

## DCF Contract Categories (Third Party Contracts Only)

Please note: Providers are to use objective and verifiable tools and measures to assess service outcomes, program efficacy and contract compliance.

### I. In Home Services:

A. *Intensive In Home Services:* Short term, crisis intervention and related support services provided to clients in their own homes. Services may include 24 hour emergency response in order to stabilize families, promote safety, prevent out of home placement and maintain children in their current living situation.

1. 90% of families that have completed an intervention will have their children at home at 6 months post discharge
2. 85% of families that have completed an intervention will have their children at home at 12 months post discharge
3. 90% of families who have completed an intervention will have no new substantiated allegations of abuse or neglect at 6 months post discharge
4. 85% of families who have completed an intervention will have no new substantiated allegations of abuse or neglect at 12 months post discharge
5. 80% of children participating in the program at a particular point will demonstrate an improvement in at least one life domain functioning as measured by an objective tool
  - a. For DCBHS – post 72 hour Mobile Response and Stabilization Services period
  - b. For other programs – TBD%
6. 90% of children receiving services will remain in their original placement upon discharge (Mobile Response and Stabilization Services (MRSS) only)

B. *Teaching Homemaker/Homemaker/Home Visitation Services:* Home management for clients in their own homes provided to achieve and/or maintain an adequate household and/or adequate personal health care

1. 90% of families that have completed an intervention will have their children at home at 6 months post discharge (Teaching Homemaker)
2. 85% of families that have completed an intervention will have their children at home at 12 months post discharge (Teaching Homemaker)
3. 90% of families who have completed an intervention will have no substantiated allegations of abuse or neglect at 6 months post discharge (Teaching Homemaker)
4. 85% of families who have completed an intervention will have no substantiated allegations of abuse or neglect at 12 months post discharge (Teaching Homemaker)
5. 90% of school-aged children will improve in their school attendance (Teaching Homemaker)

6. 100% of children are enrolled in health insurance (Home Visitation/Nurse-Family Partnership)
7. 85% of children are up-to-date on immunizations (Home Visitation/Nurse-Family Partnership)
8. 80% of participants will increase their average inter-pregnancy interval (birth to conception) to 24 months (Home Visitation/Nurse-Family Partnership)
9. 100% of infants/children will have a medical home (Home Visitation/Nurse-Family Partnership)
10. 90% of infants will be screened for developmental delays (Home Visitation/Nurse-Family Partnership)

C. Companionship/Mentoring Services: In-home and community-based advocacy, recreational, vocational, educational, outreach or supportive services that incorporate positive youth development strategies and techniques to prevent out of home placement, deter juvenile delinquency, promote safety, prevent teen pregnancy, and help adolescents transition safely to adulthood.

1. 80% of youth will move to less restrictive care, remain in their home, reside independently, or will be stabilized in foster care/group home within 12 months of implementation of services
2. 80% of youth referred will be successfully transitioned to the community from out of home placement within 12 months of implementation of services
3. 80% of youth and families will show significant progress toward meeting priority needs as identified in their individual service plan within six months of referral
4. 80% of youth regularly attend school
5. 80% of youth remain free of adjudication with the juvenile justice system

D. Case Management Services: Services include assessing, monitoring and coordinating services to enable children to stay in their communities. The goal is to serve a child in the least restrictive environment possible with a seamless, coordinated system of care based on the needs and strengths of the child and family.

1. 75% of families participating will demonstrate their ability to manage their family plan
2. 75% of children will live in the least restrictive setting that is most appropriate for their clinical needs
3. 75% of children will improve or remain stable in their educational setting
4. 75% of children will have reduced length of stay in Detention post disposition (Care Management Organizations)
5. 65% of children will have a decrease in emotional/behavioral needs and a reduction in risk behaviors
6. 65% of children enrolled with a current living situation of "least restrictive" will remain stable

7. 85% of families will indicate that they are satisfied or very satisfied with the service provided to them by the program (Differential Response)
8. 65% of families will not have any substantiated allegations of child abuse and/or neglect within 12 months of completing services through the program (Differential Response)

E. *Behavioral Support Services*: Services that focus on maintaining the child in their home, supporting the resource parent, and providing behavioral assistance to children and families in their current living arrangements.

