



# ANNUAL AGENCY PERFORMANCE REPORT



FISCAL YEAR 2011  
July 1, 2010 - June 30, 2011

Allison Blake, PhD, LSW, Commissioner





## Commissioner's Message

Dear Colleagues,

I am pleased to provide you with our Fiscal Year 2011 Annual Agency Performance Report which highlights the work and progress of the New Jersey Department of Children and Families (DCF). This report provides an overview of DCF's accomplishments in maintaining the safety, permanency and well-being of New Jersey's children and strengthening families across our state. The information shared in this report exemplifies the hard work of our staff and community partners – who play a key role in accomplishing our goals.

Some of the key milestones I am excited to highlight include the 10 year anniversary of New Jersey's Child Behavioral Health System of Care, the expansion of adolescent services for vulnerable youth, our domestic violence liaison program to strengthen coordination between child protection and domestic violence services, and the implementation of our educational stability program for children in foster care.

Also included in the report is information about how we are increasing our technological capabilities and maximizing our case practice efforts toward supporting better partnerships with the families we serve.

We remain committed to include not only the voice of the children and families we serve in our daily work, but also that of our key stakeholders and community partners. As this year's report went to print many of you had just participated in the data gathering phase of our Strategic Planning Process, a new initiative underway that will assist us in mapping out our future work.

I hope you enjoy reading about our accomplishments - so many of them would not have been possible without the support of the community and the families we work with every day. Thank you for all you have done to strengthen and support New Jersey's child welfare system.

In partnership,

A handwritten signature in black ink that reads "Allison Blake". The signature is written in a cursive, flowing style.

Allison Blake, PhD, LSW  
Commissioner  
New Jersey Department of Children and Families

# Table of Contents

<b>Department of Children and Families</b> .....	<b>1</b>
Overview of Achievements .....	2
<b>Division of Youth and Family Services</b> .....	<b>3</b>
Children Served by the Division of Youth and Family Services .....	3
Case Practice in DYFS .....	4
Maintaining Manageable Caseloads for DYFS Caseworkers .....	5
Adoption and Permanency for Children .....	5
Recruiting and Licensing Resource Family Homes .....	6
Hotline Calls to Central Screening .....	8
Hotline Calls to Central Screening and Institutional Abuse .....	9
Health Care Outcomes for Children in Out-of-Home Care .....	10
NJ Spirit .....	12
<b>Division of Child Behavioral Health Services</b> .....	<b>13</b>
<b>Division of Prevention and Community Partnerships</b> .....	<b>18</b>
<b>Office of Adolescent Services</b> .....	<b>22</b>
<b>Department of Children and Families Interdepartmental Initiatives</b> .....	<b>24</b>
Managing by Data .....	24
The Role of Psychotropic Medications .....	25
Domestic Violence Initiatives .....	26
Contract Reform Workgroup .....	27
Educational Stability for Children in Out-of-Home Placement .....	28
Sustaining the Progress .....	29
<b>Appendices A-D</b> .....	<b>i-ix</b>



# DEPARTMENT OF CHILDREN AND FAMILIES

The Department of Children and Families (DCF) is the state agency charged with serving and safeguarding the most vulnerable children and families in the state. DCF, staffed by approximately 6,600 employees, encompasses:

- ▶ *Division of Youth and Family Services (DYFS)*
- ▶ *Division of Child Behavioral Health Services (DCBHS)*
- ▶ *Division of Prevention and Community Partnerships (DPCP)*
- ▶ *Institutional Abuse Investigation Unit (IAIU)*
- ▶ *State Central Registry/Child Abuse and Neglect Hotline (SCR)*
- ▶ *Office of Licensing (OOL)*
- ▶ *Office of Education (OOE)*
- ▶ *Office of Adolescent Services (OAS)*
- ▶ *Office of Advocacy (OOA)*

DCF's primary mission is focused on strengthening families and achieving safety, permanency, and well-being for New Jersey's children. The department's priorities are focused on:

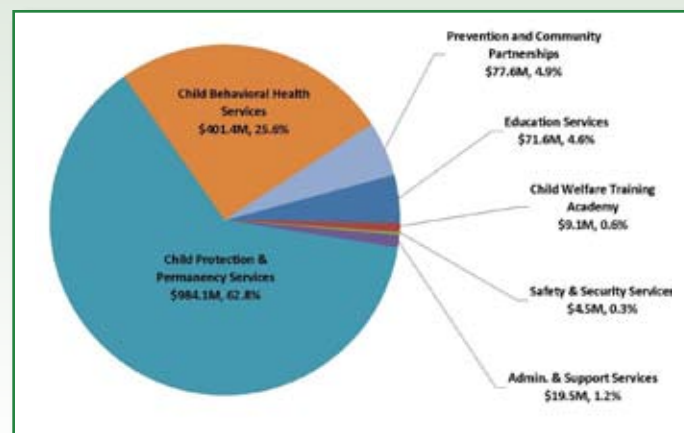
- ▶ Maintaining manageable caseloads for DYFS staff
- ▶ Continuing the implementation of DCF's case practice change and sustaining that practice
- ▶ Continuing to move children to permanency in a safe and timely manner
- ▶ Continuing to recruit safe and loving foster homes for our most vulnerable children
- ▶ Building capacity in the child behavioral health system to serve more children and families in community-based settings
- ▶ Working to prevent child abuse and neglect by strengthening families and communities
- ▶ Collaborating with stakeholders and community partners to improve outcomes for New Jersey's most vulnerable children and families
- ▶ Improving health care outcomes for children in DCF's care
- ▶ Providing transitioning adolescents with supports and services so that they can become independent and self-sufficient adults
- ▶ Continuing our work towards becoming a learning organization, able to self-correct as needed

DCF's budget in Fiscal Year 2011 represented continued preservation for essential and direct care services for the state's most vulnerable children and families.

Fiscal Year 2011 Appropriations  
for DCF Total:  
**\$1.57 Billion**  
(with state, federal and dedicated funds)

Breakdown of State Funds:  
**\$1.04 Billion**

## FY 2011 Budget Information



## Overview of Achievements

- ▶ Safely and successfully reduced the number of children in foster care by approximately nine percent — from 7,861 in Fiscal Year 2010 to 7,197 children by June, Fiscal Year 2011.
- ▶ Finalized 1,127 adoptions in Fiscal Year 2011, and achieved permanency for 18 youth ages 18 to 21.
- ▶ In Fiscal Year 2011, DYFS licensed 1,581 new resource families. Almost half of these families (731) were kinship providers. The placement of more children with kin has resulted in more substantial and expeditious permanency outcomes for children.
- ▶ Provided extensive case practice training and coaching to nine DYFS local offices bringing the total number to 34 offices trained. The final phase will take place in 2012 with our remaining 13 offices scheduled to complete this intensive training.
- ▶ Continued to maintain manageable caseloads for caseworkers serving New Jersey’s most vulnerable children and families.
- ▶ Reduced the number of youth sent out of state to just 11 by July 2011.
- ▶ Increased access to and improved health care for children in the state’s care through the establishment of Child Health Units.
- ▶ Served more than 50,000 families in Fiscal Year 2011 through the state’s network of 37 neighborhood-based Family Success Centers.
- ▶ Served 2,885 families through the home visiting programs in Fiscal Year 2011.
- ▶ Maintained the same school placement for the majority (77%) of children entering foster care.



### About the Modified Settlement Agreement

New Jersey’s Modified Settlement Agreement (MSA), which is divided into two phases, is the blueprint for child welfare reform in New Jersey. The first phase - July 2006 to December 2008 - focused on the fundamentals of child welfare, including caseloads, the development of data, improving adoption, and improving institutional investigations. The second phase, which began in January 2009, focuses on outcomes for children and families, such as providing improved access to healthcare for children in the state’s care.

*“The number of children placed out-of-state for treatment has continued to dramatically decline.”*

Monitoring Report for Charlie and Nadine H. v. Christie  
 July 1 - December 31, 2010





## Children Served by the Division of Youth and Family Services

Entering FY 2005, NJ had almost 13,000 children in out-of-home care. By the end of FY 2011, the number of children declined to about 7,200, a 44 percent decrease. This decrease reflects our practice change which has resulted in us serving more children in their own homes.

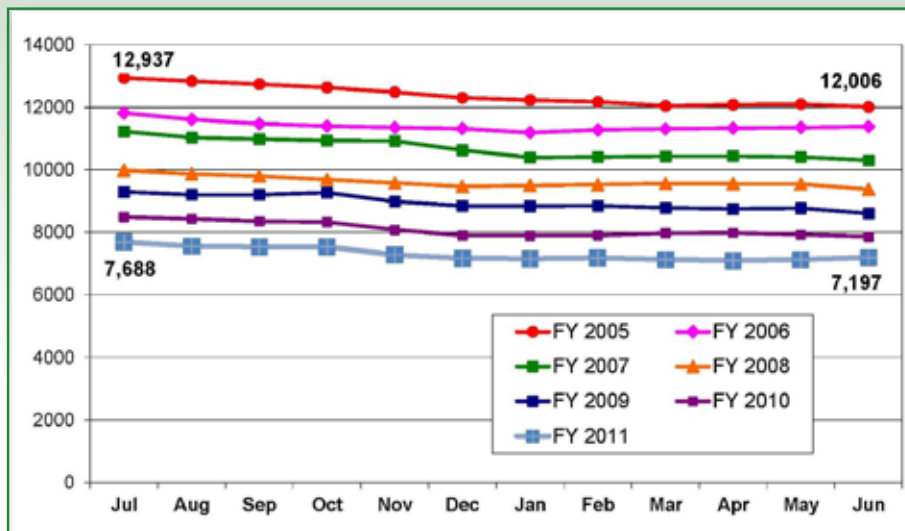
- ▶ At the end of FY 2011, the Division of Youth and Family Services served approximately 48,000 youth both in- and out-of-home.<sup>1</sup>
- ▶ Approximately 73 percent of the children served by DYFS (both in and out-of-home) are under the age of 12.<sup>2</sup>
- ▶ For the children in out-of-home placement, most are placed in family settings, either with a foster/adoptive home or with relatives.

**Children in DYFS Out-of-Home Placement<sup>3</sup>  
Placement Types – FY08 v. FY11**

	7/08	7/09	7/10	7/11
Independent Living	156	201	180	182
Group Homes and Residential	1,247	1,069	924	723
Kinship and Relative	3,548	3,029	2,629	2,393
Resource Family (non-kin)	4,424	4,304	4,128	3,899
<b>TOTAL</b>	<b>9,375</b>	<b>8,603</b>	<b>7,861</b>	<b>7,197</b>

The number of children in placement has declined 44% from July 2004 to June 2011

**Children in DYFS Out-of-Home Placement FY 2005 - FY 2011**



<sup>1</sup> See Appendix C for full chart comparisons on the total number of children and families served by DYFS.

<sup>2</sup> See Appendix C for full charts on the gender, age and race of children served by DYFS, including the total population of children, children served in their homes, and children in out-of-home placement.

<sup>3</sup> See Appendix C for breakout of children in out-of-home placement by county.

## Case Practice in DYFS

New Jersey has continued to implement a case practice model focused on empowering families by identifying their individual strengths and needs.

In 2007, DCF published – for the first time in DYFS’ history - a model of case practice that details how we want to work with children and families. That model identified family engagement as a core strategy, and it articulates how DCF expects children and families to be treated and how they and their natural supports will be engaged and included in decisions affecting each child’s safety, permanency, and well-being.

DCF initially selected four local DYFS offices – Bergen Central, Burlington East, Gloucester West and Mercer North – to serve as the first immersion sites for more extensive case practice training and coaching. Since that time, a total of 34 offices have completed training. Our final phase will take place by May 2012 with our remaining 13 offices scheduled to complete this extended and intensive training.

In addition to immersing the remaining offices, DYFS is supporting sustainability by observing and reviewing completed Family Team Meetings and assessing for quality. DYFS staff also are being trained on the use of the Mental Health Screening Tool which, in conjunction with the Child Health Units, will help ensure that all children who need mental health services are identified. As staff are trained, they will use this screening tool for children on their caseloads. (See page 11 for more information on this initiative.)

During the next year, DYFS will enhance our communication with families by making a language line service available to all caseworkers. This language line will be able to assist workers, either in the office or at a family’s home, with translation services in any language.

### Mother Receives Needed Treatment

Deb, a single mother of two, was referred to the Center for Family Services’ (CFS) Family First Program, an outpatient substance abuse program for women with children. When Deb entered the program, she was suffering from depression, and was unwilling to participate in group therapy, but shared with her counselor that her story began when she was arrested for possession of heroin and cocaine. That same night, she was admitted to a hospital crisis unit and tested positive for several drugs. DYFS became involved and her children were placed with a relative to ensure their safety. She was referred for a psychiatric evaluation and medication was prescribed to help with depression. Reluctantly, Deb complied with the medication although she felt that it showed a sign of weakness. After a month into the Family First Program, Deb was allowed to see her children more often. Having visitation with her children gave Deb a sense of security and she started having a positive attitude towards treatment and began attending Alcoholics Anonymous meetings. As Deb became more engaged in group, she started to take better care of herself, and her appearance. Deb was excited about her new lease on life and it showed by the smile on her face. A few weeks later, Deb transitioned to a lower level of care, she was reunited with her children and she started receiving in-home counseling to help with the transition. Deb is now an alumni speaker for new Family First clients and is always willing to share her story of encouragement and hope. She is forever grateful to the CFS staff who were with her every step of the way and helped her to succeed.

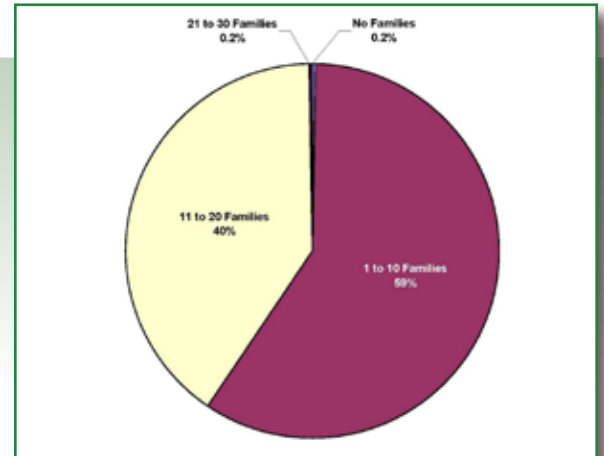
## Maintaining Manageable Caseloads for DYFS Caseworkers

Manageable caseloads in the child welfare system allow us to engage the families we serve.

Families receive the necessary attention and services they need from child welfare staff when caseloads are manageable.

