



Attachment F

DCF Description of Services

June 30, 2019

Part I: Community Services

DCF designs and manages a vast network of community based, universally-accessible services throughout New Jersey, which are aimed at strengthening and building capacity of individuals, families and communities, prevention of violence and maltreatment throughout the lifespan, and support of survivors. These services are delivered in partnership with communities through a network of providers and include Family Success Centers, Kinship Navigator Programs, home visiting and other early childhood services, school-linked after-school and in-school programming for children and youth, adult employment and training programming, sexual assault prevention and direct service, and domestic violence services. DCF's community services reach thousands of New Jersey residents each month and support children, youth, families and individuals to thrive.

FAMILY SUCCESS CENTERS

DCF has designed and manages a network of Family Success Centers (FSCs), community-based, family-centered, neighborhood centers where parents can connect with other parents, access free wrap-around resources and supports, and be part of building their community. Each Family Success Center is uniquely designed by local parents to support the particular community in which it is located. Programming at FSCs may range from GED classes, support groups, community outings, ESL and citizenship classes, exercise, and more.

WHO WE SERVE

The 57 warm and welcoming FSCs located throughout New Jersey serve children, youth, families, individuals, and communities. In 2018, 31,557 families, including 56,834 individuals, were engaged with a Family Success Center.

FAMILY VOICE

A key element of each FSC is the development of parent leadership through its Parent Advisory Boards. These boards serve as a way for parents to become stewards of their respective communities and for the FSCs to customize services based on the identified needs within a geographic area. Parents are also organically encouraged to provide feedback on services and volunteer in FSCs.

TEAMING AND COLLABORATION

FSCs collaborate with community entities, local governments and families to serve their communities. Through these partnerships, FSCs develop networks of family strengthening services in consultation with their Parent Advisory Boards and community voice, and then determine together what types of workshops, activities and groups can be held through the FSC, led by local experts and parents. The core focus on teaming and collaboration in the Family Success Network strengthens connections with families, between families, and to the community as a whole.

PRACTICE MODELS

In 2018 DCF, in consultation with the National Implementation Research Network (NIRN), completed development of a practice profile for Family Success, and conducted an assessment of needed infrastructure for effective implementation of the profile.

IMPLEMENTATION

The DCF Office of Family Support Services leads the network of Family Success Centers, providing ongoing coordination and technical assistance. FSCs report monthly to DCF on the number of individuals and families they serve, and services provided to families. In 2018, DCF's work on implementation included the launch of efforts to develop needed training data support and administrative infrastructure that will ensure the practice profile is implemented with fidelity. DCF also continued to support the community of practice through provision of conferences and professional development opportunities such as the Annual FSC Conference and Child Abuse Prevention Conferences. The 2018 FSC Conference provided technical workshops that focused on the 2Generation Approach to align and coordinate services for children and families, while the Child Abuse

Prevention Conference focused on identifying trauma-informed strategies for working with children and families facing Adverse Childhood Experiences (ACEs).

KINSHIP NAVIGATOR

DCF's Kinship Navigator Program (KNP) supports family members who find themselves caring for their relatives' children, so that caregivers have access to economic and social supports that they will need as they welcome a new child into their family. DCF's network of four contracted regional kinship navigator service providers (North, Metro, Central and South) help caregivers navigate various forms of government assistance such as housing and economic assistance, determine their eligibility for Kinship Navigator Program benefits, and provide technical support with legal commitments to the child. Any New Jersey kinship caregiver can access Kinship Navigator services by calling 211, contacting DCF, or directly contacting a service provider.

WHO WE SERVE

During SFY2018, KNP received almost 23,000 contacts by phone, walk-in, or email, and KNP supported 4,755 kin-caregivers in accessing needed resources. 74% of caregivers were grandparents, 22% were other relatives, 3% were neighbor/family friends and 2% were siblings.

FAMILY VOICE

KNP caregivers are engaged to become members of their local FSCs and encouraged to offer feedback as to the programming that would support their needs.

TEAMING AND COLLABORATION

Kinship Navigator providers partner with FSCs, local schools, CP&P, County Councils for Young Children, Social Security, court systems, Boards of Social Services, Civic Organizations and other local community providers to create a network of support for kin-caregivers.

