

2020-2024 Final Annual Program and Services Report



NEW JERSEY DEPARTMENT OF
CHILDREN AND FAMILIES

Table of Contents

Introduction	1
Section 1. General Information on DCF's Collaboration Efforts	3
A. Engagement in Substantial, Ongoing and Meaningful Consultation and Collaboration	3
B. Data Transparency	10
Section 2. Update to the Assessment of Current Performance in Improving Outcomes.....	11
A. Assessment of Performance- CFSR Child and Family Outcomes	13
B. Assessment of Performance- CFSR Systemic Factors	28
Section 3. Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes	45
A. Goal 1: Child maltreatment, and child fatalities resulting from maltreatment, will be reduced.	45
B. Goal 2: Timely and effective family stabilization and preservation.	54
C. Goal 3: DCF staff will be healthy and well positioned to engage and support children, youth, and families to be safe and to thrive.	67
Section 4. Quality Assurance System	74
Section 5. Final Update on Service Descriptions: Child and Family Services Continuum	77
A. Strengths and Gaps in Services	77
B. Plan to Achieve Service Excellence	81
C. Benchmarks for Achieving Improvement in Service Array	82
D. Examples of Current Service Coordination	83
Section 6. Final Update on Service Descriptions: Title IV-B, Subpart 1	92
Section 7. Update on Service Descriptions: Title IV-B, Subpart 2	96
Section 8. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits	101
Section 9. Adoption and Legal Guardianship Incentive Payments	101
Section 10. Adoption Saving Expenditures	101
Section 11. Family First Prevention Services Act Transition Grants.....	102

Section 12. John H. Chafee Foster Care Program for Successful Transition to Adulthood Program and the Education and Training Vouchers Program 103

A. New Jersey's Chafee Program	103
B. Chafee Training	121
C. Education and Training Vouchers Program	123

Section 13. Consultation and Coordination Between States and Tribes 127

Section 14. CAPTA State Plan Requirements and Updates 128

A. Substantive Changes to State Law or Approved State CAPTA Plan	128
B. Children's Justice Act.	129
C. Child Protection Substance Abuse Initiative.	133
D. NJ Citizen Review Panel Reports and DCF Written Responses.	133
E. Infants Affected by Substance Abuse.	134
F. CAPTA Coordinator/State Liaison Officer:	137

Section 15. Statistical and Supporting Information 138

A. Information on Child Protective Service Workforce	138
B. Juvenile Justice Transfers	147
C. Education and Training Vouchers	147
D. Inter-Country Adoptions	147
E. Monthly Caseworker Visit Data	147

Section 16. Financial Information 147

Attachments

A –Supplemental Information Related to NJ DCF's CFSR PIP

B – NJ DCF 2025 APSR PSSF Table

C – NJ DCF 2025 APSR CPSAI Table

D – NJ DCF Written Response to CFNFRB

E – NJ DCF Written Response to NJTFCAN

F – NJ DCF Written Response to SORS

G – NJ DCF Table of Organization

H – NJ DCF 2025-2029 CFSP and 2025 APSR Acronym List

Introduction

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

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

Safe – free from physical, psychological and emotional harm or maltreatment, and risk of harm or maltreatment

Healthy – mentally, developmentally, physically, emotionally and financially well

Connected – bonded or tied together through biology, familiarity, or community

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

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

Figure 1. Visual of DCF's Strategic Plan



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

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

In June 2019, DCF submitted and ACF approved, its 2020-2024 Child and Family Services Plan (CFSP), which outlines DCF's vision and goals for strengthening New Jersey's child welfare system. Each June, DCF submits an Annual Program and Services Report (APSR), providing updates on the progress made to accomplishing the goals and objectives set forth in the CFSP.

This document (the 2025 APSR, or 2020-2024 Final Report) details DCF's progress on the prior goals during Year 5 (July 1, 2023, through June 30, 2024). This report also summarizes DCF's accomplishments during the five-year period between 2020 and 2024; for data specific to an earlier year, please refer to the APSRs submitted in 2021-2023. The 2025-2029 CFSP, submitted at the same time as this report, describes the Department's visions and goals for the next five years. This 2025 APSR and the 2025-2029 CFSP are available at: <https://www.nj.gov/dcf/childdata/njfederal/>. For questions related to this report:

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COVID-19 Pandemic. Any review of activities and accomplishments related to the 2020-2024 CFSP would be incomplete without discussion of the impacts of the COVID-19 pandemic. In the midst of the five-year reporting period, the COVID-19 pandemic impacted all aspects of life for children and families in New Jersey. The extraordinary circumstances required DCF's operations, practice standards, policies and resources to be responsive and evolutionary, transforming the way that the agency conducted work while remaining dutiful to its critical mission of service. Beginning in 2020, DCF worked to safeguard the health and safety of children and families across the state, as well as staff and contracted providers. Despite the health, economic and social impacts of the pandemic, the Department remained well positioned to provide programs and services integral to helping New Jersey's children and families be or become safe, healthy and connected and to advance Governor Phil Murphy's vision for a stronger, fairer New Jersey. Even in the midst of crisis, DCF moved forward with its strategic transformation into a 21st century model of child welfare practice and remained committed to innovation, partnership, and effective practice to ensure that every New Jersey resident is safe, healthy and connected.

A. Engagement in Substantial, Ongoing and Meaningful Consultation and Collaboration

Constituent Engagement. DCF advances shared leadership and codesign with people that have lived experience to create and sustain systemic change. Highlights include:

- In January 2024, a new cohort of the Youth Council became operational after a two-month onboarding process. The 2024 cohort of council members is comprised of a group of young people of various racial and ethnic backgrounds, from throughout the state. The new cohort is currently refining their priorities and recommendations.

- The Dads Achieving Dynamic Success (D.A.D.S.) Council, which is comprised of fathers having experience with the child welfare system, works to enhance Department policy and

3

practice and to empower fathers to make decisions on critical issues. Past recommendations resulted in enactment of an Administrative Order that affirms DCF's commitment to engage fathers throughout Department involvement, and was the impetus for DCF changing its internal policy to stop collecting child support from parents whose children were in foster care. The current D.A.D.S. Council is made up of a diverse group of fathers from across the state. The Council provided their most recent recommendations to DCF leadership in Spring 2024. In addition, the fathers have participated in several collaborative efforts, including a focus group dedicated to improving awareness and inclusion for ADA Title II disabilities, meeting with and providing recommendations to the Administrative Office of the Courts (AOC), participating in the Request for Proposal (RFP) process for DCF's new abuse intervention programming, and several interview panels.

- **Parent Council.** DCF's Youth Council and D.A.D.S. serve as models for future parent and caregiver councils. In FY24, the Office of Family Voice (OFV) is working to recruit and onboard parents who had prior personal experience with New Jersey's child welfare system and will reflect the racial diversity of the families served by DCF to a new statewide Parent Council. The voices of parents and primary caregivers with lived experience will develop priorities to drive system change and provide input and context reflecting community needs.
- **Lived Experience Expert Partnership.** OFV is developing a Lived Experience Expert Partnership (LEEP) to support and ready constituents to serve as consultants on various projects across the department. Utilizing a shared leadership approach, OFV is co-designing the program with members of DCF's Youth and D.A.D.S. Councils and Powerful Families, Powerful Communities New Jersey (PFPC) co-designers in three phases. Phase 1 includes co-designing program elements, including application, on-boarding, and recruitment, as well as developing tools and standard processes. In Phase 2, parents and youth will participate in formal on-boarding sessions and begin serving as consultants in pilot projects. Phase 3 will reconvene the workgroup to enhance the pilot program through CQI in preparation of full program launch and implementation in 2025.
- **Powerful Families, Powerful Communities New Jersey.** In 2021, DCF launched the first phase of PFPC, a collaborative, human-centered design process aimed at advancing New Jersey's child welfare system toward a bold, new family well-being system without the need for non-kin foster care.³ DCF engaged individuals with lived experiences to share leadership and help to design and imagine the future of child welfare in New Jersey. In Fall 2023, three cohorts participated in a master class in anti-racist co-designed principles. In March 2024, DCF released a documentary-short, entitled *Truth to Transformation*, to highlight and promote the need for child welfare system transformation and the engagement of people with lived experience as co-designers to that change. Phase 2 of DCF's PFPC co-design initiative began in Spring 2023 and iterates on the initial prototypes that emerged from Phase I. Working with an anti-racist design firm, co-design participants developed a "Maternal Success Kit" while learning foundational design principles.

State and Local Partnerships. DCF continues to collaborate with a broad cross-section of partners within New Jersey to advance conversations around supporting children and families and preventing child maltreatment. Examples of the Department's partnerships in Year 5 and ongoing include: educators and school administrators, health care providers, law enforcement, local government leaders, elected officials, and more. DCF routinely engages statewide advocacy

³ <https://www.powerfulfamiliesnj.org>

groups, both during Child Abuse Prevention Month and throughout the year, such as the New Jersey Education Association (NJEA), the New Jersey Chapter of the American Academy of Pediatrics, the New Jersey State Nurses Association, the New Jersey Principals and Supervisors Association, the New Jersey State Association of Chiefs of Police, the New Jersey Association of Counties, the New Jersey Conference of Mayors and the League of Municipalities, as well as other partners connected to the larger child welfare system. Partner organizations receive messaging through articles, op-eds, essays, and graphics tailored to and submitted through their newsletters about child abuse prevention, race equity, domestic violence, Positive and Adverse Childhood Experiences (PACES) awareness and prevention, opioid safety, and youth mental health services with a focus on suicide prevention. Details on highlighted partnerships in Year 5 follow.

Stakeholder Engagement. DCF continues to engage with its stakeholder community through regularly held forums, panel discussions, roundtables, conferences, and local events. This year, DCF, in partnership with Advocates for Children of New Jersey (ACNJ), facilitated a virtual forum to update stakeholders on the Department's progress toward its strategic plan and to provide information on DCF's continued commitment to keep families safe, healthy, and connected. Approximately 200 participants, including advocates, service providers, attorneys, DCF staff, and local stakeholders participated in this virtual forum while it was broadcast live. An additional 440 viewers connected to the replay hosted on YouTube.⁴

Judicial Engagement. Throughout the five-year period covered by the 2020-2024 CFSP, including Year 5, DCF continued strong partnership with the Judiciary. Highlights follow.

- In Year 5, DCF executive leaders continued to participate in the Children in Court Improvement Committee (CICIC) and several of its subcommittees, including Youth, Family, and Community Voice; Race Equity; and Quality Hearings and Legal Representation. Through these forums, DCF continued to provide updates on the Department's strategic plan, work related to federal plans, and other key initiatives. Members of the DCF's Race Equity Steering Committee (RESC) also meet quarterly with leadership of the CIC Race Equity Subcommittee to collaborate around racial equity in the child welfare and court systems. DCF and legal stakeholders planned the annual Race Equity Summit in September 2023, as well as the CIC Conference. The two conferences were combined into a 2-day in-person conference in March 2024. This conference included themes of race equity and included plenary sessions and workshops to update attendees on legal, regulatory, policy, and practice changes.
- Each county in New Jersey has a local Children in Court Advisory Committees (CICAC) that meet quarterly to focus on localized court practices. CICACs are comprised of representatives from the Judiciary, CP&P, the Attorney General's Office, the Office of the Law Guardian and the Office of Parental Representation. CICACs review data, share information about new and ongoing initiatives, discuss the availability of services, and resolve conflicts related to local court procedures. In May 2019, the AOC's Acting Administrative Director, Judge Glenn Grant, distributed a memo to all assignment and Presiding Family Court judges, entitled "Family – Children in Court – CICAC Forms; Review of Permanency Data; Children in Placement for Three or More Years." With the CICAC's shift to a data-centered focus, the AOC administered surveys to assess the committee members' comfort with data analysis and creation of reports. After reviewing the data and conducting case reviews, the local CICACs submitted action plans to address

⁴ For the most recent Fall 2022 DCF/ACNJ forum, see https://www.youtube.com/watch?v=M_HK-A_BA74

areas where the delays in permanency were occurring. The data subcommittee of the statewide CICIC reviewed the action plans. The first and second round of county reports were reviewed and graded by the data subcommittee. The subcommittee members held in-person meetings with the CICACs to suggest improvements to the reports, ensure court partners are participating, and ensure that recommended improvements are occurring.

- In 2019 and 2020, there were multiple webinars to review statewide data, relay collective information back to the CICACs on statewide trends in delayed permanency, and demonstrate how the DCF Data Hub can be utilized as an alternate source of data for analysis and review. During 2021, the AOC and the Judiciary focused on racial equity through a "four-pronged approach": (1) leading with the data, (2) state and systemwide training, (3) policy review, which includes evaluating all existing and new policies, statutes, programs, and practices through a race equity lens and with consideration of the lived expertise of youth and families, and (4) implementing programs, policies, practices and measuring change. The local CICACs created long-term change goals aimed at reducing or eliminating racial disparities in child welfare cases in their county and presented their data, findings, and lessons learned via webinar. In 2022 and 2023, the CICACs continued to meet and review the 3+ year cases. In 2023 and 2024, a subgroup from the CICIC met to develop a proposal for consideration by the CICIC Race Equity Subcommittee to restructure the 3+ year review process, including data collection and review procedures, to make the reviews more effective and focused on the development of useful strategies to combat structural racism and other barriers to permanency.

Children's System of Care Planning. DCF's CSOC, in collaboration with the Center for Health Care Strategies (CHCS), convened a task force of stakeholders to make recommendations related to a behavioral and physical health integration model.⁵ In August 2021, a final stakeholder advisory group meeting was held. During this session, CSOC presented on the progress made toward the previously identified priorities and an outline for initiatives in fiscal year 2022. Shortly thereafter, CHCS convened an internal meeting with CSOC leadership to focus on reviewing and committing to identified program initiatives organized under the three main priorities: (1) building capacity for integrated health, (2) increasing the availability of evidence-based and best practice interventions and services, and (3) improving access to CSOC services and supports, as well as including the priority of service excellence. CSOC developed and manages workplans for the following initiatives:

- The Infant and Early Childhood Mental Health (IECMH) initiative has three major objectives: staff development, community collaboration and increased support for families. DCF, in partnership with the Center for Autism and Early Childhood Mental Health at Montclair State University, provided training to Mobile Response and Stabilization Services (MRSS) staff and Intensive In-Community (IIC) clinicians on the infant mental health framework and reflective practice. Approximately 60 clinicians participated in Montclair's Clinical Practice Series and training on evidence-based Child Parent Psychotherapy. Montclair also provided CSOC system partners with the Keeping Babies and Children in Mind series to promote awareness about the development needs of the population and importance of reflective caregiving and parenting towards building resilience. Montclair supported DCF in convening a multi-disciplinary steering committee of experts in the field of IECMH, representatives from State agencies, system partners, and providers to build relationships, discuss needs, barriers and opportunities, share information, and strategize for cross-system collaboration and improvement. A workgroup

⁵ https://www.nj.gov/dcf/about/divisions/dcsc/csoc_taskforce.html

convened to identify MRSS practice adaptations for the birth to 5 population. The workgroup is developing a practice manual to detail the MRSS practice with adaptations for providing services to this young population. In June 2024, DCF held a symposium for partners and providers to elevate of the importance of early relational health and IECMH.

- DCF piloted an Intensive Mobile Treatment Services (IMTS) program to deliver evidence-based in-home intensive multi-disciplinary team intervention and support to youth with intellectual and/or developmental (I/DD) challenges, as well as co-occurring behavioral health and/or medical needs and complex challenging behaviors. This program provides a community intervention option for youth who may otherwise need out-of-home treatment. For the past year, IMTS has been operational in two counties and is at capacity serving 18 youth. DCF, the provider agency, the Care Management Organization (CMO), and Contracted System Administrator (CSA) partner to support ongoing implementation and ensure individualized care planning is inclusive of family engagement, treatment, social determinants of health and cultural needs. DCF engaged Rutgers Center for State Health Policy to perform an implementation and outcome evaluation, which is underway; anticipated outcomes include reduction in acute care utilization and out-of-home treatment episodes and increased connections for youth and families.
- DCF piloted a Youth Assertive Community Treatment (ACT) program, that delivers evidence-based in-home intensive multi-disciplinary team treatment and support to youth with significant mental health needs and/or complex, challenging behavior, who are at-risk of psychiatric hospitalization or out-of-home high intensity care. The pilot program is expected to begin serving 20 youth in two counties in July 2024. DCF is routinely engaged with the provider, CSA, MRSS and CMO partners to support implementation and ensure service. CSOC engaged Rutgers Center for State Health Policy to perform a program outcome evaluation, which is in development; anticipated outcomes include youth is stabilized and able to successfully remain in their home, school, and community; engaged a reduction in frequency or duration of inpatient admissions, emergency room use, and crisis services use; and youth and families acquire effective skills such that youth can achieve age-appropriate developmental milestones.
- The Garrett Lee Smith Suicide Prevention Grant was awarded to the New Jersey Department of Health (DOH) in November 2020 and will continue through November 2025. DCF and DOH are partnering on several components of the grant, including Question, Persuade, and Refer training for schools and other community partners, regional care coordination for youth and families who have been discharged from an emergency room after a suicide attempt, suicide best practices for CSOC providers, and training and support for families and others of survivors.
- DCF partnered with the New Jersey Department of Community Affairs (DCA) to fund the Developing Resiliency with Engaging Approaches to Maximize Success (DREAMS) initiative in participating schools for the 2024-2025 school year. The DREAMS initiative serves up to 50 districts each year as identified by DCF and the New Jersey Department of Education (DOE). Participating districts receive access to on-demand training, webinars, train-the-trainer opportunities for the Nurtured Heart Approach and mentoring from a community-based provider for the duration of the school year.

[New Jersey Task Force on Child Abuse and Neglect](#). The New Jersey Task Force on Child Abuse and Neglect (NJTFCAN or the Task Force) studies and develops recommendations regarding the most effective means of improving the quality and scope of child protective and preventative

services provided or supported by state government.⁶ The Task Force is comprised of volunteer members who are broadly representative of the community, ranging from child protection and law enforcement to advocates for children and parents. More specifically, the NJTFCAN includes officials from state agencies such as the New Jersey Office of the Attorney General, Office of the Public Defender, Corrections, Human Services, AOC and DOH, elected officials, advocates, and local providers of health care and social services. For additional information on the activities of the NJTFCAN, see Section 14, *Child Abuse Prevention Treatment Act (CAPTA) State Plan Requirements and Updates*. In Summer 2023, the Task Force moved to create a new Subcommittee on Race, Poverty and Neglect. This subcommittee is charged with examining how the current operation of the child welfare system conflates poverty and neglect, and with examining ways in which racial inequities drive that conflation and are compounded by that conflation.

County Councils for Young Children. In Year 5, DCF continued working with the County Councils for Young Children (CCYCs). CCYCs are social service planning community organizations that aim to strengthen collaboration between families and local community providers and promote parent leadership and support at the local level. New Jersey's 18 County Councils are comprised of diverse, culturally and linguistically competent parents, families, early childhood providers and other community stakeholders. CCYCs develop strategies to increase access to services, promote the healthy development of children and enhanced family outcomes through linkages to supportive services, and support use of parental feedback to enhance New Jersey's mixed delivery approach to helping families learn about and access childcare and family support services. In addition to various other stakeholders, parent leaders from the CCYCs are participating on the statewide universal home visiting (UHV) program advisory board. For additional information on the UHV program, see Section 3, *Update to the State's Plan for Enacting the State's Vision and Progress Made to Improve Outcomes*.

Project HOPE. In October 2018, New Jersey was one of seven states selected to receive a technical assistance grant from the Harnessing Opportunity for Positive, Equitable Early Childhood Development (HOPE) project through the BUILD initiative, the Vital Village Network and Nemours Children's Health.⁷ Project HOPE is designed to generate progress towards equitable outcomes for young children, prenatal to age five, and their families by building the capacity of local communities, state leaders, cross-sector state teams, and local coalitions to prevent social adversities in early childhood and to promote child well-being. DCF and DOH co-lead the initiative, aiming to strengthen links between the workforce agencies and New Jersey's childcare systems, including Head Start and Child Care Resource and Referral Agencies. The Project HOPE team facilitated meetings with workforce development and childcare agencies to identify opportunities, challenges, and next steps. Key findings and accomplishments follow.

- The team found that county partners need stronger mechanisms for communicating workforce, early care, and education resources, as well as job opportunities. A Google group was created for county partners to share resources more easily.
- County partners learned the value of a deepened and shared understanding of the opportunities and challenges for families in the identified counties and the need to support one another's actions to increase access to available state funded or administered programs, services and initiatives.

⁶ N.J.S.A. 9:6-8.75-8.82; see also [DCF | New Jersey Task Force on Child Abuse and Neglect \(NJTFCAN\)](#)

⁷ For more information on Project HOPE, see <https://www.movinghealthcareupstream.org/nemours-project-hope/>.

- One-Stop Career Centers are challenged in supporting parents if pertinent information, i.e., child support obligations or child protective services involvement, is omitted during the intake process. A shadowing session of a father as he proceeded through the intake process made clear the importance of a trusted individual being a part of the process. A navigator model could support labor/workforce and early care/education agencies better serve parents.

The Project HOPE initiative continued through September 2022. Since then, the New Jersey Department of Labor (DOL) continued to meet with the One-Stop Career Center and workforce staff. In January 2023, ACF awarded DOL a Preschool Development Grant Birth-5 grant to focus on workforce development with an early childhood focus. Through partnership with Rowan University, DCF and DOL will build on the learnings of Project HOPE through facilitation of discussions to gather information and recommendations on establishing an Early Childhood Education (ECE) Apprenticeship pilot program.

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

Help Me Grow. Since 2012, DCF has led the Help Me Grow NJ (HMG NJ) initiative, which promotes the development of an integrated early childhood system that supports children and their families to achieve optimal wellness. HMG NJ improves coordination and integration of services and programs across the DCF, DOH, Department of Human Services (DHS), and DOE systems of care, allowing pregnant women and parents of infants and children up to age 5 access to earlier prevention, detection, intervention, and treatment services. In August 2013, DCF received funding through the Health Resources and Services Administration, which has priorities that parallel HMG NJ, to implement the Early Childhood Comprehensive Systems Initiative (ECCS). In August 2016, DCF was awarded the competitive continuation contract, then titled ECCS Impact. In September 2019, the ECCS work expanded statewide to Connecting NJ with support and implementation of the Early Childhood Specialists (ECS). In August 2021, DCF was awarded the next iteration of ECCS: Health Integration: Prenatal to Three, which will continue to improve access and coordination of services through HMG NJ. In 2023, the statewide Connecting NJ system continued to focus on developmental health promotion and screening, completing 4,644 Ages and States Questionnaire developmental screenings, a 56% increase from 2022.

In July 2022, Community Alignment Specialists were added to each Connecting NJ hub to conduct outreach, build referral resources and relationships, and recruitment families for the implementation of the statewide Family Connects NJ universal newborn home visiting model. A case manager position was also added to each county hub to expand infrastructure and provide short-term care coordination in all 21 counties. For additional information on the ECCS/HMG NJ initiative, see Section 5, *Update on Service Descriptions: Child and Family Services Continuum*.

Child Abuse Prevention Awareness. During April 2024, DCF amplified its messaging and collaborated with partners to raise greater awareness about child abuse prevention. DCF's Office of Communications will be sharing the We CAN toolkit developed by Children's Bureau Learning and Coordination Center across all its social media platforms to encourage residents and system partners to help prevent child maltreatment through educational events, discussions and more. An important part of this effort will include the broadcasting of the Department's "DCF on the Air"

April podcast episode. The April episode highlighted the state's network of Family Success Centers (FSCs), located in all twenty-one counties, that serve as local neighborhood hubs that help link families to needed supports and services, and hold events and child and parent classes and activities to build family resilience and strengthen communities.

In addition, DCF submitted a special Op-Ed in recognition of Child Abuse Prevention Month to news outlets to increase awareness about the critical role everyone plays in learning the signs of abuse and neglect, preventing maltreatment, helping to link those in need to services available in their communities, and stepping up to support families before they ever reach a crisis and require state intervention. DCF hosted and participated in various pinwheel events throughout the state in partnership with sister state agencies, other system partners, and faith-based organizations. In April 2024, DCF and the New Jersey Children's Alliance (NJCA) co-hosted and participated in the "SHINE for Children: Light the Path to Safe and Healthy Childhoods" walk and rally. Attendees included law enforcement, prosecutors' offices, advocates, community providers, survivors, and supporters.

B. Data Transparency

DCF strives to continuously enhance collaborative efforts statewide by engaging constituents and professional stakeholders to assess and monitor performance. DCF remains committed to making performance data available to the public, continuously prioritizing data transparency. Efforts in this regard include the publication on the DCF website of the following:

- [Commissioner's Monthly Report⁸](#). This report gives a broad data snapshot of various DCF services, including information regarding child protection, permanency, adolescent services, community prevention services, institutional abuse investigations, and CSOC.
- [Screening and Investigations Report⁹](#). This report details State Central Registry (SCR) activity, including data regarding calls to the Child Abuse and Neglect Hotline, assignments to CP&P offices, and trends in Child Protective Services (CPS) Reports and Child Welfare Services (CWS) Referrals.
- [Children's Interagency Coordinating Council Report¹⁰](#). This report details referral and service activity for CSOC. It includes demographic data, referral sources, reasons for and resolutions of calls to CSOC, information on substance use and school attendance, as well as authorized services provided.
- [New Jersey Child Welfare Data Hub¹¹](#). DCF collaborates with the Institute for Families at Rutgers University School of Social Work to publish the New Jersey Child Welfare Data Hub. Built upon the principles of transparency and accountability, the Data Hub makes New Jersey child welfare and well-being data available to the public. The Data Hub includes the New Jersey Child Welfare Data Portal, that allows users to explore key indicators of child well-being through customizable visualization and query tools, and the New Jersey Child Welfare Data Map, that allows users to explore key child welfare and well-being measures, population characteristics, and socio-economic variables at the state and county-level.

⁸ <http://www.nj.gov/dcf/childdata/continuous/>

⁹ <http://www.nj.gov/dcf/childdata/protection/screening/>

¹⁰ <http://www.nj.gov/dcf/childdata/interagency/>

¹¹ <https://njchilddata.rutgers.edu/>

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

DCF uses quantitative and qualitative data to inform policy, strengthen standard operating procedures, and maintain its focus on Collaborative Quality Improvement (CoQI) across all of its operating divisions. With respect to child protection, DCF relies on data gathered from NJ SPIRIT, New Jersey's comprehensive child welfare information system (CCWIS), and state of the art reporting tools, such as SafeMeasures, that make real-time data available to child protection caseworkers. The Department has built multiple efforts to gather community and stakeholder input on the extent to which the Department is meeting the needs of its constituents, as described in Section 1, *General Information on DCF's Collaboration Efforts*. Using quantitative and qualitative methods, DCF identifies strengths and areas in need of performance improvement.

Investments in DCF's quality improvement processes, in combination with other reform efforts, have resulted in significant achievement of key outcomes for New Jersey's children and families. New Jersey safely reduced rates of children entering out-of-home placement from 2.5/1,000 in 2004 to 0.9/1,000 in 2023— now the lowest rate in the country. See Figure 5. DCF also increased the use of kinship foster homes when out-of-home placement remains necessary. In 2023, 57% of children entering care were placed with kin within 30 days. For the period between July 2023 and January 2024, 58% of the children entering care were placed with kin within 30 days of their removal. See Figure 15.

In July 2017, DCF participated in CFSR 3. For the CFSR 3, DCF opted to complete a traditional on-site review of 65 cases (40 placement and 25 in-home) across Essex, Monmouth, and Warren counties. In addition, DCF conducted 21 focus groups of key statewide stakeholders during the review. Key findings from the CFSR 3 in New Jersey are similar to other states nationwide in that none of the seven outcomes met the 90% or 95% threshold required to be considered in substantial conformity. However, several important strengths emerged:

- Protection of children from abuse and neglect: 89% of cases substantially achieved,
- Safely maintaining children in their homes when possible and appropriate: 75% of cases substantially achieved,
- Preserving continuity of family relationships and connections: 83% of cases substantially achieved,
- Ensuring children receive appropriate services to meet their educational needs: 89% of cases substantially achieved, and
- Ensuring children receive appropriate services to meet their physical and mental health needs: 73% substantially achieved.

Regarding performance on the Systemic Factors, New Jersey was found to be in substantial conformity for five key systemic factors: statewide information system, quality assurance system, staff and provider training, agency responsiveness to the community, and foster and adoptive parent licensing, recruitment, and retention. In particular, the review commended DCF's ongoing commitment to CQI facilitated by the state's internal qualitative review process and comprehensive child welfare information system, NJ SPIRIT.

The CFSR 3 also noted key areas for improving DCF's child welfare programs and practice. Areas for growth included:

- Performance related to in-home cases,
- Implementation of ongoing safety and risk assessments,
- Efforts to achieve timely permanency,

- Engagement of parents, in particular, fathers in case planning, and
- Assessment of parents underlying needs to better align with the identification of the appropriate service to meet the individual needs of families.

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

DCF completed a baseline CFSR review in 2019. This review included 25 in-home and 40 out-of-home families from across six counties—Burlington, Camden, Cumberland, Essex, Morris, and Somerset—to measure DCF's progress on the CFSR PIP activities. During 2020, DCF completed a virtual Year 1 CFSR review in the same counties and with the same sample size. During the 2020 review, DCF met its measurement goals on seven out of eight goals and showed improvement on the final outstanding goal. From August-October 2021, DCF underwent the Year 2 CFSR measurement review. During the 2021 review, DCF met or exceeded the federal benchmarks in all 10 domains. For data on DCF's performance during the 2019 baseline review, the 2020 measurement review and the 2021 measurement review, see DCF's 2023 APSR.

In earlier APSRs, DCF provided data and associated analysis from its Quality Review (QR) process. For CY2017-2019 QR data, see DCF's 2023 APSR. Throughout 2020 and 2021, however, DCF redesigned its CQI processes, developing an agency-wide Collaborative Quality Improvement (CoQI) framework to replace its earlier CQI infrastructure, including the QR process. To ensure a systematic quality improvement process that utilizes data, evidence and best practices in decision-making, DCF's CoQI framework utilizes qualitative and quantitative data to assess performance, develop improvement plans and manage change across the 46 local offices. Rooted in CQI best practices and improvement science, the framework targets ongoing program improvement through a six-stage cyclical process. The Quality Scores resulting from the CoQI process, which are included in this report for the first time, cannot be compared with the QR data that was included in earlier CFSPs and APSRs. The Quality Scores included in this report are for September 2022 through October 2023, when the first full cycle of the new CoQI process took place. DCF publishes findings from its CoQI process on its public website through a series of briefs,¹² alongside information on the new CoQI process and guidance related to interpretation of Quality Scores.¹³ For additional detail on the new CoQI process, see *Systemic Factor: Quality Assurance System*, below, and Section 4, *Quality Assurance System*.

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

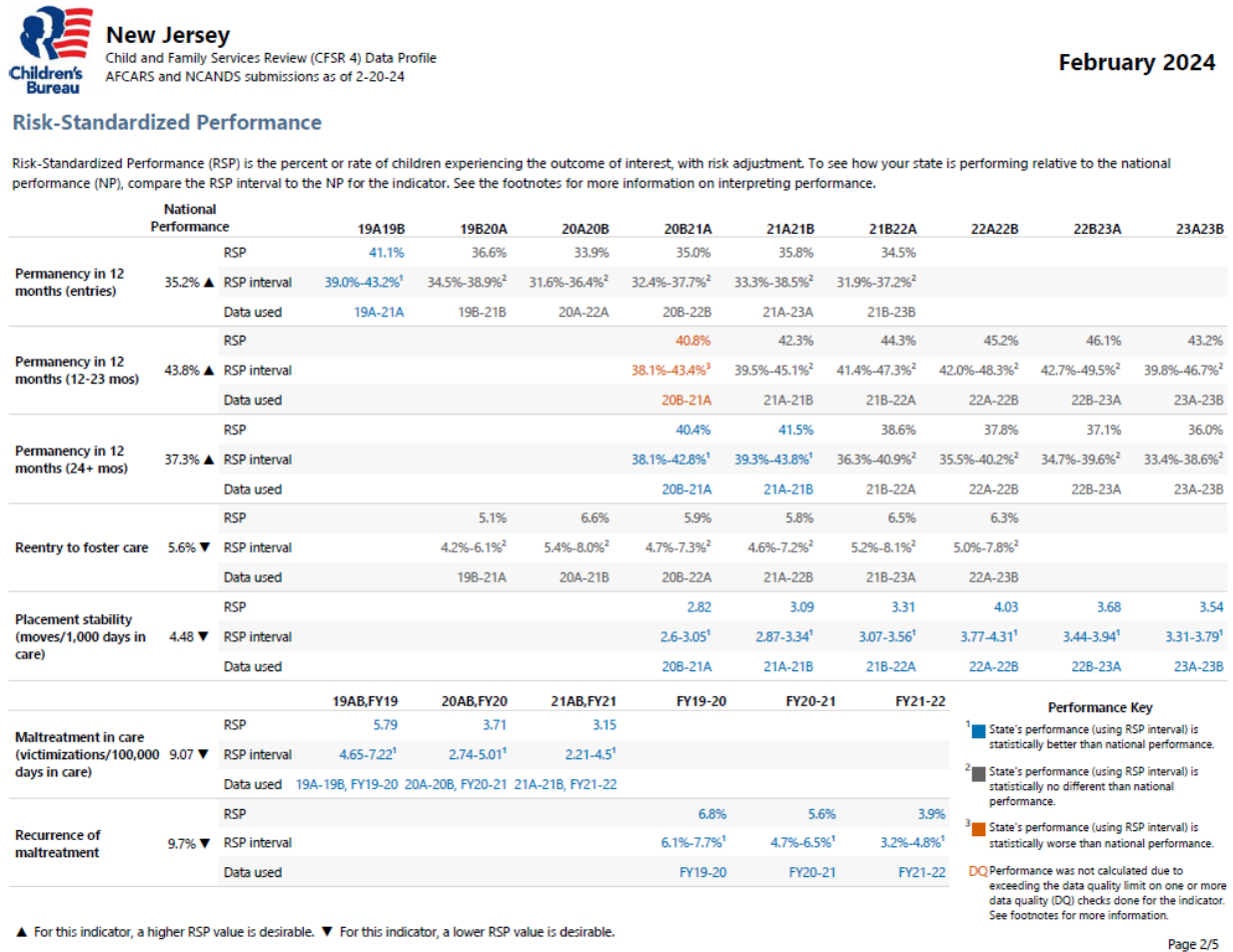
¹² [DCF | Child Welfare Outcome Reports \(nj.gov\)](#)

¹³ [2023-CoQI.Description.pdf \(nj.gov\)](#),

A. Assessment of Performance- CFSR Child and Family Outcomes

The February 2024 New Jersey CFSR 4 data profile, Figure 2, which relies on data from Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), demonstrates that New Jersey consistently exceeds the national average performance in the following areas: permanency within 12 months (24+ months), placement stability, maltreatment in care, and reoccurrence of maltreatment. New Jersey generally performs at or below the national average performance in the areas of: permanency in 12 months (entries), permanency in 12 months (12-23 months), and re-entry to foster care.

Figure 2. Children's Bureau CFSR 4 Data Profile.



CFSR Outcome #1: Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect. DCF is committed to its vision that all New Jersey residents are safe, healthy, and connected. Over the years, DCF has maintained its safety practice of timely investigations. During the CFSR 3, New Jersey was commended for ensuring that state policies of timely initiation of investigations for reports of child maltreatment and face-to-face contact with children were met.¹⁴ Figure 3, below, highlights that response timeliness for investigations received and investigations commenced remain areas of strength for New Jersey.

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

Figure 3. Timeliness of Investigation Receipt and Commencement

Timeliness of Investigation in FFY2023												
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Investigations Received in a Timely Manner	99%	98%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Investigations Commenced in a Timely Manner	99%	98%	99%	99%	99%	99%	98%	98%	98%	98%	98%	99%

As noted in ACF's Maltreatment 2022 report¹⁵ and highlighted in Figure 4, New Jersey's response time to reports of child maltreatment in 2022 is among the fastest across the nation.

Figure 4. Comparison of National and New Jersey Average Response Time

National Average Response Time	New Jersey Average Response Time
93 hours	22 hours

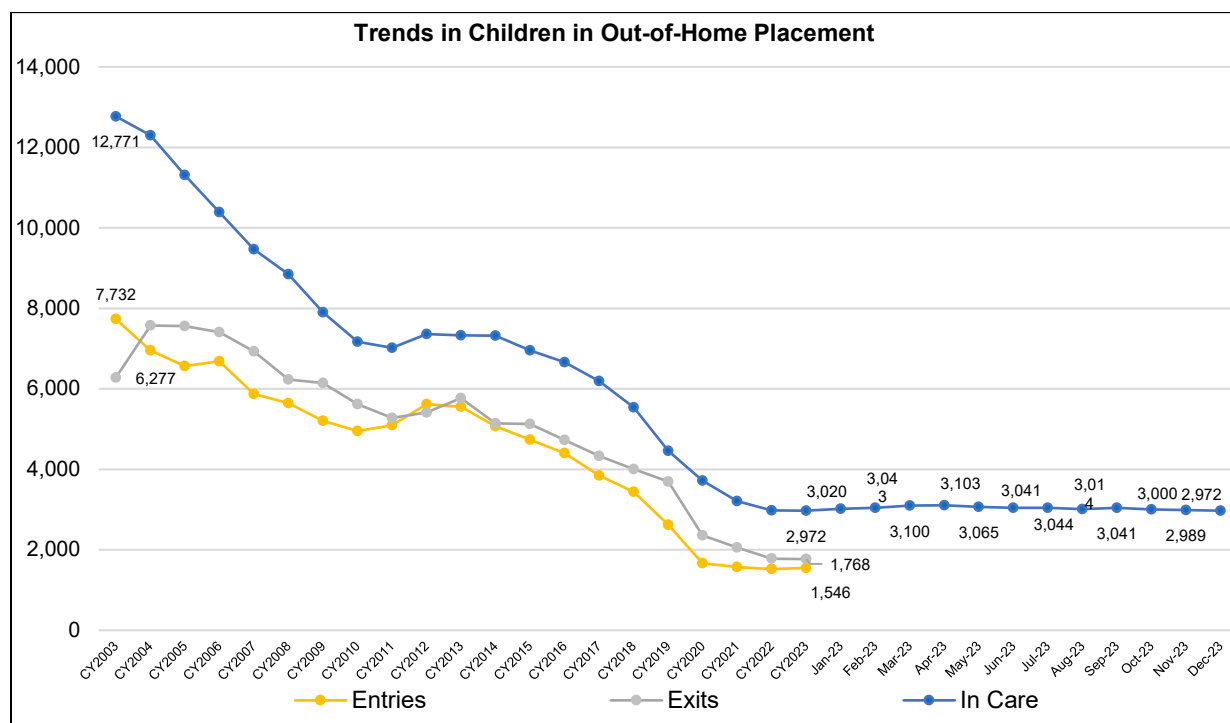
Summary of Performance between 2020-2024 for CFSR Outcome #1: During CFSR Round 3, New Jersey was commended for ensuring that state policies of timely initiation of investigations for reports of child maltreatment and face-to-face contact with children were met. In the years following, response timeliness for investigations received and investigations commenced remained areas of strength, with response times among the fastest across the nation (1/4 to 1/5 of the national average). For Investigations Received in a Timely Manner and Investigations Commenced in a Timely Manner, New Jersey continuously performed at the high end of the 90th percentile.

CFSR Outcome #2: Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate. In December 2023, CP&P provided services to 33,124 children.¹⁶ DCF is committed to keeping children safe in their own home and reducing the trauma of family separation. Figure 5 illustrates this commitment as seen by the over 71% reduction in the number of children in out-of-home placement from the creation of DCF as a Cabinet-level agency in 2006 when over 10,000 children were in placement, to 2023 when just under 3,000 were in placement.

¹⁵ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Child Maltreatment 2022, Available from [Child Maltreatment 2022 \(hhs.gov\)](https://www.hhs.gov/child-maltreatment-2022)

¹⁶ Commissioner's Monthly Report February 2024
https://www.nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report_2.24.pdf

Figure 5. Trends in Children in Out- of- Home Placement



The CFSR 3, the 2019 baseline review, and the 2020-2021 measurement rounds highlighted that, in most cases, appropriate safety services were provided so that removal of children was not necessary. When children were removed from their families, CFSR 3 found that removal was necessary to ensure their immediate safety. Likewise, DCF's historical QR process demonstrated safety as a strength. For CY2017-2019 QR data and data from 2019-2021 reviews, see DCF's 2023 APSR.

When child protective service investigations begin, initial assessments of safety and risk help guide decision-making to determine whether children are safe to remain in their own home and whether families have the supportive tools necessary to maintain their families. Figure 6 reflects the most up-to-date performance in New Jersey for initial use of safety and risk assessments that are part of a suite of Structured Decision Making (SDM) tools.

Figure 6. Safety and Risk Assessments Completed on Investigations Received in 2023

Safety and Risk Assessments Completed on Investigations Received in FY2023												
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Safety	91%	90%	90%	91%	91%	90%	90%	90%	90%	90%	89%	90%
Risk	95%	93%	94%	94%	95%	94%	94%	94%	95%	95%	94%	94%

While New Jersey has strengths in ensuring safety, the CFSR 3 revealed areas for improvement. This included ongoing assessments that inform critical decision points throughout the life of a case and ensures adequate service provision, which assists with stabilization and permanency planning with families. The appropriate use of Safety Protection Plans was also identified as an area for improvement. DCF undertook a root cause analysis and identified the need for consistent utilization of the SDM tools statewide and use in congruence with New Jersey's Case Practice Model. New Jersey identified strategies and activities within the CFSR 3 PIP to address this area

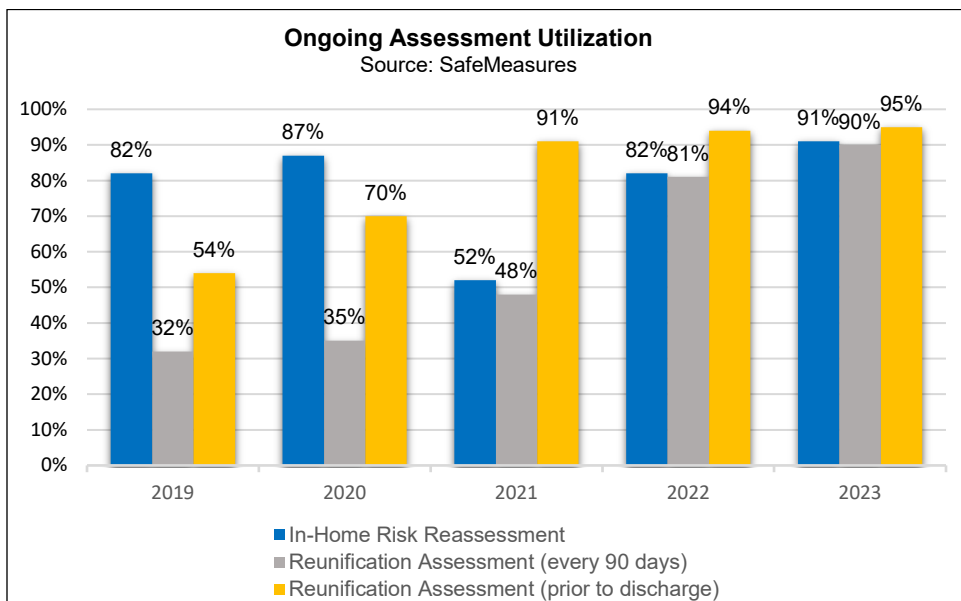
for improvement under Strategy 1.1: Use of SDM to assess safety and risk throughout the life of the case. DCF deployed the identified strategies, successfully completing this PIP activity.

While subsequent data showed increased rates of risk and safety assessment completion, there was a slight decline in 2023, warranting further assessment to determine the best intervention for increasing performance. More recent data shows that both the risk re-assessment tool for in-home cases and the family reunification tool are being utilized at higher rates to assist in practice and permanency decisions for families, as noted in Figures 7 and 8 below.

Figure 7. CY2023 Ongoing Assessment Utilization

CY2023 Ongoing Assessment Utilization		
In-Home Risk Reassessments Completed Every 90 Days When a Case is Open n= 9,563 reassessments	Reunification Assessments Completed Every 90 Days When a Child is in Placement n= 4,018 assessments	Reunification Assessments Completed Prior to Placement Discharge n= 776 assessments
91%	90%	95%

Figure 8. Ongoing Assessment Utilization



The new CoQI process assesses safety practice through several indicators in its case record review process, including, safety – ongoing assessment, safety – interventions and risk indicators. Figure 9 reflects DCF’s current performance on these indicators with both safety- interventions and risk indicators as areas of strength.

Figure 9. CoQI Quality Scores for Safety Indicators, September 2022-October 2023

Indicator	Description	Quality Score	Interpretation ¹⁷
Safety-Ongoing Assessment (in-home, out-of-home)	Assesses whether there were ongoing contacts with parents, caregivers, and children throughout the period under review to assess for safety and risk factors during contacts with the families.	72%	Area Needing Improvement: On average, case practice activities are 72% aligned with best practice and policy.
Safety-Interventions (in-home, out-of-home)	Assesses whether there were discussions around identified threats of safety that placed the children in immediate danger and whether timely interventions were put in place to address any identified threats.	87%	Area of Strength: On average, case practice activities are 87% aligned with best practice and policy most of the time.
Risk (in-home, out-of-home)	Assesses the identified safety interventions (Safety Protection Plan or others), services, and supports implemented during the period under review, as applicable, and whether they were mitigating the safety concerns while simultaneously ensuring the children's safety.	88%	Area of Strength: On average, case practice activities are 88% aligned with best practice and policy most of the time.

Summary of Performance between 2020-2024 for CFSR Outcome #2: CFSR Round 3 highlighted that New Jersey provided appropriate safety services to families to prevent removal from their families and that, when children were removed, the removal was necessary to ensure immediate safety. New Jersey has consecutively reduced the number of children entering out-of-home placement from the onset of the DCF reform in 2006 when there were over 13,000 children in placement. During this five-year period, this trend continued; between September 2019 and December 2023, the number of children in placement went from 4,799 to just under 3,000.

During CFSR Round 3, areas identified for improvement were ongoing assessment of safety and risk and appropriate use of safety protection plans. In its CFSR PIP, DCF included a strategy related to improved use of SDM tools to assess safety and risk throughout the life of the case; activities included validation and revision of SDM tools, the addition of safety and risk components in the Family Agreement, improved protocols for safety protection plans, and additional training, coaching and data analysis. DCF deployed the identified activities, successfully completing this PIP strategy and making performance an area of strength for DCF. Performance between 2019 and 2023 completion rates for in-home risk reassessments and reunification assessments went from 82% to 91% and 32% to 90%, respectively. The completion rates for initial safety and risk assessments during the same time period was maintained between 90-100%.

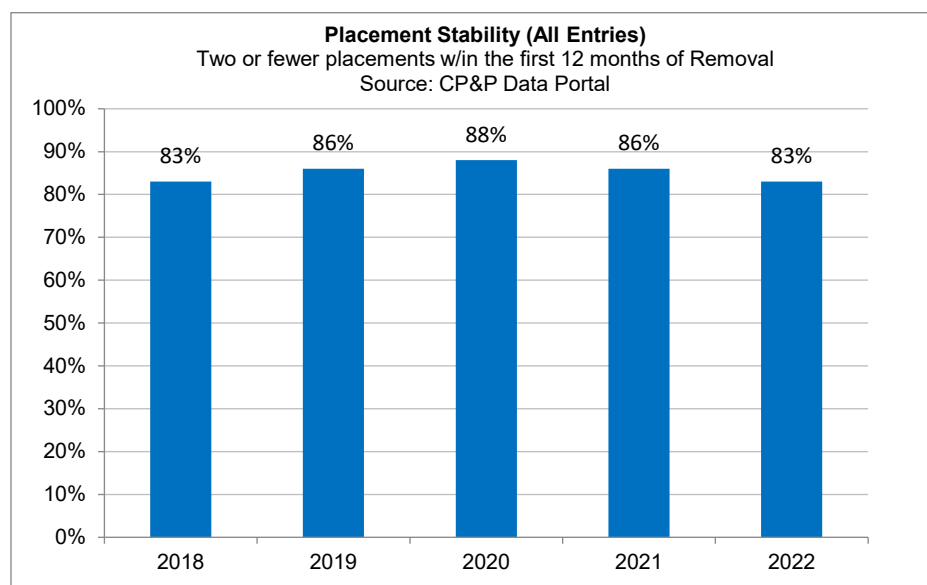
CFSR Outcome #3: Permanency Outcome 1: Children have permanency and stability in their living situations. DCF is committed to ensuring stability for children at home, in their community, in a placement setting, and in educational settings. As noted in Figure 2, New Jersey continues to exceed the national performance for placement stability. The CFSR 3 also identified placement stability was a strength in New Jersey; 97.5% of cases reviewed cited that current placements for children were stable. While the 2019 CFSR baseline review found stability to be a challenge (67.5%), New Jersey demonstrated significant improvement in this area in the 2020 CFSR

¹⁷ For the quality score interpretations throughout this plan, areas of strength had scores above 85%, areas needing improvement had scores between 65% and 85%, and areas needing significant improvement had scores below 65%.

measurement review, with children experiencing stability in 85% of the cases reviewed. Similarly, DCF's historical QR process, showed improvements between 2017 and 2019. For data from the 2019-2021 reviews and the CY 2017-2019 QR data, see DCF's 2023 APSR.

Figure 10 demonstrates the most recent complete data of children who had two or fewer placements within the first 12 months of a removal episode. While DCF has performed consistently in this area over time, recent data demonstrates decreases in performance.

Figure 10. Placement Stability for All Entries



New Jersey experiences challenges consistently achieving identified permanency goals in a timely fashion, as highlighted in the CFSR 3, as well as in Figure 11. Through review and analysis, DCF identified strategies to address practice issues related to concurrent planning and kinship placements. These improvement strategies were a focus of DCF's CFSR PIP. In CFSR PIP Goal 3, "Improve the Timeliness of Permanency for Children Entering Foster Care in New Jersey, DCF identified the following strategies to improve permanency outcomes for children and families: (3.1) strengthen concurrent planning practice and accountability, (3.2) increase the use of kinship care, and (3.3) strengthen DCF's partnership with child welfare stakeholders and the Judiciary. For updates to these strategies, see Section 3, *Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes*.

Both the historical QR and the CFSR reviews showed improvements in permanency outcomes in New Jersey. For CY 2017-2019 QR data and data from the 2019-2021 reviews, see DCF's 2023 APSR. Data shows the greatest area in need of improvement is permanency outcomes for children under the age of five. Figure 11 represents the permanency outcomes for the most up-to-date and complete entry cohort of children.¹⁸ Figure 11a represents the permanency outcomes for the most up-to-date and complete entry cohort of children ages five and under.

¹⁸ Additional entry cohorts are not complete but can be viewed here:
<https://njchilddata.rutgers.edu/portal/permanency-outcome-report>.

