2024 Annual Progress and Services Report (APSR)

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Introduction

In keeping with Governor Phil Murphy's platform of a stronger, fairer New Jersey, the New Jersey Department of Children and Families (DCF) has been undergoing an urgent transformation that is informed by evolving national best practices, ongoing self-evaluation of the Department's performance, advances in science, and input from staff and constituents, including people impacted by the system. While remaining steadfast in its commitment to ensure a strong, statewide network of core services and programming to support New Jersey's children and families, DCF is evolving into a 21st century child and family serving system.

DCF envisions a state in which every resident is *safe, healthy, and connected*.

> *Safe* – free from physical, psychological and emotional harm or maltreatment, and risk of harm or maltreatment
> *Healthy* – mentally, developmentally, physically, emotionally and financially well
> *Connected* – bonded or tied together through biology, familiarity, or community

Advances in psychology, health and related fields have demonstrated that these conditions are interdependent – it is extremely challenging for humans to attain any one of these conditions without the other two also being present. DCF aims to support constituent achievement of all three conditions.

Guided by this vision, DCF engaged in a multi-year strategic planning process, which was aimed at building on agency strengths and developing solutions to areas needing improvement. In 2019, DCF finalized its strategic plan.[1] DCF identified essential values—collaboration, equity, evidence, family, and integrity—which reinforce and support all work of the Department and are the core of its operations and interactions. DCF set forth five fundamental approaches to its work – race equity, family voice, protective factors, health centered practice, and collaborative safety. DCF's strategic plan includes transformative goals and priorities, including prevention of maltreatment, increasing the use of kinship placement settings, promotion of staff health and wellness, and ensuring an integrated and inclusive children's system of care.

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[1] https://www.nj.gov/dcf/about/DCF-strategic-plan-narrative_2019-2020.pdf

Figure 1
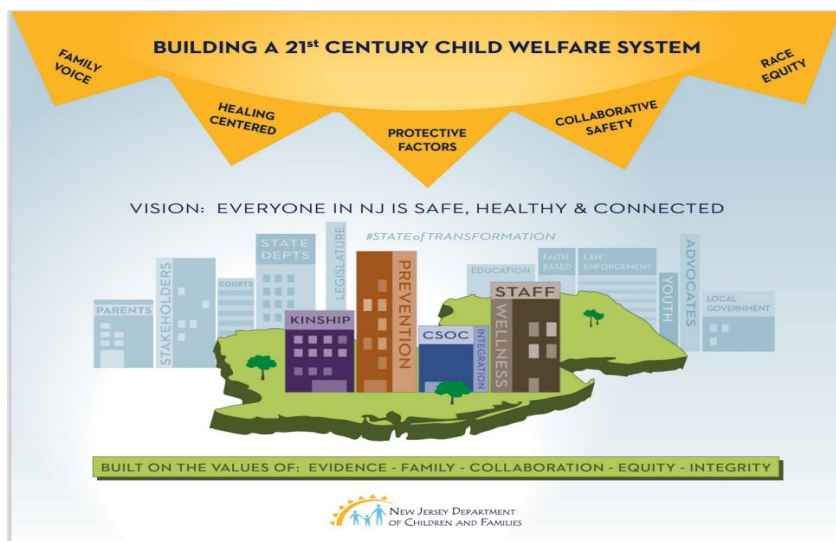
In July 2017, DCF participated in the third round of the Child and Family Services Review (CFSR) 3. For a summary of DCF's performance during CFSR 3, see *Section 2, Update to the Assessment of Current Performance in Improving Outcomes*. In June 2019, the Administration for Children and Families (ACF) approved DCF's proposed Program Improvement Plan (PIP). DCF immediately acted on the PIP strategies and goals. During the second half of 2020, DCF and ACF discussed the impacts of the COVID-19 pandemic on DCF's PIP activities and targeted timeframes for conclusion. In December 2020, ACF accepted DCF's proposals for modification and DCF's formal request for an extension of its CFSR PIP Implementation Period. In December 2021, DCF submitted its final progress report to ACF. To review a copy of the final progress report, see Attachment A to DCF's *2023* APSR. In March 2022, DCF successfully completed its PIP.

In June 2019, DCF also submitted and ACF approved its 2020-2024 Child and Family Services Plan (CFSP), which outlines DCF's vision and goals for strengthening New Jersey's child welfare system. Each June, DCF submits an Annual Program and Services Report (APSR), providing updates on the progress made to accomplishing the goals and objectives set forth in the CFSP. This report, the 2024 APSR, details DCF's progress on those goals during Year 4 (July 1, 2022, through June 30, 2023) and outlines DCF's future plans and next steps. DCF's CFSP and most recent APSR is available at: https://www.nj.gov/dcf/childdata/njfederal/. For questions related to this report:

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Section 1. General Information on DCF's Collaboration Efforts

Engagement in Substantial, Ongoing and Meaningful Consultation and Collaboration

In Year 4 of the 2020-2024 CFSP, DCF continued to act on its commitment to engage children, youth and families with lived experience, as well as with stakeholders and the Judiciary. A summary of DCF's key collaborative efforts follows.

Constituent Engagement

Youth Council

In January 2020, DCF established a statewide Youth Council. The Youth Council includes young people and coaches from diverse backgrounds and regions of the state who have lived experience with DCF's Division of Child Protection and Permanency (CP&P), Children's System of Care (CSOC), and/or Office of Education (OOE). In January 2022, the Youth Council's second cohort began, consisting of approximately 20 youth council members and three coaches. Of the 23 current members, eight identify as Black or African American, seven identify as Hispanic/Latino, six as white and two as Asian or Pacific Islander.

During Year 4, the Youth Council continued to amplify the voices of youth directly impacted by DCF and advance the Council's recommendations to improve youth experience and outcomes. With the full support of DCF's executive management team, three Youth Council subcommittees continued to meet, moving forward with implementation of their earlier recommendations. Youth Council members:

- Celebrated the enactment of the Sibling Bill of Rights, which Governor Murphy signed into law in January 2023 after three years of the Council's dedicated work. Youth were recognized in media for their efforts in proposing the bill and presented about the bill to CP&P leadership,
- Continued work to develop a peer-to-peer (P2P) mentoring program named EnlightenMENT. This new program provides opportunities for young people with lived experience to be hired as "Peer Navigators" for young people in CP&P resource care. Several Council members engaged in training and were hired as full-time Peer Navigators for the program.
- Presented at statewide Children in Court (CIC) events to share about resources created by the Youth Council and services provided by DCF.
- Continued the development of the New Jersey Youth Resource Spot (NJYRS), which launched in Spring 2022.[2] The Council created new content and formatting specific to young people in care, including information and resources on sexual health, Individual Education Plans, financial literacy, immigration, and more
- Engaged in focus groups to inform updates on Parent Resources for Information, Development and Education (PRIDE) training for resource parents and shared

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[2] https://www.nj.gov/njyrs/

feedback from previous work on the Nurtured Heart Approach (NHA). For additional information on DCF's PRIDE and NHA trainings, see DCF's updated 2020-2024 Training Plan.
- Partnered with the CP&P Office of Adolescent Services (OAS) to create a workshop on a topic of their choice to present at the Adolescent Networking Conference.
- Worked with DCF Communications to record a public service announcement (PSA) video advocating for young people and addressing suicide prevention.

Fatherhood Engagement Committee

The Department's Fatherhood Engagement Committee (FEC), which began meeting in Fall 2019, aims to improve DCF's approach to involving and engaging fathers and ensure that father's voice is included in the work of the Department. The FEC includes approximately 20 fathers with lived experience, as well as service providers and stakeholders

In August 2021, the FEC presented a series of recommendations to Commissioner Christine Beyer. Since then, DCF's Office of Family Voice (OFV) has led committee meetings and participates in collaborative workgroups to implement the recommendations. In Summer 2022, the fathers met with representatives from DCF's OFV, CP&P, Office of Policy and Regulatory Development (OPRD), Family Community Partnerships (FCP), and Office of Licensing (OOL) to identify and deliberate action items related to policy, practice, and operations. In alignment with the prioritization by the FEC, DCF issued an Administrative Order to affirm the Department's commitment to engage fathers throughout any involvement with the Department.[3] Also, based on the FEC recommendation, DCF is making efforts to decrease or eliminate child support payments for parents when their children enter out-of-home care. OFV is also working with DCF's Division on Women (DOW) to include fathers in a process to improve statewide abuse intervention programs.

The fathers have participated in several collaborative efforts:
- Participated as panelists at the Children in Court Improvement Committee (CICIC), Race Equity Summit in Fall 2022, sharing firsthand experience of attending court with CP&P involvement.
- Partnered with DCF, OFV, Office of Training and Professional Development (OTPD) and the Center of New Jersey to host the first annual Statewide Fatherhood Conference at the DCF Training Center. Attendees heard from fathers with lived experience and learned engagement strategies to include fathers in the work of departments and community organizations.
- Participated as a panelist at the 41st Annual New Jersey Child Support Council Training Event hosted by the New Jersey Department of Human Services (DHS), Division of Family Development, which was attended by over 900 child support

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[3] https://dcfpolicy.nj.gov/api/policy/download/AO-I-A-1-14.pdf

professionals.

Parent Council

The Youth Council and the FEC's Fathers with Lived Experience subcommittee serve as models for future parent and caregiver councils. The voices of birth parents, relative caregivers and foster parents with lived experience will provide input that informs system priorities and context reflecting community needs. OFV is now building staffing and capacity to expand opportunities for parents and relative caregivers to share their perspectives, provide context reflecting community needs, and develop recommendations to improve and transform DCF policy, practice and services. In Fiscal Year 2024, parents will be recruited and onboarded to a statewide Parent Council and engaged as lived experience experts on improvement projects across the Department.

Powerful Families, Powerful Communities

In 2021, DCF launched Powerful Families, Powerful Communities (PFPC), a collaborative, human-centered design process aimed at advancing New Jersey's child welfare system toward a bold, new family well-being system without the need for non-kin foster care placement in our child welfare system.[4] Through this effort, DCF engaged individuals with lived experiences to share leadership and help to design and imagine the future of child welfare in New Jersey. Phase I of this project took place from 2021 through early 2023, after which DCF hired an impacted stakeholder to serve as a co-design liaison. The PFPC team created a 40-minute documentary that explores a range of themes around the impact of the child welfare system on the lives of children and families and the need for including the voices of people impacted by the system in its transformation. Phase 2 of DCF's PFPC co-design initiative launched in Spring 2023 and iterates on the initial prototypes that emerged from Phase I. Working with an anti-racist design firm, co-design participants will develop a "Welcome Baby Kit" while learning foundational design principles.

Community Engagement

DCF continues to collaborate with a broad cross-section of partners within New Jersey to advance conversations around preventing child maltreatment. Examples of the Department's partnerships in Year 4 and ongoingly include: educators and school administrators, health care providers, law enforcement, local government leaders, and more. DCF routinely engages statewide advocacy groups, both during Child Abuse Prevention Month and throughout the year, such as the New Jersey Education Association (NJEA), the New Jersey Chapter of the American Academy of Pediatrics (NJAAP), the New Jersey Nurses Association, the New Jersey Principals and Supervisors Association, the New Jersey State Association of Chiefs of Police, the New Jersey Conference of Mayors and the League of Municipalities, as well as other partners connected to the larger child welfare system. Partner organizations receive messaging

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[4] https://www.powerfulfamiliesnj.org

through articles, essays and graphics tailored to and submitted through their newsletters about child abuse prevention, race equity, domestic violence, Positive and Adverse Childhood Experiences (PACEs) awareness and prevention, opioid safety, and youth mental health services with a focus on suicide prevention.

DCF continues to engage with its stakeholder community through regularly held forums. In October 2022, DCF, in partnership with Advocates for Children of New Jersey (ACNJ), facilitated a virtual forum to update stakeholders on the Department's progress toward its strategic plan and to provide information on DCF's continued commitment to keep families safe, healthy, and connected. Approximately 200 participants, including advocates, service providers, attorneys, DCF staff, and local stakeholders participated in this virtual forum while it was broadcast live. An additional 440 viewers connected to the replay hosted on YouTube.[5]

State and Local Partnerships

In Year 4, the following state and local partnerships were continued:

Judicial Engagement

Throughout Year 4, DCF executive leaders continued to participate in the CICIC and several of its subcommittees, including Youth, Family, and Community Voice; Race Equity; and Quality Hearings and Legal Representation. Through these forums, DCF continued to provide updates on the Department's strategic plan, the CFSP and the CFSR PIP. Members of the Department's Race Equity Steering Committee (RESC) also meet quarterly with leadership of the CIC Race Equity Subcommittee to collaborate around racial equity in the child welfare and court systems. DCF and legal stakeholders planned the annual Race Equity Summit in September 2022, as well as the Children in Court Conference. This conference, which occurred in April 2023, included plenary sessions and workshops to update attendees on legal, regulatory, policy, and practice changes. The Summit and the Conference both occurred in-person for the first time since the onset of the COVID-19 pandemic.

During the pandemic, DCF, the New Jersey Office of the Attorney General, the Office of Parental Representation, the Office of the Law Guardian, and the Administrative Office of the Courts (AOC) began to meet regularly to discuss the status of court operations. This collaboration continues to occur as the various agencies and judiciary find a new normal, balancing in-person and virtual hearings.

Children in Court Advisory Councils

Each county in New Jersey has a local Children in Court Advisory Committees (CICAC) that, ideally, meets quarterly to focus on local court practices. It is comprised of representatives from the Judiciary and all the legal stakeholders involved in litigated child protection cases. Most counties utilize the time to share information about new and

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[5] For the most recent Fall 2022 DCF/ACNJ forum, see https://www.youtube.com/watch?v=M_HK-A_BA74

ongoing initiatives, discuss the availability of services, and resolve conflicts related to local court procedures. With the most recent CFSR PIP, DCF and the AOC committed to shifting the charge to data analysis with the focus on improving timely permanency statewide.

In May 2019, the AOC's Acting Administrative Director, Judge Glenn Grant, distributed a memo to all assignment and Presiding Family Court judges, titled "Family – Children in Court – CICAC Forms; Review of Permanency Data; Children in Placement for Three or More Years." In recognizing that shifting to a data-centered focus for the CICAC meetings may be a change in practice, surveys were administered to assess the committee members' comfort with data analysis and creation of reports. After reviewing the data and conducting case reviews, the local CICACs will be required to submit action plans to address the areas where the delays in permanency appear to be occurring. The action plans will then be reviewed by the data subcommittee of the statewide CICIC. The first and second round of county reports were reviewed and graded by the data subcommittee. The subcommittee members are now planning in-person meetings with the CICACs to suggest improvements to the reports and to ensure that all court partners are participating and that recommended improvements are occurring.

In 2019 and 2020, there were multiple webinars to review statewide data, relay collective information back to the CICACs on statewide trends in delayed permanency and demonstrate how the DCF Data Hub[6] can be utilized as an alternate source of data for analysis and review. During 2021, the AOC and judiciary focused on racial equity through a "four-pronged approach": (1) leading with the data, (2) state and systemwide training, (3) policy review, which includes evaluating all existing and new policies, statutes, programs, and practices through a race equity lens and with consideration of the lived expertise of youth and families, and (4) implementing programs, policies, practices and measuring change. The local CICACs created long-term change goals aimed at reducing or eliminating racial disparities in child welfare cases in their county and presented their data, findings, and lessons learned via webinar. In 2022 and 2023, the CICACs continued to meet and review the 3+ year cases. Court partners are now looking to better define the process and objectives of the 3+ year permanency CICAC committees for improved sharing in the process of case reviews and the development of solutions that committee members can be accountable for.

Children's System of Care Planning

As was reported in the 2023 APSR, DCF's CSOC, in collaboration with the Center for Health Care Strategies (CHCS) and Casey Family Programs, convened a task force of stakeholders to make recommendations related to a behavioral and physical health integration model.[7] In August 2021, a final stakeholder advisory group was held. During this session, CSOC presented on the progress made toward the previously identified priorities and an outline for initiatives in fiscal year 2022. Shortly thereafter, CHCS convened an internal meeting with CSOC leadership to focus on reviewing and

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[6] https://njchilddata.rutgers.edu/
[7] https://www.nj.gov/dcf/about/divisions/dcsc/csoc_taskforce.html

committing to identified program initiatives organized under the three main priorities: (1) building capacity for integrated health, (2) increasing the availability of evidence-based and best practice interventions and services, and (3) improving access to CSOC services and supports, as well as including the priority of service excellence.

CSOC developed and manages workplans for the following initiatives:
- The Infant and Early Childhood Mental Health (IECMH) initiative identified three major objectives: staff development, community collaboration & increased support for families. CSOC convened a steering committee to support the planning, guidance, and monitoring for this initiative.
- The Garrett Lee Smith Suicide Prevention Grant was awarded to the New Jersey Department of Health (DOH) in November 2020. Through a Memorandum of Agreement (MOA) with DOH, DCF is partnering on several components of the grant: Question, Persuade, and Refer training for schools and other community partners, Regional Care Coordination for youth and families who have been discharged from an emergency room after a suicide attempt, suicide best practices for CSOC providers, and training and support for families and other of survivors. The third year of this grant will continue through November 2023.
- DCF is finalizing a MOA with the New Jersey Department of Community Affairs (DCA) to transfer funds for the Developing Resiliency with Engaging Approaches to Maximize Success (DREAMS) initiative to DCF allowing DCF to implement the project in participating schools for the 2023-2024 school year. The DREAMS initiative will serve up to 50 districts each year as identified by CSOC and the New Jersey Department of Education (DOE). Participating districts will receive access to on demand training, virtual live webinars, train the trainer slots for the Nurtured Heart Approach (NHA), as well as mentoring from a community-based provider for the duration of the school year.

New Jersey Task Force on Child Abuse and Neglect

The New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) studies and develops recommendations regarding the most effective means of improving the quality and scope of child protective and preventative services provided or supported by state government, including a review of the practices and policies utilized by both CP&P and FCP. The Task Force in comprised of volunteer members who are broadly representative of the community, ranging from child protection and law enforcement to advocates for children and parents. More specifically, the NJTFCAN includes officials from state agencies such as the New Jersey Office of the Attorney General, Office of the Public Defender, Corrections, Human Services, AOC and DOH, elected officials, advocates, and local providers of health care and social services. For additional information on the activities of the NJTFCAN, see *Section 14, Child Abuse Prevention Treatment Act (CAPTA) State Plan Requirements and Updates*.

In December 2022, Governor Murphy signed P.L. 2022, Chapter 130, expanding the scope of the Staffing and Oversight Review Subcommittee (SORS) of the NJTFCAN to include review of the Department's performance related to management and client outcomes. Pursuant to the new legislation, SORS membership must consist of: the DCF

Commissioner or her designee, the Assistant Commissioner of CP&P or her designee, a representative of a state-based advocacy organization, attorneys who represent parents, the indigent, and children in out-of-home placement, a human services director, a parent with previous involvement with CP&P, an alumni of the resource family care system, a currently licensed resource parent, and a representative of a state-based child abuse prevention focused organization. Since enactment, DCF has worked closely with SORS to establish processes for its new function.

In 2023, the Task Force moved to create a new Subcommittee on the intersection of Race, Poverty and Neglect. This subcommittee will be established during Summer 2023.

County Councils for Young Children

In Year 4, DCF continued working with the County Councils for Young Children (CCYCs). CCYCs are social service planning community organizations, which aim to strengthen collaboration between families and local community providers and promote parent leadership and support at the local level. New Jersey's 18 County Councils are comprised of diverse, culturally and linguistically competent parents, families, early childhood providers and other community stakeholders. CCYCs develop strategies to increase access to services, promote the healthy development of children and enhanced family outcomes through linkages to supportive services, and support use of parental feedback to enhance New Jersey's mixed delivery approach to helping families learn about and access childcare and family support services.

In July 2021, Governor Phil Murphy signed landmark legislation to improve New Jersey's maternal and infant health outcomes for all New Jersey families. N.J.S.A. 36:2H-158 to 162 establishes a statewide universal newborn home visitation program, advancing New Jersey as a national model for maternal and infant care.[8] In addition to various stakeholders, parent leaders from the CCYCs are participating on the statewide universal home visiting (UHV) program advisory board.

Project HOPE

In October 2018, New Jersey was one of seven states selected to receive a technical assistance grant from the Harnessing Opportunity for Positive, Equitable Early Childhood Development (HOPE) project through the BUILD initiative, the Vital Village Network and Nemours Children's Health.[9] Project HOPE is designed to generate progress towards equitable outcomes for young children, prenatal to age five, and their families by building the capacity of local communities, state leaders, cross-sector state teams, and local coalitions to prevent social adversities in early childhood and to promote child well-being. DCF and DOH co-lead on initiative, aiming to strengthen links between the workforce agencies and New Jersey's childcare systems, including Head Start and Child Care Resource and Referral Agencies. This initiative continued through September 2022. Key

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[8] https://www.nj.gov/governor/news/news/562021/20210729a.shtml
[9] For additional information on Project HOPE, see https://www.movinghealthcareupstream.org/nemours-project-hope/.

findings and accomplishments follow.

- The Project HOPE team facilitated meetings between workforce development and childcare agencies, assisting the group to identify opportunities, challenges, and next steps.
- The team found that county partners need stronger mechanisms for communicating workforce, early care and education resources, as well as job opportunities. A Google group was created for county partners to share resources more easily.
- County partners learned the value of a deepened and shared understanding of the opportunities and challenges for families in the identified counties and the need to support one another's actions to increase access to available state funded or administered programs, services and initiatives.
- One-Stop Career Centers are challenged in supporting parents if pertinent information, i.e., child support obligations or child protective services involvement, is omitted during the intake process. A shadowing session of a father as he proceeded through the intake process made clear the importance of a trusted individual being a part of the process. A navigator model could be support labor/workforce and early care/education agencies better serve parents.

The Project HOPE initiative ended in September 2022. Since then, DOL continued to meet with the One-Stop Career Center and workforce staff. In January 2023, ACF awarded DOL a Preschool Development Grant Birth-5 grant to focus on workforce development with an early childhood focus. They will incorporate the learnings of Project HOPE.

Connecting NJ

Connecting NJ, managed jointly by DCF and DOH, is a comprehensive prevention system that provides a county-based single point of access for information, assessment, referral and linkage to family support services and resources available in the family's community. Connecting NJ provides care coordination, improves system integration, and reduces duplication of services. For additional information on Connecting NJ, see *Section 5, Update on Service Descriptions: Child and Family Services Continuum*.

Help Me Grow

Since 2012, DCF has led the Help Me Grow NJ (HMG NJ) initiative, which promotes the development of an integrated early childhood system that supports children and their families to achieve optimal wellness. HMG NJ improves coordination and integration of services and programs across the DCF, DOH, DHS, and DOE systems of care, allowing pregnant women and parents of infants and children up to age 8 access to earlier prevention, detection, intervention, and treatment services.

In August 2013, DCF received funding through the Health Resources and Services Administration, which has priorities that parallel HMG NJ, to implement the Early Childhood Comprehensive Systems Initiative (ECCS). In August 2016, DCF was awarded

the competitive continuation contract, now titled ECCS Impact. In September 2019, the ECCS work expanded statewide to Connecting NJ with support and implementation of the Early Childhood Specialists (ECS). In 2022, the statewide Connecting NJ system continued to focus on developmental health promotion and screening, completing 2,633 Ages and States Questionnaire developmental screenings, a 32% increase from 2021. For additional information on the ECCS/HMG NJ initiative, see *Section 5, Update on Service Descriptions: Child and Family Services Continuum.*

DCF strives to continuously enhance collaborative efforts statewide by engaging constituents and professional stakeholders to assess and monitor performance. The following offers a description of assessment and monitoring efforts.

Data Transparency

DCF remains committed to making performance data available to the public, continuously prioritizing data transparency. Efforts in this regard include the publication on the DCF website of the following:

Commissioner's Monthly Report[10]

This report gives a broad data snapshot of various DCF services, including information regarding child protection, permanency, adolescent services, community prevention services, institutional abuse investigations, and CSOC.

Screening and Investigations Report[11]

This report details State Central Registry (SCR) activity, including data regarding calls to the Child Abuse and Neglect Hotline, assignments to CP&P offices, and trends in Child Protective Services (CPS) Reports and Child Welfare Services (CWS) Referrals.

Children's Interagency Coordinating Council Report[12]

This report details referral and service activity for CSOC. It includes demographic data, referral sources, reasons for and resolutions of calls to CSOC, information on substance use and school attendance, as well as authorized services provided.

New Jersey Child Welfare Data Hub[13]

DCF collaborates with the Institute for Families at Rutgers University School of Social Work to publish the New Jersey Child Welfare Data Hub. Built upon the principles of transparency and accountability, the Data Hub makes New Jersey child welfare and well-being data available to the public. The Data Hub includes the New Jersey Child Welfare

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[10] http://www.nj.gov/dcf/childdata/continuous/
[11] http://www.nj.gov/dcf/childdata/protection/screening/
[12] http://www.nj.gov/dcf/childdata/interagency/
[13] https://njchilddata.rutgers.edu/

Data Portal, which allows users to explore key indicators of child well-being through customizable visualization and query tools, and the New Jersey Child Welfare Data Map, which allows users to explore key child welfare and well-being measures, population characteristics, and socioeconomic variables at the state and county-level.

Section 2. Update to the Assessment of Current Performance in Improving Outcomes

DCF uses quantitative and qualitative data to inform policy, strengthen standard operating procedures, and maintain its focus on Collaborative Quality Improvement (CoQI) across all of its operating divisions. With respect to child protection, DCF relies on data gathered from NJ SPIRIT, New Jersey's comprehensive child welfare information system (CCWIS), and state of the art reporting tools, such as SafeMeasures, that make real-time data available to child protection caseworkers. The Department has built multiple efforts to gather community and stakeholder input on the extent to which the Department is meeting the needs of its constituents, as described in Section 1, General Information on DCF's Collaboration Efforts. Data is routinely made available to the public at large through a partnership with Rutgers University and monthly performance and descriptive reports that are published to DCF's website. DCF is making data available to the newly expanded SORS subcommittee, referenced in the previous section, as SORS takes on a stronger role in overseeing the performance of the state's child protection system.

Using these quantitative and qualitative methods, DCF identifies strengths and areas in need of performance improvement. These investments in DCF's quality improvement processes, in combination with other reform efforts, have resulted in significant achievement of key outcomes for New Jersey's children and families. New Jersey safely reduced rates of children entering out-of-home placement from 2.5/1,000 in 2004 to 0.8/1,000 in 2022– now the lowest rate in the country. DCF also increased in the use of kinship foster homes when out-of-home placement remains necessary. In 2022, 57% of children entering care were placed with kin within 30 days.

In July 2017, DCF participated in CFSR 3. For the CFSR 3, DCF opted to complete a traditional on-site review of 65 cases (40 placement and 25 in-home) across Essex, Monmouth, and Warren counties. In addition, DCF conducted 21 focus groups of key statewide stakeholders during the review.

Key findings from the CFSR 3 in New Jersey are similar to other states nationwide in that none of the seven outcomes met the 90% or 95% threshold required to be considered in substantial conformity. However, several important strengths emerged:
- Protection of children from abuse and neglect: 89% of cases substantially achieved,
- Safely maintaining children in their homes when possible and appropriate: 75% of cases substantially achieved,
- Preserving continuity of family relationships and connections: 83% of cases

substantially achieved,
- Ensuring children receive appropriate services to meet their educational needs: 89% of cases substantially achieved, and
- Ensuring children receive appropriate services to meet their physical and mental health needs: 73% substantially achieved.

Regarding performance on the Systemic Factors, New Jersey was found to be in substantial conformity for five key systemic factors:
- Statewide information system,
- Quality assurance system,
- Staff and provider training,
- Agency responsiveness to the community, and
- Foster and adoptive parent licensing, recruitment, and retention.

In particular, the review commended DCF's ongoing commitment to continuous quality improvement (CQI) facilitated by the state's internal qualitative review process and comprehensive child welfare information system, NJ SPIRIT.

The CFSR 3 also noted key areas for improving DCF's child welfare programs and practice. Areas for growth included:
- Performance related to in-home cases,
- Implementation of ongoing safety and risk assessments,
- Efforts to achieve timely permanency,
- Engagement of parents, in particular, fathers in case planning, and
- Assessment of parents underlying needs to better align with the identification of the appropriate service to meet the individual needs of families.

Through ongoing collaboration with key stakeholders, including the New Jersey AOC, the Capacity Building Center for States and for Courts, and the Children's Bureau (CB), these targeted improvement areas were the focus of New Jersey's CFSR PIP and were leveraged into New Jersey's 2020-2024 CFSP. During the second half of 2020, DCF engaged in conversations with ACF about the impacts of the COVID-19 pandemic on its PIP strategies, activities, and targeted timeframes for conclusion. In December 2020, ACF accepted DCF's proposals for modification and DCF's formal request for an extension of its CFSR PIP Implementation Period. In December 2021, DCF submitted its final progress report to ACF. To review the final progress report, see DCF's 2023 APSR. In March 2022, DCF successfully completed its PIP. With the agreement of ACF, DCF continues to provide written updates on specified PIP activities in APSRs, as well as verbal updates during periodic meetings between DCF and ACF. See Attachment A, Supplemental Information Related to DCF's CFSR PIP.

DCF completed a baseline CFSR review in 2019. This review included 25 in-home and 40 out-of-home families from across six counties—Burlington, Camden, Cumberland, Essex, Morris, and Somerset— to measure DCF's progress on the CFSR PIP activities. During 2020, DCF completed a virtual Year 1 CFSR review in the same counties and with the same sample size. During the 2020 review, DCF met its measurement goals on seven

out of eight goals and showed improvement on the final outstanding goal. From August-October 2021, DCF underwent the Year 2 CFSR measurement review. During the 2021 review, DCF met or exceeded the federal benchmarks in all 10 domains. For data on DCF's performance during the 2019 baseline review, the 2020 measurement review and the 2021 measurement review, see DCF's 2023 APSR.

In earlier APSRs, DCF provided data, and associated analysis, from its Quality Review (QR) process. For CY 2017-2019 QR data, see DCF's 2023 APSR. Throughout 2020 and 2021, however, DCF reimagined its CQI processes, developing an agency-wide Collaborative Quality Improvement (CoQI) framework to replace its earlier CQI infrastructure, including the QR process. To ensure a systematic quality improvement process that utilizes data, evidence and best practices in decision-making, DCF's CoQI framework utilizes qualitative and quantitative data to assess performance, develop improvement plans and manage change across the programs and provider agencies. Rooted in CQI best practices and improvement science, the framework targets ongoing program improvement through a six-stage cyclical process. For additional detail on the new CoQI process, see *Systemic Factor: Quality Assurance System*, below, and *Section 4, Quality Assurance System*. As is noted throughout this report, relevant data from the CoQI process, which is not yet available, will be included and analyzed in subsequent APSRs.

Below is a snapshot of New Jersey's current performance and functioning of the CFSR outcomes and systemic factors.

CFSR Child and Family Outcomes

The February 2023 New Jersey CFSR 4 data profile, Figure 2, which relies on data from Adoption and Foster Care Analysis and Reporting System (AFCARS), and the National Child Abuse and Neglect Data System (NCANDS) demonstrates that New Jersey consistently exceeds the national average performance in the following areas:
- Permanency within 12 months (24+ months),
- Placement stability,
- Maltreatment in care, and
- Reoccurrence of maltreatment.

New Jersey generally performs at or below the national average performance in the areas of:
- Permanency in 12 months (entries),
- Permanency in 12 months (12-23 months), and
- Re-entry to foster care.

DCF made Permanency Outcome #1 and the Case Review System the focuses of the CFSR PIP, targeting strategies to improve outcomes included in the 2020-2024 CFSP.

Figure 2

Risk-Standardized Performance

Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

	National Performance		18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B
Permanency in 12 months (entries)	35.2% ▲	RSP	43.3%	43.1%	41.1%	36.6%	33.9%	34.9%			
		RSP interval	41.5%-45.2%[1]	41.1%-45.0%[1]	39.0%-43.2%[1]	34.5%-38.9%[2]	31.5%-36.4%[2]	32.4%-37.6%[2]			
		Data used	18A-20A	18B-20B	19A-21A	19B-21B	20A-22A	20B-22B			
Permanency in 12 months (12-23 mos)	43.8% ▲	RSP				52.8%	43.6%	40.8%	42.3%	44.3%	45.2%
		RSP interval				50.3%-55.3%[1]	41.0%-46.2%[2]	38.1%-43.4%[3]	39.5%-45.1%[2]	41.4%-47.3%[2]	42.0%-48.3%[2]
		Data used				19B-20A	20A-20B	20B-21A	21A-21B	21B-22A	22A-22B
Permanency in 12 months (24+ mos)	37.3% ▲	RSP				43.6%	39.0%	40.4%	41.5%	38.6%	37.8%
		RSP interval				41.5%-45.7%[1]	36.8%-41.3%[2]	38.1%-42.8%[2]	39.3%-43.8%[1]	36.3%-40.9%[2]	35.5%-40.2%[2]
		Data used				19B-20A	20A-20B	20B-21A	21A-21B	21B-22A	22A-22B
Reentry to foster care	5.6% ▼	RSP		7.1%	5.6%	5.1%	6.6%	5.9%	5.8%		
		RSP interval		6.2%-8.3%[3]	4.7%-6.6%[2]	4.2%-6.1%[2]	5.4%-8.0%[2]	4.7%-7.3%[2]	4.6%-7.2%[2]		
		Data used		18B-20A	19A-20B	19B-21A	20A-21B	20B-22A	21A-22B		
Placement stability (moves/1,000 days in care)	4.48 ▼	RSP				3.39	2.81	2.82	3.09	3.31	4.03
		RSP interval				3.2-3.6[1]	2.62-3.02[1]	2.6-3.05[1]	2.87-3.34[1]	3.07-3.56[1]	3.77-4.31[1]
		Data used				19B-20A	20A-20B	20B-21A	21A-21B	21B-22A	22A-22B

	National Performance		18AB,FY18	19AB,FY19	20AB,FY20	FY18-19	FY19-20	FY20-21
Maltreatment in care (victimizations/100,000 days in care)	9.07 ▼	RSP	6.39	5.79	3.71			
		RSP interval	5.26-7.77[1]	4.65-7.22[1]	2.74-5.01[1]			
		Data used	18A-18B, FY18-19	19A-19B, FY19-20	20A-20B, FY20-21			
Recurrence of maltreatment	9.7% ▼	RSP				6.5%	6.8%	5.6%
		RSP interval				5.8%-7.3%[1]	6.1%-7.7%[1]	4.7%-6.5%[1]
		Data used				FY18-19	FY19-20	FY20-21

Performance Key

[1] ■ State's performance (using RSP interval) is statistically better than national performance.

[2] ■ State's performance (using RSP interval) is statistically no different than national performance.

[3] ■ State's performance (using RSP interval) is statistically worse than national performance.

DQ Performance was not calculated due to exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator. See footnotes for more information.

▲ For this indicator, a higher RSP value is desirable. ▼ For this indicator, a lower RSP value is desirable.

CFSR Outcome #1: Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect

DCF is committed to its vision that all New Jersey residents are safe, healthy, and connected. Over the years, DCF has maintained its safety practice of timely investigations. During the CFSR 3, New Jersey was commended for ensuring that state policies of timely initiation of investigations for reports of child maltreatment and face-to-face contact with children were met.[14] Figure 3, below, highlights that response timeliness for investigations received and investigations commenced remain areas of strength for New Jersey.

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[14] https://dcfpolicy.nj.gov/api/policy/download/CPP-II-C-2-300.pdf

Figure 3

Timeliness of Response
Investigations Received in a Timely Manner
Investigations Commenced in a Timely Manner
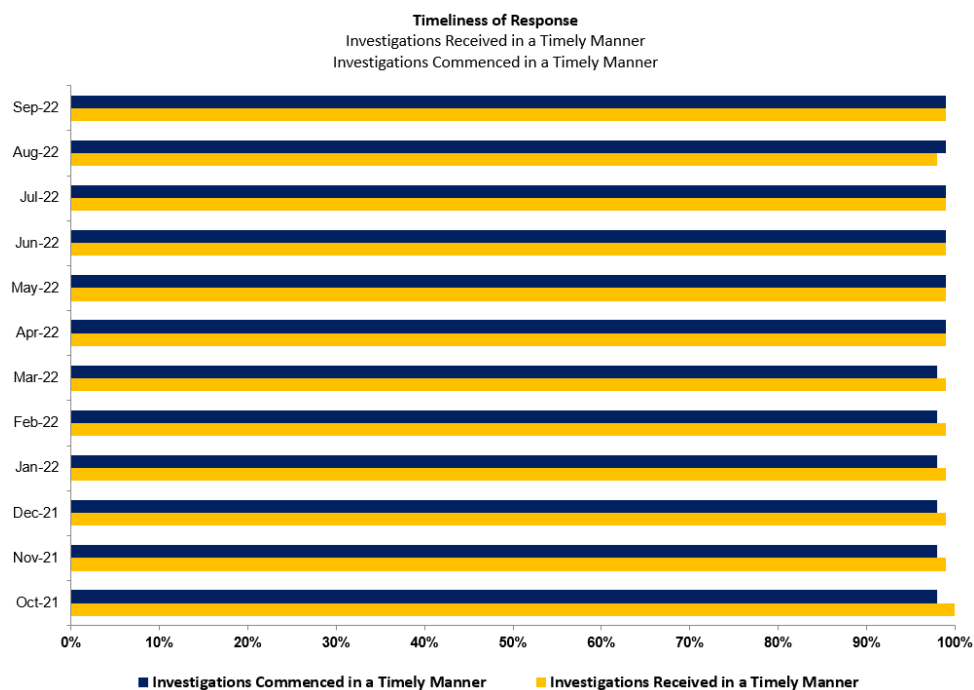
As noted in ACF's Maltreatment 2021 report[15] and highlighted in Figure 4, New Jersey's response time to reports of child maltreatment in 2021 is among the fastest across the nation.

Figure 4

National Average Response time in Hours	New Jersey Average Response time in Hours
83	21

CFSR Outcome #2: Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate

In December 2022, CP&P provided services to 31,689 children.[16] DCF is committed to keeping children safe in their own home, subsequently reducing the trauma of family separation. Figure 5 illustrates this commitment as seen by the over 71% reduction in the number of children in out-of-home placement from the creation of DCF as a Cabinet level agency in 2006 with over 10,000 children in placement to just under 3,000 as of December 2022.

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[15] U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2022). Child Maltreatment 2020. Available from https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2020.pdf.
[16] Commissioner's Monthly Report February 2022
https://www.nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report_2.22.pdf.

Figure 5
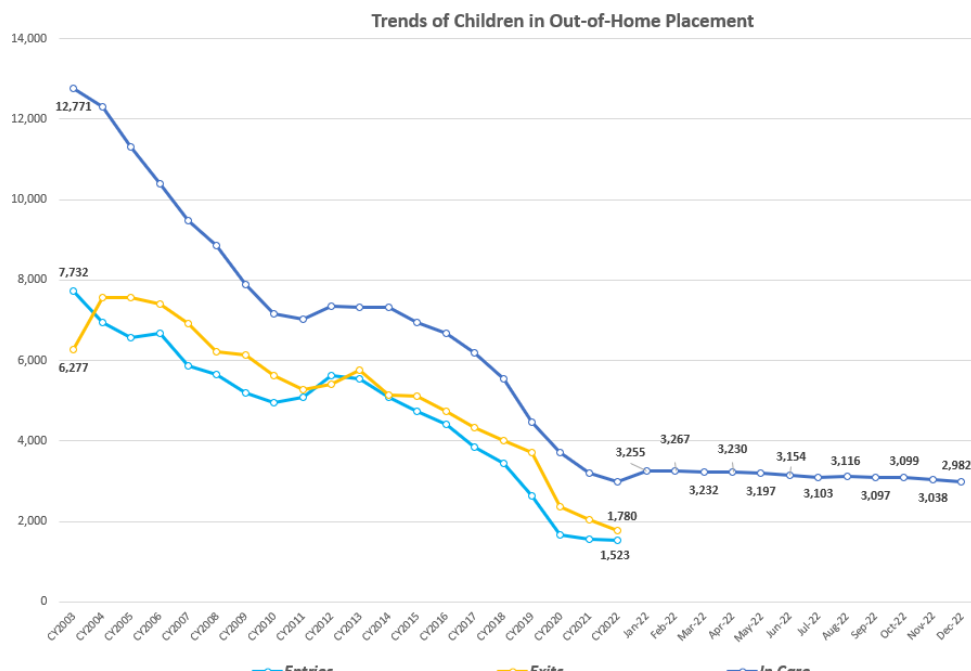
The CFSR 3, the 2019 baseline review and the 2020 and 2021 measurement rounds highlighted that, in most cases reviewed, appropriate safety services were provided to families so that removal of children was not necessary. When children were removed from their birth families, the CFSR found that removal was necessary to ensure their immediate safety. Likewise, DCF's historical QR process demonstrated safety as a strength in New Jersey. For CY 2017-2019 QR data and data from 2019-2021 reviews, see DCF's 2023 APSR.

The new CoQI process allows safety to be measured and assessed through several indicators in the annual record review, including, *safety – ongoing assessment, safety – interventions and risk indicators.*
1. *Safety – Ongoing Assessment*: assesses whether there were ongoing contacts with parents, caregivers, and children throughout the period under review to assess for safety and risk factors during home visit(s).
2. *Safety – Interventions*: assesses whether there were discussions around identified threats of safety that placed the children in immediate danger and whether timely interventions were put in place to address any identified threats.
3. *Risk*: assesses the identified safety interventions (Safety Protection Plan or others) implemented during the period under review, as applicable, and whether they were ensuring the children's safety.

Relevant data from the new CoQI process will be included and analyzed in subsequent APSRs.

When child protective service investigations begin, initial assessments of safety and risk help guide decision-making to determine whether children are safe to remain in their own

home and whether families have the supportive tools necessary to maintain their families. When families are found in need of supportive tools, initial assessments will identify what formal and informal supports are necessary to sustain the family beyond system involvement. Figure 6 reflects the most up-to-date performance in New Jersey for initial use of safety and risk assessments that are part of a suite of Structured Decision Making (SDM) tools.

Figure 6

Safety and Risk Assessments Completed on Investigations Received during FFY 2022
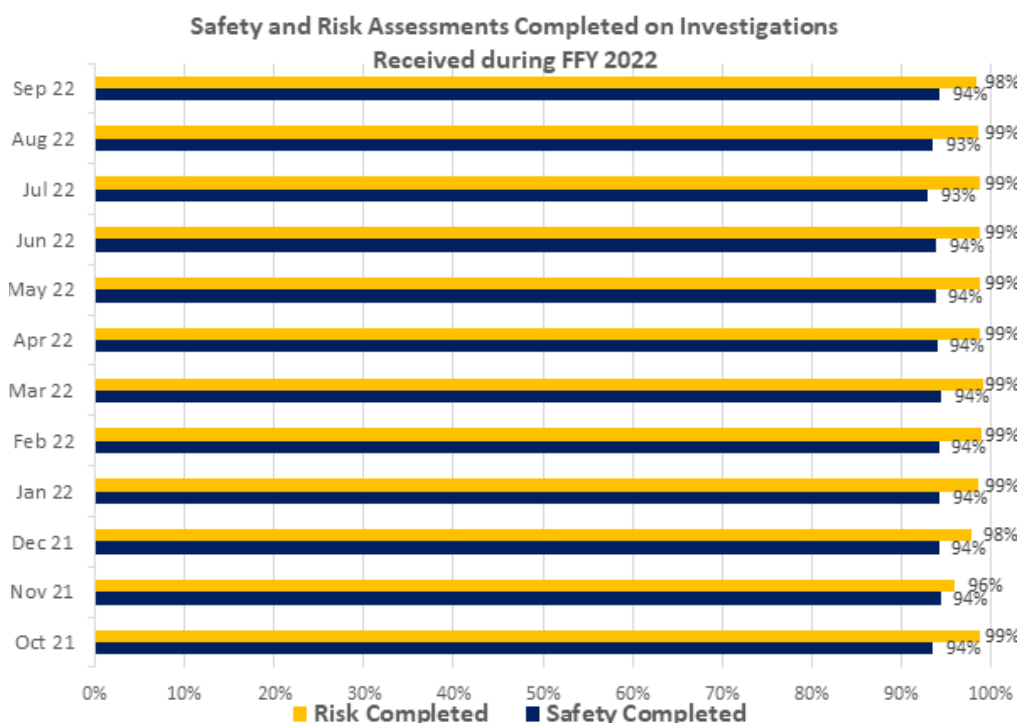
While New Jersey has strengths in ensuring safety, and children at risk remains low, the CFSR 3 revealed areas for improvement. This included ongoing assessments that inform critical decision points throughout the life of a case and ensures adequate service provision, which assists with stabilization and permanency planning with families. The appropriate use of Safety Protection Plans was also identified as an area for improvement. New Jersey identified strategies and activities within the CFSR PIP to address this area for improvement under Strategy 1.1: Use of SDM to assess safety and risk throughout the life of the case. DCF deployed the identified strategies, successfully completing this PIP activity.

DCF undertook a root cause analysis, which identified the need for consistent utilization of the SDM tools statewide and use in congruence with New Jersey's Case Practice Model. More recent data shows that both the Risk Re-assessment tool for in-home cases and the Family Reunification tool are being utilized at higher rates to assist in practice and permanency decisions for families, as noted in Figure 7 below.

Figure 7

CY2022 Ongoing Assessment Utilization	In-Home Risk Reassessments Completed every 90 days that a case is open n= 8,548 cases	Reunification Assessments completed every 90 days a child is in placement n= 2,874 children	Reunification Assessments completed prior to placement discharge n= 752 children
	82%	81%	94%

CFSR Outcome #3: Permanency Outcome 1: Children have permanency and stability in their living situations

DCF is committed to ensuring stability for children at home, in their community, in a placement setting, and in educational settings. As noted in Figure 2, New Jersey continues to exceed the national performance for placement stability. The CFSR 3 also identified placement stability was a strength in New Jersey; 97.5% of cases reviewed cited that current placements for children were stable. While the 2019 CFSR baseline review found stability to be a challenge (67.5%), New Jersey demonstrated significant improvement in this area in the 2020 CFSR measurement review, with children experiencing stability in 85% of the cases reviewed. Similarly, DCF's historical QR process, showed improvements between 2017 and 2019. For data from the 2019-2021 reviews and the CY 2017-2019 QR data, see DCF's 2023 APSR. Relevant data from the new CoQI process will be included and analyzed in subsequent APSRs.

Figure 8 demonstrates the most recent complete data of children who had two or fewer placements within the first 12 months of a removal episode. DCF has performed consistently in this area over time, even as the number of children entering out-of-home placement continues to decline.

Figure 8

Placement Stability (All Entries)
Two or fewer placements w/in the first 12 months of Removal

2017: 85%
2018: 83%
2019: 86%
2020: 88%
2021: 86%
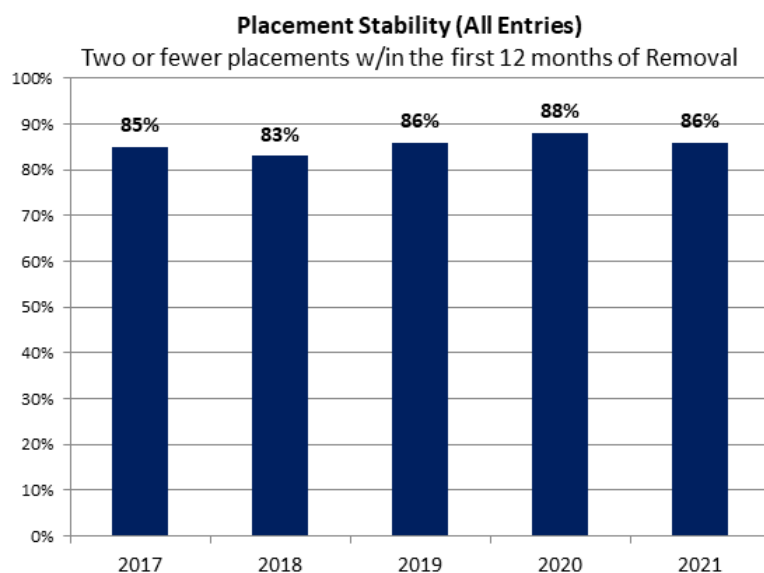
New Jersey experiences challenges to consistently achieve identified permanency goals in a timely fashion, as highlighted in the CFSR 3, as well as in Figure 2. Through review and analysis, DCF identified strategies to address practice issues related to concurrent planning and kinship placements. These improvement strategies were a focus of DCF's CFSR PIP. In CFSR PIP Goal 3, "Improve the Timeliness of Permanency for Children Entering Foster Care in New Jersey, DCF identified the following strategies to improve permanency outcomes for children and families: (3.1) strengthen concurrent planning practice and accountability, (3.2) increase the use of kinship care, and (3.3) strengthen DCF's partnership with child welfare stakeholders and the Judiciary. For updates to these strategies, see *Section 3, Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes.*

Both the historical QR and the CFSR reviews showed improvements in permanency outcomes in New Jersey. For CY 2017-2019 QR data and data from the 2019-2021 reviews, see DCF's 2023 APSR. Data shows the greatest area in need of improvement is permanency outcomes for children under the age of five. Figure 9 represents the permanency outcomes for the most up-to-date and complete entry cohort of children ages five and under.[17]

Figure 9

Permanency within 12, 24, 36 and 48 months
for Children ages 5 and under
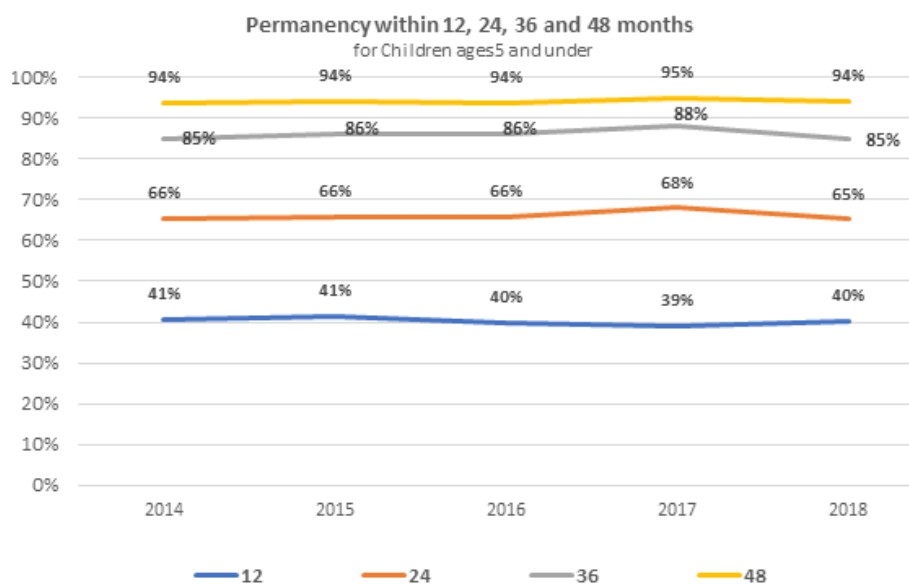
DCF's new CoQI process examines permanency through several indicators in the annual record review, including *long-term view and permanency.* Both indicators assess how the agency supports families in achieving their long-term goals and the timeliness of permanency outcomes.

- *Long-Term View*: assesses whether the plan outlines the goals for the families and whether the plan supports the families' long-term success.

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[17] Additional entry cohorts are not complete but can be viewed here:
https://njchilddata.rutgers.edu/portal/permanency-outcome-report.

- *Permanency:* assesses the progress towards case goals, as well as concurrent planning efforts.

Relevant data from the new CoQI process will be included and analyzed in subsequent APSRs.

CFSR Outcome #4: Permanency Outcome 2: The continuity of family relationships and connections is preserved for children

When families must be separated to ensure the safety of children, placement with kinship caregivers, as well as frequent and appropriate opportunities for contact with families, help to maintain family ties. This includes opportunities for connections that are conducted in locations conducive to family activities, "quality time" for advancing or maintaining relationships among family members and increased or graduated visits from brief supervised visits in safe locations to overnight or weekend visits. Other methods of contact, such as phone calls, letters, and/or exchange of photos, are also promoted. To maintain and promote positive and nurturing relationships, parents, siblings, or others with an identified significant relationship are encouraged to participate in school activities, medical appointments, and possibly therapeutic sessions.

Strengths were highlighted during the CFSR 3 related to the preservation of connections for children in care with their families. New Jersey made strong efforts to place siblings together; this was a strength in 87% of cases reviewed. The 2019 CFSR baseline review and 2020 CFSR measurement review found that efforts to place siblings together was a strength in 82% and 80% of cases reviewed, respectively. As noted in Figure 10, New Jersey continues to make positive efforts to place siblings together. In 2022, 95% of children in sibling groups of four or more were placed with *at least* one sibling and 81% of children in sibling groups of two or three were placed with *all* of their siblings.

Figure 10

Sibling Groups Placed Together
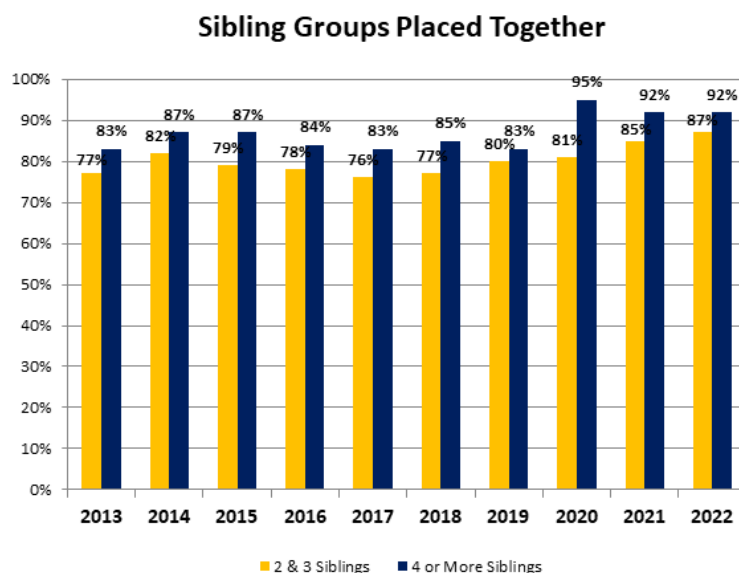
In the rare instances that sibling separation was necessary, New Jersey ensured that frequent, quality visits with siblings occurred. Sibling visitation was a strength in 92% of cases reviewed during the CFSR 3. While in the 2019 CFSR baseline review this was only a strength in 69% of cases reviewed, performance improved to 85% in the 2020 CFSR measurement round. Figure 11 shows DCF's efforts to consistently ensure that monthly sibling visits occur. The decline in performance in late 2021 and early 2022 was likely associated with waves of the COVID-19 pandemic. Between March and September 2022, performance returned to its previous levels.

Figure 11

Monthly Sibling Visits

Month	Percent
Oct-21	80%
Nov-21	77%
Dec-21	76%
Jan-22	78%
Feb-22	79%
Mar-22	85%
Apr-22	88%
May-22	88%
Jun-22	91%
Jul-22	88%
Aug-22	87%
Sep-22	85%
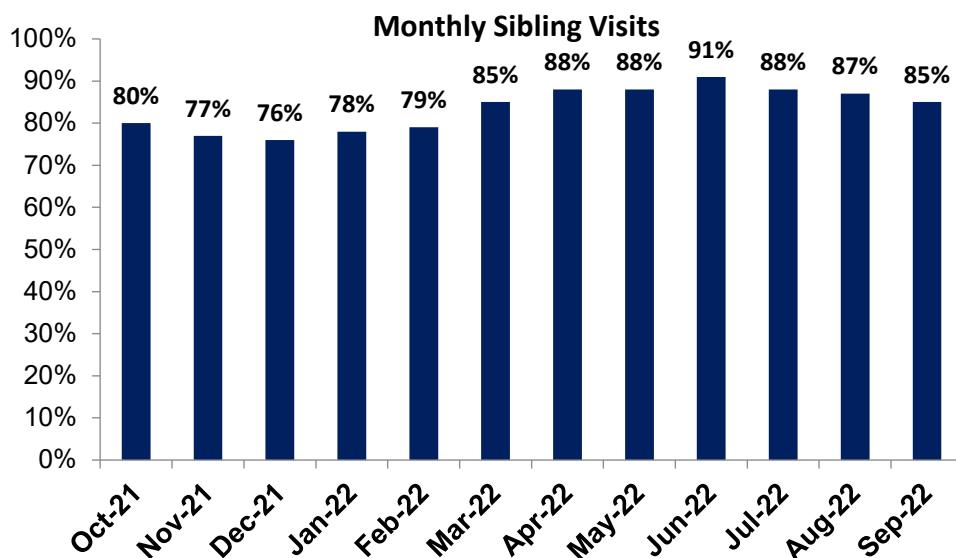
When children require separation from their birth families, placement with kinship caregivers can help to reduce the trauma of separation and assist to maintain familial connections. DCF is focused on making sure that children can remain with extended family or family friends and, as such, has made "preserving kinship connections" a transformational goal in its strategic plan. Figure 12 shows increases in placement with kin at time of entry, as well as overall point in time placement with kin since the onset of the current administration.

