



State of New Jersey

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Commissioner

June 30, 2020

Alfonso Nicholas, Regional Program Administrator
Administration for Children and Families
U.S. Department of Health and Human Services
26 Federal Plaza, Room 4114
New York, NY 10278

Dear Mr. Nicholas,

On behalf of New Jersey's Department of Children and Families (DCF), I am pleased to submit the following:

1. the first Annual Progress and Services Report (APSR) to the 2020-2024 Child and Family Services Plan (CFSP) for the Stephanie Tubbs Jones Child Welfare Services (CWS), the MaryLee Allen Promoting Safe and Stable Families (PSSF) and Monthly Caseworker Visit Grant programs; the Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) and the Education and Training Vouchers (ETV) Program;
2. the Child Abuse Prevention and Treatment Act (CAPTA) State Plan update;
3. the CFS-101, Part I, Annual Budget Request, Part II, Annual Summary of Child and Family Services, and Part III, Annual Expenditure Report- Title IV-B, subparts 1 and 2, Chafee, and ETV; and
4. updates to the Targeted Plans within the 2020-2024 CFSP.

We trust that these documents satisfactorily address all federal requirements, and we look forward to your response and feedback. As always, we thank you for your continuing support of our Department's vision that all New Jersey residents are safe, healthy and connected.

Sincerely,

A handwritten signature in cursive script that reads "Christine Beyer".

Christine Norbut-Beyer, MSW
Commissioner

2021 Annual Progress and Services Report (APSR)



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General Information on DCF's Collaboration Efforts

Engagement in substantial, ongoing and meaningful consultation and collaboration

The New Jersey Department of Children and Families (DCF) envisions a state in which everyone in New Jersey is Safe, Healthy and Connected:

Safe – absent from harm or maltreatment

Healthy –mentally, developmentally and emotionally well

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

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

In year one, DCF continued to act on its commitment to engagement with children, youth, and families with lived experience, as well as with stakeholders and the Judiciary, as follows:

- **Constituent Engagement**

Throughout 2018, Commissioner Beyer's statewide listening tour continued, allowing her to receive direct feedback from children, families and caregivers served by DCF about their lived experiences with the Department. During September and October 2019, she held nine sessions and met with approximately 170 individuals, including parents receiving in-home and out-of-home services, families of children with intellectual and developmental disabilities, families that are engaged with a Family Support Organization, biological fathers, domestic violence survivors, parents and kin that participate in one of DCF's Family Success Centers, mothers participating in a Mommy and Me residential treatment program, and inmates at the state's Edna Mahan Correctional Facility for Women.

Throughout 2019-2020, DCF's Office of Family Voice (OFV) developed a Youth Council, that has and will continue to provide feedback and expertise to improve existing programs and planning, determine necessary supports and services, identify how best to achieve positive outcomes, and evaluate system reforms. In Summer 2019, OFV conducted informational sessions throughout the state, asking groups of young people for their input in the design and procedures of a youth council. Using that information, DCF concluded that the council should consist of 24 youth with lived experience between the ages of 14 and 23. It will come together in the northern and southern regions of the state throughout the year. In Fall 2019, OFV launched a statewide application process, that produced over sixty excellent candidates. In November and December 2019, DCF conducted interviews with candidates. Youth Council member selection took place and the council was formed in early 2020. The Council has twice met with Commissioner Beyer and

has provided feedback and recommendations to the Department regarding their priorities.

- **Staff Engagement**

In addition, in Fall 2019, Commissioner Beyer held a listening tour dedicated to Division of Child Protection and Permanency (CP&P) staff, allowing her to directly discuss DCF's strategic plan and departmental vision and values with frontline staff and supervisors, respond to staff inquiries and hear about staff concerns, needs and wants. During October and November 2019, she held six sessions with approximately 500 CP&P caseworkers and supervisors from all 21 counties.

The COVID-19 Emergency has had a significant impact on the day-to-day professional and personal lives of all staff in the Department. In May 2020, the Department issued a staff work from home survey to begin to understand the impact of this emergency. The Commissioner also launched live weekly video messages with all 6,700 DCF staff. These forums allow the Commissioner to communicate directly with staff and allow staff to submit questions and comments through the chat feature.

- **Community Engagement**

DCF has been working with the County Human Service Directors and the County Human Service Advisory Councils (HSACs) since October 2018 to develop a new needs assessment process. Through this process, county HSACs undertake a county-based needs assessment every two years in alignment with DCF's qualitative review and ChildStat schedule. In aligning with this schedule, counties were divided into two groups, Group 1 and Group 2, to support seamless implementation and integration. Between July and December 2019, DCF finalized tools and documents related to the needs assessment, including a standard survey, focus group and key informant interview protocols, consent documents, a standard report template and a guidance document, and secured a vendor for translation of select documents into Spanish. Additionally, DCF worked with 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 November 2019, the needs assessment process kicked off for the Group 1 counties. In December 2019, DCF launched a new website dedicated to the needs assessment process. [That website](#) houses additional information about the needs assessment process and all related tools and documents.

- **Regional Forums**

In October and November 2019, DCF, in partnership with Advocates for Children of New Jersey (ACNJ), facilitated another round of regional forums. The forums provided an opportunity for DCF's senior leaders to update stakeholders on the Department's progress toward its strategic plan and to engage stakeholders in planning efforts, with a focus on DCF's purchased service array. DCF outlined efforts made to ensure that the service array provided through CP&P, the Children's System of Care (CSOC), the Office of Adolescent Services (OAS) and the Division on Women (DOW) is meeting family needs and performing with high quality. In addition, DCF shared information related to the implementation of the Family First Prevention Services Act in New Jersey. More than 400 attendees comprising advocates, service providers, attorneys, DCF staff, and local stakeholders participated in the Fall 2019 regional forum series. The planned Spring 2020 Regional Forums were delayed due to the COVID-19 Emergency but will be rescheduled for later this summer.

- **Judicial Engagement**

Throughout 2018-2019, executive leaders from the Department continued to participate in the New Jersey Children in Court Improvement Committee (CICIC), and several subcommittees. Through this forum, DCF provided updates on the Department's strategic plan, the Child and Family Services Plan (CFSP) and the Child and Family Services Review (CFSR) Program Improvement Plan (PIP). DCF collaborated with the Administrative Office of the Courts (AOC) and the CICIC to examine barriers to permanency for children who have been in foster care for 36 months or longer, including participation in a subcommittee managing the project, providing training on the use of the NJ Child Welfare Data Portal for the project, and participation in local committees that carried out the work. DCF also shared data regarding race equity and kinship care and participated with other Children in Court stakeholders in a study of race equity. DCF provided information on the strategic plan as described in the CFSP during a statewide training of mediators and provided information on the Collaborative Safety initiative to the CICIC.

During the COVID-19 Emergency, partnership with the Judiciary continues. The CICIC invited DCF to serve on a panel discussion of COVID-19 during a May 2020 statewide webinar. DCF is also partnering with the Administrative Office of the Courts to procure mobile devices for clients involved in child protection litigation, so that parents retain the ability to participate in proceedings as well as to maintain contact with their children. In May 2020, the Administrative Office of the Courts invited Commissioner Beyer to serve on the Post-Pandemic Coordinating Committee to assure coordination in continuity of operations and re-opening.

- **COVID-19 Engagement**

The unprecedented COVID-19 Emergency led to rapid and significant changes in the Department's operations and services to children, youth and families. From the onset of the Emergency, DCF committed to frequent communication across multiple stakeholder groups. Major efforts in this area include:

- *Commissioner telephone calls and video-conferences* with providers of congregate care, domestic violence services, sexual assault services, children's behavioral health care services, visitation services, home and community-based services, kinship navigator programs, Family Success Centers, and school-based youth services; and providers of child care.
- *Use of DCF website and social media accounts* to provide accurate and timely information related to COVID-19 and dissemination of Departmental guidance.
- *Surveys* administered to Family Success Centers to assess local needs and ability to respond, and the creation of a daily congregate care survey now administered to all congregate care providers in DCF's network to track incidence of, and response to COVID-19.
- *Direct outreach to child abuse reporters* through Executive Leaderships participation in video conferences and webinars with groups including law enforcement, county and municipal governments, and healthcare workers.

- **State and Local Partnerships**

In year one, the following state and local partnerships were continued or launched:

- **Father Engagement**

In year one, the Office of Family Voice (OFV) relaunched a Fatherhood Engagement Committee with stakeholders from New Jersey's Division of Labor, Office of Probation, Office of Child Support, Office of Faith-Based Initiatives, and the Division of Family Development. A subcommittee consisting of fathers with lived expertise in the foster care system was also established to inform this effort.

- **Children's System of Care Planning**

In collaboration with the Center for Health Care Strategies and Casey Family Programs, in 2019 the Children's System of Care (CSOC) and 16 stakeholders across the state formed a short-term task force to help define and shape the Division's behavioral and physical health integration model. This initiative was aimed at making CSOC more responsive to the needs of children, youth and young adults and their families and increase performance on key outcome measures. Between July and December 2019, the task force met on four dates. During that time, the group reviewed and discussed various materials and initiatives. The task force's work

culminated in a strategic framework to evolve CSOC's programs and services. A final report and recommendations will be released by December 2020. Additional information on the task force, including meeting agendas and summaries, can be found [online](#).

- **NJ Task Force on Child Abuse and Neglect Prevention**

The New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) includes officials from NJ state agencies such as the Office of the Attorney General, Office of the Public Defender, Administrative Office of the Courts, Departments of Health, Corrections and Human Services, elected officials, advocates, and local providers of health care and social services. The purpose of the Task Force is to study and develop recommendations regarding the most effective means of improving the quality and scope of child protective and preventative services provided or supported by state government.

During year one, the Task Force created an "Adolescents in Transition" workgroup that includes Task Force members as well as DCF and community providers. The workgroup will be focusing on adolescents that are aging out of the foster care system. The workgroup recently decided to focus on adolescent access to primary medical care and the exit process. For additional information on the activities of the NJTFCAN, please see [CAPTA State Plan Requirements and Updates, Section D, Children's Justice Act](#).

- **County Councils for Young Children**

In December 2019, DCF was awarded the Preschool Development Grant Birth-5 (PDGB-5) renewal grant in the amount of \$11,178,000 from the Administration for Children and Families for three years contingent on the availability of federal funds. The PDGB-5 renewal grant will continue the activities of the initial award, including the County Councils for Young Children (CCYCs), which develop strategies to increase access to services that promote the healthy development of children and enhanced family outcomes through referrals and connections to other supportive services. Each of New Jersey's 21 County Councils is comprised of diverse, culturally and linguistically competent parents/families, early childhood providers and other community stakeholders. The County Councils play a vital role in supporting and engaging parents. Their feedback will enhance New Jersey's mixed delivery approach to help families learn about and access childcare options and family support services.

- **Project HOPE**
In October 2018, NJ was one of seven states selected to receive a Technical Assistance Grant from BUILD, Vital Village and Nemours called Project HOPE. Project HOPE is designed to generate real 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 promote child well-being. DCF and the Department of Health (DOH) are co-leads on this initiative.
- **Central Intake**
New Jersey Central Intake (CI) is a comprehensive prevention system, managed by DCF in partnership with DOH. It provides communities one single point of access for family assessment and referral to family support services. CI addresses both care coordination and system integration by improving communication between families and providers across sectors. This single based point of entry allows families access to information, eligibility, assessment, and referral to local family support services, while attempting to reduce duplication of services. CI strives to increase family supports to improve prenatal and preventative care and improve birth outcomes.
- **Pew Charitable Trust Grant: Calling All Sectors: State Agencies Joined Together for Health.**
A component of the Pew Foundation Health Impact Project, the Calling All Sectors: State Agencies Joined Together for Health initiative is designed to create sustainable collaborations across state agencies and non-governmental organizations. The intent of the collaborations is to consider cost effective, evidence-based solutions that address public health challenges. The Calling All Sectors initiative is aimed at supporting a cross-sector multi agency team that will use evidence-based strategies to target drivers of health beyond individuals' behavior and access medical care. The Department was awarded the two-year grant and a grant agreement with PEW Foundation was executed September 2019 with a project end date of August 30, 2021.

The charge to the Department is to create lasting culture and infrastructure change across multiple state agencies and with a non-governmental partner as part of the Calling All Sectors Initiative. The intended results of the initiative are to increase cross-sector collaboration for health and health equity. Progress will be measured using results-based, promising and innovative approaches to cross-sector collaboration, with a specific focus on improving maternal and infant health and well-being where the greatest gaps in health outcomes exist.

- **Help Me Grow**

Since April 2012, the Office of Early Childhood Services (OECS) has led the Help Me Grow New Jersey (HMG NJ) initiative. Help Me Grow promotes the development of an integrated early childhood system that supports children (0-8 years old) and their families to achieve optimal wellness. HMG NJ is building upon New Jersey's strong foundation in early childhood systems to improve coordination and integration of services and programs. HMG NJ streamlines services across systems of care that encompass four core departments: DOH, Department of Human Services (DHS), Department of Education (DOE), and DCF. As a result, pregnant women and parents of infants and young children will have access to earlier prevention, detection, intervention, and treatment services.

In August 2013, DCF was funded by Health Resources and Services Administration (HRSA) to implement the Early Childhood Comprehensive Systems Initiative (ECCS) – whose priorities parallel that of Help Me Grow: to develop and build a comprehensive early childhood system to ensure early linkages and supports for families and children from pregnancy to age 8 to support healthy growth and development. In August 2016, DCF was awarded the competitive continuation contract now titled ECCS Impact. The ECCS Impact initiative aims to increase the number of children birth through age three to achieve age appropriate developmental health benchmarks by 25% by July 31, 2021. This aim is achieved with the coordination and technical assistance provided by the State's ECCS Impact Grantee (DCF-OECS) within the five Place-Based Communities (PBC) (Camden, Cumberland, Essex, Middlesex, and Passaic Counties). Using the Collaborative Improvement Innovation Network (COLIN) approach, the PBCs collective impact would lead to statewide policy development and procedures.

As depicted above, DCF strives to continuously enhance collaborative efforts statewide. DCF continues to engage constituents and professional stakeholders to assess and monitor performance. The following offers a description of assessment and monitoring efforts.

- **Qualitative Review and ChildStat**

New Jersey's Qualitative Review (QR) is an assessment of the status of children, youth and families, the status of practice and the functioning of systems in each of New Jersey's 21 counties. The protocol and process used for the QR are aligned with DCF's Case Practice Model. Trained teams of two reviewers, including DCF staff, community stakeholders and staff from the court-appointed Monitor's office, review DCF case records and interview as many people as possible who are involved with the children/youth and their families. At a minimum, interviews include the family, CP&P staff (caseworker and/or supervisor) and service providers. Qualitative Reviews take place during a single week and, over the course of two years, occur in 21 counties and involve almost 400 cases across the

state. The results from reviews provide critical qualitative data on child/youth and family status and practice/system performance. In a given year, well over 2,000 individuals are interviewed across the state to inform the QR data. The informants for the QR include CP&P and Child Health Unit staff, biological parents, others who the children/youth or parents identified as supports, relative and non-relative resource parents, education providers, mental health and legal professionals, substance use treatment providers and children/youth.

The results of the QR process are continuously fed into the broader Continuous Quality Improvement (CQI) mechanism through ChildStat. ChildStat includes discussions of county needs and an assessment of county-level strengths and areas needing improvement based on a review of quantitative data, QR results, and other county-level reviews. The format includes both the CP&P and the Children's System of Care (CSOC) staff and allows the DCF leadership team to ask questions of and explore solutions directly with county-level leadership. One ChildStat session is held for each county within a two-year period of time.

- **Participatory Evaluation**

DCF utilizes a collaborative teaming approach to develop and implement evaluation processes for various initiatives. Teams include service providers, technical assistance partners, consultants and various staff from across the Department and feedback from individuals served. For information regarding the Keeping Families Together (KFT) and Family Preservation Services (FPS) evaluation activities, please see section [Goal 2 Research and Evaluation Activities](#). The [Service Coordination for Families in the Community](#) section of this report, provides information regarding Home Visiting Enhanced Workforce Development activities. Additionally, section [Goal 1 Research and Evaluation Activities](#), provides information on Home Visiting evaluation endeavors.

The Department 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:

- **Commissioner's Monthly Report¹**

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 the Children's System of Care.

- **Screening and Investigations Report²**

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

¹ <http://www.nj.gov/dcf/childdata/continuous/>

² <http://www.nj.gov/dcf/childdata/protection/screening/>

trends in Child Protective Services (CPS) Reports and Child Welfare Services (CWS) Referrals.

- **Children’s Interagency Coordinating Council Report³**

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

- **New Jersey Child Welfare Data Hub**

DCF also collaborates with the Institute for Families at Rutgers University School of Social Work to provide the New Jersey Child Welfare Data Hub. Built upon the principles of transparency and accountability, the Data Hub seeks to improve the lives of children and families by making New Jersey child welfare and well-being data available to the public. The Data Hub includes the New Jersey Child Welfare Data Portal, which allows users to explore key indicators of child well-being through customizable visualization and query tools, and the New Jersey Child Welfare Data Map, which allows users to explore key child welfare and well-being measures, population characteristics, and socioeconomic variables at the state- and county-level.

Update to the Assessment of Current Performance in Improving Outcomes

New Jersey Department of Children and Families (DCF) uses quantitative and qualitative data to inform policy, strengthen standard operating procedures, and maintain its focus on continuous quality improvement. Tools used in support of this work include data gathered from NJ SPIRIT, New Jersey’s statewide automated child welfare information system, state of the art reporting tools such as SafeMeasures that make real-time data available to child protection caseworkers, as well as qualitative methods such as a qualitative review⁴ process that reviews each county biennially, and additional targeted case reviews. Data is also routinely made available to the public at large through [a data hub](#) created in partnership with Rutgers University and monthly performance and descriptive reports that are published to [DCF’s website](#). Lastly, 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 the [General Information on DCF’s Collaboration Efforts](#) section of this report.

Using these quantitative and qualitative methods, DCF identifies strengths and areas in need of improvement in performance. In July 2017, NJ DCF participated in Round 3 of the Child and Family Services Review (CFSR), the findings of which align with DCF’s own assessment. For the CFSR 3, DCF opted to complete a traditional on-site review of 65

³ <http://www.nj.gov/dcf/childdata/interagency/>

⁴ <https://www.nj.gov/dcf/about/divisions/opma/docs/Qualitative.Review.Overview.pdf>

cases (40 placement and 25 in-home) across Essex, Monmouth and Warren counties. In addition, 21 focus groups of key statewide stakeholders were conducted during the week review.

Key findings from the CFSR 3 in NJ 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
- Ensuring children receive appropriate services to meet their physical and mental health needs: **73%** substantially achieved

Regarding performance on the Systemic Factors, NJ 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
- Foster and adoptive parent licensing, recruitment, and retention

In particular, the review commended DCF's ongoing commitment to Continuous Quality Improvement facilitated by the state's internal qualitative review process and statewide automated child welfare information system, NJ SPIRIT.

The CFSR 3 also noted key areas for improving child welfare programs and practice. Areas for growth include:

- Performance related to in-home cases
- Implementation of ongoing safety and risk assessments
- Efforts to achieve timely permanency
- Engagement of parents in case planning (fathers in particular)
- Assessment of parents underlying needs to better align with the identification of the appropriate service to meet the individual needs of families

Through on-going collaboration with key stakeholders to include the NJ Administrative Office of the Courts (AOC), the Capacity Building Center for State and for Courts, as well as the Children's Bureau, these targeted improvement areas are the focus of NJ's CFSR Program Improvement Plan (PIP) and are leveraged into NJ's 2020-2024 Child and

Family Services Plan (CFSP). Below is a snapshot of NJ's current performance and functioning of the CFSR outcomes and systemic factors.

CFSR Child and Family Outcomes

Data elements from Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) noted in the February 2020 New Jersey CFSR 3 data profile in figure 1 shows that NJ exceeds the national average performance in the following areas:

- Permanency in 12 months (12-23 mos)
- Permanency in 12 months (24+ mos)
- Maltreatment in care
- Reoccurrence of maltreatment

DCF is on target with the national average in:

- Permanency in 12 months (entries) Placement stability

New Jersey consistently performs below the national performance in the areas of:

- Re-entry to foster care

DCF has made permanency outcome #1 and the case review system the primary focus of the CFSR PIP; targeting strategies to improve outcomes that will be included in the 2020-2024 CFSP.

Figure 1



Risk Standardized Performance (RSP)

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

- ¹ ■ State's performance (using RSP interval) is statistically better than national performance
- ² ■ State's performance (using RSP interval) is statistically no different than national performance
- ³ ■ State's performance (using RSP interval) is statistically worse than national performance

DQ = Performance was not calculated due to exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator. Exceeding a limit on a DQ check will result in performance not being calculated on the associated indicator(s) that require the affected submission(s) to calculate performance. A DQ flag will likely impact multiple reporting periods. See the data quality table for details.

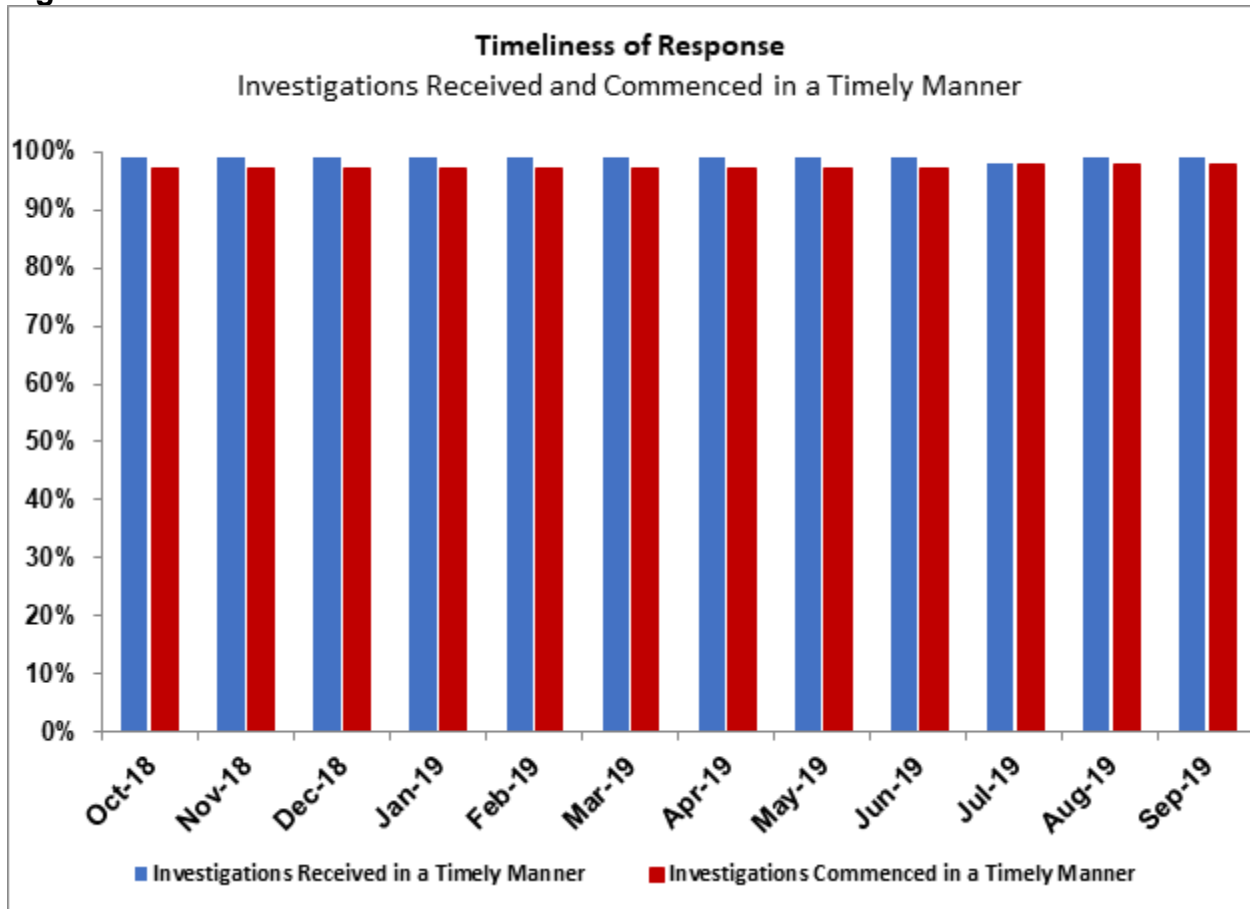
	National Performance	14B15A	15A15B	15B16A	16A16B	16B17A	17A17B	17B18A	18A18B	18B19A	19A19B
Permanency in 12 months (entries)	RSP	41.0%	41.6%	43.0%	42.2%	41.9%	42.4%				
	RSP interval	39.5%-42.5% ³	40.1%-43.2% ²	41.4%-44.6% ²	40.6%-43.9% ²	40.3%-43.6% ²	40.7%-44.2% ²				
	Data used	14B-17A	15A-17B	15B-18A	16A-18B	16B-19A	17A-19B				
Permanency in 12 months (12 - 23 mos)	RSP	45.9%				43.3%	42.5%	43.8%	41.1%	44.2%	49.6%
	RSP interval					41.2%-45.4% ³	40.3%-44.6% ²	41.6%-46.0% ²	38.8%-43.3% ²	41.9%-46.5% ²	47.2%-51.9% ¹
	Data used					16B-17A	17A-17B	17B-18A	18A-18B	18B-19A	19A-19B
Permanency in 12 months (24+ mos)	RSP	31.8%				33.3%	34.1%	34.8%	32.6%	34.9%	37.6%
	RSP interval					31.7%-34.8% ²	32.6%-35.7% ¹	33.3%-36.4% ¹	31.0%-34.2% ²	33.2%-36.6% ¹	35.9%-39.2% ¹
	Data used					16B-17A	17A-17B	17B-18A	18A-18B	18B-19A	19A-19B
Re-entry to foster care	RSP	8.1%	12.7%	12.7%	12.2%	11.4%	11.9%	12.3%			
	RSP interval		10.9%-14.7% ³	10.8%-14.7% ³	10.4%-14.2% ³	9.7%-13.5% ³	10.0%-14.1% ³	10.3%-14.6% ³			
	Data used		14B-17A	15A-17B	15B-18A	16A-18B	16B-19A	17A-19B			
Placement stability (moves/1,000 days in care)	RSP	4.44				3.84	4.29	4.08	4.06	4.29	4.29
	RSP interval					3.68-4.01 ¹	4.11-4.48 ²	3.91-4.27 ¹	3.88-4.25 ¹	4.1-4.5 ²	4.08-4.52 ²
	Data used					16B-17A	17A-17B	17B-18A	18A-18B	18B-19A	19A-19B
Maltreatment in care (victimizations/100,000 days in care)	RSP	9.67	5.91	4.61	4.24						
	RSP interval		4.92-7.09 ¹	3.73-5.69 ¹	3.38-5.32 ¹						
	Data used		15A-15B, FY15-16	16A-16B, FY16-17	17A-17B, FY17-18						
Recurrence of maltreatment	RSP	9.5%				9.0%	8.2%	7.6%			
	RSP interval					8.3%-9.7% ²	7.5%-8.9% ¹	6.9%-8.4% ¹			
	Data used					FY15-16	FY16-17	FY17-18			

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

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

DCF is committed to its vision that all NJ residents are safe, healthy and connected. Over the years, DCF has maintained its safety practice of timely investigations. During the 2017 CFSR, NJ 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. Figure 2 below highlights that response timeliness for investigations received and investigations commenced are still areas of strength for NJ.

Figure 2



As noted in the *Child Maltreatment 2018* report recently published by the Administration for Children and Families (ACF)⁵, and highlighted in figure 3, NJ’s response time to reports of child maltreatment is among the fastest across the nation.

Figure 3

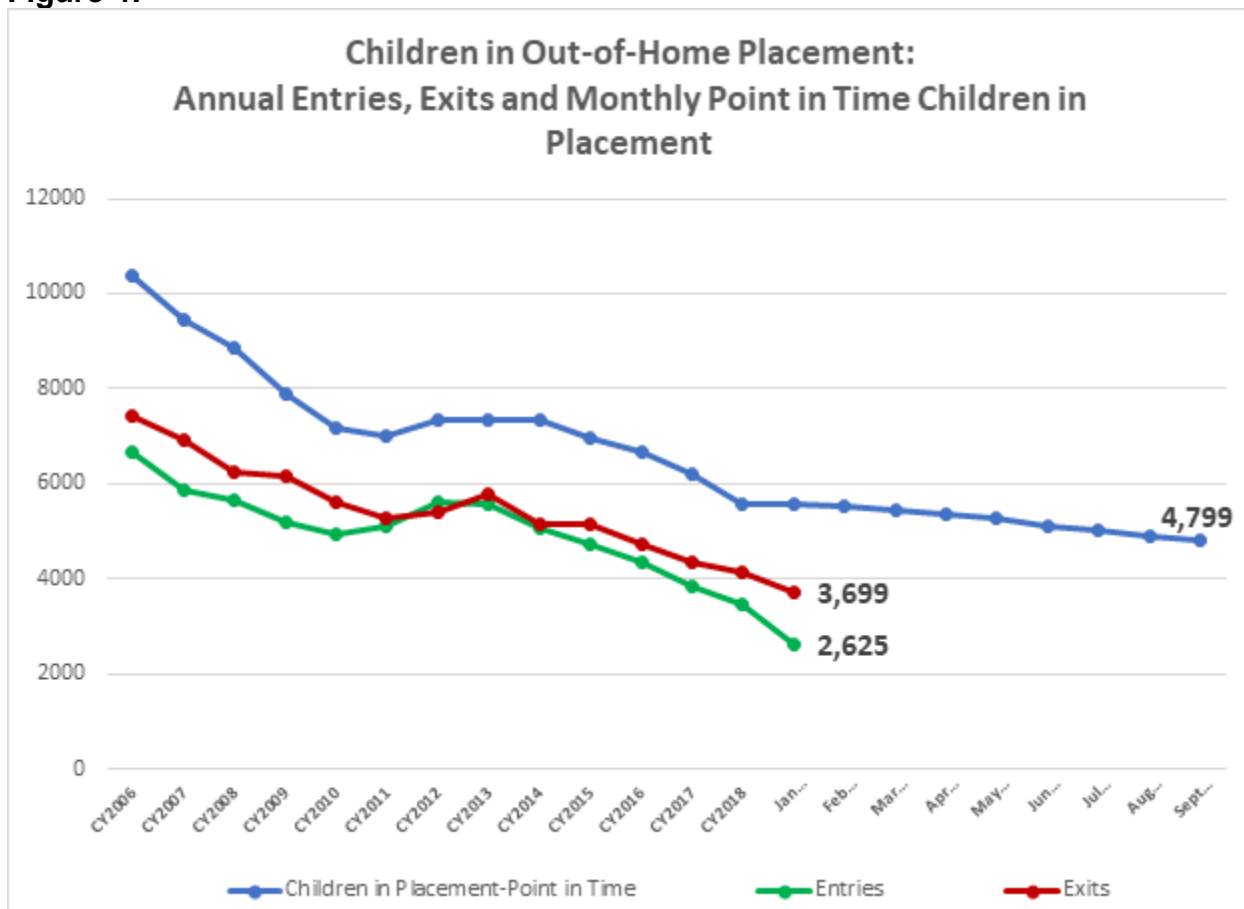
National Average Response time in Hours	NJ Average Response time in Hours
92	18

⁵ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2020). *Child Maltreatment 2018*. Available from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>.

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

In January 2020, DCF provided services to 82,897 children⁶ and is committed to keeping children safe in their own home, subsequently reducing the trauma of family separation. Figure 4 illustrates this commitment as seen by the 63% reduction in the number of children entering out-of-home placement from the onset of the DCF reform in 2006 with over 13,000 children in placement to 4,799 as of September 2019.

Figure 4:



The 2017 CFSR highlighted that in most cases reviewed, appropriate safety services were provided to families so that removal of children was not necessary. When children were removed from their birth families, the CFSR found that removal was necessary to ensure their immediate safety.

⁶ Commissioner’s Monthly Report March 2020.
<https://www.nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report.3.20.pdf>

The New Jersey Quality Review process also looks at two safety indicators when reviewing cases:

1. *Safety: Home Setting indicator* is used to assess the living environment of children who are living at home with their parents as well as those residing in out of home placement in a family setting.
2. *Safety: Other Setting indicator* is used to assess other environments in which children spend time such as their neighborhood, community and/or educational setting.

An indicator is considered a “strength” with 70% or more of cases receiving an acceptable rating. When assessing the Safety: Home Setting indicator, reviewers incorporate questions about high risk behaviors of the caregivers and the child, domestic violence and/or addictive behaviors, other safety or risk identifiers listed on the SDM tools, and disciplinary measures used in the home. Cases receive an overall rating using a six-point scale ranging from optimal (6) to unacceptable (1).

The same standards are used by reviewers when assessing the Safety: Other Setting indicator to include the child’s placement environment, educational environment and the neighborhood/community in which they live.

DCF continues to have strong practice concerning safety. Figure 5 below indicates safety as an area of strength in the Qualitative Review (QR), the 2017 CFSR and the 2019 CFSR PIP Baseline Review.

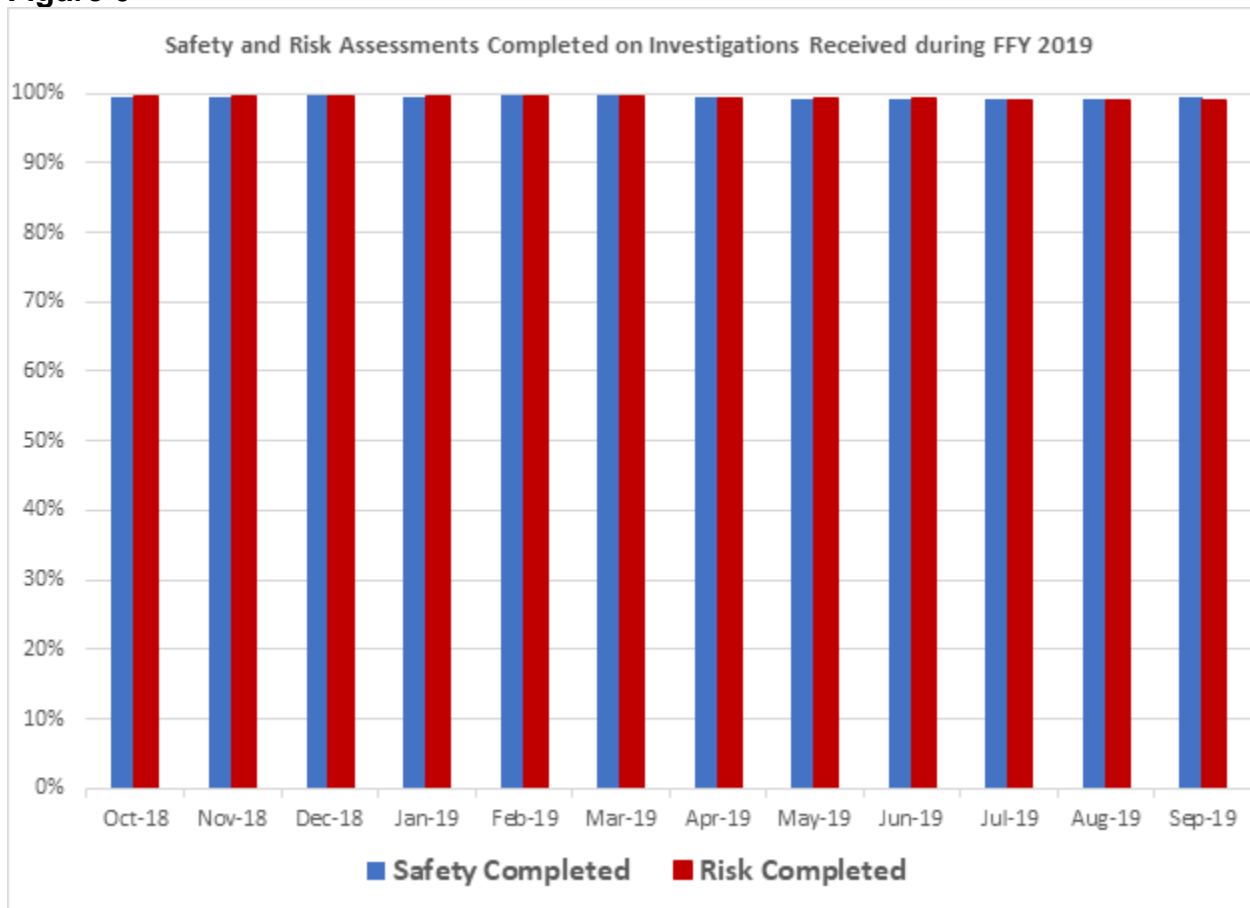
Figure 5

QR Performance Indicator	CY2017	CY2018	CY2019	CFSR Item			2017 CFSR Strength Rating			2019 CFSR PIP Baseline		
	QR Strength Rating	QR Strength Rating	QR Strength Rating	Item 1	Item 2	Item 3						
Safety: Home Setting	96%	99%	100%	Item 1	Item 2	Item 3	89%	67%	77%	96.8%	100%	89.2%
Safety: Other settings	99%	98%	99%									

When child protective service investigations begin, Structured Decision Making (SDM) tools are utilized to determine initial assessments of safety and risk help guide decision-making on the front end to determine whether children are safe to remain in their own home and whether families have the supportive tools necessary to maintain their families. When families are found in need of services and support, initial assessments will identify what additional formal and informal supports are necessary to sustain the family beyond

system involvement. Figure 6 reflects the most up-to-date performance in NJ for initial use of safety and risk assessments that are part of a suite of SDM tools.

Figure 6



While NJ has strengths in ensuring safety, and children at risk remains low, the 2017 CFPSR also revealed areas for improvement. One area identified for improvement was the lack of ongoing assessment of safety and risk. Ongoing assessment informs critical decision points throughout the life of a case, which assists with stabilization and permanency planning with families. This area for improvement also led to inadequate service provision. The use of Safety Protection Plans was also identified as an area for improvement.

Root cause analysis identified barriers including inconsistent utilization of the SDM tools statewide, and staff reports that the SDM tools are not congruent with NJ's Case Practice Model. While the Risk Re-assessment tool for in-home cases is being utilized at higher rates to assist in practice decisions for families, the Family Reunification tool utilization continues to be an area upon which to improve and better assist in permanency decision making, as noted in figure 7 below.

Figure 7

CY2019 Ongoing Assessment Utilization		
In-Home Risk Reassessment n=12,198 cases	Reunification Assessment (completed every 90 days child is in placement) n=3,699 children	Reunification Assessment (at least 1 completed prior to placement discharge) n=3,699 children
82%	32%	54%

NJ has identified strategies and activities within the CFSR PIP Progress Report to address this area for improvement under Strategy 1.1: Use of Structured Decision Making to assess safety and risk throughout the life of the case, which can be reviewed in attachment A.

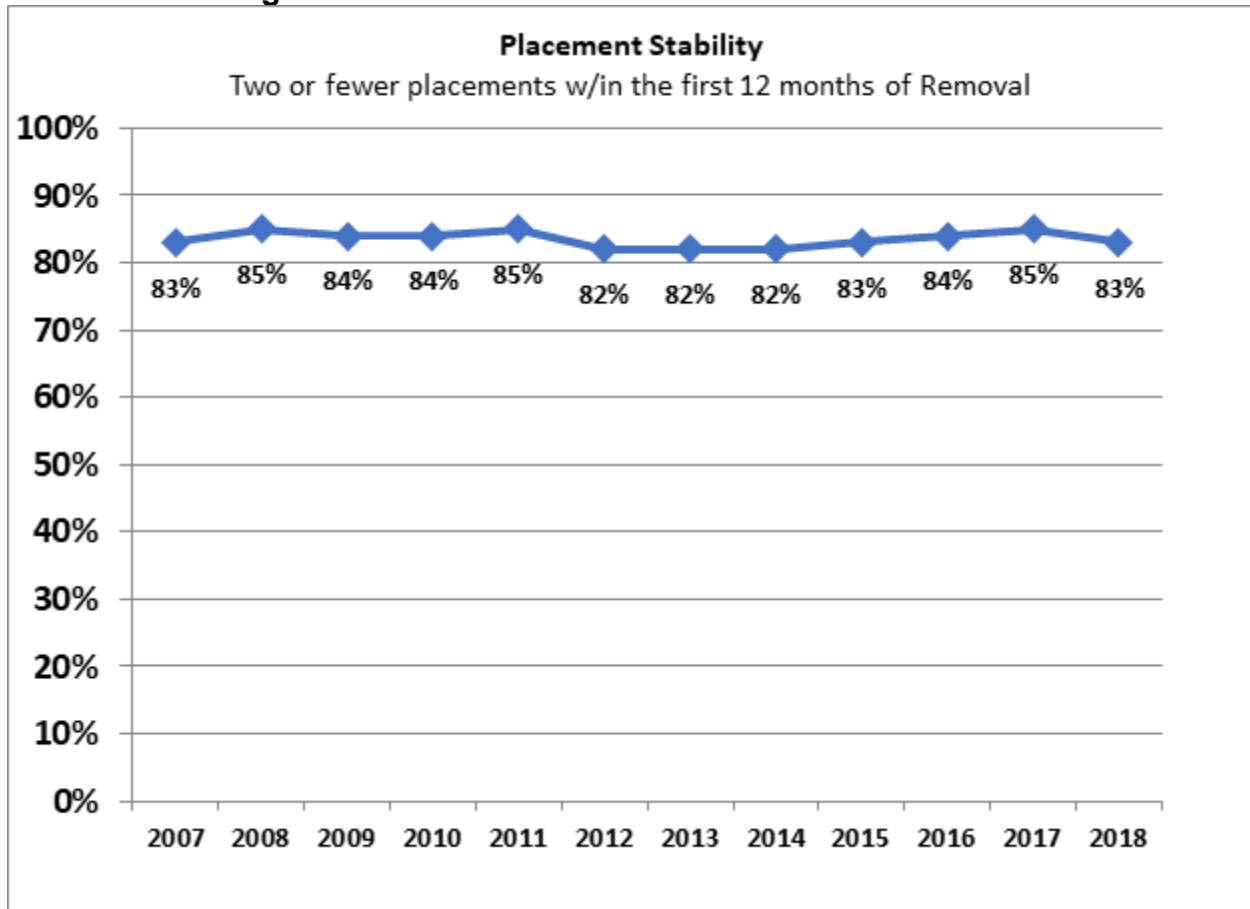
CFSR Outcome #3: Permanency Outcome 1: Children have permanency and stability in their living situations

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 1, NJ performs similarly to the national average for placement stability.

The 2017 CFSR identified that placement stability was also a strength. In fact, 97.5% of cases reviewed cited that current placements for children were stable. Figure 8 demonstrates the most recent complete data of children who had two or fewer placements within the first 12 months of a removal episode. This shows consistency in this area over time even as the number of children entering out-of-home placement continues to decline.

Calendar Year

Figure 8



The NJ Qualitative Review (QR) Process also assesses stability through two indicators:

1. *Stability: Home indicator* assesses a child's positive and enduring relationships with parents, caregivers and community to ensure consistency of settings and routines to promote optimal social development.
2. *Stability: Education indicator* assesses a child's educational setting to include changes or disruptions for reasons other than academic promotion.

Figure 9 displays the QR and CF SR findings related to stability for children. DCF continues to have strong practice in this area. While there was a decrease between the 2017 CF SR and the 2019 CF SR PIP Baseline Review for stability, NJ is confident that stability remains a strength for NJ.

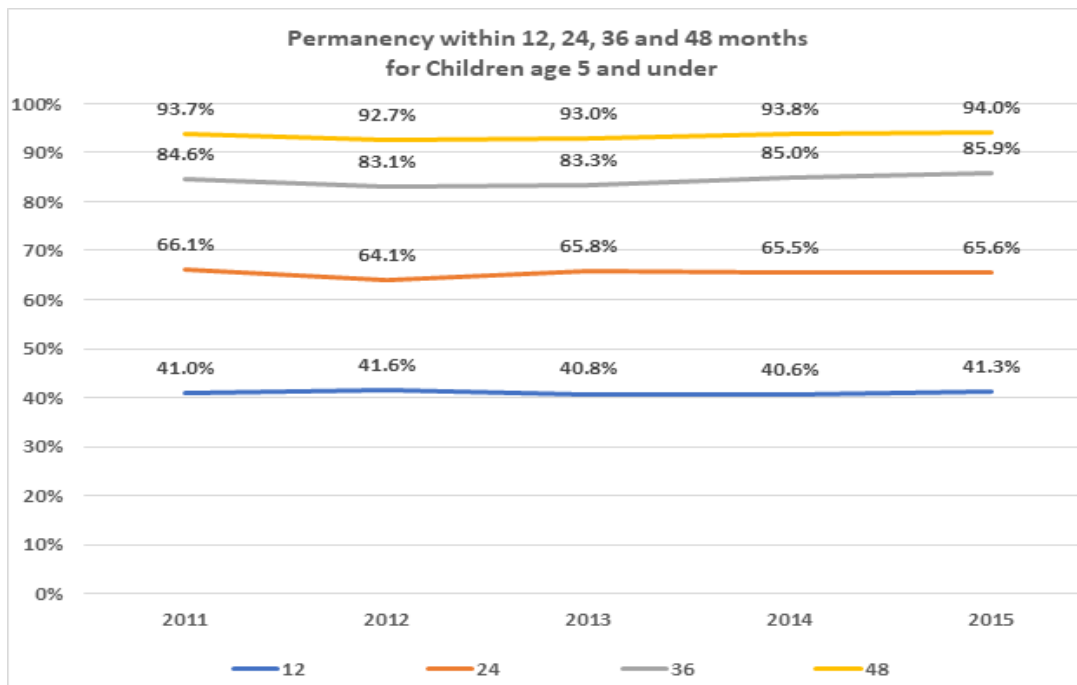
Figure 9

QR Performance Indicator	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CY2019 QR Strength Rating	CFSR Item	2017 CFSR Strength Rating	2019 CFSR PIP Baseline
Stability: Home	83%	86%	85%	Item 4	80%	67.5%
Stability: Education	93%	92%	94%			

Although according to Figure 1 NJ performs similarly to the national average for Permanency in 12 months (entries) and better than national performance in Permanency in 12 months (12-23 and 24+ months), NJ continues to struggle, as highlighted in the CFSR, to establish timely and appropriate permanency goals for children in out-of-home care and to achieve those identified goals in a timely fashion. NJ data shows delayed permanency outcomes for children under five are the greatest area in need of improvement, especially for children in out-of-home care 36 months and beyond. Figure 10 represents the most up-to-date and complete entry cohort of permanency outcomes⁷:

Figure 10

Calendar Year



Source: New Jersey Child Welfare Data Hub available online at: <https://njchilddata.rutgers.edu/portal/permanency-outcome-report>.

⁷ 2015 entry cohorts and beyond are not complete but can be viewed here: <https://njchilddata.rutgers.edu/portal/permanency-outcome-report>

The NJ Qualitative Review (QR) process reviews permanency through the *Prospects for Permanence* and *Long-Term View* indicators. These indicators measure whether specific steps to achieve permanency are implemented timely and that support systems and plans are in place for children and families to be successful.

Figure 11 shows QR and CFSR results, as well as the 2019 CFSR PIP Baseline Review, highlighting that permanency outcomes continue to be a challenge for NJ.

Figure 11

QR Performance Indicator	CY2017	CY2018	CY2019	CFSR Item			2017 CFSR Strength Rating			2019 CFSR PIP Baseline	
	QR Strength Rating	QR Strength Rating	QR Strength Rating								
Prospects for Permanence	70%	68%	76%	Item 5	Item 6	Case Review System	67%	30%	ANI	Item 5	Item 6
Long Term View	53%	49%	54%							72.5%	57.5%

Through review and analysis, DCF has identified practice issues related to concurrent planning and kinship placements that are negatively influencing permanency outcomes for children. In addition, focus groups post-CFSR highlighted the need for more collaboration between DCF and NJ Judiciary partners to include data sharing and opportunities to discuss permanency challenges statewide and locally.

These challenges and areas for improvement are focus strategies in the NJ CFSR PIP *Goal 3.0: Improve the timeliness of permanency for children entering foster care in NJ*. Under this goal, the following strategies have been identified to monitor and assist NJ in improving permanency outcomes for children and families:

- 3.1: Strengthen concurrent planning practice and accountability
- 3.2: Increase the use of kinship care
- 3.3: Strengthen NJ DCF’s partnership with child welfare stakeholders and the Judiciary

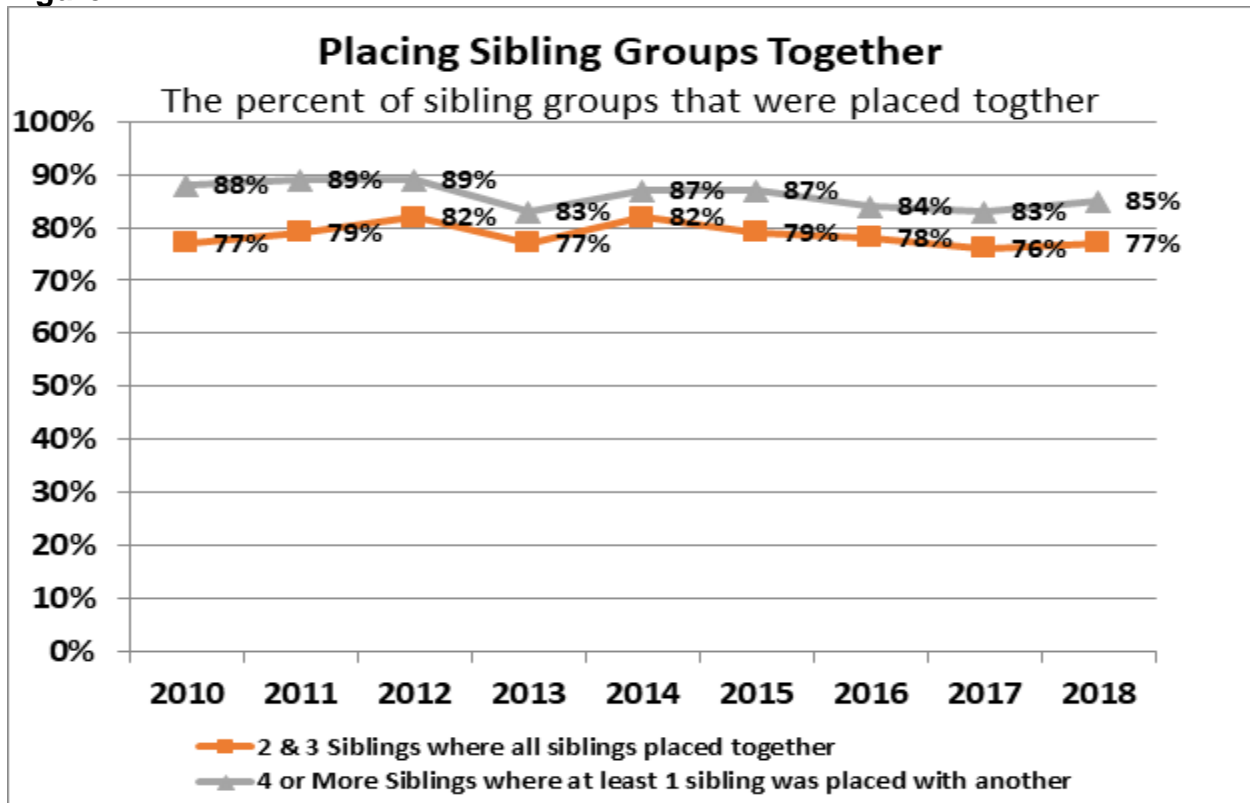
Updates to these strategies can be viewed in attachment A, the CFSR PIP Progress Report.

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 and/or visitation will help maintain family ties. This includes opportunities for connections that are conducted in locations conducive to family activities and offer "quality time" for advancing or maintaining relationships among family members. Such opportunities include 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. In an effort to maintain and promote positive and nurturing relationships, when appropriate, parents, siblings, or others with an identified significant relationship are encouraged to participate in school activities, medical appointments, and possibly therapeutic sessions.

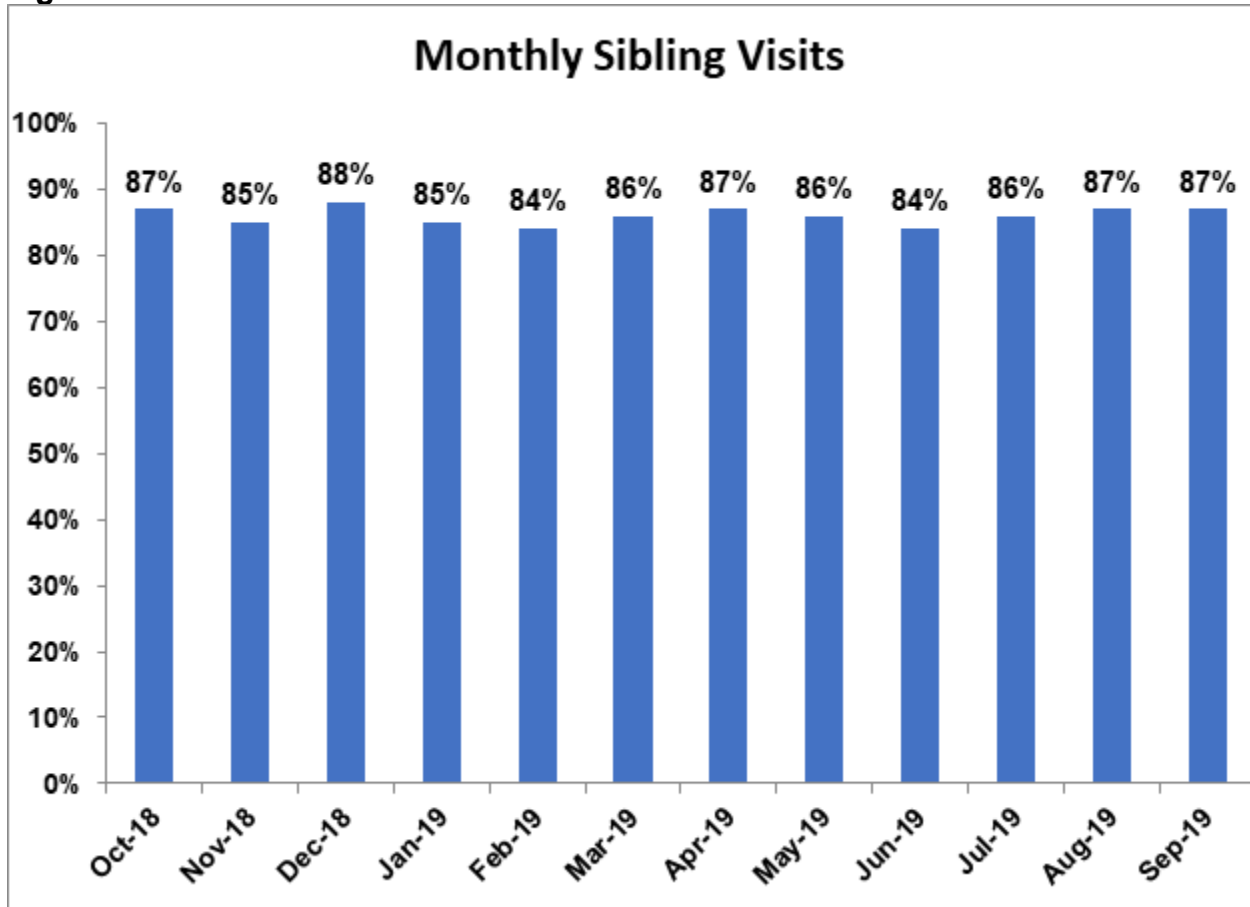
Several strengths were highlighted during the 2017 CFSR for NJ to include the preservation of connections for children in care with their families. This includes strong efforts to place siblings together which was a strength in almost 87% of cases reviewed. As noted in figure 12 below, NJ continues to make positive efforts to place siblings together.