Figure 11. Permanency within 12, 24, 36, 48 months

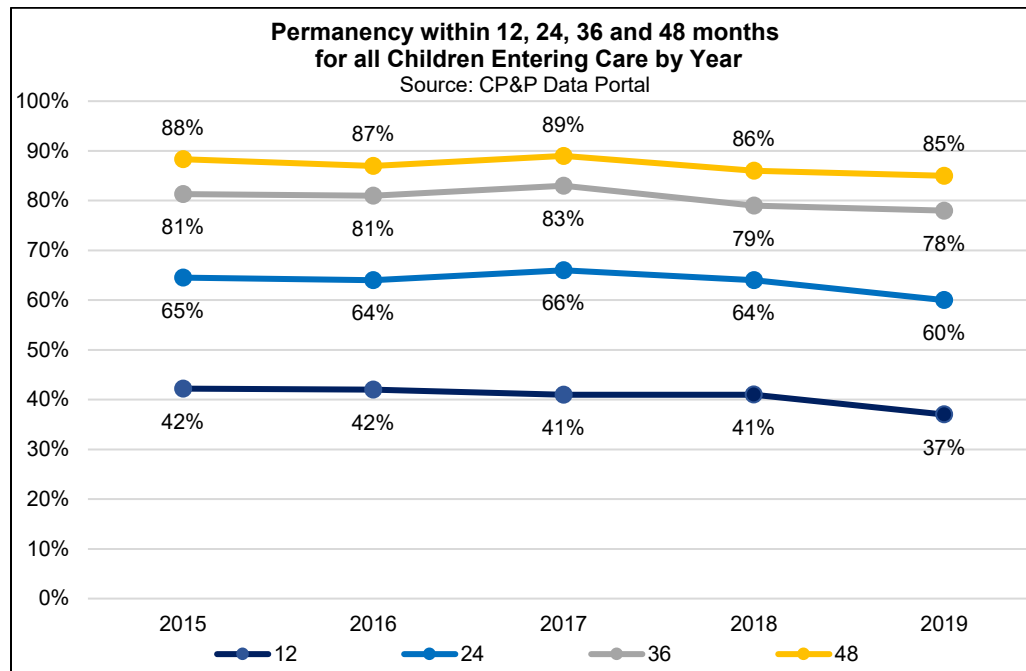
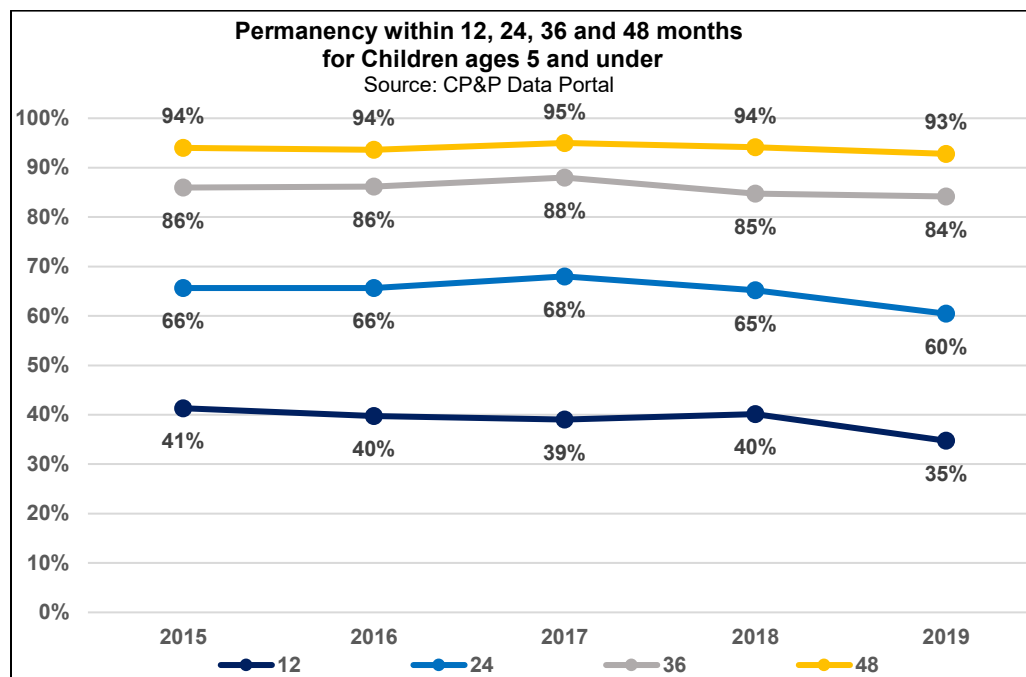


Figure 11a. Permanency Outcomes for Children, Ages 5 and Under



DCF's CoQI process examines stability and permanency through several indicators in the annual record review, including placement stability, long-term view, and permanency. Figure 12 reflects DCF's current performance on these indicators, demonstrating all areas in need of improvement.

Figure 12. CoQI Quality Scores for Safety Indicators, September 2022-October 2023

Indicator	Description	Quality Score	Interpretation
Placement stability	Assesses whether a child's placement in an out-of-home setting has remained the same for a year or since the case opened and whether any changes in the child's placement were in the best interests of the child and consistent with achieving the child's permanency goal(s).	74%	Area Needing Improvement: On average, case practice activities are 74% aligned with best practice and policy.
Long-term view (in-home, out-of-home, youth adult)	Assesses whether the plan outlines the goals for the families and whether the plan supports the families' long-term success.	71%	Area Needing Improvement: On average, case practice activities are 71% aligned with best practice and policy.
Permanency (out-of-home)	Assesses the progress towards case goals, as well as concurrent planning efforts.	67%	Area Needing Improvement: On average, case practice activities are 67% aligned with best practice and policy.

Summary of Performance between 2020-2024 for CFSR Outcome #3: New Jersey continues to exceed the national performance for placement stability. CFSR Round 3 also identified placement stability as a strength in New Jersey; 97.5% of cases reviewed cited that current placements for children were stable. While the 2019 CFSR baseline review uniquely found stability to be a challenge (67.5%), the 2020 CFSR measurement review (85%), as well as administrative data from 2018 to 2022 (range: 83%-88%) demonstrates consistent strong performance in this area over time, even as the number of children entering out-of-home placement continues to decline.

As was the case during CFSR Round 3, New Jersey continues to experience challenges to consistently achieve identified permanency goals in a timely fashion. In its CFSR PIP, DCF identified strategies to improve the timeliness of permanency, including activities related to strengthened concurrent planning, increased placement with kin, and strengthened partnership with the Judiciary. While the CFSR baseline review and measurement rounds and administrative data demonstrated improvements in achieving timely permanency, more recent data shows continued challenges, especially for children under the age of 5 and between the ages of 13-17.

CFSR Outcome #4: Permanency Outcome 2: The continuity of family relationships and connections is preserved for children. When families must be separated to ensure the safety of children, placement with kinship caregivers, as well as frequent and appropriate opportunities for contact with families, help to maintain family ties. This includes opportunities for connections that are conducted in locations conducive to family activities, "quality time" for advancing or maintaining relationships among family members and increased or graduated visits from brief supervised visits in safe locations to overnight or weekend visits. Other methods of contact, such as phone calls, letters, and/or exchange of photos, are also promoted. To maintain and promote positive and nurturing relationships, parents, siblings, or others with an identified significant relationship are encouraged to participate in school activities, medical appointments, and possibly therapeutic sessions.

Strengths were highlighted during the CFSR 3 related to the preservation of connections for children in care with their families. New Jersey made strong efforts to place siblings together; this

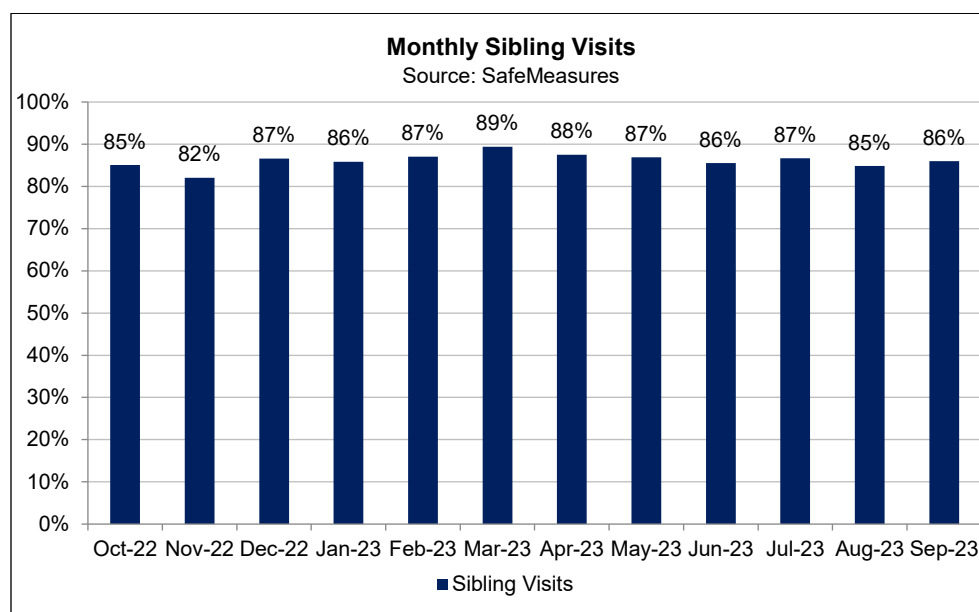
was a strength in 87% of cases reviewed. The 2019 CFSR baseline review and 2020 CFSR measurement review found that efforts to place siblings together was a strength in 82% and 80% of cases reviewed, respectively. In 2022, 92% of children in sibling groups of four or more were placed with *at least* one sibling and 87% of children in sibling groups of two or three were placed with *all of* their siblings. As noted in Figure 13, New Jersey continues to make positive efforts to place siblings together. In 2023, through the work of the Youth Council, a Siblings' Bill of Rights was signed into law.¹⁹ The Siblings' Bill of Rights requires that, whenever possible, siblings are placed together, and when not possible, that their connection is maintained through face-to-face and virtual contact. In 2023, performance remained stable, with 91% of children in sibling groups of 4 or more having been placed with at least one sibling and 84% of children in sibling groups of two or three being placed with all of their siblings.

Figure 13. Sibling Groups Placed Together

Sibling Groups Placed Together (CY 2014- CY2023)										
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Sibling groups of two or three	82%	81%	78%	76%	77%	80%	81%	85%	87%	84%
Sibling groups of four or more	87%	87%	84%	83%	85%	83%	95%	92%	92%	91%

In the rare instances that sibling separation was necessary, New Jersey ensured that frequent, quality visits with siblings occurred. Sibling visitation was a strength in 92% of cases reviewed during the CFSR 3. While in the 2019 CFSR baseline review this was only a strength in 69% of cases reviewed, performance improved to 85% in the 2020 CFSR measurement round. Figure 14 shows DCF's efforts to consistently ensure that monthly sibling visits occur. The decline in performance in late 2021 and early 2022 was likely associated with waves of the COVID-19 pandemic. Between March and September 2022, performance returned to its previous levels and was generally maintained through September 2023.

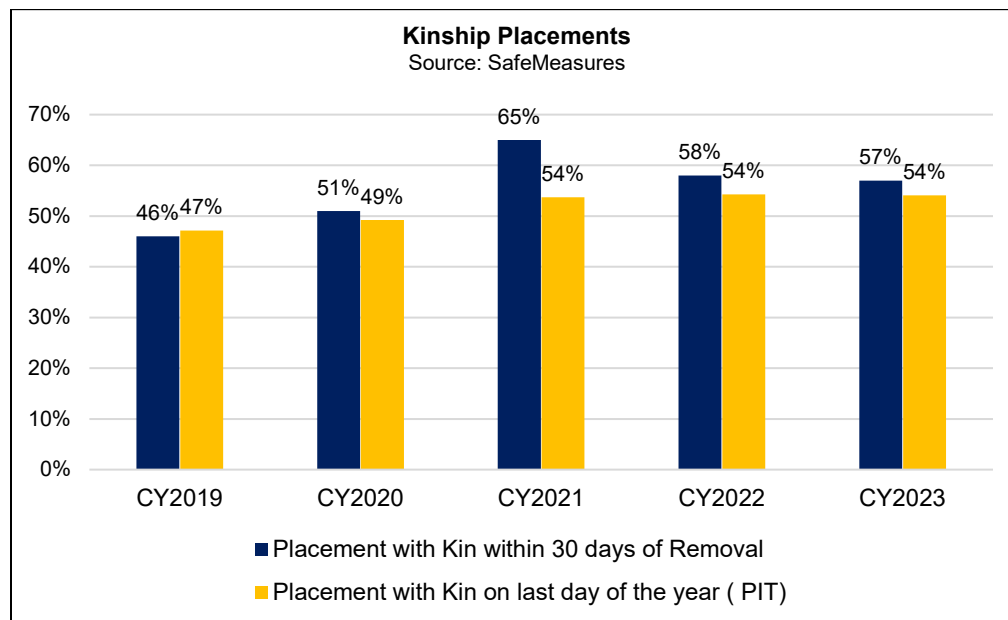
Figure 14. Monthly Sibling Visits



¹⁹ https://pub.njleg.state.nj.us/Bills/2022/PL23/1_.PDF

When children require separation from their birth families, placement with kinship caregivers can help to reduce the trauma of separation and assist to maintain familial connections. DCF is focused on making sure that children can remain with extended family or family friends and, as such, has made “preserving kinship connections” a transformational goal in its strategic plan. Figure 15 shows increases in placement with kin at time of entry, as well as overall point in time placement with kin since the onset of the current administration.

Figure 15. Kinship Placement of Children Entering Care and Point in Time



While DCF frequently places children with kinship caregivers and/or with their siblings and ensures sibling visitation, further evaluation is needed regarding weekly parent-child visitation. As Figure 15a demonstrates, performance for weekly visits with parents and children for children with a goal of reunification is varied and trending downward.

Figure 15a. Weekly Parent/Child Visits

Weekly Parent/Children Visits (Children with a Goal of Reunification)												
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Parent-Child Weekly Visits	77%	81%	77%	76%	72%	71%	70%	69%	61%	65%	63%	64%

Likewise, CFSR 3 also demonstrated a need to enhance connections with parents, especially with fathers. The CFSR identified practice differences between visits and other opportunities to promote relationships between children and their mothers versus between children and their fathers. This difference was also observed in QR results. For CY 2017-2019 QR data and data from the 2017-2019 reviews, see DCF’s 2023 APSR. For additional discussion on DCF’s practice related to fathers, see *CFSR Outcome #5, Well-Being Outcome 1*, below. The record review tool utilized in DCF’s CoQI process will help DCF review ongoing assessment, engagement and inclusion of fathers. If the review findings reveal a deficit for a CP&P local office in engaging fathers, improvement planning tasks will be incorporated into the local office CoQI process to enhance the work within this area. For more information on improvement planning, see *System*

Factor: Quality Assurance System, below and Section 4, Quality Assurance System.

Summary of Performance between 2020-2024 for CFSR Outcome #4: Strengths were highlighted during the CFSR 3 related to the preservation of connections for children in care with their families. DCF included preservation of kinship connections as a transformational goal in its strategic plan and increased placement with kin as a strategy in its CFSR PIP. Since then, placement with kin within 30 days of removal increased from 46% in 2019 to 57% in 2023.

Found to be a strength during CFSR Round 3, the 2019 CFSR baseline review (82%) and the 2020 measure review (80%), New Jersey continues to make positive efforts to place siblings together. In 2023, 91% of children in sibling groups of four or more were placed with at least one sibling and 84% of children in sibling groups of two or three were placed with all of their siblings. When siblings are not living together, DCF makes efforts to ensure monthly sibling visits occur. While generally a strength for New Jersey, there was a temporary decline in performance in late 2021 and early 2022, likely associated with waves of the COVID-19 pandemic. In 2023, through the work of the Youth Council, a Siblings' Bill of Rights was signed into law.¹ The Siblings' Bill of Rights requires that, whenever possible, siblings are placed together, and when not possible, that their connection is maintained through face-to-face and virtual contact.

While placements with siblings, preservation of connections with siblings and placement with kinship caregivers continue to be strengths in New Jersey, more work is needed in ensuring connections between children and their parents is strengthened and preserved. Recent data shows that performance related to weekly parent-child visitation is varied and trending downward. As a part of its CFSR PIP, DCF made efforts to improve engagement of fathers, including new training and coaching and new CCWIS capabilities to track visitation with mothers and fathers separately.

CFSR Outcome #5: Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. Outreach and engagement efforts, including quality visits between caseworkers and families, is a critical step in the assessment and understanding of the needs of children, parents, and resource parents. Establishing positive interactions with children and parents assists in collaborative case planning and can strengthen outcomes for families. The CFSR 3, the CFSR baseline and measurement reviews, and the QR results through 2021 showed that, while New Jersey had strengths in engaging and assessing the needs of children and resource parents, there were continued challenges in these practices for parents, especially fathers. For CY2017-2019 QR data and 2019-2021 CFSR review data, see DCF's 2023 APSR. These challenges were focus areas in DCF's CFSR PIP; CFSR PIP Goal 2.0 was to improve the quality of child welfare case practice in New Jersey, particularly around engagement and assessment of parents via the following strategies: (2.1) implement behavior-based case planning practice and (2.2) promote a culture and practice that prioritizes father engagement and assessment. For updates to these strategies, see Section 3, *Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes*.

Quantitative data, below in Figures 16 and 17, shows relative consistency in monthly caseworker visitation with children, but a decline in monthly caseworker visitation with parents of children in out-of-home placement. Recognizing the importance of closely and regularly working with parents who have children in out-of-home placement, DCF will further review this data to assess barriers to successful visitation and determine how to improve performance in this area.

Figure 16. Staff Contacts with Parents of Children in OOH Placement- Goal of Reunification

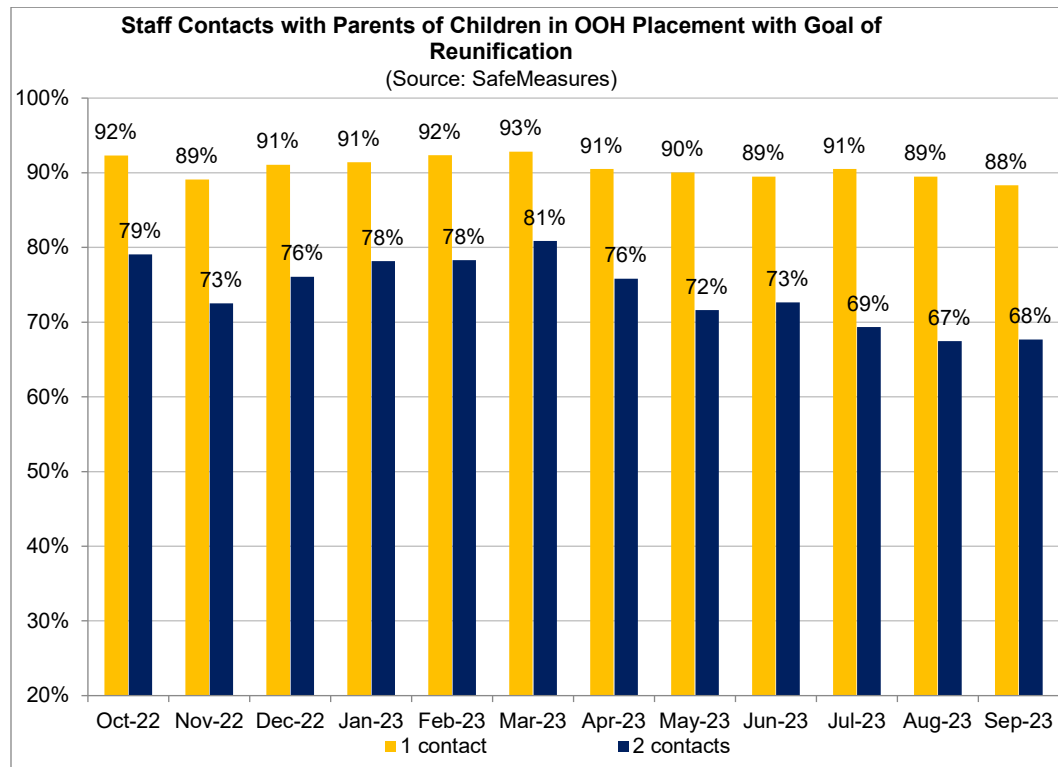
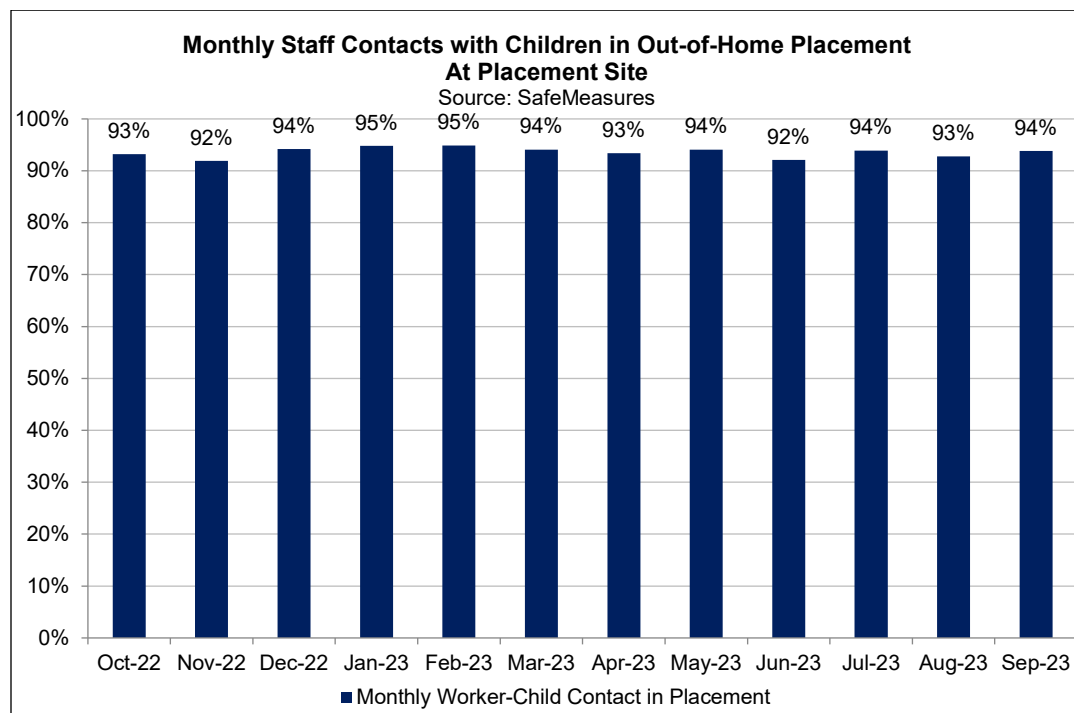


Figure 17. Monthly Staff Contacts with Children in OOH Placement at Placement Site



While quantitative data around caseworker visits with parents and children generally reflect strengths in performance, it does not reflect the quality of those visits. Historically, the quality of

visits was measured through the QR process. Now, DCF's CoQI process assesses the quality of visits through several indicators in the annual record review, including engagement, ongoing assessment process, teamwork and coordination and child and family planning process. Figure 18 reflects DCF's current performance, showing all areas as needing improvement.

Figure 18. CoQI Quality Scores for Safety Indicators, September 2022-October 2023

Indicator	Description	Quality Score	Interpretation
Engagement	Rated for mothers, fathers, caregivers, resource parents, children and families. Assesses whether there was ongoing and routine contact, as well as a variety of engagement strategies utilized with each of these individuals. The Engagement – Family indicator specifically assesses whether diligent efforts were made to meet the families' language, hearing, and visual needs.	In-home: 61% Out-of-home: 68%	In-home: Area Needing Significant Improvement: On average, case practice activities are 61% aligned with best practice and policy. Out-of-home: Area Needing Improvement: On average, case practice activities are 68% aligned with best practice and policy.
Ongoing Assessment	Rated for mothers, fathers, caregivers, resource parents, children and families. Evaluates whether there were ongoing comprehensive assessments to determine individual needs and if interventions were aimed at meeting the identified needs. Additionally, the Assessment – Family indicator specifically considers the integration of the families' dynamics, values, traditions, and beliefs into the overall assessment.	In-home: 59% Out-of-home: 66% Young adults: 75%	In-home: Area Needing Significant Improvement: On average, case practice activities are 59% aligned with best practice and policy. Out-of-home: Area Needing Improvement: On average, case practice activities are 66% aligned with best practice and policy. Young Adult: Area Needing Improvement: On average, case practice activities are 75% aligned with best practice and policy.
Teamwork and Coordination	Evaluates whether the agency engaged relevant participants to attend Family Team Meetings and if the subsequent work done with the family reflected the identified needs.	In-home: 69% Out-of-home: 68% Young adults: 78%	In-home, Out-of-home, Young-Adult: Area Needing Improvement: On average, case practice activities are 69%, 68% and 78% aligned with best practice and policy respectively.
Quality of the Planning Process	Evaluated in several indicators and is broken down by the overall quality of the plan, the plan implementation, and successful transitions. Overall Quality of the Planning Process assesses the quality of planning with families to prevent the re-occurrence of the issues that resulted in the families' agency involvement and whether the families' voice was part of the planning process.	In-home: 70% Out-of-home: 70% Young adults: 76%	In-home, Out-of-home, Young Adult: Area Needing Improvement: On average, case practice activities are 70%, 70% and 76% aligned with best practice and policy respectively.

Summary of Performance between 2020-2024 for CFSR Outcome #5:

Between 2020-2024, data shows relative consistency in monthly caseworker visitation with children; in Year 5, however, there has been a decline in monthly caseworker visitation with parents of children in out-of-home placement. Qualitative data, both from the historical QR process and the new CoQI process, demonstrate persistent challenges related to the quality of engagement, assessment and teaming with the parents of children in out-of-home care. This area remains one in need of improvement for DCF.

CFSR Outcome #6: Child and Family Well Being Outcome 2: Children receive appropriate services to meet their educational needs. Supporting the educational needs of children continues to be a priority for DCF. During the CFSR 3, assessment of a child's educational needs was found in 89% of applicable cases reviewed. In the majority of cases, concerted efforts to provide appropriate services to meet identified needs were found. This remained a strength in the 2019 CFSR baseline review, the 2020 and 2021 CFSR measurement reviews and historical QR data. For CY 2017-2019 QR data and data from the 2019-2021 CFSR reviews, see DCF's 2023 APSR. During the CoQI process, educational needs are measured and assessed through a learning and development and educational stability indicator. Figures 19 and 20 reflect DCF's current performance on these indicators, showing these as areas needing improvement, especially for children who remain in their own home.

Figure 19. Timely educational stability determinations

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Timely Educational Stability (Best Interest) Determination	77%	80%	81%	85%	82%	80%	77%	75%	71%	70%	73%	69%

Figure 20. CoQI Quality Scores for Developmental Educational Needs, September 2022-October 2023

Indicator	Description	Quality Score	Interpretation
Learning and Development	Assesses children's developmental educational needs and ensures that any identified needs were adequately addressed.	In-home: 68% Out-of-home: 76%	In-home, Out-of-home: Area Needing Improvement: On average, case practice activities are 68% and 76% aligned with best practice and policy respectively.
Educational Stability	Assess whether steps were taken to maintain children in their educational setting or to prevent future moves or instability.	In-home: 72% Out-of-home: 77%	In-home, Out-of-home: Area Needing Improvement: On average, case practice activities are 72% and 77% aligned with best practice and policy respectively.

Summary of Performance between 2020-2024 for CFSR Outcome #6: Although assessment of educational needs was a strength for DCF in the CFSR Round 3 and the subsequent measurement rounds, DCF's more recent case record reviews show that further work is needed related to assessment of children's educational needs and ensuring education stability, especially for children who remain in-home with their parents.

CFSR Outcome #7: Child and Family Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs. Ensuring children receive services to meet their health needs has been and continues to be a high priority for DCF. Strong partnerships and coordination of services with internal and external stakeholders, including DCF's CSOC and Office of Integrated Health and Wellness (OIHW), help maintain optimal physical and mental/behavioral health for children. For additional information on work in this area, including the Child Health Unit (CHU) and Child and Family Nurse Program (CFNP), see Section 4, *Services*, and DCF's 2025-2029 Health Care Oversight and Coordination targeted plan.

Many strengths were cited during CFSR 3 that reveal children are receiving adequate services to meet their physical and mental health needs. Assessment of health and dental needs were

appropriately completed on 96% and 92%, respectively, of cases reviewed and oversight of prescription medications for health or dental needs was completed on 92% of cases. During the 2020 and 2021 CFSR measurement reviews, this remained a strength. Likewise, the CFSR 3, 2019 baseline review, and the subsequent measurement rounds showed that assessment of mental/behavioral health needs and oversight of psychotropic medications were also strengths for DCF. The historical QR process similarly evidenced DCF's commitment in this area. For CY 2017-2019 QR data and data from the 2019-2021 CFSR reviews, see DCF's 2023 APSR. A review of recent quantitative data, as displayed in Figure 21, shows that completion of timely pre-placement examinations, initial and ongoing mental health screenings, dental examinations and immunizations continue to be strengths, whereas there have been declines in performance related to timely comprehensive medical examinations for children entering placement.

Figure 21. Timely completion of physical and mental health assessments

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Pre-Placement Exams for Children Entering Placement	98%	100%	99%	96%	91%	99%	87%	96%	92%	98%	97%	96%
Comprehensive Medical Exams for Children Entering Placement	74%	74%	69%	82%	68%	71%	68%	74%	68%	63%	58%	64%
Initial Mental Health Screening within 30 Days of Removal	98%	97%	95%	95%	95%	97%	93%	94%	89%	91%	95%	94%
Ongoing Mental Health Screening Every 6 Months while in Care	93%	96%	89%	93%	92%	90%	91%	92%	92%	89%	91%	90%
Semi-Annual Dental Exams (Children 3 years and older in care for 6 months or more)	86%	86%	86%	86%	84%	85%	85%	86%	87%	86%	86%	84%
Immunizations	Q4-2022: 92%			Q1-2023: 94%			Q2-2023: 94%			Q3-2023: 95%		

DCF's CoQI process evaluates the quality related to child well-being outcomes through several performance indicators, including physical health and emotional well-being. Figure 22 reflects DCF's current performance on these indicators and demonstrates improvement is needed to align with best practice and policy in these areas.

Figure 22. CoQI Quality Scores for Physical Health, Learning and Development, and Emotional Well-Being, September 2022-October 2023

Indicator	Description	Quality Score	Interpretation
Physical Health	Assesses whether there was a comprehensive assessment of the children's health and whether the needs of the children was/were met.	In-home: 59% Out-of-Home: 72%	In-home: Area Needing Significant Improvement: On average, case practice activities are 59% aligned with best practice and policy. Out-of-home: Area Needing Improvement: On average, case practice activities are 72% aligned with best practice and policy.
Emotional Well-Being	Evaluates whether there are ongoing assessments of the children's emotional, psychological and social well-being and the work being done to ensure the children's needs are appropriately addressed.	Young adults: 78%	Young Adult: Area Needing Improvement: On average, case practice activities are 78% aligned with best practice and policy.

Summary of Performance between 2020-2024 for CFSR Outcome #7:

CFSR Round 3, CFSR measurement rounds, and historical QR data showed that children were receiving adequate services to address their physical and mental health needs. A look at more recent data, however, demonstrates that while most assessments occur timely, the quality of those assessments needs improvement.

B. Assessment of Performance- CFSR Systemic Factors

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

NJSPIRIT, the case management system used by CP&P staff, is a mission critical application that functions 24 hours a day, 7 days a week. NJSPIRIT supports documenting and reporting of case status, demographic characteristics, locations, and goals for all case participants, including children in foster care. Specific data elements, such as those required for reporting in AFCARS, NCANDS, NYTD, etc. are dedicated fields in NJSPIRIT. To ensure data quality, multiple levels of CP&P supervisors review and approve key pieces of work. NJSPIRIT users include clerical staff, transportation aides, caseworkers, supervisors, business staff, legal staff, managers, executive staff, Deputy Attorneys General, nurses and a limited number of contracted providers.

- **System Management.** The New Jersey Office of Information Technology (OIT) manages the primary operating environment and is responsible for the storage and backup of NJSPIRIT. The New Jersey Department of Human Services is responsible for the administration of the application. DCF manages development of the application, networking, firewalls and SAN storage.
- **System Support.** DCF's application support team, known as the Help Desk, is available during business hours to provide end-user technical assistance and application support with NJSPIRIT and related extension and mobile applications. In addition to response to reported issues, the Help desk produces monthly newsletters to provide users with tips and to introduce new or improved functionality.
- **System Maintenance.** While historically, system fixes and maintenance and enhancement releases were reactive in nature, DCF now utilizes a proactive systematic release schedule to ensure that application functionality meets changing business practices and federal requirements. The application support team performs User Acceptance Testing, systems needs analysis, functional and technical design specifications, Joint Application Design meetings, modification scripts, and more. For a summary of maintenance and enhancement activities in Year 5, see below.
- **System Modernization.** DCF is exploring how to modernize NJSPIRIT. DCF is researching other like systems throughout the country that are in the process or recently have modernized their CCWIS and will work with ACF on an Advanced Planning Document to determine the best modernization approach.
- **System Data Quality.** DCF's CCWIS Data Quality Plan, which is a part of the Department's CCWIS declaration, includes a comprehensive strategy for promotion of

data quality. NJSPIRIT data meets the most rigorous standards for completeness, timeliness and accuracy, is consistently and uniformly collected, is exchanged and maintained in accordance with confidentiality requirements, supports child welfare policies, goals and practices, and is not created by default or inappropriately assigned. NJSPIRIT maintains automated functions to regularly monitor CCWIS data quality, e.g., alerts to staff to collect, update, correct, and enter CCWIS data, to prevent the need to re-enter data already captured or exchanged with the CCWIS, and to generate reports of continuing or unresolved CCWIS quality problems. DCF is committed to conduct biennial data quality reviews to determine if the above requirements are met, to confirm that the bi-directional data exchanges meet the CCWIS requirements, and to report the status of compliance. DCF is routinely compliant with federal reporting data quality standards.

NJ SPIRIT Disaster Recovery Exercise Planning. OIT has begun planning discussions for its biannual exercise of the NJ SPIRIT Disaster Recovery Plan scheduled to take place in 2024 alongside DHS and New Jersey OIT. The exercise will consist of switching the operation of NJSPIRIT from the primary environment at the Hub to the standby environment at Hamilton and operating from Hamilton for a two-week period, before switching back to the primary environment at the Hub. All the essential components of the core NJSPIRIT system, including the front-end web applications, batch programs, interface processing and file transfers, and reporting databases, will operate exclusively from the Hamilton servers during this time.

Mobilization of NJ SPIRIT. The initial phase of this initiative, dating back to 2011, used multiple federal grant/funding streams to enable remote access to the NJ SPIRIT application. DCF has implemented various mobile solutions since 2011, depending upon the operational needs and the technology available at the time. DCF now has roughly 13,000 plus devices ranging from Smartphones, Dell Venues/ Latitudes, and HP tablets distributed across the agency. DCF's robust and mature mobile capabilities enable OIT to continue to meet the computing needs of our users throughout changing technology, evolving business requirements, and fluctuating work environments. During this reporting period and continuing through the present, DCF is completing a partial tablet refresh of 450 devices in FY24 and 900 devices in FY25. DCF will maintain a 25% recurring tablet refresh moving forward.

Systems Maintenance – Enhancements. During this reporting period, the majority of development and analyst resources continued to be dedicated to the AFCARS and System for Administering Grants Electronically (SAGE) projects. However, DCF did produce multiple minor releases during Year 5, inclusive of over 100 incidents, i.e., fixes, maintenance, and enhancements. Highlighted achievements of the latest releases are identified below.

- Changes related to AFCARS reporting, including capability to review all placements for AFCARS compliance, inclusion of a new placement line entitled "Youth in CP&P custody Missing-Runaway and a new placement end reason of "Child no longer in Missing/Runaway status," capabilities to track exceptions related to Kinship Legal Guardianship, the creation of new exceptions to track educational data, and new tabs on the exceptions window, as seen below.

Child Information					
Child's Last Name: 4 - Child's Person ID:		Child's First Name: Current Case Name:		Current Case ID: Search	
Information I	Information II	Placement Information	Administrative Information	Adoption/Guardian Primary	Adoption/Guardian Admin

- Changes related to batches, including conversion of all COBOL batches to JBatches.
- Modifications to contact notes, including inactivation of “video conference” as a method.
- Changes related to the USPS web service, that is used by NJ SPIRIT for addresses, which was end of life and moved from HTTP to HTTPS.

AFCARS 2.0 – Phase 2 Development. DCF completed Phase 2 of AFCARS 2.0, including the development of new windows, enhancements to existing windows with new fields and logic to better capture required data elements, enhancements to the NJ SPIRIT AFCARS exception window to alert users when there is missing or inaccurate data, and updates to the AFCARS XML submission file logic to include the new fields. Testing and deployment will commence later this year and in time for the 2024B submission.

DCF Connex. DCF Connex is a comprehensive web-based data system that supports tracking outcomes, level of service details, and reporting, as well as the ability for partner organizations to document and track their own service level data. DCF developed DCF Connex using the Salesforce Government Cloud platform to accommodate future growth. DCF Connex is currently deployed for use by various Division on Women (DOW) and FCP programming, including adolescent pregnancy prevention initiative, prevention of juvenile delinquency, displaced homemakers, primary prevention of sexual violence, the New Jersey Coalition Against Sexual Violence, the kinship navigator program, school-based youth services (SBYS), and NJ4S. Use of DCF Connex in the latter two programs deployed in 2024; details follow:

- **DCF Connex and NJ4S.** Through Connex, DCF provides a platform for school personnel, e.g., superintendents, principals, teachers or counselors, to request and apply for social service programs, community resources, and mental health services for children in their district. DCF Connex allows for data collection regarding the referral to and delivery of service, e.g., district served, range of services provided, start/stop date of services, attendance at referred sessions, referral outcomes, etc., as well as program outcomes, e.g., average scores at program intake and exit) and demographics of youths served.
- **DCF Connex and SBYS.** DCF Connex replaced the existing CitySpan system used by the representatives, e.g., director, clinician and youth development specialist, at 86 school locations of the SBYS program. DCF Connex facilitates application and requests for services, creates the ability to track program activity, and allow for data collection related to service delivery, program outcomes, demographics, and more.

Binti. DCF is the process of implementing Binti’s resource family licensing and placement modules to support resource family recruitment and licensing and placement matching. Binti provides a mobile-friendly, online portal for resource family application and approval processes, as well as a placement and matching system and dashboards for easy tracking of licensing and renewal requirements. Binti’s placement matching and tracking system assists caseworkers to identify the best family for children entering placement. In June 2023, DCF finalized Phase 1 of development, which included the development, testing, and production of the resource family licensing module. DCF is now in the planning stage of Phase 2, assessing licensing integration with NJ SPIRIT.

System for Administering Grants Electronically. DCF continues to develop the web-based System for Administering Grants Electronically (SAGE), which will add to and replace DCF’s existing contracting systems, including CDB, Contract Management System and LIS, and improve access

to contracting and licensing documents. The project is scheduled to go live in Fall 2024. The SAGE project required DCF to update existing screens in NJ SPIRIT, update existing interfaces, and create new inbound and outbound interfaces.

Enterprise Data Warehouse. DCF is making a concerted effort to modernize its data management capabilities through the replacement of legacy technology infrastructure and data management approaches with modern, scalable cloud-based data infrastructure and stream-lined data management processes. This effort is being undertaken through three phases. Currently in the first phase, DCF is designing, developing and implementing an Enterprise Data Warehouse (EDW) in a cloud-based environment that offers scalable data storage, advanced data integration capabilities, improved extract/transform/load tools and new services for data visualization, dashboards and reporting. In Year 5, DCF began working with New Jersey OIT to scope the environment and onboarded the human resources to manage the project. The original proof of concept phase is scheduled to be operational in July 2024. During Phase 2, DCF will implement the new system to modernize DCF's current business intelligence related to service trends and utilization and Key Performance Indicators for DCF's direct service divisions. During the third phase, DCF will implement the new system for use with FFA reporting and analysis, as well as to support program monitoring, performance and outcome measurement, CQI and evaluation.

Department of Education data sharing. In response to the federal laws, Fostering Connections to Success and Increasing Adoptions Act and the Every Student Succeeds Act, DCF and DOE entered into a data sharing agreement in 2017 that provides DCF with individual student level data that will be used to track trends, deficits, and improvements for children in foster care, inform education and child welfare policies, programs, and practices, and allow for the analysis of the educational status of the foster children and youth, and to answer questions related to trends in student performance, graduation, drop out, and more. The development of a DCF/DOE interface and the corresponding screens needed to receive this data continues to be delayed. DCF and DOE continue to analyze the requirements surrounding this initiative and the extent to which data sharing within NJ SPIRIT is possible and beneficial based on each department practices and policies. DCF also continues the process to analyze DOE data in relation to CQI work with the Office of Adolescent Services (OAS).

Additional development of the Administration of the Courts data sharing. During this reporting period, additional data quality improvements were developed for the existing nightly interface files exchanged with the AOC. These interfaces include the Notice of Placement and Address Details, and the Notice of Change in Placement and Address Changes. During Year 5, DCF added new placement removal reasons, circumstances at removal, and authority for placement values, which will be deployed in August 2024. DCF continues to work with the AOC towards the development of new two-way interfaces, with an estimated completion date in FY25. For additional details related to this effort, see Attachment A, *Supplemental Information related to the PIP*.

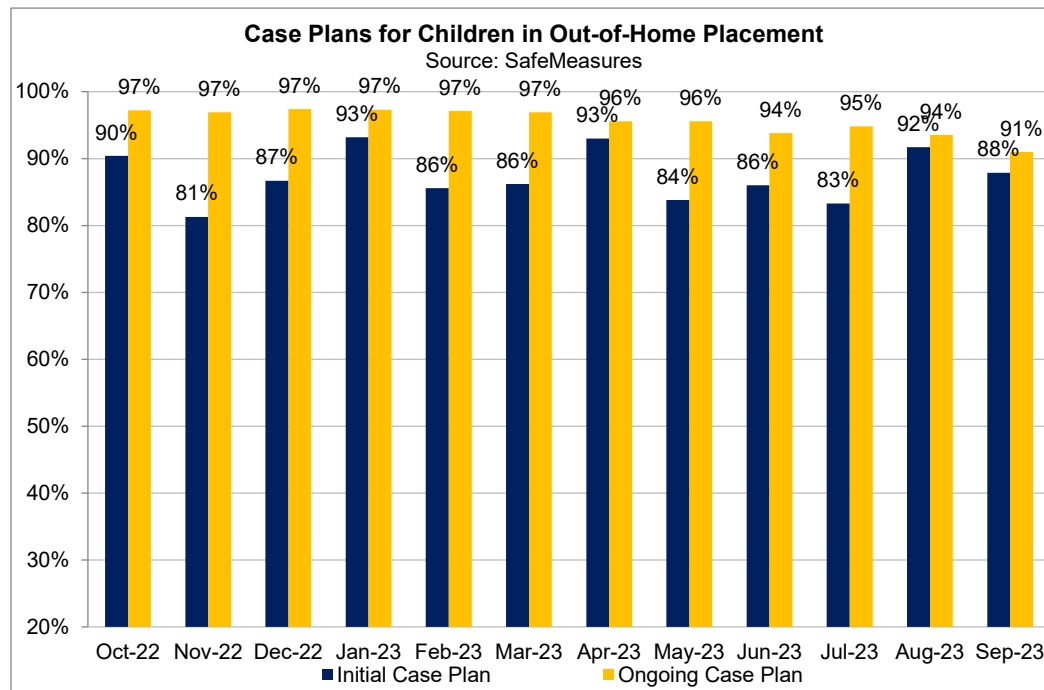
Family First Prevention Services Act. DCF continues to make extensive efforts to develop the agency's data capabilities related to the Family First Prevention Services Act (FFA) and ensure compliance with FFA's provisions and requires. In October 2021, DCF deployed Title IV-E changes in NJ SPIRIT that allowed for claiming for foster care placements in accordance with the new provisions of FFA. More recent efforts aim to develop the agency's data capabilities required to meet the data analysis, reporting, and claiming requirements of FFA's prevention provisions. Efforts include modifications to NJSPIRIT, further development of the EDW, changes to developed plans for SAGE, and the build of a new provider data system.

Summary of Performance between 2020-2024 for CFSR Systemic Factor: Statewide Information System: DCF's statewide information system remained a strength during the duration of the 2020-2024 period. All critical systems and applications, including the state's CCWIS, remained fully operational, enabling DCF to readily identify the status and goals of every child in placement, and much more. Highlighted accomplishments during the five-year period include provision of full remote capabilities for Department-wide staff during the Covid-19 pandemic, system modifications to for AFCARS compliance, and extensive planning efforts related to FFA, NIECE and other federal legislation and regulations. Simultaneously, DCF made strides to modernize DCF's information management and data collection systems, including the creation of an Information Management Steering Committee, new project management capacity, development of an Information Management Roadmap strategy, and more. Through use of a suite of systems and applications, and forward-thinking strategic planning, DCF expects information management (IM) and data capabilities to continue to grow. For information on these modernization efforts, see DCF's 2025-2029 CFSP.

Systemic Factor: Case Review System. Though the Case Review System was found to be not in substantial conformity during the CFSR 3, some strengths were noted, including the timely occurrence of periodic reviews and permanency hearings.

Case Planning. Per DCF policy, the case plan is prepared within 60 calendar days of SCR assigning a CPS report or a CWS referral to the field office for investigation or response; or within thirty calendar days of a child entering (or re-entering) out-of-home placement; and every six months thereafter.²⁰ As noted in Figures 23-25 below, DCF generally ensures that families have initial and ongoing case plans in place to guide their progress.

Figure 23. Case Plans for Children in DCF Custody



²⁰ <https://dcfpolicy.nj.gov/api/policy/download/CPPIII-B-1-100.pdf>

Figure 24. Demographics of Children who Entered Care Between October 2022 and September 2023 and were Eligible for an Initial Case Plan

Race/Ethnicity	Completed Within 30 Days	Not Completed Within 30 Days	Grand Total
Black/African American	487	68	555
White	397	19	416
Hispanic	356	25	381
Multi-Racial	71	8	79
Another Race/Unable to Determine	21		21
Grand Total	1,332	120	1,452

Figure 25. Demographics of Children who were Eligible for Ongoing Case Plan Reviews between October 2022 and September 2023

Race/Ethnicity	Completed	Not Completed	Grand Total
Black/African American	1,676	95	1,771
White	1,346	44	1,390
Hispanic	1,177	55	1,232
Multi-Racial	320	22	342
Another Race/Unable to Determine	28		28
Grand Total	4,547	216	4,763

With the implementation of SBC, DCF went through a process to assess caseworkers' efforts to effectively and concurrently plan with families to ensure timely permanency and engage fathers and non-custodial parents, through the use of field visit and case conference observation tools, as well as to assess supervisory practice through a casework supervisor observation tool. Between June 2022 and January 2024, 9,915 supervisor observation tools and 3,624 casework supervisor observation tools were completed. Based on these assessments, the caseworker was able to effectively plan with the family for a concurrent goal to support timely permanency 84% of the time. The supervisor facilitated a conversation with the caseworker regarding ways to effectively plan with the family for a concurrent goal to support timely permanency 78% of the time. Moving forward, DCF plans to enhance existing policy related to case planning and documentation of case plans, issue new practice guidance related to planning with special populations, e.g., adolescents, families experiencing domestic violence, etc., and take further steps to ensure transfer of learning and application of training to practice.

Enhanced Reviews. Administrative enhanced reviews are periodically conducted to assure that all reasonable efforts have been made to prevent the placement of a child.²¹ If placement is necessary, enhanced reviews assure that permanency and concurrent planning are being carried out in a timely and appropriate manner. The five-month enhanced review determines the progress made in achieving the family's goals, including the status of key permanency tasks, parental participation and progress towards reunification, whether unsupervised parent-child visits can occur, the effectiveness of services, and the needs of the child, family, and/or resource family. The ten-month enhanced review is used to prepare for the permanency hearing. CP&P either approves an Adoption and Safe Families Act (ASFA) exception based on the improved circumstances of the parents and likelihood of reunification or recommends an alternate permanency goal, which could include termination of parental rights (TPR) for the purpose of adoption. This review includes a family discussion and a litigation conference. The family discussion is an in-depth and full disclosure conversation with the family regarding permanency and concludes with a real action agreement. The litigation conference is used to review the

²¹ <https://dcfpolicy.nj.gov/api/policy/download/CPPIII-B-1-200.pdf>

agency's suggested permanency goal with a Deputy Attorney General (DAG) in preparation for the permanency hearing. Figures 26 and 27 show that these critical reviews continue to occur timely.

Figure 26. Timely 5 month enhanced reviews

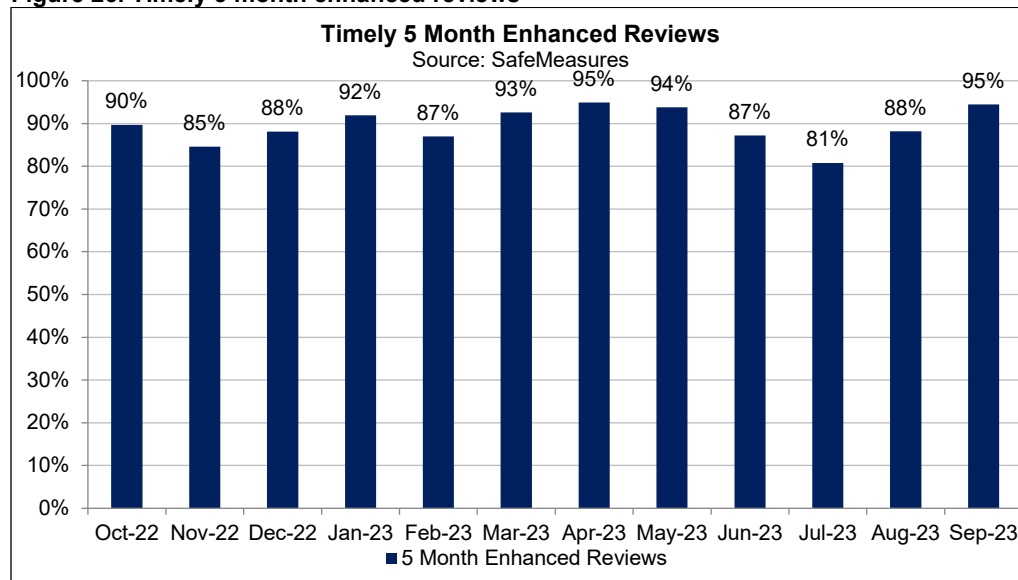
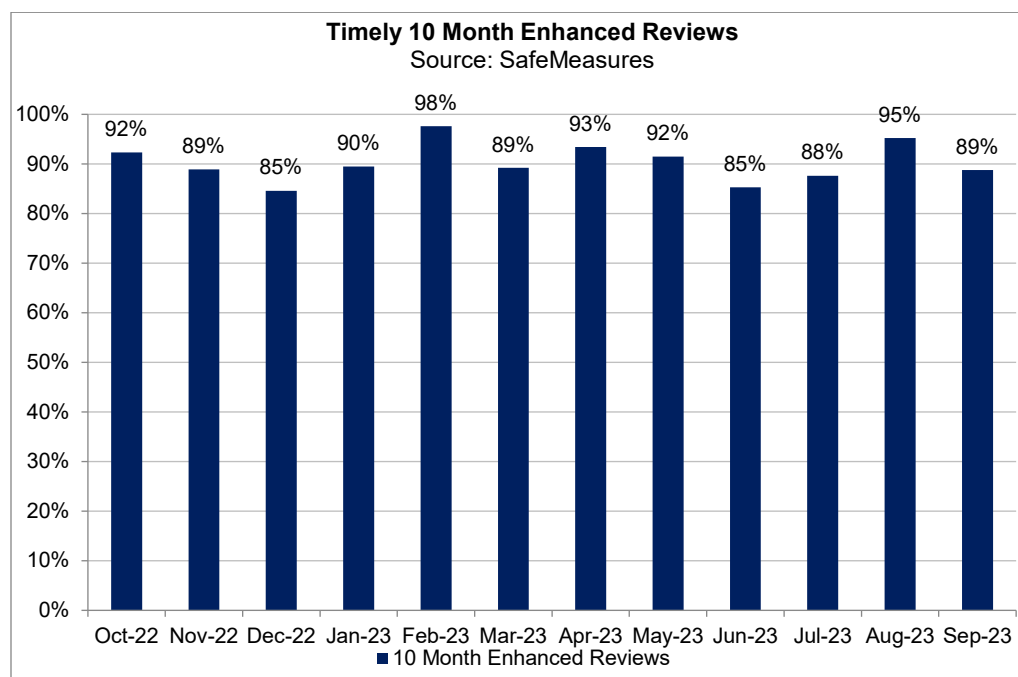


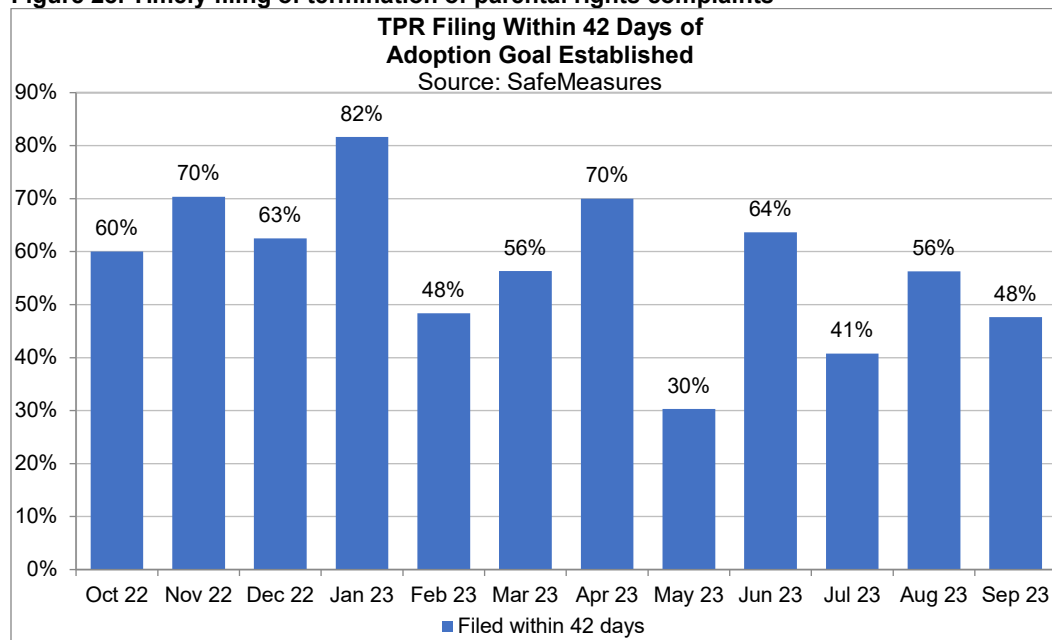
Figure 27 Timely 10 month enhanced reviews



Permanency Hearings and Guardianship Petitions. In New Jersey, permanency hearings generally occur on a timely basis. If the goal of adoption is sanctioned by the court, a guardianship petition seeking TPR should be drafted by CP&P litigation staff, reviewed by a DAG and filed with the court within six weeks. As Figure 28 demonstrates, timely filing of TPR complaints continues to be a challenge. In 2024, DCF and the Attorney

General's Office re-issued guidance on timely filing and asked local offices to look at how their internal practice can improve. DCF will also use data to identify local offices who are not timely filing and work with both the litigation and adoption units in those offices to identify barriers to timely filing and ways to improve uniformity and timeliness.