Figure 12
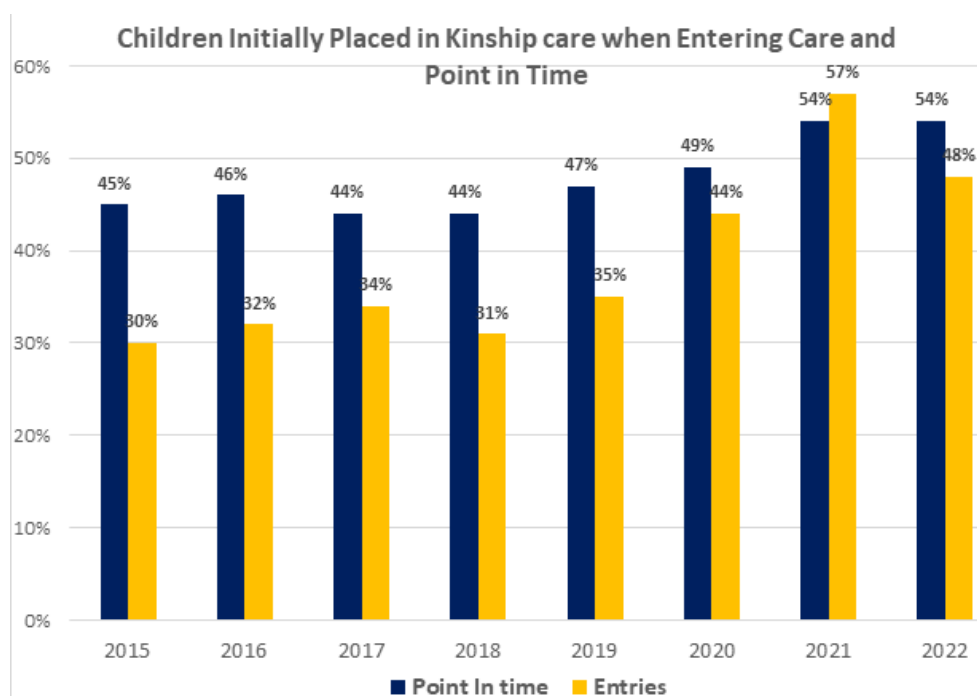
While the CFSR 3 evidenced strong practice in ensuring that family connections with extended family were maintained, it also demonstrated a need to enhance connections with parents, especially with fathers. The CFSR identified practice differences between visits and other opportunities to promote relationships between children and their mothers versus between children and their fathers. This difference was also observed in QR results. For CY 2017-2019 QR data and data from the 2017-2019 reviews, see DCF's 2023 APSR. For additional discussion on DCF's practice related to fathers, see *CFSR Outcome #5*, *Well-Being Outcome 1,* below. The record review tool utilized in DCF's CoQI process will help DCF review ongoing assessment, engagement and inclusion of fathers. If the review findings reveal a deficit for a CP&P Local Office in engaging fathers, improvement planning will be aimed at developing tasks to enhance the work within this area. For more information on improvement planning, see *Section 4, Quality Assurance System*.

CFSR Outcome #5: Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs

Outreach and engagement efforts, including quality visits between caseworkers and families, is a critical step in the assessment and understanding of the needs of children, parents, and resource parents. Establishing positive interactions with children and parents assists in collaborative case planning and can strengthen outcomes for families. The CFSR 3, CFSR baseline and measurement reviews, and the QR results through 2021 showed that, while New Jersey had strengths in engaging and assessing the needs of children and resource parents, there were continued challenges in these practices for parents, especially fathers. For CY2017-2019 QR data and 2019-2021 CFSR review

data, see DCF's 2023 APSR. These challenges were focus areas in DCF's CFSR PIP. More specifically, CFSR PIP Goal 2.0 was to improve the quality of child welfare case practice in New Jersey, particularly around engagement and assessment of parents via the following strategies: (2.1) implement behavior-based case planning practice and (2.2) promote a culture and practice that prioritizes father engagement and assessment. For updates to these strategies, see *Section 3, Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes*.

Quantitative data, below in Figures 13 and 14, shows relative consistency in caseworker monthly visits with parents and children.

Figure 13

Staff Contacts with Parents of Children in OOH Placement - Goal of Reunification

Month	1 contact	2 contacts
Oct-21	93%	78%
Nov-21	93%	79%
Dec-21	94%	77%
Jan-22	93%	76%
Feb-22	95%	82%
Mar-22	95%	85%
Apr-22	94%	80%
May-22	95%	82%
Jun-22	94%	81%
Jul-22	93%	80%
Aug-22	93%	78%
Sep-22	91%	75%

Figure 14

Monthly Staff Contacts with Children in Out of Home Placement At Placement Site

Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
96%	96%	96%	97%	98%	97%	96%	95%	95%	94%	94%	94%

While quantitative data around caseworker visits with parents and children generally reflect strengths in performance, it does not reflect the quality of those visits. Historically, the quality of visits was measured through the QR process. DCF's new CoQI process assesses the quality of visits through several indicators in the annual record review, including *engagement, ongoing assessment process, teamwork and coordination and child and family planning process*.

- *Engagement*: rated for mothers, fathers, caregivers, resource parents, children, and families, and assesses whether there was ongoing and routine contact, as well as a variety of engagement strategies utilized with each of these individuals. The *Engagement – Family* indicator specifically assesses whether diligent efforts were made to meet the families' language, hearing, and visual needs.

- *Ongoing assessment*: rated for mothers, fathers, caregivers, resource parents, children, and families, and evaluates whether there were ongoing comprehensive assessments to determine individual needs and if interventions were aimed at meeting the identified needs. Additionally, the *Assessment – Family* indicator specifically considers the integration of the families' dynamics, values, traditions, and beliefs into the overall assessment.

- *Teamwork and Coordination*: evaluates whether the agency engaged participants to attend Family Team Meetings and if the subsequent work done with the family reflected the identified needs.

- *Quality of the Planning Process*: is evaluated in several indicators and is broken down by the overall *Quality of the Plan*, the *Plan Implementation*, and *Successful Transitions*. Overall Quality of the Planning process assesses the quality of planning with the families to prevent the re-occurrence of the issues that resulted in the families' involvement with the agency and whether the families' voice was

25

part of the planning process.

CFSR Outcome #6: Child and Family Well Being Outcome 2: Children receive appropriate services to meet their educational needs

Supporting the educational needs of children continues to be a priority for DCF. During the CFSR 3, assessment of a child's educational needs was found in 89% of applicable cases reviewed. In the majority of cases, concerted efforts to provide appropriate services to meet identified needs were found. This remained a strength in the 2019 CFSR baseline review and 2020 and 2021 CFSR measurement reviews. Historical QR data also showed that meeting the educational needs of children generally was a strength for DCF. For CY 2017-2019 QR data and data from the 2019-2021 CFSR reviews, see DCF's 2023 APSR.

In the new CoQI process, educational needs are measured and assessed through a *learning and development* indicator in the annual record review component. This indicator assesses whether there was an assessment of the children's developmental educational needs and ensuring that any identified needs were adequately addressed. Relevant data from the new CoQI process will be included and analyzed in subsequent APSRs.

CFSR Outcome #7: Child and Family Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

Ensuring children receive services to meet their health needs has been and continues to be a high priority for DCF. Strong partnerships and coordination of services with internal and external stakeholders, including DCF's CSOC and Office of Integrated Health and Wellness (OIHW), help maintain optimal physical and mental/behavioral health for children. For additional information on the physical, dental, mental and behavioral health of children, see DCF's updated 2020-2024 Health Care Oversight and Coordination Plan.

Many strengths were cited during CFSR 3 that reveal children are receiving adequate services to meet their physical and mental health needs. Assessment of health and dental needs were appropriately completed on 96% and 92%, respectively, of cases reviewed and oversight of prescription medications for health or dental needs was completed on 92% of cases. During the 2020 and 2021 CFSR measurement reviews, this remained a strength. Likewise, the CFSR 3, 2019 baseline review, and the subsequent measurement rounds showed that assessment of mental/behavioral health needs and oversight of psychotropic medications were also strengths for DCF. The historical QR process similarly evidenced DCF's commitment in this area. For CY 2017-2019 QR data and data from the 2019-2021 CFSR reviews, see DCF's 2023 APSR.

DCF's new CoQI process evaluates child well-being outcomes through several performance indicators in the annual record review:
- *Physical Health:* assesses whether there was a comprehensive assessment of the children's health and whether the needs of the children was/were met.

- *Learning and Development:* evaluates whether there was an assessment of the children's developmental educational needs and ensuring that any identified needs were adequately addressed.
- *Emotional Well-Being:* evaluates whether there are ongoing assessments of the children's emotional, psychological and social well-being and the work being done to ensure the children's needs are appropriately addressed.

Relevant data from the CoQI process will be included and analyzed in subsequent APSRs.

CFSR Systemic Factors

Systemic Factor: Statewide Information System

During CFSR 3, New Jersey's statewide information system, also known as NJ SPIRIT, was once again identified as a strength. Data quality and timeliness of data entry were cited as key contributing factors for this strength rating.

NJ SPIRIT, the case management system used by CP&P staff, is a mission critical application that functions 24 hours a day, 7 days a week. The New Jersey Office of Information Technology (NJ OIT) manages the primary operating environment and is responsible for the storage and backup of NJ SPIRIT. New Jersey DHS is responsible for the administration of the application. OIT and DHS jointly oversee networking related to NJ SPIRIT. DCF manages development of the application.

The NJ SPIRIT application readily supports documenting and reporting of children's case status, demographic characteristics, locations, and goals. This information is gathered for all case participants, including those children in foster care. Specific data elements, such as those for reporting AFCARS and NCANDS, are required fields in NJ SPIRIT. Multiple levels of CP&P supervisors review and approve work for data quality. Users of NJ SPIRIT include clerical staff, transportation aides, caseworkers, supervisors, business staff, legal staff, managers, executive staff, Deputy Attorneys General, nurses and a limited number of contracted providers. These users provide input on the functionality of the system. DCF's Application Support Team, known as the Help Desk, is available from 9:00 a.m.-5:00 p.m., Monday through Friday, to provide technical assistance and support as outlined in "Ongoing Support" below.

NJ SPIRIT Disaster Recovery Exercise

In 2022, DCF's Office of Information Technology (OIT) completed a biannual exercise of the NJ SPIRIT Disaster Recovery Plan. NJ SPIRIT's primary operating environment is at the State's Enterprise Data Center, a.k.a. the "Hub," and is managed by NJ OIT. NJ SPIRIT's backup operating environment is at NJ OIT's secondary data center, which is located in a separate physical location. DHS's Enterprise Business Systems Unit (EBSU) is responsible for the administration of the NJ SPIRIT servers, databases, and applications, as well as server and database backups. NJ OIT administers networking,

firewalls, and SAN storage for NJ SPIRIT.

To execute the NJ SPIRIT Disaster Recovery Plan, DCF helped to identify necessary teams from DCF, DHS and NJ OIT and, via email, conference calls, and virtual meetings, advised of tasks and monitored preparation progress and readiness. The exercise involved technical and managerial staff from OIT, EBSU, Application Development Support Unit staff from DHS and Storage, Firewall, Networking, DNS, and MyNewJersey staff from NJ OIT.

The exercise consisted of, first, switching the operation of NJ SPIRIT from the primary environment at the Hub to the secondary, standby environment, second, operating from the secondary environment for a two-week period, and third, switching back to the primary environment. Between October 26 and November 9, 2022, all essential components of the core NJ SPIRIT system, including the front-end web applications, batch programs, interface processing and file transfers, and reporting databases, operated exclusively from the secondary location's servers and performed well. There were several significant changes to the NJ SPIRIT system since the last full disaster recovery exercise in 2019 and this exercise yielded a number of valuable lessons for future disaster recovery.

Mobilization of NJ SPIRIT

The initial phase of this initiative, dating back to 2011, used multiple federal grant and funding streams to enable remote access to the NJ SPIRIT application for grant specific practice functions, i.e., CP&P Special Response Unit investigators, adolescent workers, and workers responsible for supervising and documenting parent child visits. Since 2011, DCF has implemented various additional mobile solutions. Currently, DCF has roughly 13,000 mobile devices, including Smartphones, Dell Venues and Latitudes, and HP tablets, distributed across all areas of our agency. The success and growth of the mobilization project allowed DCF to transition the normal PC refresh into a more versatile model, with all staff outfitted with a mobile computing solution that allows work remotely and in the office with the same device.

In Fall 2021, DCF transitioned staff back into the office full time. In Summer 2022, the Department began a work from home hybrid pilot, allowing staff to work from home two days per week. As a result of DCF's robust and mature mobile capabilities, OIT staff has been able to meet the computing needs of users throughout changing technology, evolving business requirements, and fluctuating work environments. The NJ SPIRIT Help Desk has taken over as the gateway to accessing support for the existing and future devices. Local Office field support staff now provides on-site technical support, deployment, and re-provisioning services.

Statewide Central Registry upgrade

In August 2022, DCF completed a project to modernize the SCR telephone and call recording system. Improved features of the new system include: a supported call recording and quality monitoring system, redundancy of essential telephony and call

recording services across three different sites, local site survivability, central management of hard and soft phone configurations, at-rest encryption of all call recordings, and long-term write-once archival of call recordings to NJ OIT's Hitachi Content Platform.

Regulations require long-term information storage, retrieval, encryption, and security of DCF call recordings. During this project, DCF successfully migrated approximately 7.25 million call recordings, spanning 17 years from 2005 to 2022, from the old call recording system to the new system. DCF adapted NJ SPIRIT functionality for searching recordings and linking them to intakes to the new system, supporting both new recordings and the existing linked recordings migrated from the old system.

Systems Maintenance – Enhancements

DCF moved NJ SPIRIT to a systematic release schedule, allowing for more structured and routine releases. The priority of releases has transitioned from reactive, i.e., fixing bugs, to proactive, i.e., developing functionality to meet changing business practices. During Year 4, DCF produced multiple NJSPIRIT releases, including:

- New ability to print discoverable documents: this tool allows users to print a packet of documents from NJ SPIRIT to provide a comprehensive summary of case activities, i.e., case notes, case plans, intakes, investigations, etc.
- Improved case plan assessment window: this window allows for improved tracking of Independent Living (IL) case work in NJ SPIRIT. The IL hyperlink in the case plan window is enabled for youth starting at 13 years of age, instead of 14 years of age.
- Enhanced individual and family agreement windows: in support of the Solution-Based Casework (SBC) initiative, windows were improved to require a scanned document prior to approval, include worker/supervisor check boxes prior to approval of plans, and more.
- Addition of activity types to the contact note window: new activity types include – action plan, action plan follow-up, case consultation, CWS/Supervisor conference, and family discussion guide.
- Enhanced placement window: related to AFCARS reporting, DCF added new fields for the child's residence at the time of removal and, when discharge reason is "Custody and Care Transferred to Another Agency, a "Type of Agency" field.
- New compatibility with Microsoft Edge: NJ SPIRIT was enhanced to be compatible with Microsoft Edge in place of Internet Explorer, which NJ SPIRIT was designed to use exclusively.

Ongoing Support

The Help Desk team continues to provide end-user and application support for NJ SPIRIT. Key responsibilities include:

- Respond to inquiries regarding system functionality, systemic problems, proposed enhancements, and/or other IT reported issues,
- Perform User Acceptance Testing for NJ SPIRIT new system development, enhancements, change requests, and/or incidents, and provide implementation

and on-going maintenance support for NJ SPIRIT production and related extension and mobile applications,

- Perform NJ SPIRIT systems needs analysis for NJ SPIRIT enhancements and redesign initiatives,
- Develop and maintain functional and technical design specifications for existing and new functionality,
- Coordinate and lead Joint Application Design meetings, as required,
- Develop database modification scripts for data analysis and/or data corrections,
- Conduct training in new applications and/or new system releases/modules,
- Provide technical assistance to SafeMeasures users, and
- Produce monthly newsletters to provide NJ SPIRIT users with tips and to introduce new or improved functionality.

AFCARS 2.0 - Development

DCF devised an AFCARS project plan, consisting of two phases, to meet the "AFCARS 2.0" May 2023 deadline to submit new out-of-home care and adoption and guardianship assistance data files to CB. Phase One focused on the development of the new data model and XML data files, leveraging existing NJ SPIRIT data fields with select online system enhancements. Phase Two will build upon the Phase One established logic for the XML files, using enhanced online data fields and the creation of new windows and modules in NJ SPIRIT.

DCF completed User Acceptance Testing for Phase One and, in May 2023, submitted compliant files to CB. Phase Two is ongoing and is scheduled to be completed within 2023. The enhancement and development of new NJ SPIRIT windows and modules is the focus during this phase. This will require analysts and developers to further enhance the Phase One data model and logic used for the creation of the XML data files. Although most requirements were finalized, some designs and decisions will be revisited to assure they fit within the now established AFCARS data model and current direction of the Department. OIT continues to work closely across DCF operations to finalize requirements and designs and to consult with ACF. In Year 4, a team of developers and analysts dedicated over 9,400 hours to complete Phase One and start Phase Two.

NJ Connex

NJ Connex is a comprehensive web-based data system that supports tracking outcomes, level of service details, and reporting, as well as the ability for partner organizations to document and track their own service level data. DCF developed NJ Connex using the Salesforce Government Cloud platform to accommodate future growth. Deployed in November 2022, the Adolescent Pregnancy Prevention Initiative, Prevention of Juvenile Delinquency, Displaced Homemakers, Primary Prevention of Sexual Violence and New Jersey Coalition Against Sexual Violence and the Kinship Navigator Program. In February 2023, DCF procured licenses and support service to begin developing an NJ Connex solution for DCF's SLS programs. DCF will continue with the design, build and testing phases throughout State Fiscal Year (SFY) 2023 and into SFY 2024. DCF also plans to

utilize NJ Connex to support Family First Prevention Services Act (FFPSA) prevention service and other purchased service providers.

System for Administering Grants Electronically

The new system for administering grants electronically (SAGE), which was conceptualized in 2016 and kicked off in 2017, will create efficiencies for DCF's internal and external stakeholders, improve transparency and allow providers' access to contracting and licensing documents. SAGE will transition DCF's Office of Youth Residential & Adoption Agency Licensing operations into a web-based system. SAGE will add to and replace multiple older contracting systems, including Central Database (CDB), Contract Management System (CMS), and Licensing Information System (LIS), which NJ SPIRIT currently interfaces with. In June 2022, the official development branch was cut. The project is scheduled to go live in September 2023.

The SAGE project required OIT to update existing screens and interfaces in NJ SPIRIT and create new interfaces. Updated windows include contract window, license window, navigation, specialized and resource by service search screens, resource window and desktop window. The team updated the existing CDB outbound and inbound interfaces. DCF created three new inbound interfaces—SAGE Resource, SAGE Contract and SAGE License, and two new outbound interfaces—SAGE Resource and SAGE Contract Service.

Structured Decision-Making Tool – Development

Current NJ SPIRIT functionality was enhanced to achieve a better understanding of the SDM system, SDM goals, objectives, and characteristics, the SDM timeline of assessments, the SDM system as decision support, and the SDM system and our social work practice. The SDM tool was released to NJ SPIRIT production in November 2020. Year 4 saw the need for additional enhancements to be made due to shifting business needs. This work was concluded and marked the completion of this project.

National Electronic Interstate Compact Enterprise – Development

DCF reviewed documents to join the National Electronic Interstate Compact Enterprise (NEICE). It also worked with the American Public Human Services Association (APHSA) and the American Association of Administrators of the Interstate Compact for the Placement of Children to streamline and enhance the business processes around the placement of children across State lines. The project created time savings and cost savings through a more efficient administrative and operational processes. To achieve these efficiencies, DCF used the Modular Case Management System (MCMS), which was installed on DCF servers. This project went live in January 2021 but required further development work in Year 4 to account for changes made to the MCMS. These changes were completed and marked the completion of this project.

NJ SPIRIT Application Governance Committee

In Year 4, DCF established and approved the charter for a NJ SPIRIT Application Governance Committee (NJS AGC). The charter establishes and records the roles, responsibilities, and general operating procedures for the NJS AGC. The purpose of the NJS AGC is to provide oversight of the NJ SPIRIT application, including its design, development and implementation, ongoing maintenance and operations, security, integration with external systems, and governance of its data, and to provide oversight of NJ SPIRIT risk and issue management process.

Department of Education (DOE) data sharing

In response to the federal laws, Fostering Connections to Success and Increasing Adoptions Act and the Every Student Succeeds Act, DCF and the New Jersey DOE entered into a data sharing agreement, in August 2017, that provides DCF with individual student level data that will be used to track trends, deficits, and improvements for children in foster care, inform education and child welfare policies, programs, and practices, and allow for the analysis of the educational status of the foster children and youth. This will also provide insight to answer the following questions:
- What are the trends in student performance at the state, county, district, school, and grade level with respect to PARCC (now called the New Jersey Student Learning Assessment) and student growth percentile for students in foster care?
- What are the trends regarding students in foster care and their need for special education services, on a statewide, county and district basis, compared to the general population?
- What are the trends in promotion, graduation and dropout rates at the state, county, district, and school level for students in foster care?
- What are the post-secondary trends among students in foster care?
- What are the trends in student behavior and attendance at the state, county, district, and school level for students in foster care?
- What are the trends in the continuity of education for foster care children and youth, by placement type?
- Are children under the age of 6 enrolled in pre-school?

The development of the NJ SPIRIT interface and corresponding screens to receive these data was delayed due to the circumstances of the pandemic. DCF and DOE will analyze this initiative and the extent to which the original plans for data sharing are beneficial based on each department's practices and policies. DCF also continues the process of analyzing the DOE data in service to our CQI work with CP&P's OAS.

Additional development of the Administration of the Courts data sharing

During the previous reporting period, the AOC Data Quality project was deployed. Data quality enhancements were made to the nightly interface files exchanged with the AOC, including the Notice of Placement and Address details covering the initial placement information regarding the child and the Notice of Change in Placement and Address Changes, which provides ongoing updates to the courts while the child is in placement

and address change information for the child and case participants, including parent(s) and the resource provider(s).

DCF continues to work with the AOC to develop f new two-way interface. A DCF project manager has been assigned to this project and it has been approved by the NJS AGC. The previously stated goals to assist in expediating electronic filing of court orders and verified complaints into AOC's Ecourts system, as well as receive updates in NJ SPIRIT from Ecourts, remain the same. This will provide all essential parties assigned to the case jacket with access to view complaints, orders and upload relevant documents. The project is on pace to be completed by Summer 2024. For additional information, see Attachment A, Supplemental Information related to PIP Activities.

Family First Prevention Services Act

FFPSA redirects federal funds to provide mental health, substance use and in-home parenting skills services to keep children safely with their families and prevent foster care placement. In instances when foster care is needed, FFPSA allows federal reimbursement for care in family-based settings and specified residential settings. In October 2021, DCF deployed Title IV-E changes in NJ SPIRIT that allow for claiming for foster care placements in accordance with FFPSA.

During the past year, DCF worked to draft its five-year prevention services plan, which it submitted to ACF for review in April 2023. DCF is identifying systematic changes, and developing related requirements, to the NJ SPIRIT application to comply with the new federal requirements and guidelines associated with FFPSA's prevention program. It is expected that ongoing requirements development will take place during the upcoming year.

Systemic Factor: Case Review System

Though the Case Review System was found to be not in substantial conformity during the CFSR 3, some strengths were noted, including the timely occurrence of periodic reviews and permanency hearings. Per DCF policy, the case plan is prepared within 60 calendar days of SCR assigning a CPS report or a CWS referral to the field office for investigation or response; or within thirty calendar days of a child entering (or re-entering) out-of-home placement; and every six months thereafter.[18] As noted in Figures 15-17 below, DCF generally ensures that families have initial and ongoing case plans in place to guide their progress. However as noted in the Well-Being Outcome 1, Quality Review results for Child and Family Planning Process, Plan Implementation, remains an area of focus in DCF's CFSR PIP.

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[18] https://dcfpolicy.nj.gov/api/policy/download/CPP-III-B-1-100.pdf

Figure 15

Case Plans for Children in CP&P Custody

Month	Initial Case Plan	Ongoing Case Plan
Oct-21	93%	97%
Nov-21	89%	95%
Dec-21	88%	97%
Jan-22	86%	97%
Feb-22	94%	98%
Mar-22	85%	96%
Apr-22	93%	98%
May-22	100%	97%
Jun-22	98%	97%
Jul-22	96%	95%
Aug-22	92%	99%
Sep-22	80%	98%
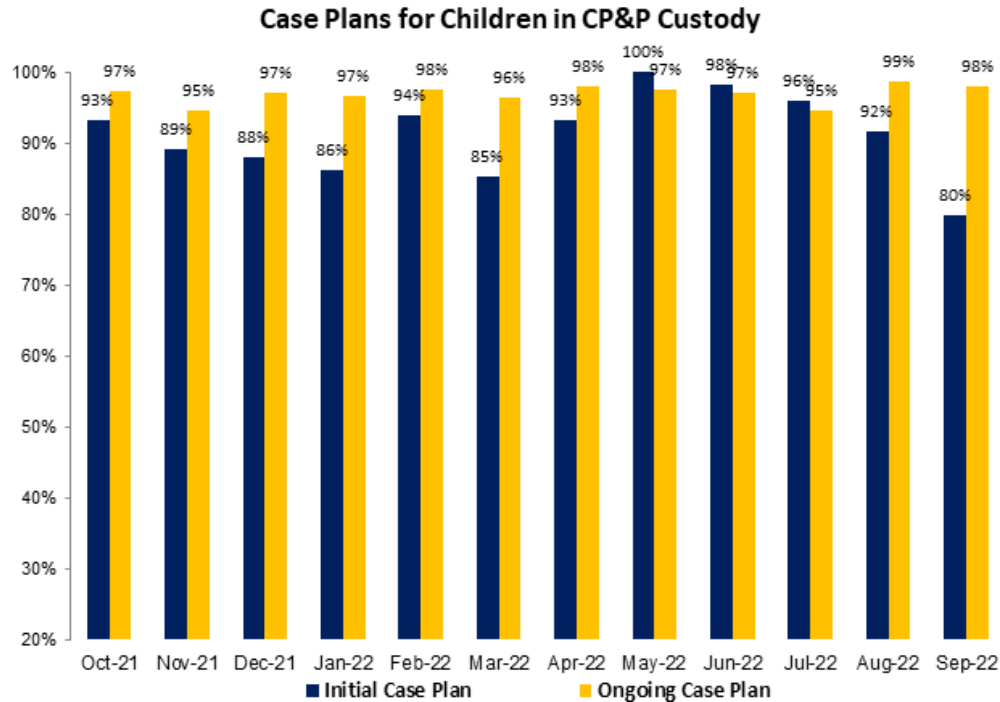
Figure 16

Demographics of Children who Entered Care between October 2021 and September 2022 and were Eligible for an Initial Case Plan

Race/Ethnicity	Completed Within 30 Days	Not Completed Within 30 Days	Grand Total
Black/African American	407	23	430
White	422	17	439
Hispanic	311	33	344
Multi-Racial	66	6	72
Another Race/Unable to D..	14		14
Grand Total	1,220	79	1,299

Figure 17

Demographics of Children in Care who were Eligible for Ongoing Case Plan Reviews between October 2021 and September 2022

Race/Ethnicity	Completed	Not Completed	Grand Total
Black/African American	1,973	73	2,046
White	1,265	38	1,303
Hispanic	1,387	47	1,434
Multi-Racial	357	2	359
Another Race/Unable to D..	37		37
Grand Total	5,019	160	5,179

Enhanced reviews are periodically conducted to assure that all reasonable efforts have been made to prevent the placement of a child. Additionally, if placement is necessary, enhanced reviews assure that permanency and concurrent planning are being carried out in a timely and appropriate manner. Two critical reviews are conducted at the five-month and ten-month benchmarks. The five-month periodic administrative review determines the progress made in achieving the goals reflected in the family case plan. This reviews

the completion of key permanency tasks, assesses parental participation and progress towards reunification, considers if unsupervised parent-child visits can occur, measures the effectiveness of services already provided, and identifies changes needed to meet the needs of the child, family, and/or resource family. Data in Figure 18 shows that these critical reviews continue to occur timely.

Figure 18

5 Month Enhanced Reviews
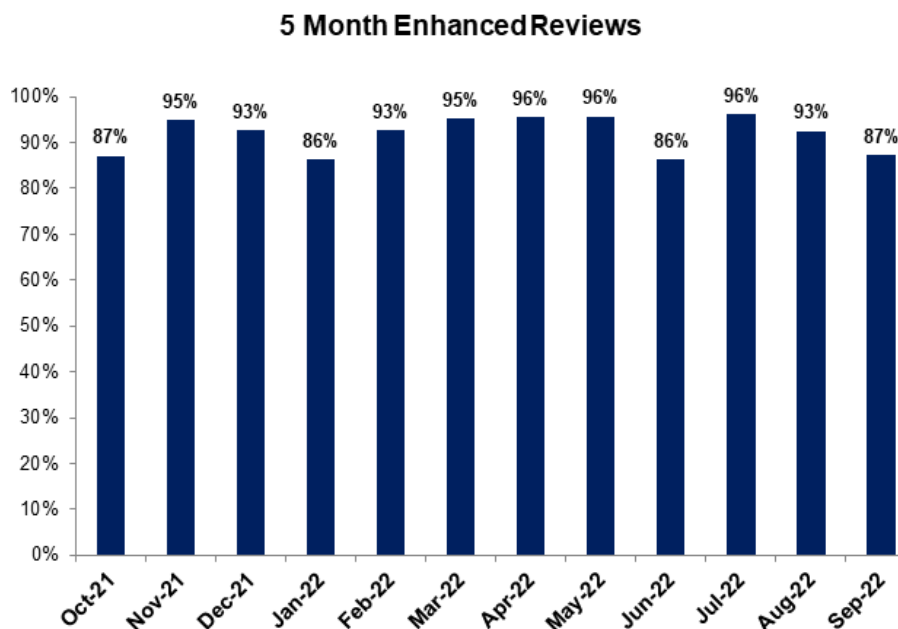
The ten-month enhanced review is a critical decision-making review when CP&P prepares for the permanency hearing. At this time, CP&P either approves an Adoption and Safe Families Act (ASFA) exception based on the improved circumstances of the parents and likelihood of reunification or recommends the termination of parental rights (TPR) for the purpose of adoption. This review includes the Family Discussion and the Litigation Conference. The purpose of the Family Discussion is to have an in-depth conversation with the family regarding the permanency status for their children. It is also to discuss reunification, TPR, and Kinship Legal Guardianship (KLG). During this meeting, real action agreements are completed to progress forward. Full disclosure is an integral part of the discussion. The purpose of the Litigation Conference is to establish and assess the agency's suggested permanency goal with legal counsel in preparation for the permanency hearing. Permanency hearings are occurring on a timely basis. Data in Figure 19 below represents that ten-month enhanced reviews continue to be a strength for New Jersey.

Figure 19

10 Month Enhanced Reviews

Oct-21: 84%, Nov-21: 94%, Dec-21: 94%, Jan-22: 95%, Feb-22: 96%, Mar-22: 97%, Apr-22: 83%, May-22: 97%, Jun-22: 83%, Jul-22: 88%, Aug-22: 89%, Sep-22: 92%
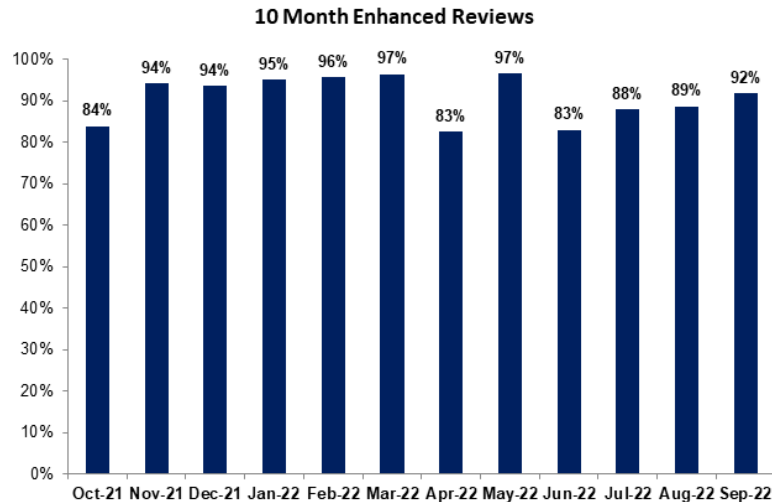
If the goal of adoption has been established by CP&P through the permanency hearing, TPR petitions should be filed within six weeks. Staff reported that a root cause for delays is belief that the filing of a TPR petition cannot occur unless the courts accept the goal of adoption. To address those concerns, DCF and the Office of the Attorney General issued a joint protocol in January 2020, directing that staff begin drafting guardianship complaints immediately following any 10-month review where the decision is made to change a child's administrative goal to TPR. Once drafted, the complaint is to be reviewed by a Deputy Attorneys General within seven days. As Figure 20 demonstrates, this continues to be a challenge. DCF is exploring additional ways to improve the efficiency of drafting the guardianship complaint. DCF continues to discuss timeliness and efficiency with local office litigation units and Deputy Attorneys General. Additionally, DCF will review relevant data by county. Input from and communication with judicial stakeholders is critical to improving timeliness of permanency.

Figure 20

TPR Filing Within 42 Days of Adoption Goal Established

Oct 21: 58%, Nov 21: 53%, Dec 21: 53%, Jan 22: 54%, Feb 22: 93%, Mar 22: 84%, Apr 22: 67%, May 22: 64%, Jun 22: 68%, Jul 22: 43%, Aug 22: 63%, Sep 22: 57%
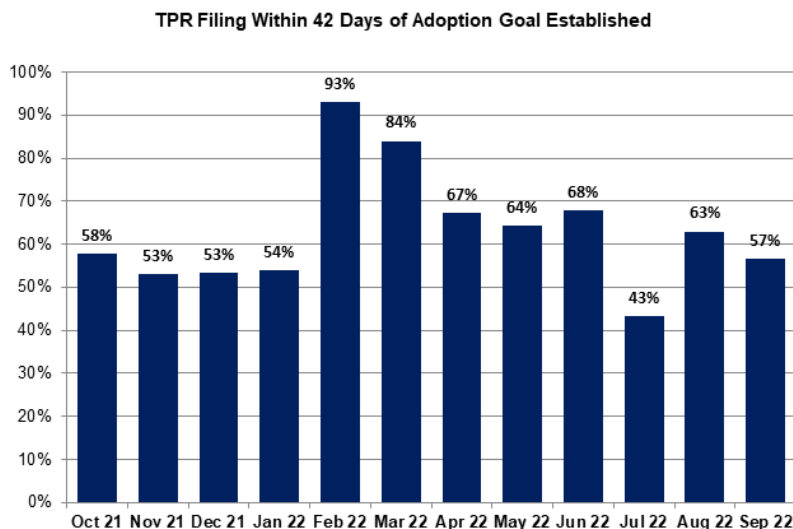
Systemic Factor: Service Array and Resource Development

As a part of its strategic plan, DCF commits to maintaining excellence in the core services of the Department. DCF continuously assesses the Department's performance and constituent needs, examining outcomes data and information collected via sources, including needs assessments, a statewide listening tour, regional and virtual forums, and more. For discussion of current performance and plan for improvement, see *Section 5, Update on Service Descriptions: Child and Family Services Continuum*.

While the historical QR process demonstrated that formal and informal supportive resources for families were accessible and aligned with their needs, the CFSR 3 results for service array and resource development, as well as services to prevent entry or re-entry into out-of-home placement, highlight challenges for families. For CY 2017-2019 QR data, see DCF's 2023 APSR. DCF's new CoQI process considers resource availability through the following indicators in the annual record review:

- *Assessment:* is rated for mothers, fathers, caregivers, resource parents, children, and families, respectively, and looks at whether there were ongoing comprehensive assessments to determine individual needs and whether interventions were aimed at meeting the identified needs. Additionally, the *Assessment – Families* indicator specifically considers the integration of families' dynamics, values, traditions, and beliefs into the overall assessment.
- *The quality of the planning process* is evaluated in several indicators and is broken down by the *Overall Quality of the Planning Process*, *Plan Implementation*, and *Successful Transitions*. The *Overall Quality of the Planning Process* indicator assesses the quality of planning with the families to prevent the re-occurrence of the issues that resulted in the families' involvement with the agency and whether the families' voice was part of the planning process. The *Plan Implementation* indicator focuses on whether the plan sufficiently addressed the issues that resulted in the families' involvement with the agency. The *Successful Transitions* indicator looks at whether the plan addressed the continued safety and stability of the children prior to case closure or reunification.

Additionally, DCF will examine its service array and resource development through the work of its new Office of Monitoring (OOM). For information on OOM, see *Systemic Factor: Quality Assurance System*, below.

Systemic Factor: Agency Responsiveness to the Community

In CFSR 3, New Jersey was found to be in substantial conformity with Agency Responsiveness to the Community. An identified strength in this area was strong collaboration of services for children and families with other state agencies and federal programs. For detail on the major components of DCF's partnerships with stakeholders across the state, see *Section 1, General Information on DCF's Collaboration Efforts*.

Systemic Factor: Quality Assurance System

In CFSR 3, the strengths of DCF's quality assurance system were highlighted. New Jersey was found to be in substantial conformity on this systemic factor.

Throughout 2020 and 2021, DCF reimagined its CQI process, developing an agency-wide CoQI framework to replace its earlier CQI infrastructure. To ensure a systematic quality improvement process that utilizes data, evidence and best practices in decision-making, DCF's CoQI framework utilizes qualitative and quantitative data to assess performance, develop improvement plans and manage change across the programs and provider agencies. Rooted in CQI best practices and improvement science, the framework targets ongoing program improvement through a six-stage cyclical process that includes: identifying strengths and challenges; selecting improvement priorities; exploring solutions and developing an improvement plan; implementing the improvement plan; assessing progress then adjusting the plan as needed; and evaluating implementation and outcomes.

Figure 21
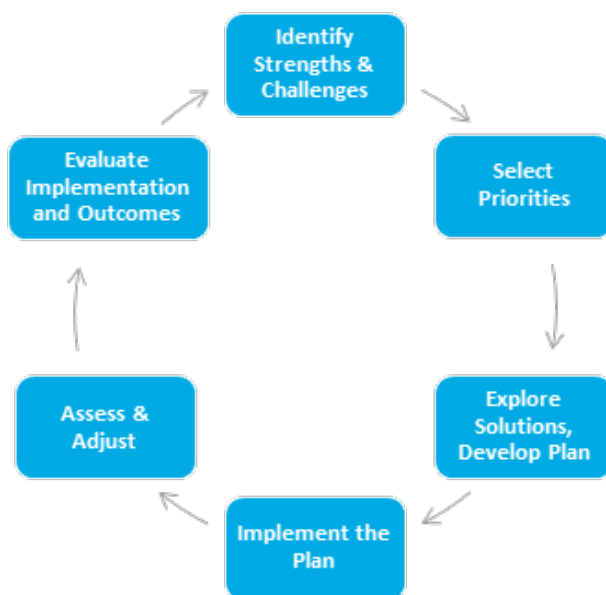
DCF is in the process of implementing CoQI across all of its programmatic divisions.

CoQI in CP&P

In CP&P, CoQI metrics are organized around the following critical child welfare outcome domains: safety, risk, health and well-being, permanency, teaming, planning, and supervision. The CP&P CoQI process incorporates data from multiple sources, including qualitative case record reviews, SafeMeasures, Outcomes Data Portal, family interviews, SBC skill acquisition data, ad hoc reviews, and more. The annual record review assesses both in-home and out-of-home families and utilizes indicators that align with CFSR

measures, including assessments related to the implementation of interventions and ongoing assessment of safety, risk, stability of home and education, permanency planning, and overall well-being. Together, these indicators capture a holistic assessment of all relevant family members throughout the life of the case.

The CP&P CoQI cycle consists of a two-pronged approach of developing and implementing improvement plans over a 12-month cycle for all CP&P local offices. These processes, which are ongoing and integrated, are referred to as Rapid Improvement Plans and Annual Improvement Plans.

- *Rapid Improvement Plans:* Each CP&P local office will develop monthly Rapid Improvement Plans, which are designed to manage time-limited improvement processes. The CP&P local office manager (LOM) will work with DCF's Office of Quality (OOQ) to identify a metric from the Dashboard or SBC skill acquisition data that needs immediate attention for improvement and can be meaningfully improved through action taken at the local office level, e.g., improving rates of caseworker/child contacts, parent contacts, improving timely completion of case plans, improving completion of safety and risk assessments, etc. An improvement plan detailing responsible parties and timelines will be developed in the meeting and completion of the plan will be monitored monthly for progress and necessary modifications by OOQ and CP&P area and local office leadership. As goals are achieved or new trends requiring attention emerge, the practice area of focus and resulting plan will be changed.
- *Annual Improvement Plans:* Annual Improvement Plans occur on a 12-month cycle. The cycle begins for each CP&P local office with a record review. The local office then has seven months to work on their qualitative improvement planning metrics, which will start at the end of the Improvement Planning Session (IPS), outlined below. Any Rapid Improvement Plans developed prior to the start of an Annual Improvement Planning cycle will be incorporated into the Annual Improvement Plan. The plans from the rapid improvement meetings will be revisited monthly, as well as during each CP&P local office Quality Performance Review (QPR) CoQI check-in meetings that occur every eight weeks after the development of the Annual Improvement Plan.
- *Meetings:* Each CP&P local office is required to conduct at least monthly CP&P local office CoQI meetings. The agendas are standardized, and the meetings are co-facilitated by the CP&P LOM and OOQ staff. These meetings focus on creation and management of rapid cycle plans and, at key points throughout the year, the agendas integrate the development and management of tasks associated with the Annual Improvement Plans.

During the development and management of Rapid Improvement Plans, the CP&P LOM and OOQ present key CP&P local office performance metrics using a dashboard and facilitate discussions around the metric in focus for improvement that month. The CoQI team identifies a priority for improvement of the metric in focus and identifies no more than two goals with specific action steps for the next 30 days toward that goal. At the following month's meeting, the CoQI team reviews the dashboard and completion of action steps. If the performance goal was achieved, the team will celebrate progress and select a new priority goal. If the performance goal has not been achieved, the team will

revise existing steps for the next 30-day period.

The development and management of the Annual Improvement Plan will be incorporated into CoQI meetings at five formalized meetings within a 12-month cycle, which will be launched following completion of the CP&P local office's record review. The first step in the process is informed by a strengths and challenges analysis that supports the identification of the CP&P local office's improvement plan priority. Two weeks after the priority is identified, an IPS will occur with a combination of CP&P leadership and frontline staff, at which time qualitative tasks will be created and implemented. There will be two follow-up check-in meetings that will occur eight weeks after the creation of the tasks, followed by the final meeting that will examine the priority and plan more in depth to determine if the CP&P Local Office demonstrated improvement. The final meeting will be used to determine the success of the CP&P local office CoQI priority.

- *Strengths and Challenges and QPR 1:* CP&P Area and Local Office leadership and OOQ meet to collaboratively identify the CP&P local office's strengths and challenges and improvement priority, based on consideration of all CoQI inputs, e.g., office Dashboard, record review, SBC certification data, family interviews, critical incident review, etc.) This meeting occurs two weeks after the record review findings are shared.
- *Improvement Planning Session:* CP&P area, local, and frontline staff and OOQ meet to collaboratively develop a comprehensive, qualitative improvement plan to implement over the cycle that addresses the CP&P local office's improvement priority. This session occurs two weeks after QPR 1.
- *Quality Performance Review 2:* The CP&P local office CQI team and OOQ meet to review and evaluate updates on the annual and rapid review improvement plans progress and adjust the plan when needed. This meeting occurs eight weeks after the IPS.
- *Quality Performance Review 3:* The CP&P local office CQI team and OOQ meet to review and evaluate updates on the annual and rapid review improvement plans progress and identify barriers that may impact the priority's success. *This meeting occurs eight weeks after the QPR 2.*
- *Quality Performance Review 4:* The CP&P local office CQI team and OOQ meet to assess the plans implementation, success, and impact. This meeting *occurs eight weeks after the QPR 3.*

The new CoQI process was implemented in CP&P in April 2022. By the end of 2022, all 46 CP&P local offices fully incorporated the rapid cycle improvement process into day-to-day practice, intentionally focusing on qualitative and quantitative improvement when developing tasks. By September 2023, all local offices will complete record reviews. Additionally, many local offices have started the annual cycle review process and are actively working on improvement plans. By November 2023, all local offices will have implemented annual cycle improvement plans. The initial phase of the CoQI implementation focused on guiding and supporting improvements related to key performance metrics. As this process moves forward, OOQ is committed to collaborating with DCF's Office of Diversity, Equity and Belonging (DEB) to identify methods for incorporating a racial equality lens into the CoQI framework, including disaggregating

data. This will include reassessing the record review tool, data analysis strengths and challenges and improvement planning development.

The CP&P CoQI implementation will also include an area office CoQI process, which is currently being developed. The purpose for this process is to identify common performance strengths and challenges within the area, facilitate problem-solving dialogue about common performance challenges and identify ways to build on common strengths, identify CoQI outliers– offices that are gaining traction in improving a specific CoQI performance target or offices that are struggling to improve performance in a specific CoQI performance target, and to continue to develop CP&P area director, LOM, area quality coordinator and Area Resource Family Specialist skills in using data to identify strengths and challenges.

CoQI for Purchased Services

DCF is also implementing CoQI to continuously improve the quality of purchased services, which are managed through the CSOC, DOW and FCP. In these divisions, the CoQI process is being implemented as follows:

This CoQI framework brings together teams, which consists of DCF programmatic and operational staff, provider agency staff, model developers and technical assistance providers, around regular collaboration touchpoints to review progress and address barriers towards program and provider-specific improvement goals. Teams will be organized around annual CoQI cycles and more frequent "rapid" CoQI cycles for purchased services:

- *Annual CoQI Cycles.* Annual CoQI cycles will be designed to evaluate and improve the performance of DCF-funded service lines. They bring together all provider agencies operating a given service to review implementation and outcomes, and to collaboratively develop a shared improvement plan with program-level goals. This process is monitored on an ongoing basis by the DCF program lead and OOQ team lead.
  - o *Team*: Each evidence-based program will have an annual cycle CoQI team responsible for reviewing data and managing an annual cycle CoQI improvement planning process. The team will include, but not be limited to, the DCF programmatic division lead, DCF program lead, DCF OOQ team lead, DCF Office of Strategic Development (OSD) implementation lead, provider agency staff, and model developers/technical assistance providers, as applicable.
  - o *Data inputs*: The data inputs for the annual CoQI cycles will focus on quality of services, program reach, compliance, competence, and goal achievement. Depending on the evidence-based program and its stage of implementation, data may be generated through DCF's OOM, Office of Analytics and Systems Improvement (ASI), or the model developer with measures derived from the data inputs listed below. Data inputs include monitoring scorecard (service quality), key performance indicators (compliance and reach), fidelity data (competence/compliance), and

outcome data (goal achievement).

- o *Outputs:* Tangible outputs from the annual CoQI Cycle will include (1) a program-level annual improvement plan with specific, measurable, attainable, relevant, and time-bound goals and (2) agreed upon provider-level activities focused on supporting the overall programmatic goals.
- o *Touchpoints:* Annual cycle CoQI teams will meet formally four times within the twelve-month improvement cycle. The first meeting will be focused on a "strengths and challenges analysis" in which data is collaboratively reviewed to identify a programmatic priority to develop an improvement plan. In the second and third meetings, the team will review program-level progress towards achieving identified goals. In the fourth and final meeting, the team will review annual programmatic data to determine whether the specified goals were achieved. If the goals were achieved, the annual cycle CoQI Team will identify a new priority for the next annual cycle. If one or more performance goals were not achieved, the team will establish new activities or revise the existing activities for the next annual cycle.

- *Rapid CoQI Cycles.* Rapid CoQI cycles are designed to evaluate and improve the performance of specific provider agencies implementing DCF programs on a more frequent basis. The rapid CoQI cycle will focus on implementation of the program at the provider-level. Data feeds into an improvement process in which time-limited goals and action steps are generated to support rapid performance improvement. This process will be monitored by a DCF program lead and provider agency lead.
  - o *Team*: For each provider agency implementing an evidence-based program, there will be a unique rapid cycle CoQI team responsible for reviewing data and managing the rapid cycle improvement plans specific to that agency. The team will include, but not be limited to, DCF program lead, provider agency staff, and model developers/technical assistance providers, as applicable.
  - o *Data inputs*: The data inputs for the rapid CoQI cycles will focus on the context in which programs are implemented (e.g., referrals, staffing, etc.), the provider agency's compliance with key performance indicators and the competence of provider agency staff to implement the model. Depending on the program and its stage of implementation, data may be generated through DCF's OOM, ASI, or the model developer with measures derived from the following data inputs: caseloads, staffing, referrals (context), key performance indicators (compliance/context), and fidelity data (competence/compliance).
  - o *Outputs:* Tangible outputs from the rapid CoQI Cycle will include (1) a provider-level rapid improvement plan with specific, measurable, attainable, relevant, and time-bound goals and (2) agreed upon provider-level activities and timelines focused on supporting the specified goals.
  - o *Touchpoints:* Rapid cycle CoQI teams will meet more frequently depending on the EBP and its stage of implementation. At the start of the rapid CoQI cycle, the team will collaboratively identify a metric that needs immediate attention for improvement and can be meaningfully improved through action

taken at the provider-level. A time-limited improvement plan detailing who will do what and by when will be developed. At subsequent meetings, progress will be reviewed to track and adjust, and as goals are achieved or new trends requiring attention emerge, the implementation area of focus and resulting plan will shift.

A critical input to the CoQI process for purchased services is qualitative information gathered through DCF's OOM. In 2021, DCF released a concept paper describing its new approach to monitoring the quality of the purchased service network via standardized assessment of each provider of a given service. DCF began staffing OOM in July 2021. Through monitoring practices, the Department will be able to identify strengths and challenges of individual providers, as well as entire service lines. OOM is using participatory methods, inclusive of providers, constituents with lived experience with relevant services, and Department staff, to create interview guides, case record review protocols, and site visit protocols. Monitoring guidelines will be created, and inter-rater reliability testing will be conducted for each service line. OOM developed these protocols with a first wave of programs in 2022; monitoring of those services via this new process will commence in 2023. These data will be incorporated into CoQI processes as described above.

Lastly, DCF is taking steps to develop the NJ Connex data system to create administrative data capacity for purchased services. For more information about the NJ Connex data system, see *Systemic Factor: Information Management System*, above.

DCF continues to assess its implementation of the CoQI system and planned activities. Regular planning meetings are held within the Department to manage development and implementation. To strengthen the DCF's overall CQI system, DCF executive management is actively coordinating across divisions to attain a full understanding of the current CQI efforts within each division and to outline next steps in strengthening the system by applying a department-wide, formalized, CQI approach. For additional information on DCF's CQI processes, see *Section 4, Quality Assurance System*.

Systemic Factor: Staff and Provider Training

During CFSR 3, New Jersey was found to be in substantial conformity with this systemic factor. DCF continues to sustain a quality and high functioning training program through collaborative and strong partnerships with several internal and external stakeholders. DCF's training system continues to work across the Department to identify needs and implement learning opportunities that address knowledge gaps and strengthen skills to carry out casework practice. DCF's Learning Management System continued to experience upgrades to data access and reporting, and other system enhancements to improve user access and functionality. In addition to ensuring a quality internal training program, DCF's training system comprehensively supports foster, adoptive and kinship parents via training offerings to meet their varied needs and experiences. For more information on DCF's training program, see DCF's updated 2020-2024 updated Training Plan and DCF's updated 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan.

In 2022, DCF's OTPD refined its strategic priorities for the next few years and developed an updated operational structure to support implementation. These priorities seek to further modernize and adapt learning experiences to meet the dynamic landscape of virtual learning, implement training products that meet the needs of all categories of staff, strengthen CQI planning and implementation activities, engage community members and constituents in training facilitation, and align training initiatives with DCF's core approaches, values, and transformative goals.

DCF maintains strong university partnerships through the New Jersey Child Welfare Training Partnership (NJCWTP), which includes the Institute for Families at the Rutgers University School of Social Work and the Child Welfare Education Institute at Stockton University. During 2022, NJCWTP continued to lead efforts to redesign CP&P's pre-service new worker training with the expectation that curriculum updates, evaluation tools, simulation and practice application activities, and coaching and reflection resources for new worker supervisors will be completed in 2023. During 2022, the NJCWTP piloted five existing courses within a new hybrid course format, supported DCF to register approximately 1,000 staff in courses available through the Rutgers School of Social Work continuing education program, and coordinated and hosted the Adverse Childhood Experiences (ACEs) train-the-trainer for 30+ participants. The NJCWTP also continued to work on or finalize courses that are core to child welfare practice: Child Sexual Abuse, Engaging Families with Mental Health Conditions, and Secondary Traumatic Stress for Child Welfare Workers.

Between July 2021 and June 2022, data was collected to monitor satisfaction with the delivery of training. The NJCWTP compiled and analyzed this data. Respondents were generally satisfied with the trainings, reporting that the training activities and content were useful. Pretests and posttests showed knowledge gain of nearly 25%. Respondents indicated that in 91% of trainings, there were no technical issues.

During 2022, through the support of Casey Family Programs and later a partnership with Stockton University, DCF continued to work with Tricia Mosher Consulting, LLC (TMC) to refine the Leadership Training Services that was piloted in 2022 and subsequently refined into the Leadership Transformation Collaborative (LTC). Updates include improved curriculum content, extended learning sessions and small group coaching sessions, an updated rubric for the leadership challenge, utilization of a 360-assessment process, and more practice activities during live learning sessions. In the first quarter of 2023, three CP&P leadership cohorts, inclusive of 72 participants, were launched. Plans are underway to integrate the LTC into the broader training. Additionally, TMC will be supporting DCF to conduct a needs assessment and develop recommendations to update the longstanding supervisory training with a broader learning pathway to comprehensively support new and seasoned supervisors across DCF.

Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment and Retention

During CFSR 3, New Jersey was found to be in substantial conformity with this systemic

factor. For a summary of relevant plans and performance for this systemic factor, see DCF's updated 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan.

Foster and Adoptive Parent Licensing

In addition to the work described in DCF's 2020-2024 updated Foster and Adoptive Parent Diligent Recruitment Plan, OOL plays a vital role as the licensing and regulatory authority of DCF. OOL licenses and regulates all state childcare centers, youth and residential programs, resource family homes and adoption agencies, using set standards that are applied statewide.[19] Criminal History Record Information (CHRI) background checks are regulated by policy, statute, and Administrative Code.[20]

When a home study is received at OOL, staff utilize the electronic LIS application page to document required items included in the home study, as well as any outstanding items. This includes the Child Abuse Record Information and CHRI background checks for both applicants and adult household members. These items are updated once the required documentation is received from the CP&P local office. During the initial licensing of a resource family home, all required background checks and training requirements are considered Level I requirements. Once all outstanding home study items are received and approved by OOL, the home can be processed for licensing.