Figure 12



When sibling separation was necessary, NJ ensured that frequent, quality visits with siblings occurred. In fact, sibling visitation was a strength in 92% of cases reviewed during the CFSR. Figure 13 below shows DCF’s efforts to consistently ensure monthly sibling visits occur.

Figure 13

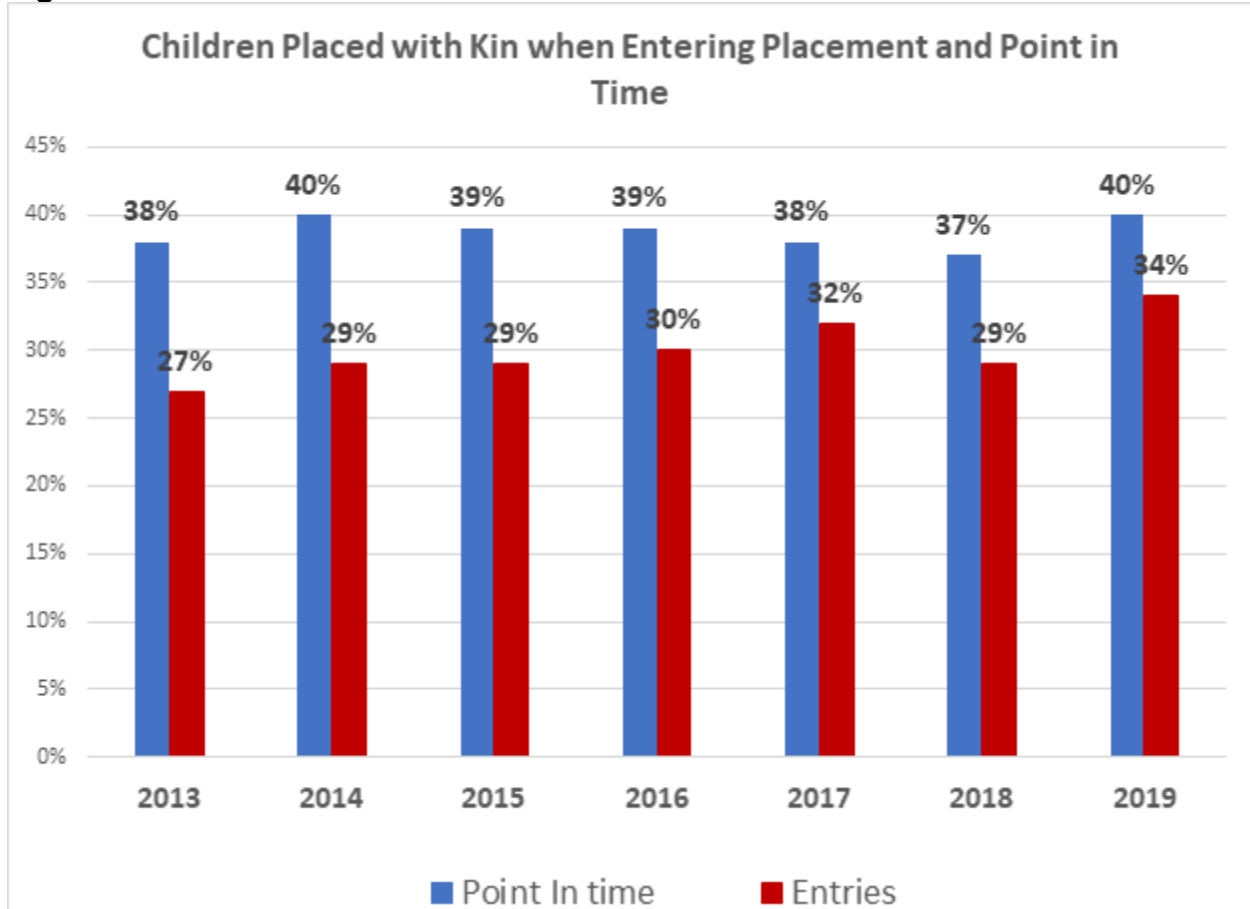


When children require separation from their birth families, placement with kinship caregivers can reduce the trauma of that separation and assist with maintaining familial connections. DCF is focused on making sure that children can remain with extended family or family friends and as such, has made “preserving kinship connections” a transformational goal and priority in its strategic plan. Data reflected in the DCF Commissioner’s Monthly report shows that as of January 2020⁸, 39.5% of children requiring out-of-home placement were placed with kinship caregivers. Despite a slight dip in 2018, over time NJ has seen positive trends in placing children with relatives, as noted in figure 14.

⁸ Commissioner’s Monthly Report March 2020.

https://www.nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report_3.20.pdf

Figure 14



The CFSR also highlighted that there was strong practice in ensuring family connections with extended family were maintained. However, practice can be enhanced in the area of 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 children and their fathers. This difference is also seen in Qualitative Review (QR) results for *Family and Community Connections*, which reviews the described opportunities in the first paragraph of Permanency Outcome 2.

Figure 15 highlights results of both the QR and CFSR that show while placements with siblings, preservation of connections with siblings and placement with kinship caregivers continue to be strengths in NJ, more work is needed in ensuring connections between children and their parents is strengthened and preserved.

Figure 15

QR Performance Indicator	CY2017	CY2018	CY2019	CFSR	CFSR	CFSR	CFSR	2017 CFSR Strength Rating			
	QR Strength Rating	QR Strength Rating	QR Strength Rating	Item	Item	Item	Item				
Family and Community Connections Mother	74%	78%	81%	Item 11	Item 8	Item 9	Item 10	64%	78%	87%	82%
Family and Community Connections Father	55%	61%	60%					87%			
Family and Community Connections Siblings	79%	93%	83%	Item 7							

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

Outreach and engagement efforts to include 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 will assist in collaborative case planning and can strengthen outcomes for families.

Quantitative data shows strengths in caseworker visits with parents (monthly) and children as noted in figures 16 and 17 below.

Figure 16

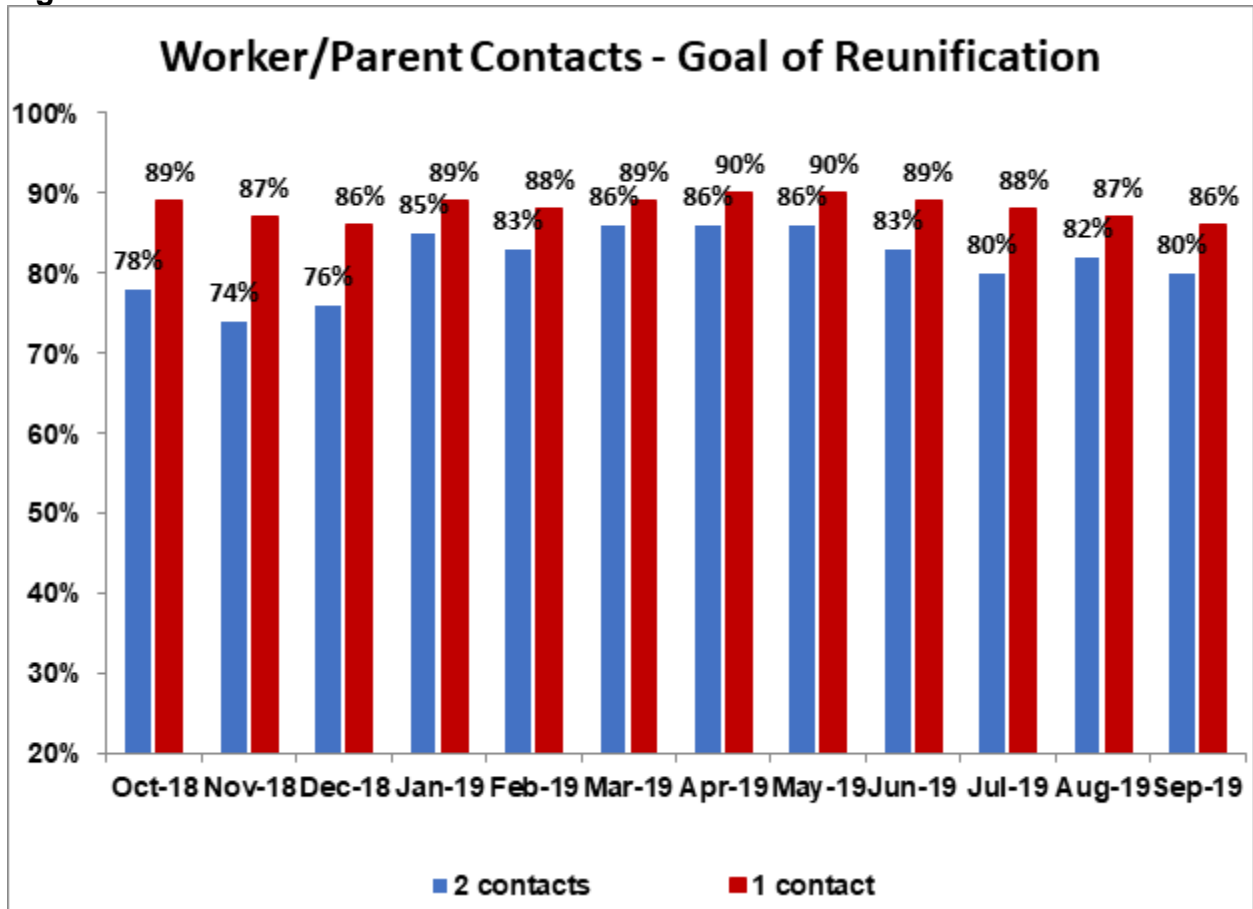
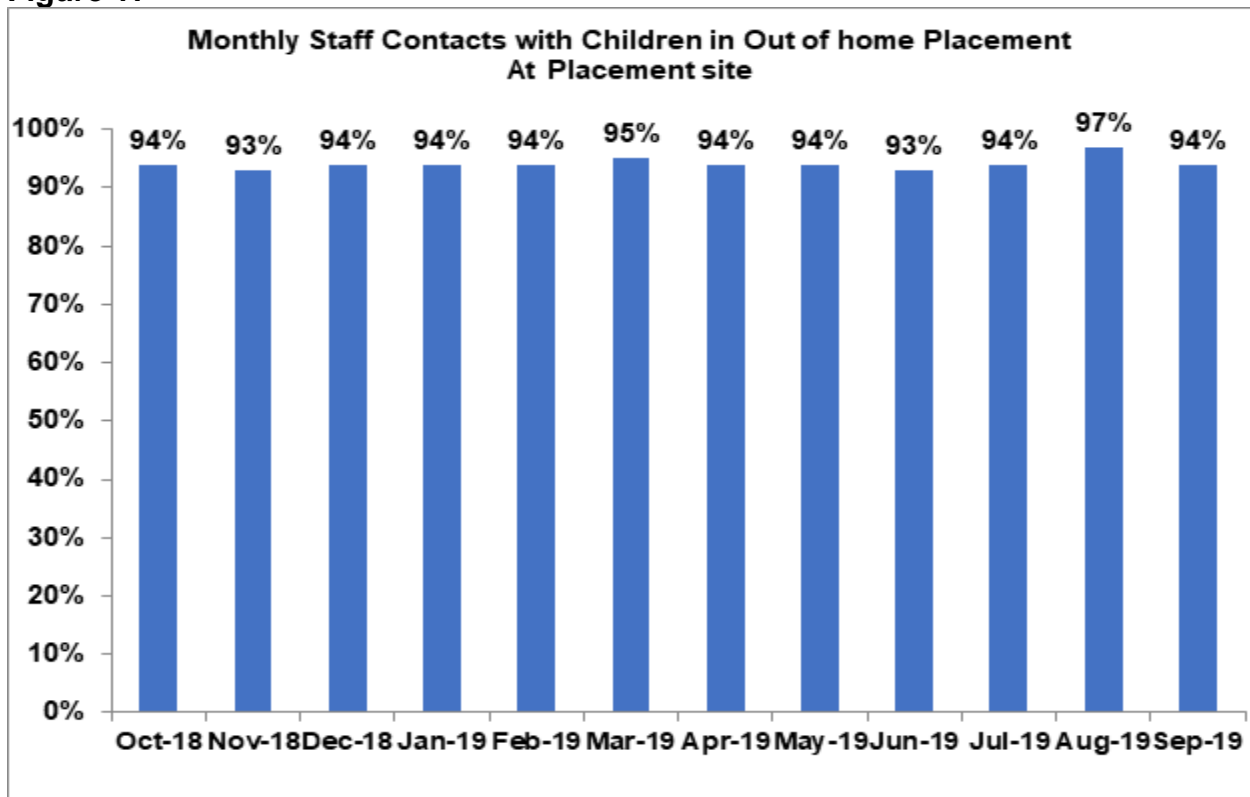


Figure 17



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

Quality of visits are measured through several QR indicators to include *engagement*, *ongoing assessment process*, *teamwork*, and *coordination* as well as *child and family planning process*.

- *Engagement* indicators assess the development of a collaborative and working relationship that supports on-going assessment, understanding and service planning.
- *On-going assessment* indicators evaluate how well the agency gathered information using both formal and informal assessments to understand the strengths, underlying needs, behavioral expressions and risk factors for children, parents and resource caregivers.
- *The Teamwork and Coordination* indicator focuses on whether CP&P, children, families and service providers collaborate, communicate and function as a team to support families to achieve goals. It also assesses whether there is effective coordination in the provision of services across all providers.
- *Child and Family Planning Process* indicator assesses how well case plans were individualized to include the family voice to address the identified needs and meet specified goals.

- *Case Plan Implementation* indicator evaluates how the identified resources, services and interventions were implemented through examining the timeliness, appropriateness, availability and quality of the service providers to meet the individual needs of the family.

Similar to the results of the 2017 CFSR, the 2019 CFSR PIP Baseline measurement as well as the QR results for these indicators show that while NJ has strengths in engaging and assessing the needs of children and resource parents, continued challenges are evident in these areas for parents, especially between our work with mothers versus fathers, as shown in figure 18 below.

Figure 18

QR Performance Indicator	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CY2019 QR Strength Rating	CFSR Item	2017 CFSR Strength Rating	2019 CFSR PIP Baseline
Assessment of child	80%	77%	84%	Item 12A	83%	76.9%
Assessment of mother	35%	40%	46%	Item 12B	44%	39.6%
Assessment of father	25%	22%	33%			
Assessment of Foster parents	89%	90%	91%	Item 12C	76%	81.1%
Child and Family Planning Process	57%	55%	62%	Item 13	53%	46.6%
Plan implementation	64%	64%	68%			
Teamwork and coordination	54%	53%	53%	Item 13	53%	
Engagement of child	89%	89%	93%	Item 14	82%	76.9%
Engagement of mother	58%	62%	60%	Item 15	45%	28.6%
Engagement of father	40%	34%	49%			
Engagement of Resource Parent	89%	90%	95%	N/A	N/A	N/A

Like the Qualitative Review (QR) results, case planning with families was found to be an area for improvement during the 2017 CFSR as well as the 2019 CFSR PIP Baseline Review. Further analysis of the QR and CFSR show that there is a lack of comprehensive assessments to help align the right supports for families. This includes a deficit of the family's voice in their case plan, defaulting to caseworkers facilitating the plan as opposed to the family.

In an analysis of engagement in practice with mothers versus fathers, mothers revealed feeling that the relationship with the caseworker was superficial or non-productive, a lack of trust for the caseworker, and interactions did not address underlying or sensitive issues. Barriers for engagement with fathers included a lack of diligent efforts or inadequate search efforts to locate fathers, a lack of contact due to incarceration, and personal biases towards fathers. These barriers present challenges with our work with families and negatively impacts family outcomes.

These challenges are focus areas for NJ CFSR PIP *Goal 2.0: Improve the quality of child welfare case practice in New Jersey, particularly around engagement and assessment of parents* to include the following strategies:

- 2.1: Implement behavior-based case planning practice
- 2.2: Promote a culture and practice that prioritizes father engagement and assessment

Updates to these strategies can be viewed in the CFSR PIP Progress Report, attachment A.

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 2017 CFSR, assessment of a child's educational needs was found in 100% of applicable cases reviewed. In the majority of cases, concerted efforts to provide appropriate services to meet identified needs was found as well.

The *Learning and Development* indicators through the Qualitative Review (QR) focuses on the extent to which children are regularly attending school in a grade level consistent with their age, engaging in instructional activities, reading at grade level or within Individualized Education Plan (IEP) expectations, and meeting requirements for annual promotion and course completion leading to high school graduation. For older youth, this may include completing GED requirements, attending vocational training, and preparing for independent living and self-sufficiency, or transitioning to post-secondary education. High school-aged youth should also be developing goals for future education or work and should be assisted with the transition to adult services, if developmental or mental health needs exist. Reviewers consider a variety of questions when assessing

learning and development in children ages five and older, including whether they are regularly attending school, performing at grade level and receiving specialized educational supports as necessary. For older youth, reviewers also consider the extent to which services leading to self-sufficiency and independent living are in place.

As noted in figure 19 below, results of the QR and the CFSR show that the educational needs of children remain a strength for DCF.

Figure 19

QR Performance Indicator	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CY2019 QR Strength Rating	CFSR Item	2017 CFSR Strength Rating
Learning and Development under age 5	94%	94%	94%	Item 16	89%
Learning and Development over age 5	90%	87%	84%		

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 also been and continues to be a high priority of DCF. Strong partnerships and coordination of services with internal and external stakeholders including the Office of Clinical Services (OCS) and the Children’s System of Care (CSOC), help maintain optimal physical as well as mental/behavioral health for children.

Many strengths were cited during the CFSR 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% of cases reviewed and oversight of prescription medications for health or dental needs was completed on 92% of cases.

Likewise, assessment of mental/behavioral health needs were appropriately completed on 92% of cases reviewed, appropriate services were provided on 85% of cases, and oversight of psychotropic medications was completed on 100% of cases.

Several performance indicators through the QR process evaluate child wellbeing outcomes:

Physical Health of the Child indicator examines whether children are in good health and their basic physical health needs are met. It also assesses if children are receiving routine preventive health care services on a timely basis, such as periodic examinations, immunizations, and screenings for possible developmental or physical concerns.

Emotional Well-Being indicator examines whether children and young adults present emotional and behavioral well-being in their home and school settings that are consistent with their age and abilities. It also identifies that children and young adults have enduring supports with their parents, caregivers and friends. This indicator also examines whether children and young adults have been emotionally and behaviorally stable and are functioning well through life adjustments and in all key areas of social/emotional development for an extended time.

Provision of Health Care Services indicator determines if the level and continuity of health care services provided are appropriate given the unique physical and behavioral health care needs of each child.

Figure 20 below shows that both the CFSR and QR findings illustrate that NJ continues to be committed to the physical and mental/behavioral health needs of children.

Figure 20

QR Performance Indicator	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CY2019 QR Strength Rating	CFSR Item	2017 CFSR Strength Rating
Physical Health	98%	95%	98%	Item 17	80%
Provision of Health Care Services	95%	95%	97%		
Emotional Well-Being	93%	92%	94%	Item 18	83%

Additional information on the physical and dental health as well as mental and behavioral health of children can be reviewed in the updated 2020-2024 Health Care Oversight and Coordination Plan.

CFSR Systemic Factors

Systemic Factor: Statewide Information System

During the CFSR, NJ's Statewide Information System, also known as NJ SPIRIT, was once again identified as a strength. Data quality and timeliness of data entry was cited as key contributing factors for this strength rating.

The NJ SPIRIT application readily supports documenting and reporting of children's case status, demographic characteristics, locations, and goals. This information is gathered for all case participants including those children in foster care. Specific data elements such as those for reporting in the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) are required fields in NJ SPIRIT and must be completed before proceeding through the system. Within 30 days of a child's placement the caseworker and supervisor must have entered an approved case plan into NJ SPIRIT. Within the case plan is the case status, child's DOB, goals and if completed during a Family Team Meeting (FTM), the family voice. At times multiple levels of supervisors, review and approve work for data quality.

Users of NJ SPIRIT are the key stakeholders to provide input on the functionality of this system to maintain conformity of this systemic factor. End users include clerical staff, transportation aides, caseworkers, supervisors, business staff, legal staff, managers, executive staff, Deputy Attorneys General (DAG), nurses and a very limited number of contracted providers. When end users have questions or encounter issues, the Application Support Team known as the Help Desk is available from 9am-5pm Monday through Friday to provide technical assistance and support as outlined in "Ongoing Support" below.

Users have provided positive feedback regarding ongoing and new functionality that assists them in getting their job done quicker and easier. Some examples of recent functionality where feedback was received include:

- **Worker safety notifications:** positive feedback was received on worker safety notifications, that allows users at all levels to immediately see when there is a worker safety issue because a case turns red following a worker safety note.
- **Participant view:** providing an alternate view for users to see work specific to an individual, as opposed to a comprehensive view of the case was cited as very helpful.
- **Interstate Compact on the Placement of Children (ICPC) forms:** ICPC forms were incorporated into NJS, reducing the need for manual tracking. This addition elicited positive feedback from ICPC staff.
- **Wildcard searches:** when searching addresses, the wildcard allows a user to search for a street name with minimal criteria to include the maximum amount of possible results. Positive feedback was received from State Central Registry (SCR) citing this search criteria option assists when searching for individuals when information provided during calls to the hotline is scarce.

NJ SPIRIT Disaster Recovery Exercise

DCF's Office of Information Technology completed our biannual exercise of the NJ SPIRIT Disaster Recovery Plan in 2019. NJ SPIRIT is the case management system used by the Division of Child Protection and Permanency. This is a mission critical application used 24 hours a day, seven days a week.

NJ SPIRIT is physically located at the HUB Data Center (West Trenton, NJ), run by the Office of Information Technology (OIT). OIT is also responsible for the storage and backup of NJ SPIRIT. Administration of the application is the responsibility of various divisions within the Department of Human Services (DHS). Networking falls under the purview of both OIT and DHS.

The purpose of the failover exercise was to:

- Verify that hardware resources at the Disaster Recovery (DR) location can support day-to-day operations
- Highlight potential risks, concerns and dangers associated with failing over to and running in DR mode
- Confirm that all batch and interfaces remain operational from the DR location
- Verify the accuracy of the documented disaster recovery process
- Test Extranet Partner connectivity

As part of pre-exercise activities, a checklist was created that detailed the necessary steps that are required for the exercise to run smoothly. Vital teams to the process were identified from all agencies. Communication consisting of email, conference calls and in-person meetings were conducted to advise necessary parties of tasks and to monitor timely completion of responsibilities. Exercise templates and support were provided by the disaster recovery team at OIT. This ensured that documentation of the exercise was properly recorded.

As mentioned above, departments and units from three state agencies were included in the exercise (DCF, OIT and DHS). Participants in the exercise included DCF OIT department technical and managerial staff, OIT staff from Storage, Disaster Recovery, Security and Networking teams, and DHS members included Enterprise Business Systems Unit, and Networking, Firewall and Application Development Support Units.

The test was successfully conducted over a four-week period (4/26/19 to 5/24/19). This time frame was specifically chosen to incorporate all interfaces and batches (daily, weekly, and monthly) during the testing.

NJ SPIRIT / Department of Education (DOE) Interface

In a continuation of the DOE data sharing project, the development of the NJ SPIRIT interface and the corresponding screens needed to receive this data is scheduled to begin next reporting period. The departments will determine the requirement surrounding this initiative and the extent to which data sharing is possible based on each department's practices and policies.

Mobilization of NJ SPIRIT

The first phase of this initiative, dating back to 2011, used multiple federal grants/funding streams to enable remote access to the NJ SPIRIT application. This access was used to support several grant-specific case practice functions, such as Special Response Unit (SPRU) investigators, adolescent caseworkers, and workers responsible for supervising and documenting parent-child visits.

DCF has implemented various mobile solutions since 2011, depending upon operational needs and available technology. As a result, DCF currently has nearly 7,400 devices ranging from Smartphones, iPads, iPods, and Dell Venues/Latitudes distributed across numerous functional units.

The success and growth of this project has allowed DCF to transition from the typical PC into a more versatile model. All caseload carrying staff are now outfitted with a mobile computing solution that allows workers to work remotely and in the office with the same device.

DCF has completed testing multiple tablet devices in preparation to transition all caseload carrying staff away from their current out-of-warranty desktop workstations. The future device selected will have the mobile capabilities and the Windows Operating System, to ensure an interchangeable and seamless computing solution for users.

To achieve the goal of providing the technology to create the most effective and efficient work force, DCF is on target to procure and deploy nearly 2,200 devices in the upcoming report period.

The NJ SPIRIT Help Desk has taken over as the gateway to accessing support for existing and future devices. Local Office field support staff now provide on-site technical support, deployment, and re-provisioning services.

Comprehensive Child Welfare Information System (CCWIS) Data Quality Plan submission

DCF successfully completed and submitted the CCWIS data quality plan. This is a required component for NJ SPIRIT to become CCWIS compliant in the future. The CCWIS data quality plan describes the comprehensive strategy to promote data quality, including the steps to meet the federal requirements. These components already exist in NJ SPIRIT and were represented in an organized data quality plan format.

Upon receipt and review, the Administration for Children and Families (ACF) approved our initial Data Quality Plan.

Additional development of the Administrative Office of the Courts (AOC) Data sharing

Currently NJ SPIRIT has three outbound nightly interface files with the Administrative Office of the Courts (AOC). First is the Notice of Placement, which provides initial placement information regarding the child, followed by the Notice of Change, which provides updates to the courts while the child is in out-of-home placement, and lastly, the

Address file for updates to addresses for the child, parent(s) and resource family. DCF is also working with the AOC to electronically file multiple verified complaints and orders into eCourts. This will provide the essential parties assigned to the case jacket with access to view complaints and orders and to upload relevant documents. In addition, an inbound interface from the AOC to DCF will provide court information for cases directly into NJ SPIRIT.

This is a required component for NJ SPIRIT to become Comprehensive Child Welfare Information System (CCWIS) compliant in the future. While discussions with the AOC are ongoing, the AOC has not been ready to move forward with these new components. However, DCF feels that the new CCWIS regulations and guidance will help in ensuring appropriate compliance on this project. Even so, due to the complexity of this project and competing priorities, this project is not estimated to be complete within calendar year 2020.

NJ SPIRIT enhancement: Child Abuse Prevention and Treatment Act (CAPTA)

New legislation has outlined required enhancements to NJ SPIRIT. Enhancements include new functionality to accommodate changes in CAPTA, focused on section 503 of Comprehensive Addiction and Recovery Act (CARA) (Infant Plan of Safe Care) and corresponding National Child Abuse and Neglect Data System (NCANDS) implications. Additionally, Plans of Safety Protocol was developed and piloted throughout statewide local offices. The NJ SPIRIT online changes are scheduled for June 2020.

National Electronic Interstate Compact (NEICE)

DCF reviewed documents/Memorandum of Agreement (MOA) to join the National Electronic Interstate Compact Enterprise (NEICE). In collaboration with the American Public Human Services Association (APHSA) and the American Association of Administrators of the Interstate Compact for the Placement of Children (AAICPC), DCF will streamline and enhance the business processes around the placement of children across state lines. The project will result in both time and cost savings through more efficient administrative and operational processes. To achieve these efficiencies, DCF will be using the Modular Case Management System (MCMS), the commercial off-the-shelf-product for NEICE, which will be installed on DCF servers. This is scheduled for completion in calendar year 2020.

The Family First Prevention Services Act (2018)

The Family First Prevention Services Act (2018) redirects federal funds to provide prevention services to keep children safely with their families and out of foster care. Furthermore, when foster care is needed, the Family First Prevention Services Act allows federal reimbursement for care in family-based settings and certain residential treatment programs for children with emotional and behavioral disorders requiring special treatment.

Currently, systematic changes to the NJ SPIRIT application are being researched and identified to comply with the new federal guidelines set forth in the Family First Prevention

Services Act. Once complete, these enhancements will enable DCF to identify, capture and report prevention services provided to the eligible children and families.

SDM (Safety Decision Making) Tool Development

Current NJ SPIRIT functionality will be enhanced to achieve a better understanding of:

- The Structured Decision Making (SDM) system
- SDM goals, objectives, and characteristics
- The SDM timeline of assessments
- The SDM system as decision support
- The SDM system and our social work practice

This project is scheduled to be completed by June 2020.

Systems Maintenance

Modifications and enhancements are coordinated through systematic releases. The priority of releases has gone from a reactive mode (i.e. fixing bugs and "putting out fires") to a proactive mode (i.e. developing functionality to meet our changing business practice and federal requirements).

Highlighted achievements of the last release cycle are identified below:

- **Development upgrades:** The NJ SPIRIT application programming language (Java) was successfully upgraded to a newer version. In addition, the Incident Tracker system used to manage and track all system maintenance and development work was enhanced to allow for detailed reporting on CCWIS and other specific projects.
- **Interface refinement:** The case management system interface processes were adjusted to ensure that services are more accurately represented in NJ SPIRIT. Changes were made to prevent creating multiple active services for the same provider when contracts change. This alleviates the need for caseworkers to have to transition clients from one existing service to another as a result of contractual updates.
- **Template enhancement:** The screening summary template was enhanced to better support the business practice. The count of current and previous agency involvement was refined to capture only Child Protective Services intakes.
- **Form maintenance:** The NJ SPIRIT form 5-21 "Notice of Regional Placement Conference (For Cases in Litigation)", was updated to remain consistent with recent policy changes.
- **Case plan enhancement:** A short-term case plan enhancement was completed to support candidacy claiming and to provide supporting documentation. A new text box was added to the existing case plan, which requires caseworkers to enter information when the candidacy question is available. This enhancement is child specific.

Ongoing Support

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

- Responding to inquiries regarding system functionality, systemic problems, proposed enhancements, and/or other IT reported issues
- Performing User Acceptance Testing (UAT) for NJ SPIRIT new system development, enhancements, change requests, and/or incidents
- Providing implementation and on-going maintenance support for NJ SPIRIT production and related extension and mobile applications
- Performing NJ SPIRIT systems needs analysis for enhancements and redesign initiatives
- Developing and maintaining functional and technical design specifications for existing and new functionality
- Coordinating and leading Joint Application Design (JAD) meetings as required
- Developing database modification scripts for data analysis, and/or data corrections
- Conducting training in new applications and/or new system releases/modules

The Help Desk continues to produce monthly newsletters to provide users with strategies for use and to introduce new or improved functionality.

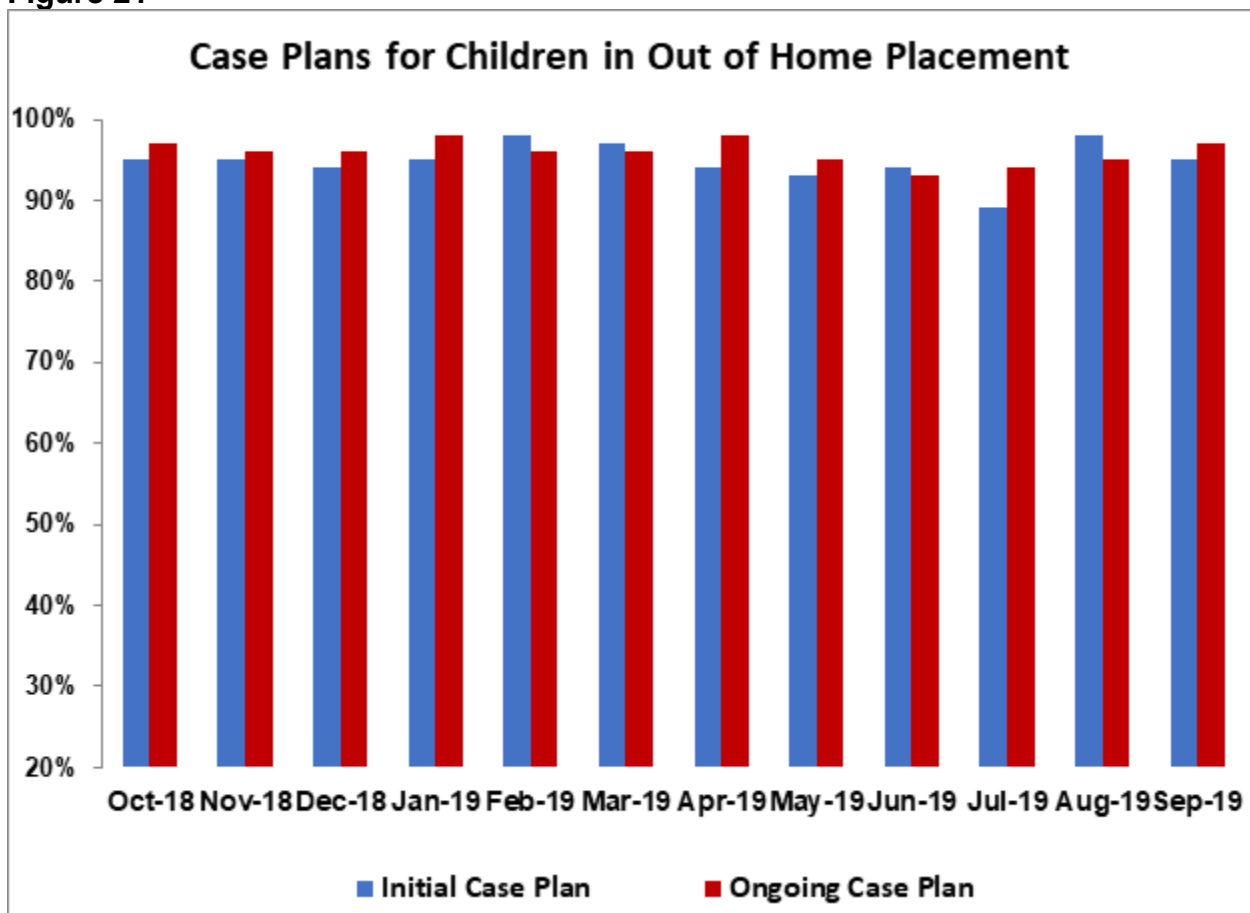
Systemic Factor: Case Review System

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

As noted in figure 21 below, DCF is ensuring that families have a case plan in place to guide their progress. However as noted in Well-Being Outcome 1, Quality Review results for Child and Family Planning Process, Plan Implementation, remains an area for improvement for DCF. A significant root cause is the identified lack of trust-based relationships, which negatively affects engagement, assessment and teaming with parents to develop a comprehensive case plan.

This is a focus area for the CFSR PIP and progress updates can be viewed in the CFSR PIP Progress Report, attachment A.

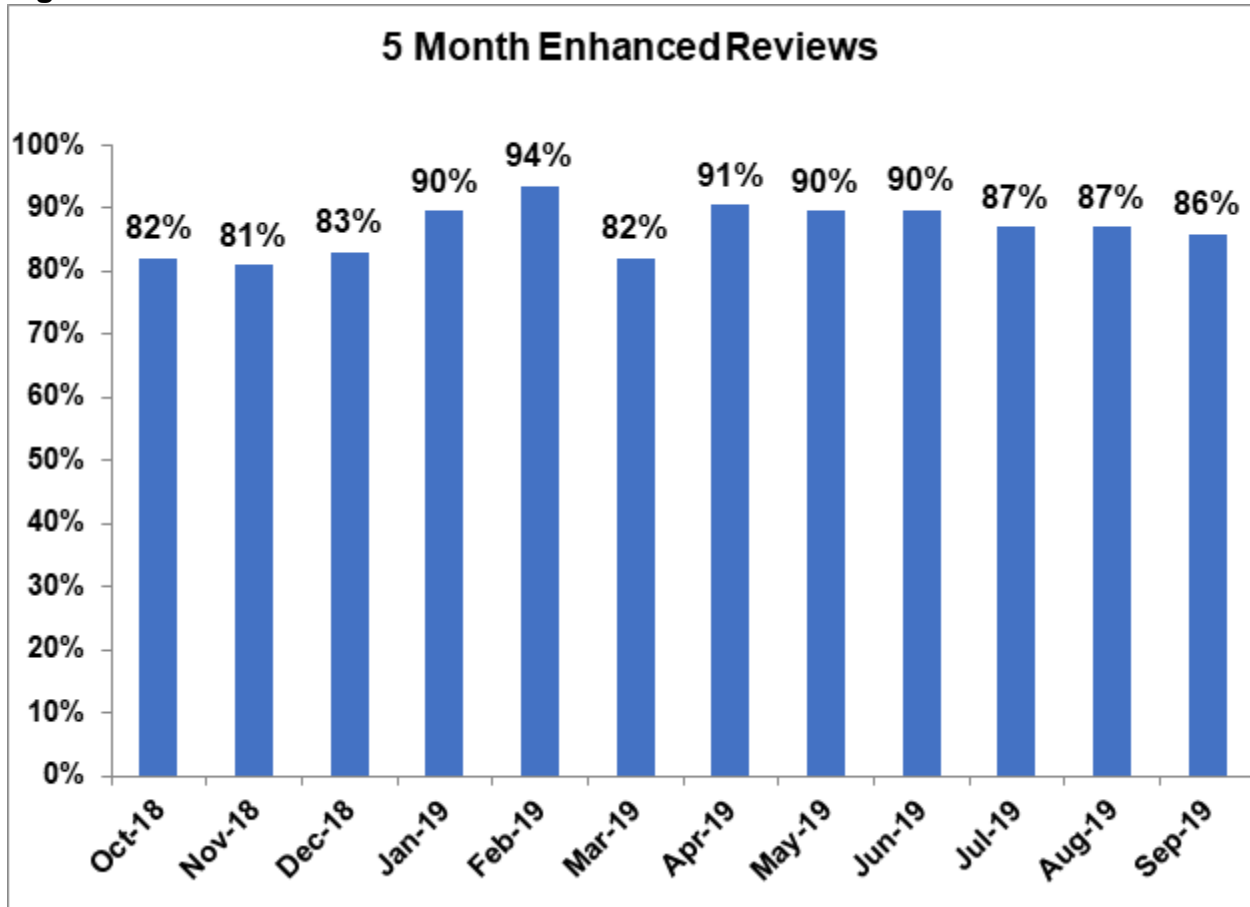
Figure 21



Enhanced reviews are periodic reviews conducted to assure that all reasonable efforts have been made to prevent the placement of a child. Additionally, if placement is necessary, enhanced reviews assure that permanency and concurrent planning are being carried out in a timely and appropriate manner. Two critical reviews are conducted at the five-month and ten-month benchmarks.

The five-month periodic administrative review determines the progress made in achieving the goals reflected in the family case plan. This reviews the completion of key permanency tasks (such as missing parents), assesses parental participation and progress towards reunification, considers if unsupervised parent-child visits can occur, measures the effectiveness of services already provided, and identifies changes needed to meet the needs of the child, family, and/or resource family. Data in figure 22 shows that these critical reviews continue to occur timely.

Figure 22



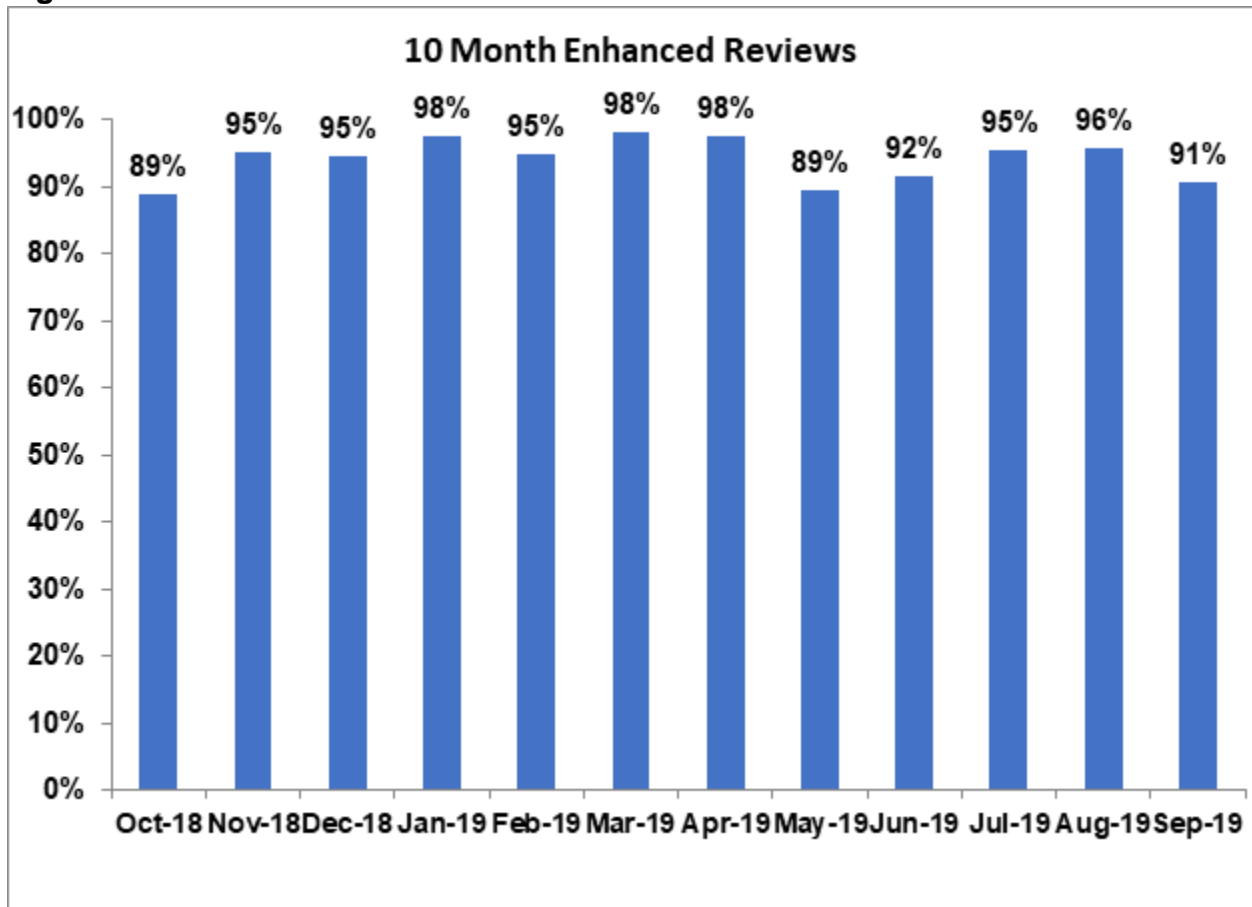
The ten-month enhanced review is a critical decision-making review when Child Protection & Permanency (CP&P) prepares for the permanency hearing. At this time, CP&P either approves an Adoption and Safe Families Act (ASFA) exception based on the improved circumstances of the parents and likelihood of reunification or recommends the termination of parental rights (TPR) for the purpose of adoption. This review includes the Family Discussion and the Litigation Conference.

The purpose of the Family Discussion is to have an in-depth conversation with the family regarding the permanency status for their children. It is also to discuss reunification, TPR, and Kinship Legal Guardianship (KLG). During this meeting, real action agreements are completed to progress forward. Full disclosure is an integral part of the discussion.

The purpose of the Litigation Conference is intended to establish and assess the agency's suggested permanency goal with legal counsel in preparation for the permanency hearing, typically held at the 12th month of placement.

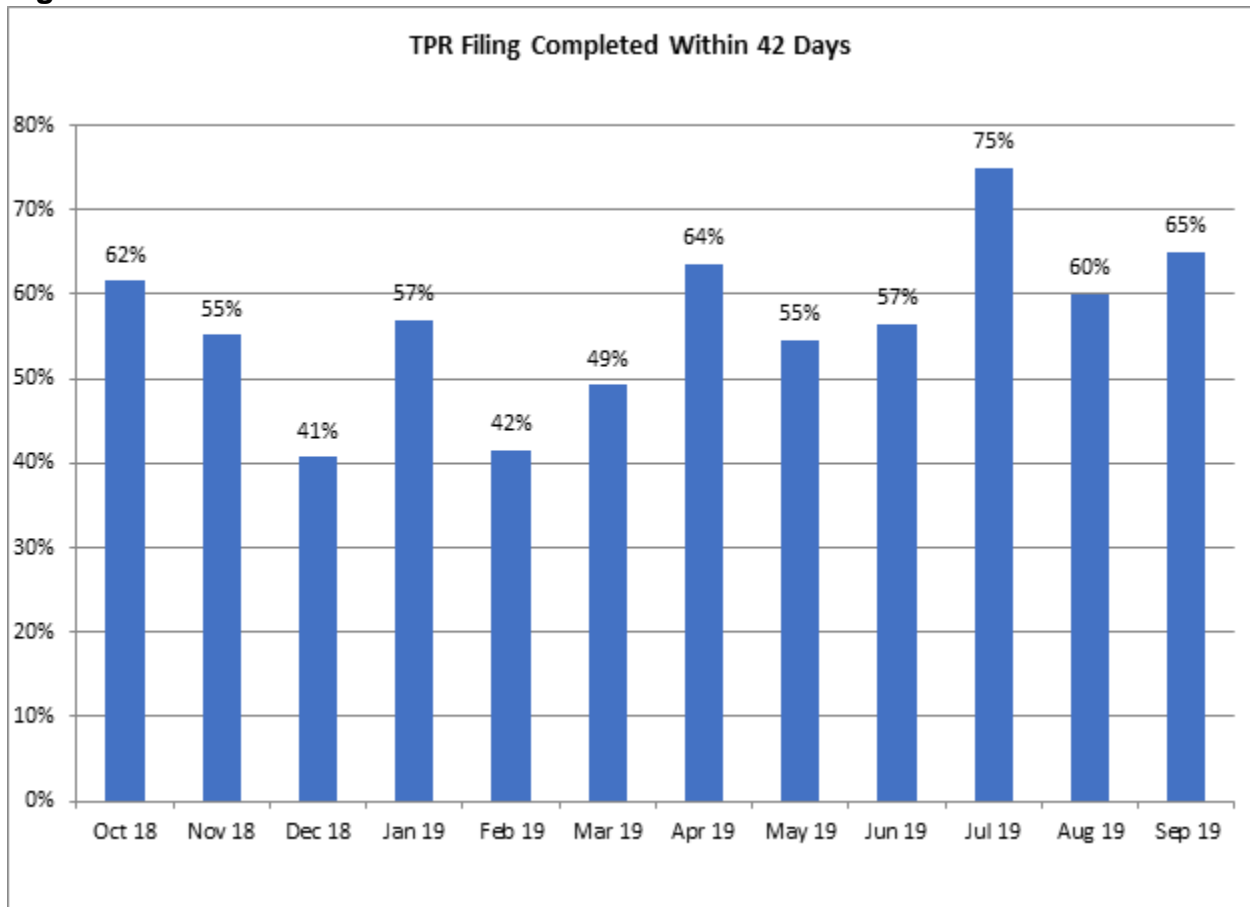
Data in figure 23 below represents that these reviews continue to be a strength for NJ.

Figure 23



If the goal of adoption has been established by CP&P through the permanency hearing, TPR petitions should be filed within six weeks. Data in figure 24 represents that there are challenges in meeting these timeframes. Staff report that a root cause for challenges includes the belief in some areas that the filing of a TPR petition cannot occur unless the courts accept the goal of adoption.

Figure 24



As described in Permanency Outcome 1, engagement of parents to ensure they have a voice in the development of case plans was noted as a challenge. Delays in the TPR process, lack of caregiver notice and right to be heard in court, and administrative review proceedings were also identified as challenges. Moreover, causes of delays in TPR hearings as well as TPR appeals are not well-defined or understood to include data challenges between DCF and the Administrative Office of the Courts (AOC).

Input from and communication with Judiciary stakeholders is ongoing to support and strengthen the partnership with DCF, with the goal of achieving the shared view of timely permanency. Collaborative activities with the AOC are included in activities in goal three of the CFSR PIP Progress Report in attachment A.

Systemic Factor: Quality Assurance System

The strengths of DCF's Quality Assurance System were highlighted during Round 3 of the CFSR when it was found to be in substantial conformity. DCF achieved this success by utilizing the Children's Bureau Information Memorandum ACYF-CB-IM-12-07 to assess DCF's Continuous Quality Improvement (CQI) infrastructure and activities of the

five essential components of a strong CQI system. DCF used the assessment to establish an action plan to improve each of the five components. Another major strength of DCF's CQI approach is that it is rooted in a scientific reasoning framework. This five-step framework, outlined below, is used to guide how the Department considers studying practices, systems and processes.

Identify: DCF uses multiple approaches to gather quantitative and qualitative data and feedback from constituents and professional stakeholders to identify areas of practice to be improved or replicated.

Explore Solutions: As areas in need of change are identified, DCF constructs theories of change to explore strategies that improve services and processes at the local, area and state levels. At the state level, leaders research evidence-informed practices and determine the feasibility of implementing solutions. At the Local Office, staff members use the program improvement plan (PIP) process to develop sound theories of change and clear expectations of how proposed interventions will contribute to achievement of short and long-term outcomes.

Develop Initiatives: Guided by the theory of change, DCF identifies the best approaches to making improvements, accounting for the needs of constituents and the Department's capacity to implement the intervention. DCF is focusing on the use of well-defined models with evidence of efficacy, and develops sound implementation and evaluation plans to ensure success of the effort.

Implement and Evaluate: DCF uses the most appropriate measurement strategy to determine how well programs are being implemented. DCF staff monitors results and, where possible, implements robust outcome evaluation methods to fully understand if the interventions are yielding statistically significant improvements. Furthermore, DCF looks for opportunities to use randomized and quasi-experimental designs to test proposed interventions and assess outcomes.

Learn and Plan: DCF learns from the intervention testing and attempts to replicate success. Staff members synthesize and disseminate information gained from the intervention studies so that leadership can adapt and plan strategic replication of successful programs. Finally, DCF deploys successful interventions statewide, as deemed appropriate, through thoughtful implementation frameworks and careful planning that continues to effectively support and measure impacts over time.

DCF developed this framework to help shape and formalize its ongoing strategies for developing and learning from CQI activities. DCF's integration of this approach establishes a common language as well as shared expectations for planning, implementation, and learning. In 2019, this framework guided the reformation of DCF's ChildStat process, which is now positioned as a significant implementation tool to support the successful implementation of the CFSP.

DCF continues to assess and enhance its CQI system and planned activities. Regular debriefing activities are held with staff participating in CQI activities and implementation of CQI approaches are reviewed with executive management. In an effort to strengthen its CQI system, DCF will:

- Continue qualitative data collection to better understand system functioning
- Strengthen partnerships with stakeholders in data collection, analysis and interpretation
- Generalize CQI to all Divisions within the Department by understanding the current CQI efforts of DCF's Children's System of Care (CSOC) and outlining next steps in strengthening the system by applying DCF's formalized CQI approach

Systemic Factor: Staff and Provider Training

New Jersey was found to be in substantial conformity for this systemic factor during the CFSR Round 3. DCF, in partnership with Embrella continues to be committed to providing training and professional development opportunities to all staff and resource and adoptive parents to ensure better outcomes for children and families.

Input and feedback from relevant stakeholders and partners to include university partners, CP&P staff at all levels, DCF Executive staff, trainers and training participants are collected in several ways to enhance the development and implementation of training. This feedback supports New Jersey's continued substantial conformity. An example of feedback material is the pre and post-tests utilized for essential pre-service and mandatory ongoing training. The pre- and post-tests assist in measuring knowledge gain while also identifying areas of curriculum and training that may need clarification. Between January 2019 and June 2019, the overall average pre-test score was 59%, and the average post-test score was 89%. On average, there was a +30 point increase from pre-test to post-test.

In addition, training class participants are asked to complete a course evaluation survey at the completion of training to assess satisfaction with the learning experience as well as to solicit feedback on the training, materials and instructor(s). Likert-type scale rating responses ranging from 1 (strongly disagree – low satisfaction) to 4 (strongly agree – high satisfaction) are utilized. There were 7,658 participant responses from satisfaction surveys representing 87 course titles included between January and June 2019. On average, trainees reported high levels of satisfaction with the trainings, materials, and trainers. Only small differences were documented. The overall mean satisfaction ratings for all courses ranged from 3.73 (the activities were helpful to building participants' knowledge and skills in this topic) to 3.79 (the trainer demonstrated expertise related to the training topic through her/his knowledge, skills, and practice experience).

Prior to any curriculum development, consultation with stakeholders is completed to develop the purpose, goal, audience and ongoing support for participants upon

completion of the training. Focus groups are held to attain feedback from those that will receive the training and carry out the work/skills learned in the field.

Moving forward, additional feedback will be sought through experience feedback surveys at least annually.

For more information on staff and provider training please see:

- 2020-2024 DCF Training Plan
- 2020-2024 DCF Foster and Adoptive Parent Diligent Recruitment Plan

Systemic Factor: Service Array and Resource Development

The Qualitative Review (QR) indicator *Resource Availability* reviews whether the child and family received an adequate array of supports that are readily accessible, have the power to produce desired results, and are culturally compatible with their needs and values. It also considers whether the family has a choice in the selection of supports.

While QR results demonstrate that formal and informal supportive resources for families are accessible and aligned with their needs, the 2017 CFSR 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, as referenced in figure 25.

Figure 25

QR Performance Indicator	CY2017 QR Strength Rating	CY2018 QR Strength Rating	CY2019 QR Strength Rating	CFSR Item			2017 CFSR Strength Rating		
				Item 2	Item 29	Item 30	ANI	ANI	ANI
Resource Availability	88%	84%	81%	Item 2	Item 29	Item 30	ANI	ANI	ANI

Please see discussion of current performance and plan for improvement under section E: [Update on Service Descriptions: Child and Family Services Continuum](#) of this report.

Systemic Factor: Agency Responsiveness to the Community

NJ was found to be in substantial conformity with Agency Responsiveness to the Community during Round 3 of the CFSR. An identified strength in this area was strong collaboration of services for children and families with other state agencies and federal programs.

The [General Information on DCF’s Collaboration Efforts](#) section of this report describes in greater detail the major components of DCF’s partnerships with a variety of key stakeholders across the state.

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

NJ was found to be in substantial conformity with this systemic factor during Round 3 of the CFSR. Please see the 2020-2024 DCF Foster and Adoptive Parent Diligent Recruitment Plan, that outlines relevant plans and performance for this systemic factor.

Foster and Adoptive Parent Licensing

In addition to the work described in the 2020-2024 DCF 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 state child care centers, youth and residential programs, resource family homes and adoption agencies and [has set standards](#) that are applied statewide. Criminal History Record Information (CHRI) background checks are regulated by policy, statute and Administrative Code which can also be viewed at the link listed above.

