5	16.9	15.0	15.4	22.6	10.9	11.8	26.4	16 (11 to 27)
Caregiver Mental Health	10.2	13.3	12.0	9.2	7.1	7.7	12.2	18.2	5.4	9.0	13 (5 to 18)
Child Substance Use†	5.0	--	--	--	--	--	--	--	--	--	6 (8 to 14)
Caregiver Substance Use†	1.4	--	--	--	--	--	--	--	--	--	4 (0 to 4)
Domestic Violence†	1.2	--	--	--	--	--	--	--	--	--	2 (0 to 2)

Top three service use domains are presented in bold.

A/B/CM: Atlantic, Burlington, Cape May; B/H: Bergen, Hudson; C: Camden; C/G/S: Cumberland, Gloucester, Salem; E: Essex; H/M/S/W: Hunterdon, Mercer, Somerset, Warren; M/U: Middlesex, Union; M/S/P: Morris, Sussex, Passaic; O/M: Ocean, Monmouth

† Fewer than 10 children statewide used this service, and all area office results have been masked to protect respondents' confidentiality.

Table B.13. Caregivers “Agreed” or “Strongly Agreed” that Services Helpful (%) by Area Office

	NJ	Area Office									Range
		A/B/M	B/H	C/	C/G/S	E	H/M/S/W	M/U	M/S/P	M/O	
Child Substance Use†	88.9	--	--	--	--	--	--	--	--	--	33 (66-100)
Parenting Skills	88.7	85.7	80.0	78.6	84.6	95.1	85.0	95.2	86.7	95.2	16 (95 to 79)
Domestic Violence	85.9	--	91.7	--	--	--	--	--	--	100	8 (92 to 100)
Child Mental Health	79.7	81.8	84.0	--	81.1	88.9	66.7	75.0	81.8	69.2	22 (89 to 67)
Family Poverty	79.0	76.9	66.7	62.5	100	81.3	81.8	70.0	75.0	86.7	30 (70 to 100)
Caregiver Mental Health	78.6	75.0	78.6	84.0	75.0	81.0	72.4	86.2	73.1	83.9	14 (72 to 86)
Caregiver Substance Use	77.4	80.0	75.0	81.3	60.0	89.3	54.5	77.8	84.2	79.3	29 (60 to 89)
Housing	77.0	--	--	--	81.8	63.6	75.0	--	--	70.0	18 (64 to 82)

Top three helpful service use domains are presented in bold.

Cells with results based on responses of fewer than 10 survey participants have been masked to protect respondents’ confidentiality.

A/B/CM: Atlantic, Burlington, Cape May; B/H: Bergen, Hudson; C: Camden; C/G/S: Cumberland, Gloucester, Salem; E: Essex; H/M/S/W: Hunterdon, Mercer, Somerset, Warren; M/U: Middlesex, Union; M/S/P: Morris, Sussex, Passaic; O/M: Ocean, Monmouth

† Fewer than 10 children statewide used this service, and all area office results have been masked to protect respondents’ confidentiality.

Table C.14. Resource Parent “Agreed” or “Strongly Agreed” that Services Helpful (%) by Area Office

	NJ	Area Offices									Range
		A/B/M	B/H	C/	C/G/S	E	H/M/S/W	M/U	M/S/P	M/O	
Family Poverty	84.1	80.6	82.6	73.9	91.2	88.0	75.0	100	83.3	81.6	26 (74 to 100)
Parenting Skills	82.6	88.9	77.2	78.9	82.1	83.3	90.9	95.0	77.8	71.4	24 (71 to 95)
Child Mental Health	75.9	80.5	89.3	58.8	70.0	62.5	74.3	81.8	62.1	90.3	31 (59 to 90)
Housing	75.4	83.3	67.7	81.8	64.3	75.0	65.0	100	88.9	79.2	35 (65 to 100)
Caregiver Mental Health	74.3	69.2	55.6	50.0	71.4	100	70.0	90.0	100	75.0	50 (50 to 100)
Caregiver Substance Use†	50	--	--	--	--	--	--	--	--	--	0 (50 to 50)
Domestic Violence†	33.3	--	--	--	--	--	--	--	--	--	100 (0 to 100)
Child Substance Use†	80.0	--	--	--	--	--	--	--	--	--	100 (0 to 100)

Top three helpful service use domains are presented in bold.

Cells with results based on responses of fewer than 10 survey participants have been masked to protect respondents’ confidentiality.

A/B/CM: Atlantic, Burlington, Cape May; B/H: Bergen, Hudson; C: Camden; C/G/S: Cumberland, Gloucester, Salem; E: Essex; H/M/S/W: Hunterdon, Mercer, Somerset, Warren; M/U: Middlesex, Union; M/S/P: Morris, Sussex, Passaic; O/M: Ocean, Monmouth

† Fewer than 10 children statewide used this service, and all area office results have been masked to protect respondents’ confidentiality.

Appendix C: County Summaries

Summary data describing families' needs and service use are provided for each of New Jersey's 21 counties. These summaries are best interpreted in the context of the larger Needs Assessment report.

Atlantic County

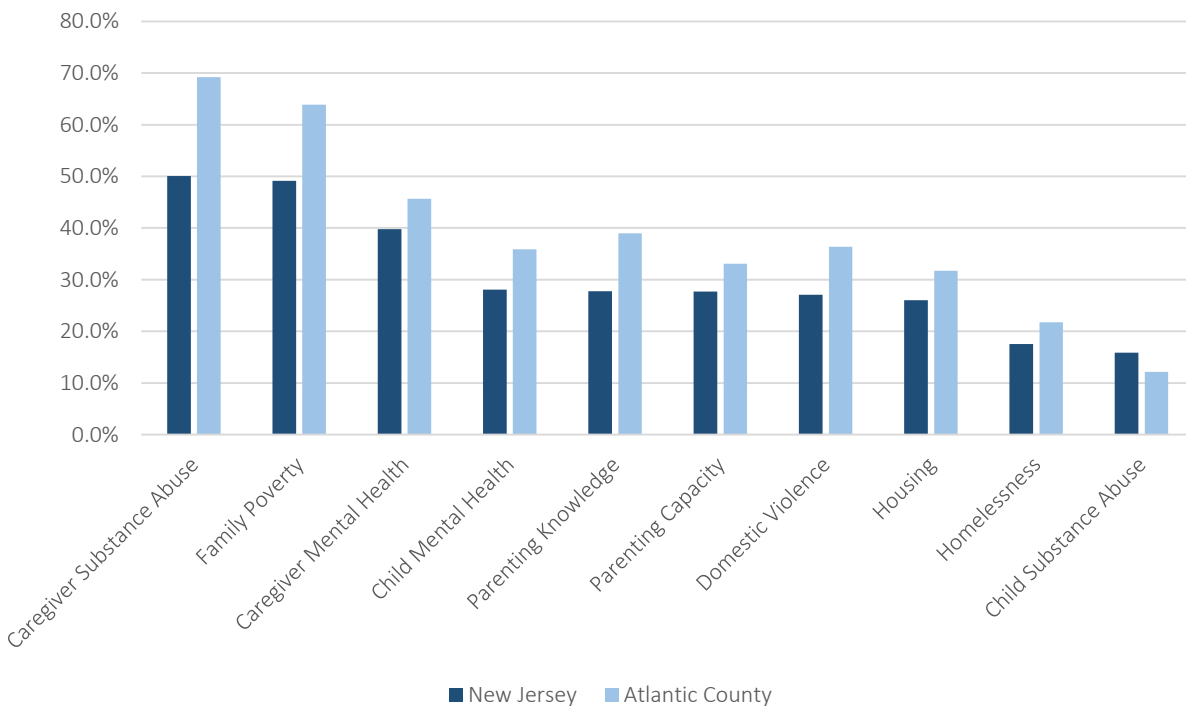
COUNTY REACH Atlantic County was home to 3% of New Jersey’s youth population (<18) in 2015. That same year, 4% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 5.2, higher than the state rate of 2.3.

NEEDS The distribution of child and family needs in Atlantic County is similar to the state’s as a whole. Across most domains, the percentages of Atlantic County’s reported needs are slightly higher or higher than the state average.

Table 1. Percent of Families with Needs by Domain, from DCF Staff Survey, 2017

	Atlantic County	New Jersey
Caregiver Substance Abuse	69.2	50.0
Family Poverty	63.9	49.1
Caregiver Mental Health	45.6	39.8
Child Mental Health	35.9	28.0
Parenting Knowledge	39.0	27.7
Parenting Capacity	33.1	27.7
Domestic Violence	36.3	27.1
Housing	31.7	26.0
Homelessness	21.7	17.5
Child Substance Abuse	12.1	15.9

Chart 1. New Jersey and Atlantic County Needs by Domain, from DCF Staff Survey, 2017



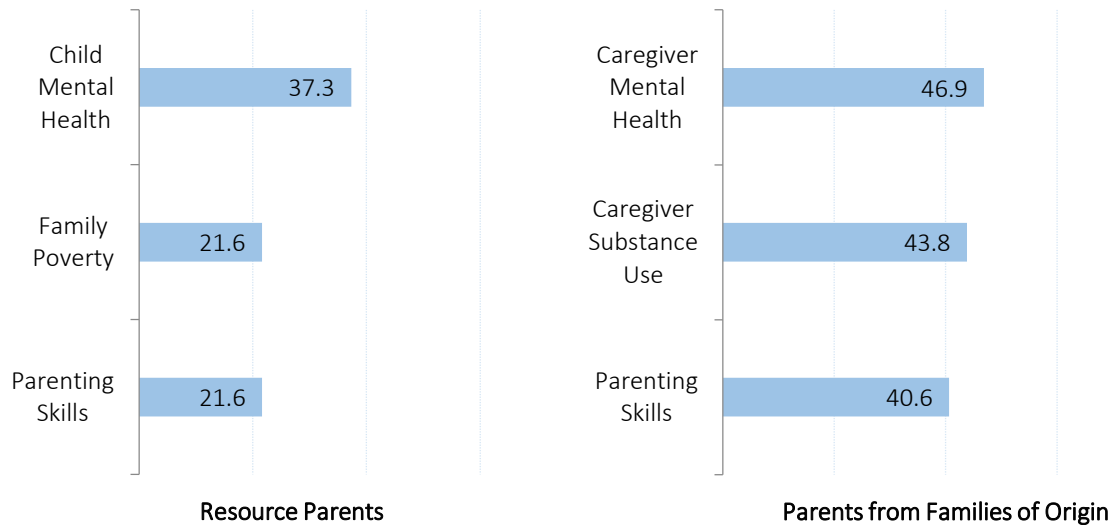
SERVICE USE The distribution of child and family service utilization in Atlantic County is similar to the state’s as a whole, with minor exceptions. In the area of family poverty, Atlantic County resource parents reported less frequent service usage while parents from families of origin reported more when compared to New Jersey. Housing services were less frequently utilized among both resource parents and parents from families of origin as compared to the state.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Atlantic County	New Jersey	Atlantic County	New Jersey
Caregiver Mental Health	13.5	10.2	46.9	45.3
Child Mental Health	37.3	37.0	20.7	26.1
Caregiver Substance Use	0.0	1.4	43.8	32.9
Child Substance Use	--	5.0	^a	7.4
Domestic Violence	0.0	1.2	12.9	13.9
Family Poverty	21.6	32.5	28.1	16.9
Housing	9.6	17.1	6.3	12.6
Parenting Skills	21.6	25.5	40.6	33.3

^a Percentage not reported because ≤10 responses were provided

Chart 2. Atlantic County: Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Bergen County

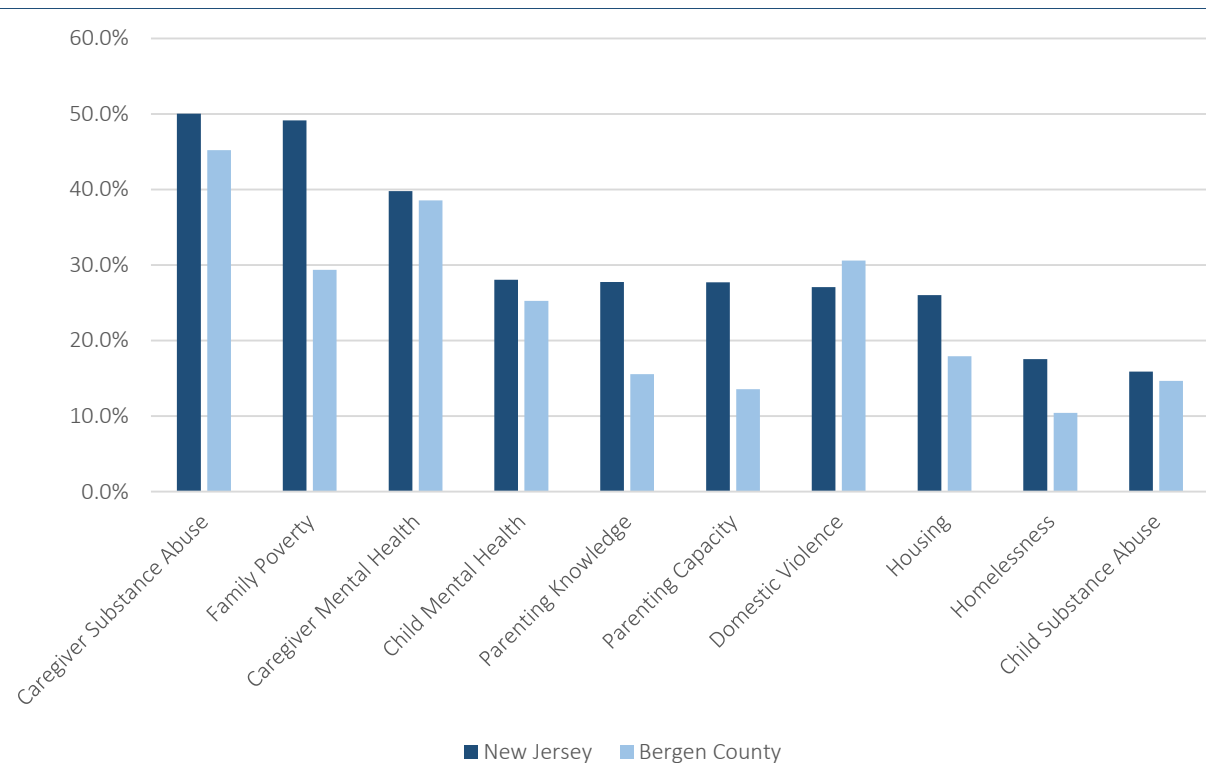
COUNTY REACH Bergen County was home to 10% of New Jersey’s youth population (<18) in 2015. That same year, 6% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 0.8, lower than the state rate of 2.3.

NEEDS The distribution of child and family needs in Bergen County is similar to the state’s as a whole. In three domains, family poverty, homelessness and housing, Bergen County’s reported needs were lower than the state’s.

Table 1. Percent of Families with Needs by Domain, from DCF Staff Survey, 2017

	Bergen County	New Jersey
Caregiver Substance Abuse	45.2	50.0
Family Poverty	29.4	49.1
Caregiver Mental Health	38.5	39.8
Child Mental Health	25.3	28.0
Parenting Knowledge	15.5	27.7
Parenting Capacity	13.5	27.7
Domestic Violence	30.6	27.1
Housing	17.9	26.0
Homelessness	10.4	17.5
Child Substance Abuse	14.6	15.9

Chart 1. New Jersey and Bergen County Needs by Domain, from DCF Staff Survey, 2017



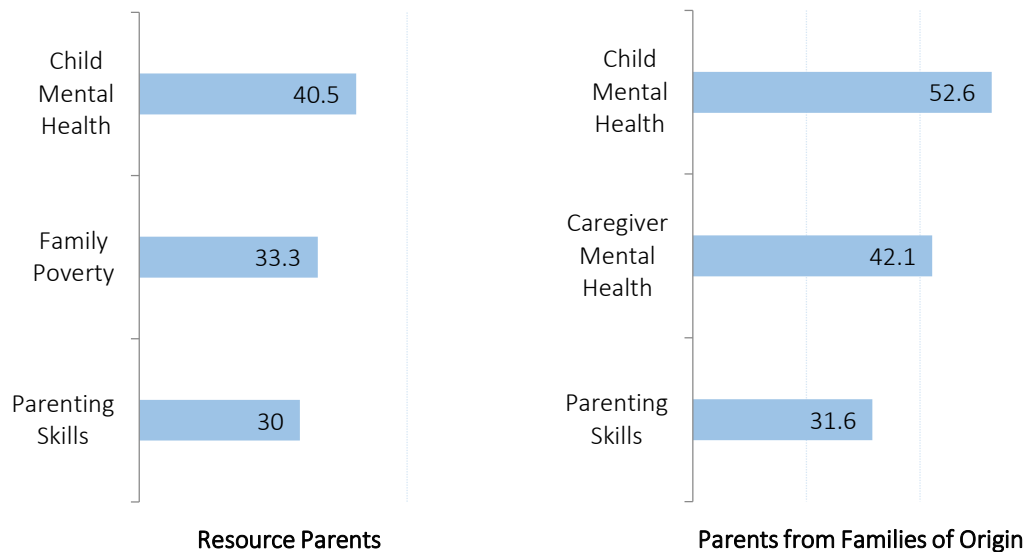
SERVICE USE The distribution of child and family service utilization in Bergen County is similar to the state's as a whole, with minor exceptions. Parents from families of origin reported higher frequency of service use in three domains: child mental health, family poverty and housing. Frequency of resource parent service use aligned with the state average across all domains.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Bergen County	New Jersey	Bergen County	New Jersey
Caregiver Mental Health	7.7	10.2	42.1	45.3
Child Mental Health	40.5	37.0	52.6	26.1
Caregiver Substance Use	2.7	1.4	26.3	32.9
Child Substance Use	^a	5.0	^a	7.4
Domestic Violence	0.0	1.2	21.1	13.9
Family Poverty	33.3	32.5	5.3	16.9
Housing	20.0	17.1	5.3	12.6
Parenting Skills	30.0	25.5	31.6	33.3

^a Percentage not reported due to low response rate (≤10 responses provided)

Chart 2. Bergen County: Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Burlington County

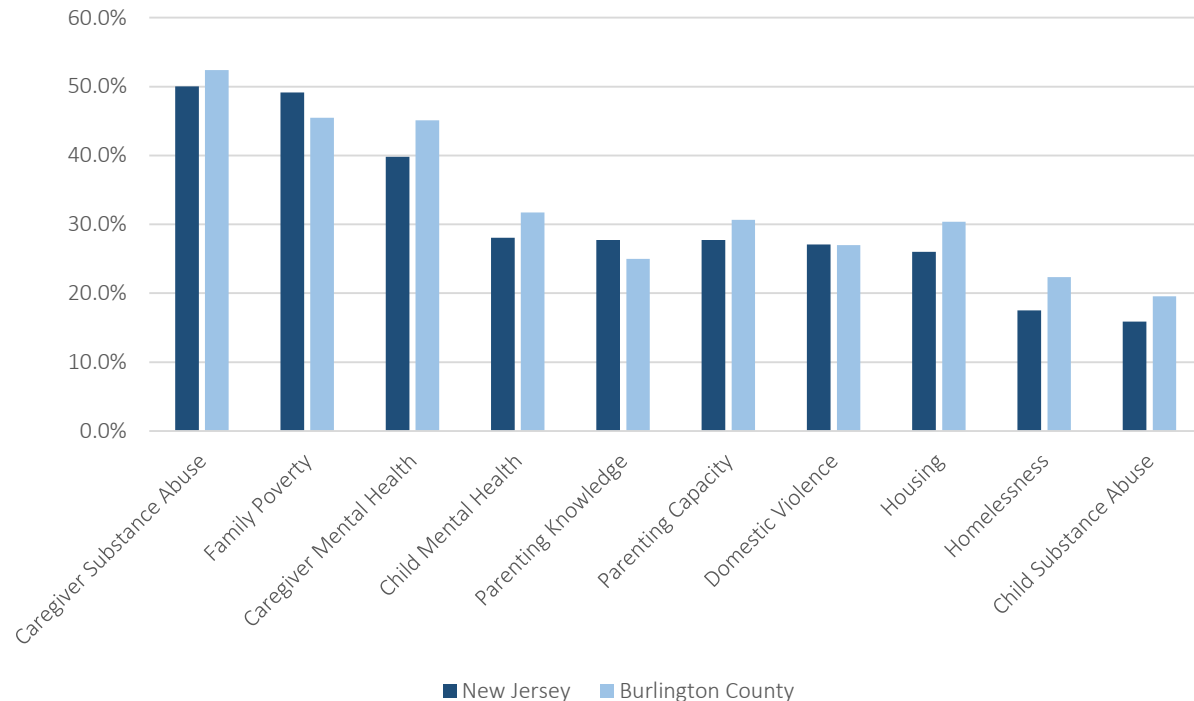
COUNTY REACH Burlington County was home to 5% of New Jersey’s youth population (<18) in 2015. That same year, 5% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 3.5, higher than the state rate of 2.3.

NEEDS The distribution of child and family needs in Burlington County is similar to the state’s as a whole. Overall, Burlington County’s reported needs are the same or slightly higher than the state’s.

Table 1. Percent of Families with Needs by Domain, from DCF Staff Survey, 2017

	Burlington County	New Jersey
Caregiver Substance Abuse	52.4	50.0
Family Poverty	45.5	49.1
Caregiver Mental Health	45.1	39.8
Child Mental Health	31.7	28.0
Parenting Knowledge	25.0	27.7
Parenting Capacity	30.7	27.7
Domestic Violence	27.0	27.1
Housing	30.4	26.0
Homelessness	22.3	17.5
Child Substance Abuse	19.5	15.9

Chart 1. New Jersey and Burlington County Needs by Domain, 2017



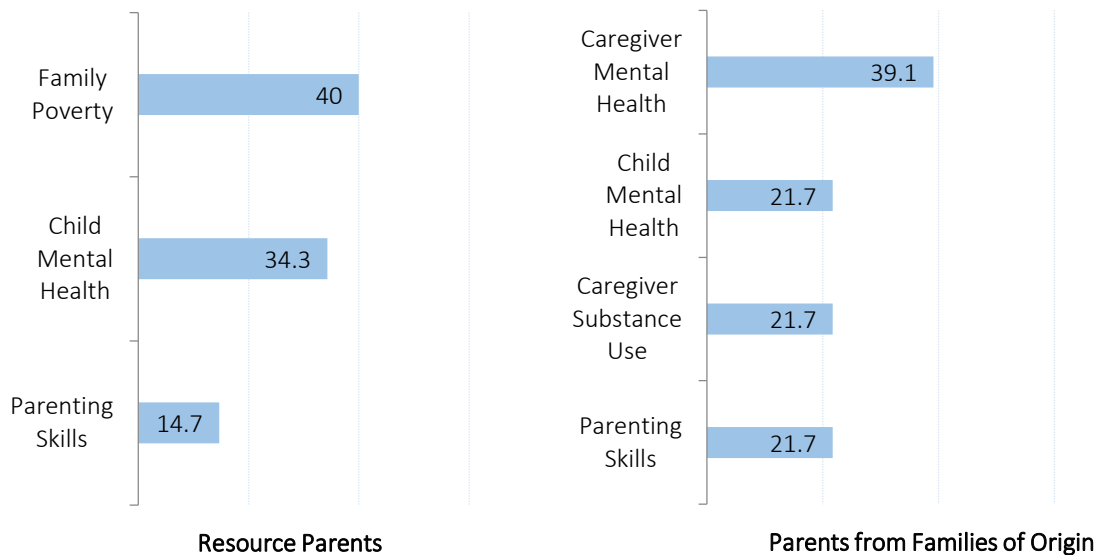
SERVICE USE The frequency of service use is both above and below the state average among resource parents and parents from families of origin. Generally, Resource Parents report less frequent service usage across domains when compared to the state average. However; in the domain of family poverty, resource parents report more frequent service use than the state average while parents from families of origin report less. Parents from families of origin also report less frequent service usage across domains when compared to the state average.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Burlington County	New Jersey	Burlington County	New Jersey
Caregiver Mental Health	8.6	10.2	39.1	45.3
Child Mental Health	34.3	37.0	21.7	26.1
Caregiver Substance Use	0.0	1.4	21.7	32.9
Child Substance Use	^a	5.0	^a	7.4
Domestic Violence	0.0	1.2	8.7	13.9
Family Poverty	40.0	32.5	8.7	16.9
Housing	14.3	17.1	4.3	12.6
Parenting Skills	14.7	25.5	21.7	33.3

^a Percentage not reported due to low response rate (≤10 responses provided)

Chart 2. Burlington County: Most Frequently Used Child and Family Services by %, 2017



Camden County

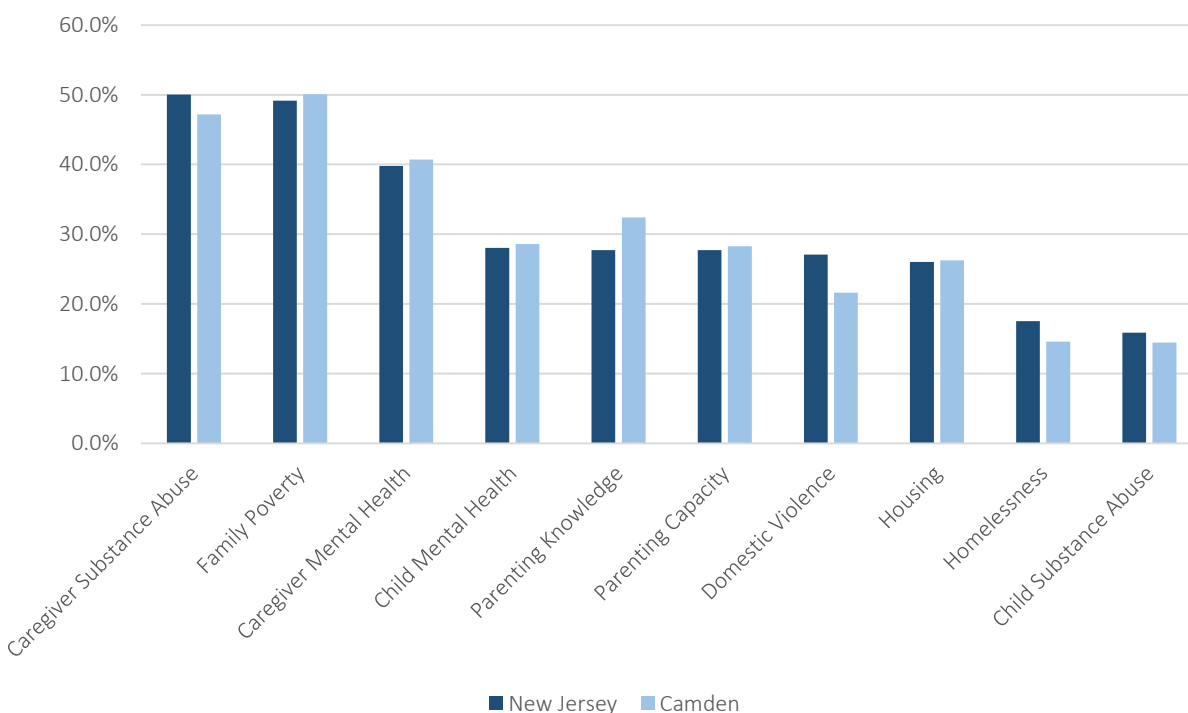
COUNTY REACH Camden County was home to 6% of New Jersey’s youth population (<18) in 2015. That same year, 8% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 6.0, higher than the state rate of 2.3.

NEEDS The distribution of child and family needs in Camden County is similar to the state’s as a whole. Overall, Camden’s reported needs percentages mimic the state’s except in the domain of Domestic Violence, where its reported needs are slightly lower than the state’s.