In March 2006, more than 100 caseworkers had caseloads of more than 30 families. With that many families, workers could not do the real work of child welfare – engaging and teaming with children and families to achieve better outcomes. As of June 2011, the average caseload was under 10 families.<sup>4</sup>

Average Caseload Size, Statewide as of June 2011

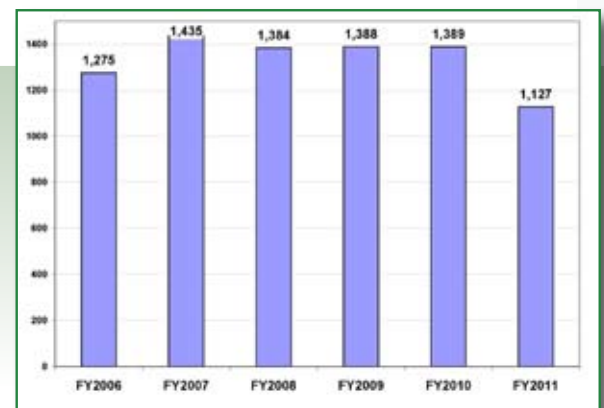


## Adoption and Permanency for Children

Throughout Fiscal Year 2011, DCF continued to maintain its success in achieving permanency for children through adoption. Since 2006, a time during which major changes to the structure of Adoption Operations occurred and adoption units were integrated into the local offices, over 7,900 children have achieved permanent homes through finalized adoptions. As a result of achieving better success in our permanency efforts, we continue to anticipate a decrease in the overall number of legally free children awaiting permanency. As our pool of legally free children awaiting placement has decreased and our diligent efforts continued towards finding homes for some of our most needy children, we are pleased to report that we continue to surpass our anticipated goals for adoption success within this group of waiting children. DCF also continues its progress in seeing that more children are achieving finalized adoptions within 12 months of becoming legally free.

This significant number of adoptions has allowed DCF to continue to enhance its efforts of achieving permanency for some of its special populations including our 18 to 21 year olds. During Fiscal Year 2011, 18 youth ages 18 to 21 were adopted through DYFS.

Finalized Adoptions FY 2006-2011



<sup>4</sup>See Appendix A for charts detailing caseloads for Fiscal Year 2010 for intake workers (initial investigators), permanency workers (workers with children being served in their homes and in foster care), adoption workers (caseworkers focused on finding forever families for kids in need), and worker to supervisor ratios. Each chart notes the MSA target for the office average, along with the standard for each timeframe.

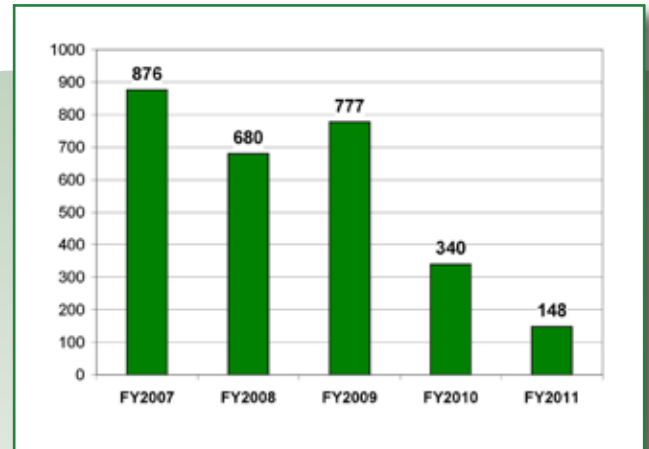


## Recruiting and Licensing Resource Family Homes

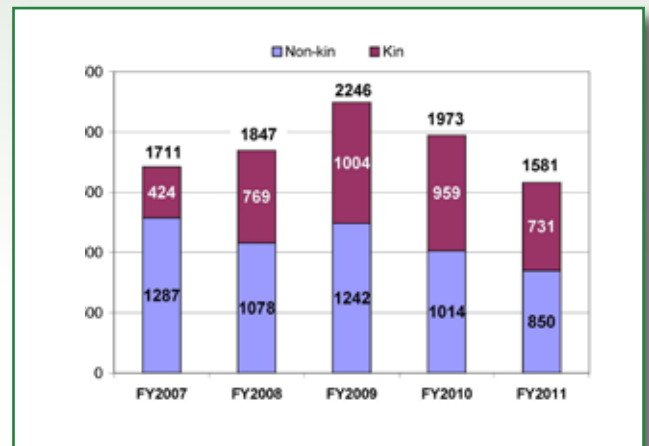
In Fiscal Year 2011, DCF licensed 1,581 new resource families, resulting in a net gain of 148 families for this period. The continued progress in licensing resource families ensures ample placement choices for children in care, with DCF currently having approximately 6,700 licensed resource families. Some of the positive outcomes of maintaining a consistent viable pool of resource families over the past several years include: better matches of children to families; the increased ability to place siblings with the same family; higher stability rates for placements; an increase in family placements; a wide range of permanency options for children, improving both the percentage of children exiting to permanency, and permanency occurring more quickly; and low rates of maltreatment for children in resource care.

DCF is also pleased to report that almost half of the families (731) licensed during this period were kinship providers. This is a significant improvement from 2007 when 28 percent of our licensed resource families were relatives. The intensive effort to recruit and license relatives reflects the Case Practice Model preference that children should remain with family members whenever possible. The placement of more children with kin has resulted in more substantial and expeditious permanency outcomes for children over the past several years.

**Net Gain of Resource Families  
FY 2007 – 2011**



**Total Resource Family Homes Licensed  
FY 2007 – 2011**



## New Jersey Selected as a Peer Consultant

New Jersey was selected as a Peer Consultant to provide Technical Assistance to Massachusetts around the work we have done with placing children with kin and share our journey to increase utilization of kin as first placement. Peer Technical Assistance (Peer TA) is a systems improvement method that brings a team of individuals together from a state, county, tribe or organization who are undertaking a change initiative and pairs them with a team of their peers who have demonstrated success with a similar initiative. These meetings are known as Peer TA matches.

In May 2011, four staff from DCF were selected and attended a two day meeting in Boston, hosted by Casey Family Programs, to share their expertise and the work DCF has done to improve outcomes regarding increasing the number of children placed with kin at the time they enter care (first placement - best placement), increasing placement stability when children are placed with kin and engaging kinship caregivers who are able and willing to participate in the home study process. Examples of topics discussed are:

### Strategies and Initiatives - Policy and Practice Changes

- ▶ Case Practice Model
- ▶ Family Team Meetings
- ▶ Concurrent Planning
- ▶ Creation of the Resource Family Model

### Engagement of Staff and Stakeholders

- ▶ Staff Development Training
- ▶ Regular Meetings with Field Supervisory Staff – Celebrate Success
- ▶ Work with Courts

### Challenges and Lessons Learned

- ▶ Established a Kinship Workgroup
- ▶ Created New Practice – Placing Children with Kinship Caregiver Policy
- ▶ Monitoring Presumptive Eligibility Reports



## Hotline Calls to Central Screening

The State child abuse and neglect hotline also known as the New Jersey State Central Registry (SCR) is a 24 hour, 365 day a year, state-of-the-art call center that is the public's single point of entry to DYFS.

DCF is focused on using data to improve outcomes and service delivery as well as to identify training needs. Technology utilized by the SCR allows supervisors and staff to effectively and efficiently provide service in a critical time of need along with recording outcome data and trends used to evaluate how DCF delivers responsive service to families and children throughout New Jersey.

The State Central Registry, fields approximately 15,000 phone calls per month. Many of these calls are referred to local offices within the Division of Youth and Family Services (DYFS), and fall into two categories:

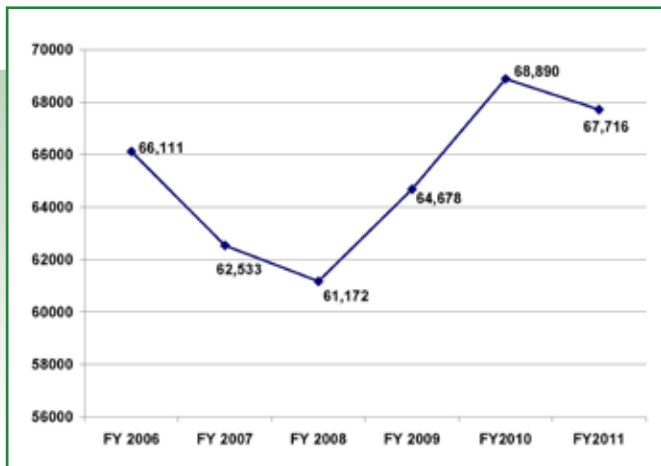
- ▶ **Child Protective Services (CPS):** an allegation of child abuse or neglect is made
- ▶ **Family Service Request (FSR)** also known as a Child Welfare Assessment: a family is in need of services but there is no allegation of abuse or neglect



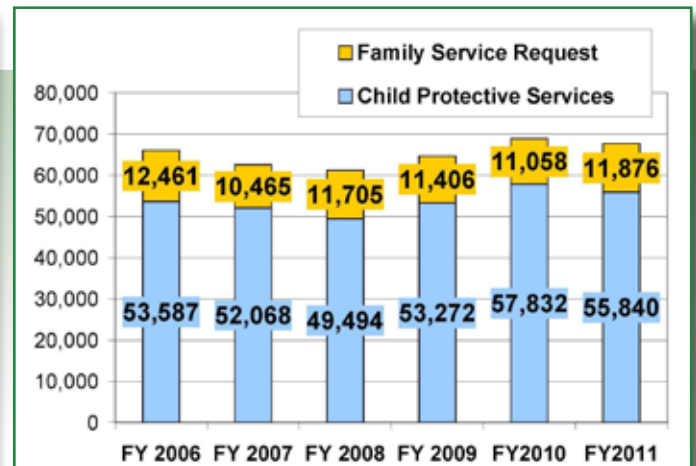
*NJ's First Lady Mary Pat Christie tours SCR and participates in Domestic Violence Training with DCF staff.*

In Fiscal Year 2011, more than 67,000 calls to the hotline were referred to a DYFS local office for investigation or follow-up. DCF experienced a slight decrease of approximately 1,000 referrals from Fiscal Year 2010.

**Hotline Referrals to all DYFS Local Offices**



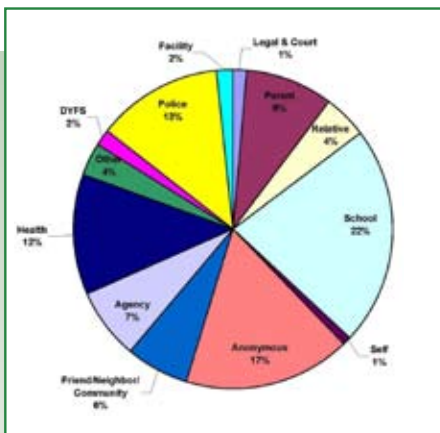
**Hotline Referrals to DYFS Offices  
Child Protective Services v. Family Service Requests**



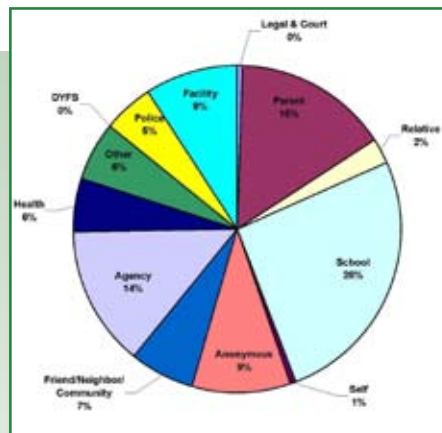
## Hotline Calls to Central Screening and Institutional Abuse

DCF relies on many different community and outside partners to report when child abuse or neglect is suspected, or when a family is in need of services. Partners include schools and education professionals, police and law enforcement, and the health community.<sup>5</sup>

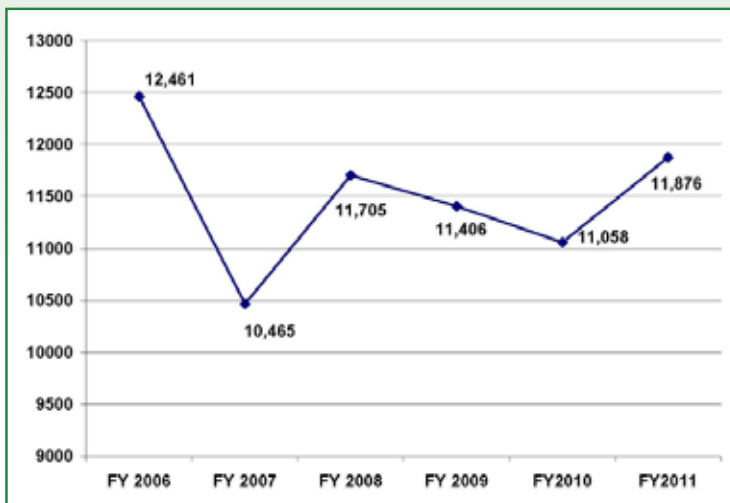
**Source of All Hotline Referrals (CPS and FSR) Fiscal Year 2011**



**Source of All IAIU Referrals Fiscal Year 2011**



**All Hotline Referrals to IAIU FY 2006 - FY 2011**



## Institutional Abuse Investigation Unit

As part of New Jersey's legal mandate to investigate all allegations of child abuse and neglect, DCF includes the Institutional Abuse Investigation Unit (IAIU). This unit responds to allegations of suspected child abuse and neglect that take place in all public and private institutions and facilities. This mandate covers all public and private schools, child care centers, registered and unregistered family day care homes, children's residential treatment facilities and shelters, foster homes, detention and correctional facilities, camps and hospitals.

DCF's greatest resources for reporting child abuse and neglect in institutional settings are schools, parents, and other government agencies.

<sup>5</sup> See Appendix B for additional details on referral numbers and sources specifically for Child Protective Services and Family Service Requests.



## Health Care Outcomes for Children in Out-of-Home Care

The establishment of child health units in every local DYFS office yielded impressive outcomes for children involved in the New Jersey foster care system. These specialized units are staffed with clinical nurse coordinators, health case managers and staff assistants. The progress has been achieved largely due to the unique partnership between DCF and the University of Medicine and Dentistry of New Jersey's François Xavier Bagnoud Center.

Children in foster care have access to New Jersey's health care infrastructure and are achieving the health care priorities outlined in DCF's 2007 Coordinated Health Care Plan for Children in Out-of-Home Placement,<sup>6</sup> which are also widely recommended by the American Academy of Pediatrics and the Child Welfare League of America. Along with the services and care unique to children entering foster care, DCF is ensuring children in care achieve the array of preventative and ongoing health care recommended for all children by the pediatric community and are doing so at rates that are well above both their Medicaid and privately insured peers.



As of December 31, 2010, all children entering foster care received a pre-placement health assessment within 24 hours of placement with the intent of ensuring the child has no immediate or emergent health care needs. Further, 98 percent of the children received this initial health assessment in an appropriate setting, bypassing emergency departments unless necessary so as not to further compound trauma of children entering care. In addition, 97 percent of children entering foster care receive a Comprehensive Medical Exam (CME) within 60 days of placement. The large majority (80%) of these exams are done within 30 days of placement.