Figure 28. Timely filing of termination of parental rights complaints



Summary of Performance between 2020-2024 for CFSR Systemic Factor: Case Review System: DCF's case review system was rated as an Area Needing Improvement during CFSR Round 3; a review of data during Years 1-5 shows similar strengths and challenges. While case plans and enhanced reviews generally take place timely, there continue to be challenges related to timely filing of guardianship complaints despite improvement efforts. For information related to DCF's plans for improvement in this area moving forward, see DCF's 2025-2029 CFSP.

Systemic Factor: Service Array. As a part of its strategic plan, DCF commits to maintaining excellence in the core services of the Department. DCF continuously assesses its performance and constituent needs, examining outcomes data and information collected via sources, including needs assessments, a statewide listening tour, regional and virtual forums, and more. For discussion of current performance and plan for improvement, see Section 5, *Update on Service Descriptions: Child and Family Services Continuum*. Additionally, DCF will examine its service array and resource development through the work of its new Office of Monitoring (OOM). For information on OOM, see *Systemic Factor: Quality Assurance System*, below.

While the historical QR process demonstrated that formal and informal supportive resources for families were accessible and aligned with their needs, the CFSR 3 results for service array and resource development, as well as services to prevent entry or re-entry into out-of-home placement, highlight challenges for families. For CY 2017-2019 QR data, see DCF's 2023 APSR. The new CoQI process assesses resource availability through several indicators in its case record review process, including *assessment*, *overall quality of planning*, and *successful transitions*. Figure 29 reflects DCF's current performance on these indicators.

Figure 29. CoQI Quality Scores related to Individualizing Services, September 2022-October 2023

Indicator	Description	Quality Score	Interpretation
Assessment	Rated for mothers, fathers, caregivers, resource parents, children and families. Assesses whether there were ongoing comprehensive assessments to determine individual needs and whether interventions were aimed at meeting the identified needs. The Assessment of Families indicator specifically considers the integration of the families' dynamics, values, traditions and beliefs into the overall assessment of the families' needs.	In-home: 59% Out-of-home: 66% Young Adults: 75%	In-home: Area Needing Improvement: On average, case practice activities are 59% aligned with best practice and policy. Out-of-home: Area Needing Improvement: On average, case practice activities are 66% aligned with best practice and policy. Young Adult: Area Needing Improvement: On average, case practice activities are 75% aligned with best practice and policy.
Overall Quality of the Planning Process	Assesses the quality of planning with the families to prevent the re-occurrence of the issues that resulted in the families' involvement with the agency and whether the families' voice was part of the planning process.	In-home: 70% Out-of-home: 70% Young adults: 78%	In-home: Area Needing Improvement: On average, case practice activities are 70% aligned with best practice and policy. Out-of-home: Area Needing Improvement: On average, case practice activities are 70% aligned with best practice and policy. Young Adult: Area Needing Improvement: On average, case practice activities are 78% aligned with best practice and policy.
Successful Transitions	Looks at whether the plan addressed the continued safety and stability of the children prior to case closure or reunification.	In-home: n/a Out-of-home: 70% Young adults: n/a	In-home: n/a Out-of-home: Area Needing Improvement: On average, case practice activities are 70%, aligned with best practice and policy. Young Adult: n/a

Summary of Performance between 2020-2024 for CFSR Systemic Factor: Service Array:

Since the onset of this administration, improving the service array and achieving service excellence for children, youth and families across the state has been a priority. After a comprehensive review of the DCF's service array and extensive information gathering, DCF identified where new services and enhancements to existing service lines were needed. DCF also strengthened its infrastructure for ensuring the quality of DCF's service networks; highlights include publication of service excellence standards, creation of its Office of Monitoring, expansion of OSD, ASI and other operational divisions critical for quality program implementation and system analysis and improvement. For information related to DCF's plans for improvement in this area moving forward, see DCF's 2025-2029 CFSP. While the service array has undoubtedly improved during the five-year 2020-2024 CFSP period, DCF recognizes the concomitant improvements in case practice related to individualizing services and plans for children and families.

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

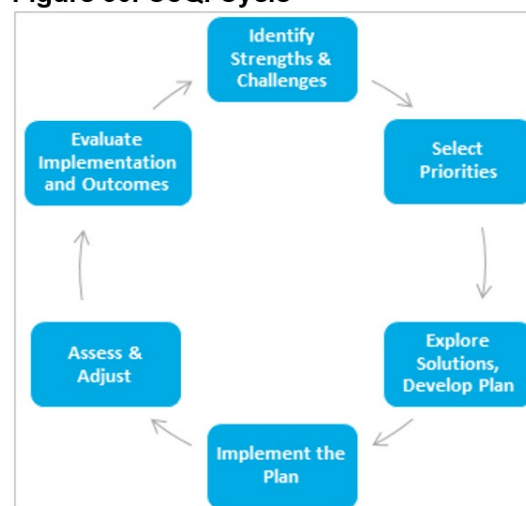
Summary of Performance between 2020-2024 for CFSR Systemic Factor: Agency Responsiveness to the Community: DCF's responsiveness to the community was rated as a strength during CFSR Round 3. During Years 1-5, DCF's efforts have not only continued, but they have been further strengthened. During this time, DCF clearly articulated the view that provision of a family-strengthening system is a collaborative, all-of-state effort in which DCF is merely one of many critical partners. Highlights of DCF's efforts between 2020-2024 include: additional inclusion of constituents via the Youth Council, FEC, D.A.D.S, parent council and PFPC, the 2018-2020 HSAC needs assessment, expanded stakeholder engagement through planning and coordinating bodies and multidisciplinary advisory groups, e.g., Home Visiting Workgroup and NJ4S Advisory Group, and strengthened partnership with the judiciary.

Systemic Factor: Quality Assurance System. In CFSR 3, the strengths of DCF's quality assurance system were highlighted. New Jersey was found to be in substantial conformity on this systemic factor. Throughout 2020 and 2021, DCF redesigned its CQI processes, developing a new CoQI process to replace its earlier CQI infrastructure. To ensure a systematic quality improvement process that utilizes data, evidence and best practices in decision-making, DCF's CoQI framework utilizes qualitative and quantitative data to assess performance, develop improvement plans and manage change across the 46 local offices. Rooted in CQI best practices and improvement science, the framework targets ongoing program improvement through a six-stage cyclical process that includes: identifying strengths and challenges; selecting improvement priorities; exploring solutions and developing an improvement plan; implementing the improvement plan; assessing progress then adjusting the plan as needed; and evaluating implementation and outcomes. For additional information on DCF's CQI processes, see Section 4, *Quality Assurance System*.

The new CoQI process allows DCF to leverage collaborative problem-solving between program frontline staff and leadership and quality improvement experts to assess performance, develop improvement plans and manage organizational change. CoQI facilitates supportive processes that encourage staff development, critical thinking and proactive problem-solving. DCF publishes findings from its CoQI process on its public website through a series of briefs,²² alongside information on the new CoQI process and guidance related to interpretation of quality scores.²³

DCF fully implemented CoQI across the 46 CP&P local offices and is in the process of implementing CoQI across all of its programmatic divisions and for

Figure 30. CoQI Cycle



²² [DCF | Child Welfare Outcome Reports \(nj.gov\)](https://www.nj.gov/dcf/childdata/exitplan/2023-CoQI.Quality.Scores.Guide.pdf)

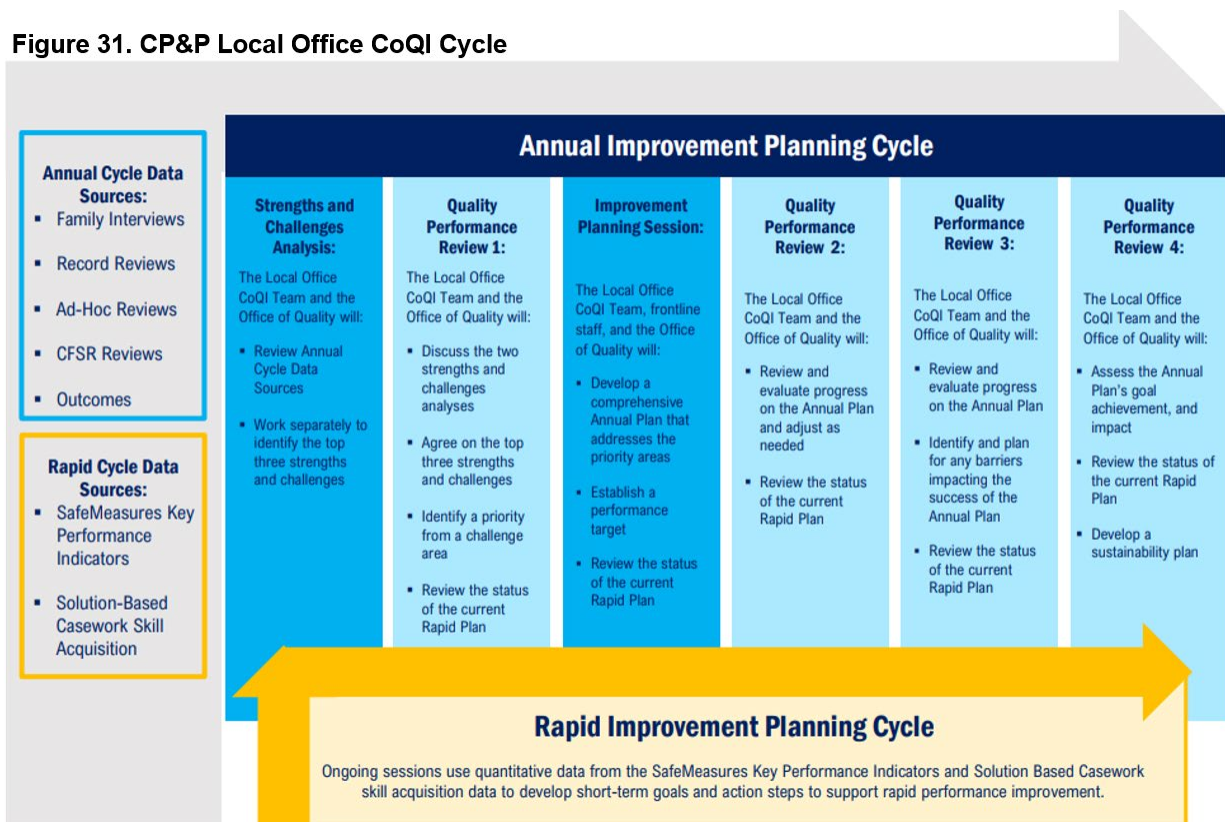
²³ [2023-CoQI.Description.pdf \(nj.gov\)](https://www.nj.gov/dcf/childdata/exitplan/2023-CoQI.Quality.Scores.Guide.pdf), <https://www.nj.gov/dcf/childdata/exitplan/2023-CoQI.Quality.Scores.Guide.pdf>

its network of purchased services. As these additional CoQI processes are built out, DCF will expand program and quality staff capacity to develop analytic questions, generate appropriate measures, and understand how to achieve equitable outcomes for everyone involved with CP&P. Below, the CP&P CoQI process is detailed. For information on plans related to purchased services CoQI, see Section 4, *Services*.

CoQI in CP&P. In CP&P, CoQI metrics are organized around the following critical child welfare outcome domains: safety, risk, health and well-being, permanency, teaming, planning, and supervision. The CP&P CoQI process incorporates data from multiple sources, including qualitative case record reviews, SafeMeasures, outcome measures from the Data Portal, family interviews, SBC skill acquisition data, ad hoc reviews, and more. The annual record review assesses in-home families, out-of-home families, and adolescents in care and utilizes indicators that align with CFSR, including assessments related to the implementation of interventions and ongoing assessment of safety, risk, stability of home and education, permanency planning, and overall well-being. Together, these indicators capture a holistic assessment of all relevant family members throughout the life of the case.

The CP&P CoQI cycle consists of a two-pronged approach of developing and implementing improvement plans over a 16-month cycle for all CP&P local offices. As depicted in Figure 31, these ongoing and integrated processes are referred to as Rapid Improvement Planning Cycle and the Annual Improvement Planning Cycle.

Figure 31. CP&P Local Office CoQI Cycle



- **Rapid Improvement Plans.** Each CP&P local office develops monthly Rapid Improvement Plans, which are designed to manage time-limited improvement processes. The CP&P local office manager (LOM) works with DCF's Office of Quality (OOQ) to identify a metric from the Dashboard or SBC skill acquisition data that needs immediate attention for improvement and can be meaningfully improved through action taken at the local office level, e.g., improving rates of caseworker/child contacts, parent contacts, improving timely completion of case plans, improving completion of safety and risk assessments, etc. An improvement plan detailing responsible parties and timelines is developed. OOQ and CP&P area and local office leadership monitor the plan monthly for progress and make any necessary modifications. As goals are achieved or new trends requiring attention emerge, the practice area of focus and resulting plan changes.
- **Annual Improvement Plans.** Annual Improvement Planning occurs on a 16-month cycle. The development and management of the Annual Improvement Plan takes place through five formalized meetings within a 16-month cycle, which is launched following completion of the CP&P local office's qualitative record review and a sample of interviews with families. The first step in the process is informed by a strengths and challenges analysis that supports the identification of the CP&P local office's improvement plan priority. Two weeks after the priority is identified, an Improvement Planning Session occurs with a combination of CP&P leadership and frontline staff, at which time qualitative tasks are created and implemented. There are two follow-up check-in meetings, or Quality Performance Reviews (QPR) that occur eight weeks after the creation of the tasks, followed by the final meeting that examines the priority and plan more in depth to determine if the CP&P local office demonstrated improvement. The final meeting is used to determine the success of the CP&P local office CoQI priority. The plans from the rapid improvement meetings are reviewed during each QPR.

The new CoQI process was implemented in CP&P in April 2022. All 46 CP&P local offices have fully incorporated the rapid cycle improvement process into day-to-day practice, intentionally focusing on qualitative and quantitative improvement when developing tasks. In addition, by October 2023, all local offices completed record reviews and implemented annual cycle improvement plans. The initial phase of CoQI implementation focused on improvements to key performance metrics. OOQ has collaborated with DCF's Office of Diversity, Equity and Belonging (ODEB) to identify methods for incorporating a racial equality lens into the CoQI framework, including disaggregating data. This will include reassessing the record review tool, data analysis strengths and challenges and improvement planning development in order to move this process forward.

CP&P CoQI also includes a process that recently launched in the first Area Office to gather feedback prior to full implementation. The purpose of Area Office CoQI is to ensure accountability with local office improvement plan implementation, identify common performance strengths and challenges within the Area, facilitate problem-solving dialogue about common performance challenges and identify ways to build on common strengths, identify outliers, and to continue to develop CP&P Area Director, LOM, Area Quality Coordinator and Area Resource Family Specialist skills in using data to identify strengths and challenges.

CoQI for Purchased Services. DCF is also implementing CoQI to continuously improve the quality of purchased services, which are managed through the CSOC, DOW and FCP. This CoQI framework brings together teams, which consists of DCF programmatic and operational staff, provider agency staff, model developers and technical assistance providers, around regular touchpoints to review progress and address barriers towards program and provider-specific

improvement goals. Akin to the CP&P CoQI process described above, teams will be organized around annual CoQI cycles and more frequent “rapid” CoQI cycles for purchased services:

- **Comprehensive CoQI Cycles.** Comprehensive CoQI cycles will evaluate and improve the performance of DCF-funded service lines. Cycles bring together all provider agencies operating a given service to review implementation and outcomes, and to collaboratively develop a shared improvement plan with program-level goals. This process is monitored on an ongoing basis by the DCF program lead and OOQ team lead.
 - *Team:* Each evidence-based program will have a Comprehensive Cycle CoQI team responsible for reviewing data and managing a CoQI improvement planning process. The team will include, but not be limited to, the DCF programmatic division lead, DCF program lead, DCF OOQ team lead, provider agency staff, and model developers/technical assistance providers, as applicable.
 - *Data inputs:* The data inputs for the Comprehensive CoQI cycles will focus on quality of services, program reach, compliance, competence, and goal achievement. Depending on the program and its stage of implementation, data may be generated through DCF’s OOM, Office of Analytics and Systems Improvement (ASI), or an evidence-based model developer with measures derived from the data inputs listed below. Data inputs include monitoring scorecard (service quality), key performance indicators (compliance and reach), fidelity data (competence/compliance), and outcome data (goal achievement).
 - *Outputs:* Tangible outputs from the Comprehensive CoQI Cycle will include (1) a program-level annual improvement plan with specific, measurable, attainable, relevant, and time-bound goals and (2) agreed upon provider-level activities focused on supporting the overall programmatic goals.
 - *Touchpoints:* The Comprehensive CoQI Cycle teams will meet formally four times within the twelve-month improvement cycle. The first meeting will be focused on a “strengths and challenges analysis” in which data is collaboratively reviewed to identify a programmatic priority to develop an improvement plan. In the second and third meetings, the team will review program-level progress towards achieving identified goals. In the fourth and final meeting, the team will review annual programmatic data to determine whether the specified goals were achieved. If the goals were achieved, the Comprehensive CoQI Cycle Team will identify a new priority for the next cycle. If one or more performance goals were not achieved, the team will establish new activities or revise the existing activities for the next cycle.
- **Targeted CoQI Cycles.** Targeted CoQI cycles are designed to evaluate and improve the performance of specific provider agencies implementing DCF programs on a more frequent basis. The Targeted CoQI cycle will focus on implementing the program at the provider-level. Data feeds into an improvement process in which time-limited goals and action steps are generated to support rapid performance improvement. This process will be monitored by a DCF program lead and provider agency lead.
 - *Team:* For each provider agency implementing an evidence-based program, there will be a unique Targeted CoQI Cycle team responsible for reviewing data and managing the improvement plans specific to that agency. The team will include, but not be limited to, DCF program lead, provider agency staff, and model

developers/technical assistance providers, as applicable.

- *Data inputs:* The data inputs for the Targeted CoQI cycles will focus on the context in which programs are implemented (e.g., referrals, staffing, etc.), the provider agency's compliance with key performance indicators and the competence of provider agency staff to implement the model. Depending on the program and its stage of implementation, data may be generated through DCF's OOM, ASI, or the model developer with measures derived from the following data inputs: caseloads, staffing, referrals (context), key performance indicators (compliance/context), and fidelity data (competence/compliance).
- *Outputs:* Tangible outputs from the Targeted CoQI Cycle will include (1) a provider-level rapid improvement plan with specific, measurable, attainable, relevant, and time-bound goals and (2) agreed upon provider-level activities and timelines focused on supporting the specified goals.
- *Touchpoints:* Targeted CoQI cycle teams will meet more frequently depending on the EBP and its stage of implementation. At the start of the Targeted CoQI cycle, the team will collaboratively identify a metric that needs immediate attention for improvement and can be meaningfully improved through action taken at the provider-level. A time-limited improvement plan detailing who will do what and by when will be developed. At subsequent meetings, progress will be reviewed to track and adjust, and as goals are achieved or new trends requiring attention emerge, the implementation area of focus and resulting plan will shift.

A critical input to the CoQI process for purchased services is qualitative information gathered through DCF's Office of Monitoring (OOM). Simultaneously, DCF is advancing its ability to identify the strengths and challenges of individual contracted providers, as well as entire service lines. In 2021, DCF released a concept paper describing its new approach to monitoring the quality of the purchased service network via standardized assessment of each provider of a given service. DCF created OOM with four goals: to ensure clear performance standards, to build sound and transparent monitoring methods, to create and maintain consistent feedback loops with providers, constituents and communities, and to effectively deploy departmental resources. OOM uses participatory methods, inclusive of providers, constituents with lived experience with relevant services, and Department staff, to create interview guides, case record review protocols, and site visit protocols. Monitoring of services via this new process piloted in 2023 and has launched with additional programs in 2024.

Summary of Performance between 2020-2024 for CFSR Systemic Factor: Quality Assurance System: DCF's quality assurance system was rated as a strength during CFSR Round 3. DCF continues to implement a robust and sustainable statewide CQI infrastructure that is rooted in a scientific reasoning framework and has standards to evaluate the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures. In 2020 and 2021, DCF redesigned its CQI processes, developing a new CoQI process. DCF began implementation of CoQI in CP&P and is working to implement this method throughout the Department.

Systemic Factor: Staff and Provider Training. During CFSR 3, New Jersey was found to be in substantial conformity with this systemic factor. DCF continues to sustain a quality and high functioning training program through collaborative and strong partnerships with several internal

and external stakeholders. DCF's training system continues to work across the Department to identify needs and implement learning opportunities that address knowledge gaps and strengthen skills to carry out casework practice. DCF's Learning Management System continued to experience upgrades to improve data access and reporting, and other system enhancements to improve user access and functionality. In addition to ensuring a quality internal training program, DCF's training system comprehensively supports foster, adoptive and kinship parents via training offerings to meet their varied needs and experiences. For more information on DCF's training program, see DCF's 2025-2029 Training Plan and DCF's 2025-2029 Foster and Adoptive Parent Diligent Recruitment Plan.

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

DCF continues to maintain strong university partnerships through the New Jersey Child Welfare Training Partnership (NJCWTP), which includes the Institute for Families at the Rutgers University School of Social Work and the Child Welfare Education Institute at Stockton University. During 2023, NJCWTP and OTPD continued efforts to redesign CP&P's pre-service new worker training. An updated project plan was implemented, and timeframes were adjusted and extended to accommodate additional course updates and necessary implementation supports, e.g., policy updates, assessment and evaluation tools, supervisory resources. The updated pre-service new worker training began with a "soft launch" of new courses in April 2024. Additional courses will soft launch in July 2024. The new and updated training will be fully implemented by January 2025. During 2023, the NJCWTP, through engagement with DCF staff and subject matter experts, made multiple course updates to ensure material was relevant to practice; some new or updated courses include Child Sexual Abuse, Human Trafficking, Legal Foundations, and Youth and Young Adult Assessment and Transitional Planning course. Between July 2022 and June 2023, data was collected to monitor satisfaction with the delivery of training. The NJCWTP compiled and analyzed this data. Respondents were generally satisfied with the trainings, reporting that the training activities and content were useful. Pretests and posttests showed knowledge gain of 25%.

During 2023 and through a partnership with Stockton University, DCF continued to work with Tricia Mosher Consulting, LLC and implemented three Leadership Transformation Collaborative (LTC) cohorts for CP&P leaders. At the conclusion of the program in March, 62 leaders completed the program and another 3 partially completed the program. The program included half day virtual sessions, in-person full day sessions, monthly small group coaching, a 360-leadership assessment, a StrengthsFinder assessment, and a leadership challenge project. The LTC will continue to be refined in 2024 as a foundational leadership learning pathway is developed.

Summary of Performance between 2020-2024 for CFSR Systemic Factor: Staff and Provider Training: DCF's staff training system was designated as a strength during CFSR Round 3 and it remains a strength through the present. During the past five years, DCF has continued to modernize its training and learning experiences across the department. Highlights include: conversion of training to virtual formats during the COVID-19 pandemic, finalization of training strategic priorities in 2022, updates to the pre-service training curriculum, establishment of a leadership training series, and continuation of strong university partnerships.

Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment and Retention. During CFSR 3, New Jersey was found to be in substantial conformity with this systemic factor. For a summary of relevant plans and performance for this systemic factor, see DCF's 2025-2029 Foster and Adoptive Parent Diligent Recruitment Plan.

Foster and Adoptive Parent Licensing. In addition to the work described in DCF's 2025-2029 Foster and Adoptive Parent Diligent Recruitment Plan, the Office of Licensing (OOL) plays a vital role as the licensing and regulatory authority of DCF. OOL licenses and regulates all kinship, resource and adoptive homes, using set standards that are applied statewide. Background checks are required and regulated by statute, regulation, and policy.²⁴ As described above, in June 2023, DCF launched Binti, creating a more streamlined system for completing and tracking resource family licensing and renewals. Historically, resource licensing documentation has occurred across three systems. Through a phased implementation of Binti, the ultimate goal is full integration between the existing systems. Binti offers individualized portals for kinship and non-kinship applicants and agency staff and provides high level data and reporting dashboard features.

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

A query system, Information Assist, is used to run queries for outstanding violations of licensed resource family homes for approved state and federal CHRI background checks for adult household members, including resource parent applicants. During the initial licensing of a resource family home, OOL must receive and verify an approved criminal history background check on all adult household members over the age of 18. Failure of all adult household members to complete an approved criminal history background check is considered a Level II violation. Resource family homes need to be in full compliance with Level I requirements prior to licensing the home. Results from this query show that there are no outstanding violations for CHRI checks as of March 22, 2024.

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

Foster and Adoptive Parent Recruitment and Retention. For a summary of relevant plans and performance for this systemic factor, see DCF's 2025-2029 Foster and Adoptive Parent Diligent Recruitment Plan.

Foster and Adoptive Parent Cross Jurisdictional Resources. DCF's Office of Interstate Services continues to work to develop methods to improve the identification and recruitment of interjurisdictional resources. In February 2021, DCF onboarded and began using the National

²⁴ N.J.S.A. 30:4C-26.8; <https://www.nj.gov/dcf/providers/licensing/laws/RFmanual.pdf>; <https://dcfpolicy.nj.gov/api/policy/download/CPA-X-A-1-5.2.pdf>

Electronic Interstate Compact Exchange (NEICE), the national electronic system for quickly and securely exchanging all the data and documents required by the Interstate Compact on the Placement of Children (ICPC) to place children across state lines. The system continues to be updated and upgraded to improve systematic tracking and data collection, which are critical to building internal reporting capabilities.

DCF's Office of Interstate Services also continues with initiatives to improve the identification and recruitment of interjurisdictional resources. In April 2021, the New Jersey-New York City Border Agreement for Temporary Emergency Placements was effectuated. This agreement allows for a presumptive eligibility assessment for placement within seven days and allows for children to be placed prior to the submission of the ICPC referral. Since its inception in 2021, the agreement has resulted in the placement of 80 children between New Jersey and New York. In November 2022, the New York Supreme Court ruled that the ICPC does not apply to parents, leaving a gap in DCF's ability to assess birth parents through ICPC when that birth parent resides in New York or when New York is placing a child in New Jersey. In light of this, DCF developed a process to work with the New York counties to assess parents and for New Jersey to receive request through SCR while agreements are being developed with partners in New York. DCF's Interstate Services Unit continues to educate and assist local office staff as they navigate getting assistance from New York.

Additionally, DCF continues to work with International Social Services-USA (ISS) to reunify children with relatives in other countries. For additional information on DCF's work with ISS, see Section 5, *Final Update on Service Descriptions: Title IV-B, Subpart 1*.

Summary of Performance between 2020-2024 for CFSR Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment and Retention: DCF's procedures and processes related to foster and adoptive parent licensing, recruitment and retention have remained a strength between 2020-2024. DCF has all times maintained an adequate pool of resource providers to care for the population of children in out-of-home placement, has increased kinship care, ensures the safety of children in out-of-home placement, and continuously supports resource parents and their families. Highlights between 2020-2024 include: installation of the NIECE system, finalization of the New Jersey- New York border agreement, development of the Binti system, and restructuring of resource units across CP&P.

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

Input from various stakeholders, as well as the performance improvement areas identified from the final 2015-2019 APSR, CFSR Round 3, and the areas described in Section 2, *Update to the Assessment of Current Performance in Improving Outcomes*, contributed significantly to the development of DCF’s 2020-2024 CFSP goals and strategies.

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

Rationale for Goal 1. In 2016, the federal Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) called for national action to ensure the safety of American children. Among the recommendations of the Commission was the need to develop clear strategies to identify children at greatest risk of harm, to review life threatening injuries and fatalities according to sound standards, and to ensure access to high quality prevention and earlier intervention services and supports for children at risk.

In recent years, New Jersey has had a relatively low population rate of child abuse/neglect related fatalities²⁵ and has similarly had a relatively low victimization rate.²⁶ However, there is both a need and a collective desire across sectors to strengthen our prevention efforts. For example, in regional forums, when asked, “if we want to achieve the larger vision, what should DCF start doing,” a number of responses called for increased attention to primary prevention, community engagement, and concrete supports for families.

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

Figure 32. Measurement of Progress: Goal 1

Measure	Baseline	Year 1 Interim Target	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Target	Data source to Measure Progress
Variability in maltreatment rates among NJ counties	3.7	3.7	3.4	1.6	1.5	1.4	NJ SPIRIT/NJ Child Welfare Data Hub: Interquartile Range of Maltreatment Rates among NJ Counties
Service Excellence Standards	Establish in Year 3	N/A	N/A	N/A	Establish baseline	Continue to establish baseline	DCF will develop service quality standards for purchased service based on the Availability, Accessibility, Acceptability and Quality

²⁵ In 2017, New Jersey’s rate of child maltreatment-related fatalities was .66 per 100,000, less than half the national average of 2.32 per 100,000. In 2018, New Jersey’s rate of .92 per 100,000 was less than a third of the national average of 2.39 per 100,000. Source: Child Maltreatment, 2017; Child Maltreatment 2018.

²⁶ For each of the five years between 2014-18, New Jersey’s children were victims of child abuse/neglect about one-third as often as children in the US on average; for example, New Jersey’s victimization rate was 3.1 per 1,000 in 2018, when the national average was 9.2/1,000. Source: Child Maltreatment, 2018.

							Framework; incorporate these standards into monitoring efforts developed in Year 3; establish performance targets for subsequent years
Benchmarked improvements in specific system components impacting safety	Establish in Year 3	N/A	N/A	N/A	Establish baseline	TBD	DCF will work with national experts to develop and implement a Safety Review Tool to score and track results of human factors analysis conducted following fatalities and critical incidents. Identification of system components consistently impacting safety will occur in year 3 and targeted, measurable improvement plans will be developed for those components.

Year 5 Update for Goal 1, Measure 1. Overall, maltreatment rates in New Jersey declined by more than 50% between 2018 and 2023. New Jersey continues to see a decline in statewide maltreatment rates from 2.9 per 1,000 children in 2018 to 1.3 per 1,000 children in 2023. Additionally, New Jersey continues to make progress on reducing the variability in maltreatment rates across the 21 counties. This reduction in variability indicates more consistent practice and decision making across the state. Among target counties in the southern part of New Jersey, maltreatment rates per 1,000 children have declined from 2018 to 2023 as follows: Cape May 12.1 to 4.4, Salem 9.9 to 2.5, Cumberland 9.7 to 3.4, and Camden 7.8 to 2.8.

Figure 33. Maltreatment Rates in New Jersey from 2018 to 2023

Maltreatment Rates in New Jersey 2018 to 2023							
County	2018	2019	2020	2021	2022	2023	% change 2018-2023
Statewide	2.9	2.4	1.6	1.6	1.5	1.3	-55%
Atlantic	6.3	6	4.8	4.4	4.5	3	-52%
Bergen	1	0.6	0.4	0.6	0.4	0.5	-50%
Burlington	2.7	2.3	1.6	1.7	1.7	1.7	-37%
Camden	7.8	5.1	3	4.1	3.2	2.8	-64%
Cape May	12.1	9.8	8.2	7.4	4.5	4.4	-64%
Cumberland	9.7	7.5	4	2.7	3.9	3.4	-65%
Essex	3.6	3	1.8	1.7	1.8	1.7	-53%
Gloucester	5.1	4.5	2.7	1.9	2.5	1.9	-63%
Hudson	2	1.7	1.4	1	1.2	1.1	-45%
Hunterdon	1.2	0.9	0	0.5	0.6	0.6	-50%
Mercer	1.9	2.4	1.3	1	1.2	1.3	-32%
Middlesex	1.4	1.5	1	0.8	1	0.9	-36%
Monmouth	2	1.8	1.4	1.4	1.4	1.1	-45%
Morris	1.8	1.1	0.6	0.8	0.8	0.6	-67%
Ocean	2	1.8	0.9	1	1	1.1	-45%
Passaic	2.4	2.3	1.5	1.6	1.2	1.3	-46%
Salem	9.9	8.2	5.7	5.8	4	2.5	-75%
Somerset	1.3	1.3	0.8	0.8	0.5	0.5	-62%
Sussex	2.4	3.1	2.5	2	2.6	1.2	-50%
Union	2.1	1.7	1.2	1.2	0.9	1	-52%
Warren	5.7	3.1	1.9	2.6	2.1	1.4	-75%

Year 5 Update for Goal 1, Measure 2. In 2021, DCF released a concept paper describing its new approach to monitoring the quality of the purchased service network via standardized assessment of each provider of a given service.²⁷ DCF created OOM, which has four goals: to ensure clear performance standards, to build sound and transparent monitoring methods, to create and maintain consistent feedback loops with providers, constituents, and communities, and to effectively deploy DCF resources. OOM uses participatory methods, inclusive of providers, constituents with lived experience with relevant services, and Department staff, to create interview guides, case record review protocols, and site visit protocols. In August 2022, DCF published service excellence standards for purchased services, which articulate the type of quality that any constituent deserves when receiving services from the department and its contracted provider network.²⁸ The standards speak to service availability, accessibility, acceptability, and quality. Monitoring via this new process piloted in 2023 and launched with additional programs in 2024.

In collaboration with providers, constituents, external stakeholders, DCF will continue efforts to establish a baseline. DCF will conduct a comparison analysis to evaluate the average scores achieved by providers participating in the pilot phase of monitoring against the network average scores. The purpose of this analysis is to gain insights into the performance and effectiveness of the pilot and identify areas where improvements can be made. The Measurement of Progress table, Figure 32 above, has been updated to reflect this revised timeline. For additional information on DCF's efforts to develop service excellence standards for purchased services and comprehensive performance measurement indicators, domains, and rubrics to support monitoring practices, see *Section 5, Update on Service Descriptions: Child and Family Services Continuum*.

Year 5 Update for Goal 1, Measure 3. While DCF was able to identify system components related to pockets of practice, it was unable to generalize system components consistently impacting safety due to the low overall rate of maltreatment related fatalities and the extensive areas of agency practice being explored. DCF is exploring and developing a process focusing on targeted practice areas. In addition, New Jersey joined the National Partnership for Child Safety (NPCS) to share critical incident review findings across multiple jurisdictions within the United States.

In June 2023, DCF began reporting its critical incident review data to the National Fatality Review Case Reporting System (NFR-CRS) to support learning from New Jersey and the other NPCCS members' fatality reviews. With participation in the NFR-CRS, DCF will share data among partner jurisdictions, improve child safety and prevent child maltreatment fatalities by strengthening families and promoting innovations in child protection, use data collected to develop strategies to decrease incidents of serious harm and maltreatment fatality, and use data collected to better identify and address health disparities. Once ample data is collected from partner jurisdictions, NPCCS will synthesize, analyze, and use the data to generate quantitative reports. These reports will provide DCF with the necessary review data to identify system components consistently impacting safety, and develop a targeted, measurable improvement plan for those components.

Objectives/Strategies/Interventions for Goal 1

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

²⁷ [DCF-monitoring-concept-paper-7.7.2021.pdf \(nj.gov\)](#)

²⁸ https://www.nj.gov/dcf/documents/oom/OOM-Provider_Quality_Standards.pdf

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

Rationale for Objective 1. DCF invests heavily in broad family strengthening strategies, such as statewide networks of community-based Family Success Centers (FSCs), Kinship Navigator programs, and evidence-based home visiting programs. While these programs offer valuable contributions to communities, they are not always intricately linked to what is known about child maltreatment and fatalities at the local level. To effectively prevent all maltreatment related fatalities, DCF needs to learn more about what is happening with families in the community, outside of involvement with the formal child protection system.

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

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

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

Benchmarks for Achieving Goal 1, Objective 1

Year 1: Geospatial risk modeling will be launched in two New Jersey counties.

Year 2: Community planning process will be launched in the Year 1 counties, and two additional counties will be modeled.

Year 3: Community intervention process will be launched for Year 1 counties. Planning process launched for Year 2 counties; two additional counties will be modeled

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

Year 5: Community intervention process will continue for Year 1 & 2 counties and be launched for Year 3 counties; community planning process will launch for Year 4 counties; two additional counties will be modeled.

Year 5 Update for Goal 1, Objective 1. DCF continued to work on the Predict Align Prevent (PAP) project to utilize geospatial risk analysis, strategic alignment of community initiatives and implementation of accountable prevention programs to create the components of an effective primary prevention bundle focused on New Jersey communities. DCF partnered with the Camden Coalition to complete the PAP analyses for Camden and Cumberland counties. Camden Coalition completed the geospatial risk analysis and layering of service data to identify gaps in services in the areas of highest risk. They also conducted cluster analyses to determine which risk factors, e.g., domestic violence, high emergency department utilization, cluster most closely with child maltreatment. Analyses have been shared with both internal and external stakeholders in Camden and Cumberland counties as part of a CoQI process that includes vetting and interpreting data and engaging in an improvement process focused on 1) identifying and addressing areas with over-reporting to the child abuse and neglect hotline, 2) providing comprehensive services to the areas at highest risk for child maltreatment, and 3) assessing alignment between risk and resource allocation. Additionally, DCF has identified three additional communities—Salem City, Newark, and Trenton—to engage in the PAP process and is in the process of procuring the needed data to initiate the analyses.

Goal1, Objective 2: Use human factors analysis to ensure effective and timely system learning and corrections when fatalities and near fatalities occur.

Rationale for Goal 1, Objective 2. Human factors refer to "environmental, organizational and job factors, and human and individual characteristics which influence behavior at work in a way which can affect health and safety." ²⁹ Human factors analysis has been in use in the military, aviation, and heavy industry for many decades, and has contributed to significant reduction in critical incidents across these industries. In the last several decades, the health care industry has similarly made use of human factors analysis to improve patient outcomes, especially in hospital settings. The resulting "safety cultures" present in these sectors protect staff and patients/customers alike from dangerous errors.

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

Benchmarks for Achieving Goal 1, Objective 2.

- Year 1: Design and implement revised critical incident debriefing process: develop and finalize business process, create one internal multi-disciplinary team, three Regional Mapping Teams and a Data Team; Launch reviews following new process. Begin monthly report of findings to DCF Executive Management
- Year 2: Continue implementation of critical incident debriefing process
- Year 3: Assess impact of new process
- Year 4: Assess fidelity and develop feedback loops
- Year 5: TBD based on Year 4 assessment

²⁹ <https://www.hse.gov.uk/>

Year 5 Update for Goal 1, Objective 2. During Year 5, the Department-wide multidisciplinary team (MDT) that was trained by Collaborative Safety, LLC reviewed child protection cases for inclusion in a systemic review process. Human factors conversations were conducted with staff to provide context regarding the aspects that influence child protection casework and decision-making. As of January 2024, 94 cases have been presented to the MDT, which recommended a systemic review of 66 of those cases. The cases that continued through the review process resulted in voluntary debriefings with 76 frontline and supervisory staff. Since implementation of the review process, staff human factor debriefing conversation participation rate has fluctuated between 50% to 58%. The three regional mapping teams completed 40 mappings and continue to meet monthly to further analyze events from a systems perspective.

With support and technical assistance from NPCCS, the Department continues to build capacity around the human factor debriefing and the overall process. Results from the review processes and ongoing implementation continue to be shared with staff who participate in debriefings, CP&P leadership, and the Department's executive management. DCF continues to work with NPCCS to assess its fidelity to the model, including bi-weekly technical assistance meetings, assistance with identifying areas of unmet family needs in which to focus reviews and observation/feedback of mapping sessions.

In 2023, DCF held two orientations to introduce safety science concepts and engage staff in learning about the importance of safety culture/psychological safety within an organization. One orientation was open to all DCF staff, while the other targeted CP&P supervisors. The orientations help to further embed the safety science approach into the understanding of how staff make decisions in an organizational setting, as well as how managers and supervisors shape an employee's performance to achieve successful outcomes.

In addition, CSOC is preparing for the launch of the systemic review process with its out-of-home programs to study unusual incidents and learn about underlying factors that contribute to youths' care and experiences. DCF identified and engaged a cohort of out-of-home treatment providers for a demonstration cohort. Training took place during May and June 2024.

Goal 1, Objective 3: Develop a Continuum of Evidence-Based and Evidence-Informed Home Visiting Programs

Rationale for Goal 1, Objective 3. As detailed in CECANF's "Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities," evidence-based home visiting programs demonstrated reductions in child maltreatment. DCF has had a long-standing commitment to investing in home visiting services throughout the State. Currently DCF, in collaboration with DOH, manages a statewide network of 64 local implementing agencies, that provide three evidence-based home visiting models—Nurse Family Partnership, Parents as Teachers and Healthy Families America—in all 21 counties, as well as a fourth evidence-based model pilot. In 2023, approximately 4,634 families received evidence-based home visiting services, including more than 463 pregnant women and 2,542 children birth to five years old.

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

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

Benchmarks for Achieving Goal 1, Objective 3

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

Year 2: Launch Phase I implementation.

Year 3: Phase I continues; launch Phase II implementation; design evaluation strategy.

Year 4: Continue implementation; begin evaluation.

Year 5: Continue implementation and evaluation.

Year 5 Update for Goal 1, Objective 3. In collaboration with the Burke Foundation, Trenton Health Team and Family Connects International (FCI), DCF implemented a FCI universal home-visitation evidence-based model pilot in Mercer County, which addresses the postpartum needs of families in the community. By the end of December 2023, 1,732 eligible births had occurred at Capital Health Medical Center, and 1087 completed visits by FCI nurses. Nurses made 1,054 referrals to community resources to support the families after the nursing visit.

In 2021, Governor Murphy signed P.L. 2021 C.187, creating a universally accessible nurse home visiting program for newborns. During Year 4, DCF selected Family Connects as the evidence-based model for statewide implementation, funded Community Alignment Specialists at each of the state's Connecting NJ hubs, entered into a contract with FCI for statewide implementation, and created a phased implementation plan. With support provided by the Burke Foundation, a research firm was hired to analyze the labor market for nursing staff, and a consulting firm was engaged to develop a communication plan for the FCI-NJ program. Additionally, in 2022, DCF entered a contract with Johns Hopkins University (JHU) to provide the evaluation support of the FCI-NJ program. In May 2023, DCF issued an RFP for the first cohort of FCI-NJ nursing service provider agencies. In July 2023, contracts were awarded and in January 2024, nurse providers began visiting with families. DCF continues to seek the advice of a statewide Advisory Committee as it implements this critical prevention initiative and publishes newsletters and other updates to its public website.³⁰ For information on future plans related to FCI-NJ, see DCF's 2025-2029 CFSP.

Goal 1, Objective 4: Continue to build statewide network of high quality, evidence-based prevention programming.

Rationale for Goal 1, Objective 4. Through the use of EBPs, DCF will enhance responsiveness to cultural issues and contexts related to the risk factors for child maltreatment and maltreatment related fatalities. EBPs combine well-researched interventions with clinical experience, ethics, client preferences, and cultural influences to guide and inform the delivery of treatments and

³⁰<https://www.nj.gov/dcf/providers/fcp/uhvp/#:~:text=The%20goal%20of%20this%20short,families%20with%20appropriate%20community%20services.>

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

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

Benchmarks for Achieving Goal 1, Objective 4. *For Year 5 updates, see Section 5, Update on Service Descriptions: Child and Family Services Continuum.*

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

Goal 1 Staffing Implementation Supports. Staffing implementation supports in Year 5 included:

- **Home Visiting.** To support implementation of the statewide UHV program, additional positions were created, including a Nurse Program Director, Community Alignment Manager, Data Specialist, two program specialists, and a Medical Advisor. These positions will serve as the backbone structure for statewide implementation of the program.
- **Collaborative Safety, LLC.** DCF maintains a unit of three safety analysts, one supervisor, and one manager to perform human factors debriefings. In addition to the unit tasked to complete the critical incident review process, DCF has made continued efforts to ensure staff from all levels of the agency participate on mapping teams to provide additional insight into issues faced and components of the system being reviewed.
- **Additional staffing implementation supports.** DCF's Office of Applied Research and Evaluation (ARE) provides ongoing management and analytical staff to support the monitoring and evaluation of interventions to determine the extent to which activities are implemented as planned and goals and objectives are achieved.

Goal 1 Training, Coaching, and Technical Assistance Implementation Supports. In Year 5, DCF received technical assistance to support achievement of Goal 1's objectives as follows:

- **Home Visiting.** Family Connects International continues to provide training, supports and technical assistance related to DCF's statewide UHV program. DCF also contracts with consulting firm, KPMG, for project management related to UHV.

- **Predict Align Prevent.** DCF's data team held regular phone conferences with Camden Coalition regarding the progress of the geospatial risk analysis, project workflow and dissemination of findings. Camden Coalition will provide the remote training and technical assistance to DCF staff ongoingly.
- **Collaborative Safety.** In 2023, DCF held two orientations to introduce safety science concepts and engage staff in learning about the importance of safety culture/psychological safety within an organization. One orientation was open to all DCF staff, while the other targeted CP&P supervisors. The orientations helped to further embed the safety science approach into the understanding of how staff make decisions in an organizational setting, as well as how managers and supervisors shape an employee's performance to achieve successful outcomes. The NPCCS continued to provide implementation support, capacity building trainings, and technical assistance to DCF, including training a safety analyst who joined the unit in late 2023.

Goal 1 Technical Assistance Provided (to counties and other local or regional entities that operate state programs). Throughout Year 5, DCF staff and program leads provided the following examples of technical assistance to counties and other local or regional entities that operate state programs to support quality implementation of initiatives/programming.

- **Geospatial risk modeling.** As described above, DCF continues to collaborate with local community partners to design, coordinate and evaluate necessary interventions to reduce child maltreatment and over-reporting in communities. Teams consisting of internal and external stakeholders were assembled and are active in Camden and Cumberland counties.
- **Home Visiting.** DCF provides technical assistance, as needed, to the first cohort of FCI-NJ providers.

Goal 1 Technology Implementation Supports. In Year 5, technology implementation supports included:

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

Goal 1 Research and Evaluation Activities. In Year 5, DCF undertook the following research and evaluation activities related to Goal 1:

- **Translational Research.** DCF continues to partner with Camden Coalition on the PAP project to conduct a predictive analytics project that investigates the geographic relationships of child maltreatment and pathophysiology associated with chronic exposure to adverse events. This project focuses on predicting where child maltreatment is likely to occur in the future. For additional information on this work, see *Goal 1, Objective 1* above.
- **Program Evaluation:** DCF is engaged in a variety of program evaluations to help

understand the quality and impact of purchased services, including those aimed at prevention. A summary of DCF's evaluation related to home visitation follows.

- **Home visiting evaluation.** DCF continues to partner with JHU, state agencies and community partners to conduct an ongoing, rigorous evaluation of New Jersey's home visiting models. The evaluation is aligned with project goals, objectives, and activities to promote success and to inform decision-making and the New Jersey Maternal Infant Early Childhood Home Visiting (MIECHV) CQI plan. The evaluation's conceptual framework is grounded in implementation science and theories of behavior. This allows outcomes to be traced back to actual services, which can be traced back to individual and organizational level factors. This model bridges the gap from theory-driven science to policy and practice, thereby promoting the translation of research to action. This year's evaluation focuses on workforce development and recruitment and retention of competent staff: looking specifically at the relationship of the HV model and implementing agency how are they related to staff well-being; what is the relationship between staff retention and family retention.

Summary of Performance between 2020-2024 for Goal 1: DCF successfully executed the four objectives of Goal 1. Highlights include completion of the PAP program in two counties, implementation of Collaborative Safety within CP&P, planning and roll-out of the statewide UHV program, and continued use of programmatic plans for improvements to the Department's service array. Because each of the initiatives included in Goal 1 are multi-year efforts, DCF also includes them as objectives in the 2025-2029 CFSP. For future efforts for this work, see DCF's 2025-2029 CFSP. Between Year 1 and Year 5, DCF reduced variability in maltreatment rates among counties from 3.4 to 1.7. DCF works to establish baselines related to the new service excellence standards and collaborative safety initiative.

B. Goal 2: Timely and effective family stabilization and preservation.

Rationale for Goal 2. DCF's core goals are established to ensure that every child and family is safe, healthy, and connected. Departmental priorities to achieve this vision include protection of children from maltreatment, prevention of Adverse Childhood Experiences (ACEs), promotion of protective factors, and preservation of families.

New Jersey experienced barriers, similar to the emerging national trends in CFSR ³¹, for which none of the seven outcomes met the 90% or 95% threshold required to be considered in "substantial conformity". There are several key areas for improving child welfare programs and practice in New Jersey, including performance related to in-home casework, implementation of ongoing safety and risk assessments that can assist in decision making to help stabilize and preserve families, efforts to achieve timely permanency when children are separated from families, engagement of parents in case planning (fathers in particular) to achieve identified family goals, and assessment of parents' underlying needs to better align with the identification of the appropriate service to meet the individual needs of families. In March 2022, CB verified New Jersey's successful completion of all required PIP goals, including the measurement goals. New Jersey remains committed to the implementation and monitoring of the following goals and strategies initiated during the PIP period.

³¹ Children's Bureau. (2017). Child and Family Services Reviews: Round 3 Findings: 2015-2016. Accessed from <https://www.acf.hhs.gov/cb/resource/cfsr-round3-findings-2015-2016>

Measurement for Progress for Goal 2. New Jersey completed the CFSR baseline review in August and September 2019. Figure 34 highlights the results and established CFSR PIP baselines, as well as adjusted targeted improvement PIP goal measurements. As noted, New Jersey successfully achieved the benchmarks for CFSR item 1 and item 2. DCF underwent its 2021 twelve-month CFSR review, which measured practice from June 2020 to the date of the review. DCF achieved the federal benchmarks in all 10 domains. As DCF achieved the federal benchmarks in 2021, there is no Year 5 update for measurement of Goal 2.