When a home study is received at OOL, staff utilize the electronic Licensing Information System (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 CHRI background checks for both applicants and adult household members. These items are updated once the required documentation is received from the CP&P Local Office. During the initial licensing of a resource family home, all required background checks and training requirements are considered Level I requirements. Once all outstanding home study items are received and approved by OOL, the home can be processed for licensing.

A query system, Information Assist, is used to run queries for outstanding violations of licensed resource family homes for approved state and federal CHRI background checks for adult household members, including resource parent applicants. During the initial licensing of a resource family home, OOL must receive and verify an approved criminal history background check on all adult household members over the age of 18. Failure of all adult household members to complete an approved criminal history background check is considered a Level I violation. Resource family homes need to be in full compliance with Level I requirements prior to licensing the home. Results from this query show that there are no outstanding violations for CHRI checks as of April 22, 2020.

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

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

Foster and Adoptive Parent Recruitment

Please see the 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan, which outlines relevant plans and performance for Foster and Adoptive Parent Recruitment.

Foster and Adoptive Parent Cross Jurisdictional Resources

Recruitment and approval of cross jurisdictional placement resources was an area in need of strengthening. Tracking, as well as delays in sharing and distributing information among other states hinders timely recruitment and approval of placement resources for children from other jurisdictions. New Jersey is embarking on numerous strategies to enhance and strengthen cross jurisdictional resources. Currently DCF's Office of Interstate Services (Interstate) does not have a system to collect or extract data. Manual data and case reviews have identified challenges in obtaining safe and timely reports and home studies within the mandated timeframe from various states. Some states struggle with a lack of services. For example, PRIDE Training is only offered twice a year in smaller, remote areas. County-based states are challenged with relying on outside contracts to complete services. There are states that are not equipped to receive requests electronically or will only accept hard copies through the mail. Some Interstate offices have limited staff and high volume. These are among the issues that potentially can contribute to delays in placement and permanency of children.

Concerns related to the state's performance on foster and adoptive parent cross jurisdictional resources are addressed with individual states as needed, as well as through the Association of Administrators of the Interstate Compact on Placement of Children (AAICPC).

The 100 A list is provided by DCF's Office of Research, Evaluating and Reporting (RER) on a monthly basis. This report is used to track and monitor pending and overdue home studies and assist in monitoring safe and timely reports. The NJ SPIRIT icon is utilized to enter forms 100 A and 100 B. This allows the CP&P Local Office staff the ability to confirm that Interstate has initiated a home study request on a specific child. Also, DCF's Office of Information Technology (OIT) is working to develop an "Interstate" category in NJ SPIRIT for Interstate staff and supervisors to document case updates. Local Office staff will be able to view any updates on cases through this development.

Interstate, in collaboration with DCF's Office of Resource Families and assistance from OIT, created dedicated mailboxes for each resource unit statewide. This allows Interstate staff to scan informational packets to the resource units in real time. This reduces delays with assignments, prevents information from being misplaced and improves timeliness. Additionally, the Interstate webpage created on the DCF portal page allows staff to gain knowledge of the array of services provided, access forms and become familiar with Interstate policies and procedures.

Through the collaborative efforts of several national partners that include the American Public of Human Services Association (APHSA) and the Children’s Bureau (CB), New Jersey is currently in the development stages of a new electronic system to assist in expediting the placement of children across state lines. These advancements will assist in better tracking and monitoring of cross jurisdictional placements of children so that any challenges to permanency can be quickly resolved and timely permanency can be achieved. This system will also allow access to reports and statistics. Additionally, NJ Interstate and OIT have been collaborating on ideas to develop a functional system that will have the capacity to be fully integrated into NJ SPIRIT. The National Electronic Interstate Compact Enterprise (NEICE) will begin roll out in the fall of 2020. Additional updates are previously described in the [Statewide Information System](#) section of this report.

In February 2020, DCF embarked on a pilot program in Ocean and Monmouth counties to complete preliminary licensing inspections within 30 days of receipt of the Interstate Compact on the Placement of Children (ICPC) request. The goal of this pilot is to reduce timeframes for licensing, identify barriers to licensing early in the process, enable resolution while the study is in process, and improve completion and return of safe and timely assessments to the sending states within the 60-day timeframe. Additionally, the New Jersey/New York Border Agreement is in the end stages of the planning process. The NJ and NY planning committees have devised forms and procedures to implement presumptive eligibility across state lines. This will allow for expeditious placements of children with their kin, preventing children from remaining in unrelated homes. The final agreement is being reviewed by Office of Legal Affairs and is anticipated to be rolled out in 2020.

To address ICPC consultant caseload management, an audit of individual consultant case logs is conducted. This enables the creation of more accurate manual tracking system for improved caseload management and reduced backlog of old requests. Furthermore, in February 2020, a rotation case assignment was implemented, which resulted in an equally balanced and more manageable caseload for consultants. All initial requests are reviewed by supervisors for more enhanced supervision practices and oversight of the consultant's workload. An additional protocol was also implemented to alert supervisors if no response for updates is received within two months of the request so that further intervention can be pursued.

Planned work timelines that may have been affected by COVID-19:

Anticipated progress not to be affected by COVID-19

- Closure of backlog private adoptions
- Closure of backlog residentials
- Provide status requests from and to other states and local offices
- Updated licenses, fingerprints and documentation required to not delay adoption/Kinship Legal Guardianship
- Process outgoing Home Study/Parent requests to states accepting them
- Process private adoptions
- Process residential requests

Revisions to plans due to COVID-19

- Inability to complete incoming Home Studies and Parent Assessments
- Delayed placements
- Unable to complete courtesy supervision
- Border Agreement delay
- Receiving/sending encrypted mail and faxing with states who are not equipped with electronic devices while remote

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

Input from various stakeholders as well as the performance improvement areas identified from the final 2015-2019 APSR, CFSR, and the areas described in the *Section B: Update to the Assessment of Current Performance in Improving Outcomes* contributed significantly to the development of the following goals and strategies to move the state’s vision into a 21st Century Child Welfare System where everyone in New Jersey is Safe, Healthy, and Connected.

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 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 fatalities⁹ and has similarly had a relatively low victimization rate¹⁰. However, the feedback that DCF received in 2018, through collaborative efforts, made clear that 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 we start doing (something we don't currently do, but we should)," a number of responses called for increased attention to primary prevention, community engagement, and concrete supports for families.

⁹ In 2017, NJ’s rate of child maltreatment-related fatalities was .66 per 100,000, less than half the national average of 2.32 per 100,000; and in 2018, NJ’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.

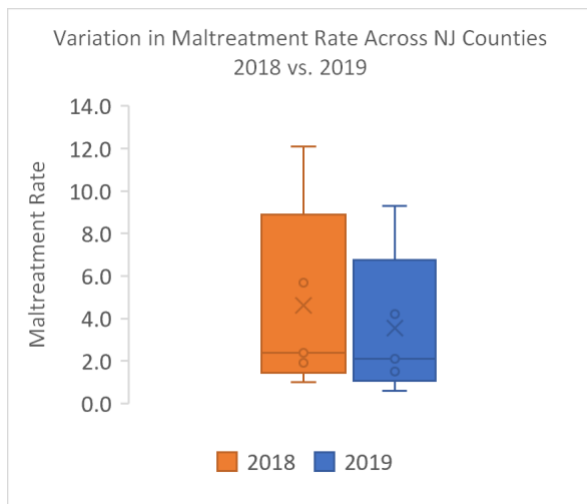
¹⁰ For each of the five years between 2014-18, NJ’s children were victims of child abuse/neglect about one-third as often as children in the US on average; for example NJ's victimization rate was 3.1 per 1,000 in 2018, when the national average was 9.2/1,000 - Source: Child Maltreatment, 2018.

In consideration of the NJ Task Force on Child Abuse and Neglect 2018-2021 New Jersey Child Abuse and Neglect Prevention Plan, feedback from stakeholders, and the Commission report “Within our Reach” released by The Commission to Eliminate Child Abuse and Neglect Fatalities, DCF identified primary prevention of maltreatment and maltreatment related fatalities as a major goal for the Department. This goal was discussed with the Children in Court Improvement Committee, communicated internally with DCF staff, and externally with DCF stakeholders in Spring 2019.

Measurement of Progress for Goal 1: Updated

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	3.1	2.8	2.4	NJ SPIRIT/NJ Child Welfare Data Hub: Interquartile Range of Maltreatment Rates among NJ Counties
Service Excellence Standards	Establish in Year 2	N/A	Establish Baseline	TBD	TBD	TBD	DCF will develop service excellence standards for purchased service based on the AAAQ Framework; Assess a baseline in year 2; establish performance targets for subsequent years
Benchmarked improvements in specific system components impacting safety	June 2021	N/A	Establish Baseline	TBD	TBD	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 2 and targeted, measurable improvement plans will be developed for those components.

Year 1 Update: Measure - Variability in maltreatment rates among NJ counties



NJ has seen a continuous decline in maltreatment rates in recent years. In 2018, the statewide maltreatment rate was 2.4 per 1,000 children. However, over this same time period the variation in maltreatment rate across counties widened, with a range between the 75th and 25th percentile of 3.7. The counties with the highest rates of maltreatment were in the southern part of NJ: Cape May (12.1), Salem (9.9), Cumberland (9.7), and Camden (7.8). NJ's goal is to continue to reduce maltreatment, but to focus on the counties with the highest rates, thereby

reducing the variation across the State. In 2019, the statewide maltreatment rate continued to decline to 2.1 per 1,000 children. Similarly, NJ saw a decrease in the variation across counties, reducing the range between the 75th and 25th percentile to 2.7. The biggest improvements are seen in NJ's southern counties: Cape May (12.1 to 9.3), Salem (9.9 to 8.2), Cumberland (9.7 to 7.3), and Camden (7.8 to 4.8).

Year 1 Update: Measure-Service Excellence Standards

DCF intends to develop service excellence standards for purchased services based on the Availability, Accessibility, Acceptability and Quality (AAAQ) Framework¹¹. During year one, DCF engaged in discussions with stakeholders and providers whose feedback will be used to inform the infrastructure needed to achieve the standards. The Office of Quality conducted small internal focus groups and interviews with leadership from across DCF including Child Protection and Permanency (CP&P), Office of Adolescent Services (OAS), Division on Women (DOW), Family and Community Partnerships (FCP), Children's System of Care (CSOC), Legal Affairs and the Office of Policy. The team also developed a focus group protocol for external stakeholders and completed regional forum focus groups with participants including youth and young adults, service providers, judiciary partners, and included additional DCF staff. A trend analysis was completed using the feedback from these groups and will be used to inform the development of an infrastructure to achieve universal quality standards for DCF and all contracted service providers. The standards will be finalized in year two.

¹¹ United Nations Committee on Economic, Social and Cultural Rights. (2000). General Comment on the Right to Health.

Year 1 Update: Measure - Benchmarked Improvements in Specific System Components Impacting Safety

The Critical Incident and Fatality Review Unit in the Office of Quality works to support DCF efforts for reviewing critical incidents. In 2019-2020, DCF engaged Collaborative Safety, LLC to guide the Department in the use of a systemic case review process to better understand how factors from various aspects and levels of the child welfare system impact case decision making. The goal of this work is to identify, and address concerns related to systemic factors in an effort to promote safe outcomes for children, families, and employees.

DCF Executive Leadership, and the leadership and management of CP&P were introduced to Collaborative Safety during the summer of 2019. In Fall 2019, all staff in CP&P, as well as the Child Fatality and Near Fatality Review Board and the Children in Court Improvement Committee received an overview of the method. DCF worked with Collaborative Safety¹² to develop and implement a safety review tool to track results of human factors analysis conducted following critical incidents. Statewide committees were established to support the review process and the program was launched in January 2020. This approach has been used to review critical incidents; however, more data will be needed before DCF is able to identify system components consistently impacting safety. DCF is in the process of establishing a database to capture the results of the reviews, as well as determining feedback loops.

In 2019, DCF also joined the Executive Committee of the newly formed National Partnership for Child Safety (NPCS), developed in partnership with Casey Family Programs in an effort to improve child safety and prevent the estimated 1,500 deaths due to child abuse and neglect that occur every year in the United States. This quality improvement collaborative will utilize data collection regarding critical cases and organizational culture to inform our continuous learning and practice improvements. In so doing, the NPCS strives to improve safety, permanency and well-being outcomes for children as it expands and joins with other networks to promote effective child welfare practices.

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

¹² <https://www.collaborative-safety.com/>

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

Rationale for Objective 1

DCF has invested heavily in broad family strengthening strategies such as a statewide network of community-based Family Success Centers, Kinship Navigator programs, and a statewide network of evidence-based home visiting programs. These programs offer valuable contributions to communities across the state but are not always intricately linked to what is known about child maltreatment and child 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.

Recent advances in statistical analysis and machine learning have made 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 U.S. 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 much needed 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 needed interventions to prevent child maltreatment that are designed for and targeted to the specific, local populations who need them most.

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

Benchmarks for Achieving Objective 1

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

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

Year 3: Community intervention process will be launched for Year 1 counties.

planning process launched for Year 2 counties; two additional counties will be modeled

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

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

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

DCF worked with Predict-Align-Prevent (PAP)¹³ to utilize geospatial risk modeling to identify communities in which children are at risk of harm. DCF's Research Review Board reviewed and approved PAP's research application, allowing the project to move forward. DCF worked with PAP to facilitate the modification of their predictive modeling subcontractor.

DCF's data team analyzed state data, including referral volume, referent type and maltreatment rates, and concluded that the geospatial analysis would begin in specific municipalities within Camden and Cumberland counties.

DCF launched the geospatial risk modeling process in Cumberland and Camden Counties. DCF identified and worked to acquire the necessary data for the first phase of analysis. DCF outreached to and began receiving data from sources, including various governmental and law enforcement agencies. DCF worked with the project's predictive modeling subcontractor to devise data use agreements to permit and regulate the transmission of required data from DCF. DCF collaborated with the Department of Health to devise a data use agreement to enable DCF to attain the necessary health and vital statistics data, learning that it was first necessary to apply to the Institutional Review Board at Rowan University. DCF began drafting that application and arranging for the associated research ethics and compliance training.

Throughout the duration of the project, DCF and PAP had at least monthly team conference calls to discuss the status of the project, data needs, workflow and DCF's internal capacity for project sustainability. Regarding project sustainability, DCF worked with PAP and the predictive modeling subcontractor to devise a plan for building DCF's internal capacity to undertake this work independently in the future. That plan includes both in-person and remote training and technical assistance.

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

¹³ <https://predict-align-prevent.org/about-us#>

Rationale for Objective 2

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

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

Benchmarks for Achieving Objective 2

Year 1: Design and implement revised critical incident debriefing process:

Develop and finalize business process, create one internal Multi-Disciplinary Team; Three (3) Regional Mapping Teams; Data Team. Launch reviews following new process. Begin monthly report of findings to DCF Executive Management

Year 2: Continue implementation of critical incident debriefing process

Year 3: Assess impact of new process

Year 4: TBD based on Year 3 assessment

Year 5: TBD based on Year 3 assessment

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

In 2019, DCF engaged Collaborative Safety, LLC, to: (1) provide in-depth training on human factors debriefing and safety science to all CP&P Area Directors and Local Office Managers, and senior leaders from other divisions within DCF; (2) develop a workflow and methodology for critical incident debriefing for child fatalities and near fatalities, and staff safety critical incidents; (3) provide orientation sessions for all CP&P staff, as well as the Children in Court Improvement Committee (CICIC) and other system stakeholders; (4) provide orientation and begin planning for an analogous

process for use in critical, non-fatal safety incidents occurring in out-of-home treatment settings within the NJ Children's System of Care.

Furthermore, DCF has been able to achieve all year-one benchmarks for human factors analysis. A systemic critical incident review process operations guide was developed to help outline the business process. DCF created an internal Multi-Disciplinary team and by-Laws to support the use of human factors analysis. The purpose of the Collaborative Safety Multi-Disciplinary team is to ensure that key stakeholders from across the Department participate in determining the cases that will advance through the review process. Additionally, by-Laws were established for the three regional mapping teams. Each Collaborative Safety Mapping Team is slated to meet monthly to consider the cases for which a record review was completed in the month leading up to the meeting. The goal of each meeting will be to map learning points for cases that have advanced through the Systemic Critical Incident Review process and to engage in a group discussion to support system learning. The Office of Quality Data Team provides technical support for the entire Collaborative Safety process including analyzing data collected during the human factors analysis. DCF Executive Leadership and DCF's Safety Performance Team are provided with monthly updates regarding findings.

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

Rationale for Objective 3

As detailed in the report "*Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect Fatalities*" released by The Commission 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 the NJ Department of Health, manages a statewide network of 66 local implementing agencies providing three evidence-based home visiting models in all 21 counties, and a fourth evidence-based model in one county. In 2018, approximately 7,000 families received evidence-based home visiting services. This includes services to more than 4,000 pregnant women and 5,700 children birth-5 years old. These programs offer valuable contributions to communities across the state, increasing accessibility for families while supporting more families at risk.

A review of the last five years 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). Sixty-five percent (64.5%) of child maltreatment fatalities had no history with child protective services (CPS) 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 (as victim and/or perpetrator), domestic violence, and criminal or delinquent activity.

Stakeholder meetings through the New Jersey Task Force on Child Abuse and Neglect's Prevention Sub-Committee recommended a focus on ensuring universal access to home visiting services for all families in New Jersey. Through a collaboration between DCF and the NJ Department of Health, three evidence-based home visiting programs (Nurse Family Partnership, Parents as Teachers and Healthy Families America) are available in every NJ county. However, based on the work of the Task Force Prevention Sub-committee and national findings on the efficacy of home visiting in reducing risk to children, DCF has 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 intends to increase universal access to home visiting through continued inter-agency collaboration and will rely on home visiting expansion as a key strategy in its effort to strengthen protective factors for families and communities.

Benchmarks for Achieving Objective 3

Year 1: Complete a joint readiness assessment along with the Department of Health. 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 1 Update: Complete a joint readiness assessment along with the Department of Health. 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.

The joint needs assessment is in development. A comprehensive needs assessment is being conducted with the Department of Health as required by the MIECHV initiative and is scheduled to be completed by October 31, 2020.

New Jersey has laid the groundwork to add to the continuum of evidence-based and evidence-informed Home Visiting programs to its larger portfolio of programming. To improve the physical and emotional well-being of infants, children and their families New Jersey has applied for funding to expand the evidence-based program, Family Connects. In January 2020, NJ received partial funding for the implementation of the Family Connects model and is currently in the fact finding and initial planning stage of implementation. Sufficient progress has occurred in the areas of establishing a team of community leaders that includes the model developer to plan the implementation in one county as a pilot. The DCF Office of Strategic Development is providing a teaming strategy to increase the effectiveness of the Home Visiting model implementation.

In addition, a meeting was requested with the single state entity that oversees the Medicaid funds to discuss adding Family Connects to its next 1115 waiver. While these meetings were ongoing, due to the COVID-19 pandemic in early March 2020 these meetings were temporarily suspended as NJ attends to the immediate needs of its residents.

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

Rationale for Objective 4

DCF understands that programs recognized as evidence-based, particularly those with randomized controlled trials (RCT) are the “gold standard”. Through the use of evidence-based programs (EBP), DCF will better respond 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 services. The use of EBPs will ensure DCF reaches its goal of reducing maltreatment related fatalities. These interventions, consistently applied, will produce improved outcomes. Randomized controlled trials (RCT), quasi-experimental studies, case-control and cohort studies, pre-experimental group studies, surveys, and qualitative reviews contribute to the strength of evidence for interventions DCF will select. 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 Service Array, described in a later section of this report, [Benchmarks for Achieving Improvements in Service Array](#), DCF will use data including information from the County Needs Assessments and ChildStat processes, five-year review of fatalities, as well as learning from the geospatial risk modeling and safety science strategies alluded to above. This data and knowledge will assist in identifying risk and protective factors and compounding challenges in our communities while prioritizing short- and long-term targets for reduction of child maltreatment and maltreatment related fatalities. DCF aims to impact outcomes for child maltreatment, and to change the population prevalence rates of a child maltreatment related fatality.

Benchmarks for Achieving Objective 4

Please see section [Benchmarks for Achieving Improvements in Service Array](#) for identified updates for Year 1.

Goal 1 Implementation Supports

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

Staffing Implementation Supports

Home Visiting

In the PDGB-5 renewal grant two positions were identified: A program coordinator was identified to support the implementation of a new evidence-based program into the current service array of home visiting services. A program assistant position was placed on hold due to the impact of COVID-19. Though COVID-19 has temporarily placed hiring on hold, the ability to hire the program assistant to help with model implementation will resume when appropriate.

Collaborative Safety, LLC

DCF has trained a unit of staff to perform human factors debriefing, and is making other staffing adjustments (e.g., forming state and local review committees) to create the needed infrastructure for full implementation of a safety-critical organizational learning process.

Additional

DCF's Office of Research, Evaluation and Reporting will provide analytic staff as well as support tracking of interventions to determine efficacy of objectives and goal measures.

Training and Coaching Implementation Supports

Home Visiting

The Family Connects program has training and implementation supports associated with the application submitted. Should New Jersey secure the funds to expand this program, the capacity to support the appropriate training is in place. As noted, the Family Connects program offers training implementation supports and technical assistance. The training is phased-in based on a three-year plan. The model also uses a train-the-trainer approach that will assist with sustainability.

Additional training supports for home visiting will be provided to DCF staff and purchased service providers and will vary depending on the model. Trainings are

anticipated to be complete in Year 2 and technical assistance and coaching will be ongoing into years 2 and 3 and may extend to year 4.

Predict Align Prevent

Throughout this quarter, DCF's data team had regular phone conferences with Predict Align Prevent's (PAP) geospatial analysis research assistant regarding project workflow and DCF's internal capacity to sustain the project into the future. PAP coached DCF staff on techniques needed to perform geospatial risk analysis. DCF's data team analyzed current capacity and identified any gaps in the current staff's skill sets. DCF discussed and outlined what training (i.e., number of days, format of training, etc.) would be required from PAP, as well as their contracted geospatial analyst, and communicated those needs to PAP. PAP agreed to DCF's requests related to building internal capacity. During Year 2, Predict Align Prevent and their predictive modeling subcontractor will provide in-person and remote training and technical assistance to ensure DCF is able to sustain this work independently.

Collaborative Safety, LLC

Collaborative Safety, LLC has trained DCF Executive Leadership and is training DCF managers via Safety Champion Institutes, on human factors and safety science. Collaborative Safety, LLC will deliver orientations regarding human factors and the revised critical incident debriefing process, to all CP&P staff; and will deliver advanced practical training to deepen human factors debriefing skills to a select group of DCF staff. DCF also partnered with Collaborative Safety to conduct eight, half day orientation presentations throughout the state to introduce staff to the collaborative safety process. DCF staff also conducted technical assistance meetings with Collaborative Safety Inc. staff to support the implementation of various components of the critical incident review in New Jersey.

Technology Implementation Supports

DCF may need to acquire more powerful hardware and will need to enter into data sharing agreements with state and local partners. DCF does not anticipate needing additional software. DCF is also seeking to use Community Based Child Abuse Prevention (CBCAP) funds to support an assessment and recommendations for DCF to improve data integration in support of prevention strategy and service delivery. DCF is currently exploring a web-based data management system which would include process and outcome measures.

Collaborative Safety, LLC

DCF is engaging Collaborative Safety, LLC, to provide training and technical assistance in support of creating a critical incident debriefing process for child fatalities, near fatalities, and serious staff injuries that incorporates human factors analysis and state of

the art safety science. This business process will include record review and interviews and will collect and aggregate data using a standard assessment tool. DCF will be utilizing RedCap, a secure web-based application, to manage the data collected from collaborative safety reviews. Additional technology needs may be identified as more reviews are conducted.

Goal 1 Technical Assistance Needs

Home Visiting

The Family Connects model developer will be working closely with New Jersey to provide the technical assistance for successful implementation of this expanded continuum of services. DCF has been hosting monthly stakeholder meetings to create a collaborative in Mercer County to continue to build capacity and trust for successful implementation of Family Connects.

As DCF adds to the continuum of home visiting programs and implements additional evidence-based programs, the appropriate resources to implement the program will be ensured. Working closely with the program developers and technical assistance providers to ensure appropriate training, implementation and model adherence is anticipated.

Predict Align Prevent

DCF continues to partner with Predict Align Prevent (PAP) on the location-based predictive analytics and community alignment project. PAP will assist NJ in planning and executing the following strategies: 1) use geospatial analysis to demonstrate the geographic locations within two New Jersey counties in which children are at highest risk of child maltreatment and/or maltreatment related fatalities (“hot spots”), and what variables are most closely associated with risk to children; 2) develop and implement community prevention planning for services and supports using the analysis developed; and 3) provide the capacity to compare the New Jersey analysis to similar analyses from other jurisdictions in the United States.

During Year 1, DCF worked alongside PAP to begin the first phase of analysis in Camden and Cumberland counties. PAP and their predictive modeling subcontractor provided technical assistance to DCF throughout the year. PAP’s technical assistance will continue as DCF and PAP move forward into subsequent phases of analysis.

Goal 1 Research and Evaluation Activities:

Translational Research

DCF continues to partner with Predict-Align-Prevent (PAP) to conduct a place-based predictive analytics project to investigate the geographic relationships of child maltreatment, related fatality, and pathophysiology associated with chronic exposure to adverse events. This project focuses on predicting where child maltreatment is likely to occur in the future; strategically aligning services, education, and resources where they are most likely to reach the most vulnerable children and families, and; measuring the efficacy of aligned prevention efforts by baselining and actively surveilling risk, protective, and outcomes metrics in high-risk places to inform ongoing prevention efforts. In Year 1, DCF and PAP began the predictive modeling phase of the project. DCF selected locations for geospatial analysis and worked to collect the necessary data, including child maltreatment data, infrastructural data, crimes data and health data.

Program Evaluation

DCF is engaged in a variety of program evaluations to help us understand the quality and impact of our purchased services to align with the geospatial risk analysis. One example of this work is the evaluation NJ's network of Family Success Centers (FSC). An evaluation team, led by DCF's Office of Research, Evaluation and Reporting, with stakeholders from across the Department and community-based FSC Directors has developed evaluation questions, a fidelity assessment tool, and forms to be used in the collection of process and outcome data on an ongoing basis. The fidelity tool is organized around the FSCs' essential functions and is aimed at assessing whether the FSC practice is being delivered as intended. DCF is currently exploring a web-based data management system which would include process and outcome measures.

DCF also partnered with Johns Hopkins University, other State Agencies and community partners to conduct an ongoing, rigorous evaluation of NJ's home visiting models. The evaluation is aligned with project goals, objectives and activities to promote success and to inform decision-making as well as the NJ Maternal Infant Early Childhood Home Visiting (MIECHV) Continuous Quality Improvement (CQI) Plan. The evaluation's conceptual framework is grounded in implementation science and theories of behavior. This allows home visiting 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 the following key areas:

- a. Identify and recruit families into Home Visiting
- b. Continuous quality improvement (Plan-Do-Study-Act (PDSA) cycles) and
- c. Assessing the patterns of service referral and use among substance using women

Goal 2: Timely and effective family stabilization and preservation

Rationale for Goal 2:

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

However, New Jersey experiences barriers, similar to the emerging national trends in Round 3 (2015-2016)¹⁴, 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. Areas for growth that are described in the NJ CFSR Program Improvement Plan (PIP) include:

- NJ’s 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 their families
- Engagement of parents in case planning (fathers in particular) to achieve identified family goals
- Assessment of parents’ underlying needs to better align with the identification of the appropriate service to meet the individual needs of families

Measurement for Progress for Goal 2

NJ completed the CFSR Baseline Review in August and September of 2019. Below are the results and established CFSR PIP baselines, as well as adjusted targeted improvement PIP goal measurements. As noted, NJ has successfully achieved the benchmarks for CFSR item 1 and item 2. NJ will continue to monitor those items as well as continue to improve the remaining items over the CFSR PIP monitoring period and throughout the CFSP timeframe.

Child and Family Services Review (CFSR) Round 3

New Jersey Program Improvement Plan (PIP) Measurement Plan Goals

Case Review Items Requiring Measurement in the PIP

Prospective Method Used to Establish PIP Baselines and Goals Using Case Reviews Conducted August 2019 - September 2019

¹⁴ 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>

CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence Level ¹	Number of applicable cases ²	Number of cases rated a Strength	PIP Baseline ³	Baseline Sampling Error ⁴	PIP Goal ⁵	Adjusted PIP Goal ⁶ 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%⁷</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%⁸</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 structured decision making 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 NJ DCF's partnership with child welfare stakeholders and the Judiciary
7. Strengthen the partnership between resource parents and families
8. Continue to build statewide network of high quality, evidence-based programming to support family preservation and permanency

Objective 1: Use structured decision making to assess safety and risk throughout the life of the case¹⁵

Rationale for Objective 1

The CFSR identified challenges related to ongoing risk and safety assessment, which led to inadequate service provision. DCF analysis conducted during the PIP development process found several barriers to completion of ongoing Structured Decision Making (SDM) tools, including acknowledgement that language in the tools was not well aligned with best practice. Survey of staff revealed that 60% found difficulty in completing tools; only 20% consistently used them as a supervisory conferencing aid in case planning and decision making. Only 70% used SDM findings to help inform assessment consultations. This objective will target the following CFSR related outcomes and systemic factors:

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

Benchmarks for Achieving Objective 1

Year 1: Q1-Q4 Child and Family Services Review (CFSR) Program Improvement Plan (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

¹⁵ See CFSR PIP page 10

Year 1 Update: Q1-Q4 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Key Activities

For updates for Year 1 of this objective, please see CFSR PIP Progress Report, attachment A.

Objective 2: Implement behavior-based case planning practice¹⁶

Rationale for Objective 2

CFSR and Qualitative Review (QR) identified challenges related to the frequency and quality of caseworker visits with parents. Analysis of findings identified that discussions during visits with parents were not comprehensive in identifying or addressing needs. These findings display need for supervision to consistently model and support best practice, and supervisors' need to address engagement and assessment in supervisory conferences. This objective will target the following CFSR related outcomes and systemic factors:

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

Benchmarks for Achieving Objective 2

Year 1: Identify needed changes to ensure proper integration of the model into the agency's training curriculums, forms and policies, quality assurance process, performance review process and system culture.

Year 2: Integrate required changes in the agency's training curriculums, forms and policies, quality assurance process, performance review process. Develop an internal training and consultative core staff who will serve as the local office on-site trainers and coaches to assist with long-term integration and application of the behavioral case planning model. Develop and launch internal and external training strategy.

Year 3: Complete training strategy; continue coaching strategy.

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

Year 5: Continually assure model fidelity through use of existing CQI activities.

Year 1 Update: 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.

¹⁶ See CFSR PIP page 16

For updates for Year 1 of this objective, please see CFSR PIP Progress Report, attachment A.

Objective 3: Promote a culture and practice that prioritize father engagement and assessment¹⁷

Rationale for Objective 3

Analysis of CFSR and Qualitative Review (QR) results as well as other CQI system strategies revealed challenges as it relates to working with mothers versus fathers. These challenges include staff personal bias and fear which impacted engagement of father, 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 NJ or the country. There is no means to track visits with mothers and fathers separately in NJ Statewide Automated Child Welfare Information System (SACWIS) and Case Management systems. This objective will target the following CFSR related outcomes and systemic factors:

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

Benchmarks for Achieving Objective 3

Year 1: Q1-Q4 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Key Activities

Year 2: Q5-Q8 CFSR PIP Key Activities

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

Year 4: Office of Family Voice 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 1 Update: Q1-Q4 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Key Activities

For updates for Year 1 of this objective, please see CFSR PIP Progress Report, attachment A.

¹⁷ See CFSR PIP page 16

Objective 4: Strengthen concurrent planning practice and accountability¹⁸

Rationale for Objective 4

Timely permanency was identified as the greatest challenge for New Jersey. Analysis post CFSR revealed that staff does not consistently engage in a robust concurrent planning process and should strive to work more sequentially. There is also a lack of standardized review tools and policy that clearly defines concurrent planning roles and responsibilities. This objective will target the following CFSR related outcomes and systemic factors:

- Safety Outcome 2- item 3
- Wellbeing Outcome 1- items 12b, 13 & 14
- Permanency Outcome 1- item 5 & 6
- Permanency Outcome 2- item 10
- Case Review System

Benchmarks for Achieving Objective 4

Year 1: Q1-Q4 Child and Family Services Review (CFSR) Program Improvement Plan (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 1 Update: Q1-Q4 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Key Activities

For updates for Year 1 of this objective, please see CFSR PIP Progress Report, attachment A.

¹⁸ CFSR PIP page 21

Objective 5: Increase the use of kinship care¹⁹

Rationale for Objective 5

Analysis of NJ statewide data shows that children in kinship care have reduced rates of re-entry and increased likelihood of permanency after the first 12 months. This data is consistent with national studies (Eun Koh, Volume 33, Issue 9, 2011). Barriers to the utilization of kinship care or Kinship Legal Guardianship (KLG) lie within NJ DCF's policy and practice. This objective will target the following CFSR related outcomes and systemic factors:

- Permanency Outcome 1- item 5 & 6
- Permanency Outcome 2- item 10
- Case Review System

Benchmarks for Achieving Objective 5

Year 1: Q1-Q4 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Key Activities

Year 2: Q5-Q8 CFSR PIP Key Activities

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

Year 4: Carry out additional strategies identified in Year 3

Year 5: Carry out additional strategies identified in Year 3

Year 1 Update: Q1-Q4 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Key Activities

For updates for Year 1 of this objective, please see CFSR PIP Progress Report, attachment A.

Objective 6: Strengthen NJ DCF's partnership with child welfare stakeholders and the Judiciary²⁰

Rationale for Objective 6

Permanency findings suggest that delays are heavily concentrated in guardianship proceedings and that interface between NJ DCF and Judiciary data systems are limited. There is also historically a lack of collaborative forums for sharing data to address and understand barriers to achieving permanency. This objective will target the following CFSR related outcomes and systemic factors:

- Safety Outcome 2- items 3
- Wellbeing Outcome 1- items 12b & 13

¹⁹ CFSR PIP page 22

²⁰ CFSR PIP page 23

- Permanency Outcome 1- items 5 & 6
- Permanency Outcome 2- item 10
- Case Review System

Benchmarks for Achieving Objective 6

Year 1: Q1-Q4 Child and Family Services Review (CFSR) Program Improvement Plan (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 of data

Year 4: Implementation of joint strategies identified in Year 3

Year 5: Implementation of joint strategies identified in Year 3

Year 1 Update: Q1-Q4 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Key Activities

For updates for Year 1 of this objective, please see CFSR PIP Progress Report, attachment A.

Objective 7: Strengthen the partnership between resource parents and families

Rationale for Objective 7

DCF's vision includes an emphasis on connection, and our strategic plan is rooted in values such as collaboration. For children placed out of home, the opportunity to stay connected to their parent 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 Funds *Birth and Foster Parent Partnership*, all demonstrate the power of collaboration between foster parents and families of origin when children are in out of home care.

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

Benchmarks for Achieving Objective 7

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

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

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

Year 4: Implement parent council recommendations

Year 5: Implement parent council recommendations

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

Parent leaders are essential partners in preventing child abuse and neglect. That is supported by research and continued work with families. Building strong relationships that provide partners the structures necessary to affect change is an essential role of the Department. As part of our research, representatives from the Office of the Family Voice (OFV) attended the Quality Parenting Initiative (QPI) national conference. QPI is a strategy of the Youth Law Center. When successful, the strategy brings parents, kinship parents, resource parents and departmental leaders together to build communication and collaboration and will strengthen the partnership between resource parents and families. To facilitate this process, OFV is reviewing national models, conducted informational interviews, and met with various Family Service Organizations. Furthermore, during Summer 2019, OFV conducted informational voice sessions throughout the state. These sessions informed the structure of a council and provided historical context.

In light of the extraordinary challenges presented by the COVID-19 pandemic, it is critical that the voices of parents inform efforts. DCF is creating a statewide supplemental parent council that will be comprised of parents from across the various avenues of the Department. Parents identified as leaders within the community by the Children's System of Care (CSOC) and CP&P will provide input on the needs of families in these unprecedented times. Selected members will have lived experience with CSOC and/or CP&P. Council members will come together with the Department to explore potential solutions for areas of concern and difficulties that families throughout New Jersey are facing.

Resource Parents

As the Office of Family Voice (OFV) continues to create and build statewide parent councils, the Office of Resource Families (ORF) will work in partnership to bring together the birth parent advisory council and foster parent organizations in order to collaborate with them.

Utilizing existing stakeholder forums as the platform, over the past year, ORF and the Office of Licensing began to introduce the concept of best practice to facilitate a culture that foster care is a support to families and children. This began in the beginning of 2020 with an intensive schedule of interactive educational workshops for CP&P staff in all 46 local offices across the state that includes data, research and a focus on the importance of kinship connections with the opportunity for staff to provide critical feedback. This educational workshop was also scheduled for the 2020 Children In Court Improvement Committee Conference in March 2020 with a target audience of external stakeholders such as family court judges, law guardians and parent attorneys. However due to the COVID-19 State of Emergency declared in New Jersey, this workshop for both internal and external stakeholders has been postponed, and DCF will review and explore virtual opportunities to employ this workshop.

Partnerships continued with foster parent advocacy groups such as Embrella, which provide services, support and training opportunities for foster, adoptive and kinship families, and others having the responsibility for and/or the interest in the well-being of children. Current trainings include “Teaming with Birth Parents” where resource parents gain skills in building positive working relationships with families and learn tips for working with reluctant families while helping children transition home.

Through these continued collaborations, DCF will design and implement birth parent/foster parent partnership policies, programming and other interventions that will promote positive relationships and outcomes for children in care as well as their birth and resource parents.

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

Rationale for Objective 8

As part of the work to strengthen the DCF Service Array, described in the section, [Plan to Achieve Service Excellence](#), DCF will use data from County Needs Assessments and ChildStat processes, 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 a plan 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.

Benchmarks for Achieving Objective 8:

For updates regarding benchmarks for Objective 8, please see section [Benchmarks for Achieving Improvement in Service Array](#) for full description of plan over the next five years.

Goal 2 Implementation Supports

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

Staffing Implementation Supports

DCF continued to have the necessary level of staffing to achieve this goal. No additional staffing has been added. Additional staffing needs will be evaluated over the first two years.

Training and Coaching Implementation Supports

Training for Solution Based Casework

Social Solutions, LLC, has been engaged to provide training in Solution Based Casework. Updates for Year 1 of this work are provided in the CFSR PIP Progress Report.

Training for the Structured Decision Making (SDM) Tool

Children's Research Center (CRC) is engaged to provide training and technical assistance regarding Structured Decision Making. Updates for Year 1 of this work are provided in the CFSR PIP Progress Report.

Training for Father Engagement

DCF is directly delivering training related to father engagement. Updates for Year 1 of this work are provided in the CFSR PIP Progress Report.

Training on Criminal Background Checks

DCF is directly delivering training related to criminal background checks. Updates for Year 1 of this work are provided in the CFSR PIP Progress Report.

Training on Concurrent Planning

DCF has designed and is directly delivering training on Concurrent Planning. Updates for Year 1 of this work are provided in the CFSR PIP Progress Report.

Technology Implementation Supports

Modification of NJ SPIRIT and SafeMeasures case management systems will be required, and interface between DCF and Judiciary data systems will be enhanced.

Updates for Year 1 of this work are provided in the CFSR PIP Progress Report, attachment A.

Administrative Practices/Policies/Teaming

A Statewide Fatherhood Engagement workgroup sub-committee consisting of fathers with lived expertise was formed in Fall 2019, and in February 2020, the Office of Family Voice added a Fatherhood Engagement Advisor (FEA). Updates for Year 1 of this work are provided in the CFSR PIP Progress Report.

Partnerships and Collaborations

As described in detail in the CFSR PIP Progress Report (attachment A), DCF is using 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. It also is in partnership with the Judiciary regarding challenges with permanency and concurrent planning, including DCF representation on Children in Court Improvement Committee (CICIC). The CFSR PIP Progress Report reflects the work accomplished through these partnerships.

Goal 2 Technical Assistance Needs

DCF continues to make use of technical assistance from Social Solutions, LLC, and Children's Research Center to advance Goal 2. Updates for Year 1 of this work are provided in the CFSR PIP Progress Report, attachment A.

Goal 2 Research and Evaluation Activities

Translational Research and Quality improvement

DCF has been working with Children's Research Center, the developer of Structured Decision Making (SDM) Tools, for several years on a comprehensive review of the implementation of SDM risk assessment tools in NJ. This study began with a rigorous validation study of SDM tools using administrative data, followed by case readings and focus groups with frontline staff. Based on these findings, DCF has revised both the SDM tools and training for staff to include the addition of protective actions and child-level safety decisions, a revised scoring algorithm for risk assessment, risk re-assessment, and reunification assessment, and the addition of safety protection plan review dates.

Family Preservation Services Evaluation (FPS)

The Office of Research, Evaluation, and Reporting (RER), in partnership with the Office of Strategic Development (OSD) conducts ongoing monitoring and evaluation of the Family Preservation Services Program. In 2018, RER led a collaborative process to develop the FPS evaluation plan. In developing the evaluation plan, RER engaged providers and DCF staff to identify key evaluation questions, determine measures and data sources needed to answer those questions, and establish data management and analysis structures. Building on this work in 2019, RER in collaboration with OSD developed and implemented a Continuous Quality Improvement (CQI) structure for the FPS Program including a quarterly dashboard with key data points to assess program implementation. DCF also purchased the most up-to-date version of the North Carolina Family Assessment Scale (NCFAS) on-line data system for FPS providers and began exploring the process of developing an electronic data system using the Salesforce platform to collect all FPS evaluation data.

Keeping Families Together Evaluation (KFT)

The DCF internal evaluation team, led by DCF's Office of Research, Evaluation and Reporting (RER), is leveraging a teaming process to understand implementation of KFT. This process will assess the program's impact on families' housing stability, well-being and child welfare outcomes, and utilize data for continuous quality improvement. RER and OSD have been collaborating with stakeholders from across the Department and community-based KFT providers to develop the KFT Practice Profile and fidelity assessment tool. This Practice Profile and model design process have tested and solidified the essential functions and helped to support the program's delivery as intended.

In partnership with the Urban Institute and with support from the Robert Wood Johnson Foundation, DCF is enhancing its existing internal evaluation by further examining implementation of the KFT program model. The Urban Institute's body of work will build on DCF's ongoing evaluation of KFT by further exploring implementation of the program from the perspectives of families, DCF staff, and provider staff. The Urban Institute will use rapid learning cycles to confirm the program's processes for targeting the families who will benefit most from the program and transitioning off supportive services when appropriate.

Supportive Visitation Services Evaluation

In June 2018, the Office of Research Evaluation and Reporting (RER), in partnership with the Office of Strategic Development (OSD) developed an evaluation plan for its Supportive Visitation Services (SVS) programming. The purposes of the evaluation are to gain insight, improve practice and assess effects. Building on this work, in 2019 RER and OSD implemented a Continuous Quality Improvement process which brings provider, DCF, and CP&P stakeholders together to discuss key evaluation data quarterly and make program improvements, as needed. The DCF team also worked with partner providers to develop and prioritize benchmarks for key process and outcome measures related to SVS program delivery.

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, in turn, negatively impacts important child welfare outcomes such as establishing trust-based relationships, family participation in essential services, and timely permanency.²¹

High rates of worker turnover are also associated with increased rates of repeat maltreatment.²² 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.²³

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: Updated

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
Assess and improve scores for CP&P staff	Establish in Year 2	Selected tool	Establish baseline	TBD	N/A	TBD	ProQol or other valid tool will be administered to a statistically valid sample of DCP staff; baseline will be assessed in Year 2 and

²¹Examples include: The Annie E. Casey Foundation (2003). [The Unsolved Challenge of System Reform: The Condition of the Frontline Human Services Workforce](#) and The Social Work Policy Institute (2010). [High Caseloads: How do they Impact Delivery of Health and Human Services?](#)

²²National Council on Crime and Delinquency (2006). [The Human Services Workforce Initiative: Relationship between Staff Turnover, Child Welfare System Functioning and Recurrent Child Abuse](#). Cornerstones for Kids.

²³North Carolina Division of Social Services and the Family and Children’s Resource Program. Children’s Service Practice Notes. Vol. 10 No. 3, June 2005. [Posttraumatic Stress Disorder](#).

							administered bi-annually thereafter.
Reduce Sick time/leave utilization for frontline caseworkers and supervisors	Establish in Year 2	Moved to year 2	Establish Baseline	TBD	TBD	TBD	Data from DCF Human Resources; baseline will be assessed, and improvement targets established, in Year 2.
Reduce Caseworker position level turnover	Establish in Year 2	Moved to year 2	Establish Baseline	TBD	TBD	TBD	Data from DCF Human Resources; baseline will be assessed, and improvement targets established, in Year 2.

Year 1 Update: Measure: Assess and improve scores for CP&P staff

In Year 1, DCF examined tools that could be utilized to assess organizational culture and selected the Safety Culture Survey. As DCF was initiating plans to disseminate the survey, the COVID-19 emergency began. DCF suspended planning for the use of this instrument and developed an instrument that more closely examines issues of immediate concern to staff and the organization, regarding the rapid conversion to working from home and the stress imposed by the COVID-19 pandemic. DCF will return to the dissemination of the Safety Culture Survey in Summer 2020. As part of its participation in the National Partnership for Child Safety, DCF will also have the opportunity to learn from jurisdictions across the United States that are also assessing organizational culture using this tool.

Year 1 Update: Measure: Reduce Sick time/leave utilization for frontline caseworkers and supervisors

In Year 1, DCF undertook efforts to establish a baseline for staff utilization of sick and leave time. In order to examine sick and leave time for frontline caseworkers and supervisors, DCF extracted eCATS, the state’s electronic timekeeping system, data for all CP&P staff in FSST, FSS2, FSS1, SFSS2 and SFSS1 titles, both Bilingual and not. The data was analyzed in two ways: 1) all hours coded using the job number “SICK”, against those without and 2) all hours coded using the activity code of any of the leave types: “CFLA”, “FMLA”, “SFLA”, “GENLV” or “LWOP”.

The analysis of leave time did not show any distinct trends, month-to-month. The analysis of sick time showed a baseline trend of greater sick usage in the beginning of the year,

January-March, followed by a fairly steady usage rate through the rest of the year before a decrease at the end of the year, November and December. This falls in line with what is expected given resetting sick balances each year.

However, a review of the most recent data shows that, since the onset of COVID-19 and through the writing of this report, there has been a significant reduction in staff utilization of sick and leave time. See figure 26 and figure 27 below. Into Year 2, DCF will proceed with this ongoing analysis and continue its efforts to establish both a baseline and improvement targets.

Figure 26

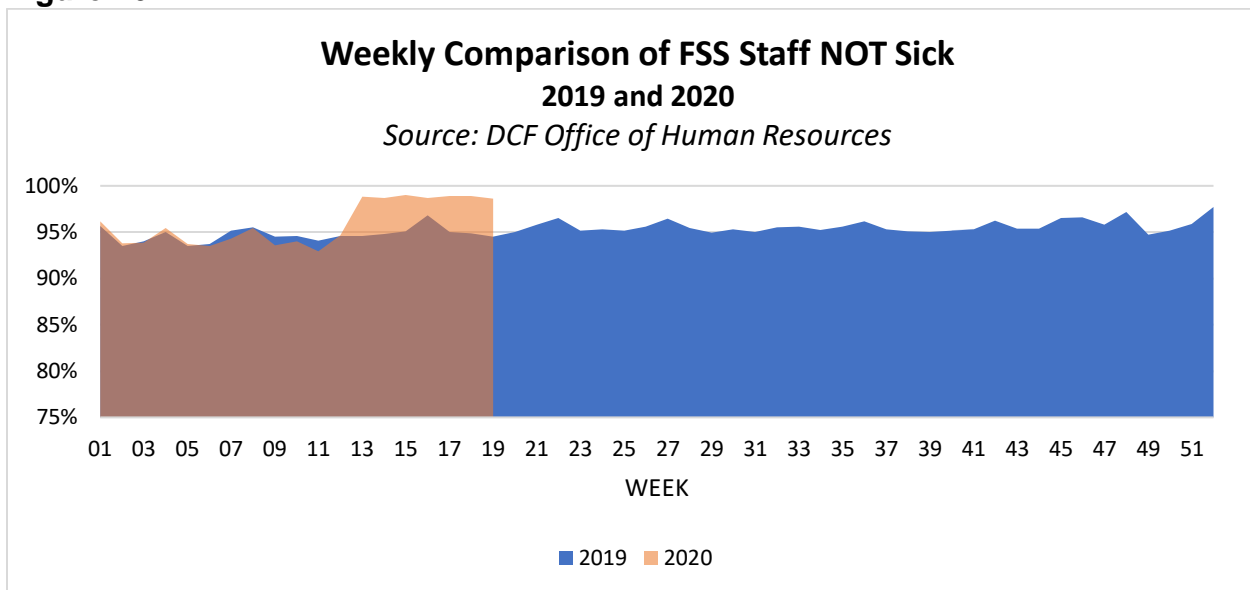
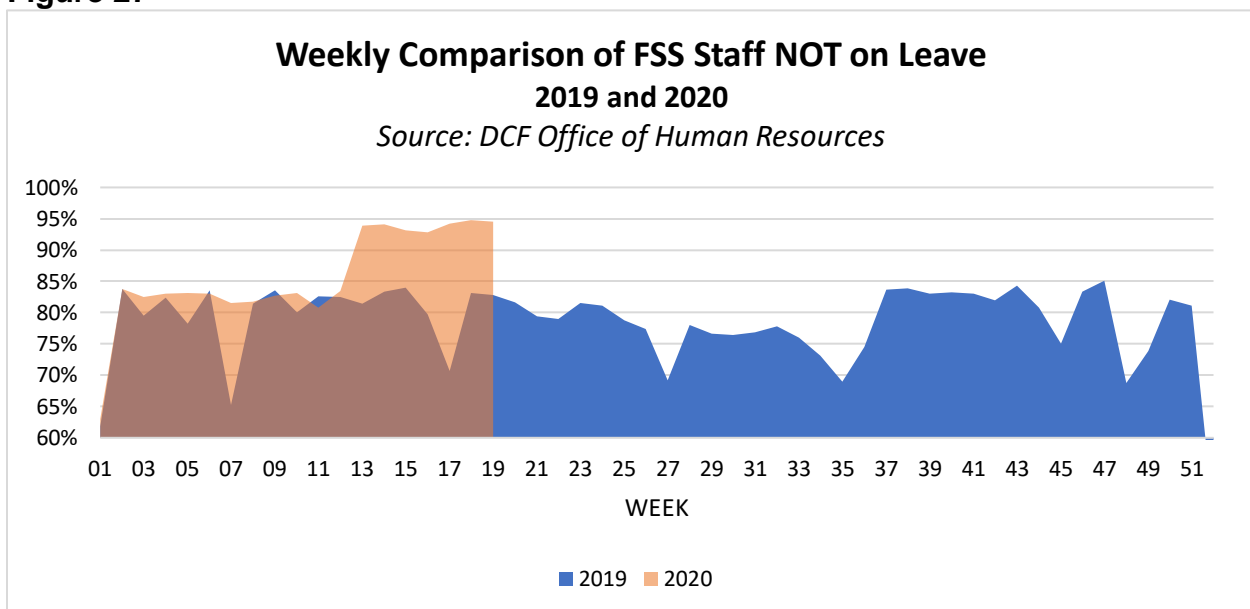


Figure 27



Year 1 Update: Measure: Reduce Caseworker position level turnover

In Year 1, DCF undertook efforts to establish a baseline for caseworker position level turnover. DCF's Offices of Research, Evaluation and Reporting and Human Resources explored data sources for this analysis and found that it was necessary to utilize NJ SPIRIT data related to staff functional titles and caseloads, in addition to Human Resources data. Programs are written for data extraction and staging. Conversations continue regarding whether a point-in-time or new hire cohort approach will be taken. Into Year 2, DCF will proceed with this ongoing analysis and continue its efforts to establish both a baseline and improvement targets.

All CWS Staff Separations from DCF, by Job Title from October 1, 2018 through September 30, 2019									
	Retirement	Resignation in Good Standing	Resignation Not in Good Standing	Resignation Pending Disciplinary Action	Removal	Appointment Discontinued	Transfer to another Department	Death	Title Totals
Family Service Specialist Trainee		19			1	2			22
Family Service Specialist 2	12	120	2	3	2		7		146
Family Service Specialist 1	12	11	1	1					25
Front Line Supervisor (SFSS 2)	21	1							22
Case Practice Specialist (CSS)	4	2							6
Case Work Supervisor (SFSS 1)	9	1							10
Local Office Manager	2					1			3
Area Office Support Staff						1			1
Area Office Manager	2								2
Separation Totals	62	154	3	4	3	4	7	0	237

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 (refer to [Goal 1](#))
3. Enhance physical security supports for staff

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

Rationale for Objective 1:

The provision of wellness supports for child welfare staff has been recognized as an effective strategy to reduce frontline worker job-related stress. For example, the National Child Traumatic Stress Network publication "*Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators*"²⁴ includes guidance to provide information regarding secondary stress symptoms, accessible and appropriate resources and referrals, and to include in-service training on wellness strategies. It also notes that peer mentoring programs can be an effective means of providing staff support.

Current DCF training curricula includes courses for workers and supervisors regarding secondary trauma and resilience, and has a well-established, state-wide Worker to Worker peer support program. In 2018, DCF additionally 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 has 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 intends to build on this foundation, creating an agency-wide Office of Staff Health and Wellness which will report to the Commissioner. This office, once established, will be responsible for the coordination and implementation of strategies to manage and improve staff health and wellness to include maintenance of successful initiatives such as Peer to Peer and psychoeducational wellness support for managers and frontline staff through the Worker 2 Worker program, new worker training and information dissemination; and information gathering, assessment and development of additional strategies based on staff input and review of best practices from child welfare and related fields.

Improving staff job satisfaction and reduction in work related stress will promote a healthier workforce that will - in turn - contribute to improved child welfare outcomes, especially in the quality of engagement with families and time to permanency.

Benchmarks for Achieving Objective 1

Year 1: Establish an Office of Staff Health and Wellness. Conduct baseline staff survey and analyze results. Continue provision of Worker 2 Worker and workforce well-being programming (e.g., webinars, newsletters, training). Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios.

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

²⁴ The National Child Traumatic Stress Network (2016). [Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators](#).

- Year 3: Continue provision of Worker 2 Worker and workforce well-being programming (e.g., webinars, newsletters, training). Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan
- Year 4: Continue provision of Worker 2 Worker and workforce well-being programming (e.g., webinars, newsletters, training). Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan.
- Year 5: Continue provision of Worker 2 Worker and workforce well-being programming (e.g., webinars, newsletters, training). Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios. Additional benchmarks TBD following development of DCF Staff Health and Wellness Plan.