With the support of the DYFS Child Health Units, children in foster care are receiving preventative and ongoing health care at rates that exceed much of the nation for well child care, immunizations, and dental care for all children.

- ▶ 95 percent of children received Early Periodic Screening, Diagnosis and Treatment (EPSDT) well child care as required (age two and above); compliance rates for EPSDT/well child exams for children aged 12 to 24 months averaged 93 percent (July 1 to December 31, 2010).
- ▶ Children and youth in out of home placement are up to date with immunizations at a rate of over 95 percent.
- ▶ As of December 31, 2010, 86 percent of children three years of age and older who had been in care for six months or more were up to date in receiving a semi annual exam.

<sup>6</sup> Report can be found at the DCF Web site: [http://www.nj.gov/dcf/DCFHealthCarePlan\\_05.22.07.pdf](http://www.nj.gov/dcf/DCFHealthCarePlan_05.22.07.pdf)



## Building Capacity to Recognize Children with Suspected Mental Health Needs

Children who have been involved in the child welfare system have a greater than 50 percent chance of developing a significant mental health concern over their lifetime. Some studies have indicated that up to 80 percent of children involved in the child welfare system will experience a mental health need. A robust mental health screening program offers the benefit of not relying on a point in time evaluation and will help ensure that children identified as having a suspected mental health need throughout the life of a case will receive an appropriate assessment and/or psychiatric evaluation and follow up.

DCF is committed to strengthening the capacity of frontline staff to identify children with a suspected mental health need and ensure that the appropriate assessment and treatment are received through the implementation of the DYFS Mental Health Screening Program. In FY 2011, DCF embarked on the development of a curriculum for casework staff that focuses on trauma as a way of understanding the unique vulnerability of children and adolescents involved with the child welfare system to mental health challenges.

The training uses an approach called Facultative Learning, which involves the trainer being a content expert and process expert. Instead of lecturing and using a very controlled instructor guide, the role of a facilitative trainer is to provide resources, materials and other objects that support trainees in groups to solve the problem. This is an emerging model for adult learning that departs from pedagogy - strict instruction (teaching children) - and expands on andragogy (adult learning). It is a paradigm shift from unilateral control and standing at the podium lecturing, to facilitation and mutual learning. It is a resource for:

- ▶ Thinking about the physical effects of trauma on children, adolescents and young adults
- ▶ Understanding the biological underpinnings of their challenges
- ▶ Identifying children with a suspected mental health need

Every DYFS caseworker and supervisor will receive training utilizing this problem-based learning curricula.



## NJ Spirit

In 2007, DCF implemented NJ Spirit - New Jersey Statewide Protective Investigation, Reporting and Information Tool. This is a software application that serves as an electronic case record and also handles all fiscal functions for DYFS. NJ Spirit was partially funded by the federal government as part of its national Statewide Automated Child Welfare Information System (SACWIS) initiative. It allows for the easy review of case records and services provided to the children and families served by DYFS, enhances our ability to claim federal funds, and provides an unprecedented level of real-time data.

Today, data collected through NJ Spirit is used in a wide variety of ways. For casework staff, the electronic case record provides the ability to review and update critical family/child level data including information such as case plans, investigation findings, safety and risk assessments, legal authority, and services.

From a management perspective, NJ Spirit propelled DCF into a culture of managing by data, which will help our organization to continue practice change efforts and integrate data into the DCF organizational culture.

Additionally, on a macro level, NJ Spirit provides DCF and its stakeholders with longitudinal data that allows for year-to-year comparison of DCF performance in achieving desired outcomes for children and families.

## A Sample of Enhancements Made in FY 2011

### NJ Spirit:

- ▶ New sections pertaining to adolescents 18-21 years old and youth ages 16-21, have been added to the NJ Spirit Case Summary for Closing Transfer form.
- ▶ Significant improvements were made in system response times while conducting a person address search.
- ▶ On a pilot basis, contracted provider agencies can document contact activity notes directly in NJ Spirit. Workers can now see contact notes created by provider agency staff under their assigned cases.

### Safe Measures:

- ▶ A new report, Individual Sibling Visits, was created that measures sibling visits for children in a removal episode for the entire month, who are not residing with at least one sibling during that period. This assists workers and supervisors to ensure that siblings who are not residing together see each other at least once a month.
- ▶ A new report, NYTD Baseline Population, was created that measures all children requiring a NYTD (National Youth in Transition Database) survey to be completed within 45 days of their 17th birthday.



## Children with Mental and Behavioral Health Needs

DCF's Division of Child Behavioral Health Services (DCBHS) works hard to keep kids in their homes whenever possible, and serves the majority of youth – approximately 94 percent – at home, with less than six percent receiving care and services in out-of-home placement. Whenever youth are served outside the home, DCBHS strives to serve those children as close to home as possible, and has been increasing in-state capacity dramatically over the last several years.



*Commissioner Blake and DCBHS Director Jeffrey Guenzel greet Keynote Speaker Dr. Sandra Bloom at the Second New Jersey Statewide Conference on Children's Mental Health in October 2010.*

## Child Behavioral Health System of Care Marks 10 Years

2011 marks the 10 year anniversary of the implementation of New Jersey's statewide Child Behavioral Health System of Care. Since its implementation, the system of care has effected significant change in the delivery of emotional and behavioral health care to children, youth, young adults, and their families. The overall percentage of children receiving residential care has decreased from nearly 35 percent in 2002 to around 10 percent in Fiscal Year 2011 as more and more community alternatives are made available. There has also been a significant reduction, from 327 in 2006 to less than 11 presently, in the number of children receiving residential treatment in out-of-state programs as New Jersey has developed a variety community-based residential treatment programs to meet the needs of New Jersey children. In addition, as of 2010, approximately 60 percent of newly enrolled children were younger than 14 compared to only 40 percent of newly enrolled children in 2003, indicating a system of care that is becoming more and more preventative.

### DCBHS Types of Services

Type of Service	FY2007	FY2008	FY2009	FY2010	FY2011
Intensive In-Community	19,027	18,006	18,913	20,876	22,586
Mobile Response	7,341	7,669	8,792	9,404	14,192
Wrap/Flex	5,578	6,816	8,266	8,812	6,078
Behavioral Assistance	7,953	6,568	6,965	7,967	7,197
Outpatient	2,417	3,269	5,273	5,792	7,999
Out-of-Home Treatment	3,465	3,289	3,100	3,048	3,073
Partial Care	353	370	296	299	42
Hospital	145	168	178	146	144
<b>Total</b>	<b>46,279</b>	<b>46,155</b>	<b>51,783</b>	<b>56,345</b>	<b>61,311</b>

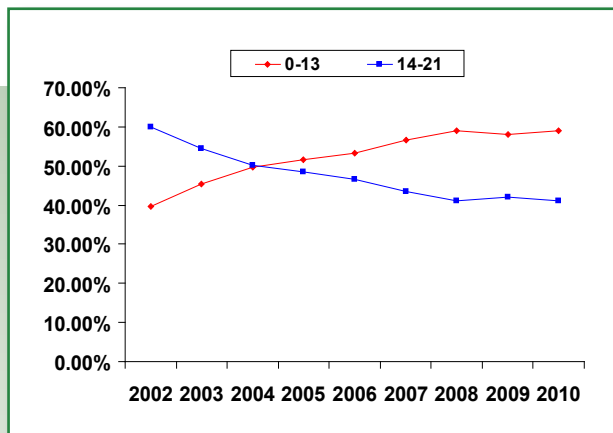
*NOTE: The chart of services above reflects the number of services accessed, not individual children. Some children may access several different services over time.*

Since the implementation of the system of care, DCBHS has sought to maximize federal revenue to support system growth, while at the same time maximizing resource efficiency.

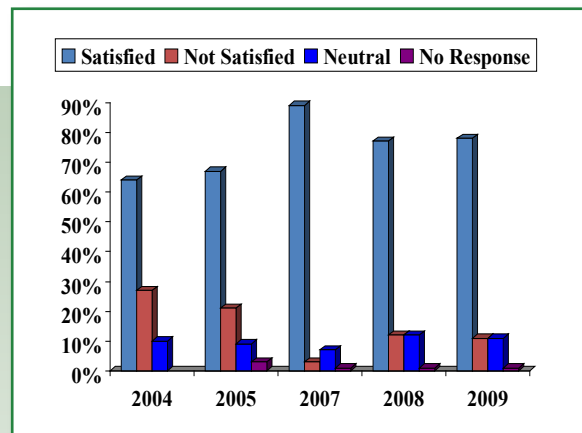
- ▶ In FY 2000, NJ drew down \$23 million in Title XIX funds for Children’s Behavioral Health Services - in FY 2011 that number was \$135 million, greater than 500 percent growth.
- ▶ In 2002, the average annual cost for services per child was over \$30,000 - in 2008, the cost had declined to approximately \$15,000, despite a marked increase in the cost for children served in residential programs from approximately \$45,000 to over \$60,000 during that same period.

While there is still work to be done to continue to develop and improve the system, New Jersey should be proud of its children’s behavioral health system of care, the most comprehensive one of its kind in the country.<sup>7</sup>

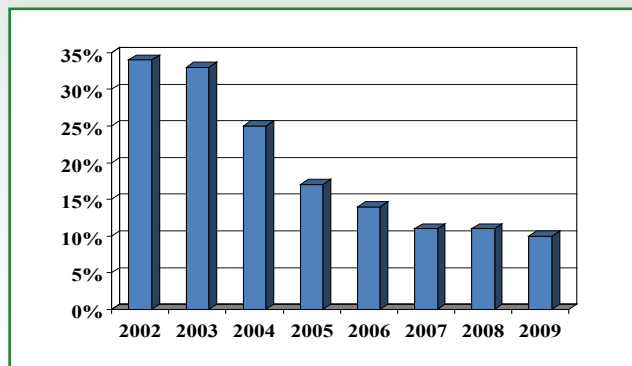
**Percentage of Children Under Age 14 at First Enrollment has Grown Significantly**



**Family Satisfaction with Participation in Treatment has Substantially Improved**



**Percentage of Children Receiving Residential Care has Decreased as Community Alternatives are Made Available**



<sup>7</sup> See Appendix D for statistics on the number of youth in the System of Care.

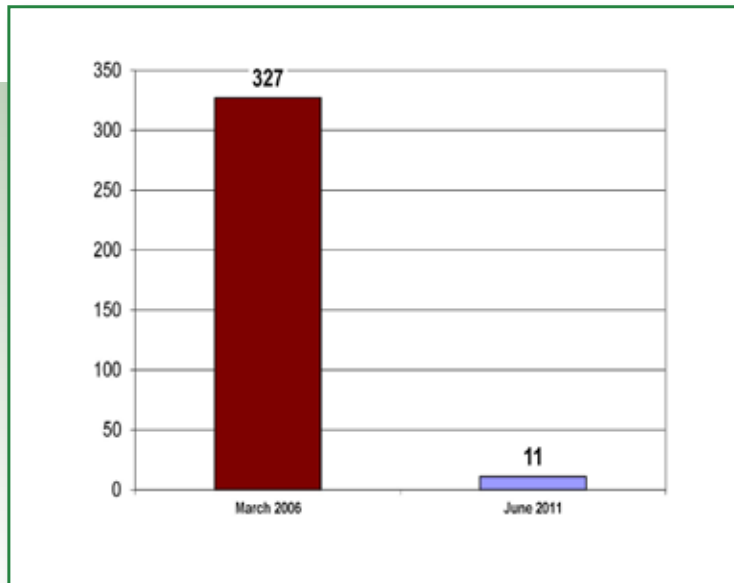
## Increasing the Capacity to Better Serve Children In-State

DCF continued its unprecedented success in reducing the number of children receiving behavioral health services in out-of-state facilities. This was accomplished by identifying the needs of young people using out-of-state programs and creating resources within New Jersey to meet their needs. DCBHS embarked on an intensive planning process to help those children already out of state return to New Jersey, either for residential treatment, or to return to families or caregivers.

As of July 2011, only 11 youth were placed out-of-state – down from 28 youth in June 2010, approximately a 97 percent reduction since 2006.

During Fiscal Year 2011, the two remaining DYFS residential centers were closed. DCBHS also was successful in placing the remaining youth in contracted programs while keeping the overall residential census the same, or returning youth to their families.

**Number of Children in DCBHS Out-of-State Placements March 2006 v. July 2011**



### DD/MI Resources

During Fiscal Year 2011, DCBHS developed 10 additional beds for youth who are diagnosed with a developmental disability and mental illness. These programs provide treatment of youth with very complex psychiatric and developmental needs. This has expanded our capacity to serve this special population in community settings.

### Youth in Detention Awaiting Placement

DCBHS continues to monitor the number of youth in juvenile detention centers who are adjudicated and awaiting out-of-home treatment. During the course of the year, that number has never been over 10 and is generally five or less. This level has been sustained for more than two years. It is a stark contrast to the 100 youth awaiting out-of-home treatment at the beginning of 2004.



## BA Certification Training Program

DCBHS recognized its role in helping to ensure that Behavioral Assistants (BAs) are prepared to provide quality services to the youth and their families that they serve. DCBHS sought input from families, advocates and community providers in designing a training certification program for BAs. University Behavioral Health Care - Behavioral Research and Training Institute, an institute within the University of Medicine and Dentistry of New Jersey, researched if there were existing certification program models for youth with behavioral/emotional challenges in other states. Certification program models were found; however, the program models were for individuals working with youth with developmental disabilities. DCBHS initiated a unique Behavioral Assistant Training Certification program in January 2009. This program has three components and behavioral assistants must successfully complete all of them within six months of their hire date.

Behavioral assistant services are adjunctive to intensive, in-community (IIC) services. BA services are delivered by a license-supervised individual who is the agent of the IIC plan of care. The behavioral assistant provides direct youth and parent training, support, and intervention to maximize the potential of positive and sustainable change.

As of June 30, 2011 there were 423 certified behavioral assistants working in New Jersey. There were an additional 917 registered and in process of becoming behavioral assistants. DCBHS is anticipating the continued growth and expansion of this valuable resource for New Jersey's children and families.

## Youth Suicide Prevention Efforts

New Jersey has one of the lowest rates of adolescent suicide in the country ranking 47th out of 50 states. An average of 72 young people between ages 10 and 24 were lost to suicide each year between 2007 and 2009, 69 percent of which were between the ages of 19-24.

While New Jersey has a comparatively low rate of youth suicide, youth suicide prevention remains a priority for DCF. Every life cut short by suicide is a tragedy.

Over the last fiscal year DCF has continued to enhance our youth suicide prevention efforts. We have continued to fully fund the Traumatic Loss Coalition for Youth program offered by UMDNJ which is the Department's primary youth suicide prevention program. In addition, DCF also funds a 24 hour hotline for youth, 2NDFLOOR.