Figure 34. CFSR Round 3 PIP Measurement Plan Goals.

New Jersey Program Improvement Plan Measurement Plan Goals Case Review Items Requiring Measurement in the PIP <i>Prospective Method Used to Establish PIP Baselines and Goals Using Case Reviews Conducted August - September 2019</i>								
CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence Level	Number of applicable cases	Number of cases rated a Strength	PIP Baseline	Baseline Sampling Error	PIP Goal	Adjusted PIP Goal 4 Months
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	1.28	31	30	96.8%	<i>PIP measurement requirement met as baseline performance is at or above 95%</i>		
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care	1.28	16	16	100.0%	<i>PIP measurement requirement met as baseline performance is at or above 95%</i>		
Item 3	Risk and Safety Assessment and Management	1.28	65	58	89.2%	0.049215619	94.2%	93.3%
Item 4	Stability of Foster Care Placement	1.28	40	27	67.5%	0.094792405	77.0%	75.4%
Item 5	Permanency Goal for Child	1.28	40	29	72.5%	0.090368136	81.5%	80.0%
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28	40	23	57.5%	0.100047988	67.5%	65.8%
Item 12	Needs and Services of Child, Parents, and Foster Parents	1.28	65	27	41.5%	0.078237257	49.4%	48.1%
Item 13	Child and Family Involvement in Case Planning	1.28	58	27	46.6%	0.083836031	54.9%	53.5%
Item 14	Caseworker Visits with Child	1.28	65	50	76.9%	0.066891443	83.6%	82.5%
Item 15	Caseworker Visits with Parents	1.28	49	14	28.6%	0.082606437	36.8%	35.5%

Objectives/Strategies/Interventions for Goal 2

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

Goal 2, Objective 1: Use structured decision making to assess safety and risk throughout the life of the case.

Rationale for Goal 2, Objective 1. The CFSR 3 identified challenges related to ongoing risk and safety assessment. DCF analysis conducted during PIP development found several barriers to completion of ongoing SDM tools, including misalignment between language in the tools and best practice. A survey of staff revealed that 60% found tools difficult to complete, 20% consistently used them as a supervisory conferencing aid in case planning and decision making, and 70% used SDM findings to help inform assessment consultations. This objective will target the following CFSR related outcomes and systemic factors: Safety Outcome 2- items 2 and 3, Wellbeing Outcome 1- items 12b, 13 and 14, Permanency Outcome 1- items 5 and 6, work with in-home cases, re-entry rates, and the case Review System- Item 20.

Benchmarks for Achieving Goal 2, Objective 1

Year 1: Q1-Q4 CFSR PIP Key Activities

Year 2: Q5-Q8 CFSR PIP Key Activities

Year 3: Continue Q5-Q8 CFSR PIP Key Activities

Year 4: Validation Study of SDM tools

Year 5: Implement improvement strategies based on the findings of the validation study

Year 5 Update for Goal 2, Objective 1. New Jersey implemented the use of new SDM tools in 2020. Beginning in Fall 2020, CP&P undertook a concerted SDM CQI effort to ensure that (1) Safety Protection Plans were established appropriately; (2) revised SDM model was being used to fidelity; and (3) workers had sufficient contact with children who are in families who are rated as high or very high risk. Also, in Fall 2020, DCF's OOQ undertook reviews of Safety Protection Plans, risk assessments, contacts, and supervision for in-home cases. DCF has since developed its new CoQI process. DCF incorporated review and planning related to safety and risk throughout the life of the case into the CoQI process. In Year 3, New Jersey began to examine the risk assessment with a race equity lens. Throughout Year 4, DCF continued its partnership with Evident Change to validate the risk assessment tools in the SDM suite to support the use of SDM to assess safety and risk throughout the life of the case. In Year 5, DCF continues to design, implement and update tools, resources and policies related to: SDM, supervisory, monitoring and observation, fatherhood engagement, concurrent planning, CQI and training. New Jersey is currently in the final phases of selecting a final equitable risk assessment model.

Goal 2, Objective 2: Implement behavior-based case planning practice

Rationale for Goal 2, Objective 2. The CFSR 3 and the CQI process identified challenges related to the frequency and quality of caseworker visits with parents. These findings display the need for supervision to consistently model and support best practice, and supervisors' need to address engagement and assessment in supervisory conferences. This objective will target the following CFSR related outcomes and systemic factors: Safety Outcome 2- items 2 and 3, Wellbeing Outcome 1- items 12b, 13 and 14, Permanency Outcome 1- items 5 and 6, work with in-home cases, re-entry rates, and the case Review System- Item 20.

Benchmarks for Achieving Goal 2, Objective 2

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

Year 5 Update for Goal 2, Objective 2. Throughout Year 5, all local offices participated in Rapid Cycle Meetings as part of DCF's new CoQI process. For additional details on the CoQI process, see Section 2, *Update to the Assessment of Current Performance in Improving Outcomes*, and Section 4, *Quality Assurance System*. DCF observed a statewide trend of local offices identifying "Supervision" as a priority area of focus. Some local offices identified target performance goals related to the quality of supervision and, more specifically, incorporation of SBC components and language into direct supervision. As CP&P further progresses in the implementation of the SBC model, the CoQI Annual Record Review Tool will be updated to incorporate questions focused on SBC practice standards. The CoQI record review tool, with inclusion of SBC practice standards, is scheduled to launch in 2026, cycle 3 of the CoQI process.

The integration of SBC, an evidence-based, family-centered case practice model, within CP&P, continued. During Year 5, DCF continued to implement the staff certification process, a critical component of DCF's efforts to ensure staff proficiency and model fidelity. The certification process requires supervisory staff to observe and assess SBC staff using the tenets of the framework and SBC engagement skills to work with families, identify where additional training and support is needed, and certify those staff who are proficient in SBC. The process includes reviewing documentation, including the family discussion guide, case plan, and action plans.

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

SBC is a focus at the area office level, allowing for continuity within each area in implementation strategies, communication, and follow up. During Year 5, DCF continued to drill down into the specific needs of each local office to ensure successful implementation. The implementation goals set by the local offices increased the utilization of the SBC model showing progress of our integration of SBC into everyday practice. These efforts yielded local office level action plans, which were reviewed and updated monthly by local office leadership, enabling the ability to track progress towards task achievement, make modifications as needed, and celebrate local office achievements. Currently tasks and identified needs for improvement are now part of the CoQI process in the Rapid Cycle Meetings as well as inclusion in the Annual Improvement Plans.

Another important element of assuring model fidelity involves statewide staff engagement and communication. During Year 5, DCF continued to use a webpage with SBC resources, which was linked to the DCF Intranet homepage, providing staff a central location to obtain updated guidance, documents, FAQs, tip sheets, and all other SBC-related resources. To support CP&P staff in their use of the model, DCF created a “@askSBC” email address and launched a series of “@askSBC office hours” meetings. In year 5, virtual statewide meetings were replaced by in person coaching to local offices. By providing this ongoing support to staff, CP&P is ensuring that staff have the necessary skills and knowledge to achieve and maintain fidelity to the SBC model. Information regarding DCF’s use of supervisory observation tools in relation to SBC can be found in Attachment A, Supplemental Information Related to DCF’s CFSR PIP.

Goal 2, Objective 3: Promote a culture and practice that prioritize father engagement and assessment

Rationale for Goal 2, Objective 3. Analysis of CFSR 3 and CQI system results revealed challenges as it relates to working with mothers versus fathers. These challenges include staff personal bias and fear, which impacted engagement of fathers, limited efforts and understanding of diligent search for fathers, historical beliefs that engagement with fathers was not a priority, and lack of strategies to engage fathers living outside of New Jersey or the country. Historically, there was no means to track visits with mothers and fathers separately in New Jersey’s CCWIS and case management systems. DCF, however, modified NJ SPIRIT and developed SafeMeasures reporting tools to allow for tracking of visits with mothers and fathers separately. This objective will target the following CFSR related outcomes and systemic factors: Safety Outcome 2- item 3, Wellbeing Outcome 1- items 12b, 13 and 15, Permanency Outcome 1- item 5, work with in-home cases, re-entry rates, and the case Review System- Item 20.

Benchmarks for Achieving Goal 2, Objective 3

Year 1: Q1-Q4 CFSR PIP Key Activities.

Year 2: Q5-Q8 CFSR PIP Key Activities.

Year 3: Statewide increase in worker contacts with fathers. Fathers serving on Parent Council.

Year 4: OFV and Parent Councils develop plan to achieve shared leadership. County qualitative reviews show increase in engagement specific performance measures.

Year 5: Execute Year 4 plan.

Year 5 Update for Goal 2, Objective 3. DCF supported the case practice model with clear expectations regarding level of effort required to proactively engage fathers. All CP&P field staff were required to take a training, “Fathers are Important: A Caseworker’s Guide to Working with Fathers,” which continues to be offered through OTPD. DCF created capabilities to track visitation with fathers and mothers separately and includes ratings for both mothers and fathers in its CoQI record review process. For additional information on

the new CoQI process, see Section 2, *Update to the Assessment of Current Performance in Improving Outcomes*, and Section 4, *Quality Assurance System*. Additionally, as described in Section 1, *General Information on DCF's Collaboration Efforts*, DCF has created avenues for shared leadership with fathers, including the D.A.D.S. Council DCF's OFV facilitates the DCF D.A.D.S. Council and the new parent council.

Goal 2, Objective 4: Strengthen concurrent planning practice and accountability.

Rationale for Goal 2, Objective 4. Timely permanency was identified as the greatest challenge for New Jersey. This objective will target the following CFSR related outcomes and systemic factors: Safety Outcome 2- item 3, Wellbeing Outcome 1- items 12b, 13 and 14, Permanency Outcome 1- items 5 and 6, Permanency Outcome 2- item 10, and the case Review System- Item 20.

Benchmarks for Achieving Goal 2, Objective 4

Year 1: Q1-Q4 CFSR PIP Key Activities.

Year 2: Q5-Q8 CFSR PIP Key Activities.

Year 3: Analysis of Year 2 CFSR progress review; determine whether additional strategies or amendments to strategies are needed.

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

Year 5: Continue to implement additional or adjusted strategies identified in Year 3.

Year 5 Update for Goal 2, Objective 4. In Spring 2022, DCF began utilizing the Field Observation and the Case Conference Observation Tools to continue to assess work around concurrent planning with families. Each supervisor was expected to complete the Field Observation Tool with each staff member every month. The Case Conference Observation Tool was to be completed by the casework supervisor after observing worker/supervisor conferences for each of assigned supervisors every month. For additional information on the observation tools, see Attachment A, *Supplemental Information on DCF's CFSR PIP Activities*. This tool data was collected and analyzed. Local offices with deficits in concurrent planning are required to include this area in either a Rapid Improvement Plan or the Annual Improvement Plan for the local office as part of the CoQI process.

In July 2022, DCF began the annual record review process that is aimed at evaluating the concurrent planning process at the onset, as well as assessing if appropriate assessments are being made and incorporated into the case practice. This measure is being evaluated for each case and is child specific to ensure this process is inclusive of all applicable children. The annual record review process for all local offices was finalized in September 2023. In 69% of the out-of-home families, the result revealed that CP&P staff document on the Case Plan, the concurrent planning activities regarding the family's goals, visitations, service provision, progress or lack of progress towards family reunification.

Goal 2, Objective 5: Increase the use of kinship care.

Rationale for Goal 2, Objective 5. Analysis of statewide data shows that children in kinship care have reduced rates of re-entry and increased likelihood of permanency after the first 12 months. These data are consistent with national studies.³² Barriers to the utilization of kinship care or KLG lie within DCF's policy and practice. This objective will target the following CFSR related

³² Koh, Eun and Mark F. Testa, Children discharged from kin and non-kin foster homes: do the risks of foster care re-entry differ? Children and Youth Services Review, Volume 33, Issue 9, September 2011, pg 1497-1505, available at <https://www.sciencedirect.com/science/article/abs/pii/S0190740911000934>.

outcomes and systemic factors: Permanency Outcome 1- items 5 and 6, Permanency Outcome 2- item 10, and the case Review System- Item 20.

Benchmarks for Achieving Goal 2, Objective 5

Year 1: Q1-Q4 CFSR PIP Key Activities.

Year 2: Q5-Q8 CFSR PIP Key Activities.

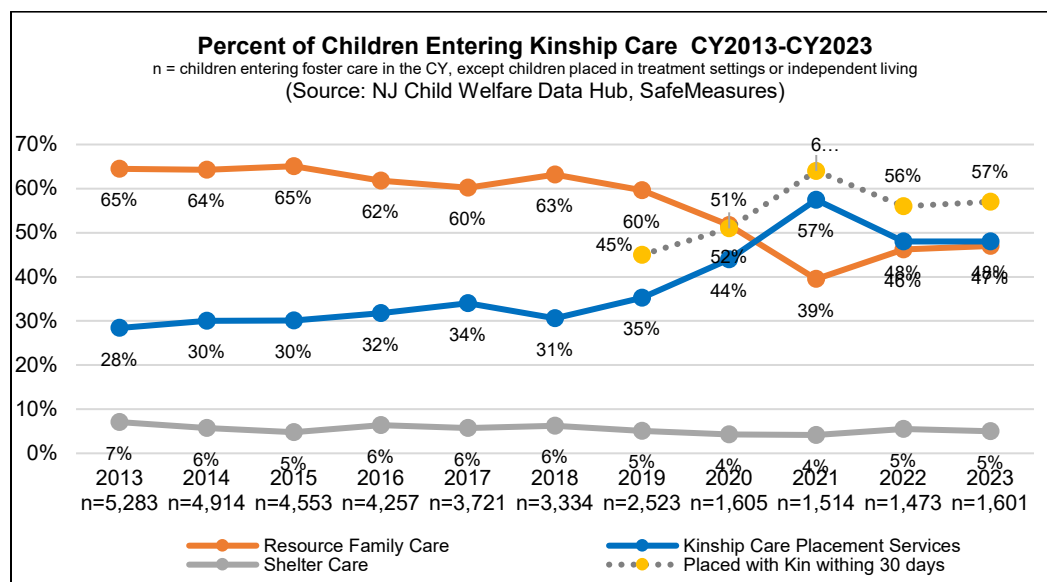
Year 3: Conduct assessment of kinship performance and impact on length of stay and develop additional strategies depending on findings.

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

Year 5: Carry out additional strategies identified in Year 3.

Year 5 update for Goal 2, Objective 5. In March 2023, DCF reissued a kinship survey to all CP&P staff. The study was a second version of a 2020 research project and provided comparative data since the passage of the kin law in 2021. The results suggested that staff's attitudes towards kinship placement differ based on gender, race, position and time with the agency, and exposure to kinship families. Similar to the first round, CP&P leadership used the findings to create actionable initiatives with the goal of increasing kinship placements. CP&P's Office of Resource Families disseminated results of the 2023 survey to local office staff in Summer 2023. Leadership presented data, brainstormed strategies, and facilitated a discussion on how best to continue the momentum around kinship. General data trends, successful strategies shared by some of their peers, and current practices around our Objectives and Key Results and Kinship Exception Request Form were addressed. Figure 35 shows that, after many years of progress, there was a decrease in the percentage of kinship placements in 2022. DCF examined monthly data and recognized the largest decline occurred during Summer 2022. DCF identified local offices with under 50% kinship placement rates leading up to that time. Central Office leadership visited those offices to both raise awareness and troubleshoot anticipated barriers.

Figure 35. Percent of Children Entering Kinship Care CY2013-CY2023



Goal 2, Objective 6: Strengthen NJ DCF's partnership with child welfare stakeholders and the Judiciary

Rationale for Goal 2, Objective 6. Permanency findings suggest that delays are heavily concentrated in guardianship proceedings and that the interface between DCF and Judiciary data systems are limited. There is also historically a lack of collaborative forums for sharing data to address and understand barriers to achieving permanency. This objective will target the following CFSR related outcomes and systemic factors: Safety Outcome 2- item 3, Wellbeing Outcome 1- items 12b and 13, Permanency Outcome 1- items 5 and 6, Permanency Outcome 2- item 10, and the case review system- Item 20.

Benchmarks for Achieving Goal 2, Objective 6

Year 1: Q1-Q4 CFSR PIP Key Activities.

Year 2: Q5-Q8 CFSR PIP Key Activities.

Year 3: Regular review of data occurs jointly between court personnel and local county CP&P staff during local CICAC meetings and statewide at CICIC. Additional joint strategies are developed to meet needs identified in analysis.

Year 4: Implementation of joint strategies identified in Year 3.

Year 5: Implementation of joint strategies identified in Year 3.

Year 5 Update for Goal 2, Objective 6. During Year 5, DCF continued to partner with the courts and CIC stakeholders through the general CIC Committee, as well as several subcommittees and local CICACs, where data regarding permanency and other indicators of child stability and wellbeing is regularly reviewed and discussed. At these meetings, DCF continues to report on its efforts to safely keep children out of placement, its ongoing focus on placement with kin, the goal of a reduction in time to permanency, and the development of strategies for tackling the disproportionality and disparity in the race of children and families at key decision points. During the next year, court partners will define processes and objectives related to the goal of decreasing the time to permanency for children in placement 3+ years so that the CICAC members understand the identification of cases, share in the processing of case reviews, and develop appropriate solutions. The reduction of black children in the 3+ year cohort by 10% is a key statewide objective of the Statewide Race Equity Leadership Committee. For additional updates on DCF's partnership with the Judiciary, see Attachment A, *Supplemental Information Related to DCF's CFSR PIP*.

Goal 2, Objective 7: Strengthen the partnership between resource parents and families.

Rationale for Goal 2, Objective 7. DCF's vision includes an emphasis on connection, and the strategic plan is rooted in values such as collaboration. For children placed out-of-home, the opportunity to stay connected to their parent(s) while in care is critical, unless contra-indicated clinically or if contact would be unsafe. At the same time, many of the families of origin are extremely socially isolated and could benefit from additional connection, particularly connection with parents who are positioned to serve as informal mentors. Initiatives such as the Annie E Casey Foundation's Family to Family, the Youth Law Center's Quality Parenting Initiative, and National Alliance of Children's Trust and Prevention Fund's Birth and Foster Parent Partnership (BFPP), all demonstrate the power of collaboration between foster parents and families of origin when children are in out-of-home care.

DCF intends to build opportunities for resource parent/birth parent partnership in collaboration with constituents themselves. While foster parent associations exist throughout New Jersey, the opportunities for birth parents to organize and advocate have been limited. An early priority for

this objective is to support organization of birth parents into advisory councils, providing a clear channel for communication with the Department, followed by collaboration with birth parent and foster parent organizations to design and implement birth parent/foster parent partnership policies, programming, and other interventions.

Benchmarks for Achieving Goal 2, Objective 7

Year 1: Recruit, screen and train birth and resource parents and establish a parent advisory council.

Year 2: Recruit, screen and continue to train birth and resource parents and establish a parent advisory council.

Year 3: Parent council will explore other states' practice regarding enhancement of resource parent/birth parent collaboration.

Year 4: Implement parent council recommendations.

Year 5: Implement parent council recommendations.

Year 5 Update for Goal 2, Objective 7. DCF continues to facilitate the DCF D.A.D.S. Council. D.A.D.S. works to enhance DCF policy and practice and empower fathers to make decisions on critical issues. D.A.D.S. is comprised of fathers with lived experience with the child welfare system. The Council is presenting its updated priorities to DCF leadership in Spring of 2024. Their priorities and recommendations focus on improved engagement of fathers and the availability of services and supports available to fathers. The D.A.D.S. Council will work in partnership with DCF staff to determine what strategies and initiatives to co-design and implement to advance systemic change through the Council's priority areas. The fathers, as well as the DCF Youth Council, serve as a model for the Parent Councils. DCF recognizes the voices of birth parents, relative caregivers and foster parents with lived experience provide ideas that inform system priorities and context reflecting community needs. DCF has increased staffing to expand opportunities for parents to share their perspectives, provide context reflecting community needs, and develop recommendations to improve and transform DCF policy, practice, and services. In FY2024, parents are being recruited and onboarded to a statewide Parent Council and engaged as lived experience experts on improvement projects across LEEP.

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

Goal 2, Objective 8: Continue to build statewide network of high quality, evidence-based programming to support family preservation and permanency.

Rationale for Goal 2, Objective 8. As part of the work to strengthen its service array, DCF will use data from county needs assessments, surveys, stakeholder feedback, ongoing CFSR reviews, and knowledge from other strategies identified in the CFSP, to identify strengths and gaps in the current service network. The input will assist in the creation of ongoing plans to enhance the service network accordingly. Having high quality, evidence-based programming to support families can reduce the need for family separation, increase timely permanency and reduce re-

entry into care. For additional information on DCF's service array, see Section 5, *Update on Service Descriptions: Child and Family Services Continuum, Plan to Achieve Service Excellence*.

Benchmarks for Achieving Goal 2, Objective 8. For information updates regarding benchmarks for Objective 8, see Section 5, *Update on Service Descriptions: Child and Family Services Continuum*.

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

Goal 2 Staffing Implementation Supports. DCF continued to have the necessary level of staffing to achieve this goal. No additional staffing has been added. Additional staffing needs will be evaluated as needed.

Goal 2 Training, Coaching and Technical Assistance Implementation Supports.

- **Training for SBC.** DCF engaged Social Solutions, LLC, to provide training in SBC. During Year 2, DCF worked with the model developer to determine an updated training and coaching strategy, including planning for remote facilitation and conversion of training to a virtual modality. During Year 3, DCF moved forward with the updated training and coaching strategies. In Year 4, DCF continued to progress with SBC training and coaching strategies to support the implementation of the model to fidelity. DCF created a number of different webinars for staff, including a multi-part webinar series entitled, "Bringing SBC to all of our Families." This series covered topics including the completion of new SBC related forms, the development of case plans and teaming with families. Webinars are mandatory for CP&P caseload carrying staff. DCF also developed a video for the provider community regarding how the implementation of SBC impacts providers with an explanation of the changes in CP&P case practice. During Year 5, DCF focused on staff coaching and documentation improvement.
- **Training for the Structured Decision-Making Tools.** DCF continues to engage with Evident Change to provide training and technical assistance related to SDM tools. DCF is currently partnering with Evident Change to create and enhance policy regarding the use and integration of SDM tools into assessment completed with families. This process included workgroups of DCF staff of varying levels and functions, factoring in face validity with the tools as they are edited and updated. The group's goal was to make the tools more equitable and decrease disparity. This groupwork has been completed which led to the design of a new model with a set of enhanced questions that increase the equity of the tools being used. Once the new model is approved it will be implemented. Once the new tools and policies are developed, staff will be trained on changes to the tools and how best to use the tools to support planning with families. The use of the tools in determining the frequency of contacts with families is also being assessed.

Goal 2 Technology Implementation Supports. DCF undertook modification of NJ SPIRIT and SafeMeasures case management systems to support this goal. DCF and the AOC continue to work on improvements to the interface between DCF and Judiciary data systems. For updates on the interface work with the AOC, see Attachment A, *Supplemental Information Related to DCF's CFSR PIP*.

Goal 2 Administrative Practices/Policies/Teaming. During Years 1-4, DCF updated policies relevant to Goal 2, including policies related to concurrent planning and kinship legal

guardianship, among other policies. CP&P continues to partner with policy to incorporate solution-based casework. These policies have been identified and prioritized for edits and work has actively commenced. Additionally, in Year 5, policy was updated to include the Sibling Bill of Rights. Work will continue to enhance companion policies.

Goal 2 Partnerships and Collaborations. DCF continues to use internal collaborative partners to review and revise policy around legal practices and policy and has launched multiple external partnerships to identify challenges and solutions to improve father engagement. DCF's Youth Council and FEC continue to foster collaboration internally and externally. For information on Youth Council and the FEC, see Section 1, *General Information on DCF's Collaborative Efforts*. The Department continues its partnership with the Judiciary regarding challenges with permanency and concurrent planning, including DCF representation on CICIC and regular meetings of the DCF and AOC data teams.

Goal 2 Technical Assistance Provided (to counties and other local or regional entities that operate state programs).

- DCF facilitates the Youth Council, the FEC, and the D.A.D.S. Council. During Year 5, fathers and young people provided technical assistance to several entities. Highlights include youth participated in virtual and live training with DCF staff from across the state as well as stakeholders dedicated to bringing awareness to the Sibling Bill of Rights. Youth Council members continued this technical assistance at a statewide CIC conference. Youth also participated in a Court-Appointed Special Advocate (CASA) focus group for supporting youth who are aging out. Fathers provided feedback on forms used by the Office of the Public Defender, participated in a focus group dedicated to improving awareness and inclusion for ADA Title II disabilities, provided recommendations to the AOC; presented at a CASA statewide meeting, participated in RFP reviews for DCF's abuse intervention program, presented to the Office of Legal Affairs and at a reunification event coordinated by Legal Services of New Jersey. Members from the Youth and D.A.D.S. Councils participated in several interview panels, including for the selection of members for DCF's new Employee Council. In addition, DCF's OFV also connected directly with child welfare agencies and stakeholders from New York, New Hampshire, and Wisconsin to share ideas about the best ways to authentically engage youth and parents.
- At the annual CIC conference in April, DCF provided training and workshops related to NJ4S, accessing services contracted by the CSOC, and DCF policy related to the implementation of the Sibling Bill of Rights. DCF engaged the courts and legal stakeholders on these important initiatives and operations that directly impact the youth and the work of the children in court stakeholders.

Goal 2 Research and Evaluation Activities.

- **Translational Research and Quality Improvement.** In November 2020, DCF rolled out all upgraded SDM tools to all field staff. In April 2021, Evident Change conducted case readings as part of the implementation plan. Validation of the risk assessment was completed in 2023 to assess whether the revised risk assessment is working as intended. This validation was completed after a workgroup, comprised of staff from DCF and Evident Change made recommendations for changes to forms, along with updates to policy and guidance. With the workgroups input and a validation study by Evident Change, a new model of the risk assessment was identified and is being prepared for final approval.

- **Kinship Survey.** In February 2023, DCF fielded a second survey of CP&P staff regarding attitudes toward kinship care. The purpose of this second survey was to assess changes in CP&P staff attitudes towards kinship placement between 2020 and 2023. The results of the survey will be incorporated with overall strategy development to continue to increase placement with kin.
- **Program evaluation.** DCF is engaged in a variety of program evaluations to help understand the quality and impact of purchased services, including services aimed at family stabilization, preservation, and permanency. Summaries of DCF's evaluation related to FPS, Keeping Families Together (KFT), Supportive Visitation Services (SVS), FSCs and Peer Recovery Support Specialist (PRSS) Services follow.
 - **Family Preservation Services evaluation.** Beginning in 2018, DCF engaged internal staff and FPS providers to identify key evaluation questions, determine measures and data sources needed to answer those questions, and establish data management and analysis structures. Preliminary evaluation analyses aimed at understanding the characteristics of FPS families and their child welfare outcomes were conducted. In 2019, DCF developed and implemented a CQI structure for FPS, including a quarterly dashboard with key data points to assess program implementation. DCF continues to maintain this structure, holding quarterly calls with FPS providers and stakeholders in which data are used to inform discussions around successes and challenges and to promote evidence-based decision-making. In 2022-2023, DCF and provider agencies conducted a quantitative evaluation of FPS, assessing outcomes and implementation of the program. An additional qualitative component of the evaluation was implemented in 2023 among DCF staff. Key findings from the quantitative and qualitative studies are being addressed through an FPS cross-division implementation workgroup to identify actionable steps to strengthen the program.
 - **Keeping Families Together evaluation.** DCF is leveraging a teaming process to understand the implementation and outcomes of KFT. The evaluation assesses whether the program is implemented as intended and its impact on families' housing stability, well-being, and child welfare outcomes. It uses data for quarterly CQI processes with providers. DCF collaborated with stakeholders and community-based providers to finalize the KFT practice profile, develop implementation supports, i.e., training, coaching and supervision, and finalize the program manual. This implementation cycle is intended to solidify the practice and infrastructure needed to ensure the intervention is delivered as intended. Fidelity assessment began in 2023 to measure the extent to which the KFT practice is implemented as intended. In partnership with the Urban Institute, and with support from the Robert Wood Johnson Foundation, DCF enhanced its existing internal evaluation of KFT with further exploration of the program from the perspectives of families, DCF staff, and provider staff. The Urban Institute used rapid learning cycles to improve DCF's targeting process for families eligible for KFT and to assess whether programmatic data can be used to determine when families are ready to transition off supportive services.
 - **Supportive Visitation Services evaluation.** In June 2018, DCF developed an evaluation plan for its SVS programming. The purposes of the evaluation are to gain insight, improve practice and assess effects of the program. Building on

this work, in 2019, DCF implemented a CQI process, which brings providers, DCF staff, and CP&P stakeholders together quarterly to discuss key evaluation data and identify program improvements. DCF and providers developed and prioritized benchmarks for key process and outcome measures related to program delivery, established a satisfaction survey for participants, and developed a fidelity tool to help ensure SVS is implemented as intended. Beginning in 2022, DCF partnered with provider agencies to implement a qualitative and quantitative evaluation of SVS services aimed at further assessing implementation of the model and program outcomes. Findings from the evaluation have been shared widely among DCF staff and program partners. Lessons learned from the evaluation will be used to inform a planned expansion phase of SVS.

- **Family Success Center evaluation.** DCF and community based FSC directors are planning an evaluation of the FSC network, including the development of a fidelity assessment tool, a more comprehensive dashboard in tableau as well as an updated data reporting guide and new additional evaluation questions focused on capturing transformational service delivery. The fidelity tool, organized around the FSCs' newly refined essential functions and program manual, is aimed at assessing whether the FSC practice is being delivered and the program being implemented as intended. DCF The fidelity tool work began in Fall 2023 and continued with the other evaluation components in early 2024.
- **Peer Recovery Support Specialist Services evaluation.** Since 2018, DCF's Office of ARE has led the evaluation of DCF's PRSS services. The evaluation is focused on assessing the implementation and outcomes of the program as well as participants' satisfaction with PRSS services. In addition to conducting annual evaluation analyses, DCF has developed and implemented a CQI structure for PRSS, including a quarterly dashboard with key performance indicators to assess program implementation and structured data discussions with DCF and provider agency staff.
- For a summary of DCF's evaluation efforts related to home visitation programming, see Section 3, *Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes, Goal 1*.

Summary of Performance between 2020-2024 for Goal 2: DCF successfully executed the eight objectives of Goal 2. DCF included its Round 3 PIP strategies and activities as the objectives for Goal 2. DCF also achieved the federal benchmarks in all 10 domains during the CFSR measurement rounds. In December 2021, after an extension related to the COVID-19 pandemic, DCF successfully completed its PIP. Highlights include enhancement of the CPM with SBC, increased placement of children with kin, establishment of the D.A.D.S council and resource parent council, planning for the parent council, and a strengthened relationship with the AOC. DCF and the AOC continue to work together on a two-way interface between the departments.

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

Rationale for Goal 3. Child welfare systems have long been challenged by high worker turnover. In recent years, research into the impact of secondary trauma and organizational climate on frontline staff has demonstrated a link between those factors and worker turnover. Worker turnover negatively impacts important child welfare outcomes such as establishing trust-based relationships, family participation in essential services, and timely permanency.³³ High rates of worker turnover are also associated with increased rates of repeat maltreatment.³⁴ Less studied, but additionally important, is the link between staff wellness and the ability to meaningfully engage clients in relationships that lead to necessary change in the family system.³⁵

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

Measurement of Progress for Goal 3. As noted in earlier APSRs, although DCF originally proposed measures regarding staff leaves and separations in the 2020-2024 CFSP, the COVID-19 pandemic impacted DCF's ability to tangibly measure these particular metrics. DCF, therefore, explored and identified alternate methods of measuring progress. In July 2021, 4,369 DCF staff completed the Safety Culture Survey, an organizational assessment that examines aspects of an agency's culture and operations. The survey was administered by University of Kentucky, which also assisted other jurisdictions in surveying their staff. DCF will utilize the following scales determined in the Safety Culture Survey as its new measures for Goal 3:

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

Percentage scores represent the number of employees that positively endorsed each scale.

³³ The Annie E. Casey Foundation, [The Unsolved Challenge of System Reform: The Condition of the Frontline Human Services Workforce](#), 2003; see also The Social Work Policy Institute, [High Caseloads: How do they Impact Delivery of Health and Human Services?](#), 2010.

³⁴ National Council on Crime and Delinquency, [The Human Services Workforce Initiative: Relationship between Staff Turnover, Child Welfare System Functioning and Recurrent Child Abuse](#), see also Cornerstones for Kids. Children's Bureau Express, [High Turnover Associated with Maltreatment Recurrence](#), 2006.

³⁵ North Carolina Division of Social Services and the Family and Children's Resource Program, Children's Service Practice Notes, [Posttraumatic Stress Disorder](#), 2005.

Figure 36. Measurement of Progress: Goal 3

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

Year 5 Updates for Goal 3, Measures 1-3. DCF readministered the Safety Culture Survey in June 2023. While the score for stress recognition increased (52%), the scores for IRECW (61%) and workplace connectedness (72%) decreased from the baseline scores. This work is emerging, and the efforts outlined below will be ongoing to meet the goal of sustaining or improving these results.

- **IRECW.** DCF will administer a periodic stay or satisfaction survey to hear from employees about why they choose to remain with DCF, allowing DCF to identify issues that can be corrected before an employee decides to separate from the agency.
- **Stress Recognition.** DCF will continue the following efforts:
 - Support Groups: Weekly drop-in sessions that address trending issues, e.g., pandemic fatigue, mindfulness, anxiety, re-entry, recovery, and more.
 - Health and Wellness Calendar: Distribution of monthly wellness calendars that suggest a self-directed wellness activity each day, as well as wellness tools, self-care tips, and inspirational quotes.
 - Mindfulness Toolkit: Available through the DCF internal portal and an external web-based mindfulness webpage, this toolkit includes a list of resources to help staff reduce stress.
 - Webinars: Facilitation of one-hour, monthly webinars on various topics, such as the eight dimensions of wellness, pandemic fatigue, trauma, stress related to re-entry, etc.
- **Workplace Connectedness.** DCF will continue the following efforts:
 - Real Talk Conversations: Facilitation of half-hour, monthly conversations with staff between staff on relevant topics, such as balancing professional life and single parenting, promotional opportunities, performance reviews, facilities, and the use of laughter in difficult times.
 - Annual Staff Appreciation Events: Annual convening of DCF staff as an opportunity to celebrate success.

Additionally, DCF intends to undertake work through DCF's Office of Resilience (OOR), e.g., staff resilience training, TRUST organizational assessment pilot, etc. For additional information on OOR, see Section 6, *Final Update on Service Descriptions: Title IV-B, Subpart 1*. DCF intends to disseminate the Safety Culture Survey every other year as a means to regularly assess the culture of the agency. DCF is hopeful that staff health and wellness efforts will result in an increase in percentage scores for all three measures.

Objectives/Strategies/Interventions for Goal 3

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

Goal 3, Objective 1: Build and implement a DCF-wide staff health and wellness agenda

Rationale for Goal 3, Objective 1. The provision of wellness supports for child welfare staff has been recognized as an effective strategy to reduce frontline worker job-related stress. For example, the National Child Traumatic Stress Network publication, "Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators,"³⁶ includes guidance on secondary stress symptoms, accessible and appropriate resources and referrals, and in-service training on wellness strategies. It notes that peer mentoring programs can be an effective means of providing staff support.

Current DCF training curricula includes courses for workers and supervisors regarding secondary trauma and resilience. DCF has a well-established, statewide Worker2Worker peer support program. In 2018, DCF engaged a national expert in the delivery of workforce well-being supports for managers (10-month group sessions) and frontline staff (monthly well-being call-in sessions). Furthermore, DCF maintained supervisory to staff ratios of 1:5, and ongoing worker caseloads of not more than 15 families.

These supports have been well received and deemed valuable to staff. In the five-year CFSP period, DCF built on this foundation, creating, in 2019, an agency-wide Office of Staff Health and Wellness (OSHW) that reports to the Commissioner. The Office is responsible for the coordination and implementation of strategies to manage and improve staff health and wellness, including maintenance of successful initiatives, such as peer-to-peer and psychoeducational wellness support for managers and frontline staff through the Worker-2Worker program, new worker training and information dissemination. OSHW also focuses on information gathering, assessment and the development of strategies based on staff input and review of best practices from child welfare and related fields. Improving staff job satisfaction and reduction in work related stress will promote a healthier workforce that will in turn contribute to improved child welfare outcomes, especially in the quality of engagement with families and time to permanency.

³⁶https://www.nctsn.org/sites/default/files/resources/secondary_trauma_child_welfare_staff_guidance_for_supervisors.pdf

Benchmarks for Achieving Objective 1

- Year 1: Establish an OSHW. Conduct baseline staff survey and analyze results. Continue provision of Worker2Worker and workforce well-being programming, e.g., webinars, newsletters, training. Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios.
- Year 2: Continue provision of Worker2Worker and workforce well-being programming, e.g., webinars, newsletters, training. Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan
- Year 3: Continue provision of Worker2Worker and workforce well-being programming, e.g., webinars, newsletters, training. Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan
- Year 4: Continue provision of Worker2Worker and workforce well-being programming, e.g., webinars, newsletters, training. Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan.
- Year 5: Continue provision of Worker2Worker and workforce well-being programming, e.g., webinars, newsletters, training. Develop Staff Health and Wellness Plan. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan.

Year 5 Update for Goal 3, Objective 1. DCF continues to make staff health and wellness a priority. During Year 5, DCF maintained its OSHW and continued provision of Worker2Worker and other workforce well-being programming. Highlighted efforts included: Worker2Worker-hosted weekly support drop-in sessions for staff to obtain tools around physical, emotional, and mental health support, wellness webinars through Worker2Worker, the monthly Real Talk series, staff visits with therapy dogs through partnership with the Alliance for Therapy Dogs, and regular “My Why Wednesday/I am DCF” correspondence, in which featured staff share their sentiments about their “why” for continuing to work for DCF. Additionally, DCF implemented a Commissioner’s Employee Council that is designed to engage staff in critical review and feedback on Department rules, policies, and initiatives. Employee Council members will continue to work to inform these aspects with the goal of sharing and appreciating diverse perspectives, empowering engagement, and supporting a safe, healthy and connected work culture.

Goal 3, Objective 2: Use human factors analysis to ensure effective and timely system learning and corrections when fatalities and near fatalities occur

Rationale for Goal 3, Objective 2. As described in Section 3, Goal 1, human factors refer to “environmental, organizational and job factors, and human and individual characteristics which influence behavior at work in a way which can affect health and safety.”³⁷ While Goal 1 alluded to the impact that the use of human factors analysis can have on prevention of fatalities and near-fatalities, DCF’s other intention for this work is to promote a safe office culture.

Traditionally, many child welfare organizations and the public at large narrow the scope of retrospective inquiry to the individual casework team’s actions or inactions. This narrowing of scope not only limits the efficacy of reviews, but also sets the stage for a self-fulfilling prophecy that all case outcomes are primarily attributable to casework activities. The resulting dynamic – a high pressure work situation primed to blame individuals – can prove a toxic work environment. DCF’s use of human factors analysis will support the Department’s efforts to create a healthy

³⁷ <https://www.hse.gov.uk/humanfactors/introduction.htm>

work environment, one in which there is accountability, but also recognition that ultimately responsibility is shared within the complex human, social and organizational environments in which we work.

Benchmarks for Achieving Goal 3, Objective 2

Year 1: Design and implement revised critical incident debriefing process: develop and finalize business process, create one internal MDT; three Regional Mapping Teams; Data Team. Launch reviews following new process. Begin monthly report of findings to DCF executive management.

Year 2: Continue implementation of critical incident debriefing process.

Year 3: Assess impact of new process.

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

Year 5: TBD based on Year 3 assessment.

Year 5 Update for Goal 3, Objective 2. In year 5, DCF continued its partnership with Collaborative Safety, LLC and expanded its safe system review process within CSOC to study unusual incidents in CSOC out-of-home providers with the goal of learning about underlying factors that contribute to youths' care and experiences. DCF identified five providers to participate in the demonstration cohort. Training occurred in May and June 2024. DCF continues to assess the process, focusing on its fidelity and feedback loops. To report results from the review, processes are shared with staff who participate in the debriefings. Additionally, bi-monthly meetings with CP&P leaders are held to discuss the review process and ongoing implementation. Findings that highlight the data and trends are also shared with the Department's executive management twice a year. For additional information and updates on DCF's critical incident debriefing process, see Section 3, *Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes*.

Goal 3, Objective 3: Enhance physical security supports for staff

Rationale for Goal 3, Objective 3. The provision of physical safety supports for child welfare staff has also been recognized as an effective strategy to reduce frontline worker job-related stress. For example, the National Child Traumatic Stress Network publication "Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators" includes guidance to make physical safety a core element of training, skill development, policies, and practices. DCF will maintain and continually enhance worker training, e.g., safety in the field, active shooter drills, etc., continue its security program, e.g., use of staff with prior law enforcement background to maintain statewide worker security program, and other supports, e.g., procurement of safety lanyards to augment worker safety in the field, security guards and wandering procedures in the offices. Additional initiatives or programs may be built throughout the CFSP period, as determined by the Staff Health and Wellness plan. DCF's ongoing efforts to ensure physical safety of frontline staff will improve staff job satisfaction and reduce work related stress. The maintenance of a healthier workforce will contribute to improved child welfare outcomes, especially in quality of engagement with families and time to permanency.

Benchmarks for Achieving Objective 3

Year 1: Maintain existing physical security supports for staff

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

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

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

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

Year 5 Update for Goal 3, Objective 3. During Year 5, DCF continued to ensure that security advisors were regionally assigned to nine areas throughout the state to collaborate with leadership on safety and security needs of employees. In maintaining physical security supports for staff, DCF security advisors conduct risk/security assessments for assigned DCF offices and ensure policies, procedures, and protocols for staff safety are current. The safety advisors facilitated safety workshops, developed safety plans, consulted with local law enforcement, attended staff meetings for safety education, and participated in statewide safety committee meetings. Additional physical security supports provided by DCF during Year 5 included:

- Security guards with LobbyGuard technology were present in all CP&P local offices.
- The Department continued use of Everbridge mass notification system to provide enrolled employees with critical information for a variety of situations, including, but not limited to, severe weather alerts, state government delayed openings, early dismissals, and other unanticipated emergencies.
- DCF continued to provide safety-focused training to all staff, including new hires during pre-service training. DCF's safety advisors and Office of Emergency Management facilitated active shooter workshops and conducted vulnerability assessments in the local offices. DCF provided training regarding best safety practices while in the field.
- DCF continued to deploy SafeSignal for staff statewide. SafeSignal is a GPS-enabled application, which allows staff to be monitored in real time and to send an alert directly to local law enforcement when staff are in a critical or dangerous situation. If SafeSignal is activated, an automated alert of critical information, i.e., name, location, and description, etc., is relayed to law enforcement and DCF supervisory staff.

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

Goal 3 Staffing Implementation Supports. In addition to the seven staff currently employed at the OSHW, DCF will onboard twelve additional wellness staff. The positions include one wellness staff in each of the nine areas, one to focus on Central Office staff, and two supervisors. These positions will be responsible for performing activities to maintain, monitor and/or implement operational procedures that would support staff health and wellness and conduct program related site visits, studies, focus groups and other related work as needed to understand the overall needs of Department staff.

Goal 3 Training, Coaching, and Technical Assistance Supports. Training on worker safety and worker supports continue to take place. The need for additional courses or amendments to courses will be established within the Staff Health and Wellness plan. DCF's Office of Human Resources (OHR) worked with the New Jersey Civil Service Commission for continued access to the Center for Learning and Improving Performance (CLIP) ALL ACCESS PASS, allowing staff round-the-clock access to more than 800 training tools and courses for professional development.

Goal 3 Technology Implementation Supports. No technology supports have been identified beyond those described above.

Goal 3 Technical Assistance Provided (to counties and other local or regional entities that operate state programs). No external technical assistance has been provided for these objectives.

Goal 3 Research and Evaluation Activities. As described above, in June 2023, DCF undertook the next iteration of the Safety Culture Survey. Please see Updates for Measurement of Progress for Goal 3 above, for results. Additional research and evaluation activities will be determined as OSHW advances its plan and scope of work.

Summary of Performance between 2020-2024 for Goal 3: DCF successfully executed the three objectives of Goal 3. Highlights include the creation of the OSHW, continued Worker2Worker and other well-being programming, the implementation of the Collaborative Safety process in CP&P, and maintenance and updates to physical security measures across the Department. DCF originally proposed measures regarding staff leaves and separations in the 2020-2024 CFSP; the COVID-19 pandemic, however, impacted DCF's ability to tangibly measure the identified metrics. In Year 3, DCF identified an alternate method of measuring progress via a biannual Safety Culture Survey. First administered in July 2021, the Safety Culture Survey allowed DCF to establish baselines related to intent to remain in child welfare, stress recognition and workplace connectedness. While the score for stress recognition increased, the scores for IRECW and workplace connectedness decreased from the baseline scores. DCF expects to see increases from the baseline for the remaining two measures as the work of the OSHW advances and the Staff Health and Wellness Plan is developed.

Section 4. Quality Assurance System

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

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

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

Essential Component 1: DCF's Administrative Structure. DCF's OOQ is tasked to lead and support Department-wide CoQI activities at the state, area, and local levels. The Department also has CoQI committees; numerous staff positions at each level to support case practice implementation and ongoing CoQI activities within CP&P, CSOC, FCP and DOW. To support CP&P's implementation of CoQI, the OOQ and CP&P work closely with support staff throughout the Department, e.g., DCF's OIT and Office of Training and Professional Development (OTPD), to ensure that DCF has the tools and capacity to carry out CoQI activities. To support CoQI implementation in the CSOC, DOW and FCP, DCF is implementing data enhancements through DCF is committed to strengthening its CQI infrastructure and is expanding this framework within other DCF divisions, as well as with community stakeholders to work towards program and systems improvements.

Essential Component 2: DCF's Quality Data Collection. DCF is a data driven organization that uses data to inform policy, strengthen standard operating procedures, and maintain focus on continuous improvement of overall service delivery. DCF has clear processes and strong data management systems for collecting and extracting quantitative and qualitative data. DCF OIT manages and supports the Department in using NJ SPIRIT, as well as NJ Connex and all other information management systems. OOQ collaborates with leadership throughout the Department to ensure the reliability and validity of data used to inform decision making and improvement planning processes. DCF is committed to providing ongoing training and development

opportunities and has designated staff working to ensure data are entered, collected, and extracted systematically.

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

Essential Component 3: Case Record Review Data and Process. DCF conducts various case reviews that provide an understanding of what is steering the safety, permanency, and well-being data regarding day-to-day practice in the field, and how that practice impacts child and family functioning and outcomes. As part of the CP&P implementation of CoQI, DCF designed a new annual case record review process to evaluate the permanency case practice for in-home, out-of-home, and young adults within every local office. This review evaluates the quality of practice that will be used to identify practice strengths and areas for improvement that will later be incorporated into developing an improvement plan for the selected CoQI priority. Like OOQ made efforts to align the CFSR outcome measures and sampling strategies with the local office CoQI process, OOQ also made efforts to align the On-Site Review Instrument (OSRI) with the new review tool during development. Once the improvement plan tasks are developed with the local office, there is a continuous follow-up process to measure the implementation, success, and sustainability of those plans. It should be noted that DCF used the OSRI during the 2019 CFSR baseline review and the 2020 and 2021 CFSR measurement rounds. DCF will continue to utilize the OSRI for CFSR-related reviews to ensure a holistic assessment of the safety, permanency and well-being outcomes for the children and families served by the Department. The results will be integrated into the Department's overall CQI strategy as applicable.

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

Essential Component 4: Analysis and Dissemination of Quality Data. DCF is committed to ensuring that internal and external stakeholders have access to the data needed to make informed decisions. DCF has strong existing data management systems for aggregating data, staff who work to ensure that stakeholders have access to needed information, and several reporting mechanisms for making data readily available to end users.

Essential Component 5: Feedback to Stakeholders and Decision Makers and Adjustment of Programs and Process. DCF collects, analyzes, and integrates information to drive change within the organization. Executive management uses feedback from stakeholders and the community to inform training, policy, and practice. This feedback will also be incorporated into the CoQI process that will help to assess and improve practice, as well as help support supervisors and field staff understand how those findings link to daily casework practice. Overall, DCF has made significant enhancements to the state's CQI system over the past year. DCF continues to build and

strengthen the multilevel structure and oversight committees to ensure stronger alignment and accountability. These committees include central office and area staff who hold designated roles in supporting specific CQI efforts throughout the Department. Figure 37 includes examples of DCF's ability to meet the required components of the Quality Assurance System.

Figure 37. DCF's Ability to Meet Required Components of Quality Assurance System

Essential Component	Examples of activities and strategies
(1) Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided?	<ul style="list-style-type: none"> • Designated staff roles to support CoQI; • Case record review data and processes; • Statewide access to information management systems that provide real time and longitudinal data, e.g., SafeMeasures, longitudinal data reports, and Data Portal; and CQI staff capacity building and framework integration at the state, area, and local levels.
(2) Is the State operating an identifiable quality assurance system that has standards to evaluate the quality of services, including standards to ensure that children in foster care are provided quality services that protect their health and safety?	<ul style="list-style-type: none"> • Tracking, monitoring results in relation to specified targets, dissemination and use of data and outcome measures; • CoQI standardized protocol and process to support the state, i.e., scoring, reviewer training, etc., in interpretation of performance based on DCF and SEP standards; and SafeMeasures case management process for collecting and extracting quantitative and qualitative data based on DCF standards; • OOM quality oversight of contracted agencies.
(3) Is the State operating an identifiable quality assurance system that identifies the strengths and needs of the service delivery system?	<ul style="list-style-type: none"> • OSD dedicated to matching needs and services; • OOQ dedicated to infusion of family voice aligned with case record reviews that will help inform improvement planning; • OOM to conduct quality oversight of contracted agencies to ensure they are in compliance with agreed standards.
(4) Is the State operating an identifiable quality assurance system that provides relevant reports?	<ul style="list-style-type: none"> • Reports posted on the DCF website; • Data Portal that allows end users to access CP&P and CSOC data and generate customized reports; • Use of comprehensive data systems that produce data reports, and fulfill internal and regulatory data requests; • Meeting of federal reporting requirements; and • Internal reports distributed to Central Office, area office, and local office leadership as appropriate.
(5) Is the State operating an identifiable quality assurance system that evaluates implemented program improvement measures?	<ul style="list-style-type: none"> • Externally contracted evaluations; • Internal evaluations of statewide CP&P pilots; and • Process and outcome measurement of local office Rapid and Annual Improvement Plans.

Planning for Round 4 of CFSR. In 2022, DCF began engaging with CB regarding preparations for Round 4 of the CFSR in New Jersey and determined that DCF's CFSR 4 will be CB-led. In April 2023, DCF informed CB of this decision. DCF's review will take place in September 2025.

Section 5. Final Update on Service Descriptions: Child and Family Services Continuum³⁸

A. Strengths and Gaps in Services

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

Commissioner's Listening Tour. In 2018, Commissioner Beyer began a listening tour with youth, families, women and men engaged in DCF's programs and services to hear about their lived experiences with DCF and its network of providers. Among other themes, the listening tour underscored the value of prevention services, especially concrete parenting skills for caregivers and in-home services. During the tour, she met with over 550 constituents in 22 locations across 15 counties. Findings from these sessions were summarized by the Rutgers University, School for Social Work, Institute for Families and made public.³⁹ Participants highlighted DCF's KFT program, which expanded during the current administration from a capacity of 173 families to 663 families, as a particularly valuable service. Worker accessibility was named as a critical component of successful interventions, whereas housing and transportation were named as typical barriers to family success. Specific service gaps were identified in the areas of early childhood mental health, trauma-informed services, improved support for emotional and behavioral health care, step-down and wraparound services, support for siblings, improved services for individuals with autism, improved services for transitioning to adulthood, improved post-adoption services, improved service coordination and integration, and improved training courses for caregivers.