Year 1 Update: Establish an Office of Staff Health and Wellness. Conduct baseline staff survey and analyze results. Continue provision of Worker 2 Worker and workforce well-being programming (e.g., webinars, newsletters, training). Develop Staff Health and Wellness Plan. Continue to maintain supervisory and caseload ratios.

DCF identified a seasoned leader from CP&P to lead a new Office of Staff Health and Wellness in 2019. Planning proceeded to transfer the leader to this role, but the transition was interrupted by the COVID-19 Emergency. DCF intends to pursue the creation of this office in Year 2, subject to the availability of State funds.

Although the formal creation of the Office has been interrupted, the work of staff health and wellness continues. Alia, Inc, a national leader in child welfare transformation, continued to support efforts to promote workforce wellness, through wellness workgroups and “microlearning” sessions that empower the DCF team to reach full potential at home, with the families they work with, their coworkers, and in all facets of their lives. Monthly, hour-long wellness workgroups to promote and support staff health and wellness were available to executive leadership and leadership groups across the department in 2019. CP&P local office managers and Camden County casework supervisors were offered the wellness workgroups in 2020. Due to COVID-19, wellness groups transitioned to online platforms in March 2020. The 15-minute call-in “microlearning” sessions are currently available to all DCF staff. These sessions teach strategies for stress reduction, mindfulness, and self-care, and help to effectively engage the families encountered through CP&P work. Furthermore, to address staff wellness, the DCF communications team developed and launched an internal web resource, the *Mindfulness Toolkit*.

Though DCF identified a tool to collect baseline data for staff health and wellness, the COVID-19 emergency prohibited the tool from being implemented. In response to the COVID-19 pandemic, DCF developed an instrument that more closely examines issues

of immediate concern to staff and the organization. DCF will return to the dissemination of the Safety Culture Survey in Summer 2020 to inform the development of the Staff Health and Wellness Plan.

In order to maintain caseload ratios, DCF has established caseload standards so that caseworkers have the ability to effectively meet the needs of the children and families they serve. These standards can be reviewed in section J: [Statistical and Supporting Information, Information on the Child Protective Services Workforce](#), of this report.

Objective 2: Use human factors analysis to ensure effective and timely system learning and corrections when fatalities and near fatalities occur (refer to [Goal 1](#))

Rationale for Objective 2:

As described in [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." (Health and Safety Executive, UK). While [Goal 1](#) alluded to the impact that the use of human factors analysis can have on prevention of fatalities and near-fatalities, DCF's other intention for this work is to promote a safe office culture.

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

Benchmarks for Achieving Objective 2

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

Year 2: Continue implementation of critical incident debriefing process

Year 3: Assess impact of new process

Year 4: TBD based on Year 3 assessment

Year 5: TBD based on Year 3 assessment

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

For updates for year 1 benchmarks, please refer to [Goal 1, Objective 2](#), of this report.

Objective 3: Enhance physical security supports for staff

Rationale for Objective 3:

The provision of physical safety supports for child welfare staff has also been recognized as an effective strategy to reduce frontline worker job-related stress. For example, the National Child Traumatic Stress Network publication "Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators" includes guidance to make physical safety a core element of training, skill development, policies and practices.

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

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

Benchmarks for Achieving Objective 3

Year 1: Maintain existing physical security supports for staff

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

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

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

Year 5: Maintain existing physical security supports for staff. Additional

benchmarks TBD following development of DCF Staff Health and Wellness Plan

Year 1 Update: Maintain existing physical security supports for staff

During Year 1, DCF sustained existing physical security supports for staff. Security guards with LobbyGuard technology were present in all CP&P local offices. DCF retained eight geographically assigned safety advisors. The safety advisors facilitated safety workshops, developed safety plans, consulted with local law enforcement, attended staff meetings for safety education, and participated in statewide safety committee meetings.

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 CP&P local offices. DCF also provided training regarding best safety practices while in the field.

Additionally, DCF procured, piloted, and in January 2020, deployed SafeSignal for CP&P staff statewide. SafeSignal is a GPS-enabled application, which allows staff to be monitored in real time and to send an alert when in a critical or dangerous situation. If SafeSignal is activated, an automated alert of critical information (i.e., name, location, and description) is relayed to law enforcement and DCF supervisory staff. SafeSignal is always available to staff to ensure safety both on and off the clock.

Goal 3 Implementation Supports

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

Staffing Implementation Supports

DCF identified a seasoned leader from the Division of Child Protection and Permanency to lead a new Office of Staff Health and Wellness in 2019. Planning proceeded to transfer the leader to this role but the transition was interrupted by the COVID-19 Emergency.

To date DCF has trained a unit of staff to perform human factors debriefing, and is making other staffing adjustments (e.g., forming state and local committees) to create the needed infrastructure for a full implementation of a safety-critical organizational learning process. To assist with staff safety, DCF will continue to maintain existing Security Officers and will evaluate overtime for additional need.

Training and Coaching Implementation Supports

Alia, Inc a national leader in child welfare transformation, continued to support efforts to promote workforce wellness, through wellness workgroups and "microlearning" sessions that empower the DCF team to reach full potential at home, with the families

they work with, their coworkers, and in all facets of their lives. Monthly, hour-long wellness workgroups to promote and support staff health and wellness were available to executive leadership and leadership groups across the department in 2019. CP&P local office managers and Camden County case work supervisors were offered the wellness workgroups in 2020. Due to COVID-19, wellness groups transitioned to online platforms in March 2020. The 15-minute call-in “microlearning” sessions are currently available to all DCF staff. These sessions teach strategies for stress reduction, mindfulness and self-care, and help to effectively engage the families encountered through CP&P work.

Furthermore, the DCF communications team developed and launched an internal web resource, the *Mindfulness Toolkit*.

For a description of training and coaching provided by Collaborative Safety LLC, please refer to the [Training/Coaching section](#) under *Goal 1*. Training on worker safety and worker supports, which are currently provided, will continue. The need for additional courses or amendments to courses will be established within the Staff Health and Wellness plan alluded to in [Objective 1](#).

Technology Implementation Supports

DCF will use a safety review tool and will collect and aggregate data from the tool. DCF has identified a no-cost database that can be used to support this process and is in the process of incorporating that tool.

Goal 3 Technical Assistance Needs:

Provided to DCF From Partner Organizations

See update to [Goal 1 Technical Assistance Needs](#), specifically updates regarding the efforts of Collaborative Safety, LLC.

Goal 3 Research and Evaluation Activities

Research and evaluation activities will be determined upon the creation of the Office of Staff Health and Wellness.

Quality Assurance System

In an effort to align with federal expectations, the systemic component of DCF’s Continuous Quality Improvement (CQI) plan applies the five essential components of a functioning CQI system outlined in the Children’s Bureau Information Memorandum ACYF-CM-IM-12-07. These five components highlight the importance of having well established oversight and mechanisms for collecting, analyzing, disseminating and utilizing data. NJ DCF applied this framework to outline its CQI activities and to establish

an action plan to strengthen each of the five components. In an effort to be transparent, additional information about DCF's CQI system, can be found at the publicly available website <https://www.nj.gov/dcf/about/divisions/opma/cqi.html>.

DCF's Administrative Structure Overview

DCF's Office of Quality is tasked to lead and support Departmentwide CQI activities at the state, area and local levels. The Department also has CQI committees; numerous staff positions at each level to support case practice implementation and ongoing CQI activities within the Child Protection and Permanency Division (CP&P). The Office of Quality and CP&P work closely with support staff throughout the Department (e.g. Office of Information Technology and Office of Training and Professional Development) to ensure that NJ DCF has the tools and capacity to carry out its CQI activities. Although several processes exist, DCF is committed to strengthening its CQI infrastructure.

NJ DCF's Quality Data Collection Overview

DCF is a data driven organization that uses it to inform policy, strengthen standard operating procedures, and maintain its 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. The Office of Information Technology (OIT) manages and supports the Department in using NJ SPIRIT, NJ DCF's Statewide Automated Child Welfare Information System (SACWIS) as well as all other information management systems. The Office of Quality collaborates with leadership throughout the Department to ensure the reliability and validity of data used to inform decision making. The Department is committed to providing ongoing training and development opportunities and has designated staff working to ensure data are entered, collected and extracted systematically.

Case Record Review Data and Process

DCF conducts numerous 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. The QR is one of many reviews but is a primary means to ensure the integrity of and monitor DCF's work with children and families. The QR process is a qualitative assessment of system performance factors. It is designed to foster case practice improvement and provide information on the process-based components of the case practice model, such as family engagement.

Analysis and Dissemination of Performance Data

DCF is committed to ensuring that both internal and external stakeholders at all levels 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.

Feedback to Stakeholders and Decision Makers

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. The feedback is also used to help assess and improve practice by supporting supervisors and field staff to understand how results link to daily casework practice.

Overall, DCF has made progress in enhancements to the state's CQI system. 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.

In 2019, DCF worked to strengthen alignment and oversight of the CQI system by aligning the QR with ChildStat, another statewide CQI activity.

The QR is a week-long county-based assessment of case practice that occurs in all jurisdictions where services included in the Child and Family Services Plan (CFSP) are provided. The QR is held biennially in each of New Jersey's 21 counties and uses a combination of record reviews, interviews, observations and professional assessment to identify strengths and needs of the service delivery system. The QR examines the status of the child and family in several important areas of life such as safety, stability, health, and family resourcefulness. Key practice performance areas including engagement, teamwork & coordination, ongoing assessment process, case planning, and service effectiveness are also examined. The QR is implemented with trained reviewers, a structured protocol, and standards to engage stakeholders including families, parents and youth in the assessment process. County and local level data stories are shared to ensure that staff members at various levels as well as key stakeholders have an opportunity to attend a presentation focused on enhanced interpretation and application of the QR results in improvement planning. Results are translated into a broad range of reports, including [DCF's annual report](#) that is available to the public. The feedback from stakeholders and findings from the review are utilized to help identify service and performance trends. Additionally, following the QR, the participating county develops a county CQI Team for the two-year program improvement period. The County CQI team develops, implements and supports the evaluation of interventions outlined in the program improvement plans.

ChildStat is a learning, management, and accountability tool used by DCF to support continuous quality improvement (CQI), foster a shared sense of accountability and promote system-wide problem solving around critical issues affecting child and family outcomes. To strengthen the effectiveness of the ChildStat process and better integrate CQI processes, DCF has adapted the process of ChildStat and aligned it with the existing

QR process by shifting from a Child, Protection and Permanency (CP&P) Local Office focus to a county focus, expanding the scope to include discussions of county community needs (e.g., socio-economic, health, transportation and other needs) and participation of the Children's System of Care (CSOC).

In order to ensure staff with designated CQI roles as well as all DCF staff are prepared to support the system, continuous coaching is provided, and consistent training and ongoing meetings are held. DCF understands the importance of developing its staff to support its CQI system. All staff with designated roles, including staff from DCF's Office of Quality, select staff from DCF's Office of Research, Evaluation and Reporting and all CP&P Area Quality Coordinators, completed an eight-day CQI training and coaching session. The purpose of the training was to strengthen Program Improvement Plan (PIP) facilitation guidance, provide professional development in interpreting and using data to support CQI activities, and outline enhanced procedures for developing PIPs and reporting progress. DCF in collaboration with its University Partners developed and piloted a training in February 2020 for the general staff to support CQI awareness and integration of DCF's CQI vision in daily practice.

In addition to the QR protocol tool, DCF utilizes the Onsite Review Instrument (OSRI) to gain a holistic assessment of the safety, permanency and well-being outcomes for the children and families served by the Department. While the OSRI and QR tools measure similar content, there are important differences in the outcomes measured, sampling strategies and periods under review. Understanding these differences and in consultation with the Children's Bureau's Measurement and Sampling Committee (MASC), DCF developed an independent OSRI-based case record review to supplement the QR Review process and inform the development of the state program improvement plan. To develop the strategy, a workgroup reviewed existing measurement related documents associated with the 2017 CFSR onsite review and collaboratively developed a measurement plan. This plan was vetted with internal stakeholders and modified as needed. In 2019, New Jersey completed a baseline review of 60 cases, using the OSRI, between June and August. Over the next three years, DCF will continue to utilize the OSRI in annual reviews. DCF has also been conducting the QR, a state case review process for CFSR purposes for the past 10 years and will continue to do so moving forward. Both review processes are a part of the department's continuous quality improvement strategy.

New Jersey was found for the first time to be in substantial conformity during Round 3 of the CFSR for the Quality Assurance System. DCF continues to implement a robust and sustainable CQI infrastructure, rooted in a scientific reasoning framework with five core components:



Identify: DCF begins by using multiple approaches to gathering quantitative and qualitative data, as well as feedback from constituents and professional stakeholders, in order to identify areas of practice we would like to see improved or replicated.

Explore Solutions: As areas in need of modification are identified, DCF constructs theories of change to explore strategies to improve services and processes at the local, area and state levels. At the state level, leaders research evidence informed practices and determine the feasibility of implementing solutions. At the Local Office, staff members use the PIP process to develop sound theories of change and clear expectations of how proposed interventions will contribute to achievement of short and long-term outcomes.

Develop Initiatives: Guided by the theory of change, DCF identifies the best approaches to making improvements, accounting for the needs of constituents and the Department's capacity to implement the intervention. DCF is focusing on the use of well-defined models with evidence of efficacy and developing sound implementation and evaluation plans to ensure success of the effort.

Implement and Evaluate: DCF uses the most appropriate measurement strategy to determine how well programs are being implemented. DCF staff monitors results and, where possible, implements robust outcome evaluation methods to fully understand if the interventions are yielding statistically significant improvements. Furthermore, DCF looks for opportunities to use randomized and quasi-experimental designs to test proposed interventions and assess outcomes.

Learn and Plan: DCF learns from the intervention testing and attempts to replicate success. Staff members synthesize and disseminate information gained from the intervention studies so that DCF leadership can adapt and plan strategic replication of successful programs. Finally, DCF deploys successful interventions statewide, as deemed appropriate, through thoughtful implementation frameworks

and careful planning that continues to effectively support and measure impacts over time.

DCF developed this framework to help shape and formalize its ongoing strategies for developing and learning from CQI activities. DCF’s integration of this approach establishes a common language as well as shared expectations for how DCF goes about planning, implementing and learning. As previously stated, in 2019 this framework guided the reformation of DCF’s ChildStat process, which is now positioned as a significant implementation tool to support the successful implementation of the CFSP.

Please see figure 28 below for specific examples of DCF’s ability to meet the required components of the Quality Assurance System.

Figure 28

<p><i>Requirement 1.</i></p>	<p>Is the State operating an identifiable quality assurance system that (1) is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided?</p>	<p>Example CQI activities influencing all NJ jurisdictions include:</p> <ul style="list-style-type: none"> • Designated staff roles to support CQI in all jurisdictions • Case record review data and processes • NJ ChildStat • Statewide access to information management systems that provide real time and longitudinal data (e.g., SafeMeasures, longitudinal data reports, and NJ Child Welfare Data Portal) • CQI staff capacity building and framework integration at the state, area and local levels
<p><i>Requirement 2.</i></p>	<p>Is the State operating an identifiable quality assurance system that (2) 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).</p>	<p>Examples of DCF’s strategies for applying standards to evaluate the quality of services include:</p> <ul style="list-style-type: none"> • Tracking, monitoring results in relation to specified targets, dissemination and use of data related to 48 process and outcome measures; • Qualitative Review standardized protocol and process to support the state (i.e. scoring, reviewer training) in interpretation of performance based on DCF and SEP standards; • SafeMeasures case management process for collecting and extracting quantitative and qualitative data based on DCF standards

<p><i>Requirement 3.</i></p>	<p>Is the State operating an identifiable quality assurance system that (3) identifies the strengths and needs of the service delivery system.</p>	<p>Example strategies for identifying the strengths and needs of the service delivery system include the:</p> <ul style="list-style-type: none"> • Statewide Needs Assessment process conducted in collaboration with each County's Human Services Advisory Council and integrated into ChildStat • Ongoing Strengths and Needs of Services Survey • Office of Strategic Development dedicated to matching needs and services, Office of Family Voice dedicated to infusion of family voice in planning and operations • Quarterly Statewide Resource Family Survey
<p><i>Requirement 4.</i></p>	<p>Is the State operating an identifiable quality assurance system that (4) provides relevant reports</p>	<p>Evidence of primary CQI activities related to providing relevant reports include, but are not limited to:</p> <ul style="list-style-type: none"> • Reports posted on the DCF website; • The New Jersey Child Welfare Data Portal that allows end users to access NJDCF 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.
<p><i>Requirement 5.</i></p>	<p>Is the State operating an identifiable quality assurance system that (5) evaluates implemented program improvement measures?</p>	<p>Examples of primary CQI activities related to evaluating implemented program improvement measures include, but are not limited to:</p> <ul style="list-style-type: none"> • Externally Contracted Evaluations • Internal Evaluations of Statewide CP&P Pilots • Process and outcome measurement of County CQI Program Improvement Plans

Update on Service Descriptions: Child and Family Services Continuum²⁵

A. Strengths and Gaps in Services

DCF's child welfare practice model aims to meaningfully engage families in a process that seeks to identify changes and required supports to make changes within their family 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 has been working for several years to ensure that New Jersey has an appropriate, network of high-quality services available to families.

Throughout 2018, DCF undertook several initiatives to assess the strengths and gaps of services. These included:

Self-Assessment

In the previous CFSP, DCF took steps to make use of a framework rooted in implementation science to identify the capacity of the department to import and sustain evidence-based practices. Major milestones in this work included:

- Drafted an Evidence-Based/Evidence-Informed Blueprint for the Department
- Applied an implementation science-informed approach to identified programming, including purchased prevention and Child Protection & Permanency (CP&P) core services.
- Provided technical assistance to new initiatives, evaluated and built evidence for prevention purchased services

With internal capacity built within DCF to support evidence-based practices, DCF undertook a preliminary self-assessment. The self-assessment examined the extent to which specific service elements were present in the major services provided directly or indirectly through the network of purchased services, including:

- Family Voice
- Use of clear practice models
- Use of teaming and collaboration
- Availability of implementation and sustainability supports
- Evidence of positive impact on families

This self-assessment identified that the existing services are at varying stages of maturity within the above framework.

B. Synthesis of Needs Assessments

In March-April 2019, NJ DCF conducted a review and meta-synthesis of DCF-related needs assessments in order to gain a more comprehensive understanding of the

²⁵ 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.

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.

Among children served both 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 vast 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 assistance/insurance, financial assistance, and employment assistance.

The review and meta-synthesis additionally identified cross-cutting needs related to systems and delivery of services. Service delivery needs fell under the four domains of the rights-based AAAQ framework²⁶ and included availability (e.g., targeted services for undocumented immigrants), accessibility (e.g., flexible service hours), acceptability (e.g., trauma-informed and culturally appropriate services), and quality (e.g., evidence-based programming, quality assurance systems) of services. Systems needs included enhanced communication and data sharing across systems and a "one-stop-shop" model where caregivers can receive support for a variety of challenges in one place rather than working with multiple providers and organizations to meet their needs.

Review of 2017 CFSS Findings

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

Item 29 – Array of Services

New Jersey received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that New Jersey does not have an adequate array of services accessible to children and families statewide. Although there have been some improvements in the available array of services for children through the Children's System of Care 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-

²⁶ United Nations Committee on Economic, Social and Cultural Rights. (2000). General Comment on the Right to Health.

adoption services, visitation services, transportation, supportive services for resource families, and mentors for youth. There are barriers to accessing services in neighboring counties, and the quality of some contracted services is a concern.

Item 30 – Individualizing Services

New Jersey received an overall rating of Area Needing Improvement for Item 30 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that the state does not ensure that services can be individualized to meet the unique needs of children and families. Stakeholders reported that most families are referred to the same set of services, and that services are not tailored to meet the unique needs of families. Stakeholders said there is an overreliance on psychological evaluations to drive service planning for families, and that such evaluations are typically requested for all cases rather than when a parent's needs warrant it. There was concern about the quality of some of these evaluations. Stakeholders also said 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 highlight 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.

C. Plan to Achieve Service Excellence

To date, DCF has focused on the quality of select core purchased services by integrating more evidence-based programming. Where evidence-based programming is 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 we are purchasing or delivering directly, but also the availability, accessibility and acceptability of the services,²⁷ utilizing the rights-based 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:

- i. Establish a continuum of core service programs, evidence-based programs when available
- ii. Establish service excellence standards
- iii. Develop DCF infrastructure for program monitoring and development

²⁷ https://www.who.int/hhr/news/hrba_to_health2.pdf

i. 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, with poor 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 between 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, NJ 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 the risk of children. Additionally, it will lead to improved identification of plans for change that are rooted in the daily routines of families. DCF also 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 (such as case management and care coordination), purchases (such as parenting education), or assists families to access (such as 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
- be evidence-based where an evidence-based approach is available

In 2018, DCF completed a survey of existing providers to examine the extent to which the service network (a) includes evidence-based services; and (b) includes services that are delivered from a trauma-informed stance. In 2019, DCF completed a fiscal analysis of purchased services. With those inputs and feedback from the synthesis of needs assessments, DCF will next launch work to identify the core set of services to be provided statewide within the network of purchased services. This process will illuminate opportunities to expand evidence-based approaches, statewide training, and implementation infrastructure.

In order 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 in managing 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 the Children's System of Care, and enhancing or creating procedures and practice guides to support decision making around service selection and sequencing.

ii. 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. Beginning in May 2019, DCF began sharing the AAAQ framework and findings from the synthesis of needs assessments described above with stakeholders including providers, 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 (training, data collection, capacity monitoring/management, etc.) needs to be built in order to achieve the standards, and the standards will then begin to be embedded in provider contracts and monitored regularly.

iii. Develop DCF infrastructure for program monitoring and development

To ensure service excellence across DCF programming, DCF must also examine and make changes to the existing infrastructure to support oversight and monitoring of programming. As part of the Department's strategic plan, DCF plans to establish a standard program monitoring model to be used throughout the Department, and to establish 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. Benchmarks for Achieving Improvement in Service Array

The following benchmarks were established for year one of achieving improvement in service array.

1. Complete a fiscal analysis of service array

DCF designed a highly participatory process to include Division leaders and department staff to complete a comprehensive fiscal analysis of the service array. Through this process, several mechanisms of payment were analyzed to understand the programming supported by cost reimbursement contracts and fee-for-service payments. The next phase of this project included the development of an executive-level Program Steering Committee to provide strategic guidance,

vision, and oversight to achieve excellence in core service delivery. The functions of the DCF Program Steering Committee include:

- Developing a portfolio of services to be available to each community in the state, which meet core needs and are evidence-based, when available
- Coordinate cross-departmental strategies to ensure integration of services across the state as well as reduce redundancies, end obsolete services, and implement new/improved/expanded services
- Develop processes for review, selection and quality implementation for ongoing purchases
- Review proposals to begin or end a service prior to the decision to do so, in order to inform the Commissioner about pros/cons/consequences
- Review proposals to seek external grant funding

To date, the DCF Program Steering Committee has prioritized the service categories in which to develop the core set of services and detailed the processes for which to achieve this vision.

2. Establish Service Excellence Standards for DCF service array

Please refer to [Goal 1, Measure: Service Excellence Standards](#) for more information on DCF's work to establish service excellence standards for the DCF service array.

3. Determine data integration needs to support monitoring

In 2019, through the generous support of Casey Family Programs, DCF was able to engage the University of Chicago, Chapin Hall to facilitate a department-wide process to develop a DCF vision and scope for data integration to meet the needs of monitoring as well as other strategic priorities. Through this process, the team created a systems map of DCF internally managed data systems, as well as external systems used by DCF staff, and conducted a national scan identifying innovators in data integration across child welfare, health, and other human service.

4. Establish protocols for increased service coordination between CP&P, Home Visiting, and evidence-based family treatment programming in the Children's System of Care.

DCF engaged model developers and interdepartmental leadership using the Hexagon Tool developed by the National Implementation Research Network²⁸ to cost out Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT) to potentially expand services statewide based on target population and assessed need. The Hexagon Tool provides a framework of guiding questions

²⁸ Metz, A. & Louison, L. (2018) The Hexagon Tool: Exploring Context. Chapel Hill, NC: National Implementation Research Network, Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill. Based on Kiser, Zabel, Zachik, & Smith (2007) and Blase, Kiser & Van Dyke (2013).

that allows organizations to understand and assess the program indicators (evidence, implementation supports, usability) and implementing site indicators (population need, fit, capacity) of an existing or potential program. To estimate the costs of expanding MST and FFT, DCF utilized the implementation supports, usability, and capacity guiding questions from the tool. This allowed DCF to gather the crucial information regarding which implementation supports and fidelity assessments that are provided by the MST and FFT model developers and the associated costs, and which implementation supports DCF would need to build out. Additionally, the tool was used to map out the staffing and ratios required to implement each model. The information gathered was synthesized into a model capacity assessment and cost estimate to be utilized by the DCF Program Steering Committee to support decision making for selecting the standard menu of services provided statewide.

Additionally, Casey Family Programs provided DCF with the service of a subject matter business mapping consultant to facilitate a process to improve the alignment of permanency and treatment needs for children with behavioral health challenges. The Casey Family Programs' consultant conducted two full-day meetings with staff from CP&P, Children's System of Care (CSOC), and the Office of Adolescent Services (OAS), followed by several follow-up conference calls, to map the current processes for resource and treatment placement and identify opportunities to strengthen DCF's processes and service capacity for children and youth served by CSOC and CP&P. The goal of these meetings was to map and visualize the process for youth who cannot be maintained safely in their current placement and require routine or emergency placement with clinical and/or behavioral supports. Through this collaborative process, the DCF team members identified opportunities to adapt current services to more effectively and seamlessly meet the needs of dually served youth. The proposed model integrates components of crisis stabilization and assessment services (typically delivered in a congregate care setting), care management services, and community-based treatment in a resource home setting. This approach supports a clinically appropriate delivery of services, adjusting the intensity and scope as needed, while sustaining the child and youth in a family resource setting. CP&P and CSOC intend to further develop and implement this model through FY 2020 and 2021.

DCF staff engaged in systems mapping to understand existing referral protocols between CP&P, home visiting and evidence-based family treatment programming. Next steps include establishing a more streamlined protocol to increase service coordination between these entities. Casey Family Programs also provided technical assistance in Business Process Integration (BPI), an internationally recognized methodology used to streamline business processes to increase efficiency and effectiveness. In November 2019, the goal of the technical assistance was to examine and streamline the Home Visitation program to improve the referral process to Home Visiting for CP&P clients and map out data system access challenges.

Benchmarks for years two through five are described below.

Year Two:

- Embed Service Excellence Standards in DCF contracts
- Begin creation of monitoring tools and protocols
- Identify a suite of core services, evidence based when appropriate, that need to be available to all NJ families. Core services will be determined based on the role of purchased services in behavior-based case planning, CFSR and needs assessments findings, and ongoing local input. Begin installation of infrastructure supports for identified core services.

Year Three:

- Continue development and implementation of monitoring tools and protocols
- Launch suite of core services which may include the continuation, expansion, and/or uptake of a new programming. Launch monitoring tools to track fidelity, performance, CQI.
- Self-assess impact of Year One and Two activities using inputs from QR, ChildStat, and CFSR activities.
- Create benchmarks for Year Four & Five based on self-assessment.

Year Four:

- TBD based on Year Three self-assessment

Year Five:

- TBD based on Year Three self-assessment

E. Examples of Current Service Coordination

Service Coordination for Families with Active Child Welfare System Involvement

The New Jersey Division of Child Protection and Permanency (CP&P) has embedded specialty consultants in local offices/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 (CHU) Nurses

DCF contracts with Rutgers University School of Nursing to ensure that a Registered Nurse is assigned to coordinate care for every child in foster care. CHU nurses help to ensure each child's medical and behavioral health care needs are met and provide overall health care case management. In addition, CHU Nurses visit children in the resource home and attend Family Team Meetings.

Child Protection Substance Abuse Initiative (CPSAI) Consultants

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

Peer Recovery Support Specialists (PRSS)

Peer Recovery Support Specialist (PRSS) services are a component of CP&P's Child Protection Substance Abuse Initiative (CPSAI). The objective of PRSS services is to 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. Peer Recovery Support Specialists are tasked with:

- a. Establishing a one-on-one relationship with the parent/caregiver and providing encouragement, motivation, and support
- b. Assisting the parent/caregiver to develop skills and access the resources needed to initiate and maintain recovery
- c. Assisting the parent/caregiver to engage in treatment or reenter the community after residential treatment.

One PRSS is assigned to a CP&P Local Office. There are currently 22 CP&P local offices supported by PRSS. Each PRSS is expected to serve 18-25 parents/caregivers at a time for a period of nine to 12 months. PRSS connect with parents/caregivers through in-person meetings and telephone. 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, and facilitating discharge planning, and connect parents/caregivers to resources in the community including formal treatment services.

Clinical Consultants

The Children's System of Care 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.

Domestic Violence Liaisons (DVLs)

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

Early Childhood Specialists (ECSs)

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 team with CP&P staff by providing staff development and consultation, enhanced planning, assessment, service access and systems collaboration. Funding from the Preschool Development Grant provided by the Administration for Children and Families has been instrumental in expanding this initiative statewide.

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

Mobile Response and Stabilization Services (MRSS) for resource families

Through a partnership between the CP&P and the Children's System of Care (CSOC), all children and youth placed by CP&P local offices receive behavioral health MRSS at the time of placement. The purpose of this service is to provide increased support to children and resource parents during the transition into a new home. When the service is initiated, a Mobile Response behavioral health worker meets the child(ren) in the resource home, screens for and attends to child behavioral health issues, assists resource parents to develop plans to support positive child/youth behavior in the home, and authorizes access to continued behavioral health care support through the CSOC, if needed.

Keeping Families Together

In collaboration with the NJ Department of Health and the NJ Department of Community Affairs (DCA), DCF operates the Keeping Families Together (KFT) program, which was significantly expanded through Governor Phil Murphy's opioid investments in 2018 and 2019. This program provides families at risk of family separation due to parental substance abuse/other high risk factors with housing assistance vouchers or rental subsidies and comprehensive wraparound services. KFT's "housing first" approach positions housing vouchers as a main component of the intervention, allowing families access to safe, stable and affordable housing as a springboard from which they can begin to access an array of supportive services intended to address additional needs (including trauma, addiction and other concrete needs).

DCF also partners with the Corporation for Supportive Housing (CSH) to facilitate the development of key stakeholder relationships and provide ongoing technical support and provider training on the KFT program model.

Children in Court Advisory Councils (CICAC)

Each county in New Jersey has a local CICAC that, ideally, meets quarterly, to focus on local court practices. It is comprised of representatives from the judiciary and all the legal stakeholders involved in litigated child protection cases. While agendas and structure of these committees vary, most counties have utilized the time to share information about new and ongoing initiatives, discuss the availability of services, and resolve-conflicts related to local court procedures. With the most recent CFSR and Performance Improvement Plan, the Administrative Office of the Courts (AOC) and DCF have committed to shifting the charge to data analysis with the focus on improving timely permanency statewide.

As a first step, on May 6, 2019, the AOC's Acting Administrative Director, Judge Glenn Grant, distributed a memo to all assignment and family presiding judges, titled "Family – Children in Court – Children in Court Advisory Committee (CICAC) Forms; Review of Permanency Data; Children in Placement for Three or More Years." In recognizing that shifting to a data-centered focus for the CICAC meetings may be a change in practice, surveys have been administered to assess the committee members' comfort with data analysis and creation of reports. At this time, the first round of county specific data reports on children in placement over three years will be produced and provided to the members. After reviewing the data and conducting case reviews, the local CICACs will be required to submit action plans to address the areas where the delays in permanency appear to be occurring. The action plans will then be reviewed by the data subcommittee of the statewide Children in Court Improvement Committee (CICIC).

As of April 2020, two webinars have been held to review statewide data and relay collective information back to the CICACs on statewide trends in delayed permanency. Additionally, DCF staff hosted a webinar for the CICACs demonstrating how the DCF Data Hub could be utilized as an alternative source of data for their analysis and review.

The first and second round of county reports have been reviewed and graded by the members of the data subcommittee of the CICIC. The subcommittee members are now planning in-person meetings with the CICACs to suggest improvements to the reports, ensure that all court partners are participating, and that recommended improvements to court processes are occurring.

CB Grant Programs

DCF partners with other grant programs such as the Community Based Child Abuse Prevention (CBCAP) grant and the Children's Justice Act (CJA) to assist in the service coordination and support the goals outlined in this report. Engagement with these grant programs include the development of the 2018-2021 Statewide Prevention Plan of the NJ Task Force on Child Abuse and Neglect Prevention Subcommittee, as well as funding for the Collaborative Safety Initiative.²⁹

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 (HSAC)

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

²⁹ Additional information can be found in the [Children's Justice Act](#) section of this report. Continued engagement with the NJ Task Force on Child Abuse and Neglect can be found in the [General Information on DCF's Collaboration Efforts](#) section of this report.

Beginning Summer 2019, HSACs began a needs assessment on the same schedule as DCF's qualitative reviews and ChildStat. The DCF/HSAC County Needs Assessment, which was designed in collaboration with the Human Services Directors, will allow HSACs to attain county-specific qualitative information related to the scope and nature of county needs and barriers to meeting those needs. Each county will be evaluated every two years. Beginning in 2020, the findings of the needs assessments will be embedded into DCF's ChildStat process and shared with staff and stakeholders during each county's ChildStat presentation. Every two years, the findings from all twenty-one counties will be reviewed and synthesized into a statewide comprehensive report.

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 for the first ten counties. DCF's Office of Quality provides ongoing technical assistance and guidance to the HSACs. Additional information related to DCF's needs assessment process is available [online](#).

DCF planned for HSACs to present the findings of the needs assessments during each county ChildStat presentation beginning in March 2020. Due to the COVID-19 Emergency and associated cancellations of ChildStat, presentations will begin with the resumption of ChildStat. DCF has been working with HSACs and Human Service Directors to make COVID-19 related accommodations to enable the needs assessments to continue, including additional guidance, an electronic survey, and flexibilities for virtual or telephonic focus groups and key informant interviews.

Youth Advisory Network (YAN)

YAN is a multi-faceted approach to youth advocacy and leadership in the State of New Jersey. The YAN regional chapters (under contract with DCF) in partnership with direct-service providers, work to ensure that youth with experience in the child welfare system and/or with homelessness have an opportunity to provide feedback on concerns and issues, and to develop leadership and advocacy skills. The YAN regional leaders train DCF provider agencies and their staff in the work of youth

leadership and advocacy development, as well as youth participation concepts, and youth/adult partnerships and strategies. The training aids program staff to develop opportunities for young people to gain leadership skills and participate in decision-making processes within the program and community on a day-to-day basis. In addition, youth and the Office of Adolescent Services providers participate in shared learning opportunities at regional quarterly meetings and the annual YAN Statewide Day of Action.

Juvenile Detention Alternatives Initiative (JDAI)

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. A major focus of the work is reducing the disparate use of detention for minority youth. The Annie E. Casey Foundation is the driving force for the initiative. The Annie E. Casey Foundation delivers eight core principles that provide a basis for the work:

- 1) Collaboration
- 2) Data use
- 3) Objective admissions decisions
- 4) Alternatives to detention
- 5) Expedited case processing
- 6) Special detention cases
- 7) Conditions of confinement
- 8) Reduction of racial and ethnic disparities

DCF has been a partner on the state and local levels collecting and analyzing data while collaborating with the Administrative Office of the Court, Juvenile Justice Center, 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.

Youth Housing

DCF maintains a strategic partnership with the New Jersey Department of Community Affairs in the form of varied subsidized and supportive housing models for youth across the state. This includes Section 8 vouchers for child welfare-involved young adults (including those expectant and/or parenting) and other supports. These programs use a positive youth development services model that was founded on the ability of young people to make positive and healthy choices if they have the opportunity to develop social, moral, emotional, physical and cognitive competencies. This model focuses on providing youth with opportunities to develop the skills they need with supportive case management services.

Maternal Wraparound Program (M-WRAP)

M-WRAP is a collaborative program supported by the NJ Department of Human Services and DCF to assist pregnant and parenting mothers with an opioid use disorder. This program provides access to substance use disorder treatment and other services to reduce the risks associated with maternal opioid use disorder. Services include intensive case management to link mothers with substance use disorder and mental health treatment, including Medication Assisted Treatment (MAT), prenatal care, and other concrete services including county-based social services, childcare, and transportation. M-WRAP also provides peer recovery support services delivered by a peer recovery specialist with relevant life experiences.

Home Visiting

DCF has been integrally involved in New Jersey's development of a comprehensive and seamless system of care to link pregnant women and parents with necessary health and social support services. New Jersey was awarded a Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant to strengthen evidence-based Home Visiting services. The Division of Family Health Services (FHS) in the New Jersey Department of Health (DOH) is the lead administrative agency and core DCF partner for the MIECHV Grant Program, through which Parents as Teachers, Nurse Family Partnership, and Healthy Families America are provided in all 21 NJ counties. DOH and DCF continue to work collaboratively 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.

Home Visiting: Enhanced Workforce Development

In collaboration with the Maryland Department of Health, NJ Department of Health, Rowan University and DCF and with funding from Health Resources and Services Administration (HRSA), additional supports are being provided to the Home Visiting network by way of training, coaching, and evaluating each states' utilization of the Goal Plan Strategy (GPS). The GPS is a sophisticated implementation system that supports staff in developing and implementing individualized family plans. It includes well-aligned and well-integrated training, supervision, monitoring, and continuous quality improvement (CQI) measures. The evaluation focuses on GPS' overall feasibility and effectiveness in motivating, enabling, and reinforcing visitors' use of the family goal plan. NJ is committed to the continuation of these efforts in strengthening staff development and integrating the strategies that were initiated with this Innovation project. In partnership with Rowan University, NJ has developed an Innovation Sustainability Plan known as Innovation 2.0. The plan is comprised of two parts: 1) provide virtual learning session webinars focused on Coaching; GPS and Developing Communities of Practice. The virtual learning opportunities will be available to every home visitor

and supervisor within the NJ Evidence-Based Home Visiting network. Part 2) offers six months of individualized coaching offered to supervisors. Supervisors will have the opportunity to apply for individualized coaching, which will be provided by Rowan University. Supervisors will have the autonomy to select topics related to their professional development. Coached home visitors will apply the same strategies with their families, ultimately building a collaborative working alliance.

Early Childhood Comprehensive Systems (ECCS)/Help Me Grow (HMG)

The ECCS collective impact approach works to enhance early childhood systems. Using a Collaborative Innovation and Improvement Network (CoIIN) 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 (DCF) 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.

Single Point of Entry for Early Childhood Services: NJ Central Intake (CI)

Central Intake hubs facilitate linkages to families from pregnancy to age five so that they may access the most appropriate services in an efficient manner. The hubs are provided for all 21 counties through a collaboration between the New Jersey Department of Health and DCF. The hubs 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.

Cross-Sector Training in Strengthening Families Protective Factors Framework (SF-PFF)

The Strengthening Families framework is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. New Jersey has been providing the *Bringing the Protective Factors Framework to Life* training to all Child Protective Service workers and early childhood community partners since March 2015. Trainings include providers from a multitude of sectors including CP&P, early childhood (home visiting, childcare, etc.), domestic violence, mental health, substance use and recovery, health services and Family Support Networks. This framework will continue to be integrated in various systems throughout the state in FFY 2020.

Strengthening Families Initiative (SFI)

Through a partnership with the NJ Department of Human Services and DCF, county-based Child Care Resource and Referral (CCR&R) agencies are hosting Books, Balls and Blocks (BBB) events. BBB events intend to promote developmental health and screenings, as well as provide referrals and linkages for families with young children in the community. Embedded in the Protective Factors Framework, BBB events are implemented in partnership with other community partners and volunteers. The events provide opportunities for families to engage in activities to learn how to best support their child to improve math skills, promote early literacy and problem solve through play.

Early Childhood Integrated Data System (ECIDS)

The *NJ Enterprise Analysis System for Early Learning (NJ-EASEL)*, which is New Jersey's Early Childhood Integrated Data System (ECIDS) is a cross-agency collaboration between the NJ Departments of Education, Children and Families, Human Services, and Health, supported by the NJ Office of Information Technology (OIT). Developed reports integrate data from various state systems to inform coordination of early care and education programs and services essential to the development and growth of New Jersey's youngest children. This provides a means to understand the collective impact and effectiveness of these programs and services, which can lead to improved program delivery and access to early care and education programs and other services for young children.

School-Based Youth Services Program (SBYSP)

DCF Office of School-Linked Services partners with school districts and community providers throughout the State to operate SBYSP. SBYSP services are available to all enrolled students and include supports such as mental health counseling, substance abuse counseling and education/prevention efforts, preventative health awareness, primary medical linkages, learning support, healthy youth development, recreation, and information/referrals. The funding for these programs is a combination of state and federal TANF funds.

Parent Linking Program (PLP)

There are a sub-set of SBYSPs that receive additional funding to implement the PLP. The goal of the PLP is 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. The funding for these programs is a combination of state and federal Child Care and Development Funds (CCDF) funds.

With DCF support and/or participation in several local, community-based service coordination efforts, families throughout New Jersey have access to a wide array of supports and services which promote healthy child and family development and well-being.

Update on Service Descriptions: Title IV-B Subpart 1

A. The Stephanie Tubbs Jones Child Welfare Services Program

NJ DCF currently utilizes Title IV-B Subpart 1 funding towards caseworker activities on behalf of children and families to include investigations of child abuse and neglect, caseworker visits with children whether in their own home or in out-of-home placement, as well as case planning activities with families to promote family stabilization and permanency. This includes the utilization of funding to support the State Central Registry (SCR). SCR is NJ's statewide hotline which receives and responds to all child protective service and child welfare reports.

In addition to SCR, funding under Title IV-B Subpart 1 supports prevention and family support services as outlined in the [*Promoting Safe and Stable Families \(PSSF\)*](#) section of this report.

As described in section E: [*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.

B. Services for Children Adopted from Other Countries

Children adopted internationally typically do not interface with the public system. Families interested in adopting children from other countries will generally work directly with private adoption agencies.

Though DCF is not involved in the initial adoption proceedings for children placed internationally, DCF does and will continue to fund a network of adoption support services. These services are available for any adoptive family in the state regardless of the source of the adoption. In addition, inter-country adoptive families can also access a multitude of services provisions through DCF (e.g., help with adolescence, child behavioral health, and educational services).

New Jersey maintains a statewide Post Adoption Counseling (PAC) program that is administered locally by a network of contract agencies with adoption expertise. Through this program, adoptive families can access a variety of adoption-related supports. The PAC services are covered by contractual agreements between DCF and the specific agency and thus are offered to the adoptive family free-of-charge. The vast majority of program resources are devoted to a few core services: (1) in-home therapeutic services;

(2) child and family counseling; (3) behavioral supports to adoptive families; (4) education, resource and referral services through an online adoption clearinghouse (www.NJARCH.org), as well as, a warm line for immediate support; and (5) family respite through structured child activity.

These services are directed towards:

- Preventing adoption disruption and dissolution
- Preventing the residential placement of adopted children
- Promoting the successful reunification of children to their adoptive families from residential placement

In the event of an inter-country adoption disruption, DCF will work with International Social Services (ISS) to determine if there is a kinship home in the child’s country of origin. If so, DCF will work with ISS to facilitate the placement and supportive services to transition the child back to their country of origin.

Though children adopted internationally do not usually interface with the public system, DCF’s Office of Licensing has established a protocol requiring New Jersey adoption agencies to maintain information regarding the number of inter-country adoptions and the countries from which the children originate. This information is accessible by the Office of Licensing.

C. Services for Children Under the Age of Five

New Jersey understands the importance of family stabilization and permanency. The CFSR and data highlighted in figure 29 reflect that permanency outcomes for children, especially children under the age of five, are still a struggle for NJ. Examining entry cohorts of young children entering foster care between 2012-2018, NJ found that children under five and more specifically, children under the age of one are less likely to achieve permanency within 12 months of entering out-of-home placement (34%) with a median length of stay of 16.5 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 29

Children ages 5 and under who Achieved Permanency								
	2012		2013		2014		2015	
# of Children Ages 5 and Under Entering Placement	2,552		2,430		2,398		2,142	
Perm within 12 Months	1,061	42%	991	41%	974	41%	885	41%
Perm within 24 Months	1,635	64%	1,598	66%	1,571	66%	1,406	66%
Perm within 36 Months	2,121	83%	2,023	83%	2,039	85%	1,843	86%
Perm within 48 Months	2,365	93%	2,261	93%	2,250	94%	2,014	94%

Objectives targeting improvements for permanency to include evaluation of the service array are highlighted in the [General Information on DCF’s Collaboration Efforts](#) section,

as well as areas of focus in the New Jersey CFSR PIP Progress Report (attachment A). DCF anticipates that these objectives – particularly those centered around father engagement, kinship care, and behavior-based case planning – will have a strong impact on permanency for young children.

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

Home Visiting

As described in the [Examples of Current Service Coordination section](#), DCF implements a statewide continuum of evidence-based home visiting services for families with young children, birth to age five. To address the developmental needs of all vulnerable children under the age of five over the next five years, DCF will look to expand home visiting services by adding universal home visiting services. Home Visiting expansion will implement the lessons learned through the Home Visiting/Medicaid Demonstration Project. This Demonstration Project will be an opportunity to expand Home Visiting services in eleven counties once approved.

DCF Office of Early Childhood Services (OECS) partnered with NEW JERSEY Department of Human Services, Division of Family Development to receive two years of intensive technical assistance from National Governors Association (NGA) Center for Law and Social Policy (CLASP) to achieve statewide systems change through the development and implementation of a two-generation state plan. Activities included reviewing Temporary Assistance for Needy Families (TANF) policies and eligibility criteria, developing and testing new strategies for participants of the Healthy Families-TIP (TANF Initiative for Parents) home visiting program, and developing effective recruitment strategies. A revision of the home visiting-TANF collaboration is underway to increase its ability to connect families through a refined, coordinated process with anticipation to not exhaust families' TANF eligibility, yet move them to economic stability faster. A refined policy has been developed that will expand the target population for this initiative to participants of all three home visiting models, as well as extend exemption time from a work activity and develop a communication loop between the home visiting provider and county welfare agency.

Single Point of Entry for Early Childhood Services: NJ Central Intake (CI)

The statewide system of Central Intake hubs facilitates linkages to young children and families from pregnancy to age five intending to connect families to the most appropriate service in an efficient manner. In October 2018, New Jersey was one of seven states selected to receive a Technical Assistance Grant from BUILD, Vital Village and Nemours called Project HOPE. Project HOPE is designed to generate real progress toward equitable outcomes for young children (prenatal to age five) and their families by building the capacity of local communities (Central Intake), state leaders, cross-sector state teams, and local coalitions to prevent social adversities in early childhood and promote child well-being. DCF and the Department of Health (DOH) are co-leads on this initiative. The five state departments will continue to strive to achieve the overarching goal of systems collaboration and alignment for easier access to high quality services and supports for families through Project HOPE. The goals of Project HOPE are to promote optimal health and well-being for young children from the prenatal stage to age five, prevent and mitigate early childhood adversities, and improve adverse social settings to reduce racial, ethnic, geographic, and economic inequities. This shift or system realignment will increase access to opportunities for young children and families in communities with significant racial, ethnic, economic, health and education disparities. In addition, this will also be a vehicle to engage community members and create feedback loops to ensure ongoing communication between state and local policy makers, practitioners, community leaders, and families. Over the next five years DCF will look at various funding streams: TANF, Child Care Development Block Grant, and Title V for opportunities to examine structural barriers to services for families in New Jersey.

In September 2019, New Jersey was one of 10 states selected to receive a Technical Assistance grant from Pew funded through the Robert Wood Johnson Foundation called Calling All Sectors: State Agencies Joined Together for Health. Calling All Sectors is examining the challenges around maternal and infant health and well-being that range across many sectors including transportation, housing, and education. Improving maternal and infant health and well-being requires knowledge from broad range of state agencies and departments as well as engagement from community groups and members. This is a natural alignment with the current work and focus of Project HOPE.

With the advent of COVID-19 Project HOPE stakeholders are looking to provide masks, gloves, activity kits, formula, and diapers for community residents in need.

Early Childhood Specialists (ECSs)

Funding from the Preschool Development Grant (PDG) provided by the Administration for Children and Families (ACF) has been instrumental in expanding this initiative statewide, as referenced in the [General Information on DCF's Collaboration Efforts](#) section of this report. The Early Childhood Specialist will support referrals for children birth through five years of age and women who are pregnant. Their primary population will be 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 (Ages and Stages Questionnaire®)³⁰, or a referral to Early Intervention. The ECS will help to facilitate communication and teaming between our early childhood system of care (Central Intake) and CP&P. With the caregiver's consent, the ECS will provide timely feedback regarding information and service linkages made.

Father Engagement

The DCF Office of Early Childhood Services (OECS), within DCF's Division of Family and Community Partnerships (FCP), will continue to pursue a relationship with Child Support through New Jersey Department of Human Services, Division of Family Development to engage the non-resident parent in parenting education to increase emotional, parental and financial involvement in the lives of the noncustodial parent's children. Programming will also focus on providing employment-based services that can help the noncustodial parent achieve self-sufficiency.

Parent Linking Program (PLP)

The Parent Linking Program is required to provide family-centered childcare services for infants and toddlers six weeks to 36 months old. Childcare services are provided in a center-based setting and promote healthy child development through relationship building and a variety of cognitive, physical, and social activities. Research reveals that the location of a childcare center in the high school setting supports the goal of the teen parent remaining in school while also learning about child development. The close network of guidance counselors, parenting class teachers, and social workers at the high school contribute to stringent follow-up. In June 2019 the e-childcare system was introduced to the Parent Linking Programs, with the goal to promote continuity of childcare during the summer months when most programs are closed. E-childcare offers the opportunity for students to have a choice in selecting quality childcare for their child and allows parents to engage in work or other after school activities. Efforts will be made to expand PLP services to additional high schools throughout the State to meet the needs of expectant and parenting teens. Additional efforts will be made to identify and support a higher volume of young fathers to maintain the care and support of his child through parenting and employment education.

Child Health Care Case Management

Over the years, DCF was able to reform the health care system for children in placement by assessing where there were service gaps, areas of strength, and areas in need of improvement. The assessment was done using data collection and analysis, system mapping and best practice review. This work led to the development of a structured model to ensure primary and preventive health care needs of children entering out-of-home

³⁰ Squires, J., & Bricker, D. (2009). *Ages & Stages Questionnaires®, Third Edition (ASQ®-3): A Parent-Completed Child Monitoring System*. Baltimore: Paul H. Brookes Publishing Co., Inc

placement are met. The development of the Coordinated Health Care Plan and teaming with Rutgers University has provided DCF the ability to implement the plan and build capacity to provide comprehensive and continuous coordination of quality health care case management to support the needs of children in placement within all 46 CP&P Local Offices. As part of this capacity building, DCF and Rutgers University Child Health Unit (CHU) staff have focused on continuity of care for children from the time they enter placement until they exit care, engagement of biological family in health care planning and follow-up, as well as the appropriateness and timeliness of mental and behavioral health care services. This level of partnership and coordination of health care case management allows DCF to ensure children in placement receive appropriate medical and behavioral health care supports and services. For more information please refer to the DCF Health Care Oversight and Coordination Plan.

In-Home Recovery Program (IHRP)

IHRP is an innovative pilot program seeking to improve outcomes for parents who have substance use disorder and are actively parenting a child under 36 months. The program is adapted from the Family-Based Recovery Program (FBR) developed by the Yale Child Study Center In-Home Services Division³¹. Family-Based Recovery³² is based on two foundational principles: attachment is critical to healthy development and substance use treatment works. IHRP teams are comprised of two clinicians, one to address caregiver's substance use and one to address the parent and child relationship. Additionally, a Family Support Specialist provides case management services. IHRP teams work intensively with families for up to 12 months. IHRP seeks to build on the promising practices that FBR has established to provide a client-centered intervention for families involved in the child welfare system due to caregivers' substance use. IHRP is a relationship-based model premised on the idea that strong, safe, and secure relationships are one mechanism by which client change takes place. 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.

The pilot program was developed and implemented in the context of strong partnerships among key stakeholders. The Nicholson Foundation developed the initial Request for Proposals for New Jersey and funded Preferred Behavioral Health Group to work with CP&P to implement the program in Ocean County, an area disproportionately impacted by the opioid epidemic. The Yale Child Study Center, with funding from Nicholson Foundation, provides consultation to inform

³¹ <http://www.familyct.org/programs/family-based-recovery/>

³² Hanson, K.E., Saul, D.H., Vanderploeg, J.J., Painter, M., & Adnopoz, J., 2015. Family-based recovery: An innovative in-home substance abuse treatment model for families with young children. *Child Welfare*, 94(4), 161–183

implementation of the program and direct-service levels. Rutgers University School of Social Work, with financial support from DCF, provides the evaluation activities for the program. Stakeholders maintain regular communication, as described below, to ensure coordination and timely problem-solving.

D. Efforts to Track and Prevent Child Maltreatment Deaths

One of the core functions of DCF is the protection of children from maltreatment. Child fatalities resulting from maltreatment, while relatively rare in New Jersey³³, are nonetheless an ongoing point of focus for the Department.

From January 2010 until December 2019, 176 New Jersey children died as a result of maltreatment, identified in National Child Abuse and Neglect Data System (NCANDS) reporting. In the State of New Jersey, cause and manner of death must be certified by a physician, typically a medical examiner. “Manner of Death” refers to one of six subcategories of death: Other Homicide, Suicide, Accidental, Natural, Child Maltreatment and Unknown/ Undetermined. “Cause of Death” refers to the specific mechanism of death and varies greatly.

In the 176 cases referenced above:

- Manner of Death: Other Homicide accounted for 29%. Child Maltreatment accounted for 32% of fatalities.
- Age at Death: Children less than 1 year of age accounted for 43% of the fatalities.
- Gender: Male children accounted for 59% of the fatalities.
- Race: White children accounted for 45% while Black/African American children accounted for 44%. For comparison, in 2018, white, non-Hispanic children accounted for 46% of New Jersey’s child population; black, non-Hispanic children accounted for 13%.³⁴
- Hispanic: Hispanic children account for 35%. For comparison, in 2018, Hispanic or Latino children accounted for 27% of NJ’s child population.³⁵
- Gender and Race combined: White Females accounted for 19% and Black/African American Males accounted for 28% of fatalities.

Currently, child fatalities are reported to the DCF Fatality and Executive Review Unit (FERU) by many different sources including law enforcement agencies, medical personnel, family members, schools, medical examiner offices and child death review teams. In addition, the Bureau of Vital Statistics confirms all child fatalities and supplies the birth as well as death certificates when available. The CP&P Assistant Commissioner

³³ In 2017, NJ’s rate of child maltreatment-related fatalities was .66 per 100,000, less than half the national average of 2.32 per 100,000; and in 2018, NJ’s rate of 0.92 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.