Table 1. Percent of Family Needs by Domain, from DCF Staff Survey, 2017

	Camden County	New Jersey
Caregiver Substance Abuse	47.2	50.0
Family Poverty	50.1	49.1
Caregiver Mental Health	40.7	39.8
Child Mental Health	28.6	28.0
Parenting Knowledge	32.4	27.7
Parenting Capacity	28.3	27.7
Domestic Violence	21.6	27.1
Housing	26.2	26.0
Homelessness	14.6	17.5
Child Substance Abuse	14.5	15.9

Chart 1. New Jersey and Camden County Needs by Domain, from Staff Survey, 2017



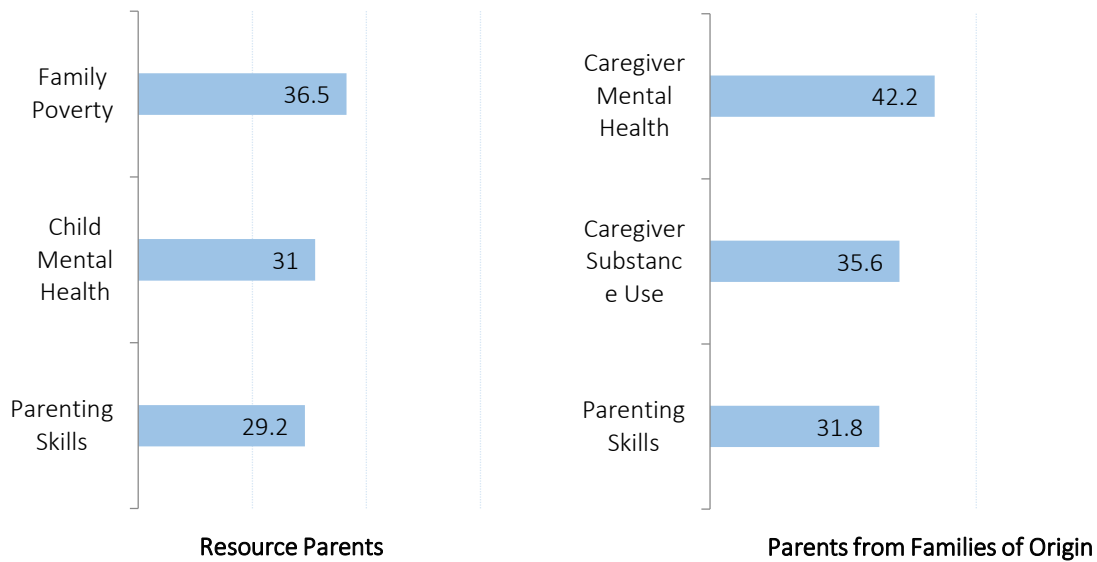
SERVICE USE The distribution of child and family service utilization in Camden County is similar to the state's as a whole. In the area of child mental health, Camden County resource parents and parents from families of origin reported slightly higher frequency of service use when compared to the state average.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Camden County	New Jersey	Camden County	New Jersey
Caregiver Mental Health	9.2	10.2	42.2	45.3
Child Mental Health	31.0	37.0	18.2	26.1
Caregiver Substance Use	0.0	1.4	35.6	32.9
Child Substance Use	^a	5.0	^a	7.4
Domestic Violence	1.6	1.2	15.6	13.9
Family Poverty	36.5	32.5	17.8	16.9
Housing	16.9	17.1	8.9	12.6
Parenting Skills	29.2	25.5	31.8	33.3

^a Percentage not reported due to low response rate (≤10 responses provided)

Chart 2. Camden County: Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Cape May County

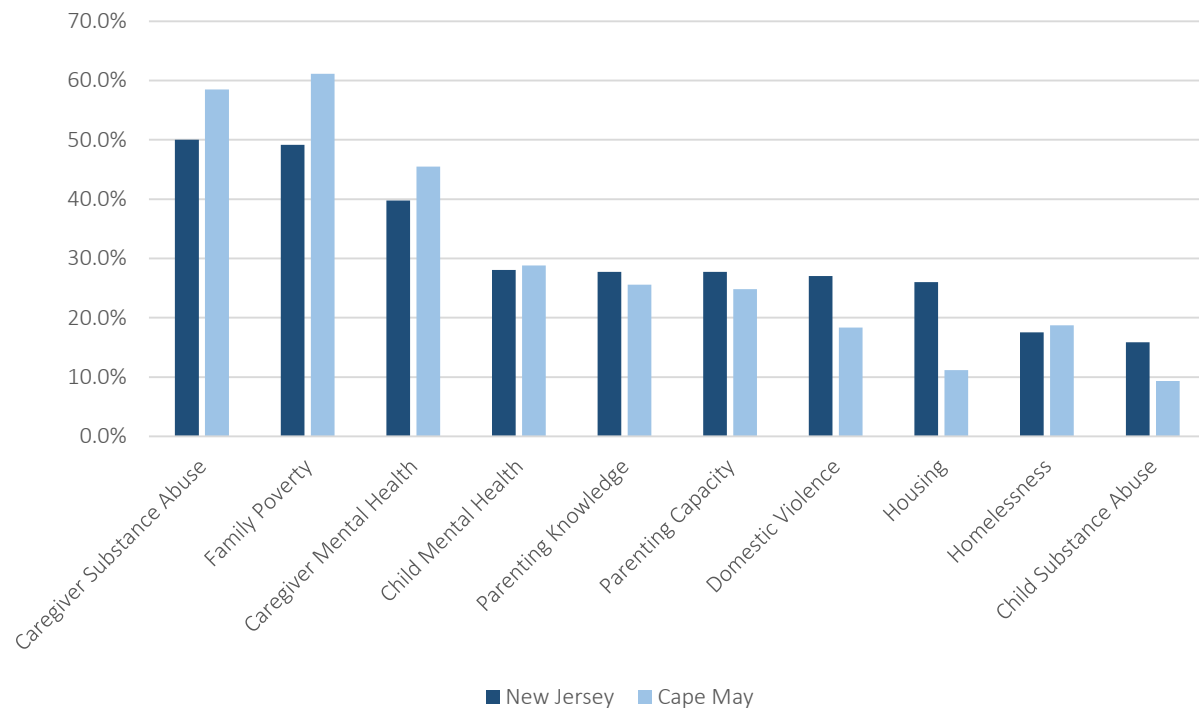
COUNTY REACH Cape May County was home to 1% of New Jersey’s youth population (<18) in 2015. That same year, 1% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 5.9, higher than the state rate of 2.3.

NEEDS Cape May’s reported needs are both higher and lower than the state average. The domains of caregiver substance use, family poverty, and caregiver mental health were above the state average. The domains of domestic violence, housing and child substance use were all slightly below or below the state average.

Table 1. Percent of Family Needs by Domain, from DCF Staff Survey, 2017

	Cape May County	New Jersey
Caregiver Substance Abuse	58.5	50.0
Family Poverty	61.1	49.1
Caregiver Mental Health	45.5	39.8
Child Mental Health	28.8	28.0
Parenting Knowledge	25.6	27.7
Parenting Capacity	24.8	27.7
Domestic Violence	18.3	27.1
Housing	11.2	26.0
Homelessness	18.7	17.5
Child Substance Use	9.3	15.9

Chart 1. New Jersey and Cape May County Needs by Domain, from DCF Staff Survey, 2017



SERVICE USE Resource Parents in Cape May County reported slightly higher or higher than average use of services across almost all domains with the exception of parenting skills. With 11 respondents reporting service utilization among parents from families of origin, the percentages generated to represent service use must be interpreted cautiously. That said, the difference between the state and county percentages in the caregiver substance use domain suggests that parents from families of origin are more frequently utilizing those services when compared to the state.

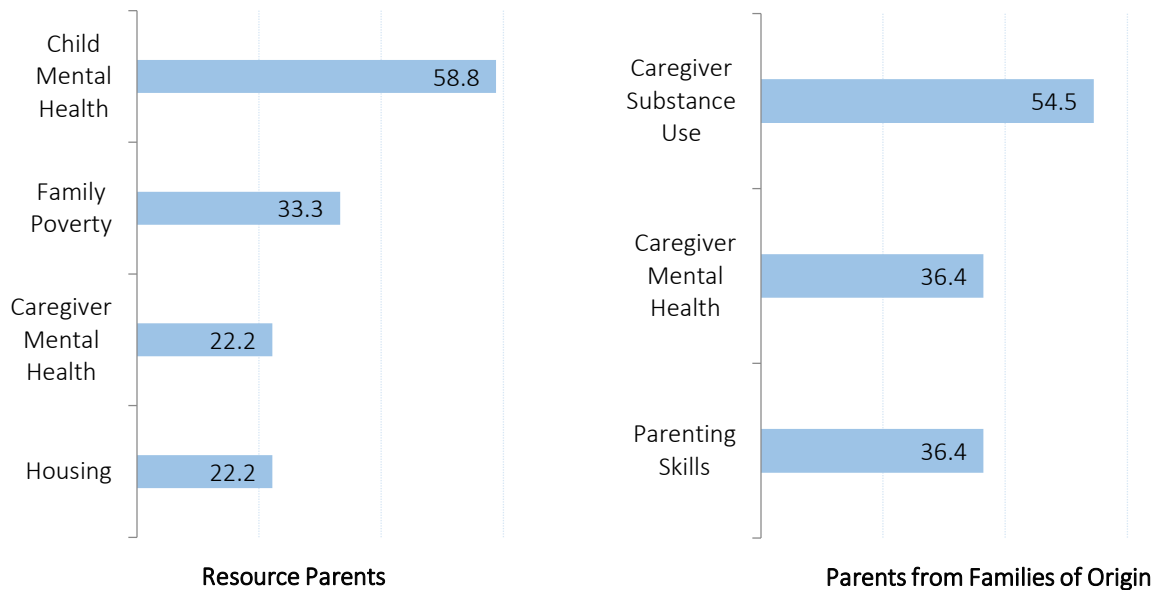
Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Cape May County	New Jersey	Cape May County ¹	New Jersey
Caregiver Mental Health	22.2	10.2	36.4	45.3
Child Mental Health	58.8	37.0	0.0	26.1
Caregiver Substance Use	0.0	1.4	54.5	32.9
Child Substance Use	^a	5.0	^a	7.4
Domestic Violence	5.9	1.2	27.3	13.9
Family Poverty	33.3	32.5	18.2	16.9
Housing	22.2	17.1	0.0	12.6
Parenting Skills	11.1	25.5	36.4	33.3

^a Percentage not reported due to low response rate (≤10 responses provided)

¹ Parents from Families of Origin percentages were based on 11 survey responses and should be interpreted with caution.

Chart 2. Cape May County: Most Frequently Used Child and Family Services by %, 2017



Cumberland County

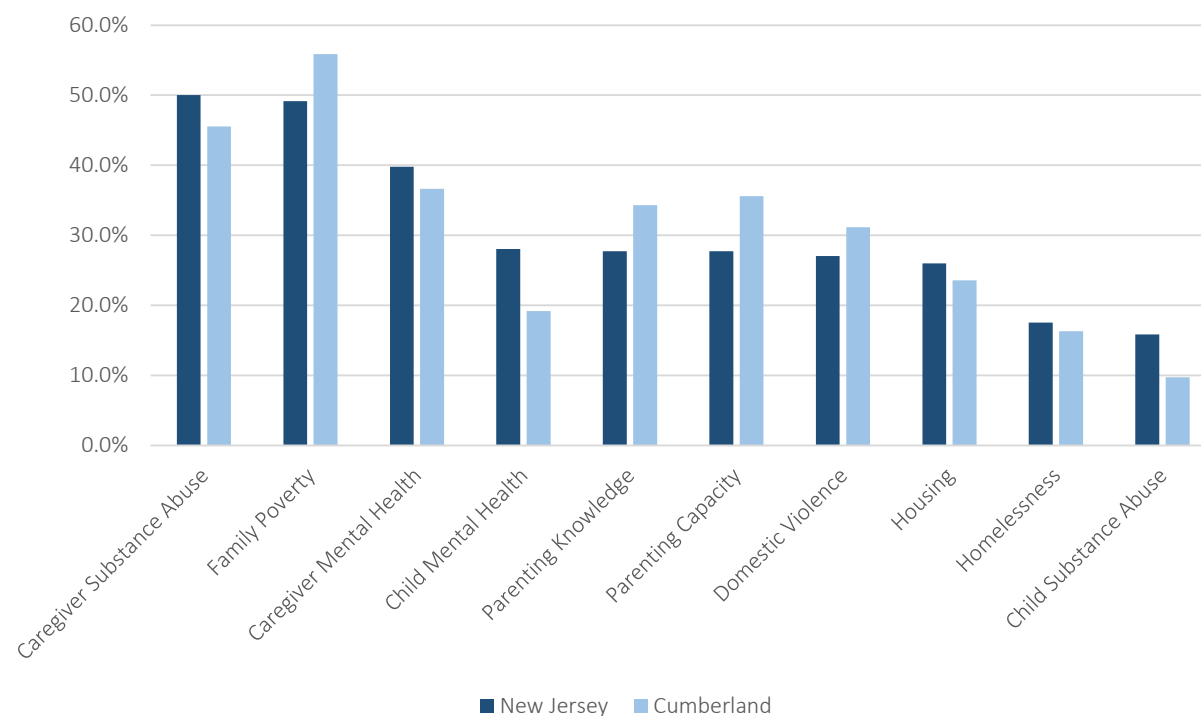
COUNTY REACH Cumberland County was home to 2% of New Jersey’s youth population (<18) in 2015. That same year, 3% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 6.2, higher than the state rate of 2.3.

NEEDS The distribution of child and family needs in Cumberland County is similar to the state’s as a whole. In two domains, child mental health and child substance use, Cumberland County’s reported needs are lower than the state’s. In the domain of family poverty, Cumberland County’s reported needs are slightly higher than the state’s.

Table 1. Percent of Families with Needs by Domain, from DCF Staff Survey, 2017

	Cumberland County	New Jersey
Caregiver Substance Abuse	45.6	50.0
Family Poverty	55.9	49.1
Caregiver Mental Health	36.6	39.8
Child Mental Health	19.2	28.0
Parenting Knowledge	34.3	27.7
Parenting Capacity	35.6	27.7
Domestic Violence	31.2	27.1
Housing	23.6	26.0
Homelessness	16.3	17.5
Child Substance Use	9.7	15.9

Chart 1. New Jersey and Cumberland County Needs by Domain, from Staff Survey, 2017



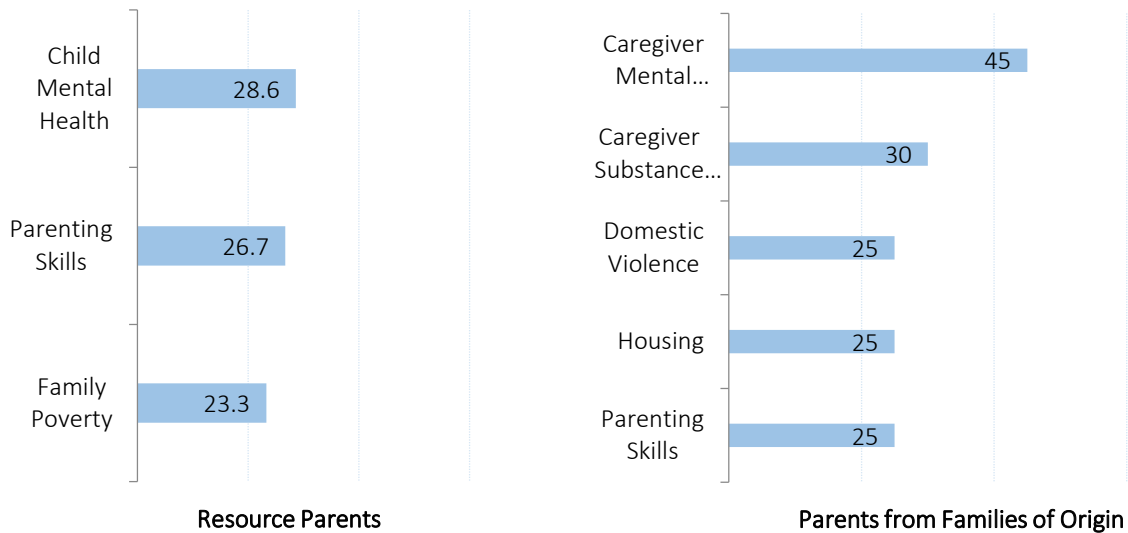
SERVICE USE The frequency of service utilization among resource parents is lower than the state’s average in the domains of child mental health, family poverty and housing. Parents from families of origin report that their service usage falls both above and below the state average. In the domains of child mental health, family poverty, and parenting skills, the frequency of service utilization is lower, but in the domains of domestic violence and housing, reported service utilization is higher than the state average.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Cumberland County	New Jersey	Cumberland County	New Jersey
Caregiver Mental Health	6.7	10.2	45.0	45.3
Child Mental Health	28.6	37.0	10.0	26.1
Caregiver Substance Use	3.3	1.4	30.0	32.9
Child Substance Use	^a	5.0	^a	7.4
Domestic Violence	0.0	1.2	25.0	13.9
Family Poverty	23.3	32.5	10.0	16.9
Housing	3.3	17.1	25.0	12.6
Parenting Skills	26.7	25.5	25.0	33.3

^a Percentage not reported due to low response rate (≤10 responses provided)

Chart 2. Cumberland County: Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Essex County

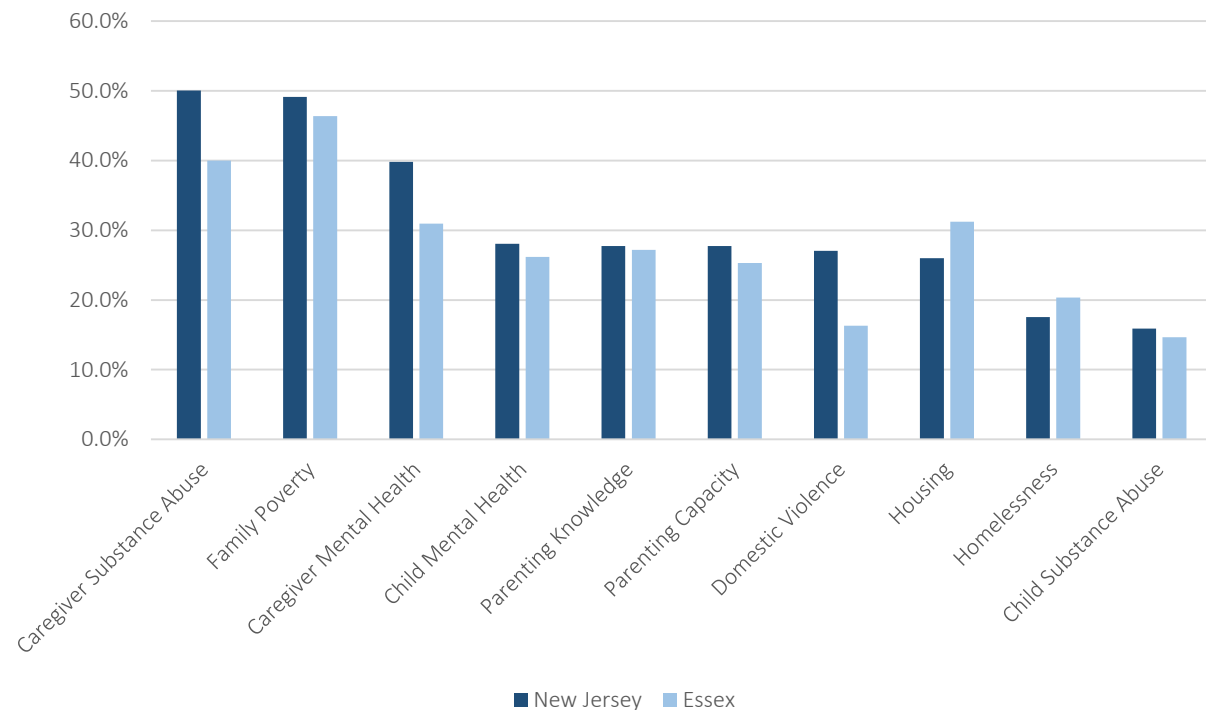
COUNTY REACH Essex County was home to 10% of New Jersey’s youth population (<18) in 2015. That same year, 11% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 2.7, close to the state rate of 2.3.

NEEDS The distribution of child and family needs in Essex County is similar to the state’s across four domains: child mental health, child substance use, family poverty, homelessness and housing. Essex County’s reported needs were lower than the state’s in the areas of caregiver mental health, caregiver substance use and domestic violence.

Table 1. Child and Family Needs by Domain from DCF Staff Survey, 2017

	Essex County	New Jersey
Caregiver Substance Abuse	40.0	50.0
Family Poverty	46.4	49.1
Caregiver Mental Health	30.9	39.8
Child Mental Health	26.2	28.0
Parenting Knowledge	27.2	27.7
Parenting Capacity	25.3	27.7
Domestic Violence	16.3	27.1
Housing	31.2	26.0
Homelessness	20.4	17.5
Child Substance Use	14.6	15.9

Chart 1. New Jersey and Essex County Needs by Domain, from Staff Survey, 2017

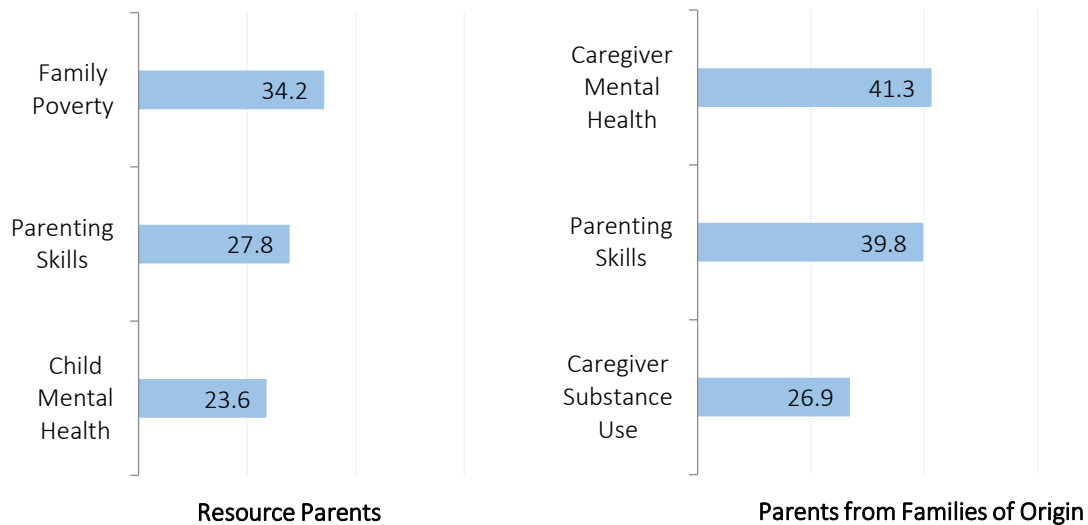


SERVICE USE Across the majority of domains, Resource Parents reported use of services is aligned with the state average. In the domain of child mental health, the frequency of service use reported is below the state's average. Frequency of service use among parents from families of origin is also similar to the state except in the domains of child mental health, caregiver substance use, and domestic violence which fall below the state average.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Essex County	New Jersey	Essex County	New Jersey
Caregiver Mental Health	7.7	10.2	41.3	45.3
Child Mental Health	23.6	37.0	19.0	26.1
Caregiver Substance Use	3.8	1.4	26.9	32.9
Child Substance Use	8.3	5.0	6.3	7.4
Domestic Violence	2.7	1.2	5.8	13.9
Family Poverty	34.2	32.5	16.3	16.9
Housing	15.4	17.1	10.6	12.6
Parenting Skills	27.8	25.5	39.8	33.3

Chart 2. Essex County: Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Gloucester County

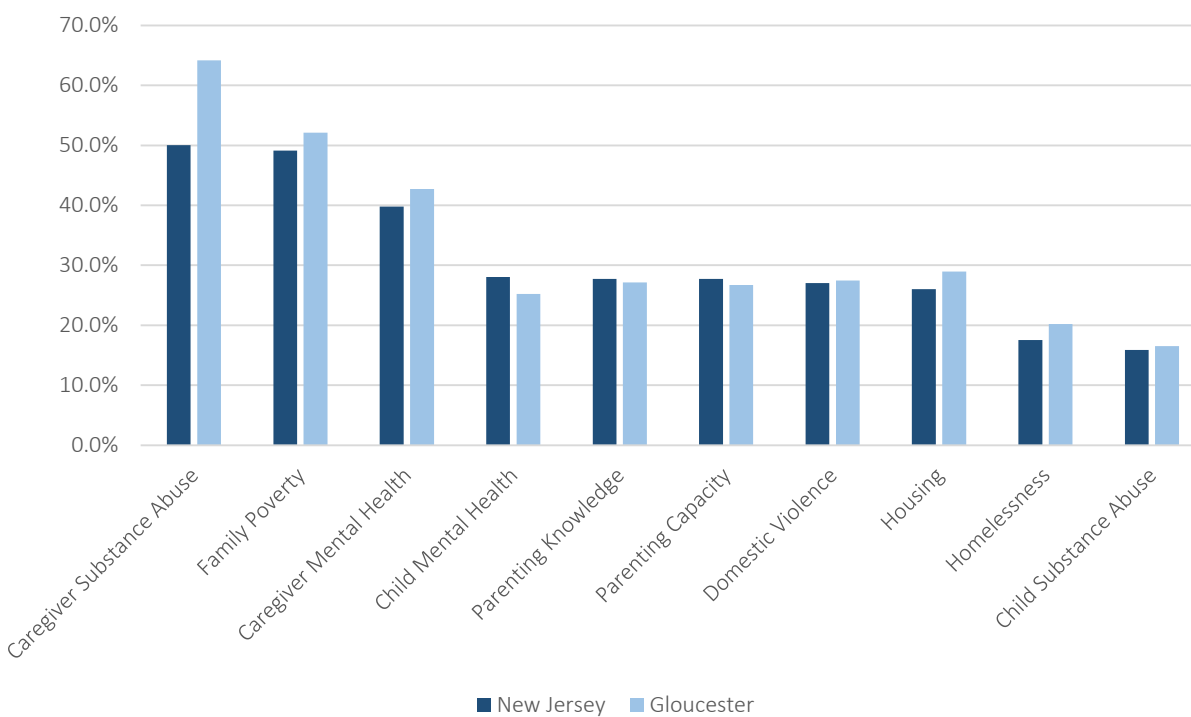
COUNTY REACH Gloucester County was home to 3% of New Jersey’s youth population (<18) in 2015. That same year, 4% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 4.2, higher than the state rate of 2.3.

NEEDS The distribution of child and family needs in Gloucester County is similar to the state’s as a whole with an exception in the domain of caregiver substance use, where the County’s reported need was higher than the state.

Table 1. Families with Needs by Domain, from DCF Staff Survey, 2017

	Gloucester County	New Jersey
Caregiver Substance Abuse	64.1	50.0
Family Poverty	52.1	49.1
Caregiver Mental Health	42.7	39.8
Child Mental Health	25.2	28.0
Parenting Knowledge	27.2	27.7
Parenting Capacity	26.7	27.7
Domestic Violence	27.5	27.1
Housing	28.9	26.0
Homelessness	20.2	17.5
Child Substance Use	16.5	15.9

Chart 1. New Jersey and Gloucester County Needs by Domain, from Staff Survey, 2017



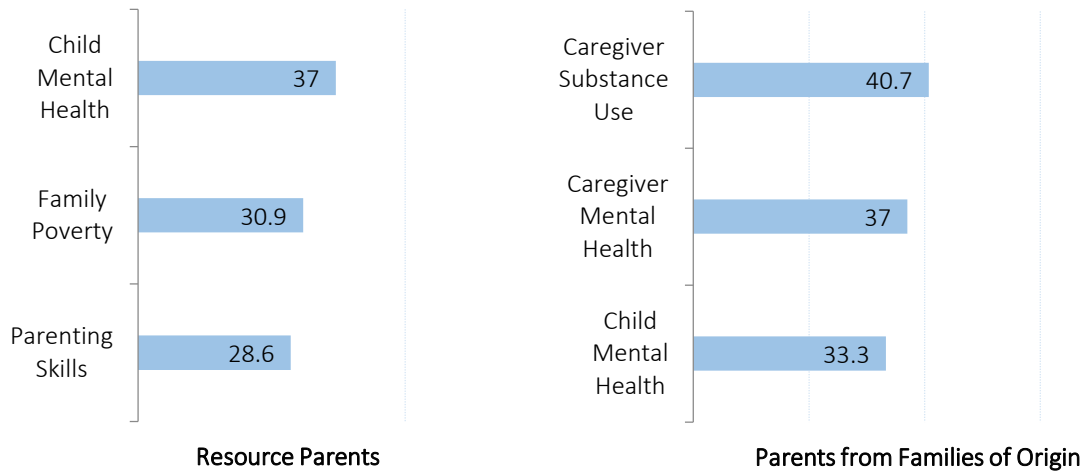
SERVICE USE The frequency of service use among resource parents is aligned with the state average across all domains. Among parents from families of origin, there is more variation between their reported service use and the state average. Gloucester County parents from families of origin report slightly less frequent usage of caregiver mental health services and higher usage of child mental health and caregiver substance use than the state average.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Gloucester County	New Jersey	Gloucester County	New Jersey
Caregiver Mental Health	9.1	10.2	37.0	45.3
Child Mental Health	37.0	37.0	33.3	26.1
Caregiver Substance Use	0.0	1.4	40.7	32.9
Child Substance Use	^a	5.0	0.0	7.4
Domestic Violence	1.9	1.2	14.8	13.9
Family Poverty	30.9	32.5	18.5	16.9
Housing	21.4	17.1	14.8	12.6
Parenting Skills	28.6	25.5	29.6	33.3

^a Percentage not reported due to low response rate (≤10 responses provided)

Chart 2. Gloucester County: Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Hudson County

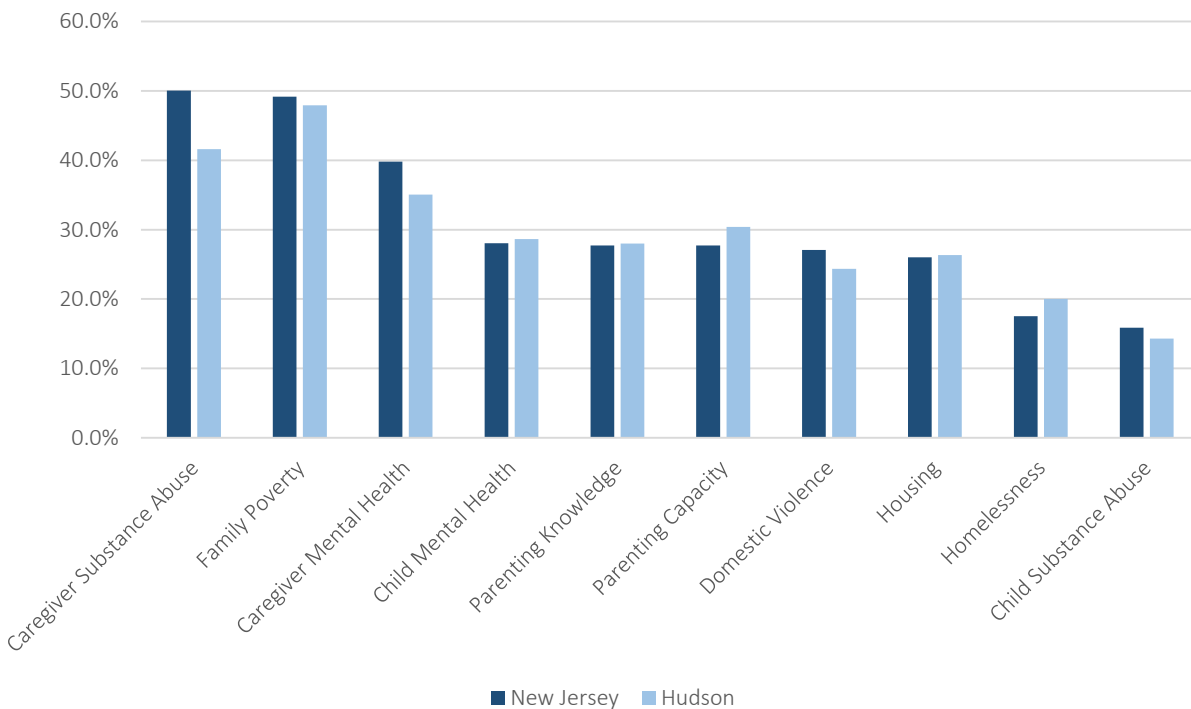
COUNTY REACH Hudson County was home to 7% of New Jersey’s youth population (<18) in 2015. That same year, 7% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 2.5, close to the state rate of 2.3.

NEEDS The distribution of child and family needs in Hudson County is similar to the state’s as a whole. Overall, Hudson County’s reported needs are the same or slightly below the state’s. The only exception is in the domain of caregiver substance use, which is slightly lower than the state average.