Regional Forums. In Fall 2018, DCF convened three regional forums, one each in the northern, central, and southern regions of the state. During these forums, DCF described its emerging focus on prevention and family strengthening, and administered a survey to over 200 stakeholders, including DCF staff, attorneys for children and parents, service providers, advocates, and others, to receive varying perspectives on achieving DCF's vision. This survey identified that the most frequent needs for families are health care, education support and family services, and highlighted the need for collaboration with systems outside of child welfare: health care, housing, and general social services. In response to a stop/start/continue prompt about actions the Department should take to act on the vision, the following were the most common responses:

³⁸ This section is a cross reference for the Service Array Systemic Factor, rather than including data and analysis of strengths and concerns in that section.

³⁹ <https://www.nj.gov/dcf/news/reportsnewsletters/dcfreportsnewsletters/ListeningTourReport.pdf>

Figure 38. Fall 2018 Regional Forum Feedback

What DCF should “start” doing	What DCF should “stop” doing	What DCF should “continue” doing
<ul style="list-style-type: none"> • Collaborate • Provide housing and housing support • Increase communication • Listen to more families/ have humility • Community engagement 	<ul style="list-style-type: none"> • Being overly restrictive with kinship homes • Using punitive approaches • Working in silos • Setting unrealistic expectations • Giving every family the same “cookie cutter” plan 	<ul style="list-style-type: none"> • Collaboration and relationship building • Research/implement evidence-based services • Educate/train staff members • Advocating for families • Support • Prevention/proactive approaches

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

In Fall 2019, the needs assessment process kicked off. Throughout 2020, the county HSAC teams undertook qualitative data collection. DCF’s OOQ provided ongoing technical assistance and guidance to the HSACs, including accommodations related to the COVID-19 pandemic, i.e., creation of an electronic survey and flexibilities for virtual and telephonic focus groups and key informant interviews. Between October 2020 and January 2021, all counties submitted standardized reports to DCF. Through March 2021, DCF reviewed the county reports and held individualized feedback sessions to review the report and findings and discuss how to improve the needs assessment process. In May 2021, DCF, through Rutgers University, completed a statewide synthesis report, which summarized priority need areas, barriers to addressing needs, impacted subpopulations, successes and progress and recommendations for action. Despite substantial differences in demographics, population density, income level, industries and more, all counties largely identified the same needs and barriers: housing, mental/behavioral health care for adults and children and substance use services. Similarly, the counties generally identified the same, often compounding, barriers to access available services: lack of awareness of services, transportation, waitlists and stigma.

In Summer 2021, DCF worked with Rutgers and the HSACs to disseminate the statewide results to stakeholders, including state sister agencies and service providers.⁴⁰ DCF is using the findings from the current cycle to inform planning for the service array, informing RFPs and service design. At the local level, HSAC Coordinators have undertaken dissemination and utilization strategies customized to their community, including presentation and dissemination with county government officials and others to inform local social service spending plans. Since 2022, DCF has worked to

⁴⁰ All county and statewide findings, as well as additional information about the needs assessment process, are publicly available at: https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html.

address some of the findings of the needs assessment by educating staff and providers on available housing supports, having conversations with the New Jersey DHS, DCA, DOH, and the HSACs regarding more robust service coordination and referral services; as well as by increasing funding for Parents Anonymous, a program for parent-peer support.

Review of 2017 CFSR Findings. DCF was not in substantial conformity with the systemic factor of Service Array and Resource Development. Both items-- Item 29- Array of Services and Item 30- Individualizing Services—in this systemic factor were rated as Areas Needing Improvement. Details follow.

- **Item 29- Array of Services.** Information in the statewide assessment and collected during stakeholder interviews showed that New Jersey does not have an adequate array of services accessible to children and families statewide. Although there have been some improvements in the available array of services for children through CSOC regarding treatments and interventions for children, service gaps and waitlists exist for inpatient substance abuse treatment (particularly for programs that allow mothers and fathers to keep their children with them), mental health services, in-home prevention services, housing, post-adoption services, visitation services, transportation, supportive services for resource families, and mentors for youth. The review found barriers to accessing services in neighboring counties and concerns for the quality of some contracted services.
- **Item 30- Individualizing Services.** Information in the statewide assessment and collected during interviews with stakeholders showed that the state does not ensure that services can be individualized to meet the unique needs of children and families. Stakeholders reported that most families are referred to the same set of services and that services are not tailored to meet the unique needs of families. Stakeholders said there is an overreliance on psychological evaluations to drive service planning for families and that such evaluations are typically requested for all cases rather than when a parent's needs warrant it. There was concern about the quality of some of the evaluations. Stakeholders also reported that there was a need for more service providers to work with families served by the agency who speak Spanish, Korean, or Pacific-Rim languages, or use sign language.

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

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

Figure 39. 2019 Needs Assessment Meta-Synthesis Inputs

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

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

Figure 40. 2019 Needs Assessment Synthesis Service Themes

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

The review and meta-synthesis additionally identified cross-cutting needs related to systems and delivery of services. Service delivery needs fell under the four domains of the rights-based Availability, Accessibility, Acceptability and Quality (AAAQ) framework⁴¹ and included availability (e.g., targeted services for undocumented immigrants), accessibility (e.g., flexible service hours), acceptability (e.g., trauma-informed, and culturally appropriate services), and quality (e.g., evidence-based programming, quality assurance systems) of services. Systems needs included enhanced communication and data sharing across systems and a “one-stop-shop” model through which caregivers can receive support for a variety of challenges in one place rather than working with multiple providers and organizations to meet their needs.

⁴¹ Committee on Economic, Social and Cultural Rights (ESCR Committee), General Comment No. 14: The right to the highest attainable standard of health (Art. 12), (22nd Sess., 2000), in Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at XX, para. XX, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008). Retrieved from: <https://www.refworld.org/pdfid/4538838d0.pdf>

B. Plan to Achieve Service Excellence

Throughout the period covered by the 2020-2024 CFSP, including Year 5, DCF focused on the quality of select core purchased services by integrating more evidence-based programming (EBP). Where EBPs are not available, developing program practices, implementation supports and evidence for promising practices is supported. However, findings from the synthesis of the needs assessments and the CFSR both highlight the necessity for DCF to look not only at the quality of services purchased and/or delivered directly, but also the availability, accessibility and acceptability of the services, utilizing the AAAQ framework referenced earlier.

To ensure services are available, accessible, acceptable and of the highest quality, DCF plans to implement the following strategies to achieve service excellence:

- Establish a continuum of core service programs, including EBPs when available,
- Establish service excellence standards, and
- Develop DCF infrastructure for program monitoring and development.

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

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

As the casework practice evolves, DCF will simultaneously be working to enhance the service network so that it meaningfully addresses the clinical and functional needs of families. An accessible service continuum includes services DCF directly provides, i.e., case management and care coordination, purchases, i.e., parenting education, or assists families to access, i.e., cash assistance. Among other things, the services included in the continuum need to:

- recognize the family system as the primary client,
- be able to address varying levels of acuity and chronicity of family distress,
- be able to address co-occurring disorders and/or challenges, and
- be evidence-based where an evidence-based approach is available.

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

collaboration between CP&P and CSOC, and enhancing or creating procedures and practice guides to support decision making around service selection and sequencing.

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

C. Benchmarks for Achieving Improvement in Service Array

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

1. Continue to track and execute on programmatic plans,
2. Continue development and implementation of monitoring tools and protocols to track fidelity, performance, and CQI, and
3. Continue to monitor service lines identified in Wave I, launch monitoring for Wave II service lines, and select Wave 3 service lines.

Year 5 Updates for Benchmarks to Achieve Improvements in Service Array, Objective 1. DCF is using programmatic plans as roadmaps to transform practice and improve service delivery. Through the programmatic planning process, DCF pinpointed pivotal areas for service enhancements and expansions, which began in 2022 and will extend into the future. By Year 4, DCF introduced a centralized project management system to optimize the implementation and oversight of the Department's programmatic plans. Building on this progress, Year 5 included refinement of its programmatic plan reporting framework, enabling more timely reporting to swiftly identify and address potential obstacles.

Year 5 Updates for Benchmarks to Achieve Improvements in Service Array, Objective 2. To ensure children, youth, and families have access to an effective array of quality services, DCF published Quality Standard for Providers in August 2022.⁴² DCF's OOM is analyzing the extent to which contract modifications are needed for service lines as each service line near launch for monitoring. OOM began utilizing the quality standards in monitoring and will continue to incorporate such in the monitoring of additional service lines.

Year 5 Updates for Benchmarks to Achieve Improvements in Service Array, Objective 3. In November 2022, DCF selected the purchased services that constitute the second wave of programs to convert to the new method of monitoring. The selected programs were: KFT, Child Protection Substance Abuse Initiative (CPSAI), and Regional Diagnostic and Treatment Centers. Throughout 2023, OOM worked with DCF program offices and provider staff to continue to develop methodologies around tool design, monitoring guidelines, and review instruments. OOM finalized the record review tools and guidelines for the FPS and KFT service lines and, in July 2023 and June 2024, respectively, concluded monitoring for the programs. Monitoring of Domestic Violence Direct Service providers is planned for July 2024. During the second half of 2024, OOM will finalize the tools and undertake monitoring of the remaining Wave 1 programs. Simultaneously, OOM will develop the record review tools, client interview tools, and user guides

⁴² https://www.nj.gov/dcf/documents/oom/OOM-Provider_Quality_Standards.pdf

for the CPSAI and RDTTC programs. In the third quarter of 2024, OOM will form working groups with internal stakeholders and provider staff for the Wave 3 service lines.

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

D. Examples of Current Service Coordination

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

- **Child Health Unit and Child and Family Nurses.** DCF contracts with Rutgers University School of Nursing to ensure that a Registered Nurse is assigned to provide comprehensive care coordination for every child in foster care. Child Health Unit (CHU) nurses help to ensure each child's medical and behavioral health care needs are met and provide overall healthcare case management. CHU nurses connect children to a medical home, visit children in their resource homes, attend Family Team Meetings, review medical records and assessments, engage biological and resource families in healthcare planning, and assist in developing plans for the safe care. Through the Child and Family Nurse Program (CFNP) CP&P caseworkers have the option to refer in-home families to a Child and Family Nurse (CFN) who can support children and families with identified medical needs in their own homes. The CFN provides nursing consultation and care management on a voluntary basis and is currently available in seven counties.
- **Child Protection Substance Abuse Initiative Evaluators.** The Child Protection Substance Abuse Initiative (CPSAI) provides Certified Alcohol and Drug Counselors (CADCs) and counselor aides co-located in child protection local offices. These consultants support caseworkers in planning for cases in which substance use has been identified as a concern. They assess, refer, and engage clients in appropriate treatment to address individual needs. Once assessed, cases remain open in CPSAI for a minimum of 30 days and a maximum of 90 days to allow the CADC and counselor aide to follow up with provider agencies. CPSAI also provides substance use disorder education and training to CP&P local office staff. CPSAI provides both in-person and HIPAA compliant virtual sessions.
- **Peer Recovery Support Specialists.** Peer Recovery Support Specialist (PRSS) services are another component of CP&P's CPSAI. PRSS services provide peer support to CP&P-involved parents/caregivers who are seeking to establish or strengthen their substance use recovery process. All peers have relevant life experiences. PRSS are tasked with establishing a one-on-one relationship with the parent/caregiver and providing encouragement, motivation, and support, assisting the parent/caregiver to develop skills

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

- **Clinical Consultants.** CSOC funds licensed behavioral health professionals to provide on-site consultation services to CP&P staff regarding children and youth with mental and behavioral health concerns. Clinical Consultants also review records and make recommendations regarding appropriate behavioral health interventions to improve and support each child in achieving positive outcomes. One Clinical Consultant is assigned to provide consultation to CP&P local offices within each of CSOC's 15 service areas. Clinical Consultants offer services through a hybrid model of in person and remote consultation.
- **Domestic Violence Liaisons.** The Domestic Violence Liaison (DVL) program is an interagency partnership to strengthen coordination and communication between the child protection and domestic violence service systems. The purpose is to increase safety and stability and improve outcomes for children and non-offending parents when child abuse and domestic violence co-occur. The program strengthens CP&P's capacity to respond effectively to families in domestic violence situations and promotes best practices and safe interventions. DVLs are specially trained professionals from county-based domestic violence agencies with extensive knowledge of domestic violence and domestic violence support services. DVLs are co-located at each CP&P local office and assist CP&P caseworkers with on-site assessment, safety planning, case planning, support, and advocacy. DVLs team with and educate CP&P staff on the dynamics of domestic violence and align practices with DCF policy. DVLs also connect non-offending parents to the full array of supportive services offered by domestic violence agencies. Domestic violence agencies offer services both virtually and in-person to best meet the specific and individual needs of the clients.
- **Early Childhood Specialists.** ECSs are specifically trained professionals with extensive knowledge of infant mental health and parent-child relationships. The collaboration between prevention services and CP&P aims to improve outcomes for families with infants and young children who come to the attention of CP&P. Special attention is given to substance affected infants needing a plan of safety. ECSs participate in development of the Plans of Safe Care. ECS are also structured within the Connecting NJ system, supporting expectant mothers and families with children birth to age five. The ECS teams with CP&P staff by providing staff development and consultation, enhanced planning, assessment, service access and systems collaboration. Funding from ACF, through the PDG, have been instrumental in expanding this initiative statewide. In 2023, ECSs. The total number of service referrals provided by the ECSs totaled of 4,644 referrals.

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

- **Mobile Response and Stabilization Services for Resource Families.** MRSS is CSOC's urgent response component. Providers offer 24/7 response to children and youth vulnerable to or experiencing stressors, coping challenges, escalating emotional symptoms, behaviors or traumatic circumstances which have compromised or impacted their ability to function at their baseline within their family, living situation, school and/or community environments. The goal of MRSS is to provide timely intervention to assist youth and their parent/guardian/caregiver in supporting their identified needs through resource/support development and connection to improve coping skills, minimize risk, aid in stabilization of behaviors and minimize the need for care in a more restrictive setting or change in living environment. Through a partnership between the CP&P and CSOC, all children and youth, ages three through 17, placed by CP&P local offices receive MRSS intervention at the time of placement. The purpose of this service is to mitigate trauma and facilitate stabilization for children and youth at the time of placement by providing increased support and education to youth and licensed resource and kinship caregivers during the transition into a new home. Support and stabilization are important factors in avoiding the re-traumatization that can occur from further changes to placement. When the service is initiated, a MRSS worker engages with the youth in the resource home to support the youth's understanding of their experience and ensure they know how to ask for help when experiencing challenges that frequently accompany trauma and separation from parents/caregivers. MRSS workers assess and attend to youth behavioral health needs, assist resource parents to understand the youth's needs and develop strategies and plans to best support the youth, and encourage positive relationship development and regulation in the home. MRSS facilitates access to continued behavioral health care support and services through the CSOC, if needed.
- **Keeping Families Together.** KFT is a supportive housing model for child welfare involved families experiencing housing instability who are also at risk of family separation due to high-risk factors, including parental substance use. The intervention provides families with housing assistance, i.e., vouchers or rental subsidies, and comprehensive wraparound services. DCF serves over 650 families through KFT in collaboration with several partners including DCA, DHS, private housing developers and community-based provider partners. KFT's "housing first" approach positions housing as a main component of the intervention, ensuring families have access to safe, stable, and affordable housing as a springboard from which they can begin to access an array of supportive services intended to address additional need, including trauma, addiction, and other concrete needs. During this timeframe KFT celebrates it's 10-year anniversary in New Jersey. In 2023, the following activities took place:
 - Piloted and implemented the KFT fidelity assessment tool with contracted provider partners. The tool is intended to support consistent delivery of the KFT practice, improve staff's capacity to implement the practice, and guide staff development through supervision and coaching.
 - Piloted and implemented the NJ KFT Move On Acuity Index with contracted provider partners. The Acuity Index is intended to support providers' consistent assessment of families' move on readiness from the intervention while guiding practice during the Move On phase of the intervention.

- Implemented technical assistance and consultation, in collaboration with the Corporation for Supportive Housing (CSH), to strengthen stakeholder relationships and ensure lessons learned from New Jersey's implementation of the KFT intervention are shared in service to the broader field, locally and nationally.
 - Continued its partnership with Rutgers University Behavioral Health Care and the CSH to deliver a comprehensive training curriculum to KFT providers. The curriculum and corresponding staff resources are intended to strengthen and sustain staff competencies in the KFT practice. This training round included sustaining the following key competencies: Motivational Interviewing⁴³, Moving on from Family Supportive Housing, and the KFT Practice model.⁴⁴ Over 100 provider partner staff were trained and coached during 2023.
 - DCF's OOH and OOM took steps to begin monitoring of the KFT service line, which will begin in Spring 2024. For additional information on OOM, see Section 2, *Update to the Assessment of Current Performance in Improving Outcomes*.
 - Finally, in 2023 DCF was awarded additional funds, through the Governor's Office of Opioid Settlement, to expand access to the KFT intervention.
- **In-Home Recovery Program.** The In-Home Recovery Program (IHRP) is an innovative program seeking to improve outcomes for parents who have a substance use disorder and who are actively parenting a child under six years. The program is adapted from the Family-Based Recovery Program developed by the Yale Child Study Center In-Home Services Division.⁴⁵ IHRP teams are comprised of two clinicians: one to address caregiver substance use and one to address the parent and child relationship.⁴⁶ A Family Support Specialist provides case management services. IHRP teams work intensively with families for up to twelve months. Close attention to building relationships across all stakeholders has been a key component of implementation and represents a parallel process by which the core tenets of the intervention are upheld and modeled. DCF published a RFP for the program and, in February 2021, awarded a contract for services of at least 24 CP&P involved families in Ocean County. Rutgers University, through DCF funding, has been implementing a mixed methods evaluation and CQI process for the IHRP since the program's pilot inception. Evaluation findings indicate that, while enrolled in IHRP, caregiver substance use decreased. Additionally, among IHRP enrolled families, 8% had children placed in out-of-home care due to parental substance use during the program or within six-months of discharge, substantially lower than the national rate of out-of-home placement which is 38.9% for all children and 61% for children under the

⁴³ Miller, W.R. & Rollnick, S. (2013) *Motivational Interviewing: Helping people to change* (3rd Edition). Guilford Press.; and Miller & Rollnick (2017) Ten things MI is not; Miller, W.R. & T.B. Moyers (2017) Motivational Interviewing and the clinical science of Carl Rogers. *Journal of Consulting and Clinical Psychology*, 85(8), 757-766. Retrieved from: <https://psycnet.apa.org/fulltext/2017-31328-001.pdf>; Miller, W.R. & Rollnick, S. (2009) Ten things that MI is not. *Behavioural and Cognitive Psychotherapy*, 37, 129-140. Retrieved from:

⁴⁴ Additional information about the Corporation for Supportive Housing (CSH) and Moving On work can be found online at <https://www.csh.org/moving-on/>

⁴⁵ Additional information can be found online at <http://www.familyct.org/programs/family-based-recovery/>.

⁴⁶ Hanson, K.E., Saul, D.H., Vanderploeg, J.J., Painter, M., & Adnopolz, J., 2015. Family-based recovery: An innovative in-home substance abuse treatment model for families with young children. *Child Welfare*, 94(4), retrieved from: <https://www.proquest.com/docview/1804471333/fulltextPDF/8E130B97FF4B404APQ/1?accountid=47192>.

age of five. The rate of out-of-home placement for IHRP enrolled families is also lower than the New Jersey out-of-home placement rate for families with a substance use disorder (42%). Families participating in IHRP also had a lower number of re-reports for maltreatment (32%) compared to state (39%) and national (45%) statistics. In Year 5, DCF has expanded IHRP services to Camden County, an area known to be lacking substance use disorder treatment services for CP&P-involved parents.

- **Family Preservation Services.** FPS is an intensive, in-home crisis intervention and family education program that serves families with children at imminent risk of out-of-home placement or preparing to be reunified. With skill-based interventions, linkages to resources, and limited financial assistance, the program strives to ensure the safety of children, stabilize families, improve family functioning, prevent unnecessary out-of-home placements and link families with community supports. FPS programs are operated through a statewide network of seven contracted service providers. In FY23, FPS served over 700 families with more than 1,500 children receiving services. Of the families who completed the program, 92% of children were able to remain safely in their home at program discharge. 87% of children continued to be preserved in their own homes one year after discharge.
- **Community-Based Grant Programs.** DCF is the lead agency for other federal grant programs, such as the Community-Based Child Abuse Prevention (CBCAP) grant and the Children's Justice Act (CJA). As lead agency for the programs implemented through each grant, DCF is able to coordinate service provision and support the goals outlined in each plan or report, including the CFSP. For additional information on CJA, see Section 14, *CAPTA State Plan Requirements and Updates*.

Service Coordination for Families in the Community. DCF supports and/or participates in several local, community-based service coordination efforts, including:

- **Human Services Advisory Councils.** HSACs are statutorily mandated DCF-funded county-based planning, advisory and advocacy organizations dedicated to meeting the human service needs of the county.⁴⁷ They seek to facilitate, coordinate, and enhance the delivery of human services through collaborative relationships within the county and amongst the counties and with private and state agencies. Membership varies by county and may consist of public and private sector providers, consumers, consumer advocates, family members, representatives from other county-level advisory boards and State agencies, and any additional parties the county believes could provide a valuable contribution to human services planning. In 2019-2021, HSACs led a county-based needs assessment and analysis process. For additional information on the needs assessment, see Section 5, Update on Service Descriptions: Child and Family Services Continuum. Since the needs assessment, DCF continues to partner with the HSACs on various initiatives. During October and November 2022, DCF distributed a survey to both systems partners and the HSACs, seeking to gain additional insight regarding stakeholder use of resource directories. DCF synthesized the results of the survey and used the information to further collaborate with the HSACs to help support efforts in supporting families with accessing needed help using the least intrusive methods, including resource directories, and improving and modernizing the NJ 211 website.
- **Juvenile Detention Alternatives Initiative.** The Juvenile Detention Alternatives Initiative

⁴⁷ A listing of HSACs is available online at: <https://www.nj.gov/dcf/providers/resources/advisory/>.

(JDAI) was developed in response to national trends reflecting a drastic increase in the use of secure detention for juveniles despite decreases in juvenile arrests. JDAI provides a framework of strategies that help reduce the inappropriate use of secure juvenile detention, while maintaining public safety and court appearance rates. DCF has been a partner on the state and local levels collecting and analyzing data while collaborating with the AOC, Juvenile Justice Commission (JJC), and local system partners to identify alternatives to detention. In addition, DCF has partnered with other state agencies to develop coordinated services that maximize the opportunity for children and families served through multiple state and federal programs to receive more holistic support. Referrals from juvenile courts and juvenile detention centers to CSOC for assessments and services dropped 46% from 2019 (963) to 2020 (516), attributed mainly to the pandemic. In 2021, the referrals increased by 17% (606). In 2022, the referrals increased by 19.1% (722).⁴⁸ Black youth remained disproportionately overrepresented at 38.9% when only 12.7% of New Jersey's population identifies as Black or African American. In 2023, referrals only increased by 4% (749), however Black youth remained disproportionately overrepresented (39.9%).⁴⁹ DCF and New Jersey's Council on Juvenile Justice System Improvement will continue to focus on racial disparities.

- [Juvenile Justice Commission](#). In December 2021, the JJC, through the Office of the Attorney General, issued a Restorative and Transformative Justice for Youth and Communities Pilot Program to develop an innovative restorative and transformative continuum of care in four of New Jersey's largest municipalities: Camden, Newark, Paterson, and Trenton. Pursuant to P.L. 2021, c.196, each of the four identified municipalities currently have a restorative justice hub that provides community-based enhanced diversion and reentry wraparound services. CSOC is partnering with the JJC and these local communities through data sharing, identification of service gaps, and reciprocal referrals across these systems.
- [Youth Housing](#). DCF continues to facilitate a continuum of youth housing programs and related services intended to empower child welfare-involved youth to maintain safe and stable housing, develop strengths, and realize their potential as they prepare for and transition to adulthood. The majority of the youth housing continuum is managed by the Adolescent Housing Hub (AHH); these services are available to eligible homeless youth, youth at risk for homelessness, and youth aging out of the child welfare system, ages 18-21 years. With the capacity to serve over 400 youth, the continuum of youth housing includes transitional and supportive housing opportunities and Street Outreach services that aims to prevent homelessness and promote housing stability. The youth housing continuum focuses on leveraging housing as a platform to support highly vulnerable youth by matching housing with wraparound services. DCF facilitates this continuum in collaboration with several key stakeholders, including DCA, contracted provider partners, public housing authorities, Continuums of Care (CoCs), and other community partners. In FY 2023, DCF's Office of Housing (OOH) facilitated the following key activities:
 - For youth aging out of care, DCF partnered with several Public Housing Authorities (PHAs) to expand access to youth supportive housing across many initiatives. In particular, DCF and PHAs leveraged federal funding via the Housing and Urban Development's (HUD) Foster Youth to Independence (FYI) initiative. FYI ensures youth, ages 18-24 years-old with current or former foster care involvement who are

⁴⁸ Please note that, of the 722 referrals, 185 referrals did not include race so there is a high probability that the 38.9% is much higher.

⁴⁹ Of note, 24% of new referrals (185 youth) had missing racial data mostly from Camden County, 60 youth.

experiencing homelessness or housing instability, have access to a housing voucher and support services for up to 36 months, with the opportunity to extend their involvement for an additional two years. FYI serves over 90 young adults in select communities: Newark, Camden, Elizabeth, Jersey City and Hunterdon.

- For CP&P-involved youth, DCF and DCA partnered with a contracted service provider to implement 16 additional Connect to Home (CTH) opportunities in Monmouth and Ocean counties. CTH targets high needs youth, e.g., those with mental health or substance abuse histories, pregnant/parenting, or juvenile justice involvement, with foster care histories who are homeless or unstably housed, and provides long-term housing and supportive services to young adults until they are ready to move-on from the intervention. CTH serves over 80 young adults in select communities: Burlington, Monmouth, Ocean, Mercer, and Union.
- DCF advanced a responsive youth-centered housing continuum by rebidding a subset of youth transitional housing programs to integrate the evidence-informed intervention, My First Place (MFP). MFP is a nationally recognized education and employment program model that ensures youth have access to housing and services focused on education and employment goals.⁵⁰ DCF partners with contracted community providers and the model developer to support 60 young adults in select communities: Union, Middlesex and Somerset.
- DCF partnered with a local contracted community provider to expand access to Street Outreach services in Mercer County. Street Outreach efforts aim to support youth experiencing homelessness or housing instability, or runaway youth, through primary prevention efforts and direct while connecting youth to formal and informal supports. With this expansion, the scope of the Street Outreach initiative increased from two to three sites making service available in the Northern, Central and Southern regions of New Jersey.
- **Home Visiting.** DCF has been integrally involved in New Jersey's development of a comprehensive and seamless system of care to link pregnant women and parents with necessary health and social support services. DOH's Division of Family Health Services is the lead administrative agency and DCF's core partner for the MIECHV grant program, through which three EBPs, Parents as Teachers, Nurse Family Partnership, and Healthy Families, are made available in all New Jersey counties. DCF and DOH continue to collaborate with a strong network of state and local stakeholders to improve home visiting services and to strengthen programs and activities carried out under Title V of the Social Security Act. As described in Section 3, DCF continues to implement New Jersey's statewide universal newborn home visiting program FCI-NJ. In addition, New Jersey is participating in the Coordinated State Evaluation (CSE) on early childhood home visiting workforce development and a Community of Practice on staff wellbeing with several other states. The purpose of this evaluation approach is to contribute to advances in knowledge of early childhood home visiting services through coordinated effort among MIECHV recipients. The CSE will build on New Jersey's previous work on workforce development and retaining staff by applying a health equity lens to exploring staff wellbeing and retention in the workforce.
- **Single Point of Entry for Early Childhood Services: Connecting NJ.** Connecting NJ hubs

⁵⁰ Retrieved from <https://firstplaceforyouth.org/>.

facilitate linkages to families from pregnancy to age five so that they may access the most appropriate services in an efficient manner. The hubs, which operate in all counties through a collaboration between DCF and DOH, provide families with referrals to services such as home visiting, childcare, adult education, housing, medical homes, prenatal care, early intervention services, mental health services and local community services that support a child's healthy development and family well-being. Connecting NJ hubs utilize developmental health promotion and screening policies statewide. In 2023, 1,088 children were provided developmental screening at no cost by ECSs through the hubs. For more information on the developmental health screenings, see the ECCS/HMG section, below.

- **Early Childhood Comprehensive Systems/Help Me Grow.** The ECCS collective impact approach works to enhance early childhood systems. Using a Collaborative Innovation and Improvement Network model, the ECCS approach builds and demonstrates improved outcomes in population-based children's developmental health and family well-being indicators. With collaborations at the state and local level, teams actively participate in intensive targeted technical assistance, learning how to utilize collective impact principles. Utilizing collective impact principles will accelerate or improve results for families in a comprehensive, coordinated preventative health approach and will integrate an early childhood system that addresses the physical, social-emotional, behavioral, and cognitive aspects. Through the ECCS and HMG collective impact initiative, five place-based community (PBC) team Connecting NJ leads developed, implemented, and tested strategies for universal developmental health promotion and screening within their Connecting NJ hubs, utilizing the online Ages and Stages Questionnaire Family Access Portal through Brookes Publishing.⁵¹ In September 2019, the ECCS work expanded beyond the five PBCs to the entire statewide Connecting NJ. In 2023, 1,088 children were provided developmental screening by ECSs.
- **School-Based Youth Services Program.** DCF's Office of Family Support Services partners with school districts and community providers throughout the state to operate School-Based Youth Services Program (SBYSP). SBYSP services are available to all enrolled students in participating schools and may include evidence-based programming and supports, such as mental health counseling, substance use counseling and education/prevention efforts, preventative health awareness, primary medical linkages, learning support, healthy youth development, recreation, and information/referrals. These programs are funded solely through state funds.
- **Parent Linking Program.** A subset of SBYSPs receive additional funding to implement the Parent Linking Program (PLP). PLP aims to prevent child abuse and neglect and to minimize or eliminate barriers that often impede expectant and parenting teens from completing their education. Program services are administered through intensive case management and focus on prenatal education and linkages, parent education and skill building, infant/child development education, childcare, and referral services as needed. PLP developed a component of service offerings to specifically address the needs of young fathers and will focus on fatherhood engagement, looking to increase the enrollment of fathers. PLP programs rely on evidence-based Partnering with Teen Parent and Safe Dates curricula and the Ages and Stages Questionnaire and include program objectives related to positive co-parenting relationships, linkages to a primary care provider for well-child medical visits, effective parenting skills, academic success, and pregnancy prevention. PLPs also provide childcare services for infants and toddlers, ages

⁵¹ Available online at <https://agesandstages.com/>.

six weeks to 36 months. These programs are funded through a combination of state and federal Child Care and Development funds.

- **New Jersey Statewide Student Support Services.** In 2023, Governor Murphy proposed a \$48 million investment to launch the NJ Statewide Student Support Services (NJ4S) network through DCF. NJ4S is an innovative, statewide model of services and resources to support youth mental wellness and positive youth outcomes, which coordinates, expands and improves delivery of primary prevention to all NJ schools and communities, and provides secondary prevention, screening, brief clinical intervention and referral to treatment for public schools and communities with the highest need. DCF ensures that NJ4S services are evidence-based, culturally competent, and available in various community-based spaces to meet NJ's diverse youth, and centered around youth voice and experience, along with input from parents, school leaders, and communities. DCF launched NJ4S in the 2023-24 school year, contracting with 15 organizations that form regional "hubs" staffed by a director, prevention specialists, mental health counselors, and more, and advised by a local hub advisory board. Hubs receive requests for services and deliver them at local "spokes," e.g., schools and community locations. Programming is organized at three levels of prevention:
 1. **Universal Supports**, including evidence-based interventions; workshops and trainings, opt-in resource lists, etc., will benefit students, in grades K-12, in all school districts, and their parents/caregivers. Focus areas include emotional well-being, positive relationships, career readiness and exploration and classroom management/disruptive behaviors.
 2. **Targeted Evidence-Based Prevention Services**, including small group interventions, brief individualized early intervention services, mentoring, and low-intensity classroom support to at-risk students, will be available to middle and high school students. Focus areas include substance use prevention, sexual health and pregnancy prevention, suicide prevention, anti-bullying and violence prevention, and other areas of need as determined by the youth and community.
 3. **Assessments and Brief Individualized Clinical Interventions** will be available to youth in distress to improve overall mental health and well-being while being connected to a community provider for ongoing mental health support, e.g., further evaluation or ongoing counseling.

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

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

Services for Children Adopted from Other Countries. Children adopted internationally do not usually interface with the public system as the families interested in adopting children from other countries work in concert with private adoption agencies. Though DCF is not involved in the initial adoption proceedings for children placed internationally, it does and will continue to support adoptive families through services accessible to any adoptive family in the state, regardless of the source of the adoption. DCF will continue to maintain adoption and kinship resources through a contract with Children's Aid and Family Services (CAFS), which provides a New Jersey adoption resource clearinghouse and Kin-Connect. CAFS also provides family trainings and educational resources, a free lending library on adoption-related topics, referrals to support groups and clinical service providers that specialize in adoption and kinship related needs. Additionally, intercountry adoptive families may access a multitude of other services provided by DCF; for example, they may access support and services for child and youth behavioral health through CSOC or educational services through OOE.

In the event that an international adoption disrupts after the child is adopted in the United States and the child enters CP&P out-of-home placement, DCF will make every effort to place the child with kin of the child's adoptive family. If adoption dissolution occurs and it is not in the best interest of the child to achieve legal permanency with their adoptive kin, and the child has a pre-existing relationship with a biological family member out of country, that relative would be considered for an adoptive placement. DCF has a protocol that requires New Jersey adoption agencies to maintain information regarding the number of intercounty adoptions and the countries from which the children originate; DCF's OOL has access to this information. To facilitate that assessment and home study process, DCF would contact the United States Department of State, Office of Children Issues to request approval from the Secretary of State and the relevant foreign authorities for the child to return to the country of origin. Upon approval, DCF will contact International Social Services (ISS). Staff from DCF's Office of Interstate Services will work with ISS regarding intent to assess and place for adoption.⁵² CP&P will work to facilitate the placement and supportive services to transition the child back to their family and country of origin for the purpose of legal permanency.

Services for Children Under the Age of Five. CFSR Round 3 and more recent data, as highlighted in Figures 41 and 42, reflect that achieving permanency outcomes for children, especially children under the age of five, is still a challenge in New Jersey. Examining entry cohorts of young children entering foster care between 2012-2022, New Jersey found that children under five and, more specifically, children under the age of one are less likely to achieve permanency within 12 months

⁵² <https://dcfpolicy.nj.gov/api/policy/download/CP-P-IV-C-9-100.pdf>

of entering out-of-home placement (26%) with a median length of stay of 15 months, longer than any other age group. In addition, only about two-thirds of children in this age group achieved permanency in 24 months.

Figure 41. Permanency for Children ages 5 and Under

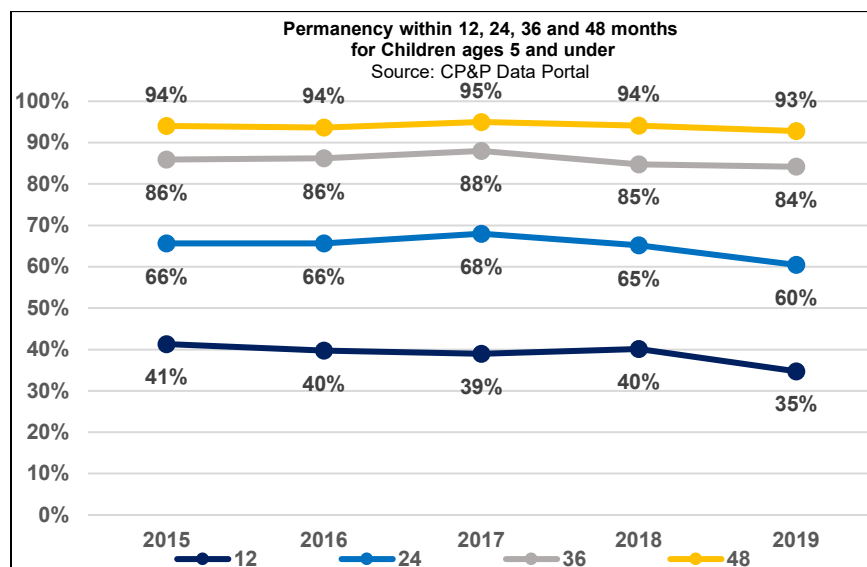


Figure 42. Children under 1 and 1 to 5 who achieved permanency within 12 months

Age	2014	2015	2016	2017	2018	2019	2020	2021	2022
Under 1	339/955	292/883	302/816	257/761	247/720	178/608	128/468	96/404	83/323
	35%	33%	37%	34%	34%	29%	27%	24%	26%
1-5 years	635/1443	593/1259	501/1206	472/1117	404/902	261/656	138/383	151/390	153/430
	44%	47%	42%	42%	45%	40%	36%	39%	36%

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

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

- [Home Visiting](#). As previously described, DCF implements a statewide continuum of targeted, evidence-based home visiting services for families with young children, birth to age five, in addition to a statewide universal newborn home visiting program. For additional information on DCF's home visiting continuum and the new universal program, see Section 3, *Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes* and Section 5, *Update on Service Descriptions: Child and Family Services Continuum*. For information on future plans for the expansion of universal newborn home visiting, see DCF's 2025-2029 CFSP.
- [Single Point of Entry for Early Childhood Services: Connecting NJ](#). As previously

described, Connecting NJ hubs facilitate linkages to families with children birth through five years of age and women who are pregnant so that they may access the most appropriate services in an efficient manner. For additional information on Connecting NJ, see Section 3, *Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes* and Section 5, *Update on Service Descriptions: Child and Family Services Continuum*.

- **Early Childhood Specialists.** As previously described, ECSs support referrals for children birth through five years of age and women who are pregnant. Their primary population is families with developmental concerns, as well as those referred by CP&P. For referrals that express a developmental concern, the ECS will provide support through providing developmental resources, a developmental screening, or a referral to Early Intervention. The ECS will help to facilitate communication and teaming between our early childhood system of care at Connecting NJ and CP&P. With the caregiver's consent, the ECS will provide timely feedback regarding information and service linkages made. For additional information and updates on ECSs, see Section 5, *Update on Service Descriptions: Child and Family Services Continuum*.
- **Parent Linking Program.** As previously described, PLPs aim to prevent child abuse and neglect and to minimize or eliminate barriers that often impede expectant and parenting teens from completing their education. Programs are required to provide family-centered childcare services for infants and toddlers, ages six weeks to 36 months old. For additional information on PLP, see Section 5, *Update on Service Descriptions: Child and Family Services Continuum*.
- **Child Health Care Case Management.** As is described earlier in this section, DCF contracts with Rutgers University School of Nursing for its CHU and CFNP programs. CHU and CFNP rely on the American Academy of Pediatrics for evidence-based best practice guidance to achieve optimal health outcomes for children in care. These specialized nurses ensure that each child's medical and behavioral health care needs are met. Additionally, CHU nurses assist in develop plans of safe care for infants affected by prenatal substance use and withdrawal. For addition information on CHU and CFNP, see the Healthcare Oversight and Coordination Targeted Plan.

Efforts to Track and Prevent Child Maltreatment Deaths. One of DCF's core functions is the protection of children from maltreatment. While child fatalities from maltreatment are relatively rare in New Jersey⁵³, their prevention remains a priority for the Department. When a maltreatment related fatality occurs, a child's cause of death and manner of death must be certified by a physician, typically a medical examiner. "Manner of Death" refers to one of six subcategories of death: other homicide, suicide, accidental, natural, child maltreatment, and unknown/undetermined. "Cause of Death" refers to the specific mechanism of death and can vary greatly.

As identified in NCANDS reporting, between October 2009 and September 2023, 239 children statewide died as a result of maltreatment. A closer look at these 239 cases, shows that:

- Child maltreatment was the manner of death for 37% of the fatalities. Other homicide accounted for 29%. The manners of death for the remaining 34% was a combination of: accidental, natural causes and unknown/undetermined.
- Children younger than one year old accounted for 43% of the fatalities.

⁵³ In 2022, New Jersey's rate of child maltreatment-related fatalities was 0.95 per 100,000, less than half the national average of 2.73 per 100,000. Source: Child Maltreatment 2022.

- Male children accounted for 56% of the fatalities.
- Black or African American children accounted for 39% of the fatalities. White children accounted for 28% of the fatalities. Hispanic children accounted for 22% of the fatalities.

When a child fatality occurs, it is reported to DCF's Fatality and Critical Incident Review Unit (FCIRU). Because New Jersey law requires any person with reasonable cause to believe a child has been subjected to abuse or neglect to immediately report this information to DCF⁵⁴, reporters may include law enforcement agencies, medical personnel, family members, schools, medical examiner offices, child death review teams, and more. The State's Bureau of Vital Statistics confirms all child fatalities and supplies birth and death certificates upon availability. The CP&P Assistant Commissioner makes the determination as to whether the child fatality was a result of child maltreatment. DCF's NCANDS liaison consults with the FCIRU Coordinator to ensure that all child maltreatment fatalities are reported in the state NCANDS files. NJ SPIRIT is the Department's primary source of reporting for child fatalities in the NCANDS Child File. Child maltreatment deaths are reported in the NCANDS Child File in data element 34, Maltreatment Death, based on data collected and recorded by investigators in NJSPIRIT's Investigation and Person Management screens. If a child fatality is designated as a child maltreatment fatality by FCIRU under CAPTA is not reported in the NCANDS Child File due to data anomalies, it is reported in the NCANDS Agency File in data element 4.1, Child Maltreatment Fatalities not reported in the Child File.

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

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

⁵⁴ N.J.S.A. 9:6-8:10

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

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

While research has not been conducted to provide further information on the impact the services listed in Attachment B have had, these services have assisted DCF in meeting program goals, such as primary prevention of out-of-home placement, child maltreatment and child maltreatment fatalities. Services, such as Healthy Families America and KFT, provide a supportive network for families to preserve the integrity of the family unit in their home or assisted in reunification. As highlighted in Figure 5, New Jersey continues to see a decline in the number of children entering out-of-home placement. There has been a 71% reduction in the number of children entering out-of-home placement from the onset of the DCF reform in 2006, and a reduction in children in placement from over 13,000 children in placement in 2003 to under 3,000 as of December 2023.

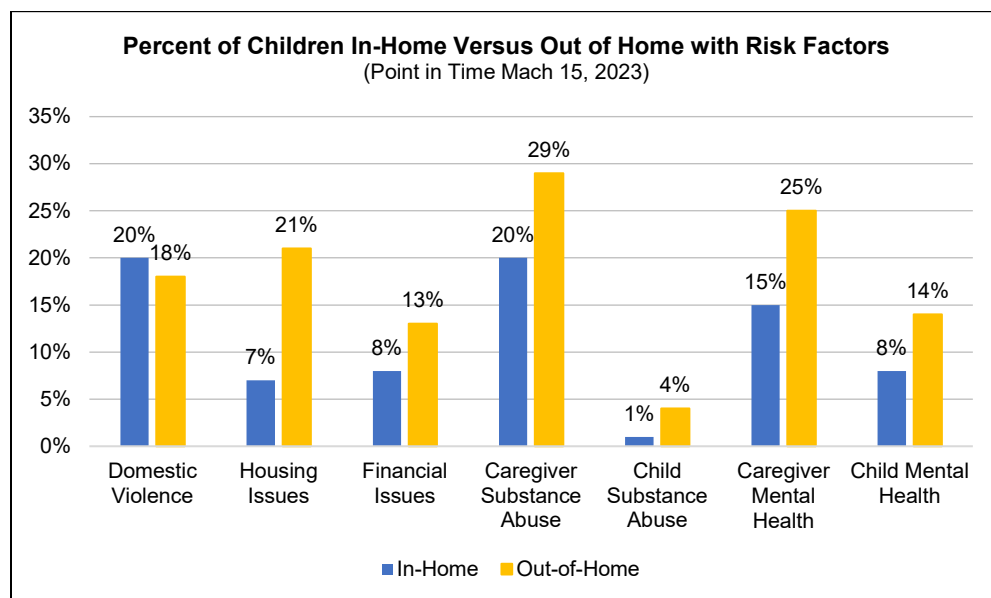
These services also continue to support families by providing education and treatment to reduce the risk of maltreatment and child maltreatment fatalities. As noted in ACF's "Child Maltreatment 2021" report,⁵⁵ New Jersey's average child maltreatment victimization rate per 1,000 children stands as one of the lowest in the nation at 1.6% compared to the national average victimization rate of 8.1%. New Jersey's child fatality rate per 100,000 is 0.49% compared to the national child fatality rate of 2.46%.

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

Populations at Greatest Risk of Maltreatment. Children and caregivers who become involved with CP&P present with a variety of family, caregiver, and child-level challenges. Among the challenges of children served both in and out-of-home, the most common was caregiver substance use (out-of-home: 29%; in-home: 20%). Domestic violence (out-of-home: 18%; in-home: 20%) and caregiver mental health (out-of-home: 25%; in-home: 15%) were the next most common challenges. Housing issues were more common among children in out-of-home placement than children served in their own homes (out-of-home: 21%; in-home: 7%). Figure 43 provides a visual of these risk factors.

⁵⁵ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2023). Child Maltreatment 2021. Available from <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2021.pdf>.

Figure 43. Percent of Children In-Home vs. Out-of-Home with Risk Factors



As described in Section 5: *Update on Service Descriptions: Child and Family Services Continuum*, DCF is undertaking significant efforts to ensure that the entire service continuum is available, accessible, and adapted to the specific needs of these, and other populations served by the Department, and of high quality. In addition, throughout State Fiscal Year (SFY) 2024, DCF sustained funding for programs aimed at strengthening families and preventing family separation, including: three evidence-based home visiting programs, Healthy Families America, Parents as Teachers, and Nurse Family Partnership, in all 21 counties; 57 FSCs; capacity for over 660 families in the statewide child welfare supportive housing program KFT; the statewide FPS and CPSAI; Mommy & Me residential treatment programming for mothers and their children, and the statewide network of domestic violence programming. DCF highlights additional efforts below.

- **ACEs Awareness.** Created in June 2020 through the New Jersey ACEs Funders Collaborative, a partnership comprising the Burke Foundation, the Nicholson Foundation, the Turrell Fund and DCF, DCF's OOR coordinates, facilitates, and hosts statewide initiatives related to raising awareness of, and creating opportunities to reduce or mitigate, ACEs through community-led efforts by supporting organizations that are new or currently pursuing trauma-informed initiatives. OOR is responding to the community request to make PACEs – positive and adverse childhood experiences - science actionable through training and funding for innovative community-driven solutions. In 2022 and 2023, OOR provided community funding opportunities focused on preventing and mitigating ACEs via an award of 46 microgrants to community-based organizations throughout the state to fund initiatives centered on building community and individual resilience. In 2023 and 2024, OOR funded a pilot police-youth initiative with eight law enforcement agencies in at-risk communities in southern New Jersey. Since 2020, four partner organizations, including the NJEA, CASA, Rutgers University, and the Center of United Methodist Aid to Community/Smith Family Foundation, have contracted with ACEs Interface to develop cohorts of PACEs science trainers, who are now providing PACEs training to community-based organizations statewide. Another partner, Prevent Child Abuse America, is providing trauma-informed *Connections Matter* training throughout the state.
- **Home-visiting programs.** Throughout SFY 2023, DCF maintained its existing home visiting

portfolio comprising Nurse Family Partnership, Parents as Teachers and Healthy Families America, and launched services under our new universally accessible newborn home visiting network, Family Connects NJ, as previously described.

- **Peer Recovery Support Services.** Throughout SFY 2024, DCF continued the activities of the PRSS program, which makes peer recovery services available to parents and caregivers with suspected or confirmed moderate or severe substance use disorder diagnoses who have open child welfare cases. PRSS is available in all 46 local CP&P offices. In SFY23, there were 920 parents/caregivers referred to PRSS services. Of those referred, 632 (69%) parents/caregivers enrolled in PRSS services.
- **Nurture NJ.** Throughout SFY 2024, DCF participated with other state agencies in First Lady Tammy Murphy's Nurture NJ initiative, designed to combat racial inequity in infant and maternal morbidity and mortality.⁵⁶
- **Powerful Families, Powerful Community New Jersey.** In 2020, DCF was selected to participate in Round 2 of CB's Thriving Families, Safer Children initiative. In 2021, DCF's demonstration project, PFPC, launched, relying on human centered design methods to develop new ways of working with families to co-design strategies of engagement and intervention in an effort to eliminate the need for family separation. The initiative focuses on families of children aged birth to five to support parents' ability to raise their children safely, together so that rates of family separation decrease, racial disparities in rates of family separation are eliminated, and kinship placements are used exclusively if family separation is needed. The target population for this effort was selected based on DCF's assessment of maltreatment and family separation data, which indicate the need for focused attention to families of young children. Phase 1 of this project took place from 2021-early 2023. Later in 2023, DCF launched Phase 2, expanding the co-design work. DCF engaged local stakeholders in a process to develop a maternal success kit with interventions designed to support new parents and avoid system involvement. These interventions will begin to roll out in Fall 2024. . DCF also provided master class trainings to ten impacted stakeholders. In addition, in March 2024, PFPC released a mini documentary, entitled Truth to Transformation, to promote the need for child welfare system transformation and the inclusion of people with lived experience in that change.

Supporting the Development, Enhancement, and Evaluation of New Jersey's Kinship Navigator Program. New Jersey's Kinship Navigator Program (NJ KNP) is managed by FCP's Office of Family Support Services. The NJ KNP model, which has been operating for 22 years, is implemented by four contracted agencies in various regions of the state. Families can connect with their regional NJ KNP by contacting the NJ 211 helpline, the DCF website or reaching out to regional provider directly. Core NJ KNP program activities include outreach, intake and screening, information and referral, assessment and case planning, case plan check-in and discharge. One full-time and one part-time DCF staff are assigned to support this work. Between October 1, 2022-September 30, 2023, NJ KNP served 58 families with KLG support and 1,588 families with wraparound services, for a total of 1,646 families. Below is a summary of activities implemented during the FFY 2022 grant period, as well as plans related to the FFY 2024 grant. For summaries of activities related to earlier grant periods, see DCF's 2023 APSR.

⁵⁶ <https://nurturenj.nj.gov/>

[Updates on Activities Implemented During FFY 2022 NJ KNP Grant](#). During the FFY 2022 grant period, DCF continued to build implementation supports for its NJ KNP model and focus on program evaluation. Highlights include:

- Development of an effective, usable data collection mechanism for programmatic and outcome data.
- Continued program feasibility assessment, in partnership with the Urban Institute, to determine program readiness for an impact evaluation in alignment with the requirements outlined in the *Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures*. The Urban Institute completed: testing the theory of change and logic model, understanding the target population, examining data quality, outreach, service referrals and outcomes consistent with the NJ KNP logic model, and exploring options for experimental and quasi-experimental designs.
- Production of a report and presentation, via the Urban Institute, for DCF and provider staff with findings and recommendations for expanding program reach, improving fidelity to the model and making additional program improvements.
- Continued data collection and analysis, including document review, focus groups discussions and interviews with NJ KNP staff and participants, analysis of existing programmatic data and analysis of child welfare administrative data to determine if an appropriate comparison group can be identified.
- Finalization of the NJ KNP DCF Connex data system build, including testing and training of NJ KNP providers in use of DCF Connex for entry of programmatic and outcome data.