³⁴ The Annie E. Casey Foundation Kids Count Data Center, <https://datacenter.kidscount.org/data#NJ/2/0/>

³⁵ The Annie E. Casey Foundation Kids Count Data Center, <https://datacenter.kidscount.org/data#NJ/2/0/>

makes the determination as to whether the child fatality was a result of child maltreatment. The state NCANDS liaison consults with the FERU Coordinator to ensure that all child maltreatment fatalities are reported in the state NCANDS files.

NJ SPIRIT is the primary source of reporting child fatalities in the NCANDS Child File. Specifically, child maltreatment deaths are reported in the NCANDS Child File in data element 34, Maltreatment Death, from data collected and recorded by investigators in the Investigation and Person Management screens in NJ SPIRIT.

Other child maltreatment fatalities not reported in the Child File due to data anomalies, but which are designated child maltreatment fatalities by FERU under the Child Abuse Prevention and Treatment Act (CAPTA), are reported in the NCANDS Agency File in data element 4.1, Child Maltreatment Fatalities not reported in the Child File.

The New Jersey Child Fatality and Near Fatality Review Board (CFNFRB) reviews child fatalities and near fatalities to identify their causes, relationship to governmental support systems, and methods of prevention. The CFNFRB is multi-disciplinary, including representation from pediatrics, law enforcement, the NJ Department of Health, social work, psychology, and substance use treatment. Membership consists of ex-officio members and six public members with expertise or experience in child abuse appointed by the Governor. Four Regional Community-Based Review Teams operate under the aegis of the CFNFRB and its composition mirrors that of the CFNFRB. The CFNFRB also functions as a citizen review panel and conducts monthly meetings. The CFNFRB looks for challenges or barriers and whether current protocols and procedures should be modified, or new resources are needed; and analyze 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 C: [Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes, Goal 1](#), of this report, 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 NJ Department of Health, growth of an array of home visiting services to support families of young children, given that young children are at elevated risk of maltreatment related fatalities; (c) use of human factors debriefing and safety science to identify systems improvements needed in order to prevent fatalities and serious injuries; (d) an ongoing process of identifying and implementing necessary improvements to the prevention service array, incorporating evidence based practices as warranted. As these activities are further developed and as data on their impact emerges, DCF will rely on dialogue with the NJ Task Force on Child Abuse and Neglect and NJ CFNFRB to provide ongoing input and feedback on these and related initiatives.

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: Family Preservation Services, Family Support Services, Family Reunification Services and Adoption Promotion and Support Services.

Attachment B, the Promoting Safe and Stable Families table, provides a list of funded service programs, program description, the geographic area and populations served, as well as any changes to programming.

While research has not been conducted to provide further information on the impact the services listed in attachment B have had, these services have assisted DCF in meeting program goals such as primary prevention of out-of-home placement, child maltreatment and child maltreatment fatalities. Services such as Healthy Families and Keeping Families Together have also provided a supportive network for families to preserve the integrity of the family unit in their home or assisted in reunification. As highlighted in figure 4, NJ continues to see a decline in the number of children entering out-of-home placement. [Figure 4](#) illustrates a 63% reduction in the number of children entering out of home placement from the onset of the DCF reform in 2006 with over 13,000 children in placement to 6,955 in 2015, and as of September 2019, 4,799 children.

These services have also continued to support families by providing education and treatment services to reduce the risk of maltreatment and child maltreatment fatalities. As noted in the “Child Maltreatment 2018” report published by the Administration for Children and Families (ACF)³⁶ New Jersey’s average child maltreatment victimization rate per 1,000 children stands as one of the lowest in the nation at 3.1% compared to the national average victimization rate of 9.2. NJ’s child fatality rate per 100,000 is 0.92% compared to the national child fatality rate of 2.39%.

A. Service Decision-Making Process for Family Support Services

Current Family Support Services programs will continue through FFY20. These programs include community-based supports such as home visiting, counseling, family resource centers, community-based family stabilization and others. Future decision making regarding the optimal use of these funds to support needed services for children and

³⁶ <https://www.acf.hhs.gov/sites/default/files/cb/cm2018.pdf>

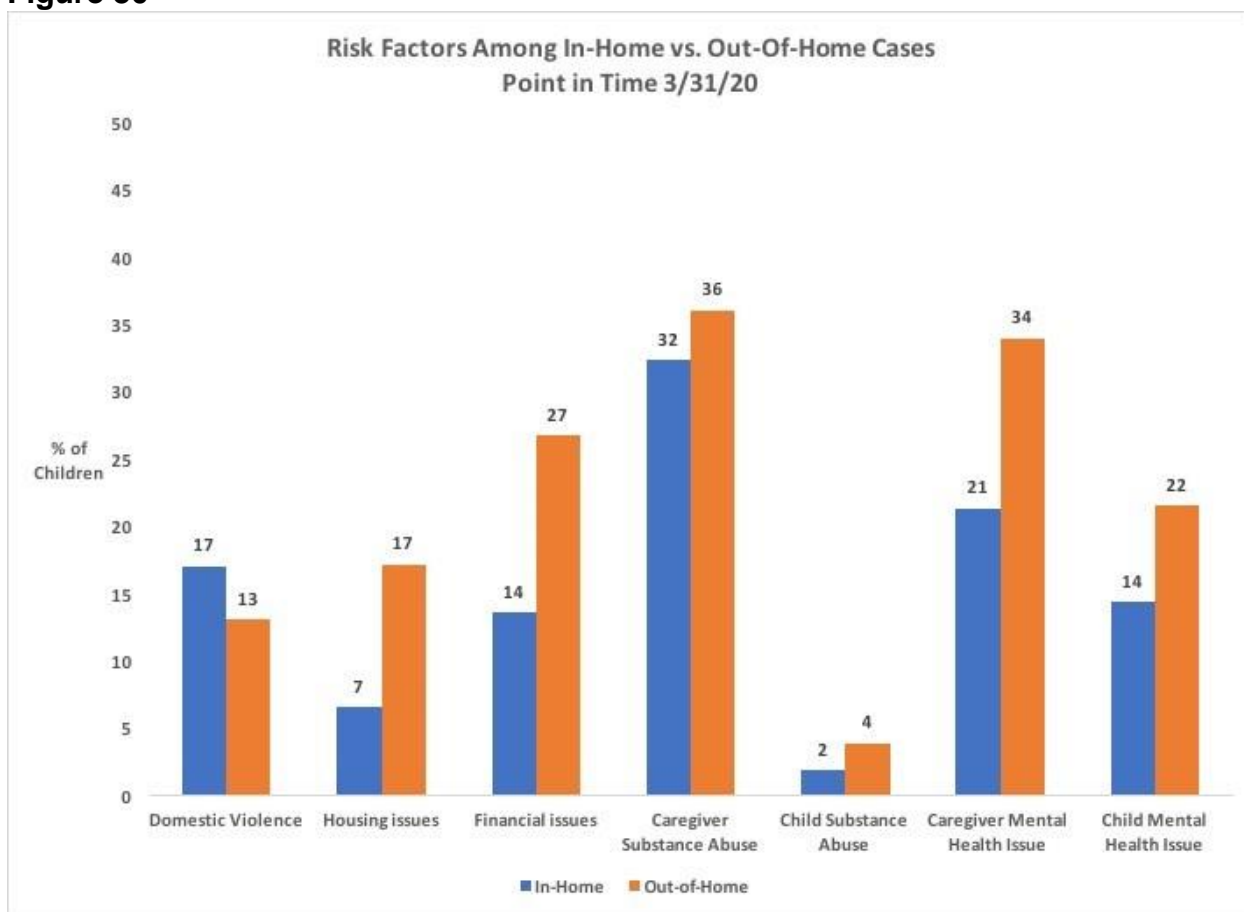
family’s processes will be aligned with the [Plan to Achieve Service Excellence](#) evaluation process as described under the [Strengths and Gaps in Services](#) section.

IV-B subpart 2 funding percentages will continue to be maintained above 20% and are outlined in the OMB CFS-101, Part I.

B. 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 were caregiver substance use (out-of-home: 36%; in-home: 32%) and caregiver mental health issues (out-of-home: 34%; in-home: 21%). Financial issues (27%) and child mental health issues (22%) were common among children in out-of-home placement. Children under the age of five with caregivers who experience co-occurring challenges are at the greatest risk of maltreatment. Figure 30 provides a visual of these risk factors.

Figure 30



*Point-in-time estimates derived from Structured Decision Making Assessments completed within 12 months of the date of extraction

As described in section E: [Update on Service Descriptions: Child and Family Services Continuum](#), over the next five years the DCF will be 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.

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

Background of New Jersey's Kinship Navigator Program

New Jersey's Kinship Navigator Program (NJ KNP) is managed by the Department of Children and Families (DCF), Division of Family and Community Partnerships (FCP), Office of Family Support Services (OFSS). The NJ KNP model is provided by four contracted agencies selected to deliver support services to families. This model of implementation has been utilized in the state for 20 years. Two of the contracted agencies are located in the northern regions, one in the central region, and one in the southern region of the state. Core NJ KNP program activities include:

- Outreach
- Intake and Screening
- Information and Referral
- Assessment and Case Planning
- Case Plan Check-in
- Discharge

One full-time and one part-time Department staff are assigned to support this work.

NJ DCF Approach

With the goal of creating a replicable NJ KNP Model that improves outcomes, DCF and Rutgers, The State University of NJ, tapped into the principles of implementation science to help guide the process. The field of implementation science provides a framework to help assess and support program design and implementation of interventions to achieve desired outcomes (Powell, et al., 2015;³⁷ Fixsen, Blase, Metz & Van Dyke, 2015)³⁸. For innovative programs that are informed by literature, but have yet to be evaluated, the practice must be defined, implementation supports (training, coaching, fidelity tool, etc.) must be developed to support the practice, and data collection and evaluation must be established for ongoing practice improvements in order for targeted outcomes to be achieved.

³⁷ Powell, B. J., Beidas, R. S., Lewis, C. C., Aarons, G. A., McMillen, J. C., Proctor, E. K., & Mandell, D. S. (2015). Methods to improve the selection and tailoring of implementation strategies. *The journal of behavioral health services & research*, 1-18.

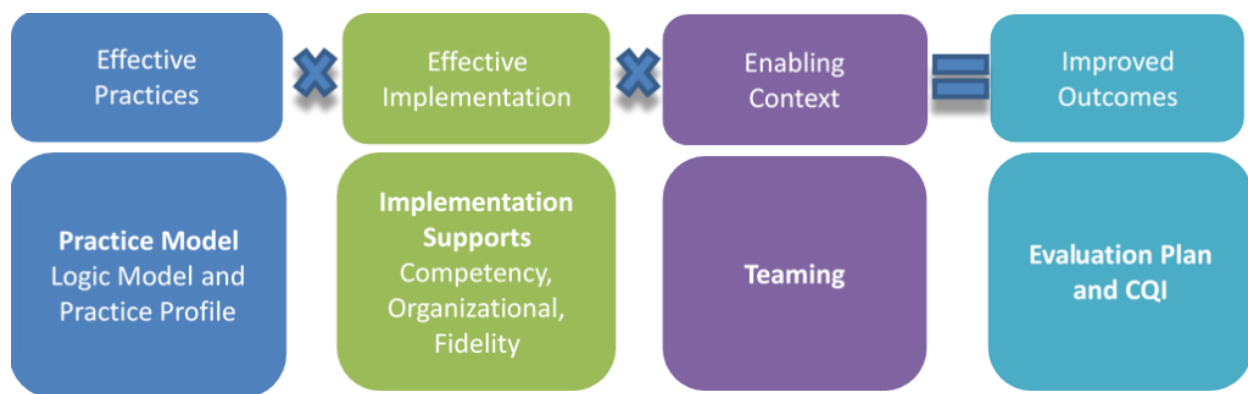
³⁸ Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2015). Implementation science. In J. D. Wright (Ed.), *International encyclopedia of the social and behavioral sciences* (2nd ed., Vol. 11, pp. 695-702). Amsterdam: Elsevier.

The National Implementation Research Network (NIRN) (Metz, Bartley, Maltry, 2017)³⁹ has summarized implementation science through the following formula that the Department has adopted as its organizing framework to manage the complexities of this work:



The formula demonstrates that improved outcomes for children and families can be achieved when there is an effective practice, effective implementation supports, and an enabling context. These elements have a synergistic effect with desired outcomes only achieved through the interaction of all three factors.

DCF systematically utilizes the Active Implementation Framework and accompanying tools to help organize and strengthen existing innovative practices. Below is a visual of NIRN’s Active Implementation Formula (Metz, Bartley, Maltry, 2017)⁴⁰ with the specific components that are needed to factor into the equation. Programming, whether new or existing, is assessed for the presence or absence of each factor component. When absent, that component is co-created through a teaming structure that includes stakeholders with the necessary expertise for that component.



Below is a description of each of the components of the Active Implementation formula:

³⁹ Metz, A., Bartley, L. & Maltry, M. (2017). DCF Evidence-Based Practice Blueprint Provider Workshop (2017). Based on work of the National Implementation Research Network (NIRN) and Metz, A., Bartley, L. & Louison, L. (2013-2016).

⁴⁰ Metz, A., Bartley, L., Maltry, M. (2017). Supporting the Sustainable Use of Research Evidence in Child Welfare Services, An Implementation Science and Service Provider Informed Blueprint for the Integration of Evidence Based/Evidence Informed Practices into NJ Child Welfare System. The National Implementation Research Network.

<p>Teaming</p>	<p>Multi-level teaming structures move programs, practices, and strategies from an idea to full implementation and ensure consistent internal and external communication within teams and between teams. Teams meet regularly, have dedicated appointments, and work in a structured way with agendas, meeting notes, following up on action items, timelines, workplans and project management. (Metz, et al, 2015)⁴¹</p>
<p>Practice Model Logic Model and Practice Profile</p>	<p>For an intervention or practice to be effective, it must be well-defined by a logic model and practice profile. A logic model is a roadmap that describes what results one hopes to achieve by doing specified activities. A practice profile is a tool for operationalizing an intervention so that staff, supervisors, and directors in implementing agencies have a clear understanding of what they are expected to do when implementing the practice. A practice profile includes guiding principles and essential functions. Guiding principles are the philosophies, values and beliefs that inform specific interventions. Essential functions describe the practice elements and promote consistency across staff and providers (Metz, Bartley, Blase & Fixsen, 2011).⁴²</p>
<p>Implementation Supports Competency, Organizational, Fidelity</p>	<p>To ensure that staff are prepared to implement the practice well, staff selection criteria (job descriptions and interview protocol), skill-based training, and follow up coaching to reinforce the training must be in place. In addition, organizational supports such as clear administrative processes, data collection/data systems to support decision-making, and processes for systems coordination are needed so that the context in which the program is being implemented can be established, and to ensure that the factors connected to the implementation are hospitable for the intervention to succeed. (Fixsen, et al.,⁴³ 2005; Metz & Bartley, 2012)⁴⁴</p>
<p>Evaluation Plan and CQI</p>	<p>Data is used to support program implementation, ensure intervention fidelity, and assess child & family outcomes. Continuous Quality Improvement (CQI) involves developing a process for identifying, collecting, and analyzing data that are useful to make decisions on improvement. This process should be ongoing (Metz, Bartley & Maltry, 2017).⁴⁵</p>

⁴¹ Metz, A., Bartley, L., Ball, H., Wilson, D., Naom, S., & Redmond, P. (2015). Active implementation frameworks for successful service delivery: Catawba County Child Wellbeing Project. *Research on Social Work Practice*, 25, 415-422.

⁴² Metz, A., Bartley, L., Blase, K., & Fixsen, D. (2011). A guide to developing practice profiles. Chapel Hill, NC: National Implementation Research Network, University of North Carolina. Available online at <http://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-Metz-WhitePaper-PracticeProfiles.pdf>.

⁴³ Fixsen, D. L., Naom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: Louis de la Parte Florida Mental Health Institute, University of South Florida.

⁴⁴ Metz, A., & Bartley, L. (2012). Active implementation frameworks for program success: How to use implementation science to improve outcomes for children. *Zero to Three Journal*, 32(4), 11-18.

⁴⁵ Metz, A., Bartley, L., Maltry, M. (2017). Supporting the Sustainable Use of Research Evidence in Child Welfare Services, An Implementation Science and Service Provider Informed Blueprint for the Integration of Evidence Based/Evidence Informed Practices into NJ Child Welfare System. The National Implementation Research Network.

Overview of Activities Completed During FY 2018 NJ Kinship Navigator Program Grant

To support the development, enhancement, and evaluation of New Jersey’s Kinship Navigator Program, DCF partnered with Rutgers, The State University to conduct a two phase, multi-pronged formative evaluation of NJ DCF’s KNP. The evaluation explored stakeholder perceptions of service and practice strengths and challenges through key stakeholder interviews and family characteristics, strengths, needs and perceptions and experiences of NJ KNP services through kin caregiver interviews. This formative evaluation provided recommendations to improve the existing NJ KNP practice model and identified gaps in implementation supports and described potential measures and methods for a process and outcome evaluation. In addition, NJ DCF and program leaders from the four regional KNP provider agencies created the NJ KNP logic model and practice profile.

Update on Activities Currently Being Implemented During FY 2019 NJ Kinship Navigator Program Grant

In the second year of funding, NJ DCF is attending to practice and implementation supports and evaluation. Below please find updates to each component of the Active Implementation formula:

<p>Teaming</p>	<ul style="list-style-type: none">• DCF is utilizing the following teaming structure to attend to all aspects of NJ KNP program development:<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.○ Model Design Team – Integrates program enhancements into the KNP logic model and practice profile and provides programmatic expertise and support for the creation of forms and other training and evaluation materials, as needed.○ Training Team – Manages, coordinates, supports, and provides oversight of consultant contract to develop training and coaching and program manual.○ 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.○ Training and Evaluation Team – Coordinates and manages crossover work that includes both evaluation and training consultants including creation of forms and/or assessment of training and timelines.
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<p>Practice Model Logic Model and Practice Profile</p>	<ul style="list-style-type: none"> • DCF is modifying the NJ DCF KNP model based on improvements recommended from the formative evaluation completed during the FY2018 KNP grant. Modifications include: <ul style="list-style-type: none"> ○ Enhancing outreach efforts to disconnected kinship caregivers. ○ Incorporating an assessment process to identify kinship caregivers, child and/or family strengths and needs and improving guidance and support efforts to address those identified needs. ○ Offering a more comprehensive list of available community-based resources. ○ Utilizing a more systematic follow-up system for tracking referrals. • DCF is updating the NJ KNP logic model and practice profile to align with modifications ensuring the program meets all requirements of Sections 427 (a) (1) and 474 (a) (7) of the Social Security Act. • DCF has partnered with the Institute for Families at Rutgers University to develop a comprehensive program manual and onboarding tools and supplements to guide effective and standardized operations across implementing agencies. The manual will include background, operational procedures and program forms. • Due to the spread of COVID-19, DCF will consult with KNP providers to incorporate any new service delivery adaptations (virtual services, no-contact meetings, etc.) to the logic model.
<p>Implementation Supports Competency, Organizational, Fidelity</p>	<ul style="list-style-type: none"> • DCF has partnered with the Senator Walter Rand Institute for Public Affairs at Rutgers University to complete and pilot fidelity tools. • DCF has partnered with the Institute for Families at Rutgers University to design robust training and coaching curricula and materials to increase staff competencies and support sustainability. Training and coaching will include: <ul style="list-style-type: none"> ○ Web-based Learning on KNP Model – Learning object overviewing the essential elements and key activities defined within the KNP practice profile and logic model. ○ Web-based Learning for KNP Supervisors – Learning object reinforcing KNP supervisory roles and exploring the administrative, educational and supportive functions required of them. ○ Instructor-led Training Course for KNP Staff – Course reinforcing the responsibilities and skills required of KNP staff based on the KNP practice profile and logic model, building skills through role

	<p>plays and simulated tasks, and reinforcing use of the KNP program manual.</p> <ul style="list-style-type: none"> ○ Instructor-led Training Course for KNP Supervisors – Course reinforcing the responsibilities and skills required of KNP Supervisors and building their capacity to coach staff in applying the KNP practice profile and KNP program manual in services provided to kin caregivers. ○ Coaching Framework for KNP Supervisors – Learning Guide transferring learning tools and providing peer support through Coaching Circles. <ul style="list-style-type: none"> ● DCF anticipates beginning to design and build a data collection and reporting system to align with NJ’s KNP Evaluation Plan.
<p>Evaluation Plan and CQI</p>	<ul style="list-style-type: none"> ● DCF has partnered with the Senator Walter Rand Institute for Public Affairs at Rutgers University to complete the following activities: <ul style="list-style-type: none"> ○ Create a comprehensive evaluation plan for a process and outcome evaluation of the New Jersey Kinship Navigator Program that includes a rigorous experimental or quasi-experimental component. ○ Create necessary evaluation tools to be implemented in February 2021. ○ Develop a plan for internal capacity and sustainability to measure outcome indicators and implement ongoing continuous quality improvement activities.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Currently, the Monthly Caseworker Visit grant is utilized to fund electronic equipment for caseworkers to document in real time face-to-face visits with children to include decision making assessment of safety, permanency and well-being as well as contracted programs. A safety application was purchased and installed on caseworkers' mobile devices to use along with a tether to immediately notify the need for law enforcement assistance in life-threatening situations, especially during field visits, and relay caseworker details for quicker emergency response. As discussed in the [Plan to Achieve Service Excellence](#) section, DCF will be evaluating purchased services and use of funding to maximize outcomes for families, and this process will include review and planning for optimal use of the Monthly Caseworker Visit grant.

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

The established Minimum Visitation Requirement (MVR) schedule can fall between a range of once every week to monthly. When the child is living in his or her own home, the MVR schedule is determined by the New Jersey CP&P Family Risk Assessment and ranges from one to four visits per month. A child in out-of-home placement shall have face-to-face visits with his or her caseworker at least twice per month during the first two months of an initial placement, or a change of placement, and thereafter at least once per month throughout the child's placement. When the case goal is reunification, the caseworker continues to visit with the parent or guardian at least twice per month, and at least once per month if the goal differs from reunification. Families experiencing serious problems, where the risk of removal or maltreatment of a child is extremely high (e.g., drug involved parent, allegations of sexual abuse) may require more frequent visits by the caseworker. MVR schedules are to be reviewed at least once every six months and modifications to the MVR schedule are made when necessary.

The purpose of MVRs as cited in policy is to determine:

1. Whether the child is receiving appropriate care and is safe from harm
2. Whether the objectives of the case plan are being met
3. What progress is being made toward achieving the case goal
4. Whether barriers to achieving the case goal are being alleviated
5. The child's adjustment to, and progress in, the out-of-home placement
6. Any other relevant information or concerns about the child from the out-of-home placement provider or the child.

Additional Services Information

A. Adoption and Legal Guardianship Incentive Payments

Currently NJ DCF utilizes the Adoption and Legal Guardianship Incentive Payments to support Post Adoption Counseling (PAC) services. These are home-based service programs that assist to stabilize the family; to finalize adoption and KLG; to prevent the dissolution of an adoption and to maintain stability post-discharge. Adoption specific services focus on grief and loss, and the significant trauma many foster and adoptive children experience. The current Adoption and Legal Incentive Grant has been obligated and targeted to be expended by 12/31/2020. Any future grant funding will be evaluated to determine use and maximize outcomes for families.

B. Adoption Saving Expenditures

Similar to the Adoption and Legal Guardianship Incentive Payments, the Adoption Savings methodology, savings payments received were used to support PAC services which are available statewide. With our focus on placement with kin DCF remains committed to engaging post permanency kin families through an annual kinship respite opportunity. The annual kinship respite opportunity was provided in July 2018 and 2019. It did not occur in 2020 due to the COVID-19 pandemic.

Over the next year New Jersey will be evaluating to determine best use of the current and future unused savings calculated.

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

All spending was completed through FFY18. FFY19 funding will be spent in full during the next state fiscal year.

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

A. Agency Administering Chafee

The DCF Office of Adolescent Services (OAS) administers and supervises the implementation of the Chafee program and plan. OAS works in partnership with DCF's, Division of Child Protection and Permanency (CP&P) to implement the Chafee program in all 21 counties across the state. OAS 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. The OAS Team has approximately 15 staff that support the

Chafee program and plan statewide. OAS reports directly to DCF's Commissioner emphasizing the importance of supporting youth in foster care to successfully transition to adulthood.

B. Description of Program Design and Delivery

Program Design and Structure

New Jersey's John H. Chafee Foster Care Program for Successful Transition to Adulthood (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.

By the nature of a youth's age and experience in foster care, 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 35: Chafee Services and Eligibility). This broad service and support array aims to fulfill Chafee program requirements and leverages other service systems and community-based programs to holistically and comprehensively address youth needs.

The services outlined in figure 35 under the Chafee Specific Programming have all been offered and available since the submission of the plan. Available services are offered to youth based on an assessment of their needs and include skill development, mentoring,

permanency, housing, education and career development, youth advocacy and leadership as well as financial assistance.

In fiscal year 2021, the new program, LifeSet⁴⁶, will be implemented and will focus on older adolescents with child welfare involvement. The LifeSet program will help young adults leaving the foster care system successfully transition into adulthood. A successful transition includes maintaining stable and suitable housing, remaining free from legal involvement, participating in an educational or vocational program, and development of life skills necessary to become a successful citizen. LifeSet is designed to provide direct support to young people while also engaging their families and support systems to promote goal achievement in the transition to adulthood.

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. DCF understands that it is essential for adolescents to have and increase protective factors to mitigate risk. To that end, all services are offered through the lens of the Youth Thrive framework which is in alignment with the overall vision of the Department.

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.

The Youth Advisory Network (YAN)

In July of 2017, DCF awarded four regional YAN community-based providers to implement a Youth Advisory Network model statewide. YAN is designed to create a network of youth serving (and Chafee specific) programming and to shift the culture in New Jersey to one that values youth leadership and voice and provides opportunities to strengthen youth's advocacy and leadership skills. These efforts will ensure that youth concerns heard and that their voice will continue to influence changes and improvements to both the DCF system and local communities in New Jersey. This redesigned model aims to engage a larger number of youth in a more consistent, comprehensive manner that will create an enduring, pervasive impact.

As part of the effort, DCF is working to ensure that provider staff are knowledgeable and confident in their ability to provide opportunities for youth advocacy and leadership. As such, YAN regional leads provide training to DCF provider agency

⁴⁶ <https://www.youthvillages.org/services/lifaset/>

staff in youth leadership and advocacy development, as well as youth participation concepts and strategies.

YAN implementation efforts prior to the submission of the 2020-2024 CFSP included:

- With the support of Casey Family Programs, DCF accessed technical assistance from Foster Youth in Action (FYA), to roll out YAN in 2018. FYA developed and facilitated trainings for YAN staff, worked with DCF to create a Theory of Change (attachment C) for the new model and designed a communication process for youth feedback. FYA provided coaching and technical assistance to all YAN providers to support implementation of the program design.
- Two regional meetings, held in June and September of 2018, brought provider staff together to begin planning for the engagement of youth in future meetings.
- In January of 2019, 71 youth attended regional meetings and 50 youth participated in the following meetings in April and May of 2019.
- YAN also conducted a series of focus groups involving 59 youth across the state to discuss various DCF policies and initiatives.
- Initial feedback from the regional meetings from both provider staff and youth have been very positive. The youth reported that they love the opportunity to meet new people and the energy each of the meetings bring. Staff have stated that the fun, short activities and support they receive from DCF, peers, and regional leads has been great for them and their youth.
- YAN regional leads provided training to over 175 youth-serving program staff to help build their knowledge and capacity in youth-adult partnerships, as well as how to receive feedback from youth in a manner that is engaging and effective. Evaluations received from participants was positive, citing that the interactive nature of the training and its applicability to the work with youth was refreshing. In addition, program staff noted that the content of the trainings, such as Positive Youth Development and Hart's Ladder of Youth Engagement, was very interesting and helpful to the population they serve.

YAN Updates – July 2019-present:

Quarterly Meetings and other Innovative Means of Communication:

- Since July 2019, YAN has held three quarterly meetings per region, totaling 12 statewide. These meetings have included both program staff and youth. The meetings have allowed the opportunity to build youth-adult partnerships through activities and conversation related to youth voice, leadership and advocacy. Each of the quarterly meetings have provided opportunity to receive feedback from youth and providers with regards to

programmatic, community and system level queries. In addition, the quarterly meetings were able to build upon one another, as they reflected the following themes: 1) How to receive feedback from youth, 2) What to do with feedback, and 3) How to advocate. Programs were able to bring the activities and suggestions introduced at the regional quarterly meetings to their local programs to utilize with many of their youth.

- The website for YAN has been developed and will be launched by June 30, 2020. The website will display information for each of the four YAN regional providers related to upcoming trainings, Quarterly Meetings, program contact information and resources related to youth voice for program staff to upload on their own time. The website will offer opportunities for youth feedback and shortly after the website launches, a statewide social media platform will also be introduced.

YAN Regional Leads Work with DCF Provider Agencies to Develop and Implement Tailored Technical Assistance Plans:

- Since July 2019, YAN has created and implemented 69 YAN Program Plans (YPP's) at Chafee provider agencies throughout the state, which is a 71% completion rate. Many of the YAN regions had been following up with the tasks in the plans to help provide technical assistance to Chafee providers for each of the three categories – Youth Leadership & Advocacy Skill Development, Community Engagement and Youth Feedback. Implementation of the YPPs were put on hold in mid-March due to the pandemic. Please see Figures 31 and 32 for YPP themes and successes that have been observed thus far.

Figure 31 - YPP Themes

Youth Leadership & Advocacy Skill Development

- Interest in development of peer leadership initiatives
- Utilizing youth alumni as mentors with current youth
- Allowing youth to take lead in groups, house meetings, decision making, etc.
- Adjusting already packed curriculums to include youth leadership and advocacy skill development

Community Engagement

- Desire to connect with similar OAS programs locally
- Interest in incorporating more community service opportunities for the youth
- Wanting to connect more with local community and business partners

Youth Feedback

- Surveys are utilized, but mainly just for entries and exits
- Large agencies has Quality Assurance division who receives survey information - information dissemination is unclear and does not often reflect changes
- Large interest in feedback loops, anonymous options, and more mobile friendly options
- Lack of opportunities available that allow youth to have feedback opportunities with leadership in programs

Figure 32 - YPP Success



Statewide Trainings and Professional Development Opportunities:

The YAN Foundational Training continues to roll out to all program staff. The training cover topics such as: adolescent development, trauma informed care, resiliency, positive youth development and youth/adult partnerships. During the initial trainings, 175 program staff were trained. With subsequent trainings in 2019, an additional 49 staff have been trained. Due to the recent COVID pandemic, the training will be translated into a virtual platform to continue to educate program staff on crucial youth engagement information.

YAN Refined and Expanded to Ensure all Youth Serving Stakeholders (i.e. service providers, child welfare caseworkers, advocates, and caregivers) have the Capacity to Teach Advocacy and Leadership Skills to Youth in Foster Care:

There are no updates to this activity for this reporting period due to other prioritized initiatives and enhancements needed to support the provider network. Additionally, the pandemic has significantly delayed YAN priorities during this reporting period.

Due to the COVID-19 pandemic, YAN will be shifting to regularly distribute newsletters to each of the regions to provide local, state and national resources related to the pandemic, as well as youth leadership and advocacy skill development activities. YAN will also host

virtual sessions with program staff to discuss resources, as well as challenges and successes regarding youth engagement during a pandemic.

The YAN Day of Action was scheduled for spring 2020 and is also now on hold due to the COVID-19 pandemic.

Youth Councils

In December of 2018, DCF announced the creation of the Office of Family Voice (OFV) that will include and hire young adults, parents, and caregivers that have experience with DCF's programs and services. This new Office leads various initiatives to promote family and youth voice across DCF programming and services. OFV hired a Youth Programming Advisor that has lived experience and will lead additional efforts around youth voice such as a Statewide Youth Council. More information regarding the Statewide Youth Council is described in [Chafee Plan Strategy Two](#) of this report.

YAN Ongoing Implementation Plans:

- Continue to engage youth and gather feedback through quarterly meetings, and other innovative means of communication (e.g. YAN website to be developed, social media, and video conferencing) that will enable all youth within the Chafee specific programs to provide input.
- Work directly with DCF provider agencies to implement tailored technical assistance plans to ensure that youth voice, leadership and advocacy is prioritized in their programs. Areas of focus will include program policy and operation, youth skill development, community and system engagement, and staff development. The tasks and goals identified in these plans will be informed by environmental scans that were completed with each program by YAN regional leads in 2018. These scans explored each program's policies and practices related to youth voice, leadership and advocacy. Findings from these scans will allow YAN to highlight and replicate current successes while identifying opportunities for additional support, education and technical assistance.
- Continue to provide statewide training and professional development opportunities for all provider agency staff on a regular basis.
- Be refined and expanded to ensure all youth serving stakeholders (i.e. service providers, child welfare caseworkers, advocates, and caregivers) have the capacity to teach advocacy and leadership skills to youth in foster care as a critical life skill for adulthood. All stakeholders will be encouraged to promote youth voice and provide feedback to DCF.

In addition, youth and OAS providers will continue to participate in shared learning opportunities at regional quarterly meetings and at the annual YAN Statewide Day of Action.

C. Strengthening New Jersey's Chafee Program 2020-2024

The 2020-2024 Chafee Plan

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

Strategy 1: Create Statewide Chafee Advisory Group

Update - Strategy 1: Create Statewide Chafee Advisory Group

DCF currently convenes our Chafee-specific providers quarterly for training, networking, feedback opportunities, and resources. Additionally, the New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) hosts an Adolescent Workgroup which reviews the needs and services available to youth in foster care. Seeking to inform, guide and track progress in the execution of the Chafee program, DCF determined a standalone advisory group was also essential. To meet this need, the Chafee Advisory Group (CAG) was created in the fall/winter of 2019. The purpose of the Statewide Chafee Advisory Group is to provide leadership and ongoing support and feedback for the implementation of the Chafee program. DCF will explore coordinating NJTFCAN's Adolescent Workgroup and the Statewide Chafee Advisory Group.

The Advisory Group is comprised of 16 members that represent various internal and external stakeholders. Members represent youth, education, housing, workforce development, resource parents, community providers, legal, and the LGBTQI community. The CAG met twice throughout 2019, and it is anticipated that quarterly meetings will also be held. The members of the CAG will also participate in the strategy teams that exist for each of the strategies outlined in the Chafee five- year plan, outlined below.

There are nine strategy teams that will focus on different goals outlined in the Chafee plan. The teams are led by DCF staff and will have 8-10 members each. The strategy teams are:

- Youth Voice
- Chafee Philosophy

- Promoting Kinship, Permanency and Connections
- Services to 18+ Year Old's
- Marketing and Technology
- Data
- Ages and Stages- Mental Health, Substance Use and Domestic Violence
- Ages and Stages – Expectant and Parenting Youth
- Education and Training Vouchers

Specific roles and responsibilities were co-created with the Advisory Group and may include, but will not be limited to the following:

- Provide feedback, leverage resources, and support the implementation of the Chafee program and plan.
- To support the development of a network of stakeholders that is committed to supporting youth in foster care to successfully transition to adulthood.

The agendas and minutes from each of the Statewide Chafee Advisory Group meetings will be publicly posted on DCF's website, which is anticipated to launch Summer 2020, providing the general public with ongoing information regarding the implementation of DCF's Chafee Plan.

Strategy 2: Continue to Elevate Youth Voice

Family and youth voice is 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:

- a) The Office of Family Voice (OFV) in partnership with OAS will develop a Statewide Youth Council that will provide feedback to the system regarding changes and enhancements needed to DCF's programs and services (January 2020).
- b) 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 (July 2020).
- 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 (December 2021).
- d) Increase opportunities for youth with lived experience to serve as peer supports for youth currently in care (ongoing).
- e) Increase opportunities for youth with lived experience to be included in training initiatives (e.g. informing curriculum, serving as trainers) (ongoing).

Update - Strategy 2: Continue to Elevate Youth Voice:

As described earlier DCF created the Office of Family Voice (OFV) in December 2018. A key tenet of the OFV is to hire young adults, parents, and caregivers that have lived experience with DCF's programs and services. This office will lead various initiatives to promote family and youth voice across DCF programming and services. In March of 2019, OFV hired a Youth Programming Advisor who has lived experience and will lead efforts around youth voice such as a Statewide Youth Council.

Statewide Youth Council:

In the summer of 2019, OFV conducted informational voice sessions throughout the state. OFV convened groups of young people and gathered input to inform the design and procedures of a DCF Youth Council. Those sessions informed the goals and structure of the Council. The Youth Council works together with DCF to achieve Shared Leadership.

The Youth Council's goals are to:

1. Elevate the voices of youth and alumni directly impacted by DCF services and their communities
2. Work together with DCF Leadership to identify key issues with DCF's policies and practices
3. Develop recommendations to help transform DCF policy and practice
4. Train and educate resource parents, DCF staff and leadership, caseworkers, providers, judges, law guardians and other child welfare professionals on issues important to DCF youth and alumni
5. Provide input into how DCF does its work
6. Support youth voice in case planning
7. Empower youth by providing resources and knowledge that enables them to take action, influence and make decisions on critical issues

In the Fall of 2019, OFV completed a statewide application process culminating with the selection of 24 youth leaders with lived experience with Child Protection and Permanency (CP&P), Children's System of Care (CSOC), and/or the Office of Education (OOE). OFV partnered with the Office of Quality to have all applicants complete a Service Quality Standard Survey as a component of the interview, which will be used to inform Family First efforts.

Commissioner Beyer kicked-off the Youth Council on January 20, 2020. It consists of 24 young people with lived experience between the ages of 15-23 that come together in two regions (North and South) throughout the year. The Council's feedback and expertise will 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 to

evaluate system reforms. The Youth Council members will be empowered through training to assist with professional and leadership development.

The Council meets monthly within their region, and also participates in quarterly meetings with Commissioner Beyer. The Council members participated in a two-part orientation during the kick-off in January 2020. The Office of Strategic Development facilitated the orientation, which provided council members valuable knowledge of the structure of DCF, allowing deeper insight to the child welfare system. Additionally, the Director of the Office of Quality facilitated an interactive session around DCF's Continuous Quality Improvement processes and provided feedback on the Service Quality Survey. Council members also participated in team building activities. In recent meetings council members discussed recommendations for improving DCF operations.

Throughout the next year council members will work in partnership with DCF to achieve Shared Leadership, with the intent to accomplish a common vision and collaborative goals. The Youth Council will help to transform DCF policy and practice while simultaneously empowering youth to take action and make decisions on critical issues.

Strategy 3: Design and Implement Changes in Chafee Program Philosophy

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

Race Equity Informed Policy, Practice and Programming

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

Healing-Centered Engagement

Trauma-informed care has been and will continue to be an important and meaningful approach to serve children, youth, and families in the child welfare system. However, there is a recognition that those served also need to thrive and not just survive. Trauma-informed care has important considerations regarding understanding and helping individuals cope with trauma. DCF seeks to go beyond coping, and truly helping those we work with to heal. Often youth in foster care

are in survival mode and just getting by. Our goal is to help youth in foster care to recover and thrive through healing. Chafee program changes during 2020-2024 will move beyond asking “what’s happened to you?” to “what’s right with you?” to meet young people where they “dream” and not just where they are.⁴⁷

Update - Strategy 3: Design and Implement Changes in Chafee Program Philosophy:

To assist in meeting strategy three, OAS is tracking the department’s work of the Race Equity Steering Committee and on Healing-Centered Engagement which is focused on preventing ACES and promoting resilience. OAS intends for this strategy to be completed by September 2021.

Strategy 4: Promoting Kinship Care, Permanency, and Connections

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

- a) Developing a formalized process and create resources (i.e. bench cards) to train and increase knowledge of judiciary staff regarding the unique needs of adolescents and young adults in foster care. This information will include updated policy, practice, and program information impacting youth in foster care (December 2021).
- b) Supporting youth in kinship care through system and direct service intervention strategies that support both the youth and their kinship caregiver (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 (July 2022).
- 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 (September 2021).

⁴⁷ Ginwright, Shawn, Flourish Agenda, Healing Centered Engagement, 2019 [webinar]

Update Strategy 4: Promoting Kinship Care, Permanency, and Connections

Efforts to develop 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 have commenced, as a bench card for judiciary staff is currently being finalized. This bench card will be used for training purposes as well as a resource for staff reference.

Strategy 5: Services for Young Adults 18+

Many of DCF's services for young adults' rest on program models that have not been updated in over a decade. The Chafee program will be strengthened by:

- a) Reviewing and updating the housing program model for youth 18+ (July 2022).
- b) Reviewing and updating aftercare services for youth 18+ to more comprehensively support a youth's transition to adulthood (July 2020).

Update Strategy 5: Services for Young Adults 18+

Aftercare Services for Youth 18+

In an effort to update the aftercare services for youth 18+ to attain activity (b), DCF will be piloting the LifeSet model. The LifeSet program provides intensive community-based support to assist young adults aging out of state custody or other care arrangements successfully transition to independence. Services are voluntary, youth-driven, and last 9 months on average. LifeSet teams consist of four specialists and one supervisor. Specialists carry low caseloads of 8-10 and see each young adult at least one time weekly, with sessions focusing on increasing independent living skills and navigating the transition to adulthood. Areas addressed can include education, employment, housing stability, healthy relationships, mental and physical health, and other independent living skills. LifeSet services are highly individualized and tailored to suit the individual strengths and needs of each young adult. Services are delivered in the young adult's natural environments, i.e. the young adult's home, place of employment, community settings. The program model employs the use of evidence-based and best practices.

DCF was awarded funding from Youth Villages at the end of 2019 to pilot the LifeSet model for adolescents 17-21 who are involved with child welfare. Planning for implementation has been underway since February 2020 with expected start up to begin in August 2020. This may be impacted by the COVID-19 pandemic, but preparations are being made to offer the program via video technology with eligible youth.

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:

1. Developing and implementing a strategy to market Chafee services to newly eligible youth that achieved reunification 14+ (July 2020)
2. Refining and implementing marketing strategies of Chafee services to Chafee eligible youth whose child welfare cases are closed (October 2020)
3. Comprehensively reviewing the possibility of providing services to adolescents who are not in placement but involved with child welfare to prevent placement (Prevention - In home) (December 2023)
4. Reviewing Medicaid continuity of coverage (October 2022)

Update Strategy 6: Marketing Chafee Services to Eligible Youth

To develop and implement a strategy to market Chafee services to newly eligible youth that achieved reunification 14+, the Youth Council will be involved with reviewing both print and video marketing materials for LifeSet to suggest changes and updates to language. These materials will be used for internal and external stakeholders, including staff and youth. The goal is to ensure that Chafee eligible youth are aware and knowledgeable of this updated Chafee service.

Strategy 7: Technology

In 2015, a new youth-specific website, the New Jersey Youth Resource Spot (www.njyrs.org) 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 (October 2020).
- 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 (September 2022).
- c) Posting NYTD data on public DCF and NJYRS websites. Send notifications through DCF listserv when data is posted (September 2020)
- d) Developing online access for youth to complete the NYTD Follow Up survey (July 2020)

Update Strategy 7: Technology

DCF is in process of updating the content and functionality of the NJYRS website. In addition, DCF is exploring mobile applications to understand what other jurisdictions are using to support adolescents in care in New Jersey. Furthermore, a mobile application by a county agency in New Jersey was launched in 2019. DCF is tracking the implementation of this technology for lessons learned that could assist with future mobile application development.

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

Thus far, 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 Children's Bureau. DCF has also discussed both the independent living services data using information from federal fiscal years 2013-2107, as well as the outcomes data from surveys using information from cohorts one and two. In addition, NYTD is shared with child welfare staff, from frontline workers to leadership.

2020-2024 NYTD Data Sharing Plan

To share the NYTD data with a broader cross section of stakeholders, DCF plans to:

- a) Develop a NYTD data project plan that provides ongoing information and data analysis of available NYTD data that can then be shared with stakeholders ongoing (November 2019; updated March 2021).
- b) Post NYTD data on the public DCF and New Jersey Youth Resource Spot websites. Send notifications through the DCF listserv when this data is posted (March 2021).
- c) Share NYTD data and information with the Youth Advisory Network and Statewide Youth Council (when developed) (September 2020).
- d) Incorporate NYTD data into all presentations and trainings (i.e. presentations to court staff, ongoing adolescent trainings, meetings with providers) (September 2020).
- e) Include NYTD data in any DCF Continuous Quality Improvement activities/presentations when possible (i.e. Child Stat, Qualitative Reviews) (September 2020).

Update NYTD Data Sharing Plan

During this reporting period a NYTD data project plan meeting was held. In January 2020, New Jersey was selected as one of the jurisdictions to participate in the NYTD review, which was scheduled for June 2020. Due to the NYTD review, further work with project plan meetings was delayed as DCF was working to gather the necessary information in preparation for the NYTD review. A strategy team through the Chafee Advisory Group was tasked with data related efforts, which included developing a comprehensive plan to collect, analyze and disseminate NYTD data. Ultimately, however, the COVID-19 pandemic suspended the NYTD review and further delayed the data project plan. The data project plan timeframe has been moved to March 2021.

NYTD data collection continues with a focus on refining the NYTD data collection process. DCF is currently working to analyze NYTD data. Once data is analyzed, it will

be shared with stakeholders as well as posted on the DCF website and will be incorporated into the Continuous Quality Improvement (CQI) process.

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 and include:

- a) DCF will work to create a system to capture NYTD Independent Living Services being provided by resource parents as well as child welfare staff (January 2021).
- 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 (July 2020).
- c) Develop online access for youth to complete the NYTD Follow Up survey to improve access to and number of youth who complete the survey (July 2020).
- 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 (September 2020).

Update Strengthening NYTD Data Collection:

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 (September 2020):

The statewide rollout of the Child Welfare Information System/NJ SPIRIT interface began in April 2019. A pilot was conducted from January - March 2019 with a small number of providers to test this new interface and make any necessary adjustments. All providers were then trained and provided access to the interface, with full rollout complete in Summer 2019. Contracted community providers have transitioned well to this new process.

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

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

Outside of ongoing NYTD data collection and analysis, DCF will develop a plan to include additional youth specific data to help inform the Chafee program. This will include data from record reviews, qualitative reviews, New Jersey's Child Welfare Data Hub, education related data through NJ's Department of Education, and other available data. By September 30, 2020, DCF will refine outcomes and identify measurement tools. This work will be led by DCF and reviewed and informed by the Chafee Advisory Group.

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

The CWIS/NJS interface has been helpful in improving the quality of the data that is submitted. To get a better understanding of which NYTD Independent Living Services are being provided most frequently and which types of programs are providing specific NYTD services, submitted data has been analyzed. The interface has also provided a better understanding of the number of youth that are receiving NYTD services on a monthly basis. This information was shared with community providers in September during a quarterly networking meeting. DCF will continue to take a deeper look at the NYTD services in Year 2 due to delays related to the NYTD review and the pandemic.

E. Serving Youth Across the State

Ensuring that the Chafee Program will Serve Youth Statewide

New Jersey has a state administered child welfare system through nine Area Offices and 46 Local Offices within the Division of Child Protection and Permanency (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 continuous quality improvement 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 Advisory Network and meetings with child welfare staff and contracted providers, feedback is received regarding existing barriers youth experience when accessing services, as well as how experiences in receiving services may differ by county or region.

Data Informing Service Variation by Region or County

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

Serving Youth of Various Ages and Stages of Achieving Independence

As noted in section E: [Update on Service Descriptions: Child and Family Services Continuum](#), DCF plans to implement strategies to achieve service excellence, to include 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 in section E: [Update on Service Descriptions: Child and Family Services Continuum](#) will also target Chafee program services and supports.

Targeting Chafee Program Services and Supports

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

Youth in foster care often have needs related to mental health, substance use, and domestic and/or interpersonal violence. DCF will continue refining efforts to provide services to meet these needs through leveraging and improving existing resources offered by DCF's Office of Clinical Services (specifically the child health nurse program), Children's System of Care (mental health and substance use supports and services) and the Division on Women (domestic violence supports and services). These efforts will be coordinated with DCF's 2020-2024 Health Care Oversight and Coordination Plan. By March 31, 2020 DCF will develop a stakeholder informed plan to review supports and services currently available and utilized, while also identifying areas that need to be strengthened and tailored to meet the needs of youth in foster care. Please refer to [Figure 35](#) regarding eligibility for benefits and services, which outlines Chafee specific services and additional services offered through DCF that can support Chafee eligible youth.

Additionally, a strategy team related to youth experiencing mental health, substance use and/or who are victims of domestic violence is being created. The plan has not yet been developed and is delayed due to the COVID-19 pandemic, it is estimated that the stakeholder informed plan will be completed by December 31, 2020.

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

As stated earlier (see "[Strengthening New Jersey's Chafee Program 2020-2024](#)") 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.

Also stated earlier, under "[Using Data to Measure Success and Improve Service Delivery to Chafee Eligible Youth](#)", there will be improved efforts in 2020-2024 to use data to inform continuous quality improvements in the delivery of Chafee services. Please see Figures 33-34, which provide data on the number of youth in foster care by county from 2015-2017 ages 14-17 and 18-21.

Figure 33: Youth in Foster Care Ages 14-17, 2017-2019

<u>County</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Atlantic	49	46	43
Bergen	49	36	28
Burlington	51	55	45
Camden	108	100	113
Cape May	28	30	21
Cumberland	53	47	41
Essex	178	179	147
Gloucester	68	68	51
Hudson	78	65	59
Hunterdon	<10*	<10*	<10*
Mercer	80	59	54
Middlesex	69	40	45
Monmouth	68	58	36
Morris	26	28	17
Ocean	55	51	52
Passaic	54	59	49
Salem	16	19	17
Somerset	10	15	11
Sussex	<10*	10	<10*
Union	69	51	50
Warren	23	18	13
Totals	1132	1034	892
<i>Please note totals are slightly higher after adding counties with <10 youth.</i>			

Figure 34: Youth in Foster Care Ages 18-21, 2017-2019

<u>County</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Atlantic	<10*	11	11
Bergen	24	24	22
Burlington	21	16	10
Camden	33	31	25
Cape May	<10*	<10*	<10*
Cumberland	15	12	12
Essex	60	56	50
Gloucester	17	19	13
Hudson	33	29	28
Hunterdon	<10*	<10*	0
Mercer	15	13	12
Middlesex	16	13	11
Monmouth	19	15	10
Morris	<10*	10	<10*
Ocean	<10*	14	13
Passaic	17	15	15
Salem	<10*	<10*	<10*
Somerset	<10*	<10*	<10*
Sussex	<10*	<10*	<10*
Union	26	24	20
Warren	<10*	<10*	<10*
Totals	296	302	252
<i>Please note totals are slightly higher after adding counties with <10 youth.</i>			

Assessments and Tools to Determine Individualized Needs

DCF currently uses the Casey Life Skills Assessment (CLSA) with youth 14+ in foster care. The CLSA is completed annually by youth with assistance from either the child welfare caseworker or a contracted service provider. The CLSA is used in conjunction with the Transitional Plan for YOUth Success (TPYS) to help inform goals that have been identified by youth. There are six domains of the TPYS:

- Supportive Relationships and Community Connections
- Education
- Employment
- Living Arrangement
- Health
- Transitional Services

At this time DCF has identified that the CLSA self-assessment is not the best indicator of a youth's knowledge or skill across domains. Some preliminary research on assessments was conducted through DCF's Youth At-Risk of Homelessness federal project, however this research did not yield an assessment that was appropriate to replace or supplement the CLSA.

More recently, DCF has reviewed the newly released Youth Thrive Youth Survey. This survey is a self-assessment that DCF plans to incorporate utilizing with youth in care to help round out the Youth Thrive protective and promotive factors framework that is integrated into the work conducted by child welfare staff and contracted service providers.

The findings from the 2017 CFSR indicated a need to improve practice regarding assessing needs and connecting with services. During this reporting period, DCF began, but has yet to complete, the process of exploration to review and inventory existing assessments to identify if there is anything else that exists that might be useful to gain a better understanding of the needs of youth in order to connect them to the appropriate service(s)/support(s). If an assessment(s) that meets these needs does not exist, DCF will consider developing a tool. The "Embracing a Youth Welfare System: A Guide to Capacity Building" guide provides helpful material regarding information which should be incorporated into a useful assessment. This guide will be considered when identifying or developing assessments which may be implemented in the future. DCF will also include a more intentional link between the assessment results and connecting youth to appropriate service(s).

DCF has launched Solution Based Casework (SBCW) planning for child welfare practice. The Office of Adolescent Services is partnering with child welfare leadership

regarding this change to determine how it may enhance the Chafee program, services, and practice.

F. Collaboration with Other Private and Public Agencies

DCF is committed to ongoing and meaningful collaboration with a variety of stakeholders as a central element of its work and the implementation of the Chafee program and services. Multiple approaches and activities are utilized to continue collaboration and consultation with stakeholders, these include but are not limited to:

1. Collaborative Mechanisms with Contract and Non-contracted Providers

DCF regularly creates and convenes opportunities for synergy with community-based service providers. Many of these efforts are open to non-contracted agencies. Through the Office of Adolescent Services, there are layered discussions, forums and focus groups to ensure that services are accessible and represent cutting-edge practices.

Chafee-specific contracted service providers convene quarterly for updates, trainings, and resources on a variety of youth related topics. During the last three quarterly meetings these providers have received information regarding NYTD services, the Child and Family Service Plan, and have provided feedback regarding the Chafee program purposes. This feedback has been incorporated into the planning activities outlined in this 2020-2024 Chafee plan.

DCF also works closely with One Simple Wish (OSW), an online non-profit organization and platform that brings national awareness to the foster care system and increases the wellbeing of children experiencing out-of-home care by granting their unique wishes. This support increases a youth's access to items including but not limited to musical instruments, sports equipment and other needs. OSW will support youth currently in foster care and youth with experience in foster care ages 21+.

Although DCF contracts with several housing programs, DCF also partners with Roots and Wings which is a privately funded program that provides safe housing, case management, education, counseling, and life skills to youth aging out foster care 18+. This is an important program and partnership since this program serves youth up to age 24.

2. Initiatives with Key Stakeholders

Youth

Youth are key stakeholders and partners to inform the Chafee program and service area. Refer to prior section titled "*Youth Voice, Leadership, and Advocacy*" for more information.

Public Agencies in New Jersey

The Children in Court Improvement Committee and the Administrative Office of the Courts (AOC)

DCF's Office of Adolescent Services provides standard and ad-hoc training for the Children in Court Improvement Committee (CICIC) and the Administrative Office of the Courts (AOC) to enhance communication and collaboration in effort to improve timely permanency, particularly for adolescents. More broadly, DCF will partner with the CICIC on a statewide permanency improvement effort. The CICIC will manage this effort through use of a standing agenda item related to permanency.

The Department of Community Affairs (DCA)

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

The Housing and Mortgage Finance Agency (HMFA)

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 (HMIS) provide periodic trainings and technical assistance to DCF funded housing service providers.

The Department of Education (DOE)

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.

The Juvenile Justice Commission (JJC)

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 Juvenile Detention Alternative Initiative, statewide and local activities and efforts through the Office of Juvenile Justice and Delinquency Prevention.