PRACTICE MODELS

While Kinship Navigator services have been standardized and in place for over 20 years in New Jersey and throughout the United States, there are few evidence-based models in place for this work. In 2018, as part of DCF's implementation of the Family First Prevention Services Act, the Kinship Navigator Program began the process of assessing and developing a practice profile, which will provide a basis from which to establish a New Jersey practice model.

IMPLEMENTATION

DCF manages the Kinship Navigator network, annually reviews the Kinship Navigator Programs and monitors quality through quarterly site visits to each agency. DCF staff provide or coordinate training and technical assistance when needed and maintain a community of practice amongst the programs. DCF collects monthly reports from providers with service and demographic information.

EARLY CHILDHOOD SERVICES

Early Childhood Services (ECS) are integral to New Jersey's development of a comprehensive and seamless system of care. ECS links pregnant women and parents of young children with necessary health and social support services. These services aim to support families to stay safe, healthy and connected. Core services include management of a statewide Central Intake Network, in collaboration with the NJ Department of Health; development and management of a statewide network of home visiting services and support of the County Councils for Young Children. The County Councils for Young Children has a vital role to support, engage, listen to parent's input and voice and apply information gained to enhance New Jersey's mixed delivery

approach to help families access support services. This work is informed by the Strengthening Families™ framework, which is a research-informed approach that is applied to practice to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect.

WHO WE SERVE

ECS serves families with pregnant women, new mothers or fathers, or any other caregivers with children up to the age of 8, based on family needs. During 2018, more than 73,000 home visits were provided, serving 5,700 children. In SFY 2018, 33,684 referrals were made to Central Intake and County Councils for Young Children served 2,096 unduplicated constituents and 1,167 professionals/ community stakeholders. Additionally, an estimated 6,513 children and 5,393 families received information and support from Strengthening Families.

FAMILY VOICE

DCF has a strong network of local infrastructure to incorporate family voice in Early Childhood Services. Community Advisory Boards provide a vehicle for Central Intake to include the voices of families in their decision-making regarding the direction of the program and the County Councils for Young Children serve as a platform for family and community engagement, allowing parents and community agencies to come together as active partners.

TEAMING AND COLLABORATION

In partnership with other state and local entities, home visiting is supported by DCF, the NJ Department of Human Services, and the NJ Department of Health. County Councils for Young Children operate through a partnership with between DCF and the NJ Departments of Education, Health, and Human Services.

PRACTICE MODELS

Early childhood services use multiple evidence-based and evidence informed models. Central Intake coordinates services using the national Help Me Grow System Model. The Home Visiting network provides three different evidence-based models of service in each of NJs 21 counties: Healthy Families, Nurse-Family Partnership, and Parents as Teachers. The Strengthening Families Protective Factors Framework, an evidence-informed approach, is embedded in various programs throughout the state.¹ County Councils for Young Children make use of the Shared Leadership Model and Parent Leadership Development.

IMPLEMENTATION

Training and technical assistance for this suite of services is provided through: The Nurse-Family Partnership National Service Office (NSO) and Prevent Child Abuse New Jersey (PCANJ) who provide model-specific training, technical assistance/consultation, data monitoring and reporting and administrative support services for the three evidence-based home visiting models. Home Visiting and Central Intake programs partner with Johns Hopkins Bloomberg School of Public Health to conduct program evaluation and quarterly continuous quality improvement (CQI) cycles. Strengthening Families childcare members receive ongoing training on how to integrate the Protective Factors Framework into their program services and County Councils for Young Children members are offered training and technical assistance on leading parent and community collaborations. Free training and technical assistance for members of the local councils is provided by The Statewide Parent Advocacy Network (SPAN).

SCHOOL BASED SERVICES FOR YOUTH

DCF manages a network of out-of-school and in-school prevention and support services for youth that build on youth's strengths to assist them with achieving their educational and life goals as well as a network of Family Friendly Centers that provide academic, recreational, and social enrichment activities to students and their families. DCF contracts throughout the State with non-profit organizations, universities, hospitals, and school districts to implement programs. Through these school-linked services, youth can access mental health support, employment assistance, substance use counseling preventive health care, violence prevention programs, learning support, mentorship, teen parent skill development and recreation.