Figure 44. Activities related to FFY2022 NJ KNP Grant

Teaming	<p>DCF continues to utilize the following teaming structure to attend to all aspects of NJ KNP program development:</p> <ul style="list-style-type: none"> • Management Team: provides project management, convenes teams, manages work plans and deliverables, identifies, and addresses barriers, and provides regular communication to DCF Executive Management. • Evaluation Team: Manages, coordinates, supports, and provides oversight of consultant contract to create an evaluation plan, all necessary evaluation tools, and plan for development of DCF's internal capacity to implement monitoring of fidelity and outcome indicators. • KNP DCF Connex Team: Manages, coordinates, supports, and provides oversight of consultant contract to design and develop a data collection and reporting system specific to NJ KNP to support evaluation and ongoing CQI efforts.
Implementation Supports Competency, Organizational, Fidelity	<ul style="list-style-type: none"> • NJ KNP providers received the NJ KNP manual and participated in electronic trainings relevant to their role in NJ KNP (created in FY19 grant). • 100% of KNP Supervisors participated in web-based training modules, KNP Supervisors Coaching training. • DCF continued to design, buildout, test and launch DCF Connex, a web-based data collection and reporting system to align with NJ KNP Evaluation Plan.
Evaluation Plan and CQI	<ul style="list-style-type: none"> • DCF partnered with Urban Institute to conduct a feasibility study to determine whether a rigorous impact evaluation of the NJ KNP is possible. • Urban Institute reviewed and refined the evaluation plan (created in FY19-20 grant) for the impact evaluation of the NJ KNP • Urban Institute conducted a process study using interviews and analysis of administrative data. • Walter Rand Institute analyzed and produced a report of training evaluation outcomes including knowledge gained and trainee satisfaction.

Updates on Activities Implemented During FFY 2024 NJ KNP Grant. Building on the work completed in prior grant periods and the new DCF Connex electronic data collection system, for the FFY 2024 grant period, DCF is focusing on ensuring consistent fidelity to the NJ KNP model and strengthening data and evaluation infrastructure for NJ KNP, including clearly operationalizing, documenting and institutionalizing data quality assurance processes, CQI processes and evaluation procedures. In this time period, DCF launched monthly meetings with the four NJ KNP providers to provide technical assistance and promote data quality. DCF continued to work with the Urban Institute to develop items for a satisfaction survey and to identify Key Performance Indicators (KPI)s. The Urban Institute continues a literature review of promising practices and trends from other jurisdictions; this information will not only guide DCF's programming but will connect DCF to other jurisdictions operating a KNP program. DCF is working towards an evaluation that builds evidence in alignment with the requirements outlined in the *Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures*.⁵⁷

Figure 45. Activities Related to FFY24 NJ KNP Grant

Teaming	<p>DCF continued utilizing the following teaming structure to attend to all aspects of NJ KNP program development:</p> <ul style="list-style-type: none"> • Management Team: provides project management, convenes teams, manages work plans and deliverables, identifies, and addresses barriers, and provides regular communication to DCF Executive Management. • KNP DCF Connex Team: Manages, coordinates, supports, and provides oversight of consultant contract to design and develop a data collection and reporting system specific to NJ's KNP to support evaluation and ongoing CQI efforts. • Evaluation Team: Manages, coordinates, supports, and provides oversight of consultant contract to create an evaluation plan, all necessary evaluation tools, and plan for development of DCF's internal capacity to implement monitoring of fidelity and outcome indicators.
Evaluation Plan, Data Quality Assurance Processes and CQI	<ul style="list-style-type: none"> • In alignment with the continued roll-out of the DCF Connex data collection system, DCF is ensuring data is entered into the system by NJ KNP providers consistently, reliably and with high quality through continuous data checking, feedback sessions with providers and documentation of data quality expectations and definitions, where needed. • DCF is in the process of facilitating monthly CQI cycles in which DCF partners with providers to review KPIs, discuss implementation strengths and challenges, and identify improvement goals. During these facilitated sessions, DCF presents and analyzes data in the form of dashboards and charts to maintain a continuous feedback loop and analyze trends with providers. • DCF is building Tableau dashboards for sharing key performance indicators back with providers on a quarterly basis. This activity has been put on hold as the programs utilize data visuals from the DCF Connex data system. • In partnership with program providers and the evaluation partner, the Urban Institute, DCF is prioritizing key performance indicators for NJ KNP to be assessed on a quarterly basis. • Secure constituent feedback through surveys and focus groups with caregivers. • Once the process of shoring up data quality is complete, DCF will conduct analyses to determine outcomes of pre post needs assessment, protective factors assessment, empowerment and stability assessment. DCF will also conduct sub-group analyses to determine whether outcomes vary by families' race, income, caregiver relationship to child or other key characteristics.

⁵⁷ [Who We Are | Title IV-E Prevention Services Clearinghouse \(hhs.gov\)](#)

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

Monthly Caseworker Visit Grants are provided to states to improve the quality of caseworker visits with an emphasis on improving caseworker decision-making on the safety, permanency, and well-being of foster children and caseworker recruitment, retention, and training. To ensure the maximum benefit of CP&P support and services to children and their families, DCF policy includes Minimum Visitation Requirements (MVR) that mandate CP&P caseworkers make regular, in-person visits with children, their parents, and, if applicable, the out-of-home placement provider.⁵⁸ In this reporting period, this grant funded ongoing use of the Alert Media application, a safety application installed on staff members' mobile devices to use along with a tether to immediately notify the need for law enforcement assistance in emergency or life-threatening situations. The application relays information about location of the caseworker for quicker emergency response. DCF also used these funds for recruitment advertisement and 10% administrative cost per the grant requirement. Future plans for use of this grant are included in DCF's 2025-2029 CFSP.

Section 9. Adoption and Legal Guardianship Incentive Payments

As described in Section 5, *Service Descriptions: Child and Family Services Continuum*, DCF undertook a comprehensive assessment process to identify necessary changes, i.e., continuation, expansion and/or uptake of new programming to its array of core services. During that process, DCF identified service improvements and expansions to take place beginning in SFY 2023 and continuing forward. DCF is using programmatic plans as roadmaps for practice reform and service improvement. DCF will use Adoption Incentive dollars to fund some of these initiatives, including, but not limited to, a new transitional living programming for older youth expected in SFY 2023, coaching and training related to peer mentoring for older youth expected in SFY 2023, and a continuum of family support programming for families involved with CP&P, including parents with children at risk of placement, resource caregivers and older youth in placement, expected in SFY 2024. Planning for this work continues; DCF will report on actual expenditures for each fiscal year as the work moves forward. Additionally, in SFY 2023, DCF used Adoption Incentive payments to improve DCF's ability to track, manage and support resource work operations through the integration of new software with DCF's CCWIS and LIS. For additional information on Binti, see Section 2, *Assessment of Current Performance*.

Section 10. Adoption Saving Expenditures

As described in Section 5, *Service Descriptions: Child and Family Continuum*, DCF undertook a comprehensive assessment process to identify necessary changes, i.e., continuation, expansion and/or uptake of core services. During that process, DCF identified service improvements and expansions to take place beginning in SFY 2023 and continuing forward. DCF is using programmatic plans as roadmaps for practice reform and service improvement. DCF will use Adoption Savings dollars to fund some of this work. Through this process and utilizing Adoption Savings payments, DCF successfully launched the Adoption and Kinship Legal Guardianship Clinical Services (AKLGCS) program, representing a significant advancement in quality and sustainability. This initiative encompasses the establishment of new provider contracts, model developer support, consultation, and evaluation. The program offers in-home Dyadic Developmental Psychotherapy, an evidence-informed clinical service, tailored to youth and their adoptive and kinship families. Its primary objectives include bolstering identity, attachment, and

⁵⁸ [CPP-III-C-3-100.pdf \(nj.gov\)](#), [CPP-III-C-3-200.pdf \(nj.gov\)](#)

family cohesion, while mitigating trauma associated with alternative permanency processes. Fifty percent (50%) of program participants are youth and their pre-adoptive or kinship families; for these participants, services aim to facilitate stable and permanent adoption arrangements. The remaining 50% are youth and their adoptive or kinship families post-permanency. In June 2023, a contract was awarded to one community-based mental health provider to implement the AKLGCS program and the DDP model expert was enlisted to provide training and coaching to the provider agency, along with technical assistance to DCF. Through the continued use of Adoption Savings funding, DCF intends to continue this service, and contract with the model developer ongoing and, in the subsequent fiscal year, initiate an evaluation.

DCF utilized Adoption Savings payments to support training and consultation for My First Place (MFP), a supportive housing program for young adults, in addition to the AKLGCS program. Two DCF-contracted provider agencies began working with the MFP model expert, First Place for Youth, in July 2023. An Implementation Team, consisting of participants from DCF's programmatic and operational offices, MFP contracted provider agencies and the model developer, First Place for Youth, was launched to plan and oversee implementation activities. Initially, the model expert focused on preparing provider agencies by educating management staff on MFP core values, guiding the hiring process, and structuring supervision and coaching. They also conducted an initial implementation assessment with each agency to customize training and implementation supports. In the Fall 2023, provider staff underwent training and coaching sessions for supervisors and staff were launched and will continue through Summer 2025. An Operations Teams convened to address initial implementation and operational issues. Implementation and Operational Teams continue to meet, with an in-person quality assessment scheduled for May 2024. DCF will report on actual expenditures for FFY 2023 and FFY 2024 in its 2025 APSR.

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

Section 11. Family First Prevention Services Act Transition Grants

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

Section 12. John H. Chafee Foster Care Program for Successful Transition to Adulthood Program and the Education and Training Vouchers Program

A. New Jersey's Chafee Program

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

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

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

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

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

implements the SBC practice model.

Youth are offered Chafee funded services and supports, as well as other services that are funded through a variety of other state and federal resources. See Figure 42. This broad service and support array aims to fulfill Chafee program requirements and leverages other service systems and community-based programs to address youth needs holistically and comprehensively. Available services are offered to youth based on an assessment of their needs and include skill development, housing, education, and career development assistance, as well as financial assistance. Services available for adolescents that aid in their preparation for adulthood are a part of the larger service array available for adolescents in care, regardless of permanency goal.

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

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

Strategy 1: Create Statewide Chafee Advisory Group. DCF will create a standalone advisory group to inform, guide and track progress in the execution of the Chafee plan.

- **Year 5 Update for Strategy 1.** The Chafee Advisory Group (CAG), established in 2019, continues to meet to discuss updates and provide feedback on the strategies and activities in DCF's Chafee and Education Training Voucher plans. The CAG met four times in 2023 and one time, thus far, in 2024. The agendas and minutes from each of the Statewide Chafee Advisory Group meetings are publicly posted on DCF's website, providing the public with ongoing information regarding the implementation of DCF's Chafee Plan.⁵⁹ In addition to the strategies included in DCF's Chafee plan, other items discussed during meetings included NYTD data, the parenting youth survey and results, and planning for the 2025-2029 Chafee plan. For information on the 2025-2029 Chafee plan, see DCF's 2025-2029 CFSP.

⁵⁹ <https://www.nj.gov/dcf/providers/boards/chafee.html>

Strategy 2: Continue to elevate youth voice. Family and youth voice are prioritized as a value and core approach to implement DCF's strategic plan. New Jersey's Chafee Program continues to enhance efforts to promote youth voice through the activities below. Activities within Strategy 2 include:

- a) DCF will develop a statewide Youth Council that will provide feedback to the system regarding changes and enhancements needed to DCF's programs and services.

Year 5 Update for Strategy 2(a): In January 2020, DCF created a statewide Youth Council. The Council's feedback and expertise continues to be used to improve existing programs and planning, determine what new supports and services may be necessary, identify how best to achieve positive outcomes, and evaluate system reforms. The Youth Council's third cohort kicked off in January 2024. For information on the Youth Council, see Section 1, General Information on DCF's Collaboration Efforts.

- b) DCF will develop a training for youth and youth serving adults that will support young people in various roles, e.g., workgroups, task forces, panel presentations, councils, committees, to appropriately prepare and receive support regarding strategic sharing and using their own lived experience in a healthy way to help inform systems change and enhancement.

Year 5 Update for Strategy 2(b): DCF is developing a Lived Experience Expert Partnership (LEEP) to support and ready constituents to serve as lived experience consultants on various projects across the department. Amongst others, OFV is developing the program with members of the Youth Council. For additional information on LEEP, see DCF's 2025-2029 CFSP.

- c) Partner with relevant stakeholders to develop strategies to ensure that youth in foster care are informed of, prepared for, and attend their family court hearings.

Year 5 Update for Strategy 2(c): Initial feedback from staff, legal representatives and young people indicates this is occurring across the state in a consistent manner. DCF will continue to monitor this to ensure youth and young adults are informed and prepared to participate in court hearings.

- d) Increase opportunities for youth with lived experience to serve as peer supports for youth currently in care. This is an ongoing activity.

Year 5 Update for Strategy 2(d): In Fall 2022, DCF launched New Jersey's peer-to-peer mentoring program, EnlightenMENT, which was codesigned with the Youth Council. EnlightenMENT provides young people, ages 14-21 and in the care of CP&P, with peer support through trained professional staff and credible messengers who themselves have lived experience in New Jersey's child welfare system. The program ensures that youth entering care have someone they can go to for advice and guidance on navigating the foster care system from the perspective of another youth with similar lived experience. Three regional programs operate in select counties in the southern, central, and northern regions of the state.

- e) Increase opportunities for youth with lived experience to be included in training initiatives, e.g., informing curriculum, serving as trainers. This is an ongoing activity.

Year 5 Update for Strategy 2(e): DCF continues to provide and increase opportunities for

youth with lived experience to be included in training initiatives.

Strategy 3: Design and Implement Changes in Chafee Program Philosophy. DCF has made great strides to improve policy, practice, and programming to comprehensively serve youth in foster care. The Youth Thrive framework includes the importance of relationships, understanding of adolescent brain development, trauma-informed care, and youth voice. Additional considerations to effectively serve youth in foster care are essential. More specifically, DCF acknowledges and is concerned about the disproportionate number and disparate treatment of African American/Black and Hispanic/Latino youth in foster care. DCF is embarking on broader efforts to address institutional and systemic racism. The Chafee program will more closely examine these inequities and include a race equity informed lens to update and enhance policy, practice, and programming to youth in foster care. In addition, trauma-informed care has been and will continue to be an important and meaningful approach to serve children, youth, and families in the child welfare system. There is a recognition that youth served by DCF need to thrive and not just survive. Trauma-informed care has important considerations regarding understanding and helping individuals cope with trauma. DCF seeks to go beyond coping, to truly help those we work with to heal. Often youth in foster care are in survival mode and just getting by. Our goal is to help youth in foster care to recover and thrive through healing. Chafee program changes during 2020-2024 will move beyond asking “what’s happened to you?” to “what’s right with you?” to meet young people where they “dream.”

- *Year 5 Update for Strategy 3.* To assist in meeting strategy 3, OAS is tracking the Department’s work of the ODEB and OOR. During last fiscal year, primer documents on each area were drafted for use by CAG members to inform and drive the Chafee strategy teamwork. ODEB will review adolescent policy to ensure that it is equitable for adolescents and young people. DCF also provided the opportunity for staff to participate in the Healing Centered Engagement Certificate program; in March 2023, three OAS members completed the program. They will integrate the information learned into practice, policy and programming.

Strategy 4: Promoting Kinship Care, Permanency, and Connections. CFSR Round 3 results indicated a need to improve efforts to achieve permanency for youth in foster care. The CFSR Round 3 PIP included strategies related to strengthening concurrent planning practices, DCF’s relationship with judiciary staff, and promoting kinship care. The Chafee program will be strengthened to also support these efforts through the following activities:

- a) Developing a formalized process and create resources, i.e., bench cards, to train and increase knowledge of judiciary staff regarding the unique needs of adolescents and young adults in foster care. This information will include updated policy, practice, and program information impacting youth in foster care.

Year 5 Update for Strategy 4(a): A bench card with information about policy and resources for youth and young adults has been developed; final reviews are in process.

- b) Supporting youth in kinship care through system and direct service intervention strategies that support both the youth and their kinship caregiver.

Year 5 Update for Strategy 4(b): This was completed December 2020.

- c) Updating life skills services for youth through reimagining age-appropriate skill development within the context of family, peer, and community relationships. This

reimagined service may help to promote emotional and legal permanency.

Year 5 Update for Strategy 4(c): In March 2022, OAS completed an engagement with Mathematica, who provided consultation for facilitating a short-term process using human-centered and evidence-informed approaches to refine and revise services and supports for transition aged youth. This framework and the process for designing and carrying out program changes is called Learn, Innovate, Improve (LI2). The LI2 framework is being used to update life skills, with a focus on the Youth Thrive protective and promotive factors, so that appropriate skill development within the context of family, peer, and community relationship can happen. Because there are other programs, i.e., Pathways to Academic and Career Exploration to Success (PACES) and LifeSet, that support older adolescents, the new intervention will be for adolescents ages 13-17. The team identified the Youth Thrive Protective and Promotive Factors that would be integral to the proposed intervention, identified outcomes and specific areas that would be included or focused on through the model. In addition, the team researched existing models. The proposed intervention, which centered around a concierge/navigator model, was shared with the Youth Council for feedback. Mathematica will provide DCF with a guidebook that outlines the LI2 steps taken, the information gathered, and a recommended pathway for moving forward to finalize the intervention and begin testing.

- d) Refining efforts to ensure that youth in foster care experience age and developmentally appropriate activities that will assist in building and strengthening relationships in their home, promote stability, and support efforts towards legal permanency.

Year 5 Update for Strategy 4(d): This was completed September 2021.

Strategy 5: Services for Young Adults 18+. At the time DCF's 2020-2024 CFSP was developed, many of DCF's services for young adults rested on outdated program models. DCF, therefore, undertook efforts to strengthen the Chafee program through the following activities:

- a) Reviewing and updating aftercare services for youth 18+ to more comprehensively support a youth's transition to adulthood.

Year 5 Update for Strategy 5(a): In October 2020, DCF began piloting the LifeSet model. Since that time, four contracted providers have been serving young people across the state. LifeSet in New Jersey has served over 596 unduplicated young adults. The third annual KPIs show that, of the 134 youth who discharged during the period, over 90% of youth had a safe place to stay, 95% had employment or educational stability, and 98% of youth avoided legal involvement or arrests during their time in LifeSet. The LifeSet provider agencies went through their third Annual Program Model Review with model developer, Youth Villages, at the end of 2023. For the third consecutive year, all four providers were well above the 80% required threshold indicating implementation of the LifeSet model to fidelity. The model review included interviewing LifeSet participants to get their feedback on the program, goals, and how they felt the program was helping them.

The LifeSet pilot included a randomized control trial evaluation called the Youth Adult Services Study, which began in August 2021, to assess intervention effectiveness. Random assignment concluded in March 2023 with 661 youth being included in the study. The evaluation team is completing follow up surveys with those youth as they reach 24 months post-random assignment. DCF expects focus groups and interviews to take place in 2024, with a full evaluation report being produced in 2026.

- b) Reviewing and updating the housing program model for youth 18+.

Year 5 Update for Strategy 5(b): This was completed October 2023. DCF's OOH implements a youth housing continuum with a capacity to support over 450 young adults across transitional living programs and supportive housing interventions. The majority of youth housing programs can be centrally accessed by youth across the state via the Adolescent Housing Hub (AHH). For additional information on Youth Housing, including partnerships with PHAs, the Connect to Home and My First Place Interventions, and DCF's street outreach efforts, see Section 4, *Services*.

Strategy 6: Marketing Chafee Services to Eligible Youth. In recognition of the evolving nature of preferred methods of communication for youth and young adults, DCF will develop an innovative strategy to market Chafee services. Activities to revise and refine marketing strategies include:

- a) Developing and implementing a strategy to market Chafee services to newly eligible youth that achieved reunification 14+.

Year 5 Update for Strategy 6(a): This was completed August 2022. CSOC's Office of Integrated Health and Wellness (OIHW) develops and administer programs that deliver quality prevention, intervention, primary care, and healthcare management services that promote the safety and well-being for children and families. Some of the responsibilities of this office are child and family health, adult and youth substance use, suicide prevention and Medicaid. As such, the Office is leading the Medicaid continuity of coverage initiative for DCF. This initiative includes the requirement for Medicaid be offered to eligible young adults formerly in foster care who move to a new state and who have turned 18 on or after January 1, 2023. Some states may opt to cover youth who have already turned 18 and meet all other eligibility criteria. The youth may need to provide documentation of eligibility to the state in which they reside, including a termination of service letter provided by DCF. Updates have been made to the NJYRS website to guide young adults moving out of state. OIHW continues to build a portfolio on each state's Medicaid vendor and the application process to share with young adults and other stakeholders. DCF and the state's Medicaid agency, the Division of Medical Assistance and Health Services, have identified a process for former foster youth applying for Medicaid from other states. Young adults from other states who have moved to New Jersey can now indicate they were in foster care at age 18 or older on the NJFamilyCare Medicaid application as attestation and processed according to enrollment guidelines.

- b) Refining and implementing marketing strategies of Chafee services to eligible youth whose child welfare cases are closed.

Year 5 Update for Strategy 6(b): This was completed August 2022. For additional detail, see *Year 5 Update for Strategy 6(a), above*.

- c) Comprehensively reviewing the possibility of providing services to adolescents who are not in placement but involved with child welfare to prevent placement.

Year 5 Update for Strategy 6(c): This was completed December 2023. For additional detail, see *Year 5 Update for Strategy 6(a), above*.

- d) Reviewing Medicaid continuity of coverage.

Year 5 Update for Strategy 6(d): This was completed 2022. For additional detail, see *Year 5 Update for Strategy 6(a)*, above.

Strategy 7: Technology. As described earlier in this report, in 2015, a youth-specific website, NJYRS was launched. Activities to meet the ever-changing needs of technology services within the Chafee Plan include:

- a) Updating the content and functionality of the NJYRS website.

Year 5 Update for Strategy 7(a): Through partnership between the Youth Council, OAS, OFV, OIT, Office of Communications and the NJ OIT, this was completed in June 2022.⁶⁰ The subcommittee continues to meet each month and writes content for the website in language aimed at connecting other youth to resources for education, life skills, housing, and much more. Most recently, council members added content about jobs and trade careers and immigration resources. They also launched several newly designed sections to help navigate the site and highlight and bring attention to particular initiatives. While NJYRS is designed for youth by youth, there were increased requests for content aimed at staff and resource parents. As a result, DCF and the Youth Council designed and launched a new section, “DCF Connected,” that contains information about resources only available to youth currently or formerly involved with DCF through CP&P, e.g., scholarships. The subcommittee continued to distribute window clings containing the QR code to more easily access the NJYRS resource. The site averages about 10,000 page view per month.

- b) Developing a mobile application specific to youth in foster care to help them navigate the foster care system, understand their rights, and get connected to available resources and supports.

Year 5 Update for Strategy 7(b): The Youth Council spearheaded efforts to research and gather information about the development of a mobile application for youth in care. There are several challenges in moving forward with the mobile application, including level of functionality and ensuring the necessary management and ongoing application support.

- c) Posting NYTD data on public DCF and NJYRS websites. Send notifications through DCF listserv when data is posted.

Year 5 Update for Strategy 7(c): This was completed in March 2024.

- d) Developing online access for youth to complete the NYTD Follow Up survey.

Year 5 Update for Strategy 7(d): This was completed in October 2022.

New Jersey’s Process for Sharing the Results of NYTD Data Collection. DCF has shared the results of the NYTD data collection with contracted service providers over the last several years using the data snapshots created by the CB. DCF has discussed both the independent living services data using information from FFY 2013-2017 and FFY2017-2021, as well as the outcomes

⁶⁰ [New Jersey Youth Resource Spot \(nj.gov\)](https://www.nj.gov/youth/spotlight/spotlight.html)

data from surveys using information from cohorts one and two. In addition, NYTD is shared with child welfare staff, from frontline workers to leadership.

2020-2024 NYTD Data Sharing Plan. To share the NYTD data with a broader cross section of stakeholders, DCF plans to:

- a) Develop a NYTD data project plan that provides ongoing information and data analysis of available NYTD data that can then be shared with stakeholders ongoing.

Year 5 Update for Strategy (a): This was completed in December 2021. DCF continues to provide ongoing information and data analysis with stakeholders. For example, DCF's Office of Applied Research and Evaluation (ARE) analyzed NYTD survey results and Cohort 5's NYTD independent living services for 2017-2021 and published a publicly available data brief.⁶¹ In addition, ARE developed a microlearning video series for all DCF staff, "DCF Data Bite Insights," to share data and research to help inform DCF's programs and initiatives; the first episode highlighted the NYTD data for Cohort 5.

- b) Post NYTD data on the public DCF and NJYRS websites. Send notifications through the DCF listserv when this data is posted.

Year 5 Update for Strategy (b): This was completed in March 2024. See *Strategy (a)*, above.

- c) Share NYTD data and information with the Statewide Youth Council.

Year 5 Update for Strategy (c): This was completed in Summer 2023.

- d) Incorporate NYTD data into all presentations and trainings, i.e., presentations to court staff, ongoing adolescent trainings, meetings with providers.

Year 5 Update for Strategy (d): This began in Fall 2021 and is ongoing. For additional information, see *Using Data to Measure Success and Improve Service Delivery to Chafee Eligible Youth*, below.

- e) Include NYTD data in any DCF CQI activities/presentations, when possible, i.e., Child Stat, Qualitative Reviews.

Year 5 Update for Strategy (e): This began in Fall 2021 and is ongoing.

Strengthening NYTD Data Collection 2020-2024. DCF created a Child Welfare Information System/NJ SPIRIT interface for community-based providers to enter NYTD Independent Living Services that are provided to youth/young adults. This will assist in improving the quality of the data that is collected. Other strategies to strengthen NYTD data collection will be addressed through the Data strategy team. DCF will:

- a) Work to create a system to capture NYTD Independent Living Services being provided by resource parents as well as child welfare staff.

Year 5 Update for Strategy (a): DCF's efforts to create a system to capture NYTD independent living services data was delayed due to the COVID-19 public health

⁶¹ <https://www.nj.gov/dcf/adolescent/NYTD-Data-Brief.pdf>

emergency. It will resume within the next year.

- b) Incorporate reviewing NYTD data during case record reviews during contract monitoring site visits with service providers to ensure that services are being provided as well as verify documentation for those services is in the youth's record.

Year 5 Update for Strategy (b): This was initiated and is ongoing. DCF reviews NYTD data within contracted service provision through its review of contracted services, which takes place at least quarterly, as well as during the semi-annual site visits with providers.

- c) Develop online access for youth to complete the NYTD Follow Up survey to improve access to and number of youth that complete the survey.

Year 5 Update for Strategy (c): This was completed in January 2022.

- d) Develop a quality assurance process to ensure timeliness of data collection and submission, update NYTD policies as needed, and make any necessary improvements or changes.

Year 5 Update for Strategy (d): The quality assurance process to ensure timeliness of data collection and submission is in development. DCF reviewed internal and external processes. Next, DCF will obtain feedback from contracted adolescent providers on the process.

Using Data to Measure Success and Improve Service Delivery to Chafee Eligible Youth. DCF continues to analyze the NYTD data, along with risk and protective factors, to determine 1) the factors associated with incarceration, homelessness and adolescent parenthood among youth transitioning out of foster care, 2) the factors that may be associated with the completion of high school and obtaining full or part time employment among youth transitioning out of foster care and 3) to what extent participation in Chafee services influences incarceration, homelessness, adolescent parenthood, completion of high school and employment among youth transitioning out of care. Youth who completed the NYTD survey and received at least one NYTD service contribute to this data. Specifically, DCF is analyzing NYTD Cohort 3 (2017-2021) data to examine the following:

- What trends in homelessness, incarceration, and parenthood can be observed among youth who participated in all NYTD survey intervals? What trends in educational advancement and employment can be observed among youth who participated in all NYTD survey intervals?
- What youth characteristics, if any, are associated with homelessness, incarceration, and adolescent parenthood?
- What IL services are commonly accessed by youth?
- What IL services, if any, are associated with homelessness, incarceration, and adolescent parenthood?

DCF continues to share NYTD data with providers, the Chafee Advisory Group, and other internal stakeholders, including child welfare workers. DCF created presentations, data visualizations and data briefs to share with internal and external stakeholders. For example, a NYTD brief has been posted on the DCF website and will be added to the NJYRS website. Additionally, the Program Evaluator is designing and participating in CQI processes related to DCF adolescent programs and services.

Outside of ongoing NYTD data collection and analysis, DCF includes additional youth-specific data to help inform the Chafee program. This will include an analysis of quantitative, qualitative, and programmatic data from record reviews, survey analyses, qualitative reviews, New Jersey's Child Welfare Data Hub, education-related data through DOE, and other available data to examine the services youth receive and their progress in programs funded through the Chafee Program. Additionally, this will include data. Findings from this analysis will also be used to inform DCF efforts to better understand the needs of special groups of youth, young parents who are in care, through additional research studies. This work is led by DCF and reviewed and informed by the Chafee Advisory Group.

Ensuring that the Chafee Program will Serve Youth Statewide. Like the total number of children in foster care, the number of youth in foster care in New Jersey continues to decrease. In 2022, DCF had its lowest number of youth ages 13-17 and ages 18-21 in care. Figures 46 and 47 include data on the number of youth in foster care by county from 2017-2022.

Figure 46. Youth in Foster Care Ages 13-17

Youth in Foster Care Ages 13-17, 2017-2022						
Source: NJ Child Welfare Data Hub						
County	2017	2018	2019	2020	2021	2022
Atlantic	49	46	43	45	34	37
Bergen	49	36	28	24	23	25
Burlington	51	55	45	32	25	29
Camden	108	100	113	84	73	71
Cape May	28	30	21	15	16	18
Cumberland	53	47	41	34	31	28
Essex	178	179	147	112	95	99
Gloucester	68	68	51	47	45	49
Hudson	78	65	59	48	35	40
Hunterdon	<10*	<10*	<10*	<10*	<10*	-
Mercer	80	59	54	44	44	38
Middlesex	69	40	45	45	39	35
Monmouth	68	58	36	37	37	33
Morris	26	28	17	18	20	21
Ocean	55	51	52	37	32	35
Passaic	54	59	49	39	32	44
Salem	16	19	17	12	<10*	<10*
Somerset	10	15	11	12	11	10
Sussex	<10*	10	<10*	<10*	<10*	<10*
Union	69	51	50	38	42	33
Warren	23	18	13	<10*	<10*	11
Totals**	1132	1034	892	723	660	656
<p>* In order to protect the privacy of children and families represented, data suppression has been activated for this report. For suppressed data displayed in the table, these values are displayed as "<10*."</p> <p>**Please note totals are slightly higher after adding counties with <10 youth.</p>						

Figure 47. Youth in Foster Care Ages 18-21

Youth in Foster Care Ages 18-21, 2017-2022 Source: NJ Child Welfare Data Hub						
County	2017	2018	2019	2020	2021	2022
Atlantic	<10*	11	11	13	11	<10*
Bergen	24	24	22	15	<10*	12
Burlington	21	16	10	<10*	<10*	<10*
Camden	33	31	25	24	24	27
Cape May	<10*	<10*	<10*	<10*	0	<10*
Cumberland	15	12	12	12	<10*	<10*
Essex	60	56	50	39	39	29
Gloucester	17	19	13	<10*	<10*	12
Hudson	33	29	28	13	14	13
Hunterdon	<10*	<10*	0	<10*	<10*	-
Mercer	15	13	12	14	14	16
Middlesex	16	13	11	11	22	24
Monmouth	19	15	10	<10*	10	<10*
Morris	<10*	10	<10*	<10*	<10*	<10*
Ocean	<10*	14	13	18	14	13
Passaic	17	15	15	15	17	13
Salem	<10*	<10*	<10*	<10*	<10*	<10*
Somerset	<10*	<10*	<10*	<10*	<10*	<10*
Sussex	<10*	<10*	<10*	<10*	<10*	<10*
Union	26	24	20	24	20	23
Warren	<10*	<10*	<10*	<10*	<10*	-
Totals**	296	302	252	198	234	182

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

Chafee services are offered statewide; however, they are primarily located in areas of the state or county with higher concentrations of youth. Some services, such as housing, are not located in every county, but are accessible to youth from across the state. New Jersey has urban, suburban, and rural areas and as such, services may vary due to differences in transportation infrastructure, population density, and/or cost of renting or owning a property to offer services. Through the Youth Council, the Youth Advisory Network (prior to the contract ending) and meetings with child welfare staff and contracted providers, feedback is received regarding existing barriers youth experience when accessing services, as well as how experiences in receiving services may differ by county or region.

Data Informing Service Variation by Region or County. For the 2020-2024 Chafee program plan, DCF analyzed NYTD data by county to identify differences in services provided. As is described in the *Using Data to Measure Success and Improve Service Delivery to Chafee Eligible Youth* section, below, DCF uses multiple data sources to review and analyze youth specific data to inform the Chafee program and services. This analysis will help determine how services may look different or are designed differently across the state.

Serving Youth of Various Ages and Stages of Achieving Independence. New Jersey has a state-extended foster care program, serving youth and young adults to the age of 21. During the COVID-19 pandemic, DCF made LifeSet and Wraparound services available to support youth beyond the age of 21. Recognizing that the additional support between ages 21-23 was necessary, DCF will make this change permanently to serve youth through their 23rd birthday.

Targeting Chafee Program Services and Supports. DCF continues to make training enhancements, e.g., Youth Thrive and LGBTQIA2S+ services, and updates to planning resources, e.g., Transitional Plan for YOUTH Success, for child welfare casework staff and community-based providers. Through new training and updated planning resources, staff and providers are better able to engage, assess, and plan with youth in a developmentally appropriate and informed way. DCF continues to refine efforts to provide services to meet these needs through leveraging and improving existing resources offered by DCF's many offices, including the Office of Clinical Services, e.g., the child health nurse program, CSOC, e.g., mental health and substance use supports and services, and DOW, e.g., domestic violence supports and services, and more. Figure 39 outlines Chafee specific services and additional services offered through DCF that can support Chafee eligible youth. As noted in Section 5, *Update on Service Descriptions: Child and Family Services Continuum*, DCF is implementing strategies to achieve service excellence, including services for youth of various ages and stages of achieving independence, to address concerns related to availability (targeted for special populations, etc.), accessibility (service gaps, waitlists, access for neighboring counties, more language availability, etc.), acceptability (individualized services, etc.), and quality. The strategies outlined there will also target Chafee program services and supports.

Youth in foster care often have needs related to mental health, substance use, and domestic and/or interpersonal violence. There are several services that continue to work with our young people who are no longer in care, including housing services, LifeSet, PACES and NJFCS. Through these programs, DCF shares information about resources and services, including mental health resources, that are available for young people. In addition, there is information on mental health on the NJYRS website.

DCF recognizes that expecting and parenting youth, including young fathers, require unique services and resources to support their role as a parent while also developing as a young adult. To provide support for expectant and parenting youth, the Expectant and Parenting Youth (EPY) preliminary plan was developed. The plan includes a review of policy and training, data collection, out-of-home programming, and practice and resources. The plan was discussed with and shared with the Chafee Advisory Group, as well as other internal and external stakeholders for feedback and input, including youth and young adult parents in care. In 2023, DCF reviewed national research and literature on parenting young people in care (PYPIC) to inform a PYPIC survey study intended to guide DCF in updating and improving its policy, practice, and programming to best meet the needs of young people and their children. The survey was administered to parenting young people in Fall 2023 through Winter 2024; 39 young parents participated in the survey. DCF will analyze the results.

The Chafee program will be strengthened by using a race equity informed lens to update and enhance policy, practice, and programming for youth in foster care. These efforts will explore strategies to tailor practice and Chafee services to ensure all youth receive fair and equitable treatment and receive support and services that are culturally informed and appropriate. There will also be improved efforts to use data to inform CQI in the delivery of Chafee services.

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

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

Services to Support LGBTQIA2S+ Youth and Young Adults. DCF is committed to provide appropriate and affirming services to all children and youth regardless of sexual orientation status, gender identity, or gender expression. DCF's LGBTQIA2S+ Safe Space Program continues to be dedicated to creating a safe, inclusive, and affirming culture for LGBTQIA2S+ people served by DCF and DCF providers. While this benefits all LGBTQIA2S+ children, youth and families served by DCF, this is especially important for youth who are in out-of-home care settings who identify as LGBTQIA2S+, as these youth are some of the most at-risk youth in care. LGBTQIA2S+ children and youth experience higher rates of family rejection, community violence, and require access to safe, affirming, and accepting environments when they enter child welfare to be seen, heard, and thus thrive into adulthood.

The DCF Safe Space Program strives to create a system and culture of inclusion for LGBTQIA2S+ people by providing specially trained CP&P Safe Space Liaisons to be available to support local and area office staff with advocacy for LGBTQIA2S+ children, youth, and families, best practices, and an understanding of local, state, and federal resources, policy and confidentially practices. The statewide Safe Space Coordinator, who oversees the program, tracks staffing changes internally to ensure coverage and access in all CP&P offices. DCF continues to have quarterly virtual statewide Safe Space meetings with the Safe Space Liaisons to share updated information about affirming services for this population to share. Safe Space Liaisons are available for case consults, field assists, and other needs by local and area office staff. The LGBTQIA2S+ Statewide Coordinator is available to all staff, by phone or email, if they are unsure how to proceed with any issues, concerns, or questions regarding LGBTQIA2S+ matters. In addition, the Safe Space Coordinator teamed with OFV and the Youth Council to provide resources, which have been added to the NJYRS website.

DCF's LGBTQIA2S+ policy, which was published in 2016, offers guidance, best practices, and vital information to supporting LGBTQIA2S+children, youth, and families connected to DCF and DCF contracted providers. The policy continues to be a pillar in the work to support DCF's LGBTQIA2S+individuals and communities, while offering guidelines for non-discrimination practices and resources for protecting all persons based on their sexual orientation, gender identity, and gender expression. DCF recognizes that this work is ever evolving and affirming terminology, resources, and guidelines must be assessed regularly to meet the needs of LGBTQIA2S+ children, youth, and families served by DCF. In Fall 2022, DCF established a committee to address areas in which non-discrimination practices and policies can be enhanced and amended to create safer and more equitable environments for DCF's LGBTQIA2S+ clients and staff, e.g., equitable access to restrooms in DCF's offices. In 2023, the committee reviewed and recommended updates to DCF's LGBTQIA2S+ policy and undertook a public campaign to

share this policy more widely to DCF and its providers. In addition, the committee updated the LGBTQIA2S+ resource guide.

Identified Safe Space Liaisons were trained on a curriculum of a three-credit virtual training called, Providing Affirming Care: Foundations in Transgender & Non-Binary Inclusive Practices. This content was written and created by the Transgender Training Institute (TTI), specifically under DOW's grant, so Safe Space Liaisons that attended the Training of Trainers series learned how to deliver this training content, as well as the skills, and knowledge to train even more people on affirming practices to work with transgender and non-binary communities. The TTI partnership with DCF ended June 30, 2023. Safe Space Liaisons that were trained to provide training through TTI continue to train in DCF local offices as requested. DOW continues to oversee the Rape Prevention and Education grant and is in the process of establishing the support it will provide to the LGBTQIA2S+ population served by DCF. By training others to carry out this content in their communities, DCF is creating a continuum of safer, more equitable, and affirming spaces for all transgender, non-binary, and gender non-conforming individuals and communities across the state.

Last, DCF continues to participate in the Human Right's Campaign All Children-All Families (ACAF) program. ACAF aims to create and enhance already existing LGBTQIA2S+ affirming child welfare organizations. DCF continues to be recognized as a child welfare serving agency partner that is committed to creating an affirming culture for LGBTQIA2S+ children, youth, and families and is listed as being in the "Building Phase", or tier three. DCF is one of a few statewide government-based child welfare serving organizations participating in this important work. As part of participation, DCF and other organizations are provided support and access to special LGBTQIA2S+ affirming resources and webinars.

Collaboration with Stakeholders and other Private and Public Agencies. DCF is committed to ongoing and meaningful collaboration with a youth and a variety of stakeholders as a central element of its work and the implementation of the Chafee program and services. Examples follow.

- **Youth.** Youth and key stakeholders and partners to inform the Chafee program and services. For additional information, see Youth Voice, Leadership and Advocacy, above.
- **Public Agencies.** DCF relies on partnerships with other sister agencies to carry forward its Chafee program. Highlights follow.
 - **Judicial partners.** DCF provides standard and ad-hoc training for the CICIC and AOC to enhance communication and collaboration in effort to improve timely permanency, particularly for adolescents. In March 2022, OAS participated in the CICIC Conference as a panelist in a workshop entitled, "Redefining How We Think about Permanency and APPLA," during which DCF shared information about services and supports for adolescents. Panelists included Youth Council members, who shared their own experiences and thoughts about obtaining permanency.
 - **The Department of Community Affairs.** DCF partners with DCA around varied subsidized and supportive housing models for youth across the state. This includes, but is not limited to, Section 8 vouchers for child welfare-involved young adults, including parenting youth, and other supports. DCA has provided rapid rehousing vouchers for young adults and families involved with child welfare.

- **The Housing and Mortgage Finance Agency.** The Housing and Mortgage Finance Agency (HMFA) is dedicated to increasing the availability of and accessibility to safe, decent, and affordable housing to families in New Jersey. HMFA and DCF collaborate with contracted supportive housing providers to track housing and services for adolescents and young adults, identify gaps in the local service continuum and develop appropriate outcome measurements. Also, staff from HMFA's Homeless Management Information System provide periodic trainings and technical assistance to DCF funded housing service providers.
 - **The Department of Education.** In accordance with the 2015 Every Student Succeeds Act, DCF and DOE have a data sharing agreement in place to provide education/school data regarding youth in foster care with the intent to review trends in student's educational attainment. DCF and DOE continue to collaborate to ensure both departments are meeting the requirements of the Fostering Connections to Adoptions and Success and Every Students Succeeds Act.
 - **The Juvenile Justice Commission.** To improve outcomes for youth involved with the juvenile justice system or dually involved with both child welfare and juvenile justice, DCF participates in several collaborations with the JJC. This includes the New Jersey Council on the Juvenile Justice System Improvement, statewide and local activities and efforts through the Office of Juvenile Justice and Delinquency Prevention.
- **Non-Profits and Private Organizations.** DCF works closely with non-profit and private organizations. Highlights follow.
- **One Simple Wish.** One Simple Wish is an online, non-profit organization and platform that brings national awareness to the foster care system and increases the well-being of children experiencing out-of-home care by granting their unique wishes. This support increases a youth's access to items including, but not limited to, musical instruments, sports equipment, and other needs. One Simple Wish supports youth currently in foster care and youth with past experience in foster care ages 21+.
 - **Roots and Wings.** DCF partners with Roots and Wings, which is a privately funded program that provides safe housing, case management, education, counseling, and life skills to youth 18+ aging out of foster care. This is an important program and partnership since this program serves youth up to age 24.
 - **The New Jersey Career Assistance Navigator.** DCF partners with Rutgers University and DOE to have administrative access and technical support for the New Jersey Career Assistance Navigator (NJCAN) website.⁶² NJCAN is a website designed for youth in middle school through college-age who are interested in career readiness and/or post-secondary education. OAS staff have administrative access to NJCAN and can setup CP&P staff or contracted provider staff with portfolios to create accounts for young people they serve. With an account, young people, staff, providers, or caregivers have full access to the website tools. Anyone can access and use the NJCAN website but unless a person

⁶² <https://portal.njcis.intocareers.org/>

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

- **Technical Assistance Providers.** Through federal projects and other initiatives, DCF partners with and has contracts for various technical assistance for initiatives to improve and enhance Chafee services and programming. Some of these technical assistance providers include: the Center for the Study of Social Policy, providing support regarding the Youth Thrive initiative.
- **Initiatives Related to Adolescent Health.** In review of the Chafee program, DCF aims to strengthen practice and education to youth regarding preventative health activities, e.g., smoking avoidance, nutrition education, and pregnancy prevention, etc. DCF plans to partner internally through the Child Health Nurse Program for youth in foster care, the evidence-based home visitation programs and with the DOH regarding these prevention activities and interventions. The goal is to ensure that this information is provided to youth in foster care and that youth are informed of strategies to maintain health. Youth should additionally have access and participate in a variety of practice and programming activities that promote health and well-being. This work is ongoing.
- **Preventing Homelessness and Promoting Housing Stability for Youth in Foster Care.** DCF partners with housing stakeholders to support Statewide efforts to prevent homelessness and promote housing stability for current or former foster care involved youth; between the ages of 18 and 24yrs old. These stakeholders include Public Housing Authorities (PHAs), CoCs, other State Departments, landlords/developers and community-based providers. Across the scope of youth housing work, DCF focuses on highly vulnerable youth at highest risk of experiencing homelessness, facing the following risk factors; pregnant and/or parenting, identifying as LGBTQIA2S+, fleeing domestic violence, sexually exploitation, mental health or substance misuse and having a history of arrests. DCF's efforts to prevent youth homelessness, as implemented by OOH, ranges from primary prevention to tertiary interventions including the following:
 - Providing education, technical assistance and consultation to community partners to increase awareness of housing resources and facilitate timely service coordination.
 - Facilitating connection to non-DCF mainstream housing opportunities through direct referrals to the Department of Community (DCA) and other partners; for permanently disabled youth.
 - Continuing to implement Street Outreach efforts in select communities to connect unstably housed youth to resources and support.

- Continuing to implement a continuum of youth housing programs and services ranging from transitional housing to permanent supportive housing in 19 of 21 counties. DCF utilizes a mix of housing subsidy and vouchers (i.e., Section 8, State Rental Assistance/SRAP) to support over 450 youth, including:
 - Transitional living programs support over 300 young adults. These include a mix of traditional STLP/TLPs and evidence-informed interventions such as My First Place (MFP).
 - Supportive housing programs house over 200 additional young adults across the following interventions: Connect to Home (CTH), Foster Youth to Independence (FYI), and Family Unification & Family Self-Sufficiency (FUP-FSS)

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

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

Chafee funds for IL services and room and board are implemented through programming with various service providers and leveraged with other funding sources to create a continuum of Chafee services statewide. Please refer to Figure 48 regarding eligibility for benefits and services. DCF will not deny eligibility for or terminate IL services to a youth who otherwise meets the eligibility criteria but who is temporarily residing out-of-state.

Figure 48. Chafee Services and Eligibility

Support	Youth that have experienced foster care at age 14 up to age 21	Youth who aged out of foster care at 18	Youth who exited foster care for adoption or KLG after 16+	2020-2024 Plan for Extended Eligibility Youth who exited care to reunification at 14 or older
General services or supports for youth and young adults				
Youth Bill of Rights	Yes, through child welfare case worker	Yes, through child welfare case worker	No	No
Sibling Bill of Rights	Yes, through child welfare caseworker	Yes, through child welfare case worker	Yes, if there are siblings in care	Yes, if there are siblings in care
SBC Individual and Family Agreement (Part 2, Section B)	Yes, through child welfare case worker	Yes, through child welfare case worker	Yes, through some Chafee specific service providers	Yes, through some Chafee specific service providers
Youth Thrive Survey	Yes, through child welfare case worker	Yes, through child welfare case worker	Yes, through some Chafee specific service providers	Yes, through some Chafee specific service providers
Voluntary Services Agreement	Yes, at age 18, through the child welfare case worker	Yes, at age 18, through the child welfare case worker	No	No
Chafee specific programming for youth and young adults				
Life skills services	Yes	Yes	Yes	Yes
Pathways to Academic and Career Exploration to Success coaching services	Yes, at age 16, if eligible for Foster Scholars programming	Yes, if eligible for Foster Scholars programming	Yes, if eligible for Foster Scholars programming	Yes, if eligible for Foster Scholars programming
Peer2Peer Program: EnlightenMENT	Yes	Yes	No	No
Financial literacy through Ever-Fi	Yes	Yes	Yes	Yes
Independent Living Stipend for rent, food, and/or incidentals	Yes, at age 16, if the youth is in an eligible independent living placement	Yes, if the youth is in an eligible independent living arrangement	No	No
Flexible funding to support extracurricular activities, sports, and hobbies	Yes	Yes	No	No
NJFCS ETV and State Tuition Waiver funds	Yes, based on federal and state eligibility requirements	Yes, based on federal and state eligibility requirements	Yes, based on federal and state eligibility requirements	Yes, based on federal and state eligibility requirements
NJFCS Gap Housing (for breaks and summer)	Available to any Foster Care Scholar	Available to any Foster Care Scholar	Available to any Foster Care Scholar	Available to any Foster Care Scholar
Supervised transitional living housing programs	Yes, starting at age 18 up to 21	Yes	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21
Transitional living programs	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21
Permanent supportive housing	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21
LifeSet	Yes, starting at age 17 up to 21	No	No	No
Wraparound emergency funds up to age 23	Youth are eligible and can apply for funds after the child welfare case is closed	Youth are eligible and can apply for funds after the child welfare case is closed	Yes, after the age 18	Yes, after the age 18

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

Summary of Performance between 2020-2024 for the Chafee Plan: Between 2020-2024, New Jersey operated a successful Chafee program, providing support to youth who experienced foster care at age 41 or older in their transition to adulthood. With the exception of development of a mobile application for NJYRS, DCF successfully accomplished all of the objectives and activities outlined in its 2020-2024 Chafee Plan. Highlights included: establishment of the Chafee Advisory Group in 2019, creation of the Youth Council in 2020, implementation of peer-to-peer programming and a pilot of LifeSet programming, revamping the NJYRS, and provision of additional and modified types of support during the COVID-19 pandemic. For information on DCF's future plans for its Chafee program, see DCF's 2025-2029 CFSP.

B. Chafee Training

As is detailed in DCF's 2025-2029 Training Targeted Plan, DCF has a vast training menu that supports various areas of child welfare practice, including several Chafee-specific training opportunities available to child welfare staff, service providers, and other stakeholders. These trainings aim to assist participants to effectively implement policy, practice, and programming to ensure high quality and comprehensive services to Chafee-eligible youth.

Additionally, DCF's OAS and OTPD are partnering to develop an adolescent learning path for staff who work with adolescents. This provides an opportunity to build on the content or structure of the current adolescent trainings to ensure optimal reach to adolescents and integrate healing centered engagement and race equity. With training adaptations that were necessary due to the COVID-19 pandemic, as well as the desire to provide training through various methods, it also remains an opportune time to assess relevant information and training methods, i.e., asynchronous, synchronous, short videos, in-person, virtual, etc.

DCF is engaged with Rutgers University to conduct an adolescent needs assessment and develop a logic model. The needs assessment inputs included listening sessions held with child welfare professionals, feedback from youth via survey, and a topical and national scan of available trainings on identified topics and in use in other jurisdictions. The adolescent learning pathway will include relevant topics, such as working with expectant and parenting youth, normalcy, relationship building and engaging adolescents, and financial literacy. While the adolescent learning pathway is being developed, the following adolescent training continue to be available.

- **Youth Thrive.** The Youth Thrive protective and promotive factors framework training was co-designed by the Center for the Study of Social Policy, OAS and OTPD to help New Jersey's young people thrive. This training is co-led by a seasoned trainer and a trainer with lived experience. Youth Thrive is based on emerging research in neuroscience and brain development as well as established research on the promotion of positive youth development. This training emphasizes the importance of supporting healthy development and wellbeing of youth to assist in promoting positive outcomes. This three-day training is offered to child welfare and service provider staff. In addition, a Youth Thrive home correspondence course was developed and is offered to resource and adoptive parents. During 2020, the Youth Thrive Protective and Promotive factors framework training transitioned from in person to an online training across six half day sessions. The training continues to be offered virtually to CP&P staff and contracted providers.
- **Got Adolescents?** Got Adolescents? is a one-day training for child welfare staff primarily serving adolescents and young adults. The training provides the "101" regarding youth specific policy, practice, and programming to prepare child welfare staff to best engage and team with youth. In 2020, Got Adolescents? trainings were transitioned from in person to online training. The training continues to be offered online as two half-day sessions.
- **Youth and Young Adult Assessment and Transition Planning (formerly Transitional Plan for YOUTH Success/Casey Life Skills Assessment).** This one-day training is designed to provide child welfare staff and service providers an opportunity to develop a basic competency and understanding of assessment and planning practices with youth in foster care. Content includes the identification and exploration of assets and opportunities, long and short-term goal setting and application of the Youth Thrive Survey in the development of the SBC transition plan. The training focuses on the importance of comprehensive assessment, effective planning, and youth-involvement in assisting youth

with their transition into adulthood. In March 2022, this training was updated to reflect the practice changes related to the Youth Thrive Survey, the SBC transition plan and the independent living assessment. The training is now being offered virtually. In Spring 2023, the updated training launched under the new name, *Youth and Young Adult Assessment and Transition Planning*.