Since expanding statewide, 2NDFLOOR's phone counselors have taken almost 400,000 calls. The most common topics of discussion center on bullying, peer relationships, mental health issues, depression/anxiety, sexuality and family struggles. The 2NDFLOOR helpline at 1-888-222-2228 is a service for all of the state's young people and has established strong partnerships with New Jersey's public and charter schools, statewide social service organizations, mental health organizations and community groups.

During FY 2011, DCF worked with 2NDFLOOR to enhance its ability to serve as a certified youth suicide hotline. As a result, 2NDFLOOR earned accreditation from the American Association of Suicidology as a suicide hotline and employs best practices, policies and programs based on the most current research findings.

While the DCF has been the lead agency in the state for youth suicide prevention since the department's formation in 2006, there has not been a coordinated plan for this statewide effort. However in February, 2011, DCF released a comprehensive State plan for youth suicide prevention which outlines our strategic plan for the next three years to continue to improve upon our efforts to prevent youth suicides.

## Family Support Organizations

The Family Support Organization (FSO) is a NJ based peer support organization run by families for families whose children have serious emotional and/or behavioral challenges. The FSO offers a perspective that is uniquely family oriented and family focused. They provide leadership through activities which encourage fidelity to the fundamental principles of family-focused/family-driven, child-centered, strength-based service planning and delivery.

The FSO supports parents/caregivers of children who are enrolled in the Children’s System of Care. They work collaboratively as a system partner in planning, organizing, delivering and coordinating needed and appropriate care.

Some of the services available through the FSO include: community outreach, education, advocacy, information/referral services and peer support groups. Through the Youth Partnership Program for youth between the ages of 13-21, activities empower them to have a voice throughout the system of care. The youth learn to advocate for themselves among professionals, peers and the community. This effort strives to reduce stigma associated with emotional, behavioral and mental health challenges.

There are currently 14 Family Support Organizations serving 21 counties. Since July 2010, more than 2,397 new children/families were referred to the FSO, with over 2,699 youth involved in Youth Partnership Activities.

### Evidence Based Programs Offered though Family Support Organizations:

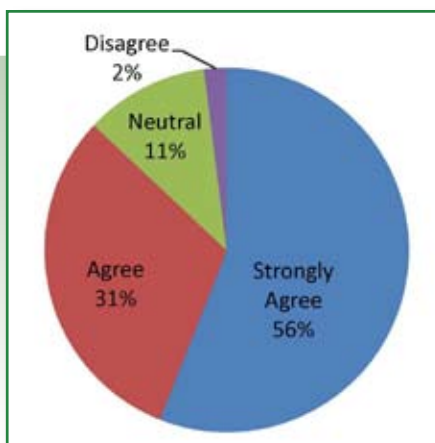
- ▶ EPIC (Every Person Influences Children)
- ▶ Explosive Child
- ▶ Strengthening Families
- ▶ STEP (Systematic Training for Effective Parenting)
- ▶ I Can Problem Solve
- ▶ Raising a Thinking Child/Adolescent

### Non Evidence Based:

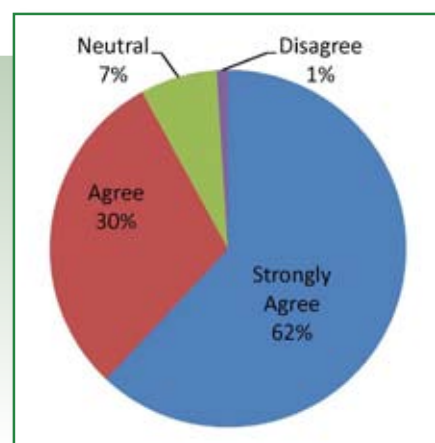
- ▶ BILY (Because I Love You)
- ▶ Support Groups in English/Spanish/Portuguese
- ▶ Education Training

## Summary of Responses for Family Satisfaction Survey Fiscal Year 2011

*Q: The quality of life in the home improved as a result of the services provided by the FSO.*



*Q: The services that I received helped me to make progress towards my family’s goals.*





# Child Abuse Prevention and Family Support Programs

DCF has built a strong and diverse network of child abuse prevention programs that strengthen families and communities across the state.

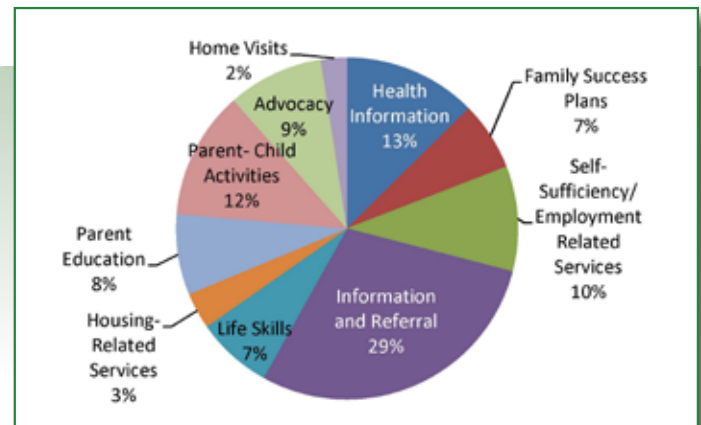
## Family Success Centers

New Jersey has one of the country's only statewide systems of publicly and privately-supported Family Success Centers. These centers are neighborhood-based gathering places where any community resident can access family support, information and services. The Family Success approach is collaborative. Local residents serve as mentors and decision makers; families use strengths/skills to problem solve. Family Success Centers include community involvement and shared responsibility in designing, operating and overseeing the center. These centers have been an integral force in engaging and supporting families by providing wraparound resources and supports for families before they find themselves in crisis.

Some of the services available through Family Success Centers include: employment, information and referral, parent education, health information, parent-child activities, home visiting, life skills training, advocacy, housing related services and Family Success Plans.

At the end of Fiscal Year 2011, DCF provided funding to 37 Family Success Centers represented in 16 counties. Another 12 centers are privately funded by The Nicholson Foundation, United Way of North Essex, United Way of Greater Union County, Against All Odds Foundation, Salvation Army and Orange Orphan Society. During the next fiscal year, DCF plans to fund additional Family Success Centers so that all 21 counties will have at least one center. Since mid-2007, more than 130,000 families have been served by a DCF-supported Family Success Center, with nearly 50,000 of those served in Fiscal Year 2011.

Family Success Centers Services  
FY 2011



## Family Success Conference

In June, 2011, the 4th Annual Family Success Conference was attended by Family Success Center staff and advisory board families throughout the State. The theme of the conference, A New Way of Leading, captured the sentiment of empowering families and communities to pave the way for policy makers, program directors and others to follow. This conference was coordinated by the Partnership for Family Success, a collaboration of agencies that provide technical assistance, support, leadership development and capacity building to the network of publicly and privately funded Family Success Centers across New Jersey. The conference was unique in that all content and workshops were created and facilitated by Family Success Center staff and family members.

## Home Visitation Programs

New Jersey's Home Visitation programs provide services to families challenged by complex health related and/or social problems. This program focuses on young families who are at risk for abuse and neglect with primary prevention and early intervention services for pregnant women and children up to age five.

New Jersey currently endorses three national evidence-based home visitation programs (Nurse Family Partnership, Healthy Families/TIP, and Parents as Teachers) providing primary and secondary prevention strategies to at-risk families early, before birth, to educate, support and guide families before concerns about maltreatment arise. Home visitors teach parents about proper nutrition and health, especially during pregnancy. They also teach new parents how to effectively bond with their babies, understand their child's developmental stages, and how to provide a safe home environment for their children. Home visitors partner with parents to nurture children's literacy skills and improve school readiness through early screening and detection of developmental delays.

New Jersey has created a comprehensive system of care and prevention to efficiently integrate systems and services to support families. Screening, referrals and enrollments of families eligible for home visiting and other community resources can access services from a single entry point.

DCF supported programs have the ability to serve 2,957 families at any given time in all 21 counties. In total, approximately 2,885 families were served throughout Fiscal Year 2011 by Healthy Families, Nurse-Family Partnership or Parents As Teachers programs.

## Domestic Violence and PALS Programs

DPCP is a primary funding source and oversight agency for the statewide network of DCF-designated lead domestic violence agencies. There is at least one DCF-funded lead domestic violence agency in each of New Jersey's 21 counties providing core services to victims and their families. Services include 24 hour-hotline and access to emergency shelter; information and referral; counseling; general, financial, housing and legal advocacy; children's services; and community education/networking. There are 22

domestic violence shelters and three non-shelter programs. DCF works closely with the New Jersey Coalition for Battered Women (NJCBW), state departments, the courts, and other stakeholders to promote collaborative policy, practices and protocols to assist victims and their children. Over 3,000 women and children were sheltered in these programs during Fiscal Year 2011.

DPCP oversees PALS (Peace: A Learned Solution) programs for children who have witnessed domestic violence. PALS utilizes a research-based intensive therapeutic program model of creative arts therapies such as art, dance movement and drama therapy for children age 4-12. The programs also provide services for the non-offending parent. There are currently PALS programs in 11 counties. In Fiscal Year 2011 PALS programs served over 1,100 children and their non-offending parent.



*Commissioner Blake joins Assemblywoman Valerie Vainieri-Huttle and Department of Human Services Commissioner Jennifer Velez at the State House for the kick-off of Domestic Violence Awareness Month (October). The event was sponsored by NJCBW.*



## School Linked Services

DPCP contracts with a number of private non-profit organizations and/or school districts to provide a variety of prevention and support services for youth in New Jersey's public elementary, middle and high schools. As a result, young people, and at times their families, are able to access services such as mental health, employment, substance abuse counseling, preventive health care, violence prevention, learning support, mentorship, teen parent skill development along with recreation.

There are approximately 170 school-linked programs that served over 140,000 youth in Fiscal Year 2011. These programs are identified as School Based Youth Services, Family Empowerment, Adolescent Pregnancy Prevention Initiative, Parent Linking Program, Prevention of Juvenile Delinquency, Family Friendly Centers, NJ Child Abuse Prevention, Newark Health Centers and 2ND Floor Youth Helpline.

## Strengthening Families Through Early Care and Education

The Strengthening Families Initiative (NJ SFI) is an approach to preventing child abuse and neglect by strengthening families through early care and education developed by the Center for the Study of Social Policy (CSSP). The fundamental principle is that certain protective factors contribute towards family resiliency and strength and have proven to be effective in preventing child abuse and neglect.

The Child Care Resource and Referral agencies promote local and regional parent involvement and leadership activities by providing training for childcare workers in participating centers. There are currently 180 Early Care and Education Centers serving all 21 counties. More than 11,000 children in more than 10,000 families accessed services through NJ SFI in FY 2011.

During June, 2011, DCF was invited to participate in the national Strengthening Families Summit in Virginia. Strengthening Families and its five Protective Factors have emerged as the most recognized child abuse and neglect prevention strategy in the country. DPCP has embraced this strategy of fostering parental resilience and optimal child development and has worked to embed it in its planning, approaches and programs.

DPCP Director, Lisa von Pier, had the opportunity to represent New Jersey by participating in the Summit's Opening Plenary discussion entitled, *Why Protective Factors Matter*, addressing how we use the Protective Factors in our day to day work. In addition, Director von Pier presented at a workshop, *Child Welfare and Its Partners: Strengthening Families as a Platform for Strong Collaboration*, focusing on the work DCF has begun to do in introducing the Protective Factors as a natural fit with the current case practice in DYFS.

## School-Linked Program Helps Teen

"When I got to Maplewood Middle School, I started hanging out with kids who were involved with the Bloods street gang. And that continued at Columbia High School. I was hanging out with a worse and worse crowd. Then ... my dad and my favorite cousin were both murdered. When it happened, I didn't have anybody to talk to. I started spending more and more time hanging out with Bloods. Some people at school tried to get me to stop. But I just didn't care. Then one day I broke down at school and a friend brought me down to The Loft. The counselors there listened to me. They gave me a safe place to talk out my feelings. They helped me see I had other choices besides running the streets with a bad crowd. You see, when he was alive, I never wanted to disappoint my Dad. And from talking out my feelings at The Loft, I realized, I still didn't want to disappoint him. I still wanted to make him proud of me... Back at school, I kept going to The Loft and they helped me stay focused, so I could graduate and go on to Essex County College."

- A youth participant at  
The Loft, a School Based Youth  
Services Program



## Fatherhood Programs

Through Community Based Childhood Abuse Prevention federal grants, DPCP funds fatherhood programs that promote and encourage nurturing relationships between men and their children. Covering four counties, (Salem, Cumberland, Passaic and Essex) the Father Time and FELLAS (Fathers Empowered to Learn, Lead and Achieve Success) programs are now in their second year of funding and monitoring by the Division. DPCP sees these valuable programs as opportunities in building prevention strategies that foster safety and well-being for New Jersey's children and families.

## Safe Haven Infant Protection Act

1-877-839-2339

In New Jersey, the Safe Haven Infant Protection Act is a law that allows an individual to give up an unwanted infant with no fear of arrest or prosecution. No names or records are required. The parents – or someone acting on their behalf – can bring a baby less than 30 days old to any hospital emergency room or police station. DYFS will immediately take the child into custody and place the infant in a foster or pre-adoptive home. No shame. No blame. No names. Since it was enacted in August 2000, a total of 48 infants (as of June 2011) have been safely surrendered under the law.

## Men Involved in Father Time Organize Annual Fishing Derby

Men involved in the fatherhood support organization, Father Time, and the Pascale Sykes Foundation, rolled out their twelfth Family Fishing Derby in May, 2011. Children enjoyed hotdogs, beach crafts, and prizes including two bicycles, trophies, and fishing rods. Parents got to sit on the sand and enjoy much deserved leisure time and pleasant weather with their children.

Men from the Monmouth County Father Time site worked together to organize the fishing derby and they were joined by their fellow members from the South Jersey groups, building a bond and a brotherhood often missing in communities today. They lent fishing rods, and provided bait and fishing coaches to participants, so everyone who wanted to could participate.

Father Time Project Director and outdoorsman Jeff Johnson shared: "When we started the derby six years ago, it was all uncharted waters for us. We sent flyers home in book bags inviting families to join us on the beach for a day of fishing and fun. We were shocked and thrilled to see over 200 people come streaming onto the Keansburg beach. We knew then that we had something very fun and meaningful. Eleven derbies later our guys still feel the same pride and excitement when a young child lands a fish in the shadow of their smiling parent. Shared outdoor activities are a vital platform for families to enjoy each other and develop lifelong bonding experiences. The magic and community love that springs from our members and the whole community continues to humble us all. Our members come from all walks of life. When we sit down to a weekly meeting it is all about fellowship, growing as men and dads, and expanding our energy out into the community. We try very hard to practice our vision statement."

DCF recognizes the unique needs and characteristics of adolescents and young adults involved in a system of care. In August of 2010, DCF made a commitment to increase the focus on transitioning youth by elevating the Office of Adolescent Services (OAS) to a Department level office that works with all Divisions and Offices within DCF.

