



QUALITY STANDARDS FOR DCF PROVIDERS

Each month, DCF serves over 100,000 constituents with an array of family and individual programs, including direct services delivered by DCF staff and/or through a network of community providers. DCF remains steadfast in its ongoing commitment to designing and managing a strong, state-wide network of direct services, and has been moving into the next phase of its evolution, working to strengthen its network of purchased services in support of its vision: that every resident of New Jersey is safe, healthy, and connected.

One of the ways DCF is working towards the goal of maintaining service excellence for families is through the development of Quality Standards for purchased services. In developing these standards, DCF staff conducted a review of existing models, quality assurance and service standard approaches in child welfare. In addition, DCF gathered input from its own stakeholders to ensure that various perspectives were included in the development of the standards. DCF conducted interviews with families, service providers, staff, and Executive Management; collected surveys from DCF youth council participants; facilitated focus groups with providers and judiciary representatives during the Commissioners' regional forums, and conducted focus groups with the New Jersey Children in Court Improvement Committee Meeting and the New Jersey Task Force on Child Abuse and Neglect Protection Committee.

Domain 1: Availability

Providers make every effort to ensure that programs operate according to the capacity and length of service described in the contract. Providers strategically coordinate with other service providers or service lines available to the program participant(s), in order to ensure that services are not duplicated.

Standard 1.1: Adherence to Appropriate Intake and Utilization Criteria

Providers use an established process to gather necessary information to understand program participants' needs and to ensure program participants meet eligibility criteria, if applicable.

Standard 1.2: Building Relationships Across Service Networks

All Providers delivering DCF purchased services will work toward building collaborative relationships and partnerships across agencies and programs that provide quality services to the same program participants and communities. Providers will apply team approaches to supplemental service delivery and prioritize the holistic needs of program participants and their families.

Domain 2: Accessibility

Providers ensure programs are delivered in a manner that maximizes participant engagement, and they take proactive steps to remove barriers to accessing services.

Standard 2.1: Understanding Barriers to Access

Providers will engage in ongoing efforts to understand participant barriers to access for the service provided (e.g., language, transportation, hours of operation, limited office locations, signage, digital accessibility, physical accessibility). Providers will also communicate information about barriers to access with DCF in order to strengthen system collaboration in meeting the needs of New Jersey residents.

Standard 2.2: Addressing Barriers to Access

Providers will implement strategies to ensure that agency policies, procedures, and service delivery practices promote equitable access and minimize barriers to service, as much as possible. Providers will assess and address any access obstacles, i.e., digital accessibility, transportation, etc.

Standard 2.3: Linguistic Accessibility

All providers delivering DCF purchased services will make concerted efforts to understand the linguistic diversity of the program participants they serve. Providers should make reasonable efforts to anticipate and meet the needs of non-English speakers when delivering services, including hiring multilingual staff members that reflect the population/s of participants.

Standard 2.4: Bureaucratic/Administrative Accessibility

Providers support program participants in any procedural steps that must be completed before accessing services, such as completing required forms, obtaining legal documents, etc. Providers assess and support participants to mitigate any access obstacles to completion of these processes, and directly support program participants that struggle with literacy and/or numeracy.

Standard 2.5: Social Accessibility

Providers remain sensitive to the potential of stigma for program participants enrolled in certain services and take pro-active steps to provide an emotionally and physically safe environment and experience for them. Providers will ensure that staff do not discriminate against program participants that are involved in multiple systems (e.g., criminal justice, child protection, substance use disorder treatment, etc.).

Standard 2.6: Information Accessibility

Providers continually seek to understand how potential service recipients can obtain information about services in the manner and at the time that is the best fit for them. Providers actively disseminate information about services and community partnerships to the community in various languages, formats, and modalities, and provide materials in accessible reading levels or alternatives to printed information to reach members of the community with limited literacy.

Domain 3: Acceptability

The supports provided to the program participants are family centered, holistic, tailored, culturally responsive, and collaborative.

Standard 3.1: Centering Participants

Providers will ensure delivery of service in a manner such that the perspectives, beliefs, needs, and goals of constituents are what drive the policies, procedures, and practices of the program.

Standard 3.2: Culturally Responsive

Providers will provide culturally responsive services that are driven by an understanding and respect for the individuality of program participants, their families, the communities in which they reside, and in consideration of current events that may adversely impact that community. Providers should work proactively to assess the cultural backgrounds of the community and program participants and develop practices and procedures to welcome and effectively serve participants accordingly. Providers will actively examine cultural assumptions on the part of staff that may negatively impact the effectiveness of services. Providers make every effort to employ staff members that are representative of the community served.

Standard 3.3 Adherence to Relevant Ethical and Professional Standards

Provider staff keep up to date on and adhere to relevant ethical and professional standards.

Standard 3.4 Respect for Confidentiality

Providers respect program participants' need for confidentiality with regard to receipt of services, and pro-actively safeguard participants' personal information. If necessary, providers will provide confidential spaces for service delivery.

Standard 3.5 Sensitivity to Gender, Age, Race, Ethnicity and Sexual Identity

Providers routinely examine the gender, age, race, ethnicity, and sexual identity of the target population for their programs. Providers use such understanding to routinely review the extent to which their services are disproportionately reaching only certain racial, ethnic, age, gender, or other groups. Providers proactively take steps to ensure that their programs are welcoming for and effective with program participants regardless of gender, age, race, ethnicity, and sexual identity.

Domains 4: Quality

Providers ensure that services adhere to required models, that staff possess the skills necessary to provide excellent service, and that program participants are treated fairly.

Standard 4.1: Standards

Services are provided with high adherence to service models and requirements as articulated in the contract.

Standard 4.2 Skills

Staff implementing services have the knowledge, skills, and competencies necessary to adequately deliver the program model as intended.

Standard 4.3: Participant Experience

Every program participant is treated with dignity, respect, and care during every interaction with the program.