A query system, Information Assist, is used to run queries for outstanding violations of licensed resource family homes for approved state and federal CHRI background checks for adult household members, including resource parent applicants. During the initial licensing of a resource family home, OOL must receive and verify an approved criminal history background check on all adult household members over the age of 18. Failure of all adult household members to complete an approved criminal history background check is considered a Level I violation. Resource family homes need to be in full compliance with Level I requirements prior to licensing the home. Results from this query show that there are no outstanding violations for CHRI checks as of March 27, 2023.

New Jersey's resource parent regulations, policy, and administrative code comply with federal regulations related to background checks for potential resource parent applicants. This   pre-licensing   activity   allows   New   Jersey   to remain   100% compliant with background checks for resource family applicants, additional adult household members and/or frequent overnight guests over the age of 18.

New Jersey's process of reviewing background checks prior to licensure and maintaining a flagging system for all adult household members post-licensure allows for a continued assessment of background checks of resource family members. The flagging system alerts the State of any arrests or convictions of adults who have been fingerprinted for the purpose of resource family care. This continued monitoring system is an area of strength for the Department.

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[19] https://www.nj.gov/dcf/providers/licensing/laws/index.html
[20] https://www.nj.gov/dcf/providers/licensing/laws/index.html

Foster and Adoptive Parent Recruitment and Retention

For a summary of relevant plans and performance for this systemic factor, see DCF's updated 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan.

Foster and Adoptive Parent Cross Jurisdictional Resources

DCF's Office of Interstate Services continues to work to develop methods to improve the identification and recruitment of interjurisdictional resources, including a data system that provides the necessary information to identify areas of strength and opportunity. DCF OIT, DCF's ASI, and the APHSA continue to collaborate to improve systematic tracking and data collection, which are critical to build internal reporting capabilities.

DCF's Office of Interstate Services also continues with initiatives to improve the identification and recruitment of interjurisdictional resources. In April 2021, the New Jersey-New York City Border Agreement for Temporary Emergency Placements was effectuated. This agreement allows for a presumptive eligibility assessment for placement within seven days and allows for children to be placed prior to the submission of the Interstate Compact on the Placement of Children (ICPC) referral. In 2022, the agreement resulted in the placement of 14 children between New Jersey and New York.

In November 2022, the New York Supreme Court ruled that the ICPC does not apply to parents, leaving a gap in DCF's ability to assess birth parents through the ICPC when that birth parent resides in New York or when New York is placing a child in New Jersey. In light of this, DCF is working with partners in New York City to develop an agreement specific to birth parents. DCF's Interstate Services Unit continues to educate and assist local office staff as they navigate getting assistance from New York.

Lastly, DCF's Office of Resource Family Licensing continues to preliminarily inspect all kin and non-kin resource applications, including ICPC resource home study requests.

Section 3. Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes

Input from various stakeholders, as well as the performance improvement areas identified from the final 2015-2019 APSR, CFSR, and the areas described in *Section 2, Update to the Assessment of Current Performance in Improving Outcomes*, contributed significantly to the development of the following goals and strategies to move the state's vision into a 21st century child welfare system.

Goal 1: Child maltreatment, and child fatalities resulting from maltreatment, will be reduced

Rationale for Goal 1

In 2016, the federal Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) called for national action to ensure the safety of American children. Among the recommendations of the Commission was the need to develop clear strategies to identify children at greatest risk of harm, to review life threatening injuries and fatalities according to sound standards, and to ensure access to high quality prevention and earlier intervention services and supports for children at risk.

In recent years, New Jersey has had a relatively low population rate of child abuse/neglect related fatalities[21] and has similarly had a relatively low victimization rate.[22] However, there is both a need and a collective desire across sectors to strengthen our prevention efforts. For example, in regional forums, when asked, "if we want to achieve the larger vision, what should DCF start doing," a number of responses called for increased attention to primary prevention, community engagement, and concrete supports for families.

In consideration of the NJTFCAN 2018-2021 New Jersey Child Abuse and Neglect Prevention Plan, feedback from stakeholders, and the CECANF's "Within our Reach" report, DCF identified primary prevention of maltreatment and maltreatment related fatalities as a major goal for the Department. In Spring 2019, DCF communicated this goal to the CICIC, DCF staff, and DCF stakeholders.

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[21] In 2017, New Jersey's rate of child maltreatment-related fatalities was .66 per 100,000, less than half the national average of 2.32 per 100,000; and in 2018, New Jersey's rate of .92 per 100,000 was less than a third of the national average of 2.39 per 100,000 - Source: Child Maltreatment, 2017; Child Maltreatment 2018.

[22] For each of the five years between 2014-18, New Jersey's children were victims of child abuse/neglect about one-third as often as children in the US on average; for example, New Jersey's victimization rate was 3.1 per 1,000 in 2018, when the national average was 9.2/1,000 - Source: Child Maltreatment, 2018.

Figure 22. Measurement of Progress: Goal 1

Measure	Baseline	Year 1 Interim Target	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Target	Data source to Measure Progress
Variability in maltreatment rates among NJ counties	3.7	3.7	3.4	1.6	1.5	1.4	NJ SPIRIT/NJ Child Welfare Data Hub: Interquartile Range of Maltreatment Rates among NJ Counties
Service Excellence Standards	Establish in Year 3	N/A	N/A	N/A	Establish baseline	Continue to establish baseline	DCF will develop service quality standards for purchased service based on the Availability, Accessibility, Acceptability and Quality (AAAQ) Framework; incorporate these standards into monitoring efforts developed in Year 3; establish performance targets for subsequent years
Benchmarked improvements in specific system components impacting safety	Establish in Year 3	N/A	N/A	N/A	Establish baseline	TBD	DCF will work with national experts to develop and implement a Safety Review Tool to score and track results of human factors analysis conducted following fatalities and critical incidents. Identification of system components consistently impacting safety will occur in year 3 and targeted, measurable improvement plans will be developed for those components.

Year 4 Update: Measure - Variability in maltreatment rates among NJ counties

New Jersey continues to see a decline in statewide maltreatment rates from 2.9 per 1,000 children in 2018 to 1.5 per 1,000 children in 2022. Additionally, New Jersey continues to make progress on reducing the variability in maltreatment rates across the 21 counties from 3.7 in 2018 to 1.7 in 2020 and 1.6 in 2022. This reduction in variability indicates more consistent practice and decision making across the state. Among target counties in the southern part of New Jersey, maltreatment rates per 1,000 children have declined from 2018 to 2022 as follows: Cape May 12.1 to 4.5, Salem 9.9 to 4.0, Cumberland 9.7 to. 3.9, and Camden 7.8 to 3.2.

Year 4 Update: Measure - Service Excellence Standards

In collaboration with providers, constituents, external stakeholders, DCF will continue

efforts to establish a baseline by developing monitoring methods and tools, comprehensive performance measurement indicators, domains, and guidelines via working groups and data subcommittees. Monitoring practices will continue to be built over the course of several years and will ultimately include assessment of quality, constituent and referent experience, adherence to service models, and examination of the outcomes of the service. OOM will continue to use mixed method approaches, including, as applicable to the service, client interviews, referent interviews, staff interviews, site visits, and record reviews. Service-specific questions will continue to be drafted to support accurate monitoring and comprehensive data collection using a high-fidelity model.

In August 2022, DCF published service excellence standards for purchased services.[23] These standards speak to service availability, accessibility, acceptability, and quality. Baseline measures and performance targets will be developed during the initial rollout phase. The Measurement of Progress table, Figure 22 above, has been updated to reflect this revised timeline. For more specific information on DCF's efforts to develop service excellence standards for purchased services and comprehensive performance measurement indicators, domains, and rubrics to support monitoring practices, see *Section 5, Update on Service Descriptions: Child and Family Services Continuum*.

Year 4 Update: Measure - Benchmarked Improvements in Specific System Components Impacting Safety

While DCF was able to identify system components related to pockets of agency practice, it was unable to generalize system components consistently impacting safety due to the low overall rate of child maltreatment related fatalities, as well as the extensive areas of agency practice being explored. DCF is exploring and developing a process focusing on targeted practice areas. In addition, New Jersey joined the National Partnership for Child Safety (NPCS) to share critical incident review findings across multiple jurisdictions within the United States.

DCF is in the process of reporting its critical incident review data to the National Fatality Review Case Reporting System (NFR-CRS) to support learning from New Jersey and the other NPCS members fatality reviews. With participation in the NFR-CRS, DCF will:
- Share data among partner jurisdictions,
- Improve child safety and prevent child maltreatment fatalities by strengthening families and promoting innovations in child protection,
- Use data collected to develop strategies to decrease incidents of serious harm and maltreatment fatality, and
- Use data collected to better identify and address health disparities.

Once ample data is collected from partner jurisdictions, NPCS will synthesize, analyze, and use the data to generate quantitative reports. These reports will provide DCF with the necessary critical incident review data to identify system components consistently impacting safety, and develop a targeted, measurable improvement plan for those

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[23] https://www.nj.gov/dcf/documents/oom/OOM-Provider_Quality_Standards.pdf

components.

Objectives/Strategies/Interventions for Goal 1

- Use geospatial risk modeling to identify communities in which children are at risk of harm.
- Use human factors analysis to ensure effective and timely system learning and corrections when fatalities and near fatalities occur.
- Develop a continuum of evidence-based and evidence-informed home visiting programs.
- Continue to build statewide network of high quality, evidence-based prevention programming.

Objective 1: Use geospatial risk modeling to identify communities in which children are at risk of harm

Rationale for Objective 1

DCF invests heavily in broad family strengthening strategies, such as statewide networks of community-based Family Success Centers (FSCs), Kinship Navigator programs, and evidence-based home visiting programs. While these programs offer valuable contributions to communities, they are not always intricately linked to what is known about child maltreatment and fatalities at the local level. To effectively prevent all maltreatment related fatalities, DCF needs to learn more about what is happening with families in the community, outside of involvement with the formal child protection system.

Advances in statistical analysis and machine learning make it possible to use location-based predictive analytics to find discrete geographic locations—down to the city block—where the risk of future child maltreatment and related fatalities is elevated based on environmental risk factors. A geographic risk and protective factor analysis can determine which risk factors are most harmful and which protective factors are most helpful in each community. This methodology has already proven successful in other locations. For example, in Fort Worth, Texas, predictive modeling accurately predicted the location of 98% of the following year's child maltreatment cases and determined that nearly 60% of child maltreatment incidents took place within 3.7% of the city's area. Additionally, in Fort Worth, the majority of child homicides, child firearm shootings and stabbings, child asthma-related fatalities, child suicides, and even accidental child drownings and sudden unexpected infant deaths occurred in the identified risk cluster areas.

Knowing the precise geographic areas and the environmental factors that are linked to maltreatment, as well as the other poor outcomes that are associated with maltreatment, will provide information that can be leveraged in collaborative community efforts to ensure that, in each community, families are best set up to succeed. This knowledge will also provide for the development of interventions to prevent child maltreatment that are designed for and targeted to the specific, local populations who need them most.

DCF will use geospatial risk modeling to identify the specific local populations, at a level comparable to 1/2 a city block, in which safe parenting is likely proving challenging to the extent that children are at risk of harm. Using the resulting data, DCF will collaborate with local community partners to design, coordinate, and evaluate necessary interventions.

Benchmarks for Achieving Objective 1

Year 1: Geospatial risk modeling will be launched in two New Jersey counties.
Year 2: Community planning process will be launched in the Year 1 counties, and two additional counties will be modeled.
Year 3: Community intervention process will be launched for Year 1 counties. Planning process launched for Year 2 counties; two additional counties will be modeled
Year 4: Community intervention process will continue for Year 1 and be launched for Year 2 counties; community planning process will launch for Year 3 counties; two additional counties will be modeled.
Year 5: Community intervention process will continue for Year 1 & 2 counties and be launched for Year 3 counties; community planning process will launch for Year 4 counties; two additional counties will be modeled.

Year 4 Update: Community intervention process will continue for Year 1 and be launched for Year 2 counties; community planning process will launch for Year 3 counties; two additional counties will be modeled

DCF continued to work on the Predict Align Prevent (PAP) project to utilize geospatial risk analysis, strategic alignment of community initiatives and implementation of accountable prevention programs to create the components of an effective primary prevention bundle focused on Cumberland and Camden counties. During Year 4, operations were disrupted due to the discontinuation of DCF's data analysis subcontract with Texas Advanced Computing Center based on the Center's loss of internal capacity to complete the project. DCF has since partnered with Camden Coalition to complete the PAP analyses for Camden and Cumberland counties while simultaneously building the capacity to sustain this work independently with state partners. Camden Coalition completed the geospatial risk analysis and layering of service data to identify gaps in services in the areas of highest risk. They also conducted cluster analyses to determine which risk factors, e.g., domestic violence, high emergency department utilization, etc., cluster most closely with child maltreatment. Analyses were shared with both internal and external stakeholders in Camden and Cumberland counties for vetting and interpretation.

Objective 2: Use human factors analysis to ensure effective and timely system learning and corrections when fatalities and near fatalities occur

Rationale for Objective 2

Human factors refer to "environmental, organizational and job factors, and human and individual characteristics which influence behavior at work in a way which can affect

health and safety."[24] Human factors analysis has been in use in the military, aviation, and heavy industry for many decades, and has contributed to significant reduction in critical incidents across these industries. In the last several decades, health care has similarly made use of human factors analysis to improve patient outcomes, especially in hospital settings. The resulting "safety cultures" present in these sectors protect staff and patients/customers alike from dangerous error.

In recent years, these approaches have been applied in child welfare, notably in Tennessee and Arizona. In 2018, DCF began to implement work to use human factors debriefing and other tools to create a similar "safety culture" so that the frequency of safety critical incidents – child fatalities and near fatalities – will be reduced. Throughout the CFSP period, DCF will use human factors analysis and other approaches from safety science to ensure system learning and correction from child fatalities and near fatalities.

Benchmarks for Achieving Objective 2

Year 1*:* Design and implement revised critical incident debriefing process:
> Develop and finalize business process, create one internal Multi-Disciplinary Team (MDT); Three (3) Regional Mapping Teams; Data Team. Launch reviews following new process. Begin monthly report of findings to DCF Executive Management

Year 2: Continue implementation of critical incident debriefing process
Year 3: Assess impact of new process
Year 4: Assess fidelity and develop feedback loops
Year 5: TBD based on Year 4 assessment

Year 4 Update: Assess fidelity and develop feedback loops

The Department-wide MDT that was trained by Collaborative Safety, LLC reviewed child protection cases for inclusion in a systemic review process. Human factors conversations were conducted with staff to provide context regarding the aspects that influence child protection casework and decision-making. In addition, with support and technical assistance from Collaborative Safety, LLC and NPCS, the Department continued to build capacity around the human factor debriefing and the overall process. Results from the review processes and ongoing implementation continue to be shared with staff who participate in debriefings, CP&P leadership, and the Department's executive management. Looking ahead, DCF anticipates continuing to refine the review process and conduct ongoing training of frontline staff regarding safety science. DCF held two orientations for new and existing Central Office staff to discuss safety science concepts and the importance of engaging all staff in the safety culture of the organization. The orientations helped to further embed the safety science approach into leaderships understanding on how staff make decisions in an organizational setting, as well as understand how managers and supervisors shape an employee's performance to achieve successful outcomes.

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[24] https://www.hse.gov.uk/

As of January 2023, 73 cases have been presented to the MDT, which recommended a collaborative safety review of 50 of those cases. The cases that continued through the review process resulted in voluntary debriefings with 66 frontline and supervisory staff. Over the past year, staff debriefing participation rate has increased from 50% to 55%. The three regional mapping teams completed 34 mappings and continue to meet monthly to further analyze events from a systems perspective.

Objective 3: Develop a Continuum of Evidence-Based and Evidence-Informed Home Visiting Programs

Rationale for Objective 3

As detailed in CECANF's *"Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities,"* evidence-based home visiting programs demonstrated reductions in child maltreatment. DCF has had a long-standing commitment to investing in home visiting services throughout the State. Currently DCF, in collaboration with DOH, manages a statewide network of 65 local implementing agencies, that provide three evidence-based home visiting models—Nurse Family Partnership, Parents as Teachers and Health Families America—in all 21 counties, as well as a fourth evidence-based model pilot. In 2022, approximately 5,216 families received evidence-based home visiting services, including more than 2,275 pregnant women and 2,945 children birth to five years old.

A review of five years (2013-2018) of child fatalities showed that, in child maltreatment fatalities, young children are at higher risk. Of the 110 child maltreatment fatalities reviewed, 42.7% were under the age of one, and 61.8% were under the age of two (inclusive). Nearly 65% of child maltreatment fatalities had no history with child protective services at the time of the incident. In addition, more than one-quarter of the caregivers of children whose fatalities were reviewed were identified as having a history of at least one of the following stressors: substance use; child protective services involvement; domestic violence; and criminal or delinquent activity.

Stakeholder meetings through the NJTFCAN's Prevention Subcommittee recommended a focus on ensuring universal access to home visiting services for all families in New Jersey. Through this Subcommittee and a review of national findings on the efficacy of home visiting in reducing risk to children, DCF identified the need to expand its current home visiting services so that a wider array of services may be available for parents of very young infants. DCF is committed to increase universal access to home visiting through continued interagency collaboration and to rely on home visiting expansion as a key strategy to strengthen protective factors.

Benchmarks for Achieving Objective 3

Year 1: Complete a joint readiness assessment along with DOH. Assess evidence-based, evidence-informed, and promising practices in early childhood in-home program models through a rigorous process and criteria for inclusion. Establish

phased implementation plan
Year 2: Launch Phase I implementation
Year 3: Phase I continues; launch Phase II implementation; design evaluation strategy.
Year 4: Continue implementation; begin evaluation.
Year 5: Continue implementation and evaluation.

Year 4 Update: Continue implementation; begin evaluation.

In collaboration with the Burke Foundation, Trenton Health Team and Family Connects International (FCI), DCF implemented a FCI universal home-visitation evidence-based model pilot in Mercer County, which addresses the postpartum needs of families in the community. By the end of December 2022, 1,250 eligible births had occurred at Capital Health Medical Center, and 407 completed visits by FCI nurses. Nurses made 874 referrals to community resources to support the families after the nursing visit.

In 2021, Governor Murphy signed PL 2021 C.187, creating a universally accessible nurse home visiting program for newborns. During Year 4, DCF funded the creation of Community Alignment Specialists at each of the state's Connecting NJ hubs, entered into a contract with FCI for statewide implementation, and created a phased implementation plan. With support provided by the Burke Foundation, a research firm was hired to provide an analysis of the nursing workforce to discern how to develop a nurse recruitment and retention strategy. The Burke Foundation also funded a consulting firm to develop a communication plan for the UHV program. That organization conducted focus groups with key partners and consumers, and established campaign goals to create a strong brand that communicates the mission of New Jersey, broadly, and the UHV program, more specifically, so that it resonates universally across all populations.

Additionally, in 2022, DCF entered a contract with Johns Hopkins University (JHU) to provide the evaluation support of the UHV program. Preliminary work included discussions with the FCI pilot program and regular meetings with the program staff to establish baseline information, such as how the existence of the statewide Connecting NJ system will influence the implementation of UHV.

DCF continues to seek the advice of the statewide UHV Advisory Committee as it implements this critical prevention initiative. DCF publishes newsletters and other updates to its public website.[25]

Objective 4: Continue to build statewide network of high quality, evidence-based prevention programming

Rationale for Objective 4

Through the use of evidence-based programs (EBPs), DCF will enhance responsiveness to cultural issues and contexts related to the risk factors for child maltreatment and

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[25]https://www.nj.gov/dcf/providers/fcp/uhvp/#:~:text=The%20goal%20of%20this%20short,families%20with%20appropriate%20community%20services.

maltreatment related fatalities.

EBPs combine well-researched interventions with clinical experience, ethics, client preferences, and cultural influences to guide and inform the delivery of treatments and services. These interventions, consistently applied, will produce improved outcomes and support DCF to reach its goal to reduce maltreatment-related fatalities. Randomized controlled trials, quasi-experimental studies, case-control and cohort studies, pre-experimental group studies, surveys, and qualitative reviews contribute to the strength of evidence for selected interventions. The California Evidence-Based Clearinghouse for Child Welfare, among other tools, will be utilized to aid in determining which EBPs meet the culture and context of families we serve. Evidence of impact will be matched to diverse populations, e.g., different socioeconomic, racial, and cultural groups, and diverse settings, e.g., urban, suburban, and rural areas, as well as various types of schools and communities.

As part of the work to strengthen the DCF's service array, DCF will use data from multiple sources, including needs assessments, the CoQI process, five-year review of fatalities, and stakeholder engagements, as well as learning from the geospatial risk modeling and safety science strategies described above. These data and knowledge will assist DCF to identify risk and protective factors and compounding challenges in communities while prioritizing short- and long-term targets for reduction of child maltreatment and related fatalities. DCF aims to impact outcomes for child maltreatment and to change the population prevalence rates of a child maltreatment related fatality.

Benchmarks for Achieving Objective 4

For Year 4 updates, see *Section 5, Update on Service Descriptions: Child and Family Services Continuum*.

Goal 1 Implementation Supports

To promote overall successful implementation of Goal 1 outlined above, the following implementation supports have been identified:

Staffing Implementation Supports

Home Visiting: To support implementation of the statewide UHV program, additional positions were created, including a Nurse Program Director, Community Alignment Manager, Data Specialist, two program specialists, and a Medical Advisor. These positions will serve as the backbone structure for statewide implementation of the program.

Collaborative Safety, LLC: DCF trained a unit of three safety analysts, one supervisor, and one manager to perform human factors debriefings. In addition to the unit tasked to complete the critical incident review process, DCF has made continued efforts to ensure staff from all levels of the agency participate on mapping teams to provide additional

insight into issues faced and components of the system being reviewed.

Additional staffing implementation supports: DCF's Office of Applied Research and Evaluation (ARE) provides ongoing management and analytical staff to support the monitoring and evaluation of interventions to determine the extent to which activities are implemented as planned and goals and objectives are achieved.

Training and Coaching Implementation Supports

DCF receives technical assistance to support achievement of Goal 1's objectives as follows:

Home Visiting: Family Connects International provides training, supports and technical assistance related to the FCI pilot and, beginning in Year 4, the statewide implementation. DCF also contracts with consulting firm, KPMG, for project management related to UHV.

Predict Align Prevent: DCF's data team held regular phone conferences with Camden Coalition regarding the progress of the geospatial risk analysis, project workflow and DCF's internal capacity to sustain the project into the future. Camden Coalition will provide the remote training and technical assistance to DCF staff ongoingly.

Collaborative Safety, LLC: Collaborative Safety, LLC continues to provide training and coaching supports through monthly technical assistance meetings and skill development trainings. DCF and Collaborative Safety, LLC conducted two orientation sessions for Central Office staff from DCF's operational divisions. As a member of the NPCS, DCF also receives bi-weekly technical support and trainings. DCF staff participate on NPCS workgroups and committees that focus on system learning and change through the implementation of safety science and data sharing.

Technical Assistance Provided (to counties and other local or regional entities that operate state programs)

Throughout Year 4, DCF staff and program leads provided the following examples of technical assistance to counties and other local or regional entities that operate state programs to support quality implementation of initiatives/programming.

Geospatial risk modeling: As described above, DCF continues to collaborate with local community partners to design, coordinate and evaluate necessary interventions. Teams were assembled in Camden and Cumberland counties and outside partners were engaged in the project.

Home Visiting: DCF continues to provide technical assistance, as needed, to the FCI pilot provider.

Technology Implementation Supports

Collaborative Safety, LLC: DCF engages Collaborative Safety, LLC, to provide training and technical assistance in support of creating a critical incident debriefing process for child fatalities, near fatalities, and serious staff injuries that incorporates human factors analysis and state of the art safety science. This business process includes record review and interviews and collects and aggregates data using a standard assessment tool.

National Partnership on Child Safety: With the assistance of the NPCS, New Jersey developed a database to collect data from the systemic critical incident reviews. This system captures data from all aspects of the review process, thereby allowing the Safety Analyst to identify and aggregate systemic influences. DCF continues to utilize RedCap, developed with the assistance of NPCS, to manage and aggregate data collected from collaborative safety reviews. Additional data elements have been added since the inception, including those identified by the NFR-CRS data elements. Additional technology needs may be identified as more reviews are conducted.

Goal 1 Technical Assistance Needs

As previously described, DCF is receiving support from FCI and KPMG to manage the universal newborn home visiting program. DCF works with the Camden Coalition for completion of geospatial risk analysis and data translation.

Goal 1 Research and Evaluation Activities

Translational Research: DCF continues to partner with Camden Coalition on the PAP project to conduct a predictive analytics project that investigates the geographic relationships of child maltreatment and pathophysiology associated with chronic exposure to adverse events. This project focuses on predicting where child maltreatment is likely to occur in the future. It strategically aligns services, education, and resources where they are most likely to reach the most vulnerable children and families. Finally, this project will measure the efficacy of aligned prevention efforts by baselining and actively surveilling risk, protective, and outcomes metrics in high-risk places to inform ongoing prevention efforts. In Year 4, Camden Coalition completed modeling for Cumberland and Camden Counties. DCF is now ongoingly engaging stakeholders to vet findings and develop prevention-focused strategies based on these analyses.

Program Evaluation: DCF is engaged in a variety of program evaluations to help understand the quality and impact of purchased services, including those aimed at prevention. A summary of DCF's evaluation related to home visitation follows.

Home visiting evaluation: DCF continues to partner with JHU, state agencies and community partners to conduct an ongoing, rigorous evaluation of New Jersey's home visiting models. The evaluation is aligned with project goals, objectives, and activities to promote success and to inform decision-making and the New Jersey Maternal Infant Early Childhood Home Visiting (MIECHV) CQI plan. The evaluation's conceptual framework is

grounded in implementation science and theories of behavior. This allows outcomes to be traced back to actual services, which can be traced back to individual and organizational level factors. This model bridges the gap from theory-driven science to policy and practice, thereby promoting the translation of research to action. This year's evaluation focuses on workforce development and recruitment and retention of competent staff, Plan-Do-Study-Act cycles, CQI culture to inform service delivery and best practices, and assessing patterns of service referral and use among substance using women.

Goal 2: Timely and effective family stabilization and preservation

Rationale for Goal 2

DCF's core goals are established to ensure that every child and family is *safe, healthy, and connected*. Departmental priorities to achieve this vision include protection of children from maltreatment, prevention of ACEs, promotion of protective factors, and preservation of families.

New Jersey experienced barriers, similar to the emerging national trends in CFSR 3.[26], for which none of the seven outcomes met the 90% or 95% threshold required to be considered in "substantial conformity". There are several key areas for improving child welfare programs and practice in New Jersey, including:

- Performance related to in-home casework,
- Implementation of ongoing safety and risk assessments that can assist in decision making to help stabilize and preserve families,
- Efforts to achieve timely permanency when children are separated from families,
- Engagement of parents in case planning (fathers in particular) to achieve identified family goals, and
- Assessment of parents' underlying needs to better align with the identification of the appropriate service to meet the individual needs of families

In March 2022, CB verified New Jersey's successful completion of all required PIP goals, including the measurement goals. New Jersey remains committed to the implementation and monitoring of the following goals and strategies initiated during the PIP period.

Measurement for Progress for Goal 2

New Jersey completed the CFSR baseline review in August and September 2019. Figure 23 highlights the results and established CFSR PIP baselines, as well as adjusted targeted improvement PIP goal measurements. As noted, New Jersey successfully achieved the benchmarks for CFSR item 1 and item 2. Since that time, DCF underwent its 2021 twelve-month CFSR review, which measured practice from June 2020 to the date of the review. DCF achieved the federal benchmarks in all 10 domains. DCF will continue to monitor those items.

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[26] Children's Bureau. (2017). Child and Family Services Reviews: Round 3 Findings: 2015-2016. Accessed from https://www.acf.hhs.gov/cb/resource/cfsr-round3-findings-2015-2016

Figure 23

Child and Family Services Review (CFSR) Round 3
New Jersey Program Improvement Plan (PIP) Measurement Plan Goals
Case Review Items Requiring Measurement in the PIP
Prospective Method Used to Establish PIP Baselines and Goals Using Case Reviews Conducted August 2019 - September 2019

CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence Level	Number of applicable cases	Number of cases rated a Strength	PIP Baseline	Baseline Sampling Error	PIP Goal	Adjusted PIP Goal *4 Months*
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	1.28	31	30	96.8%	*PIP measurement requirement met as baseline performance is at or above 95%*		
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care	1.28	16	16	100.0%	*PIP measurement requirement met as baseline performance is at or above 95%*		
Item 3	Risk and Safety Assessment and Management	1.28	65	58	89.2%	0.049215619	94.2%	93.3%
Item 4	Stability of Foster Care Placement	1.28	40	27	67.5%	0.094792405	77.0%	75.4%
Item 5	Permanency Goal for Child	1.28	40	29	72.5%	0.090368136	81.5%	80.0%
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28	40	23	57.5%	0.100047988	67.5%	65.8%
Item 12	Needs and Services of Child, Parents, and Foster Parents	1.28	65	27	41.5%	0.078237257	49.4%	48.1%
Item 13	Child and Family Involvement in Case Planning	1.28	58	27	46.6%	0.083836031	54.9%	53.5%
Item 14	Caseworker Visits with Child	1.28	65	50	76.9%	0.066891443	83.6%	82.5%
Item 15	Caseworker Visits with Parents	1.28	49	14	28.6%	0.082606437	36.8%	35.5%

1. Use SDM to assess safety and risk throughout the life of the case
2. Implement behavior-based case planning practice
3. Promote a culture and practice that prioritize father engagement and assessment
4. Strengthen concurrent planning practice and accountability
5. Increase the use of kinship care
6. Strengthen DCF's partnership with child welfare stakeholders and the Judiciary
7. Strengthen the partnership between resource parents and families
8. Continue to build statewide network of high quality, evidence-based programming to support family preservation and permanency

Objective 1: Use structured decision making to assess safety and risk throughout the life of the case

Rationale for Objective 1

The CFSR 3 identified challenges related to ongoing risk and safety assessment. DCF analysis conducted during PIP development found several barriers to completion of ongoing SDM tools, including misalignment between language in the tools and best practice. A survey of staff revealed that 60% found tools difficult to complete, 20% consistently used them as a supervisory conferencing aid in case planning and decision making, and 70% used SDM findings to help inform assessment consultations. This objective will target the following CFSR related outcomes and systemic factors:

- Safety Outcome 2- item 2 & 3
- Wellbeing Outcome 1- items 12b, 13 & 14
- Permanency Outcome 1- items 5 & 6
- Work with in-home cases
- Re-entry rates
- Case Review System- Item 20

Benchmarks for Achieving Objective 1

Year 1: Q1-Q4 CFSR PIP Key Activities
Year 2: Q5-Q8 CFSR PIP Key Activities
Year 3: Continue Q5-Q8 CFSR PIP Key Activities
Year 4: Validation Study of SDM tools
Year 5: Implement improvement strategies based on the findings of the validation study

Year 4 Update: Validation Study of SDM tools

Throughout Year 4, DCF continued its partnership with Evident Change to validate the risk assessment tools in the SDM suite to support the use of SDM to assess safety and risk throughout the life of the case. To support these efforts, DCF continues to design, implement and update tools, resources and policies related to: SDM, supervisory,

monitoring and observation, fatherhood engagement, concurrent planning, CQI and training.

Beginning in Fall 2020, CP&P undertook a concerted SDM CQI effort to ensure that (1) Safety Protection Plans were established appropriately; (2) revised SDM model was being used to fidelity; and (3) workers had sufficient contact with children who are in families who are rated as high or very high risk. Also, in Fall 2020, DCF's OOQ undertook reviews of Safety Protection Plans, risk assessments, contacts, and supervision for in-home cases. OOQ reviewed the methodology for DCF's former QR process to ensure it effectively reviewed safety and risk throughout the life of the case and discussed the review with CP&P leadership. As is detailed in Section 2, Update to the Assessment of Current Performance in Improving Outcomes, DCF has since developed its new CoQI process. DCF incorporated review and planning related to safety and risk throughout the life of the case into the new process.

Objective 2: Implement behavior-based case planning practice.

Rationale for Objective 2

The CFSR 3 and the CQI process identified challenges related to the frequency and quality of caseworker visits with parents. These findings display the need for supervision to consistently model and support best practice, and supervisors' need to address engagement and assessment in supervisory conferences. This objective will target the following CFSR related outcomes and systemic factors:
- Safety Outcome 2- item 3
- Wellbeing Outcome 1- items 12b, 13 & 15
- Permanency Outcome 1- item 5
- Work within home cases
- Re-entry rates
- Case Review System- item 20

Benchmarks for Achieving Objective 2

Year 1: Identify needed changes to ensure proper integration of the model into the agency's training curriculums, forms and policies, quality assurance process, performance review process and system culture.
Year 2: Integrate required changes in the agency's training curriculums, forms and policies, quality assurance process, performance review process. Develop an internal training and consultative core staff that will serve as the local office on-site trainers and coaches to assist with long-term integration and application of the behavioral case planning model. Develop and launch internal and external training strategy.
Year 3: Complete training strategy; continue coaching strategy.
Year 4: Continually assure model fidelity through use of existing CQI activities.
Year 5: Continually assure model fidelity through use of existing CQI activities.

Year 4 Update: Continually assure model fidelity through use of existing CQI activities.

Throughout Year 4, all local offices began to participate in Rapid Cycle Meetings as part of DCF's new CoQI process. For additional details on the CoQI process, see *Section 2, Update to the Assessment of Current Performance in Improving Outcomes*, and *Section 4, Quality Assurance System*. DCF observed a statewide trend of local offices identifying "Supervision" as a priority area of focus. Some local offices identified target performance goals related to the quality of supervision and, more specifically, incorporation of SBC components and language into direct supervision. As CP&P further progresses in the implementation of the SBC model, the CoQI Annual Record Review Tool will be updated to incorporate questions focused on SBC practice standards.

The integration of SBC, an evidence-based, family-centered case practice model, within CP&P, continued. During Year 4, DCF focused on implementing the staff certification process, a critical component of DCF's efforts to ensure staff proficiency and model fidelity. The certification process requires supervisory staff to observe and assess SBC staff using the tenants of the framework and SBC engagement skills to work with families, identify where additional training and support is needed, and certify those staff who are proficient in SBC. The process includes reviewing documentation, including the family discussion guide, case plan, and action plans.

Supervisor Seminars, which are facilitated by SBC Champions, are another key feature of the SBC model. Supervisor Seminars, which were designed by SBC leadership to provide ongoing support, guidance, and training for supervisors, aim to ensure successful execution and maintenance of the SBC model and certification process. These seminars are vital to enhance the practical skills of supervisors, leading to a better understanding of the SBC model milestone by milestone. Seminars offer dedicated practice sessions to enhance supervisory capabilities in reviewing and scoring SBC work products and afford supervisors the knowledge to effectively evaluate their teams, provide constructive feedback, and maintain the standards of the SBC model. Supervisor Seminars foster a culture of continued learning, practice improvement, and quality assurance.

SBC was rolled out at the Area Office level, allowing for continuity within each area in implementation strategies, communication, and follow up. During Year 4, it became clear that drilling down into the specific needs of each local office was also essential to successful implementation. Following an in-depth analysis of the strengths and needs across the state, local offices were given initial 'Statewide Tasks' and the opportunity to customize plans to achieve these tasks based on their unique strengths and challenges. Local offices mapped out the steps necessary to achieve implementation goals, taking ownership of their plans and reporting back to their areas as needed. These efforts yielded local office level action plans, which are reviewed and updated monthly by local office leadership, enabling the ability to track progress towards task achievement, make modifications as needed, and celebrate local office achievements.

Another important element of assuring model fidelity involves statewide staff engagement and communication. During Year 4, DCF created a webpage with SBC resources, which

is linked to the DCF Intranet homepage, providing staff a central location to obtain updated guidance, documents, FAQs, tip sheets, and all other SBC-related resources. To support CP&P staff in their use of the model, DCF created a "@askSBC" email address and launched a series of "@askSBC office hours" meetings. These virtual statewide meetings provide opportunities for staff to ask questions, seek guidance, and receive support from CP&P's SBC specialists. By providing this ongoing support to staff, CP&P is ensuring that staff have the necessary skills and knowledge to achieve and maintain fidelity to the SBC model.

Information regarding DCF's use of supervisory observation tools in relation to SBC can be found in Attachment A, Supplemental Information Related to DCF's CFSR PIP.

Objective 3: Promote a culture and practice that prioritize father engagement and assessment.

Rationale for Objective 3

Analysis of CFSR 3 and CQI system results revealed challenges as it relates to working with mothers versus fathers. These challenges include staff personal bias and fear, which impacted engagement of fathers, limited efforts and understanding of diligent search for fathers, historical beliefs that engagement with fathers was not a priority, and lack of strategies to engage fathers living outside of New Jersey or the country. Historically, there was no means to track visits with mothers and fathers separately in New Jersey's CCWIS and case management systems. DCF, however, modified NJ SPIRIT and developed Safe Measures reporting tools to allow for tracking of visits with mothers and fathers separately. This objective will target the following CFSR related outcomes and systemic factors:

- Safety Outcome 2- item 3
- Wellbeing Outcome 1- items 12b, 13 & 15
- Permanency Outcome 1- item 5
- Work within home cases
- Re-entry rates
- Case Review System- item 20

Benchmarks for Achieving Objective 3

Year 1: Q1-Q4 CFSR PIP Key Activities
Year 2: Q5-Q8 CFSR PIP Key Activities
Year 3: Statewide increase in worker contacts with fathers. Fathers serving on DCF Parent Council
Year 4: OFV and Parent Councils develop plan to achieve shared leadership. County qualitative reviews show increase in engagement specific performance measures
Year 5: Execute Year 4 plan

Year 4 Update: **Office of Family Voice and Parent Councils develop plan to achieve shared leadership. County qualitative reviews show increase in engagement specific performance measures**

Training

DCF continues to support the case practice model with clear expectations regarding level of effort required to proactively engage fathers. To support these efforts all CP&P field staff are required to take "Fathers are Important: A caseworker's guide to working with fathers" that includes accountability and support packages to support transfer of learning to practice. During the COVID-19 pandemic, this training was converted to a virtual platform and is now offered as two sessions. The training continues to be delivered monthly.

The goal of the fatherhood support and accountability package is to increase conversations throughout the Department about how to engage and partner with fathers in our work. This activity focuses on workers contemplating their current practices with fathers and how they define fathers within their work and a child's life. CP&P and OTPD completed a "road show" and met with leadership in each area to review curriculum, select facilitators and address concerns. Later, CP&P and OTPD met with each area to assess progress on the delivery of the support and accountability package. Early reports indicate that local office leaders successfully integrated the support and accountability package into existing staff meetings. CP&P and OTPD will continue to support area and local office leaders to ensure sustainability of these early efforts.

Statewide Fatherhood Engagement Committee

For information and updates on DCF's FEC, see *Section 1, General Information on DCF's Collaboration Efforts*.

DCF Parent Council

For information and updates on DCF's plans for a Parent Council, see *Section 1, General Information on DCF's Collaboration Efforts*.

Increased Engagement

DCF's OOQ works to ongoingly evaluate DCF's efforts to build trust and engage children, families and caregivers. DCF's CoQI process assesses engagement through its annual record reviews via two indicators:
- *Engagement:* is rated for mothers, fathers, caregivers, resource parents, children, and families, and assesses whether there was ongoing and routine contact, as well as a variety of engagement strategies utilized with each of these individuals.
- *Engagement – Family*: specifically assesses whether diligent efforts were made to meet the families' language, hearing, and visual needs.

For additional information on the new CoQI process, see *Section 2, Update to the Assessment of Current Performance in Improving Outcomes*, and *Section 4, Quality Assurance System.*

Objective 4: Strengthen concurrent planning practice and accountability.

Rationale for Objective 4

Timely permanency was identified as the greatest challenge for New Jersey. This objective will target the following CFSR related outcomes and systemic factors:
- Safety Outcome 2- item 3
- Wellbeing Outcome 1- items 12b, 13 & 14
- Permanency Outcome 1- item 5 & 6
- Permanency Outcome 2- item 10
- Case Review System

Benchmarks for Achieving Objective 4

Year 1: Q1-Q4 CFSR PIP Key Activities
Year 2: Q5-Q8 CFSR PIP Key Activities
Year 3: Analysis of Year 2 CFSR progress review; determine whether additional
        strategies or amendments to strategies are needed
Year 4: Implement additional or adjusted strategies identified in Year 3
Year 5: Continue to implement additional or adjusted strategies identified in Year 3

Year 4: Implement additional or adjusted strategies identified in Year 3

In Spring 2022, DCF began utilizing the Field Observation and the Case Conference Observation Tools to continue to assess work around concurrent planning with families. Each supervisor was expected to complete the Field Observation Tool with each staff member every month. The Case Conference Observation Tool was to be completed by the casework supervisor after observing worker/supervisor conferences for each of assigned supervisors every month. For additional information on the observation tools, see Attachment A, Supplemental Information on DCF's CFSR PIP Activities. This tool data was collected and analyzed. Local offices with deficits in concurrent planning are required to include this area in either a Rapid Improvement Plan or the Annual Improvement Plan for the local office as part of the CoQI process.

In July 2022, DCF began the annual record review process, which incorporates identifying strengths and challenges regarding concurrent planning. The review process is aimed at evaluating the concurrent planning process at the onset, as well as assessing if appropriate assessments are being made and incorporated into the case practice. This measure is being evaluated for each case and is child specific to ensure this process is inclusive of all applicable children. The annual record review process for all local offices is expected to be finalized in September 2023.

Objective 5: Increase the use of kinship care.

Rationale for Objective 5

Analysis of statewide data shows that children in kinship care have reduced rates of re-entry and increased likelihood of permanency after the first 12 months. These data are consistent with national studies.[27] Barriers to the utilization of kinship care or KLG lie within DCF's policy and practice. This objective will target the following CFSR related outcomes and systemic factors:
- Permanency Outcome 1- item 5 & 6
- Permanency Outcome 2- item 10
- Case Review System

Benchmarks for Achieving Objective 5
Year 1: Q1-Q4 CFSR PIP Key Activities
Year 2: Q5-Q8 CFSR PIP Key Activities
Year 3: Conduct assessment of kinship performance and impact on length of stay develop additional strategies depending on findings
Year 4: Carry out additional strategies identified in Year 3
Year 5: Carry out additional strategies identified in Year 3

Year 4 Update: Carry out additional strategies identified in Year 3

In March 2023, DCF reissued a kinship survey to all CP&P staff. The study is a second version of a 2020 research project and will provide comparative data since the passage of the kin law in 2021. The initial results suggested that staff's attitudes towards kinship placement differ based on gender, race, position and time with the agency, and exposure to kinship families. Similar to the first round, CP&P leadership will use the findings to create actionable initiatives with the goal of increasing kinship placements. CP&P's Office of Resource Families will disseminate results of the 2023 survey to local office staff in Summer 2023. Leadership will present data, brainstorm strategies, and facilitate a discussion on how best to continue the momentum around kinship. General data trends, successful strategies shared by some of their peers, and current practices around our Objectives and Key Results and Kinship Exception Request Form will be addressed. Figure 24 shows that, after many years of progress, there was a decrease in the percentage of kinship placements in 2022. DCF examined monthly data and recognized the largest decline occurred during Summer 2022. DCF identified local offices with under 50% kinship placement rates leading up to that time. Central Office leadership will visit those offices to both raise awareness and troubleshoot anticipated barriers.

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[27] Koh, Eun and Mark F. Testa, Children discharged from kin and non-kin foster homes: do the risks of foster care re-entry differ? Children and Youth Services Review, Volume 33, Issue 9, September 2011, pg 1497-1505, available at https://www.sciencedirect.com/science/article/abs/pii/S0190740911000934.

Figure 24

Percent of Children Entering Kinship Care
CY2013-CY2022
*n represents all children entering foster care in the calendar year
except children placed in treatment settings and Independent Living
Source: NJ Child Welfare Data Hub, SafeMeasures
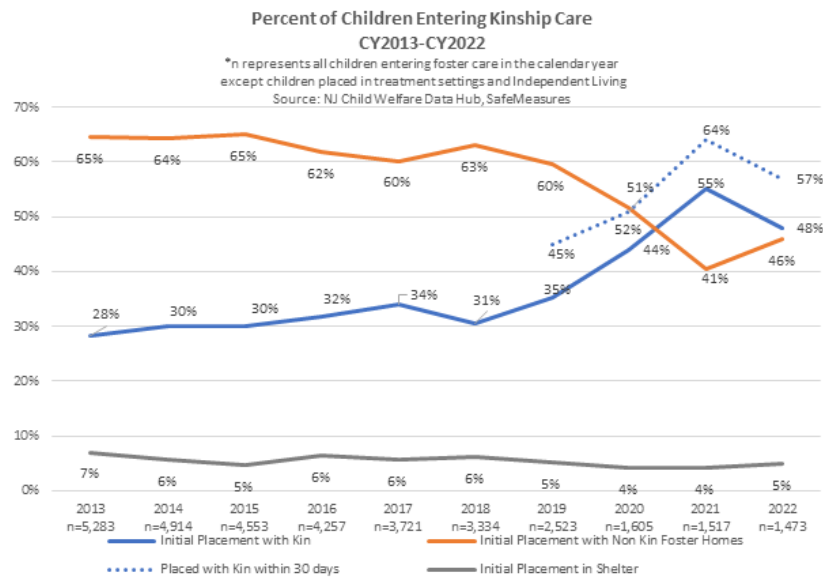
 Objective 6: Strengthen NJ DCF's partnership with child welfare stakeholders and the Judiciary.

Rationale for Objective 6

Permanency findings suggest that delays are heavily concentrated in guardianship proceedings and that the interface between DCF and Judiciary data systems are limited. There is also historically a lack of collaborative forums for sharing data to address and understand barriers to achieving permanency. This objective will target the following CFSR related outcomes and systemic factors:
- Safety Outcome 2- items 3
- Wellbeing Outcome 1- items 12b & 13
- Permanency Outcome 1- items 5 & 6
- Permanency Outcome 2- item 10
- Case Review System

Benchmarks for Achieving Objective 6

Year 1: Q1-Q4 CFSR PIP Key Activities
Year 2: Q5-Q8 CFSR PIP Key Activities
Year 3: Regular review of data occurs jointly between court personnel and local county CP&P staff during local CICAC meetings, and statewide at CICIC. Additional, joint strategies are developed to meet needs identified in analysis
Year 4*:* Implementation of joint strategies identified in Year 3
Year 5: Implementation of joint strategies identified in Year 3

Year 4 Update*:* Implementation of joint strategies identified in Year 3

During Year 4, DCF continued to partner with the courts and CIC stakeholders through the general CIC Committee, as well as several subcommittees and local CICACs, where data regarding permanency and other indicators of child stability and wellbeing is regularly reviewed and discussed. At these meetings, DCF continues to report on its efforts to safely keep children out of placement, its ongoing focus on placement with kin, the goal of a reduction in time to permanency, and the development of strategies for tacking the disproportionality and disparity in the race of children and families at key decision points. During the next year, court partners will define processes and objectives related to the goal of decreasing the time to permanency for children in placement 3+ years so that the CICAC members understand the identification of cases, share in the processing of case reviews, and develop appropriate solutions. The reduction of black children in the 3+ year cohort by 10% is a key statewide objective of the Statewide Race Equity Leadership Committee. For additional updates on DCF's partnership with the Judiciary, see Attachment A, Supplemental Information Related to DCF's CFSR PIP.

Objective 7: Strengthen the partnership between resource parents and families

Rationale for Objective 7

DCF's vision includes an emphasis on connection, and the strategic plan is rooted in values such as collaboration. For children placed out-of-home, the opportunity to stay connected to their parent(s) while in care is critical, unless contra-indicated clinically or if contact would be unsafe. At the same time, many of the families of origin are extremely socially isolated and could benefit from additional connection, particularly connection with parents who are positioned to serve as informal mentors. Initiatives such as the Annie E Casey Foundation's *Family to Family*, the Youth Law Center's *Quality Parenting Initiative*, and National Alliance of Children's Trust and Prevention Fund's *Birth and Foster Parent Partnership*, all demonstrate the power of collaboration between foster parents and families of origin when children are in out-of-home care.

DCF intends to build opportunities for resource parent/birth parent partnership in collaboration with constituents themselves. While foster parent associations exist throughout New Jersey, the opportunities for birth parents to organize and advocate have been limited. An early priority for this objective is to support organization of birth parents into advisory councils, providing a clear channel for communication with the Department, followed by collaboration with birth parent and foster parent organizations to design and implement birth parent/foster parent partnership policies, programming, and other interventions.

Benchmarks for Achieving Objective 7

Year 1: Recruit, screen and train birth and resource parents and establish a parent advisory council
Year 2: Recruit, screen and continue to train birth and resource parents and establish a parent advisory council
Year 3: Parent council will explore other states' practice regarding enhancement of

resource parent/birth parent collaboration
Year 4: Implement parent council recommendations
Year 5: Implement parent council recommendations

Year 4 Update: Implement parent council recommendations

DCF continues to facilitate the FEC's Father's with Lived Experience subcommittee comprised of fathers with lived experience with CP&P. The fathers, as well as the DCF Youth Council, will serve as the model for future parent councils. As part of this work, DCF recognizes the voices of birth parents, relative caregivers and foster parents with lived experience provide ideas that inform system priorities and context reflecting community needs. After being paused during the pandemic, DCF is building staffing to expand opportunities for parents and relative caregivers to share their perspectives, provide context reflecting community needs, and develop recommendations to improve and transform DCF policy, practice and services. In FY 2024, parents will be recruited and onboarded to a statewide Parent Council and engaged as lived experience experts on improvement projects across the department.

To begin enhancing the resource parent/birth parent collaboration, DCF incorporated components of the Birth and Foster Parent Partnership (BFPP): A Relationship Building Guide, into pre-service training for resource caregivers. DCF conducted an exploration of practice supports, which led to the BFPP. BFPP, in collaboration with the Children's Trust Fund Alliance, created this tool to support how resource and birth parents can partner to build strong relationships and improve better outcomes for families. The tenements of discussion topics from this guide are used during pre-service training with resource families to reinforce how strong partnerships with birth families elevate protective factors, strengthen families, and promote positive outcomes for children.

Objective 8: Continue to build statewide network of high quality, evidence-based programming to support family preservation and permanency

Rationale for Objective 8

As part of the work to strengthen its service array, DCF will use data from county needs assessments, surveys, stakeholder feedback, ongoing CFSR reviews, and knowledge from other strategies identified in the CFSP, to identify strengths and gaps in the current service network. The input will assist in the creation of ongoing plans to enhance the service network accordingly. Having high quality, evidence-based programming to support families can reduce the need for family separation, increase timely permanency and reduce re-entry into care. For additional information on DCF's service array, see *Section 5, Update on Service Descriptions: Child and Family Services Continuum, Plan to Achieve Service Excellence*.

Benchmarks for Achieving Objective 8

For information updates regarding benchmarks for Objective 8, see *Section 5, Update on*

Service Descriptions: Child and Family Services Continuum.

Goal 2 Implementation Supports

To promote successful implementation of Goal 2, the following implementation supports have been identified:

Staffing Implementation Supports

DCF continued to have the necessary level of staffing to achieve this goal. No additional staffing has been added. Additional staffing needs will be evaluated as needed.

Training and Coaching Implementation Supports

Training for Solution Based Casework: DCF engaged Social Solutions, LLC, to provide training in SBC. During Year 2, DCF worked with the model developer to determine an updated training and coaching strategy, including planning for remote facilitation and conversion of training to a virtual modality. During Year 3, DCF moved forward with the updated training and coaching strategies. In Year 4, DCF continued to progress with SBC training and coaching strategies to support the implementation of the model to fidelity. DCF created a number of different webinars for staff, including a multi-part webinar series entitled, "Bringing SBC to all of our Families." This series covered topics, including the completion of new SBC related forms, the development of case plans and teaming with families. Webinars are mandatory for CP&P caseload carrying staff. DCF also developed a video for the provider community regarding how the implementation of SBC impacts providers with an explanation of the changes in CP&P case practice.

Training for the Structured Decision-Making Tool: DCF engages with Evident Change to provide training and technical assistance related to SDM. All CP&P staff participated in virtual training by the end of Year 3. DCF is currently partnering with Evident Change to create and enhance policy regarding the use and integration of SDM tools into assessment completed with families. This process includes workgroups of DCF staff of varying levels and functions, factoring in face validity with the tools as they are edited and updated. The groups aim make the tools more equitable. The use of the tools in determining the frequency of contacts with families is also being assessed. Once the new tools and policies are developed, staff will be trained on changes to the tools and how best to use the tools to support planning with families.

In addition, DCF continues to provide training related to father engagement, criminal background checks and concurrent planning.

Technology Implementation Supports

DCF undertook modification of NJ SPIRIT and SafeMeasures case management systems to support this goal. DCF and the AOC continue to work on improvements to the interface between DCF and Judiciary data systems. For updates on the interface work with the AOC, see Attachment A, Supplemental Information Related to DCF's CFSR PIP.

Administrative Practices/Policies/Teaming

During Years 1-4, DCF updated policies relevant to Goal 2, including policies related to concurrent planning, kinship legal guardianship, solution-based casework and more.

Partnerships and Collaborations

DCF continues to use internal collaborative partners to review and revise policy around legal practices and policy and has launched multiple external partnerships to identify challenges and solutions to improve father engagement. DCF's Youth Council and FEC continue to foster collaboration internally and externally. For information on Youth Council and the FEC, see *Section 1, General Information on DCF's Collaborative Efforts*. The Department continues its partnership with the Judiciary regarding challenges with permanency and concurrent planning, including DCF representation on CICIC and regular meetings of the data teams from DCF and the AOC.

Technical Assistance Provided (to counties and other local or regional entities that operate state programs)

DCF's OFV facilitates the Youth Council, the Fatherhood Engagement Committee, and the Fathers with Lived Experience Subcommittee. Fathers and young people have provided technical assistance to several entities. Highlights follow. Youth met with the DOH, Office of Public Health to inform their work with youth around COVID-19 and vaccines. Fathers and youth met with the AOC to share perspectives around the experience of individuals involved in the child welfare family court system. A father participated as panelist New Jersey Child Support Council Training Event hosted by the DHS, Family Division.

Goal 2 Technical Assistance Needs

DCF continues to make use of technical assistance from Social Solutions, LLC, and Evident Change to advance Goal 2. At the annual CIC conference, DCF engaged the courts and legal stakeholders with an introduction to SBC and its implementation and integration into the case practice model. DCF provides ongoing education around internal practice and form changes at local court meetings. DCF trained legal stakeholders and the judiciary on New Jersey's new kinship law, describing the over 40 internal policies that were modified as a result.

Goal 2 Research and Evaluation Activities

Translational Research and Quality Improvement: In November 2020, DCF rolled out all upgraded SDM tools to all field staff. In April 2021, Evident Change conducted case readings as part of the implementation plan. The next validation of the risk assessment is planned for 2023 to assess whether the revised risk assessment is working as intended. This validation will be completed after a workgroup, comprised of staff from DCF and Evident Change makes recommendations for changes to forms, along with updates to

policy and guidance.

In addition, in February 2023, DCF fielded a second survey of CP&P staff regarding attitudes toward kinship care. The purpose of this second survey is to assess changes in CP&P staff attitudes towards kinship placement between 2020 and 2023.

Program evaluation: DCF is engaged in a variety of program evaluations to help understand the quality and impact of purchased services, including services aimed at family stabilization, preservation, and permanency. Summaries of DCF's evaluation related to Family Preservation Services (FPS), Keeping Families Together (KFT), Supportive Visitation Services (SVS) and FSCs follow.

Family Preservation Services evaluation: Beginning in 2018, DCF engaged internal staff and FPS providers to identify key evaluation questions, determine measures and data sources needed to answer those questions, and establish data management and analysis structures. Preliminary evaluation analyses aimed at understanding the characteristics of FPS families and their child welfare outcomes were conducted. In 2019, DCF developed and implemented a CQI structure for FPS, including a quarterly dashboard with key data points to assess program implementation. DCF continues to maintain this structure, holding quarterly calls with FPS providers and stakeholders in which data are used to inform discussions around successes and challenges and to promote evidence-based decision-making. In 2022-2023, DCF and provider agencies conducted a quantitative evaluation of FPS, assessing outcomes and implementation of the program. Key findings are being addressed through an FPS cross-division implementation workgroup.