Table 1. Child and Family Needs by Domain from DCF Staff Survey, 2017

	Hudson County	New Jersey
Caregiver Substance Abuse	41.6	50.0
Family Poverty	47.9	49.1
Caregiver Mental Health	35.1	39.8
Child Mental Health	28.7	28.0
Parenting Knowledge	28.0	27.7
Parenting Capacity	30.4	27.7
Domestic Violence	24.3	27.1
Housing	26.3	26.0
Homelessness	20.0	17.5
Child Substance Use	14.3	15.9

Chart 1: New Jersey and Hudson County Needs by Domain, 2017



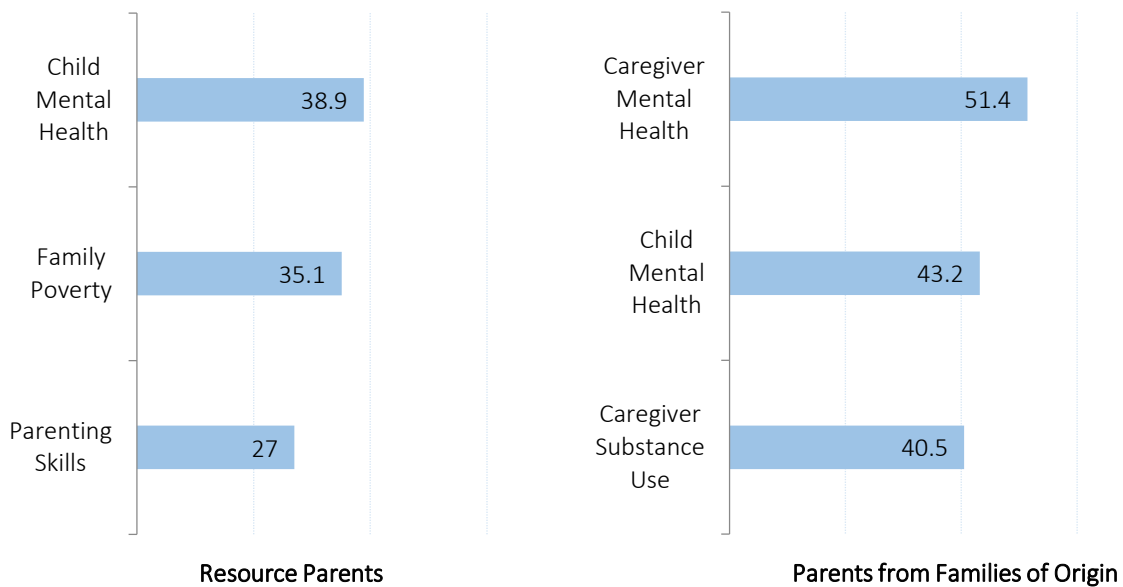
SERVICE USE Resource Parents in the county report slightly higher use of caregiver mental health services when compared to the state average, however the remaining domains align with the state's average. Parents from families of origin report higher service use across all domains when compared to the state.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Hudson County	New Jersey	Hudson County	New Jersey
Caregiver Mental Health	16.7	10.2	51.4	45.3
Child Mental Health	38.9	37.0	43.2	26.1
Caregiver Substance Use	5.6	1.4	40.5	32.9
Child Substance Use	^a	5.0	^a	7.4
Domestic Violence	2.9	1.2	21.6	13.9
Family Poverty	35.1	32.5	21.6	16.9
Housing	18.9	17.1	18.9	12.6
Parenting Skills	27.0	25.5	37.8	33.3

^a Percentage not reported due to low response rate (≤10 responses provided)

Chart 2. Hudson County: Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Hunterdon County

COUNTY REACH Hunterdon County was home to 1% of New Jersey’s youth population (<18) in 2015. That same year, 1% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 1.0, lower than the state rate of 2.3.

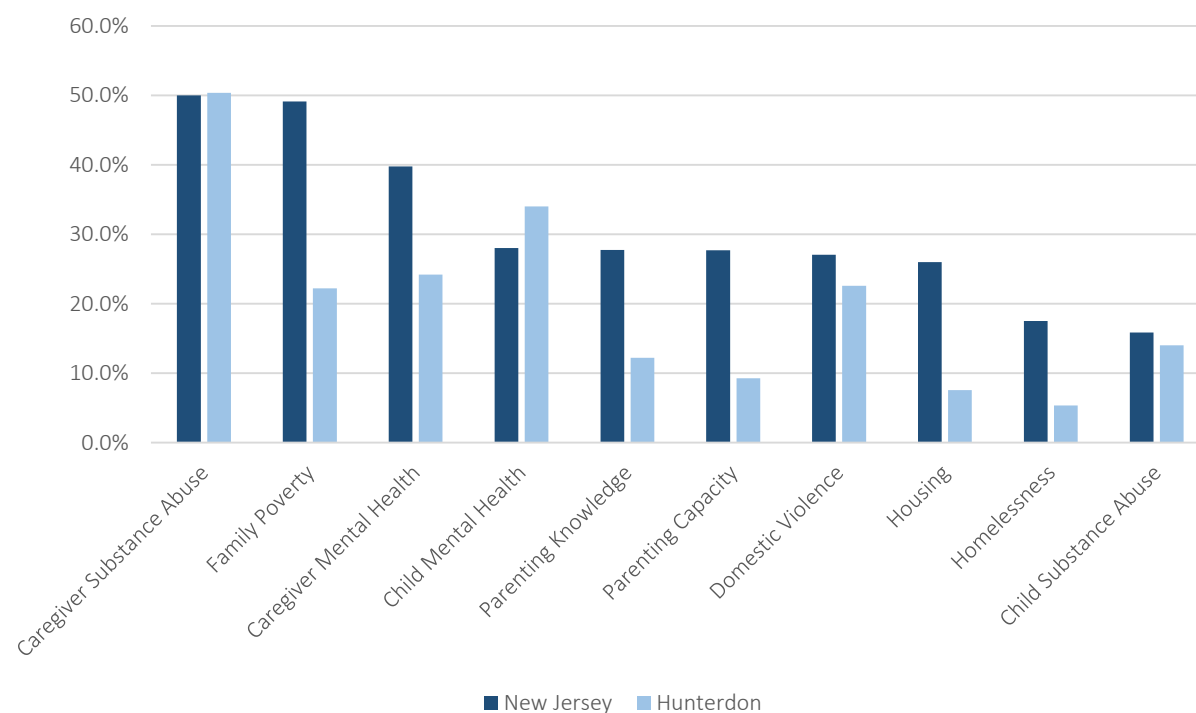
NEEDS With fewer than 10 respondents reporting needs, the percentages generated must be interpreted cautiously. Across five domains including Caregiver Mental Health, Domestic Violence, Family Poverty, Homelessness and Housing, Hunterdon County reports clearly lower needs.

Table 1. Families with Needs by Domain, from DCF Staff Survey, 2017

	Hunterdon County ¹	New Jersey
Caregiver Substance Abuse	51.4	50.0
Family Poverty	22.2	49.1
Caregiver Mental Health	24.2	39.8
Child Mental Health	34.0	28.0
Parenting Knowledge	12.2	27.7
Parenting Capacity	9.3	27.7
Domestic Violence	22.6	27.1
Housing	7.6	26.0
Homelessness	5.3	17.5
Child Substance Use	14.0	15.9

¹ Due to Hunterdon County’s size, fewer than 10 staff reported data used to generate these percentages.

Chart 1. New Jersey and Hunterdon County Needs by Domain, from Staff Survey, 2017



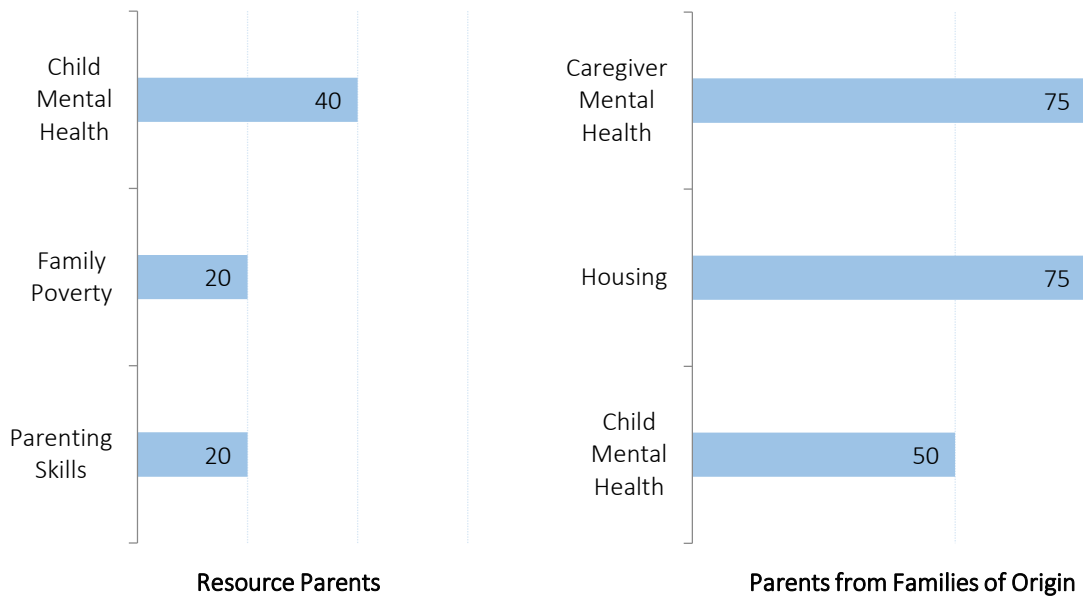
SERVICE USE It should be noted that Hunterdon County, the smallest county in the state, generated the fewest responses to the caregiver surveys. Therefore, the percentages reflected in the table below should be interpreted with caution.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Hunterdon County ¹	New Jersey	Hunterdon County ¹	New Jersey
Caregiver Mental Health	0.0	10.2	75.0	45.3
Child Mental Health	40.0	37.0	50.0	26.1
Caregiver Substance Use	0.0	1.4	25.0	32.9
Child Substance Use	0.0	5.0	0.0	7.4
Domestic Violence	0.0	1.2	25.0	13.9
Family Poverty	20.0	32.5	25.0	16.9
Housing	0.0	17.1	75.0	12.6
Parenting Skills	20.0	25.5	25.0	33.3

¹ Due to Hunterdon County's size, 5 or fewer respondents provided the data used to generate these percentages

Chart 2. Hunterdon County: Most Frequently Used Child and Family Services by % and User, 2017



Mercer County

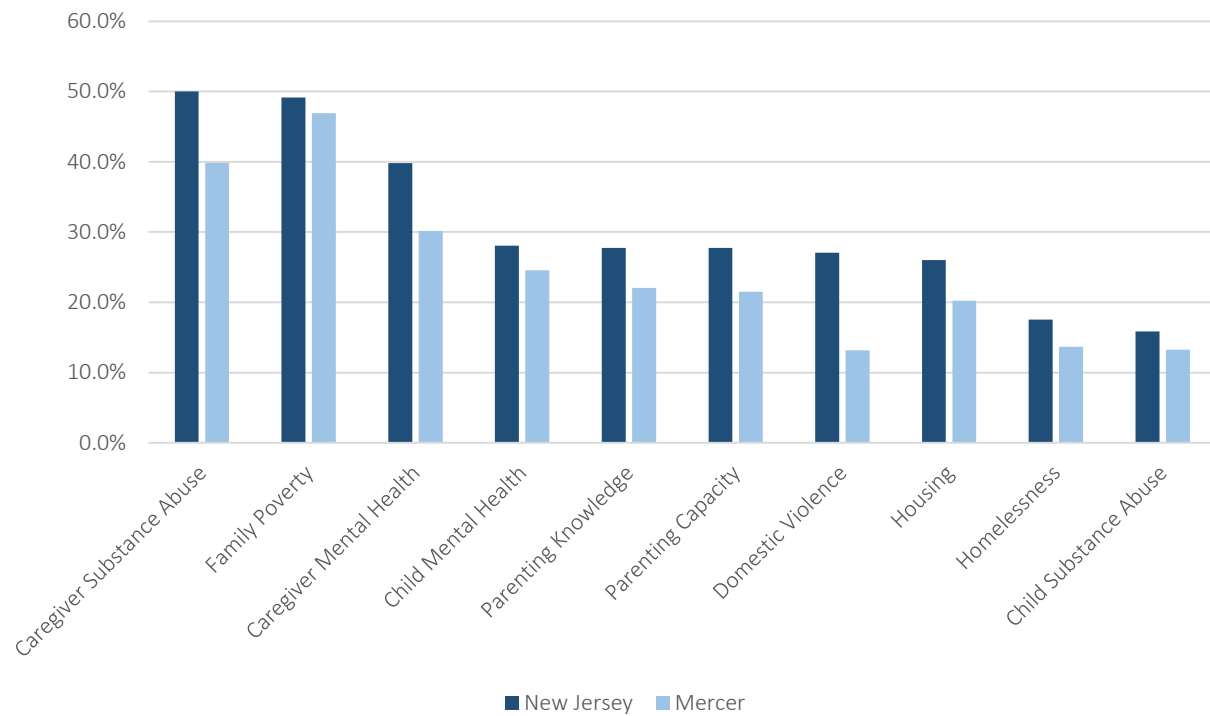
COUNTY REACH Mercer County was home to 4% of New Jersey’s youth population (<18) in 2015. That same year, 4% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 2.8, close to the state rate of 2.3.

NEEDS The distribution of child and family needs in Mercer County is similar to the state’s as a whole. Overall, Mercer County’s reported needs are slightly lower or lower than the state’s.

Table 1. Child and Family Needs by Domain from DCF Staff Survey, 2017

	Mercer County	New Jersey
Caregiver Substance Abuse	39.9	50.0
Family Poverty	46.9	49.1
Caregiver Mental Health	30.1	39.8
Child Mental Health	24.6	28.0
Parenting Knowledge	22.1	27.7
Parenting Capacity	21.5	27.7
Domestic Violence	13.2	27.1
Housing	20.2	26.0
Homelessness	13.7	17.5
Child Substance Use	13.3	15.9

Chart 1. New Jersey and Mercer County Needs by Domain, from Staff Survey, 2017



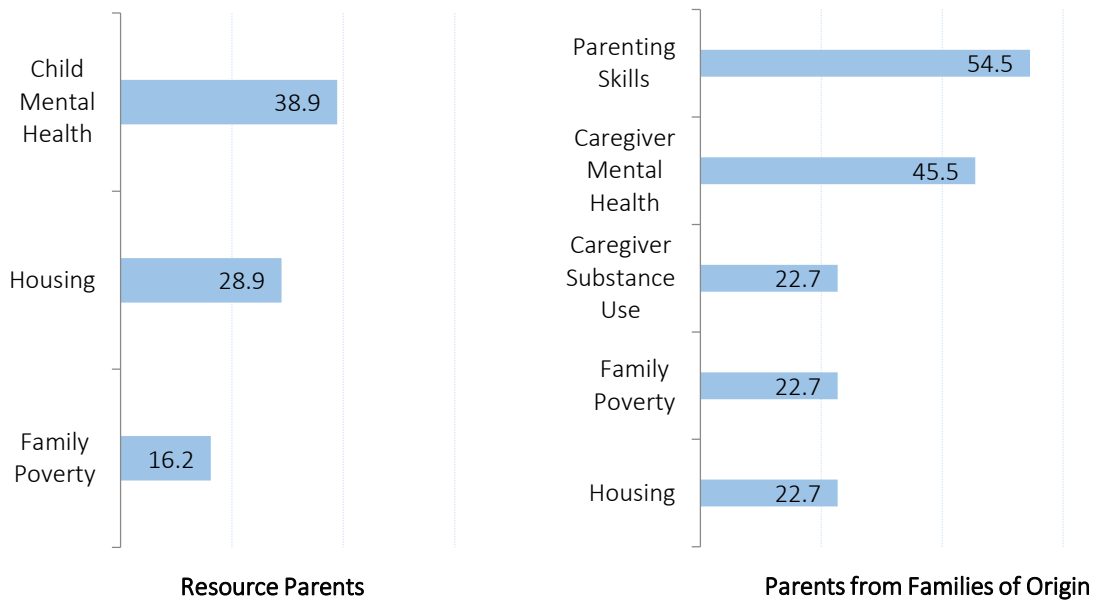
SERVICE USE Resource Parents in Mercer County report using services at a similar frequency to the state with the exception of three domains. Both family poverty and parenting skills are reported to be less frequently used while housing services are more frequently used among resource parents when compared to the state. Among parents from families of origin, child mental health and parents from families substance use are used less frequently while family poverty, parenting skills and housing are more frequently used.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Mercer County	New Jersey	Mercer County	New Jersey
Caregiver Mental Health	13.9	10.2	45.5	45.3
Child Mental Health	38.9	37.0	19.0	26.1
Caregiver Substance Use	0.0	1.4	22.7	32.9
Child Substance Use	^a	5.0	^a	7.4
Domestic Violence	0.0	1.2	9.1	13.9
Family Poverty	16.2	32.5	22.7	16.9
Housing	28.9	17.1	22.7	12.6
Parenting Skills	15.8	25.5	54.5	33.3

^a Percentage not reported due to low response rate (≤10 responses provided)

Chart 2. Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Middlesex County

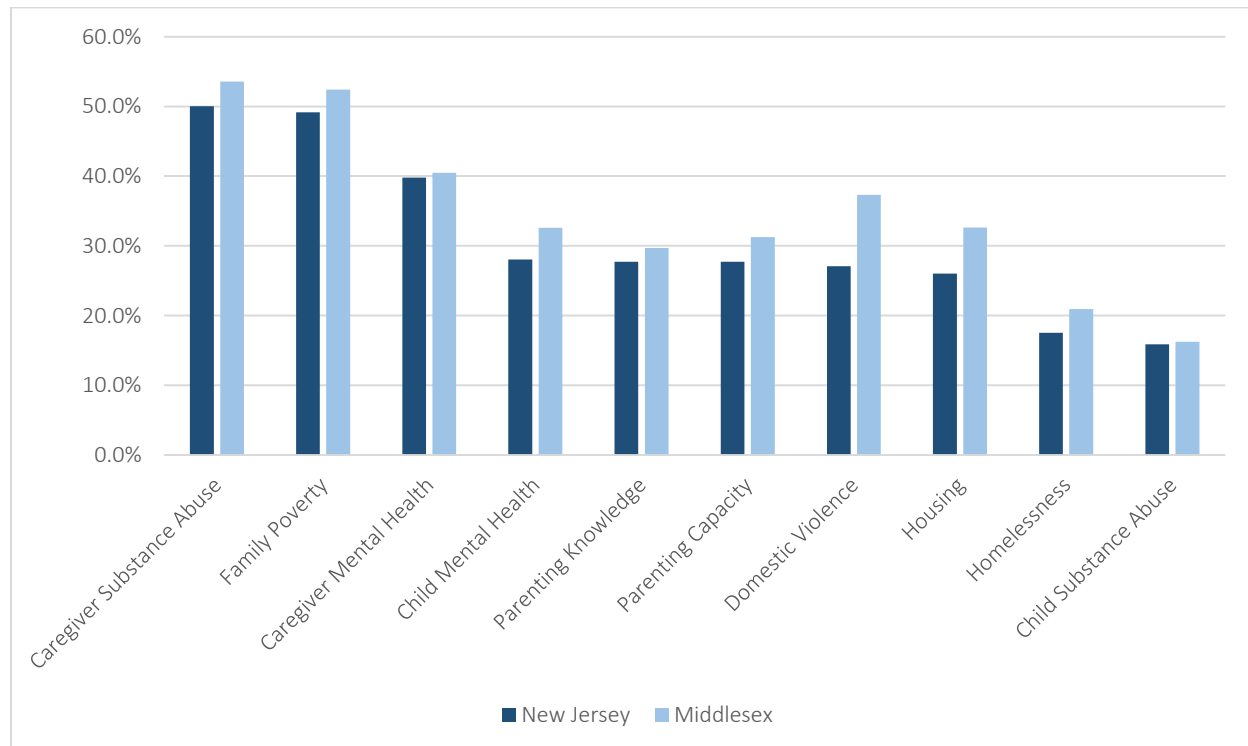
COUNTY REACH Middlesex County was home to 9% of New Jersey’s youth population (<18) in 2015. That same year, 7% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 1.1, lower than the state rate of 2.3.

NEEDS Overall, Middlesex County’s reported needs are slightly higher or higher than the state’s.

Table 1. Child and Family Needs by Domain from DCF Staff Survey, 2017

	Middlesex County	New Jersey
Caregiver Substance Abuse	53.6	50.0
Family Poverty	52.4	49.1
Caregiver Mental Health	40.5	39.8
Child Mental Health	32.6	28.0
Parenting Knowledge	29.7	27.7
Parenting Capacity	31.3	27.7
Domestic Violence	37.3	27.1
Housing	32.6	26.0
Homelessness	20.9	17.5
Child Substance Use	16.3	15.9

Chart 1. New Jersey and Middlesex County Needs by Domain, 2017



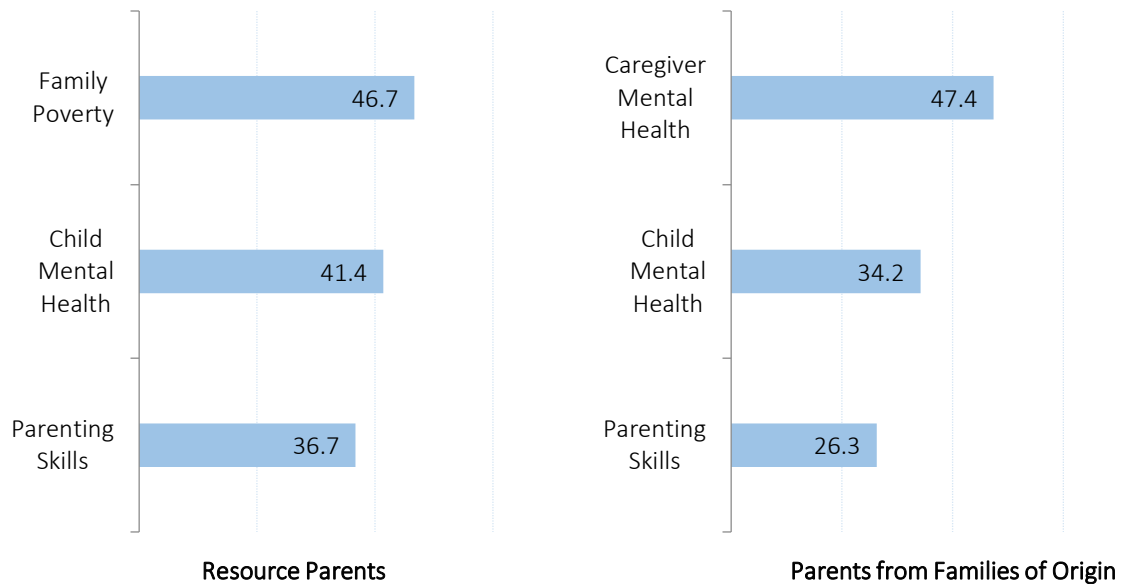
SERVICE USE Across most domains, resource parents reported more frequent service use when compared to the state with an exception in the domain of housing, which indicated more frequent use. Parents from families of origin reported lower frequency of service use with the exception of two domains, caregiver mental health and child mental health.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Caregivers of Origin	
	Middlesex County	New Jersey	Middlesex County	New Jersey
Caregiver Mental Health	20.0	10.2	47.4	45.3
Child Mental Health	41.4	37.0	34.2	26.1
Caregiver Substance Use	0.0	1.4	21.1	32.9
Child Substance Use	^a	5.0	^a	7.4
Domestic Violence	3.4	1.2	10.5	13.9
Family Poverty	46.7	32.5	7.9	16.9
Housing	10.0	17.1	10.5	12.6
Parenting Skills	36.7	25.5	26.3	33.3

^a Percentage not reported due to low response rate (≤10 responses provided)

Chart 2. Middlesex County: Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Monmouth County

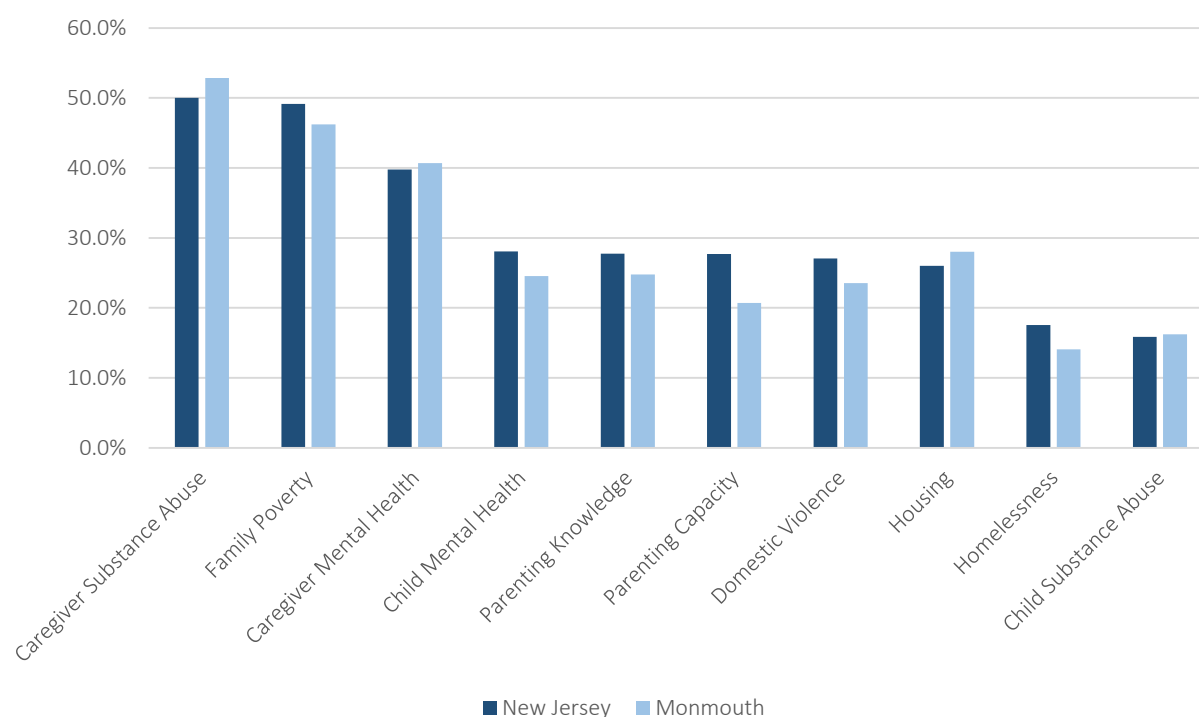
COUNTY REACH Monmouth County was home to 7% of New Jersey’s youth population (<18) in 2015. That same year, 6% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 1.7, lower than the state rate of 2.3.

NEEDS The distribution of child and family needs in Monmouth County is similar to the state’s as a whole.

Table 1. Percent of Families with Needs by Domain, from DCF Staff Survey, 2017

	Monmouth County	New Jersey
Caregiver Substance Abuse	52.9	50.0
Family Poverty	46.2	49.1
Caregiver Mental Health	40.7	39.8
Child Mental Health	24.5	28.0
Parenting Knowledge	24.8	27.7
Parenting Capacity	20.7	27.7
Domestic Violence	23.5	27.1
Housing	28.0	26.0
Homelessness	14.1	17.5
Child Substance Use	16.2	15.9

Chart 1. New Jersey and Monmouth County Needs by Domain, from Staff Survey, 2017



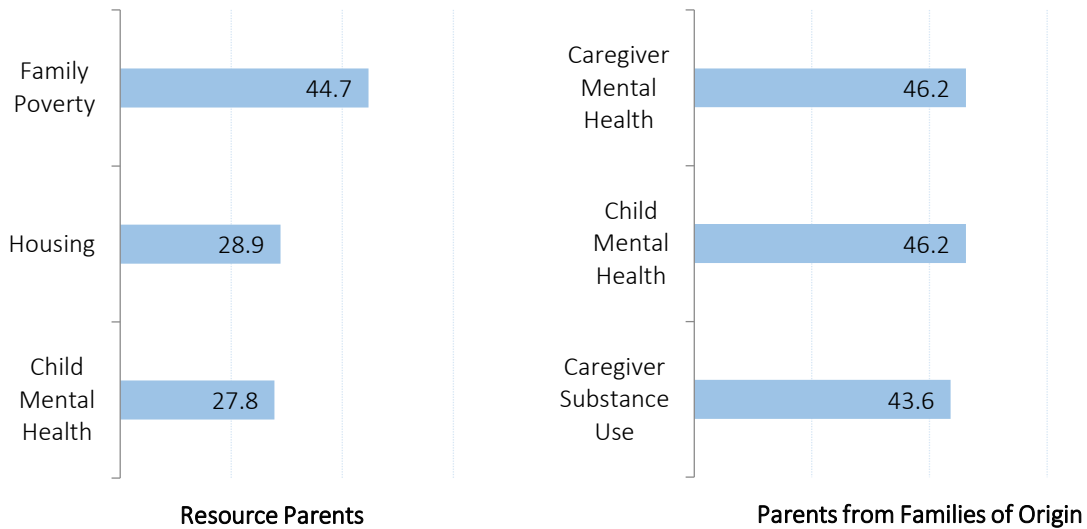
SERVICE USE among resource parents, the frequency of service utilization is lower or slightly lower than the state average across most domains with the exception of family poverty and housing, which are reported to be more frequently used. Parents from families of origin report generally similar service use when compared to the state with the exceptions of child mental health, caregiver substance use, and domestic violence which are reported to be used more frequently.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Monmouth County	New Jersey	Monmouth County	New Jersey
Caregiver Mental Health	7.9	10.2	46.2	45.3
Child Mental Health	27.8	37.0	46.2	26.1
Caregiver Substance Use	0.0	1.4	43.6	32.9
Child Substance Use	^a	5.0	^a	7.4
Domestic Violence	0.0	1.2	23.1	13.9
Family Poverty	44.7	32.5	15.4	16.9
Housing	28.9	17.1	7.7	12.6
Parenting Skills	15.8	25.5	30.8	33.3

^a Percentage not reported due to low response rate (≤10 responses provided)

Chart 2. Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Morris County

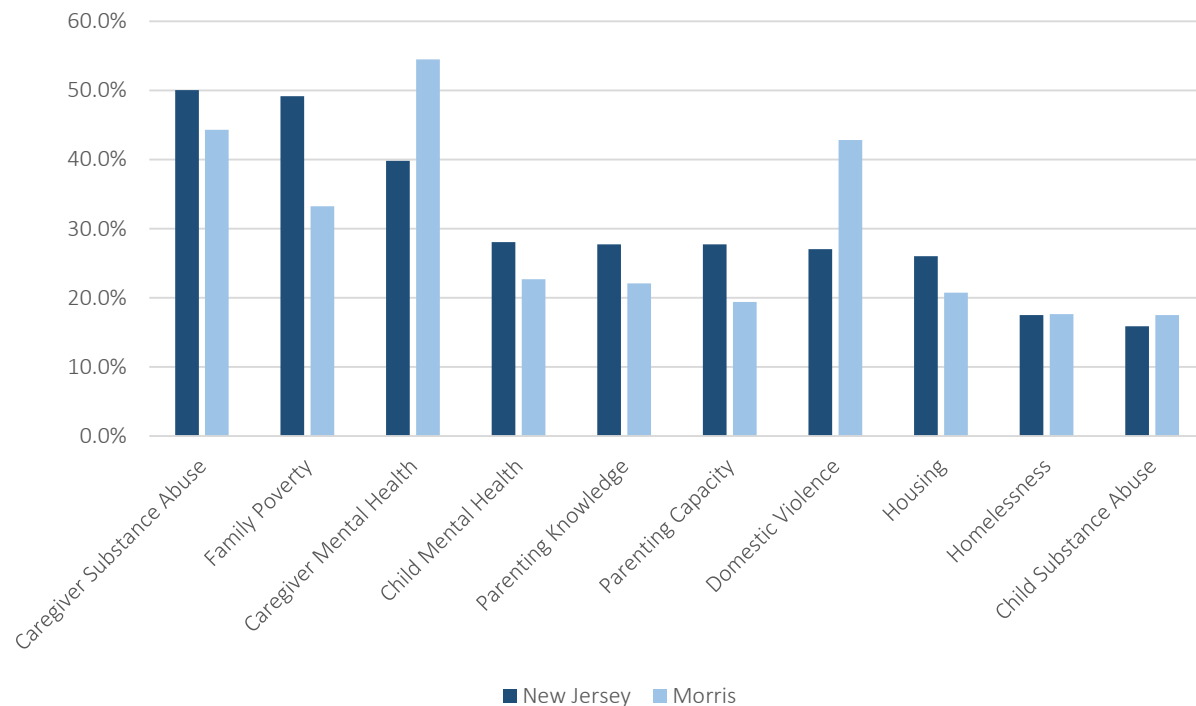
COUNTY REACH Morris County was home to 5% of New Jersey’s youth population (<18) in 2015. That same year, 4% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 0.8, lower than the state rate of 2.3.