¹ <https://cssp.org/our-work/projects/protective-factors-framework/>

WHO WE SERVE

DCF's school-linked services support students ages 5 through 21, parents, and educators. During SFY18, over 34,000 students were supported by School Based Youth Services Programs (SBYSP), before-and after-school programming that includes mental health counseling; employment counseling; substance abuse education/prevention; preventive health awareness including pregnancy prevention; primary medical linkages; learning support; healthy youth development; recreation; and information/referral. In addition, programming for elementary-aged students reached 1,349 students in 46 afterschool enhancement programs and the Parent Linking Program worked with 372 expecting and parenting teens to prevent child abuse and neglect and reduce the barriers that can impede their ability to complete their education. The New Jersey Child Assault Prevention Program (NJCAP) reached more than 92,000 youth and young adults in 494 schools; the 2ND FLOOR youth helpline (available to youth 24/7) received calls or texts from 10,431 youth in need of counseling and the Traumatic Loss Coalition responded to 133 trauma-related events.

FAMILY VOICE

SBYSP integrates the voices of parents and caregivers into services through Community Liaison Boards and by hosting at least one fatherhood program annually. Parent Linking Program design and operations are informed by Parent Advisory Groups that include the participation of parenting teens and their parents. Family Friendly Centers host Family Engagement activities to encourage parental participation.

TEAMING AND COLLABORATION

New Jersey school districts and various non-profit organizations provide a wide array of prevention and support services to youth in public elementary, middle, and high schools. Capitalizing on these established programs, SLS partners with these non-profit organizations, hospitals, universities, and school districts to serve students locally.

PRACTICE MODELS

All SLS providers are expected to integrate elements of the New Jersey Standards for Prevention Programs and the national Strengthening Families Programs into their service delivery. In CY18, School Based Youth Services Programs started the process of aligning their program practice with the Center for the Study of Social Policy's Youth Thrive Framework.² The Adolescent Pregnancy Prevention Program uses an evidence-based curriculum, Reducing the Risk: Building Skills to Prevent Pregnancy, STDs & HIV.

IMPLEMENTATION

SLS's programs include infrastructure for training, coaching, and data collection. All SLS staff attend required trainings related to program implementation, including data system training. Providers with access to the cloud-based data collection system report on students served including their needs, services received, and outcomes. An impact survey is implemented on a bi-annual basis to evaluate student satisfaction with SBYSP to assist and guide decision making related to future services. Several programs also collect pre/post data on outcomes such as resilience, refusal skills and self-regulation.

EMPLOYMENT & TRAINING SERVICES

A displaced homemaker is someone who, after serving as an unpaid homemaker for many years, is forced to join the paid workforce due to the separation, divorce, disability, or death of a spouse or significant other, and:

- Is receiving public assistance because of dependent children in the home but is within one year of no longer being eligible for assistance, or
- Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment, or

² <https://cssp.org/our-work/project/youth-thrive#framework>

- Is at least 40 years of age, an age at which discrimination based on age is likely, and at which entry or reentry to or advancement in the labor market is difficult

The mission of Displaced Homemaker (DH) Programs is to help participants gain marketable skills and economic self-sufficiency. Services include job counseling, training and placement assistance, educational information and services, short term certificate education/training grants, computer literacy training, financial management services, legal information and services, life skills development, referrals and community outreach.

WHO WE SERVE

There are currently 17 displaced homemaker programs located in 16 counties across New Jersey. 5,945 individuals were served in fiscal year 2018. DCF is expanding the program to 22 sites in 21 counties during FY19.

FAMILY VOICE

The voices of participants are critical to ensuring Displaced Homemakers programs are meeting their needs. Each participant comes into the program with a unique set of circumstances as he or she is navigating, entering or re-entering the paid labor market. DCF meets quarterly with the Displaced Homemakers Network and conducts site visits to individual programs to ensure that we understand the evolving needs of participants.

TEAMING AND COLLABORATION

DCF collaborates with state and local resource partners, DV programs, the Department of Labor, Family Success Centers and County Colleges to provide an effective network of services for Displaced Homemakers.

PRACTICE MODELS

The Displaced Homemakers program is developed as described in New Jersey statutes P.L. 1979, (c, 125 52:27D-43.18 et seq). This legislation sets the definition of a displaced homemaker and requires the following core components to be provided: job counseling, job training, job placement, health education and counseling, financial management, educational services, legal counseling, and outreach/information services.