- **Safe Space Program and Training.** The Safe Space Program encourages and promotes DCF to create welcoming and inclusive environments for LGBTQIA2S+ youth, families, and staff. For additional information on the Safe Space Program and other supports for LGBTQIA2S+ youth, see Services to Support LGBTQIA2S+ Youth and Young Adults, above. DCF continues to educate its workforce on providing proficient and comprehensive services to LGBTQIA2S+ individuals. In order to ensure that DCF remain responsive to this population, Safe Space Liaisons participate in Safe Space in-service trainings held throughout the state. Each in-service training features a guest speaker that provides cutting-edge resources, best practices, and LGBTQIA2S+ specific information. In addition, a statewide Safe Space Networking conference is held annually.
- **Cultural Competency LGBTQIA2S+ Training.** This two-day training for child welfare staff develops a basic understanding of the needs, challenges, issues, and resources pertinent to LGBTQIA2S+ youth, adults, and families served by the child welfare system, as well as the skills to recognize and meet these needs. Through discussions and activities around terminology, values, and attitudes, the coming out process, safety, and legal issues, participants learn how to best provide services that promote the psychological, social, emotional, and physical health and welfare for all, regardless of sexual orientation, gender identity, or gender expression. In 2020, this training transitioned from in-person to online. The training continues to be offered to CP&P staff.
- **Adolescent Networking Conference.** OAS partners with Rutgers University to hold a one-day biennial conference for youth, staff, service providers, and other interested stakeholders. The conference topic seeks to identify areas of youth work that may not have training available or may be relevant to improving services and supports provided to youth. The next conference will be held in 2025.
- **What Every Caseworker Needs to Know about Education and Special Education.** This two-day training focuses on federal and state education laws, including education stability and special education. In 2020-2021, the training was enhanced to include school discipline. In 2020, the training transitioned from in-person to online. The online training launched in Winter 2022 and continues to be provided to all CP&P staff.
- **Shared Leadership.** DCF continues to explore a training entitled *Shared Leadership*, in alignment with other related initiatives, such as PFPC and the work of DCF's OFV. This training will include strategic sharing, as well as approaches for working with individuals with lived experience. DCF wants to ensure individuals with lived experience are able to craft a message that educates the audience and tell their stories in a way in which their voices can be heard, ensure their message accomplishes its goal, and ensure their well-being is protected.
- **Chafee-related training for resource and adoptive parents.** DCF has ongoing trainings for child welfare staff and service providers, however, continues to focus on strategies to ensure that similar Chafee related training is available to resource and adoptive parents through in-person and/or virtual based modalities.

C. Education and Training Vouchers Program

ETV-Eligible Students in New Jersey. In recent years, DCF has awarded unduplicated ETVs to a range of just under 150 to over 200 students. As shown in Figure 49, the percentage of new ETV awards ranged from 31% to 44%.

Figure 49. Total and New ETV's Awarded

School Year	Total ETVs Awarded (Regular & Division X funding)	Number of New ETVs
2020-2021 School Year (July 1, 2020 to June 30, 2021)	210	66
2021-2022 School Year (July 1, 2021 to June 30, 2022)	175	67
2022-2023 School Year (July 1, 2022-June 30, 2023)	147	65
2023-2024 School Year* (July 1, 2023 to June 30, 2024)	193	85

*In some cases, this might be an estimated number since the APSR is due on June 30, the last day of the school year.

Demographics of the ETV eligible students during the 2023-2024 academic year follow:

- There were 193 ETV students. Of these, 34% are freshman, 25% are sophomores, 14% are juniors, 11% are seniors. 11% attend technical or career institutions.
- 90% attend an in-state post-secondary institution.
- 13% are connected to the Educational Opportunity Fund (EOF) Program.
- Less than one percent are registered in remedial courses.
- 43% are currently, or were recently, open with CP&P.

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

An ETV strategy team, a multidisciplinary collaborative group that shares connections and works directly with youth transitioning to adulthood, aims to strengthen program goals and establish program functioning. The team reviews available ETV data and updates program goals and outcomes, coordinates and leverages education, training, financial aid/scholarship programs through public and private resources, enhances career and planning supports and apprenticeships, review placement data and trends to determine updates needed for ETV eligibility. The ETV strategy team began meeting again in 2022 and continued throughout Year 5. The ETV strategy team worked to expand the age to receive funds through age 26, which became effective in Fall 2023.

As college campuses opened for in-person attendance after the pandemic, many students choose to return to college campus with direct support from the NJFCS coordinators. The ETV strategy team enhanced the New Jersey Foster Scholars Financial Aid Resource Guide to include an

educational support section that addresses transitioning after high school. This additional support for ETV students provided guidance and access to informal and formal community supports for career and educational planning. The resource guide was distributed statewide.

Identification of Prospective Students. Eligibility for ETV funding under the NJFCS program is based on age and length of time in foster care placement. In New Jersey, qualifying students are 16-21 years of age and were: 1) 14 years of age or older with at least 18 months of foster care placement, 2) 16 years or older with 9 or more months of foster care placement or 3) who exited care for adoption at age 12 or KLG after the age of 16. Students who exited care for adoption between the ages of 12 and 15 are also eligible for NJFCS under “State Option,” which offers the same financial support as ETV via State dollars. Students enrolled in NJFCS and in school when they turn 21 are eligible for ETV funds up to age 26 which was an enhancement to the program that was effective academic year 2023-2024.

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

Outreach/Recruitment. Embrella, in collaboration with the Red Hawks Fellows program and other colleges in New Jersey, on retention and support on campus. It works with Admission Offices and Residence of Life Offices to coordinate housing efforts and share information and materials to send to students for enrollment requirements. The NJFCS application is sent to students who were enrolled within the past three academic years as a NJFCS for incentive to re-enroll and as a reminder of eligibility. The Scholarship Administrative Coordinator conducts outreach to students who are close to aging out of their funding type to re-engage in the program.

Application Process. The NJFCS application is web-based, allowing convenient access and an expedited application process. The online application is found on Embrella’s website.⁶³ Students must apply in the fall or spring semester. For those reapplying, an abridged version of the application is available. For new applicants, students must provide:

- A copy of their high school diploma or High School Equivalency,
- For US Citizens: Proof of completed and submitted Free Application for Federal Student Aid (FAFSA) for the academic year, e.g., confirmation email from FAFSA, Student Aid Report, or award letter,
- For Dreamers eligible for New Jersey State Aid and the New Jersey Statewide Tuition Waiver: Proof of completed and submitted New Jersey Alternative Financial Aid Application,
- Proof of acceptance or enrollment from the post-secondary institution they attend or plan to attend, e.g., acceptance letter, registration, or class schedule,
-

⁶³ www.embrella.org

- For students transferring to a new school: proof of the number of credits transferred or a letter explaining why credits did not transfer, and
- For returning students: most recent college/technical school transcript.

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

Review and Acceptance. Upon acceptance, students receive a welcome letter confirming their participation in the NJFCS program and outlining the academic policy and requirements of the student's funding as specified by either ETV or the statewide New Jersey Tuition Waiver legislation. The letter specifically notes that the ETV funding must not exceed the cost of attendance, is limited to \$5,000 per academic year and must be dispersed in two \$2,500 installments. Students are also informed that they must be registered at least half time and in good academic standing to continue to receive funding until they reach the age of 26. Lastly, the letter advises the student that funding ends after five years (does not have to be consecutive) or the student reaches age 26 regardless of the student's completion of post-secondary education. Each NJFCS is assigned an Embrella Scholarship Coordinator, that assists the student in understanding funding, communicates with the financial aid offices to resolve financial aid issues and supports the student in navigating any financial aid requirements.

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

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

Once Embrella receives the completed inquiry form from the post-secondary institution and confirms that the student's financial aid package does not exceed the COA, the ETV funds, in an amount up \$2,500 per semester and no more than \$5,000 per academic year, are available to be released to either the institution, the student, or a third-party vendor depending on the category

of student's unmet need. Funds will be released to the institution if the unmet need is for tuition and fees, and/or room and board if the student is living on campus. Funds are released to the student via check, debit card or direct deposit for educational supports, such as transportation, childcare expenses, laundry, food, incidentals, or rental. Funds are released to a third-party vendor for the purchase of computers or laptops, books, and supplies. Students who remain under the supervision of CP&P do not receive ETV funds for food, rent or incidentals. These expenses are provided through CP&P Independent Living stipends. NJFCS have access to the web-based student portal, which allows educational support requests to be made.

All financial records are maintained in a secured Microsoft Access database. Fields in the database include all the COA, payments, payee information, purpose of the payment or purchase, date of payment or purchase, and the type of funding used, e.g., ETV or State. The database captures the student's demographic data, grade point average by semester, and ETV timeframes, including the date school began, date the student disengaged from school (if relevant), date resumed school (if relevant) and the date of the student's 26th birthday. In addition, students are notified in writing six months prior to their 26th birthday or prior to their 5th year of receiving funds, to remind them that ETV funding will terminate.

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

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

DCF maintains relationships with several of New Jersey's state universities, such as Rutgers University, Stockton University, and Montclair State University, each having unique college support programs which many of NJFCS are participants. Embrella works with the Red Hawk Fellows Program at Montclair State University and the Price Family Fellows Program at Rutgers University each year regarding retention and support on campus. NJFCS Scholarship Coordinators connect students with Education Opportunity Fund offices and the Dean of Students. At the beginning of each academic year, the Scholarship Coordinators, as well as the director, outreach to all financial aid contacts to request information and to provide opportunities for on-campus meetings and NJFCS presentations. The director of Embrella conducts yearly outreach to admissions Offices for presentations and materials to send to students.

DCF's PACES program, which began in September 2017, in partnership with four non-profit agencies, is tasked with ensuring that high school students in foster care are college ready. This

includes referring students to college bridge and student support and TRIO programs, such as Upward Bound and the Gaining Early Awareness and Readiness for Undergraduate programs.

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

Summary of Performance between 2020-2024 for the ETV Program: DCF manages a successful ETV program that is well-integrated with New Jersey’s other educational support programs. During the 2020-2024 period, DCF has awarded ETVs to just under 150, at its minimum, to over 200 students, at its maximum. The 2023-2024 school year saw the highest number of new ETVs awarded. Significantly, DCF expanded the maximum age of eligibility for ETVs to age 26.

Consultation with Tribes (Chafee/ETV). There are no federally recognized tribes located within the geographic boundaries of New Jersey; however, three tribal nations received state recognition. No tribe has requested to develop an agreement to administer, supervise, or oversee the Chafee or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state’s allotment for such administration or supervision. For additional information on tribes in New Jersey, see Section 13, *Consultation and Coordination Between States and Tribes*.

Section 13. Consultation and Coordination Between States and Tribes

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

In Year 5, New Jersey continued working on building collaborative relationships with indigenous communities throughout the state. Representatives from DCF’s Office of Legal Affairs and the Office of Interstate Services engage with the New Jersey Commission on Indian Affairs on bi-monthly virtual meetings, providing DCF with opportunities to continue learning about the needs of these communities and to find common areas for collaboration.

DCF relies on regulations and policy as guidance for complying with ICWA.⁶⁴ CP&P sends notifications to the Bureau of Indian Affairs (BIA) and Tribes through a centralized liaison in DCF’s Office of Interstate Services. CP&P staff send a request to the Central Liaison, who initiates the notification process by sending notification letters to the tribes and BIA. The Liaison tracks and monitors responses and information exchanged between CP&P, the tribes and BIA. To ensure appropriate application of ICWA, the New Jersey Commission and BIA provide advice and

⁶⁴ [CPP-III-C-1-500.pdf \(nj.gov\)](#)

consultive services to DCF generally and on a case-specific basis. DCF makes an integrated practice guide available to child welfare staff to ensure appropriate identification of tribal affiliations of youth within the first five days of placement. Concurrent planners regularly discuss possible tribal affiliation to ensure staff are continually following up on the issue and appropriately collaborating or transferring cases to tribes when necessary. DCF also provides ICWA training to all new CP&P adoption caseworkers to ensure understanding of rules and guidance.

The AOC and CP&P continue to work together to strengthen the protocol to handle cases under ICWA. In ongoing practice, the courts and the Deputy Attorneys General apply the provisions of ICWA successfully. Matters that must be transferred to tribal jurisdiction are handled appropriately, focus on the law, and interactions with staff are maintained. To ensure the sharing of court-related information, plans and activities with Indian communities, a representative from the New Jersey Commission on Indian Affairs sits on a subcommittee of the CICIC.

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

In 2023, ICWA referrals were made for 69 children, representing 69 families. 195 letters were sent to individual Native American Tribes and Nations. DCF contacted the BIA on 15 cases where the Tribe or Nation was unidentified.

Section 14. CAPTA State Plan Requirements and Updates

A. Substantive Changes to State Law or Approved State CAPTA Plan

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

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

- **Program Area 1.** The intake, assessment, screening⁶⁵ and investigation⁶⁶ of reports of child abuse or neglect,
- **Program Area 3.** Case management,⁶⁷ including ongoing case monitoring, and delivery of services and treatment provided to children and their families,
- **Program Area 7.** Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals,

⁶⁵ https://www.nj.gov/dcf/policy_manuals/CPPII-A-1-100_issuance.shtml

⁶⁶ https://www.nj.gov/dcf/policy_manuals/CPPII-C-2-200_issuance.shtml

⁶⁷ https://www.nj.gov/dcf/policy_manuals/CPPI-A-1-200_issuance.shtml

through the child protection system, including improvements in the recruitment and retention of caseworkers, and

- **Program Area 10.** Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including differential response.

Under these four program areas, funds are used for a variety of different programs and services, including, but not limited to, the network of FSCs, collaborative training opportunities for investigative workers and community stakeholders, such as Finding Words, services to assist with high risk factors for families, such as domestic violence public awareness services, and the Child Assault Program.⁶⁸ In New Jersey, every child who is a victim of child abuse or neglect, which results in a judicial proceeding, is appointed a law guardian through the OPD.⁶⁹ Through OPD, all law guardians receive training appropriate to their role, including training in early childhood, child, and adolescent development. This is funded through sources other than CAPTA. For additional information related to these funded areas, see Section 6, *Update on Service Descriptions: Title IV-B, Subpart 1* and Section 7, *Update on Service Descriptions: Title IV-B, Subpart 2*. DCF coordinates additional funds from the programs listed below, including the CJA, CPSAI, and the three citizen review panels.

B. Children's Justice Act.

DCF is the state's lead agency for the Children's Justice Act (CJA) grant. In May 2024, DCF submitted its annual program report related to the CJA grant to ACF. Accompanying the annual program report, DCF included a summary of the Task Force's three-year assessment and DCF's application for FY24 CJA funding. Below, DCF summarizes activities funded with the CJA grant between May 2023 and May 2024.

Forensic Interviewing Program. Forensic Interviewing is a requirement of National Children's Alliance (NCA) for accredited CACs and is considered best practice for conducting interviews with child victims of abuse. Forensic interviews are coordinated to avoid duplicative interviewing and are conducted in a manner that is legally sound and of a neutral, fact-finding nature. Forensic interviewing is utilized by prosecutors, detectives, law enforcement, and more in the investigation and prosecution of child abuse allegations. It is also a critical step in most child protective service investigations, including ones conducted by CP&P and IAIU, wherein a professional investigator interviews a child to ascertain whether that child has been abused or neglected. Forensic interviewing brings out information that is needed to determine if abuse or neglect has occurred, and it may also provide evidence that is admissible in court should the investigation lead to criminal prosecution. A legally sound forensic interview relies on interviewer objectivity, the use of non-leading questioning techniques and precise documentation.

Since 2002, DCF and NJTFCAN have supported Finding Words/ChildFirst – New Jersey (FW/CF NJ), a forensic interviewing program originally developed in collaboration with the American Prosecutors' Research Institute, based on the national ChildFirst® protocol, and disseminated by the Zero Abuse Project.⁷⁰ The goals of the program are to:

- Train frontline professionals involved in the investigation and prosecution of civil and criminal child abuse in a child-focused forensic interviewing protocol to conduct an

⁶⁸ <https://www.nj.gov/dcf/families/assault/>

⁶⁹ For additional information about Law Guardians, see <https://www.nj.gov/defender/structure/olg/>.

⁷⁰ [Forensic Interview Training | Finding Words - Child First | New Jersey \(findingwordsnj.org\)](https://www.findingwordsnj.org/)

effective and legally defensible interview of alleged child sexual abuse victims of various ages and prepare children for court, and

- Conduct regional training programs annually and provide technical assistance to prosecutors and multidisciplinary teams.

Through FW/CF NJ, participants can also access supplementary forensic interviewing trainings: the Expanded Interview Training and Refresher Training. The Expanded Interview Training addresses the needs and best interest of child victims by providing a defensible process for conducting interviews with children who may not disclose in a traditional single-session forensic interview due to trauma, development, special needs or other complicating issues including poly victimization. The Refresher Training reviews the content from the ChildFirst® forensic interview protocol to ensure interviewers have the required skills to complete a comprehensive forensic interview of a child abuse victim.

To date, over 2,500 professionals involved in investigating child abuse have been trained in the FW/CF NJ protocol. In the most recent reporting period, three, regional, five-day trainings were conducted throughout the state as part of the FW/CF NJ program, reaching participants from multiple disciplines across all counties. Figures 50 and 51 include provide participant detail.

Figure 50. FW/CF Participants by discipline

Total Attendees by Discipline (as of February 2024)	Number of Participants*
CP&P staff	47
Pros. Office Detectives	46
Assistant Prosecutors	23
Police Officer Aide	1
Division of Criminal Justice	9
Dept. of Human Services	2
Other observers	25
Total	153
*Total includes law enforcement officers with statewide jurisdiction e.g., Division of Criminal Justice and New Jersey Department of Human Services.	

Figure 51. FW/CF Participants by County

County	Number of Participants*
Atlantic	6
Bergen	7
Burlington	9
Camden	16
Cape May	6
Cumberland	3
Essex	10
Gloucester	5
Hudson	13
Hunterdon	3
Mercer	11
Middlesex	9
Monmouth	4
Morris	7
Ocean	4
Passaic	6
Somerset	5
Sussex	7
Union	5
Warren	3
Total	142
*Law enforcement officers with statewide jurisdiction are not attributable to any specific county and not counted in this total.	

In addition, both the Expanded Interview Training and Refresher training were offered throughout the state, including six Expanded Interview trainings thus far in 2024. Both trainings are part of the FW/CF NJ program, reaching participants from multiple counties. Figures 52 and 53 include provide participant detail.

Figure 52. Expanded Training

County	2024
Bergen	5
Essex	2
Hudson	1
Morris	2
Sussex	1
Union	1
Total	12

Figure 53. Refresher Training

County	Total-to-date	2023	2024
Atlantic	1	1	
Bergen	4	4	
Burlington	1	0	1
Camden	9	4	5
Cape May	4	0	4
Cumberland	8	8	
Essex	6	6	
Gloucester	11	5	6
Hudson	2	2	
Hunterdon	3	3	
Mercer	4	3	1
Middlesex	14	5	9
Monmouth	6	5	1
Morris	4	4	
Ocean	7	5	2
Passaic	9	9	
Salem	2	2	
Somerset	1	2	
Union	4	4	
Total	100	72	29
Includes Apr 26, 2024 session			

Biennial NJTFCAN Conference. NJTFCAN, in collaboration with DCF, and with the logistical assistance of Stockton University, hosted its biennial conference on October 19, 2023, in Princeton, New Jersey. Entitled “The Intersection of Race, Poverty and Neglect in Child Welfare,” this interdisciplinary conference provided professionals and advocates working with children and families an opportunity to learn from experts in child welfare issues and disciplines serving children and families⁷¹. The 2023 Conference offered 4.5 Ethical or Cultural Competency Contact Hours of Continuing Education for Social Workers, Licensed Marriage and Family Therapists, and Licensed Professional Counselors. Speakers and session topics included:

- Clare Anderson, MSW – Senior Policy Fellow at Chapin Hall at the University of Chicago. *“Evidence at the Intersection of Child Welfare & Economic and Concrete Supports.”*
- Mary E. Coogan, Esq. – President and CEO of Advocates for Children of New Jersey.

⁷¹ [NJ Task Force on Child Abuse and Neglect - 2022 Skill Building Conference - Child Welfare Education Institute | Stockton University](#)

“Why New Jersey Data is Important: Supporting the Need for Reform.”

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- Aysha Schomburg, J.D. – Associate Commissioner, Children’s Bureau, Administration for Children and Families. *“Learn to Quilt: A Federal Perspective.”*
- Katherine Stoehr – First Deputy Commissioner, New Jersey DCF. *Introduction to the 4 Branches and Call to Action.*
- Lisa Mishraky-Javier, LMSW – Senior Associate, Center for the Study of Social Policy. *“Anti-Racism in Child Welfare: Moving from Awareness to Action.”*

The 2023 Biennial Conference was attended by over 600 child welfare professionals and other colleagues and advocates working with children and families. At the conclusion of the conference, participants were asked to respond to the conference evaluation providing feedback related to the experience and reporting what they gained from the information shared. Respondent feedback to some of the questions is highlighted below.

- Attendees learned about race, poverty, and neglect as it pertains to the child welfare system, in New Jersey and throughout the country and why it has to be explored and examined to achieve social justice and ensure that the child welfare system does not continue to be a tool for further systemic oppression. A majority (83%) of conference evaluation respondents reported they *“strongly agreed”* that after attending the conference they understood how over-surveillance and perceived neglect contribute to family separation. Slightly more than half (54%) of conference evaluation respondents reported they *“strongly agreed”* they will be able to identify strategies to advance equity and anti-racism at individual and institutional levels.
- Participants learned new strategies and gained additional resources to broaden their understanding of the differences between neglect and poverty and how they impact families served. Fifty-two percent of evaluation respondents reported they *“strongly agreed”* they will be able to identify actionable policy options that create the context in which families are supported and child welfare system involvement is decreased.
- Participants learned about barriers present for people in accessing economic and concrete supports and ways to distinguish differences between poverty and neglect when responding to reports of child maltreatment. A majority (74%) of conference evaluation respondents reported they *“strongly agreed”* after attending the conference they understand the relationship between ECS and child welfare involvement. More than half (58%) of evaluation respondents reported they *“strongly agreed”* they understand policy options that reduce or expand access to ECS.

Collaborative Safety Training. The nationally recognized Collaborative Safety model is designed to establish a culture of safety while simultaneously transforming the critical incident review system through contemporary safety science. Through a collaborative safety approach, DCF takes a robust and proactive response to critical incidents. This responsive system is dedicated to learning and improvement and allows a shift away from a culture of blame toward a culture of responsibility. Years of research have shown that blame decreases accountability as it inhibits the ability of the organization to learn and improve. For additional information on Collaborative Safety, see Section 2, *Update on Assessment of Performance, the Plan for Enacting the State’s Vision and Progress to Improve Outcomes.*

Online Mandated Reporter Training. All residents of New Jersey are mandated reporters of child abuse and neglect.⁷² Any person who has reasonable cause to believe that a child has been subjected to acts of abuse or neglect is required to immediately report this information to DCF's 24/7 child abuse and neglect hotline, known as the State Central Registry, and other authorities.

Historically in New Jersey, school personnel have been one of the top sources of reporting allegations of child abuse or neglect. In 2007, leadership from DCF and the New Jersey Department of Education (DOE) and community stakeholders convened a workgroup to address issues surrounding the interface between education and child welfare systems. A key output of this workgroup was the development of standardized training materials for school personnel on the identification and reporting of child abuse and neglect to meet the requirements of "Reporting Child Abuse and Neglect." This training, which is publicly available on DCF's and DOE's webpages to professionals beyond the field of education, provides a short but comprehensive overview of what mandated reporting is, what behaviors or physical symptoms may constitute abuse and neglect, how to report reasonable suspicions to authorities, and what to expect when reporting.⁷³

CJA funds were used for the continued operation of the training website for use by school personnel and other professionals who are involved with children and to support decision-making related to reporting child abuse and neglect, consistent with the mandatory reporting laws. The online mandated reporter training curriculum is easily accessible and can be completed either on a computer or mobile device. It consists of five modules, which include videos and short quizzes, and takes approximately 20 minutes to complete.

C. Child Protection Substance Abuse Initiative.

DCF utilizes a portion of the CAPTA State Grant to support CPSAI. This initiative supports program areas in CAPTA Section 106(a). CPSAI provides services through contracts with community agencies whose overall goals are to provide assessment, treatment referral, motivational support, and related transportation to CP&P clients who are referred by CP&P workers for substance use assessment and treatment. At least one CPSAI staff member, who conducts substance abuse assessments of parents of CP&P supervised children, is located in each CP&P local office. For an overview of service category and description, geographic area and populations served, as well as changes to programming, see Attachment C, the New Jersey DCF 2024 APSR CPSAI Table. For additional information regarding CPSAI, see Section 5, *Update on Service Descriptions: Child and Family Services Continuum*.

D. NJ Citizen Review Panel Reports and DCF Written Responses.

New Jersey has three statutorily required Citizen Review Panels: (1) CFNFRB, (2) NJTFCAN, and (3) SORS. Each panel submits and publishes an annual report that can be reviewed publicly on the DCF public website.⁷⁴ DCF remains committed to the partnerships with the Citizen Review Panels and continues to work in collaboration with them. Each year, the three primary Citizen Review Panels submit an annual report and DCF is given the opportunity to respond. Attachments D, E, and F represent the DCF responses to the previous year's annual reports.

⁷² N.J.A.C. 9:6-8.10

⁷³ [DCF | How and When to Report Child Abuse/Neglect \(nj.gov\)](#)

⁷⁴ [CFNFRB-2024-Report-on-2019-Data.pdf \(nj.gov\)](#); [DCF | New Jersey Task Force on Child Abuse and Neglect Reports \(nj.gov\)](#)

E. Infants Affected by Substance Abuse.

Statute and Policy. The Comprehensive Addiction and Recovery Act of 2016 (CARA) Section 503 amended Title I of CAPTA to help states address the effects of substance use disorders on infants, children, and families. CARA modifications include the following:

- Removed the term “illegal” with the intent that all infants born substance affected are identified, even in those cases where exposure is due to a legally prescribed substance,
- Requires a Plan of Safe Care and recommends best practices, including multi-disciplinary, family-focused, strengths-based/protective capacities and protective factors, and
- Increased DCF’s federal reporting requirements.

DCF developed and implemented strategies to meet the requirements of the federal policy. This included consultation and partnership with medical subject matter experts and other stakeholders, including DOH, New Jersey’s licensing authority for hospitals and birthing centers. In collaboration with DOH, DCF adopted N.J.A.C. 3A:26 et al, Substance-Affected Infants, in January 2018. This rule sets forth the reporting requirements related to substance exposed infants for hospitals and birthing centers.

Target Population. Utilizing the clinical expertise and research knowledge of medical subject matter experts, as well as technical assistance and support from the National Center for Substance Abuse and Child Welfare, DCF established a standard definition of “affected by substance abuse” to specify those infants for whom the mandatory reporting requirements and Plans of Safe Care apply. The following definition was endorsed and incorporated into N.J.A.C. 3A:26-1.2: A “Substance-affected infant” is an infant:

- Whose mother had a positive toxicology screen for a controlled substance or metabolite thereof during pregnancy or at the time of delivery,
- Who has a positive toxicology screen for a controlled substance after birth that is reasonably attributable to maternal controlled substance use during pregnancy,
- Who displays the effects of prenatal controlled substance exposure or symptoms of withdrawal resulting from prenatal controlled substance exposure, or
- Who displays the effects of fetal alcohol spectrum disorder.

Data Collection. To accommodate reporting of substance-affected infant referrals and meet the requirements of reporting in NCANDS, New Jersey amended its regulations and further modified the allegation-based system to capture allegations of substance-affected newborns. For FFY 2023, New Jersey identified 1,854 substance-affected newborns; 1,529 (82.4%) had a Plan of Safe Care and 1,107 (72.4%) were referred to appropriate services.

Plans of Safe Care Protocol Summary. DCF’s protocol to support the implementation and monitoring of services, supports and Plans of Safe Care, include the following:

- Referrals are coded as “substance-affected infant” when identified by the CP&P Local Office.

- The intake caseworker initiates the child protection services investigation or child welfare assessment prior to the child's discharge from the hospital.
- The intake caseworker completes the SDM tools to identify safety and risk factors, strengths, protective capacities, and the needs of the infant and family.
- The caseworker will engage parent(s) in substance use evaluation(s), ensure that parents understand safe sleep, Shaken Baby Syndrome (Abusive Head Trauma) and medication safe storage, and obtain medical reports on the health and development of the infant.
- Families of substance-affected infants are scheduled for an MDT case conference prior to closing the investigation or during a transfer conference to the Permanency Unit. This team will include, but is not limited to, CP&P staff, system partners with knowledge of developmental needs of infants and young children, representatives from the Early Childhood System of Care, substance use professionals, clinical consultants, and the DVL.
- The MDT conference is documented on a Supervisory Contact Sheet in NJ SPIRIT and includes information on family structure, child protective services history, current status, family's voice, safety concerns, risk factors, protective factors, tasks/responsibilities/target dates.
- The caseworker shares recommendations from the conference and substance use evaluation with the family, invites them to attend a Family Team Meeting, and develops a Plan of Safe Care. If the family is opened for services within CP&P, the Plan of Safe Care is documented. If the family is not opened for services, the Plan of Safe Care is documented on a closing letter.
- The Plan of Safe Care ensures that the infant and parents are referred for services and supports that reduce risk factors and increase protective factors. Services include but are not limited to, treatment for substance use disorders and recovery support services, social services, housing, Early Intervention services, home visiting services, health care services, childcare, parenting support and education, and services through FSCs.

Collaborating with Stakeholders. Highlighted collaboration related to Plans of Safe Care include:

- **Division of Mental Health and Addiction Services.** DCF, in partnership with DHS's Division of Mental Health and Addiction Services (DMHAS), developed and provided a Plan of Safe Care consumer information package to be distributed by MAT and other service providers serving pregnant women with substance use disorders. These materials assist service providers in helping the pregnant mother understand, learn what to expect, and prepare for the birthing event. The packet includes an introduction letter, a Plan of Safe Care template, four opioid use disorder and pregnancy to after birth fact sheets from the Substance Abuse and Mental Health Services Administration, a list of Connecting NJ hubs for community services, the DCF "Supporting Substance Affected Newborns and Their Families," "Safe Sleep for Infants," and "When a Baby Cries" materials, Centers for Disease Control and Prevention safe storage of medication pamphlet, and DCF and the New Jersey Division of Highway and Traffic car safety pamphlet. DCF and DMHAS are optimistic that providing this packet to the MAT providers

prior to the birth event, combined with subsequent calls to DCF, will support the mother and baby to be more prepared for intervention, making it less traumatic and more supportive.

- **New Jersey Department of Health.** DCF worked with DOH to disseminate information to hospitals regarding reporting requirements for substance exposed infants. DOH obtained in-depth technical assistance grant through SAMSHA. DCF, DHS, DOH and the Governor's Office are all team members who are partnering to develop a plan to ensure families with substance affected newborns are connected to the most appropriate supports within the community. This workgroup will also partner with JHU to assist with data to support the plan. The goal is for less intrusive interventions with the families in this population.
- **Robert Wood Johnson Foundation and Rutgers University.** Using the nationally recognized Project ECHO platform,⁷⁵ DCF worked with the Robert Wood Johnson Foundation and Rutgers University to provide education to healthcare providers on Plans of Safe Care and resources available to families of substance affected infants. Ideally, Plans of Safe Care will be developed during prenatal care or initiated before discharge from the hospital in collaboration with healthcare providers.
- **Office of Early Childhood Services.** DCF's OECS obtained funding to support the statewide network of Connecting NJ hubs, hiring ECSs who actively participate in the multi-disciplinary teams within the CP&P local offices. Roles of the ECS include educating team members about the needs of infants and young children and the resources and support available for their parents in all counties in New Jersey, including home visiting, childcare, early intervention, FSCs, social services, etc. For additional information on the ECSs, see Section 5, Update on Service Descriptions: Child and Family Services Continuum and Section 6, Update on Service Descriptions: Title IV-B, Subpart 1.
- **Multi-disciplinary Team Conference.** When a referral for a substance-affected infant is received in one of the CP&P local offices, an MDT conference is conducted to ensure that a thorough assessment is completed for families. Team members include the assigned child welfare workers and experienced supervisors, a certified drug and alcohol counselor, a DVL, a behavioral health consultant, and an Early Childhood Liaison. Team members offer questions, ideas, resources, and support that the caseworker subsequently shares with the family during the development of a Plan of Safe Care. The caseworker ensures that parents complete Plan of Safe Care recommendations. If a family is not opened for services or declines to engage in voluntary services and there is not sufficient evidence for court involvement, the caseworker ensures that the parents receive education on risks to children when a parent uses substances, services available for treatment and recovery support, and safety planning for the child in periods of relapse.

Reporting. CP&P submits reports on the number of infants for whom a Plan of Safe Care was developed and the number of infants for whom referrals were made for services, including services for the affected caregiver, to DCF's ASI, who will collect for NCANDS reporting.

Monitoring. Plans of Safe Care are monitored at multiple levels within DCF. At the individual/family

⁷⁵ http://rwjms.rutgers.edu/community_health/project-echo

level, Plans of Safe Care are monitored by the assigned caseworker and supervisor to ensure that children are safe, and families acquire the services and support they need. At the local office level, Plans of Safe Care are monitored by an assigned individual, who ensures that all families referred with a substance-affected infant are identified and conferenced within an MDT structure and have a Plan of Safe Care. At the state level, an intradepartmental work group meets regularly to assess implementation progress and address challenges.

Continued Assessment. Plans of Safe Care are utilized in all 21 counties in New Jersey. In January 2020, DCF convened an intradepartmental work group to assess implementation of Plans of Safe Care. During the initial discussion, the group agreed to assess the quantitative data currently available to better understand the volume of referrals for substance affected newborns, the risk levels of those referrals, and the disposition of referrals, among other variables. The group agreed to assess policy and practices in other states to better understand options for meeting the needs of families before they become involved in the child welfare system. DCF is currently partnering with DOH and the Policy Academy to assess the current practice regarding Plans of Safe Care and to co-develop a plan that incorporates the use of community partners in supporting families with substance affected newborns. In addition, DCF is developing a working agreement with JHU to support gathering data and analyzing data regarding Plans of Safe Care in New Jersey and other states.

The American Rescue Plan Act Funding. With the availability of additional CBCAP funding pursuant to the American Rescue Plan Act of 2021, DCF was able to release two RFPs to help strengthen families and prevent child maltreatment. One RFP was aimed at strengthening the network of primary and secondary prevention programs in communities with specific needs and target populations varying across applications. The second RFP targeted families with children ages 0 to 5. The program models are grounded in an evidence-based Strengthening Families Approach with focus on five specific protective factors: building parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and emotional competence for children. The CBCAP supplemental funds have allowed DCF to extend service delivery of the ECSs and CCYC. The ECSs are assigned to each Connecting NJ county hub to provide infant and early childhood mental health consultation, as well as service referrals and linkages. The ECSs also promote developmental health and developmental screening at local and county events. The CCYCs strengthen collaboration between parents, families, and local community stakeholders with health, early care and education, child welfare, family support, and other service providers. The supplemental funding will provide the opportunity to increase parent engagement and cross training with the FSC network.

F. CAPTA Coordinator/State Liaison Officer:

Laura Jamet, Assistant Commissioner of CP&P
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Section 15. Statistical and Supporting Information

A. Information on Child Protective Service Workforce

DCF is committed to hiring an educated, diversified workforce and providing the necessary training and tools to fulfill the Department's mission. Social workers seeking employment must meet stringent requirements to be hired. Extensive training for all new caseworkers is mandatory as is continuing education annually for all caseload carrying workers and supervisors. DCF also has established caseload standards so that caseworkers can effectively meet the needs of the children and families they serve. Utilizing data, DCF continues to evaluate the operational needs of offices, caseloads and staffing and vacancies across the agency to ensure appropriate staffing is maintained.

Summary of Recruitment Plan for Family Service Specialist Trainee. DCF takes a proactive approach to hiring by maintaining a pool of pre-screened, pre-qualified candidates to fill vacancies for entry level case manager positions, such as a Family Service Specialist (FSS) Trainee. Since the Department receives 2,000-4,000 resumes for this position each year, candidates are prioritized based on education and experience in order to select those candidates most likely to succeed in public social work. Since the pandemic, applicants who have experienced the benefits of working remotely whether that be fully remote, or hybrid options are looking to maintain work-life balance. This, coupled with the cost of commuting, health concerns, productivity, and personal preference has drastically affected the number of applicants DCF receives.

Recruitment efforts are centered on an interviewing process known as a job fest. A job fest generally includes 30 to 60 candidates interviewed by a panel of CP&P staff, scheduled around the vacancies needed to be filled in counties. Interview panels are comprised of supervisory level interviewers that work in the local office or the county where the fest is being held. These interviewers are better able to identify candidates who can respond to the specific needs of their respective offices. The candidates invited to these fests have all indicated a desire to work in the specific area in which they are being interviewed. Each candidate is provided a scheduled interview slot and is interviewed by the panel for a predetermined timeframe. In preparation for the interview, candidates receive a PowerPoint overview, which provides ample time to ask questions and gather necessary documents. This also gives candidates the opportunity to determine if the position feels like a good fit prior to attending the interview. A job fest consists of an introduction, initial interview, writing sample, and credentialing.

Candidates successfully completing the job fest and background check processes are added to a hiring matrix which is distributed each week to the 46 local offices. Managers and supervisors in the local offices use the hiring matrix to select candidates to fill positions as vacancies occur. This proactive process allows CP&P to fill caseload carrying positions as soon as vacancies become available. By doing so, CP&P is better able to maintain appropriate caseload standards.

Degree and Certifications Required for Caseworkers and Professionals

Family Service Specialist Trainee. Applicants must meet one of the following or a combination of both experience and education.

- Four (4) years of professional experience in social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information,

determining needs, and planning and supporting and/or carrying out treatment plans, or

- Earned bachelor's degree from an accredited college or university.

"Professional experience" refers to work that is analytical, evaluative, and interpretive; requires a range of basic knowledge of the profession's concepts and practices; and is performed with the authority to act and make accurate and informed decisions. Thirty (30) semester hour credits are equal to one (1) year of relevant experience.

Family Service Specialist 2. Applicants must meet one of the following or a combination of both experience and education.

- Five (5) years of professional experience in social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and/or carrying out treatment plans, or
- Earned bachelor's degree from an accredited college or university; and one (1) year of the above-mentioned professional experience, or
- Possession of a master's degree in social work, psychology, guidance and counseling, divinity, marriage and family therapy, or other related behavioral science area, or
- Earned bachelor's degree and a supervised social work field placement of three hundred (300) hours through an accredited college or university performed in a social service agency, or
- Four (4) years of the above-mentioned professional experience and a supervised social work field placement of three hundred (300) hours through an accredited college or university performed in a social service agency.

"Professional experience" refers to work that is analytical, evaluative, and interpretive; requires a range of basic knowledge of the profession's concepts and practices; and is performed with the authority to act and make accurate and informed decisions. Thirty (30) semester hour credits are equal to one (1) year of relevant experience.

Family Service Specialist 1. Applicants must meet one of the following or a combination of both experience and education.

- Six (6) years of professional experience in social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and supporting and/or carrying out treatment plans, or
- Earned bachelor's degree from an accredited college or university; and two (2) years of the above-mentioned professional experience, or
- Earned master's degree in social work, psychology, guidance and counseling, divinity, marriage and family therapy, or other related behavioral science area; and one (1) year of the above-mentioned professional experience, or
- Earned bachelor's degree and a supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency; and one (1) year of the above-mentioned professional experience, or
- Four (4) years of the above-mentioned professional experience and a supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency; and one (1) year of the above-mentioned professional experience.

"Professional experience" refers to work that is creative, analytical, evaluative, and interpretive; requires a range and depth of specialized knowledge of the profession's principles, concepts,

theories, and practices; and is performed with the authority to act according to one's own judgment and make accurate and informed decisions. Thirty (30) semester hour credits are equal to one (1) year of relevant experience. A maximum of one year of non-caseload carrying experience may be credited toward the experience requirement listed above.

Supervising Family Services Specialist 2. Applicants must meet one of the following or a combination of both experience and education.

- Seven (7) years of professional experience in social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and/or carrying out treatment plans. OR
- Earned bachelor's degree from an accredited college or university; and three (3) years of the above-mentioned professional experience. OR
- Earned Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area; and two (2) years of the above-mentioned professional experience.

"Professional experience" refers to work that is creative, analytical, evaluative, and interpretive; requires a range and depth of specialized knowledge of the profession's principles, concepts, theories, and practices; and is performed with the authority to act according to one's own judgment and make accurate and informed decisions. A maximum of one year of non-caseload carrying experience may be credited toward the above-mentioned professional experience. A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be credited for one (1) year of the above-mentioned professional experience. Thirty (30) semester hour credits are equal to one (1) year of relevant experience.

Supervising Family Service Specialist 1 (Casework Supervisor). Applicants must meet one of the following or a combination of both experience and education.

- Eight (8) years of professional experience in social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and/or carrying out treatment plans, one (1) year of which shall have been in a supervisory capacity, or
- Earned bachelor's degree from an accredited college or university; and four (4) years of the above-mentioned professional experience, one (1) year of which shall have been in a supervisory capacity, or
- Earned Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area; and three (3) years of the above-mentioned professional experience, one (1) year of which shall have been in a supervisory capacity.

"Professional experience" refers to work that is creative, analytical, evaluative, and interpretive; requires a range and depth of specialized knowledge of the profession's principles, concepts, theories, and practices; and is performed with the authority to act according to one's own judgment and make accurate and informed decisions. A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be credited for one (1) year of non-supervisory professional experience mentioned above. A maximum of one year of non-caseload carrying experience may be credited

toward the non-supervisory professional experience mentioned above. Thirty (30) semester hour credits are equal to one (1) year of relevant experience.

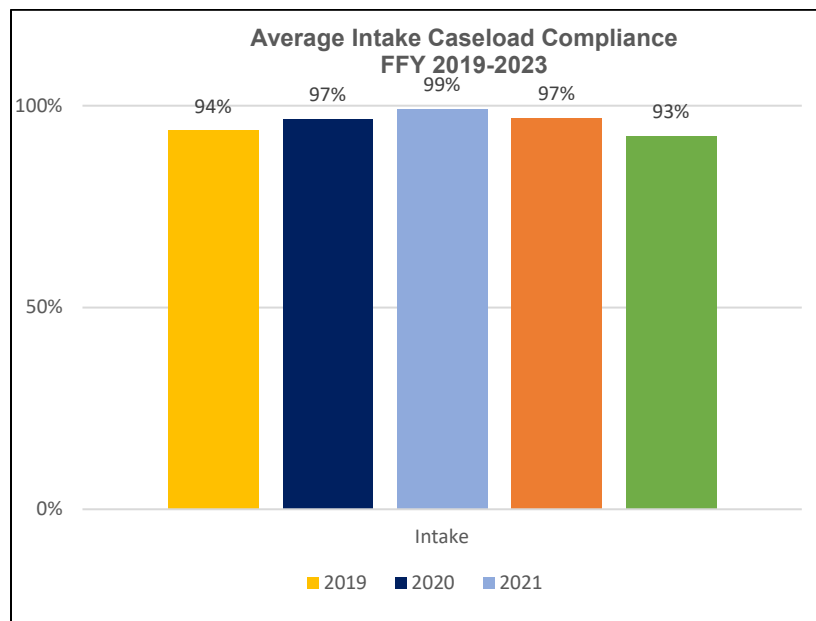
Training Requirements for staff. DCF's OTPD provides training that enhances the child protective services skills of New Jersey's child welfare workforce, which includes approximately 4,000 employees and the offices that support them. For information on the training requirements for DCF child protective services workforce, please refer to the 2025-2029 DCF Training Plan.

Caseload Requirements and Data. DCF is committed to maintaining caseload standards that will allow workers to effectively address the needs of the families on their caseloads. The standards, which are memorialized in policy⁷⁶ and codified in statute, follow.

- Intake workers have no more than 12 families at a time and no more than eight new intakes per month.
- Permanency workers have no more than 15 families with ten children in placement.
- Adoption workers have no more than 15 children.
- No more than five workers assigned to a supervisor.

DCF's adherence to these standards is demonstrated in Figures 54- 57:

Figure 54. Average Intake Caseload Compliance



⁷⁶ [CPP-III-C-5-400.pdf \(nj.gov\)](#)

Figure 55. Average Permanency Caseload Compliance

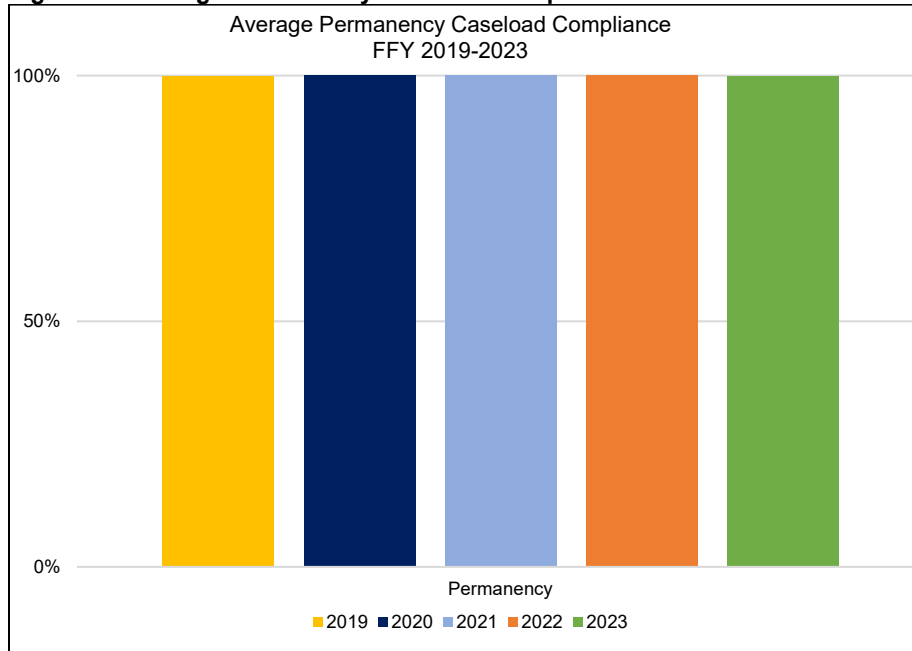


Figure 56. Average Adoption Caseload Compliance

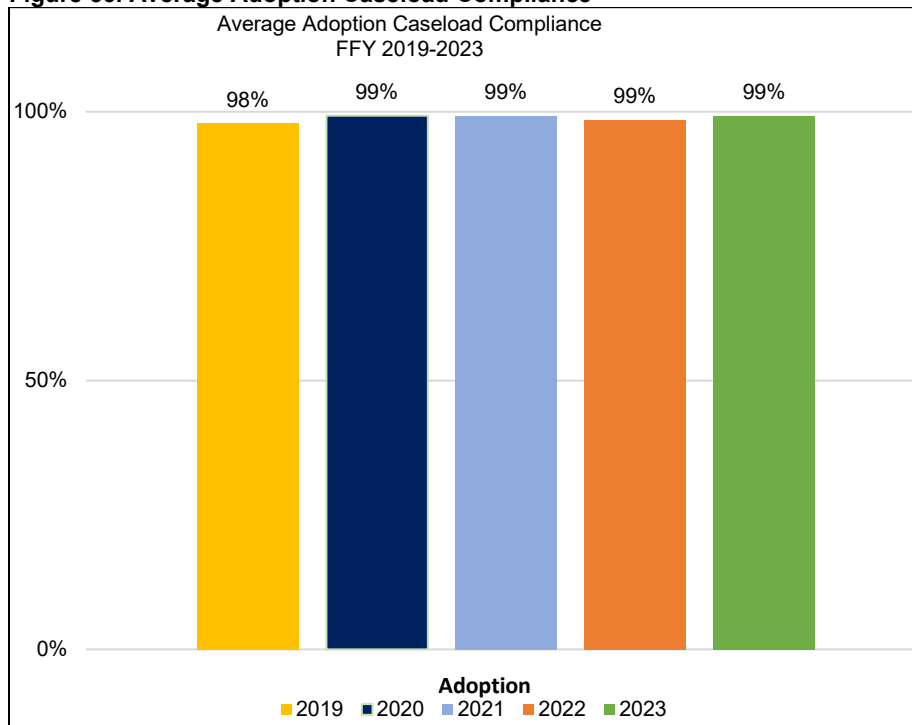
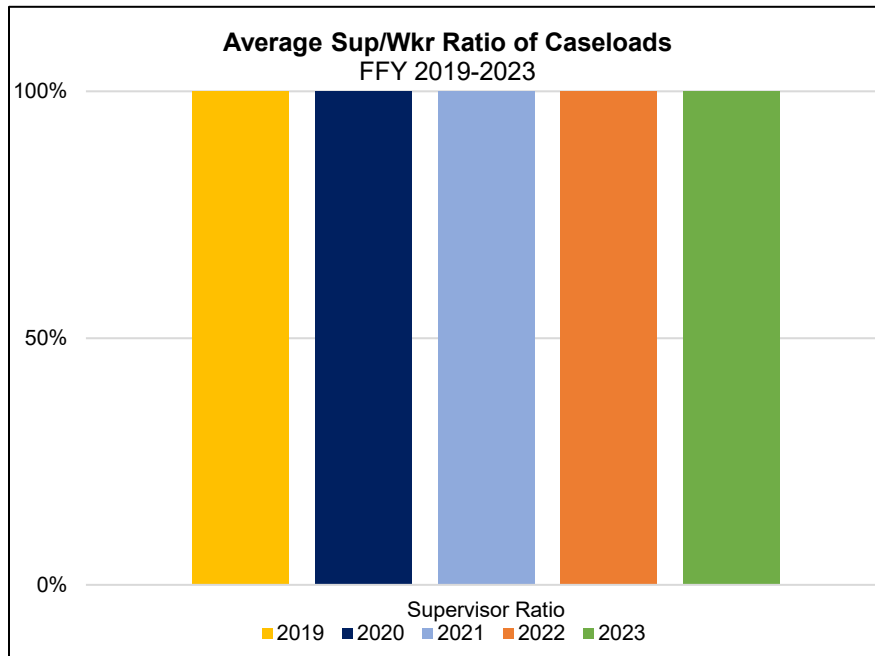


Figure 57. Average Supervisor/Worker Ratio of Caseloads



Workforce education and demographic information is summarized in Figures 58-70.