Technical Assistance Providers

Through federal projects and other initiatives, DCF partners with and has contracts for various technical assistance (TA) providers regarding 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 TA regarding the Youth Thrive initiative.
- The Juvenile Law Center, providing TA regarding implementing the normalcy and reasonable prudent parent mandate.
- The Corporation for Supportive Housing, providing TA regarding New Jersey's Connect to Home youth supportive housing programs specific to the Youth At-Risk of Homelessness Federal Project.
- Child Trends, providing evaluation TA regarding the Youth At-Risk of Homelessness Federal project.
- Payperks (through Conduent), providing TA regarding the NJ Money Skills online financial literacy program.

Collaboration with Other Private and Public Agencies 2020-2024

Enhancing Career Planning and Supports

In September 2017, DCF launched a new Pathways to Academic and Career Success (PACES) coaching program statewide. The PACES program serves 500 youth across six programs within four community-based service providers. PACES programs provide yearlong academic and career coaching to youth in foster care, ages 16-21, from tenth grade through their second year of college, or completion of a career technical certificate program. In addition to academic support and post-secondary exploration, this program includes assisting youth in developing soft skills necessary to succeed in a work environment. DCF has provided technical assistance and trained PACES coaches and recognizes that additional support is needed to bolster their knowledge and resources regarding career coaching.

To ascertain whether the PACES program has a positive effect on students' academic performance, development of soft skills and college and career technical school enrollment and persistence, DCF will be measuring various program outcomes. Outcomes such as increases in high school GPAs by the end of the school year, students planning to attend New Jersey colleges or universities that receive the New Jersey Tuition Aid Grant, students persisting to the second year of college, and students in career technical education students completing their certification will be measured. These outcomes will be measured through data received through a Memorandum of Agreement with the Department of Education, NJ Foster Care Scholars data maintained by Embrella, a community-based agency that oversees the NJ Foster Care Scholars Program. DCF

is continuing to explore outcomes measures for soft skills/ non-technical employability skills that lead to employment success. This data analysis and outcomes measures will begin in Year 2.

Efforts will be made to engage with Rutgers' Heldrich Center for Workforce Development to increase knowledge of labor and workforce development, research and resources. More specifically, there is interest in developing a partnership with the PACES coaches to have access to the New Jersey Career Network Coaching Community of Practice, an on line platform that supports service providers and staff to provide effective career coaching and soft skills to youth in foster care. This partnership will be pursued in Year 2.

In addition, although there have been some partnerships over the years, DCF is also interested in strengthening our partnership with New Jersey's Labor and Workforce Development and the Statewide Employment and Training Commission regarding initiatives to support career readiness for youth in foster care. For example, there are initiatives related to Science, Technology, Engineering, and Math (STEM), and apprenticeships that could be highly beneficial for youth in foster care. The Youth Transitions to Work Programs can also provide greater opportunities for youth to transition to skilled and high wage occupations. Currently, our PACES programs are referring youth who are not pursuing a post-secondary education to Youth and Job Corps to obtain their High School equivalency and gain employment skills. This partnership will be pursued in Year 2.

Initiatives Related to Adolescent Health

In review of the Chafee program, DCF acknowledges there is a need to strengthen practice and education to youth regarding preventative health activities (smoking avoidance, nutrition education, and pregnancy prevention). 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 Department of Health 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 which promote health and well-being. This work will begin in Year 2.

Preventing Homelessness and Promoting Housing Stability for Youth in Foster Care

DCF has numerous contracts for youth supportive housing and several key partnerships with housing stakeholders statewide. Recently, DCF has become more familiar and started working more closely with the Continuums of Care (CoCs) statewide. DCF seeks to expand and improve CoC partnerships to better coordinate youth housing resources

and ensure that youth experiencing housing instability are appropriately assessed to best understand their housing needs. Due to the pandemic, meetings regarding this activity were delayed. This work will commence in Year 2.

Promoting Developmentally Appropriate Activities and Experiential Learning

Since the implementation of the normalcy and reasonable prudent parent mandate, DCF has convened a large stakeholder group to provide feedback and drive related practice guidance resources, training, and policy. There are outstanding issues related to driving instruction, cell phones/cell phone plans, transportation, and savings accounts for youth in foster care that require attention. DCF will seek out partnerships with other state departments and private agencies to identify potential resources to leverage or purchase to ensure youth in foster care have consistent accessibility to activities and learning that are developmentally appropriate and essential for transitioning to adulthood. This work will begin in Year 2.

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 (for youth 18+) 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+. Eligibility for Chafee services will be expanded to serve youth that were in foster care at age 14+ and were reunified with the families. DCF is currently reviewing youth data and funding availability to determine whether Chafee services can be extended to 23 years old and Education and Training Vouchers (ETV) can be extended to age 26. This work will begin in Year 2.

Chafee funds for independent living 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 35 regarding eligibility for benefits and services.

DCF will not deny eligibility for independent living services to a youth who otherwise meets the eligibility criteria but who is temporarily residing out of state. DCF will not terminate ongoing independent living assistance solely because a youth is temporarily residing out of state.

Figure 35 Chafee Services and Eligibility

<u>Support</u>	<u>Youth that have experienced foster care at age 14 up to age 21</u>	<u>Youth who aged out of foster care at 18</u>	<u>Youth who exited foster care for adoption or KLG after 16+</u>	<u>2020-2024 Plan for Extended Eligibility Youth who exited care to reunification at 14 or older</u>
Youth Bill of Rights	Yes, through child welfare case worker	Yes, through child welfare case worker	No	No
Transitional Plan for YOUth Success (planning tool)	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
Casey Life Skills Assessment (CLSA)	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 (VSA)	Yes, through the child welfare case worker starting at age 18	Yes, through the child welfare case worker starting at age 18	No	No
Chafee specific programming available				
Life skills services	Yes	Yes	Yes	Yes
Pathways to Academic and Career Exploration to Success coaching services	Yes, starting at age 16 if eligible for Foster Scholars programming	Yes, if eligible for Foster Scholars programming	Yes, if eligible for Foster Scholars programming	Yes, if eligible for Foster Scholars programming
Permanency/family finding services	Yes	Yes	Yes	Yes
Mentoring	Yes	Yes	Yes	Yes
Financial literacy through	Yes	Yes	Yes	Yes

njmoneyskills.com and Ever-Fi				
Independent Living Stipend for rent, food, and/or incidentals	Yes, starting at age 16+ if the youth is in an eligible independent living placement	Yes, if the youth is in an eligible independent living arrangement	No	No
Flexible funding to support extracurricular activities, sports, and hobbies	Yes	Yes	No	No
Foster Care Scholars 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
Foster Care Scholars Gap Housing (for breaks and summer months)	Available to any Foster Care Scholar	Available to any Foster Care Scholar	Available to any Foster Care Scholar	Available to any Foster Care Scholar
Supervised transitional living housing programs	Yes, starting at age 16 up to 21	Yes	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21
Transitional living programs	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21
Permanent supportive housing	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21	Yes, starting at age 18 up to 21
Participation in the Youth Advisory Network (youth advocacy and leadership)	Yes, if involved with the Chafee specific service provider	Yes, if involved with the Chafee specific service provider	Yes, if involved with the Chafee specific service provider	Yes, if involved with the Chafee specific service provider
Aftercare case management and life skills up to age 22	Youth are eligible but cannot receive services until 18 and when the child welfare case is closed	Youth are eligible but cannot receive services until the child welfare case is closed	Youth are eligible to receive services after age 18	Youth are eligible to receive services after age 18

Wraparound emergency funds up to age 22	Youth are eligible and can apply for funds after the child welfare case is closed	Youth are eligible and can apply for funds after the child welfare case is closed	Yes, after the age 18	Yes, after the age 18
Supplemental DCF supported services available to youth in all categories				
Children’s System of Care: mental health, substance use, and intellectual/developmental disability services				
Home Visitation Programs: in-home parenting support and psycho-education for new or at-risk parents				
Outreach to At-Risk Youth Programming (OTARY): community-based afterschool programs to prevent juvenile delinquency and gang involvement				
School-Based Programming: Prevention and support programming located in select middle and high schools				
Supplemental and frequently used services available to youth in all categories				
Afterschool programs (e.g. Boys and Girls Clubs, YMCA)				
Day and summer camps (one camp is funding through DCF)				
One-stop county-based career centers				
One Simple Wish (wish granting for concrete needs for youth in foster care)				

Cooperation in National Evaluations

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

Education and Training Vouchers (ETV) Program

During this reporting period the ETV program continued to operate. There are no updates to the program from those outlined below.

Methods to Operate the ETV Program Effectively

Through the New Jersey Foster Care (NJFC) Scholars 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 NJFC Program is the umbrella program for ETV, Statewide Tuition Waiver and “State Option” funding. The NJFC Scholars program is overseen by the Office of Educational Support and Programs (OESP) within the Office of Adolescent Services (OAS), and administered via contract by the non-profit provider, Embrella (formerly Foster and Adoptive Family Services).

Identification of Prospective Students

Eligibility for ETV funding under the NJFC Scholars Program is based on age and length of time in foster care placement. In New Jersey, students who are 16-21 years of age and were: 1) 14 years of age or older with at least 18 months of foster care placement, 2) 16 years or older with 9 or more months of foster care placement or 3) who exited care for adoption or Kinship Legal Guardianship (KLG) after the age of 16, qualify for the program. Students who exited care for adoption between the ages of 12 and 15 are also eligible for NJ Foster Care Scholars under “State Option” which offers the same financial support as ETV (using State dollars). Students enrolled in NJFC and in school at the time they turn 21 are eligible for ETV funds up to age 23.

DCF’s Office of Research, Evaluation and Reporting provides a monthly data file using an algorithm that captures all youth age 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 NJFC Scholars Program 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 targeted recruitment strategies (see below).

Outreach/Recruitment

Embrilla convenes year-round workshops throughout the state for youth currently and formerly in foster care, their caregivers and caring adults to assist in applying for ETV and completing the Free Application for Federal Student Aid (FAFSA), as well as applications for New Jersey specific state aid.

Embrilla also convenes the annual Passport to Education conference for youth in foster care, their child welfare caseworkers and youth-serving providers. Information and resources are shared with both youth pursuing post-secondary education and training and the agency staff or resource caregivers that are assisting them. The conference includes workshops on navigating the financial aid process, college application process, budgeting and options for post-secondary education.

NJFC Scholars sessions, including information about ETV, are also regularly held across the state. These sessions seek to inform secondary and post-secondary school staff and youth about eligibility, and to enhance a collaborative service partnership for a youth's success in post-secondary education. Sessions are also held with youth service providers and advocates such as Court Appointed Special Advocates (CASA), Law Guardians, life skills and housing providers, high school guidance counselors, Educational Opportunity Fund (EOF) programs, and college support programs.

Application Process

The NJFC Scholars application is web-based, allowing convenient access and an expedited application process. Students must apply in the fall semester. For those reapplying, an abridged version of the application is available. For new applicants, students must provide a copy of their high school diploma or High School Equivalency as well as:

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

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

Review and Acceptance

Upon acceptance, students receive a welcome letter confirming their acceptance into the NJFC Scholars Program. The welcome letter outlines the academic policy and requirements of the student's funding as specified by either ETV or the Statewide New

Jersey Tuition Waiver legislation. The letter specifically notes that the ETV funding must not exceed the cost of attendance, is limited to \$5,000 per academic year and must be dispersed in two \$2,500 installments. Students are also informed that they must be registered at least half time and must be continuously enrolled on their 21st birthday to continue to receive funding until they reach the age of 23. Lastly, the letter advises the student that funding ends at age 23 regardless of the student's completion of post-secondary education.

Each NJ Foster Scholar is assigned a Scholarship Coordinator at Embrella who assists the student in understanding their funding, communicates with the financial aid offices to resolve any 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 GPA each semester and make Satisfactory Academic Progress (SAP) as determined by their Post-Secondary Institution (PSI). Scholarship Coordinators are responsible for verifying GPA and SAP each semester by using the "NJ Foster Scholars Program Student Account Inquiry Form" (refer to the section below on "Methods to Ensure ETV Funding Doesn't Exceed Total Cost of Attendance"). 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. If a student falls below a 2.0 GPA for two consecutive semesters they are removed from the program. The student 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 (COA)

Embrella uses an "NJ Foster Scholars Program Student Account Inquiry Form" to ensure that ETV funding does not exceed the cost of attendance. Upon a student's acceptance into the NJFC Program, Embrella staff email the inquiry form (each semester) to the Post-secondary institution's (PSI) Financial Aid, Bursar or Student Accounting office for completion of cost of attendance expenses, actual costs for tuition and fees, room, and board. The inquiry form also asks the PSI to list the financial aid awarded to the student for the semester by category: federal (Pell, SEOG), state, and institutional grants, scholarships, loans (subsidized, unsubsidized, private) and personal payments.

Once Embrella receives the completed inquiry form from the PSI and confirms that the student's financial aid package doesn't exceed the COA, the ETV funds (up \$2,500 per semester and no more than \$5,000 per academic year) are available to be released to either the PSI, the student, or a third-party vendor depending on the category of student's unmet need. Funds will be released to the PSI 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 payments (with a copy of a lease). Funds are released to a third-party vendor for the purchase of computers or laptops, books and supplies.

It should be noted that students who remain under the supervision of Child Protection and Permanency (CP&P) do not receive ETV funds for food, rent or incidentals support. These expenses are provided through CP&P Independent Living stipends. NJ Foster Care Scholars 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 (ETV or State). The database also captures the student's demographic data, grade point average by semester, and ETV timeframes. Timeframes include the date school began, date the student disengaged from school (if relevant), date resumed school (if relevant) and the date of the student's 23rd birthday. Students are notified in writing six months prior to their 21st birthday that it is required to remain consecutively enrolled to continue receiving funding after their 21st birthday. In addition, students are notified in writing six months prior to their 23rd birthday to remind them that ETV funding will terminate.

Coordination with Other Education and Training Programs

DCF and Embrella make every effort to assist youth in maximizing all available financial aid. Embrella also administers New Jersey's Statewide Tuition Waiver Program (TW) on behalf of DCF. ETV students whose ETV funding is discontinued because they reach the age of 23 and who meet the TW eligibility (nine months of foster care placement after the age of 16) may then access TW funding to complete their education. The TW funding is available to students for five years from the date TW is accepted, allowing the student to continue their education up to age 28 (if they begin using TW at age 23).

DCF will work with the administration of the New Jersey's Higher Education Student Assistance Authority (HESAA) to ensure current and former foster youth apply and utilize available state aid. HESAA has oversight of the Education Opportunity Fund 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 (NJ-GIVS). A partnership with HESAA will be pursued in Year 2.

Embrilla 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, and Montclair State University, each having unique college support programs which many of our NJ Foster Scholars are participants.

DCF's PACES program (which began in September 2017), in partnership with four non-profit agencies (see [Collaboration with Other Private and Public Agencies 2020-2024](#), Enhancing Career Planning and Supports section of the Chafee plan for additional information on PACES) 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 (GEAR UP) Programs.

Method for Determining Unduplicated Youth

Using the database, Embrella and Office of Educational Support and Programs (OESP) 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 PSI, enrollment status, GPA
- ETV-funded students
- State-funded students
- Amount of ETV spending and by spending category
- New students per semester
- Returning students
- Students who fell below 2.0 GPA

Unduplicated Number of ETVs Awarded

Please refer to the [Statistical and Supporting Information, Education and Training Voucher](#) section of this report for information.

Chafee Training

DCF has a vast training menu supporting various areas of child welfare practice. Within this training menu are several Chafee specific training opportunities available to child welfare staff, service providers, and other stakeholders. These training opportunities aim to assist participants to effectively implement policy, practice, and programming to ensure high quality and comprehensive services to Chafee eligible youth. All the training programs are highlighted below. Please note, during the past year, one additional training was added to the Chafee Training Plan. The new training is indicated with an *.

Youth Thrive

The Youth Thrive protective and promotive factors framework training was co-designed by the Center for the Study of Social Policy (CSSP), the Office of Adolescent Services (OAS), and DCF's Office of Training and Professional Development (OTPD) to help NJ's young people reach their full potential. This training is co-led by a seasoned trainer and a trainer with lived experience. Youth Thrive is based on emerging research in neuroscience and brain development as well as established research on the promotion of positive youth development. This training emphasizes the importance of supporting healthy development and wellbeing of youth to assist in promoting positive outcomes. This three-day training is offered to child welfare staff and service provider staff. In addition, a Youth Thrive home correspondence course has been developed and is offered to resource and adoptive parents.

Got Adolescents?

Got Adolescents? is a one-day training for child welfare staff primarily serving adolescents and young adults. The training provides the "101" regarding youth specific policy, practice, and programming to best prepare child welfare staff to best engage and team with youth.

Transitional Plan for YOUth Success (TPYS)/Casey Life Skills Assessment (CLSA):

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

Post-BA Certificate in Adolescent Advocacy (ADAD)

OAS and Montclair State University created this 15-credit certificate program primarily geared to child welfare staff and expanded to other DCF staff over the years. The ADAD certificate focuses on adolescent advocacy, case practice, and provides students with a multidisciplinary understanding of the role of the adolescent advocate as seen through the disciplines of law, sociology, and psychology. The certificate incorporates youth perspectives, concepts from the Youth Thrive framework, adolescent development, trauma informed care, and engagement into its coursework. DCF will be updating the coursework to include more transfer of learning activities and the Attachment, Regulation, and Competency (ARC) framework. The ADAD certificate is a one-year program that includes five courses: two in the fall, two in the spring and one in the summer. In an effort to ensure that all staff have access to the program, both an in-class option at Montclair State University and an online option are offered for 40 staff each year.

Safe Space Program and Training

The Safe Space Program encourages and promotes DCF to create welcoming and inclusive environments for Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) youth, families, and staff. This strategy provides an atmosphere whereby the LGBTQI population can feel safe and supported, and can access resources specific to their needs. Sexual and gender minority youth are an at-risk population that is faced with many challenges regarding accessing services, placement and interactions with other professionals. DCF continues to educate its workforce on providing proficient and comprehensive services to LGBTQI 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, cutting-edge resources and specific LGBTQI education. In addition, a statewide Safe Space Networking conference is held annually.

Cultural Competency LGBTQI Training

This recently launched two-day training for child welfare staff develops a basic understanding of the needs, challenges, issues, and resources pertinent to LGBTQI youth, adults, and families served by the child welfare system as well as the skills to recognize and meet these needs. Through discussions and activities around terminology, values and attitudes, the coming out process, safety, and legal issues, participants will learn how to best provide services that promote the psychological, social, emotional, and physical health and welfare for all, regardless of sexual orientation, gender identity, or gender expression.

Youth Leadership and Advocacy Training

This one-day training is currently offered to Chafee specific service providers to provide an overview of the theories and concepts related to youth engagement and leadership

development. The training emphasizes how youth engagement contributes to healthy development, healing from trauma, and fostering youth resilience. Knowledge is increased regarding strategies for developing effective youth-adult partnerships and effective strategies to promote leadership and advocacy. This training will be expanded to child welfare staff, resource parents, and other youth advocates over the next three years.

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 untapped areas of training regarding youth work, or topics which may be relevant to improving services and supports provided to youth. In 2019 the conference topic was Adolescent Sexual Health; the next conference will be planned for 2021.

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 will be enhanced to include addressing school discipline.

Chafee Training Plan 2020-2024

Along with the training opportunities described above, DCF will continue implementing or pursue the following trainings:

- *Normalcy Training:* A two-hour online Normalcy and Reasonable Prudent Parenting Training was developed and created during the summer 2019 and launched on October 1, 2019 for all child welfare staff to complete. A subsequent in-person training will be available for child welfare in 2020, and a similar training will be developed for resource and adoptive caregivers and for non-family based out of home providers.
- *Expectant and Parenting Youth Training:* DCF seeks to develop training for child welfare staff and providers regarding the unique needs of expectant and parenting youth (including young fathers).
- *Chafee-related training for resource and adoptive parents:* DCF has several trainings for child welfare staff and service providers, however needs to focus on strategies to ensure that similar Chafee related training is available to resource and adoptive parents through in-person and/or online based modalities.
- 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 personal lived experience in a healthy way to help inform systems change and enhancement.

Consultation with Tribes (Chafee/ETV)

There are no federally recognized tribes located within the geographic boundaries of New Jersey; however, three tribal nations have very recently received state recognition. DCF will plan to engage these tribes through the Commission on Indian Affairs regarding Chafee and Education and Training Vouchers (ETV) program services for Indian youth. As outlined in the [Serving Youth Across the State](#) and [Determining Eligibility for Benefits and Services](#) sections above, these services are available statewide to all eligible youth to include those identified as Indian youth.

There have not been any tribes requesting 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.

Consultation and Coordination Between States and Tribes

There are no federally recognized tribes located within the geographic boundaries of New Jersey; however, in the past two years, New Jersey's Attorney General's Office reached settlements with the Nanticoke Lenni-Lenape Tribal Nation, the Powhatan Renape Nation and the Ramapough Lenape Nation, which included official recognition as American Indian Tribes within the State of New Jersey. All are members of the New Jersey Commission on Indian Affairs.

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, regardless of their tribal affiliation.

In an ongoing effort to build collaborative relationships with Indian communities throughout New Jersey, DCF has solicited feedback from the Commission on Indian Affairs, which is administered through the New Jersey Department of State. Representatives from DCF's Interstate Services Unit attend all quarterly Commission meetings. Additionally, in March of 2019, DCF's Administrator for the Office of Resource Families attended a Commission meeting to partner with the tribes to identify and recruit tribal members who are willing to go through the resource family licensing process to act as a placement option for children that may enter CP&P custody that have a tribal affiliation.

DCF's Office of Resource Families also requested cultural competence training from Commission members, which is in the process of being arranged. Efforts in

these areas are on-going as DCF continues to make outreach efforts and search for additional ways to partner with New Jersey's state-recognized American Indian Tribes, particularly regarding children that may enter foster care.

CP&P implemented the new rule to the Indian Child Welfare Act (ICWA) (comprehensive regulations which provide the first legally binding federal guidance on how to implement ICWA) through its updated policy released in February 2019. Additionally, CP&P centralized the notification process for staff in 2018 by assigning a NJ Central Liaison to the Bureau of Indian Affairs (BIA) and Tribes.

The NJ Central Liaison is housed in DCF's Office of Interstate Services. The Liaison sends notification letters to the Tribes and BIA and tracks and monitors responses/information exchanged between the Division, the Tribes and BIA. The NJ Commission and BIA continue to provide advice on a case specific basis, as well as consultative services to meet the requirements set forth. BIA continues to provide training as needed to the Liaison.

Throughout 2019, DCF's Office of Interstate Services provided training to staff and stakeholders covering both ICWA policy and DCF's centralized ICWA referral process. Additionally, all new adoption workers are trained on the rules and guidelines of ICWA. With this, an integrated practice guide is available to assist staff in appropriately identifying any tribal affiliations of youth within the first five days of placement. Concurrent planners also regularly discuss a child's possible tribal affiliation to ensure staff is continually following up on the issue and appropriately collaborating or transferring cases to tribes when necessary.

The Administrative Office of the Courts and CP&P are working together to strengthen the protocol to handle cases under ICWA's New Rule. In ongoing practice, the courts and the Deputies Attorney General apply the provisions of the Indian Child Welfare Act successfully. They require that tribal affiliations be included in all final adoption papers. Matters which must be transferred to tribal jurisdiction are handled appropriately, focus on the law, and interactions with staff are maintained as necessary.

The Division 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 has presented information to tribal leaders and the larger community regarding these reforms and on the process of relatives and kin becoming caregivers.

The Commission and/or the BIA continue to be available to help the child welfare agency to resolve a child's status. From January through November of 2019, the Office of

Interstate Services transmitted ICWA referrals for 80 children (56 families) to the BIA. The Commission and BIA's input will continue to be sought in child welfare processes.

CAPTA State Plan Requirements and Updates

A. CAPTA Substantive Changes to State Law

There have not been any substantive changes to state law or regulations that would affect NJ's eligibility for the CAPTA State Grant.

B. Significant Changes to Approved State CAPTA Plan

There have not been any significant changes to NJ's CAPTA Plan in the use of funds.

C. Utilization of CAPTA State Grant Funds

Currently, NJ utilizes direct CAPTA funding to support four (4) of the 14 program areas enumerated in section 106(a) of CAPTA. The four program areas are the following:

1. The intake, assessment, screening⁴⁸ and investigation⁴⁹ of reports of child abuse or neglect
2. Case management⁵⁰, including ongoing case monitoring, and delivery of services and treatment provided to children and their families
3. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers
4. 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 to include but not limited to the [DCF Family Success Centers](#), collaborative training opportunities for investigative workers as well as community stakeholders such as [Finding Words](#); services to assist with high risk factors for families such as [Domestic Violence](#) public awareness services such as the [Child Assault Program](#); development of training and coaching curricula and a program manual

⁴⁸ DCF Policy: Screening - https://www.nj.gov/dcf/policy_manuals/_CPP-II-A-1-100_issuance.shtml

⁴⁹ DCF Policy: Investigations - https://www.nj.gov/dcf/policy_manuals/_CPP-II-C-2-200_issuance.shtml

⁵⁰ DCF Policy: Case Management - https://www.nj.gov/dcf/policy_manuals/_CPP-I-A-1-200_issuance.shtml

to support quality implementation of NJ DCF's Supportive Visitation Services program by community-based providers.

Additional information related to these funded areas are listed under the [Services for Children Under the Age of Five](#) and [Populations at Greatest Risk of Maltreatment](#) sections, to include Community-Based Child Abuse Prevention programs and Children's Trust Funds.

Additional funds are coordinated from other programs listed below such as the Children's Justice Act, Child Protection Substance Abuse Initiative (CPSAI) as well as the three citizen review panels.

D. Children's Justice Act

Performance Report – Federal Fiscal Year (FFY) 2019

In FFY 2019, CJA funds were used to develop, implement and administer programs designed to improve:

- the handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner which limits additional trauma to the child victim;
- the handling of cases of suspected child abuse or neglect-related fatalities;
- the investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation; and,
- the handling of cases involving children with disabilities or serious health-related problems who are victims of abuse or neglect.

CJA FFY 2019 Grant Activities

In FFY 2019, CJA funds were used for child-centered programs designed to prevent additional trauma to child victims. Since its inception, NJTFCAN has advocated for a statewide multidisciplinary approach to the investigation, prosecution and treatment of cases of child physical and sexual abuse. Model programs funded through CJA provided state-of-the-art training in the identification, investigation and prosecution of child abuse and neglect and improved diagnostic and therapeutic services to child victims and their families.

Model/Demonstration Programs

NJTFCAN Professional Development & Training Programs

Each year, NJTFCAN sponsors multidisciplinary training programs to improve the handling of cases of child abuse and neglect. All NJTFCAN sponsored professional training programs are child-focused and designed to promote skills that prevent additional trauma to child victims and their families.

In FFY 2019, CJA funds were used to support the following professional development projects to enhance the knowledge of persons involved in the investigation, prosecution, assessment and treatment of child abuse and neglect:

\$147,009 - Finding Words-New Jersey: Forensic Interviewing Training

Statement of Purpose

Since 2002, DCF and NJTFCAN have supported *Finding Words-New Jersey*, a forensic interviewing program originally developed in collaboration with the American Prosecutors' Research Institute (APRI) and based on the National Corner House protocol RATAAC and subsequently disseminated by the National Child Protection Training Center (NCPTC).

The goal of the project is to train frontline professionals involved in the investigation and prosecution of child abuse to conduct an effective and legally defensible interview of alleged child sexual abuse victims of various ages and prepare children for court. At the completion of the five-day training, participants have a meaningful understanding of important concepts and practices including: child abuse dynamics, children's language and development, memory and suggestibility, the impact of questions on the process of abuse disclosure and factors associated with a credible and reliable child statement.

Forensic Interviewing is an invaluable skill for most child protective services investigations, including those conducted by CP&P. A professional investigator interviews a child to ascertain whether that child has been abused or neglected.

Forensic interviewing not only brings out information that is needed to determine if abuse or neglect has occurred, 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.

Target Population

The *Finding Words-New Jersey* training is designed for prosecutors, CP&P child abuse investigators, law enforcement, multidisciplinary team members, and professionals involved in interviewing alleged child victims of maltreatment.

Approach

Various approaches to adult learning are utilized in the delivery of this training, including:

- Intensive classroom curriculum provided by professionals with expertise in civil and criminal cases of child abuse.
- Lecture, group discussion, role play and videotaped mock interviews.
- Videotaped interviews are critiqued by the teaching faculty with suggestions for improvement.
- Participants evaluate the training and make suggestions for improvement.

Outcome

In FFY 2019, the following trainings were conducted throughout the State:

- March 18-22, 2019 Training - Camden County
The Southern Regional Training included participants from the following disciplines: 13 Prosecutors' Detectives, 9 Assistant Prosecutors, 16 Division of Child Protection and Permanency (CP&P) staff, three Municipal Police Detectives, and two victim advocates.
 - 29 participants* and 2 observers**:
 - Atlantic County: 1 observer
 - Camden County: 11 participants
 - Cape May County: 5 participants, 1 observer
 - Cumberland County: 4 participants
 - Gloucester County: 5 participants
 - Salem County: 3 participants
 - Monmouth County, 1 participant
- April 10 – 12, 2019 and April 15 – 16, 2019 Training – Morris County
The Northern Region Training included participants from the following disciplines: 12 Prosecutors' Detectives, 5 Assistant Prosecutors, 19 DCPP staff, 3 interns, 1 Social Worker, 1 Counselor, 1 Clinician, and 2 Licensed Associate Counselors.
 - 24 participants* and 9 observers**:
 - Bergen County: 3 observers
 - Hudson County: 7 participants
 - Morris County: 5 participants, 4 observers
 - Passaic County: 4 participants
 - Sussex County, 4 participants, 1 observer
 - Warren County: 4 participants, 1 observer
- October 16 -18, 21, 22, 2019 Training – Middlesex County
The Central Region Training included participants from the following disciplines: 18 Prosecutors' Detectives, 6 Assistant Prosecutors, 14 DCPP staff, 1 Intern, 1 Psychology Intern, 1 Social Work Intern, 4 Psychology Fellows, 1 Extern, 1 Forensic Nurse Examiner, 1 Victim Advocate, 1 New Jersey State Police Detective, and 1 Psychologist.

- 35 participants* and 12 Observers**:
- Bergen County: 6 observers
- Hudson County: 1 observer
- Hunterdon County: 2 participants
- Mercer County: 4 participants, 1 observer
- Middlesex County: 9 participants, 3 observers
- Monmouth County: 5 participants
- Ocean County: 4 participants, 1 observer
- Somerset County: 3 participants
- Union County: 6 participants
- Warren County: 1 Participant
- New Jersey State Police: 1 participant

*[*Actual number of attendees reported]*

*[** Observers do not conduct the mock interviews with both the child (non-abuse event) and actor (portraying a child victim and using the interview protocol). They attend all the lectures, sit in on the break-out room discussions and take the post test. Observers receive a certificate of attendance while participants get a certificate of completion.]*

Impact of the Program on the Child Protection System

The *Finding Words-New Jersey* child-focused forensic interviewing project continues to reform the investigation and prosecution process and improve civil and criminal court proceedings.

To date, over 2,000 professionals involved in investigating child sexual abuse have been trained in the *Finding Words-New Jersey* protocol and, using role play, have demonstrated effective child-sensitive interviewing skills. Multidisciplinary team members are more knowledgeable about the process of disclosure, age appropriate guidelines in questioning, child development, barriers to disclosure, memory, perpetrator/victim relationships, suggestibility and problems encountered during the interview.

Training outcomes include:

- Prosecutors have adopted *Finding Words-New Jersey* as their protocol of choice when interviewing alleged child abuse victims.
- Child Forensic Interviewing is included in the U.S. Department of Justice Best Practices. Trained child forensic interviewers are taught research-based methods for improving investigations. These skills have decreased interview errors in laboratory settings. Training appears to be effective when highly structured protocols are used, and regular supervision is provided.
- Criminal cases are strengthened with accurate information to withstand legal scrutiny and child victims are better prepared for courtroom testimony.
- Child victims experience fewer traumas during the investigation and prosecution process.

- Prosecutors are more sensitive to the special needs of child victims and are more willing to support the development of Child Advocacy Centers (CAC) to support those child victims.
- The project is in compliance with the goals of the NJTFCAN CJA Three-Year Assessment to reform the investigation and prosecution process and improve civil and criminal court proceedings.
- NJTFCAN continues to work with DCF to facilitate child-focused forensic training for CP&P child abuse investigative units.
- This project relates to category A listed in the federal law in that it directly improves investigative handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation.

\$11,000 - Multidisciplinary Team (MDT) Training

Statement of Purpose

In FFY 2019, CJA funds were used to support two statewide training conferences for members of county-based multidisciplinary teams (MDTs), child welfare/protection workers and prosecutors' child abuse units.

In 1990, NJTFCAN collaborated with the CP&P to develop a training curriculum and implement a multidisciplinary case management approach to handling criminal cases of child abuse. Children's Justice Act funds provide annual training to multidisciplinary teams made up of professionals in law enforcement, prosecution, child protective services, mental health, medicine, and victim witness advocacy.

MDTs provide case supervision from the initial criminal and civil investigation to case disposition. The MDT coordinator ensures that members are informed about changes in the case, that child victims receive the appropriate physical and mental health assessments and provides support services to prevent additional trauma during the investigation and prosecution process.

Target Population

Participants of the training conferences include statewide MDTs and professionals in law enforcement, child protection, social work, mental health, domestic violence, and juvenile justice.

Approach

The following array of approaches are offered:

- Classroom training in a multidisciplinary case management approach to facilitate investigations, prosecution and treatment of child physical and sexual abuse from investigation to case disposition.
- Training seminars conducted by State and national experts in joint investigations, child deaths, psychological and medical evaluations, child safety, prosecution issues,

expert witness testimony, victim witness advocacy and issues related to the MDT process.

- Ongoing evaluation of training needs by the NJTFCAN and partners.

Outcome

The “*Effects of Child Abuse*” conference was held at Monmouth University and was attended by 126 child protection professionals. Attendees included prosecutors, Deputy Attorneys General, law enforcement, child protection service workers, medical professionals, mental health professionals, victim advocates, CAC staff, Forensic Nurse Examiners, and sexual violence advocates. The professionals came from 21 counties throughout New Jersey, as well as from some statewide agencies and regional agencies. Presenters included:

- Jenna Quinn, a sexual abuse survivor, author, TED speaker, and the namesake of Jenna’s Law;
- Kellie Quinn, mother of Jenna Quinn, educator in advocacy work in the realm of child sexual abuse;
- Amelia Wachter-Smith, Family Practice Chief with the NJ Administrative Office of the Courts; and,
- Amelia Hamarman, manager of the Sexually Transmitted Disease Education and Special Projects with the NJ Department of Health.

The New Jersey Multidisciplinary Team Coordinators Association partnered with Monmouth University School of Social Work to provide six Continuing Education Units (CEUs). Also, this conference offered New Jersey Continuing Legal Education (CLE) credits under the approved provider status of the Camden County Prosecutor’s Office.

Impact on the Child Protection System

- County prosecutors continue to utilize the MDT case management approach in the prosecution of child abuse.
- Child victims are referred to regional diagnostic treatment centers for medical and mental health assessment.
- Ongoing training enables law enforcement, social workers, medical and mental health providers to learn about changes in the law, prosecution issues, forensic interviewing, and treatment protocols.
- The MDT supports the expansion of child advocacy centers throughout the State where child victims can be interviewed and receive support services in a neutral setting.
- Prosecutors’ cases are strengthened through the MDT case management approach.
- Child victims and their families are better informed about the progress of the case and children are emotionally strengthened for courtroom testimony.
- Ongoing training strengthens MDT best practice standards and education about child abuse issues. It also supports effective team functioning.

- Child death cases will be investigated to identify child abuse factors.
- The project complies with the goals of the NJTFCAN CJA Three-Year Assessment to support, improve and maintain the 21 county MDTs and to continue to provide basic and advanced training of MDTs to support optimal team functioning.
- The annual MDT training supports both categories A and B in the federal law as it includes not only topics related to investigative, administrative and judicial handling of cases of child abuse and neglect, but also includes topics for the prosecution and successful resolution of criminal court proceedings.

\$75,000 - Biennial Conference

Statement of Purpose

NJTFCAN, in collaboration with DCF, and with the logistical assistance of Stockton University, hosted a statewide conference for approximately 600 professionals in the field of child welfare on Friday, September 13, 2019 at the centrally located Westin Princeton at Forrestal Village (Princeton, NJ). Entitled, “*The Road to Resilience: Journey Through ACEs*,” this interdisciplinary conference provided professionals and advocates working with children and families an opportunity to learn about the science behind childhood trauma, and best practices to build resiliency. The speakers for this event included national and local experts on the topic of Adverse Childhood Experiences (ACEs), resiliency and healing-centered care. Speakers included:

- Laura Porter, co-founder of ACE Interface, who discussed brain science and the effects of Adverse Childhood Experiences
- Amelia Franck Meyer, CEO of Alia Innovations, who spoke about trauma-informed, healing-centered practices
- Pat Stanislaski, Director of Partnering for Prevention, who presented on resilience

This conference represented the continuum of work regarding ACEs.

Target Population

A multitude of professionals were targeted for this conference, including professionals in child protection, law enforcement, social work, educators and daycare providers, mental health, medicine, juvenile justice, domestic violence, law guardians, and Court-Appointed Special Advocate (CASA) volunteers.

Approach

Selected experts presented on topics relevant in child abuse and neglect cases.

Impact on the Child Protection System

- The conference provided an overview of DCF’s efforts to intentionally and meaningfully address Adverse Childhood Experiences and their impact on New Jersey’s children and families.

- Attendees were provided with an opportunity to learn about how the effects of unmitigated or unaddressed adversity can reverberate for generations, increasing the likelihood that children who've experienced adversity have a greater potential of becoming adults with chronic health problems, relationship issues, mental health challenges, addiction challenges, socio-economic challenges and more.
- Attendees learned that when ACEs do occur, there are concrete steps that can be taken to help children heal.

Outcome

- Participants learned about ACEs, toxic stress, and its effect on brain development.
- Participants learned about systemic interventions designed to transform child welfare into a system that focuses on “Families as the solution.”
- Participants learned about the Protective Factors and the important role that resilience plays in our everyday lives.
- Participants learned about how, through partnerships in the field of child welfare, NJ plans to take a statewide approach to understanding and overcoming ACEs.
- This conference was in line with category A of the CJA law regarding investigative, administrative and judicial handling of cases of child abuse and neglect. By providing training and information about adverse childhood experiences, child protection professionals will be better equipped to assist in reducing the risk of child abuse and neglect and assist families to be able to heal after traumatic events occur.

Additional and Unique Professional Development

\$183,000 - Collaborative Safety Training

Statement of Purpose

This training was designed to establish a culture of safety while simultaneously transforming the critical incident review system within DCF using contemporary safety science and a nationally recognized curriculum. The Collaborative Safety model supports the agency in the development of a robust and proactive response to critical incidents and a responsive system dedicated to learning and improvement. The model uses an approach that moves away from a culture of blame and towards a culture of responsibility and accountability. Years of research have shown that blame may decrease accountability, as it inhibits the ability of the organization to learn and improve. It is recommended that this work take place over the course of three phases, described below.

Phase One objectives include establishment of the systemic critical incident review, alignment and training of agency executives and management in using systems-thinking. Additionally, an understanding of the review process, engagement of external stakeholders, and implementation of systemic critical incident review, which includes orienting frontline staff and supervisors to the process, will be established.

Phase Two objectives include engagement of leadership and management in leadership labs over the course of a year to embed systems-thinking into organizational management, training agency supervisors on how to embed safety science principles into everyday agency supervision, and ongoing maintenance and technical assistance to refine the systemic critical incident review system.

Phase Three includes ongoing maintenance and fidelity to the systemic critical incident review process and establishment of sustainability.

Target Population

The target population is all DCF staff including leadership, management, care management organization workers, frontline supervisors and frontline workers.

Approach

The Safety Champion Institute, a four-day institute engineered to provide a formal skill set to professionals in organization safety and quality assurance, will be implemented and is comprised of four courses:

- Introduction to Human Factors and Systems Safety
- Human Factors Debriefing
- Accident Analysis
- Systems Analysis

The Safety Leadership Institute, a two-day training designed to provide agency management with a high-level understanding of safety science, will be used to engage managers on how to respond to support safety advancement and system change as well as how to ethically respond to failure in a way that promotes organizational learning and improvement. The Institute is connected to the principles in the Safety Champion Institute along with the Critical Incident Review process learned by Safety Champions. This provides management with a shared understanding of how their agency may advance these principles and how their Safety Champions will approach change. The Safety Leadership Institute is comprised of three courses:

- Human Factors and Systems Safety Management Course
- Supporting Culture Transformation
- Integrating Safety Science into Leadership

The advanced Practical Training Institute is a two-day training designed for frontline investigators, frontline caseworkers and frontline supervisors. The first day of the Institute provides a framework of system safety and is designed to engage participants with a comprehensive and holistic introduction to Human Factors and System Safety. Contrasting models and approaches are presented to give participants an increased command of relevant scientific literature. Concepts and learning objectives are presented in a way that enables participants to make information meaningful. Throughout the course, information is strategically and thoughtfully

connected to their work. The second day of the Institute is directed toward teaching participants how to integrate safety science concepts into investigations and casework.

Outcomes

- Increased trust in the provision of care;
- Improvements in employee retention;
- Increased public trust; and
- Improved outcomes from a system dedicated to improving the reliability and safety of provided services.

Impacts on Child Protection System

- A robust and proactive response to critical incidents;
- A responsive system dedicated to learning;
- Improved staff morale;
- Increased staff engagement;
- Increased accountability; and,
- Improved systems in place.

The Collaborative Safety Initiative is in compliance with the goals of the NJTFCAN CJA Three-Year Assessment to provide training to frontline protection investigators and supervisors to provide better outcomes for the families of New Jersey.

This initiative is in line with Category C of the CJA federal law in that it is a reform of current procedures regarding how critical incidents of child abuse or neglect, including child fatalities, are handled within DCF. As detailed above, these new procedures will result in improvement to not only how DCF responds to critical incidents, but also how DCF will be able to continually analyze and improve responses in the future.

\$3,500 Shared Hope International (JuST Conference)

Statement of Purpose

In FFY 2019, CJA funds were used to support multidisciplinary professionals in child protection in the participation of a nationally renowned training conference featuring today's most pressing issues facing professionals and advocates in the anti-trafficking field.

Target Population

The target population for this opportunity was all professional staff members of the Department of Children and Families (DCF).

Approach

The JuST Conference featured workshops focused on skill-building, survivor experiences, cross-discipline collaboration, case studies and lessons learned in the areas

of investigation, prosecution and therapeutic services. This collaborative community training conference was open to any and all individuals, understanding that each person has a role to play in the prevention, disruption and eradication of sex trafficking.

Outcome

- Two DCF staff members attended the JuST Conference from October 15 -17, 2019 in Cincinnati, Ohio.

Impact on Child Protection System

- This conference focused on professionals who working with victims of human trafficking. The goals was to build the attending professionals' knowledge and foster collaborative partnerships to improve the effectiveness of strategies and supports provided for these victims.

E. Child Protection Substance Abuse Initiative (CPSAI)

DCF utilizes a portion of the CAPTA State Grant to support the Child Protection Substance Abuse Initiative (CPSAI). 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 or abuse assessment and substance abuse treatment. At least one CPSAI staff member, who conducts substance use or abuse assessments of parents of CP&P supervised children, is located in each CP&P Local Office. The CPSAI initiative supports program areas in CAPTA section 106(a). Attachment D, the CPSAI table, provides an overview of service category and description, geographic area and populations served, as well as any changes to programming. Additional information regarding CPSAI can be found in the [Service Coordination for Families with Active Child Welfare System Involvement](#) section of this report.

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

NJ has three statutorily required Citizen Review Panels:

1. New Jersey Task Force on Child Abuse and Neglect (NJTFCAN)
2. New Jersey Staffing and Oversight Review Subcommittee (SORS)
3. New Jersey Child Fatality and Near Fatality Review Board (CFNFRB)

Each panel submits and publishes an annual report that can be reviewed publicly on the DCF public website. The following links represent the latest Citizen Review Panel Reports:

CFNFRB: 2018 Annual Report- Issued December 2018

https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/fatality_reports.html

NJTFCAN: Ninth Annual Report July 1, 2018-June 30, 2019

https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/njtfca_reports.html

SORS: Twelfth Annual Report July 1, 2018- June 30, 2019

https://www.nj.gov/dcf/news/reportsnewsletters/taskforce/njtfca_reports.html

DCF is 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 E, F and G represent the DCF responses to the previous year's annual reports.

G. Infants Affected by Substance Abuse

Policy/Statute

The Comprehensive Addiction and Recovery Act of 2016 (CARA) Section 503 amends Title I of the Child Abuse and Prevention Treatment Act (CAPTA) to help states address the effects of substance use disorders on infants, children, and families. CARA defines the following:

- Removes 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 practice; multi-disciplinary, family-focused, strengths-based/protective capacities and protective factors
- Increases DCF's federal reporting requirements

DCF convened an intradepartmental CARA workgroup to develop and implement strategies to meet these requirements under the federal policy. This included consultation and partnership with medical subject matter experts and other stakeholders including the NJ Department of Health (DOH). DOH is the licensing authority for hospitals and birthing centers.

As a result of this partnership, the work group determined that practice and policy around reporting substance exposed infants (SEI) was not clear and that healthcare providers would only report on instances of SEI if there was an identified child abuse or neglect concern. New regulation was needed to ensure adherence to the reporting regulations. In collaboration with DOH, DCF adopted N.J.A.C. 3A:26⁵¹, Substance Affected Infants on January 16, 2018. This rule sets for the reporting requirements related to substance exposed infants for hospitals and birthing centers.

⁵¹ [N.J.A.C. 3A:26](#)

Target Population

The CARA workgroup identified the need for a standard definition of the term “affected by substance abuse” to specify those infants for whom the legislation reporting and Plans of Safe Care apply. 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 (NCSACW), the following definition was endorsed and incorporated into NJAC 3A:26:

A “Substance Affected Infant” is one:

- 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 which 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
- Who displays the effects of Fetal Alcohol Spectrum Disorder (FASD)

*[*Controlled substance – Manufacture, possession, or use controlled by government entity; prescription meds or illicit drugs]*

Data Collection

In order to accommodate reporting of SEI referrals and meet the requirements of reporting in the National Child Abuse and Neglect Data System (NCANDS), the CARA workgroup reviewed policy as well as reporting mechanisms in NJ SPIRIT to determine how reports were captured. Enhancements to NJ SPIRIT and guidelines were established for entering referrals of SEIs when reports are called into SCR. Additionally, until further changes can be made to NJ SPIRIT, a manual tracking system has been implemented that enables CP&P Local Office staff to report the number of Plans of Safe Care and the service referrals for each family.

Plans of Safe Care Protocol Summary

In order to assess DCF’s capacity to support the implementation and monitoring of services, supports and Plans of Safe Care, a Safe Care Implementation Workgroup was formed. This workgroup was charged with developing a protocol to integrate CARA requirements and Plans of Safe Care into current case practice. This protocol includes:

- Referrals are coded as “substance affected infant” when identified by the CP&P Local Office
- The intake caseworker will initiate the Child Protection Services (CPS) investigation or child welfare assessment prior to the child’s discharge from the hospital
- The intake caseworker will complete the Structured Decision-Making tools to identify safety and risk factors, strengths and protective capacities, as well as 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 a multi-disciplinary team case conference prior to closing the investigation or during a transfer conference to permanency. This team will include but is not limited to CP&P staff, system partners with knowledge of developmental needs of infants and young children, as well as representatives from the Early Childhood System of Care, substance use professionals, clinical consultants and Domestic Violence Liaison.
- The multi-disciplinary team case conference is documented on a Supervisory Contact Sheet in NJ SPIRIT and includes family structure, CPS 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 and invites them to attend a Family Team Meeting (FTM) and develops a Plan of Safe Care. If the family is opened for services within CP&P, the Plan of Safe Care is documented on a Family Agreement. If the family is not opened for services within CP&P, the Plan of Safe Care is documented on a closing letter.
- The Family Agreement or closing letter serves as the Plan of Safe Care.
- If the parent declines an FTM, a Family Agreement or closing letter, the Plan of Safe Care is developed by the caseworker and the parent(s).
- The Plan of Safe Care ensures that the infant and parents are referred for services and supports that reduce risk factors and increase protective factors. Services include but are not limited to:
 - Treatment for substance use disorders and recovery support services
 - Social services
 - Housing
 - Early Intervention services
 - Home visiting services
 - Health care services
 - Childcare
 - Parenting support and education
 - Services through the Family Success Centers
 - Parenting support
- The Plan of Safe Care is documented on the Family Agreement or closing letter and identifies the resources, services and supports that the family agrees to obtain to reduce risk factors and increase protective factors.

Collaborating with Stakeholders

Division of Mental Health and Addiction Services (DMHAS)

DCF, in conjunction with the Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS), developed and provided a Plan of Safe Care consumer information package to be distributed by medication-assisted treatment (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, DCF list of Central Intake for community services, the DCF ‘Supporting Substance Affected Newborns and Their Families’ information, DCF Safe Sleep for Infants materials, DCF When a Baby Cries pamphlets, a Center for Disease Control and Prevention safe storage of medication pamphlet, and DCF and NJ’s Division of Highway and Traffic information on 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, thus making it less traumatic and more supportive.

New Jersey Department of Health

DCF worked with the NJ Department of Health to disseminate information to hospitals regarding reporting requirements for substance exposed infants.

Robert Wood Johnson Foundation and Rutgers University

Using the nationally recognized ECHO platform⁵², 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.

DCF Office of Early Childhood

The DCF Office of Early Childhood obtained funding to support the statewide network of Central Intake Hubs, hiring Early Childhood Liaisons who actively participate in the multi-disciplinary teams within the CP&P Local Offices. The role of the Early Childhood Liaison includes educating team members about the needs of infants and young children and the resources and support available for their parents in all 21 counties in New Jersey (including home visiting, child care, early intervention, family success centers, social services, etc.).

Multi-disciplinary Team Conference

When a referral for a substance affected infant is received in one of the CP&P Local Offices, a multi-disciplinary team 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 domestic violence liaison, a behavioral health consultant, and an Early Childhood Liaison. Team members offer questions, ideas, resources and support that the

⁵² http://rwjms.rutgers.edu/community_health/project-echo

caseworker subsequently shares with the family during the development of a Plan of Safe Care. The caseworker will ensure that parent(s) 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 parent(s) 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 will submit 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 family/caregiver) to the Office of Research Evaluation and Reporting who will collect for NCANDS reporting.

Implementation

One of the counties most impacted by the opioid epidemic in New Jersey is Atlantic County. Since March 2018, the outlined protocol above has been successfully piloted in Atlantic County and expanded to all other counties in New Jersey. After successfully testing a protocol for Plans of Safe Care in a demonstration site in Atlantic County, DCF formally adopted a policy, ["Plans of Safe Care for Infants Identified at Birth and Affected by Substance Use or Drug Withdrawal"](#) in January 2019. A critical step in statewide implementation was to provide a 1 to 2-day training on CARA and the "Protective Factors Framework". The "Protective Factors Framework" was developed by the National Alliance of Children Trust and Prevention Funds. Training was provided for Child Protection and Permanency intake staff and community partners. Community partners included, but were not limited to, representatives from hospitals, public health clinics, treatment and recovery centers for substance use disorders, Early Head Start, mental health, domestic violence, home visiting, and Early Intervention. To ensure that it was accessible to participants, a cadre of internal trainers provided training on-site in each of New Jersey's 21 counties. By August 2019, all 46 local offices were trained, and Plans of Safe Care were being completed. In FFY19, based on the office's implementation schedules, New Jersey identified 1,308 substance exposed newborns; 1,028 had a Plan of Safe Care and 1,141 were referred to appropriate services.

Monitoring

Plans of Safe Care are monitored at multiple levels DCF. At the individual/family level, Plans of Safe Care are monitored by the assigned caseworker and supervisor to ensure that children are safe and families acquire the services and support they need. At the CP&P 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 a multi-disciplinary team 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 currently being integrated 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 also 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. The work group will reconvene when the COVID 19 pandemic has subsided and DCF returns to normal operations.

Response to COVID 19

On March 19, 2020, in response to the COVID 19 pandemic, DCF temporarily adjusted operations to ensure administration of mission-critical services to New Jersey's children, youth and families. The State Central Registry is triaging calls and prioritizing those in need of immediate response. Substance affected newborns are considered priority, and referrals are responded to in person. Though in-person contact with parents in hospitals has been challenging, caseworkers utilize videoconferencing and phones to assess the strengths and needs of families with substance affected newborns prior to their discharge. Once discharged, caseworkers continue to follow departmental policy for Plans of Safe Care.

Victims of Child Abuse Act Reauthorization Act of 2018

NJ submitted a signed Governor's Assurance Statement of Compliance on June 30, 2019 and, therefore, no Program Improvement Plan was required.

A. CAPTA Coordinator/State Liaison Officer:

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Division of Child Protection and Permanency
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Targeted Plans

A. Foster and Adoptive Parent Diligent Recruitment Plan

DCF remains committed to recruiting and retaining potential resource and adoptive families that reflect the cultural, racial, and ethnic diversity of children in out-of-home care. As a result, DCF has developed a comprehensive recruitment and retention plan that supports strategies that are child focused, data driven, customer service centered, collaborative, inclusive of the voice of families and youth, and sustainable.

From July to September 2019, recruitment staff revamped and revised recruitment plans to include work surrounding recruitment of resource homes for adolescents, sibling groups and children with specialized medical needs. Updated data surrounding adolescent placements as well as medical needs of children in care were reviewed to determine areas of need and strategies. Recruiters conducted events statewide, highlighting the need for families willing to accept children with special medical needs and adolescents. Some highlighted events that focused on targeting children with specialized needs occurred at the Metropolitan Family Health Center in Jersey City, Health and Human Services office in Hudson County, Trinity Alliance Church in Atlantic county, and at the Chamber Women’s Networking event in Bergen county. Recruitment and retention events targeting adolescents were held in Ocean, Hudson, Monmouth, Somerset, Passaic and Camden counties. Each event prioritized discussions on fostering youth in care and were held in locations such as iPlay America, high schools, churches and Case Management Organization (CMO) offices. Somerset and Camden county recruiters partnered with youth speakers at these events to discuss the need for families willing and able to care for adolescents.

For additional information, please review the updated 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan.