IMPLEMENTATION

The Displaced Homemaker program logic model specifies key activities, process and outcome indicators. The NJ Division on Women provides quarterly technical training days to the Displaced Homemaker providers with speakers from DCF and external sources. There is a web-based data system in place to collect data on service delivery and effectiveness for continuous quality improvement processes. The data is reviewed monthly by DCF and regularly discussed with providers. Additionally, DCF's Office of Research, Evaluation and Reporting (RER) provide training to Displaced Homemaker providers related to demographic, service and outcome data. In CY 2018, DCF held webinars to provide technical assistance and discuss best practices for data entry/management.

PRIMARY PREVENTION OF SEXUAL VIOLENCE

DCF's efforts to prevent sexual violence include educational seminars, education and awareness to communities, community mobilization and training for professionals. A primary prevention coalition in each county in which a program operates identifies the population most in need and the strategy used to serve that population. The programming aims to increase collaboration among a variety of sectors and increase three protective factors that research has shown are related to the prevention of sexual violence: attitudes towards social norms that promote gender equality, knowledge of healthy relationships/sexuality, and normative bystander intervention.

WHO WE SERVE

In FY 2018, 65,944 people participated in evidence informed or evidence-based curriculums, coalition/community building and outreach/education activities across New Jersey. Outreach/education activities occurred mainly at schools (36%), non-profit/community-based organizations (29%), and colleges/universities (21%), with the remaining amount occurring in other locations (15%).

FAMILY VOICE

Primary prevention programs provide various opportunities for survivors and families to share their voices. Feedback and input is gathered through surveys, listening sessions and stakeholder meetings and has been incorporated into strategic plans for future programming. Ensuring the voices of all survivors are heard, particularly those from underserved and marginalized communities, remains a priority for DOW.

TEAMING AND COLLABORATION

20 county-based providers and Rutgers' Office for Violence Prevention and Victim Assistance team with DOW, the New Jersey Coalition Against Sexual Assault, the Governor's Advisory Council Against Sexual Violence, other state and federal departments and local communities to deliver sexual violence prevention programming.

PRACTICE MODELS

This program utilizes the Centers for Disease Control and Prevention's Public Health Framework as well as three evidence based/informed models: The New Jersey Coalition Against Sexual Assault's Media Literacy curriculum; Safe Dates, an Adolescent Dating Abuse Prevention Curriculum and Rutgers' Office for Violence Prevention and Victim Assistance SCREAM Theater peer education.

IMPLEMENTATION

The New Jersey Coalition Against Sexual Assault provides training and coaching to the county-based providers. DCF has a web-based data system to collect comprehensive process and outcome evaluation data for data informed decision making and program improvement.

SERVICES FOR SURVIVORS OF SEXUAL ASSAULT

DCF provides an array of services for survivors of sexual assault that are designed to reduce trauma, increase self-efficacy and empowerment and provide a path for long-term healing for survivors to include:

- 24 hour hotline services for crisis intervention and referral;
- accompaniment and advocacy through medical, criminal justice and social support systems including medical, police and court proceedings;
- crisis intervention, individual and group support services, and comprehensive service coordination to assist sexual assault victims and family and household members;
- information and referral to assist sexual assault victims and family or household members;
- community-based culturally-specific services and support mechanisms, including outreach materials for underserved populations and;
- development and distribution of materials to educate on issues related to the aforementioned services.

WHO WE SERVE

We provide free and confidential sexual violence care services to survivors regardless of when the violence took place or whether a police report was created. In FY 2018, there were 15,201 hotline calls and 31,114 people who received accompaniment, outreach, and support services across New Jersey.

FAMILY VOICE

Through community outreach and direct services, sexual violence programming has highlighted the needs, experiences and resiliency of survivors. These voices have and continue to inform sexual violence responses throughout the state. DCF has taken care in ensuring its programming meets the needs of all survivors, particularly those from underserved and marginalized communities.

TEAMING AND COLLABORATION

21 county-based providers and Rutgers' Office for Violence Prevention and Victim Assistance team with DCF, the New Jersey Coalition Against Sexual Assault, the SART/FNE Coordinating Council, the Governor's Advisory Council Against Sexual Violence and local communities to ensure a strong network of community-based culturally specific services.

PRACTICE MODELS

DCF funded the New Jersey Coalition Against Sexual Assault to develop a manual with standards for sexual assault services. Once this work is completed, training will be provided and it will be incorporated into the providers' contracts.