OAS is responsible for the oversight of relevant programming, services, training, policy, and best practice standards that support DCF involved adolescents and young adults to successfully transition into adulthood. OAS also collaborates with other state departments, community stakeholders, businesses/corporations, parents, and youth to identify priorities and needs, increase resources, and create a service linkage system that is accessible, adequate, and appropriate for adolescents and young adults in New Jersey.

DCF believes that adolescents and young adults that enter into any system of care deserve an equitable service system to achieve economic self-sufficiency, interdependence, and engage in healthy lifestyles.

## Promoting a Successful Transition to Adulthood

DCF continues to support various programs and services for adolescents and young adults including housing, life skills, mentoring, employment/training, educational support, and healthcare. Many of these programs and services have expanded in order to address the growing needs of DCF-involved adolescents and young adults in New Jersey.

Over the last year, DCF expanded housing for DYFS involved or homeless older youth by offering 250 beds in a continuum of transitional housing program models. These housing programs offer life skills, community resource linkages, and general case management for their residents. DCF is currently examining all program models through a collaborative workgroup with internal and external stakeholders to assure consistency and best practice in each housing model.



Commissioner Blake joins Dr. Ronald Quincy, Director of the Center for Nonprofit Management and Governance, Rutgers University, and Montclair University Dean of Students, Dr. Rose Mary Howell, in congratulating SHIP graduate.

Outside of the transitional housing programs, there are over 15 agencies that also provide community-based life skills programming for DYFS involved youth. This year DCF expanded a summer intensive life skills camp to service 60 youth over three, two week sessions. This summer camp experience combined life skills programming with a summer camp/recreational experience.

## Summer Housing Internship Program

DCF expanded the Summer Housing Internship Program (SHIP) from 10 to 40 students across four campuses state-wide. This program provides summer housing, a career-related internship, life skills workshops, and a three credit college course to promote stable housing, increase emotional resiliency, develop job readiness, improve academic functioning, and encourage healthy relationships.

*“The way I feel about SHIP is really hard to explain in words. SHIP and the TFY [Transitions for Youth] staff have saved me from many homeless summers; they have molded what was a “lump of clay” in to a diamond! I attended SHIP for three consecutive summers and each experience was different and equally challenging. Not only did I grow tremendously as a woman but also in my professional life.”*

Miracle K. Pygum, SHIP Graduate

## Improving Case Practice with Adolescents through Training and Support

DCF continues to offer a four module adolescent training to DCF and the provider community staff. This training improves knowledge regarding positive youth development, permanency planning, and life skills. There were 376 DCF and provider staff that attended these training modules over the past year.

In addition, DCF offered “Street Law” training to DCF and provider community staff to improve the awareness and knowledge of youth on topics such as human rights, democracy, consumer rights, and civil rights. There were 87 DCF and provider staff that attended this training.

Training, support, and networking continues to be provided to DCF and provider community staff regarding cultural competence and resources available in casework with GLBTQI youth.

These training opportunities for both DCF and provider community staff assists in improving engagement, increasing resources, and promoting positive outcomes for youth transitioning to adulthood.

## Youth Engagement



*NJ's First Lady Mary Pat Christie joins Commissioner Blake in thanking members of a Youth Advisory Board for inspiring Walmart to donate 7,000 pieces of luggage to children entering foster care.*

DCF has made a commitment to empower youth and incorporate their voices, concerns, and feedback to make decisions about initiatives and priorities for DCF involved adolescents and young adults.

There are currently 12 Youth Advisory Boards (YABs) across the state that provide input and feedback to DCF management and staff regarding adolescent programming and policy. During 2011, a Youth Advisory Board drafted a petition to change DYFS policy regarding the use of luggage when moving to a new placement. This petition was reviewed and DYFS policy was changed to require all DYFS staff to use

luggage when moving children and adolescents to and from placements. The YAB also inspired Walmart to donate 7,000 pieces to luggage to children entering foster care

DCF also has involved youth voice in strategic planning, staff training initiatives, and evaluating resources and resource guides that are available. DCF believes that it is critical to have a youth driven system to make informed decisions regarding resources available and practice related to adolescents and young adults.



## Managing by Data

### DCF Fellows Program

In January 2011, DCF kicked off the “on the ground” implementation of our Managing by Data Initiative through a leadership summit that demonstrated the use of data to measure DCF performance longitudinally. This approach was an opportunity for Commissioner Blake to highlight, using both quantitative and qualitative data, the progress DCF has made under its case practice model. The ability to see trends and improved child and family outcomes at both the state and local levels was well received.

This event set the context for the initiation of the actual training of “100 Fellows” as part of this initiative. Earlier in the fiscal year, efforts under this Project were focused on the development of the curriculum and selection of the 100 staff who became “Fellows.” Beginning in January, this group of staff came to their training classes extremely motivated and eager to learn. By June, they had attended six of the total of 18 classes that will be offered, aimed at developing their skills to utilize data as part of their daily work.

The growth and experience of the Fellows has been nothing short of amazing. We have seen their skill level grow tremendously. They acknowledge using a new vocabulary, thinking about things in a new manner, and having new analytical and presentation skills. Their immediate supervisors praise their accomplishments and use their skills regularly. And some concerns that the program would be too focused on qualitative data – the “numbers” – have turned out to be baseless. In fact, we have seen the opposite develop. The Fellows are working in small groups on projects where they examine, in depth, areas where the data points to potential areas for improvement in practice. Examples are looking at cases with multiple referrals, and in another project, children in placement for longer periods of time.

The result has been the development of a data driven group of staff, primarily at the local or area office level, who have added another dimension to our vision to imbed quality improvement efforts throughout the Department. As one Fellow commented, “I have learned how the numbers translate into **safety for children** and that is my focus.”

### Child Stat

Child Stat, a process of self assessment and diagnosis by area offices was piloted in Burlington and Bergen Counties in September 2010. The Office of Continuous Quality Improvement provided data which was used to identify strengths and areas of need. The focus was on children in out of home placements and case practice. Areas examined included visitation between parent and child; Family Team Meetings and Case planning. Local leadership presented their findings to their colleagues and DCF Executive Management. This process of self examination helped to identify barriers to providing services within specific timeframes. It also allowed for the Area Directors to request assistance and support from Executive Management leaders to improve the delivery of services in their respective area. A program improvement plan was developed and presented at subsequent meetings. Since the pilot, an additional eight counties have presented at a Child Stat session.



# The Role of Psychotropic Medications

In January 2010, DCF adopted a comprehensive policy concerning the prescribing, use and monitoring of psychotropic medication for DCF children who are in out of home placement. DCF's goal has been to ensure the policy helps position the Department and our partners to promote good practice in the interest of better serving children and families.

As a number of other states have done, DCF looked to existing external resources and expertise and formed a workgroup to provide guidance and support. The DCF Policy Advisory Group on Psychotropic Medication is an inter-disciplinary group of experts (psychiatrists, social workers, psychologists, Advanced Practice Nurses, and DCF professional staff) whose knowledge and experience has been invaluable in helping to refine and strengthen the policy and problem solve with DCF around implementation challenges.

The Department recognizes that there is ongoing need to have an active advisory group on this topic and continues to meet with the DCF Policy Advisory Group on Psychotropic Medication on a quarterly basis and as needed for input and guidance around medication monitoring and prescribing guidelines as the Department works with all stakeholders to achieve full implementation.

## Key components of the policy include:

- ▶ **Psychotropic Medication Prescribing Parameters.** These are medication parameters based largely on FDA guidelines and specify for each medication listed, what indications it can be prescribed for; for what ages; the approved dose range; and, what to look for and monitor in terms of side effects.
- ▶ **DCF's Psychotropic Medication Monitoring Guidelines** are to be used in conjunction with the prescribing parameters to ensure that children and youth who are prescribed psychotropic medications as part of an approved treatment plan, are monitored appropriately.
- ▶ **Informed Consent.** Medication management requires the informed consent of the child's parent(s) or guardian(s) and must address risks and benefits of pharmacological treatment, the potential side effects, the availability of alternatives to medication, the child's prognosis with proposed medication treatment and without medication treatment, and the potential for drug interactions.
- ▶ **Treatment Plan.** Children are prescribed psychotropic medication only as part of a treatment plan which is the culmination of the treatment team's work to identify the problem, specify target symptoms and treatment goals, develop interventions that are realistic for the child and family, and provide for reassessment.





# Domestic Violence Initiatives

## Domestic Violence Liaison Program

The Domestic Violence Liaison Program is a partnership of DCF and the NJ Coalition for Battered Women (NJCBW) to strengthen coordination and communication between the child protection and domestic violence service systems.

DV liaisons are specially trained professionals with extensive knowledge of domestic violence and available services, who are employed and supervised by the local domestic violence program. DV liaisons are co-located at DYFS offices to assist caseworkers in on-site assessment, case planning and safe interventions and domestic violence safety planning, support, and advocacy for domestic violence victims and their children. For Fiscal Year 2011, DV Liaisons provided direct services to 7,212 family members and assisted DYFS staff on an additional 3,029 cases. Liaisons have participated in 601 home visits and conducted 3,029 confidential contacts with non-offending parents. They also provided training to 2,026 staff.

## Domestic Violence Protocol

DYFS, in conjunction with DPCP and the New Jersey Coalition for Battered Women, has created a Domestic Violence Protocol. The protocol provides consistent guidance for DCF staff to follow when they encounter the co-occurrence of child abuse or neglect and domestic violence.

The protocol is another tool for caseworkers to use to help families. It presents a common definition of domestic violence, and outlines the statutory requirements, guiding principals, goals and objectives that are the underlying tenets of the case handling standards.

DYFS staff began receiving training on the protocols in 2010. During Fiscal Year 2011, more than 1,000 additional staff were trained bringing the total to over 3,200 staff trained.

### Domestic Violence Liaison Assists DYFS in Helping Family

A Domestic Violence Liaison (DVL) learned about this family when the father was charged with making threats against a mother and their two children. After reviewing the case file and prior history, the DVL offered additional insight into the family dynamics and accompanied the DYFS worker to the home. She was able to speak to the family and offer resources. In addition, the mother shared further information about her husband's behaviors. Mom was fearful of fully disclosing some of her concerns before the liaison talked to her, as she was afraid that if she was honest, her children would be removed.

Instead, available options were discussed including:

- Restraining Order vs. Order of Protection
- DV safe housing
- Counseling
- Reframing the reunification plan to expand the services that were needed by the father

After consultation with DYFS staff, the family made a plan that was stronger and safer. The mother currently has a restraining order and is caring for her children at home. She has returned to work, and she and the children report that they feel safe. The family is participating in therapeutic services, and the father has been placed in a mental health facility after a more thorough assessment.

## Violence Against Women Certificate Program

DCF, in collaboration with Rutgers University, created the opportunity for approximately 50 DCF staff to participate in the Violence Against Women Certificate (VAWC) Program. This course, co-facilitated by experts in the sexual violence and domestic violence fields, includes lecture, discussion and other forums to engage the participants to develop an awareness of the continuum of violence against women and children. The VAWC offers 12 workshops, which began in June 2011 and will continue over the course of a year. DCF has been working together with our partners in the community to strengthen practice in cases where child abuse and domestic violence co-occur. The purpose of this effort is to complement the work being done by our Domestic Violence Liaisons and help to sustain the refinements in practice created by the Domestic Violence Protocol. The VAWC program is designed only to enhance, not replace, this approach.

DCF values this opportunity to improve our understanding and practice in this area. The presence of DVLs and the ability to enroll staff in the Violence Against Women Certificate Program are avenues to support and assist staff in their work with families.

## Contract Reform Workgroup

In August 2009, DCF initiated the Contract Reform Workgroup to support a public/private contracting partnership between DCF and its provider agencies to create efficiencies in its business practices, develop recommendations for its improvement, and serve in an ongoing advisory capacity to the Commissioner. Its creation was partly a response to providers' concerns that they had not been included in discussions with DCF earlier in the year when DCF implemented cost-saving initiatives.

The membership was selected to reflect the cross-cutting nature of the Department's public/private contracting partnership and consists of both DCF staff and representatives of the service provider community. DCF members include staff with programmatic, fiscal, and contracting knowledge and experience. The external members reflect an array of contracted service agencies with extensive experiences and unique perspectives of the DCF provider community and are representing the interests of various membership organizations. The external members selected one of their peers to co-chair the workgroup with the DCF Co-Chair.

During Fiscal Year 2011, the Workgroup moved forward with the following major initiatives:

- ▶ Revised DCF's Required Contract Document Checklist to: 1) establish consistent expectations of providers by DCF's three Divisions; and 2) permit agencies to maintain more documents on-site for inspection instead of submitting them with contract renewal packages.
- ▶ Reviewed existing DCF policy regarding multi-year contracting and drafted a recommendation for DCF to expand its use of multi-year contracting in an effort to streamline business operations, reduce paperwork and promote efficiency.
- ▶ Revised Section 2.1 of DCF's Annex A contract document to capture more detail about contracted programs. The revised Form was implemented for use with contracts renewing on or after July 1, 2011 and serves as the source document for a web-based Resource Directory for DCF.
- ▶ Provided feedback on the curriculum for a new customer service training for DCF business and support staff.

# Educational Stability for Children in Out-of-Home Placement

To assure compliance with the education provisions of the federal law, Fostering Connections to Success and Increasing Adoptions Act of 2008, New Jersey legislation was enacted September 9, 2010 that amended Title 18 A and Title 30. Under the new law, children can remain in their home school when they enter foster care unless it is not in their best interest to do so. Subsequently, the Commissioners of both DCF and DOE disseminated a joint memo outlining the provisions of N.J.S.A 30: 4C-26 and N.J.S.A 18:A7B-12 and procedures for implementing education stability for both DYFS staff and local school district staff.

DYFS and the local school districts have been collaborating to work out the logistics of ensuring stability that includes determining what is in a child's best interest educationally and arranging transportation (many of the children moved outside the jurisdiction of their pre placement school) within a five day statutorily mandated timeframe. In making the best interest determination, the DYFS staff must consult with the child, the child's law guardian, the parent or guardian, and representatives from the affected school districts and consider the factors specified in the law.

The 72 local office Education Liaisons (includes 25 substitutes in the event of a liaison's absence) and 12 area office liaisons were trained on both the federal and state laws. All local office staff was subsequently trained with emphasis on the law's impact on DYFS' operational procedures. Monthly statewide meetings were held from July 2010 thru May 2011 to discuss the progress of implementation, how to overcome obstacles and develop knowledge about the education system. Beginning in May 2011, regional meetings are now taking place to allow smaller group discussions, include more local office staff and involvement of local school districts.

In addition to training DYFS staff, training has been provided to County Supervisors of Special Education, General Education Specialists, School Business Administrators, local school district staff, DYFS' Deputy Attorney Generals, Child Placement Review Board members, and Foster and Adoptive Family Services.