NEEDS The distribution of child and family needs in Morris County is similar to the state’s as a whole with three exceptions. Morris County’s prevalence of reported needs in the domains of caregiver mental health and domestic violence are higher than the state’s. However, the County’s reported needs in the domain of family poverty are below the state’s average.

Table 1. Child and Family Needs by Domain, from DCF Staff Survey, 2017

	Morris County	New Jersey
Caregiver Substance Abuse	44.3	50.0
Family Poverty	33.3	49.1
Caregiver Mental Health	54.5	39.8
Child Mental Health	22.7	28.0
Parenting Knowledge	22.1	27.7
Parenting Capacity	19.4	27.7
Domestic Violence	42.8	27.1
Housing	20.7	26.0
Homelessness	17.6	17.5
Child Substance Use	17.5	15.9

Chart 1. New Jersey and Morris County Needs by Domain, from DCF Staff Survey 2017



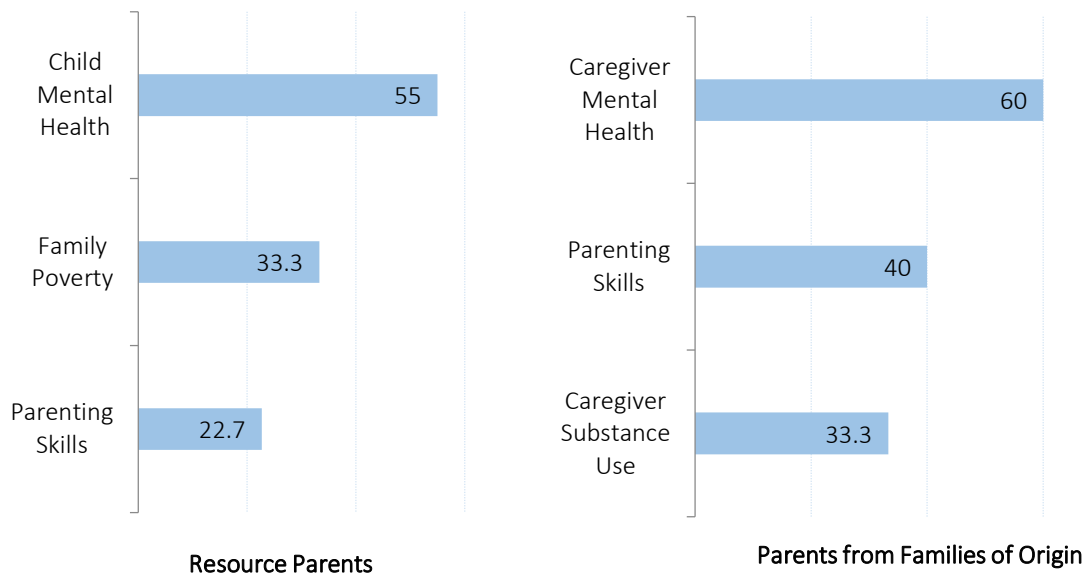
SERVICE USE Resource parents reported more frequent service use than the state in three domains including caregiver mental health, child mental health and caregiver substance use. Housing and parenting skills were slightly less frequently used when compared to the state average. Parents from families of origin's reported service use was similar to the state's as a whole with exceptions in three domains. Caregiver mental health and parenting skills were more frequently utilized services while housing was not utilized at all among respondents.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Morris County	New Jersey	Morris County	New Jersey
Caregiver Mental Health	15.0	10.2	60.0	45.3
Child Mental Health	55.0	37.0	26.7	26.1
Caregiver Substance Use	9.5	1.4	33.3	32.9
Child Substance Use	^a	5.0	^a	7.4
Domestic Violence	0.0	1.2	13.3	13.9
Family Poverty	33.3	32.5	13.3	16.9
Housing	13.6	17.1	0.0	12.6
Parenting Skills	22.7	25.5	40.0	33.3

^a Percentage not reported due to low response rate (≤10 responses provided)

Chart 2. Morris County: Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Ocean County

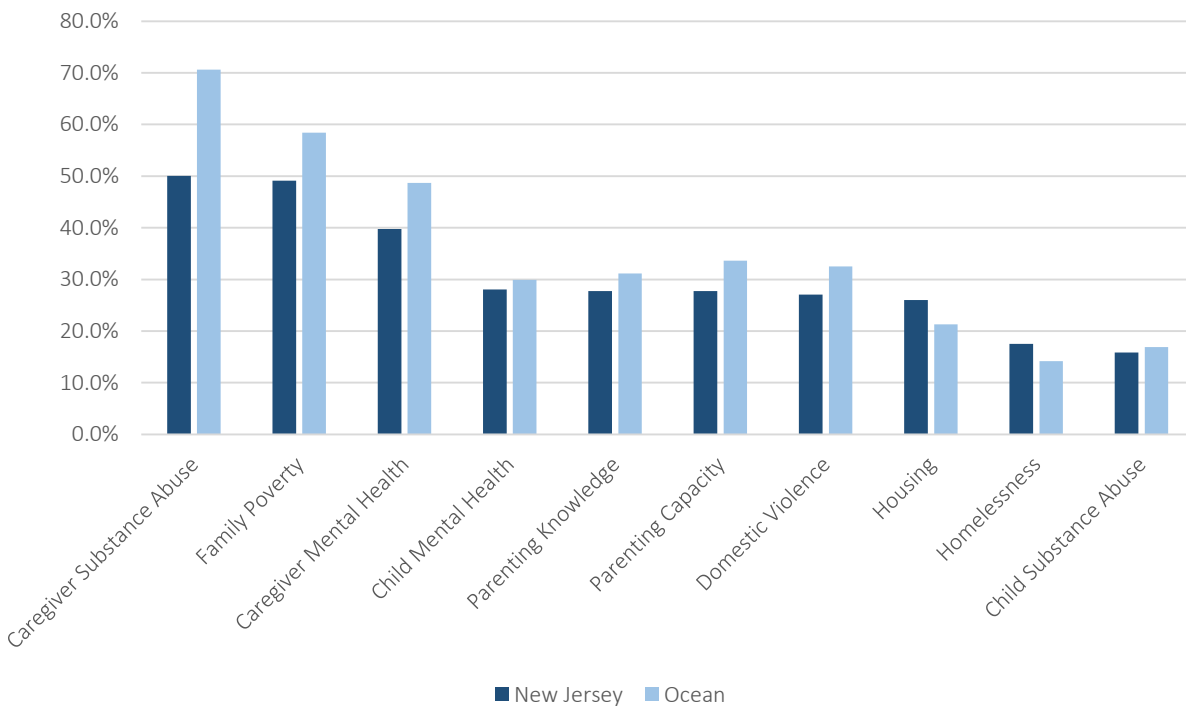
COUNTY REACH Ocean County was home to 7% of New Jersey’s youth population (<18) in 2015. That same year, 6% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 1.7, lower than the state rate of 2.3.

NEEDS Overall, the distribution of child and family needs in Ocean County is similar to the state’s. In three domains, caregiver mental health, caregiver substance use and family poverty, the prevalence of reported needs is higher than the state’s. In the domains of homelessness and housing, the prevalence of reported need is slightly below the state average.

Table 1. Child and Family Needs by Domain from DCF Staff Survey, 2017

	Ocean County	New Jersey
Caregiver Substance Abuse	70.6	50.0
Family Poverty	58.4	49.1
Caregiver Mental Health	48.7	39.8
Child Mental Health	29.9	28.0
Parenting Knowledge	31.1	27.7
Parenting Capacity	33.6	27.7
Domestic Violence	32.5	27.1
Housing	21.3	26.0
Homelessness	14.2	17.5
Child Substance Use	16.9	15.9

Table 2. New Jersey and Ocean County Needs by Domain, from Staff Survey, 2017



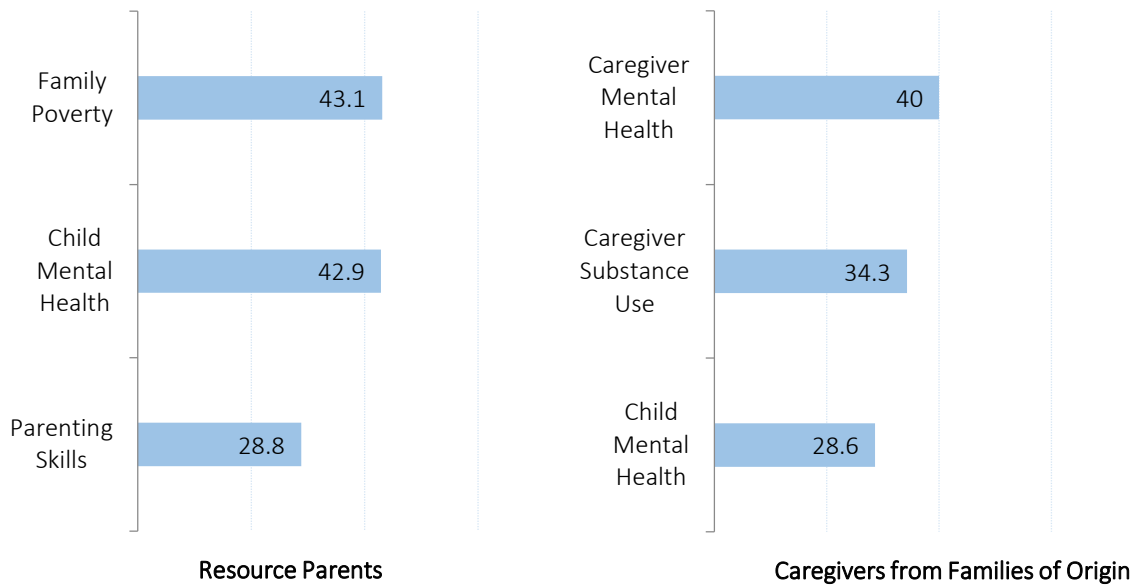
SERVICE USE The distribution of child and family service utilization in Ocean County is similar to the state’s as a whole, with minor exceptions. In the areas of family poverty and housing, Ocean County’s resource parents and parents from families of origin reported more frequent service use when compared to the state. Parents from families of origin also reported less frequent service use in the area of parenting skills when compared to the state.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Ocean County	New Jersey	Ocean County	New Jersey
Caregiver Mental Health	9.8	10.2	40.0	45.3
Child Mental Health	42.9	37.0	28.6	26.1
Caregiver Substance Use	0.0	1.4	34.3	32.9
Child Substance Use	^a	5.0	^a	7.4
Domestic Violence	2.0	1.2	17.1	13.9
Family Poverty	43.1	32.5	22.9	16.9
Housing	24.5	17.1	20.0	12.6
Parenting Skills	28.8	25.5	25.7	33.3

^a Percentage not reported due to low response rate (≤10 responses provided)

Chart 2. Ocean County: Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Passaic County

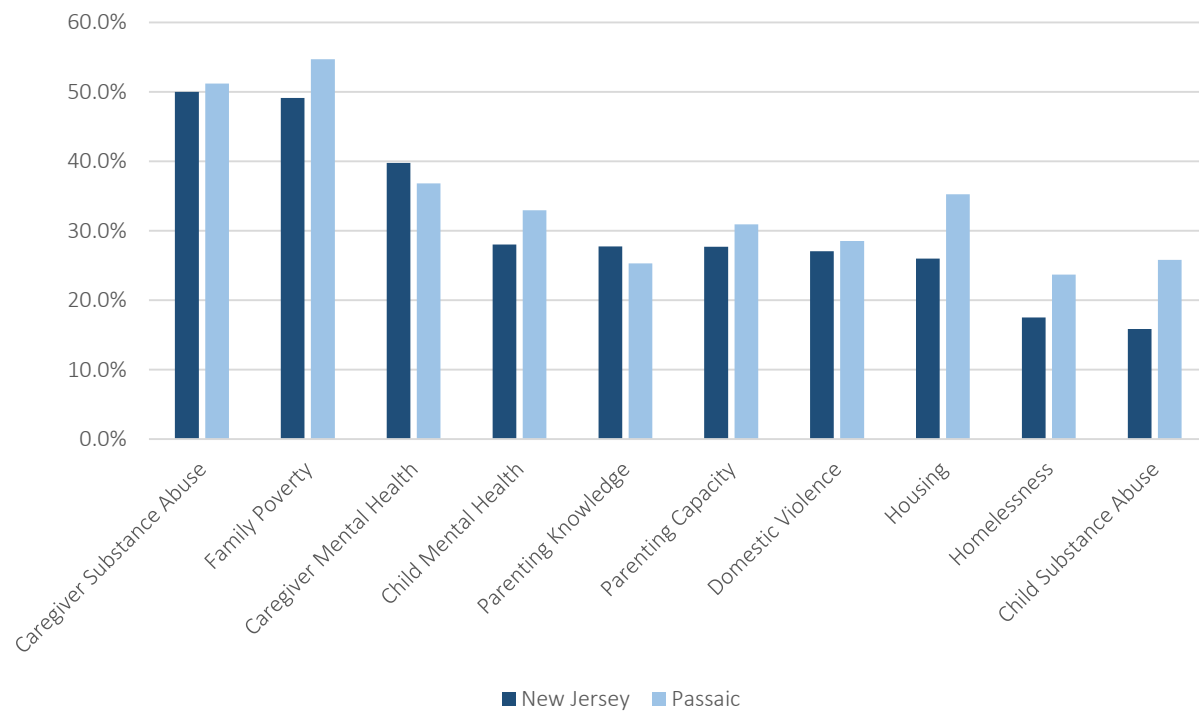
COUNTY REACH Passaic County was home to 6% of New Jersey’s youth population (<18) in 2015. That same year, 7% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 1.8, lower than the state rate of 2.3.

NEEDS The distribution of child and family needs in Passaic County is similar to the state’s as a whole. In two domains, child substance use and housing, Passaic County’s prevalence of reported need is higher than the state’s average.

Table 1. Percent of Families with Needs by Domain from DCF Staff Survey, 2017

	Passaic County	New Jersey
Caregiver Substance Abuse	51.2	50.0
Family Poverty	49.1	49.1
Caregiver Mental Health	39.8	39.8
Child Mental Health	28.0	28.0
Parenting Knowledge	27.7	27.7
Parenting Capacity	27.7	27.7
Domestic Violence	27.1	27.1
Housing	26.0	26.0
Homelessness	17.5	17.5
Child Substance Use	15.9	15.9

Chart 1. New Jersey and Passaic County Needs by Domain, 2017



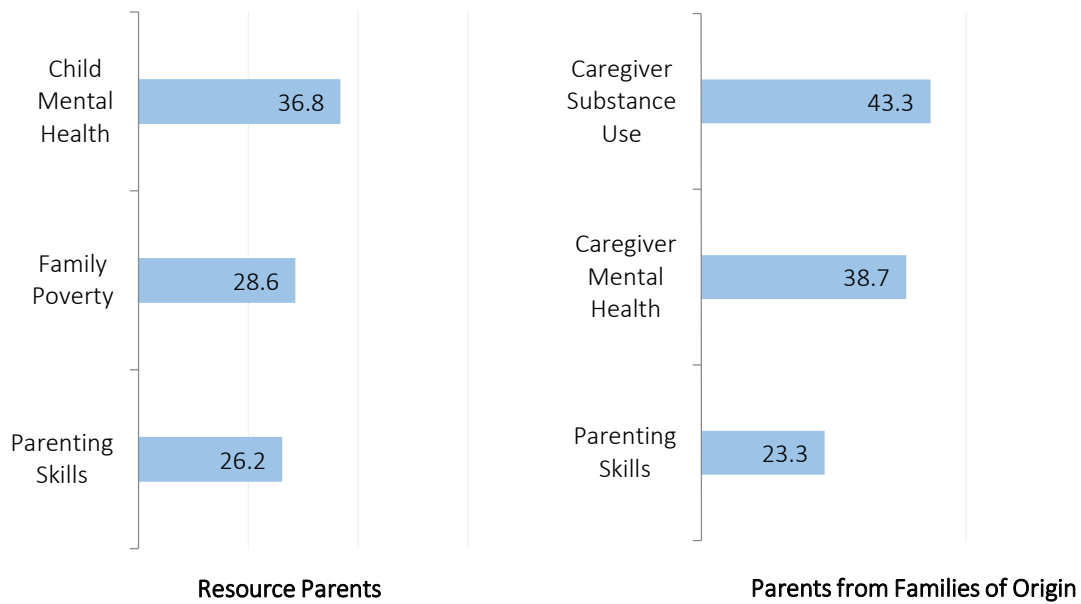
SERVICE USE The distribution of child and family service utilization in Passaic County is similar to the state’s as a whole, with minor exceptions. In the area of caregiver mental health, Passaic county resource parents reported less frequent service usage when compared to the state of New Jersey. There was more variation among parents from families of origin when compared to the state. For example, in caregiver mental health and caregiver substance use, reported service use was more frequent than the state average. Service use was less frequent than the state average in the area of parenting skills.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Passaic County	New Jersey	Passaic County	New Jersey
Caregiver Mental Health	2.4	10.2	38.7	45.3
Child Mental Health	36.8	37.0	13.3	26.1
Caregiver Substance Use	2.4	1.4	43.3	32.9
Child Substance Use	^a	5.0	^a	7.4
Domestic Violence	0.0	1.2	12.9	13.9
Family Poverty	28.6	32.5	10.0	16.9
Housing	14.3	17.1	12.9	12.6
Parenting Skills	26.2	25.5	23.3	33.3

^a Percentage not reported due to low response rate (≤10 responses provided)

Chart 2. Passaic County: Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Salem County

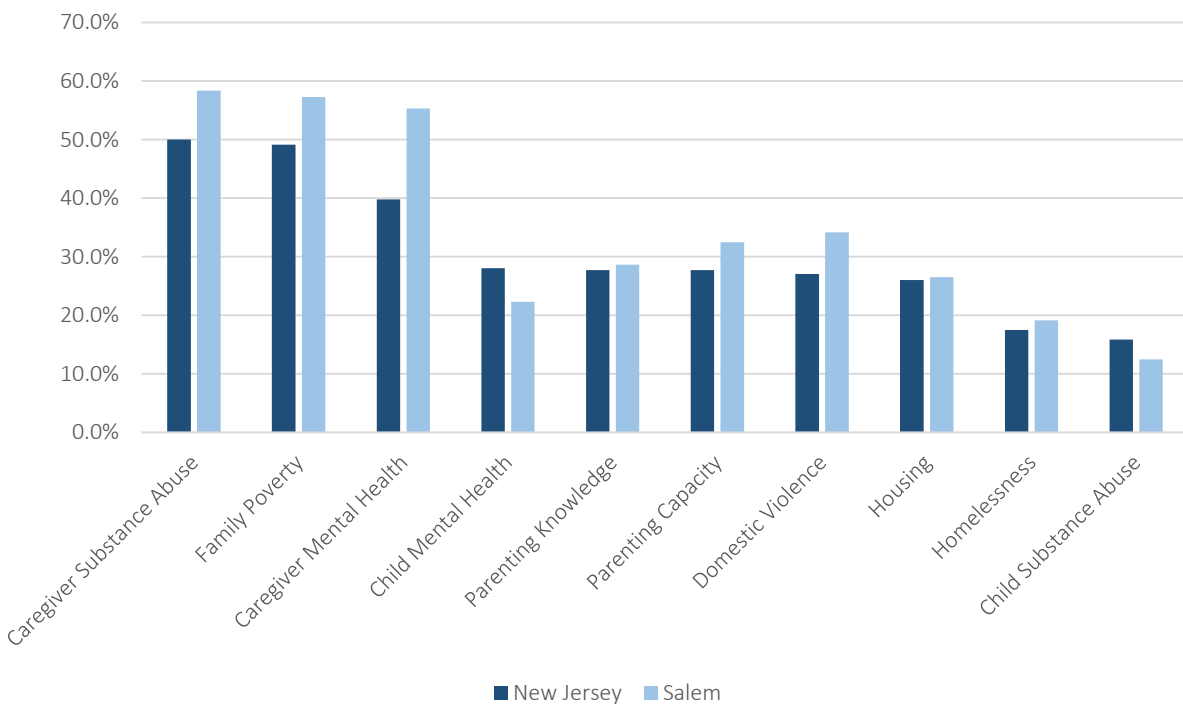
COUNTY REACH Salem County was home to 1% of New Jersey’s youth population (<18) in 2015. That same year, 1% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 4.8, higher than the state rate of 2.3.

NEEDS The distribution of child and family needs is slightly higher or higher to the state’s as a whole with minor exceptions. In the domains of child mental health and child substance use, Salem County’s reported prevalence is slightly below the state average.

Table 1. Percent of Families with Needs by Domain, from DCF Staff Survey, 2017

	Salem County	New Jersey
Caregiver Substance Abuse	58.4	50.0
Family Poverty	57.3	49.1
Caregiver Mental Health	55.3	39.8
Child Mental Health	22.3	28.0
Parenting Knowledge	28.7	27.7
Parenting Capacity	32.5	27.7
Domestic Violence	34.2	27.1
Housing	26.5	26.0
Homelessness	19.2	17.5
Child Substance Use	12.5	15.9

Chart 1. New Jersey and Salem County Needs by Domain, 2017



SERVICE USE With only seven Caregivers of Origin reporting service use, and only 14 Resource Parents provided the responses used to generate percentages in the table below; these numbers should be interpreted cautiously. Among parents from of Origin, service utilization seems to align with the state average with the exception of two domains. Caregiver Mental Health services were reported to be used more frequently when compared to the state while Family Poverty services seem to have been unused among this group.

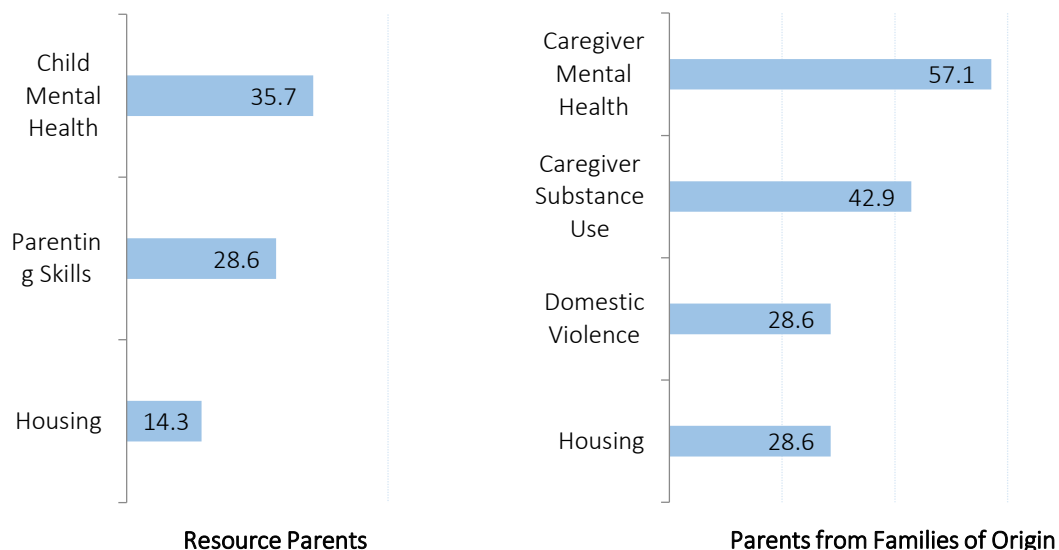
Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin ¹	
	Salem County	New Jersey	Salem County	New Jersey
Caregiver Mental Health	0.0	10.2	57.1	45.3
Child Mental Health	35.7	37.0	14.3	26.1
Caregiver Substance Use	0.0	1.4	42.9	32.9
Child Substance Use	^a	5.0	0.0	7.4
Domestic Violence	0.0	1.2	28.6	13.9
Family Poverty	0.0	32.5	0.0	16.9
Housing	14.3	17.1	28.6	12.6
Parenting Skills	28.6	25.5	14.3	33.3

^a Percentage not reported due to low response rate (≤ 10 responses provided)

¹ Parents from Families of Origin percentages were calculated from 7 responses

Chart 2. Salem County: Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Somerset County

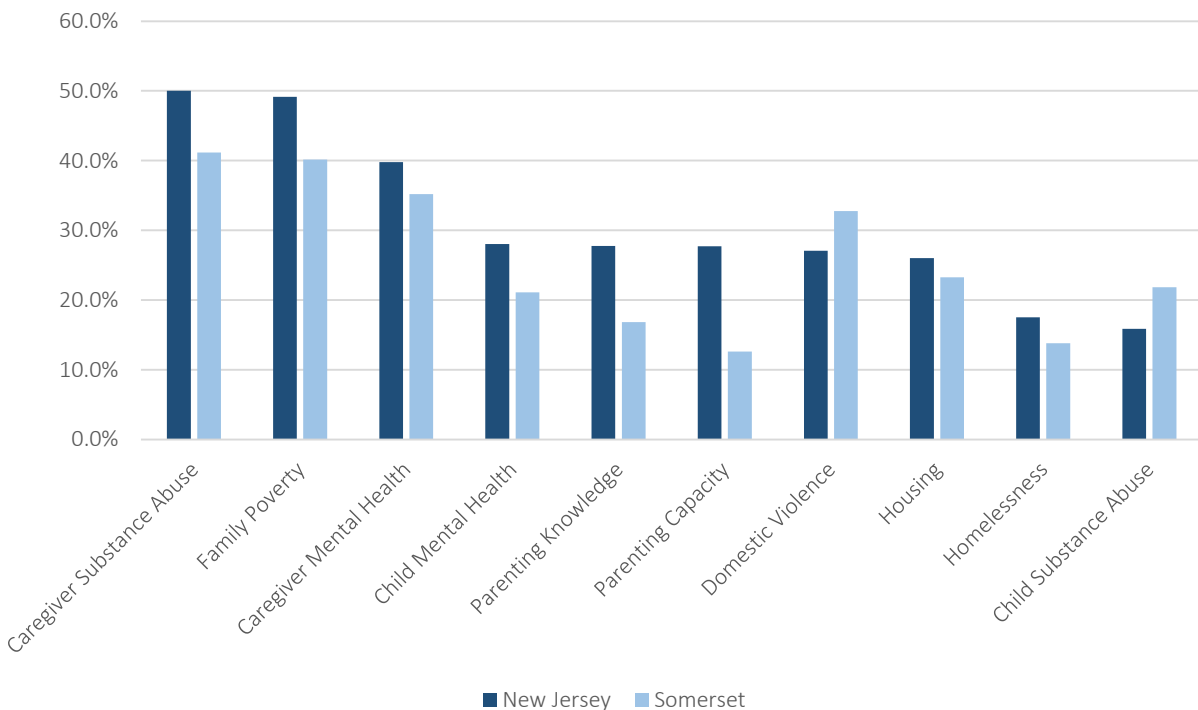
COUNTY REACH Somerset County was home to 4% of New Jersey’s youth population (<18) in 2015. That same year, 2% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 1.3, lower than the state rate of 2.3.

NEEDS The distribution of child and family needs in Somerset County is similar to the state’s as a whole. The prevalence of reported needs by domain are below or slightly below the state average with minor exceptions. In the domains of child substance use and domestic violence, Somerset County’s percentage of reported needs are slightly higher than the state’s.

Table 1. Percent of Families with Needs by Domain, from DCF Staff Survey, 2017

	Somerset County	New Jersey
Caregiver Substance Abuse	41.1	50.0
Family Poverty	40.2	49.1
Caregiver Mental Health	35.2	39.8
Child Mental Health	21.1	28.0
Parenting Knowledge	16.8	27.7
Parenting Capacity	12.6	27.7
Domestic Violence	32.8	27.1
Housing	23.3	26.0
Homelessness	13.8	17.5
Child Substance Use	21.8	15.9

Chart 1. New Jersey and Somerset County Needs by Domain, from DCF Staff Survey 2017



SERVICE USE In general, resource parent service utilization aligns with the state’s distribution across domains with the exception of two domains. Caregiver mental health and parenting skills frequencies indicate more frequent service use when compared to the state. Ten parents from families of origin provided the responses used to generate percentages and should be interpreted cautiously. Across most domains, parents from families of origin report more similar or more frequent service use when compared to the state average.