IMPLEMENTATION

The New Jersey Coalition to End Sexual Assault provides training and coaching to the county-based providers. DCF receives monthly reports on the number of people served and types of services provided. DOW program administrators regularly review process data from the county providers and use this information for contract monitoring and program improvement.

SERVICES FOR SURVIVORS OF DOMESTIC VIOLENCE

DCF funds an array of culturally-responsive domestic violence services that assist survivors statewide. Services for survivors and their families include emergency shelters, 24-hour hotlines, counseling, children's services, legal services, and advocacy. Children's services include evidence-informed creative arts therapies and evidence-based Trauma Focused Cognitive Behavioral Therapy™. Additionally, a Batterers Intervention Program provides services to individuals with children who perpetrate domestic violence, to increase household safety and prevent further violence. Legal Services assist victims who cannot afford legal advice and/or representation by providing referral, advice, brief assistance, preparation of a letter or routine legal document, extended representation, and technical assistance. DCF manages the New Jersey Address Confidentiality Program that provide individuals who have relocated for their safety with a substitute address. Finally, the Office of Domestic Violence funds education/awareness, training and networking opportunities to communities throughout New Jersey.

WHO WE SERVE

In FY 2018, there were 102,033 calls to hotlines funded by the Division on Women. 17,416 individuals received domestic violence services across the state of New Jersey. 82% of county-based core domestic violence services were non-residential and 18% were residential. These services were provided to 80% women, 14% children and 6% men.

FAMILY VOICE

Utilizing the safety and accountability assessment framework, the Division on Women has been conducting data collection activities with diverse stakeholders and listening sessions with survivors of domestic violence. Central themes that have emerged include the difficulty in reaching harder-to-serve communities and the importance of being culturally-inclusive and accessible. The statewide domestic violence plan has also facilitated pathways for robust conversations with stakeholders throughout NJ who provide information regarding the complex needs of our constituents throughout the diverse communities that make up

our state. This approach informs our collective work to ensure our services are inclusive and accessible while also identifying what has worked well, barriers, and the unmet needs experienced by survivors.

TEAMING AND COLLABORATION

DCF teams with county-based providers, the New Jersey Coalition to End Domestic Violence, other departments in New Jersey such as the Departments of Community Affairs and Health, the judicial system, CP&P, universities, and local communities to provide domestic violence services.

PRACTICE MODELS

Emergency shelters in New Jersey follow the Standards for Shelters for Victims of Domestic Violence (N.J.A.C. 10:130). Specific service types also use various models such as Trauma-Focused Cognitive Behavioral Therapy[®], and the Batterer's Intervention program uses the Duluth Model for group counseling and the Safe and Together[™] model for training.

IMPLEMENTATION

All domestic violence service providers submit monthly or quarterly reports on the number of people served and types of services provided. DCF uses this information for contract monitoring and program improvement. In addition, DCF is working with statewide stakeholders to conduct a safety and accountability audit. The data collected through this process will increase knowledge of system gaps and promising practices to increase collaboration and implement solutions.

Part II:

Purchased Child Protection Services

In addition to directly operating the New Jersey State Central Registry; conducting child protective investigations and child welfare assessments and providing case management and permanency services, NJDCF also purchases consultation services to support casework and supportive services to assist families with needed changes within the family system.

COORDINATION OF SPECIALIZED SERVICES

Families involved with CP&P often face multiple stressors, including medical and mental health challenges, substance use and domestic violence. Responding to these challenges oftentimes requires specialized clinical skills and knowledge. CP&P staff help to ensure families have access to appropriate supports and services by partnering with specialized consultants in assessment, planning and coordination of services. Each CP&P Local Office has access to Child Health Unit (CHU) Nurses, Care Management Organization (CMO) Clinical Consultants, Child Protection Substance Abuse Initiative (CPSAI) counselors and aides, and Domestic Violence Liaisons (DVL).

WHO WE SERVE

Specialized services are available to children and families who have needs that require clinical medical and behavioral health intervention, substance use treatment and domestic violence support. These services are coordinated by designated staff in all 46 Local Offices and provided to children and families served by CP&P. In CY 2018 DVLs served 6,127 non-offending female parents, 184 non-offending male parents and 12,344 children. Similarly, the three contracted CPSAI provider agencies received a combined total of 18,621 referrals. The agencies also completed 12,320 assessments and referred 10,168 clients for treatment.