Figure 58. All Child Welfare Staff by Job Function-Education Level

All Child Welfare Staff by Job Function as of September 30, 2023	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Adoption Worker	10	6	20	92				128
Adoption Supervisor	10	3	6	26			1	46
Intake Worker	69	72	157	727		1	8	1034
Intake Supervisor	26	37	31	167				261
Permanency Worker	86	98	140	673			21	1018
Permanency Supervisor	36	24	25	172	1		1	259
Resource Family Worker	13	22	41	154		1	1	232
Resource Family Supervisor	3	12	7	29				51
Local Office Support Staff	14	20	20	144		1	2	201
Local Office Support Supervisor	3	3	3	24	1		2	36
Case Practice Specialist	22	12	6	38				78
Case Work Supervisor	35	36	20	111	1		1	204
Local Office Manager	8	9	4	22			1	44
Area Office Support Staff	10	9	8	45	1		1	74
Area Office Manager	8	1	2	5				16
Degree Totals	353	364	490	2429	4	3	39	3682

Figure 59. New Hires by Job Function-Education Level

New Hires by Job Function for October 1, 2022 through September 30, 2023	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Adoption Worker				1				1
Intake Worker	1	2	3	15				21
Permanency Worker	24	24	38	145			2	233
Resource Family Worker								0
Local Office Manager								0
Area Office Support Staff				1				1
Degree Totals	25	26	41	162	0	0	2	256

Figure 60. All Child Welfare Staff by Job Title-Education Level

All Child Welfare Staff by Job Title as of September 30, 2023	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4- year Degree	Staff Totals
Family Service Specialist Trainee	26	28	41	185			13	293
Family Service Specialist 2	106	119	233	1086		1	16	1561
Family Service Specialist 1	65	74	112	549	1	2	3	806
Front Line Supervisor (SFSS 2)	77	79	71	418	2		4	651
Case Practice Specialist (CSS)	21	11	5	40				77
Case Work Supervisor (SFSS 1)	36	36	20	111	1		1	205
Local Office Manager	8	9	4	22			1	44
Area Office Support Staff	5	7	2	13			1	28
Area Office Manager	9	1	2	5				17
Degree Totals	353	364	490	2429	4	3	39	3682

Figure 61. New Hires by Job Title-Education Level

New Hires by Job Title for October 1, 2022 through September 30, 2023	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Family Service Specialist Trainee	25	26	39	160			2	252
Family Service Specialist 1								0
Family Service Specialist 2			2	1				3
Local Office Manager								0
Area Office Support Staff				1				1
Degree Totals	25	26	41	162	0	0	2	256

Figure 62. All Child Welfare Staff by Job Title-Female/Ethnicity

All Child Welfare Staff by Job Title as of September 30, 2023						
Female	Asian	Black	Hispanic	Native American	White	Total Female
Family Service Specialist Trainee	8	122	1	4	128	263
Family Service Specialist 2	27	596	16	30	597	1266
Family Service Specialist 1	21	258	11	8	387	685
Front Line Supervisor (SFSS2)	14	195	19	4	327	559
Case Practice Specialist (CSS)		18			50	68
Case Work Supervisor (SFSS1)	11	54	3		111	179
Local Office Manager		13			24	37
Area Office Support Staff		7			14	21
Area Office Manager		2			13	15
Totals	81	1265	50	46	1651	3093

Figure 63. All Child Welfare Staff by Job Title-Male/Ethnicity

Male	Asian	Black	Hispanic	Native American	White	Total Male
Family Service Specialist Trainee	1	12		3	14	30
Family Service Specialist 2	8	162	5	7	112	294
Family Service Specialist 1	3	46	6	1	65	121
Front Line Supervisor (SFSS2)	2	29	2		59	92
Case Practice Specialist (CSS)		3			6	9
Case Work Supervisor (SFSS1)	1	10			15	26
Local Office Manager	1	2			4	7
Area Office Support Staff	2	1			4	7
Area Office Manager					2	2
Totals	18	265	13	11	281	588

Figure 64. All Child Welfare Staff by Job Title-Non-Binary/Ethnicity

Non-Binary	Asian	Black	Hispanic	Native American	White	Total Non-Binary
Family Service Specialist Trainee						0
Family Service Specialist 2					1	1
Family Service Specialist 1						0
Front Line Supervisor (SFSS2)						0
Case Practice Specialist (CSS)						0
Case Work Supervisor (SFSS1)						0
Local Office Manager						0
Area Office Support Staff						0
Area Office Manager						0
Totals	0	0	0	0	1	1

Figure 65. Total Number of Child Welfare Staff

All Staff	Staff Totals
Family Service Specialist Trainee	293
Family Service Specialist 2	1561
Family Service Specialist 1	806
Front Line Supervisor (SFSS2)	651
Case Practice Specialist (CSS)	77
Case Work Supervisor (SFSS1)	205
Local Office Manager	44
Area Office Support Staff	28
Area Office Manager	17
Totals	3682

Figure 66. New Hires by Job Title-Female/Ethnicity

New Hires by Job Title for October 1, 2022 through September 30, 2023						
Female	Asian	Black	Hispanic	Native American	White	Total Female
Family Service Specialist Trainee	5	101	1	3	115	225
Family Service Specialist 1						0
Family Service Specialist 2		1	1		1	3
Local Office Manager						0
Area Office Support Staff					1	1
Totals	5	102	2	3	117	229

Figure 67. New Hires by Job Title-Male/Ethnicity

Male	Asian	Black	Hispanic	Native American	White	Total Male
Family Service Specialist Trainee	1	11		3	12	27
Family Service Specialist 1						0
Family Service Specialist 2						0
Local Office Manager						0
Area Office Support Staff						0
Totals	1	11	0	3	12	27

Figure 68. New Hires by Job Title-Non-Binary-Ethnicity

Non-Binary	Asian	Black	Hispanic	Native American	White	Total Non-Binary
Family Service Specialist Trainee						0
Family Service Specialist 1						0
Family Service Specialist 2						0
Local Office Manager						0
Area Office Support Staff						0
Totals	0	0	0	0	0	0

Figure 69. Total Number of New Hires by Job Title

All Staff	Staff Totals
Family Service Specialist Trainee	252
Family Service Specialist 1	0
Family Service Specialist 2	3
Local Office Manager	0
Area Office Support Staff	1
Totals	256

Figure 70. New Hires by Month, October 1, 2022-September 30, 2023

New hires by Month Oct 1, 2022, through September 30, 2023	Oct - 22	Nov - 22	Dec - 22	Jan - 23	Feb - 23	Mar - 23	Apr - 23	May - 23	Jun - 23	Jul - 23	Aug - 23	Sep - 23	Total
New Hires	13	20	4	12	15	6	29	29	31	22	49	26	256

B. Juvenile Justice Transfers

During this reporting period, there were two children in placement under the legal authority of CP&P that were transferred from CP&P to JJC. DCF generated a report that listed all children in placement who had a placement ending reason of "Custody and Care Transferred to Another Agency". All children listed on the report were reviewed through CCWIS, and the CP&P area and local office staff identified the children who were transferred to the JJC.

C. Education and Training Vouchers

For data on the number of youth who received ETVs and new voucher recipients, see Figure 49 in Section 11, *The Chafee Program and ETV Program*.

D. Inter-Country Adoptions

During FFY 2023, there were no children who entered New Jersey state guardianship after experiencing discontinuity or disruption from a previous inter-country adoption.

E. Monthly Caseworker Visit Data

New Jersey will submit monthly caseworker visit data for FY2024 in a separate submission by December 15, 2024, as outlined in the program instructions.

Section 16. Financial Information

Payment Limitations

- **Title IV-B, Subpart 1.** The amount of FY 2005 Title IV-B, subpart 1, funds New Jersey expended for childcare, foster care maintenance, and adoption assistance payments totaled \$724,011. The amount of non-federal funds expended by New Jersey for foster care maintenance payments and used as part of the Title IV-B, subpart 1 state match for FY 2005 was \$0.
- **Title IV-B Subpart 2 – Non-supplantation Requirement.** The 1992 base year amount of state expenditures for the purposes of Title IV-B, Subpart 2 totaled \$31,021,000. The FY 2021 amount of state expenditures for the purposes of Title IV-B, Subpart 2 totaled \$66,966,000. For additional financial information, see the FY25 Budget Request—CFS-101, Parts I and II and FY22 Title IV-B Expenditure Report—CFS-101, Part III.

Attachment A. Supplemental Information Related to Specified PIP Activities

In the wake of the COVID-19 pandemic, DCF and the Children's Bureau renegotiated timeframes associated with some PIP activities, extending the PIP implementation period for specified activities to November 30, 2021. For other activities, where completion was expected beyond November 2021, DCF has continued to provide status updates in APSRs. Since that time, DCF has completed many additional activities, including those related to Supervisory Observation Tools and the Children in Court Improvement Committee (CICIC) Parent Calendar. For information on DCF's efforts related to the PIP, see DCF's CFSR PIP Progress Report, dated December 31, 2021 (Attachment A of DCF's 2023 APSR) and the subsequent Supplement Information Reports (Attachment B of DCF's 2023 APSR and Attachment A of DCF's 2024 APSR). The following table summarizes DCF's progress on the remaining PIP activities between July 1, 2023 and June 30, 2024.

DCF/Administrative Office of the Courts (AOC) Data Sharing and Interface

DCF/AOC Permanency Data Reports: In May and June 2020, DCF and the AOC had multiple meetings about joint reporting and the enhanced interface. DCF and the AOC arrived at a proposed scope of work and created two workgroups. The data reports workgroup is working to (1) create a new permanency data report and (2) modify the existing appellate data report. During 2021, the data reports workgroup focused on the new permanency data report. The workgroup designed the report, which was developed by the AOC. DCF's Office of Legal and Legislative Affairs and the AOC worked together to negotiate a new data use agreement (DUA). Between July and December 2021, the AOC began transmitting this report to DCF. Between January and June 2022, DCF undertook efforts to clean the data and analyzed: the length of time for each entry cohort to achieve permanency, the length of time between permanency hearings, and the length of time between guardianship filing and case disposition. In November 2022, members of the data reports workgroup presented the findings to DCF executive leadership. In March and April 2023, DCF and the AOC met to review and discuss the permanency data report findings. DCF and the AOC continue to discuss future data sharing in this area, including data sharing related to the Child and Family Services Review. (3.3.3, 3.3.4c).

DCF/AOC Appellate Data Reports: Additionally, in 2021, the data reports workgroup discussed variables for inclusion in a modified appellate data report and the AOC explored technical aspects of modifying the existing report, which is dependent on data from an external vendor. In 2022 and into 2023, the AOC had a series of working meetings related to the technical requirements of this report, including identification of appropriate data variables, storage considerations, and how to load data into the new tables. The AOC created new data tables and drafted data maps to connect the appellate data and trial court data, working with the external data vendor to obtain the necessary data to include in the new data tables. In November 2023, the AOC finalized extract requirements submissions and an internal Statement of Work for dialogue between the Judiciary and the vendor on price, timing, frequency and scope of the new data extracts. That dialogue began in March 2024. When mapping is complete, the data reports workgroup will reconvene to discuss how to best use the data to modify the existing appellate data report. Additionally, DCF continues to engage with the Office of the Attorney General around solutions for improved tracking of appeals and appellate milestones. (3.3.3, 3.3.4c).

DCF/AOC Interface: While the AOC did not have the resource capacity to advance the interface work at the onset of the PIP implementation period, it committed to undertake this work beginning in 2021, beginning with interface enhancements and data quality improvements related to the notice of placement and notice of change of placement, and a plan to work toward developing an outbound DCF court report interface and an inbound AOC court order and FN docket number interface. The COVID-19 pandemic required the DCF and AOC Information Technology (IT) departments to devote time and resources to immediate management of the pandemic's impacts, i.e., the conversion to work-from-home, updates to data systems, etc. In late 2021, DCF and the AOC met to re-scope this effort and exchanged letters of commitment related to the project. In July 2022, DCF secured a contract for an IT project management vendor, established an IT Project Management Office (PMO) and this project was assigned to the PMO. DCF, including the assigned project manager, and the AOC completed high-level requirements and identified a preferred approach for inbound and outbound data sharing capabilities. In December 2023, the AOC reviewed requirements and design to ensure alignment with security protocols and submitted recommendations to Judiciary's security team for consideration. In February 2024, AOC confirmed security alignment and obtained approval to proceed with the work. DCF and the AOC completed advanced planning discussions and agreed upon a development approach to enable the AOC to provide DCF with FN, FG, FL, and FC docket numbers and the timely exchange of court reports and orders via NJ SPIRIT and the eCourts system. A Technical and Operational Readiness Assessment was done. Both DCF and AOC have technical resources to support this effort, a charter is pending approval (June 2024) and the teams will begin the design, development, and implementation (DDI) work (3.3.4a). DCF and AOC continue to meet biweekly to ensure progression of project tasks. The Departments are tentatively pursuing Fall 2024 as the implementation target.

Related PIP Activities:

3.3.3	DCF and the Judiciary will make use of joint reporting (based on available data) as alluded to in step 3.3.4, below, to monitor timeliness of FG proceedings overall, and the impact of adjournments on timely completion of FG proceedings specifically – at the statewide and county specific level.*
3.3.4a	DCF IT and the Judiciary to enhance the interface between NJS and the court's case management system so that data is consistent in both systems (DCF IT, AOC, CP&P and RER)
3.3.4c	DCF to partner with the Judiciary to design and disseminate a data report that will help to align/ understand data elements and timeframes (e.g., guardianship backlog by county) to inform and track progress in county CICAC strategies to improve permanency.*

* Other components of this activity have been or will be completed by the end of the PIP implementation period and, therefore, are not addressed in this table.

New Jersey Department of Children and Families Promoting Safe and Stable Families (Title IV-B, Subpart 2)									
Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	FFY23 (October 1, 2022-September 30, 2023)		FFY24 (October 1, 2023-September 30, 2024)	
						Actual Clients Served	Families	Individuals	Families
APSS	Care Plus NJ	Adoption House	Service Components of Adoption House include: birth family/child visitation, sibling visitation, and preparatory groups. All children attending Adoption House services also receive round-trip transportation.	Children ages newborn to 17 years of age and families, who are affiliated with the Division of Child Protection and Permanency.	Statewide	55	27	53	28
APSS	Children's Aid & Family Services	NJ ARCH	The New Jersey Adoption Resource Clearing House (NJ ARCH) provides adoption advocacy, support, education, information and resources through a web site, phone and e-mail warm line, support group support as well as buddy mentoring/ training workshop offerings for adoption support groups, conferences, etc. throughout the state. The program also includes an extensive free lending library. We currently carry 1,301 books and videos titles, some books having multiple copies. Topics focus on adoption, foster care, kinship care, parenting and the like. In addition, the library has over 2800 articles on various topics to copy or borrow.	All members of the adoption constellation: birth parents, adoptive parents, adopted persons, and the professionals who work with them	Statewide	703	Not Available	400	Not Available
APSS	Volunteers Of America, Greater New York	Parent Skills Partnership Program	In-home comprehensive parenting education and support is provided to the adoptive parents. The overall objective of the Parenting Skills Partnership Program is to stabilize and preserve the family unit. This is accomplished while using a strength based approach. The program provides tools for caring parents of adoptive children to effectively work with children to stabilize the family, increase adaptive behaviors, and decrease inappropriate behaviors in order to achieve a successful adoption. In order to diversify and expand our services in Latino communities we have a Spanish speaking Parent Educator.	Pre and post adoptive families	Bergen, Hudson, Morris, Passaic, Sussex, and Warren Counties	14	8	15	9
APSS	Child Care Resource and Referral Agencies, Division of Family Development within the New Jersey Department of Human Services	Post Adoption Child Care Program	The Post-Adoption Child Care program (PACC) provide subsidies for eligible families for child care. PACC subsidies, dependent on availability of funds, are paid at the prevailing child care payment rate established by the New Jersey Department of Human Services.	Subsidy-eligible, preschool children adopted through the Division of Child Protection and Permanency from foster care. The PACC program is open to families who meet eligibility criteria.	Statewide	435	383	328	291
FPS	Burlington County Community Action Program	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	New and Expecting Mothers	Burlington County	59	59	52	52
FPS	Center For Family Services	DV Core Services- Child Advocacy Program	The Child Advocacy program provides advocacy and support services for child victims of domestic violence. Advocacy includes basic needs assessments, education advocacy, and special needs advocacy. Support services include individual and group counseling, age-appropriate safety planning, and recreational activities. The children's group meets weekly during the same time as the adult support group and their individual counseling sessions are scheduled at a convenient time for both the parent and the child.	Child victims of domestic violence	Cumberland County	159	41	150	40

**New Jersey Department of Children and Families
Promoting Safe and Stable Families (Title IV-B, Subpart 2)**

Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	FFY23 (October 1, 2022-September 30, 2023)		FFY24 (October 1, 2023-September 30, 2024)	
						Actual Clients Served	Families	Individuals	Families
FPS	Center For Family Child & Health Consortium	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	First time mothers and mothers who are receiving TANF benefits and have a child under 12 months	Camden County	267	154	187	104
FPS	Central NJ Maternal Child & Health Consortium	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	The target population for the Middlesex/Somerset County Healthy Families-TIP program is any parent residing in these counties, that is pregnant or has a child under the age of three months old. Also TIP component connects with prenatal and newly parenting TANF families receiving assistance from the Board of Social Services in both counties	Middlesex and Somerset Counties	147	147	165	165
FPS	Family & Children's Services	Family Stabilization Services	The program provides comprehensive assessments, short-term therapy, and case management services to families and/or individuals to address current levels of functioning, child abuse and neglect issues, reduce potential risk factors and minimize conflict. Case management services address concrete needs, in the family environment that can be best managed with referrals to ancillary service providers or the provision of basic education and support. The primary goal of the program is to achieve stability and ultimately to improve child safety, permanency and well-being	Children who are at risk of out of home placement or who have been placed out of the home short term due to a family crisis. Families in which there is a risk of child abuse or neglect	Union County	102	28	48	150
FPS	Holy Redeemer Health System	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	Parents who are currently pregnant or have a baby younger than 3 months of age. Other parents may participate if they are DPO families and have a child less than 12 months of age. Alumni and referrals from DCP&P are considered on a case by case basis. Our program does not have a limited target population.	Cape May County	336	166	296	140
FPS	Mercer Street Friends	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	The Program serves pregnant/parenting women residing in the East and West Wards of the City of Trenton, identified either prenatally or within 14 days of giving birth;and any pregnant/parenting woman residing in Mercer County receiving TANF, GA or EA with a child under 12 months of age	Mercer County	276	65	316	80
FPS	Mercy Center	Family Resource Center	The FRC serves as a community based social service agency, where service delivery methods are designed to address the family needs and strengthen the family system. Families have the ability to access and obtain information regarding community resources. Presentations, educational workshops, community resource guides are provided to social service providers, individuals, organizations, churches and schools. Crisis intervention services are available to walk-ins in crisis. Families have the option of receiving direct support services on site, or referred to the appropriate agency to address their needs/situations.	The vulnerable/fragile families in Asbury Park, Neptune and the immediate surrounding areas, who are experiencing some level of crisis that has put their children at risk for out of home placement. FRC also serves individuals and families whose behaviors/issues created a level of instability and dysfunction that affects their ability to maintain a healthy family unit.	Monmouth County (Asbury Park and Neptune)	330	330	300	300

**New Jersey Department of Children and Families
Promoting Safe and Stable Families (Title IV-B, Subpart 2)**

Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	FFY23 (October 1, 2022-September 30, 2023)		FFY24 (October 1, 2023-September 30, 2024)	
						Actual Clients Served	Families	Individuals	Families
FPS	Oaks Integrated Care	Focus	Intensive, in-home based therapeutic and crisis intervention services and psycho-educational skill building strategies to support children and families at risk for out-of-home placement.	Children ages 5-21	Burlington, Camden and Cumberland counties	4	6	5	6
FPS	Partnership For Maternal And Child Health Of Northern NJ	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	New and expectant parents in Essex County. The program also provides home visitation services to expectant women in their third trimester and/or with children under the age of 12 months who are TANF (Temporary Assistance to Needy Families) eligible	Essex County	296	147	347	173
FPS	Partnership For Maternal And Child Health Of Northern NJ	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	Passaic County Healthy Families-TIP (TANF Initiative for Parents) program serves any first time pregnant mother or any first time mother with a baby younger than 3 months of age or mothers under the age of 25 with multiple children, that residing in the cities of Paterson, Passaic and Clifton; all TANF, GA and/or EA families with children under 12 months residing in Passaic County	Passaic County	202	103	220	110
FPS	Preferred Behavioral Health of New Jersey	Visitation Program	Family Visitation provides an array of services: supervised visitation, therapeutic visitation, in-home therapy, parent mentoring, and crisis response.	Families with an open DCP&P case in which children are in placement, at risk of placement, or transitioning to reunification	Ocean County	46	13	92	26
FPS	Preferred Behavioral Health of New Jersey	Healthy Families	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	Healthy Families is available to parents, who enroll while pregnant or within three months of birth, with an infant up to twelve months	Ocean County	28	14	50	25
FPS	Prevent Child Abuse NJ Chapter	Healthy Families SEC	PCANJ is the state lead for Healthy Families America and provide training and technical assistance to New Jersey's HF programs. The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	All New Jersey HF Programs	Statewide	Not Available	Not Available	Not Available	Not Available

New Jersey Department of Children and Families Promoting Safe and Stable Families (Title IV-B, Subpart 2)										FFY23 (October 1, 2022- September 30, 2023)		FFY24 (October 1, 2023- September 30, 2024)	
Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	Actual Clients Served		Anticipated Clients Served					
						Individuals	Families	Individuals	Families				
FPS	Southern New Jersey Perinatal Cooperative	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	Women who are either pregnant or with a newborn younger than 3 months, regardless of number of previous live births. We continue to offer home visitation services to families until the child's 3rd birthday or until the child becomes enrolled in Preschool	Atlantic County (Atlantic City, Ventnor, Brigantine, Pleasantville, Egg Harbor Township, Absecon, Galloway Township, Egg Harbor City, Mays Landing, and Somers Point)	212	106	180	90				
FRS	Acenda	Creative Visitation	The Creative Visitation Program provides parent/child and sibling visitation for those families whose children are in out-of-home placement with DCP&P in the Southern Region. The program facilitates consistent, structured supervised visits and documents the parent/child interactions. The program provides transportation for children within the Southern region to and from the visits, which occur at a safe, neutral location that is conducive to family interaction. Length of stay is approximately 6 months. Visit Coaches utilize the North Carolina Family Assessment Scale for Reunification tool to develop a service plan.	Parent & Child	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem	190	64	185	62				
FRS	Acenda	Family Ties - SEC	Family Ties provides up to 9 months of weekly supervised visitation for birth parents and children who are in the legal custody of DCP&P and in resource placements in the Southern Region. Open to families whose primary case goal is reunification - visitation is progressive in nature and staff will teach/model/coach appropriate and effective parenting skills, provide post-visit debrief, and provide documentation that allows the Division and Courts to make more timely decisions regarding a child's permanency. Post-reunification services are available for up to 3 months if the family is reunified during the intervention.	Parent & Child	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem	234	86	250	92				
FRS	Children's Home Society of NJ	Intensive Services Program	The ISP program provides a number of services to help parents increase their capacity to parent and to help them prepare for possible family reunification. These services include individual and family parent education, individual and family counseling, parent support and education groups, and therapeutic visitation.	Families who had child removed due to abuse or neglect w/DCP&P	Mercer County	51	23	50	24				
FSS	Acenda	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development	Any parent who is pregnant or has an infant 3 months or younger, residing in Cumberland, Salem, or Gloucester County, is eligible for Healthy Families-TIP Cumberland, Salem or Gloucester. Additionally, the program is available to parents with an infant up to twelve months old if they are currently receiving or eligible to receive Temporary Assistance to Needy Families (TANF), Emergency Assistance (EA) or General Assistance (GA). Potential clients are screened for a variety of risk factors, including but not limited to teen pregnancy, first-time or subsequent pregnancy, low income, inadequate or no prenatal care, unstable housing, social isolation, depression, substance use, domestic violence and other indicators that place a child at risk of abuse and neglect.	Cumberland County, Gloucester, Salem	166	167	185	186				
FSS	Avanzar	Dream Free	The program provides both direct service to youth and supportive service to DCP&P caseworkers. Intensive care management, psycho-education and mentoring services are provided to youth with a specific focus on child trafficking prevention and intervention. Case consultations are provided to DCP&P staff to assist with trafficking identification, engagement strategies, case planning, and service coordination.	Youth under the age of 21 who are referred by DCP&P and either confirmed or identified as high risk for sex and/or labor trafficking.	Statewide	139	124	161	141				

New Jersey Department of Children and Families Promoting Safe and Stable Families (Title IV-B, Subpart 2)									
Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	FFY23 (October 1, 2022-September 30, 2023)		FFY24 (October 1, 2023-September 30, 2024)	
						Actual Clients Served	Families	Individuals	Families
FSS	Care Plus NJ	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	All TANF families with children under the age of 12 months old, and new parents living in Hudson County	Hudson County	79	143	70	130
FSS	Care Plus NJ	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	The Healthy Families-TIP target population is first time families who are screened through Central Intake who reside in Bergen County and TANF recipients with a child 12 months and under.	Bergen County	62	125	76	152
FSS	Family Connections	Keeping Families Together (KFT)	Provide supporting housing services to children & families. Services include: clinical case management, house case management, group support	Child welfare involved families with children out of home or at risk of placement. Homelessness must be experienced and parent has co-occurring	Essex County	308	61	320	67
FSS	Visiting Nurse And Health Services	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	The target population for the Union County Healthy Families-TIP program is any parent residing in these counties, that is pregnant or has a child under the age of three months old.	Union County	140	60	190	87
FSS	Visiting Nurse Association of Central Jersey	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	Essex VNA Healthy Families-TIP Program will serve all eligible pregnant and parenting women with a child less than 3 months who live in Essex county; the site will focus concentration on families living in the high risk towns of Newark, Irvington and the Oranges. In addition, the site will serve pregnant and parenting women who are eligible to receive TANF benefits, live in Essex County and are parenting a child less than 12 months	Essex County (focused on Newark, Irvington, the Oranges)	272	236	257	223
FSS	Visiting Nurse Association of Central Jersey	Healthy Families TIP	The Healthy Families (HF) Program model provides in-home education and supportive services to new and expectant parents, especially those families who are overburdened by stressors that put them at risk of child abuse and neglect. HF identifies families of unborn or newborn children who may be at risk of maltreatment through a systematic screening and assessment process, which begins during pregnancy or at birth. Families who have a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three (participation is voluntary). Trained home visitors, who often share the families' culture and community, link new or expectant parents to existing social service and health care resources, and promote positive parenting and healthy child growth and development.	Available to serve all eligible pregnant and parenting women, who live in Monmouth County, with a child less than three months of age. The program also serves prenatal clients or parents who reside in Monmouth County, are receiving TANF/GA benefits, and have a child younger than 12 months in age.	Monmouth County (Asbury Park, Long Branch, Neptune, Red Bank, Keanburg, and Freehold)	318	187	326	195
				Approximate FFY23 Program Totals		Estimated FFY24 Program Totals			

New Jersey Department of Children and Families Promoting Safe and Stable Families (Title IV-B, Subpart 2)									
Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	Actual Clients Served		Anticipated Clients Served	
						Individuals	Families	Individuals	Families
					APSS	1,207	418	796	328
					FPS	2,464	1,321	2,408	1,461
					FRS	475	173	485	178
					FSS	1,484	1,108	1,585	1,181
								Est. FFY24 Final Totals	
					Approximate FFY23 Final Totals	5,630	3,020	5,274	3,148

Attachment C. Child Protection Substance Abuse Initiative Service Descriptions and Data

New Jersey Department of Children and Families Child Protection Substance Abuse Initiative						FFY23 (October 1, 2022-September 30, 2023)		FFY24 (October 1, 2023-September 30, 2024)	
Relevant Service Category	Provider Name	Program Name	Description of Service	Population Served	Geographic Area	Individuals	Families	Individuals	Families
						Actual Clients Served	Anticipated Clients Served	Actual Clients Served	Anticipated Clients Served
CPSAI	Catholic Charities Diocese of Metuchen	Child Protection Substance Abuse Initiative	The Catholic Charities Diocese of Metuchen CPSAI Program outposts Certified Drug and Alcohol Counselors (CADC) and counselor aides in the Division of Child Protection and Permanency (CP&P) local offices in the counties of Essex, Middlesex, and Union. This program provides consultation services with DCP&P workers as needed, to identify appropriate parents/caregivers to be assessed for a substance use disorder, to assess CP&P parents/caregivers for a substance use disorder, including urine drug screen, and to case manage those individuals referred to treatment. CPSAI provides early identification and assessment of the severity of the addictive disorder. Offers expertise in Substance Use Disorders by participation in the local office staff meetings, consultations, Child welfare Consortiums, participation in Family Team Meetings, when requested, and Plans of Safe Care multi-disciplinary team meetings. PRSS is offered in the CP&P local offices to provide recovery support to the parent/caregiver, who meet the criteria. The referral is made via CPSAI or CP&P caseworker to target primarily permanency cases with a history of intervention due to substance use disorder. This is not a clinical process. PRSS provide support through shared life experiences to assist in navigating the recovery community and process.	Parents/Caregivers of children that are involved with CP&P; adults that live in the household with the child(ren) who are involved with CP&P and individuals who are being considered as Adoptive or Resource Families but have a history of substance use or abuse.	Essex, Middlesex, and Union Counties	1,239	Not Available	1,300	Not Available
	Center for Family Services	Child Protection Substance Abuse Initiative	Consultation with CP&P workers as needed to identify appropriate parents/caregivers to be assessed. Standardized substance use disorder assessments, including urine drug screens, referral and case management to, and advocacy for, appropriate levels of treatment. Substance use disorder trainings for CP&P staff to facilitate the early identification of a potential substance use disorder. Identification of parents/caregivers appropriate for Work First New Jersey Substance Abuse Initiative (SAI) and coordination of treatment placement. Collaboration with provider agencies for treatment coordination, follow up, and monitoring of treatment compliance in keeping with current case closing protocols. Transportation and coordination of treatment services. Offers expertise in Substance Use Disorders by participation in the local office staff meetings, consultations, Child welfare Consortiums, participation in Family Team Meetings, when requested, and Plans of Safe Care multi-disciplinary team meetings. Ongoing written and verbal case conferencing with CP&P Staff. Referral to Peer Recovery Support Specialist (PRSS) Services by CPSAI staff and assisting CP&P staff with referrals. Systems coordination facilitating communication between CP&P (Camden Co) and local county welfare agency.	Caregivers who are under investigation by or supervision of CP&P; to rule out substance use disorder as a precipitating or coexisting factor to child abuse/neglect. Adult parent/caregivers who received a DSM IV diagnosis are referred to the appropriate level of treatment.	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem Counties	1,095	Not Available	4,000	Not Available
	CPSAI	Preferred Behavioral Health Group	Child Protection Substance Abuse Initiative	Preferred Behavioral Health (PBH), Child Protection Substance Abuse Initiative (CPSAI) provides substance use assessments, extended assessments, referral, case management, motivational interviewing, Peer Recovery Support Specialist (PRSS) services, transportation and chain of custody drug screenings for families associated with the Department of Children and Families (DCF). CP&P CPSAI offers expertise in Substance Use Disorders by offering training, consultation, participation in the local office staff meetings, Child welfare Consortiums, participation in Family Team Meetings, and Plans of Safe Care multi-disciplinary team meetings. The goal of CPSAI is to ensure child safety by assisting CP&P with the identification of a parent/caregiver involvement with substance use by providing a comprehensive substance use assessment to ascertain the appropriate level of care for the parent/caregiver involved with the DCF-CP&P.	Individuals/caregivers involved with the DCF - CP&P due to allegations of substance use.	Bergen, Hudson, Hunterdon, Mercer, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex and Warren Counties.	3,109	Not Available	3,500
Actual Approximate FFY23 Totals						5,443	N/A	8,800	N/A

*Currently the numbers for anticipated clients to be served reflect the current trend of the amount of received referrals. For 2025 APSR, DCF attained this data from the contracted providers.



State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES

PHILIP MURPHY
Governor

TAHESHA L. WAY, ESQ.
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

June 18, 2024

Kathryn McCans, M.D., F.A.A.P.,
Chair
New Jersey Fatality & Near Fatality Review Board

Dear Dr. McCans,

I am in receipt of the 2023 New Jersey Child Fatality and Near Fatality Review Board (CFNFRB) Annual Report. On behalf of the New Jersey Department of Children and Families, I want to thank you and your colleagues on the Review Board—including the members of the Northern, Central, and Southern Community-Based Teams, the Suicide Subcommittee and the Sudden Unexplained Infant Death Subcommittee—for your diligence and dedication in this critically important work.

Tasked with reviewing the facts and circumstance surrounding child fatalities and near fatalities, the Board and its five regional and subject matter teams help determine the cause of these tragic incidents, identifying opportunities to improve our practice and engagement at various system touchpoints, and recommending strategies to prevent the loss of any child in New Jersey. Your service is appreciated and invaluable to our efforts to keep families safe, healthy, and connected.

The 2023 CFNFRB Report covers the child fatalities and near fatalities that occurred in Calendar Year 2019. Among the Board's recommendations, is a continued focus on system collaboration and coordination among state and local agencies, as well as system-wide improvements in governmental support services to help ameliorate inconsistencies and improve information sharing that leads to the prevention of child fatalities and near fatalities. It was recommended that DCF revise and update the public campaign addressing the risk of leaving kids unattended in cars, which should include exploring the use of technology.

I am happy to report that we have updated some of our public awareness information around hot car safety, including the creation of a vinyl window decal that families can place in their back window as a reminder to check the backseat. These decals are being distributed through DCF's network of Family Success Centers, at community events in which the Department is in attendance, and at car seat checkpoints hosted by DCF. The

www.nj.gov/dcf

imagery and awareness information is also being shared on the Department's social media accounts.

Beyond public awareness in this one safety measure, we have also created several social media and print graphics around water safety and safe sleep. These are regularly broadcast through the Department's social media channels and picked up and amplified by our audience. Since Memorial Day, 2024, water safety posts alone have received approximately 4,000 impressions.

I look forward to continuing to work with you and the members of the Child Fatality and Near Fatality Review Board to address preventable causes of death and serious injury to New Jersey's children and young adults. Thank you again for your commitment and ongoing partnership in support of the children and families of New Jersey.

Sincerely,

A handwritten signature in black ink that reads "Christine Beyer". The script is fluid and cursive, with the first name "Christine" written in a larger, more prominent hand than the last name "Beyer".

Christine Norbut Beyer, MSW

Commissioner, NJ Department of Children and Families



State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES

PHILIP MURPHY
Governor

TAHESHA L. WAY, ESQ.
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

June 18, 2024

Mary Coogan
Co-Chair, New Jersey Task Force on Child Abuse and Neglect (NJTFCAN)
President & CEO
Advocates for Children of New Jersey

Dear Ms. Coogan,

I am in receipt of the 13th Annual NJTFCAN Report for the period of July 1, 2022, through June 30, 2023. As always, I am grateful to you and the members of the Task Force for your ongoing partnership, advocacy, and support to help ensure that all New Jersey families are safe, healthy, and connected. New Jersey's families and communities are stronger because of your members' dedication and commitment to their wellbeing.

Among the Task Force recommendations to the Department, I am pleased to report that we are in alignment with several key areas identified in your report.

The Task Force indicated a need for additional training regarding New Jersey's mandated reporter law and when it's appropriate to report concerns for a family's wellbeing to child protective services, particularly around the issue of neglect. As you know, in 2023 the NJTFCAN created a standing Subcommittee on Race, Poverty and Neglect, inspired by the topic of our annual conference, to examine ways in which the current operation of the child welfare system in New Jersey conflates poverty and neglect, and to examine ways in which racial inequities drive that conflation and are compounded by that conflation.

Currently, one of the main focuses of the Race, Poverty, and Neglect subcommittee is the exorbitant number of calls that come into the State Central Registry involving allegations of neglect that do not result in substantiated findings. This Subcommittee is working to partner with a vendor that will assist in information gathering regarding the current practice of reporting neglect and plans to host a series of focus groups to engage with primary reporters to learn more about how reporting sources are currently trained on mandated reporting and what prompts calls to the SCR to report suspected allegations of neglect.

The Task Force also recommended that DCF continue to engage with individuals who have lived experience and to assist with adding additional individuals with lived experience to the NJTFCAN committees and workgroups. The Task Force began a strategic planning project in March 2024. Strategies to recruit individuals with lived

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experiences have been discussed in these strategic planning sessions. The Subcommittee on Race, Poverty and Neglect successfully recruited a new member with lived experience and is waiting for a final vote by the Task Force to finalize the endorsement of this new member.

From our recent strategic planning conversations for the NJTFCAN, I am excited for the direction and renewed focus of the Task Force, and the continued partnership with you and all the Task Force members, as we help New Jersey's families stay safe, healthy, and connected. As always, my staff and I are available to support the Task Force's work in whatever way we can, and we appreciate the thoughtful recommendations to advance New Jersey forward as a leader in child- and family-wellbeing.

Sincerely,

A handwritten signature in black ink that reads "Christine Beyer". The script is fluid and cursive, with the first name "Christine" written in a larger, more prominent hand than the last name "Beyer".

Christine Norbut Beyer, MSW
Commissioner, NJ Department of Children and Families



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CHRISTINE NORBUT BEYER, MSW
Commissioner

June 18, 2024

Marygrace Billek, M.S.S.W.
Chair, Staffing Oversight and Review Committee
New Jersey Task Force on Child Abuse and Neglect (NJTFCAN)

Dear Ms. Billek,

I am in receipt of the 2023 New Jersey Task Force on Child Abuse and Neglect, Staffing and Oversight Review Subcommittee (SORS) planning report for the period of July 1, 2022, through June 30, 2023. As always, I am grateful to you and the members of the SORS panel for your interest in the issues most relevant to helping New Jersey families to be safe, healthy, and connected. In particular, SORS has a very specific and defined role to ensure public transparency and accountability in child welfare staffing and outcomes data in the years ahead.

As noted in the report, in December 2022, as part of an agreement to end federal monitoring of New Jersey's child protective services agency, new legislation expanded SORS' responsibilities to review, analyze and make recommendations regarding DCF's performance in areas regarding children and families as well as staff and administration.

Your collaboration with the Camden Coalition led to the successful development of a template that will be used for the First Annual 2024 Performance Report along with the identification of four pillars of review—Front Door, Temporary Placement, Well-Being and Exit to Permanence—that will be the focus of each annual reporting.

The detailed timeline that was provided in the planning report outlined a realistic data collection and analysis plan with a final report release date of December 1, 2024. The timeline includes the necessary steps leading to reporting accurate and up-to-date data including collaboration with various DCF initiatives such as Collaborative Quality Improvement. You also noted that SORS currently has access to an extensive amount of quantitative data and will provide essential context for the review of qualitative data for the 2024 report. I look forward to receiving your first Annual Performance Report under SORS' new scope of work.

Thank you for your continued, ongoing partnership. I look forward to working together. If I, or any member of my team can be of any assistance to the work of SORS, please do not hesitate to reach out.

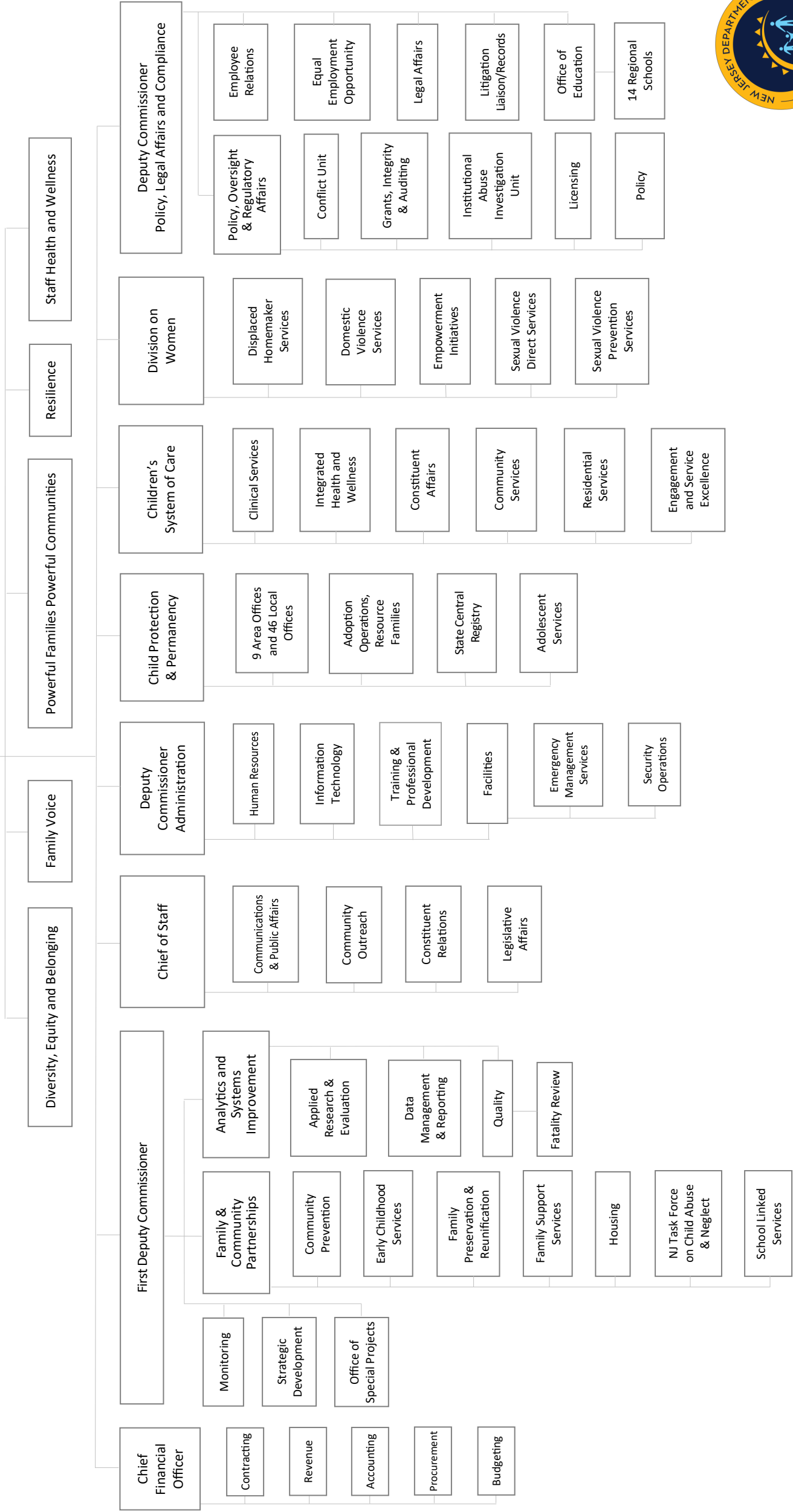
Sincerely,

A handwritten signature in cursive script that reads "Christine Beyer".

Christine Norbut Beyer, MSW
Commissioner, NJ Department of Children and Families

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NJ DCF COMMISSIONER



Attachment H. Acronym List for the 2025-2029 CFSP and 2025 Final APSR

Acronym	Meaning
A	
AAAQ	Availability, Accessibility, Acceptability and Quality Framework
ACAF	All Children-All Families
ACEs	Adverse Childhood Experiences
ACF	Administration for Children and Families
ACNJ	Advocates for the Children of New Jersey
AFCARS	Adoption and Foster Care Analysis and Reporting System
AHH	Adolescent Housing Hub
AIP	Abuse Intervention Program
AKLGCS	Adoption and Kinship Legal Guardianship Clinical Services
AOC	Administrative Office of the Courts
APN	Advanced Practical Nurse
APSR	Annual Program and Services Report
ARE	Applied Research and Evaluation
ASFA	Adoption and Safe Families Act
ASI	Analytics and Systems Improvement
ASQ	Ages and Stages Questionnaire
B	
BCWEP	Baccalaureate Child Welfare Education Program
BFPP	Birth and Foster Parent Partnership
BIA	Bureau of Indian Affairs
C	
CAC	Child Advocacy Center
CADC	Certified Alcohol and Drug Counselor
CAG	Chafee Advisory Group
CAFS	Children's Aid and Family Services
CAPTA	Child Abuse Prevention Treatment Act
CARA	Comprehensive Addiction and Recovery Act
CARI	Child Abuse Record Information
CASA	Court Appointed Special Advocates
CB	Children's Bureau
CBCAP	Community-Based Child Abuse Prevention
CCR&R	Child Care Resource and Referral Network
CCWIS	Comprehensive Child Welfare Information System
CCYCs	County Councils for Young Children
CDB	Central Database
CDC	Centers for Disease Control and Prevention
CECANF	Commission to Eliminate Child Abuse and Neglect Fatalities
CFN	Child and Family Nurse
CFNFRB	Child Fatality and Near Fatality Review Board
CFNP	Child and Family Nurse Program
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CHCS	Center for Health Care Strategies
CHIP	Children's Health Insurance Program

CHP	Child Health Program
CHRI	Criminal History Record Information
CHU	Child Health Unit
CIACC	Children's Interagency Coordinating Councils
CIC	Children in Court
CICAC	Children in Court Advisory Committee
CICIC	Children in Court Improvement Committee
CIP	Court Improvement Plan
CJA	Children's Justice Act
CLIP	Center for Learning and Improving Performance
CLSA	Casey Life Skills Assessment
CME	Comprehensive Medical Examination
CMHA	Comprehensive Mental Health Assessment
CMO	Care Management Organization
CMS	Contract Management System
CNJ	Connecting New Jersey
COA	Cost of Attendance
CoCs	Continuums of Care
COG	Continuity of Government
COOP	Continuity of Operations Plan
CoQI	Collaborative Quality Improvement
CP&P	Child Protection and Permanency
CPM	Case Practice Model
CPSAI	Child Protection Substance Abuse Initiative
CQI	Continuous Quality Improvement
CSA	Contracted System Administrator
CSE	Coordinated State Evaluation
CSH	Corporation for Supportive Housing
CSOC	Children's System of Care
CTF	Children's Trust Fund
CTH	Connect to Home Initiative
CWS	Child Welfare Services
D	
D.A.D.S.	Dads Achieving Dynamic Success
DAG	Deputy Attorney General
DCA	New Jersey Department of Community Affairs
DCF	New Jersey Department of Children and Families
DCF OEM	New Jersey Department of Children and Families Office of Emergency Management
DHS	New Jersey Department of Human Services
DMAHS	New Jersey Division of Medical Assistance and Health Services
DMHAS	Division of Mental Health and Addiction Services
DOE	New Jersey Department of Education
DOH	New Jersey Department of Health
DOW	Division on Women
DREAMS	Developing Resiliency with Engaging Approaches to Maximize Successs
DVL	Domestic Violence Liaison
E	

EBHV	Evidence-Based Home Visiting
EBP	Evidenced-Based Program
EBSU	Enterprise Business Systems Unit
ECCS	Early Childhood Comprehensive Systems
ECCS P-3	Early Childhood Comprehensive Systems Prenatal-3
ECS	Early Childhood Specialist
EDW	Enterprise Data Warehouse
EIA	Equity Impact Assessment
EITC	Earned Income Tax Credit
EMAC	Emergency Management Assistance Compact
Embrella	Embracing and Empowering Families
EMMIT	Emergency Management Mapping and Information Tracking
EOF	Educational Opportunity Fund
ESF	Emergency Support Function
ETV	Education and Training Voucher
F	
FCP	Family and Community Partnerships
FAFSA	Free Application for Federal Student Aid
FCIRU	Fatality and Critical Incident Review Unit
FEC	Fatherhood Engagement Committee
FCI	Family Connects International
FEMA	Federal Emergency Management Agency
FFA	Family First Prevention Services Act
FFY	Federal Fiscal Year
FSS	Family Service Specialist
FPL	Federal Poverty Level
FPS	Family Preservation Services
FYI	Foster Youth to Independence Initiative
FSCs	Family Success Centers
G	
GPA	Grade Point Average
H	
HESAA	Higher Education Student Assistance Authority
HFA	Healthy Families America
HMFA	Housing and Mortgage Finance Agency
HMG NJ	Help Me Grow New Jersey
HOPE	Harnessing Opportunity for Positive, Equitable Early Childhood Development
HSAC	Human Service Advisory Council
HUD	Department of Housing and Urban Development
I	
I/DD	Intellectual and Developmental Disabilities
IAIU	Institutional Abuse Investigations Unit
ICPC	Interstate Compact of the Placement of Children
ICS	Incident Command System
ICWA	Indian Child Welfare Act
IECMH	Infant and Early Childhood Mental Health
IHRP	In-Home Recovery Program
IIC	Intensive In-Community

IL	Independent Living
IM	Information Management
IMSC	Information Management Steering Committee
IMTS	Intensive Mobile Treatment Services
IRECW	Intent to Remain Employed in Child Welfare
ISS	International Social Services
IT	Information Technology
J	
JDAI	Juvenile Detention Alternatives Initiative
JHU	Johns Hopkins University
JJC	Juvenile Justice Commission
K	
KFT	Keeping Families Together
KLG	Kinship Legal Guardianship
KNP	Kinship Navigator Program
KPIs	Key Performance Indicators
L	
LEEP	Lived Experience Expert Partnership
LGBTQIA2S+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Two-Spirited and more identities denoted by the +
LI2	Learn, Innovate, Improve
LIS	Licensing Information System
LOM	Local Office Manager
LTC	Leadership Transformation Collaborative
M	
MCWEP	Master's Child Welfare Education Program
MDT	Multi-Disciplinary Team
MEYA	Medicaid Extension for Young Adults
MIECHV	Maternal Infant Early Childhood Home Visiting
MOA	Memorandum of Agreement
MRSS	Mobile Response and Stabilization Services
MVR	Minimum Visitation Requirement
N	
NCANDS	National Child Abuse and Neglect Data System
NEICE	National Electronic Interstate Compact Enterprise
NFR-CRS	National Fatality Review Case Reporting System
NIMS	National Incident Management System
NJ OEM	New Jersey Office of Emergency Management
NJ OIT	New Jersey Office of Information Technology
NJ4S	New Jersey Statewide Student Support Services Network
NJARCH	New Jersey Adoption Resource Clearing House
NJCAN	New Jersey Career Assistance Navigator
NJCWTP	New Jersey Child Welfare Training Partnership
NJEA	New Jersey Education Association
NJFCS	New Jersey Foster Care Scholars
NJGAINED	New Jersey Group for Access and Integration Needs in Emergencies and Disasters
NJSP	New Jersey State Police

NJTFCAN	New Jersey Task Force on Child Abuse and Neglect
NJYRS	New Jersey Youth Resource Spot
NPCS	National Partnership for Child Safety
O	
OAS	Office of Adolescent Services
OCA	Office of Contract Administration
ODEB	Office of Diversity, Equity and Belonging
OECS	Office of Early Childhood Services
OEM	Office of Emergency Management
OFSS	Office of Family Support Services
OFV	Office of Family Voice
OHSP	Office of Homeland Security and Preparedness
OIHW	Office of Integrated Health and Wellness
OIT	Office of Information Technology
OKRs	Objectives and Key Results
OOE	Office of Education
OOH	Office of Housing
OOL	Office of Licensing
OOM	Office of Monitoring
OOQ	Office of Quality
OOR	Office of Resilience
OSD	Office of Strategic Development
OSHW	Office of Staff Health and Wellness
OSRI	On-Site Review Instrument
OTPD	Office of Training and Professional Development
P	
PCANJ	Prevent Child Abuse New Jersey
PACES	Pathways to Academic and Career Exploration to Success
PAP	Predict Align Prevent
PPA	Pre-Placement Assessment
PBC	Place-Based Community
PACEs	Positive and Adverse Childhood Experiences
PFPC	Powerful Families, Powerful Communities
PIP	Program Improvement Plan
PSSF	Promoting Safe and Stable Families
PJD	Prevention of Juvenile Delinquency
PLP	Parent Linking Program
PCP	Primary Care Physician
PRIDE	Parent Resources for Information, Development and Education
PRSS	Peer Recovery Support Specialist
POSC	Plans of Safe Care
PYPIC	Parenting Young People in Care
PMO	Project Management Office
PSB	Problematic Sexual Behavior
POSC	Plans of Safe Care
PPC	Pediatric Psychiatry Collaborative
Q	
QPR	Quality Performance Review

QR	Quality Review
R	
RDS	Resource Development Specialist
RDTC	Regional Diagnostic Treatment Center
RESC	Race Equity Steering Committee
RFP	Request for Proposals
RFQ	Request for Qualifications
RNR	Risk, Needs, Responsivity
S	
SAGE	System for Administering Grants Electronically
SAP	Satisfactory Academic Progress
SBC	Solution Based Casework
SBYSP	School Based Youth Services Programs
SCR	State Central Registry
SDM	Structured Decision Making
SDOH	Social Determinants of Health
SED	Severe Emotional Disturbance
SEOC	State Emergency Operations Center
SIBS	Siblings in Best Settings
SNAP	Supplemental Nutrition Assistance Program (Food Stamps)
SOGIE	Sexual Orientation, Gender Identity and Expression
SORS	Staffing and Oversight Review Subcommittee
SORS	Staffing and Oversight Review Subcommittee
SPAN	Parent Advisory Network
SRAP	State Rental Assistance Program
SSH	Social Services for the Homeless
SUID	Sudden Unexpected Infant Death
SVS	Supportive Visitation Services
T	
TANF	Temporary Assistance for Needy Families
TPR	Termination of Parental Rights
TPYS	Transitional Plan for Youth Success
TTI	Transgender Training Institute
U	
UHV	Universal Home Visiting
W	
WFNJ	WorkFirst New Jersey
WIC	Women, Infants and Children Program