B. Health Care Oversight and Coordination Plan

The Department of Children and Families (DCF) Office of Clinical Services (OCS) is charged with providing support, guidance and leadership across DCF on child and family health related matters and supports the overall safety and connectedness of children and families served by the department. This work is also provided through DCF’s Division of Children’s System of Care (CSOC), New Jersey’s public system designed to serve children, youth and young adults with behavioral health and substance use challenges, and intellectual and developmental disabilities. Recognizing the joint efforts of the OCS and CSOC as well as CSOC’s capacity to coordinate access to services within a community and systems development framework, OCS was integrated as a unit of the CSOC effective fiscal year 2019. This reorganization is intended to support the Department’s strategic priorities that all children and families have the services and tools needed to meet their overall needs and remain safe, healthy and connected to their homes and communities. OCS had primary responsibility for creating and implementing New Jersey’s 2015-2019 Health Care Oversight and Coordination Plan and as part of New Jersey’s CSOC can now use a prevention-focused approach in establishing and integrating the 2020-2024 plan into best practice for all children served by DCF. For

further information, please see the updated DCF 2020-2024 Health Care Oversight and Coordination Plan.

C. Disaster Plan

The need for formal emergency planning and practice in anticipation of possible critical events in a system of DCF's size is clear. Evacuation centers, transportation, education, staffing, and medical care are all services required during and post-crisis. The need to practice drills for potential emergencies is necessary. In addition, post Hurricane Katrina and Super Storm Sandy, and current COVID-19 response efforts, reinforce that comprehensive emergency preparedness plans are essential to ensure the safety and protection of the children, youth, women and families we serve.

On March 25, 2020 the State of New Jersey received a Major Disaster Declaration (DR-4488) for assistance to the statewide response and recovery efforts for the COVID-19 pandemic. DCF is prioritizing life safety and health, and the well-being of staff and the children and families we serve. DCF developed planning and response to ensure business continuity, is maintaining Mission Essential Functions and tracking Business Impact Assessment.

DCF's Office of Emergency Management (OEM) is currently collaborating with other Emergency Support Function #6 (ESF# 6) NJ State Departments and various Non-Government Organization (NGO) partners with logistical support and tracking resource requests through E-Team from the NJ State Police, state Office of Emergency Management (NJOEM). DCF is working in collaboration with the NJOEM, vendors and NGOs to address identified needs. Procurement of Personal Protective Equipment (PPE) and distribution for DCF staff and community providers remains a priority as well as addressing any unmet needs of displaced children or families. DCF is coordinating the planning and resources to establish alternate site facilities for sheltering of youth in out-of-home settings and establishing necessary supports and services.

DCF updated its Continuity of Operations Plan (COOP), Pandemic Influenza Annex, and Mission Essential Functions and Orders of Succession. Guidance relative to COVID-19, including Human Resources information was provided to DCF staff. Guidance and resources also were provided to contracted community provider agencies, families/youth and for licensed childcare. The DCF OEM team also is participating in various conference calls for working groups and team meetings to provide support and obtain situational awareness. DCF OEM also functions as the liaison to the NJOEM for the facilitation of procurement of necessary resources.

DCF continues to monitor and maintain situational awareness via on-going briefings, DCF COVID -19 daily updates, a daily dashboard for data analysis which includes overall COOP levels of residential facilities. This ensures continuity of

operations and identifying when the enactment of mass care protocols will be needed. Assessment of the effectiveness of the Disaster Plan is ongoing.

For additional information, please see the DCF 2020-2021 Disaster Plan.

D. Training Plan

The New Jersey Department of Children and Family's (DCF) Office of Training and Professional Development (OTPD) provides training that enhances the child protective services skills of New Jersey's child welfare workforce (approximately 4,500 employees and the offices that support them). OTPD facilitators have degrees in education, social work and other human services related disciplines and are training approximately 6,500 DCF personnel statewide at any given time. In addition, OTPD provides a three-day onboarding orientation for all new and reassigned employees. This orientation is normally provided at the OTPD Professional Center, however due to COVID-19, OTPD has moved this three-day in person Orientation to an online delivery.

Additional information is provided in the updated DCF 2020-2024 Training Plan.

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 40 hours of continuing education per year for all other 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.

Summary of Recruitment Plan for Family Service Specialist Trainee (FSST)

The Department of Children and Families (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 as a Family Service Specialist Trainee. Since the Department receives more than 11,000 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. Recruitment efforts are centered on an interviewing process known as a Job Fest. A Job Fest generally includes 50 to 70 candidates interviewed in two sessions. A Job Fest consists of:

a) Introduction

1. Overview of the Department of Children and Families, Division of Child Protection and Permanency (CP&P), and the role of the Family Service Specialist.

2. Instructions for completing the pre-employment forms/paperwork.
3. Overview of the hiring process.
4. Video presentation-the realities of the job.

b) Initial Interview

1. Each candidate is interviewed individually by a panel of two interviewers.
2. Each fest has eight to twelve interview panels.
3. Interview questions are scenario-based and designed to assess the following skills:
 - a. Judgment/Decision Making
 - b. Oral Communication
 - c. Problem Analysis
 - d. Interpersonal Responsiveness
 - e. Organization
 - f. Time Management

c) Writing Sample

1. Each candidate participates by preparing a writing sample in ten minutes.
2. The writing sample is evaluated to determine if it is relevant, coherent, in a narrative format, and reflects proper spelling/grammar/punctuation.

d) Credential/Paperwork Checkout

1. Each candidate meets with a Human Resources representative to:
 - a. Review employment application for completeness.
 - b. Review and verify documents (valid driver's license, social security card, college transcript, list of references).
 - c. Ensure candidate signs necessary releases, consents, and affidavits.
 - d. Advise candidate of any outstanding documentation needed to complete the application process.

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

Degree and Certifications required for caseworkers and professionals

Family Service Specialist Trainee

- Graduation from an accredited college or university with a bachelor's degree. Preference is given to those with a bachelor's or master's degree in Social work or a related degree with six months of social work experience.

Family Service Specialist 2

- Graduation from an accredited college or university with a bachelor's degree. One (1) year of experience in professional social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and supporting and/or carrying out treatment plans.
- A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be substituted for the indicated experience.
- A Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area may be substituted for the indicated experience.
- Applicants who do not possess the required degree may substitute additional professional support work experience related to case management on a year for year basis with one (1) year of experience being equal to thirty (30) semester hour credits.

Family Service Specialist 1

- Graduation from an accredited college or university with a bachelor's degree.
- Two (2) years of experience in professional social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and/or carrying out treatment plans.
- A maximum of one year of non-caseload carrying experience may be credited toward the experience requirement listed above.
- A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be substituted for one (1) year of indicated experience.
- A Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area may be substituted for one (1) year of indicated experience.
- Applicants who do not possess the required degree may substitute additional professional case management experience on a year for year basis with one (1) year of experience being equal to thirty (30) semester hour credits.

Supervising Family Services Specialist 2

- Three (3) years of experience in professional social work, direct support counseling, guidance, or case management involving high risk child abuse and neglect or other problematic situations involving counseling services to clients with social, emotional, psychological, or behavioral problems, including gathering and analyzing information, determining needs, and planning and/or carrying out treatment plans.
- A maximum of one year of non-caseload carrying experience may be credited toward the experience requirement listed above.
- A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be substituted for one (1) year of indicated experience.
- A Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area may be substituted for one (1) year of indicated experience.
- Applicants who do not possess the required degree may substitute additional experience as indicated on a year-for-year basis with one (1) year of experience being equal to thirty (30) semester hour credits.

Supervising Family Service Specialist 1 (Casework Supervisor)

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

emotional, psychological, or behavioral problems including gathering and analyzing information, determining needs, and planning and/or carrying out treatment plans, one (1) year of which shall have been a supervisory capacity.

- A maximum of one year of non-caseload carrying experience may be credited toward the non-supervisory experience requirement listed above.
- A supervised social work field placement of three hundred (300) hours serviced through an accredited college or university or performed in a social service agency may be substituted for one (1) year of non-supervisory experience.
- Applicants who do not possess the required degree may substitute additional experience as indicated on a year-for-year basis with thirty (30) semester hour credits being equal to one (1) year of non-supervisory experience.
- A Master's degree in Social Work, Psychology, Guidance and Counseling, Divinity, Marriage and Family Therapy, or other related behavioral science area may be substituted for one (1) year of non-supervisory experience.

Training Requirements for staff

DCF's Office of Training and Professional Development (OTPD) provides training that enhances the child protective services skills of New Jersey's child welfare workforce (approximately 4,500 employees and the offices that support them). For information on the training requirements for the DCF Child Protective Services Workforce, please review the 2020-2024 DCF Training Plan.

Caseload Requirements and Data

DCF is committed to maintaining caseload standards that will allow workers to effectively address the needs of the families on their caseloads. The standards to which DCF adheres are described below and outlined in figures 36-39.

- Intake workers (Investigators) 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.

Data on CPS Workforce Training

For FFY19, 265 CP&P staff completed a total of 39,738 new worker training hours. 6,207 DCF staff completed 1 or more training sessions, comprising a total 289,538 hours. This total is inclusive of the new worker training hours. Also, it should be noted that 861 non-DCF participants attended 1 or more training sessions, comprising an additional 12,362 hours.

Data on CPS Workforce Education, Qualifications and Demographic Workforce Information

The education and demographic information of the workforce are identified in figures 40-45.

Figure 36

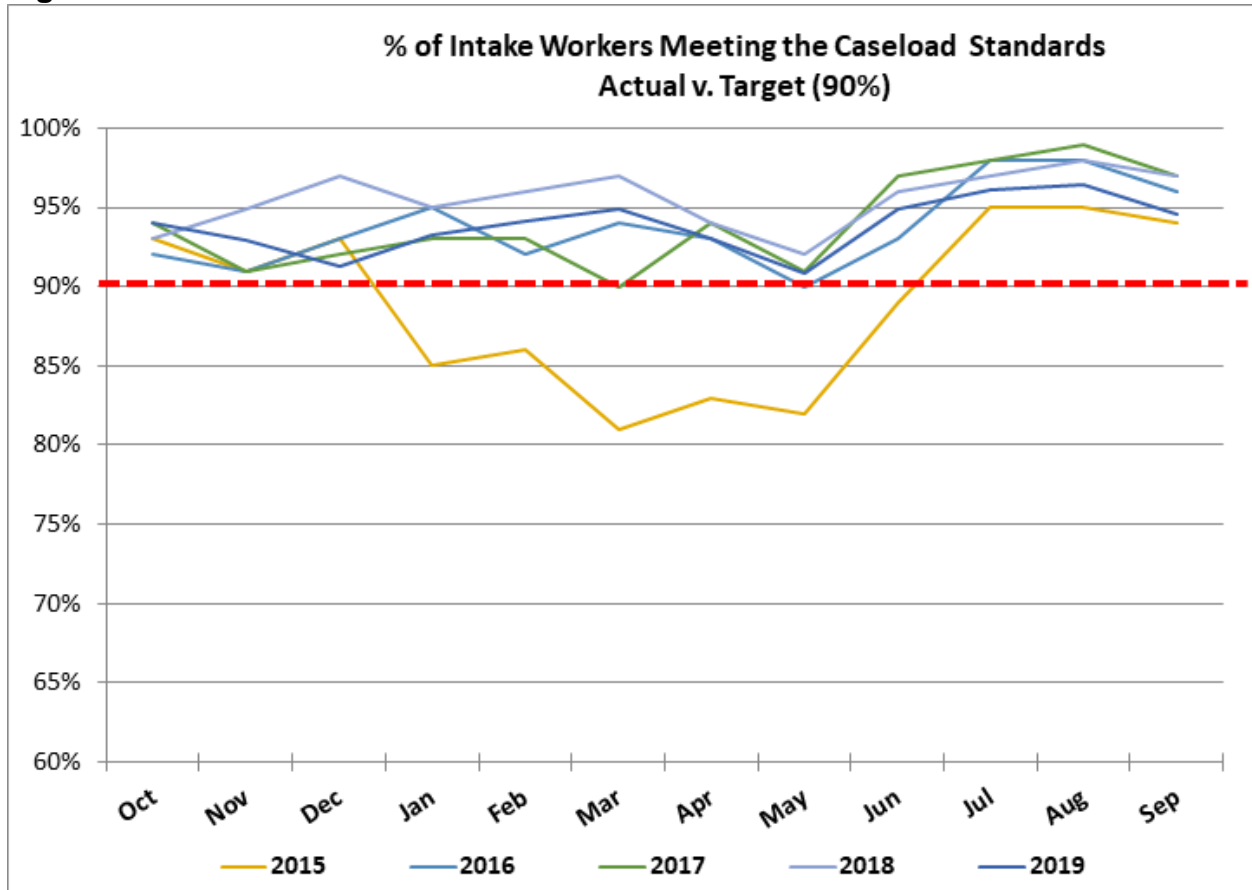


Figure 37

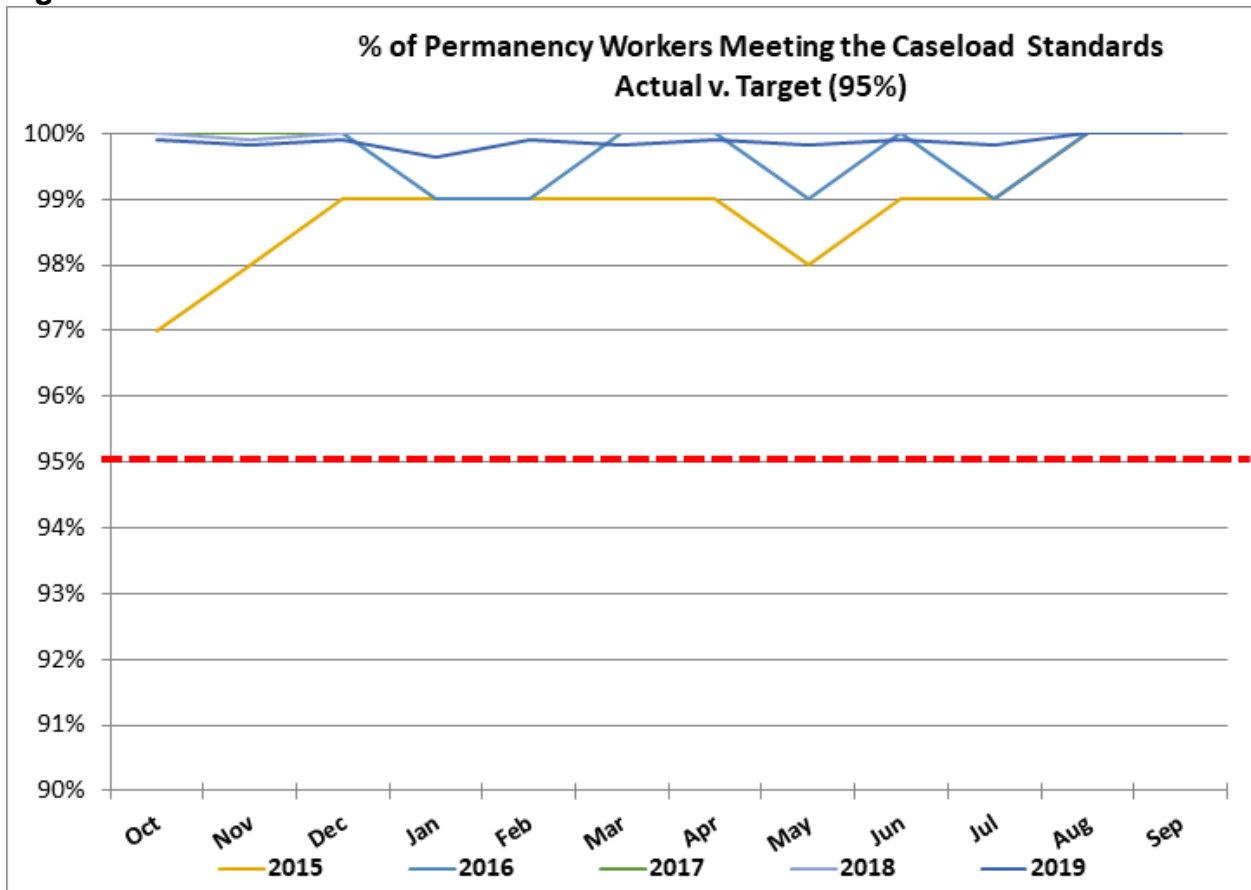


Figure 38

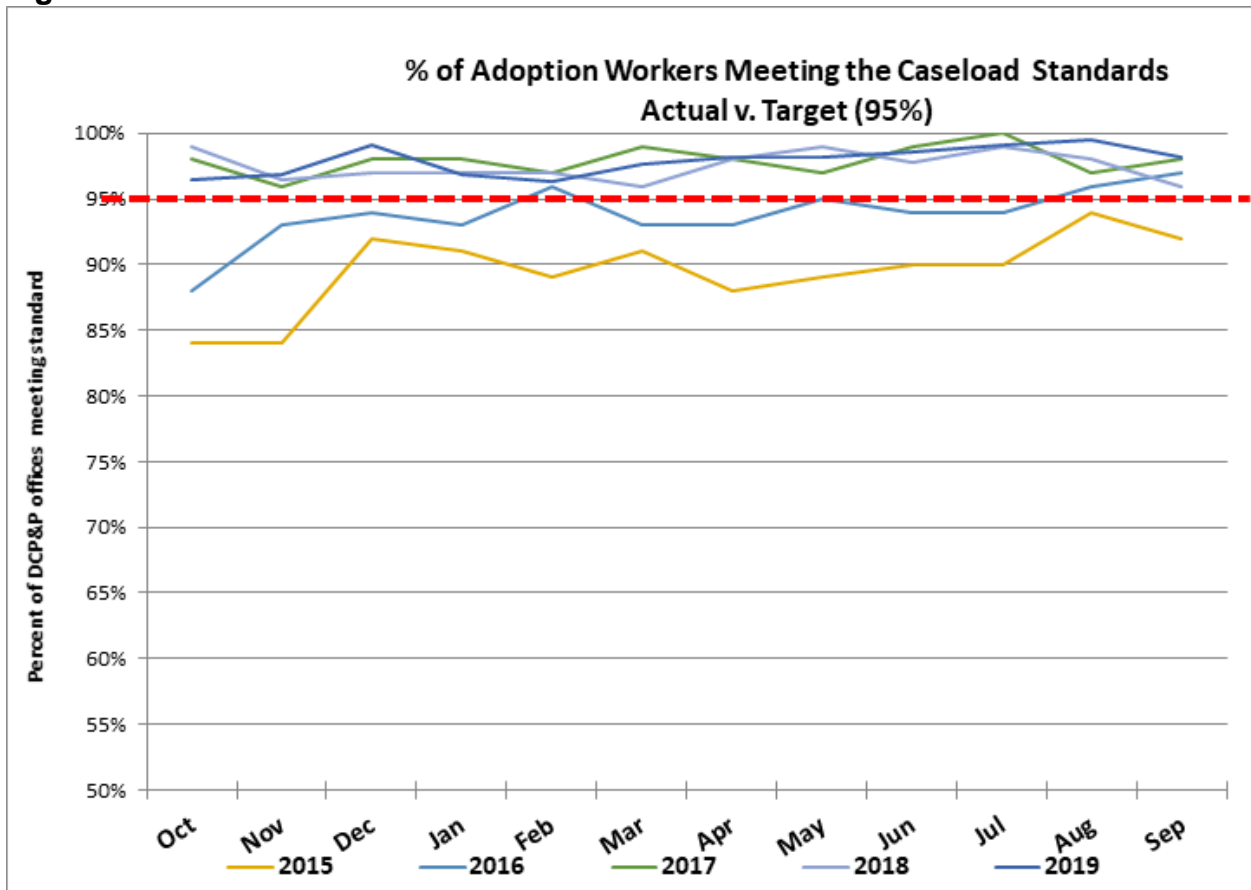


Figure 39

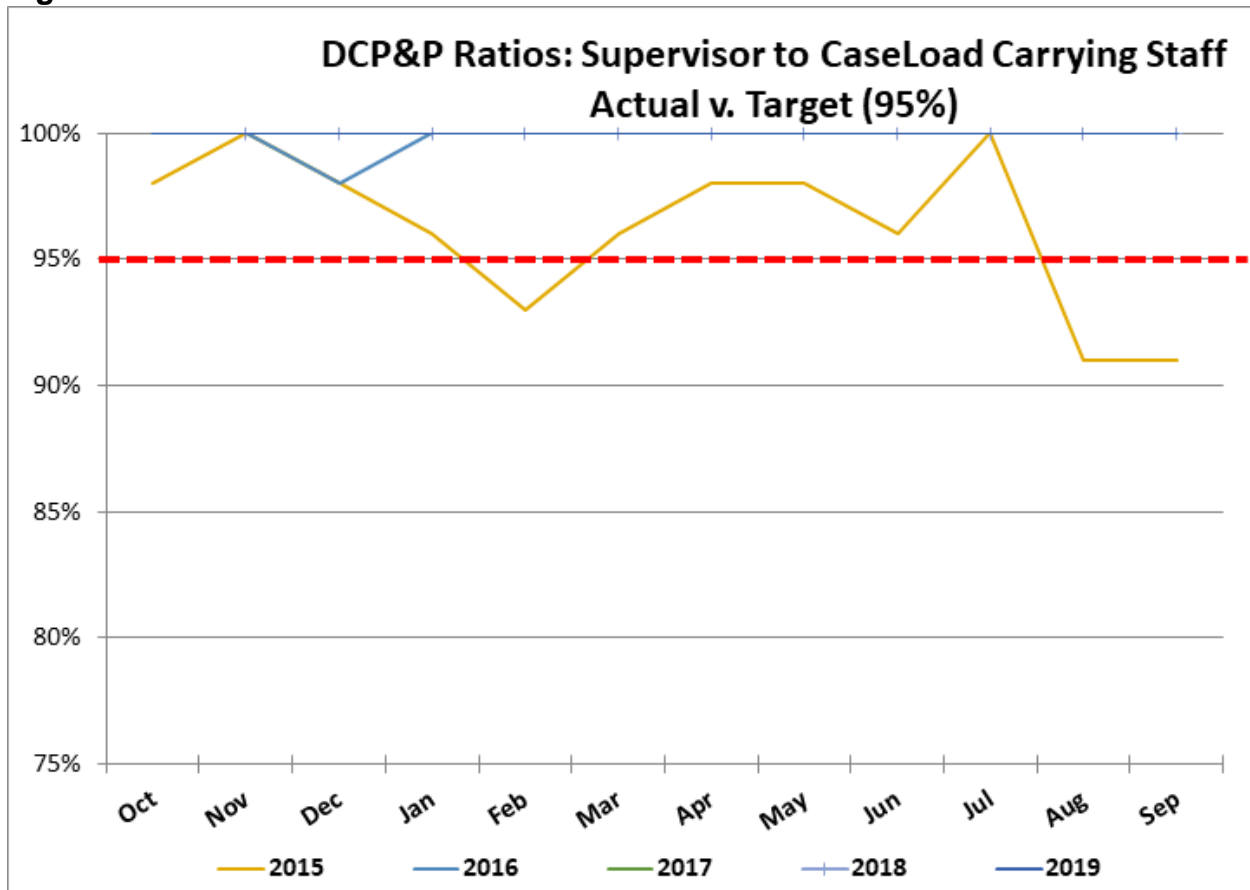


Figure 40

<u>All Child Welfare Staff by Job Function as of September 30, 2019</u>	<u>MSW</u>	<u>Other Masters</u>	<u>BSW</u>	<u>Other Bachelors</u>	<u>Law Degree</u>	<u>PhD</u>	<u>No 4- year Degree</u>	<u>Staff Totals</u>
	<u>Adoption Worker</u>	<u>20</u>	<u>21</u>	<u>41</u>	<u>133</u>	-	-	-
<u>Adoption Supervisor</u>	<u>10</u>	<u>7</u>	<u>8</u>	<u>26</u>	-	-	<u>1</u>	<u>52</u>
<u>Intake Worker</u>	<u>89</u>	<u>84</u>	<u>172</u>	<u>766</u>	-	-	<u>4</u>	<u>1115</u>
<u>Intake Supervisor</u>	<u>21</u>	<u>28</u>	<u>26</u>	<u>153</u>	-	-	<u>3</u>	<u>231</u>
<u>Permanency Worker</u>	<u>94</u>	<u>123</u>	<u>214</u>	<u>955</u>	-	-	<u>14</u>	<u>1400</u>
<u>Permanency Supervisor</u>	<u>45</u>	<u>20</u>	<u>29</u>	<u>188</u>	<u>1</u>	-	<u>3</u>	<u>286</u>
<u>Resource Family Worker</u>	<u>17</u>	<u>28</u>	<u>41</u>	<u>192</u>	-	<u>2</u>	<u>4</u>	<u>284</u>
<u>Resource Family Supervisor</u>	<u>3</u>	<u>8</u>	<u>4</u>	<u>36</u>	-	-	-	<u>51</u>
<u>Local Office Support Staff</u>	<u>15</u>	<u>20</u>	<u>19</u>	<u>151</u>	-	-	<u>4</u>	<u>209</u>
<u>Local Office Support Supervisor</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>24</u>	<u>1</u>	-	<u>1</u>	<u>35</u>

<u>Case Practice Specialist</u>	<u>18</u>	<u>9</u>	<u>9</u>	<u>40</u>	-	-	-	<u>76</u>
<u>Case Work Supervisor</u>	<u>41</u>	<u>24</u>	<u>19</u>	<u>113</u>	<u>1</u>	-	<u>2</u>	<u>200</u>
<u>Local Office Manager</u>	<u>14</u>	<u>7</u>	<u>5</u>	<u>17</u>	-	-	<u>1</u>	<u>44</u>
<u>Area Office Support Staff</u>	<u>7</u>	<u>10</u>	<u>5</u>	<u>36</u>	<u>1</u>	-	<u>2</u>	<u>61</u>
<u>Area Office Manager</u>	<u>6</u>	<u>2</u>	<u>3</u>	<u>4</u>	-	-	-	<u>15</u>
	-	-	-	-	-	-	-	-
<u>Degree Totals</u>	<u>404</u>	<u>394</u>	<u>597</u>	<u>2834</u>	<u>4</u>	<u>2</u>	<u>39</u>	<u>4274</u>

Figure 41

<u>New Hires by Job Function for October 1, 2018 through September 30, 2019</u>	<u>MSW</u>	<u>Other Masters</u>	<u>BSW</u>	<u>Other Bachelors</u>	<u>Law Degree</u>	<u>PhD</u>	<u>No 4- year Degree</u>	<u>Staff Totals</u>
<u>Adoption Worker</u>	-	-	-	-	-	-	-	<u>0</u>
<u>Intake Worker</u>	<u>1</u>	<u>1</u>	<u>3</u>	<u>14</u>	-	-	-	<u>19</u>
<u>Permanency Worker</u>	<u>26</u>	<u>21</u>	<u>40</u>	<u>133</u>	-	-	-	<u>220</u>
<u>Resource Family Worker</u>	-	-	-	-	-	-	-	<u>0</u>
<u>Local Office Manager</u>	-	<u>1</u>	-	-	-	-	-	<u>1</u>
<u>Area Office Support Staff</u>	-	<u>1</u>	-	-	-	-	-	<u>1</u>
	-	-	-	-	-	-	-	-
<u>Degree Totals</u>	<u>27</u>	<u>24</u>	<u>43</u>	<u>147</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>241</u>

Figure 42

<u>All Child Welfare Staff by Job Title as of September 30, 2019</u>	<u>MSW</u>	<u>Other Masters</u>	<u>BSW</u>	<u>Other Bachelors</u>	<u>Law Degree</u>	<u>PhD</u>	<u>No 4-year Degree</u>	<u>Staff Totals</u>
<u>Family Service Specialist Trainee</u>	<u>28</u>	<u>24</u>	<u>45</u>	<u>163</u>	-	-	<u>1</u>	<u>261</u>
<u>Family Service Specialist 2</u>	<u>150</u>	<u>190</u>	<u>337</u>	<u>1490</u>	-	<u>1</u>	<u>18</u>	<u>2186</u>
<u>Family Service Specialist 1</u>	<u>57</u>	<u>64</u>	<u>107</u>	<u>562</u>	<u>1</u>	<u>1</u>	<u>7</u>	<u>799</u>
<u>Front Line Supervisor (SFSS 2)</u>	<u>83</u>	<u>66</u>	<u>69</u>	<u>426</u>	<u>2</u>	-	<u>8</u>	<u>654</u>
<u>Case Practice Specialist (CSS)</u>	<u>21</u>	<u>10</u>	<u>10</u>	<u>43</u>	-	-	-	<u>84</u>
<u>Case Work Supervisor (SFSS 1)</u>	<u>41</u>	<u>24</u>	<u>19</u>	<u>116</u>	<u>1</u>	-	<u>2</u>	<u>203</u>
<u>Local Office Manager</u>	<u>14</u>	<u>7</u>	<u>5</u>	<u>17</u>	-	-	<u>1</u>	<u>44</u>

Area Office Support Staff	<u>4</u>	<u>7</u>	<u>2</u>	<u>14</u>	-	-	<u>2</u>	<u>29</u>
Area Office Manager	<u>6</u>	<u>2</u>	<u>3</u>	<u>3</u>	-	-	-	<u>14</u>
Degree Totals	<u>404</u>	<u>394</u>	<u>597</u>	<u>2834</u>	<u>4</u>	<u>2</u>	<u>39</u>	<u>4274</u>

Figure 43

<u>New Hires by Job Title for October 1, 2018 through September 30, 2019</u>	MSW	Other Masters	BSW	Other Bachelors	Law Degree	PhD	No 4-year Degree	Staff Totals
Family Service Specialist Trainee	<u>27</u>	<u>22</u>	<u>41</u>	<u>145</u>	-	-	-	<u>235</u>
Family Service Specialist 1	-	-	-	-	-	-	-	<u>0</u>
Family Service Specialist 2	-	-	<u>2</u>	<u>2</u>	-	-	-	<u>4</u>
Local Office Manager	-	<u>1</u>	-	-	-	-	-	<u>1</u>
Area Office Support Staff	-	<u>1</u>	-	-	-	-	-	<u>1</u>
Degree Totals	<u>27</u>	<u>24</u>	<u>43</u>	<u>147</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>241</u>

Figure 44

<u>All Child Welfare Staff by Job Title as of September 30, 2019</u>	Asian	Black	Hispanic	Native American	White	Total Female	Asian	Black	Hispanic	Native American	White	Total Male	Staff Totals
Family Service Specialist Trainee	<u>17</u>	<u>77</u>	<u>1</u>	<u>15</u>	<u>115</u>	<u>225</u>	-	<u>14</u>	-	<u>2</u>	<u>20</u>	<u>36</u>	<u>261</u>
Family Service Specialist 2	<u>32</u>	<u>803</u>	<u>22</u>	<u>33</u>	<u>895</u>	<u>1785</u>	<u>7</u>	<u>201</u>	<u>5</u>	<u>6</u>	<u>182</u>	<u>401</u>	<u>2186</u>
Family Service Specialist 1	<u>24</u>	<u>277</u>	<u>20</u>	<u>2</u>	<u>354</u>	<u>677</u>	<u>5</u>	<u>49</u>	<u>5</u>	<u>1</u>	<u>62</u>	<u>122</u>	<u>799</u>
Front Line Supervisor (SFSS2)	<u>9</u>	<u>222</u>	<u>18</u>	<u>2</u>	<u>312</u>	<u>563</u>	<u>2</u>	<u>33</u>	<u>2</u>	-	<u>54</u>	<u>91</u>	<u>654</u>
Case Practice Specialist (CSS)	-	<u>19</u>	-	-	<u>54</u>	<u>73</u>	-	<u>4</u>	-	-	<u>7</u>	<u>11</u>	<u>84</u>
Case Work Supervisor (SFSS1)	<u>9</u>	<u>61</u>	<u>1</u>	-	<u>107</u>	<u>178</u>	<u>3</u>	<u>9</u>	-	-	<u>13</u>	<u>25</u>	<u>203</u>
Local Office Manager	-	<u>13</u>	-	-	<u>23</u>	<u>36</u>	-	<u>3</u>	-	-	<u>5</u>	<u>8</u>	<u>44</u>
Area Office Support Staff	-	<u>9</u>	-	-	<u>13</u>	<u>22</u>	<u>2</u>	<u>1</u>	-	-	<u>4</u>	<u>7</u>	<u>29</u>
Area Office Manager	-	<u>4</u>	-	-	<u>8</u>	<u>12</u>	-	<u>1</u>	-	-	<u>1</u>	<u>2</u>	<u>14</u>
Totals	<u>91</u>	<u>1485</u>	<u>62</u>	<u>52</u>	<u>1881</u>	<u>3571</u>	<u>19</u>	<u>315</u>	<u>12</u>	<u>9</u>	<u>348</u>	<u>703</u>	<u>4274</u>

Figure 45

<u>New Hires by Job Title for October 1, 2018 through September 30, 2019</u>	Asian	Black	Hispanic	Native American	White	Total Female	Asian	Black	Hispanic	Native American	White	Total Male	Staff Totals
<u>Family Service Specialist Trainee</u>	14	67	1	15	106	203	-	13	-	2	17	32	235
<u>Family Service Specialist 1</u>	-	-	-	-	-	0	-	-	-	-	-	0	0
<u>Family Service Specialist 2</u>	-	1	-	2	1	4	-	-	-	-	-	0	4
<u>Local Office Manager</u>	-	1	-	-	-	1	-	-	-	-	-	0	1
<u>Area Office Support Staff</u>	-	1	-	-	-	1	-	-	-	-	-	0	1
	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	14	70	1	17	107	209	0	13	0	2	17	32	241

B. Juvenile Justice Transfers

There were 12 children in placement under the legal authority of CP&P during this reporting period that were transferred from CP&P to the Juvenile Justice Commission (JJC). The Office of Research, Evaluation and Reporting generated a report that listed all children in placement, with a placement ending reason of "Custody and Care Transferred to Another Agency". All children listed on the report were reviewed through NJ SPIRIT and the CP&P Area and Local office staff identified the children who were transferred to the JJC.

C. Education and Training Vouchers

The following chart provides the total unduplicated number of youth who received Education and Training Vouchers, and new recipients for the 2018-2019 and 2019-2020 school years.

	Total ETVs Awarded	Number of New ETVs
Final Number: 2018-2019 School Year (July 1, 2018 to June 30, 2019)	223	106
2019-2020 School Year* (July 1, 2019-June 30, 2020)	203	100

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

D. Inter-Country Adoptions

During FFY 2019, only one child experienced an inter-country adoption dissolution, and entered into New Jersey State Guardianship. The child was adopted in 2007 from China. The child has received services from the Case Management Organization (CMO) since the age of five and entered out-of-home care through the Children's System of Care (CSOC) in 2012. S/he has not resided with the family since that time. CP&P was granted guardianship of the child in July of 2019. S/he is currently residing in a psychiatric treatment center. S/he has a select home adoption goal and is assigned to a child specific recruiter and the Adoption Exchange for the purpose of securing an adoptive family.

E. Monthly Caseworker Visit Data

New Jersey will submit monthly caseworker visit data for FFY 2020 in a separate submission by December 15, 2020 as outlined in the program instructions.

Financial Information

A. Title IV-B Subpart 1 – Payment Limitations

The amount of FY2005 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 FY2005 was \$0.

B. 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 FY2018 amount of state expenditures for the purposes of Title IV-B, subpart 2 totaled \$86,644,000.

Additional financial information can be reviewed in the FY 2021 Budget Request—CFS-101, Parts I and II and FY 2018 Title IV-B Expenditure Report—CFS-101, Part III.

New Jersey Child and Family Services Review Round 3 Program Improvement Plan First Bi-Annual Progress Report

State/Territory: New Jersey

First Bi-Annual Report Date Submitted: January 31, 2020

PIP Date Approved: June 24, 2019

PIP Effective Date: June 1, 2019

End of PIP Implementation Period: May 31, 2021

End of Non-Overlapping Year: September 30, 2022

Reporting Schedule and Format:

NJ DCF will report to Children's Bureau on a semi-annual basis. The first bi-annual report will cover the time frame of June 1, 2019 through December 31, 2019. During the December 5, 2019 NJ Baseline Measurement conference call with ACF, New Jersey requested a change in reporting timeframe to better align with other state reporting requirements and this request was approved. Future reporting structure timeframes will contain updates during January 1 through June 30th and July 1 through December 31. Reports will be submitted within 30 days of the completion of the 6-month time period and will include updates on strategies and key activities within that timeframe.

Progress for Goals, Strategies and Key Activities

In collaboration with judicial partners, NJ DCF made significant progress with the implementation and achievement of the goals, strategies and activities outlined in the PIP matrix during the period of June 1, 2019 through December 31, 2019.

During this timeframe, NJ DCF completed its CFSR PIP Measurement Baseline review of 65 cases across six counties. As noted during the CFSR, practice around safety continues to be a strength for NJ as the PIP measurement requirement was met during this baseline review for Items 1 & 2. NJ also saw a 12% increase in performance for Item 3.

With respect to completion of activities to accomplish the goals of the PIP, NJ continued its work to enhance safety outcomes by completing a validation study of the risk assessment and revision of the entire suite of SDM tools, and the training and implementation of the revised tools is underway. DCF has restructured and expanded the Fatherhood Engagement Committee (FEC) with a new teaming format more inclusive of fathers with lived experience, stakeholders and system partners. NJ DCF explored options for, and identified an evidence-based practice model, Solution Based Casework, to enhance its existing practice; implementation planning has commenced using an implementation science framework. Full implementation of this practice will extend beyond PIP monitoring, and DCF has integrated these strategies and activities into the NJ 2020-2024 Child and Family Services Plan.

While NJ saw an increase in performance around permanency outcomes during the CFSR PIP Measurement Baseline review, both DCF and its judicial partners acknowledge a continued need to strengthen the practice of timely permanency. During this reporting period NJ DCF set out to launch depart-wide Objectives and Key Results (OKR's) to support kinship placements and connections. Each division/office within DCF have submitted OKR's and the work is in various stages of development. In addition, judicial partners have prioritized permanency during Children In Court Improvement Committee (CICIC) meetings which now include DCF leadership. The NJ Judiciary also issued a memorandum directing Assignment Judges and Family Court Judges to ensure that local Children in Court Advisory Committees (CICAC) complete and submit a review of all children in foster care for 36+ months to include causes in delays to permanency and potential solutions.

In the report that follows, NJ DCF provides detailed updates regarding each strategy included in the PIP:

Strategies & Key Activities

Goal 1.0: Ensure that children remain safely in their own home whenever possible

Strategy 1.1: Use Structured Decision Making to assess safety and risk throughout the life of the case

1.1.1 Ensure Practice Expectations are Clearly Defined

- Partner with Children’s Research Center (CRC) to validate risk assessment SDM tool to align with NJ’s case practice model. (Complete)
- Add safety component to Family Agreement (Q3)
- Create protocol for workers to review progress on the enhanced Family Agreement with caregivers at each home visit (Q6¹)
- Safety Protection Plans will be amended to include protective actions. (Q3)
- Retain protocol clarifying that when a safety factor has been identified, Safety Protection Plans will be developed with the family and conferenced with the CP&P casework supervisor, supervisor and worker (ongoing).

1.1.1 Progress on activities

NJ DCF, in partnership with CRC, completed the validation study and both the safety and risk assessment tools in the SDM suite have been validated. Revisions to the SDM tools, to include protective actions in the Safety Protection Plans have been designed and roll out of the new tools will include practice expectations around the development of safety protection plans with families and supervisory conferencing requirements. Roll out of the SDM tools in NJSPIRIT is scheduled to begin in June 2020.

As work to achieve implementation of Strategy 2.1 has been launched, it has become clear that significant changes to the Family Agreement and case plan will be required in order to ensure full implementation of Solution Based Casework. NJ DCF therefore intends to batch needed changes to these tools that result from SDM and Solution Based Casework so that the tools are revised only once, for both purposes; policy guidance would be timed to coincide with the release of the new tools. This streamlined approach will result in one, rather than two, sets of technical, policy and practice amendment and timing will be determined as part of the work plans under Strategy 2.1.

¹ Targeted completion for this activity was renegotiated with ACF on 2/10/20 to extend to Q6 to align with needed changes and implementation under Strategy 2.1

Strategies & Key Activities

1.1.1 Progress Notes/Comments

1.1.2 Train and coach staff to practice expectations

A. Develop & deliver Statewide training

- Executive Level training information will be delivered to Area Directors, Assistant Area Directors, and Local Office Managers regarding the enhanced SDM tools and the new training: Assessing and Managing Safety and Risk Throughout the Life of the Case (Qtr 2)
- OTPD will manage rollout of Assessing and Managing Safety and Risk Throughout the Life of the Case, in collaboration with CP&P and CRC. The training will be required for casework supervisors, supervisors, and all field staff in New Jersey. Statewide rollout will begin prior to the release of the revised SDM tools in NJ SPIRIT. Casework supervisors and supervisors will be trained first followed by intake and ongoing workers. Specific components include use of SDM tools, use of enhanced family agreement, practice expectations on safety and risk assessment and intervention throughout the life of the case, and appropriate use and duration of Safety Protection Plans. (Qtr 2-5)
- An additional supervisory module will train supervisors and casework supervisors on managing this work throughout the life of the case. (Qtr 2-5)

B. Coach workers to embed practice

- Roles: supervisors will be primary coaches of this practice and will in turn receive coaching from the Casework Supervisor
- Tools: Supervisory Observation Tool will be updated to include observation of safety/risk assessment (Q1-2)
- Tools: Casework Supervisor Observation Tool will be created to record observation of supervisor/ worker conferences. (Q1-2)
- Practice: Supervisors will observe worker use of the Family Agreement in the home at least 1x/mo using updated supervisory observation tool. During record reviews, supervisors will review record with particular attention to caseworker use of SDM tools; during supervisor conferences Supervisors will discuss SDM assessments (Conversation will be documented in supervisor conference notes) (Qtr 2-5 & ongoing; each office will launch this practice following supervisor completion of the supervisor module of training.)

Strategies & Key Activities

1.1.2 Progress on activities

A. Develop & deliver Statewide training

Executive Level training was delivered to Area Directors and DCF Executive Staff (completed Q1). Executive level training for Local Office Managers and Assistant Area Directors will be completed by March 2020 (Q3).

Supervisors and casework supervisors who will be responsible for managing this are being scheduled to receive the full training that field staff will receive, which encompasses two modules over four days. In addition, this supervisory cohort will receive a supervisory module for a total of three training modules over five days. Objectives for this training include:

- Solidify technical knowledge about the SDM system
- Learn ways to provide technical and adaptive supervision to staff related to SDM system usage.
- Practice supervisor decisions required in the SDM system.
- Learn to use case reading as a way to assess staff training and support needs.

This cohort of supervisory staff includes 820 participants and roll out for this training cohort began the last week in September 2019. Approximately 40% of this cohort statewide have completed all three training modules and another 50% are registered to complete all three between January and March 2020 (with a few scheduled past March). OTPD will be working on adding additional training opportunities for the remaining approximate 10%.

Roll out of the full training (2 modules over four days) for field staff is commencing in March 2020 (Q3). Objectives for staff training include:

- Refresh knowledge of the SDM system approach to decision making.
- Deepen understanding of SDM assessments used during ongoing investigation.
- Deepen understanding of SDM assessments used during permanency services.
- Link SDM assessments with family-centered practice.

B. Coach workers to embed practice

Supervisors and Casework Supervisors will be responsible for coaching this practice to field staff. Supervisory observation tools have been drafted with input from those who will be managing this practice. These tools are currently in the editing stage and

Strategies & Key Activities

once finalized will be utilized during supervisor/worker field response, during supervisory conferencing as well as record reviews. Target for finalization is the end of Q3. In addition, DCF has reviewed policies regarding the use of supervisory observation tools and determined that (a) at this time a revision of the policy for the supervisor position is not needed; (b) a revision of policy creating expectations of observations by casework supervisors is needed and will be completed by the end of Q3. Implementation of the use of the tools will commence once the tools are finalized and the supervisory cohort have completed the supervisor SDM training modules – targeted for Q4.

1.1.2 Progress Notes/Comments

1.1.3 Assess fidelity to the practice model

- Casework Supervisor will directly observe individual supervisor/worker conferences utilizing the Casework Supervisor Observation Tool. (Qtr 2-5, following staff and supervisor completion of training)
- Casework Supervisor will collect & assess supervisory observation tools (Beginning Qtr 3 & ongoing)
- AQC for each Area will track use of and findings from supervisory observation tools as well as findings related to supervisory competency in coaching to this practice, and will review a sample of records to assess for quality of safety and risk assessment, and appropriate use of Safety Protection Plans (Beginning Qtr 4 & ongoing)
- Casework Supervisor must approve all Safety Protection Plans. (Q3)
- Casework Supervisor will use SafeMeasures report to monitor frequency and duration of Safety and Protection Plans (Q4)

1.1.3 Progress on Activities

The Casework Supervisor observation tool is currently in draft and being reviewed for edits at this time. Once these tools are finalized, practice implementation can begin, and fidelity of assessment will follow as outlined above.

Currently, all Safety Protection Plans must be conferenced with the Casework Supervisor. Edits to NJ SPIRIT (NJS) will enforce and require approval by the Casework Supervisor for Safety Protection Plans.

Strategies & Key Activities

Once edits to NJS are complete (Targeted for Q4), SafeMeasures will be updated to include report of Safety Protection Plans that will allow Casework Supervisors to monitor frequency and duration (Targeted for Q5).

1.1.3 Progress Notes/Comments

1.1.4 Create or Adapt Decision Support Data Systems

- Implement SDM changes of Safety Assessment, Risk Assessment, Risk Reassessment, Reunification Assessment, & MVR schedule in NJS (Q3)
- Incorporate safety and risk narrative into the Family Agreements (Q4)
- Add changes to NJ SPIRIT that require SDM assessments are completed at critical points in the life of the case. Specifically, require completion of reunification assessment prior to child's discharge from NJ DCF custody and completion of safety assessment prior to case closing (Q3)
- SafeMeasures will include a new report that monitors completion and duration of Safety Protection Plans (Q4)

1.1.4 Progress on Activities

The Office of Information Technology has begun to test the revised SDM tools in NJS with an anticipated release set for June 2020 (Q4). This will include edits to NJ SPIRIT that require completion of SDM tools at critical points are done prior to additional work/tasks can be completed.

Once those edits to NJS are released, adaptations to SafeMeasures to include a monitoring report for the completion and duration of Safety Protection Plans is targeted for August 2020 (Q5).

Strategies & Key Activities

1.1.4 Progress Notes/Comments

1.1.5 Make use of Facilitative Administration

- Local Office Managers will regularly review SafeMeasures report with DAG
- SafeMeasures reports on use of Safety Protection Plans will be regularly reviewed by CP&P leadership
- Supervisor/Caseworker team meetings will incorporate discussion of feedback and learning from training, coaching, and fidelity assessment
- AQC will share review findings with LOM & AD locally and at Statewide AD meeting
- CQI teams/local PIP process will incorporate work on safety and risk throughout the life of the case
- Office of Quality will review DCF Quality Review methodology to ensure it effectively reviews safety and risk throughout the life of the case

1.1.5 Progress on Activities

The activities discussed in 1.1.5 are contingent upon completion of changes in NJSPIRIT and completion of SDM training, and are scheduled for future quarters:

- Based on projected dates of completion of the rollout of revised SDM tools in NJSPIRIT, DCF estimates that review of SafeMeasures reports on the use of Safety Protection Plans by CP&P leadership and with Deputy Attorney Generals (DAGs) will begin approximately in Q5 (summer of 2020).
- As supervisory and staff training on SDM tools continues, supervisory team meetings will implement discussions of learning from the training and future discussions will include coaching and fidelity assessment. A standard set of expectations will be developed and shared with DCPD managers during by the end of Q4, timed to coincide with the completion of the supervisory training and the launch of caseworker training.
- Once the AQC begins tracking and monitoring (see 1.1.3) the AQC will share findings locally with the LOM and AD as well as statewide. DCF anticipates that this will begin in Q6 and will be ongoing as offices complete training.

Strategies & Key Activities

The Office of Quality (OOQ) has reviewed the extent to which the DCF Qualitative Review Methodology captures practice with respect to managing safety and risk throughout the life of the case and has discussed the review with CP&P Leadership. DCF has concluded that we will need to build a supplemental review process, apart from the Qualitative Review, in the coming quarters in order to effectively support enhanced SDM implementation. DCF anticipates finalizing a plan for this review process by the end of Q3.

1.1.5 Progress Notes/Comments

1.1.6 Identify and Manage Systems Interventions Needed to Support The Practice

- The Office of Policy and Regulatory Development (OOPRD) will update DCF policy to align with goals outlined above (e.g. include revisions to the SDM tools, supervisory conferences that include a discussion of the SDM tools, etc.) (Q2)
- In routine quarterly meetings, CP&P leadership will ensure collaboration with DAG office to jointly assess consistency of practice regarding decisions to take legal action on cases involving Safety Protection Plans (Q3 and ongoing)
- OPRD and OLLA in collaboration with CP&P will review and revise policy regarding Safety Protection Plan timeframes (Q4).

1.1.6 Progress on Activities

The DCF Office of Policy and Regulatory Development (OPRD), CP&P, OIT, the Training Partnership, and OTPD have completed the recommended policy changes to the DCF Policy Manual (completed Q2). The release of the updated policies will be held until the necessary changes to NJ SPIRIT are released in June 2020. The target for release of the policies is Q5.

Caseworker Supervisors are expected to conference Safety Protection Plans with DAGs in current practice. The additional activities included in 1.1.6 are slated for future quarters, once adaptations to NJ SPIRIT and SafeMeasures are complete.

Strategies & Key Activities

1.1.6 Progress Notes/Comments

Strategies & Key Activities

Goal 2.0: Improve the quality of child welfare case practice in New Jersey, particularly around engagement and assessment of parents

Strategy 2.1: Implement behavior-based case planning practice

2.1.1 Ensure Practice Expectations are Clearly Defined

- DCF will explore and choose evidence based/informed case practice enhancements (launched; to be completed by Q1)
- DCF will work with model developers to incorporate evidence informed case planning into NJ practice model (timeframe TBD with model developer)

2.1.1 Progress on activities

During Q1, DCF completed an exploration of evidence-based child welfare practice approaches. Our review indicated that Solution Based Casework was the only evidence-based case practice approach that has demonstrated impact on the casework expectations and outcomes measured in the CFSR.

During Q2, CP&P contracted with the model developer and held a kick-off event with the model developer and key internal stakeholders. During the two-day kickoff event, the model developer presented an overview of the SBC practice model to DCF leadership and facilitated an initial orientation meeting with the NJ SBC Implementation Team.

Strategies & Key Activities

During Q2, DCF also assigned a project manager to facilitate the implementation teamwork across multiple DCF divisions using an implementation science framework, and identified specific training, policy, practice, legal, information technology, communications, purchased services, and other areas of work that will be in scope for successful implementation. Key implementation milestones were identified. The architecture for implementation - workgroups, teaming structures, and internal communications strategies were developed.

During Q3, workgroups are establishing draft charters to identify implementation driver objectives, purpose, values and ways of work, and initial workplans to meet identified milestones will be developed. The SBC Implementation Team, which incorporates the chair and co-chair of all the other established workgroups, will oversee the integration and quality implementation of SBC into the New Jersey Case Practice Model by 2021.

2.1.1 Progress Notes/Comments

2.1.2 Train and coach staff to practice expectations

- Training and coaching strategy to be developed Q2-4; roll out TBD

2.1.2 Progress on activities

The Training and Coaching Team. They have commenced work on their charter and will be responsible for developing a comprehensive training and coaching workplan. The workplan is expected to be completed by the end of January 2020.

2.1.2 Progress Notes/Comments

Strategies & Key Activities

2.1.3 Assess fidelity to the practice model

- Model fidelity tools and practices to be developed jointly with model developer (Q2-4)

2.1.3 Progress on Activities

The Data Support Team will be responsible for developing fidelity tools and practices. They have commenced work on their charter and workplan. The workplan is expected to be completed by the end of January 2020.

2.1.3 Progress Notes/Comments

2.1.4 Create or Adapt Decision Support Data Systems

- Adaptations to NJ SPIRIT, SafeMeasures, other systems to be identified on an on-going basis and updates will be routinely reported in PIP progress reports.²
- Rollout of changes TBD depending on complexity

2.1.4 Progress on Activities

The Data Support Team is responsible for identifying needed adaptations to NJ SPIRIT, SafeMeasures and other systems. They have commenced work on their charter and workplan. The workplan is expected to be completed by the end of January 2020.

2.1.4 Progress Notes/Comments

² Targeted completion for this activity was renegotiated with ACF on 2/10/20

Strategies & Key Activities

2.1.5 Make use of Facilitative Administration

- Specific action steps to be co-developed with model developer and CP&P

2.1.5 Progress on Activities

The Communications Team is responsible for developing strategies to manage internal communication and needed partnership with external stakeholders. The workplan for this group will be completed by the end of February.

2.1.5 Progress Notes/Comments

2.1.6 Identify and Manage Systems Interventions Needed to Support The Practice

- Specific action steps to be co-developed with model developer and CP&P

2.1.6 Progress on Activities

The Communications Team is responsible for developing strategies to manage internal communication and needed partnership with external stakeholders. The workplan for this group will be completed by the end of February.

2.1.6 Progress Notes/Comments

Strategies & Key Activities

Goal 2.0: Improve the quality of child welfare case practice in New Jersey, particularly around engagement and assessment of parents

Strategy 2.2: Promote a culture and practice that prioritize father engagement and assessment.

2.2.1 Ensure Practice Expectations are Clearly Defined

- Support the Case Practice Model with clear expectations regarding level of effort required to pro-actively engage fathers (on-going).
- DCF will propose that CICIC incorporate father engagement into its ongoing permanency work.³

2.2.1 Progress on activities

Progress on practice expectations are outlined in 2.2.2

2.2.1 Progress Notes/Comments

2.2.2 Train and coach staff to practice expectations

A. Develop & deliver Statewide training

- Statewide rollout of “Fathers are Important: A caseworker’s guide to working with fathers”. This training is required for all field staff, is rolled out across the state sequentially by region, and will include accountability and support packages to support transfer of learning to practice (launched; to be completed by Q6)
- Implement marketing strategy to elevate attention to the need for the training (complete)

B. Coach workers to embed practice

³ This activity was negotiated with ACF on 2/10/20 as an add on

Strategies & Key Activities

- Roles: supervisors will be primary coaches of this practice and will in turn receive coaching from the Casework Supervisor
- Tools: Supervisory Observation Tool will be updated to include observation of use of father engagement practices (Q1-2)
- Practice: Supervisors will use modified observation tool; supervisors will review record with particular attention to caseworker use of father engagement practices; Supervisors will discuss father engagement during supervisor conferences (Conversation will be documented in supervisor conference notes) (Qtr 4)

2.2.2 Progress on activities

A. Develop & deliver Statewide training

The Fathers are Important training commenced statewide rollout for all CP&P case load carrying and supervisory staff since in early 2019. This training is offered monthly in three region sites across the state. The goal of this one-day training is designed to help DCF staff understand the importance of fathers, whether they live in or out of the home, and help them see that the efforts to engage them are valuable to children in the long term. The training will help participants recognize their own biases and perceptions of fathers and discuss its possible impact on father engagement. It will also look at systemic barriers to engaging fathers and review strategies for engagement. To date, about 1/3 of staff have completed the training for Q1 and Q2 with the remaining staff to be trained by Q6.