Keeping Families Together evaluation: DCF is leveraging a teaming process to understand the implementation and outcomes of KFT. The evaluation assesses whether the program is implemented as intended and its impact on families' housing stability, well-being, and child welfare outcomes. It uses data for quarterly CQI processes with providers. DCF collaborated with stakeholders and community-based providers to finalize the KFT practice profile, develop implementation supports, i.e., training, coaching and supervision, and finalize the program manual. This implementation cycle is intended to solidify the practice and infrastructure needed to ensure the intervention is delivered as intended. In partnership with the Urban Institute, and with support from the Robert Wood Johnson Foundation, DCF enhanced its existing internal evaluation of KFT with further exploration of the program from the perspectives of families, DCF staff, and provider staff. The Urban Institute used rapid learning cycles to improve DCF's targeting process for families eligible for KFT and to assess whether programmatic data can be used to determine when families are ready to transition off supportive services.

Supportive Visitation Services evaluation: In June 2018, DCF developed an evaluation plan for its SVS programming. The purposes of the evaluation are to gain insight, improve practice and assess effects of the program. Building on this work, in 2019, DCF implemented a CQI process, which brings providers, DCF staff, and CP&P stakeholders together quarterly to discuss key evaluation data and identify program improvements. DCF and providers developed and prioritized benchmarks for key process and outcome measures related to program delivery, established a satisfaction survey for participants, and developed a fidelity tool to help ensure SVS is implemented as intended. Beginning in 2022, DCF partnered with provider agencies to implement a qualitative and quantitative evaluation of SVS services aimed at further assessing implementation of the model and program outcomes.

Family Success Center evaluation: DCF and community-based FSC directors began planning for evaluation of the FSC network, including the development of evaluation questions, a fidelity assessment tool, and forms to collect process and outcome data on an ongoing basis. The fidelity tool will be organized around the FSCs' essential functions and is aimed at assessing whether the FSC practice is being delivered as intended. DCF intends to resume work on this evaluation in the Fall 2023.

For a summary of DCF's evaluation efforts related to home visitation programming, see *Section 3, Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes, Goal 1.*

Goal 3: DCF staff will be healthy and well positioned to engage and support children, youth, and families to be safe and to thrive

Rationale for Goal 3

Child welfare systems have long been challenged by high worker turnover. In recent years, research into the impact of secondary trauma and organizational climate on frontline staff has demonstrated a link between those factors and worker turnover. Worker turnover negatively impacts important child welfare outcomes such as establishing trust-based relationships, family participation in essential services, and timely permanency.[28] High rates of worker turnover are also associated with increased rates of repeat maltreatment.[29] Less studied, but additionally important, is the link between staff wellness and the ability to meaningfully engage clients in relationships that lead to

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[28] See: The Annie E. Casey Foundation (2003). *The Unsolved Challenge of System Reform: The Condition of the Frontline Human Services Workforce.* Available at: https://assets.aecf.org/m/resourcedoc/aecf-theUunsolvedChallengeSystemReform-2003.pdf. See also: The Social Work Policy Institute (2010). *High Caseloads: How do they Impact Delivery of Health and Human Services?* Available at: http://www.socialworkpolicy.org/wp-content/uploads/2010/02/r2p-cw-caseload-swpi-1-10.pdf.

[29] National Council on Crime and Delinquency (2006). The Human Services Workforce Initiative: Relationship between Staff Turnover, Child Welfare System Functioning and Recurrent Child Abuse. Cornerstones for Kids. Children's Bureau Express (2006). High Turnover Associated with Maltreatment Recurrence. *Vol. 7, No. 4.* Retrieved from: https://cbexpress.acf.hhs.gov/article/2006/may/high-staff-turnover-associated-with-maltreatment-recurrence/9f08808f1b52c150517620efe54bcbe7.

necessary change in the family system..[30]

DCF, therefore, intends to focus on staff health and wellness to ensure that public servants who dedicate their professional lives to working with highly traumatized clients work in environments that provide state-of-the art supports. DCF is also working to create environments and supports that establish a strong foundation for success in engaging children, youth, and families, and to reduce turnover from the caseworker position.

Measurement of Progress for Goal 3:

As noted last year, although DCF originally proposed measures regarding staff leaves and separations in the 2020-2024 CFSP, the COVID-19 pandemic impacted DCF's ability to tangibly measure these particular metrics. DCF, therefore, sought to explore different methods of measuring progress. In July 2021, a total of 4,369 DCF staff completed the Safety Culture Survey, an organizational assessment that examines aspects of an agency's culture and operations. The survey was administered by University of Kentucky, which also assisted other jurisdictions in surveying their staff. After further review, DCF intends to utilize the following scales determined in the Safety Culture Survey as DCF's new measures:

- *Intent to Remain Employed in Child Welfare (IRECW):* measures an individual's intent to remain employed in child welfare
- *Stress Recognition:* measures how well people identify stress and its impact on decision-making
- *Workplace Connectedness:* measures how connected employees feel to coworkers in the agency

Figure 25

Measure	Baseline	Year 1 Interim Target	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Target	Data source to Measure Progress
Intent to Remain Employed in Child Welfare	66%	N/A	N/A	Updated measures and developed baseline	Increase from baseline	Increase from baseline	Biannual Safety Culture Survey
Stress Recognition	51%	N/A	N/A	Updated measures and developed baseline	Increase from baseline	Increase from baseline	Biannual Safety Culture Survey
Workplace Connectedness	74%	N/A	N/A	Updated measures and developed baseline	Increase from baseline	Increase from baseline	Biannual Safety Culture Survey

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[30] North Carolina Division of Social Services and the Family and Children's Resource Program. Children's Service Practice Notes. Vol. 10 No. 3, June 2005. Posttraumatic Stress Disorder. Available at: https://practicenotes.org/vol10_no3.htm.

Updates for Measurement of Progress for Goal 3

The key findings of these three metrics are listed below:
- *IRECW:* 66% of staff intend to remain employed in child welfare
- *Stress Recognition:* 51% of the staff identify stress and its impact on their decision making
- *Workplace connectedness:* 74% of staff feel connected to other employees in the agency

These percentage scores represent the number of employees that positively endorsed each scale. At this time, DCF will compare these findings to other child welfare agencies. This work is emerging, and the efforts outlined below will remain ongoing to meet the goal of sustaining or improving these results.
- *IRECW:*
  - Administer a periodic stay/satisfaction survey as an opportunity to communicate to employees about why they choose to remain with DCF. This would assist DCF in uncovering any issues that can be corrected before an employee decides to separate from the agency.
- *Stress Recognition:*
  - Support Groups: Weekly drop-in sessions that would address trending issues such as COVID Long Haulers*,* pandemic fatigue, mindfulness, anxiety, re-entry, and recovery.
  - Health and Wellness Calendar: Develop and distribute monthly wellness calendars where a self-directed wellness activity is suggested for each day. Calendars also include wellness tools and self-care tips specific to each month as well as inspirational quotes.
  - Mindfulness Toolkit: Available to staff and accessible through the DCF portal and an external web-based mindfulness webpage.[31] The toolkit includes a list of resources that can help staff to reduce stress and stay centered.
  - Webinars: Develop and facilitate one-hour, monthly webinars. Topics include eight dimensions of wellness, pandemic fatigue, trauma, stress related to reentry.
- *Workplace Connectedness:*
  - Real Talk Conversation: Develop and facilitate half-hour, monthly. Topics have included balancing professional life and single parenting, promotional opportunities, performance reviews, Facilities, Using Laughter in difficult times.
  - Annual Staff Appreciation Event: Annual convening of DCF staff to carve out opportunities to celebrate success.

DCF intends to disseminate the Safety Culture Survey every other year as a means to regularly assess the culture of the agency. The next survey will be administered in June and July 2023; and, therefore, reported in Year 5. DCF is hopeful that staff health and

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[31] https://www.nj.gov/dcf/mindfulness.html

wellness efforts will result in an increase in percentage scores for all three measures.

Objectives/Strategies/Interventions for Goal 3
1. Build and implement a DCF-wide staff health and wellness agenda
2. Use human factors analysis to ensure effective and timely system learning and corrections when fatalities and near fatalities occur
3. Enhance physical security supports for staff

Objective 1: Build and implement a DCF-wide staff health and wellness agenda

Rationale for Objective 1:

The provision of wellness supports for child welfare staff has been recognized as an effective strategy to reduce frontline worker job-related stress. For example, the National Child Traumatic Stress Network publication, *"Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators,"*[32] includes guidance regarding secondary stress symptoms, accessible and appropriate resources and referrals, and in-service training on wellness strategies. It also notes that peer mentoring programs can be an effective means of providing staff support.

Current DCF training curricula includes courses for workers and supervisors regarding secondary trauma and resilience. DCF has a well-established, statewide Worker to Worker peer support program. In 2018, DCF engaged a national expert in the delivery of workforce well-being supports for managers (10-month group sessions) and frontline staff (monthly well-being call-in sessions). Furthermore, DCF maintained supervisory to staff ratios of 1:5, and ongoing worker caseloads of not more than 15 families.

These supports have been well received and deemed valuable to staff. In the five-year CFSP period, DCF built on this foundation, creating, in 2019, an agency-wide Office of Staff Health and Wellness (OSHW) that reports to the Commissioner. The Office is responsible for the coordination and implementation of strategies to manage and improve staff health and wellness, including maintenance of successful initiatives, such as Peer to Peer and psychoeducational wellness support for managers and frontline staff through the Worker2Worker program, new worker training and information dissemination. The Office also focuses on information gathering, assessment and the development of strategies based on staff input and review of best practices from child welfare and related fields. Improving staff job satisfaction and reduction in work related stress will promote a healthier workforce that will – in turn – contribute to improved child welfare outcomes, especially in the quality of engagement with families and time to permanency.

Benchmarks for Achieving Objective 1
Year 1: Establish an OSHW. Conduct baseline staff survey and analyze results. Continue
provision of Worker2Worker and workforce well-being programming, e.g.,

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[32]

https://www.nctsn.org/sites/default/files/resources/secondary_trauma_child_welfare_staff_guidance_for_supervisors.pdf

webinars, newsletters, training. Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios.

Year 2: Continue provision of Worker2Worker and workforce well-being programming, e.g., webinars, newsletters, training. Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan

Year 3: Continue provision of Worker2Worker and workforce well-being programming, e.g., webinars, newsletters, training. Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan

Year 4: Continue provision of Worker2Worker and workforce well-being programming, e.g., webinars, newsletters, training. Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan.

Year 5: Continue provision of Worker2Worker and workforce well-being programming, e.g., webinars, newsletters, training. Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan.

Year 4 Update: Continue provision of Worker 2 Worker and workforce well-being programming, e.g., webinars, newsletters, training. Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan.

DCF continues to make staff health and wellness a priority. Through Year 4, DCF made the following efforts.

- Weekly support drop-in sessions for staff to obtain tools around physical, emotional and mental health support,
- Monthly wellness webinars through the partnership with Worker2Worker,
- Monthly DCF Real Talk series, in which staff are interviewed about current and relevant issues,
- Staff visits with therapy dogs, through a partnership with the Alliance for Therapy Dogs, as a means to address vicarious stress in the workforce and the added stress load created by the COVID-19 pandemic,
- A new initiative called "My Why Wednesday/I am DCF," in which featured staff share their sentiments about their "why" for continuing to work for DCF,
- Provision of flextime to enable schedules that allow staff to be present for both personal and professional obligations. Recently, the New Jersey Civil Service Commission approved flextime permanently.
- Revised DCF's "Core Hours," which are hours during which staff are permitted, with appropriate approval, to conduct Department business, to be from 7:00 a.m. to 7:00 p.m.
- Maintained supervisory and caseload ratios. For additional information on staffing ratios, see *Section 16, Statistical and Supporting Information*.

Objective 2: Use human factors analysis to ensure effective and timely system learning and corrections when fatalities and near fatalities occur

Rationale for Objective 2:

As described in *Section 3*, Goal 1, human factors refer to "environmental, organizational and job factors, and human and individual characteristics which influence behavior at work in a way which can affect health and safety."[33] While Goal 1 alluded to the impact that the use of human factors analysis can have on prevention of fatalities and near-fatalities, DCF's other intention for this work is to promote a safe office culture.

Traditionally, many child welfare organizations and the public at large, when faced with poor case outcomes, narrow the scope of retrospective inquiry to the individual casework team's actions or inactions. This narrowing of scope not only limits the efficacy of reviews, but also sets the stage for a self-fulfilling prophecy that all case outcomes are primarily attributable to casework activities. The resulting dynamic – a high pressure work situation primed to blame individuals – can prove a toxic work environment. DCF's use of human factors analysis will support the Department's efforts to create a healthy work environment, one in which there is accountability, but also recognition that ultimately responsibility is shared within the complex human, social and organizational environments in which we work.

Benchmarks for Achieving Objective 2
Year 1*:* Design and implement revised critical incident debriefing process: develop and finalize business process, create one internal MDT; three Regional Mapping Teams; Data Team. Launch reviews following new process. Begin monthly report of findings to DCF executive management
Year 2: Continue implementation of critical incident debriefing process
Year 3: Assess impact of new process
Year 4: Assess fidelity of process and develop feedback loops
Year 5: TBD based on Year 3 assessment

Year 4 Update: Assess fidelity of process and develop feedback loops

DCF continues to assess the new process, focusing on its fidelity. DCF's OOQ is working to develop feedback loops. For information and updates on DCF's critical incident debriefing process, see *Section 3, Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes*.

Objective 3: Enhance physical security supports for staff

Rationale for Objective 3:

The provision of physical safety supports for child welfare staff has also been recognized as an effective strategy to reduce frontline worker job-related stress. For example, the

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[33] https://www.hse.gov.uk/humanfactors/introduction.htm

National Child Traumatic Stress Network publication "Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators" includes guidance to make physical safety a core element of training, skill development, policies, and practices.

DCF will maintain and continually enhance worker training, e.g., safety in the field, active shooter drills, etc., continue its security program (use of staff with prior law enforcement background to maintain statewide worker security program); and other supports, e.g., procurement of safety lanyards to augment worker safety in the field, security guards and wanding procedures in the offices. Additional initiatives or programs may be built throughout the CFSP period, as determined by the Staff Health and Wellness plan.

DCF's ongoing efforts to ensure physical safety of frontline staff will improve staff job satisfaction and reduce work related stress. In turn, the maintenance of a healthier workforce will contribute to improved child welfare outcomes, especially in quality of engagement with families and time to permanency.

Benchmarks for Achieving Objective 3

Year 1: Maintain existing physical security supports for staff
Year 2: Maintain existing physical security supports for staff. Additional benchmarks TBD
     following development of DCF Staff Health and Wellness Plan
Year 3: Maintain existing physical security supports for staff. Additional benchmarks TBD
     following development of DCF Staff Health and Wellness Plan
Year 4: Maintain existing physical security supports for staff. Additional benchmarks TBD
     following development of DCF Staff Health and Wellness Plan
Year 5: Maintain existing physical security supports for staff. Additional benchmarks TBD
     following development of DCF Staff Health and Wellness Plan

Year 4 Update: Maintain existing physical security supports for staff. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan

During Year 4, DCF continued to ensure that security advisors are regionally assigned to areas throughout the state for the purpose of collaborating with leadership on safety/security needs of employees. In maintaining physical security supports for staff, DCF security advisors conduct risk/security assessments for assigned DCF offices and they ensure policies, procedures and protocols for staff safety are up to date. Security guards with LobbyGuard technology were present in all CP&P local offices. DCF retained eight geographically assigned safety advisors. The safety advisors facilitated safety workshops, developed safety plans, consulted with local law enforcement, attended staff meetings for safety education, and participated in statewide safety committee meetings During Year 4, the safety advisors remained available to staff for consultation and support. The Department continued use of Everbridge mass notification system that provides enrolled employees with critical information for a variety of situations, including, but not limited to, severe weather alerts, state government delayed openings, early dismissals, and other unanticipated emergencies.

DCF continued to provide safety-focused training to all staff, including new hires during pre-service training. DCF's safety advisors and Office of Emergency Management facilitated active shooter workshops and conducted vulnerability assessments in the local offices. DCF provided training regarding best safety practices while in the field.

DCF continued to deploy SafeSignal for staff statewide. SafeSignal is a GPS-enabled application, which allows staff to be monitored in real time and to send an alert directly to local enforcement when staff are in a critical or dangerous situation. If SafeSignal is activated, an automated alert of critical information, i.e., name, location, and description, etc., is relayed to law enforcement and DCF supervisory staff. SafeSignal remains available to all staff.

Goal 3 Implementation Supports

To promote successful implementation of Goal 3 outlined above the following implementation supports have been identified:

Staffing Implementation Supports

DCF onboarded additional OSHW staff, including an office clerk, a supervising program support specialist, and three program support specialists, to assist with the coordination and organization of OSHW activities. The Supervising Program Support Specialist and the three Program Support Specialists bring years of experience working within DCF. To assist with staff safety, DCF will continue to maintain existing Security Officers and will evaluate overtime for additional need.

Training and Coaching Implementation Supports

Training on worker safety and worker supports, which are currently provided, continue to take place. The need for additional courses or amendments to courses will be established within the Staff Health and Wellness plan. DCF's Office of Human Resources (OHR) worked with the New Jersey Civil Service Commission for continued access to the Center for Learning and Improving Performance (CLIP) ALL ACCESS PASS, allowing staff round-the-clock access to more than 800 training tools and courses for professional development.

Technology Implementation Supports

No technology supports have been identified beyond those described above.

Technical Assistance Provided (to counties and other local or regional entities that operate state programs)

No external technical assistance has been provided for these objectives.

Goal 3 Technical Assistance Needs:

No technical assistance needs have been identified for these objectives.

Goal 3 Research and Evaluation Activities

In June and July 2023, DCF is undertaking the next iteration of the Safety Culture Survey. Additional, research and evaluation activities will be determined as OSHW advances its plan and scope of work.

Section 4. Quality Assurance System

In an effort to align with federal expectations, the systemic component of DCF's CQI plan applied the five essential components of a functioning CQI system outlined in the Children's Bureau Information Memorandum ACYF-CM-IM-12-07: foundational administrative structure, quality data collection, case record review data and process, analysis and dissemination of quality data, and feedback to partners and decision makers and adjustment of programs and processes. These five components highlight the importance of having well established oversight and mechanisms for collecting, analyzing, disseminating, and utilizing data. DCF applied this framework to outline its CQI activities and to establish an action plan to strengthen each of the five components. The information in this section supplements information reported during CFSR 3, DCF's 2020-2024 CFSR and earlier APSRs, as well as the information included in *Section 2, Update to the Assessment of Current Performance in Improving Outcomes*, of this report.

Enhancements to DCF's CQI system

At the time of CFSR 3, DCF's CQI system relied heavily on bi-annual QRs, ChildStat sessions, and improvement plans for each county. During the COVID-19 pandemic, it was necessary to temporarily suspend these in-person processes. During that time, DCF re-envisioned its CQI processes, developing and implementing a new CoQI process. For a description of the new CoQI process, see *Section 2, Update to the Assessment of Current Performance in Improving Outcomes*.

To ensure DCF staff, and especially those staff with designated CoQI roles, were prepared to support this new initiative, trainings on the new process, tools and guidelines was developed and rolled out, and continues ongoingly. Additionally, DCF continues to conduct inter-rater reliability exercises, which will continue quarterly. Ongoing meetings with executive leadership take place to evaluate strengths and challenges arising during implementation of this new initiative so that plans can be developed to promptly address any challenges. Going forward, DCF is planning to incorporate a clearer racial equity lens to the review process, and creation of the priority and improvement plan.

Essential Component 1: DCF's Administrative Structure

DCF's OOQ is tasked to lead and support Department-wide CoQI activities at the state, area, and local levels. The Department also has CoQI committees; numerous staff positions at each level to support case practice implementation and ongoing CoQI

activities within CP&P, CSOC, FCP and DOW. To support CP&P's implementation of CoQI, the OOQ and CP&P work closely with support staff throughout the Department, e.g., DCF OIT and OTPD, to ensure that DCF has the tools and capacity to carry out CoQI activities. To support CoQI implementation in the CSOC, DOW and FCP, DCF is implementing data enhancements through DCF is committed to strengthening its CQI infrastructure and is expanding this framework within other DCF divisions, as well as with community stakeholders to work towards program and systems improvements.

Essential Component 2: DCF's Quality Data Collection

DCF is a data driven organization that uses data to inform policy, strengthen standard operating procedures, and maintain focus on continuous improvement of overall service delivery. DCF has clear processes and strong data management systems for collecting and extracting quantitative and qualitative data. DCF OIT manages and supports the Department in using NJ SPIRIT, as well as NJ Connex and all other information management systems. OOQ collaborates with leadership throughout the Department to ensure the reliability and validity of data used to inform decision making and improvement planning processes. DCF is committed to providing ongoing training and development opportunities and has designated staff working to ensure data are entered, collected, and extracted systematically.

OOQ relies on NJ SPIRIT data during the CP&P CoQI process. The CoQI process is one way that DCF identifies CCWIS data quality issues. If an issue is identified, DCF's OIT researches the issue and establishes mitigation plans and/or actions. This may require CCWIS enhancements or updates through routine or emergency system releases. DCF worked with ACF to develop an agreeable and concise way to ensure its data improvement efforts comport with biennial review regulations. These efforts are detailed in DCF's CCWIS Data Quality Plan. DCF utilizes a tracking tool to capture incidents that impact NJ SPIRIT data quality. The tool includes information related to the activity/issue, the initial state, the goal, action items, progress updates and date of completion. For additional information on DCF's CCWIS system, including recent enhancements, see *Section 2, Update to the Assessment of Current Performance in Improving Outcomes, CFSR Systemic Factor #7.*

Essential Component 3: Case Record Review Data and Process

DCF conducts various case reviews that provide an understanding of what is steering the safety, permanency, and well-being data regarding day-to-day practice in the field, and how that practice impacts child and family functioning and outcomes. As part of the CP&P implementation of CoQI, DCF designed a new annual case record review process to evaluate the permanency case practice for in-home, out-of-home, and young adults within every local office. This review evaluates the quality of practice that will be used to identify practice strengths and areas for improvement that will later be incorporated into developing an improvement plan for the selected CoQI priority. Like OOQ made efforts to align the CFSR outcome measures and sampling strategies with the local office CoQI process, OOQ also made efforts to align the On-Site Review Instrument (OSRI) with the new review tool during development. Once the improvement plan tasks are developed

with the local office, there is a continuous follow-up process to measure the implementation, success, and sustainability of those plans.

It should be noted that DCF used the OSRI during the 2019 CFSR baseline review and the 2020 and 2021 CFSR measurement rounds. DCF will continue to utilize the OSRI to ensure a holistic assessment of the safety, permanency and well-being outcomes for the children and families served by the Department. The results will be integrated into the Department's overall continuous quality improvement strategy as applicable.

As part of the implementation of CoQI in the CSOC, DOW and FCP, OOM will conduct record reviews and, where applicable, family interviews. As described in *Section 2*, the record review and interview protocols are being developed in a participatory fashion with providers and constituents with lived experience.

Essential Component 4: Analysis and Dissemination of Quality Data

DCF is committed to ensuring that internal and external stakeholders have access to the data needed to make informed decisions. DCF has strong existing data management systems for aggregating data, staff who work to ensure that stakeholders have access to needed information, and several reporting mechanisms for making data readily available to end users.

Essential Component 5: Feedback to Stakeholders and Decision Makers and Adjustment of Programs and Process

DCF collects, analyzes, and integrates information to drive change within the organization. Executive management uses feedback from stakeholders and the community to inform training, policy, and practice. This feedback will also be incorporated into the CoQI process that will help to assess and improve practice, as well as help support supervisors and field staff understand how those findings link to daily casework practice. Overall, DCF has made significant enhancements to the state's CQI system over the past year. DCF continues to build and strengthen the multilevel structure and oversight committees to ensure stronger alignment and accountability. These committees include central office and area staff who hold designated roles in supporting specific CQI efforts throughout the Department. Please see table below for specific examples of DCF's ability to meet the required components of the Quality Assurance System.

Figure 26

Essential Component	Examples of activities and strategies
(1) Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided?	• Designated staff roles to support CoQI; • Case record review data and processes; • Statewide access to information management systems that provide real time and longitudinal data, e.g., SafeMeasures, longitudinal data reports, and Data Portal; and CQI staff capacity building and framework integration at the state, area, and local levels.
(2) Is the State operating an identifiable quality assurance system that has standards to evaluate the quality of services, including standards to ensure that children in foster care are provided quality services that protect their health and safety?	• Tracking, monitoring results in relation to specified targets, dissemination and use of data and outcome measures; • CoQI standardized protocol and process to support the state, i.e., scoring, reviewer training, etc., in interpretation of performance based on DCF and SEP standards; and SafeMeasures case management process for collecting and extracting quantitative and qualitative data based on DCF standards; • OOM quality oversight of contracted agencies.
(3) Is the State operating an identifiable quality assurance system that identifies the strengths and needs of the service delivery system?	• OSD dedicated to matching needs and services; • OOQ dedicated to infusion of family voice aligned with case record reviews that will help inform improvement planning; • OOM to conduct quality oversight of contracted agencies to ensure they are in compliance with agreed standards.
(4) Is the State operating an identifiable quality assurance system that provides relevant reports?	• Reports posted on the DCF website; • Data Portal that allows end users to access CP&P and CSOC data and generate customized reports; • Use of comprehensive data systems that produce data reports, and fulfill internal and regulatory data requests; • Meeting of federal reporting requirements; and • Internal reports distributed to Central Office, Area Office, and Local Office leadership as appropriate.
(5) Is the State operating an identifiable quality assurance system that evaluates implemented program improvement measures?	• Externally contracted evaluations; • Internal evaluations of statewide CP&P pilots; and • Process and outcome measurement of Local Office Rapid and Annual Improvement Plans.

Planning for Future Rounds of CFSR

In 2022, DCF began engaging with CB regarding preparations for Round 4 of the CFSR in New Jersey. DCF contemplated a state-led versus a CB-led review, assessing the feasibility of DCF undertaking a state-led review. In light of the alignment in timing of New Jersey's CFSR 4 and New Jersey's Gubernatorial election and associated administration change, in addition to the ongoing build-out of the DCF's new CoQI process, DCF's CFSR 4 will be CB-led. In April 2023, DCF informed CB of this decision.

Section 5. Update on Service Descriptions: Child and Family Services Continuum[34]

Strengths and Gaps in Services

DCF's child welfare practice aims to meaningfully engage families in a process that seeks to identify changes that can be made within their family, and required supports necessary to make those changes, to ensure that children are not at risk of harm. Often, the family team process identifies needs for formal services, such as family or individual therapy, crisis intervention and stabilization, homemaking, parenting education, and the like. DCF works continuously to ensure that New Jersey has an appropriate, network of high-quality services available to families. Throughout the last several years, DCF undertook several initiatives to assess the strengths and gaps of services, including self-assessments of uptake in utilization of EBPs amongst the provider network, and the Commissioner's Listening Tour. These initiatives made clear that existing services are at varying stages of maturity in the extent to which they incorporate family voice, use clear or evidence-based practice models, and have sufficient implementation supports to ensure quality.

Commissioner's Listening Tour

In 2018, Commissioner Beyer began a listening tour with youth, families, women and men engaged in DCF's programs and services to hear about their lived experiences with DCF and its network of providers. Among other themes, the listening tour underscored the value of prevention services, especially concrete parenting skills for caregivers and in-home services. During the tour, she met with over 550 constituents in 22 locations across 15 counties. Findings from these sessions were summarized by the Rutgers University, School for Social Work, Institute for Families and made public.[35] Participants highlighted DCF's KFT program, which expanded during the current administration from a capacity of 173 families to 663 families, as a particularly valuable service. Worker accessibility was named as a critical component of successful interventions, whereas housing and transportation were named as typical barriers to family success. Specific service gaps were identified in the areas of early childhood mental health, trauma-informed services, improved support for emotional and behavioral health care, step-down and wraparound services, support for siblings, improved services for individuals with autism, improved services for transitioning to adulthood, improved post-adoption services, improved service coordination and integration, and improved training courses for caregivers.

Regional Forums

In Fall 2018, DCF convened three regional forums, one each in the northern, central, and southern regions of the state. During these forums, DCF described its emerging focus on prevention and family strengthening, and administered a survey to over 200 stakeholders,

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[34] This section is a cross reference for the Service Array Systemic Factor, rather than including data and analysis of strengths and concerns in that section.

[35] https://www.nj.gov/dcf/news/reportsnewsletters/dcfreportsnewsletters/ListeningTourReport.pdf

including DCF staff, attorneys for children and parents, service providers, advocates, and others, to receive varying perspectives on achieving DCF's vision. This survey identified that the most frequent needs for families are health care, education support and family services, and highlighted the need for collaboration with systems outside of child welfare: health care, housing, and general social services. In response to a stop/start/continue prompt about actions the Department should take to act on the vision, the following were the most common responses:

Figure 27

Fall 2018 Regional Forum Feedback		
What DCF should "start" doing	What DCF should "stop" doing	What DCF should "continue" doing
- Collaborate - Provide housing and housing support - Increase communication - Listen to more families/ have humility - Community engagement	- Being overly restrictive with kinship homes - Using punitive approaches - Working in silos - Setting unrealistic expectations - Giving every family the same "cookie cutter" plan	- Collaboration and relationship building - Research/implement evidence-based services - Educate/train staff members - Advocating for families - Support - Prevention/proactive approaches

DCF/HSAC County Needs Assessment

The DCF/Human Services Advisory Council (HSAC) County Needs Assessment, which was designed in collaboration with the County Human Services Directors, allowed HSACs to attain county-specific qualitative information related to county needs and barriers to meeting those needs. During Year 1, DCF worked with the Human Service Directors and HSACs to outline the methodology and develop the tools, including guidance documents, focus group and key informant interview protocols, a standard survey, consent documents and a standard report template, to be utilized by the HSACs while undertaking the assessments. The group aimed to develop a process to attain county-specific qualitative information related to the scope, nature, and local context of community needs, while simultaneously ensuring feasibility and usefulness for all involved. The DCF/Human Service Directors workgroup shared proposed tools and methodologies with internal and external partners for feedback. DCF engaged Rutgers University School of Social Work to design county-based data profiles to provide the HSACs with data and context relevant to all areas covered by the needs assessment.

In Fall 2019, the needs assessment process kicked off. Throughout 2020, the county HSAC teams undertook qualitative data collection. DCF's OOQ provided ongoing technical assistance and guidance to the HSACs, including accommodations related to the COVID-19 pandemic, i.e., creation of an electronic survey and flexibilities for virtual and telephonic focus groups and key informant interviews. Between October 2020 and January 2021, all counties submitted standardized reports to DCF. Through March 2021, DCF reviewed the county reports and held individualized feedback sessions to review the report and findings and discuss how to improve the needs assessment process. In May

2021, DCF, through Rutgers University, completed a statewide synthesis report, which summarized priority need areas, barriers to addressing needs, impacted subpopulations, successes and progress and recommendations for action. Despite substantial differences in demographics, population density, income level, industries and more, all counties largely identified the same needs and barriers: housing, mental/behavioral health care for adults and children and substance use services. Similarly, the counties generally identified the same, often compounding, barriers to access available services: lack of awareness of services, transportation, waitlists and stigma.

In Summer 2021, DCF worked with Rutgers and the HSACs to disseminate the statewide results to stakeholders, including state sister agencies and service providers.[36] DCF is using the findings from the current cycle to inform planning for the service array, informing Request for Proposals (RFPs) and service design. At the local level, HSAC Coordinators have undertaken dissemination and utilization strategies customized to their community, including presentation and dissemination with county government officials and others to inform local social service spending plans.

Review of 2017 CFSR Findings

DCF was not in substantial conformity with the systemic factor of Service Array and Resource Development. Neither of the items (Item 29 – Array of Services or Item 30 – Individualizing Services) in this systemic factor was rated as a Strength.

New Jersey received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that New Jersey does not have an adequate array of services accessible to children and families statewide. Although there have been some improvements in the available array of services for children through CSOC regarding treatments and interventions for children, service gaps and waitlists exist for inpatient substance abuse treatment (particularly for programs that allow mothers and fathers to keep their children with them), mental health services, in-home prevention services, housing, post-adoption services, visitation services, transportation, supportive services for resource families, and mentors for youth. There are barriers to accessing services in neighboring counties, and the quality of some contracted services is a concern.

New Jersey received an overall rating of Area Needing Improvement for Item 30 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that the state does not ensure that services can be individualized to meet the unique needs of children and families. Stakeholders reported that most families are referred to the same set of services, and that services are not tailored to meet the unique needs of families. Stakeholders said there is an overreliance on psychological evaluations to drive service

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[36] All county and statewide findings, as well as additional information about the needs assessment process, are publicly available at:
https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html.

planning for families, and that such evaluations are typically requested for all cases rather than when a parent's needs warrant it. There was concern about the quality of some of these evaluations. Stakeholders also reported that there was a need for more service providers to work with families served by the agency who speak Spanish, Korean, or Pacific-Rim languages, or use sign language.

As noted above, the CFSR findings highlighted concerns in the following domains: availability (targeted for special populations, etc.), accessibility (service gaps, waitlists, access for neighboring counties, more language availability, etc.), acceptability (individualized services, etc.), and quality.

Synthesis of Needs Assessments

In Spring 2019, DCF conducted a review and meta-synthesis of DCF-related needs assessments to gain a more comprehensive understanding of the challenges and needs of families in New Jersey. The team reviewed administrative child welfare data from the CP&P statewide automated child welfare information system, NJ SPIRIT, and nine unique needs assessments representing the voices of over 2,000 youth, caregivers, DCF staff and external stakeholders, e.g., advocates, providers. Findings from the needs assessment review and meta-synthesis were organized into child and caregiver challenges, service delivery needs and system's needs.

Figure 28

Data Source	CP&P Staff	Parents/ Caregivers	Youth	Resource Parents	DCF Staff (non-CP&P)	Other Stakeholders
2017 Prevention Plan	√	√			√	√
CFSR Summary	√	√				
Contract Report from Local Interviews	√					
Domestic Violence Needs Assessment						√
Listening Tour		√	√	√		
NJCYC Strategic Plan						√
Regional Forum						√
Rutgers University Needs Assessment	√	√		√	√	√

Among children served in- and out-of-home, the most common challenges were caregiver substance use (out-of-home: 74%; in-home: 44%) and caregiver mental health issues (out-of-home: 66%; in-home: 29%). Domestic violence, housing issues, financial issues, and child mental health challenges affected over one-third of children in out-of-home placement. Majority children in out-of-home placement (83%) experienced co-occurring challenges compared to just under half (42%) of children served in their own homes. Concrete supports were frequently identified as a challenge across all stakeholder groups and included housing, transportation, childcare, healthcare assistance/insurance, financial assistance, and employment assistance. Findings are outlined below.

Figure 29

	Parent/Caregiver Voice	CP&P Staff Voice	Community Voice	Key:
Caregiver Mental Health	(less than half)	(common)	(less than half)	**Theme was common across most/all needs assessments reviewed.** (orange)
Caregiver Substance Use	(less than half)	(common)	(less than half)	
Child Mental Health	(common)	(less than half)	(less than half)	**Theme was represented in approximately half of the needs assessments reviewed.** (yellow)
Child Substance Use	(less than half)	(less than half)	(less than half)	
Domestic Violence	(less than half)	(common)	(half)	**Theme was present in less than half of the needs assessments reviewed.** (cream)
Parenting Skills	(common)	(less than half)	(less than half)	
Lack of Concrete Supports	(common)	(half)	(half)	

The review and meta-synthesis additionally identified cross-cutting needs related to systems and delivery of services. Service delivery needs fell under the four domains of the rights-based AAAQ framework.[37] and included availability (e.g., targeted services for undocumented immigrants), accessibility (e.g., flexible service hours), acceptability (e.g., trauma-informed, and culturally appropriate services), and quality (e.g., evidence-based programming, quality assurance systems) of services. Systems needs included enhanced communication and data sharing across systems and a "one-stop-shop" model where caregivers can receive support for a variety of challenges in one place rather than working with multiple providers and organizations to meet their needs.

Plan to Achieve Service Excellence

To date, DCF has focused on the quality of select core purchased services by integrating more evidence-based programming. Where EBPs are not available, developing program practices, implementation supports and evidence for promising practices is supported. However, findings from the synthesis of the needs assessments and the CFSR both highlight the necessity for DCF to look not only at the quality of services purchased and/or delivered directly, but also the availability, accessibility and acceptability of the services[37], utilizing the AAAQ framework referenced earlier.

To ensure services are available, accessible, acceptable and of the highest quality, DCF plans to implement the following strategies to achieve service excellence:
- Establish a continuum of core service programs, evidence-based programs when available,
- Establish service excellence standards, and
- Develop DCF infrastructure for program monitoring and development.

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[37] Committee on Economic, Social and Cultural Rights (ESCR Committee), General Comment No. 14: The right to the highest attainable standard of health (Art. 12), (22nd Sess., 2000), in Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at XX, para. XX, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008). Retrieved from: https://www.refworld.org/pdfid/4538838d0.pdf

Establish a continuum of core service programs, evidence-based when available

Too often, child welfare systems seek to establish a formal, purchased service to meet each identified need within the family. At its worst, this way of working results in "piling on" disconnected services that do not meet the particular need of the family and produce unfavorable results. In reality, while individual family members may benefit from individual clinical or other help, what is generally needed is a set of functional changes in the day-to- day life of the family system, and a deepening of connection to the family's natural network of support. Formal services must be positioned not only to treat underlying clinical conditions, but to assist caregivers in making changes to their daily routines, using strategies developed in treatment or education classes to manage common struggles, and effectively managing relapse prevention, safety plans and the like.

As alluded to in Goal 2, above, DCF is enhancing its case practice model. This work will enhance DCF's ability to more precisely identify the specific family system concerns that are contributing to risk of children. It will lead to improved identification of plans for change that are rooted in families' daily routines. DCF anticipates that this work will enhance caseworkers' ability to help families identify supports and solutions that are naturally available within the existing family system and its organic network of relationships.

As the casework practice evolves, DCF will simultaneously be working to enhance the service network so that it meaningfully addresses the clinical and functional needs of families. An accessible service continuum includes services DCF directly provides, i.e., case management and care coordination, purchases, i.e., parenting education, or assists families to access, i.e., cash assistance. Among other things, the services included in the continuum need to:
- recognize the family system as the primary client,
- be able to address varying levels of acuity and chronicity of family distress,
- be able to address co-occurring disorders and/or challenges, and
- be evidence-based where an evidence-based approach is available.

For any service to effectively impact families, a clear and shared understanding of the desired outcome of the service is required. This outcome should address the particular family within the context of a well-developed case plan, as well as a sequencing of interventions to assist families to manage significant and/or multiple changes. As DCF identifies the core set of services referenced above, steps will also be taken to support the business process by which families are referred and meaningfully engaged in services. This will also address the way in which service delivery is planned and sequenced with families, to best position each family for success. This work will involve achieving consistent role clarity within several CP&P staff functions, enhancing collaboration between CP&P and CSOC, and enhancing or creating procedures and practice guides to support decision making around service selection and sequencing.

Establish Service Excellence Standards

The reviews of existing services referenced above reflected some important areas in need

of development with respect to service delivery standards. In May 2019, DCF began sharing the AAAQ framework and findings from the synthesis of needs assessments with stakeholders, including providers, the Judiciary, internal stakeholders, and constituents with lived experience. Next, DCF began engaging with stakeholders from within and outside the Department, including constituents with lived experience, to develop a department-wide set of service delivery standards. DCF will work with providers to determine what type of infrastructure, i.e., training, data collection, capacity monitoring/management, etc., needs to be built to achieve the standards, and the standards will then begin to be embedded in provider contracts and monitored regularly.

Develop DCF infrastructure for program monitoring and development

To ensure service excellence across DCF programming, DCF must examine and make changes to the existing infrastructure to support oversight and monitoring of programming. As part of the Department's strategic plan, DCF is establishing a standard program monitoring model to be used throughout the Department and Department-wide standards for data collection, monitoring tools, monitoring activities, inclusion of the family voice in monitoring, and reporting. DCF will also identify the required supports, i.e., training, IT changes, etc., that will be needed to adhere to the new standards.

Benchmarks for Achieving Improvement in Service Array

The following benchmarks were established for Year 4 and 5 of achieving improvement in service array:

Year 4:
- Continue to track and execute on programmatic plans
- Continue development and implementation of monitoring tools and protocols to track fidelity, performance, and CQI
- Launch monitoring pilot of service lines identified in Wave I
- Launch Wave II tool and procedure development and monitoring

Year 5:
- Continue to track and execute on programmatic plans
- Continue development and implementation of monitoring tools and protocols to track fidelity, performance, and CQI
- Continue to monitor service lines identified in Wave I, Launch Wave II for Monitoring and select Wave 3 service lines

Year 4 Updates for Benchmarks to Achieve Improvements in Service Array

Continue to track and execute Programmatic Plans

DCF is using programmatic plans as roadmaps for practice reform and service improvement. During the programmatic plan process, DCF identified service improvements and expansions to take place beginning in 2022 and continuing forward. In Year 4, DCF developed and began using a centralized tracking system to support the progression and management of the Department's programmatic plans.

Embed Service Excellence Standards in DCF contracts

To ensure children, youth, and families have access to an effective array of quality services, DCF published Quality Standard for Providers in August 2022.[38] DCF's Office of Monitoring is analyzing the extent to which contract modifications are needed for service lines as each service line comes into focus for monitoring. OOM began utilizing the quality standards in monitoring with the launch of its Phase I work.

Continue development and implementation of monitoring tools and protocols to track fidelity, performance, CQI

In Fall 2022, DCF selected the purchased services that constitute the first wave of programs to convert to the new method of monitoring. Throughout Spring 2023, OOM worked with DCF program offices and provider staff to continue to develop methodologies around tool design, monitoring guidelines, and review instruments. OOM plans to finalize the record review tools, client interview tools, site visit tools, and user guides for Wave I programs within CSOC, FCP, and DOW in the first three quarters of 2023. Wave 2 working groups with internal stakeholders and provider staff will begin during the third quarter of 2023. OOM will continue to develop a consistent practice for monitoring implementation and identifying program fidelity markers. The infrastructure required to develop and implement a robust monitoring process will continue. Monitoring of the Wave 2 programs is expected to begin in the first half of 2024.

Examples of Current Service Coordination

Service Coordination for Families with Active Child Welfare System Involvement

CP&P embedded specialty consultants in local and area offices to offer caseworkers encountering challenging or complex clinical issues access to reliable partners for consultation and assistance in service coordination. CP&P staff routinely access these specialized consultants when families' unique needs require an integrated service approach that includes both clinical and case management services. Specialty consultants are described below.

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[38] https://www.nj.gov/dcf/documents/oom/OOM-Provider_Quality_Standards.pdf

Child Health Unit Nurses

DCF contracts with Rutgers University School of Nursing to ensure that a Registered Nurse is assigned to coordinate care for every child in foster care. Child Health Unit (CHU) nurses help to ensure each child's medical and behavioral health care needs are met and provide overall health care case management. In addition, CHU nurses visit children in the resource home, attend Family Team Meetings, and assist in developing plans for the safe care for infants identified at birth and affected by substance abuse and withdrawal.

Child Protection Substance Abuse Initiative Evaluators

The Child Protection Substance Abuse Initiative (CPSAI) provides Certified Alcohol and Drug Counselors (CADCs) and counselor aides co-located in child protection local offices. These consultants support caseworkers in planning for cases where substance use has been identified as a concern. They assess, refer, and engage clients in appropriate treatment to address individual needs. Once assessed, cases remain open in CPSAI for a minimum of 30 days and a maximum of 90 days to allow the CADC and counselor aide to follow up with provider agencies. CPSAI also provides substance use disorder education and training to CP&P local office staff. CPSAI provides both in-person and HIPAA compliant virtual sessions.

Peer Recovery Support Specialists

Peer Recovery Support Specialist (PRSS) services are another component of CP&P's CPSAI. PRSS services provide peer support to CP&P-involved parents/caregivers who are seeking to establish or strengthen their substance use recovery process. All peers have relevant life experiences. PRSS are tasked with establishing a one-on-one relationship with the parent/caregiver and providing encouragement, motivation, and support, assisting the parent/caregiver to develop skills and access the resources needed to initiate and maintain recovery, and assisting the parent/caregiver to engage in treatment or reenter the community after residential treatment.

One PRSS is assigned to each CP&P local office. Currently, all local offices are supported by PRSS services. Each PRSS is expected to have a caseload of 18-25 parents/caregivers with services spanning a period of nine to 12 months. PRSS connect with parents/caregivers through in-person meetings and telephone calls. PRSS provide peer mentoring and coaching to assist parents/caregivers to set recovery goals, develop recovery action plans, solve problems related to recovery, health, and wellness, build, or re-establish supportive relationships and learn relapse prevention skills. They also provide recovery consultation, education, and advocacy, which includes attending treatment meetings, communicating with counselors and supervisors, facilitating discharge planning, and connecting parents/caregivers to resources in the community including formal treatment services.

Clinical Consultants

CSOC funds licensed behavioral health professionals to provide on-site consultation services to CP&P staff regarding children and youth with mental and behavioral health concerns. Clinical Consultants also review records and make recommendations regarding appropriate behavioral health interventions to improve and support each child in achieving positive outcomes. One Clinical Consultant is assigned to provide consultation to CP&P local offices within each of CSOC's 15 service areas. Clinical Consultants offer services through a hybrid model of in person and remote consultation.

Domestic Violence Liaisons

The Domestic Violence Liaison (DVL) program is an interagency partnership to strengthen coordination and communication between the child protection and domestic violence service systems. The purpose is to increase safety and stability and improve outcomes for children and non-offending parents when child abuse and domestic violence co-occur. The program strengthens CP&P's capacity to respond effectively to families in domestic violence situations and promotes best practices and safe interventions.

DVLs are specially trained professionals with extensive knowledge of domestic violence and domestic violence support services. DVLs are co-located at each CP&P local office and assist CP&P caseworkers with on-site assessment, safety planning, case planning, support, and advocacy. DVLs team with and educate CP&P staff on the dynamics of domestic violence and align practices with DCF policy. Domestic violence agencies offer services both virtually and in-person to best meet the specific needs of the clients.

Early Childhood Specialists

ECSs are specifically trained professionals with extensive knowledge of infant mental health and parent-child relationships. The collaboration between prevention services and CP&P aims to improve outcomes for families with infants and young children who come to the attention of CP&P. Special attention is given to substance affected infants needing a plan of safety. ECSs participate in development of the Plans of Safe Care. ECS are also structured within the Connecting NJ system, supporting expectant mothers and families with children birth to age five. The ECS teams with CP&P staff by providing staff development and consultation, enhanced planning, assessment, service access and systems collaboration. Funding from ACF, through the PDG, have been instrumental in expanding this initiative statewide. In 2022, there was an increase in service referrals to ECSs. Because the needs of families increased, the total number of service referrals provided in 2021 from 4,636, to a total of 5,973 referrals for families in 2022.

In addition to the above consultants, DCF cultivates, provides funding for, and/or participates in partnerships for service delivery for child welfare involved families, including the following:

Mobile Response and Stabilization Services for Resource Families

Mobile Response and Stabilization Services (MRSS) is CSOC's urgent response component. Providers offer 24/7 response to children and youth vulnerable to or experiencing stressors, coping challenges, escalating emotional symptoms, behaviors or traumatic circumstances which have compromised or impacted their ability to function at their baseline within their family, living situation, school and/or community environments. The goal of MRSS is to provide timely intervention to assist youth and their parent/guardian/caregiver in supporting their identified needs through resource/support development and connection to improve coping skills, minimize risk, aid in stabilization of behaviors and minimize the need for care in a more restrictive setting or change in living environment.

Through a partnership between the CP&P and CSOC, all children and youth, ages three through 17, placed by CP&P local offices receive MRSS intervention at the time of placement. The purpose of this service is to mitigate trauma and facilitate stabilization for children and youth at the time of placement by providing increased support and education to youth and licensed resource and kinship caregivers during the transition into a new home. Support and stabilization are important factors in avoiding the re-traumatization that can occur from further changes to placement. When the service is initiated, a MRSS worker engages with the youth in the resource home to support the youth's understanding of their experience and ensure they know how to ask for help when experiencing challenges that frequently accompany trauma and separation from parents/caregivers. MRSS workers assess and attend to youth behavioral health needs, assist resource parents to understand the youth's needs and developing strategies and plans to best support the youth, and encourage positive relationship development and regulation in the home. MRSS facilitates access to continued behavioral health care support and services through the CSOC, if needed.

Keeping Families Together

KFT is a supportive housing model designed for child welfare involved families experiencing housing instability who are also at risk of family separation due to high-risk factors, including parental substance use. The intervention provides families with housing assistance, i.e., vouchers or rental subsidies, and comprehensive wraparound services. DCF facilitates KFT in collaboration with several key partners including the New Jersey DOH, DCA, public housing authorities, Continuums of Care (CoCs), private housing developers and other community partners. KFT's "housing first" approach positions housing as a main component of the intervention, allowing families access to safe, stable, and affordable housing as a springboard from which they can begin to access an array of supportive services intended to address additional need, including trauma, addiction, and other concrete needs.

In 2022, DCF continued its partnership with Rutgers University Behavioral Health Care and the Corporation for Supportive Housing (CSH) to deliver a comprehensive training curriculum to KFT providers. The curriculum and corresponding staff resources are intended to build and reinforce staff competencies in the KFT practice. This training round

included integration of Motivational Interviewing,[39] Moving on from Family Supportive Housing, and KFT Practice model training.[40]

In 2022, DCF collaborated with providers to develop and pilot the KFT fidelity assessment tool. The tool is intended to support consistent delivery of the KFT practice, increase staff's capacity to implement the practice, and guide staff development through supervision and coaching. DCF continued its longstanding partnership with CSH to facilitate strengthening key stakeholder relationships, both locally and nationally, and provide technical support to the provider network.

In-Home Recovery Program

The In-Home Recovery Program (IHRP) is an innovative program seeking to improve outcomes for parents who have a substance use disorder and are actively parenting a child under six years. The program is adapted from the Family-Based Recovery Program developed by the Yale Child Study Center In-Home Services Division.[41] IHRP teams are comprised of two clinicians: one to address caregiver substance use and one to address the parent and child relationship.[42] A Family Support Specialist provides case management services. IHRP teams work intensively with families for up to twelve months. Close attention to building relationships across all stakeholders has been a key component of implementation and represents a parallel process by which the core tenets of the intervention are upheld and modeled. DCF published a RFP for the program and, in February 2021, awarded a contract for services of at least 24 CP&P involved families in Ocean County.

Rutgers University, through DCF funding, has been implementing a mixed methods evaluation and CQI process for the IHRP since the program's pilot inception. Evaluation findings indicate that, while enrolled in IHRP, caregiver substance use decreased. Additionally, among IHRP enrolled families, 8% had children placed in out-of-home care due to parental substance use during the program or within six-months of discharge, substantially lower than the national rate of out-of-home placement which is 38.9% for all children and 61% for children under the age of five. The rate of out-of-home placement for IHRP enrolled families is also lower than the New Jersey out-of-home placement rate for families with a substance use disorder (42%). Families participating in IHRP also had

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[39] Miller, W.R. & Rollnick, S. (2013) Motivational Interviewing: Helping people to change (3rd Edition). Guilford Press.; and Miller & Rollnick (2017) Ten things MI is not; Miller, W.R. & T.B. Moyers (2017) Motivational Interviewing and the clinical science of Carl Rogers. Journal of Consulting and Clinical Psychology, 85(8), 757-766. Retrieved from: https://psycnet.apa.org/fulltext/2017-31328-001.pdf; Miller, W.R. & Rollnick, S. (2009) Ten things that MI is not. Behavioural and Cognitive Psychotherapy, 37, 129-140. Retrieved from:
https://www.researchgate.net/publication/24275679_Ten_Things_that_Motivational_Interviewing_Is_Not

[40] Additional information about the Corporation for Supportive Housing (CSH) and Moving On work can be found online at: https://www.csh.org/moving-on/

[41] Additional information can be found online at http://www.familyct.org/programs/family-based-recovery/.

[42] Hanson, K.E., Saul, D.H., Vanderploeg, J.J., Painter, M., & Adnopoz, J., 2015. Family-based recovery: An innovative in-home substance abuse treatment model for families with young children. Child Welfare, 94(4), 161–183. Retrieved from:
https://www.proquest.com/docview/1804471333/fulltextPDF/8E130B97FF4B404APQ/1?accountid=47192

a lower number of re-reports for maltreatment (32%) compared to state (39%) and national (45%) statistics.

Looking forward, DCF plans to expand IHRP services to Union County, Camden County, Cumberland County, Gloucester County, and/or Salem County, areas known to be lacking substance use disorder treatment services for CP&P-involved parents. In May 2023, DCF published an RFP to expand the program to another site.

Family Preservation Services

FPS is an intensive, in-home crisis intervention and family education program that serves families with children at imminent risk of out-of-home placement or preparing to be reunified. With skill-based interventions, linkages to resources, and limited financial assistance, the program strives to ensure the safety of children, stabilize families, improve family functioning, prevent unnecessary out-of-home placements and link families with community supports. FPS programs are operated through a statewide network of eight contracted service providers.

Community-Based Grant Programs

DCF partners with other grant programs, such as the Community-Based Child Abuse Prevention (CBCAP) grant and the Children's Justice Act (CJA), to assist in the service coordination and support the goals outlined in this report. Engagement with these grant programs include the development of the 2022-2025 Statewide Prevention Plan of the NJTFCAN, as well as funding for the Collaborative Safety Initiative. For additional information on the NJTFCAN, see *Section 1, General Information on DCF's Collaboration Efforts*. For additional information on CJA, see *Section 14, CAPTA State Plan Requirements and Updates*.

Service Coordination for Families in the Community

DCF supports and/or participates in several local, community-based service coordination efforts, including:

Human Services Advisory Councils

HSACs are county-based planning, advisory and advocacy organizations dedicated to meeting the human service needs of the county.[43] They seek to facilitate, coordinate, and enhance the delivery of human services through collaborative relationships within the county and amongst the counties and with private and state agencies. Membership varies by county and may consist of public and private sector providers, consumers, consumer advocates, family members, representatives from other county-level advisory boards and State agencies, and any additional parties the county believes could provide a valuable contribution to human services planning. HSACs are statutorily mandated and are funded

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[43] A listing of HSACs is available online at: https://www.nj.gov/dcf/providers/resources/advisory/.

by DCF. In 2019-2021, HSACs led a county-based needs assessment and analysis process. For additional information on the needs assessment, see *Section 5, Update on Service Descriptions: Child and Family Services Continuum*. DCF continues to partner with the HSACs on various initiatives, including efforts to modernize NJ 211 website.

Juvenile Detention Alternatives Initiative

The Juvenile Detention Alternatives Initiative (JDAI) was developed in response to national trends reflecting a drastic increase in the use of secure detention for juveniles despite decreases in juvenile arrests. JDAI provides a framework of strategies that help reduce the inappropriate use of secure juvenile detention, while maintaining public safety and court appearance rates.

DCF has been a partner on the state and local levels collecting and analyzing data while collaborating with the AOC, Juvenile Justice Commission (JJC), and local system partners to identify alternatives to detention. In addition, DCF has partnered with other state agencies to develop coordinated services that maximize the opportunity for children and families served through multiple state and federal programs to receive more holistic support.

Referrals from juvenile courts and juvenile detention centers to CSOC for assessments and services dropped 46% from 2019 (963) to 2020 (516), attributed mainly to the pandemic. In 2021, the referrals increased by 17% (606). In 2022, the referrals increased by 19.1% (722).[44] Black youth remained disproportionately overrepresented at 38.9% when only 12.7% of New Jersey's population identifies as Black or African American. DCF and New Jersey's Council on Juvenile Justice System Improvement will continue to focus on racial disparities.

Juvenile Justice Commission

In December 2021, the JJC, through the Office of the Attorney General, issued a Restorative and Transformative Justice for Youth and Communities Pilot Program to develop an innovative restorative and transformative continuum of care in four of New Jersey's largest municipalities: Camden, Newark, Paterson, and Trenton. Pursuant to P.L. 2021, c.196, each of the four identified municipalities shall have a restorative justice hub that will provide community-based enhanced diversion and reentry wraparound services. CSOC is partnering with the JJC and these local communities through data sharing, identification of service gaps, and reciprocal referrals across these systems.