Over the course of the next year, Rutgers Law School's Special Education Clinic is providing a four part training series regarding various education topics to all the DYFS Education Liaisons. This training also will be available to all DCF staff in the future.



*According to available data, between September 9, 2010 and March 28, 2011, the majority of children (77%) who were either placed in related or unrelated foster homes or moved from one foster home to another, remained in the school they were attending prior to placement or before they relocated to another foster home.*

# Sustaining the Progress

## Office of Advocacy

The Office of Advocacy (OOA), was established in September 2010 to serve as a central point of communication for constituents of the Department. Its mission is to offer information and resources, address problems and provide advocacy services when needed to all who request this assistance. The goal is to enhance customer service by working directly with liaisons in each DCF Division and Office and other Departments to ensure timely resolution of constituent concerns.

The OOA is currently staffed by a team of Constituent Relations Liaisons whose strengths represent knowledge and experience in child welfare, child behavioral health and public advocacy. The OOA handled more than 3,500 requests for assistance in the first nine months of operation. These requests were received from community stakeholders and the public at large regarding families involved with DCF. The OOA was also contacted by many people seeking help who are not involved with DCF programs but simply called when they found the OOA toll free number and did not know where else to turn.

Through its interaction with governmental leaders and agencies, community partners, families receiving services and the public at large, the OOA, in conjunction with the DCF Office of Continuous Quality Improvement, will gather feedback and identify issues and trends that will help DCF and its partner agencies work in collaboration to improve services to children and families.

The Office of Advocacy can be reached by calling the toll free number 1-877-543-7864, Monday through Friday from 8:30 a.m. to 4:30 p.m. or by e-mailing [askdcf@dcf.state.nj.us](mailto:askdcf@dcf.state.nj.us)

## Office of Continuous Quality Improvement

DCF has created a Department-level Office of Continuous Quality Improvement (OCQI) reporting directly to the Commissioner. This OCQI manages the Office of Quality, the Child Death Review Team, Unusual Incident Reporting and the Office of Information Technology and Reporting. It focuses on both quantitative and qualitative data, coordinates targeted reviews of specific areas of case practice, as well as manages the federal monitoring aspects. The office also provides DCF with the ability to self-monitor in such a way that would help to ensure the sustainability of the new practice model and reform efforts post lawsuit and after federal monitoring ends.

OCQI also manages the Qualitative Review (QR) Process through the Office of Quality which involves intensive week long county based reviews as required by the Modified Settlement Agreement and the Child and Family Services Review (CFSR), and is responsible for the federal CFSR process, including Program Improvement Plan development and monitoring. During the fiscal year, 14 counties participated in the QR process. In addition, OCQI oversees the Child Death Review Team, which supports the Child Fatality and Near Fatality Review Board and its four Regional Review Teams, and Unusual Incident Reporting, which reviews and analyzes all unusual incidents within DCF's contracted facilities and the DCF Office of Education. OCQI also oversees the Office of Information Technology and Reporting, which continues to produce data regularly to enable performance reviews at all levels of the agency, to identify trends and areas needing improvement.



## Parent/Caregiver Forums

During the months of May and June 2011, Commissioner Blake and the Executive Management team conducted Parent/Caregiver Forums across the state. DCF is dedicated to developing sustainable, true partnerships with the community through transparent and honest communication. As a result, these forums provided our parent/caregiver partners an opportunity to share their experiences with the divisions and offices that comprise DCF with a focused effort to provide constructive feedback and open, honest communication.

Three parent advocacy groups, New Jersey Alliance for Family Support Organizations, Parents Anonymous New Jersey and the Statewide Parents Advocacy Network, provided assistance with the logistics and facilitation of each forum. Six forums were held throughout the state in Camden, Essex, Gloucester, Mercer, Monmouth and Sussex Counties with 125 parents/caregivers in attendance.

The feedback parents and caregivers provided was highly insightful and truly valuable. As a result, their input has led to the immediate creation of a workgroup with the Department of Human Services and its Division of Developmental Disabilities to review service coordination between the two departments. Concerns raised by parents and caregivers about specific offices were immediately addressed through the Office of Advocacy. Parent's feedback on how state agencies, particularly DCF and the educational system, could better coordinate informal sharing and service availability has informed our efforts. DCF also will be working on identifying opportunities and venues to assure private citizens and other professionals are aware of the services we provide. Moreover, the suggestions and comments presented were also included as part of the "data collection phase" of DCF's strategic planning process.

The Parent/Caregiver Forums successfully bridged a gap in the stakeholder feedback process and aligned parents and caregivers with DCF's decision makers and vice versa. Moving forward, DCF plans to make these forums as part of an ongoing effort to ensure that their voices are heard to improve DCF services.



### *Comments from Parents and Caregivers Who Attended the Forums*

*"Overall I felt that everyone's input was taken seriously and I felt that [DCF staff] cared about everyone's story. They genuinely want the system to work."*

*"Very helpful - thank you for supporting families!"*

*"Great work is being done. Keep it up."*

*"Thank you DYFS for saving me."*

*"It feels as if our opinions matter."*



## Child Care Center Licensing

In 1983, the Legislature wrote into statute its belief that “it is in the public interest to license and regulate child care programs and facilities in order to insure the continuous growth and development of children...[and] comprehensive child care programs are of value to the health, safety, education, physical, social and intellectual growth and general well-being of the children served.”<sup>8</sup> In its 2011 Rankings of State Child Care Regulations and Oversight, the National Association of Child Care Resource and Referral Agencies (NACCRRA) recognized New Jersey’s child care center regulations as the best in the nation. DCF, through its licensing process, continues to ensure that the nearly 4,200 licensed child care centers in the state adhere to those standards.

In Fiscal Year 2011, DCF’s Office of Licensing (OOL) began work on an ambitious project to automate the processing and publication of child care center inspection records, using a new electronic inspection form. Once implemented, the new methods will allow for the seamless processing of inspection reports and advanced data analysis to identify emerging issues and trends. More importantly, DCF anticipates that this system will allow consumers to easily access licensing inspection reports on the web and use these to make more informed child care decisions. The new electronic forms are expected to begin pilot testing in late 2011.

Also in 2011, DCF continued to prioritize the safety of child care center facilities. OOL has worked closely with the Department of Environmental Protection (DEP), the Department of Health and Senior Services (DHSS), and the Department of Community Affairs (DCA) to ensure that all currently licensed centers were brought into compliance with New Jersey Statute § 52:27D-130.5, also known as “The Madden Legislation,” which requires that centers comply with outdoor and indoor environmental standards, and obtain approvals from these state agencies. By meeting regularly, DCF, DEP, DHSS and DCA have been able to avoid unnecessary delays and disruptions in the provision of child care by assisting existing, new and relocating centers to comply with these outdoor and indoor environmental standards. This close cooperation also enabled the state to implement a streamlined process for facilitating the approval of relocation sites for centers impacted by natural disasters.

<sup>8</sup>N.J. Statute § 30:5B-2

### Ranking of Child Care Center Program Requirements

The following table shows the top 10 and bottom 10 states on the quality of their child care center program requirements.

Table 2  
Scores and Ranking of Child Care Center Program Requirements  
Top 10 and Bottom 10

Top 10			Bottom 10		
State	Score	Rank		Score	Rank
New Jersey	85	1	Missouri	44	43
Rhode Island	85	1	Alabama	43	44
Department of Defense	84	3	Georgia	43	44
District of Columbia	81	4	California	42	46
Massachusetts	78	5	Kansas	41	47
North Dakota	76	6	South Carolina	39	48
Illinois	73	7	Nebraska	30	49
Pennsylvania	73	7	Arkansas	29	50
Vermont	73	7	Idaho	15	51
Connecticut	71	10	Louisiana	11	52
Tennessee	71	10			
Total possible score is 100					

Reprinted with permission from The National Association of Child Care Resource & Referral Agencies. We Can Do Better: 2011 Update. NACCRRA’s Ranking of State Child Care Center Regulation and Oversight. Available at: <http://www.naccrra.org/publications/naccrra-publications/we-can-do-better-2011.php>



## Looking Forward

As we look to the future, DCF is committed to sustaining the progress already made on behalf of the state's most vulnerable children and families. While we are committed to staying the course and remaining focused on our fundamentals: safety, permanency, and well-being; at the same time we understand that in order to continue our progress we must become better consumers of data in order to develop a deeper understanding of our practice and the work of our community partners.

During the next year we will begin our Strategic Planning Process to help chart the path for our Department over the next several years. One of our goals is to improve communications with our internal and external stakeholders by using technology. Plans are underway for quarterly DCF electronic newsletters, an improved user-friendly Web site, and an electronic Request for Proposal submission process.

Thank you for reading our report!

## Contact Us

### Address:

Department of Children and Families  
20 West State Street  
P.O. Box 729  
Trenton, NJ 08625-0729  
609-984-4500

### Web site:

[www.nj.gov/dcf](http://www.nj.gov/dcf)

### Phone:

Constituents can call the DCF Office of Advocacy at 877-543-7864 with any questions or concerns regarding our programs and services.

## Help New Jersey's Children By Making a Donation

Your donation can help support various programs for children such as the NJ Foster Scholars Program. A college education is often the key to helping youth achieve a successful transition to adulthood and self sufficiency. The NJ Foster Scholars Program was developed in 2003 and is specifically designed to help youth aging-out of the foster care system, or recently adopted teens, with the growing expenses of a college education.

Students who are enrolled full-time at a New Jersey state college or university are eligible to receive assistance for their full tuition, and youth who attend school part-time, at an out-of-state school, or a private in-state school can receive partial aid. Other expenses for items such as books, room and board, computers and transportation costs may also receive assistance. For more information visit [www.nj.gov/dcf/home/sponsor](http://www.nj.gov/dcf/home/sponsor).



# ANNUAL AGENCY PERFORMANCE REPORT

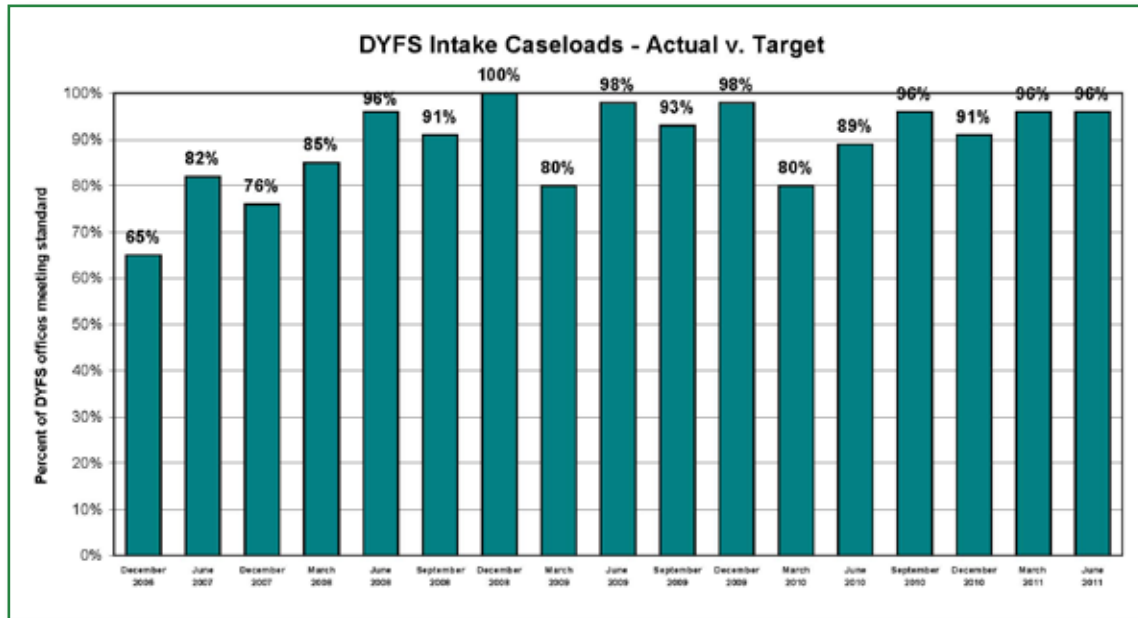
## Appendices A-D

This appendix to DCF's Annual Agency Performance Report for Fiscal Year 2011 includes supplemental data and charts as noted in the full report.

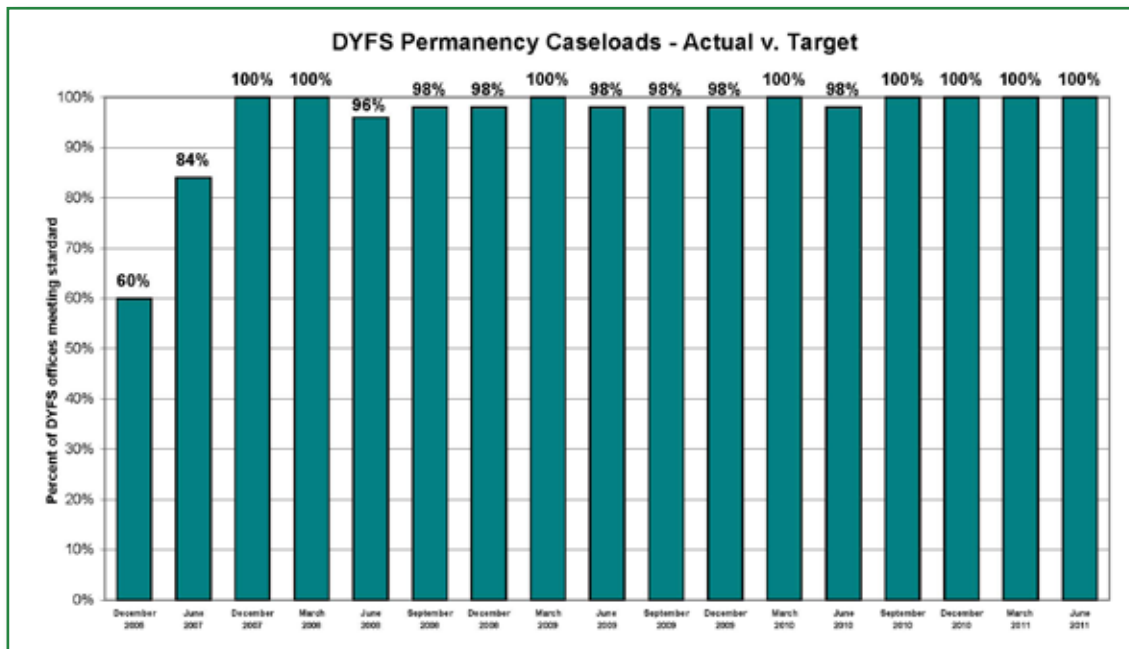
Readers can find additional statistics and data for New Jersey's child welfare system, updated regularly, on the DCF Web site: [www.nj.gov/dcf](http://www.nj.gov/dcf)