TEAMING AND COLLABORATION

Each of the identified specialized consultants team and collaborate with CP&P leadership and staff, children and their families, and system partners to assist with developing an overall understanding of the needs of families to identify factors that may impact safety and stability. They also assist with case planning and coordinating in identifying appropriate supports and services.

PRACTICE MODELS

CP&P coordinates with specialized consultants when families' unique needs require an integrated service approach that includes both clinical and case management services.

- **CHU Nurses** – Nurses help to ensure each child's medical and behavioral health care needs are met and provide overall health care case management to address daily needs for each child in out-of-home placement. In addition, CHU Nurses visit children in the resource home and attend Family Team Meetings.
- **CPSAI** – CPSAI provides Certified Alcohol and Drug Counselors (CADCs) and Counselor Aides that support caseworkers in planning for cases where substance use has been identified as a concern. They assess, refer, and engage clients in appropriate treatment to address their individual needs. Once assessed, cases remain open in CPSAI for a minimum of 30 days and a maximum of 90 days to allow the CADC and counselor aide to monitor/follow up with provider agencies.
- **CMO Clinical Consultants** – The CMO Clinical Consultants are funded by DCF-Children's System of Care (CSOC) and employed by contracted CMO agencies. This position was created as a collaboration between CP&P and CSOC. They are licensed behavioral health professionals, who provide on-site consultation services to CP&P staff regarding children and youth with mental and behavioral health concerns. Clinical Consultants also review records and make

recommendations regarding appropriate behavioral health interventions to improve and support each child in achieving positive outcomes.

- **DVL** – DVLs are specially trained professionals with extensive knowledge of domestic violence and domestic violence support services. They assess, develop case plans (for non-offending parents and batterers), and refer for services. They also team with and educate CP&P staff on the dynamics of domestic violence and align their practices with DCF policy.

IMPLEMENTATION

CHUs and CPSAI are supported from DCF's central office by the Office of Clinical Services. CHUs are staffed by nurses and staff assistants. Each nurse is credentialed to enter data within DCF's child welfare data information system and partners with CP&P, biological and resource parents and medical providers. As of December 2018, there were 163 health care case managers and 84 staff assistants statewide. CADCs are staffed from the three contracted CPSAI providers that serve designated catchment areas statewide. CPSAI also provides training to CP&P staff on topics related to substance use disorders. Clinical Consultants are supervised by their local CMO and receive support and guidance from CP&P Area Office Leadership regarding CP&P policies and procedures. There are 15 Clinical Consultants statewide. All counties have at least one DVL, and they are trained by the New Jersey Coalition to End Domestic Violence and the New Jersey Child Welfare Training Academy Partnership.

FAMILY PRESERVATION SERVICES

Family Preservation Services (FPS) is an intensive, in-home crisis intervention and family education program that serves families with children at imminent risk of out-of-home placement or preparing to be reunified. DCF contracts for a statewide network of FPS services with 8 providers. By providing families with an array of services to meet their needs including skill-based interventions, linkages to resources, and limited financial assistance, the program strives to ensure the safety of children, stabilize families, improve family functioning, prevent unnecessary out-of-home placements and link families with community supports.

WHO WE SERVE

In FY 2018, FPS served nearly 950 families and more than 2,180 children involved with CP&P. Families had a presenting crisis that placed at least one child at imminent risk of child abuse/neglect and removal from the home as determined by CP&P or had a child returning from out-of-home care within 30 days and had a need for intensive reunification services.

FAMILY VOICE

Each FPS provider partners with the family and CP&P to collaboratively identify families' goals and steps that can be taken to meet those goals. Additionally, there is a mid-case conference that includes the CP&P Case Worker, the FPS provider, any relevant stakeholders and the family to ensure their voice is included in discussing their progress and next steps.

TEAMING AND COLLABORATION

In 2018, DCF created a multi-level teaming structure for the NJ FPS initiative. These teams include State Operations, Provider Operations, Model Development, and Evaluation teams. The Provider Operations Team is a vehicle to gather information from CP&P Local Offices and FPS Providers regarding the implementation of NJ FPS. The Model Development Team develops and finalizes the NJ FPS logic model and practice profile. The function of the State Operations Team is to address, review, and prioritize utilization and implementation issues and concerns raised by the Provider Operations Team. The Evaluation Team conducts research into the effectiveness of the FPS intervention. These teams meet regularly and have representation from FPS providers, stakeholders, as well as representation from across multiple divisions within DCF.