Youth Housing

DCF continues to facilitate a continuum of youth housing programs and related services intended to empower child welfare–involved youth to maintain safe and stable housing,

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[44] Please note that, of the 722 referrals, 185 referrals did not include race so there is a high probability that the 38.9% is much higher.

develop strengths, and realize their potential as they prepare for and transition to adulthood. The majority of the youth housing continuum is managed by the Adolescent Housing Hub (AHH); these services are available to eligible homeless youth, youth at risk for homelessness, and youth aging out of the child welfare system, ages 18 – 21 years. With the capacity to serve over 400 youth, the continuum of youth housing includes transitional and supportive housing opportunities that aims to prevent homelessness and promote housing stability. The youth housing continuum is focused on leveraging housing as a platform to support highly vulnerable youth, by matching housing (in some instances vouchers or subsidy) with wraparound services. DCF facilitates this continuum in collaboration with several key stakeholders, including DCA, contracted provider partners, public housing authorities, CoCs, and other community partners.

In Fiscal Year 2022, DCF partnered with DCA to expand access to housing vouchers by making available Rapid Rehousing Vouchers, or short-term rental assistance, to child-welfare involved youth and families. Approximately 150 new, short-term vouchers were made available during this time. Additionally, to better coordinate DCF's response to the housing needs of youth and families served, DCF's portfolio of youth housing programs was consolidated with family housing within the FCP's newly created Office of Housing (OOH).

Maternal Wraparound Program

The Maternal Wraparound Program (M-WRAP) assists pregnant and parenting mothers with substance use disorders. This program provides access to substance use disorder treatment and other services, including intensive case management to link mothers with substance use disorder and mental health treatment, Medication Assisted Treatment (MAT), prenatal care, and other concrete services including county-based social services, childcare, and transportation. M-WRAP also provides peer recovery support services delivered by a peer recovery specialist with relevant life experiences. DHS provides M-WRAP services in all counties.

Home Visiting

DCF has been integrally involved in New Jersey's development of a comprehensive and seamless system of care to link pregnant women and parents with necessary health and social support services. New Jersey was awarded a MIECHV grant to strengthen evidence-based Home Visiting services. DOH's Division of Family Health Services is the lead administrative agency and core DCF partner for the MIECHV grant program, through which Parents as Teachers, Nurse Family Partnership, and Healthy Families America are provided in all New Jersey counties. DCF and DOH continue to collaborate with a strong network of state and local stakeholders to improve home visiting services and to strengthen programs and activities carried out under Title V of the Social Security Act.

As described in *Section 3*, DCF is establishing New Jersey's universal home visiting program for newborns, using the Family Connects International model.

DCF's Office of Early Childhood Services (OECS) partnered with DHS's Division of Family

Development to receive two years of intensive technical assistance from National Governors Association Center for Law and Social Policy to achieve statewide systems change through the development and implementation of a two-generation state plan. Activities included reviewing Temporary Assistance for Needy Families (TANF) policies and eligibility criteria, developing and testing new strategies for participants of the Healthy Families-TANF Initiative home visiting program, and developing effective recruitment strategies. A revision of this TANF collaboration is underway to increase its ability to connect families through a refined, coordinated process in a way that does not exhaust families' TANF eligibility, yet moves them to economic stability faster.

New Jersey is also participating in the Coordinated State Evaluation (CSE) on workforce development and a Community of Practice on staff wellbeing with several other states, including Oregon, Kansas, Iowa, and Montana. The purpose of this evaluation approach is to contribute to advances in knowledge of early childhood home visiting services through coordinated effort among MIECHV recipients. The CSE will build on New Jersey's previous work on workforce development and retaining staff by applying a health equity lens to exploring staff wellbeing and retention in the workforce.

Single Point of Entry for Early Childhood Services: Connecting NJ

Connecting NJ hubs facilitate linkages to families from pregnancy to age five so that they may access the most appropriate services in an efficient manner. The hubs, which operate in all counties through a collaboration between DCF and DOH, provide families with referrals to services such as home visiting, childcare, adult education, housing, medical homes, prenatal care, early intervention services, mental health services and local community services that support a child's healthy development and family well-being. Connecting NJ hubs utilize developmental health promotion and screening policies statewide. In 2022, 1,418 children were provided developmental screening at no cost by ECSs through these hubs. For more information on the developmental health screenings, see the ECCS/Help Me Grow section, below.

Early Childhood Comprehensive Systems/Help Me Grow

The ECCS collective impact approach works to enhance early childhood systems. Using a Collaborative Innovation and Improvement Network model, the ECCS approach builds and demonstrates improved outcomes in population-based children's developmental health and family well-being indicators. With collaborations at the state and local level, teams actively participate in intensive targeted technical assistance, learning how to utilize collective impact principles. Utilizing collective impact principles will accelerate or improve results for families in a comprehensive, coordinated preventative health approach and will integrate an early childhood system that addresses the physical, social-emotional, behavioral, and cognitive aspects.

Through the ECCS and HMG collective impact initiative, five Placed Based Community (PBC) team Connecting NJ leads developed, implemented, and tested strategies for universal developmental health promotion and screening within their Connecting NJ

hubs. The hubs utilized the online Ages and Stages Questionnaire Family Access Portal through Brookes Publishing.[45]. Between January 2018 and July 2019, the system was successfully tested and implemented, with the PBCs completing 156 developmental screenings for children birth to five years. In September 2019, the ECCS work expanded beyond the five PBCs to the entire statewide Connecting NJ with support from the ECS, nearly doubling the reach to a total of 316 developmental screens completed by the end of December 2019. In 2022, despite ongoing impacts of the COVID-19 pandemic, 1,418 children were provided developmental screening by ECSs. This service will be maintained for New Jersey's children birth to five years.

Early Childhood Integrated Data System

The New Jersey Enterprise Analysis System for Early Learning (NJ-EASEL), which is New Jersey's early childhood integrated data system, is a cross-agency collaboration between DCF, DOE, DHS and DOH that is supported by NJ OIT. NJ-EASEL develops reports that integrate data from various state systems to inform coordination of early care and education programs and services essential to the development and growth of New Jersey's youngest children. This provides a means to understand the collective impact and effectiveness of programs and services, which can lead to improved program delivery and access to early care and education programs and other services for young children.

School-Based Youth Services Program

DCF's Office of Family Support Services partners with school districts and community providers throughout the state to operate School-Based Youth Services Program (SBYSP). SBYSP services are available to all enrolled students in participating schools and may include supports, such as mental health counseling, substance use counseling and education/prevention efforts, preventative health awareness, primary medical linkages, learning support, healthy youth development, recreation, and information/referrals. In SFY 2023, the funding for these programs is a combination of state and federal TANF funds. Beginning in SFY 2024, these programs will be funded solely through state funds.

Parent Linking Program

A subset of SBYSPs receive additional funding to implement the Parent Linking Program (PLP). PLP aims to prevent child abuse and neglect and to minimize or eliminate barriers that often impede expectant and parenting teens from completing their education. Program services are administered through intensive case management and focus on prenatal education and linkages, parent education and skill building, infant/child development education, child care, and referral services as needed. PLP developed a component of service offerings to specifically address the needs of young fathers and will focus on fatherhood engagement, looking to increase the enrollment of fathers. PLP programs rely on evidence-based Partnering with Teen Parent and Safe Dates curricula and the Ages and Stages Questionnaire and include program objectives related to

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[45] Available online at https://agesandstages.com/.

positive co-parenting relationships, linkages to a primary care provider for well-child medical visits, effective parenting skills, academic success, and pregnancy prevention. PLPs also provide child care services for infants and toddlers, ages six weeks to 36 months. These programs are funded through a combination of state and federal Child Care and Development funds.

New Jersey Statewide Student Support Services

In 2023, Governor Murphy proposed a $48 million investment to launch the NJ Statewide Student Support Services (NJ4S) network through DCF. NJ4S is an innovative, statewide model of services and resources to support youth mental wellness and positive youth outcomes. The model will coordinate, expand and improve delivery of primary prevention to all NJ schools and communities, and provide secondary prevention, screening, brief clinical intervention and referral to treatment for public schools and communities with the highest need. NJ4S, which will be operational for the 2023-2024 school year, will ensure that services are evidence-based, culturally competent, and available in various community-based spaces to meet NJ's diverse youth. NJ4S will center around youth voice and experience, along with input from parents, school leaders, and communities, ensuring services are meeting needs and adapting with changing circumstances.

NJ4S will utilize a hub and spoke model. As currently designed, 15 organizations will form regional "hubs" staffed by a director, prevention specialists, mental health counselors, and more, and advised by a local hub advisory board. Hubs will receive requests for services and deliver them at local "spokes," e.g., schools and community locations. Programming is organized at three levels of prevention:
1. Universal Supports, including evidence-based interventions; workshops and trainings, opt-in resource lists, etc., will benefit students, in grades K-12, in all school districts, and their parents/caregivers. Focus areas include emotional well-being, positive relationships, career readiness and exploration and classroom management/disruptive behaviors.
2. Targeted Evidence-Based Prevention Services, including small group interventions, brief individualized early intervention services, mentoring, and low-intensity classroom support to at-risk students, will be available to middle and high school students. Focus areas include substance use prevention, sexual health and pregnancy prevention, suicide prevention, anti-bullying and violence prevention, and other areas of need as determined by the youth and community.
3. Assessments & Brief Individualized Clinical Interventions will be available to youth in distress to improve overall mental health and well-being while being connected to a community provider for ongoing mental health support, e.g., further evaluation or ongoing counseling.

Section 6. Update on Service Descriptions: Title IV-B Subpart 1

The Stephanie Tubbs Jones Child Welfare Services Program

DCF currently utilizes Title IV-B, Subpart 1 funding towards caseworker activities on

behalf of children and families, including investigations of child abuse and neglect, caseworker visits with children whether in their own home or in out-of-home placement, and case planning activities with families to promote family stabilization and permanency. In addition to caseworker activities, funding under Title IV-B, Subpart 1 supports prevention and family support services as outlined *Section 7, Update on Service Descriptions: Title IV-B, Subpart 2*. As described in *Section 5, Update on Service Descriptions: Child and Family Services Continuum*, DCF will continue to evaluate and maximize use of all federal funding over the next five years.

Services for Children Adopted from Other Countries

Children adopted internationally typically do not interface with the public system. Families interested in adopting children from other countries generally work directly with private adoption agencies. Though DCF is not involved in the initial adoption proceedings for children placed internationally, DCF supports adoptive parents through services that are available for any adoptive family in the state regardless of the source of the adoption. Adoption and Kinship resources can be found through a CP&P contract with Children's Aid and Family Services, who provides a New Jersey Adoption Resource Clearing House (NJARCH), as well as Kin-Connect. They provide a free lending library on adoption related topics, referrals to support groups and clinical service providers that specialize in adoption and kinship related needs. Both Kin-Connect and NJARCH provide family trainings and educational resources. In addition, intercountry adoptive families can access a multitude of services provisions through DCF, e.g., help with adolescent and child behavioral health, and educational services, etc.

In the case of an international adoption that disrupts after the child is adopted in the United States and the child enters CP&P placement, DCF will make every effort to place with the kin of the child's adoptive family. If adoption dissolution occurs and it is not in the best interest of the child to achieve legal permanency with their adoptive kin, and the child has a pre-existing relationship with a biological family member out of country, this relative/kin would be considered for an adoptive placement. To facilitate this assessment and home study process, DCF would contact the Department of State's Office of Children's Issues to request approval from the Secretary of State and the relevant foreign authorities for the child to return to the country of origin. Once those approvals have been received, DCF would contact International Social Services (ISS). DCF staff, through Interstate Services, will work with ISS, regarding intent to assess and place for adoption.[46] CP&P will work to facilitate the placement and supportive services to transition the child back to their family and country of origin for the purpose of legal permanency.

DCF's OOL has established a protocol requiring New Jersey adoption agencies to maintain information regarding the number of intercountry adoptions and the countries from which the children originate. This information is accessible by OOL.

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[46] https://dcfpolicy.nj.gov/api/policy/download/CPP-IV-C-9-100.pdf

Services for Children Under the Age of Five

The CFSR and data highlighted in Figures 30-32 reflect that achieving permanency outcomes for children, especially children under the age of five, is still a challenge in New Jersey. Examining entry cohorts of young children entering foster care between 2012-2019, New Jersey found that children under five and, more specifically, children under the age of one are less likely to achieve permanency within 12 months of entering out-of-home placement (29%) with a median length of stay of 15 months, longer than any other age group. In addition, only about two-thirds of children in this age group achieved permanency in 24 months.

Figure 30

Permanency within 12, 24, 36 and 48 months for Children ages 5 and under
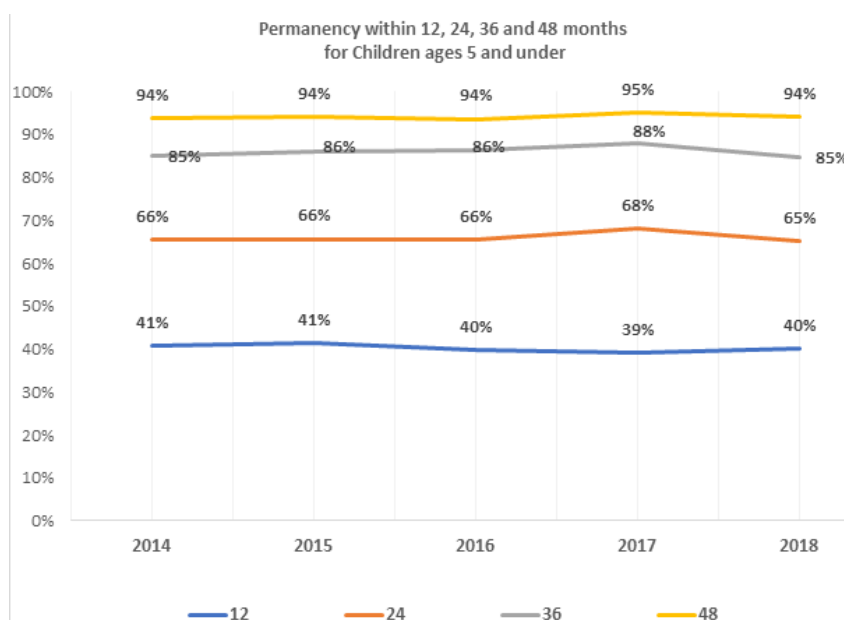
Figure 31

	2014		2015		2016		2017		2018		2019		2020		2021	
Under 1	955		883		816		761		720		608		468		404	
	339	35%	292	33%	302	37%	257	34%	247	34%	178	29%	128	27%	96	24%
1 to 5 years old	1443		1259		1206		1117		902		656		383		390	
	635	44%	593	47%	501	42%	472	42%	404	45%	261	40%	138	36%	151	39%

Figure 32

	2014	2015	2016	2017	2018	2019	2020
Under 1	16.4	17.2	15	16.5	15	20.1	19.7
1 to 5 years old	11.5	9.9	12	12.5	11.4	12.9	14.7

Objectives targeting improvements for permanency, including evaluation of the service

array, are highlighted in *Section 1, General Information on DCF's Collaboration Efforts*, and *Section 3, Updates to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes*. DCF anticipates that these objectives, particularly those centered around father engagement, kinship care, and behavior-based case planning, will have a strong impact on permanency for young children.

Below are highlights of existing and planned supports and partnerships for young children in the state and their families. These activities will address the developmental needs of all children and families.

Home Visiting

As previously described, DCF implements a statewide continuum of evidence-based home visiting services for families with young children, birth to age five. To address the developmental needs of all at-risk children under the age of five over the next five years, DCF is expanding home visiting services by adding statewide UHV services. For additional information home visiting and the new UHV program, see *Section 3, Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes* and *Section 5, Update on Service Descriptions: Child and Family Services Continuum*.

Single Point of Entry for Early Childhood Services: Connecting NJ

As previously described, Connecting NJ hubs facilitate linkages to families from pregnancy to age five so that they may access the most appropriate services in an efficient manner. For additional information home visiting and the new UHV program, see *Section 3, Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes* and *Section 5, Update on Service Descriptions: Child and Family Services Continuum*.

Early Childhood Specialists

As previously described, the ECS supports referrals for children birth through five years of age and women who are pregnant. Their primary population is families with developmental concerns as well as those referred by CP&P. For referrals that express a developmental concern, the ECS will provide support through providing developmental resources, a developmental screening, or a referral to Early Intervention. The ECS will help to facilitate communication and teaming between our early childhood system of care at Connecting NJ and CP&P. With the caregiver's consent, the ECS will provide timely feedback regarding information and service linkages made. For additional information and updates on ECSs, see *Section 5, Update on Service Descriptions: Child and Family Services Continuum*.

Parent Linking Program

As previously described, PLPs, a sub-set of SBYSPs, aim to prevent child abuse and neglect and to minimize or eliminate barriers that often impede expectant and parenting

teens from completing their education. Programs are required to provide family-centered childcare services for infants and toddlers, ages six weeks to 36 months old. For additional information on PLP, see *Section 5, Update on Service Descriptions: Child and Family Services Continuum*.

Child Health Care Case Management

As previously described, DCF contracts with Rutgers University School of Nursing to ensure that a Registered Nurse is assigned to coordinate care for every child in foster care. CHU nurses help to ensure each child's medical and behavioral health care needs are met and provide overall health care case management. In addition, CHU nurses visit children in the resource home, attend Family Team Meetings, and assist in developing plans for the safe care for infants identified at birth and affected by substance abuse and withdrawal. For more information on healthcare for children involved with DCF, see DCF's updated 2020-2024 Health Care Oversight and Coordination Plan.

Efforts to Track and Prevent Child Maltreatment Deaths

One of the core functions of DCF is the protection of children from maltreatment. Child fatalities resulting from maltreatment, while relatively rare in New Jersey,[47] are a priority for the Department. From October 2009 through September 2022, 205 New Jersey children died as a result of maltreatment, as identified in NCANDS reporting.

In New Jersey, cause and manner of death must be certified by a physician, typically a medical examiner. "Manner of Death" refers to one of six subcategories of death: other homicide, suicide, accidental, natural, child maltreatment and unknown/undetermined. "Cause of Death" refers to the specific mechanism of death and varies greatly. In the 222 cases referenced above:

- Manner of Death: Other Homicide accounted for 29%. Child Maltreatment accounted for 34% of fatalities.
- Age at Death: Children less than 1 year of age accounted for 40% of the fatalities.
- Gender: Male children accounted for 56% of the fatalities.
- Race and ethnicity: Both White and Black/African American children accounted for 45% of the fatalities. For comparison, in 2021, white, non-Hispanic children accounted for 45% of New Jersey's child population; black, non-Hispanic children accounted for 13%[48] Hispanic children account for 21% of the fatalities. For comparison, in 2021, Hispanic or Latino children accounted for 28% of New Jersey's child population.
- Gender and race combined: White Females accounted for 22% and Black/African American Males accounted for 28% of fatalities.

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[47] In 2020, New Jersey's rate of child maltreatment-related fatalities was 0.88 per 100,000, less than half the national average of 2.38 per 100,000; and in 2021, New Jersey's rate of .49 per 100,000 continued to be less than half the national average of 2.46 per 100,000. Source: Child Maltreatment 2020, Child Maltreatment 2021.

[48] The Annie E. Casey Foundation Kids Count Data Center, Child population by race and ethnicity | KIDS COUNT Data Center. https://datacenter.aecf.org/data#NJ/2/0/char/0

Currently, child fatalities are reported to the DCF Fatality and Critical Incident Review Unit (FCIRU) by many different sources, including DCF's SCR, law enforcement agencies, medical personnel, family members, schools, medical examiner offices and child death review teams. The Bureau of Vital Statistics confirms all child fatalities and supplies the birth as well as death certificates when available. The CP&P Assistant Commissioner makes the determination as to whether the child fatality was a result of child maltreatment. The state NCANDS liaison consults with the FCIRU Coordinator to ensure that all child maltreatment fatalities are reported in the state NCANDS files.

NJ SPIRIT is the primary source of reporting child fatalities in the NCANDS Child File. Specifically, child maltreatment deaths are reported in the NCANDS Child File in data element 34, Maltreatment Death, from data collected and recorded by investigators in the Investigation and Person Management screens in NJ SPIRIT. Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by FCIRU under the CAPTA, are reported in the NCANDS Agency File in data element 4.1, Child Maltreatment Fatalities not reported in the Child File.

The New Jersey Child Fatality and Near Fatality Review Board (CFNFRB) reviews child fatalities and near fatalities to identify causes, relationship to governmental support systems, and methods of prevention. Multidisciplinary membership consists of ex-officio members and six public members with expertise or experience in child abuse appointed by the Governor, including representation from pediatrics, law enforcement, DOH, social work, psychology, and substance use treatment. Two subcommittees, Sudden Unexpected Infant Death and Suicide, as well as three regional community-based review teams operate under the aegis of the CFNFRB. Their composition mirrors that of the CFNFRB. The CFNFRB also functions as a citizen review panel and conducts monthly meetings. The CFNFRB looks for barriers, determines whether current protocols and procedures should be modified, identifies new resources that may be needed, and analyzes challenges initiated by other systems in which the family was involved, such as medical, mental health, substance abuse, law enforcement, and education.

As described in *Section 3, Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes*, activities are underway and planned to prevent maltreatment and maltreatment-related fatalities through the use of: (a) geospatial risk modeling to identify communities and populations in need of focused prevention efforts; (b) in partnership with the DOH, growth of an array of home visiting services to support families of young children, given that young children are at elevated risk of maltreatment related fatalities; (c) use of human factors debriefing and safety science to identify systems improvements needed in order to prevent fatalities and serious injuries; (d) an ongoing process of identifying and implementing necessary improvements to the prevention service array, incorporating EBPs as warranted. As these activities are further developed and as data on their impact emerges, DCF will rely on dialogue with NJTFCAN and CFNFRB to provide ongoing input and feedback on these and related initiatives.

Section 7. Update on Service Descriptions: Title IV-B, Subpart 2

Promoting Safe and Stable Families

The Promoting Safe and Stable Families (PSSF) program is a federally funded Title IV-B, Subpart 2 grant program that focuses on helping families stay together, promotes family strength and stability, enhances parental functioning, and protects children. The federal government requires that at least 20% of the funding be spent on programs in each of the following four funding categories: FPS, Family Support Services, Family Reunification Services and Adoption Promotion and Support Services. Attachment B, DCF's 2024 APSR PSSF Table, provides a list of DCF-funded service programs, program description, the geographic area, populations served, and the number of actual and anticipated clients and families served.

While research has not been conducted to provide further information on the impact the services listed in Attachment B have had, these services have assisted DCF in meeting program goals, such as primary prevention of out-of-home placement, child maltreatment and child maltreatment fatalities. Services, such as Healthy Families and KFT, provide a supportive network for families to preserve the integrity of the family unit in their home or assisted in reunification. As highlighted in Figure 5, New Jersey continues to see a decline in the number of children entering out-of-home placement. There has been a 71% reduction in the number of children entering out-of-home placement from the onset of the DCF reform in 2003, and a reduction in children in placement from over 13,000 children in placement in 2003 to 2,982 as of December 2022.

These services also continue to support families by providing education and treatment services to reduce the risk of maltreatment and child maltreatment fatalities. As noted in ACF's "Child Maltreatment 2021" report,[49] New Jersey's average child maltreatment victimization rate per 1,000 children stands as one of the lowest in the nation at 1.6% compared to the national average victimization rate of 8.1%. New Jersey's child fatality rate per 100,000 is 0.49% compared to the national child fatality rate of 2.46%.

Service Decision-Making Process for Family Support Services

During 2022 and 2023, DCF continued to operate a network of community-based family support services programs, including home visiting, supportive housing, parent-child visitation, and mentoring services. For specific examples, see Attachment B, DCF's 2024 APSR PSSF Table. Decision-making related to the optimal use of PSSF funds for family support services will continue to be aligned with the service array review process described in *Section 5, Update on Service Descriptions: Child and Family Services Continuum*. DCF will continue to maintain family support service funding percentages, which are outlined in the Office of Management and Budget CFS-101, Part 1, above 20%.

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[49] U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2023). Child Maltreatment 2021. Available from https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2021.pdf.

Populations at Greatest Risk of Maltreatment

Children and caregivers who become involved with CP&P present with a variety of family, caregiver, and child-level challenges. Among the challenges of children served both in and out-of-home, the most common was caregiver substance use (out-of-home: 29%; in-home: 20%). Domestic Violence (out-of-home: 18%; in-home: 20%) and Caregiver Mental Health (out-of-home: 25%; in-home: 15%) were the next most common challenges. Housing issues were more common among children in out-of-home placement than children served in their own homes (out-of-home: 21%; in-home: 7%). Figure 33 provides a visual of these risk factors.

Figure 33

Percent of Children In-Home vs. Out-of-Home with Risk Factors
Point in Time 3/15/2023
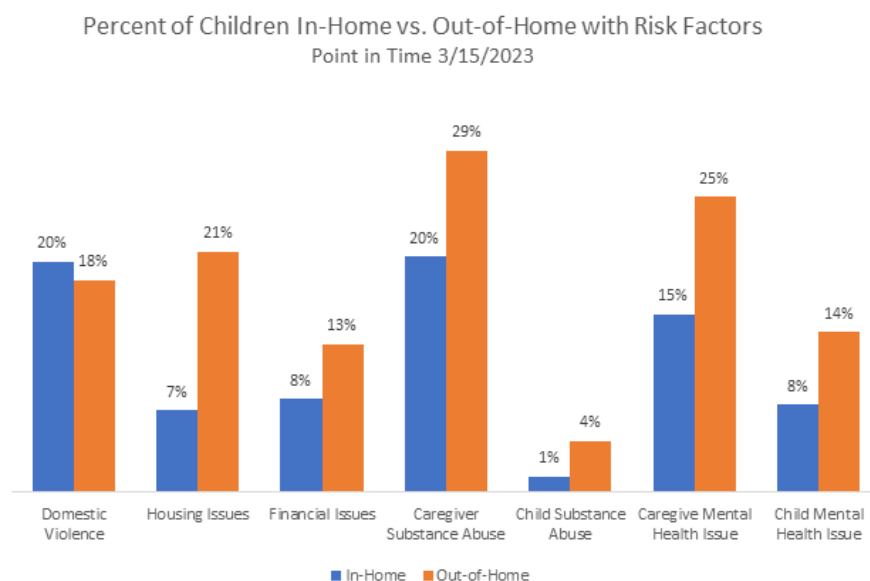
Point-in-time estimates derived from SDM Assessments completed within 12 months of the date of extraction.

As described in *Section 5: Update on Service Descriptions: Child and Family Services Continuum*, DCF is undertaking significant efforts to ensure that the entire service continuum is available, accessible, and adapted to the specific needs of these, and other populations served by the Department, and of high quality.

Throughout 2022, DCF sustained funding for programs aimed at strengthening families and preventing family separation, including: three evidence-based home visiting programs, Healthy Families America, Parents as Teachers, and Nurse Family Partnership, in all 21 counties; 57 FSCs; capacity for over 600 families in the statewide child welfare supportive housing program KFT; the statewide FPS and CPSAI; Mommy & Me residential treatment programming for mothers and their children, and the statewide network of domestic violence programming. DCF highlighted additional efforts below.

- Created in June 2020 through the New Jersey ACEs Funders Collaborative, a partnership comprising the Burke Foundation, the Nicholson Foundation, the

Turrell Fund and DCF, DCF's Office of Resilience (OOR) coordinates, facilitates, and hosts statewide initiatives related to raising awareness of, and creating opportunities to reduce or mitigate, ACEs through community-led efforts by supporting organizations who are new or currently pursuing trauma-informed initiatives. In 2022, the OOR executive director role shifted from being funded as an executive on loan to a DCF position. With the change in leadership came a shift in focus from ACEs to PACEs—positive and adverse experiences. OOR is responding to the community request to make PACEs science actionable through training and funding for innovative community-driven solutions. In 2022, OOR launched its first community funding opportunity focused on preventing and mitigating ACEs by offering microgrants to community-based organizations throughout the state to fund initiatives centered on building community and individual resilience. During the first round, DCF awarded microgrants to 23 organizations, and a second round is in progress. Additionally, funding has been made available to support year-long police/youth initiatives in at-risk communities. Finally, four partner organizations (the New Jersey Education Association, Court Appointed Special Advocates, Rutgers University and the Center of United Methodist Aid to Community/Smith Family Foundation) have contracted with ACEs Interface to develop cohorts of ACEs science trainers throughout the state and are providing PACEs training to CBOs. Another partner, Prevent Child Abuse America, is providing Connections Matter training, which is also trauma-informed, throughout the state.

- Throughout 2022, DCF maintained its existing home visiting portfolio comprising Nurse Family Partnership, Parents As Teachers and Healthy Families America, and continued work to build the universally accessible newborn home visiting network, as previously described.

- Throughout 2022, DCF continued the activities of the PRSS program, which makes peer recovery services available to parents and caregivers with suspected or confirmed moderate or severe substance use disorder diagnoses who have open child welfare cases. PRSS is available in all 46 local CP&P offices. In 2022, there were 957 parents/caregivers referred to PRSS services. Of those referred, 434 parents/caregivers enrolled in PRSS services.

- Throughout 2022, DCF participated with other State agencies in First Lady Tammy Murphy's Nurture NJ initiative, designed to combat racial inequity in infant and maternal morbidity and mortality.[50]

- In 2020, DCF was selected to participate in Round 2 of CB's *Thriving Families, Safer Children* initiative. In 2021, DCF's demonstration project, PFPC launched, relying on human centered design methods to develop new ways of working with families to co-design strategies of engagement and intervention in an effort to eliminate the need for family separation. The initiative focuses on families of children aged birth to five to support parents' ability to raise their children safely,

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together so that rates of family separation decrease, racial disparities in rates of family separation are eliminated, and kinship placements are used exclusively if family separation is needed. The target population for this effort was selected based on DCF's assessment of maltreatment and family separation data, which indicate the need for focused attention to families of young children. Through this effort, DCF engaged individuals with lived experiences to share leadership and help to design and imagine the future of child welfare in New Jersey. Phase I of this project took place from 2021-early 2023. Currently, DCF is launching the second phase of the initiative. Working with an anti-racist design firm, co-design participants will develop a "Welcome Baby Kit" while learning foundational design principles.

Supporting the Development, Enhancement, and Evaluation of New Jersey's Kinship Navigator Program

New Jersey's Kinship Navigator Program (NJ KNP) is managed by FCP's Office of Family Support Services. The NJ KNP model, which has been operating for 22 years, is currently being implemented by four contracted agencies in various regions of the state. Families can connect with their regional NJ KNP by contacting the NJ 211 helpline, the DCF website or reaching out to regional provider directly. Core NJ KNP program activities include outreach, intake and screening, information and referral, assessment and case planning, case plan check-in and discharge. One full-time and one part-time DCF staff are assigned to support this work. Between October 1, 2021-September 30, 2022, NJ KNP served 314 families in KLG and 2,663 families in Wraparound, for a total of 2,977 families served by NJ KNP. Below, DCF summarizes activities implemented during the Federal Fiscal Year (FFY) 2022 grant period, as well as plans related to the FFY 2024 grant. For summaries of activities related to earlier grant periods, see DCF's 2023 APSR.

Updates on Activities Implemented During FFY 2022 NJ KNP Grant

Under the FFY 2022 grant period, DCF continued to build implementation supports for its NJ KNP model and focus on program evaluation. Highlights include:
- Developed an effective, usable data collection mechanism for NJ KNP's programmatic and outcome data.
- Continued the program's feasibility assessment, in partnership with the Urban Institute, to determine program readiness for an impact evaluation in alignment with the requirements outlined in the *Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures*. The Urban Institute completed: testing the theory of change and logic model, understanding the target population, examining data quality, outreach, service referrals and outcomes consistent with the NJ KNP logic model, and exploring options for experimental and quasi-experimental designs.
- Produced a report and presentation, via the Urban Institute, for DCF and provider staff with findings and recommendations for expanding program reach, improving fidelity to the model and making additional program improvements.
- Continued data collection and analysis to support this effort consisted of document

review, focus groups discussions and interviews with NJ KNP staff and participants, analysis of existing programmatic data and analysis of child welfare administrative data to determine if an appropriate comparison group can be identified.
- Finalized the NJ KNP NJ Connex data system build, including testing and training of NJ KNP providers in use of NJ Connex for entry of programmatic and outcome data.

Figure 34

Teaming	• DCF continued to utilize the following teaming structure to attend to all aspects of NJ KNP program development: • Management Team – provides project management, convenes teams, manages work plans and deliverables, identifies, and addresses barriers, and provides regular communication to DCF Executive Management. • Evaluation Team – Manages, coordinates, supports, and provides oversight of consultant contract to create an evaluation plan, all necessary evaluation tools, and plan for development of DCF's internal capacity to implement monitoring of fidelity and outcome indicators. • KNP NJ Connex Team – Manages, coordinates, supports, and provides oversight of consultant contract to design and develop a data collection and reporting system specific to NJ's KNP to support evaluation and ongoing CQI efforts.
Implementation Supports Competency, Organizational, Fidelity	• NJ KNP providers received the NJ KNP manual and participate in electronic trainings relevant to their role in NJ's KNP (created in FY19 grant). • 100% of KNP Supervisors participated in web-based training modules, KNP Supervisors Coaching training. • DCF continued to design, buildout, test and launch NJ Connex, a web-based data collection and reporting system to align with NJ's KNP Evaluation Plan.
Evaluation Plan and CQI	• DCF partnered with Urban Institute to conduct a feasibility study to determine whether a rigorous impact evaluation of the NJ KNP is possible. • Urban Institute reviewed and refined the evaluation plan (created in FY19-20 grant) for the impact evaluation of the NJ Kinship Navigator Program • Urban Institute conducted a process study using interviews and analysis of administrative data. • Walter Rand Institute analyzed and produced a report of training evaluation outcomes including knowledge gained and trainee satisfaction.

Proposed Activities for the FFY 2024 NJ Kinship Navigator Program Grant

Building on the work that has been completed in the prior grant period and a now fully functional NJ Connex electronic data system for collecting providers' programmatic and outcome data, for the FY 2024 grant period, DCF proposes to focus on ensuring consistent fidelity to the NJ KNP model and shoring up data and evaluation infrastructure for NJ KNP, including clearly operationalizing, documenting and institutionalizing data quality assurance processes, continuous quality improvement processes and evaluation procedures. DCF will continue engaging in the steps required to move towards an evaluation that builds evidence in alignment with the requirements outlined in the *Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures.* Specifically, DCF plans to:

Figure 35

Teaming	• DCF will continue utilizing the following teaming structure to attend to all aspects of NJ KNP program development: • Evaluation Team – Manages, coordinates, supports, and provides oversight of consultant contract to create an evaluation plan, all necessary evaluation tools, and plan for development of DCF's internal capacity to implement monitoring of fidelity and outcome indicators.
Evaluation Plan, Data Quality Assurance Processes and CQI	• Analyze pre-post outcome data to assess the extent to which child and caregiver wellbeing, child permanency and access to services change during kinship families' participation in the program. Conduct analysis to determine outcomes of pre post needs assessment, protective factors assessment, empowerment and stability assessment. Conduct sub-group analyses to determine whether outcomes vary by families' race, income, caregiver relationship to child or other key characteristics. • In alignment with the continued roll-out of the NJ Connex data collection system, DCF will ensure data is entered into the system by NJ KNP providers consistently, reliably and with high quality through continuous data checking, feedback sessions with providers and documentation of data quality expectations and definitions, where needed. • In partnership with program providers, DCF will prioritize key performance indicators for NJ KNP to be assessed on a quarterly basis. • Build Tableau dashboards for sharing key performance indicators back with providers on a quarterly basis. • Develop quarterly CQI cycles in which DCF partners with providers to review key performance indicators, discuss implementation strengths and challenges, and identify improvement goals. • Secure constituent feedback through surveys and focus groups with caregivers.

Section 8. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Monthly Caseworker Visit Grants are provided to states to improve the quality of caseworker visits with an emphasis on improving caseworker decision-making on the safety, permanency, and well-being of foster children and caseworker recruitment, retention and training. In FFY 2022, DCF used the Caseworker Visit Grant to fund training and the implementation of the SBC certification process. SBC is an evidence-based, family-centered model for case practice. SBC priorities working in partnership with families, focuses on pragmatic solutions to difficult situations and notices and celebrates change. It is DCF's expectation that the integration of SBC into CP&P case practice will improve the quality of all caseworker and family interactions, including assessments, planning, teaming, visits and more. All CP&P caseworkers completed SBC training and are currently in various stages of the certification process, a critical component of CP&P's efforts to ensure that staff are SBC proficient and maintain fidelity to the practice model.

Additionally, this grant funded ongoing use of the Alert Media application, a safety application installed on staff members' mobile devices to use along with a tether to immediately notify the need for law enforcement assistance in emergency or life-

threatening situations. The application relays information about location of the caseworker for quicker emergency response. DCF also used these funds to purchase car seats for use by CP&P staff members to transport children.

In order to meet statutory performance standards and ensure the maximum benefit of CP&P support and services to children and their families, DCF policy mandates CP&P caseworkers make regular, in person, face-to-face visits with all children in open case status, their parents, and, if applicable, the out-of-home placement provider. Caseworkers visit with the child, his or her parents, and placement provider as frequently as necessary to implement all elements of the case plan and to achieve permanency.

During the Covid-19 pandemic, CP&P caseworkers were permitted, in certain circumstances, to use virtual visits with families. For information on the various guidelines issued during the pandemic regarding caseworker visitation, see DCF's 2023 APSR. The most recent guidance, effectuated in March 2022, directed in-person caseworker visitation and allowed for staff to conduct remote visits for low or moderate risk cases only if approved by the supervisor in specific instances where that staff member is approved to work remotely due to individual circumstances, i.e., tested positive for COVID and the visit cannot be rescheduled for later in the month.

Section 9. Adoption and Legal Guardianship Incentive Payments

As described in *Section 5, Service Descriptions: Child and Family Services Continuum*, DCF undertook a comprehensive assessment process to identify necessary changes, i.e., continuation, expansion and/or uptake of new programming to its array of core services. During that process, DCF identified service improvements and expansions to take place beginning in SFY 2023 and continuing forward. DCF is using programmatic plans as roadmaps for practice reform and service improvement. In SFY 2023, DCF used Adoption Incentive payments to improve DCF's ability to track, manage and support resource work operations through the integration of new software with DCF's CCWIS and LIS. DCF will use Adoption Incentive dollars to fund some of these initiatives, including, but not limited to, a new transitional living programming for older youth expected in SFY 2023, coaching and training related to peer mentoring for older youth expected in SFY 2023, and a continuum of family support programming for families involved with CP&P, including parents with children at risk of placement, resource caregivers and older youth in placement, expected in SFY 2024. DCF will report on actual expenditures for FFY 2023 and FFY 2024 in its 2025 APSR.

Section 10. Adoption Saving Expenditures

As described in *Section 5, Service Descriptions: Child and Family Continuum*, DCF undertook a comprehensive assessment process to identify necessary changes, i.e., continuation, expansion and/or uptake of new programming to its array of core services. During that process, DCF identified service improvements and expansions to take place beginning in SFY 2023 and continuing forward. DCF is using programmatic plans roadmaps for practice reform and service improvement. DCF will use Adoption Savings dollars to fund some of this work.

Most significantly, using Adoption Savings payments, DCF is in the process of standing up a new high quality and sustainable Adoption and Kinship Guardianship Clinical Services program, inclusive of new provider contracts, model developer support and consultation, and evaluation. This program will offer in-home, evidence-based clinical services to youth and their adoptive and kinship families to support identity, attachment, and family formation, and to reduce trauma associated with the alternative permanency process. 50% of the program will be directed at youth and their prospective adoptive and kinship families pre-adoption with the goal of supporting a stable and permanent adoption arrangement. 50% of the program will be directed at youth and their adoptive and kinship families post-adoption. In April 2023, DCF issued an RFP for program providers and a Request for Quotations for consultative services to support the implementation of Dyadic Development Psychotherapy within the program. It is anticipated that contracts will be awarded in June 2023. In addition, DCF will utilize Adoption Savings payments to fund new services, inclusive of new provider contracts and model developer support and consultation and evaluation, within its continuum of family support programming for families involved with CP&P, including parents with children at risk of placement, resource caregivers and older youth in placement. DCF will report on actual expenditures for FFY 2023 and FFY 2024 in its 2025 APSR.

New Jersey is not required to complete the Adoption Savings Methodology form as New Jersey will not be changing the calculation method.

Section 11. Family First Prevention Services Act Transition Grants

In 2021, DCF advanced FFPSA planning activities, ultimately submitting a draft five-year prevention strategy for review by ACF in April 2023. Using FFPSA Transition Grant funds, DCF procured an IT consulting firm in Fall 2021 to support short- and long-term information technology planning necessary to support development of data architecture required for FFPSA claiming and reporting. This contract continued through 2022. Future expenditures are likely to include costs associated with implementation, i.e., model developer support and consultative services, as well as additional data infrastructure, and monitoring of EBPs that will be incorporated into the service array.

Section 12. John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program)

Agency Administering Chafee

DCF continues to administer and supervise the implementation of the John H. Chafee Foster Care Program for Successful Transition to adulthood (Chafee program) and plan statewide. DCF's OAS, which is housed within CP&P, leads training, case practice, and policy initiatives related to serving Chafee eligible youth. In addition, all National Youth in Transition Database (NYTD) activities and Chafee services contracted through service providers are monitored by OAS.

DCF's FCP manages several programs related to adolescents and transition aged youth. FCP's Office of Housing serves as the central hub for the Department's housing programs and related services, including adolescent housing. FCP's Office of Family Preservation and Reunification works in partnership with CP&P to develop, manage and provide oversight of contracted services for children, youth and families involved with child welfare. As such, some of the non-housing contracted Chafee services are overseen by this office, including life skills and the Pathways to Academic and Career Exploration to Success programs. OAS works collaboratively with divisions and offices across the Department to ensure that the implementation of the Chafee plan is coordinated, and meeting intended goals.

Description of Program Design and Delivery

Program Design and Structure

New Jersey's Chafee program is driven by the Youth Thrive protective and promotive factors framework to promote healthy development and wellbeing of youth. This framework emphasizes the importance of developing and strengthening social connections, youth resilience, knowledge of adolescent development, concrete supports in times of need, and cognitive and social-emotional competence. Youth served through the Chafee program receive flexibly designed support and services through child welfare and community-based provider staff who are knowledgeable and trained in Youth Thrive. This shared practice lens incorporates and aligns with the tenets of positive youth development to support youth's goals related to interdependence, self-sufficiency, and healthy lifestyles as they transition to adulthood.

The Chafee program includes a range of policy, practice, and service supports delivered through child welfare casework and community-based provider staff. These supports are identified in the Transitional Plan for Youth Success (TPYS) that is completed every six months with youth in foster care settings starting at age 14. The TPYS seeks to develop goals and objectives that are youth-driven and informed by the Casey Life Skills Assessment (CLSA). The TPYS also identifies the youth's self-identified recent accomplishments, strengths, interests, and future goals. Child welfare casework staff is responsible for assisting youth in completing the TPYS. A youth identifies individuals to participate in the development of their TPYS who can support their goals and objectives. The child welfare caseworker facilitates this teaming process to ensure the youth is linked with and/or empowered to seek out necessary services and resources to best support the implementation of the youth's plan.

During 2022 and 2023, OAS worked with the CP&P leadership to incorporate the TPYS into the SBC Case Plan/Family Agreement. Integrating the adolescent planning information into the SBC case plan/family agreement will ensure planning with youth for continuity as the Department implements the SBC practice model.

Youth are offered Chafee funded services and supports, as well as other services that are funded through a variety of other state and federal resources. See Figure 42. This

broad service and support array aims to fulfill Chafee program requirements and leverages other service systems and community-based programs to address youth needs holistically and comprehensively. Available services are offered to youth based on an assessment of their needs and include skill development, housing, education, and career development assistance, as well as financial assistance. Services available for adolescents that aid in their preparation for adulthood are a part of the larger service array available for adolescents in care, regardless of permanency goal.

Division X: Supporting Foster Youth and Families through the Pandemic Act

In October 2022, New Jersey received approximately $3.57 million in supplemental Division X funding through ACF for DCF's Chafee program. For information on DCF's use of these dollars during FFY 2020 and 2021, see DCF's 2022 and 2023 APSR. During FY 2022, this funding allowed DCF to support the Chafee purposes in the following areas: education, food, health and wellness, housing, transportation, recreational and technology. Eligible 14–21-year-old youth and young adults could request funding to support their goals related to any of the aforementioned areas. Of the remaining $2.4 million dollars at the onset of this reporting period, approximately $2.26 million dollars were used towards direct assistance to young people. The funding was used to assist youth in pursuing post-secondary education, travel, purchase equipment to support their hobbies, driving lessons, furniture, and many other items. Related to housing, the Division X funds were used to assist young people with a variety of housing related expenses, including application fees, security deposits, rent and back rent. Figure 36 includes data on the distribution of Division X funding during 2022.

Challenges in disbursing the funds included the process of contracting with a community provider, being able to utilize the money by the deadline and helping the contracted provider navigate financial restrictions on making multiple purchases on behalf of the young people. This process highlighted the need for flexibility when making funding is available for young people, as well as the need for a process and mechanism for staying connected to young people with regular communication as they age out of care, both to share information about programs and services and to hear about needs.

Figure 36

		14 to 17	18 to 23	Grand Total
Female	Black/ African American	37	163	200
	White	17	84	101
	Hispanic	41	115	156
	Multi-Racial	5	17	22
	Another Race/Unable to Determine	1	5	6
	Total	101	384	485
Male	Black/ African American	42	103	145
	White	17	64	81
	Hispanic	23	75	98
	Multi-Racial	2	6	8
	Another Race/Unable to Determine		5	5
	Total	84	253	337
Grand Total		185	637	822

Youth Voice, Leadership, and Advocacy

Since 2001, DCF has supported youth advisory initiatives to promote youth voice and provide input to DCF, while also teaching life skills, promoting peer networking, encouraging engagement in community, and providing youth with a platform to share feedback about their experience in foster care. For information on the Youth Council, see *Section 1, General Information on DCF's Collaboration Efforts*, and *Strategy 2*, below. OAS met with the DCF Youth Council to obtain feedback in several areas including: contracted adolescent services, support received from child welfare staff, ideas around the structure, design and focus of the Adolescent Networking Conference, and providing feedback on a survey for parenting youth. More recently, OFV hired a Youth Engagement Advisor that has lived experience and leads efforts to solicit youth voice, including the Youth Council. In addition, DCF is working with youth to identify possible changes that can be made to the New Jersey Foster Care Scholars (NJFCS) program to better support youth who pursue post-secondary education and training. From the discussions with young people, OAS learned that improvement is needed in ensuring youth are aware of the services and supports that exist while they are in care and after they transition from care.

Strengthening New Jersey's Chafee Program 2020-2024

The 2020-2024 Chafee Plan

New Jersey's 2020-2024 Chafee Plan outlines several important and ambitious changes that seek to improve and strengthen policy, practice, support, and service delivery informed by and provided to Chafee eligible youth. All strategies outlined below now have a clear workplan with timeframes for completion of key activities. Details regarding benchmarks for success and strategies for accomplishing activities were also finalized in the workplan this past year.

Strategy 1: Create Statewide Chafee Advisory Group

Fiscal Year 2023 Update: Strategy 1

The Chafee Advisory Group (CAG) continues to meet to discuss updates and provide feedback on the nine strategies and activities in the Chafee/Education Training Voucher (ETV) plan. The CAG met three times in 2022 and one time, thus far, in 2023. The agendas and minutes from each of the Statewide Chafee Advisory Group meetings are publicly posted on DCF's website, providing the public with ongoing information regarding the implementation of DCF's Chafee Plan. After receiving the advisory from the U.S. Surgeon General on protecting youth mental health, DCF dedicated the December 2022 CAG meeting to share and discuss how youth with mental health needs are being supported. The programs and services offered through the CSOC, including the Six Core Strategies with the NHA, the DREAMS Project, Zero Suicide and

the 0-5 Infant Mental Health initiative were discussed. In addition, suicide prevention information and resources were shared with the CAG.

Strategy 2: Continue to elevate youth voice

Family and youth voice are prioritized as a value and core approach to implement DCF's strategic plan. New Jersey's Chafee Program continues to enhance efforts to promote youth voice through the activities below. DCF:

a) developed a statewide Youth Council that will provide feedback to the system regarding changes and enhancements needed to DCF's programs and services. This was completed in January 2020.
b) Will develop a training for youth and youth serving adults that will support young people in various roles, e.g., workgroups, task forces, panel presentations, councils, committees, to appropriately prepare and receive support regarding strategic sharing and using their own lived experience in a healthy way to help inform systems change and enhancement. This is expected around June 2024.
c) Partner with relevant stakeholders to develop strategies to ensure that youth in foster care are informed of, prepared for, and attend their family court hearings. This is expected in December 2023.
d) Increase opportunities for youth with lived experience to serve as peer supports for youth currently in care. This is an ongoing activity.
e) Increase opportunities for youth with lived experience to be included in training initiatives, e.g., informing curriculum, serving as trainers. This is an ongoing activity.

Fiscal Year 2023 Update: Strategy 2

The Council's feedback and expertise continues to be used to improve existing programs and planning, determine what new supports and services may be necessary, identify how best to achieve positive outcomes, and evaluate system reforms. For details on the accomplishments of the Youth Council and the three subcommittees, see *Section 1, General Information on DCF's Collaboration Efforts*. In addition, since members of the Youth Council serve in staggered two-year terms with new appointments made annually, the OFV is currently recruiting Youth Council members to serve for the 2024 – 2025 term; applications close in June 2023.

Strategy 2a - Increase opportunities for youth with lived experience to serve as peer supports for youth currently in care

The Youth Council continued to work on the P2P mentoring program. As described earlier in this report, New Jersey's peer mentoring program, EnlightenMENT, codesigned with the Youth Council and DCF, was launched to provide young people, ages 14-21 and in the care of CP&P, with peer support through trained professional staff and credible messengers who themselves have lived experience in New Jersey's child welfare system. Over the past three years, council members were involved in the entire process from creating the vision for the program, to reviewing the RFP, to developing the program

manual, and saw the program come to fruition in 2022. Three regional P2P programs now operate in selected counties in the southern, central, and northern regions of the state. The program ensures that youth entering care have someone they can go to for advice and guidance on navigating the foster care system from the perspective of another youth with similar lived experience. This is supported by a practice model that aligns with the subcommittee's vision. The subcommittee members continue to provide their lived experience expertise in areas such as hiring protocol, referral process, model design, and training and coaching to name just a few.

Strategy 3: Design and Implement Changes in Chafee Program Philosophy

DCF has made great strides to improve policy, practice, and programming to comprehensively serve youth in foster care. The Youth Thrive framework includes the importance of relationships, understanding of adolescent brain development, trauma-informed care, and youth voice. However, through quantitative and qualitative reviews, additional considerations to effectively serve youth in foster care are essential.

Race Equity Informed Policy, Practice and Programming: DCF acknowledges and is concerned about the disproportionate number and disparate treatment of African American/Black and Hispanic/Latino youth in foster care. DCF is embarking on broader efforts to address institutional and systemic racism. The Chafee program will more closely examine these inequities and include a race equity informed lens to update and enhance policy, practice, and programming to youth in foster care.

Healing-Centered Engagement: Trauma-informed care has been and will continue to be an important and meaningful approach to serve children, youth, and families in the child welfare system. However, there is a recognition that those served also need to thrive and not just survive. Trauma-informed care has important considerations regarding understanding and helping individuals cope with trauma. DCF seeks to go beyond coping, and truly helping those we work with to heal. Often youth in foster care are in survival mode and just getting by. Our goal is to help youth in foster care to recover and thrive through healing. Chafee program changes during 2020-2024 will move beyond asking "what's happened to you?" to "what's right with you?" to meet young people where they "dream."[51]

Fiscal Year 2023 Update: Strategy 3

To assist in meeting strategy 3, OAS is tracking the Department's work of the RESC and on healing-centered engagement, which is focused on preventing ACEs and promoting resilience. During last fiscal year, primer documents on each prong of the philosophy have been drafted and intended to be used by CAG members to inform and drive the Chafee strategy teamwork. DCF provided the opportunity for staff to participate in the Healing Centered Engagement Certificate program. Three OAS members completed the

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[51] https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c

program in March 2023. The information learned will be integrated into practice, policy and programming. In addition, The DCF's DEB will assist in a review of adolescent policy to ensure that it is equitable for our adolescents and young people.

Strategy 4: Promoting Kinship Care, Permanency, and Connections

DCF's 2017 CFSR results indicated a need to improve efforts to achieve permanency for youth in foster care. The CFSR Performance Improvement Plan includes strategies regarding strengthening concurrent planning practices, DCF's relationship with judiciary staff, and promoting kinship care. The Chafee program will be strengthened to also support these efforts by:

a) Developing a formalized process and create resources, i.e., bench cards, to train and increase knowledge of judiciary staff regarding the unique needs of adolescents and young adults in foster care. This information will include updated policy, practice, and program information impacting youth in foster care. This is expected in December 2023.
b) Supporting youth in kinship care through system and direct service intervention strategies that support both the youth and their kinship caregiver. This was completed December 2020.
c) Updating life skills services for youth through reimagining age-appropriate skill development within the context of family, peer, and community relationships. This reimagined service may help to promote emotional and legal permanency. This is expected by July 2024.
d) Refining efforts to ensure that youth in foster care experience age and developmentally appropriate activities that will assist in building and strengthening relationships in their home, promote stability, and support efforts towards legal permanency. This was completed September 2021.

Fiscal Year 2023 Update: Strategy 4

In March 2022, OAS completed its work with Mathematica, which provided consultation for facilitating a short-term process using human-centered and evidence-informed approaches to refine and revise services and supports for transition aged youth. This framework and the process for designing and carrying out program changes is called Learn, Innovate, Improve (LI2). ACF, and several state human services agencies. The LI2 framework is being used to update life skills, with a focus on the Youth Thrive protective and promotive factors, so that appropriate skill development within the context of family, peer, and community relationship can happen. Because there are other programs, i.e., Pathways to Academic and Career Exploration to Success (PACES) and LifeSet that support older adolescents, the new intervention will be for adolescents ages 13-17.

An implementation team, comprised of young adults with lived experience and representatives from DCF and the Center for the Study of Social Policy, was developed to work with Mathematica to go through the Learn and Innovate phases. The team identified the Youth Thrive Protective and Promotive Factors that would be integral to the proposed intervention, identified outcomes and specific areas that would be included or

focused on through the model. In addition, the team researched existing models that were similar to what the group is interested in offering. The proposed intervention, which centered around a concierge/navigator model, was shared with the DCF Youth Council for feedback. Mathematica will provide DCF with a guidebook that outlines the LI2 steps taken, the information gathered and a recommended pathway for moving forward to finalize the intervention and begin testing. DCF is exploring the most optimal ways to move forward with improving life skills programming provided to adolescents.

Strategy 5: Services for Young Adults 18+

At the time DCF's CFSP was developed, many of DCF's services for young adults rested on program models that have not been updated in over a decade. DCF therefore undertook efforts to strengthen the Chafee program by:
   a) Reviewing and updating the housing program model for youth 18+. This is expected in December 2023.
   b) Reviewing and updating aftercare services for youth 18+ to more comprehensively support a youth's transition to adulthood. This was completed July 2021.

Fiscal Year 2023 Update: Strategy 5

Aftercare Services for Youth 18+: DCF began piloting the LifeSet model in October 2020. Four contracted providers throughout the state have been serving young people in LifeSet since its launch. Since launch, LifeSet in New Jersey has served over 448 unduplicated young adults. The Second Annual Key Performance Indicators show that over 80% of youth are discharging with a safe place to stay, almost 80% are discharging with employment. Close to 70% had completed or were actively pursuing educational opportunities at discharge and 99% of youth have avoided legal involvement or arrests during their time in LifeSet.