1. 80% of children will maintain placement at 3 months and 6 months as measured by follow-up phone call (child-specific program)
2. 85% of children will show improvement through measurement by an objective tool (i.e. Child Well Being Scale or Attachment Scale) (child-specific program)
3. 85% of parents will be satisfied with the retention specialist and services provided (resource/adoptive parent-specific program)
4. 90% of referral sources will be satisfied with the retention specialist and services provided (resource/adoptive parent-specific program)
5. 75% of resource and adoptive parents receiving retention services will continue to care for a child placed with them until permanency is achieved (resource/adoptive parent-specific program)

## II. Permanency Services:

A. *Family Reunification/Therapeutic Visitation Services*: These services occur when a child is in any type of substitute care. Case activities are directed toward safely returning the child to, or placing the child with, a parent when the circumstances necessitating out of home placement have been resolved, and the parent has expressed an interest in, and displays the willingness and ability to, care for the child, with support services, if necessary. Therapeutic visitation services safely reunite families separated due to abuse or neglect by teaching personal responsibility and parenting skills in a respectful, nurturing, home-like environment to reduce child abuse and neglect, decrease the time children spend in foster care, and strengthen families throughout the community.

1. 75% of referred cases (child-family and/or siblings) will achieve visitation two times per week within one month and 90% will achieve visitation weekly within one month
2. 90% of parents will have improved parenting skills. Providers are to use objective measures to assess outcomes
3. 90% of referred cases will achieve permanency within 12 months of the latest removal from their home (reunification; recommendation for adoption; recommendation for Kinship Legal Guardianship)
4. 90% of children reunified with their family will remain in their homes at 6 months/12 months of return home

5. 95.2% of children reunified with family will have no new substantiations of abuse and neglect within 6 months/12 months of return home
- B. Supervised Visitation Services: Provides supervision for visits between parents and children in out of home placements to preserve family connections and facilitate a safe return home. (May include transportation to and from visits.)
1. 100% of the children transported will arrive to visitation and return from visitation safely (May apply to contracts that only provide transportation services.)
  2. 90% of children in out of home care will visit regularly with siblings in other placements in accordance with their case plans and if in the best interest of all involved siblings
  3. 95% of reports documenting the interactions and reactions of all involved parties to the visitation will be submitted timely to the Division
  4. 90% of children in out of home care will visit regularly with their parent(s) or other legally responsible family member at least weekly and in accordance with their case plan
  5. 90% of all children and families will be either reunified or have an approved permanent plan within 12 months of the child's entry into out of home placement
  6. 86% of children reunified with their families will not re-enter placement for at least 12 months following reunification

### III. Out of Home Care:

- A. Congregate Care: Various levels of care which include a children's residential treatment center, a group home setting, or a youth shelter that provides 24 hour care 7 days a week.
1. 70% of children will be discharged to a less restrictive setting/level of care within 9 to 12 months of admission
  2. 70% of children will have lower aggregate scores on the Strengths and Needs Assessment from admission to discharge
  3. TBD% of children will not have new out of home admissions at 6 months post-discharge
  4. Average length of stay will be reduced by 10% from the previous year until an agreed upon benchmark is reached
  5. 99.47% of youth will not have any substantiated abuse or neglect while in shelter care (shelter care)
  6. 95% of youth entering out of home care shall receive a full medical examination within 30 days of placement (shelter care)
  7. 95% of youth will have a discharge plan developed within 48 hours of admission (shelter care)

B. Contracted Agency Home Care: Directly supervised by a private agency under contract with DCF to provide services to children in need of out of home placement for protective or other social services reasons. Also includes treatment homes, bridge homes, alternative care homes, children's shelter homes, and juvenile-family in crisis shelter homes.

1. 90% of children remain in their 1<sup>st</sup> placement since entry into care
2. 65% of children are placed within the community from which they were removed
3. 65% of children are placed with a group of 2 or 3 of their siblings in care at the same time or within 30 days of each other, if the level of care is compatible and it is in accordance with all their case plans
4. 70% of children will be discharged to a less restrictive setting/level of care (treatment homes) within 9 to 12 months
5. 70% of children will have lower aggregate scores on the Strengths and Needs Assessment (treatment homes; DCBHS – administered at admission and discharge)
6. Average length of stay will be reduced by 10% from the previous year (treatment homes)

#### IV. Health and Mental Health Services:

A. Therapeutic Interventions: Provides ongoing mental health treatment to address and resolve the issues that prompted the referral (i.e. maltreatment, behavior or mental health challenge within family). Therapy modalities include individual, group and family therapy.