PRACTICE MODELS

In 2018, DCF partnered with FPS providers to create a logic model and a practice profile. The practice profile, in combination with the FPS program manual, outlines the essential functions and key activities expected of FPS staff, helping to ensure consistency of practice across sites.

IMPLEMENTATION

The FPS program has built a statewide training and data collection infrastructure. All FPS staff attend required trainings related to program implementation and providers report monthly to DCF on families served including their needs, services received, and whether families remain safely together.

SUPPORTIVE HOUSING SERVICES

Keeping Families Together (KFT) is New Jersey's supportive housing program built to support a subset of high needs child welfare-involved families faced with co-occurring challenges (e.g. homelessness, substance use, medical or mental health disorders, and domestic violence). KFT programs are operated through a statewide network of eight providers operating through contracts with DCF. The goal of the program is to safely prevent child protection removals of children and reduce recidivism within the child welfare system by improving housing stability and family well-being. KFT aims to achieve this by providing caregivers and their children with a safe, stable living environment along with robust support services.

WHO WE SERVE

KFT is a state-wide program serving a subset of child welfare-involved families who are homeless or unstably housed and who have multiple, co-occurring challenges (e.g. domestic violence, substance use, child, or parent mental health issue). As of December 2018, 613 families were enrolled in KFT.

FAMILY VOICE

KFT is a family- driven intervention. All program services are voluntary and flexible, so families dictate the type, frequency and intensity of services. Providers also capture family feedback, formally and informally, via agency-specific consumer satisfaction feedback processes. Additionally, DCF is partnering with an external evaluator to gather qualitative data on families' experiences with the program. Information from this evaluation process will inform practice changes.

TEAMING AND COLLABORATION

DCF works closely with the Department of Community Affairs (DCA), the Department of Mental Health and Addiction Services (DMHAS), CP&P, housing developers, provider partners and other stakeholders to implement KFT. In 2018 DCF created a multi-level teaming structure as part of its expansion of the service. These teams include internal stakeholders from across the Department, as well as providers and other external stakeholders.

PRACTICE MODELS

DCF partnered with KFT providers to build the program logic model for KFT, and is currently partnering with providers, CP&P, the Corporation for Supportive Housing (CSH) and DCA to develop the practice profile. The profile, a component of the KFT Program manual, will outline the essential functions and further define the key practice elements that support consistent practice across sites. The practice profile will be informed by the Housing First Approach.

IMPLEMENTATION

The KFT program is in the early phases of implementation, with teams working to continually define and refine the New Jersey practice model. After the practice profile is complete, the focus will shift to strengthening staff competency (e.g. staff selection, training, supervision, and coaching). DCF, with support from CSH, facilitates ongoing learning opportunities and technical support to providers. DCF collects data from providers about families' needs and services on a quarterly basis. This data is used to inform overall decision making and the CQI process. In 2016, DCF launched a mixed-methods evaluation of KFT which examines changes in well-being and long-term child welfare outcomes among KFT families, practice across sites, and facilitators and barriers to families' success in the program.

SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDER

DCF has established and oversees a full continuum of assessment, treatment and recovery support services provided via contracts with various agencies throughout the state, to meet the needs of caregivers struggling with substance use and co-occurring mental health disorder. These services include:

- Peer Recovery Support Specialists (PRSS) who support parents with substance use disorders by helping them to build and sustain recovery supports. They use their shared life experiences and knowledge of the recovery process to engage with caregivers before, during, and after formal treatment.
- Maternal Wrap Around (M-W RAP) is a service provided in collaboration between DCF and the Division of Mental Health and Addiction Services at the Department of Human Services that provides intensive case management and linkages to needed services and supports including substance use disorder treatment, mental health treatment and community-based resources for pregnant and parenting mothers with an Opioid Use Disorder.
- A state-wide network of organizations operating under contract with DCF to provide substance use disorder treatment services to meet the specific needs of CP&P-involved caregivers. The available levels of care include outpatient, intensive outpatient, withdrawal management, halfway house, and short and long-term residential treatment programs such as “Mommy and Me”.