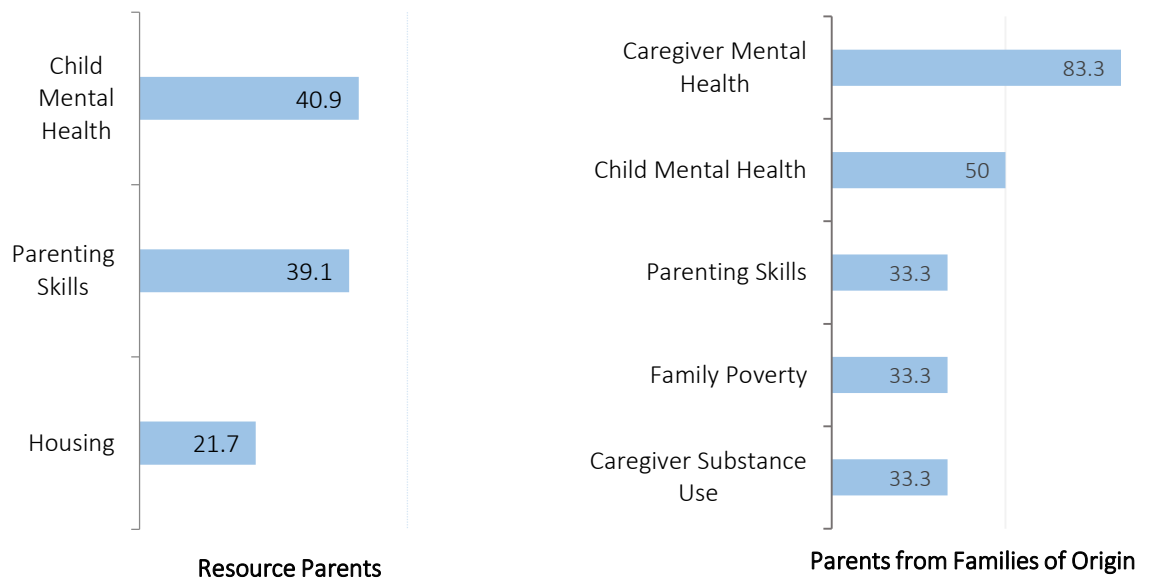
Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin ¹	
	Somerset County	New Jersey	Somerset County	New Jersey
Caregiver Mental Health	17.4	10.2	83.3	45.3
Child Mental Health	40.9	37.0	50.0	26.1
Caregiver Substance Use	0.0	1.4	33.3	32.9
Child Substance Use	^a	5.0	^a	7.4
Domestic Violence	0.0	1.2	16.7	13.9
Family Poverty	17.4	32.5	33.3	16.9
Housing	21.7	17.1	16.7	12.6
Parenting Skills	39.1	25.5	33.3	33.3

^a Percentage not reported because <10 responses were provided

¹ Parents from Families of Origin percentages were calculated from 10 surveys and should be interpreted with caution.

Chart 2. Somerset County: Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Sussex County

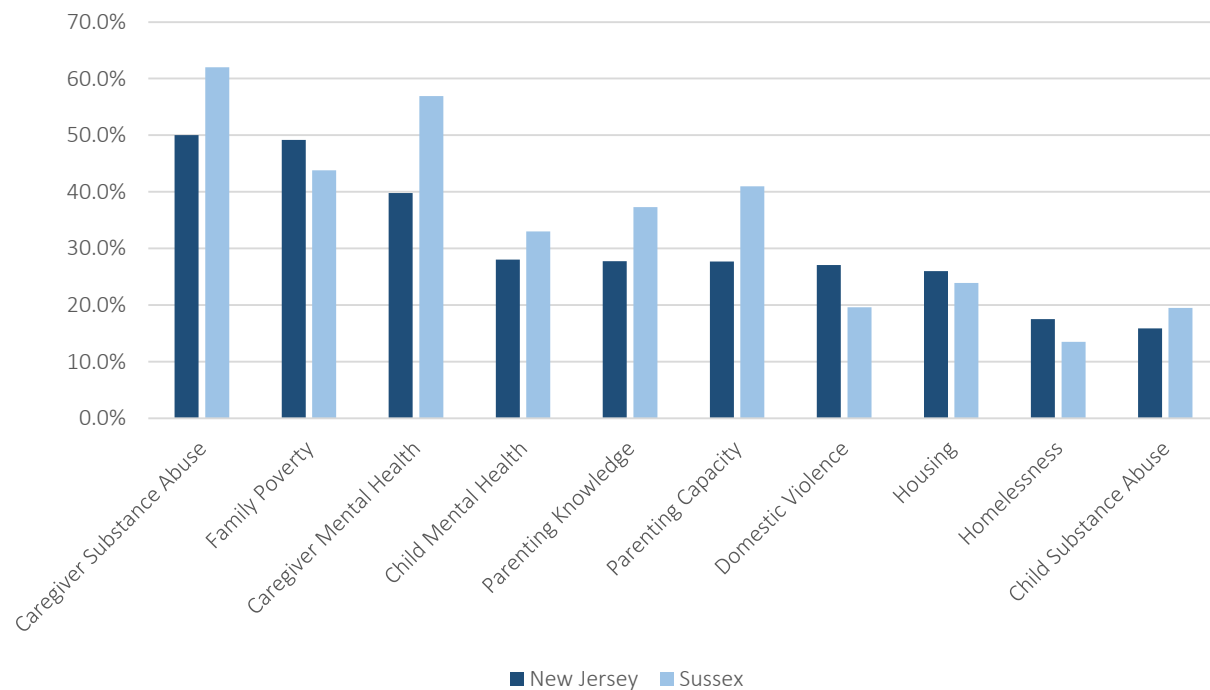
COUNTY REACH Sussex County was home to 2% of New Jersey’s youth population (<18) in 2015. That same year, 2% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 1.2, lower than the state rate of 2.3.

NEEDS The distribution of child and family needs in Sussex County is similar to the state’s as a whole. The County’s reported needs fall both above and below the state average. Sussex County’s needs are slightly higher or higher in the domains of caregiver mental health, child mental health, caregiver substance use, and child substance use. Conversely, Sussex County’s needs are slightly lower or lower in the domains of domestic violence, family poverty, homelessness and housing.

Table 1. Percent of Families with Needs by Domain, from DCF Staff Survey, 2017

	Sussex County	New Jersey
Caregiver Substance Abuse	62.0	50.0
Family Poverty	43.8	49.1
Caregiver Mental Health	56.9	39.8
Child Mental Health	33.0	28.0
Parenting Knowledge	37.3	27.7
Parenting Capacity	41.0	27.7
Domestic Violence	19.6	27.1
Housing	23.9	26.0
Homelessness	13.5	17.5
Child Substance Use	19.5	15.9

Chart 1. New Jersey and Sussex County Needs by Domain, from DCF Staff Survey, 2017



SERVICE USE With only six parents from families of origin reporting service use, the percentages generated are not likely to be accurate and are therefore not interpreted in this narrative. Only twelve Resource Parents provided the responses used to generate percentages and should be interpreted cautiously. Service use among resource parents was less than the state average in housing and parenting skills but may have been higher than the state average in family poverty.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

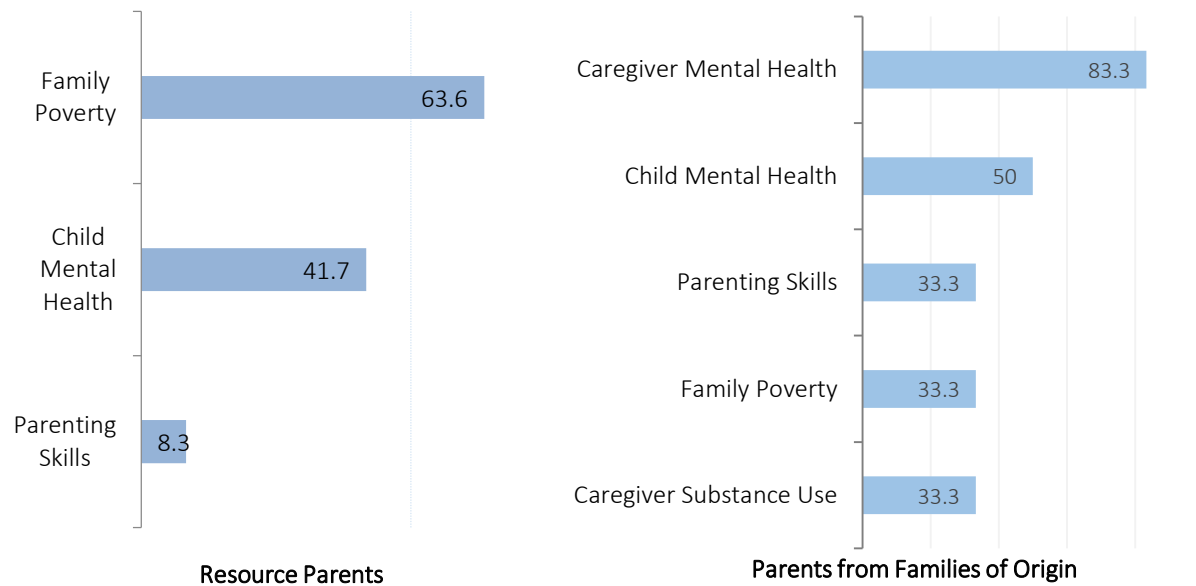
	Resource Parents		Caregivers of Origin	
	Sussex County ¹	New Jersey	Sussex County ²	New Jersey
Caregiver Mental Health	0.0	10.2	83.3	45.3
Child Mental Health	41.7	37.0	50.0	26.1
Caregiver Substance Use	0.0	1.4	33.3	32.9
Child Substance Use	--	5.0	^a	7.4
Domestic Violence	^a	1.2	16.7	13.9
Family Poverty	63.6	32.5	33.3	16.9
Housing	0.0	17.1	16.7	12.6
Parenting Skills	8.3	25.5	33.3	33.3

^a Percentage not reported because ≤2 responses were provided

¹ Resource parent percentages were calculated from 12 survey responses

² Caregivers of Origin percentages were calculated from 6 survey responses

Chart 2. Sussex County: Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Union County

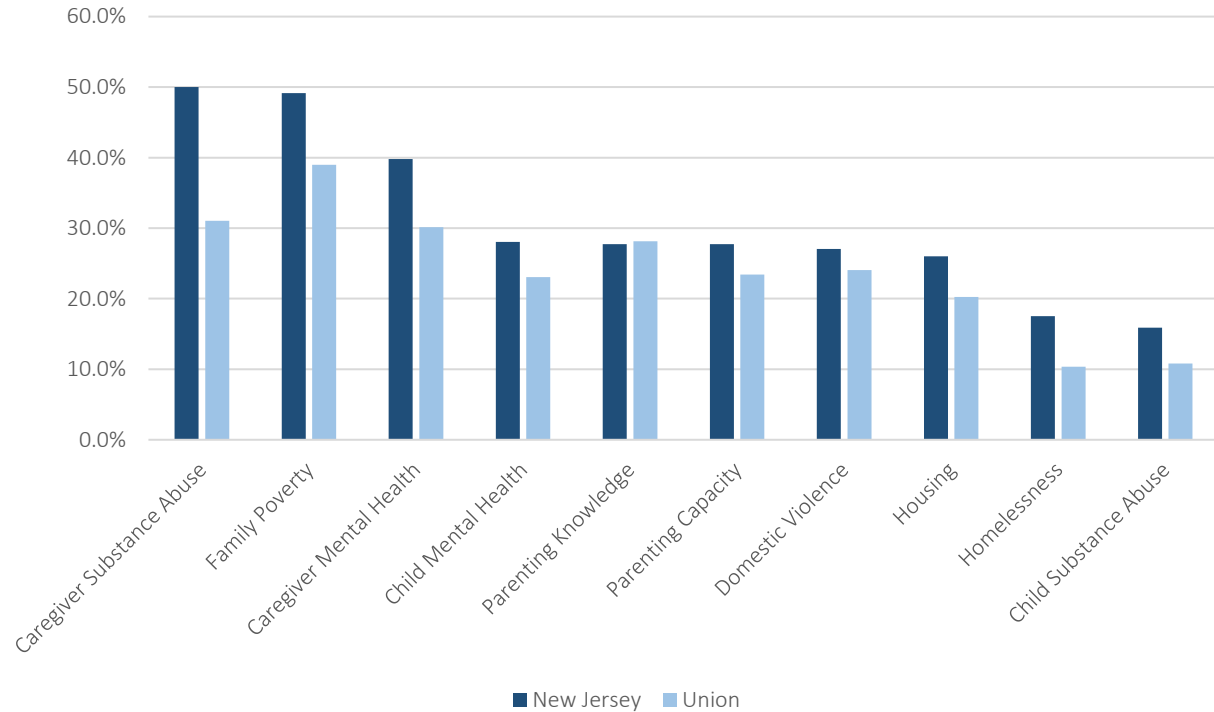
COUNTY REACH Union County was home to 7% of New Jersey’s youth population (<18) in 2015. That same year, 5% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 1.5, lower than the state rate of 2.3.

NEEDS The distribution of child and family needs is similar to the state’s although the percentage of reported needs were lower than the state average.

Table 1. Percent of Families with Needs by Domain, from DCF Staff Survey, 2017

	Union County	New Jersey
Caregiver Substance Abuse	31.1	50.0
Family Poverty	39.0	49.1
Caregiver Mental Health	30.1	39.8
Child Mental Health	23.0	28.0
Parenting Knowledge	28.1	27.7
Parenting Capacity	23.4	27.7
Domestic Violence	24.1	27.1
Housing	20.2	26.0
Homelessness	10.3	17.5
Child Substance Use	10.8	15.9

Chart 1. New Jersey and Union County Needs by Domain, from DCF Staff Survey, 2017



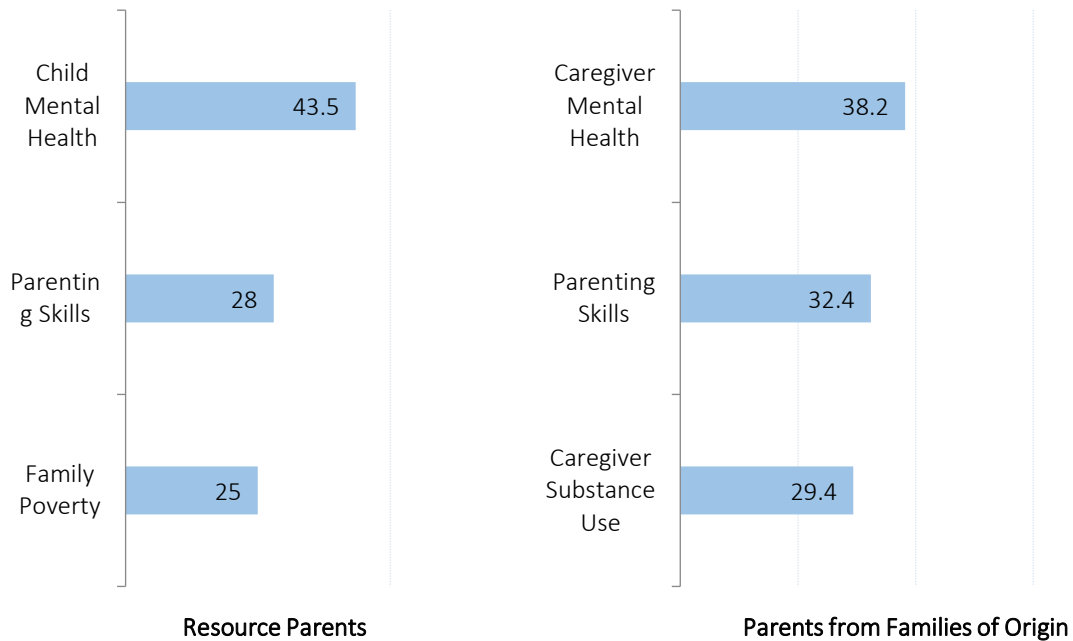
SERVICE USE Among Resource Parents the distribution of child and family service utilization in Union County was similar to the state’s as a whole, with minor exceptions. Resource parents reported slightly more frequent use of caregiver mental health and child mental health services and slightly less frequent use of family poverty and housing services. Parents from families of origin reported slightly less frequent use of caregiver mental health, child mental health and domestic violence services when compared to the state.

Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Union County	New Jersey	Union County	New Jersey
Caregiver Mental Health	16.0	10.2	38.2	45.3
Child Mental Health	43.5	37.0	11.8	26.1
Caregiver Substance Use	0.0	1.4	29.4	32.9
Child Substance Use	^a	5.0	^a	7.4
Domestic Violence	0.0	1.2	5.9	13.9
Family Poverty	25.0	32.5	20.6	16.9
Housing	12.0	17.1	11.8	12.6
Parenting Skills	28.0	25.5	32.4	33.3

^a Percentage not provided due to low question response rate (≤10 responses)

Chart 2. Union County: Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Warren County

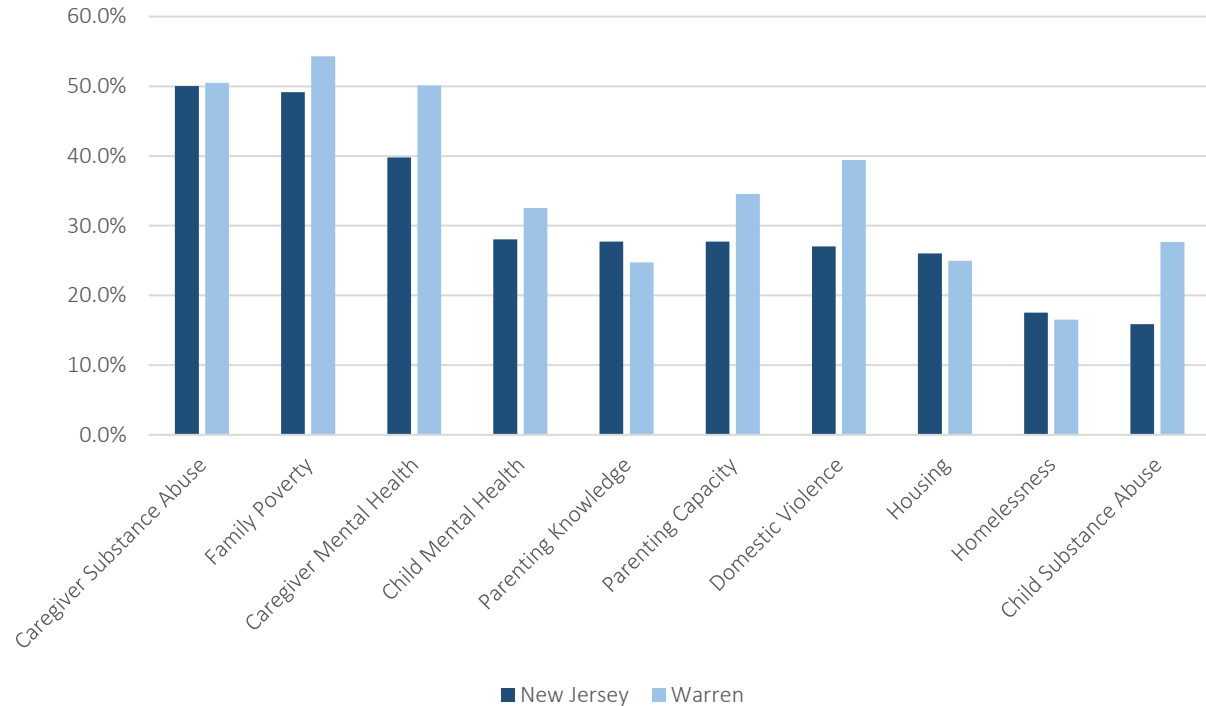
COUNTY REACH Warren County was home to 1% of New Jersey’s youth population (<18) in 2015. That same year, 2% of the state’s hotline referrals were initiated here, and the out-of-home placement rate per 1,000 children was 2.7, close to the state rate of 2.3.

NEEDS The distribution of child and family needs in Warren County is similar to the state’s as a whole. In most domains, Warren County’s reported needs are slightly higher or higher than the state’s.

Table 1. Percent of Families with Needs by Domain, from DCF Staff Survey, 2017

	Warren County	New Jersey
Caregiver Substance Abuse	50.5	50.0
Family Poverty	54.3	49.1
Caregiver Mental Health	50.1	39.8
Child Mental Health	32.5	28.0
Parenting Knowledge	24.8	27.7
Parenting Capacity	34.5	27.7
Domestic Violence	39.4	27.1
Housing	24.9	26.0
Homelessness	16.5	17.5
Child Substance Use	27.7	15.9

Chart 1. New Jersey and Warren County Needs by Domain, from DCF Staff Survey 2017



SERVICE USE Across most domains, resource parents reported service utilization aligns with the state average. However, service use is more frequent in the domains of child mental health and family poverty and less frequent in the caregiver mental health domain when compared to the state. Parents from families of origin percentages were generated from eleven responses and should be interpreted with caution. In most domains, it appears that caregivers of origin use services at a slightly higher frequency than the state with the exception of two domains, caregiver substance use and domestic violence, both of which appear to be less frequently used when compared to the state.

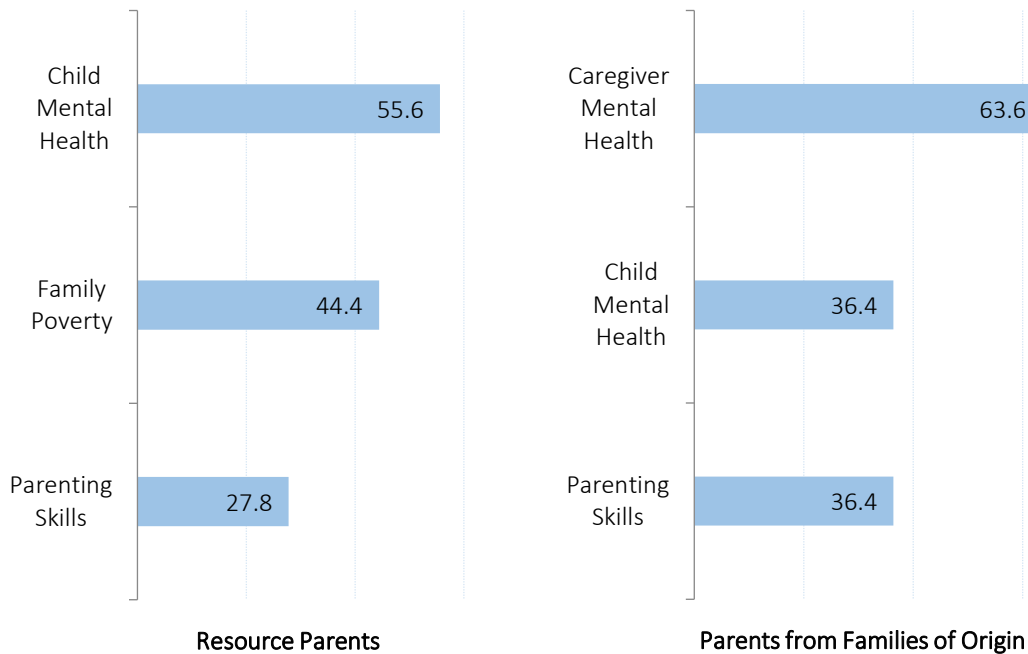
Table 2. Percent of Families Using Services by Domain, from Surveys of Resource Parents and Parents from Families of Origin, 2017

	Resource Parents		Parents from Families of Origin	
	Warren County	New Jersey	Warren County ¹	New Jersey
Caregiver Mental Health	5.6	10.2	63.6	45.3
Child Mental Health	55.6	37.0	36.4	26.1
Caregiver Substance Use	0.0	1.4	18.2	32.9
Child Substance Use	--	5.0	^a	7.4
Domestic Violence	0.0	1.2	9.1	13.9
Family Poverty	44.4	32.5	27.3	16.9
Housing	16.7	17.1	18.2	12.6
Parenting Skills	27.8	25.5	36.4	33.3

^a Percentages not reported due to low question response rate (<2 responses)

¹ Parents from Families of Origin percentages were calculated from 11 survey responses and should be interpreted with caution

Chart 2. Warren County: Most Frequently Used Child and Family Services by % and Caregiver Type, 2017



Appendix D: Survey Instruments

The survey instruments are provided as a reference. Any use of these instruments or original questions contained therein must be attributed to the Child Welfare and Well-Being Research Unit at Rutgers University School of Social Work. Many of the items included in these surveys were drawn from other questionnaires or instruments. Original citations are provided throughout, where appropriate.

Appendix D.1. Division of Child Protection and Permanency: Staff Survey

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Note: Items from the *Needs Assessment: Needs and Services* section will inform the DCF Needs Assessment. Other data collected will be used in ongoing child welfare research activities conducted by the Child Welfare and Well-Being Unit at Rutgers University School of Social Work.

Any use of this instrument or original questions contained therein must be attributed to the Child Welfare and Well-Being Research Unit at Rutgers University School of Social Work. Many of the items included in this survey were drawn from other questionnaires or instruments. Original citations are provided throughout, where appropriate.

Administration: online

Estimated time for completion: approx. 30 minutes

Informed Consent

Welcome to the 2017 survey of CP&P Staff. This survey is being conducted to support the Department's assessment of families' needs and the services available to meet them. The Child Welfare and Well-Being Research Unit at Rutgers University School of Social Work is administering this survey.

Over the course of this survey you will be asked general questions about the families served by CP&P. You will not be asked for any identifying information about clients. The survey also includes questions about your experience working in New Jersey's child welfare system.

The 10 local offices with the highest response rate will each receive [\$200 in books and toys for their family visitation rooms/a new Keurig coffee machine with a starter pack of K-cups].

The survey is **completely voluntary**. You are not required to take this survey, and you may stop at any time.

We expect the survey to take you approximately **30 minutes**. If you do not finish the survey in one sitting, your answers will be saved and you may return at any time before the survey period ends.

Confidentiality: Your participation in this survey and all of your responses are **confidential**. Confidential means research records will include some information about you and this information will be stored in such a way that a linkage between your identity and your survey responses will exist. This is to ensure that each respondent only completes the survey one time. No identifying information about you will be shared with CP&P or any other audience in any form.

Data Security: Information will be kept at Rutgers University according to strict security protocols. Individual access to the data will be limited to a select group of staff of the Child Welfare and Well-Being Research Unit.

If you have any questions about this survey, you may contact the Principal Investigator, Michael J. MacKenzie, Ph.D. (Rutgers University School of Social Work) at michael.mackenzie@rutgers.edu.

YOUR INFORMED CONSENT IS REQUIRED TO PROCEED TO THE SURVEY.

Please click the appropriate box to provide your informed consent:

- I consent to participating in the 2017 survey of CP&P Staff.
- I do not wish to participate in this survey. *Skip to: End of Survey*

Introductory Questions

1. In what YEAR did you begin working for DCF? [Drop-down list]

2. In what MONTH of that year did you begin working for DCF? [Drop-down list]

3. What is your job title?
 - Intake Worker
 - Permanency Worker (Also includes Adolescent Worker)
 - Resource Development Specialist
 - Other (Include Adoption Worker) *Skip to: Question 5*

4. How long have you been in your current role at CP&P?
 - Less than 6 months *Continue to next section*
 - 6 months to less than 1 year *Continue to next section*
 - 1-2 years *Continue to next section*
 - 3-4 years *Continue to next section*
 - 5-10 years *Continue to next section*
 - More than 10 years *Continue to next section*

5. We understand your position may have changed recently. In the last six months, have you held one of the following positions?
 - Yes, Intake Worker
 - Yes, Permanency Worker
 - Yes, Resource Development Specialist
 - No *Skip to: End of Survey*

6. How long were you in that role at CP&P?
 - Less than 6 months
 - 6 months to less than 1 year
 - 1-2 years
 - 3-4 years
 - 5-10 years
 - More than 10 years

Needs Assessment: Needs and Services

On the next few pages we will ask you about the range of needs that families involved with CP&P may have and the services that are available to meet those needs. Some of these services may be provided through DCF and others may be community-based.

When answering these questions, think about all the families [that have been on your caseload/that your office has served] **over the last 30 days**.

When asked what percent of families [on your caseload/served by your local office(s)] had certain needs, we are just looking for you to give your **best estimate**.

Housing and Homelessness

1. **Over the last 30 days**, what percent of families [on your caseload/served by your local office(s)] were experiencing **HOMELESSNESS**, such as living in a shelter or on the street, or in a motel or couch-surfing or doubling up in someone else's home?



2. **Over the last 30 days**, what percent of families [on your caseload/served by your local office(s)] had other **HOUSING** needs, like needing help with rent, not having a stable place to live, or living in unsafe housing? *If 0% on questions 1 and 2, this section, skip to: Question 4, this section.*



3. Using the scale provided, indicate the extent to which you agree or disagree with each statement about **HOUSING** services for families [on your caseload/served by your local office(s)] in the past 30 days.

In the past 30 days...	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (no clients in need of this service)
a. There were enough supportive housing services to meet families' needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Supportive housing services were available when families needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Supportive housing services were conveniently located for families who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d. Security deposits were available for all of the families who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Emergency assistance (for paying a bill, paying rent, etc.) was available for all of the families that needed it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Families [on my caseload/served by my local office(s)] who needed housing services typically qualified (met eligibility criteria) for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. It was difficult to coordinate with providers delivering housing services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

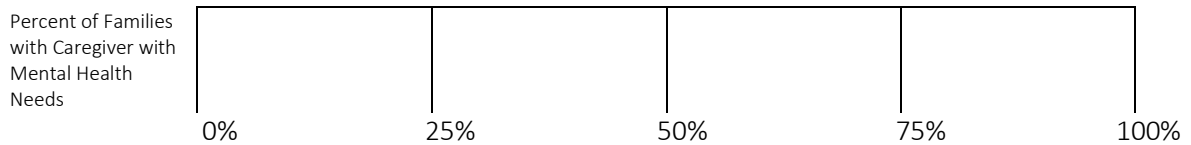
In the past 30 days...	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (no clients in need of this service)
h. Security deposits were available for all of the youth who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Emergency assistance (for paying a bill, paying rent, etc.) was available for all of the youth that needed it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. There were enough youth supported housing services to meet youth's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Youth supported housing services were available to youth when they needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Youth supported housing services were conveniently located for youth who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Youth [on my caseload/served by my local office(s)] who needed housing services typically qualified (met eligibility criteria) for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. It was difficult to coordinate with providers delivering housing services for youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What is the biggest challenge families with **HOUSING** needs have in accessing services to meet those needs? [FIELD]

5. In your opinion, what services or activities have been most effective for meeting the **HOUSING**-related needs of families [on your caseload/served by our local office(s)]? [FIELD]

Caregiver Mental Health

1. **Over the last 30 days**, what percent of families [on your caseload/served by your local office(s)] involved a **CAREGIVER WITH MENTAL HEALTH** needs? This could include a caregiver needing inpatient or outpatient evaluation, therapeutic services, or medication monitoring. *If 0% on question 1, this section, skip to: Question 3, this section.*



2. Using the scale provided, indicate the extent to which you agree or disagree with each statement about services for **CAREGIVER MENTAL HEALTH** needs for families [on your caseload/served by your local office(s)] in the past month.