1. TBD% of children show improvement in emotional, cognitive, and behavioral functioning as reported by the parent, school, community or appropriate standardized tests
2. TBD% of children show improvement in school functioning, as measured by teacher reports and/or report cards
3. TBD% of children served after being abused or neglected do not suffer repetition of abuse or neglect

B. Evidenced Based Treatment (Multisystemic Therapy (MST)) and (Family Functional Therapy (FFT)): An intensive family and community-based treatment that addresses multiple aspects of serious antisocial behavior in adolescents. MST typically targets chronic, aggressive juvenile offenders who are at high risk of out of home placement away from their families. FFT provides community-based services in a stable environment for up to 3 hours per day, up to six days per week.

1. 85% of youth will remain at home with their families
2. 85% of youth will have no further system involvement
3. 85% of youth will maintain improved academic performance and attendance

- C. Partial Hospitalization/Partial Care (Child/Youth): Partial hospitalization/Partial Care is an intensive, nonresidential, therapeutic treatment program. The program provides clinical treatment services in a stable environment, generally 3-5 hours/day, up to 6 days/week.
1. One month and six months post discharge, 80% of consumers will be in the home of residence at discharge
  2. One month and six months post discharge, 85% of consumers will not be hospitalized psychiatrically
  3. TBD% of children show improvement in emotional, cognitive, and behavioral functioning as reported by the parent, school, community or appropriate standardized tests
  4. TBD% of children show improvement in school functioning, as measured by teacher reports and/or report cards
- D. Substance Abuse Services: Provide comprehensive prevention, intervention, and treatment with a client-based approach. These programs include a comprehensive evaluation, individual therapy, intensive outpatient treatment, family groups, and specialized programs for the mentally ill chemical abuser and in most cases for adolescents as well.
1. 100% of assessed clients must either be: 1) referred into their perspective level of treatment; or 2) ruled out (Children's Protective Substance Abuse Initiative - CPSAI)
  2. 75% of referred clients will be involved in or complete an extended assessments (CPSAI)
  3. 85% of assessed clients will be placed in their perspective level of treatment (CPSAI)
  4. The 50% of clients using alcohol at admission versus discharge will decrease by TBD% (Child Welfare Treatment programs)
  5. The 50% of clients using other drugs at admission versus discharge will decrease by TBD% (Child Welfare Treatment programs)
  6. Employment rate for clients at admission versus discharge will increase by 50% (Child Welfare Treatment programs)
  7. The 75% of client arrests in past 30 days measured against admission and then against discharge will decrease by TBD% (Child Welfare Treatment programs)
  8. The 50% of homeless clients at admission versus discharge will decrease by TBD% (Child Welfare Treatment programs)
- E. Health Center Services: Provide comprehensive health services for youth ages 0-21. These services include but are not limited to: well baby checks, physicals, immunizations; services to address behavior and learning concerns, mental health, dental, and vision care.
1. 80% of pediatric cases will receive immunizations

2. Of those users who enter Health Centers without insurance, 80% will be enrolled into subsidized insurance programs or NJ Uncompensated Care

F. *Child Assault Prevention Services (CAP)*: CAP is a statewide prevention program. CAP trains children, parents, and teachers to prevent peer assault, stranger abduction and known adult assault. CAP staff work closely with local school districts, parent/teacher associations, home school groups and other community groups. CAP has a threefold educational approach to prevention which includes staff in-services, parent programs and individual classroom workshops for children and teens.

1. 85% of school staff and parents will report increased awareness of how to recognize, prevent, and address child abuse and bullying
2. 85% of youth will report increased awareness of interpersonal safety rights and appropriate boundaries

## V. Adolescent Services:

A. *After Care Services for Aging out Youth/Transitional/Supportive Independent Living*: Traditionally 18 month programs designed to assist youth in living skills, obtaining employment or further education, and attempting to find permanent housing. The programs can be congregate or apartments and some of the programs will extend the young person's stay beyond the age of 18. Depending on the program, they address the needs of youth aged 16 to 21 or 18 to 21. The target population is youth aging out of the DYFS system or homeless youth. These are not generally therapeutic placements and would not be appropriate for young people with severe behavioral health needs.

1. 85% of youth age 14 and older will have an independent living plan developed which identifies those programs and services that will be provided to assist the youth in transitioning from foster care to independence
2. 93% of youth served will improve their independent living skills based on pre and post Ansell-Casey performance measures
3. 85% of youth will successfully transition into safe permanent living situations
4. 80% of youth served will learn essential job readiness skills and obtain employment
5. 75% of youth served will be working towards obtaining a high school diploma, GED, or will attend technical school or pursue higher education
6. 85% of youth in placement at age 18 who qualify for Chafee Medicaid will be enrolled (excludes SSI recipients)

B. *School Linked Services*: Open to all youth aged 10 to 19 enrolled in the school that houses the program. Provides services before, during and after school and throughout the summer. Major services include mental health and family services; health services; substance abuse counseling; employment services;

pregnancy prevention programs; learning support services; referrals to community based services; and recreation.