One aspect of participating in the pilot of the LifeSet program in New Jersey included a randomized control trial evaluation to learn about the effectiveness of the LifeSet intervention. This evaluation, which began in August 2021, is called the Young Adult Services Study (YASS). In March 2023, the evaluation team completed random assignment, having over 384 youth assigned to the treatment group receiving a LifeSet referral and 277 youth assigned to the control group continuing in or beginning DCF services as usual. The evaluation team will track those youth assigned to both groups in order to complete follow up surveys with them 24 months post random assignment. It is hoped that the lessons learned through YASS will improve services for youth here in New Jersey and across the country.

The LifeSet provider agencies went through their second Annual Program Model Review with Youth Villages at the end of 2022. For the second consecutive year, all four providers were above the 80% required threshold indicating they are all implementing LifeSet to model fidelity. The model review included interviewing LifeSet participants to get their feedback on the program, goals, and how they felt the program was helping them. Below are two quotes from young people in LifeSet.

- Q- Do you feel you have a better support system in your life since being enrolled in the LifeSet program? A- "Definitely. He's come in clutch a lot since I've been back home. We've talked through supports, and he's helped me navigate every bond/relationship and the ups and downs that come with them. He'll help me calm down when I get frustrated with other people."
- Q-What do you think your biggest accomplishment has been since being enrolled in the LifeSet program? A-"I would say it is everything. I went from having nothing at the start and now I have a house, got a good job, and I'm back in school. Things are on track for me right now with the program helping."

DCF also developed a video that highlights a young person who was involved with the LifeSet program.[52] In the video, the youth discussed her involvement with LifeSet, how it benefited her and how it may help other youth involved with DCF. The video and other program information is being shared with youth who are eligible for the program.

Housing for Youth 18+: DCF's OOH implements a youth housing continuum with a capacity to support over 450 young adults across transitional living programs and supportive housing interventions. The majority of youth housing programs can be centrally accessed by youth across the state via the AAH.

DCF's OOH collaborated with the Camden and Newark Housing Authorities to submit successful applications for the Office of Housing and Urban Development (HUD) Foster Youth to Independence (FYI) Initiative. Each team was awarded funding to support 25 housing vouchers in their jurisdictions. Through cross system collaborations, that included the CoCs, service providers, CP&P and OOH staff, several youth across both counties have submitted voucher applications. DCF continues to pursue similar partnerships in several other communities with the intention to increase youths' access to safe, affordable and age-appropriate housing options.

The two biggest challenges to successful implementation of the FYI pilot are consistent funding for support services and location of housing units. The HUD initiative provided funding for vouchers, but did not earmark resources for supportive services, i.e., case management, housing navigation etc. Consequently, Housing Authorities partnered with existing social service agencies to assist. Over time, however, these community partners have indicated they no longer have the funding capacity to provide support services without additional resources.

With New Jersey's rental vacancy rates at historic lows and North Jersey, where one of the two FYI pilots are located, being ranked the most competitive rental market nationally, securing housing is increasingly daunting. The result has been extreme difficulty in identifying and leasing units with young people. Despite the noted challenges, OOH continues to partner with community stakeholders to support youth in successful lease.

DCF continues to refine the Connect to Home (CTH) model. The CTH logic models have

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[52] https://www.nj.gov/dcf/adolescent/lifeset.html

been tailored to all DCF youth supportive housing initiatives to ensure provider partners understand the foundational basis of the intervention and its desired outcomes. DCF expanded the CTH model to include 16 additional vouchers and supportive services in the Monmouth and Ocean County areas. This expansion furthers housing access to youth 18-21 years old with foster care histories who are unstably housed.

Strategy 6: Marketing Chafee Services to Eligible Youth

In recognition of the evolving nature of preferred methods of communication for youth and young adults, DCF will develop an innovative strategy to market Chafee services. Activities to revise and refine marketing strategies include:
   a) Developing and implementing a strategy to market Chafee services to newly eligible youth that achieved reunification 14+. This was completed in August 2022.
   b) Refining and implementing marketing strategies of Chafee services to eligible youth whose child welfare cases are closed. This was completed in August 2022.
   c) Comprehensively reviewing the possibility of providing services to adolescents who are not in placement but involved with child welfare to prevent placement. This is expected in December 2023.
   d) Reviewing Medicaid continuity of coverage. This was completed 2022.

Fiscal Year 2023 Update: Strategy 6

CSOC's OIHW develops and administer programs that deliver quality prevention, intervention, primary care, and healthcare management services that promote the safety and well-being for children and families. Some of the responsibilities of this office are child and family health, adult and youth substance use, suicide prevention and Medicaid. As such, the Office is leading the Medicaid continuity of coverage initiative for DCF. This initiative includes the requirement for Medicaid be offered to eligible young adults formerly in foster care who move to a new state and who have turned 18 on or after January 1, 2023. Some states may opt to cover youth who have already turned 18 and meet all other eligibility criteria. The youth may need to provide documentation of eligibility to the state in which they reside, including a termination of service letter provided by DCF. Updates have been made to the NJYRS website to guide young adults moving out of state on how and where to apply in the state they are currently residing. OIHW is also building a portfolio on each state's Medicaid vendor and the application process to share.

Initial efforts have begun to analyze the existing framework supporting Medicaid for former foster youth and collaborating with the state's Medicaid agency, the Division of Medical Assistance and Health Services (DMAHS). Ongoing meetings are held with DMAHS to identity the process and platform that will be utilized. Once finalized, enrollment guidelines and outreach efforts will be developed to share with eligible current and former foster youth about applying for Medicaid in other states. This resource will include information on documentation needed to determine eligibility as a young adult formerly in foster care, application websites and contact information for each state.

Strategy 7: Technology

As described earlier in this report, in 2015, a youth-specific website, NJYRS was launched. Activities to meet the ever-changing needs of technology services within the Chafee Plan include:
   a) Updating the content and functionality of the NJYRS website. This was completed in June 2022.
   b) Developing a mobile application specific to youth in foster care to help them navigate the foster care system, understand their rights, and get connected to available resources and supports. This is expected in September 2023.
   c) Posting NYTD data on public DCF and NJYRS websites. Send notifications through DCF listserv when data is posted. This is expected in Summer 2023.
   d) Developing online access for youth to complete the NYTD Follow Up survey This was completed in October 2022.

Fiscal Year 2023 Update: Strategy 7

The Youth Council's NJYRS Subcommittee works with DCF's OAS, OIT, Office of Communications, as well as NJOIT, to update the design and content of the NJYRS website to make the site more youth friendly. The subcommittee meets weekly and has written content for the website in language aimed at connecting other youth to resources for education, life skills, housing and much more. Members created new content for Individualized Education Plans, sexual health, immigration, court experience, Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual (LGBTQIA+), and more. The site is also updated to highlight new and important initiatives on the front page. The subcommittee members applied new skills and took on additional tasks in writing content about resources that resonated with them and their personal experiences. After the launch of the website, the subcommittee created flyers and designed window clings containing the QR code to more easily access the NJYRS resource. Next, resource cards will be created and distributed to young people entering care.

New Jersey's Process for Sharing the Results of NYTD Data Collection

DCF has shared the results of the NYTD data collection with contracted service providers over the last several years using the data snapshots created by the CB. DCF has discussed both the ILg services data using information from FFY 2013-2017, as well as the outcomes data from surveys using information from cohorts one and two. In addition, NYTD is shared with child welfare staff, from frontline workers to leadership.

2020-2024 NYTD Data Sharing Plan

To share the NYTD data with a broader cross section of stakeholders, DCF plans to:
   a) Develop a NYTD data project plan that provides ongoing information and data analysis of available NYTD data that can then be shared with stakeholders

ongoing. This was completed in December 2021.

b) Post NYTD data on the public DCF and NJYRS websites. Send notifications through the DCF listserv when this data is posted. This is expected in Summer 2023.
c) Share NYTD data and information with the Statewide Youth Council. This is expected in Summer 2023.
d) Incorporate NYTD data into all presentations and trainings, i.e., presentations to court staff, ongoing adolescent trainings, meetings with providers. This began in Fall 2021 and is ongoing.
e) Include NYTD data in any DCF CQI activities/presentations when possible, i.e., Child Stat, Qualitative Reviews. This began in Fall 2021 and is ongoing.

Fiscal Year 2023 Update – NYTD Data Sharing

Please see updates in the *Using Data to Measure Success and Improve Service Delivery to Chafee Eligible Youth* section, below.

Strengthening NYTD Data Collection 2020-2024

DCF created a Child Welfare Information System/NJ SPIRIT interface for community-based providers to enter NYTD Independent Living Services that are provided to youth/young adults. This will assist in improving the quality of the data that is collected. Other strategies to strengthen NYTD data collection will be addressed through the Data strategy team. DCF will:

a) Work to create a system to capture NYTD Independent Living Services being provided by resource parents as well as child welfare staff. This is expected in January 2024.
b) Incorporate reviewing NYTD data during case record reviews during contract monitoring site visits with service providers to ensure that services are being provided as well as verify documentation for those services is in the youth's record. This was initiated and is ongoing.
c) Develop online access for youth to complete the NTYD Follow Up survey to improve access to and number of youth that complete the survey. This was completed in January 2022.
d) Develop a quality assurance process to ensure timeliness of data collection and submission, update NYTD policies as needed, and make any necessary improvements or changes. This is expected in Fall 2023.

Fiscal Year 2022 Update: NYTD Data Collection

DCF's efforts to create a system to capture NYTD independent living services data and to develop a quality assurance system were delayed due to the COVID-19 public health emergency. They will resume within the next year. DCF continues to review NYTD data within contracted service provision through its review of contracted services, which takes place at least quarterly, as well as during the semi-annual site visits with providers. Additionally, DCF researched online portals and systems in use in varied jurisdictions for

the NTYD follow-up survey. In the next year, DCF will undertake a feasibility assessment to determine which system is best for use in New Jersey.

Using Data to Measure Success and Improve Service Delivery to Chafee Eligible Youth

DCF is analyzing the NYTD data along with risk and protective factors to determine 1) the factors associated with incarceration, homelessness and adolescent parenthood among youth transitioning out of foster care, 2) the factors that may be associated with the completion of high school and obtaining full or part time employment among youth transitioning out of foster care and 3) to what extent participation in Chafee services influences incarceration, homelessness, adolescent parenthood, completion of high school and employment among youth transitioning out of care. Youth who completed the NYTD survey and received at least one NYTD service contribute to this data.

Specifically, DCF is analyzing NYTD Cohort 3 (2017-2021) data to examine the following:
- What trends in homelessness, incarceration, and parenthood can be observed among youth who participated in all NYTD survey intervals?
- What trends in educational advancement and employment can be observed among youth who participated in all NYTD survey intervals?
- What youth characteristics, if any, are associated with homelessness, incarceration, and adolescent parenthood?
- What IL services are commonly accessed by youth?
- What IL services, if any, are associated with homelessness, incarceration, and adolescent parenthood?

NYTD data has been shared with providers, the Chafee Advisory Group, and other internal stakeholders, including child welfare workers. In addition, a NYTD brief will be posted on the DCF website and on the NJYRS website.

Outside of ongoing NYTD data collection and analysis, DCF will include additional youth specific data to help inform the Chafee program. This will include data from record reviews, qualitative reviews, New Jersey's Child Welfare Data Hub, education related data through DOE, and other available data. This work will be led by DCF and reviewed and informed by the Chafee Advisory Group.

Fiscal Year 2023 Update

During this reporting period, DCF analyzed NYTD data, as well as other adolescent data the Department captures and created presentations, data visualizations and data briefs to share with internal and external stakeholders. Additionally, the Program Evaluator is designing and participating in continuous quality improvement processes related to DCF adolescent programs and services.

Serving Youth Across the State

Ensuring that the Chafee Program will Serve Youth Statewide

New Jersey has a state administered child welfare system through nine Area Offices and 46 Local Offices within CP&P. All governing policies and practices are administered through a centralized statewide authority. All youth that experience out-of-home care are recipients of services to secure permanency and establish strong pathways to healthy interdependence. CP&P operates rigorous CQI systems that ensure staff receive quality pertinent training, that resources for youth and families are robust and available, and that all efforts for an adolescent to achieve permanency are exhausted prior to case closure.

Chafee services are offered statewide; however, they are primarily located in areas of the state or county with higher concentrations of youth. Some services, such as housing, are not located in every county, but are accessible to youth from across the state. New Jersey has urban, suburban, and rural areas and as such, services may vary due to differences in transportation infrastructure, population density, and/or cost of renting or owning a property to offer services.

Through the Youth Council, the Youth Advisory Network (prior to the contract ending) and meetings with child welfare staff and contracted providers, feedback is received regarding existing barriers youth experience when accessing services, as well as how experiences in receiving services may differ by county or region.

Data Informing Service Variation by Region or County

For the 2020-2024 Chafee program plan, DCF plans to analyze NYTD data by county to detect differences in services provided. In addition, and as referenced in the *Using Data to Measure Success and Improve Service Delivery to Chafee Eligible Youth* section, below, a plan has been proposed to use multiple data sources to review and analyze youth specific data to inform the Chafee program and services. As DCF reassesses current supports and programming to update and enhance service models, see the *Strengthening New Jersey's Chafee Program 2020-2024* section, above, data will be reviewed from a variety of sources. This analysis will help determine how services may look different or are designed differently across the state.

Serving Youth of Various Ages and Stages of Achieving Independence

As noted in *Section 5: Update on Service Descriptions: Child and Family Services Continuum*, DCF is implementing strategies to achieve service excellence, including services for youth of various ages and stages of achieving independence, to address concerns related to availability (targeted for special populations, etc.), accessibility (service gaps, waitlists, access for neighboring counties, more language availability, etc.), acceptability (individualized services, etc.), and quality. The strategies outlined there will also target Chafee program services and supports.

Targeting Chafee Program Services and Supports

New Jersey extended foster care to age 21 in 2004. During 2015-2019 there were training enhancements, e.g., Youth Thrive and LGBTQIA+ services, and updates to planning resources, e.g., Transitional Plan for YOUth Success, for child welfare casework staff and community-based providers. Through new training and updated planning resources, staff and providers are better able to engage, assess, and plan with youth in a developmentally appropriate and informed way.

Youth in foster care often have needs related to mental health, substance use, and domestic and/or interpersonal violence. There are several services that continue to work with our young people who are no longer in care, including housing services, LifeSet, PACES and NJFCS. Through these programs, DCF shares information about resources and services, including mental health resources, that are available for young people. In addition, there is information on mental health on the NJYRS website. DCF is developing a plan to have more intentional and structured connection to and communication with youth who are and/or were in foster care to hear about identified needs and challenges and to share information about existing or new resources and services.

DCF will continue refining efforts to provide services to meet these needs through leveraging and improving existing resources offered by DCF's Office of Clinical Services, e.g., the child health nurse program, CSOC, e.g., mental health and substance use supports and services, and DOW, e.g., domestic violence supports and services. These efforts will be coordinated with DCF's 2020-2024 Health Care Oversight and Coordination Plan. DCF is in the process of developing a stakeholder informed plan to review supports and services currently available and utilized, while also identifying areas that need to be strengthened and tailored to meet the needs of youth in foster care. Please refer to Figure 39 regarding eligibility for benefits and services, which outlines Chafee specific services and additional services offered through DCF that can support Chafee eligible youth.

Additionally, a strategy team related to youth experiencing mental health, substance use and/or who are victims of domestic violence is being created. The team has not yet been developed and is delayed due to the COVID-19 pandemic; it is estimated that the stakeholder informed plan will be completed by December 31, 2023.

DCF also recognizes that expectant and parenting youth, including young fathers, require unique services and supports to support their role as a parent while also developing as a young adult. Through 2020-2024, DCF will update and improve policy, practice, and programming to best meet the needs of these youth to promote successful parenting and prevent maltreatment with their own children. In an effort to provide support for expectant and parenting youth, the Expectant and Parenting Youth preliminary plan has been developed. The plan includes a review of policy and training, data collection, out-of-home programming, and practice and resources. The plan was discussed with and shared with the Chafee Advisory Group, as well as other internal and external stakeholders for feedback and input, including youth and young adult parents in care.

DCF's is collaborating with staff from ARE to review national research and literature on parenting young people in care (PYPIC) to inform the topics and questions of its PYPIC survey study. PYPIC's survey data will guide DCF in updating and improving its policy,

practice, and programming to best meet the needs of young people and their children. The survey will be administered to parenting young people in Summer 2023.

The Chafee program will be strengthened by using a race equity informed lens to update and enhance policy, practice, and programming for youth in foster care. These efforts will explore strategies to tailor practice and Chafee services to ensure all youth receive fair and equitable treatment and receive support and services that are culturally informed and appropriate. There will also be improved efforts to use data to inform CQI in the delivery of Chafee services. Figures 37 and 38 include data on the number of youth in foster care by county from 2017-2021, ages 14-17 and 18-21.

Figure 37

Youth in Foster Care Ages 13-17, 2017-2021 Source: NJ Child Welfare Data Hub					
County	2017	2018	2019	2020	2021
Atlantic	49	46	43	45	34
Bergen	49	36	28	24	23
Burlington	51	55	45	32	25
Camden	108	100	113	84	73
Cape May	28	30	21	15	16
Cumberland	53	47	41	34	31
Essex	178	179	147	112	95
Gloucester	68	68	51	47	45
Hudson	78	65	59	48	35
Hunterdon	<10*	<10*	<10*	<10*	<10*
Mercer	80	59	54	44	44
Middlesex	69	40	45	45	39
Monmouth	68	58	36	37	37
Morris	26	28	17	18	20
Ocean	55	51	52	37	32
Passaic	54	59	49	39	32
Salem	16	19	17	12	<10*
Somerset	10	15	11	12	11
Sussex	<10*	10	<10*	<10*	<10*
Union	69	51	50	38	42
Warren	23	18	13	<10*	<10*
Totals**	1132	1034	892	723	660
* In order to protect the privacy of children and families represented, data suppression has been activated for this report. For suppressed data displayed in the table, these values are displayed as "<10*." **Please note totals are slightly higher after adding counties with <10 youth.					

Figure 38

Youth in Foster Care Ages 18-21, 2017-2021 Source: NJ Child Welfare Data Hub					
County	2017	2018	2019	2020	2021
Atlantic	<10*	11	11	13	11
Bergen	24	24	22	15	<10*
Burlington	21	16	10	<10*	<10*
Camden	33	31	25	24	24
Cape May	<10*	<10*	<10*	<10*	0
Cumberland	15	12	12	12	<10*
Essex	60	56	50	39	39
Gloucester	17	19	13	<10*	<10*
Hudson	33	29	28	13	14
Hunterdon	<10*	<10*	0	<10*	<10*
Mercer	15	13	12	14	14
Middlesex	16	13	11	11	22
Monmouth	19	15	10	<10*	10
Morris	<10*	10	<10*	<10*	<10*
Ocean	<10*	14	13	18	14
Passaic	17	15	15	15	17
Salem	<10*	<10*	<10*	<10*	<10*
Somerset	<10*	<10*	<10*	<10*	<10*
Sussex	<10*	<10*	<10*	<10*	<10*
Union	26	24	20	24	20
Warren	<10*	<10*	<10*	<10*	<10*
Totals**	296	302	252	198	234

In order to protect the privacy of children and families represented, data suppression has been activated for this report. For suppressed data displayed in the table, these values are displayed as "<10."
**Please note totals are slightly higher after adding counties with <10 youth.

Assessments and Tools to Determine Individualized Needs

FY2023 Update

DCF is using the Youth Thrive survey as the Independent Living Assessment for adolescents, ages 14-21 years old, as a starting point to understand a young person's overall well-being and to identify any protective and promotive factors that need to be bolstered. The information from the Youth Thrive survey can be used to assist with transition planning, connections to services and supports and in helping a young person prepare for adulthood. Contracted providers will continue to utilize the Casey Life Skills toolkit, as appropriate, to assist youth in increasing their knowledge and skills.

The transition planning information has been incorporated into the new SBC case plan and provides an opportunity for the adolescent/young adult and their team to include a summary of assessed needs related to the domain, the adolescent/young adults perspective related to that domain and any identified goals/tasks. Existing training for both DCF staff and providers has been updated to reflect the changes.

Services to Support LGBTQIA+ Youth and Young Adults

DCF is committed to provide appropriate and affirming services to all children and youth regardless of sexual orientation status, gender identity, or gender expression. CP&P has

a LGBTQIA+ Safe Space Program and a LGBTQIA+ Statewide Safe Space Coordinator who oversees the program. The Safe Space Program, which launched in 2010, continues to be dedicated to creating a safe, inclusive, and affirming culture for LGBTQIA+ people served by DCF and DCF providers. While this benefits all LGBTQIA+ children, youth and families served by DCF, this is especially important for youth who are in out-of-home care settings who identify as LGBTQIA+, as these youth are some of the most at-risk youth in care. LGBTQIA+ children and youth experience higher rates of family rejection, community violence, and require access to safe, affirming, and accepting environments when they enter child welfare to be seen, heard, and thus thrive into adulthood.

The DCF Safe Space Program strives to create a system and culture of inclusion for LGBTQIA+ people by providing specially trained CP&P Safe Space Liaisons to be available to support local and area office staff with advocacy for LGBTQIA+ children, youth, and families, best practices, and an understanding of local, state, and federal resources, policy and confidentially practices. The LGBTQIA+ statewide Safe Space Coordinator, who oversees the program, continues to track staffing changes internally to ensure coverage and access in all CP&P offices. The Safe Space Coordinator teamed with OFV and the Youth Council to provide resources, which have been added to the NJYR website.

LGBTQIA+ Safe Space Quarterly Statewide Meetings were held virtually during this timeframe. The meetings are scheduled, coordinated, and facilitated by the LGBTQIA+ Statewide Coordinator. Safe Space Liaisons are expected to attend these LGBTQIA+ focused meetings to stay abreast of reputable and affirming services for this population to share. Safe Space Liaisons are available for case consults, field assists, and other needs by local and area office staff. The LGBTQIA+ Statewide Coordinator is available to all staff, by phone or email, if they are unsure how to proceed with any issues, concerns, or questions regarding LGBTQIA+ matters.

DCF's LGBTQIA+ policy, which was published in 2016, offers guidance, best practices, and vital information to supporting LGBTQIA+ children, youth, and families connected to DCF and DCF contracted providers. The policy continues to be a pilar in the work to support DCF's LGBTQIA+ individuals and communities, while offering guidelines for non-discrimination practices and resources for protecting all persons based on their sexual orientation, gender identity, and gender expression. With that said, this work is ever evolving and affirming terminology, resources, and guidelines must be assessed regularly to meet the needs of LGBTQIA+ children, youth, and families served by DCF.

The LGBTQIA+ Statewide Coordinator, in partnership with the DCF's DEB, convened a committee in Fall 2022 that is comprised of Safe Space Liaison staff to provide recommendations to DCF leadership on creating equitable access to restrooms across DCF office spaces. It was determined that this committee would continue to meet on a bi-monthly basis virtually through 2023 to address other areas where non-discrimination practices and policies can be enhanced and amended to create safer and more equitable environments for DCF's LGBTQIA+ clients and staff. The committee's focus for 2023 is to review and recommend updates to DCF's LGBTQIA+ policy and then undertake a

public campaign to share this policy more widely to DCF and DCF providers.

DCF's website was updated during this timeframe to include new LGBTQIA+ resources. The following resources were added during this timeframe:

- Youth and Family Pride Center in Mercer County,
- Gay-Straight-Alliance (GSA) Network is the national organization for students and teachers to start up a supportive GSA support group in their institution,
- Hudson Pride Center in Jersey City offers community, clinical, and medical supports in northern New Jersey,
- Kaldeiscope offer LGBTQIA+ youth groups and other services in Camden County,
- PROUD Gender Center of New Jersey located in Somerset County,
- Lambda Legal, the nation's leading LGBTQIA+ legal advocacy organization, and
- QSpot LGBTQIA+ Community Center in Asbury Park.

The Transgender Training Institute (TTI) continues their partnership with DCF and external partners to offer support, training, and resources. Through funding under a Rape Prevention and Education grant through the Centers for Disease Control and Prevention (CDC), which is overseen by DCF's DOW, TTI continues to provide a free three-part series of trainings that focuses on transgender and non-binary identities to anyone in the community of New Jersey to learn how to utilize best practices, engagement, and provide affirming care when working with people who are part of this community.

A website was created for New Jersey community members to have access to these training opportunities, TransAffirmingNJ.org. This website is a hub where people can learn more and register for trainings which includes the opportunity to attend TTI's virtually based Training of Trainers series (TOT). Interested and accepted attendees will be trained on a curriculum of a three-credit virtual training called, Providing Affirming Care: Foundations in Transgender & Non-Binary Inclusive Practices. This content was written and created by TTI, specifically under DOW's grant, so TOT attendees can learn how to deliver this training content, as well as the skills, and knowledge to train even more people on affirming practices to work with transgender and non-binary communities. By training others to carry out this content in their communities, DCF is creating a continuum of safer, more equitable, and affirming spaces for all transgender, non-binary, and gender non-conforming individuals and communities across the state.

The Statewide Safe Space Coordinator and Northern New Jersey Safe Space Lead began the roll-out the training in June 2022 and have held four sessions for CP&P staff, reaching over 50 participants. It has been well received by staff and continues to be in high demand. The content covers affirming terminology, how to use pronouns, a focus on transgender lived experiences, and how to best support, and provide care to the transgender, non-binary, and gender non-conforming child welfare community.

Last, DCF continues to participate in the Human Right's Campaign All Children-All Families (ACAF) program. ACAF aims to create and enhance already existing LGBTQIA+ affirming child welfare organizations. DCF continues to be recognized as a child welfare serving agency partner that is committed to creating an affirming culture for LGBTQIA+

children, youth, and families and is listed as being in the "Building Phase", or tier three. DCF is one of a few statewide government-based child welfare serving organizations participating in this important work. As part of participation, DCF and other organizations are provided support and access to special LGBTQIA+ affirming resources and webinars.

Collaboration with Other Private and Public Agencies

DCF is committed to ongoing and meaningful collaboration with a variety of stakeholders as a central element of its work and the implementation of the Chafee program and services. DCF uses various approaches and activities to collaborate and consult with stakeholders. Examples of collaboration include:

- *One Simple Wish:* DCF works closely with One Simple Wish (OSW), an online non-profit organization and platform that brings national awareness to the foster care system and increases the well-being of children experiencing out-of-home care by granting their unique wishes. This support increases a youth's access to items, including, but not limited to, musical instruments, sports equipment, and other needs. OSW will support youth currently in foster care and youth with past experience in foster care ages 21+.
- *Youth Housing*: DCF partners with a network of contracted community-based providers, non-contracted providers, private stakeholders, i.e., housing developers and landlords, and other housing ecosystem stakeholders, i.e., the CoCs, public housing authorities, DCA, and HUD. For additional information on these partnerships, see *Preventing Homelessness and Promoting Housing Stability for Youth in Foster*, below.
- *Roots and Wings*: Although DCF contracts with several housing programs, DCF also partners with Roots and Wings, which is a privately funded program that provides safe housing, case management, education, counseling, and life skills to youth aging out foster care 18+. This is an important program and partnership since this program serves youth up to age 24.

Initiatives with Key Stakeholders

Youth

Youth are key stakeholders and partners to inform the Chafee program and services. For information, see prior section, *Youth Voice, Leadership, and Advocacy*.

Public Agencies in New Jersey

Children in Court Improvement Committee and the Administrative Office of the Courts

DCF's OAS provides standard and ad-hoc training for the CICIC and AOC to enhance communication and collaboration in effort to improve timely permanency, particularly for adolescents. More broadly, DCF partners with the CICIC on a statewide permanency improvement effort. The CICIC will manage this effort through use of a standing agenda item related to permanency. In March 2022, OAS participated in the CICIC Conference as a panelist in a workshop entitled, "Redefining How We Think about Permanency and

APPLA." Some of the other panelists were Youth Council members, who shared their own experiences and thoughts about obtaining permanency. OAS shared information about services and supports for adolescents.

The Department of Community Affairs

DCF will continue its strategic partnership with DCA in the form of varied subsidized and supportive housing models for youth across the state. This includes, but is not limited to, Section 8 vouchers for child welfare-involved young adults, including parenting youth, and other supports. DCA has provided rapid rehousing vouchers for young adults and families involved with child welfare.

The Housing and Mortgage Finance Agency

The Housing and Mortgage Finance Agency (HMFA) is dedicated to increasing the availability of and accessibility to safe, decent, and affordable housing to families in New Jersey. HMFA and DCF collaborate with contracted supportive housing providers to track housing and services for adolescents and young adults, identify gaps in the local service continuum and develop appropriate outcome measurements. Also, staff from HMFA's Homeless Management Information System provide periodic trainings and technical assistance to DCF funded housing service providers.

The Department of Education

In accordance with the 2015 Every Student Succeeds Act, DCF and DOE have a data sharing agreement in place to provide education/school data regarding youth in foster care with the intent to review trends in student's educational attainment. These data will be analyzed by the adolescent research evaluator and results and information will be incorporated into planning discussions. DCF and DOE continue to collaborate to ensure both departments are meeting the requirements of the Fostering Connections to Adoptions and Success and Every Students Succeeds Act. A MOA was developed to memorialize that quarterly meetings will be convened.

The Juvenile Justice Commission

To improve outcomes for youth involved with the juvenile justice system or dually involved with both child welfare and juvenile justice, DCF participates in several collaborations with the JJC. This includes the New Jersey Council on the Juvenile Justice System Improvement, statewide and local activities and efforts through the Office of Juvenile Justice and Delinquency Prevention.

Enhancing Career Planning and Supports

To enhance awareness of education and career resources for youth transitioning out of high school, DCF participated in establishing statewide access to the Education and Financial Aid Resource Guide, that was developed by DCF's ETV strategy team. The Guide is on the NJYRS website and had been shared with internal and external stakeholders. The ETV strategy team, which is a multi-disciplined collaborative group that

share connections and work directly with youth transitioning to adulthood, aims to strengthen the use of ETV funds and enhance youth education and career outcomes. Additionally, the ETV strategy team is working on implementing community outreach efforts to provide awareness of education and career resources and supports to community, institutions and programs that provide direct care for youth that could use support with next steps after high school.

The New Jersey Career Assistance Navigator

DCF has a partnership with Rutgers University and DOE to have administrative access and technical support for the New Jersey Career Assistance Navigator (NJCAN) website.[53] NJCAN is a website designed for youth in middle school through college-age who are interested in career readiness and/or post-secondary education. OAS staff have administrative access to NJCAN and can setup CP&P staff or contracted provider staff with portfolios to create accounts for young people they serve. With an account, young people, staff, providers, or caregivers have full access to the website tools.

Anyone can access and use the NJCAN website but unless a person has a profile or account, they will not have full access to what the site has to offer. Additionally, when a person has their own account, which must be created by an administrator, all the features they use will be saved in their account. Student's, caregivers, teachers, or providers can use NJCAN as a resource to track, plan, and guide career or educational goals from middle school through goal completion. Some career readiness tools include Career Cluster Inventory, Reality Check Guide, Occupations Guide, Occupations Sort, Resume Creator, Interest Profiler, Work Importance Locator and Workplace Employability Skills. CP&P staff, contracted providers, and resource parents utilize the NJCAN website with young people to explore both career and secondary-education options.

Technical Assistance Providers

Through federal projects and other initiatives, DCF partners with and has contracts for various technical assistance for initiatives to improve and enhance Chafee services and programming. Some of these technical assistance providers include: the Center for the Study of Social Policy, providing support regarding the Youth Thrive initiative.

Initiatives Related to Adolescent Health

In review of the Chafee program, DCF acknowledges there is a need to strengthen practice and education to youth regarding preventative health activities, e.g., smoking avoidance, nutrition education, and pregnancy prevention, etc. DCF plans to partner internally through the Child Health Nurse Program for youth in foster care, the evidence-based home visitation programs and with the DOH regarding these prevention activities and interventions. The goal is to ensure that this information is provided to youth in foster care and that youth are informed of strategies to maintain health. Youth should additionally have access and participate in a variety of practice and

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[53] https://portal.njcis.intocareers.org/

programming activities that promote health and well-being. This work was delayed due to the public health emergency and will relaunch in Year Five.

Preventing Homelessness and Promoting Housing Stability for Youth in Foster Care

DCF has several key partnerships with housing stakeholders statewide, as well as contracts with service providers, in nearly all 21 counties. The goal is to prevent homelessness and promote housing stability by providing both transitional and supportive housing opportunities for young adults aging out of the foster care system.

DCF's OOH works collaboratively with the DCA, New Jersey's State Housing Authority, to provide nearly 100 Section 8 Housing Choice Vouchers and supportive services to high-needs young adults aging out of the system. The target population includes, but is not limited to, young adults who are pregnant and/or parenting, individuals with mental health or substance use challenges and people with arrest histories. In addition, DCF contracts with service providers to provide approximately 300 units of transitional housing (18-36 months) and support services for approximately 80 units (designated for young adults) with State Rental Assistance Program vouchers. DCF is also a participant in HUD's Family Unification & Family Self-Sufficiency Programs demonstration, partnering with the State Housing Authority, the Lakewood Housing Authority and a local service provider to provide ten units of housing and supportive services in Ocean County.

In addition, OOH partners with several local housing authorities, e.g., the Camden Housing Authority and the Newark Housing Authority, to implement the FYI initiative in their respective jurisdictions. DCF hopes to expand FYI programming through partnerships with additional local housing authorities in other cities.

Through OOH, DCF continues to strengthen and expand its relationship with CoCs statewide to better coordinate youth housing resources and ensure that youth experiencing housing instability are appropriately assessed. During the pandemic, DCF partnered with DCA to provide rapid re-housing vouchers to a subset of young adults in need of temporary rental assistance and stabilization services who may have been residing in emergency shelters, motel placements, their car, or the street.

Promoting Developmentally Appropriate Activities and Experiential Learning

Since the implementation of the normalcy and reasonable prudent parent mandate, DCF has convened a large stakeholder group to provide feedback and drive related practice guidance resources, training, and policy. There are outstanding issues related to driving instruction, cell phones/cell phone plans, transportation, and savings accounts for youth in foster care that require attention. DCF will seek out partnerships with other state departments and private agencies to identify potential resources to leverage or purchase to ensure youth in foster care have consistent accessibility to activities and learning that are developmentally appropriate and essential for transitioning to adulthood. This work is delayed due to the demands related to the public health emergency and will commence in Year 5.

Determining Eligibility for Benefits and Services

Child welfare caseworkers are responsible for linking youth with needed Chafee services through a youth driven assessment and planning process. The Youth Bill of Rights and the Voluntary Services Agreement, which is with for youth ages 18 years and older, outlines the services and needs that the caseworker is responsible for in partnership with the youth and their support system. Chafee eligible youth that are closed with the child welfare system can access Chafee services through various service providers available statewide. In addition, youth may re-enter the child welfare system after the age of 18 and before the age of 21 if they were receiving child welfare services at age 16 and older. Eligibility for Chafee services will be expanded to serve youth that were in foster care at age 14 and older and were reunified with the families. DCF is currently reviewing youth data and funding availability to determine whether Chafee and ETV services can be extended to age 23 and age 26, respectively. These data and resource review is ongoing.

Chafee funds for IL services and room and board are implemented through programming with various service providers and leveraged with other funding sources to create a continuum of Chafee services statewide. Please refer to Figure 39 regarding eligibility for benefits and services.

DCF will not deny eligibility for or terminate IL services to a youth who otherwise meets the eligibility criteria but who is temporarily residing out-of-state.

Figure 39

Support	Youth that have experienced foster care at age 14 up to age 21	Youth who aged out of foster care at 18	Youth who exited foster care for adoption or KLG after 16+	*2020-2024 Plan for Extended Eligibility* Youth who exited care to reunification at 14 or older
Chafee Services and Eligibility				
Youth Bill of Rights	Yes, through child welfare case worker	Yes, through child welfare case worker	No	No
Sibling Bill of Rights	Yes, through child welfare caseworker	Yes, through child welfare case worker	Yes, if there are siblings in care	Yes, if there are siblings in care
SBC Individual and Family Agreement (Case Plan Part 2)-Section B	Yes, through child welfare case worker	Yes, through child welfare case worker	Yes, through some Chafee specific service providers	Yes, through some Chafee specific service providers
Youth Thrive Survey	Yes, through child welfare case worker	Yes, through child welfare case worker	Yes, through some Chafee specific service providers	Yes, through some Chafee specific service providers
Voluntary Services Agreement	Yes, through the child welfare case worker starting at age 18	Yes, through the child welfare case worker starting at age 18	No	No
Chafee specific programming available				
Life skills services	Yes	Yes	Yes	Yes
Pathways to Academic and Career Exploration to Success coaching services	Yes, starting at age 16 if eligible for Foster Scholars programming	Yes, if eligible for Foster Scholars programming	Yes, if eligible for Foster Scholars programming	Yes, if eligible for Foster Scholars programming
Peer2Peer Program: EnlightenMENT	Yes	Yes	No	No
Financial literacy through Ever-Fi	Yes	Yes	Yes	Yes
Independent Living Stipend for rent, food, and/or incidentals	Yes, starting at age 16 if the youth is in an eligible independent living placement	Yes, if the youth is in an eligible independent living arrangement	No	No
Flexible funding to support extracurricular activities, sports, and hobbies	Yes	Yes	No	No
NJFCS ETV and State Tuition Waiver funds	Yes, based on federal and state eligibility requirements	Yes, based on federal and state eligibility requirements	Yes, based on federal and state eligibility requirements	Yes, based on federal and state eligibility requirements
NJFCS Gap Housing (for breaks and summer)	Available to any Foster Care Scholar	Available to any Foster Care Scholar	Available to any Foster Care Scholar	Available to any Foster Care Scholar
Supervised transitional living housing programs	Yes, starting at age 16 up to 21	Yes	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21
Transitional living programs	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21
Permanent supportive housing	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21
LifeSet	Yes, starting at age 17 up to 21	No	No	No
Wraparound emergency funds up to age 22	Youth are eligible and can apply for funds after the child welfare case is closed	Youth are eligible and can apply for funds after the child welfare case is closed	Yes, after the age 18	Yes, after the age 18

Cooperation in National Evaluations

DCF will cooperate in any national evaluations of the effects of the programs in achieving the purposes of Chafee.

Education and Training Vouchers Program

The ETV strategy team began meeting again in 2022.The ETV strategy team, which is a multidisciplined collaborative group that share connections and work directly with youth transitioning to adulthood, aims to strengthen program goals and establish program functioning. The team will review available ETV data and update goals and outcomes of the program, coordinate and leverage education, training, financial aid/scholarship programs through public and private resources, enhance career and planning supports and apprenticeships, review placement data and trends to determine updates needed for ETV eligibility and explore extending ETV through age 26.

As college campuses opened for in-person attendance after the pandemic, many students choose to return to college campus with direct support from the NJFCS coordinators. The ETV strategy team enhanced the New Jersey Foster Scholars Financial Aid Resource Guide to include an educational support section that addresses transitioning after high school. This additional support for ETV students provided guidance and access to informal and formal community supports for career and educational planning. The resource guide was distributed statewide. The ETV strategy team is in the process of implementing collaborative efforts for 2023 to build community awareness of education resources and access to financial aid, community scholarships and ETV funding.

Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act

In October 2020, New Jersey received $518,000 in Division X supplemental funding through ACF for the DCF's ETV program. Between October 2020 and September 2022, DCF distributed this funding to ETV students over five semesters at $98,420 per semester. The number of ETV students per semester determined the amount each student received. All Division X funding received by eligible youth was provided by direct deposit and used for living expenses or personal needs. For the Fall 2022 semester, there were 169 ETV eligible student recipients. Based on the amount of $98,420.00 per semester, each student received $582.36 in the Fall 2022 semester. DCF utilized nearly all of the supplemental funding. Figure 40 includes data on the distribution of Division X funding during 2022.

Figure 40

		14 to 17	18 to 23	Grand Total
Female	Black/ African American	37	163	200
	White	17	84	101
	Hispanic	41	115	156
	Multi-Racial	5	17	22
	Another Race/Unable to Determine	1	5	6
	Total	101	384	485
Male	Black/ African American	42	103	145
	White	17	64	81
	Hispanic	23	75	98
	Multi-Racial	2	6	8
	Another Race/Unable to Determine		5	5
	Total	84	253	337
Grand Total		185	637	822

Methods to Operate the ETV Program Effectively

Through the NJFCS program, DCF continues to provide ETVs to eligible youth who have aged out of foster care or left care for kinship legal guardianship or adoption. The NJFCS Program is the umbrella program for ETV, Statewide Tuition Waiver and "State Option" funding. OAS oversees the NJFCS program. Embracing and Empowering Families (Embrella) oversees and administers the NJFCS program via contract.

Identification of Prospective Students

Eligibility for ETV funding under the NJFCS program is based on age and length of time in foster care placement. In New Jersey, qualifying students are 16-21 years of age and were: 1) 14 years of age or older with at least 18 months of foster care placement, 2) 16 years or older with 9 or more months of foster care placement or 3) who exited care for adoption or KLG after the age of 16. Students who exited care for adoption between the ages of 12 and 15 are also eligible for NJFCS under "State Option," which offers the same financial support as ETV via State dollars. Students enrolled in NJFCS and in school when they turn 21 are eligible for ETV funds up to age 23.

DCF's ARE provides a monthly data file using an algorithm that captures all youth ages 14-21 years of age with the requisite foster care placement histories, as well as the youth ages 12-15 who exited care for adoption and those who exited care after age 16 for adoption or KLG. This monthly data report is used to qualify students for the NJFCS and determine if the student is eligible for ETV or State funding for the Tuition Waiver or State Option. This report is also used for the targeted recruitment strategies described in the next section.

Outreach/Recruitment

Embrella, in collaboration with the Red Hawks Fellows program and other colleges in New Jersey, on retention and support on campus. Embrella works with Residence of Life Offices to coordinate housing efforts. Embrella performs outreach to admission offices for presentations and materials to send to students for enrollment requirements.

The NJFCS application is sent to students who were enrolled within the past 3 academic years as a NJFCS for incentive to re-enroll and as a reminder of eligibility. The

Scholarship Administrative Coordinator conducts outreach to students who are close to aging out of their funding type to re-engage in the program. Supplemental follow-up was also provided to ETV eligible students regarding Division X funding and inquiry on their enrollment status.

Application Process

The NJFCS application is web-based, allowing convenient access and an expedited application process. The online application is found on Embrella's website.[54] Students must apply in the fall semester. For those reapplying, an abridged version of the application is available. For new applicants, students must provide a copy of their high school diploma or High School Equivalency, as well as the following.

- For US Citizens: Proof of completed and submitted Free Application for Federal Student Aid (FAFSA) for the academic year, e.g., confirmation email from FAFSA, Student Aid Report, award letter, etc.
- For Dreamers eligible for New Jersey State Aid and the New Jersey Statewide Tuition Waiver: Proof of completed and submitted New Jersey Alternative Financial Aid Application.
- Proof of acceptance or enrollment from the post-secondary institution they are attending or are planning to attend, e.g., acceptance letter, registration, or class schedule.
- If transferring to a new school, proof of the number of credits transferred, or a letter explaining why credits did not transfer
- Returning students only: Most recent college/technical school transcript

Students requesting educational supports, e.g., assistance with books, bus passes, and computers, can apply for these supports at the beginning of each semester.

Review and Acceptance

Upon acceptance, students receive a welcome letter confirming their acceptance into the NJFCS program and outlining the academic policy and requirements of the student's funding as specified by either ETV or the statewide New Jersey Tuition Waiver legislation. The letter specifically notes that the ETV funding must not exceed the cost of attendance, is limited to $5,000 per academic year and must be dispersed in two $2,500 installments. Students are also informed that they must be registered at least half time and must be continuously enrolled on their 21st birthday to continue to receive funding until they reach the age of 23. Lastly, the letter advises the student that funding ends at age 23 regardless of the student's completion of post-secondary education.

Each NJFCS is assigned an Embrella Scholarship Coordinator, that assists the student in understanding funding, communicates with the financial aid offices to resolve financial aid issues and supports the student in navigating any financial aid requirements.

Measuring Satisfactory Progress

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[54] www.embrella.org

Per the academic policy, students must maintain a 2.0 grade point average (GPA) each semester and make Satisfactory Academic Progress (SAP) as determined by their post-secondary institution. Scholarship Coordinators are responsible for verifying GPA and SAP each semester by using the "NJFCS program Student Account Inquiry Form." For additional information, see *Methods to Ensure ETV Funding Doesn't Exceed Total Cost of Attendance* section, below. Students that do not meet the above-stated academic requirements will be placed on probation with the objective of raising their grades to meet the 2.0 requirement for the next semester and are provided a list of resources to support their academic needs. If a student falls below a 2.0 GPA for two consecutive semesters, they are removed from the program. This change was made for the 2022-2023 academic year to better support first year students and those who need additional academic supports. Upon removal, the Director of Scholarships emails the student and copies their formal supports, the NJFCS Program Lead, and the NJFCS Scholarship Coordinator. This emailed correspondence offers the student an explanation for removal from the program and information on how to appeal this decision. All students may appeal the removal due to extenuating circumstances and can be reinstated. The majority of students whose appeals are granted successfully continue in school.

Demographics of the ETV eligible students during the 2022-2023 academic year follow:
- There are 189 ETV eligible students.
- 39% of ETV eligible students are freshman, 23% are sophomores, 13% are juniors, 18% are seniors and 7% attend technical or career institutions.
- 83% attend an in-state post-secondary institution.
- 21% are connected to the Equal Opportunity Fund (EOF) Program.
- 2% are registered in remedial courses.
- 52% are currently, or were recently, open with CP&P.

Methods to Ensure ETV Funding Doesn't Exceed Total Cost of Attendance

Embrella uses a "NJFCS Program Student Account Inquiry Form" to ensure that ETV funding does not exceed the cost of attendance. Upon a student's acceptance into the NJFCS program and again each semester, Embrella staff email the inquiry form to the post-secondary institution's financial aid, bursar or student accounting office for completion of cost of attendance (COA) expenses, actual costs for tuition and fees, room, and board. The form requests a list of the financial aid awarded to the student for the semester by category: federal (Pell, Supplemental Educational Opportunity Grant), state, and institutional grants, scholarships, loans (subsidized, unsubsidized, private) and personal payments.

Once Embrella receives the completed inquiry form from the post-secondary institution and confirms that the student's financial aid package does not exceed the COA, the ETV funds, in an amount up $2,500 per semester and no more than $5,000 per academic year, are available to be released to either the institution, the student, or a third-party vendor depending on the category of student's unmet need. Funds will be released to the institution if the unmet need is for tuition and fees, and/or room and board if the student is living on campus. Funds are released to the student via check, debit card or direct deposit for educational supports, such as transportation, childcare expenses, laundry, food,

incidentals, or rental. Funds are released to a third-party vendor for the purchase of computers or laptops, books, and supplies.

It should be noted that students who remain under the supervision of CP&P do not receive ETV funds for food, rent or incidentals. These expenses are provided through CP&P Independent Living stipends. NJFCS have access to the web-based student portal, which allows educational support requests to be made.

All financial records are maintained in a secured Microsoft Access database. Fields in the database include all the COA, payments, payee information, purpose of the payment or purchase, date of payment or purchase, and the type of funding used, e.g., ETV or State. The database captures the student's demographic data, grade point average by semester, and ETV timeframes, including the date school began, date the student disengaged from school (if relevant), date resumed school (if relevant) and the date of the student's 23rd birthday. Students are notified in writing six months prior to their 21st birthday that it is required they remain consecutively enrolled to continue receiving funding after their 21st birthday. In addition, students are notified in writing six months prior to their 23rd birthday to remind them that ETV funding will terminate.

Coordination with Other Education and Training Programs

DCF and Embrella make every effort to assist youth in maximizing all available financial aid. Embrella also administers New Jersey's statewide Tuition Waiver Program on behalf of DCF. ETV students whose ETV funding is discontinued because they reach the age of 23 and who meet the Tuition Waiver eligibility, i.e., nine months of foster care placement after the age of 16, reside in a DCF or federally funded housing program, or receive Independent Living Stipends from CP&P as an aging-out youth, may then access Tuition Waiver funding to complete their education. This funding is available to students for five years from the date Tuition Waiver is accepted, allowing the student to continue their education up to age 28.

DCF will work with the administration of the New Jersey's Higher Education Student Assistance Authority (HESAA) to ensure current and former foster youth apply for and utilize available state aid. HESAA has oversight of the EOF Program, as well as State aid, including the Tuition Aid Grant, Community College Opportunity Grant, NJ STARS, the Governor's Urban Scholarship Program, and the Governor's Industry Vocations Scholarship. DCF began working with HESAA to improve aid and access to higher education for young adults that experienced foster care. Embrella will also continue to coordinate with HESAA to ensure NJFCS' independent status is verified expeditiously. This streamlining allows students to obtain applicable State aid without the necessity for additional paperwork.

DCF maintains relationships with several of New Jersey's state universities, such as Rutgers University, Stockton University, and Montclair State University, each having unique college support programs which many of NJFCS are participants. Embrella works with the Red Hawk Fellows Program at Montclair State University and the Price Family

Fellows Program at Rutgers University each year regarding retention and support on campus. NJFCS Scholarship Coordinators connect students with Education Opportunity Fund offices and the Dean of Students. At the beginning of each academic year, the Scholarship Coordinators, as well as the director, outreach to all financial aid contacts to request information and to provide opportunities for on-campus meetings and NJFCS presentations. The director of Embrella conducts yearly outreach to admissions Offices for presentations and materials to send to students.

DCF's PACES program, which began in September 2017, in partnership with four non-profit agencies, is tasked with ensuring that high school students in foster care are college ready. This includes referring students to college bridge and student support and TRIO programs, such as Upward Bound and the Gaining Early Awareness and Readiness for Undergraduate programs.

Method for Determining Unduplicated Youth

Using the database, Embrella and OAS staff can run a variety of reports using the "query" function. A query is run to check for duplicates. Frequently run reports include all students (with identifying information, name and location of post-secondary institution, enrollment status, GPA), ETV-funded students, state-funded students, amount of ETV spending and by spending category, new students per semester, returning students, and students who fell below 2.0 GPA.

Unduplicated Number of ETVs Awarded

See Figure 59, below.

Chafee Training

DCF has a vast training menu supporting various areas of child welfare practice, including several Chafee specific training opportunities available to child welfare staff, service providers, and other stakeholders. These trainings aim to assist participants to effectively implement policy, practice, and programming to ensure high quality and comprehensive services to Chafee eligible youth.

Additionally, there are ongoing discussions with DCF's OTPD to develop an adolescent learning path. This would provide an opportunity to update the content or structure of the adolescent trainings that are currently offered, including *Youth Thrive, Got Adolescents*? and the Casey Life Skills/Transitional Plan for YOUth Success. With training adaptations that were necessary due to the COVID-19 pandemic, as well as the desire to provide training through various methods, it remains an opportune time to assess relevant information and training methods, i.e., asynchronous, synchronous, short videos, in-person, virtual, etc. All training programs are highlighted below.

Youth Thrive

The Youth Thrive protective and promotive factors framework training was co-designed by the Center for the Study of Social Policy, OAS and OTPD to help New Jersey's young people reach their full potential. This training is co-led by a seasoned trainer and a trainer with lived experience. Youth Thrive is based on emerging research in neuroscience and brain development as well as established research on the promotion of positive youth development. This training emphasizes the importance of supporting healthy development and wellbeing of youth to assist in promoting positive outcomes. This three-day training is offered to child welfare and service provider staff. In addition, a Youth Thrive home correspondence course was developed and is offered to resource and adoptive parents. During 2020, the Youth Thrive Protective and Promotive factors framework training transitioned from in person to an online training across six half day sessions. The training continues to be offered virtually to CP&P staff and contracted providers.

Got Adolescents?

Got Adolescents? is a one-day training for child welfare staff primarily serving adolescents and young adults. The training provides the "101" regarding youth specific policy, practice, and programming to best prepare child welfare staff to best engage and team with youth. In 2020, the "Got Adolescents" trainings were transitioned from in person to line training. The training continues to be offered online as two half-day sessions.

Youth and Young Adult Assessment and Transition Planning (formerly Transitional Plan for YOUth Success/Casey Life Skills Assessment)

The TPYS/CLSA training is a one-day training that is designed to provide child welfare staff and service providers an opportunity to develop a basic competency and understanding of assessment and planning practices with youth in foster care. The content includes the identification and exploration of assets and opportunities, long and short-term goal setting and application of the CLSA in the development of a TPYS. The training focuses on the importance of comprehensive assessment, effective planning, and youth-involvement in assisting youth with their transition into adulthood.

In March 2022, the TPYS/CLSA trainings were canceled due to the changes with the transitional plan and the independent living assessment. DCF will be using the Youth Thrive survey moving forward. OAS and OTPD are working together to update the training to include information about the Youth Thrive survey, the SBC case plan adolescent transition section, as well as utilizing the Casey life skills toolkit for providers. The assessment and planning training has been updated to include information about the Youth Thrive survey and the SBC transition plan. The training is now being offered virtually. In Spring 2023, this updated training relaunched under the new name, *Youth and Young Adult Assessment and Transition Planning.*

Safe Space Program and Training

The Safe Space Program encourages and promotes DCF to create welcoming and inclusive environments for LGBTQIA+ youth, families, and staff. For additional information

on the Safe Space Program and other supports for LGBTQIA+ youth, see *Services to Support LGBTQIA+ Youth and Young Adults*, above. DCF continues to educate its workforce on providing proficient and comprehensive services to LGBTQIA+ individuals. In order to ensure that DCF remain responsive to this population, Safe Space Liaisons participate in Safe Space in-service trainings held throughout the state. Each in-service training features a guest speaker that provides cutting-edge resources, best practices, and LGBTQIA+ specific information. In addition, a statewide Safe Space Networking conference is held annually.

Cultural Competency LGBTQIA+ Training

This two-day training for child welfare staff develops a basic understanding of the needs, challenges, issues, and resources pertinent to LGBTQIA+ youth, adults, and families served by the child welfare system, as well as the skills to recognize and meet these needs. Through discussions and activities around terminology, values, and attitudes, the coming out process, safety, and legal issues, participants will learn how to best provide services that promote the psychological, social, emotional, and physical health and welfare for all, regardless of sexual orientation, gender identity, or gender expression. In 2020, this training transitioned from in person to online. The training continues to be offered to CP&P staff.

Adolescent Networking Conference

OAS partners with Rutgers University to hold a biennial conference for youth, staff, service providers, and other interested stakeholders. The 2023 Adolescent Networking Conference, entitled "A Journey Toward the Future" took place in May 2023. The conference offered a broad range of topics to promote positive youth development including financial literacy, suicide prevention, wellness/selfcare, relationship norms in social media, and imposter syndrome. The conference provided information, skills and training on tools and resources to support youth and youth serving professionals.

What Every Caseworker Needs to Know about Education and Special Education

This two-day training focuses on federal and state education laws, including education stability and special education. In 2020-2021, the training was enhanced to include school discipline. In 2020, the training transitioned from in person to online. The online training launched in Winter 2022 and continues to be provided to all CP&P staff.

Chafee Training Plan 2020-2024

DCF continues to explore a training, entitled Shared Leadership, in alignment with other related initiatives, such as PFPC and the work of DCF's OFV. This training will include strategic sharing, as well as approaches for working with individuals with lived experience. DCF wants to ensure individuals with lived experience are able to craft a message that educates the audience and tell their stories in a way in which their voices can be heard, ensure their message accomplishes its goal, and ensure their well-being is protected. Along with the training opportunities described above, DCF will continue

implementing or pursue the following trainings:

- *Normalcy Training*: DCF launched a two-hour online Normalcy and Reasonable Prudent Parenting Training in Fall 2019 for all child welfare staff A subsequent in-person training was initially planned for child welfare staff; however, it was delayed due to the pandemic. It will be reevaluated in Fall 2023. Aa virtual normalcy training was created for resource and adoptive caregivers. Additional resources need to be developed for non-family based out-of-home providers. This will also be revisited in Fall 2023.
- *Expectant and Parenting Youth Training*: DCF continues to pursue efforts to develop training for child welfare staff and providers regarding the unique needs of expectant and parenting youth, including young fathers.
- *Chafee-related training for resource and adoptive parents*: DCF has ongoing trainings for child welfare staff and service providers, however, continues to focus on strategies to ensure that similar Chafee related training is available to resource and adoptive parents through in-person and/or virtual based modalities.