In the past 30 days...	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (no clients in need of this service)
a. Psychological evaluations were available for caregivers when they needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The psychological evaluations caregivers received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Providers delivering psychological evaluations were conveniently located for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Psychiatric mental health evaluations were available for caregivers when they needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The psychiatric mental health evaluations caregivers received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Providers delivering psychiatric mental health evaluations were conveniently located for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Outpatient therapy was available for caregivers when they needed it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Outpatient therapy caregivers received was of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Outpatient therapy providers were conveniently located for the caregivers who needed them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Inpatient therapy was available for caregivers when they needed it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Inpatient therapy that caregivers received was of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

l. Inpatient therapy services were conveniently located for the caregivers that needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Partial care/hospitalization services were available when caregivers needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Partial care/hospitalization services that caregivers received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Partial care/hospitalization providers were conveniently located for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Medication monitoring services were available for caregivers when they needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. The medication monitoring services that caregivers received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Providers delivering medication monitoring services were conveniently located for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Caregivers [on my caseload/served by my local office(s)] who needed mental health services typically qualified (met eligibility criteria) for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. It was difficult to coordinate with providers delivering mental health services for caregivers .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What is the biggest challenge families with **CAREGIVER MENTAL HEALTH** needs have in accessing services to meet those needs? [FIELD]
4. In your opinion, what services or activities have been most effective for meeting the needs related to **CAREGIVER MENTAL HEALTH** of families [on your caseload/served by our local office(s)]?

Domestic Violence

1. **Over the last 30 days**, what percent of families [on your caseload/served by your local office(s)] were experiencing **DOMESTIC VIOLENCE**? This can include physical, emotional, sexual, or financial abuse or coercion. *If 0% on question 1, this section, skip to: Question 3, this section.*



2. Using the scale provided, indicate the extent to which you agree or disagree with each statement about services for **DOMESTIC VIOLENCE** in the past 30 days.

In the past 30 days...	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (no clients in need of this service)
a. Therapeutic services were available for children and youth when they needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Therapeutic services that children and youth received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Providers of therapeutic services for children and youth were conveniently located for the families who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Therapeutic services were available for victims of domestic violence when they needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Therapeutic services that victims of domestic violence received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Providers of therapeutic services for victims of domestic violence were conveniently located for the families who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Batterers intervention services were available for families who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Batterers intervention services were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Batterers intervention services were conveniently located for the families who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Emergency shelter services were available for the families who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Emergency shelter services that families used were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Emergency shelter services were conveniently located for the families who used them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Families [on my caseload/served by my local office(s)] who needed domestic violence services typically qualified (met eligibility criteria) for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. It was difficult to coordinate with providers delivering domestic violence services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What is the biggest challenge families with **DOMESTIC VIOLENCE**-related needs have in accessing services to meet those needs? [FIELD]

Caregiver Substance Use

1. **Over the last 30 days**, what percent of families [on your caseload/served by your local office(s)] involved a **CAREGIVER** with **SUBSTANCE USE** needs? This could include drinking in excess, using illegal drugs, or using prescription drugs for something other than what they were prescribed for.
If 0% on question 1, this section, skip to: Question 3, this section.



2. Using the scale provided, indicate the extent to which you agree or disagree with each statement about services for a **CAREGIVER'S SUBSTANCE USE** needs for families [on your caseload/served by your local office(s)] in the past 30 days.

In the past 30 days...	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (no clients in need of this service)
a. Substance abuse assessments were available for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Substance abuse assessments that caregivers received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Providers of substance abuse assessments were conveniently located for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Outpatient treatment services were available for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Outpatient treatment services that caregivers received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Providers of outpatient treatment services were conveniently located for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Detox treatment services were available for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Detox treatment services that caregivers received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Providers of detox treatment services were conveniently located for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Residential substance abuse treatment services were available for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Residential substance abuse treatment services that caregivers received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

l. Providers of residential substance abuse treatment services were conveniently located for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Recovery support services were available for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Recovery support services that caregivers received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Providers of recovery support services were conveniently located for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Caregivers [on my caseload/served by my local office(s)] who needed substance abuse services typically qualified (met eligibility criteria) for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. It was difficult to coordinate with providers delivering substance abuse services for caregivers .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What is the biggest challenge **CAREGIVERS** with **SUBSTANCE ABUSE** needs have in accessing services to meet those needs? [FIELD]
4. In your opinion, what services or activities have been most effective for meeting the needs related to **CAREGIVER SUBSTANCE ABUSE** of families [on your caseload/served by our local office(s)]?

Poverty or Financial Need

1. **Over the last 30 days**, what percent of families [on your caseload/served by your local office(s)] had needs related to **POVERTY OR FINANCIAL NEED**? This could include having trouble making ends meet, lacking enough money for basic necessities, or otherwise struggling with a low income or no income. *If 0% on question 1, this section, skip to: Question 3, this section.*



2. Using the scale provided, indicate the extent to which you agree or disagree with each statement about services for families [on your caseload/served by your local office(s)] to **POVERTY OR FINANCIAL NEED** in the past 30 days.

In the past 30 days...	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (no clients in need of this service)
a. Services for teaching money management skills (financial literacy) were available for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Services for teaching money management skills (financial literacy) that caregivers received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Providers of services for teaching money management skills (financial literacy) were conveniently located for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Education or job training services were available for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Education or job training services that caregivers received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Providers of education or job training services were conveniently located for the caregivers who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Families [on my caseload/served by my local office(s)] who needed services related to poverty or financial need typically qualified (met eligibility criteria) for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. It was difficult to coordinate with providers delivering services related to poverty or financial need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Child Mental Health

1. **Over the last 30 days**, what percent of families [on your caseload/served by your local office(s)] involved a **CHILD WITH MENTAL HEALTH** needs? This could include needing inpatient or outpatient evaluation, therapeutic services, or medication monitoring. *If 0% on question 1, this section, skip to: Question 3, this section.*



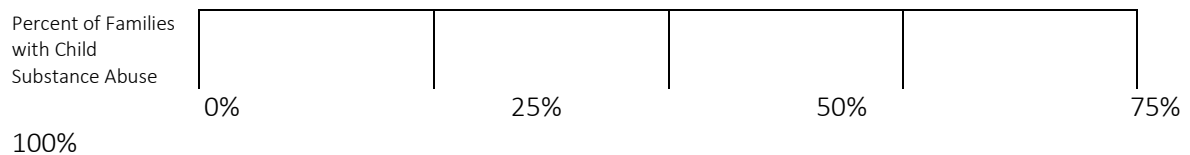
2. Using the scale provided, indicate the extent to which you agree or disagree with each statement about services to **CHILDREN WITH MENTAL HEALTH** needs [on your caseload/served by your local office(s)] in the past 30 days.

In the past 30 days...	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (no clients in need of this service)
a. Psychiatric evaluations by child psychiatrists were available for children when they needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Psychiatric evaluations by child psychiatrists that children received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Psychiatric evaluations by child psychiatrists were conveniently located for the families who needed them,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mental health assessments by psychologists or social workers were available for children when they needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The mental health assessments by psychologists or social workers that children received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Psychologists or social workers delivering mental health assessments for children were conveniently located for the families who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Outpatient therapy services were available for children when they needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Outpatient therapy services that children received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Children's outpatient therapy providers were conveniently located for the families who needed them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Inpatient therapy services were available for children when they needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Inpatient therapy services that children received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Partial care/hospitalization services were available for children when they needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Partial care/hospitalization services that children received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Providers of partial care/hospitalization services for children were conveniently located for the families who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

o. Medication monitoring services were available for children when they needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. The medication monitoring services that children received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Providers delivering medication monitoring services for children were conveniently located for the families who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Children [on my caseload/served by my local office(s)] who needed mental health services typically qualified (met eligibility criteria) for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. It was difficult to coordinate with providers delivering children’s mental health services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Child Substance Use

- Over the last 30 days**, what percent of families [on your caseload/served by your local office(s)] involved a **CHILD'S SUBSTANCE USE**? This could include drinking, using illegal drugs, or using prescription drugs for something other than what they were prescribed for. *If 0% on question 1, this section, skip to: Question 3, this section.*



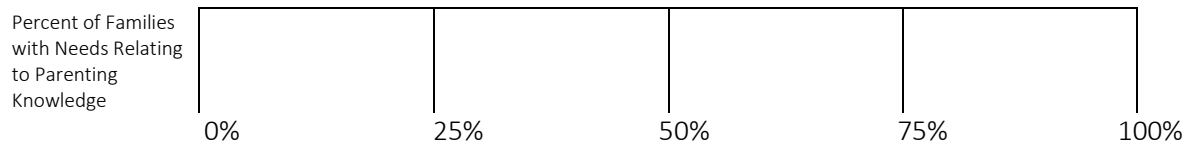
- Using the scale provided, indicate the extent to which you agree or disagree with each statement about services for a **CHILD'S SUBSTANCE USE** needs for families [on your caseload/served by your local office(s)]in the past 30 days.

In the past 30 days...	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (no clients in need of this service)
a. Substance abuse assessments were available for children/youth when they needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The substance abuse assessments children/youth received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Providers delivering substance abuse assessments for children/youth were conveniently located for the families who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Outpatient treatment services were available for the children/youth who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

e.	Outpatient treatment services that children/youth received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	Providers of outpatient treatment services for children/youth were conveniently located for the families who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	Residential substance abuse treatment services were available for the children/youth who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.	Residential substance abuse treatment services that children/youth received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i.	Providers of residential substance abuse treatment services for children/youth were conveniently located for the families who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r.	Recovery support services were available for the children/youth who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s.	Recovery support services that children/youth received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t.	Providers of recovery support services were conveniently located for the children/youth who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j.	Co-occurring treatment services were available for the children/youth who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k.	Co-occurring treatment services that children/youth received were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l.	Providers of co-occurring treatment services for children/youth were conveniently located for the families who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m.	Children/youth [on my caseload/served by my local office(s)] who needed substance abuse services typically qualified (met eligibility criteria) for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n.	It was difficult to coordinate with providers delivering substance abuse services for children/youth .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Parenting Skills

1. **Over the last 30 days**, what percent of families [on your caseload/served by your local office(s)] involved needs related to **PARENTING KNOWLEDGE**? This could include lacking knowledge about child development or age-appropriate parenting strategies.



2. **Over the last 30 days**, what percent of families [on your caseload/served by your local office(s)] involved needs related to **PARENTING CAPACITY**? For example, this could include having necessary parenting knowledge but lacking the capacity to put it into practice. *If 0% on questions 1 and 2, this section, skip to: Question 4, this section.*



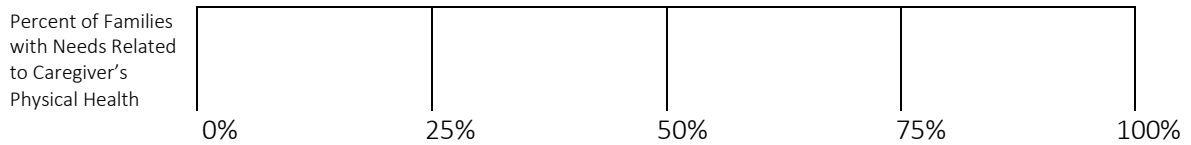
3. Using the scale provided, indicate the extent to which you agree or disagree with each statement about services related to **PARENTING SKILLS** for families [on your caseload/served by your local office(s)] in the past 30 days.

In the past 30 days...	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (no clients in need of this service)
a. There were enough services to meet families' needs related to parenting skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Services related to parenting skills were available when families needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Providers of services related to parenting skills were conveniently located for families who needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Services related to parenting skills that families on my caseload receive were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Families [on my caseload/served by my local office(s)] who needed services related to parenting skills typically qualified (meet eligibility criteria) for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. It was difficult to coordinate with providers delivering services to build caregivers' parenting skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Needs and Services

Caregiver Physical Health

- Over the last 30 days**, what percent of families [on your caseload/served by your local office(s)] involved needs related to a **CAREGIVER'S PHYSICAL HEALTH**? *If value of 0% is reported, skip to Child Physical Health (1).*

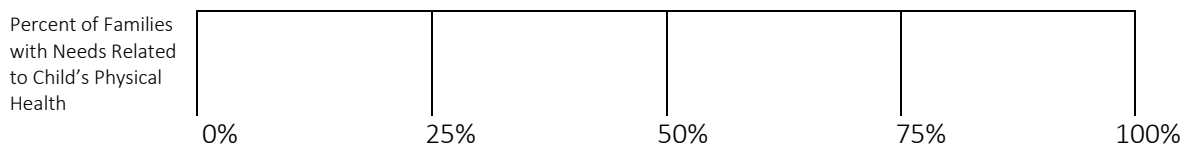


- Using the scale provided, indicate the extent to which you agree or disagree with the following statements about **PHYSICAL HEALTH** services for **CAREGIVERS** [on your caseload/served by your local office(s)] in the past 30 days.

In the past 30 days...	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (no clients in need of this service)
a. There were enough services to meet the physical health needs of caregivers [on my caseload/served by my local office(s)].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Physical health services that caregivers [on my caseload/served by my local office(s)] used were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Child Physical Health

- Over the last 30 days**, what percent of families [on your caseload/served by your local office(s)] involved needs related to a **CHILD'S PHYSICAL HEALTH**? *If value of 0% is reported, skip to Juvenile Justice (1).*



- Using the scale provided, indicate the extent to which you agree or disagree with the following statements about **PHYSICAL HEALTH** services for **CHILDREN** [on your caseload/served by your local office(S)] in the past month.

In the past 30 days...	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (no clients in need of this service)
a. There were enough services to meet the physical health needs of children [on my caseload/served by my local office(s)].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Physical health services that children [on my caseload/served by my local office(s)] used were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LGBTQ Youth

- Over the last 30 days, what percent of families [on your caseload/served by your local office(s)] had **YOUTH** with needs related to being **LGBTQ**? *If value of 0% is reported, skip to Immigrant, Undocumented, and/or Non-Native English-Speaking Families (1).*



- Using the scale provided, indicate the extent to which you agree or disagree with each statement about services for **LGBTQ YOUTH** [on your caseload/served by your office] in the past 30 days.

In the past 30 days...	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A (no clients in need of this service)
a. There were enough culturally competent services to meet the needs of LGBTQ youth [on my caseload/served by my local office(s)].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Services for LGBTQ youth [on my caseload/served by my local office(s)] were of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Juvenile Justice

- What is the biggest challenge in accessing services for families with children with **JUVENILE JUSTICE** involvement? [FIELD]
- In your opinion, what services or activities have been most effective for meeting the needs for children and families with **JUVENILE JUSTICE** involvement [on your caseload/served by our local office(s)]?

Immigrant, Undocumented, and/or Non-Native English-Speaking Families

1. What percent of families [on your caseload/served by your local office(s)] **in the past 30 days** include adults or children that speak a language other than English as their primary language? *If 0%, skip to question 4, this section.*

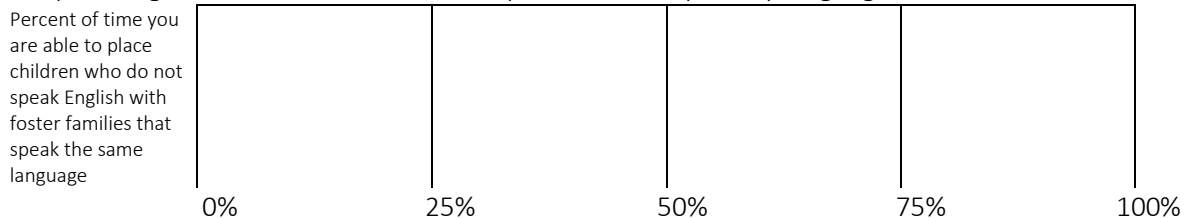


2. How often are services available to meet the needs of families who do not speak English as their primary language?
 - Never
 - Some of the time
 - Most of the time
 - Always *Skip to question 4, this section*

3. In which of the following domains have you observed a lack of services available to meet the needs of families who do not speak English as their primary language? Check all that apply.

- Caregiver substance abuse
- Caregiver mental health
- Domestic violence
- Child mental health
- Child substance abuse
- Poverty or economic need
- Housing
- Medical
- Other (specify): _____

4. *For intake and permanency workers only:* How often are you able to place children who do not speak English with foster families that speak the same primary language?



5. **In the past 30 days**, for families with immigrant or undocumented immigration status, how often is that immigration status or undocumented status a barrier to families on your caseload accessing services? *If 0%, skip to question 8, this section.*



6. In which of the following domains have you observed that undocumented immigration status is a barrier to accessing services for families? Check all that apply.

- Caregiver substance abuse
- Caregiver mental health
- Domestic violence
- Child mental health
- Child substance abuse
- Poverty or economic need
- Housing
- Medical
- Other (specify): _____

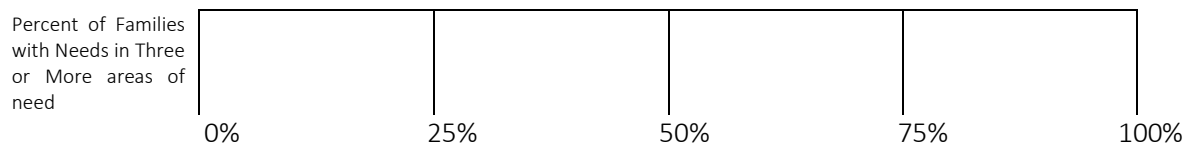
7. *For intake and permanency workers only:* Since starting in your current role at CP&P, when you have had undocumented children on your caseload how often did you seek legal immigration status for them?

- Never
- Some of the time
- Most of the time
- Always
- I have never had an undocumented child on my caseload. *Skip to Question 7 (this section).*

Families with Complex Needs

1. **In your best estimate, over the last 30 days**, what percent of families [on your caseload/served out of your local office(s)] had needs in **THREE OR MORE** of the following areas of need?

Housing	Domestic Violence	Financial or Economic Needs
Caregiver Mental Health	Caregiver Substance Abuse	Child Mental Health
Child Substance Use	Parenting Skills	Caregiver's Physical Health
Child's Physical Health	Juvenile Justice	Undocumented Immigration Status
Caregiver's Criminal Justice Involvement	Caregiver Educational or Job Training Deficits	



Prioritizing Service Gaps

1. Think about the **NEEDS** that families [on your caseload/served out of your local office(s)] **in the past 30 days** have had, and think about the **SERVICES** that exist to meet those needs. Specifically, think about where there are the **GAPS** between **what families need and services that are available to meet those needs**.

Drag and drop items from the list below into the appropriate boxes to rank:

- The top three areas where there is the **LARGEST GAP** between needs and available services; and
- The top three areas where there is the **GREATEST MATCH** between needs and available services.

Housing	Domestic Violence	Financial or Economic Needs
Caregiver Mental Health	Caregiver Substance Abuse	Child Mental Health
Child Substance Use	Parenting Skills	Caregiver's Physical Health
Child's Physical Health	Child's Academic Problems	Juvenile Justice
Caregiver's Criminal Justice Involvement	Caregiver Educational or Job Training Deficits	Immigrant or Undocumented Issues
Other (specify): _____		

LARGEST GAP	GREATEST MATCH
-------------	----------------

Additional Data Collection

Work and Workplace

The next set of questions asks about your experience working at CP&P. As a reminder, all of your responses are completely confidential. Rutgers will only share with DCF the aggregated results of the staff survey (percentages and average scores for all respondents together). DCF will not see how individuals answered.

Carefully read each question and select the response that best describes, over the past 30 days, the level of control you have over your job.⁶

	Never	Very Little	A Little	Some	A lot	A Great Amount
1. How much control do you have over which work duties to perform in your job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How much control do you have over how you perform the work duties of your job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How much control do you have over the speed at which you perform your work duties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How much control do you have over when to perform work duties associated with your job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How much control do you have over the layout of your specific work area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Carefully read each of the following sentences and select the response that best describes you.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I intend to stay in this job for the foreseeable future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

⁶ Preston, M. (2007). Advancing case manager motivation in child welfare: Job control's curvilinear relationship and instrumental feedback's moderating influence. *Children and Youth Services Review*, 35 (12), 2003-2012.

For the next six items, think of your work situation in the last three months when responding. Carefully read each question and select the response that best describes your work situation.⁷

In the last three months at work, how often have you:

	Never	Almost Never	Sometimes	Fairly Often	Very Often
1. been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. felt nervous and "stressed"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. found that you could not cope with all the things you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. If you are still reading this survey, please select "Never" as your response to this item.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. been angered because of things that happened that were outside your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. found yourself thinking about things that you had to accomplish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

⁷ Adapted from Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24, 386-396.

Carefully read each sentence and select the response that best describes, over the past 30 days, the job-related feedback you RECEIVED when doing your job.⁸

In general:

	Never	Rarely	Sometimes	Often	A lot	Always
1. I am made aware of how effective my strategies are for completing the work duties of my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am made aware of my level of effort toward completing work duties associated with my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am made aware of the final results or outcomes, once my specific work duties are completed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am made aware of how well or poorly I am performing my work duties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Carefully read each sentence and select the item that best describes you.⁹

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1. This organization has a great deal of personal meaning for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I do not feel a strong sense of belonging to my organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I do not feel emotionally attached to this organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I do not feel like part of the family at my organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

⁸ Preston, M. (2007). Advancing case manager motivation in child welfare: Job control's curvilinear relationship and instrumental feedback's moderating influence. *Children and Youth Services Review, 35* (12), 2003-2012.

⁹ Allen, N. J., & Meyer, J. P. (1990). The measurement and antecedents of affective, continuance and normative commitment to the organization. *Journal of occupational and organizational psychology, 63*(1), 1-18.

Worker Preferences¹⁰

In the following items you will be presented with a pair of statements. You'll be asked to choose your preference by indicating how 5 points will be distributed between the choices. Give the statement that **best reflects your general work focus and beliefs** more points.

For instance, if you strongly prefer one statement over another, you could give it 5 points and assign the other statement 0 points. If you only slightly prefer one statement over the other, you could give it 3 points and assign the remaining 2 points to the other statement. **The points must total to 5.**

	Points
1a. Work should be focused on keeping the family together.	
1b. Child protection workers should be willing to be an advocate for the child.	
Total	5
2a. The client is the child and all other work is secondary.	
2b. Work should be focused on keeping the family together	
Total	5
3a. Work should be focused on protecting the child.	
3b. Work should be focused on keeping the family together.	
Total	5
4a. Families are the best place for children to achieve their full potential.	
4b. There is a need to ensure the physical and emotional well-being of all children.	
Total	5
5a. Children's rights should be safeguarded so they achieve their full potential.	
5b. The family's right to guide the development of their children should be safeguarded.	
Total	5
6a. Families are the best place for children to achieve their full potential.	
6b. The state has a responsibility to protect children.	
Total	5
7a. There is a need to ensure the physical and emotional well-being of all children.	
7b. The state should not be responsible for families or their children.	
Total	5
8a. Families are the best place for children to achieve their full potential.	
8b. Children's rights should be safeguarded so they achieve their full potential.	
Total	5

¹⁰ Adapted from Dalglish, L. (2010). Balance of Work Focus in Child Welfare.

Working Alliance¹¹

Below is a list of statements about experiences permanency workers may have about the families they work with. Carefully read each statement and choose the response that best describes how often each statement describes you and your clients.

	Seldom	Sometimes	Fairly Often	Very Often	Always
1. My clients and I agree about the steps to be taken to improve their situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am genuinely concerned for my clients' welfare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My clients and I are working towards mutually agreed upon goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My clients and I both feel confident about the usefulness of our work together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I appreciate my clients as people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My clients and I have established a good understanding of the kind of changes that would be good for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I respect my clients, and my clients respect me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My clients and I have common perceptions of their goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I respect my clients even when they do things that I do not approve of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My clients and I agree on what it is important for them to focus on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹¹ Adapted from Horvath, A. (n.d.). Working Alliance Inventory.

Demographics

You're almost finished. Your responses will be used to this survey's questions will be analyzed along with those of your coworkers and used to strengthen CP&P's programs, policies, and services for children and families.

We have just a few more questions about you:

1. *For intake workers and permanency workers only:* How many families (cases) are on your caseload right now? [Drop-down list]

2. What is your highest completed level of education?
 - High School/GED *Skip to Question 5, this section.*
 - Some College *Skip to Question 5, this section.*
 - Associate's degree *Skip to Question 5, this section.*
 - Bachelor's degree *Skip to Question 4, this section.*
 - Master's degree *Skip to Question 3, this section.*
 - Ph.D. or Doctorate

3. What field is your Ph.D. or Doctorate in?
 - Sociology
 - Social Work
 - Psychology
 - Criminal Justice
 - Other: _____

4. What field is your Master's degree in?
 - Sociology
 - Social Work
 - Psychology
 - Criminal Justice
 - Other: _____

5. What field is your Bachelor's degree in?
 - Sociology
 - Social Work
 - Psychology
 - Criminal Justice
 - Other: _____

6. Do you have any additional licensures or certifications you would like us to know about?
 - No
 - Yes (Write in:) _____

7. What is your age in years? [FIELD]

8. What is your gender?
- Male
 - Female
 - Another _____
9. Are you of Hispanic, Latino, or Spanish origin?
- No, not of Hispanic, Latino, or Spanish origin
 - Yes, Mexican, Mexican American, Chicano
 - Yes, Puerto Rican
 - Yes, Cuban
 - Yes, another Hispanic, Latino, or Spanish origin (specify: for example, Argentinean, Colombian, Nicaraguan, Salvadoran, etc.) [FIELD]
10. What is your race? Check all that apply.
- White
 - Black or African American
 - American Indian or Alaska Native (specify enrolled or principal tribe) [FIELD]
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian (specify: for example, Hmong, Laotian, Thai, Pakistani, Cambodian, etc.) [FIELD]
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander (specify: for example, Figian, Tongan, etc.) [FIELD]
 - Some other race (specify) [FIELD]

Conclusion

1. Any other comments related to the topics covered in this survey may be entered below. [FIELD]

Many of us on the Child Welfare and Well-Being unit at Rutgers have worked in direct child welfare practice and we know quite well how busy you are and how many demands you have on your time, and so we thank you for taking the time to complete this survey. Our hope is that the knowledge gained will be able to be shared back with DCF in ways that will allow for the continued refinement of practice and services to best meet the needs of the children and family of our state. Thank You!

Any questions, concerns, or additional comments related to this survey may be e-mailed to Michael MacKenzie, Ph.D. (Rutgers University School of Social Work), at michael.mackenzie@rutgers.edu

[END OF SURVEY]

Appendix D.2. Division of Child Protection and Permanency: Resource Parent Survey

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Note: Items from the *Needs Assessment: Needs and Services* section will inform the DCF Needs Assessment. Other data collected will be used in ongoing child welfare research activities conducted by the Child Welfare and Well-Being Unit at Rutgers University School of Social Work.

Any use of this instrument or original questions contained therein must be attributed to the Child Welfare and Well-Being Research Unit at Rutgers University School of Social Work. Many of the items included in this survey were drawn from other questionnaires or instruments. Original citations are provided throughout, where appropriate.

Administration: online

Estimated time for completion: approx. 30 minutes

Introductory Language and Consent

Welcome to the 2017 survey of Division of Child Protection and Permanency (CP&P) resource parents. This survey is being conducted to support CP&P's assessment of families' needs and the services available to meet them. We know you are very busy, but we would greatly appreciate your taking the time to help us learn more about what families need and how the system might better serve them.

Resource parents who complete the survey will receive a **\$25 [major retailer] gift card** for their participation. At the end of the survey, you will be asked to provide a current e-mail address to receive your gift card. This address will not be used for anything other than sending you the gift card.

The Child Welfare and Well-Being Research Unit at Rutgers University School of Social Work is administering this survey and will share back with CP&P only aggregate responses and average scores, we will not share back the answers given by individuals.

Over the course of this survey you will be asked general questions about your experiences and experiences of {child} with CP&P. You will not be asked for any identifying information about any CP&P staff members. There will be no immediate and direct benefit to you, but your participation will to help us find out more about the needs of CP&P families.

The survey is **voluntary**. You are not required to take this survey, and you may stop at any time.

We expect the survey to take you about **30 minutes**. If you do not finish the survey in one sitting, your answers will be saved and you may return at any time before the survey period ends.

Confidentiality: Your participation in this survey and all of your responses are **confidential**. Confidential means research records will include some information about you and this information will be stored in such a way that a linkage between your identity and your survey responses will exist. This is to ensure that each respondent only completes the survey one time. No identifying information about you will be shared with CP&P or any other audience in any form.

Data Security: Information will be kept at Rutgers University according to strict security protocols. Individual access to the data will be limited.

If you have any questions about this survey, please e-mail dcfneedsassessment@ssw.rutgers.edu the Principal Investigator, Michael J. MacKenzie, Ph.D. (Associate Professor of Social Work and Pediatrics, Rutgers University) at michael.mackenzie@rutgers.edu.

YOUR INFORMED CONSENT IS REQUIRED TO PROCEED TO THE SURVEY.

Please click the appropriate box to provide your informed consent:

- I consent to participating in the 2017 survey of resource parents.
- I do not wish to participate in this survey. *Skip to: End of Survey*

Demographic Information

During this survey, we are going to ask you questions about you, your family, and {child}. We will indicate when we want you to think specifically about {child}.