# Caseloads

## Intake Caseloads

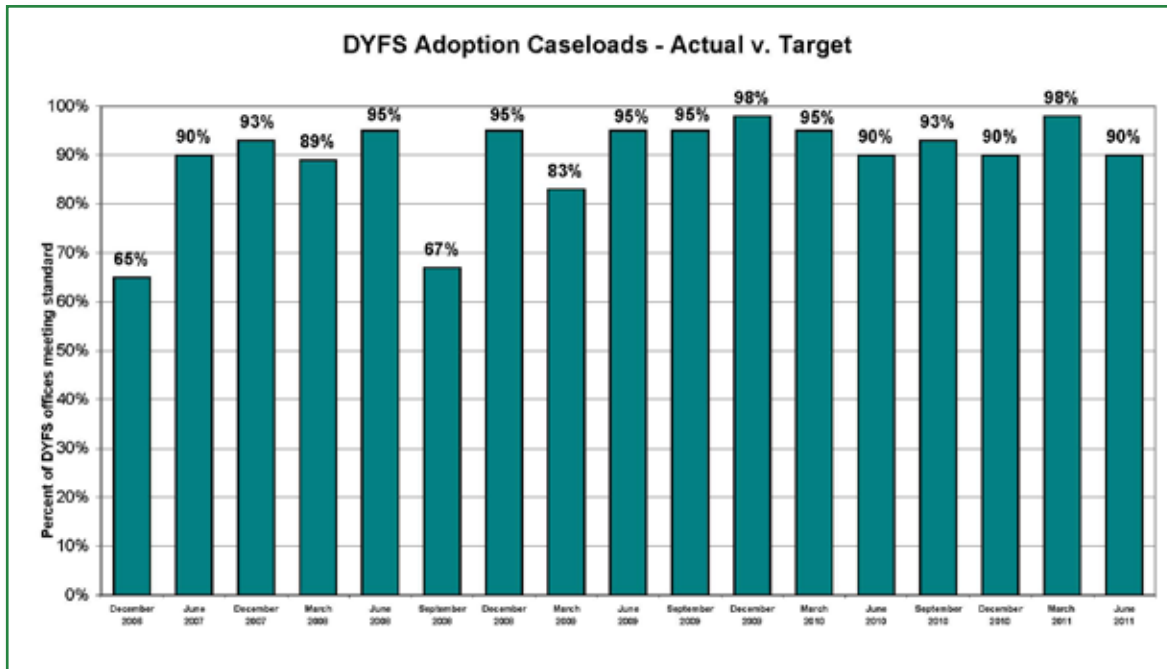


## Permanency Caseloads

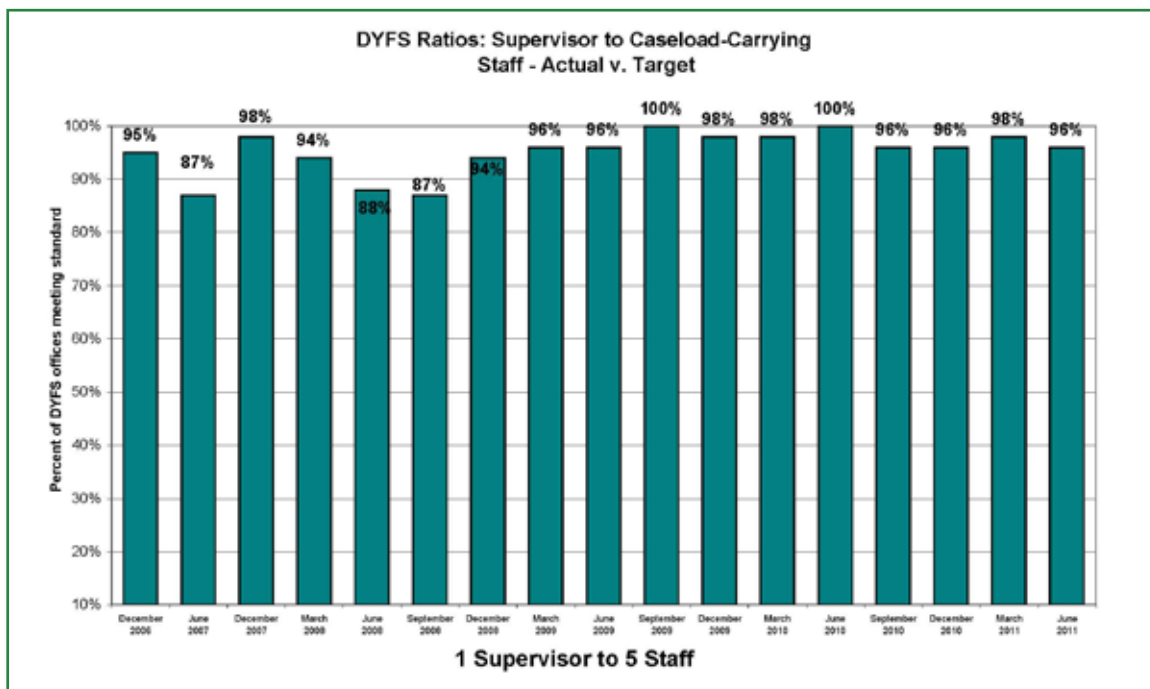


# Caseloads

## Adoption Caseloads



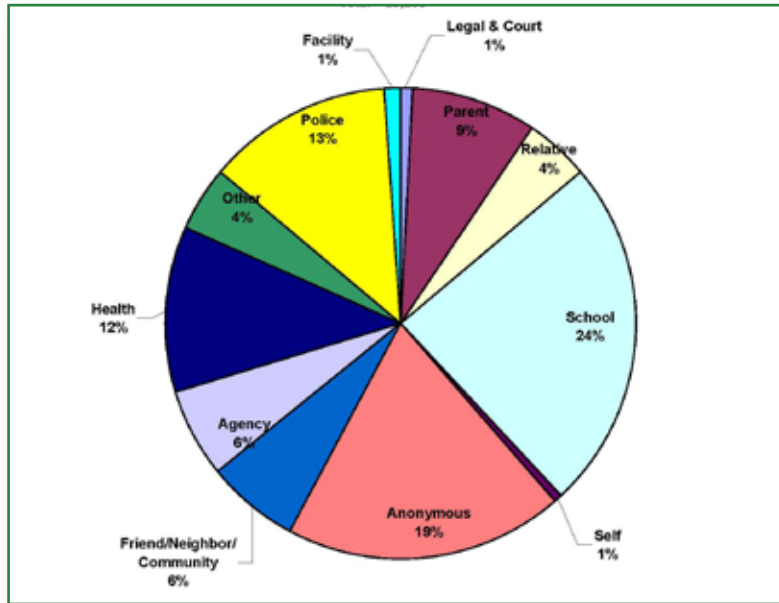
## Supervisor Ratios



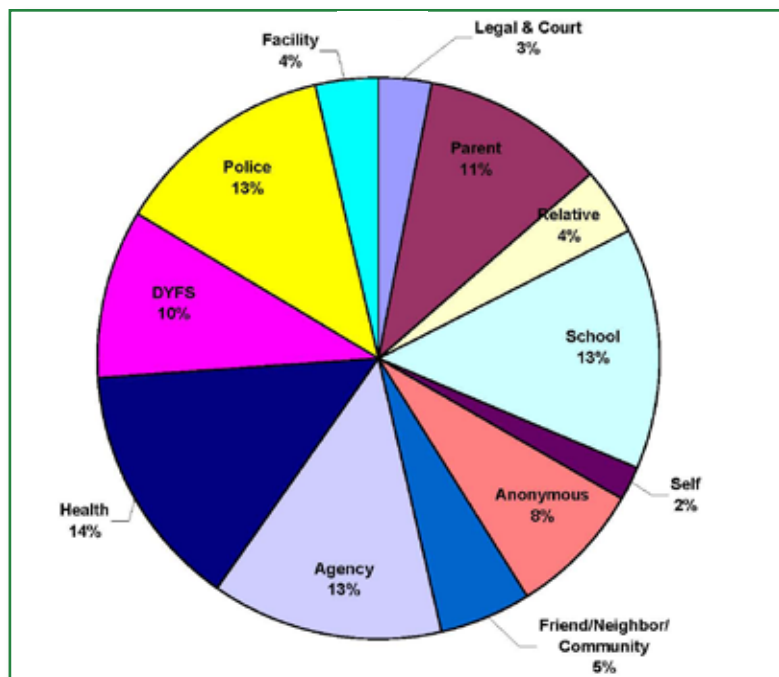


# Initial Response/State Central Registry

## CHILD PROTECTIVE SERVICES Source of Referral

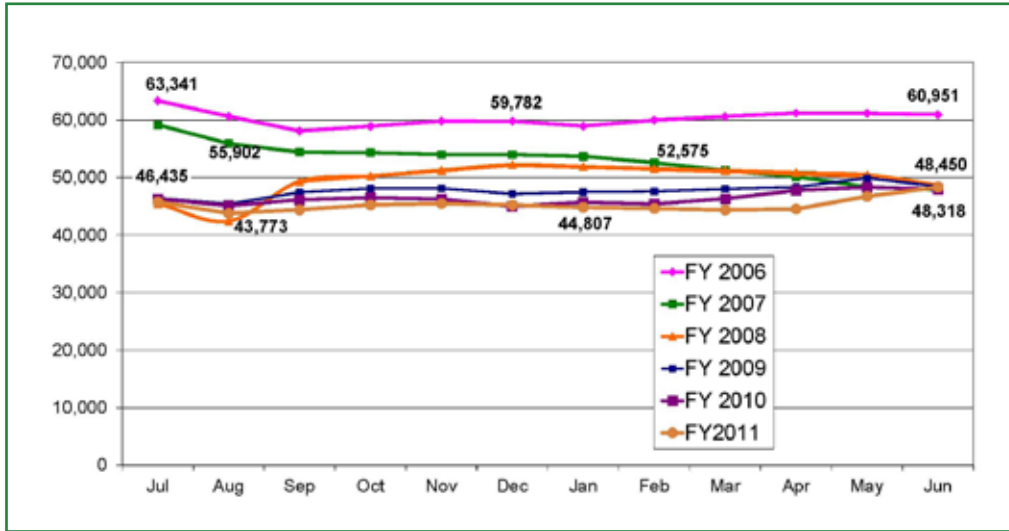


## FAMILY SERVICE REQUESTS Source of Referral

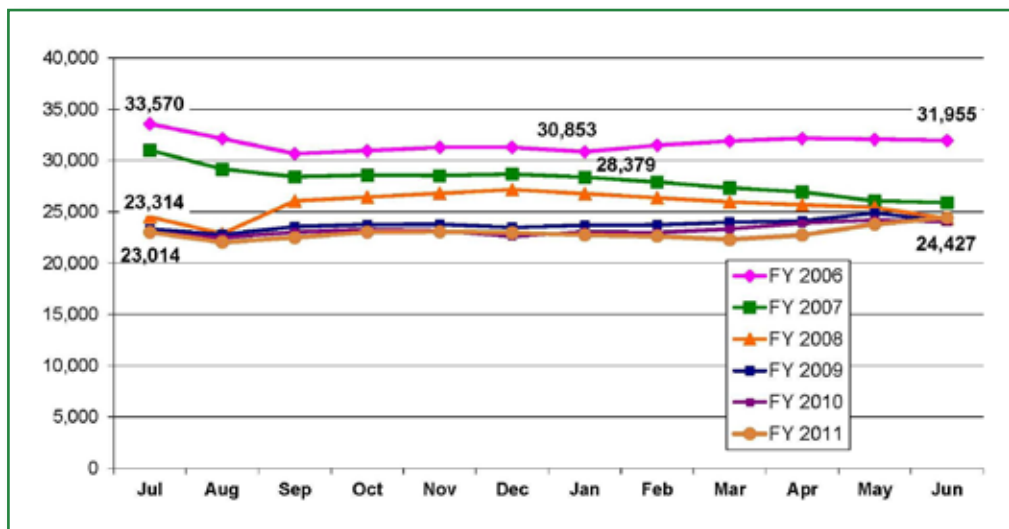


# Children Served by DYFS

## All Children Served by DYFS FY 2006 - FY 2011



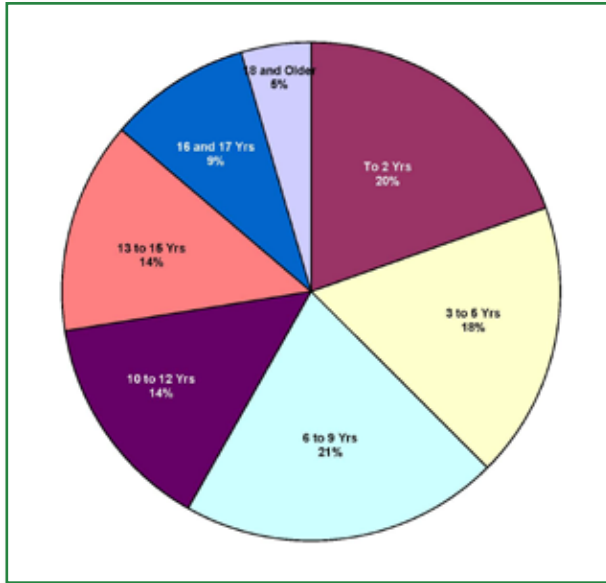
## All Families Supervised by DYFS FY 2006 - FY 2011