Consultation with Tribes (Chafee/ETV)

There are no federally recognized tribes located within the geographic boundaries of New Jersey; however, three tribal nations received state recognition. For additional information on tribes in New Jersey, see *Section 13*, *Consultation and Coordination Between States and Tribes*. No tribe has requested to develop an agreement to administer, supervise, or oversee the Chafee or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision. DCF will plan to engage these state-recognized tribes through the Commission on Indian Affairs regarding Chafee and ETV program services for Indian youth. As outlined above, these services are available statewide to all eligible youth, including those identified as Indian youth.

Section 13. Consultation and Coordination Between States and Tribes

There are no federally recognized tribes located within the geographic boundaries of New Jersey; however, three tribal nations received state recognition.: the Nanticoke Lenni-Lenape Indians, Powhatan Renape Indians, and Ramapough Lenape Indian Nation. DCF may provide services to children that are members of these tribes, as well as to children that currently reside in New Jersey but are members of, or eligible for membership in, tribes outside of New Jersey. New Jersey seeks to appropriately serve Indian children within the requirements and spirit of the Indian Child Welfare Act (ICWA), regardless of their tribal affiliation.

In 2022, New Jersey continued to work on building collaborative relationships with indigenous communities throughout the state. Representatives from DCF's Office of Legal Affairs and the Office of Interstate Services engage with the New Jersey Commission on Indian Affairs on bi-monthly virtual meetings, providing DCF with opportunities to continue learning about the needs of these communities and to find

common areas to collaborate. Additionally, engagement with these communities continues to be a focus of DCF's Race Equity Steering Committee, Practice and Policy Subcommittee. The subcommittee continues to work on the legal and procedural barriers to engagement and how best to overcome them.

Regarding ICWA requirements, CP&P implemented the new rule to ICWA (comprehensive regulations which provide the first legally binding federal guidance on how to implement ICWA) through its updated policy released in February 2019. CP&P sends notifications to the Bureau of Indian Affairs (BIA) and Tribes through a centralized liaison, who is housed in DCF's Office of Interstate Services. CP&P staff send a request to the Central Liaison, who in turn begins the notification process by sending notification letters to the tribes and BIA. The Liaison tracks and monitors responses/information exchanged between CP&P, the Tribes and BIA. The New Jersey Commission and BIA continue to provide advice on a case specific basis, as well as consultative services to meet the requirements set forth.

Ongoing training regarding ICWA continues for all new adoption workers, discussing the rules and guidelines of ICWA. Additionally, an integrated practice guide is available to assist staff to appropriately identify any tribal affiliations of youth within the first five days of placement. Concurrent planners also regularly discuss a child's possible tribal affiliation to ensure staff is continually following up on the issue and appropriately collaborating or transferring cases to tribes when necessary.

The AOC and CP&P continue to work together to strengthen the protocol to handle cases under ICWA. In ongoing practice, the courts and the Deputy Attorneys General apply the provisions ICWA successfully. They require that tribal affiliations be included in all final adoption papers. Matters which must be transferred to tribal jurisdiction are handled appropriately, focus on the law, and interactions with staff are maintained.

DCF continues to explore ongoing concerns about the identification of tribal members and the provision of culturally sensitive services to families with a tribal affiliation. Key components of this initiative are the engagement of families and their ability to share their own background and history. The model of practice focuses on services customized for the family's needs, the use of self-selected family supports and community resources, and the use of family meetings as a planning mechanism. All offer tribal members a means to keep children within their communities and enable them to receive supports that fit their needs. DCF presented information to tribal leaders and the larger community regarding these reforms and the process of relatives and kin becoming caregivers.

In 2022, ICWA referrals were made for 34 children, representing 25 families. 194 letters were sent to individual Native American Tribes and Nations. The BIA was contacted on six cases where the Tribe or Nation was unidentified. The Commission and/or the BIA continue to be available to help the child welfare agency to resolve a child's status.

Section 14. CAPTA State Plan Requirements and Updates

Substantive Changes to State Law or Approved State CAPTA Plan

There have not been any substantive changes to state law or regulations that would affect New Jersey's eligibility for the CAPTA State Grant. There have not been any significant changes to New Jersey's CAPTA Plan in the use of funds.

Utilization of CAPTA State Grant Funds

Currently, New Jersey utilizes direct CAPTA funding to support four of the 14 program areas enumerated in Section 106(a) of CAPTA. The four program areas include:

1. The intake, assessment, screening[55] and investigation[56] of reports of child abuse or neglect,
3. Case management,[57] including ongoing case monitoring, and delivery of services and treatment provided to children and their families,
7. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers, and
10. Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including differential response.

Under these four program areas, funds are used for a variety of different programs and services, including, but not limited to, the network of FSCs, collaborative training opportunities for investigative workers and community stakeholders, such as Finding Words, services to assist with high risk factors for families, such as domestic violence public awareness services, and the Child Assault Program.[58]

In New Jersey, every child who is a victim of child abuse or neglect, which results in a judicial proceeding, is appointed a law guardian through the Office of the Public Defender (OPD).[59] Through OPD, all law guardians receive training appropriate to their role, including training in early childhood, child, and adolescent development. This is funded through sources other than CAPTA.

For additional information related to these funded areas, see *Section 6, Update on Service Descriptions: Title IV-B, Subpart 1* and *Section 7, Update on Service Descriptions: Title IV-B, Subpart 2.*

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[55] https://www.nj.gov/dcf/policy_manuals/CPP-II-A-1-100_issuance.shtml
[56] https://www.nj.gov/dcf/policy_manuals/CPP-II-C-2-200_issuance.shtml
[57] https://www.nj.gov/dcf/policy_manuals/CPP-I-A-1-200_issuance.shtml
[58] https://www.nj.gov/dcf/families/assault/
[59] For additional information about Law Guardians, see https://www.nj.gov/defender/structure/olg/.

DCF coordinates additional funds from the programs listed below, including the CJA, CPSAI, and the three citizen review panels.

Children's Justice Act

The following serves as a program report for the CJA grant.

CJA FFY 2022 Performance & Grant Activities Report

In FFY 2022, CJA funds were used to develop, implement, and administer programs designed to improve:
- The handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner which limits additional trauma to the child,
- The handling of cases of suspected child abuse or neglect related fatalities,
- The investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation, and
- The handling of cases involving children with disabilities or serious health-related problems who are victims of abuse or neglect.

Since its inception, NJTFCAN has advocated for a statewide multidisciplinary approach to the investigation, prosecution, and treatment of cases of child physical and sexual abuse. Model programs funded through CJA provided state-of-the-art training in the identification, investigation and prosecution of child abuse and neglect and improved diagnostic and therapeutic services to child victims and their families.

Model/Demonstration Programs

NJTFCAN Professional Development & Training Programs

Each year, NJTFCAN sponsors multidisciplinary trainings to improve the handling of cases of child abuse and neglect. NJTFCAN-sponsored professional training programs are child-focused and designed to promote skills that prevent additional trauma to child victims and their families. In FFY 2022, CJA funds were used to support the following professional development projects to enhance the knowledge of persons involved in investigation, prosecution, assessment and treatment of child abuse and neglect.

Finding Words-New Jersey: Forensic Interviewing Training

Statement of Purpose: Since 2002, the DCF and NJTFCAN have supported Finding Words- New Jersey, a forensic interviewing program. Finding Words- New Jersey, which was originally developed in collaboration with the American Prosecutors' Research Institute and disseminated by the National Child Protection Training Center, is based on the national Cornerhouse forensic interview protocol Rapport, Anatomy Identification, Touch Inquiry, Abuse Scenario and Closure.

The goal of the project is to train frontline professionals involved in the investigation and prosecution of child abuse to conduct an effective and legally defensible interview of alleged child sexual abuse victims of various ages and prepare children for court. At the completion of the five-day training, participants have a meaningful understanding of important concepts and practices including child abuse dynamics, children's language and development, memory and suggestibility, the impact of questions on the process of abuse disclosure and factors associated with a credible and reliable child statement.

A professional investigator interviews a child to ascertain whether that child has been abused or neglected. Forensic interviewing brings out information that is needed to determine if abuse or neglect has occurred, and it may also provide evidence that is admissible in court should the investigation lead to criminal prosecution. A legally sound forensic interview relies on interviewer objectivity, the use of non-leading questioning techniques and precise documentation. This training falls within Category A of CJA.

Target Population: Prosecutors, CP&P child abuse investigators, law enforcement, multidisciplinary team members, and professionals involved in interviewing alleged child victims of maltreatment.

Approaches:

- Intensive classroom curriculum provided by professionals with expertise in civil and criminal cases of child abuse.
- Lecture, group discussion, role play and videotaped mock interviews.
- Videotaped interviews are critiqued by the teaching faculty with suggestions for improvement.
- Participants evaluate the training and make suggestions for improvement.

Outcomes: In FFY 2022, three regional trainings were conducted throughout the state as part of the Finding Words-New Jersey program. These trainings included participants from the following disciplines: 46 CP&P staff, 42 prosecutors' detectives, 19 assistant prosecutors, one police officer, one representative from the New Jersey Division of Criminal Justice, two New Jersey State Police officers, and 14 observers.

Figure 41

Total Attendees by County	Participants	Total Attendees by County (continued)	Participants (continued)
Atlantic	8	Middlesex	7
Bergen	12	Monmouth	6
Burlington	5	Morris	8
Camden	10	Ocean	6
Cape May	6	Passaic	8
Cumberland	1	Salem	0
Essex	11	Somerset	4
Gloucester	3	Sussex	1
Hudson	13	Union	4
Hunterdon	3	Warren	4
Mercer	5	**Total**	**125**

Impact of the Program on the Child Protection System: The Finding Words – New Jersey child-focused forensic interviewing project continues to reform the investigation and prosecution process and improve civil and criminal court proceedings. To date, over 2,500 professionals involved in investigating child sexual abuse have been trained in the Finding Words – New Jersey protocol and have demonstrated, through role play, effective child sensitive interviewing skills. Multi-disciplinary team members are more knowledgeable about the process of disclosure, age-appropriate guidelines in questioning, child development, barriers to disclosure, memory, perpetrator/victim relationships, suggestibility and problems encountered during the interview.

Some of the outcomes of the Finding Words – New Jersey training include:
- Prosecutors have adopted Finding Words– New Jersey as their protocol of choice when interviewing alleged child abuse victims.
- Child forensic interviewing is included in the United States Department of Justice Best Practices.
- Trained child forensic interviewers are taught research-based methods for improving investigations; these skills have decreased interview errors in laboratory settings. Training appears to be effective when highly structured protocols are used, and regular supervision is provided.
- Criminal cases are strengthened with accurate information to withstand legal scrutiny and child victims are better prepared for courtroom testimony.
- Child victims experience fewer traumas during the investigation and prosecution process.
  Prosecutors are more sensitive to the special needs of child victims and actively support the development of Child Advocacy Centers.

The project is in compliance with the goals of the NJTFCAN CJA three-year assessment to reform the investigation and prosecution process and improve civil and criminal court proceedings. NJTFCAN continues to work with DCF to facilitate child-focused forensic training for CP&P child abuse investigative units.

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Finding Words- New Jersey staff utilize student evaluation forms to provide feedback about their most recent instruction. This information is reviewed and discussed during debrief sessions with faculty and actors and adjustments to the training are made on a biannual basis. Additionally, the curriculum is updated on an annual basis by the national body.

Skill Building Conference

Statement of Purpose: In October 2022, the NJTFCAN, in collaboration with DCF and with the logistical assistance of Stockton University, hosted a statewide hybrid (in-person and virtual) skill building event for approximately 1,000 professionals in the field of child welfare. Entitled *"Building Your Knowledge: Filling the Child Welfare Toolkit"*, this interdisciplinary conference provided professionals and advocates working with children and families an opportunity to learn from experts on welfare and protection issues and disciplines serving children and families. Speakers for this event included:

- Kyrsten Gieger, Haley McCracken, and Melanie Wawrzyniak from Project Self Sufficiency, who discussed prevention services as an intervention for families that need assistance to achieve economic self-sufficiency and family stability.
- Kaitlin Mulcahy, Ph.D., LPC, IMH-E, Director of the Center for Autism and Early Childhood Mental Health at Montclair State University, who discussed the importance of infant mental health and how it intersects with the work of child welfare professionals.
- Dr. Barbara Prempeh, B. Resilient, LLC. In Dr. Prempeh's "Dispelling Myths and Removing Stigma of Mental Health Treatment", she discussed barriers to seek mental health treatment, e.g., socioeconomic disparities, biases, the culture of silence, and stigma. Dr. Prempeh spoke about ways to dispel stigma and increase the "Six As": availability, accessibility, awareness, affordability, appropriateness, and acceptability of treatment.
- Renee Roman, LMSW, University of Oklahoma Health Sciences Center, who discussed normal sexual behaviors versus problematic sexual behaviors, community response, and impact of problematic sexual behavior on children and families. Ms. Roman also shared treatment intervention options and recidivism rates for those that receive appropriate treatment.

This virtual event fell within Category A of CJA, relating to the investigative, administrative, and judicial handling of cases of child abuse and neglect.

Target Population: Professionals in child protection, law enforcement, social work, educators and daycare providers, professionals in the fields of mental health, medicine, juvenile justice, domestic violence, law guardians, and Court Appointed Special Advocates volunteers.

Approach: Experts presented on topics relevant to child abuse and neglect cases.

Impact on the Child Protection System: Frontline workers learned how to utilize

prevention services as an additional tool when providing child and family services. Participants learned new strategies and gained additional resources to broaden the service array available to the families they serve. Participants learned about barriers present for people in accessing mental health treatment and learned ways to dispel stigma for families in need of treatment.

Outcomes:
- This event was attended by approximately 1,000 child welfare professionals.
- Attendees heard from leaders in New Jersey's child welfare arena focusing on various ways in which they are able to support and protect children and families.
- Attendees learned new strategies and programs to meet families where they are and how to provide the resources and supports they need to thrive.
- This event offered 4.5 Clinical or Cultural Competency Contact Hours of Continuing Education for Social Workers, Licensed Marriage and Family Therapists, and Licensed Professional Counselors.
- These virtual events were in line with Category A of the CJA law regarding investigative, administrative, and judicial handling of cases of child abuse and neglect. Frontline workers will benefit from hearing about the latest strategies and programs to assist in supporting the families they serve.
- As a recommendation of the NJTFCAN in their 2021-2024 Three-Year Assessment, DCF/NJTFCAN continues to provide a biennial statewide multidisciplinary training conference on child maltreatment for professionals.

As a recommendation of the NJTFCAN 2021-2024 three-year assessment, DCF and the NJTFCAN will continue to provide a biennial statewide multidisciplinary training conference on child maltreatment for professionals.

Additional and Unique Professional Development

Collaborative Safety Training

Statement of Purpose: Designed to establish a culture of safety while simultaneously transforming the critical incident review system using contemporary safety science and a nationally recognized model, the Collaborative Safety model supports DCF to develop a robust and proactive response to critical incidents and a responsive system dedicated to learning and improvement. It uses an approach that moves away from a culture of blame and towards a culture of responsibility. Years of research have shown that blame may decrease accountability, as it inhibits the ability of the organization to learn and improve. It is recommended that this work take place over the course of three phases.

Phase One objectives include establishment of the systemic critical incident review, alignment of agency executives and management in using systems-thinking as well as understanding of the review process, engagement of external stakeholders, and implementation of systemic critical incident review which includes orienting frontline staff and supervisors to the process.

Phase Two objectives include engagement of leadership and management in leadership

labs over the course of a year to embed systems-thinking into organizational management, training agency supervisors on how to embed safety science principles into everyday agency supervision, and ongoing maintenance and technical assistance to refine the systemic critical incident review system.

Phase Three includes ongoing maintenance and fidelity to the systemic critical incident review process and establishment of sustainability.

This initiative is in line with Category C of CJA in that it is a reform of current procedures regarding how critical incidents of child abuse or neglect, including child fatalities, are handled within DCF.

Target Population: All DCF staff, including leadership, CSOC workers, CP&P frontline supervisors and workers.

Approach: In FFY 2022, the Critical Incident Review Unit in OOQ continued to support DCF's efforts to implement the Collaborative Safety approach for reviewing critical incidents related to child maltreatment. The goal remains to conduct a review process that generates learning about the systemic factors that are associated with the critical incident, such that the Department can continue to learn from the incidents and make any needed changes to Departmental policies or practices. OOQ continued to work with Collaborative Safety, LLC to sustain the fidelity of DCFs systemic critical incident review process, which included bi-weekly technical assistance meetings and mapping support sessions. Additionally, DCF collaborated with NPCS to support implementation and suitability of systemic critical incident reviews. NPCS, comprised of over 30 states and jurisdictions, is a quality improvement collaborative whose aim is to improve child safety and reduce child maltreatment fatalities through the application of safety science and shared data. The Critical Incident Review Unit is staffed with three safety analysts. In November 2022, DCF hired a full-time supervisor to lead the team.

During the first year of engagement with Collaborative Safety, LLC, DCF organized three mapping teams, which are comprised of staff from all levels at the Department. These teams began to meet on an ongoing basis to analyze casework and decision influences from a systems perspective. Preliminary results from the review processes and ongoing implementation updates are shared with DCF's executive management team. DCF held two orientations for new and existing Central Office staff to discuss safety science concepts and the importance of engaging all staff in the safety culture of the organization. The orientations helped to further embed the safety science approach into leadership's understanding on how staff make decisions in an organizational setting, as well as how managers and supervisors shape an employee's performance to achieve successful outcomes. DCF will continue to refine the review process and to conduct ongoing training of frontline staff regarding safety science.

As of January 2023, 73 cases were presented to the MDT, which recommended a collaborative safety review of 50 of those cases. The cases that continued through the review process resulted in voluntary debriefings with 66 frontline and supervisory staff. Over the past year, staff debriefing participation rate has increased from 50% to 55%.

The three regional mapping teams completed 34 mappings and continue to meet monthly to further analyze events from a systems perspective.

In addition, CSOC continued efforts to prepare for the launch of a human factors review process within its programs. DCF engaged with Collaborative Safety, LLC to assess the strengths and gaps in the current Unusual Incident Reporting process and, in Fall 2020, presented a set of recommendations for change to the Department. DCF created a workgroup to act upon those recommendations, and the work towards that end is underway. In addition, CSOC and the DCF Institutional Abuse Investigation Unit prepared for the launch of a critical incident debrief process within the CSOC. Planning activities included training of leaders and middle managers, the formation of a project management team, the development of criteria for case selection, identification of the needed business process flow, and recruitment of staff who will be trained as reviewers. In late Spring 2021, system-wide training commenced and, in October 2021, the first CSOC MDT meeting was held. Additional DCF staff is being hired to support this process. A mapping team meeting was scheduled for January 2022; however, due to ongoing and significant staffing shortages among CSOC providers, there were challenges with CSOC providers committing staff with lived experience to participate in the mapping process.

In June 2023, CSOC and OOQ staff, Collaborative Safety partners, and CSOC residential treatment providers convened to review the Collaborative Safety (CS) approach and discuss strategies to support provider participation in CS activities. DCF administered a follow-up survey to the participating providers to collect additional information on provider barriers to participation and potential solutions. They survey results are currently under review and will inform next steps to build capacity for CSOC to utilize CS.

Outcomes:
- Increased trust in the provision of care,
- Improvements in employee retention,
- Increased public trust, and
- Improved outcomes from a system dedicated towards improving the reliability and safety of provided services.

Impacts on Child Protection System:
- A robust and proactive response to critical incidents,
- A responsive system dedicated to learning,
- Improved staff morale,
- Increased staff engagement,
- Increased accountability, and
- Improved systems in place.

The CS Initiative complies with the goals of the NJTFCAN CJA three-year assessment to provide training to frontline protection investigators and supervisors to provide better outcomes for the families of New Jersey.

Online Mandated Reporter Training

Statement of Purpose: All residents of New Jersey are mandated reporters, meaning that any person who has a reasonable cause to believe that a child has been subjected to acts of abuse or neglect is required to immediately report this information to the proper authorities. The online mandatory reporter training provides a short, but comprehensive overview on what mandated reporting is, what behaviors or physical symptoms may constitute abuse and neglect, how to report reasonable suspicions to authorities, and what to expect when reporting. The training takes approximately 20 minutes to complete and consists of five modules, including videos and short quizzes.

This project relates to category A of CJA in that it directly improves investigative handling of cases of child abuse and neglect, particularly regarding reporting requirements for educational professionals.

Target Population: All professionals working in child welfare and child behavioral health.

Approach: This training can be completed online, via computer or a mobile device.

Impact on the Child Protection System: Professionals working in child welfare and child behavioral health will be better informed about mandatory child abuse reporting in New Jersey. Participants will learn about physical indicators of child abuse, as well as how and when to report child abuse to authorities.

Outcomes: Participants will be able to print a completion certificate once the training is successfully completed.

As a recommendation of the NJTFCAN's 2021-2024 three-year assessment, CJA funds were used to fund the continued operation of the online mandated reporter website, which includes support resources and training for school personnel in decision-making regarding reporting child abuse and neglect consistent with the reporting laws.

Child Protection Substance Abuse Initiative

DCF utilizes a portion of the CAPTA State Grant to support CPSAI. This initiative supports program areas in CAPTA Section 106(a). CPSAI provides services through contracts with community agencies whose overall goals are to provide assessment, treatment referral, motivational support, and related transportation to CP&P clients who are referred by CP&P workers for substance use assessment and treatment. At least one CPSAI staff member, who conducts substance abuse assessments of parents of CP&P supervised children, is located in each CP&P Local Office. For an overview of service category and description, geographic area and populations served, as well as changes to programming, see Attachment C, the New Jersey DCF 2023 APSR CPSAI Table. For additional information regarding CPSAI, see *Section 5, Update on Service Descriptions: Child and Family Services Continuum*.

NJ Citizen Review Panel Reports and DCF Written Reponses

New Jersey has three statutorily required Citizen Review Panels: (1) CFNFRB, (2) NJTFCAN, and (3) SORS. Each panel submits and publishes an annual report that can be reviewed publicly on the DCF public website. The following links represent the latest Citizen Review Panel reports:

- CFNFRB: 2020 Annual Report – Issued 2022
  https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/fatality_reports.html
- NJTFCAN: Twelfth Annual Report July 1, 2021-June 30, 2022
  https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/NJTFCAN-Report-2023.pdf
- SORS: Fourteenth Annual Report July 1, 2021- June 30, 2022
  https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/SORS-Report-2023.pdf

DCF remains committed to the partnerships with the Citizen Review panels and continues to work in collaboration with them. Each year the three primary Citizen Review panels submit an annual report and DCF is given the opportunity to respond. Attachments D, E, and F represent the DCF responses to the previous year's annual reports.

Infants Affected by Substance Abuse

Policy/Statute

The Comprehensive Addiction and Recovery Act of 2016 (CARA) Section 503 amended Title I of CAPTA to help states address the effects of substance use disorders on infants, children, and families. CARA modifications include the following:

- Removed the term "illegal" with the intent that all infants born substance affected are identified, even in those cases where exposure is due to a legally prescribed substance,
- Requires a Plan of Safe Care and recommends best practices, including multi-disciplinary, family-focused, strengths-based/protective capacities and protective factors, and
- Increased DCF's federal reporting requirements.

DCF developed and implemented strategies to meet the requirements under the federal policy. This included consultation and partnership with medical subject matter experts and other stakeholders, including DOH, New Jersey's licensing authority for hospitals and birthing centers. In collaboration with DOH, DCF adopted N.J.A.C. 3A:26 et al, Substance-Affected Infants, in January 2018. This rule sets forth the reporting requirements related to substance exposed infants for hospitals and birthing centers.

Target Population

Utilizing the clinical expertise and research knowledge of medical subject matter experts,

as well as technical assistance and support from the National Center for Substance Abuse and Child Welfare, DCF established a standard definition of "affected by substance abuse" to specify those infants for whom the mandatory reporting requirements and Plans of Safe Care apply. The following definition was endorsed and incorporated into <u>N.J.A.C.</u> 3A:26-1.2:   A "Substance-affected infant" is an infant:

- Whose mother had a positive toxicology screen for a controlled substance or metabolite thereof during pregnancy or at the time of delivery,
- Who has a positive toxicology screen for a controlled substance after birth that is reasonably attributable to maternal controlled substance use during pregnancy,
- Who displays the effects of prenatal controlled substance exposure or symptoms of withdrawal resulting from prenatal controlled substance exposure, or
- Who displays the effects of fetal alcohol spectrum disorder.

Data Collection

In order to accommodate reporting of substance exposed infant referrals and meet the requirements of reporting in NCANDS, New Jersey amended its regulations and further modified the allegation-based system to capture allegations of substance-affected newborns. For FFY 2022, New Jersey identified 2,031 substance exposed newborns; 1,909 (94%) had a Plan of Safe Care and 1,909 (94%) were referred to appropriate services.

Plans of Safe Care Protocol Summary

DCF's protocol to support the implementation and monitoring of services, supports and Plans of Safe Care, include the following:

- Referrals are coded as "substance-affected infant" when identified by the CP&P Local Office.
- The intake caseworker will initiate the child protection services investigation or child welfare assessment prior to the child's discharge from the hospital.
- The intake caseworker will complete the SDM tools to identify safety and risk factors, strengths, protective capacities, and the needs of the infant and family.
- The caseworker will engage parent(s) in substance use evaluation(s), ensure that parents understand safe sleep, Shaken Baby Syndrome (Abusive Head Trauma) and medication safe storage, and obtain medical reports on the health and development of the infant.
- Families of substance-affected infants are scheduled for an MDT case conference prior to closing the investigation or during a transfer conference to permanency. This team will include, but is not limited to, CP&P staff, system partners with knowledge of developmental needs of infants and young children, as well as representatives from the Early Childhood System of Care, substance use professionals, clinical consultants, and the DVL.
- The MDT conference is documented on a Supervisory Contact Sheet in NJ SPIRIT and includes information on family structure, child protective services history, current status, family's voice, safety concerns, risk factors, protective factors, tasks/responsibilities/target dates.

- The caseworker shares recommendations from the conference and substance use evaluation with the family, invites them to attend a Family Team Meeting, and develops a Plan of Safe Care. If the family is opened for services within CP&P, the Plan of Safe Care is documented on a Family Agreement. If the family is not opened for services, the Plan of Safe Care is documented on a closing letter. The Agreement or closing letter serves as the Plan of Safe Care.
- If the parent declines a family team meeting, a Family Agreement or closing letter, the Plan of Safe Care is developed by the caseworker and the parent(s).
- The Plan of Safe Care ensures that the infant and parents are referred for services and supports that reduce risk factors and increase protective factors. Services include but are not limited to, treatment for substance use disorders and recovery support services, social services, housing, Early Intervention services, home visiting services, health care services, childcare, parenting support and education, and services through FSCs.

Collaborating with Stakeholders

Division of Mental Health and Addiction Services

DCF, in partnership with DHS's Division of Mental Health and Addiction Services (DMHAS), developed and provided a Plan of Safe Care consumer information package to be distributed by MAT and other service providers serving pregnant women with substance use disorders. These materials assist service providers in helping the pregnant mother understand, learn what to expect, and prepare for the birthing event. The packet includes an introduction letter, a Plan of Safe Care template, four opioid use disorder and pregnancy to after birth fact sheets from the Substance Abuse and Mental Health Services Administration, a list of Connecting NJ hubs for community services, the DCF "Supporting Substance Affected Newborns and Their Families," "Safe Sleep for Infants," and "When a Baby Cries" materials, CDC safe storage of medication pamphlet, and DCF and the New Jersey Division of Highway and Traffic car safety pamphlet. DCF and DMHAS are optimistic that providing this packet to the MAT providers prior to the birth event, combined with subsequent calls to DCF, will support the mother and baby to be more prepared for intervention, making it less traumatic and more supportive.

New Jersey Department of Health

DCF worked with DOH to disseminate information to hospitals regarding reporting requirements for substance exposed infants.

Robert Wood Johnson Foundation and Rutgers University

Using the nationally recognized Project ECHO platform,[60] DCF worked with the Robert Wood Johnson Foundation and Rutgers University to provide education to healthcare providers on Plans of Safe Care and resources available to families

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[60] http://rwjms.rutgers.edu/community_health/project-echo

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of substance affected infants. Ideally, Plans of Safe Care will be developed during prenatal care or initiated before discharge from the hospital in collaboration with healthcare providers.

DCF Office of Early Childhood Services

DCF's OECS obtained funding to support the statewide network of Connecting NJ hubs, hiring ECSs who actively participate in the multi-disciplinary teams within the CP&P Local Offices. Roles of the ECS include educating team members about the needs of infants and young children and the resources and support available for their parents in all counties in New Jersey, including home visiting, childcare, early intervention, FSCs, social services, etc. For additional information on the ECSs, see *Section 5, Update on Service Descriptions: Child and Family Services Continuum* and *Section 6, Update on Service Descriptions: Title IV-B, Subpart 1*.

Multi-disciplinary Team Conference

When a referral for a substance-affected infant is received in one of the CP&P local offices, an MDT conference is conducted to ensure that a thorough assessment is completed for families. Team members include the assigned child welfare workers and experienced supervisors, a certified drug and alcohol counselor, a DVL, a behavioral health consultant, and an Early Childhood Liaison. Team members offer questions, ideas, resources, and support that the caseworker subsequently shares with the family during the development of a Plan of Safe Care. The caseworker ensures that parents complete Plan of Safe Care recommendations. If a family is not opened for services or declines to engage in voluntary services and there is not sufficient evidence for court involvement, the caseworker ensures that the parents receive education on risks to children when a parent uses substances, services available for treatment and recovery support, and safety planning for the child in periods of relapse.

Reporting

CP&P submits reports on the number of infants for whom a Plan of Safe Care was developed and the number of infants for whom referrals were made for services, including services for the affected caregiver, to DCF's ASI, who will collect for NCANDS reporting.

Monitoring

Plans of Safe Care are monitored at multiple levels within DCF. At the individual/family level, Plans of Safe Care are monitored by the assigned caseworker and supervisor to ensure that children are safe, and families acquire the services and support they need. At the local office level, Plans of Safe Care are monitored by an assigned individual, who ensures that all families referred with a substance-affected infant are identified and conferenced within an MDT structure and have a Plan of Safe Care. At the state level, an intradepartmental work group meets regularly to assess implementation progress and address challenges.

Continued Assessment

Plans of Safe Care are utilized in all 21 counties in New Jersey. In January 2020, DCF convened an intradepartmental work group to assess implementation of Plans of Safe Care. During the initial discussion, the group agreed to assess the quantitative data currently available to better understand the volume of referrals for substance affected newborns, the risk levels of those referrals, and the disposition of referrals, among other variables. The group agreed to assess policy and practices in other states to better understand options for meeting the needs of families before they become involved in the child welfare system. DCF is currently partnering with DOH and the Policy Academy to assess the current practice regarding Plans of Safe Care and to co-develop a plan that incorporates the use of community partners in supporting families with substance affected newborns. In addition, DCF is developing a working agreement with JHU to support gathering data and analyzing data regarding Plans of Safe Care in New Jersey and other states.

Children's Bureau Site Visit

In 2018, CSOC staff met with CB staff to share DCF's approach to implementing new management and reporting requirements related to CARA. No follow up action items were identified or discussed during that site visit.

The American Rescue Act Funding

With the availability of additional CBCAP funding pursuant to the American Rescue Plan Act of 2021, DCF was able to release two RFPs to help strengthen families and prevent child maltreatment. One RFP was aimed at strengthening the network of primary and secondary prevention programs in communities with specific needs and target populations varying across applications. The second RFP targeted families with children ages 0 to 5. The program models are grounded in an evidence-based Strengthening Families Approach with focus on five specific protective factors: building parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and emotional competence for children.

The CBCAP supplemental funds will extend service delivery of the ECSs and CCYC for six months. The ECSs are assigned to each Connecting NJ county hub to provide infant and early childhood mental health consultation, as well as service referrals and linkages. The ECSs also promote developmental health and developmental screening at local and county events. The CCYCs strengthen collaboration between parents, families, and local community stakeholders with health, early care and education, child welfare, family support, and other service providers. The supplemental funding will provide the opportunity to increase parent engagement and cross training with the FSC network.

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Section 15. Targeted Plan Updates

Foster and Adoptive Parent Diligent Recruitment Plan

DCF remains committed to recruiting and retaining potential resource and adoptive families that reflect the cultural, racial, and ethnic diversity of children in out-of-home care. As a result, DCF has developed a comprehensive recruitment and retention plan that supports strategies that are child focused, data driven, customer service centered, collaborative, inclusive of the voice of families and youth, and sustainable. For additional information, see DCF's updated 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan.

Health Care Oversight and Coordination Plan

DCF's OIHW is charged with providing support, guidance and leadership across DCF on child and family health-related matters. OIHW supports the overall safety and connectedness of children and families served by the Department and supports CP&P in ensuring families and children achieve appropriate physical and behavioral health outcomes. For additional information, see DCF's updated 2020-2024 Health Care Oversight and Coordination Plan.

Disaster Plan

Formal emergency planning and practice drills in anticipation of possible critical events in a system the size of DCF is crucial. Evacuation centers, transportation, education, staffing, and medical care are required during and post-crisis. A review of response efforts to events, such as Hurricane Katrina, Super Storm Sandy, and the COVID-19 pandemic, reinforces that comprehensive emergency preparedness plans are essential to ensure the safety and protection of the children, youth, women, and families served by DCF. For additional information, see DCF's updated Disaster Plan.

Training Plan

DCF's OTPD provides training that enhances the child protective service skills of New Jersey's child welfare workforce. OTPD facilitators have degrees in education, social work

and other human services related disciplines and are training approximately 6,300 DCF personnel statewide at any given time. In addition, OTPD provides a three-day onboarding orientation for all new and reassigned employees. Orientation is provided by the OTPD training facilitators and professional staff from other DCF Divisions. For additional information, see DCF's updated 2020-2024 Training Plan.

Section 16. Statistical and Supporting Information

Information on Child Protective Service Workforce

DCF is committed to hiring an educated, diversified workforce and providing the necessary training and tools to fulfill the Department's mission. Social workers seeking employment must meet stringent requirements to be hired. Extensive training for all new caseworkers is mandatory as is continuing education annually for all caseload carrying workers and supervisors. DCF also has established caseload standards so that caseworkers can effectively meet the needs of the children and families they serve. Utilizing data, DCF continues to evaluate the operational needs of offices, caseloads and staffing and vacancies across the agency to ensure appropriate staffing is maintained.

Summary of Recruitment Plan for Family Service Specialist Trainee

DCF takes a proactive approach to hiring by maintaining a pool of pre-screened, pre-qualified candidates to fill vacancies for entry level case manager positions, such as a Family Service Specialist (FSS) Trainee. Since the Department receives 2,000-4,000 resumes for this position each year, candidates are prioritized based on education and experience in order to select those candidates most likely to succeed in public social work. Since the pandemic, applicants who have experienced the benefits of working remotely whether that be fully remote, or hybrid options are looking to maintain that work life balance. Many people prefer to work remotely because it allows them to have more control over their work-life balance. They can work from home or anywhere else they choose, and they can often choose their own hours, which can be more convenient for them. This coupled with the cost of commuting, heath concerns, productivity and personal preference has drastically affected the number of applicants DCF receives. Remote options are not suitable for all jobs and industries, including social work. Recruitment efforts are centered on an interviewing process known as a job fest.

A job fest generally includes 30 to 60 candidates interviewed by a panel of CP&P supervisors. Job fests were revised from regional sessions to local, county specific fests. Fests are no longer part of a pre-scheduled cycle, rather scheduled around the vacancies needed to be filled in various counties. Interview panels are comprised of supervisory level interviewers that work in the local office of the county where the fest is being held. These interviewers are better able to identify candidates who can respond to the specific needs of the respective offices. The candidates invited to these fests have all indicated a desire to work in the specific area in which they are being interviewed. Each candidate is provided a scheduled interview slot and is interviewed by the panel for a predetermined timeframe. In preparation for the interview, candidates receive a

PowerPoint overview which provides ample time to ask questions and gather necessary documents. This also gives candidates the opportunity to determine if the position feels like a good fit prior to attending the interview.

A job fest consists of:
- *Introduction.* The introduction includes:
  1. Invitation and PowerPoint Presentation: Overview of CP&P and the role of the FSS. Interested applicants can review audio and video presentation of information, an overview of the hiring process and video presentations from current caseworkers.
  2. Follow-up PowerPoint presentation for applicants accepting the invitation to interview which provides instructions for completing the pre-employment forms/paperwork.
- *Initial Interview:* Each candidate is interviewed individually by a panel of two interviewers. Each fest has five to ten interview panels. Interview questions are scenario-based and designed to assess the following skills: judgment and decision-making, oral communication, problem analysis, interpersonal responsiveness, organization, and time management.
- *Writing Sample:* Each candidate participates by completing a writing sample in ten minutes. The writing sample is evaluated to determine if it is relevant, coherent, in a narrative format, and reflects proper spelling/grammar/punctuation.
- *Credential/Paperwork Checkout:* Each candidate meets with a Human Resources representative to review employment application for completeness, review and verify documents, e.g., valid driver's license, social security card, college transcript, list of references, ensure candidate signs necessary releases, consents, and affidavits, and advise candidate of any outstanding documentation needed to complete the application process.

Candidates successfully completing the job fest and background check processes are added to a hiring matrix which is distributed each week to the 46 local offices. Managers and supervisors in the local offices use the hiring matrix to select candidates to fill positions as vacancies occur. This proactive process allows CP&P to fill caseload carrying positions as soon as vacancies become available. By doing so, CP&P is better able to maintain mandated caseload standards.

Degree and Certifications required for caseworkers and professionals

Family Service Specialist Trainee

- Graduation from an accredited college or university with a bachelor's degree. Preference is given to those with a bachelor's or master's degree in social work or a related degree with six months of social work experience.

Family Service Specialist 2

- Graduation from an accredited college or university with a bachelor's degree. One

year of experience in professional social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and supporting and/or carrying out treatment plans.

- A supervised social work field placement of three hundred hours serviced through an accredited college or university or performed in a social service agency may be substituted for the indicated experience.
- A master's degree in social work, psychology, guidance and counseling, divinity, marriage and family therapy, or other related behavioral science area may be substituted for the indicated experience.
- Applicants who do not possess the required degree may substitute additional professional support work experience related to case management on a year for year basis with one year of experience being equal to thirty semester hour credits.

Family Service Specialist 1

- Graduation from an accredited college or university with a bachelor's degree.
- Two years of experience in professional social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and/or carrying out treatment plans.
- A maximum of one year of non-caseload carrying experience may be credited toward the experience requirement listed above.
- A supervised social work field placement of three hundred hours serviced through an accredited college or university or performed in a social service agency may be substituted for one year of indicated experience.
- A master's degree in social work, psychology, guidance and counseling, divinity, marriage and family therapy, or other related behavioral science area may be substituted for one year of indicated experience.
- Applicants who do not possess the required degree may substitute additional professional case management experience on a year for year basis with one year of experience being equal to thirty semester hour credits.

Supervising Family Services Specialist 2

- Graduation from an accredited college or university with a bachelor's degree
- Three years of experience in professional social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems, including gathering and analyzing information, determining needs, and planning and/or carrying out

treatment plans.

- A maximum of one year of non-caseload carrying experience may be credited toward the experience requirement listed above.
- A supervised social work field placement of three hundred hours serviced through an accredited college or university or performed in a social service agency may be substituted for one year of indicated experience.
- A master's degree in social work, psychology, guidance and counseling, divinity, marriage and family therapy, or other related behavioral science area may be substituted for one year of indicated experience.
- Applicants who do not possess the required degree may substitute additional experience as indicated on a year-for-year basis with one year of experience being equal to thirty semester hour credits.

Supervising Family Service Specialist 1 (Casework Supervisor)

- Graduation from an accredited college or university with a bachelor's degree
- Four years of experience in professional social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and/or carrying out treatment plans, one year of which shall have been a supervisory capacity.
- A maximum of one year of non-caseload carrying experience may be credited toward the non-supervisory experience requirement listed above.
- A supervised social work field placement of three hundred hours serviced through an accredited college or university or performed in a social service agency may be substituted for one year of non-supervisory experience.
- Applicants who do not possess the required degree may substitute additional experience as indicated on a year-for-year basis with thirty semester hour credits being equal to one year of non-supervisory experience.
- A master's degree in social work, psychology, guidance and counseling, divinity, marriage and family therapy, or other related behavioral science area may be substituted for one year of non-supervisory experience.

Training Requirements for staff

DCF's OTPD provides training that enhances the child protective services skills of New Jersey's child welfare workforce, which includes approximately 4,000 employees and the offices that support them. For information on the training requirements for DCF child protective services workforce, these the DCF 2020-2024 DCF Training Plan.

Caseload Requirements and Data

DCF is committed to maintaining caseload standards that will allow workers to effectively address the needs of the families on their caseloads. The standards, which are

memorialized in policy[61] and codified in statute, follow.

- Intake workers have no more than 12 families at a time and no more than eight new intakes per month
- Permanency workers have no more than 15 families with ten children in placement
- Adoption workers have no more than 15 children
- No more than five workers assigned to a supervisor

DCF's adherence to these standards is demonstrated in Figures 42-45:

Figure 42

Average Intake Caseload Compliance
FFY 2018-2022

	2018	2019	2020	2021	2022
Intake	96%	94%	97%	99%	97%

Figure 43

Average Permanency Caseload Compliance
FFY 2018-2022

	2018	2019	2020	2021	2022
Permanency	100%	100%	100%	100%	100%

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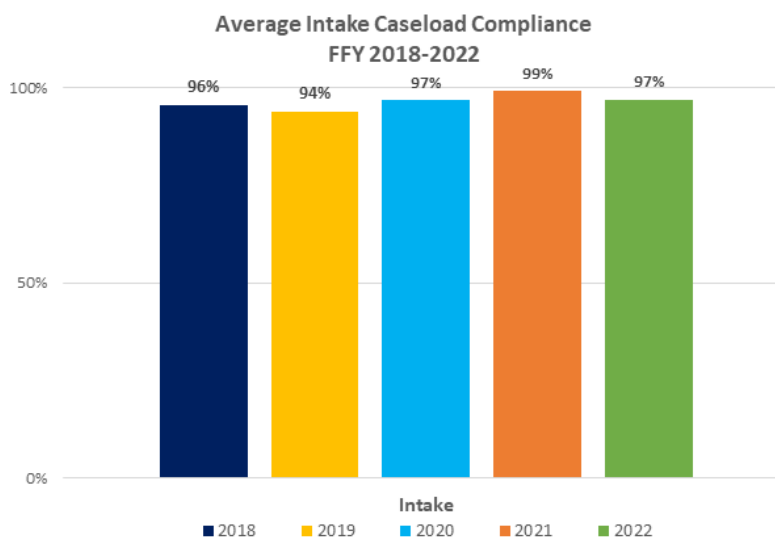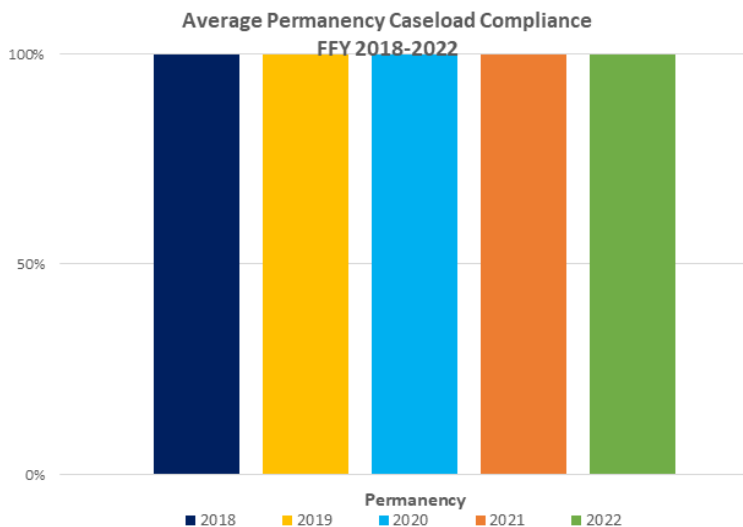
[61] CPP-III-C-5-400.pdf (nj.gov)

Figure 44
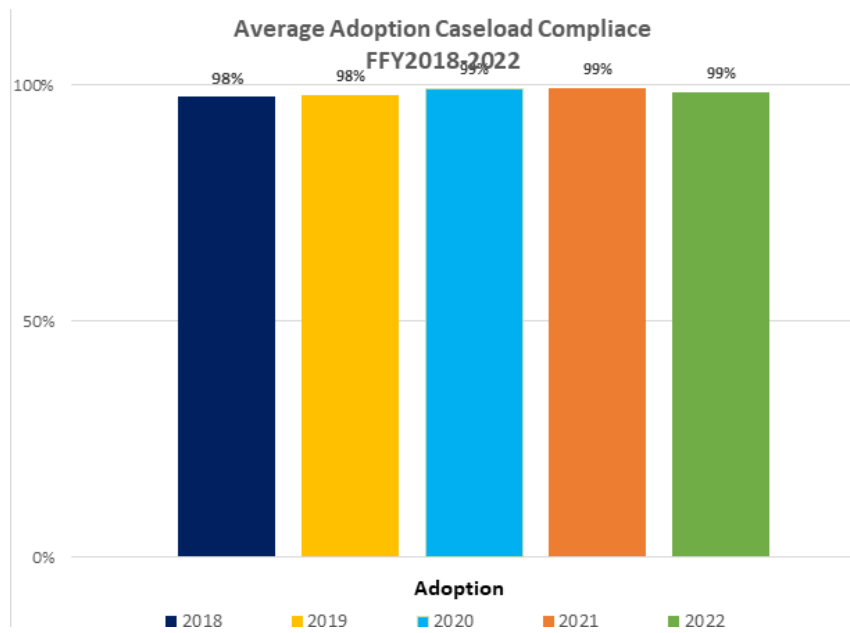
Figure 45
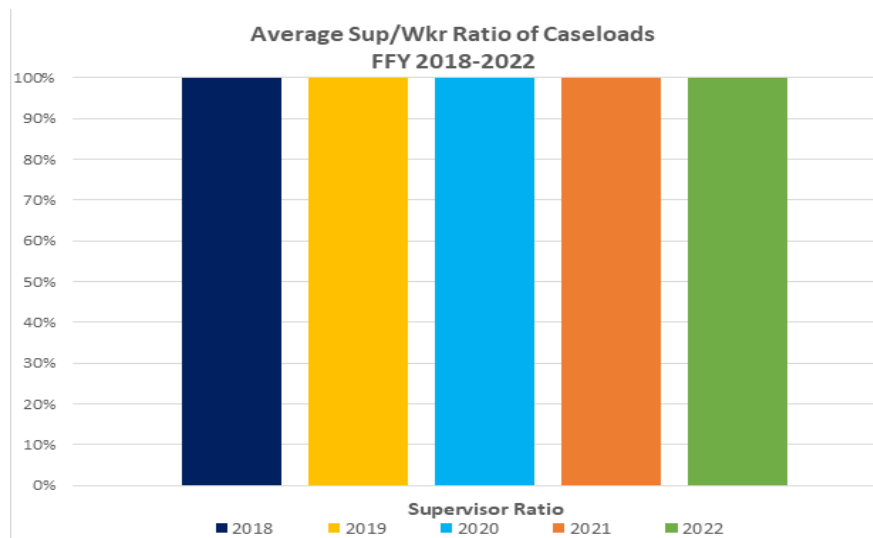
Workforce education and demographic information is summarized in Figures 46-58.

Figure 46

All Child Welfare Staff by Job Function as of September 30, 2022	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Adoption Worker	13	10	26	101				**150**
Adoption Supervisor	9	4	6	26			1	**46**
Intake Worker	84	87	147	735		1	6	**1060**
Intake Supervisor	22	34	28	158			1	**243**
Permanency Worker	80	97	173	734			13	**1097**
Permanency Supervisor	40	27	29	188	1		1	**286**
Resource Family Worker	16	17	40	174		1	3	**251**
Resource Family Supervisor	4	9	4	32				**49**
Local Office Support Staff	11	20	18	112			1	**162**
Local Office Support Supervisor	3	2	3	24	1		2	**35**
Case Practice Specialist	21	11	7	41				**80**
Case Work Supervisor	38	28	22	115	1		2	**206**
Local Office Manager	12	9	5	17			1	**44**
Area Office Support Staff	13	13	10	70	1		3	**110**
Area Office Manager	9	1	2	5				**17**
Degree Totals	**374**	**369**	**520**	**2532**	**4**	**2**	**34**	**3836**

Figure 47

New Hires by Job Function for October 1, 2021 through September 30, 2022	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Adoption Worker	1	1						**2**
Intake Worker	2	5	3	16				**26**
Permanency Worker	9	10	13	92			1	**125**
Resource Family Worker								**0**
Local Office Manager								**0**
Area Office Support Staff		1		2				**3**
Degree Totals	**12**	**17**	**16**	**110**	**0**	**0**	**1**	**156**

Figure 48

All Child Welfare Staff by Job Title as of September 30, 2022	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Family Service Specialist Trainee	10	16	18	113			5	**162**
Family Service Specialist 2	145	160	298	1280			15	**1898**
Family Service Specialist 1	57	62	95	523	1	2	5	**745**
Front Line Supervisor (SFSS 2)	78	75	70	421	2		5	**651**
Case Practice Specialist (CSS)	21	12	8	42				**83**
Case Work Supervisor (SFSS 1)	38	28	22	118	1		2	**209**
Local Office Manager	12	9	5	17			1	**44**
Area Office Support Staff	5	6	2	13			1	**27**
Area Office Manager	9	1	2	5				**17**
Degree Totals	**375**	**369**	**520**	**2532**	**4**	**2**	**34**	**3836**

Figure 49

New Hires by Job Title for October 1, 2021 through September 30, 2022	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Family Service Specialist Trainee	10	15	15	105			1	**146**
Family Service Specialist 1								**0**
Family Service Specialist 2	2	1	1	3				**7**
Local Office Manager								**0**
Area Office Support Staff		1		2				**3**
Degree Totals	**12**	**17**	**16**	**110**	**0**	**0**	**1**	**156**

Figure 50

All Child Welfare Staff by Job Title as of September 30, 2021						
Female	Asian	Black	Hispanic	Native American	White	Total Female
Family Service Specialist Trainee	7	68	2	4	63	144
Family Service Specialist 2	34	702	20	40	750	1546
Family Service Specialist 1	21	259	11	3	342	636
Front Line Supervisor (SFSS2)	15	201	19	3	320	558
Case Practice Specialist (CSS)		22	1		51	74
Case Work Supervisor (SFSS1)	8	59	2		114	183
Local Office Manager		12			24	36
Area Office Support Staff		7			12	19
Area Office Manager		2			13	15
Totals	**85**	**1332**	**55**	**50**	**1689**	**3211**

Figure 51

Male	Asian	Black	Hispanic	Native American	White	Total Male
Family Service Specialist Trainee	1	9			8	18
Family Service Specialist 2	7	185	5	8	146	351
Family Service Specialist 1	3	36	6	1	63	109
Front Line Supervisor (SFSS2)	2	31	2		58	93
Case Practice Specialist (CSS)		3			6	9
Case Work Supervisor (SFSS1)	2	9			15	26
Local Office Manager		4			4	8
Area Office Support Staff	3	1			4	8
Area Office Manager		1			1	2
Totals	**18**	**279**	**13**	**9**	**305**	**624**

Figure 52

Non-Binary	Asian	Black	Hispanic	Native American	White	Total Non-Binary
Family Service Specialist Trainee						0
Family Service Specialist 2					1	1
Family Service Specialist 1						0
Front Line Supervisor (SFSS2)						0
Case Practice Specialist (CSS)						0
Case Work Supervisor (SFSS1)						0
Local Office Manager						0
Area Office Support Staff						0
Area Office Manager						0
Totals	0	0	0	0	1	1

Figure 53

All Staff	Staff Totals
Family Service Specialist Trainee	162
Family Service Specialist 2	1898
Family Service Specialist 1	745
Front Line Supervisor (SFSS2)	651
Case Practice Specialist (CSS)	83
Case Work Supervisor (SFSS1)	209
Local Office Manager	44
Area Office Support Staff	27
Area Office Manager	17
Totals	3836

Figure 54

New Hires by Job Title for October 1, 2021 through September 30, 2022						
Female	Asian	Black	Hispanic	Native American	White	Total Female
Family Service Specialist Trainee	7	62	2	4	58	133
Family Service Specialist 1						0
Family Service Specialist 2		2			3	5
Local Office Manager						0
Area Office Support Staff		1			1	2
Totals	7	65	2	4	62	140

Figure 55

Male	Asian	Black	Hispanic	Native American	White	Total Male
Family Service Specialist Trainee	1	8			4	13
Family Service Specialist 1						0
Family Service Specialist 2		2				2
Local Office Manager						0
Area Office Support Staff					1	1
Totals	1	10	0	0	5	16

Figure 56

Non-Binary	Asian	Black	Hispanic	Native American	White	Total Non-Binary
Family Service Specialist Trainee					1	1
Family Service Specialist 1						0
Family Service Specialist 2						0
Local Office Manager						0
Area Office Support Staff						0
Totals	0	0	0	0	1	1

Figure 57

All Staff	Staff Totals
Family Service Specialist Trainee	146
Family Service Specialist 1	0
Family Service Specialist 2	7
Local Office Manager	0
Area Office Support Staff	3
Totals	156

Figure 58

New hires by Month Oct 1, 2021, through September 30, 2022	Oct - 21	Nov - 21	Dec - 21	Jan - 22	Feb - 22	Mar - 22	Apr - 22	May - 22	Jun - 22	Jul - 22	Aug - 22	Sep - 22	Total
New Hires	1	0	0	8	11	14	11	30	13	25	27	16	156

Juvenile Justice Transfers

During this reporting period, there were two children in placement under the legal authority of CP&P that were transferred from CP&P to JJC. DCF's ASI generated a report that listed all children in placement who had a placement ending reason of "Custody and Care Transferred to Another Agency". All children listed on the report were reviewed through CCWIS, and the CP&P area and local office staff identified the children who were transferred to the JJC.

Education and Training Vouchers

Figure 59 provides the total unduplicated number of youth who received Education and Training Vouchers, and new recipients for the 2021-2022 and 2022-2023 school years.

Figure 59

	Total ETVs Awarded (Regular & Division X funding)	Number of New ETVs
Final Number: **2021-2022 School Year** (July 1, 2021 to June 30, 2022)	175	67
2022-2023 School Year* (July 1, 2022-June 30, 2023)	147	65

In some cases, this might be an estimated number since the APSR is due on June 30, the last day of the school year.

Inter-Country Adoptions

During FFY 2021, there were no children who entered New Jersey state guardianship after experiencing discontinuity or disruption from a previous inter-country adoption.

Monthly Caseworker Visit Data

New Jersey will submit monthly caseworker visit data for FY 2023 in a separate submission by December 15, 2023, as outlined in the program instructions.

Section 17. Financial Information

Title IV-B Subpart 1 – Payment Limitations

The amount of FY 2005 Title IV-B, subpart 1, funds New Jersey expended for child care, foster care maintenance, and adoption assistance payments totaled $724,011. The amount of non-federal funds expended by New Jersey for foster care maintenance payments and used as part of the Title IV-B, subpart 1 state match for FY 2005 was $0.

Title IV-B Subpart 2 – Non-supplantation Requirement

The 1992 base year amount of state expenditures for the purposes of Title IV-B, Subpart 2 totaled $31,021,000. The FY 2021 amount of state expenditures for the purposes of Title IV-B, Subpart 2 totaled $71,891,000. For additional financial information, see the FY24 Budget Request—CFS-101, Parts I and II and FY21 Title IV-B Expenditure Report—CFS-101, Part III.

Attachment A. Supplemental Information Related to Specified PIP Activities

In the wake of the COVID-19 pandemic, DCF and the Children's Bureau renegotiated timeframes associated with some PIP activities, extending the PIP implementation period for specified activities to November 30, 2021. For other activities, where completion is expected beyond November 2021, DCF will continue to provide status updates in APSRs. The following tables summarize DCF's progress on the PIP activities in the latter category. This information, which summarizes <u>progress between July 1, 2022 and June 30, 2023</u>, is supplemental to the information provided in DCF's CFSR PIP Progress Report, dated December 31, 2021.