1. What is the primary language spoken in your house?
 - English *Skip to Question 3, this section*
 - Spanish
 - Other (specify:) [FIELD]

2. What is your gender?
 - Man
 - Woman
 - Another

3. What is your age, in years? [FIELD]

4. Are you of Hispanic, Latino, or Spanish origin?
 - No, not of Hispanic, Latino, or Spanish origin
 - Yes, Mexican, Mexican American, Chicano
 - Yes, Puerto Rican
 - Yes, Cuban
 - Yes, another Hispanic, Latino, or Spanish origin (specify: for example, Argentinean, Colombian, Nicaraguan, Salvadoran, etc.) [FIELD]

5. What is your race? Check all that apply.
 - White
 - Black or African American
 - American Indian or Alaska Native (specify enrolled or principal tribe) [FIELD]
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian (specify: for example, Hmong, Laotian, Thai, Pakistani, Cambodian, etc.) [FIELD]
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander (specify: for example, Fijian, Tongan, etc.) [FIELD]
 - Some other race (specify) [FIELD]

6. Are you {child}'s primary caregiver?
 - Yes
 - No

7. Are you related to {child}?
- Yes
 - No *Skip to Question 6, this section.*
8. What is your relationship to {child}?
- Grandmother
 - Grandfather
 - Aunt
 - Uncle
 - Sibling
 - Other family (e.g., cousin)
 - Other [FIELD]
9. How old is {child}?
- 0-18 months
 - 1.5 – 5 years
 - 6 – 11 years
 - 12 – 17 years
 - 18 – 21 years
10. What is {child}'s gender?
- Boy
 - Girl
 - Another
11. Currently, where does {child} live most of the time (more than 50% of the time)?
- With you *Skip to Question 12, this section*
 - With someone else/somewhere else
12. Which of the following best describes where {child} is living?
- Back with parent/original caregiver
 - With another family member (not parent)
 - In another foster home
 - In a group home
 - Don't know
 - Somewhere else (describe:) _____
13. How long {has/did} {child} lived with you? [YEARS] [MONTHS]
14. What is your current relationship status?
- Married
 - Committed relationship
 - Widowed
 - Divorced
 - Separated
 - Never married

15. Are you currently cohabitating with a current or former partner?
- Yes, current partner
 - Yes, former partner
 - No
16. Including yourself, how many adults are living in your household? [drop-down menu]
17. Including {child}, how many children are living in your household? [drop-down menu]
18. What is your highest level of education?
- Elementary or junior high school
 - 8th grade or less
 - Some high school (grades 9, 10, 11)
 - High school graduate
 - Vocational/technical school
 - Some college
 - Junior college graduate (2 years, Associate's Degree)
 - 4-year college graduate (Bachelor's Degree)
 - Graduate work (Master's, Law/Medical Degree)
19. What is your current employment status
- Employed full-time
 - Employed part-time
 - Not employed/unemployed
20. Are you currently in school (academic or vocational)?
- No
 - Yes, part-time
 - Yes, full-time
21. Over the last 12 months, have you been unemployed or out of work for thirty or more days in a row?
- Yes
 - No
22. Which of the following categories best represents your annual family income, including any cash assistance?
- \$0 - \$5,000
 - \$5,001 - \$10,000
 - \$10,001 - \$15,000
 - \$15,001 - \$20,000
 - \$20,001 - \$25,000
 - \$25,001 - \$30,000
 - \$30,001 - \$35,000
 - \$35,001 - \$40,000
 - \$40,001 - \$45,000
 - \$45,001 - \$50,000
 - More than \$50,000

23. What kind of medical/health insurance do you have, if any?

- New Jersey Family Care/Medicaid
- VA/CHAMPVS
- Medicare
- Employer-provided insurance
- Other private insurance
- Insured, but unknown insurer
- Unknown (not sure if you have insurance or not)
- No insurance

24. What kind of medical/health insurance does {child} have, if any?

- New Jersey Family Care/Medicaid
- VA/CHAMPVS
- Medicare
- Employer-provided insurance from an adult
- Other private insurance
- Insured, but unknown insurer
- Unknown (not sure if child has insurance or not)
- No insurance

25. I'm going to read a list of programs and services that families in New Jersey may use. Please say "Yes" or "No" to indicate whether you currently receive benefits from each program.

	No	Yes		No	Yes
a. Temporary Assistance for Needy Families (TANF)/welfare cash assistance	<input type="radio"/>	<input type="radio"/>	<i>If Yes</i> → Did CP&P help you access it?	<input type="radio"/>	<input type="radio"/>
b. Women, Infants & Children (WIC)	<input type="radio"/>	<input type="radio"/>	<i>If Yes</i> → Did CP&P help you access it?	<input type="radio"/>	<input type="radio"/>
c. Supplemental Nutrition Assistance Program (SNAP)/food stamps/EBT card	<input type="radio"/>	<input type="radio"/>	<i>If Yes</i> → Did CP&P help you access it?	<input type="radio"/>	<input type="radio"/>
d. Supplemental Security Insurance (SSI), Social Security Disability Insurance (SSDI), or other disability benefits	<input type="radio"/>	<input type="radio"/>	<i>If Yes</i> → Did CP&P help you access it?	<input type="radio"/>	<input type="radio"/>
e. Housing subsidy, housing voucher/Section 8, or public housing	<input type="radio"/>	<input type="radio"/>	<i>If Yes</i> → Did CP&P help you access it?	<input type="radio"/>	<input type="radio"/>
f. Health insurance subsidy (through Affordable Care Act)	<input type="radio"/>	<input type="radio"/>	<i>If Yes</i> → Did CP&P help you access it?	<input type="radio"/>	<input type="radio"/>
g. Other: _____	<input type="radio"/>	<input type="radio"/>	<i>If Yes</i> → Did CP&P help you access it?	<input type="radio"/>	<input type="radio"/>

Needs Assessment: Needs and Services

Mental Health

1. What, if any, needs related to mental health have you had since {child} came to live with you? [FIELD]
2. **Since {child} came to live with you**, have you received any services related to your mental health? These could include psychiatric services, counseling, [...]

Yes
↓

No
↓

- A. What type of service or services did you receive related to your mental health?
[FIELD]
[FIELD]
[FIELD]
- B. What was the name of the agency or agencies that provided those services?
[FIELD]
[FIELD]
[FIELD]
- C. Did CP&P refer you to or tell you about {that service/any of those services}?
 Yes
 No
- D. To what extent do you agree or disagree with the following statement: The services I received related to my mental health were helpful.
 Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree

Continue to Question 3 (Drinking and Drug Use)

- E. Do you think you could have benefitted from services related to your mental health?
 Yes
 No
- F. Did anyone from CP&P ever refer you to or tell you about services related to your mental health that you did not access?
 Yes
 No *Skip to Question 3 (Drinking and Drug Use)*
- G. What services were those? [FIELD]
- H. Which, if any, of the following reasons describe why you didn't access the services related to your mental health that CP&P referred you to or told you about?
 Didn't have access to transportation
 Waitlist was too long
 Too far
 Didn't feel I needed these services
 Couldn't take time off work
 Didn't have child care
 Provider's hours weren't convenient
 Wasn't eligible for the service
 Didn't feel like the provider cared about me or my family
 Other: _____

Continue to Question 3 (Drinking and Drug Use)

Drinking and Drug Use

1. What, if any, needs related to drinking or drug use have you had since {child} came to live with you?
[FIELD]
2. Since {child} came to live with you, have you received any services related to drinking or drug use?
These could include inpatient or outpatient, substance use services, [...]

Yes
↓

No
↓

A. What type of service or services did you receive related to drinking or drug use?
[FIELD]
[FIELD]
[FIELD]

B. What was the name of the agency or agencies that provided those services?
[FIELD]
[FIELD]
[FIELD]

C. Did CP&P refer you to or tell you about {that service/any of those services}?
 Yes
 No

D. To what extent do you agree or disagree with the following statement: The services I received related to drinking or drug use were helpful.
 Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree

Continue to Question 5 (Domestic Violence)

E. Do you think you could have benefitted from services related to drinking or drug use?
 Yes
 No

F. Did anyone from CP&P ever refer you to or tell you about services related to drinking or drug use that you did not access?
 Yes
 No *Skip to Question 5 (Domestic Violence)*

G. What services were those? [FIELD]

H. Which, if any, of the following reasons describe why you didn't access the services related to drinking or drug use that you were referred to?
 Didn't have access to transportation
 Waitlist was too long
 Too far
 Didn't feel I needed these services
 Couldn't take time off work
 Didn't have child care
 Provider's hours weren't convenient
 Wasn't eligible for the service
 Didn't feel like the provider cared about me or my family
 Other: _____

Continue to Question 5 (Domestic Violence)

Domestic Violence

1. What, if any, needs related to domestic violence have you had since {child} came to live with you?
[FIELD]
2. Since {child} came to live with you, have you received any services related to domestic violence?
These could include [...]

Yes
↓

No
↓

<p>A. What type of domestic violence service or services did you receive? [FIELD] [FIELD] [FIELD]</p> <p>B. What was the name of the agency or agencies that provided those services? [FIELD] [FIELD] [FIELD]</p> <p>C. Did CP&P refer you to or tell you about {that service/any of those services}? <input type="radio"/> Yes <input type="radio"/> No</p> <p>D. To what extent do you agree or disagree with the following statement: The domestic violence services I received were helpful. <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree</p> <p><i>Continue to Question 7 (Housing)</i></p>
--

<p>E. Do you think you could have benefitted from domestic violence services? <input type="radio"/> Yes <input type="radio"/> No</p> <p>F. Did anyone from CP&P ever refer you to or tell you about domestic violence services that you did not access? <input type="radio"/> Yes <input type="radio"/> No <i>Skip to Question 7 (Housing)</i></p> <p>G. What services were those? [FIELD]</p> <p>H. Which, if any, of the following reasons describe why you didn't access the domestic violence services you were referred to? <input type="checkbox"/> Didn't have access to transportation <input type="checkbox"/> Waitlist was too long <input type="checkbox"/> Too far away <input type="checkbox"/> Didn't feel I needed these services <input type="checkbox"/> Couldn't take time off work <input type="checkbox"/> Didn't have child care <input type="checkbox"/> Provider's hours weren't convenient <input type="checkbox"/> Wasn't eligible for the service <input type="checkbox"/> Didn't feel like the provider cared about me or my family <input type="checkbox"/> Other: _____</p> <p><i>Continue to Question 7 (Housing)</i></p>

Housing

1. What, if any, needs related to housing have you had since {child} came to live with you? [FIELD]
2. Since {child} came to live with you, have you received any services related to housing? These could include [...]

Yes
↓

No
↓

- A. What type of housing service or services did you receive? For example, did you get help getting furniture, help you pay a utility bill, help you pay back rent or a security deposit?
[FIELD]
[FIELD]
[FIELD]
- B. What was the name of the agency or agencies that provided those services?
[FIELD]
[FIELD]
[FIELD]
- C. Did CP&P refer you to or tell you about {that service/any of those services}?
 Yes
 No
- D. To what extent do you agree or disagree with the following statement: The housing services I received were helpful.
 Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree

Continue to Question 9 (Financial Need)

- E. Do you think you could have benefitted from housing services?
 Yes
 No
- F. Did anyone from CP&P ever refer you to or tell you about housing services that you did not access?
 Yes
 No *Skip to Question 9 (Financial Need)*
- G. What services were those? [FIELD]
- H. Which, if any, of the following reasons describe why you didn't access the housing services you were referred to?
 Didn't have access to transportation
 Waitlist was too long
 Too far away
 Didn't feel I needed these services
 Couldn't take time off work
 Didn't have child care
 Provider's hours weren't convenient
 Was not eligible for the service
 Didn't feel like the provider cared about me or my family
 Other: _____

Continue to Question 9 (Financial Need)

Financial Need

1. What, if any, needs related to finances have you had since {child} came to live with you? [FIELD]
2. Since {child} came to live with you, have you received any services related to finances? These could include [...]

Yes
↓

No
↓

A. What type of service or services did you receive related to financial need?
[FIELD]
[FIELD]
[FIELD]

B. What was the name of the agency or agencies that provided those services?
[FIELD]
[FIELD]
[FIELD]

C. Did CP&P refer you to or tell you about {that service/any of those services}?
 Yes
 No

D. To what extent do you agree or disagree with the following statement: The services I received related to financial need were helpful.
 Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree

Continue to Question 11 (Child Substance Use)

E. Do you think you could have benefitted from services related to financial need?
 Yes
 No

F. Did anyone from CP&P ever refer you to services related to financial need that you did not access?
 Yes
 No *Skip to Question 11 (Child Substance Use)*

G. What services were those? [FIELD]

H. Which, if any, of the following reasons describe why you didn't access the services you were referred to for financial need?
 Didn't have access to transportation
 Waitlist was too long
 Too far away
 Didn't feel I needed these services
 Couldn't take time off work
 Didn't have child care
 Provider's hours weren't convenient
 Wasn't eligible
 Didn't feel like the provider cared about me or my family
 Other: _____

Continue to Question 11 (Child Substance Use)

If child is younger than 7 years old, skip to Question 13 (Child Mental Health)

Child Substance Use

1. What, if any, needs has {child} had related to drinking or drug use since {child} came to live with you?
[FIELD]
2. **Since {child} came to live with you**, has {child} received any services related to drinking or drug use?
These could include [...]

Yes
↓

No
↓

- A. What type of substance use service or services did {child} receive?
[FIELD]
[FIELD]
[FIELD]
- B. What was the name of the agency or agencies that provided those services?
[FIELD]
[FIELD]
[FIELD]
- C. Did CP&P refer you to or tell you about {that service/any of those services}?
 Yes
 No
- D. To what extent do you agree or disagree with the following statement: The substance use services {child} received were helpful.
 Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree

Continue to Question 13 (Child Mental Health)

- E. Do you think {child} could have benefited from substance use services?
 Yes
 No
- F. Did anyone from CP&P ever refer {child} to substance use services that were not accessed?
 Yes
 No *Skip to Question 13 (Child Mental Health)*
- G. What services were those? [FIELD]
- H. Which, if any, of the following reasons describe why the substance use services {child} was referred to were not accessed?
 Didn't have access to transportation
 Waitlist was too long
 Too far away
 Didn't feel I needed these services
 Couldn't take time off work
 Didn't have child care
 Provider's hours weren't convenient
 Wasn't eligible
 Didn't feel like the provider cared about me or my family
 Other: _____

Continue to Question 13 (Child Mental Health)

Child Mental Health

1. What, if any, needs has {child} had related to mental health since {child} came to live with you?
[FIELD]
2. **Since {child} came to live with you**, has {child} received any services related to mental health? These could include [...]

Yes
↓

No
↓

<p>A. What type of mental health service or services did {child} receive? [FIELD] [FIELD] [FIELD]</p> <p>B. What was the name of the agency or agencies that provided those services? [FIELD] [FIELD] [FIELD]</p> <p>C. Did CP&P refer you to or tell you about {that service/any of those services}? <input type="radio"/> Yes <input type="radio"/> No</p> <p>D. To what extent do you agree or disagree with the following statement: The mental health services {child} received were helpful. <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree</p> <p><i>Continue to Question 15 (Parenting Skills)</i></p>
--

<p>E. Do you think {child} could have benefitted from mental health services? <input type="radio"/> Yes <input type="radio"/> No</p> <p>F. Did anyone from CP&P ever refer {child} to or tell about mental health services that were not accessed? <input type="radio"/> Yes <input type="radio"/> No <i>Skip to Question 15 (Parenting Skills)</i></p> <p>G. What services were those? [FIELD]</p> <p>H. Which, if any, of the following reasons describe why the mental health services {child} was referred to were not accessed? <input type="checkbox"/> Didn't have access to transportation <input type="checkbox"/> Waitlist was too long <input type="checkbox"/> Too far away <input type="checkbox"/> Didn't feel I needed these services <input type="checkbox"/> Couldn't take time off work <input type="checkbox"/> Didn't have child care <input type="checkbox"/> Provider's hours weren't convenient <input type="checkbox"/> Didn't feel like the provider cared about me or my family <input type="checkbox"/> Other: _____</p> <p><i>Continue to Question 15 (Parenting Skills)</i></p>
--

Parenting Skills

1. What, if any, needs related to parenting did you have since {child} came to live with you? [FIELD]
2. Since {child} came to live with you, have you received any parenting services? These could include [...]

Yes
↓

No
↓

A. What type of parenting service or services did you receive?
[FIELD]
[FIELD]
[FIELD]

B. What was the name of the agency or agencies that provided those services?
[FIELD]
[FIELD]
[FIELD]

C. Did CP&P refer you to or tell you about {that service/any of those services}?
 Yes
 No

D. To what extent do you agree or disagree with the following statement: The parenting services I received were helpful.
 Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree

Continue to Question 17

E. Do you think you could have benefited from parenting services?
 Yes
 No

F. Did anyone from CP&P ever refer you to parenting services that you did not access?
 Yes
 No *Skip to Question 17 (Child Substance Use)*

G. What services were those? [FIELD]

H. Which, if any, of the following reasons describe why you didn't access the parenting services you were referred to?
 Didn't have access to transportation
 Waitlist was too long
 Too far away
 Didn't feel I needed these services
 Couldn't take time off work
 Didn't have child care
 Provider's hours weren't convenient
 Wasn't eligible for the service
 Didn't feel like the provider cared about me or my family
 Other: _____

Continue to Question 17

Other Services

3. What, if any, other services have you received since {child} came to live with you? [FIELD]

Additional Data Collection

General Health

1. Overall, how would you rate your health during the past four weeks?
 - Excellent
 - Very good
 - Fair
 - Poor
 - Very poor

Housing

1. Do you currently:
 - Own your home
 - Rent your home
 - Share housing with someone (not owned or rented by you)
 - Other (Specify): _____

Criminal and Juvenile Justice Involvement

If (target) child is 11 or younger, skip to next section.

1. To your knowledge, has {child} been arrested or had involvement with juvenile justice?
 - Yes
 - No *Skip to next section*
 - Don't know *Skip to next section*
2. To your knowledge, how many times has {child} been arrested?
 - One
 - Two
 - Three or more times
3. To your knowledge, how old was {child} when {s/he} was first arrested? [FIELD]
4. To your knowledge, has {child} had a sexual offense?
 - Yes
 - No
5. To your knowledge, has {child} ever been incarcerated?
 - Yes
 - No

6. To your knowledge, what is the seriousness of the last offense involving your child?
 - Youth has engaged in only status violations (e.g., curfew, violation of probation, etc.)
 - Youth has engaged in behavior resulting in legal charges with no identified victim (e.g., theft, property damage)
 - Youth has engaged in behavior resulting in legal charges with an identified victim (e.g., assault)
 - Youth has engaged in behavior resulting in legal charges with an identified victim with serious injuries

7. How easy or difficult has {child}'s juvenile justice requirements and expectations been on your family?
 - Very difficult
 - Somewhat difficult
 - Neither difficult or easy
 - Somewhat easy
 - Very easy
 - No juvenile justice requirements

8. What difficulties have you experienced during {child}'s involvement in both the child welfare and juvenile justice systems? [FIELD]

9. What positive experiences or supports have you had during {child}'s involvement in both the child welfare and juvenile justice systems? [FIELD]

Transportation

I'm going to read a few statements about how you get around – to work, to services, and to anywhere else you need to be. Please tell me, using the following scale, the extent to which you agree or disagree with these statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. <i>If employed:</i> I have reliable transportation to my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. <i>If employed:</i> I can afford transportation to my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I can get to services and CP&P appointments easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Caregiver Mental Health

1. Do you have any diagnosed mental health conditions?
 - Yes
 - No

2. Do you have a diagnosis of:

	Yes	No
a. Depression	<input type="radio"/>	<input type="radio"/>
b. Anxiety or Panic Disorder	<input type="radio"/>	<input type="radio"/>
c. Bipolar Disorder	<input type="radio"/>	<input type="radio"/>
d. Borderline Personality Disorder	<input type="radio"/>	<input type="radio"/>
e. Attention Deficit/Hyperactivity Disorder (ADD or ADHD)	<input type="radio"/>	<input type="radio"/>
f. Eating Disorder (anorexia, bulimia)	<input type="radio"/>	<input type="radio"/>
g. Schizophrenia or Schizoaffective Disorder	<input type="radio"/>	<input type="radio"/>
h. Obsessive-Compulsive Disorder (OCD)	<input type="radio"/>	<input type="radio"/>
i. Posttraumatic Stress Disorder (PTSD)	<input type="radio"/>	<input type="radio"/>

3. *If respondent indicated that other adults are living in the household:* Not including yourself, do any of the adults living with you currently suffer from depression, anxiety, or any other mental health disorder?
- Yes
- No

Patient Health Questionnaire¹²

4. Over the past two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half of the days	Nearly every day
a. Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Trouble falling asleep, staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feeling bad about yourself – or that you’re a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹² Kroenke K, Spitzer R, Williams W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16, 606-616

5. *If respondent answered “several days,” “more than half of the days,” or “nearly every day” to any item(s):* How difficult have those problems made it for you to do your work, take care of things at home, parent effectively, or get along with other people?
- Not difficult at all
 - Somewhat difficult
 - Very difficult
 - Extremely difficult

Generalized Anxiety Disorder¹³

6. Over the past two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half of the days	Nearly every day
a. Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Being so restless it's hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. *If respondent answered “several days,” “more than half of the days,” or “nearly every day” to any item(s):* How difficult have those problems made it for you to do your work, take care of things at home, parent effectively, or get along with other people?
- Not difficult at all
 - Somewhat difficult
 - Very difficult
 - Extremely difficult

¹³ Spitzer RL, Kroenke K, Williams JBW, Lowe B. (2006). A brief measure for assessing generalized anxiety disorder. *Archives of Internal Medicine*, 166, 1092-109

Adverse Childhood Experience (ACE) Questionnaire – Caregiver¹⁴

I'd like to ask you some questions about events that happened during your childhood. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age---

	Yes	No	Don't Know/ Not Sure	Refused
a. Did you live with anyone who was depressed, mentally ill, or suicidal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Did you live with anyone who was a problem drinker or alcoholic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Did you live with anyone who used illegal street drugs or who abused prescription medications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Parents not married	Don't Know/ Not Sure	Refused
e. Were your parents separated or divorced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Once	More than once	Don't Know/ Not Sure	Refused
f. How often did you parents or adults in your home ever slap, kick, punch, or beat each other up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Before 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. How often did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. How often did anyone at least 5 years or older than you or an adult, ever touch you sexually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. How often did anyone did anyone at least 5 years older than you or an adult, try to make you touch them sexually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. How often did anyone at least 5 years older than you or an adult, force you to have sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹⁴ Centers for Disease Control and Prevention. (n.d.) Behavioral Risk Factor Surveillance System ACE Module.

Domestic Violence¹⁵

If respondent reported being single and not cohabitating with a current or former partner, skip to next section.

1. I'm going to ask you a few questions about your partner. Please remember we ask these questions of everyone. How often does your partner:

	Never	Rarely	Sometimes	Fairly Often	Frequently
a. Physically hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Insult or talk down to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Threaten you with harm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Scream or curse at you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Control your money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Control your social life or who you see?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. *If respondent indicated other adults living in the household:* Not including yourself, do any of the other adults living with you have spouses, boyfriends, or girlfriends who hit them, scream at them, or threaten them with harm?
- Yes
- No

Financial Need

The following questions are about any financial needs you may have had.

	Yes	No
1. Was there any time in the past 12 months when {you/your household} did not pay the full amount of the rent or mortgage or the full amount of the gas, oil, or electricity bills?	<input type="radio"/>	<input type="radio"/>
2. In the past 12 months, was there a time you or anyone in your household needed to see a doctor or go to the hospital but did not go because of the cost?	<input type="radio"/>	<input type="radio"/>
3. In the past 12 months, did you borrow money from friends or family to help pay the bills?	<input type="radio"/>	<input type="radio"/>

¹⁵ Adapted from Sherin, K. M., Sinacore, J. M., Li, X. Q., Zitter, R. E., & Shakil, A. (1998). HITS: a short domestic violence screening tool for use in a family practice setting. *Family Medicine*, 30, 508-512.

Child Mental Health

Infant Characteristics Questionnaire (0-18 months)¹⁶

Child Behavior Checklist (1.5-5 years)¹⁷

Child Behavior Checklist (6-18 years)¹⁸

¹⁶ Bates, J. E., Freeland, C. A. B., & Lounsbury, M. L. (1979). Measurement of infant difficultness. *Child Development*, 794-803.

¹⁷ Achenbach, T.M., & Rescorla, L.A. (2001). Manual for the ASEBA School-Age Forms & Profiles. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.

¹⁸ Achenbach, T.M., & Rescorla, L.A. (2001). Manual for the ASEBA School-Age Forms & Profiles. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.

Infant Behavior Questionnaire (IBQ)

Child is under 18 months

For the following items, please give the response that is most typical of {child}. "About average" means how you think the typical baby would be scored. Answer NA for any item that does not apply to your baby.

1. How easy or difficult is it for you to calm or sooth your baby when he/she is upset?						
Very easy		About Average			Difficult	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How easy or difficult is it for you to predict when your baby will go to sleep and wake up?						
Very easy		About Average			Difficult	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How easy or difficult is it for you to predict when your baby will become hungry?						
Very easy		About Average			Difficult	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How easy or difficult is it for you to know what's bothering your baby when he/she cries or fusses?						
Very easy		About Average			Difficult	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How many times per day, on average, does your baby get fussy and irritable—for either short or long periods of time?						
Never	1-2x/ day	3-4x/ day	5-6x/ day	7-9x/ day	10-14x/ day	More than 15
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How much does your baby cry or fuss in general?						
Very little; much less than ave.		Average amount			A lot; more than ave.	
(1)	(2)	(3)	(4)	(5)	(5)	(7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How did your baby respond to his/her first bath?						
Very well; loved it		Neither liked nor disliked			Terribly; didn't like it	
(1)	(2)	(3)	(4)	(5)	(5)	(7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(continued next page, IBQ)

Child Behavior Checklist (CBCL 1.5-6 years)*Child is 18 months to 6 years*

I'm going to read a list of items that describe children. For each item that describes the {child} **now or within the past 2 months**, please use the scale provided to tell me how often the statement applies to {child}. Please answer all items as well as you can, even if some do not seem to apply to {child}. Use the following scale: 0 = Not true (as far as you know); 1 = Somewhat or sometimes true; 2 = Very true or often true.

	0	1	2
1. Acts too young for age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Avoids looking others in the eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Can't stand waiting; wants everything now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Clings to adults or too dependent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Defiant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Demands must be met immediately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Destroys things belonging to his/her family or other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Disobedient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Doesn't answer when people talk to him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Doesn't seem to feel guilty after misbehaving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Easily frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Feelings are easily hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Gets in many fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Gets upset when separated from parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Hits others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Hurts animals or people without meaning to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Looks unhappy without good reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Angry moods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Nervous, highstrung, or tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Physically attacks people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Punishment doesn't change his/her behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Refuses to play active games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Screams a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(continued next page, CBCL 1.5-6 years)

Child Behavior Checklist (CBCL 6-18 years)*Child is 6 years to 18 years*

I'm going to read a list of items that describe children. For each item that describes the {child} **now or within the past 2 months**, please use the scale provided to tell me how often the statement applies to {child}. Please answer all items as well as you can, even if some do not seem to apply to the child. Use the following scale: 0 = Not true (as far as you know); 1 = Somewhat or sometimes true; 2 = Very true or often true.

	0	1	2
1. Drinks alcohol without parents' approval	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Argues a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There is very little he/she enjoys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Cries a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Cruelty, bullying, or meanness to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Demands a lot of attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Destroys his/her own things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Destroys things belonging to his/her family or others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Disobedient at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Disobedient at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Doesn't seem to feel guilty after misbehaving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Breaks rules at home, school, or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Fear certain animals, situations, or places other than school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Fears going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Fears he/she might think or do something bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Feels he/she has to be perfect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Feels or complains that no one loves him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Feels worthless or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Gets in many fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Hangs around with others who get in trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Would rather be alone than with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Nervous, highstrung, or tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Too fearful or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Prefers being with older kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(continued next page, CBCL 6-18 years)

IBQ, continued

8. Please rate the overall degree of difficulty your baby would present for the average parent.

Super easy (1)	(2)	(3)	Ordinary, some problems (4)	(5)	(6)	Highly difficult to deal with (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How much does your baby enjoy playing little games with you?

A great deal, really loves it (1)	(2)	(3)	About average (4)	(5)	(6)	Very little, doesn't like it very much (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. How does your baby respond to disruptions and changes in everyday routine, such as when you go to church or a meeting, on trips, etc.?

Very favorably, doesn't get upset (1)	(2)	(3)	About Average (4)	(5)	(6)	Very unfavorably, gets quite upset (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. How changeable is your baby's mood?

Changes seldom, changes slowly when does (1)	(2)	(3)	About Average (4)	(5)	(6)	Changes often and rapidly (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. How excited does your baby become when people play with or talk to him/her?

Very excited (1)	(2)	(3)	About Average (4)	(5)	(6)	Not at all (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How does your baby typically respond to a new person?

Almost always responds favorably (1)	(2)	(3)	Responds favorably about half the time (4)	(5)	(5)	Almost always responds negatively at first (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How does your baby typically respond to being in a new place?

Almost always responds favorably (1)	(2)	(3)	Responds favorably about half the time (4)	(5)	(5)	Almost always responds negatively at first (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CBCL 1.5-6 years, continued

	0	1	2
24. Seems unresponsive to affection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Self-conscious or embarrassed easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Selfish or won't share	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Shows little affection toward people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Shows little interest in things around him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Stubborn, sullen, or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Temper tantrums or hot temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Too fearful or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Uncooperative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Unhappy, sad, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Wants a lot of attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Withdrawn, doesn't get involved with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

END of instrument. Continue to next section.

15. How well does your baby adapt to things (like new people or being in new places) eventually?

Very well, always likes it eventually (1)	(2)	(3)	Ends up liking it about half the time (4)	(5)	(5)	Almost always dislikes it in the end (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. When your baby gets upset (e.g., before feeding, during diapering, etc.), how vigorously or loudly does he/she cry and fuss?

Very mild intensity or loudness (1)	(2)	(3)	Moderate intensity or loudness (4)	(5)	(5)	Very loud or intense, really cuts loose (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. How active is your baby in general?

Very calm and quiet (1)	(2)	(3)	Average (4)	(5)	(6)	Very active and vigorous (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How much does your baby smile and make happy sounds?

A great deal, much more than most infants (1)	(2)	(3)	An average amount (4)	(5)	(6)	Very little, much less than most infants (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CBCL 6-18 years, continued

	0	1	2
1. Feels too guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Physically attacks people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Refuses to talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Runs away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Screams a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Secretive, keeps things to self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Self-conscious or easily embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Sets fires	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Sexual problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Too shy or timid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Steals at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Steals outside the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Stubborn, sullen, or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Sudden changes in mood or feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Sulks a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Suspicious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Swearing or obscene language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Talks about killing self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Teases a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Temper tantrums or hot temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks about sex too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Threatens people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Smokes, chews, or sniffs tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Truancy, skips school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Underactive, slow moving, or lacks energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Unhappy, sad, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Unusually loud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Uses drugs for nonmedical purposes (don't include alcohol tobacco)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Withdrawn, doesn't get involved with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

END of instrument. Continue to next section.

Caregiver Substance Abuse¹⁹

In the past year, how often have you used the following:

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
1. Alcohol <i>For men: 5 or more drinks in a day</i> <i>For women: 4 or more drinks in a day</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Prescription drugs for nonmedical reasons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. *If respondent answered anything other than “Never” for any of the above items:* In the past 3 months, to what extent has your use of alcohol or other drugs made it difficult for you to do your work, take care of things at home, parent effectively, or get along with other people?
- Not at all
 - Somewhat
 - Considerably
 - Extremely

Education

If child is 5 or younger, skip to next section.

Please tell us if you have participated in the following activities with your child during the past school year. Please remember that there are no right or wrong answers.

	Never	Sometimes (once/twice a month)	Often (Once/twice a week)	All of the time (almost every day)
1. I have helped {child} with his/her homework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have checked {child}'s homework assignments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have talked to {child} about what goes on at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹⁹ Adapted from National Institute on Drug Abuse. (n.d.). NIDA Quick Screen.

The next set of questions are about {child}'s talents. Finish each sentence using the scale provided.