1. 90% of youth served who participate will remain in school – School Based Youth Services Program (SBYSP)
2. 90% of youth served will improve emotional well-being (SBYSP)
3. 90% of youth whose families have been involved will graduate or remain in school (Family Empowerment Program [FEP])
4. 70% of those reporting difficulty will improve academic performance (FEP)
5. 70% of youth will show an improvement in behavior in school (FEP)
6. 92% of participating youth will demonstrate improvement in academic performance and/or social and emotional well-being (Family Friendly Center [FFC])
7. 80% of families will demonstrate awareness of supports and resources available in school and community (FFC)
8. 97% of youth who complete the program will not become pregnant prior to high school graduation (Adolescent Pregnancy Prevention Initiative [APPI])
9. 95% of youth who complete the program will demonstrate improved knowledge of safe sex practices (APPI)
10. 95% of teen parents will not have another pregnancy while enrolled in the program (Parent Linking Program [PLP])
11. 98% of seniors will graduate while enrolled in the program (PLP)
12. 80% of youth will be connected to community, social and vocational activities (Refugee Program)

C. Youth Helpline: A statewide, 24-hour, interactive telephone line for youth and young adults (ages 10-24) that provides immediate, respectful professional services with linkage to information and resources.

1. 85% of youth who receive services from the NJ 2ndFLOOR Youth Helpline will report the call was helpful
2. Calls will increase in Cape May, Cumberland, Hudson, Salem and Sussex counties by 50%

D. Outreach to At-Risk Youth/Prevention of Juvenile Delinquency: Designed to prevent crime/juvenile delinquency, and deter gang involvement by providing enhanced recreation, vocational, educational, outreach or supportive services to youths, ages 13 to 18, with the option to serve youths until age 21. Located in communities with demonstrated high crime and gang violence.

1. 91% of students will remain in school (PJD)
2. 99% of students will have no further incidents leading to juvenile detention while enrolled (PJD)
3. 75% of youth will remain free of new criminal/delinquency charges (OTARY)
4. 75% of youth will show an increase in the number of days they attend school (OTARY)



5. 75% of youth participating to improve anti-social behaviors will achieve their personal goals (OTARY)

## **VI. Family Support Services:**

- A. *Family Success Centers*: Neighborhood-based gathering places where any community resident can find family support, information, and services. The purpose of the Center is to enrich the lives of children by making families and neighborhoods stronger. Services include employment, information and referral, parent education, health care, parent-child activities, home visiting, life skills training, advocacy, and housing.
  1. 50% of families requesting information and referrals are appropriately connected to resources that improve family functioning
  2. 70% of Family Success Centers will be fully functioning involving parents and community members in governance and planning
- B. *Domestic Violence Services*: Includes the lead domestic violence program, including a shelter with a 24-hour hotline and response in each county. Also provide information and referral, counseling, support groups, financial, legal, housing, and general advocacy, children's services and community education.
  1. 65% of DV survivors have strategies for enhancing their safety
  2. 65% of DV survivors have knowledge of available community resources
  3. 75% of children show improved emotional, cognitive and behavioral functioning (Peace: A Learned Solution [PALS])
  4. 75% of school aged children show improvement in school functioning (PALS)
- C. *Strengthening Families*: Provides a set of tools for early care and education programs that helps them deepen their work with the families of the children they serve. When early care and education programs adopt the Strengthening Families approach to working with children and families, they frame their work around building five, research-based Protective Factors with families.
  1. 65% of the child care center staff will have established phone trees, car pools, baby-sitting co-ops and play groups
  2. 80% of the Strengthening Families Early Care and Education (SFECE) centers will have parent classes, regular postings on bulletin boards, take home materials or specific information available to all their parents
  3. 100% of all SFECE centers will have work plans in place and will be able to show progress from the previous year

D. Family Support Organizations: Family-run, county-based organizations that provide direct family-to-family peer support, education, advocacy and other services to family members of children with emotional and behavioral problems.

1. TBD% change in caregiver needs at 18 months
2. TBD% of “remained stable/improved” outcome status at 18 months
3. TBD% of youth in youth partnership
4. TBD% of CFT meetings attended
5. TBD% of hours of peer support