Supervisory Observation Tools (SOTs)
As DCF's plans for the roll out of the Structured Decision Making (SDM) tools and implementation of Solution-Based Casework (SBC) shifted in response to the circumstances of the COVID-19 pandemic, DCF merged the development of the SOTs to coincide with the rollout of SBC. Among other things, the SOTs evaluate staff's assessment of safety throughout the life of a case, father engagement practices, and concurrent planning. (2.2.2B2). Between January - June 2021, DCF determined that they will utilize SOTs, as well as SBC skill-based observation tools. Between July and December 2021, DCF designed and developed both sets of tools. (1.1.2B3) During the first six months of 2022, casework supervisors and supervisors were oriented to the SOTs and began using the new SOTs to observe individual supervisor/worker conferences and caseworker family visits, respectively. (1.1.2B4, 1.1.3a, 2.2.2B1, 2.2.2B3, 3.1.3a). DCF designed a survey process and, through December 2022, collected information related to the SOTs. Beginning in 2023, CP&P staff, including Area Quality Coordinators, casework supervisors, supervisors and caseworkers, were given access to the data. Supervisors and Casework Supervisors have been using this information, alongside information yielded from the SBC Practice Observations, to help define the path for professional development by targeting areas of improvement in practice with families and in supervision with staff. That practice of discussing these critical priorities in supervision will continue. In addition to providing CP&P staff access to the data, DCF will incorporate this data as a data input into its new Collaborative Quality Improvement (CoQI) process, which involves both casework supervisors and Area Quality Coordinators. These data, along with other data inputs, i.e., SafeMeasures, will be used to identify priorities and build out improvement plans that are individualized to the 46 CP&P Local Offices. (1.1.3b, 1.1.3c, 2.2.3b, 2.2.3c). **Activities 1.1.2B3-B4, 1.1.3a-c, 2.2.2B1-B3, 2.2.3b-c, and 3.1.3a are complete.**

Related PIP Activities:

1.1.2 B3	Tools: Casework Supervisor Observation Tool will be created to record observation of supervisor/worker conference.
1.1.2 B4	Practice: **Supervisors will observe worker use of the Family Agreement in the home at least 1x/mo using updated supervisory observation tool.** During record reviews, supervisors will review record with particular attention to caseworker use of SDM tools; during supervisor conferences Supervisors will discuss SDM assessments. *
1.1.3a	Casework supervisor will directly observe individual supervisor/worker conferences utilizing the Casework Supervisor Observation Tool.
1.1.3b	Casework supervisor will collect & assess supervisory observation tools.
1.1.3c	AQC for each Area will **track use of and findings from supervisory observation tools as well as findings related to supervisory competency in coaching to this practice**, and will review a sample of records to assess for quality of safety and risk assessment, and appropriate use of Safety Protection Plans.*
2.2.2 B1	Coach workers to embed practice. Roles: supervisors will be primary coaches of this practice and will in turn receive coaching from the casework supervisor.
2.2.2 B2	Tools: Supervisory Observation Tool will be updated to include observation of use of father engagement practices.
2.2.2 B3	Practice: **Supervisors will use modified observation tool**; supervisors will review record with particular attention to caseworker use of father engagement practices; Supervisors will discuss father engagement during supervisor conferences (Conversation will be documented in supervisor conference notes.)*
2.2.3b	Casework supervisor will collect and assess supervisory observation tools.
2.2.3c	AQC for each Area will track use of and findings from supervisory observation tools as well as findings related to supervisory competency in coaching to this practice.
3.1.3a	Supervisors will observe workers using Supervisory Observation Tool, to address conversations about concurrent planning.

Children in Court Improvement Committee (CICIC) Assessment of Amended Parent Calendar
The amended parent calendar is complete and CICIC assessed its impacts. The Judiciary planned to complete the assessment via a survey provided to parents in the courtroom. Due to the COVID-19 pandemic, the AOC shifted to provision of an electronic survey to parents. Between January and June 2022, the CICIC widely distributed the survey, disseminating approximately 2,500 surveys, including 50 Spanish translations. There were approximately 470 responses (19.1% response rate.) During the second half of 2022, the CICIC assessed survey responses. (3.1.3c). Through the survey, the CICIC learned that 31% of respondents found the link themselves via the New Jersey Courts website, 30% received a paper copy, 29% received a link from their attorney, 9% received a link from their caseworker and 1% were directed to the link by the court. 50% of survey respondents found the Parent's Handbook and Planner, including the amended parent calendar, useful. (3.1.3c) The CICIC is finalizing updates to its Parent's Handbook and Planner, which will be posted on the judiciary website. In May 2023, the CICIC reviewed the changes and endorsed the final version. The calendar portion of the Handbook will not be updated, however discussion continues around an electronic version of the calendar. **Activity 3.1.3c is now complete.**

Related PIP Activities:	
3.1.3c	CICIC will assess impact of amended parent calendar and any additional initiatives recommended by the Quality Hearings Subcommittee in furtherance of concurrent planning.

DCF/Administrative Office of the Courts (AOC) Data Sharing and Interface

DCF/AOC Permanency Data Reports: In May and June 2020, DCF and the AOC had multiple meetings about joint reporting and the enhanced interface. DCF and the AOC arrived at a proposed scope of work and created two workgroups. The data reports workgroup is working to (1) create a new permanency data report and (2) modify the existing appellate data report. During 2021, the data reports workgroup focused on the new permanency data report. The workgroup designed the report, which was developed by the AOC. DCF's Office of Legal and Legislative Affairs and the AOC worked together to negotiate a new data use agreement (DUA). Between July and December 2021, the AOC began transmitting this report to DCF. Between January and June 2022, DCF undertook efforts to clean the data and identify the analysis to follow. That analysis will look to examine: the length of time for each entry cohort to achieve permanency, the length of time between permanency hearings, and the length of time between guardianship filing and case disposition. In November 2022, members of the data reports workgroup presented the findings to DCF executive leadership. In March and April 2023, DCF and the AOC met to review and discuss the permanency data report findings. DCF and the AOC continue to discuss further dissemination of the findings, as well as future data sharing in this area. (3.3.3, 3.3.4c).

DCF/AOC Appellate Data Reports: Additionally in 2021, the workgroup had conversations about the variables to be included in the modified appellate data report and the AOC explored technical aspects of modifying the existing report. The AOC utilizes an outside vendor in connection with this data. Throughout late 2022 and into 2023, the AOC had a series of working meetings related to the technical requirements of this report. The AOC created new data tables and continues work on data maps to connect the appellate data and trial court data. When mapping is complete, the data reports workgroup will discuss how to best use the data to modify the existing appellate data report. Additionally, DCF continues to engage with the Office of the Attorney General around solutions for improved tracking of appeals and appellate milestones. (3.3.3, 3.3.4c).

DCF/AOC Interface: While the AOC did not have the resource capacity to advance the interface work at the onset of the PIP implementation period, it committed to undertake this work beginning in January 2021, beginning with interface enhancements and data quality improvements related to the notice of placement and notice of change of placement. Eventually, the interface workgroup would like to work toward developing an outbound DCF court report interface and an inbound AOC court order and FN docket number interface. The COVID-19 pandemic required the Information Technology departments at DCF and the AOC to devote time and resources to immediate management of the pandemic's impacts, i.e., the conversion to work-from-home, updates to data systems, etc. Both groups expressed ongoing commitment to these efforts. In late 2021, DCF and the AOC met to re-scope this effort. DCF and the AOC exchanged letters of commitment related to the project. In July 2022, DCF secured a contract for an IT project management vendor. An IT Project Management Office (PMO) was set up; this project was assigned to the office for management. DCF and the AOC continue to meet at least monthly on these efforts. DCF, including the assigned project manager from the PMO, and the AOC are working to finalize the high-level requirements and preferred approach to implement the inbound and outbound interfaces. AOC agreed to work to provide DCF with FN docket numbers and court orders in Phase 1, and to work towards DCF's provision of court reports to the AOC in Phase 2. Once a preferred approach is agreed upon, DCF IT and the AOC will complete a technical and operational readiness assessment. DCF expects to update the change request with the outcome of the technical and operational readiness assessment and complete the project scope by Summer 2023. (3.3.4a). Additionally, the AOC has agreed to work on providing DCF with FN Docket Numbers and Court Order in Phase 1, and Phase 2 will address DCF's ability to provide court reports to the AOC.

Related PIP Activities:	
3.3.3	DCF and the Judiciary will make use of joint reporting (based on available data) as alluded to in step 3.3.4, below, to monitor timeliness of FG proceedings overall, and the impact of adjournments on timely completion of FG proceedings specifically – at the statewide and county specific level.*
3.3.4a	DCF IT and the Judiciary to enhance the interface between NJS and the court's case management system so that data is consistent in both systems (DCF IT, AOC, CP&P and RER)
3.3.4c	DCF to partner with the Judiciary to design and disseminate a data report that will help to align/ understand data elements and timeframes (e.g., guardianship backlog by county) to inform and track progress in county CICAC strategies to improve permanency.*

* Other components of this activity have been or will be completed by the end of the PIP implementation period and, therefore, are not addressed in this table.

Attachment B. 2024 APSR PSSF Table

Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	FFY22 (October 1, 2021- September 30, 2022) Actual Clients Served			FFY23 (October 1, 2022- September 30, 2023) Anticipated Clients Served	
			Department of Children and Families — Promoting Safe and Stable Families (Title 4b)			Individuals	Families		Individuals	Families
APSS	Care Plus NJ	Adoption House	Service Components of Adoption House include: birth family/child visitation, sibling visitation, and preparatory groups. All children attending Adoption House services also receive round-trip transportation.	Children ages newborn to 17 years of age and families, who are affiliated with the Division of Child Protection and Permanency.	Statewide	69	18		71	20
APSS	Children's Aid & Family Services	NJ ARCH	The New Jersey Adoption Resource Clearing House (NJ ARCH) provides adoption advocacy, support, education, information and resources through a web site, phone and e-mail warm line, support group support as well as buddy mentoring/ training workshop offerings for adoption support groups, conferences, etc. throughout the state. The program also includes an extensive free lending library. We currently carry 1301 books and videos titles, some books having multiple copies. Topics focus on adoption, foster care, kinship care, parenting and the like. In addition, the library has over 2800 articles on various topics to copy or borrow.	All members of the adoption constellation: birth parents, adoptive parents, adopted persons, and the professionals who work with them	Statewide	735	Not Available		400	Not Available
APSS	Volunteers Of America, Greater New York	Parent Skills Partnership Program	In-home comprehensive parenting education and support is provided to the adoptive parents. The overall objective of the Parenting Skills Partnership Program is to stabilize and preserve the family unit. This is accomplished while using a strength based approach. The program provides tools for caring parents of adoptive children to effectively work with children to stabilize the family, increase adaptive behaviors, and decrease inappropriate behaviors in order to achieve a successful adoption. In order to diversify and expand our services in Latino communities we have a Spanish speaking Parent Educator.	Pre and post adoptive families	Bergen, Hudson, Morris, Passaic, Sussex, and Warren Counties	5	6		6	8
APSS	Child Care Resource and Referral Agencies, Division of Family Development within the New Jersey Department of Human Services	Post Adoption Child Care Program	The Post-Adoption Child Care program (PACC) provide subsidies for eligible families for child care. PACC subsidies, dependent on availability of funds, are paid at the prevailing child care payment rate established by the New Jersey Department of Human Services.	Subsidy-eligible, preschool children adopted through the Division of Child Protection and Permanency from foster care. The PACC program is open to families who meet eligibility criteria.	Statewide	365	317		SFY24 MOU is pending. Anticipated number of clients and families served will be determined upon finalization.	
FPS	Burlington County Community Action Prorgram	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	New and Expecting Mothers	Burlington County	148	148		150	150
FPS	Catholic Charities, Diocese of Metuchen	Family Preservation Services - Somerset	Family Preservation Services (FPS) is an intensive, in-home, crisis intervention and family education program targeted to families whose childre are at imminent risk of abuse and neglect and out-of-home placement or whose children are returning from out-of-home placment and intensive reunifcaiton services are needed. The goal of the program is to: ensure child safety, stabilize the family, prevent out-of-home placement, improve family functioning and link families with appropriate community services. Services include: child and family assessments, skill-based interviews, couseling and related support, linkages to resources, limitied financial assistance, and follow up. Services are provided in the family's home or related environment as circumstances warrant.	Children who are determined by CP&P to be at imminent risk of out-of-home placment or those who are preapring for reunification as indicated by SDM assessment findings.	Somerset	53	15		99	33
FPS	Center For Family Services	DV Core Services- Child Advocacy Program	The Child Advocacy program provides advocacy and support services for child victims of domestic violence. Advocacy includes basic needs assessments, education advocacy, and special needs advocacy. Support services include individual and group counseling, age-appropriate safety planning, and recreational activities. The children's group meets weekly during the same time as the adult support group and their individual counseling sessions are scheduled at a convenient time for both the parent and the child.	Child victims of domestic violence	Cumberland County	159	38		150	35
FPS	Center For Family Services	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	First time mothers and mothers who are receiving TANF benefits and have a child under 12 months	Camden County	128	128		110	110
FPS	Central NJ Maternal Child & Health Consortium	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	The target population for the Middlesex/Somerset County Healthy Families-TIP program is any parent residing in these counties, that is pregnant or has a child under the age of three months old. Also TIP component connects with prenatal and newly parenting TANF families receiving assistance from the Board of Social Services in both counties	Middlesex and Somerset Counties	453	151		600	200

							FFY22 (October 1, 2021- September 30, 2022)		FFY23 (October 1, 2022- September 30, 2023)	

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<tr><td colspan="6" align="center">Department of Children and Families
Promoting Safe and Stable Families (Title 4b)</td><td colspan="2">FFY22 (October 1, 2021-
September 30, 2022)
Actual Clients Served</td><td></td><td colspan="2">FFY23 (October 1, 2022-
September 30, 2023)
Anticipated Clients
Served</td></tr>
<tr><td>Relevant Service Category</td><td>Provider Name</td><td>Program Name</td><td>Description of Service</td><td>Population Served</td><td>Geographic Area</td><td>Individuals</td><td>Families</td><td></td><td>Individuals</td><td>Families</td></tr>
<tr><td>FPS</td><td>Family & Children's Services</td><td>Family Stabilization Services</td><td>The program provides comprehensive assessments, short-term therapy, and case management services to families and/or individuals to address current levels of functioning, child abuse and neglect issues, reduce potential risk factors and minimize conflict. Case management services address concrete needs, in the family environment that can be best managed with referrals to ancillary service providers or the provision of basic education and support. The primary goal of the program is to achieve stability and ultimately to improve child safety, permanency and well-being</td><td>Children who are at risk of out of home placement or who have been placed out of the home short term due to a family crisis. Families in which there is a risk of child abuse or neglect</td><td>Union County</td><td>179</td><td>47</td><td></td><td>167</td><td>44</td></tr>
<tr><td>FPS</td><td>Holy Redeemer Health System</td><td>Healthy Families TIP</td><td>The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development</td><td>Parents who are currently pregnant or have a baby younger than 3 months of age. Other parents may participate if they are DFD families and have a child less than 12months of age. Alumni and referrals from DCP&P are considered on a case by case basis. Our program does not have a limited target population.</td><td>Cape May County</td><td>621</td><td>158</td><td></td><td>397</td><td>102</td></tr>
<tr><td>FPS</td><td>Mercer Street Friends</td><td>Healthy Families TIP</td><td>The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development</td><td>The Program serves pregnant/parenting women residing in the East and West Wards of the City of Trenton, identified either prenatally or within 14 days of giving birth;and any pregnant/parenting woman residing in Mercer County receiving TANF, GA or EA with a child under 12 months of age</td><td>Mercer County</td><td>228</td><td>54</td><td></td><td>401</td><td>95</td></tr>
<tr><td>FPS</td><td>Oaks Integrated Care</td><td>Focus</td><td>Intensive In-Home Therapeutic Services</td><td>Children ages 5-21</td><td>Burlington, Camden,and Cumberland counties</td><td>3</td><td>2</td><td></td><td>4</td><td>2</td></tr>
<tr><td>FPS</td><td>Partnership For Maternal And Child Health Of Northern NJ</td><td>Healthy Families TIP</td><td>The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.</td><td>New and expectant parents in Essex County. The program also provides home visitation services to expectant women in their third trimester and/ or with children under the age of 12 months who are TANF (Temporary Assistance to Needy Families) eligible</td><td>Essex County</td><td>322</td><td>161</td><td></td><td>480</td><td>240</td></tr>
<tr><td>FPS</td><td>Partnership For Maternal And Child Health Of Northern NJ</td><td>Healthy Families TIP</td><td>The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.</td><td>Passaic County Healthy Families-TIP (TANF Initiative for Parents) program serves any first time pregnant mother or any first time mother with a baby younger than 3 months of age or mothers under the age of 25 with multiple children. that residing in the cities of Paterson, Passaic and Clifton; all TANF, GA and/or EA families with children under 12 months residing in Passaic County</td><td>Passaic County</td><td>155</td><td>156</td><td></td><td>200</td><td>200</td></tr>
<tr><td>FPS</td><td>Preferred Behavioral Health of New Jersey</td><td>Visitation Program</td><td>Family Visitation provides an array of services; supervised visitation, therapeutic visitation, in-home therapy, parent mentoring, and crisis response.</td><td>Families with an open DCP&P case in which children are in placement, at risk of placement, or transitioning to reunification</td><td>Ocean County</td><td>104</td><td>39</td><td></td><td>104</td><td>25</td></tr>
<tr><td>FPS</td><td>Preferred Behavioral Health of New Jersey</td><td>Healthy Families</td><td>The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.</td><td>Healthy Families is available to parents, who enroll while pregnant or within three months of birth, with an infant up to twelve months</td><td>Ocean County</td><td>24</td><td>11</td><td></td><td>50</td><td>25</td></tr>
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						FFY22 (October 1, 2021-September 30, 2022)			FFY23 (October 1, 2022-September 30, 2023)	
		Department of Children and Families **Promoting Safe and Stable Families (Title 4b)**				**Actual Clients Served**			**Anticipated Clients Served**	
Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	Individuals	Families		Individuals	Families
FPS	Prevent Child Abuse NJ Chapter	Healthy Families SEC	**PCANJ is the state lead for Healthy Families America and provide training and technical assistance to New Jersey's HF programs.** The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	All New Jersey HF Programs	Statewide	Not Available	Not Available		Not Available	Not Available
FPS	Southern New Jersey Perinatal Cooperative	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	Women who are either pregnant or with a newborn younger than 3 months, regardless of number of previous live births. We continue to offer home visitation services to families until the child's 3rd birthday or until the child becomes enrolled in Preschool	Atlantic County (Atlantic City, Ventnor, Brigantine, Pleasantville, Egg Harbor Township, Absecon, Galloway Township, Egg Harbor City, Mays Landing, and Somers Point)	232	116		170	85
FRS	Acenda	Creative Visitation	The Creative Visitation Program provides parent/child and sibling visitation for those families whose children are in out-of-home placement with DCPP in the Southern Region. The program facilitates consistent, structured supervised visits and documents the parent/child interactions. The program provides transportation for children within the Southern region to and from the visits, which occur at a safe, neutral location that is conducive to family interaction. Length of stay is approximately 6 months. Visit Coaches utilize the North Carolina Family Assessment Scale for Reunification tool to develop a service plan.	Parent & Child	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem	193	71		110	45
FRS	Acenda	Family Ties - SEC	Family Ties provides up to 9 months of weekly supervised visitation for birth parents and children who are in the legal custody of DCPP and in resource placements in the Southern Region. Open to families whose primary case goal is reunification - visitation is progressive in nature and staff will teach/model/coach appropriate and effective parenting skills, provide post-visit debrief, and provide documentation that allows the Division and Courts to make more timely decisions regarding a child's permanency. Post-reunification services are available for up to 3 months if the family is reunified during the intervention.	Parent & Child	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem	218	77		120	50
FRS	Children's Home Society of NJ	Intensive Services Program	The ISP program provides a number of services to help parents increase their capacity to parent and to help them prepare for possible family reunification. These services include individual and family parent education, individual and family counseling, parent support and education groups, and therapeutic visitation.	Families who had child removed due to abuse or neglect w/DCP&P	Mercer County	83	49		99	57
FRS	Essex County College (WISE)	Parenting Skills - SEC	Wise Women's Center provides parenting skills information and training to families whose children are under the supervision of DCPP. The program is aimed at preventing child abuse and helping to establish strong family bonds. The program consists of 8 2-hour parenting group sessions offered once per week as well as 4 formal observations of the parents and children together.	Parent & Child	Essex	37	8		45	15
FRS	Acenda	Supervised Visitation	The Creative Visitation Program provides parent/child and sibling visitation for those families whose children are in out-of-home placement with DCPP in the Southern Region. The program facilitates consistent, structured supervised visits and documents the parent/child interactions. The program provides transportation for children within the Southern region to and from the visits, which occur at a safe, neutral location that is conducive to family interaction. Length of stay is approximately 6 months. Visit Coaches utilize the North Carolina Family Assessment Scale for Reunification tool to develop a service plan.	Parent & Child	Cape May	21	19		51	19
FRS	Oaks Integrated Care	Supervised Visitation	The FLC Visitation Program provides supervised visits for parents whose children are placed in foster care due to substantiated allegations of abuse/neglect. Facilitators will assess parenting skills and work with parents to engage their children in developmentally appropriate activities. Reports are entered into NJS following each visit. Transportation is provided for children residing in Burlington County. If children reside out of county or are medically fragile, DCPP will arrange transportation. No transportation is provided for parents. Visits occur at the Yates Center in Lumberton, NJ.	Parent & Child	Burlington County	16	16		16	28
FRS	Family Connections	Supportive Visitation Services (SVS)	SVS provides visitation between parents and their children who are in out-of-home placement. SVS is an innovative parent-child visitation model designed to maintain and strengthen familial interactions and facilitate permanency. SVS offers visitation along a continuum to include: therapeutic visitation, supportive visitation, relative/community partner supervised visitis, unsupervised visits and aftercare services upon reunification.	The Supportive Visitation Program (SVS) provides an array of visitation services for CP&P involved families with cases in Essex County whose children are in out-of-home placement. The program provides services to families with all case goals. These families are culturally and economically diverse.	Cases must originate in Essex County (referrals come from any of the 6 local offices)	181	63		132	40
FRS	Multi-Therapy Services, Inc.	Therapeutic & Supervised Visitation	MTS therapeutic visitation services are provided by New Jersey licensed clinicians such as a a LCSW, LPC, PHD, and LMFT.	Parent & Child	Southern New Jersey Demographic areas	16	16		28	16

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			Department of Children and Families Promoting Safe and Stable Families (Title 4b)			Actual Clients Served			Anticipated Clients Served	
Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	Individuals	Families		Individuals	Families
FRS	Mercy Center	Family Resource Center	The FRC serves as a community based social service agency, where service delivery methods are designed to address the family needs and strengthen the family system. Families have the ability to access and obtain information regarding community resources. Presentations, educational workshops, community resource guides are provided to social service providers, indivduals, organizations, churches and schools. Crisis intervention services are available to walk-ins in crisis. Families have the option of receiving direct support services on-site, or referred to the appropriate agency to adress their needs/situations.	The vulnerable/fragile families in Asbury Park, Neptune and the immediate surrounding areas, who are experiencing some level of crisis that has put their children at risk for out of home placement. FRC also serves individuals and families whose behaviors/issues created a level of instability and dysfunction that affects their ability to maintain a healthy family unit.	Monmouth County (Asbury Park and Neptune)	404	232		375	235
FSS	Acenda	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	Any parent who is pregnant or has an infant 3 months or younger, residing in Cumberland, Salem, or Gloucester County, is eligible for Healthy Families-TIP Cumberland, Salem or Gloucester. Additionally, the program is available to parents with an infant up to twelve months old if they are currently receiving or eligible to receive Temporary Assistance to Needy Families (TANF), Emergency Assistance (EA) or General Assistance (GA). Potential clients are screened for a variety of risk factors, including but not limited to teen pregnancy, first-time or subsequent pregnancy, low income, inadequate or no prenatal care, unstable housing, social isolation, depression, substance use, domestic violence and other indicators that place a child at risk of abuse and neglect.	Cumberland County, Glocester, Salem	248	248		268	268
FSS	Avanzar	Dream Free	The program provides both direct service to youth and supportive service to DCP&P caseworkers. Intensive care management, psycho-education and mentoring services are provided to youth with a specific focus on child trafficking prevention and intervention. Case consultations are provided to DCP&P staff to assist with trafficking identification, engagement strategies, case planning, and service coordination.	Youth under the age of 21 who are referred by DCP&P and either confirmed or identified as high risk for sex and/or labor trafficking.	Statewide	78	75		65	62
FSS	Care Plus NJ	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	All TANF families with children under the age of 12 months old, and new parents living in Hudson County	Hudson County	145	154		100	100
FSS	Care Plus NJ	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	The Healthy Families-TIP target population is first time families who are screened through Central Intake who reside in Bergen County and TANF recipients with a child 12 months and under.	Bergen County	123	123		82	82
FSS	Catholic Charities, Diocese of Metuchen	Therapeutic Visitation Middlesex - SEC	Therapeutic Visitation provides clients with comprehensive assessments and individualized visitation plans, therapeutic supervised visits, transportation, 24/7 crisis response, parenting education/support groups and collaboration meetings with foster parents and DCP&P case managers.	Target population is defined as any child residing in out-of-home placement and requires supervised visiation for whom DCP&P determines that family reunification is possibile within 12 months.	Middlesex	Not Available	12		Not Available	16
FSS	Children's Home Society of NJ	Ocean Therapeutic Visitation-SEC	The Ocean Therapeutic Visitation assists families with developing and enhancing positive interaction during visitation with their children. Safety and well-being are consider Birth Parents are coached by the CHS therapist in ways to positively interact with their children; are provided with assistance and educational services that will enable them to develop an understanding of the impact that foster care has on their children, and therapeutic services are provided to have birth parents develop the skills needed to help their children understand and deal with this separation and not to place blame on themselves for this separation. We also work with birth parents understanding the importance of giving their children permission to stabilize, be settled and content in their resource family placements.	The program provides therapeutic visitation services to birth families under the supervision of the New Jersey Department of Child Protection and Permanency in the Ocean North and South Local Offices.	Ocean	48	15		55	22
FSS	Children's Home Society of NJ	Ocean Reunification Services - SEC	The Ocean Reunification Program seeks to bridge together birth families, foster families, and children in foster care to ensure that reunification is successful and that children are returned to a safe and stable environment. ORP services integrate: parent-child therapeutic visitation; individual, couples, and family counseling with birth parents and/or family members; supportive counseling and outreach to children and foster parents; and weekly therapeutic parenting groups. Our philosophy, while working with the entire system, is based on a family systems model that believes in empowering families by listening to their identified strengths and needs. In addition, we believe that by providing intensive, inclusive and consistent services, families will be afforded the best outcome for a safe, timely, and effective reunification.	The program provides visitation and reunification services to families under the supervision of the New Jersey Department of Child Protection and Permanency in the Ocean North and South Local Offices.	Ocean	52	18		60	25

			Department of Children and Families Promoting Safe and Stable Families (Title 4b)			FFY22 (October 1, 2021-September 30, 2022) Actual Clients Served			FFY23 (October 1, 2022-September 30, 2023) Anticipated Clients Served	
Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	Individuals	Families		Individuals	Families
FSS	Community Treatment Solutions	Cumberland Visitation and Reunification Services - SEC	TSV provides therapeutic supervised visitation between birth parents and their children. The therapist teach, model and coach parents to ensure their children's safety and well-being. If reunification occurs, then family can receive 3 months post reunification component to ensure parent provides a safe and stable home for their children.	Parent & Child	Cumberland	13	7		24	12
FSS	Family and Children's Services	Family Reunification Services	Union FIRST (Family Intensive Reunification Services Team) provides assessments, therapeutic family visitations, case management, service referrals and supportive services for referred families (including parents, children, resource families and caregivers).	The service is a Dyad-Parent and Cailable to child; Caregiver/Parent; Families who are moving towards reunification	Union County	Not Available	Not Available		18	45
FSS	Urban League of Hudson County	UL Supervised Visitation Program	The Supervised Visitation Component is designed to offer a safe, neutral setting in which children can meet with their biological parent(s) while being observed by training professionals. These professionals are skilled at listening and observing parent/child interaction and are training to redirect and/or intervene.	The service is available to families with cases in Hudson County.	Hudson County	Not Available	13		Not Available	18
FSS	Care Plus NJ	Supervised Visitation- Bergen- SEC	Supervised Visitation - Bergen provides weekly supervised visitation groups for parents involved with DCPP and their children who have been placed in foster care. The program is designed to provide a structured and therapeutic environment for parents to meet with their children.	The service is available to those families with cases in Bergen County whose children are in out-of-home placement and supervised vistiation is required.	Bergen County	Not Available	24		Not Available	21
FSS	Community YMCA	Reunification Services - Visitation - SEC	The Reunification (Family Engagement Program, FEP) is a supervised visitation program that utilizes positive interaction, hands-on parenting techniques and modelling to strengthen the quality of the visits between parent and child. Services are provided by four full time and one part time BA level staff. Services include transportation for the children and/or parents, parenting education, case management, support service and client advocacy	Reunification (Family Engagement Program) services are available to any child, who has been placed into foster care or relative care through either one of the CP&P Local Offices in Monmouth County	Monmouth	110	19		127	33
FSS	Family Connections	Keeping Families Together (KFT)	Provide supporting housing services to children & families. Services include: clinical case management, house case management, group support	Child welfare involved families w/children out of home or at risk of placement. Homelessness must be experienced and parent has co-occurring	Essex County	251	64		268	65
FSS	Visiting Nurse And Health Services	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	The target population for the Union County Healthy Families-TIP program is any parent residing in these counties, that is pregnant or has a child under the age of three months old.	Union County	230	72		300	90
FSS	Visiting Nurse Association of Central Jersey	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	Essex VNA Healthy Families/TIP Program will serve all eligible pregnant and parenting women with a child less than 3 months who live in Essex county; the site will focus concentration on families living in the high risk towns of Newark, Irvington and the Oranges. In addition, the site will serve pregnant and parenting women who are eligible to receive TANF benefits, live in Essex County and are parenting a child less than 12 months	Essex County (focused on Newark, Irvington, the Oranges)	142	142		172	172
FSS	Visiting Nurse Association of Central Jersey	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process, which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	Available to serve all eligible pregnant and parenting women, who live in Monmouth County, with a child less than three months of age. The program also serves prenatal clients or parents who reside in Monmouth County, are receiving TANF/GA benefits, and have a child younger than 12 months in age.	Monmouth County (Asbury Park, Long Branch, Neptune, Red Bank, Keansburg, and Freehold)	178	178		216	216
					Approximate FFY22 Totals	2,670	3,280	Est. FFY23 Totals	6,290	3,126
					APSS	1174	341	APSS	477	28
					FPS	2809	1224	FPS	3082	1346
					FRS	1169	551	FRS	976	505
					FSS	1618	1164	FSS	1755	1247
					Approximate FFY22 Totals	6,770	3,280	Est. FFY23 Totals	6,290	3,126

Attachment C. 2024 APSR CPSAI Table

	Department of Children and Families Child Protection Substance Abuse Initiative					FFY22 (October 1, 2021- September 30, 2022) Actual Clients Served			FFY23 (October 1, 2022- September 30, 2023) Anticipated Clients Served*	
Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	Individuals	Families		Individuals	Families
CPSAI	Catholic Charities Diocese of Metuchen	Child Protection Substance Abuse Initiative	The Catholic Charities Diocese of Metuchen CPSAI Program outposts Certified Drug and Alcohol Counselors (CADC) and counselor aides in the Division of Child Protection and Permanency (CP&P) local offices in the counties of Essex, Middlesex, and Union. This program provides consultation services with DCP&P workers as needed, to identify appropriate parents/caregivers to be assessed for a substance use disorder, to assess CP&P parents/caregivers for a substance use disorder, including urine drug screen, and to case manage those individuals referred to treatment. CPSAI provides early identification and assessment of the severity of the addictive disorder. Offers expertise in Substance Use Disorders by participation in the local office staff meetings, Child welfare Consortiums, participation in Family Team Meetings, focus on Supervision and Child Stat, when requested, Plans of Safe Care multi-disciplinary team meetings and Early Childhood Conference. PRSS is offered in the CP&P local offices to provide recovery support to the parent/caregiver, who meet the criteria. The referral is made via CPSAI or DCP&P caseworker to target primarily permanency cases with a history of intervention due to substance use disorder. This is not a clinical process. PRSS provide support through shared life experiences to assist in navigating the recovery community and process.	Parents/Caregivers of children that are involved with DCP&P; adults that live in the household with the child(ren) who are involved with DCP&P and individuals who are being considered as Adoptive or Resource Families but have a history of substance use or abuse.	Essex, Middlesex, and Union Counties	1,470	Not Available		1,050	Not Available
CPSAI	Center for Family Services	Child Protection Substance Abuse Initiative	Consultation with CP&P workers as needed to identify appropriate parents/caregivers to be assessed. Standardized substance use disorder assessments, including urine drug screens, referral and case management to, and advocacy for, appropriate levels of treatment. Substance use disorder trainings for CP&P staff to facilitate the early identification of a potential substance use disorder. Identification of parents/caregivers appropriate for Work First New Jersey Substance Abuse Initiative (SAI) and coordination of treatment placement. Collaboration with provider agencies for treatment coordination, follow up, and monitoring of treatment compliance in keeping with current case closing protocols. Transportation and support services. Offers expertise in Substance Use Disorders by participation in the local office staff meetings, Child welfare Consortiums, participation in Family Team Meetings, focus on Supervision and Child Stat, when requested, Plans of Safe Care multi-disciplinary team meetings and Early Childhood Conference. Ongoing written and verbal case conferencing with DCP&P Staff. Referral to Peer Recovery Support Specialist (PRSS) Services by CPSAI staff and assisting DCP&P staff with referrals. Systems coordination facilitating communication between DCP&P (Camden Co) and local county welfare agency.	Caregivers who are under investigation by or supervision of DCP&P, to rule out substance use disorder as a precipitating or coexisting factor to child abuse/neglect. Adult parents/caregivers who received a DSM V diagnosis are referred to the appropriate level of treatment.	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem Counties	983	Not Available		4,350	Not Available
CPSAI	Preferred Behavioral Health Group	Child Protection Substance Abuse Initiative	Preferred Behavioral Health (PBH), Child Protection Substance Abuse Initiative (CPSAI) provides substance use assessments, extended assessments, referral, case management, motivational interviewing, Peer Recovery Support Specialist (PRSS) services, transportation and chain of custody drug screenings for families associated with the Department of Children and Families (DCF), CP&P. CPSAI offers expertise in Substance Use Disorders by offering training, consultation, participation in the local office staff meetings, Child welfare Consortiums, participation in Family Team Meetings, focus on Supervision and Child Stat, when requested, Plans of Safe Care multi-disciplinary team meetings and Early Childhood Conference. The goal of CPSAI is to ensure child safety by assisting CP&P with the identification of a parent/caregiver involvement with substance use by providing a comprehensive substance use assessment to ascertain the appropriate level of care for the parent/caregiver involved with the DCF-CP&P	Individuals/caregivers involved with the DCF - CP&P due to allegations of substance use.	Bergen, Hudson, Hunterdon, Mercer, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex and Warren Counties.	3,342	Not Available		3,354	Not Available
					Actual Approximate FFY22 Totals	5,795	N/A	Est. FFY23 Totals	8,754	N/A

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES

PHIL MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

June 27, 2023

Ms. Elayne Weitz, PsyD
Acting Chair
New Jersey Child Fatality & Near Fatality Review Board

Dear Ms. Weitz,

I am in receipt of the 2022 New Jersey Child Fatality and Near Fatality Review Board (CFNRB) Annual Report. On behalf of the New Jersey Department of Children and Families, I want to thank you and all the members of the Review Board, comprised of a multi-disciplinary team of experts from across the state representing the State CFNFRB, the Northern, Central, and Southern Community-Based Teams, the Suicide Subcommittee, and the Sudden Unexplained Infant Death Subcommittee, for their diligence and dedication in this critically important work.

Tasked with reviewing the facts and circumstance surrounding child fatalities and near fatalities, the Board and its five regional and subject matter teams help determine the cause of these tragic incidents, identify opportunities to improve our practice and engagement at various systems' touch points, and recommend strategies to prevent the loss of any child in New Jersey.

The 2022 CFNFRB Report covers the child fatalities and near fatalities that occurred in calendar year 2018. Among the Board's recommendations, is a continued focus on system collaboration and coordination, and opportunities for the identification and implementation of prevention strategies, particularly as it relates to youth suicide, substance use and misuse, and drowning fatalities, as well as preventable near fatalities of young children.

The Board's findings and recommendations underscore some of the challenges facing New Jersey's child welfare system, as well as those facing many jurisdictions across the nation. We have witnessed children and families grapple with these same issues in the last several years, and we have watched as those issues have been further exacerbated by the COVID-19 Pandemic.

The last few years have not been easy to navigate for children, youth, and families. While the pandemic is over, the effects of the pandemic remain. Families are trying to get back on solid footing—socially, emotionally, and economically—and youth are in the midst of a mental health crisis, experiencing increased levels of anxiety, stress, and depression.

We recognize that addressing youth mental health requires an innovative and bold approach. In the upcoming school year, DCF will be launching the New Jersey for Student Support Services

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Network, or NJ4S, to expand the ways and places that youth and families can access prevention services. This new model will create 15 regional hubs to support statewide delivery of services in schools, as well as other trusted locations in the community including libraries, community centers, faith-based-organizations, and Family Success Centers. NJ4S will help support, and integrate with, a full continuum of services, from prevention to intervention and postvention services, provided through our Children's System of Care.

We also recognize that the youngest children are the most vulnerable to abuse and neglect. It's partly why New Jersey has long focused on enhancing a robust prevention service array, so we can better reach families before a crisis occurs and prevent a tragedy due to the distress a parent and/or caregiver might be under. We understand that the earlier we can reach and support parents, the better.

DCF has been working to implement Universal Home Visiting, allowing every family—traditional, resource, and adoptive, as well as families that have experienced the tragedy of stillbirth—the option to meet in their home with a registered nurse within the first few weeks after birth. Universal Home Visiting is a key component in New Jersey First Lady Tammy Murphy's Nurture NJ initiative, which is focused on improving maternal and infant health in New Jersey. This program will augment the existing home visiting models currently operating in our state and will help ensure the physical and emotional well-being of infants, children, and their families through community-based education and in-home support to parents. It is expected that the program will be accepting referrals in select counties in early 2024.

In addition, through the Family First Prevention Services Act (FFPA) enacted in 2018, we have the opportunity to expand our prevention-oriented services available to all New Jersey families, regardless of their status or involvement with the state's child welfare system. In fact, DCF recently submitted its five-year plan to the federal government to enhance its prevention service array.

Our Plans of Safe Care, an initiative under the purview of our Children's System of Care, is an initiative that supports moms of infants with substance use issues.

While these are only some of the department's initiatives that speak to the findings and recommendations outlined by the Board's report, I look forward to continuing discussions with you and the Board members, working together to identify areas we can improve, to ensure that all children and families have the supports they need to remain safe and thrive.

Thank you again for your commitment and ongoing partnership in support of the children and families of New Jersey.

Sincerely,

Christine Beyer

Christine Norbut Beyer, MSW
Commissioner, NJ Department of Children and Families

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES

PHIL MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

June 27, 2023

Mary Coogan
Co-Chair, New Jersey Task Force on Child Abuse and Neglect (NJTFCAN)
President & CEO
Advocates for Children of New Jersey

Dear Ms. Coogan,

I have received the 12th Annual NJTFCAN report for the period between July 2021 and June 2022. On behalf of the New Jersey Department of Children and Families (NJ DCF), thank you and the members of the Task Force for your ongoing partnership, advocacy, and support. New Jersey's families and communities are stronger because of your work.

The Task Force recommended that the Department continues to partner with those with lived experience to inform or reform policy and practice. DCF has every intention of continuing this work and expanding its reach through existing work efforts through the Office of Family Voice and through Powerful Families, Powerful Communities, NJ.

As you know, the DCF Youth Council – a group of young people with lived experience with the Children's System of Care, the Division of Child Protection and Permanency, or other DCF services – this year celebrated the passage of the Sibling Bill of Rights, which was designed to keep siblings together or in contact throughout the duration of their involvement with DCP&P, when it is in the children's best interest. This group of about 20 young people worked together with our Office of Family Voice to research, write, advocate for, and help promote the passage of this law.

The Office of Family Voice is also actively working with fathers who have lived experience in DCF systems. I've personally met several times with the Fatherhood Engagement Committee to hear their recommendations, and sister state agencies, community stakeholders, and system partners also regularly seek their input. Earlier this month, I signed a "Commitment to Fathers" administrative order that codifies DCF's work to address the needs of fathers navigating the child welfare system.
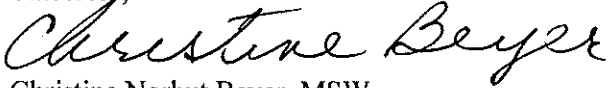
The Task Force also recommended we continue our commitment to ensuring that children and families affected by child-on-child sexual abuse and activity have access to appropriate services. Last month, DCF released the "Framework for Support and Healing in Problematic Sexual Behavior (PSB) Cases", which was created in collaboration with the multi-disciplinary PSB Workgroup. Through a new $5 million "Child Treatment Assistance Fund" in Governor Murphy's proposed Fiscal Year 2024 budget, we now have the necessary financial support to help both the child actor and the child victim in these situations, with or without an open DCP&P case and regardless of families' ability to pay.

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Additionally, the framework identifies the need for mental health providers to receive training in evidence-based supports for youth who are involved in PSB cases. According to national statistics, in 98% of cases when therapeutic resources were made available, child actors of problematic sexual behavior did not repeat the behavior. The framework prepared by the PSB workgroup includes a plan for broad training, to educate professionals from every sector who work with youth.

I look forward to our continued partnership as we help all New Jerseyans to be safe, healthy, and connected.

Sincerely,

Christine Norbut Beyer, MSW
Commissioner, NJ Department of Children and Families

State of New Jersey
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Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

June 27, 2023

Marygrace Billek, M.S.S.W.
Chair, Staffing Oversight and Review Subcommittee
New Jersey Task Force on Child Abuse and Neglect (NJTFCAN)
Human Services Director
Mercer County Department of Human Services

Dear Ms. Billek,

I am in receipt of the latest New Jersey Task Force on Child Abuse and Neglect, Staffing Oversight and Review Subcommittee (SORS) report for the period of July 1, 2021 through June 30, 2022. As always, I am grateful to you and the members of the SORS panel for your diligence and thoughtful analysis of the issues most relevant to our shared work to ensure that all New Jersey families are safe, healthy, and connected.

As indicated in your report, this review comes at a time when the Department of Children and Families faces a crossroads in its practice. During this latest review period, NJ DCF negotiated an exit from twenty years of federal oversight for the Division of Child Protection and Permanency that began when the state reached a settlement agreement with all parties in the matter of *Charlie and Nadine H. v. Whitman* in 2003. Key to the department's most recent negotiations for exit from the federal consent decree was the creation of new legislation that elevates the SORS panel to serve as a mechanism for ongoing transparency and public accountability through the annual review of case practice and workload standards.

This is a charge that I am confident that you and the members of the SORS panel will be able to carry out, and I look forward to working with you in the months and years ahead toward that end.

At the same time, and for the last several years, the Department has built out its own capacity to self-monitor, to learn from our work and to engage in continuous quality improvement, to ensure better outcomes for the families we serve. We are not looking to replicate the work of the federal monitor, as we have grown in our sophistication to monitor our own work. However, we welcome your panel as a needed partner, to offer a necessary check and balance, and specifically to ensure that we remain compliant with the new state law around caseload standards for our case-carrying workforce.

It should also be noted that the work of DCP&P does not occur in a vacuum. Your report alluded to partnerships between DCP&P and the Children's System of Care to support the needs

of families navigating the behavioral, emotional, and developmental health safety net. You also spoke to the importance of our prevention services array – overseen by our Division of Family and Community Partnerships – and our transformation as a system from one that was exclusively child-focused to one that accounts for and works towards the wellbeing of the entire family through proactive prevention.

I encourage you to continue to look to the entire child- and family-serving system in New Jersey, and to continue to make connections to ensure that all facets of our system are moving together in unison, to the benefit of all New Jersey residents.

Thank you again for your ongoing partnership, and I look forward to our continued work together as the SORS panel takes on new responsibilities under the terms of our exit from federal oversight. If I or any member of my team can ever be helpful to you in accomplishing the important work of the SORS panel, please do not hesitate to reach out.

Sincerely,

Christine Norbut Beyer, MSW
Commissioner, NJ Department of Children and Families

Attachment G. Table of Organization

NJ DCF COMMISSIONER

- Diversity, Equity and Belonging
- Family Voice
- Powerful Families Powerful Communities
- Resilience
- Staff Health and Wellness

Chief Financial Officer
- Contracting
- Revenue
- Accounting
- Procurement
- Budgeting

First Deputy Commissioner
- Monitoring
- Strategic Development
- Sustainability & Exit Plan

Family & Community Partnerships
- Community Prevention
- Early Childhood Services
- Family Preservation & Reunification
- Family Support Services
- Housing
- NJ Task Force on Child Abuse & Neglect
- School Linked Services

Analytics and Systems Improvement
- Applied Research & Evaluation
- Data Management & Reporting
- Quality
- Fatality Review

Chief of Staff
- Communications & Public Affairs
- Community Outreach
- Constituent Relations
- Legislative Affairs

Deputy Commissioner Administration
- Human Resources
- Information Technology
- Training & Professional Development
- Facilities
- Emergency Management Services
- Security Operations

Child Protection & Permanency
- 9 Area Offices and 46 Local Offices
- Adoption Operations, Resource Families
- State Central Registry
- Adolescent Services

Children's System of Care
- Clinical Services
- Integrated Health and Wellness
- Constituent Affairs
- Community Services
- Residential Services
- Engagement and Service Excellence

Division on Women
- Displaced Homemaker Services
- Domestic Violence Services
- Empowerment Initiatives
- Sexual Violence Direct Services
- Sexual Violence Prevention Services

Deputy Commissioner Policy, Legal Affairs and Compliance
- Policy, Oversight & Regulatory Affairs
- Conflict Unit
- Grants, Integrity & Accountability
- Institutional Abuse Investigation Unit
- Licensing
- Policy
- Employee Relations
- Equal Employment Opportunity
- Legal Affairs
- Litigation Liaison/Records
- Office of Education
- 14 Regional Schools

Attachment H. 2024 APSR Acronym List

Acronym	Meaning
A	
AAAQ	Availability, Accessibility, Acceptability and Quality Framework
AAH	Adolescent Housing Hub
ACAF	All Children-All Families
ACEs	Adverse Childhood Experiences
ACF	Administration for Children and Families
ACNJ	Advocates for the Children of New Jersey
AFCARS	Adoption and Foster Care Analysis and Reporting System
AOC	Administrative Office of the Courts
APHSA	American Public Human Services Association
APN	Advanced Practical Nurse
APSR	Annual Program and Services Report
ARE	Applied Research and Evaluation
ASFA	Adoption and Safe Families Act
ASI	Analytics and Systems Improvement
B	
BCWEP	Baccalaureate Child Welfare Education Program
BFPP	Birth and Foster Parent Partnership
BIA	Bureau of Indian Affairs
C	
CAG	Chafee Advisory Group
CAPTA	Child Abuse Prevention Treatment Act
CARA	Comprehensive Addiction and Recovery Act
CB	Children's Bureau
CBCAP	Community-Based Child Abuse Prevention
CCWIS	Comprehensive Child Welfare Information System
CCYCs	County Councils for Young Children
CDAC	Certified Drug and Alcohol Counselor
CDB	Central Database
CDC	Center for Disease Control
CECANF	Commission to Eliminate Child Abuse and Neglect Fatalities
CFNFRB	Child Fatality and Near Fatality Review Board
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CHCS	Center for Health Care Strategies
CHP	Child Health Program
CHRI	Criminal History Record Information
CHU	Child Health Unit
CIC	Children in Court
CICAC	Children in Court Advisory Committee
CICIC	Children in Court Improvement Committee
CJA	Children's Justice Act

Acronym	Meaning
CLIP	Center for Learning and Improving Performance
CLSA	Casey Life Skills Assessment
CME	Comprehensive Medical Exam
CMO	Care Management Organization
CMS	Contract Management System
COA	Cost of Attendance
CoCs	Continuums of Care
COG	Continuity of Government
COOP	Continuity of Operations Plan
CoQI	Collaborative Quality Improvement
CP&P	Child Protection and Permanency
CPS	Child Protective Services
CPSAI	Child Protection Substance Abuse Initiative
CQI	Continuous Quality Improvement
CS	Collaborative Safety
CSE	Coordinated State Evaluation
CSH	Corporation for Supportive Housing
CSOC	Children's System of Care
CTH	Connect to Home Initiative
CWS	Child Welfare Services
D	
DCA	New Jersey Department of Community Affairs
DCF	New Jersey Department of Children and Families
DCF-OEM	Department of Children and Families' Office of Emergency Management
DEB	Office Of Diversity, Equity and Belonging
DHS	New Jersey Department of Human Services
DMAHS	New Jersey Division of Medical Assistance and Health Services
DMHAS	Division of Mental Health and Addiction Services
DOE	New Jersey Department of Education
DOH	New Jersey Department of Health
DOW	Division on Women
DREAMS	Developing Resiliency with Engaging Approaches to Maximize Success
DVL	Domestic Violence Liaison
E	
EBPs	Evidenced-Based Programs
EBSU	Enterprise Business Systems Unit
ECCS	Early Childhood Comprehensive Systems Initiative
ECS	Early Childhood Specialist
EMAC	Emergency Management Assistance Compact
Embrella	Embracing and Empowering Families
EMMIT	Emergency Management Mapping and Information Tracking
EOF	Education Opportunity Fund Program
ESF	Emergency Support Function

Acronym	Meaning
ETV	Education Training Voucher
F	
FAFSA	Free Application for Federal Student Aid
FCI	Family Connects International
FCIRU	Fatality and Critical Incident Review Unit
FCP	Family and Community Partnerships
FEC	Fatherhood Engagement Committee
FEMA	Federal Emergency Management Agency
FFY	Federal Fiscal Year
FFPSA	Family First Prevention Services Act
FPS	Family Preservation Services
FSCs	Family Success Centers
FSS	Family Service Specialist
FYI	Foster Youth to Independence Initiative
G	
GPA	Grade Point Average
GSA	Gay-Straight Alliance
H	
HESAA	Higher Education Student Assistance Authority
HMFA	Housing and Mortgage Finance Agency
HMG NJ	Help Me Grow New Jersey
HMO	Health Maintenance Organization
HOPE	Harnessing Opportunity for Positive Equitable Early Childhood Development
HSAC	Human Service Advisory Council
HUD	Office of Housing and Urban Development
I	
ICPC	Interstate Compact of the Placement of Children
ICWA	Indian Child Welfare Act
ICS	Incident Command System
IECMH	Infant and Early Childhood Mental Health
IHRP	In-Home Recovery Program
IL	Independent Living
IPS	Improvement Planning Session
IRECW	Intent to Remain Employed in Child Welfare
ISS	International Social Services
IT	Information Technology
J	
JDAI	Juvenile Detention Alternatives Initiative
JHU	Johns Hopkins university
JJC	Juvenile Justice Commission
K	
KFT	Keeping Families Together
KLG	Kinship Legal Guardianship

Acronym	Meaning
L	
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and more identities denoted by the +
LIS	Licensing Information System
LI2	Learn, Innovate, Improve
LOM	Local Office Manager
LTC	Leadership Transformation Collaborative
M	
MAT	Medication-Assisted Treatment
MCMS	Modular Case Management System
MDT	Multi-Disciplinary Team
MEYA	Medicaid Extension for Young Adults
MIECHV	Maternal Infant Early Childhood Home Visiting
MOA	Memorandum of Agreement
MRSS	Mobile Response and Stabilization Services
M-WRAP	Maternal Wraparound Program
N	
NCANDS	National Child Abuse and Neglect Data System
NEICE	National Electronic Interstate Compact Enterprise
NFR-CRS	National Fatality Review Case Reporting System
NGO	Non-Governmental Organization
NHA	Nurtured Heart Approach
NIMS	National Incident Management System
NJAAP	New Jersey Chapter of the American Academy of Pediatrics
NJARCH	New Jersey Adoption Resource Clearing House
NJCAN	New Jersey Career Assistance Navigator
NJCC	New Jersey Coordination Center
NJCWTP	New Jersey Child Welfare Training Partnership
NJEA	New Jersey Education Association
NJ-EASEL	New Jersey Enterprise Analysis System for Early Learning
NJFCS	New Jersey Foster Care Scholars
NJ4S	New Jersey Student Support Services Network
NJGAINED	New Jersey Group for Access and Integration Needs in Emergencies and Disasters
NJ KNP	New Jersey Kinship Navigator Program
NJOEM	New Jersey Office of Emergency Management
NJ OIT	New Jersey Office of Information Technology
NJS AGC	NJ SPIRIT Application Governance Committee
NJSP	New Jersey State Police
NJTFCAN	New Jersey Task Force on Child Abuse and Neglect
NJYRS	New Jersey Youth Resource Spot
NPCS	National Partnership for Child Safety
NJVOD	New Jersey Voluntary Organizations Active in Disasters
NWS	National Weather Service

Acronym	Meaning
NYTD	National Youth in Transition Database
O	
OAS	Office of Adolescent Services
OECS	Office of Early Childhood Services
OER	Office of Employee Relations
OFV	Office of Family Voice
OHR	Office of Human Resources
OHSP	Office of Homeland Security and Preparedness
OIHW	Office of Integrated Health and Wellness
OIT	Office of Information Technology
OOE	Office of Education
OOH	Office of Housing
OOL	Office of Licensing
OOM	Office Of Monitoring
OOQ	Office of Quality
OOR	Office of Resilience
OPD	Office of the Public Defender
OPRD	Office of Policy and Regulatory Development
OSD	Office of Strategic Development
OSHW	Office of Staff Health and Wellness
OSRI	On-Site Review Instrument
OSW	One Simple Wish
OTPD	Office of Training and Professional Development
P	
PACES	Pathways to Academic and Career Exploration to Success
PACEs	Positive and Adverse Childhood Experiences
PAP	Predict Align Prevent
PBC	Placed Based Community
PCP	Primary Care Physician
PFPC	Powerful Families, Powerful Communities
PIP	Program Improvement Plan
PLP	Parent Linking Program
PPA	Pre-Placement Assessment
PPE	Personal Protective Equipment
PRIDE	Parent Resources for Information, Development and Education
PRSS	Peer Recovery Support Specialist
PSA	Public Service Announcement
PSSF	Promoting Safe and Stable Families
P2P	Peer-to-Peer
PYPIC	Parenting Young People in Care
Q	
QI-STUDY	Quality Improvement Study
QPR	Quality Performance Review
QR	Quality Review

Acronym	Meaning
R	
RDTCs	Regional Diagnostic Treatment Centers
RESC	Race Equity Steering Committee
RFP	Request for Proposal
RFQ	Request for Qualifications
S	
SAFE	Structured Analysis Family Evaluation
SAGE	System for Administering Grants Electronically
SAP	Satisfactory Academic Progress
SBC	Solution Based Casework
SBYSP	School-Based Youth Services Program
SCR	State Central Registry
SDM	Structured Decision Making
SEOC	State Emergency Operations Center
SFY	State Fiscal Year
SIBS	Siblings in Best Settings
SORS	Staffing and Oversight Review Subcommittee
SVS	Supportive Visitation Services
T	
TANF	Temporary Assistance for Needy Families
TMC	Tricia Mosher Consulting, LLC
TOT	Training of Trainers
TPR	Termination of Parental Rights
TPYS	Transitional Plan for Youth Success
TTI	Transgender Training Institute
U	
UHV	Universal Home Visiting
Y	
YASS	Young Adult Services Study