	Far below average		Average				Far above average
	1	2	3	4	5	6	7
4. In ENGLISH, {child} is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In ART/MUSIC, {child} is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In MATH, {child} is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. SOCIALLY (making friends), {child} is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. In WRITING, {child} is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. In ATHLETICS, {child} is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. {Child}'s grades are:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. In SCIENCE, {child} is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Work with CP&P

Working Alliance Inventory²⁰

In a moment I will read some statement about different ways a person might think or feel about their current caseworker. Using a scale numbered 1 through 7, where 1 means "Never" and 7 means "always," give me a number that best describes how often each sentence describes how you feel.

	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
1. {Child}'s caseworker and I agree about the things I will need to do with CP&P to help improve my situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. What I am doing with CP&P gives me new ways of looking at my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I believe {child}'s caseworker likes me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. {Child}'s caseworker does not understand what I am trying to accomplish with CP&P.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am confident in {child}'s caseworker's ability to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. {Child}'s caseworker and I are working toward mutually agreed upon goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel that {child}'s caseworker appreciates me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

²⁰ Adapted from Horvath, A. (n.d.). Working Alliance Inventory.

8. {Child}'s caseworker and I agree on what is important for me to work on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. {Child}'s caseworker and I trust one another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. {Child}'s caseworker and I have different ideas about what my problems are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. {Child}'s caseworker and I have established a good understanding of the kind of changes that would be good for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I believe that the way {child}'s caseworker and I are working with my problems is correct.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Concluding Questions

1. In one or two sentences, what has been the most helpful service CP&P referred you or someone in your family to? [FIELD]
2. In one or two sentences, what is the thing your CP&P caseworkers has done that was most helpful to you and your family? [FIELD]

Thank you for taking the time to complete this survey. Your responses will be combined with the responses of other resource parents involved with CP&P, and the results will be used to improved child protection and permanency services in New Jersey.

If the survey brought up something that you would like to discuss more, or if you need any help, please contact {child}'s caseworker or call the state hotline at 1-877-NJ-ABUSE.

[Instructions for receiving \$25 gift card.]

Please allow 1-2 weeks to receive your gift card.

[END OF SURVEY]

Appendix D.3. Division of Child Protection and Permanency: Parent from Family of Origin Parent Survey

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Note: Items from the *Needs Assessment: Needs and Services* section will inform the DCF Needs Assessment. Other data collected will be used in ongoing child welfare research activities conducted by the Child Welfare and Well-Being Unit at Rutgers University School of Social Work.

Any use of this instrument or original questions contained therein must be attributed to the Child Welfare and Well-Being Research Unit at Rutgers University School of Social Work. Many of the items included in this survey were drawn from other questionnaires or instruments. Original citations are provided throughout, where appropriate.

Administration: telephone (note: this document is not to be used to guide telephone administration of this survey; it is intended exclusively to enumerate the questions asked of respondents)

Estimated time for completion: approx. 30 minutes

Introductory Language and Consent

This survey should take about 30minutes. Upon completion of the survey, we would like to offer you a \$25 gift card as a thank you.

Your participation is voluntary, you may end at any time, and you may skip questions you do not want to answer. CP&P won't know whether or not you participation, and your answers will only be reported in combination with others, expect as may be required by law.

May I ask the first question?

- Yes
- No. *Skip to: End of Survey*

Demographic Information

During this survey, we are going to ask you questions about you, your family, and {child}. We will indicate when we want you to think secifically about {child}.

1. What is the primary language spoken in your house?
 - English *Skip to Question 3, this section*
 - Spanish
 - Other (specify:) [FIELD]

2. What is your gender?
 - Man
 - Woman
 - Another

3. What is your age, in years? [FIELD]

4. Are you of Hispanic, Latino, or Spanish origin?
 - No, not of Hispanic, Latino, or Spanish origin
 - Yes, Mexican, Mexican American, Chicano
 - Yes, Puerto Rican
 - Yes, Cuban
 - Yes, another Hispanic, Latino, or Spanish origin (specify: for example, Argentinean, Colombian, Nicaraguan, Salvadoran, etc.) [FIELD]

5. What is your race? Check all that apply.
- White
 - Black or African American
 - American Indian or Alaska Native (specify enrolled or principal tribe) [FIELD]
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian (specify: for example, Hmong, Laotian, Thai, Pakistani, Cambodian, etc.) [FIELD]
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander (specify: for example, Figian, Tongan, etc.) [FIELD]
 - Some other race (specify) [FIELD]
6. Are you {child}'s primary caregiver?
- Yes
 - No
7. What is your relationship to {child}?
- Father
 - Mother
 - Grandmother
 - Grandfather
 - Aunt
 - Uncle
 - Sibling
 - Other family (e.g., cousin)
 - Other [FIELD]
8. How old is {child}?
- 0-18 months
 - 1.5 – 5 years
 - 6 – 11 years
 - 12 – 17 years
 - 18 – 21 years
9. What is {child}'s gender?
- Boy
 - Girl
 - Another

10. Currently, where does {child} live most of the time (more than 50% of the time)?
- With you *Skip to Question 12, this section*
 - With someone else/somewhere else
11. Which of the following best describes where {child} is living?
- Back with parent/original caregiver
 - With another family member (not parent)
 - In another foster home
 - In a group home
 - Don't know
 - Somewhere else (describe:) _____
12. What is your current relationship status?
- Married
 - Committed relationship
 - Widowed
 - Divorced
 - Separated
 - Never married
13. Are you currently cohabitating with a current or former partner?
- Yes, current partner
 - Yes, former partner
 - No
14. Including yourself, how many adults are living in your household? [drop-down menu]
15. Including {child}, how many children are living in your household? [drop-down menu]
16. What is your highest level of education?
- Elementary or junior high school
 - 8th grade or less
 - Some high school (grades 9, 10, 11)
 - High school graduate
 - Vocational/technical school
 - Some college
 - Junior college graduate (2 years, Associate's Degree)
 - 4-year college graduate (Bachelor's Degree)
 - Graduate work (Master's, Law/Medical Degree)
17. What is your current employment status
- Employed full-time
 - Employed part-time
 - Not employed/unemployed

18. Are you currently in school (academic or vocational)?
- No
 - Yes, part-time
 - Yes, full-time
19. Over the last 12 months, have you been unemployed or out of work for thirty or more days in a row?
- Yes
 - No
20. Which of the following categories best represents your annual family income, including any cash assistance?
- \$0 - \$5,000
 - \$5,001 - \$10,000
 - \$10,001 - \$15,000
 - \$15,001 - \$20,000
 - \$20,001 - \$25,000
 - \$25,001 - \$30,000
 - \$30,001 - \$35,000
 - \$35,001 - \$40,000
 - \$40,001 - \$45,000
 - \$45,001 - \$50,000
 - More than \$50,000
21. What kind of medical/health insurance do you have, if any?
- New Jersey Family Care/Medicaid
 - VA/CHAMPVS
 - Medicare
 - Employer-provided insurance
 - Other private insurance
 - Insured, but unknown insurer
 - Unknown (not sure if you have insurance or not)
 - No insurance

22. I'm going to read a list of programs and services that families in New Jersey may use. Please say "Yes" or "No" to indicate whether you currently receive benefits from each program.

	No	Yes		No	Yes
a. Temporary Assistance for Needy Families (TANF)/welfare cash assistance	<input type="radio"/>	<input type="radio"/>	<i>If Yes</i> → Did CP&P help you access it?	<input type="radio"/>	<input type="radio"/>
b. Women, Infants & Children (WIC)	<input type="radio"/>	<input type="radio"/>	<i>If Yes</i> → Did CP&P help you access it?	<input type="radio"/>	<input type="radio"/>
c. Supplemental Nutrition Assistance Program (SNAP)/food stamps/EBT card	<input type="radio"/>	<input type="radio"/>	<i>If Yes</i> → Did CP&P help you access it?	<input type="radio"/>	<input type="radio"/>
d. Supplemental Security Insurance (SSI), Social Security Disability Insurance (SSDI), or other disability benefits	<input type="radio"/>	<input type="radio"/>	<i>If Yes</i> → Did CP&P help you access it?	<input type="radio"/>	<input type="radio"/>
e. Housing subsidy, housing voucher/Section 8, or public housing	<input type="radio"/>	<input type="radio"/>	<i>If Yes</i> → Did CP&P help you access it?	<input type="radio"/>	<input type="radio"/>
f. Health insurance subsidy (through Affordable Care Act)	<input type="radio"/>	<input type="radio"/>	<i>If Yes</i> → Did CP&P help you access it?	<input type="radio"/>	<input type="radio"/>
g. Other: _____	<input type="radio"/>	<input type="radio"/>	<i>If Yes</i> → Did CP&P help you access it?	<input type="radio"/>	<input type="radio"/>

Needs Assessment: Needs and Services

Mental Health

1. What, if any, needs related to mental health have you had since {child} came to live with you? [FIELD]
2. **Since you CP&P case was opened**, have you received any services related to your mental health? These could include psychiatric services, counseling, [...]

Yes
↓

No
↓

- A. What type of service or services did you receive related to your mental health?
[FIELD]
[FIELD]
[FIELD]
- B. What was the name of the agency or agencies that provided those services?
[FIELD]
[FIELD]
[FIELD]
- C. Did CP&P refer you to or tell you about {that service/any of those services}?
 Yes
 No
- D. To what extent do you agree or disagree with the following statement: The services I received related to my mental health were helpful.
 Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree

Continue to Question 3 (Drinking and Drug Use)

- E. Do you think you could have benefitted from services related to your mental health?
 Yes
 No
- F. Did anyone from CP&P ever refer you to or tell you about services related to your mental health that you did not access?
 Yes
 No *Skip to Question 3 (Drinking and Drug Use)*
- G. What services were those? [FIELD]
- H. Which, if any, of the following reasons describe why you didn't access the services related to your mental health that CP&P referred you to or told you about?
 Didn't have access to transportation
 Waitlist was too long
 Too far
 Didn't feel I needed these services
 Couldn't take time off work
 Didn't have child care
 Provider's hours weren't convenient
 Wasn't eligible for the service
 Didn't feel like the provider cared about me or my family
 Other: _____

Continue to Question 3 (Drinking and Drug Use)

Drinking and Drug Use

1. What, if any, needs related to drinking or drug use have you had since {child} came to live with you?
[FIELD]
2. **Since you CP&P case was opened**, have you received any services related to drinking or drug use?
These could include inpatient or outpatient, substance use services, [...]

Yes
↓

No
↓

A. What type of service or services did you receive related to drinking or drug use?
[FIELD]
[FIELD]
[FIELD]

B. What was the name of the agency or agencies that provided those services?
[FIELD]
[FIELD]
[FIELD]

C. Did CP&P refer you to or tell you about {that service/any of those services}?
 Yes
 No

D. To what extent do you agree or disagree with the following statement: The services I received related to drinking or drug use were helpful.
 Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree

Continue to Question 5 (Domestic Violence)

E. Do you think you could have benefitted from services related to drinking or drug use?
 Yes
 No

F. Did anyone from CP&P ever refer you to or tell you about services related to drinking or drug use that you did not access?
 Yes
 No *Skip to Question 5 (Domestic Violence)*

G. What services were those? [FIELD]

H. Which, if any, of the following reasons describe why you didn't access the services related to drinking or drug use that you were referred to?
 Didn't have access to transportation
 Waitlist was too long
 Too far
 Didn't feel I needed these services
 Couldn't take time off work
 Didn't have child care
 Provider's hours weren't convenient
 Wasn't eligible for the service
 Didn't feel like the provider cared about me or my family
 Other: _____

Continue to Question 5 (Domestic Violence)

Domestic Violence

1. What, if any, needs related to domestic violence have you had since {child} came to live with you?
[FIELD]
2. **Since you CP&P case was opened**, have you received any services related to domestic violence? These could include [...]

Yes
↓

No
↓

<p>A. What type of domestic violence service or services did you receive? [FIELD] [FIELD] [FIELD]</p> <p>B. What was the name of the agency or agencies that provided those services? [FIELD] [FIELD] [FIELD]</p> <p>C. Did CP&P refer you to or tell you about {that service/any of those services}? <input type="radio"/> Yes <input type="radio"/> No</p> <p>D. To what extent do you agree or disagree with the following statement: The domestic violence services I received were helpful. <input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree</p> <p><i>Continue to Question 7 (Housing)</i></p>
--

<p>E. Do you think you could have benefitted from domestic violence services? <input type="radio"/> Yes <input type="radio"/> No</p> <p>F. Did anyone from CP&P ever refer you to or tell you about domestic violence services that you did not access? <input type="radio"/> Yes <input type="radio"/> No <i>Skip to Question 7 (Housing)</i></p> <p>G. What services were those? [FIELD]</p> <p>H. Which, if any, of the following reasons describe why you didn't access the domestic violence services you were referred to? <input type="checkbox"/> Didn't have access to transportation <input type="checkbox"/> Waitlist was too long <input type="checkbox"/> Too far away <input type="checkbox"/> Didn't feel I needed these services <input type="checkbox"/> Couldn't take time off work <input type="checkbox"/> Didn't have child care <input type="checkbox"/> Provider's hours weren't convenient <input type="checkbox"/> Wasn't eligible for the service <input type="checkbox"/> Didn't feel like the provider cared about me or my family <input type="checkbox"/> Other: _____</p> <p><i>Continue to Question 7 (Housing)</i></p>

Housing

1. What, if any, needs related to housing have you had since {child} came to live with you? [FIELD]
2. Since you CP&P case was opened, have you received any services related to housing? These could include [...]

Yes
↓

No
↓

- A. What type of housing service or services did you receive? For example, did you get help getting furniture, help you pay a utility bill, help you pay back rent or a security deposit?
[FIELD]
[FIELD]
[FIELD]
- B. What was the name of the agency or agencies that provided those services?
[FIELD]
[FIELD]
[FIELD]
- C. Did CP&P refer you to or tell you about {that service/any of those services}?
 Yes
 No
- D. To what extent do you agree or disagree with the following statement: The housing services I received were helpful.
 Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree

Continue to Question 9 (Financial Need)

- E. Do you think you could have benefitted from housing services?
 Yes
 No
- F. Did anyone from CP&P ever refer you to or tell you about housing services that you did not access?
 Yes
 No *Skip to Question 9 (Financial Need)*
- G. What services were those? [FIELD]
- H. Which, if any, of the following reasons describe why you didn't access the housing services you were referred to?
 Didn't have access to transportation
 Waitlist was too long
 Too far away
 Didn't feel I needed these services
 Couldn't take time off work
 Didn't have child care
 Provider's hours weren't convenient
 Was not eligible for the service
 Didn't feel like the provider cared about me or my family
 Other: _____

Continue to Question 9 (Financial Need)

Financial Need

1. What, if any, needs related to finances have you had since {child} came to live with you? [FIELD]
2. Since you CP&P case was opened, have you received any services related to finances? These could include [...]

Yes
↓

No
↓

A. What type of service or services did you receive related to financial need?
[FIELD]
[FIELD]
[FIELD]

B. What was the name of the agency or agencies that provided those services?
[FIELD]
[FIELD]
[FIELD]

C. Did CP&P refer you to or tell you about {that service/any of those services}?
 Yes
 No

D. To what extent do you agree or disagree with the following statement: The services I received related to financial need were helpful.
 Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree

Continue to Question 11 (Child Substance Use)

E. Do you think you could have benefitted from services related to financial need?
 Yes
 No

F. Did anyone from CP&P ever refer you to services related to financial need that you did not access?
 Yes
 No *Skip to Question 11 (Child Substance Use)*

G. What services were those? [FIELD]

H. Which, if any, of the following reasons describe why you didn't access the services you were referred to for financial need?
 Didn't have access to transportation
 Waitlist was too long
 Too far away
 Didn't feel I needed these services
 Couldn't take time off work
 Didn't have child care
 Provider's hours weren't convenient
 Wasn't eligible
 Didn't feel like the provider cared about me or my family
 Other: _____

Continue to Question 11 (Child Substance Use)

If child is younger than 7 years old, skip to Question 13 (Child Mental Health)

Child Substance Use

1. What, if any, needs has {child} had related to drinking or drug use since {child} came to live with you?
[FIELD]
2. **Since you CP&P case was opened**, has {child} received any services related to drinking or drug use?
These could include [...]

Yes
↓

No
↓

- A. What type of substance use service or services did {child} receive?
[FIELD]
[FIELD]
[FIELD]
- B. What was the name of the agency or agencies that provided those services?
[FIELD]
[FIELD]
[FIELD]
- C. Did CP&P refer you to or tell you about {that service/any of those services}?
 Yes
 No
- D. To what extent do you agree or disagree with the following statement: The substance use services {child} received were helpful.
 Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree

Continue to Question 13 (Child Mental Health)

- E. Do you think {child} could have benefited from substance use services?
 Yes
 No
- F. Did anyone from CP&P ever refer {child} to substance use services that were not accessed?
 Yes
 No *Skip to Question 13 (Child Mental Health)*
- G. What services were those? [FIELD]
- H. Which, if any, of the following reasons describe why the substance use services {child} was referred to were not accessed?
 Didn't have access to transportation
 Waitlist was too long
 Too far away
 Didn't feel I needed these services
 Couldn't take time off work
 Didn't have child care
 Provider's hours weren't convenient
 Wasn't eligible
 Didn't feel like the provider cared about me or my family
 Other: _____

Continue to Question 13 (Child Mental Health)

Child Mental Health

1. What, if any, needs has {child} had related to mental health since {child} came to live with you?
[FIELD]
2. **Since you CP&P case was opened**, has {child} received any services related to mental health? These could include [...]

Yes
↓

No
↓

A. What type of mental health service or services did {child} receive?
[FIELD]
[FIELD]
[FIELD]

B. What was the name of the agency or agencies that provided those services?
[FIELD]
[FIELD]
[FIELD]

C. Did CP&P refer you to or tell you about {that service/any of those services}?
 Yes
 No

D. To what extent do you agree or disagree with the following statement: The mental health services {child} received were helpful.
 Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree

Continue to Question 15 (Parenting Skills)

E. Do you think {child} could have benefitted from mental health services?
 Yes
 No

F. Did anyone from CP&P ever refer {child} to or tell about mental health services that were not accessed?
 Yes
 No *Skip to Question 15 (Parenting Skills)*

G. What services were those? [FIELD]

H. Which, if any, of the following reasons describe why the mental health services {child} was referred to were not accessed?
 Didn't have access to transportation
 Waitlist was too long
 Too far away
 Didn't feel I needed these services
 Couldn't take time off work
 Didn't have child care
 Provider's hours weren't convenient
 Didn't feel like the provider cared about me or my family
 Other: _____

Continue to Question 15 (Parenting Skills)

Parenting Skills

1. What, if any, needs related to parenting did you have since {child} came to live with you? [FIELD]
2. Since you CP&P case was opened, have you received any parenting services? These could include [...]

Yes
↓

No
↓

A. What type of parenting service or services did you receive?
[FIELD]
[FIELD]
[FIELD]

B. What was the name of the agency or agencies that provided those services?
[FIELD]
[FIELD]
[FIELD]

C. Did CP&P refer you to or tell you about {that service/any of those services}?
 Yes
 No

D. To what extent do you agree or disagree with the following statement: The parenting services I received were helpful.
 Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly Agree

Continue to Question 17

E. Do you think you could have benefited from parenting services?
 Yes
 No

F. Did anyone from CP&P ever refer you to parenting services that you did not access?
 Yes
 No *Skip to Question 17 (Child Substance Use)*

G. What services were those? [FIELD]

H. Which, if any, of the following reasons describe why you didn't access the parenting services you were referred to?
 Didn't have access to transportation
 Waitlist was too long
 Too far away
 Didn't feel I needed these services
 Couldn't take time off work
 Didn't have child care
 Provider's hours weren't convenient
 Wasn't eligible for the service
 Didn't feel like the provider cared about me or my family
 Other: _____

Continue to Question 17

Other Services

3. What, if any, other services have you received since {child} came to live with you? [FIELD]

Additional Data Collection

General Health

1. Overall, how would you rate your health during the past four weeks?
 - Excellent
 - Very good
 - Fair
 - Poor
 - Very poor

Housing

2. Do you currently:
 - Own your home
 - Rent your home
 - Share housing with someone (not owned or rented by you)
 - Other (Specify): _____

Criminal and Juvenile Justice Involvement

If (target) child is 11 or younger, skip to next section.

1. To your knowledge, has {child} ever had involvement with juvenile justice?
 - Yes
 - No
2. To your knowledge, has {child} been arrested?
 - Yes
 - No

Transportation

I'm going to read a few statements about how you get around – to work, to services, and to anywhere else you need to be. Please tell me, using the following scale, the extent to which you agree or disagree with these statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I can get to services and CP&P appointments easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Caregiver Mental Health

1. Do you have any diagnosed mental health conditions?
 - Yes
 - No

2. Have you ever been referred to services for a mental health condition or no?
 - Yes
 - No

Patient Health Questionnaire²¹

3. Over the past two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half of the days	Nearly every day
a. Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Feeling down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Trouble falling asleep, staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feeling bad about yourself – or that you’re a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. *If respondent answered “several days,” “more than half of the days,” or “nearly every day” to any item(s):* How difficult have those problems made it for you to do your work, take care of things at home, parent effectively, or get along with other people?
 - Not difficult at all
 - Somewhat difficult
 - Very difficult
 - Extremely difficult

²¹ Kroenke K, Spitzer R, Williams W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16, 606-616

Generalized Anxiety Disorder²²

5. Over the past two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half of the days	Nearly every day
a. Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Being so restless it's hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. *If respondent answered "several days," "more than half of the days," or "nearly every day" to any item(s):* How difficult have those problems made it for you to do your work, take care of things at home, parent effectively, or get along with other people?
- Not difficult at all
 - Somewhat difficult
 - Very difficult
 - Extremely difficult

²² Spitzer RL, Kroenke K, Williams JBW, Lowe B. (2006). A brief measure for assessing generalized anxiety disorder. *Archives of Internal Medicine*, 166, 1092-109

Adverse Childhood Experience (ACE) Questionnaire – Caregiver²³

I'd like to ask you some questions about events that happened during your childhood. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age---

	Yes	No	Don't Know/ Not Sure	Refused
a. Did you live with anyone who was depressed, mentally ill, or suicidal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Did you live with anyone who was a problem drinker or alcoholic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Did you live with anyone who used illegal street drugs or who abused prescription medications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Parents not married	Don't Know/ Not Sure	Refused
e. Were your parents separated or divorced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Once	More than once	Don't Know/ Not Sure	Refused
f. How often did you parents or adults in your home ever slap, kick, punch, or beat each other up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Before 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. How often did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. How often did anyone at least 5 years or older than you or an adult, ever touch you sexually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. How often did anyone did anyone at least 5 years older than you or an adult, try to make you touch them sexually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. How often did anyone at least 5 years older than you or an adult, force you to have sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

²³ Centers for Disease Control and Prevention. (n.d.) Behavioral Risk Factor Surveillance System ACE Module.

Domestic Violence²⁴

If respondent reported being single and not cohabitating with a current or former partner, skip to next section.

1. I'm going to ask you a few questions about your partner. Please remember we ask these questions of everyone. How often does your partner:

	Never	Sometimes	Often
a. Physically hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Insult or talk down to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Threaten you with harm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Scream or curse at you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Control your money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Control your social life or who you see?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. *If respondent indicated other adults living in the household:* Not including yourself, do any of the other adults living with you have spouses, boyfriends, or girlfriends who hit them, scream at them, or threaten them with harm?
- Yes
- No

Financial Need

The following questions are about any financial needs you may have had.

	Yes	No
3. Was there any time in the past 12 months when {you/your household} did not pay the full amount of the rent or mortgage or the full amount of the gas, oil, or electricity bills?	<input type="radio"/>	<input type="radio"/>
4. In the past 12 months, was there a time you or anyone in your household needed to see a doctor or go to the hospital but did not go because of the cost?	<input type="radio"/>	<input type="radio"/>
5. In the past 12 months, did you borrow money from friends or family to help pay the bills?	<input type="radio"/>	<input type="radio"/>

Child Mental Health

Respondent completes only one of the following instruments, determined by age of {child}.

²⁴ Sherin, K. M., Sinacore, J. M., Li, X. Q., Zitter, R. E., & Shakil, A. (1998). HITS: a short domestic violence screening tool for use in a family practice setting. *Family Medicine, 30*, 508-512.

Infant Characteristics Questionnaire (0-18 months)²⁵

Child Behavior Checklist (1.5-5 years)²⁶

Child Behavior Checklist (6-18 years)²⁷

²⁵ Bates, J. E., Freeland, C. A. B., & Lounsbury, M. L. (1979). Measurement of infant difficultness. *Child Development*, 794-803.

²⁶ Achenbach, T.M., & Rescorla, L.A. (2001). Manual for the ASEBA School-Age Forms & Profiles. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.

²⁷ Achenbach, T.M., & Rescorla, L.A. (2001). Manual for the ASEBA School-Age Forms & Profiles. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.

Infant Characteristics Questionnaire (ICQ)

Child is under 18 months

For these items, please give the response that is most typical of {child}. "About average" means how you think the typical baby would be scored. Answer NA for any item that does not apply to your baby.

1. How easy or difficult is it for you to calm or sooth your baby when he/she is upset?

Very easy (1)	(2)	(3)	About Average (4)	(5)	(6)	Difficult (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How many times per day, on average, does your baby get fussy and irritable—for either short or long periods of time?

Never	1-2x/ day	3-4x/ day	5-6x/ day	7-9x/ day	10-14x/ day	More than 15
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How much does your baby cry or fuss in general?

Very little; much less than ave. (1)	(2)	(3)	Average amount (4)	(5)	(5)	A lot; more than ave. (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Please rate the overall degree of difficulty your baby would present for the average parent.

Super easy (1)	(2)	(3)	Ordinary, some problems (4)	(5)	(6)	Highly difficult to deal with (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How does your baby respond to disruptions and changes in everyday routine, such as when you go to church or a meeting, on trips, etc.?

Very favorably, doesn't get upset (1)	(2)	(3)	About Average (4)	(5)	(6)	Very un-favorably gets quite upset (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How changeable is your baby's mood?

Changes seldom, changes slowly when does (1)	(2)	(3)	About Average (4)	(5)	(6)	Changes often and rapidly (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How well does your baby adapt to things (like new people or being in new places) eventually?

Very well, always likes it eventually (1)	(2)	(3)	Ends up liking it about half the time (4)	(5)	(5)	Almost always dislikes it in the end (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. When your baby gets upset (e.g., before feeding, during diapering, etc.), how vigorously or loudly does he/she cry and fuss?

Very mild intensity or loudness (1)	(2)	(3)	Moderate intensity or loudness (4)	(5)	(5)	Very loud or intense, really cuts loose (7)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Child Behavior Checklist (CBCL 1.5-6 years)

Child is 18 months to 6 years

I'm going to read a list of items that describe children. For each item that describes the {child} **now or within the past 2 months**, please use the scale provided to tell me how often the statement applies to {child}. Please answer all items as well as you can, even if some do not seem to apply to {child}. Use the following scale: 0 = Not true (as far as you know); 1 = Somewhat or sometimes true; 2 = Very true or often true.

	0	1	2
1. Acts too young for age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Avoids looking others in the eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Can't stand waiting; wants everything now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Defiant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Demands must be met immediately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Destroys things belonging to his/her family or other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Disobedient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Doesn't answer when people talk to him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Doesn't seem to feel guilty after misbehaving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Easily frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Gets in many fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Hits others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Hurts animals or people without meaning to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Angry moods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Physically attacks people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Punishment doesn't change his/her behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Refuses to play active games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Screams a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Seems unresponsive to affection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Selfish or won't share	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Shows little affection toward people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Shows little interest in things around him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Stubborn, sullen, or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Temper tantrums or hot temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Uncooperative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Wants a lot of attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Withdrawn, doesn't get involved with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Child Behavior Checklist (CBCL 6-18 years)

Child is 6 years to 18 years

I'm going to read a list of items that describe children. For each item that describes the {child} **now or within the past 2 months**, please use the scale provided to tell me how often the statement applies to {child}. Please answer all items as well as you can, even if some do not seem to apply to the child. Use the following scale: 0 = Not true (as far as you know); 1 = Somewhat or sometimes true; 2 = Very true or often true.

	0	1	2
32. Argues a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. There is very little he/she enjoys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Cruelty, bullying, or meanness to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Demands a lot of attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Destroys his/her own things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Destroys things belonging to his/her family or others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Disobedient at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Disobedient at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Gets in many fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Would rather be alone than with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Physically attacks people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Refuses to talk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Screams a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Secretive, keeps things to self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Too shy or timid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Steals outside the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Stubborn, sullen, or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Sudden changes in mood or feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Sulks a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Suspicious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Teases a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Temper tantrums or hot temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Threatens people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Underactive, slow moving, or lacks energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Unhappy, sad, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Unusually loud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Withdrawn, doesn't get involves with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Education

If child is 5 or younger, skip to next section.

The next set of questions are about {child}'s talents. Finish each sentence using the scale provided.

	Far below average		Average				Far above average
	1	2	3	4	5	6	7
1. In ENGLISH, {child} is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In MATH, {child} is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. SOCIALLY (making friends), {child} is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. {Child}'s grades are:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Work with CP&P

Working Alliance Inventory²⁸

In a moment I will read some statement about different ways a person might think or feel about their current caseworker. Using a scale numbered 1 through 7, where 1 means "Never" and 7 means "always," give me a number that best describes how often each sentence describes how you feel.

	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
1. {Child}'s caseworker and I agree about the things I will need to do with CP&P to help improve my situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. What I am doing with CP&P gives me new ways of looking at my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I believe {child}'s caseworker likes me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. {Child}'s caseworker does not understand what I am trying to accomplish with CP&P.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am confident in {child}'s caseworker's ability to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. {Child}'s caseworker and I are working toward mutually agreed upon goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel that {child}'s caseworker appreciates me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

²⁸ Adapted from Horvath, A. (n.d.). Working Alliance Inventory.

8. {Child}'s caseworker and I agree on what is important for me to work on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. {Child}'s caseworker and I trust one another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. {Child}'s caseworker and I have different ideas about what my problems are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. {Child}'s caseworker and I have established a good understanding of the kind of changes that would be good for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I believe that the way {child}'s caseworker and I are working with my problems is correct.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Concluding Questions

1. In one or two sentences, what has been the most helpful service CP&P referred you or someone in your family to?
2. In one or two sentences, what is the thing your CP&P caseworkers has done that was most helpful to you and your family?

Thank you for taking the time to complete this survey. Your responses will be combined with the responses of other resource parents involved with CP&P, and the results will be used to improved child protection and permanency services in New Jersey.

If the survey brought up something that you would like to discuss more, or if you need any help, please contact {child}'s caseworker or call the state hotline at 1-877-NJ-ABUSE.

[Instructions for receiving \$25 Target GiftCard.]

Please allow 1-2 weeks to receive your gift card.

[END OF SURVEY]

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