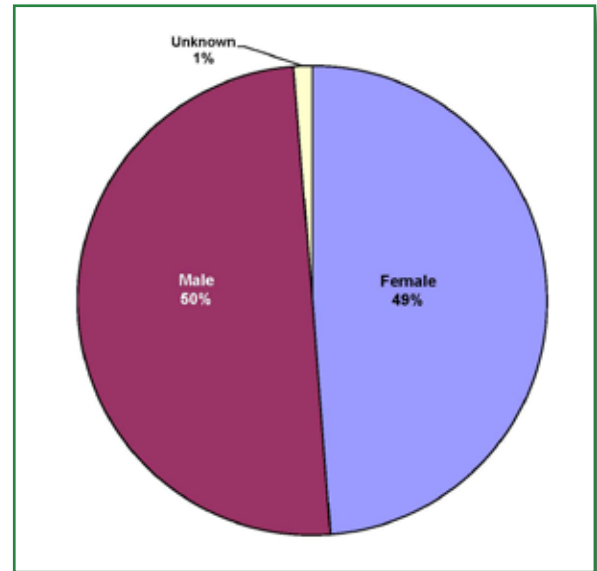
# Children Served by DYFS

**Demographic Data as of June 2011**  
**All Children Served by DYFS**  
**Total: 48,318**

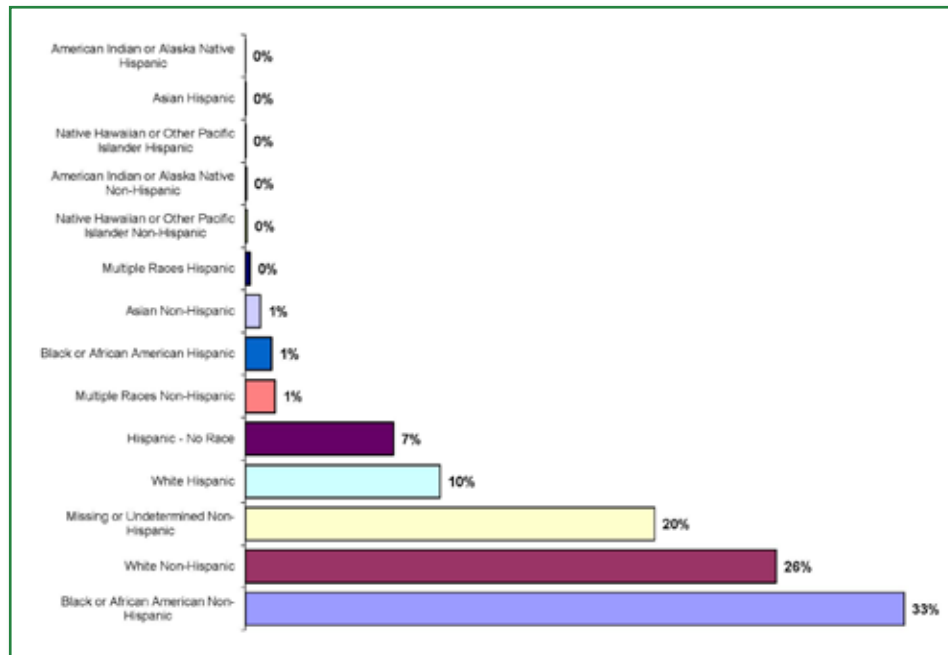
## Age



## Gender



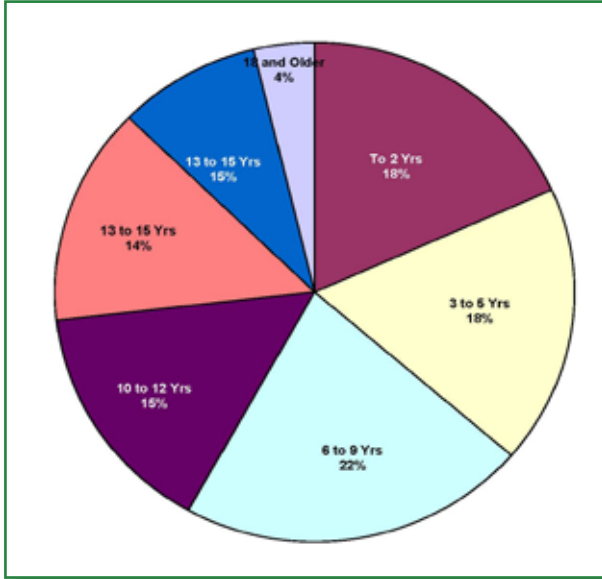
## Race/Ethnicity



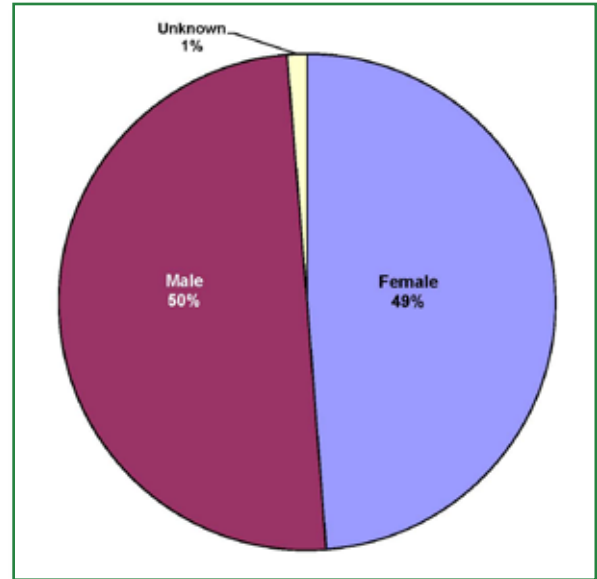
# Children Served by DYFS

**Demographic Data as of June 2011**  
**Children in Own Homes Receiving DYFS Services**  
**Total: 41,121**

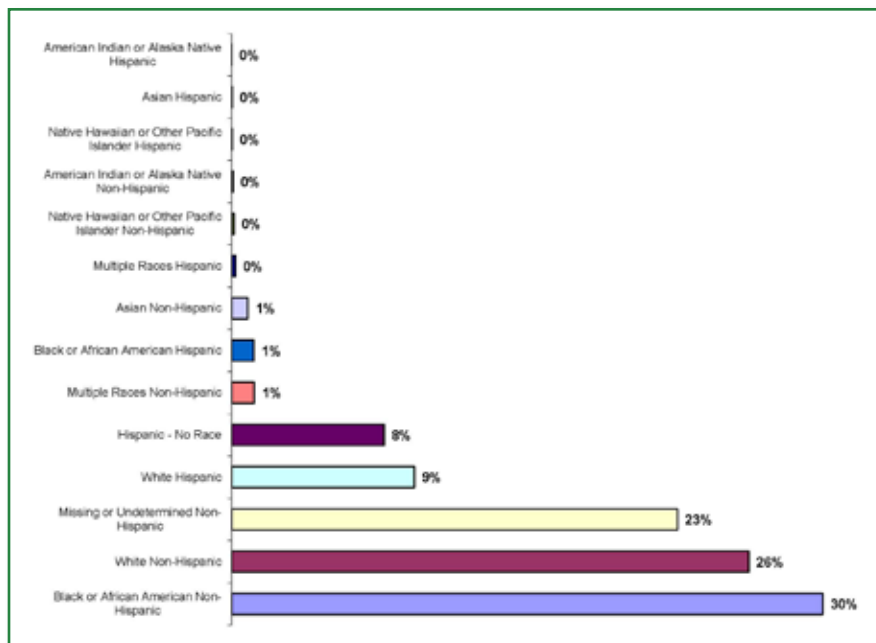
## Age



## Gender



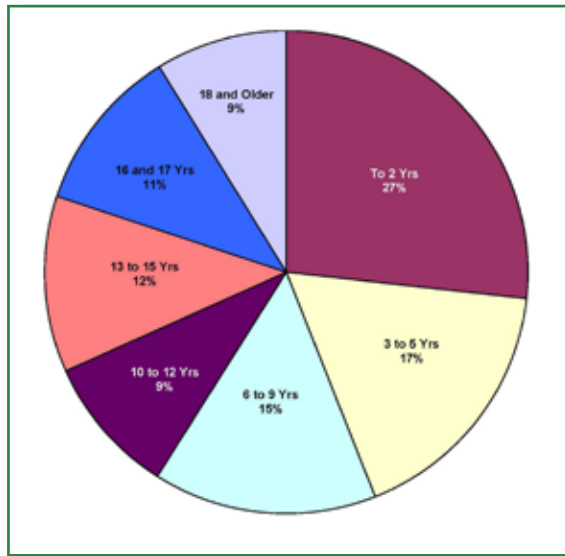
## Race/Ethnicity



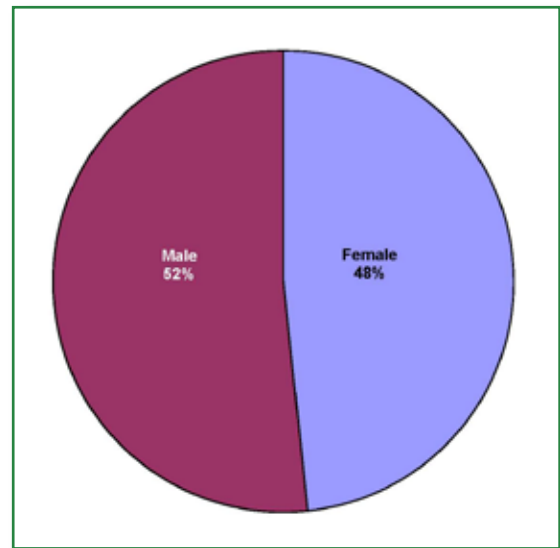
# Children Served by DYFS

## Demographic Data as of June 2011 Children in DYFS Out-of-Home Placement Total 7,197

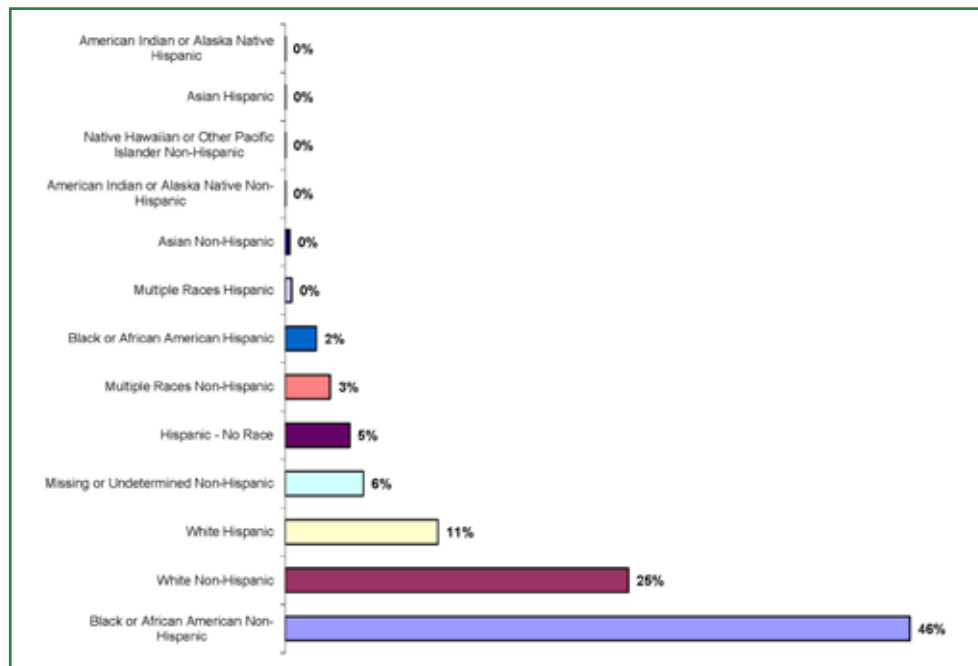
### Age



### Gender



### Race/ Ethnicity





## Children Served by DYFS

### Demographic Data

#### Children in DYFS Out-of-Home Placement by County as of June 30, 2011

County	Total
Atlantic	346
Bergen	289
Burlington	341
Camden	772
Cape May	154
Cumberland	237
Essex	1,202
Gloucester	297
Hudson	634
Hunterdon	50
Mercer	294
Middlesex	349
Monmouth	345
Morris	203
Ocean	297
Passaic	417
Salem	88
Somerset	155
Sussex	67
Union	480
Warren	141
Non-County Based*	39
<b>Total</b>	<b>7,197</b>

\*Non-County Based consists of children supervised by the Adoption Subsidy Program, Area Offices, Chafee, DAG, IAIU, ICPC, Office of Licensing, Public Defenders Office, State Central Registry or Subsidized Legal Guardianship.

# Children Served by DCBHS

## Agency Capacity Report As of July 1, 2011

<b>Care Management Organizations (Active)</b>				<b>Mobile Response Agencies (Active)</b>	
Agency Name	# of Children	Capacity	Pct at Capacity	Agency Name	# of Children
CMO Bergen	198	200	99.00%	MR Bergen	146
CMO Burlington	199	200	99.50%	MR Burlington	224
CMO Camden	202	200	101.00%	MR Camden	247
CMO Cape/Atlantic	200	200	100.00%	MR Cape/Atlantic	109
CMO Glo/Sal/Cumb	200	200	100.00%	MR Essex	245
CMO Hudson	201	200	100.50%	MR Glo/Cumb/Sal	182
CMO Middlesex	199	200	99.50%	MR Hudson	212
CMO Morris/Sussex	198	200	99.00%	MR Mercer	102
CMO Ocean	196	200	98.00%	MR Middlesex	232
CMO Passaic	203	200	101.50%	MR Monmouth	323
CMO Som/War/Hunt	202	200	101.00%	MR Morris/Sussex	119
CMO Union	202	200	101.00%	MR Ocean	188
<b>Totals</b>	<b>2,400</b>	<b>2,400</b>	<b>100.00%</b>	MR Passaic	189
<b>Youth Case Management (Active)</b>				MR Som/War/Hunt	93
Agency Name	# of Children	Capacity	Pct at Capacity	MR Union	99
YCM Atlantic	209	161	129.81%	<b>Totals</b>	<b>2,710</b>
YCM Bergen	286	189	151.32%	<b>Family Support Organizations (Active)</b>	
YCM Burlington	259	246	105.28%	Agency Name	# of Children
YCM Camden	503	484	103.93%	FSO BERGEN	32
YCM Cape May	147	92	159.78%	FSO BURLINGTON	42
YCM Cumberland	106	108	98.15%	FSO CAMDEN	84
YCM Gloucester	174	176	98.86%	FSO CAPE/ATLANTIC	115
YCM Hudson	358	396	90.40%	FSO ESSEX	381
YCM Hunterdon	40	40	100.00%	FSO	68
YCM Middlesex	463	396	116.92%	GLOU/SAL/CUMBERLAND	
YCM Morris	192	198	96.97%	FSO HUDSON	84
YCM Ocean	241	251	96.02%	FSO MERCER	287
YCM Passaic	243	242	100.41%	FSO MIDDLESEX	24
YCM Salem	143	84	170.24%	FSO MONMOUTH	114
YCM Somerset	80	128	62.50%	FSO MORRIS/SUSSEX	89
YCM Sussex	78	88	88.64%	FSO OCEAN	140
YCM Union	224	213	105.16%	FSO PASSAIC	47
YCM Warren	102	110	92.73%	FSO UNION	27
<b>Total</b>	<b>3,848</b>	<b>3,602</b>	<b>106.83%</b>	FSO WAR/SOM/HUNT	128
<b>Unified Case Management (Active)</b>				<b>Totals</b>	<b>1,662</b>
Agency Name	# of Children			<b>Residential Placement (Active)</b>	
UCM Essex - HI	358			Sitetype Description	# of Children
UCM Essex - LOW	801			Detention Alternative (DAP)	13
UCM Mercer - HI	138			Emergency Diagnostic (EDR)	9
UCM Mercer - LOW	300			Group Home (GH)	176
UCM Monmouth - HI	200			Intensive Residential Treatment (IRT)	45
UCM Monmouth - LOW	303			Out of State (OOS)	13
<b>Totals</b>	<b>2,100</b>			Psychiatric Comm Residence (PCR)	154
<b>CSA Care Coordination Only</b>		<b>30,655</b>		Residential Treatment Center (RTC)	540
<b>(active in the last 365 days)</b>				Specialty Bed (SPEC)	314
<b>Total DCBHS Children</b>		<b>39,003</b>		Treatment Home (TH)	596
				<b>Totals</b>	<b>1,860</b>

Source: PerformCare Behavioral Health Solutions