Taken together, these services aim to reduce the risk of harm associated with substance use disorders; increase rates of treatment engagement, completion, and recovery; improve families’ stability and reduce families’ involvement with the child welfare system.

WHO WE SERVE

The PRSS service was implemented in June 2018, in 22 CP&P Local Offices across 9 counties to provide services to families with an identified parent or caregiver with a severe substance use disorder. Priority is given to those families who have a parent or caregiver with an opioid use disorder and a child under the age of 5. As of December 2018, the program served 181 caregivers and their families. Maternal Wrap Around Services serve pregnant and parenting mothers with an Opioid Use Disorder in Morris, Sussex, and Warren Counties.

FAMILY VOICE

The evaluation of the Peer Recovery Support Services will include interviews with caregivers aimed at better understanding their perceptions of and experiences with the services. Feedback gained through this process will be used to improve service delivery.

TEAMING AND COLLABORATION

DCF teams across agencies and with community-based organizations to provide substance use-related services to caregivers and their families. Partners include the Department of Health, the Division of Mental Health and Addiction Services at the Department of Human Services, substance use and mental health treatment providers, hospitals and birthing centers.

PRACTICE MODELS

The PRSS model was developed by an interdisciplinary team of child welfare and substance use professionals and is unique among recovery support models in that the peers are dually trained in child welfare and substance abuse peer services. The M-W RAP program model was developed to address service gaps that were identified through in-depth technical assistance provided to NJ by the National Center on Substance Use and Child Welfare.

IMPLEMENTATION

DCF established a PRSS implementation team of DCF program and research staff, SUD services provider partners, and a community consultant to introduce the service to the 22 CP&P Local Offices where PRSS occurs. They meet regularly to track and adjust the service as necessary and to design and launch a mixed-methods evaluation of the program. The evaluation assesses program performance, program outcomes, and child welfare outcomes for families served. DCF contracts with a network of

SUD treatment providers statewide who prioritize providing treatment services to CP&P involved parents and caregivers. Parents and caregivers who are identified as having a SUD are referred to the Certified Alcohol and Drug Counselors (CADCs) for assessment. The assessment completed by the CADC determines if treatment is needed for a parent/caregiver. If it is determined that treatment is needed the appropriate referral is made.

SERVICES FOR TRANSITION AGE YOUTH & YOUNG ADULTS WITH CHILD WELFARE INVOLVEMENT

DCF supports adolescents and young adults in their transition to adulthood by (1) ensuring that services provided by DCF are coordinated, effective, adaptive to the needs of families and communities and meet best practice standards, (2) developing linkages with other service providers to create a more equitable and seamless service system, and (3) providing leadership and policy development in the adolescent services field. Services and supports for transition aged youth and young adults include: safe and stable housing academic and career planning and assistance, tuition assistance, life skills, aftercare, mentoring, youth advocacy and leadership development, financial literacy resources, wraparound funds and programming to bolster informal support networks.

WHO WE SERVE

Services and supports for transition age youth are primarily for adolescents and young adults between the ages 14-21 in foster care. Some housing and afterschool programs are available to all youth regardless of child welfare involvement. The NJ Foster Care Scholars Program provided 216 Education Training Vouchers to youth ages 16 to 23 during FY2018.

FAMILY VOICE

DCF emphasizes the importance of youth voice, decision-making advocacy, and leadership. The Youth Advisory Network (YAN) has been created to ensure that all adolescent and youth serving providers integrate youth advocacy and leadership development into their programs and agency culture. Through the YAN, the DCF Office of Adolescent Services (OAS) solicits feedback from youth regarding policy, practice, and resources.

TEAMING AND COLLABORATION

DCF partners with a variety of internal and external stakeholders through trainings, practice forums, provider meetings, partnerships with other State agencies and technical assistance/consultation across a variety of youth related initiatives.

PRACTICE MODELS

DCF's network of programming and support is driven by the Youth Thrive protective and promotive factors framework. OAS is implementing a youth permanent supportive housing program, academic and career readiness program, and youth advisory network model, which will use the implementation science framework approach.

IMPLEMENTATION

OAS leads adolescent training and policy development initiatives for DCF staff and youth serving providers. In addition, technical assistance is offered to DCF and program staff through program design meetings, case practice consultations, and site visits. OAS collects data on these efforts through National Youth in Transition Database (NYTD) requirements, ongoing record reviews, outcomes required through contracted services and qualitative reviews.