The support and accountability package for this training has been developed and is in the process of being finalized. The goal of the fatherhood support and accountability package is to increase conversations through all members of the department about how to engage and partner with fathers in our work. This activity specifically focuses on workers contemplating their current practices with fathers and how they define fathers within their work and a child's life. This was developed in part with the Father's Tool Kit from the Children's Bureau website. Activities include

- View short film "Dads Rock: Nurturing Father Engagement"
- Facilitator led group discussions to include specific questions around father engagement and practice
- Continued discussions at all local offices during team and/or staff meetings to generate ideas about father engagement

The final support package will be presented to Local Office Managers statewide in March with a target implementation to begin in April.

Strategies & Key Activities

The marketing strategy to elevate attention to the need for the training was initiated and implemented prior to the PIP approval.

B. Coach workers to embed practice

Supervisors and Casework Supervisors have been identified as the primary coaches of this practice and Supervisory observation tools discussed in Goal 1 will include observations of the use of father engagement practices. Projected timeframes for use of supervisory observation tools are provided in the discussion of Goal 1.

2.2.2 Progress Notes/Comments

2.2.3 Assess fidelity to the practice model

- Casework Supervisor will directly observe individual supervisor/ worker conferences (existing practice)
- Casework Supervisor will collect and assess supervisory observation tools (Q3 and ongoing)
- AQC for each Area will track use of and findings from supervisory observation tools as well as findings related to supervisory competency in coaching to this practice (Q5 and ongoing)
- AQC for each Area will review sample of records (Q5 and ongoing)

2.2.3 Progress on Activities

Currently Casework Supervisors are expected to observe and participate in supervisor/worker conferences. As described in Goal 1, once the supervisory tools are complete, casework supervisors will begin to collect and assess practice. This will be followed by the AQC monitoring the use of and findings related to supervisory competency in coaching to the practice as well as record review.

Strategies & Key Activities

2.2.3 Progress Notes/Comments

2.2.4 Create or Adapt Decision Support Data Systems

- Implement changes to NJS to be able to track visits with mothers and fathers separately. (Q4)
- Implement tracking mechanism in SafeMeasures to track visits with mothers and fathers separately. (Q5)

2.2.4 Progress on Activities

Changes to NJ SPIRIT to track visits with mothers and fathers separately is currently under development with a target release for June 2020 (Q4). Once changes in NJS occur, tracking mechanism in SafeMeasures to monitor the same practice can begin to be implemented.

2.2.4 Progress Notes/Comments

2.2.5 Make use of Facilitative Administration

Elevate father engagement as a priority area for County level PIPs

- Office of Quality will work with CP&P Central Office Leadership and County CQI teams to incorporate a focus on father engagement into the county PIP process. (launched; to be maintained ongoingly)
- CP&P Leadership and the Office of Quality will report trends in local PIP progress quarterly to the statewide CQI workgroup, Fatherhood workgroup, and other key stakeholders as deemed appropriate. (ongoing)

Strategies & Key Activities

- CP&P Leadership and the Office of Quality will monitor these efforts quarterly through the existing CQI infrastructure. (ongoing)

Statewide Fatherhood Engagement workgroup will be strengthened and expanded to include stakeholders with lived experience:

- The workgroup will be expanded to ensure stakeholder representation for internal and external partners, fathers and community partners (launched)
- Workgroup to establish year one and year two goals- (Q1)

The workgroup will be charged with partnering with external stakeholders (e.g. father, community providers) to share learning and develop recommendations, including:

- System partners will be invited to bring their data to assist in further understanding barriers to father engagement (Q2)
 - The workgroup will interface with the NJ DCF CQI approach to better understand systemic needs for father engagement (ongoing)
 - The workgroup will be charged with providing at least annual update/recommendation to executive management (ongoing).
- The Office of Policy and Regulatory Development and CP&P will review and, as necessary, revise existing CP&P policies to ensure that father engagement is supported (Q1-4).

2.2.5 Progress on Activities

Elevate father engagement as a priority area for County level PIPs:

Office of Quality & CP&P Central Office Leadership agreed that counties must incorporate father engagement into the county PIP process if it is identified as an area needing improvement. In CY 2019, 3 of 11 counties achieved a strength rating of greater than 70% when using the Qualitative Review (QR) to assess father engagement. In the remaining 8 counties, father engagement was identified as an area needing improvement. Of the 8 counties, 5 incorporated father engagement into their county PIP and 3 are currently in development.

Strategies & Key Activities

The CQI workgroup (CQI Collaboration Team) shared updates on the trends in local PIP progress at meetings in March, June and December 2019. The Fatherhood workgroup including stakeholders was provided with updates in Feb., April, June and

December 2019. Additionally, updates about county PIP progress were also provided to staff and stakeholders at monthly DCF ChildStat presentations and included update presentations from 9 counties.

CP&P Leadership and the Office of Quality monitor these efforts quarterly through the existing CQI infrastructure including QR leadership data stories (11 occurred in CY 2019), quarterly CQI Statewide Collaboration Team meetings, monthly ChildStat presentations and monthly leadership meetings.

Statewide Fatherhood Engagement workgroup will be strengthened and expanded to include stakeholders with lived experience:

During the summer and fall of 2019 the Fatherhood Engagement Committee (FEC) was restructured and expanded with a new teaming format more inclusive of fathers, stakeholders and system partners.

Partners from the NJ Division of Family Development, NJ Division of Labor, NJ Office of Probation Services, NJ Office of Child Support, and the NJ Office of Faith Based Initiatives as well as stakeholders from NJ Head Start and the non-profit sector joined the workgroup. The newly restructured group first met in August 2019 (Q2) and fathers with lived experience were present and able to discuss their history and experience working with the DCF and DCP&P and spoke openly about the challenges they experienced.

The newly restructured FEC met once more in 2019. During the second meeting, the Office of Family Voice (OFV) presented national fatherhood data and the group discussed barriers and challenges that preclude fathers from being engaged. System partners such as child support and Head Start provided information about the clients they serve. DCF's OFV and the OOQ presented on the Child Family Service Reviews and New Jersey Program Improvement Plan as well as local county Qualitative Reviews and their PIPs. The presentation included discussion of the challenges of engaging fathers within the child welfare system and the broader context of family serving systems.

The committee reconvened in January 2020. The CQI workgroup (CQI Collaboration Team) shared updates on the trends in local PIP progress. The FEC reviewed and evaluated goals related to father engagement outlined in the county PIPs. Moving

Strategies & Key Activities

forward the FEC will identify themes within the local PIPs and offer recommendations for the statewide CQI team and DCF leadership to consider and will provide updates and to executive management.

With the understanding that child and family serving systems must work to create cultures that encourage, rather than deter, fathers to take a more active role in their children's lives, members began to discuss: what data would be useful for the committee to review, what type of data is tracked by partners and the importance of finding representative data. The Child Support Enforcement Unit in collaboration with the Division of Family Development have agreed to present on their work and data at the next meeting in February 2020.

During the next quarter the FEC will develop subcommittees. Each subcommittee will have a formal purpose that, along with the structure and goals, will be outlined and describe how the work will be accomplished. Team members from the FEC will be selected for the subcommittee based on their knowledge and expertise, concurrently the subgroups membership will be monitored to ensure that each will have diverse perspectives, experiences and priorities. The subcommittees are designed to work within the FEC and ensure that there is shared leadership by all members and that there is a structure for communication and bi-directional feedback loops between other subgroups, the FEC and executive management. These subcommittees will ensure the FEC provides an accountable structure to develop reporting mechanisms to DCF executive management and provide recommendation regarding policy, programs, practices and strategies.

The DCF Office of Policy and Regulatory Development is participating in the Fatherhood Engagement Workgroup so that as the need to revise processes and policies is identified, work can commence effectively.

2.2.5 Progress Notes/Comments

2.2.6 Identify and Manage Systems Interventions Needed to Support The Practice

- QR Administrators will report local progress on father engagement to the statewide workgroup and other key stakeholders as deemed appropriate.
- Fatherhood workgroup will share information on local progress and challenges to the Statewide CQI committee.

Strategies & Key Activities

2.2.6 Progress on Activities

QR Administrators provide reports on local progress on father engagement, which can be shared with the statewide CQI workgroup, CP&P leadership and other key stakeholders. The QR Administrators also participate in the quarterly CQI Statewide Collaboration Team meetings to provide updates. The OOQ sits on the FEC and will be provided information on local progress and challenges to the Statewide CQI committee.

2.2.6 Progress Notes/Comments

Strategies & Key Activities

Goal 3.0: Improve the timeliness of permanency for children entering foster care in NJ

Strategy 3.1: Strengthen concurrent planning and practice accountability

3.1.1 Ensure Practice Expectations are Clearly Defined

- To ensure that any alternate placement or permanency resources, particularly potential kinship resources, are explored expeditiously throughout the life of the case, DCF is amending protocol to require resource workers to be present at identified enhanced reviews (preplacement, day 30, day 90, 5-month, 10 month) (Effective Q1 and ongoing)

Strategies & Key Activities

3.1.1 Progress on activities

CP&P has begun to update policy to include a requirement that resource workers be part of identified enhanced reviews. Given the scope of work needed to promote Strategy 3.2, the capacity of resource staff participation in the enhanced review process will be limited to specific reviews. The identification of specific reviews is under review. Policy is in final stages of approval with a target completion by Q4. Information has been shared during quarterly Adoption/Concurrent Planners meetings to remind and emphasize the importance of concurrent planning and encourage resource staff to participate in concurrent planning conferences.

3.1.1 Progress Notes/Comments

3.1.2 Train and coach staff to practice expectations

- Develop DCF staff skills in holding straightforward conversations for concurrent planning (“Talking with families about concurrent planning”):
 - Develop webinar content (Q1-2)
 - Push out webinar content through existing CP&P staff meeting structure (Q3)
 - Webinars remain available for ongoing worker training (Q3-ongoing)
- Update and implement newly enhanced Permanency Workshops for workers statewide to help staff understand the concurrent planning process, the role of staff and ASFA timelines (complete)

3.1.2 Progress on activities

In Q-2, OTPD and CP&P completed the development of webinar content. The final product is expected to be ready to roll out at the end of March 2020 (Q3). This will be an online presentation and content will be available for on-going worker training through avenues such as existing staff meeting structures.

Strategies & Key Activities

The enhanced Permanency Workshops were updated and implemented prior to the PIP approval and therefore are complete.

3.1.2 Progress Notes/Comments

3.1.3 Assess fidelity to the practice model

- Supervisors will observe workers using Supervisory Observation Tool, to address conversations about concurrent planning (Q3 and ongoing)
- AQC will track resource worker attendance at identified enhanced reviews (Q2 and ongoing)
- CICIC will assess impact of amended parent calendar and any additional initiatives recommended by the Quality Hearings Subcommittee in furtherance of concurrent planning (Q6 and ongoing)

3.1.3 Progress on Activities

As described in Goal 1, supervisory tools are currently in draft under review for editing

The AQC will begin tracking resource worker attendance upon approval and implementation of policy identified in 3.1.1.

CICIC is scheduled to begin assessment of amended parent calendar in the fall of 2020 (Q6).

3.1.3 Progress on Activities Notes/Comments

3.1.4 Create or Adapt Decision Support Data Systems

- No adaptations to data systems/reports needed.

Strategies & Key Activities

3.1.4 Progress on Activities

N/A

3.1.4 Progress on Activities Notes/Comments

3.1.5 Make use of Facilitative Administration

- Develop internal communication strategies targeting the importance of concurrent planning by the concurrent planners- experts/mentors on the subject matter (Q2)(completed)
- Use concurrent planning quarterly meetings to ensure practice consistent across the state and that the role of the concurrent planner is functioning appropriately (Q1 and ongoing)

3.1.5 Progress on Activities

The discussion with the concurrent planners as subject matter experts was initiated in early 2019 and is continual (completed). During concurrent planning quarterly meetings, a standardized template of the information needed to be covered during the 5th and 10th month reviews have been created. These templates are in the final stages of review and will be expected to be attached as hyperlinks to the new concurrent planning policy with a target completion by Q4. The quarterly meetings are also used to trouble shoot any barriers and to offer support to both the concurrent planners and the Regional reviewers.

3.1.5 Progress on Activities Notes/Comments

3.1.6 Identify and Manage Systems Interventions Needed to Support The Practice

Strategies & Key Activities

- Update DCF policy on concurrent planning practice to include roles, responsibilities and the standardized review template. (Q1)(completed)
- DCF will partner with the Judiciary, Office of Parental Representation and other critical stakeholders to recommend to the CICIC approaches for how all stakeholders can ensure that families are apprised of (1) ASFA timeframes and all possible permanency outcomes; (2) the role of concurrent planning (Q1 and ongoing)
- The Judiciary is developing a bench card that provides information on ASFA and concurrent planning (Q2), (completed) and will distribute to family court judges (Q3)(completed)
- The Judiciary will modify the resource family information form and revise the resource family hearing notice (Q3)

3.1.6 Progress on Activities

DCF's Concurrent Permanency Planning policy has been revised to include components of Enhanced Reviews and Case Practice Guide. Information on the Goal of Kinship Legal Guardianship (KLG) was also added to this policy (completed).

A bench card that provides information on concurrent planning, along with ASFA and the rights of resource parents was distributed in April of 2019. The bench card suggests that judges ask about concurrent planning at the first hearing and continue to ask at every hearing thereafter. It also suggests that judges discuss concurrent planning in the courtroom with the parents, the resource parents, and document it on the court order. CICIC is currently developing a more detailed bench card that addresses only concurrent planning which was requested by CIC judges. It will include suggested questions to ask each stakeholder to ensure that concurrent planning is taking place. This will likely be finalized and distributed by the summer of 2020.

3.1.6 Progress on Activities Notes/Comments

Strategies & Key Activities

Goal 3.0: Improve the timeliness of permanency for children entering foster care in NJ

Strategy 3.2 Increase use of kinship care

3.2.1 Ensure Practice Expectations are Clearly Defined

- CP&P will review the case practice around the utilization of PROMIS/ Gavel background checks for prospective kin caregivers, and establish specific, standard guidance for same. (Q1) (completed)
- DCF Commissioner's Office will launch Department-wide, participatory Objectives and Key Results work to support formal kinship placements and informal kinship connections across all DCF divisions and offices, including in DCF's management of NJ's public children's behavioral health care system, its portfolio of community programming, domestic violence services, and within the child protection and permanency system. (Launched)
- CP&P will review national practice with respect to kinship guardianship (launched).
- CP&P will establish written practice expectations for use of KLG (Q3)⁴

3.2.1 Progress on activities

CP&P reviewed case practice related to background checks and identified the need for clarification of practice standards. CP&P and the Office of Legal Services conducted a webinar to review policy on background checks in November 2019 (Q2). This webinar provided in depth information and analysis on deciphering various background checks and how the detail included in various elements within a background check can be or cannot be waived. The background check webinar was recorded and is available to all staff for viewing.

The Department's work regarding Kinship Objectives and Key Result's (OKR) was launched prior to the PIP approval. CP&P executive leadership met with the DCF Executive Management in October 2019 to discuss CP&P's needs and priorities with respect to kinship placements and some of the limitations staffing may have on achieving optimal performance with frequent visitation of families with a child in placement.

The OKR's for all DCF divisions and offices were submitted in November 2019 and are under review and revision in the

⁴ Targeted completion for this activity was renegotiated with ACF on 2/10/20

Strategies & Key Activities

Commissioner's office. They are expected to be finalized February 14, 2020.

CP&P has launched the following work in Q1 and Q2:

- **Innovations:** CP&P is working with Local Offices to design a resource unit pilot program in Ocean/ Monmouth continues. The focus of this pilot is to test out changes in staffing patterns and roles and responsibilities to best support resource parents and kinship parents. The Resource worker position was changed from generic worker to 3 specialized positions; home study writers, resource support workers, or facilitator/ trainer. In addition, the resource job responsibilities were redistributed, consolidated or reassigned to other casework staff which allowed for manageable caseloads assignments to Resource support workers. The process of presumptive eligibility for relative care providers was adapted to allow for the Office of Licensing and the Home study Writers to run a concurrent process and shorten the time to licensing. The Ocean/Monmouth area has identified 2 supervisors to receive the CLEAR licenses to assist the family finding process. They have not yet been provided login credentials to begin that work, it is expected to occur in January 2020. The pilot program was able to obtain 3 additional staff; 2 were assigned to Ocean South and 1 was assigned to Ocean North. The pilot will begin in February 2020 (Q3).
- **Training Opportunities:** In Q2, DCP&P developed a presentation regarding the value of kinship and the support that statewide operations can provide. DCP&P central office has coordinated with 46 offices to identify staff meeting dates when this presentation will be delivered. Presentations will begin in February 2020 (Q3).

In Q2, DCP&P began working to develop a kinship training for all staff incorporating a publicly available 5-part video series developed by Dr. Joseph Crumbley (*Engaging Kinship Caregivers: Managing Risk Factors in Kinship Care*, Annie E. Casey Foundation). The training will be facilitated by Case Practice Specialists and Area Resource Family Specialist (ARF) staff in the local areas. CPS and ARF staffed will be trained on the video series and corresponding facilitator guide in April 2020 (Q4) and will begin conducting the training locally in July 2020 (Q5).

In Q1-2, DCP&P also identified the need to enhance resource staff skills to support resource parents and elected to train staff in the Nurtured Heart Approach®. This approach is also in use within the New Jersey Children's System of Care (CSOC), and consistent use of the approach across both the child welfare and children's behavioral health care system will especially help support resource parents caring for CSOC-involved children and youth. 109 staff from DCP&P resource units were trained in December 2019. Additional trainings for resource staff will occur January- February 2020, until all

Strategies & Key Activities

resource staff have been trained. Select DCF will be afforded an opportunity to become certified Nurtured Heart trainers through participation in a 5-day training from April 26-May 1, 2020.

Finally, in Q1-2 DCP&P began searching for a new preservice training, investigating the extent to which various models may be appropriate for NJ DCF.

- **Technology Support:** In Q2, DCP&P identified that use of mobile fingerprint stations would assist in more expedient licensing of kinship caregivers. These stations are in the process of being purchased.

NJ SPIRIT changes to enhance resource/adoption windows are expected to be released in Spring, 2020.

The plan for the development of a kinship newsletter to highlight exceptional practice from the field has changed. A collaboration occurred with Communications recommending using other digital platforms as a means to relay information and messages to staff. Podcasts and video segments will be explored with Communications in January 2020.

- **Administrative Practice:** In Q2, DCP&P identified that staff attitudes and perspectives regarding kinship vary from office to office and across units. DCP&P is working with the Office of Research, Evaluation and Reporting to create and implement a staff survey. A Literature review has been completed and the construction of themes has begun. These themes will develop into focus group questions that will help the survey team understand the gaps in information. Focus groups were held in January 2020 with a full plan to of delivering the survey in February 2020.

A DCP&P kinship workgroup met to review policy barriers to use of kinship placements and KLG. The group outlined a number of proposed changes to kinship placement policy and KLG policy. These proposed changes were synthesized and aligned to specific policies and shared with executive management. Additional work is being requested to create a document to support KLG versus adoption decision making for staff. This will be completed in February 2020.

In addition, since January 2019, DCF's ChildStat sessions were amended to include robust discussion of Local Office practice and performance data regarding kinship placements.

Strategies & Key Activities

3.2.1 Progress on Activities Notes/Comments

3.2.2 Train and coach staff to practice expectations

- OTPD to review and update the training on PROMIS/Gavel background checks (Q3-4)
- Training and communication needs related to KLG will be developed and implemented, making use of existing staff meeting structures within CP&P, and relying on communication via the CICIC with respect to judicial stakeholders. (Q2-4)

3.2.2 Progress on activities

A background check webinar was held in November 2019. The purpose of the webinar was to provide guidance to staff around completing and reviewing CARI and CHRI results to prevent invalid rule-outs.

As noted in 3.2.1 Progress on activities, the kinship workgroup met and outlined a number of proposed changes to kinship placement policy and KLG policy. These proposed changes were shared with executive management and additional work is being requested to develop training supports around the practice. This will be completed in March 2020. Communication will be shared with judicial partners via the CICIC.

3.2.2 Progress on Activities Notes/Comments

3.2.3 Assess fidelity to the practice model

- Commissioner's Office will manage Department-wide Objectives and Key Results (Q2-8)

Strategies & Key Activities

3.2.3 Progress on Activities

The ongoing tracking and management of the OKR's will be the responsibility of CP&P for the Department. Updates on the OKR's will be presented to the DCF Commissioner and Executive Management quarterly and the DCF Commissioner will be responsible for addressing any challenges with senior leaders directly. See 3.2.1 for detail on progress.

3.2.3 Progress on Activities Notes/Comments

3.2.4 Create or Adapt Decision Support Data Systems

- No adaptations to data systems/reports needed.

3.2.4 Progress on Activities

The kinship workgroup mentioned in 3.2.1 proposed amendments to NJS form 26-82. DCP&P is discussing the feasibility of these changes with the Office of Information Technology.

3.2.4 Progress on Activities Notes/Comments

3.2.5 Make use of Facilitative Administration

- 72 hours, 30-day, 90 day and future enhanced review meeting to review all relatives and if relatives are ruled out, describe why the relatives were ruled out (Rule Out Letter) (Q1)
- OPRD, CP&P, OLLA, will develop a form that will be used to identify relatives and will document any reason the relative was not used (Q1)

Strategies & Key Activities

- CP&P will manage data review process to monitor the volume of KLG finalizations and track/monitor rate and type of KLG disruptions.

3.2.5 Progress on Activities

Policy on the review of relatives and reasons to rule out a relative during enhanced reviews have been included in the proposed concurrent planning policy. The policy has been reviewed by CP&P leadership and is expected to be finalized by the end of Q3.

CP&P is reviewing the existing NJ SPIRIT form 26-82- Relative Identification and Evaluation Chart. It was determined that this form needs redesign to capture relative rule out reasons. Review of other jurisdiction forms revealed a form from the state of CT DCF uses, discussion is forthcoming with IT to determine the feasibility of creating a similar capacity within NJ SPIRIT.

Office of Adoption Operations has existing systems to monitor and track KLG finalizations through the KLG subsidy unit.

DCP&P, OIT and RER reviewed NJ SPIRIT capacity to capture the frequency with which KLG is vacated. It was determined that "KLG Vacated" is already in NJS as a placement discharge reason and can be added to other screens in order to request monitoring reports. This was completed in November 2019.

3.2.5 Progress on Activities Notes/Comments

3.2.6 Identify and Manage Systems Interventions Needed to Support The Practice

- OPRD, CP&P, OLLA will review rule out and waiver policy, and modify if needed. (Q1)
- DCF will discuss need for information dissemination, training, etc. of judicial stakeholders at CICIC.

Strategies & Key Activities

3.2.6 Progress on Activities

Rule out and waiver policy review is underway with Office of Resource Families (ORF), Office Of Licensing (OOL) and Legal Affairs, and is expected to be finalized by the end of Q3. In the interim, waiver/rule out presentations have been completed at the following practice forums prior to and during PIP approval period:

- CWS: Summit-April 5, 2019
- Webinars May 22nd and November 20th, 2019
- SPRU Convening-June 3, 2019
- Resource family supervisors' quarterly meetings
- Ocean/Monmouth Area Leadership meetings

DCF shared information regarding NJ vision for child welfare services, including the importance of family connections, during the statewide CICIC conference in March 2019. This conference engages 500+ judiciary stakeholders including judges, attorneys, advocates and others. In addition, DCF presented the CFSP to the Children in Court Improvement Committee on April 8, 2019, and shared data on the interplay between kinship placement and lengths of stay with the same group on May 8, 2019.

DCF presented the Department's strategic plan, including the kinship goal, to Children in Court judges via a statewide Skype in-service meeting on May 28, 2019. In addition, DCF, in partnership with Advocates for Children of New Jersey (ACNJ) presented the Department's strategic plan, including the kinship goal, to judicial and other community stakeholders during a set of Regional Forums held in Spring 2019, and provided updates to the same stakeholders in a subsequent set of Regional Forums held in Fall, 2019.

On April 29, 2019, attorney's representing DCF during litigated placement cases participated in a DAG statewide training session dedicated to understanding the importance of kinship placements and family connections.

3.2.6 Progress on Activities Notes/Comments

Strategies & Key Activities

Goal 3.0: Improve the timeliness of permanency for children entering foster care in NJ

Strategy 3.3 Strengthen NJ DCF's management of timely permanency with Administrative Office of the Courts

3.3.1 Ensure Practice Expectations are Clearly Defined

- The Judiciary will direct local Children in Court Advisory Committees to develop and submit action plans to improve permanency (Directive to be issued Q2 (completed); plans due to the AOC Q3)
- DCF and NJ Office of the Attorney General will issue joint protocols for timely filing of guardianship complaints (Q3⁵)(completed)

3.3.1 Progress on activities

In May 2019, the Judiciary issued a memorandum directing Assignment Judges and Family Court Judges to ensure that local Children in Court Advisory Committees complete and submit a review of all children in foster care for 36+ months by August 31, 2019. The reports were submitted, and a subcommittee of the Children in Court Improvement Committee has been reviewing them.

The DCF Office of Legal Affairs and NJ Office of the Attorney General have discussed what to include in the contents of the protocol for timely filing of guardianship complaints. An initial draft was circulated for comments and suggested revisions and the finalized product was sent out to all CP&P staff as well as Deputy Attorneys General in the DCF Practice Group in February 2020.

3.3.1 Progress on Activities Notes/Comments

⁵ Targeted completion for this activity was renegotiated with ACF on 2/10/20

Strategies & Key Activities

3.3.2 Train and coach staff to practice expectations

- CP&P staff meeting structure will be used to update staff as to the modification of orders and strategies for timely filing of guardianship petitions.

3.3.2 Progress on activities

Once the modifications to the protocol are complete, CP&P staff will receive notification and guidance during staff meetings.

3.3.2 Progress on Activities Notes/Comments

3.3.3 Assess fidelity to the practice model

- 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. (Q4 and ongoing)

3.3.3 Progress on Activities

See 3.3.4 progress on activities

3.3.3 Progress on Activities Notes/Comments

Strategies & Key Activities

3.3.4 Create or Adapt Decision Support Data Systems

- DCF IT and the Judiciary to enhance the interface between NJ SPIRIT and the court's case management system so that data is consistent in both systems (DCF IT, AOC, CP&P and RER) (TBD)
- The Judiciary to provide data indicating the amount of guardianship appeals compared to amount of guardianship orders entered in Superior Court (Q5 proposed at this time⁶)
- NJ 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 (Q4 and ongoing)

3.3.4 Progress on Activities

DCF and AOC conducted two meetings to explore interface possibilities for an outbound DCF court report interface, inbound AOC court order and FN number interface. At that time, AOC stated that they did not have the resource capacity to begin these interfaces, however, DCF and AOC will continue to explore these interface efforts. Other interface enhancements such as notice of placement and notice of change will continue to occur as needed outside the scope of work of the targeted interfaces for the court order, FN number and court orders.

Judicial partners have provided comparative data regarding guardianship appeals and guardianship orders entered. This data is being reviewed and compared to NJS data. Other data sets have been requested to assist in permanency tracking.

Design and dissemination of a data report is in discussion.

3.3.4 Progress on Activities Notes/Comments

⁶ Estimated targeted completion for this activity was renegotiated with ACF on 2/10/20

Strategies & Key Activities

3.3.5 Make use of Facilitative Administration

- CICIC to add CP&P Assistant Commissioner and DCF Deputy Commissioner (complete)
- The Judiciary will make timely permanency a standing agenda item at monthly CICIC meetings. These will include monitoring of data, implementation of local Children in Court Advisory Committee plans; discussion and management of training and communication needs for judicial stakeholders (complete)
- The Judiciary will work with DCF to include workshops reinforcing practice related to timely permanency in the annual CICIC conference. (Q1-2 completed; Q5-6)

3.3.5 Progress on Activities

The CICIC has invited the CP&P Assistant Commissioner and the DCF Deputy Commissioner as participants to the monthly CICIC meetings. This invitation occurred in August 2018- prior to the PIP approval.

The Judiciary has included timely permanency as an agenda item at all CICIC meetings. This standing agenda item has afforded the opportunity for the AOC and DCF to share data on timely permanency and to discuss the advancement of the AOC's directive to local Children in Court Advisory Committees to review cases of children in care 36+ months.

The 2019 NJ Children in Court Education Conference, held in March 2019, included workshops on - among other topics - concurrent planning, father engagement, reasonable efforts, and housing. All of these are factors in timely permanency for NJ families. At this time planning for the March 2020 conference is underway and some of the permanency topic areas include but not limited to:

- Poverty Simulator: A Week in the Life
- Panel of Youth who have been reunified
- Nuts and Bolts of Different Permanency Plans
- Data Driven Decision Making and the 3+ Years Project (children in care 36 months or longer)
- Implicit Bias

Strategies & Key Activities

3.3.5 Progress on Activities Notes/Comments

3.3.6 Identify and Manage Systems Interventions Needed to Support The Practice

- The Judiciary will revise the templates for guardianship orders to ensure template requires outlining of specific actions needed to achieve timely hearings. (Q2)(completed)
- The Judiciary will amend adjournment orders to require rationale for adjournment. (Q4)
- In collaboration with the Judiciary and attorney groups, DCF will pursue technical assistance/ learning opportunities to gain insight into other states' practice regarding TPR appeals and permanency outcomes. (ongoing)

3.3.6 Progress on Activities

The Judiciary has revised the guardianship order template to support the documentation outline of specific actions needed to achieve timely hearings.

Update to amendment of adjournment orders will be provided in the next report.

DCF, the AOC and Judiciary partners held a discussion with the ABA Center on Children and the Law regarding NJ's performance on timely permanency in a national context. DCF and the AOC remain committed to pursuing additional opportunities as they arise.

3.3.6 Progress on Activities Notes/Comments

OPMA - FEDERAL REPORTING
APSR 2018 - Service Description Update

ATTACHMENT B

A	B	C	D	E	F	G	H	I	J	K	L	M
1							FFY 10/1/18 - 9/30/19			FFY 10/1/19-9/30/20		
2							# Served Last FFY (3h)			# Estimated Next FFY (4d)		
3	Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	Individuals	Families	Changes to Program (4a)	Individuals	Families	
3	Catholic Charities Diocese of Metuchen	Supervised Visitation	FPS	Catholic Charities Diocese of Metuchen provides quality contacts between parents and their children as well as supervision of family visits to ensure a positive environment. Additionally, observations during parent visits are provided and transportation for the family is offered. As needed, Catholic Charities assists with case planning.	Serves youth ages 0-18 who live in a resource home and are considered to be at high risk for abuse/neglect. The cases are court involved and require careful supervision.	Somerset & Hunterdon	15	5	We are still open and functioning under heightened universal precautions, screening clients, patients and staff in accordance with CDC guidelines. We use telehealth through our zoom system and the pharmacy remains fully operational with medication delivery services. Our contingency planning is fluid and the teams have adjusted staff schedules and program hours to manage volume and staff capacity. Transportation services are operational. Screening of riders is done before they get on the van/car and again at the site when they arrive.	unk	unk	
4	Catholic Charities Diocese of Metuchen	Therapeutic Visitation Program	FPS	Therapeutic supervised visitation is provided by a trained, bachelor level staff. Staff observe and document parent/child interactions, communication and parental ability to set and enforce age appropriate expectations and limits. Staff provide interventions that support and encourage parent and child relationships. Staff provide support listening and feedback to children to help them discuss & understand separation, loss and adjustment pertaining to placement and their future	DCP&P involved parent whose children (birth to 18) are in an out of home placement in our service area and in the legal custody of DCP&P	Warren, Somerset and Hunterdon Counties	17	7	We are still open and functioning under heightened universal precautions, screening clients, patients and staff in accordance with CDC guidelines. We use telehealth through our zoom system and the pharmacy remains fully operational with medication delivery services. Our contingency planning is fluid and the teams have adjusted staff schedules and program hours to manage volume and staff capacity. Transportation services are operational. Screening of riders is done before they get on the van/car and again at the site when they arrive.	17	7	
5	Oaks Integrated Care	Strengthening Families through Social services (SFSS)	FSS	The SFSS program specializes in cases where the family's daily level of functioning is impeding the care of the children and risks foster placement or is preventing a child from being returned home. The expertise of SFSS is working with families who are at risk of abuse, family violence and disruption. These families are often reluctant to change due to their long standing multigenerational patterns of behavior. The Strengthening Families Program offers services to families for an average of six to nine months and may extend up to 12 months at the discretion of the Program Supervisor and the Division. Treatment modalities include family, marital, play and individual counseling along with case management and skill building in parenting and other aspects of daily living that affect parenting.	Strengthening Families (SFSS) serves DCP&P-referred families in Burlington County who have come to the attention of the Division due to issues of child abuse and/or neglect.	Burlington	194	45	All SFSS staff began working remotely due to COVID 19, and all "visits" were via telehealth. SFSS staff began utilizing audio and video telehealth for sessions with consumers and their families. SFSS staff began to utilize telehealth to hold conferences and collaborations with other providers, including Family Team meetings with DCP&P. SFSS staff began to assist their consumers and families as we went remote with basic needs and necessities non contact food bank drop offs, emergency essential needs such as toiletries for children have been dropped off to consumers door steps, and drop off of health items (humidifier) or diapers to name a few. SFSS "in person" visits would be on an emergency basis only for serious mental health concerns/issues that would be conferenced with DCP&P and Oaks upper management before an in person visit would occur.	240	52	
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7	Family and Children's Services	Pre-and Post-Adoption/Kinship Counseling programs (PACS)	APSS	Pre-and Post-Adoption/Kinship Counseling programs (PACS) provide services to stabilize adoptive and relative placements and enable caregivers to meet the unique needs of children who have been exposed to abuse/neglect and removed from their birth families. Services are provided pre- and/or post finalized adoption and Kinship Legal Guardianship (KLG) including: Individual, Group and/or Family Therapy; Parent Education	The target population is children up to the age of 21 who are preparing for or have achieved permanency in an adoptive or relative placement. Pre- and post- finalization services are provided to children and families in DCF placements. Post-finalization services may also be offered to families who were not involved with DCF.	Pre-Adoption services for Union County, suburban Essex communities and Middlesex county. Post Finalization services for Union County and surrounding counties who wish to come to FACS for in-office services. KLG services for Union County.	242	64	Due to COVID-19, the agency shifted its operations to provide remote telehealth counseling PACS clients. To make the shift to telehealth, FACS has made significant investments in technology, including purchasing new chromebooks, cell phones and computers, as well as upgrading our Zoom contract to allow for HIPAA compliant communications. As the situation with pandemic is rapidly changing, FACS will adapt to those changes in order to meet the best interests of our clients. The overall goals and objectives of the program, to stabilize the adoptive family, counsel the traumatized child, and support the adoptive parents, will not change, regardless of the medium used to provide services.	180	60	
8	Care Plus NJ	Adoption House	APSS	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.	Hudson county	98	31	90 days post-termination for visits between parent -child. Sibling visits will be held	106	34	
9	The Children's Home Society	Adoption Support	APSS	The Pre- and Post-Adoption/Kinship Counseling program (PACS) provides services to stabilize adoptive and relative placements and enable caregivers to meet the unique needs of children who have been exposed to abuse/neglect and removed from their birth families. Services are provided pre- and/or post finalized adoption and Kinship Legal Guardianship (KLG). These services include individual, group and/or family therapy, psychoeducation, life story/life book work, parent support and education, respite services, advocacy, and follow-up.	The target population is children up to the age of 21 who are preparing for or have achieved permanency in an adoptive or relative placement. Pre- and post- finalization services are provided to children and families in DCF placements. The target population is fully blended (pre and post adopt/KLG) for all geographic locations covered in the contract. Post adoption services are offered to families who were not involved with DCF	Mercer, Monmouth, Middlesex, Ocean, Somerset, and Hunterdon	122	110	As a result of COVID 19, DCPD offices were closed to non-essential personnel. Since March 18, 2020, the Adoption Expeditors have not been permitted in the offices and are not able to work remotely. Once DCPD offices are re-opened, the Expeditors will return to work following the re-screening process (breaks in service over 90 days require re-screening).	90	74	
10	The Children's Home Society of NJ	Child Summary Writers	FSS	The Child Summary Writers work in the various CP&P local offices. They are assigned children for whom to write summaries by the Concurrent Planning Specialists and are given access to the necessary case files. From the information in the case files, the Child Summary Writers create the child summary, which is used as a part of the adoption process.	This service ultimately serves children in the care of the Division of Child Protection and Permanency who are free for adoption and who require a Child Summary to be completed. However, the work done in the program is with the Division of Child Protection and permanency staff and not directly with the children themselves	All 21 counties in New Jersey			As a result of COVID 19, CP&P offices were closed to non-essential personnel. Since March 18, 2020, the Adoption Expeditors have not been permitted in the offices and are not able to work remotely. Once CP&P offices are re-opened, the Expeditors will return to work following the re-screening process (breaks in service over 90 days require re-screening).			this should be APSS
11	Community Treatment Solutions	Cumberland Visitation & Reunification Services	FRS	The program's objectives are to protect children from harm by ensuring child physical and emotional safety during visits, to facilitate appropriate interaction between parents, children and, when appropriate, siblings, to consistently offer services in accordance with the visitation schedule specified in the case plan and to observe and objectively report on interactions in a timely manner. In reunification cases, parents will demonstrate improved interaction skills as measured in 90 day increments beginning at 90 days post intake into our program.	Any child and family referred by the CP&P Local Offices who is appropriate for reunification. Transportation will be provided as part of the service. The CTS model for family engagement and visitation services includes a full range of additional services, such as formal parenting classes, behavioral health services when needed, effective communication classes, life skills classes, linkages to substance abuse treatment and the availability of mentoring through the CTS Treatment Parents and staff.	GFS services all of Cumberland County. The children can be in foster care in any of the surrounding counties but must have an open CP&P case in Cumberland County.	86	40	During the COVID-19 pandemic, staff are providing parenting skills sessions and case management services remotely at a minimum of once per week for an hour to the parents seeking reunification. Staff are also keeping in touch with the resource parents on a weekly basis. Staff are also providing remotely supervised visitation with a three-way video conference between the resource parent and children, parent seeking reunification, and staff member in situations that are clinically appropriate and in which all parties are agreeable.	70	40	

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12	Volunteers of America - Northern NJ Sector	Parenting skills-Adoption support	APSS	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	Northern New Jersey including Bergen, Hudson, Morris, Passaic, Sussex, and Warren counties.	12	5	Feedback from the stakeholder as well as from clients was positive. Therefore, there are no planned changes to the program.	68	36	
	Catholic Charities, Diocese of Metuchen	Adoption Support and Advocacy Program (ASAP)	APSS	Catholic Charities, Diocese of Metuchen provides in-home behavioral supports for adoptive and pre-adoptive families via the Adoption Support and Advocacy Program (ASAP). ASAP serves children in out-of-home placements and the majority of these children cannot or have not benefited from traditional psychotherapy. The children's behavioral and emotional difficulties are causing significant stress on the adoptive or pre-adoptive family functioning to the point where placement disruption is possible	The Adoption Support and Advocacy Program is available to children of any age who are in need of in-home behavioral support services to strengthen family functioning in order to prevent placement disruption, facilitate adoption finalization plans, and assist CP&P with permanency achievement.	Essex, Middlesex, and Union counties	3		There are no planned changes to this program, however we will work with stakeholders to identify much needed referrals. COVID-19 has impacted service delivery temporarily. Clinical services are being provided remotely until stay at home orders are lifted. Clinicians are using teleconference and videoconferencing for continuity of service.	108		
13	180 Turning Lives Arouns	Keeping Families Together (KFT)	FSS	Families participating in the KFT program are assigned a case manager and a clinician to assist with housing stability and processing of clinical need. Families participating in the Monmouth County KFT model have access to a LCSW, LPC, LCADC, ATR-P to address any clinical concerns that may be a future barrier to housing stability, mental health, substance use and parenting concerns.	Families in Monmouth County identified by DCCP as being homeless or having a history of housing instability with a substance abuse concern.	Monmouth	147	46	In response to Covid 19, the KFT team has been attending Covid related training to increase their knowledge base regarding best practices and community resources available to clients. Additionally, the KFT team has been working with Fulfill to provide clients with provisions on a bi weekly basis. These provisions are delivered to families throughout Monmouth County by the KFT staff. In terms of case management and clinical services, KFT staff has been providing out reach and clinical support to families via telephone to assist clients with additional stressors during this time.			
	SAFE in Hunterdon	PRS Case Management	FSS	Counselors provided counseling services to adults and teens who experienced domestic and/or sexual violence. Most of the clients served were mothers whose children were at risk of abuse or neglect. Counseling services are individualized and support the survivor in processing their trauma experiences, empowers the development of emotional safety and supports them in beginning the process of healing and self-efficacy as well as connects them to resources in the community. These services directly relate to supporting the parent in pursuing their own treatment to be better equipped to assist their children in the long-term and preventing abuse and neglect of the children.	Adult and teens who experienced domestic or sexual violence.	Hunterdon County	39	39	Provide trauma focused cognitive behavioral therapy for teens and children impacted by trauma and their parents or caregivers. Enhance and expand services using CQI.	15	15	this should be FPS
14	Center for Family Services	Services Empowering Rights of Victims (SERV) Cumberland	FPS	SERV 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	30	96	None	50	105	
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17	Family Connections, Inc.	Keeping Families Together (KFT)/ Home Safe	FSS	Provide supporting housing services to children & families. Services include: clinical case management, house case management, group support	Child welfare involved families w/children out of home or at risk of placement. Homelessness must be experienced and parent has co-occurring	Essex County	45	10	We also plan on securing more partnerships with employment/career planning organizations, utilizing more community resources and being more informed about neighborhood safety. Homesafe now has a dedicated employment specialist who will devote time to improve the financial stability of our families and increase progress toward job readiness and increase achievement in employment. In light of Covid-19, Family Connections has implemented telehealth services guidelines and technology. Family connections will be able to provide telehealth services	45	10	this should be TLFRS
	The North Ward Center, Inc.	Permanency Links Program NWC-Life Links Program	FSS	The goal of the program is to identify connections that will lead to permanency pacts and/or permanent connections that support the adolescent. The process includes the identification of caring adults who will provide a safe and supportive relationship for the youth as he/she transitions from out of home placement. Potential supportive adults will be identified through discussion and activities with youth, the CP&P caseworker and a review of the case file by North Ward Center staff	Out of home placement youth 14 to 21 years old under the supervision of Essex County, that require permanency services and who are aging out of placement. They may be legally free for adoption and/or lack a permanent plan. Their case goal must be Individual Stabilization, Independent Living or Other Long Term Specialized Care.	Essex County	16	There is a Covid-19 contingency plan. They will use telehealth to serve their youth. And maintain communication with CP&P Area Director	20			
18	Acenda (formerly Robins' Nest)	Creative Visitation	FRS	The program provides services that address the goals of: improving parental capacity and parent-child interactions, supporting and maintaining family bonds; providing parents with opportunities to identify and practice skills that meet their child's needs; decreasing the length of time children remain in out of home placement. Staff also provide documentation of visits strengths and needs to support permanency planning. Services provided include: transporting children to and from visits; supervising visits; coaching parents on their parenting skills, debriefing after each visit to reinforce what went well and to plan ways to meet their child's needs during future visits, and providing comprehensive relevant documentation regarding our observations and interactions.	CP&P involved parent whose children (birth to 18) are in an out of home placement in our service area and in the legal custody of CP&P	Burlington, Camden, Gloucester, Salem, Cumberland, Atlantic, and Cape May counties	236	101	In March 2020, in response to COVID-19 and NJs shelter in place order, visit coaches quickly transitioned to providing telephonic and telehealth sessions and visits for our families. Telehealth visits are conducted via Zoom, a HIPAA compliant platform. We are engaging the parents and resource parents to get the children involved in our face to face Zoom meetings. We are facilitating interactions, activities and discussions on a weekly basis, or, depending on the child's age, we may have shorter visits throughout the week. Program goals and objectives have not changed during this time.	30	6	this should be TLFRS
19	Mercy Center	Family Resource Center	FSS	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.	Asbury Park and Neptune areas in Monmouth County	NA	160	During Covid-19, we have made the following adjustments: offices are closed for the safety of staff and clients. Staff is currently working remotely by using agency cell phones, having access to their computers, office voicemail and emails. Staff members maintains frequent communication via telephone (via text or calls) with both active and some inactive clients to assess their functioning/stability and concrete needs. The immediate goal is to reduce the level of stress and anxiety in the families by providing emotional support, advocacy and case management- to address their basic needs such as; rental, utilities and food assistance.	NA	150	this should be both FPS & TLFRS
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21	Southern NJ Perinatal Cooperative	Atlantic County Healthy Families	FSS		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 City, Ventnor, Brigantine, Pleasantville, Egg Harbor Township, Absecon, Galloway Township, Egg Harbor City, Mays Landing, and Somers Point	736	368	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	736	368	
22	Care Plus, NJ	Healthy Families-TIP Bergen	FSS		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	190	95	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	117	59	this should be FPS
23	Burlington County Community Action Program	Healthy Families-TIP	FSS		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	154	77	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	154	77	this should be FPS
24	Center for Family Services	Healthy Families-TIP Camden	FSS		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	322	226	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	340	170	this should be FPS

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25	Holy Redeemer	Healthy Families Cape May County	FSS	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 DFD 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.	Rural Community in Cape May County	250	125	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	250	125	
26	Acenda (formerly Robin's Nest)	Healthy Families-TIP Cumberland County	FSS	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 Healthy Families-TIP Cumberland program is any parent residing in Cumberland County who is pre-natal to three months post-natal. In addition, any parent who is GA/TANF (General Assistance/ Temporary Aid to Needy Families) eligible may enroll up to infant turning one year of age as part of the TIP program (TANF Initiative for Parents)	Cumberland County	816	408	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	922	461	
27	VNAHG	Essex HF/TIP	FSS	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 New Jersey with a focus on Newark, Irvington, the Oranges	982	491	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	982	491	
28	Acenda (formerly Robins' Nest Inc.)	Healthy Families Gloucester County	FSS	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 is eligible for Healthy Families-TIP 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).	Gloucester County	362	181	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	672	336	

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29	Care Plus NJ, org	Healthy Families -TIP Hudson County	FSS	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	182	91	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	143	72	
30	Mercer Street Friends	Healthy Families-TIP Mercer County	FSS	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	208	104	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	208	104	
31	Central Jersey Family Health Consortium	Middlesex/Somerset Healthy Families-TIP	FSS	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	384	192	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	308	154	
32	Visiting Nurse Association Health Group	Monmouth Healthy Families-TIP	FSS	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.	Asbury Park, Long Branch, Neptune, Red Bank, Keansburg, and Freehold	1388	700	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	1390	700	

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33	Partnership for Maternal and Child Health of Northern New Jersey	Healthy Families – TIP of Morris County	FSS	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 MCHF-TIP Program serves any first time pregnant mother, new mothers with a baby younger than 3 months of age, or new /pregnant mothers with multiple children, with TANF, GA and/or EA families with children under 12 months residing in Morris County	Morris County	138	69	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	112	56	
34	Preferred Behavioral Health Group	Healthy Families/TIP Ocean County	FSS	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 service population consists of 2 tiers. The first tier serves all pregnant mothers, including those who may have experienced one or more births. The second tier of the Healthy Families/TIP Ocean County Program The Target Population served includes all pregnant women and post-natal mothers, whose child is three months old or younger. The additional population served consists of parents who are receiving Temporary Assistance for Needy Families (TANF). The TIP component may enroll families up until the baby is twelve months old.	Northern Ocean County through Central Ocean County, north of Lacey Township	360	180	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	360	180	
35	Partnership for Maternal & Child Health of Northern NJ	Passaic County HF-TIP Program	FSS	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	1502	751	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	1502	751	
36	Prevent Child Abuse New Jersey	Healthy Families New Jersey (Tech. Assistance)	FSS	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 new and expectant parents who meet at risk screening and assessment criteria for the Healthy Families Program.	Statewide	na	na	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	na	na	

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37	Acenda (formerly Robins' Nest, Inc)	Healthy Families/TIP Salem County	FSS	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 parents in Salem County who are pregnant or have an infant 3 months old or younger, or have an infant 12 months or younger if receiving TANF or GA.	Salem County	532	266	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	672	336	
38	Holy Redeemer Home Care - NJ, North	Union County Healthy Families/TIP Program	FSS	The Union County Healthy Families/TIP 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/TIP 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 eligible families with children under the age of 12 months and all new parents who are prenatal or with children up to 3 months of age	Union County	356	178	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	278	139	
39	Center for Family Services	Step Down	FPS	The Step-Down program provides a community based continuum of care to families that successfully complete an initial Family Preservation Services (FPS) intervention. Program participants receive a comprehensive range of supportive services that extend beyond the short term crisis intervention and stabilization provided by FPS programs. Step-Down services are based on an aftercare model and focus on more enduring issues that impact family functioning and child and family well-being.	The target population is children and families under CP&P supervision who have completed a 4-8 week FPS intervention program and who require continued support and supervision to further reduce or eliminate risk factors identified by the Division and/or FPS	Gloucester county	69	17		70	20	
40	Oaks Integrated Care	Pre-Post Adopt/KLG Counseling (PACS)	APSS	PACS (Pre-Post Adopt/KLG Counseling) is a home-based program which includes pre-adoption, pre-KLG, post-adoption and post KLG services. The goals are to stabilize the family; to finalize adoption and KLG; to prevent the dissolution of an adoption; to maintain stability post-discharge; and for consumers to be deemed "goals achieved" at discharge. Adoption specific services focus on grief and loss, and the significant trauma many foster and adoptive children experience. The duration of services varies by case, but are generally open for approximately 6 months with some exceptions made	Children under 21 years of age whose permanency plan is adoption or KLG and are either placed in a home with the goal of adoption/KLG or for whom CP&P is seeking a permanent adoptive placement. Also served are children and families who had previously adopted and are in need of therapeutic services	Atlantic, Burlington, Camden, Cumberland, Gloucester, and Salem counties	92	62	We hope to provide more support to children and families by doing support groups on a regular basis. We also hope that as more data is collected with the assessment tool we will be able to use the data to aid in treatment and to measure progress made as a result of receiving our services. We have begun to develop a guide to various Evidence Based Treatment modalities for PACS to incorporate in their sessions. Our PACS therapists have been trained in ARC (Attention, Regulation, and Competency) theory that we will be putting into practice in our sessions and teaching parents. The PACS therapists also received training from John Hughes in his Dyadic Developmental Treatment and PACE (Playfulness, Acceptance, Curiosity, and Empathy). We also have created an extensive list of activities to use to engage the children and families in sessions that we plan to continue making contributions.	155	varies	

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41	Catholic Charities Archdiocese of Newark	Pre/Post-Adoption/Kinship Counseling	FSS	Offers services to special needs children and their families in their homes for periods of up to one year or longer (in select cases). Through supportive counseling and education, parents learn to understand and cope with the host of emotional and behavioral issues the child often brings into their adoptive family. Individual, family, and therapeutic group counseling assist the children in dealing with issues of separation, loss, and abandonment; histories of abuse and neglect; and resulting maladaptive behaviors. Parents gain support, information, skills and insights in ways to best meet the needs of their adopted child and to manage the various related issues that the whole family may be experiencing as an adoptive family. Post KLG services provide counseling and support to families where kinship legal guardianship has occurred and there is a need to services and supports to stabilize and/or strengthen the family to insure that well-being for the children and family, and permanency, are maintained	Adoptive parents, grandparents, siblings, foster siblings, or other family members living in the household and kinship legal guardians	Hudson County	23	17	There are no planned changes to this program, however we will work with stakeholders to identify much needed referrals. COVID-19 has impacted service delivery temporarily. Clinical services are being provided remotely until stay at home orders are lifted. Clinicians are using teleconference and videoconferencing for continuity of service.	70	37	
42	Children's Aid and Family Services	Post Adoption/Kinship Counseling Program	APSS	Provides family and individual therapy for children up to age 21. Therapy is strengths-based, family focused and largely cognitive in approach, to address core adoption and kinship issues. The focus is on helping children overcome the effects of abuse and separation, and provide the support, encouragement and life skills necessary for the family's longevity and well-being. Therapy is intended to facilitate healing processes, promote family bonding and integration, and foster the development of support systems. Issues related to separation and loss, identity, shame, trust, abandonment, and developmental hurdles are addressed with an adoption/kinship and trauma informed approach. Families in PACS therapy can also receive respite funding to offset costs for children's out of home activities that support stabilization and treatment goal progress. In addition to therapy, adoption support groups are offered to provide teens, pre-teens and parents an opportunity to meet other adopted children, adoptive parents and engage in group discussion	Children up to age 21 and their families, where there is a finalized adoption or Kinship Legal Guardianship agreement	Bergen, Passaic and Essex Counties.	39	36	None	30	29	
43	Children's Aid and Family Services	Kinship Care Clearing House (KinConnect)	APSS	The Kinship Legal Guardianship Resource Clearing House (KinConnect) is an information center for Kinship families in NJ. KinConnect provides resources, support and education through the web site, www.kinconnect.org, phone and warm line e-mail support as well as training workshops. The program also includes a free lending library focusing on Kinship Care. The books that focus on kinship care is housed in the same location as the NJ ARCH lending library which currently consists of 1301 books and video 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 touched by Kinship Care /Kinship Legal Guardianship and the professionals who work with them	New Jersey	87	unable to differentiate	The kinship Care Clearing House website (www.kinconnect.org) was redesigned, upgraded and launched in June 2018. With most websites, enhancements are required to keep the website working optimally. We will continue to review various enhancements such as the search capability of the free lending library so it makes it even easier for consumers and staff to find their book of choice.	80	unable to differentiate	
44	Children's Aid and Family Services	New Jersey Adoption Resource Clearing House (NJ ARCH)	APSS	The New Jersey Adoption Resource Clearing House (NJ ARCH) provides adoption advocacy, support, education, information and resources through a web site, phone and e-mail warm line, support group support as well as buddy mentoring/ training workshop offerings for adoption support groups, conferences, etc. throughout the state. The program also includes an extensive free lending library. We currently carry 1301 books and videos titles, some books having multiple copies. Topics focus on adoption, foster care, kinship care, parenting and the like. In addition, the library has over 2800 articles on various topics to copy or borrow	All members of the adoption constellation: birth parents, adoptive parents, adopted persons, and the professionals who work with them	New Jersey	1081		The NJ ARCH website (www.njarch.org) was redesigned, upgraded and launched in April 2016. With most websites, enhancements are required to keep the website working optimally. We are currently reviewing how to enhance the lending library search capability to make it easier for consumers and staff to find their book of choice	500		
45	Urban League of Hudson County	Mentors	FSS	Educating youth on self-empowerment in low-income communities. We are providing the tools to help youth make positive choices that will achieve academic success, break the cycles of teen pregnancy, poverty, and overcome the barriers of bigotry. Urban League envisions a community in which every youth experiences a nurturing one-to-one relationship and community support. This will allow each youth to develop into their full potential, capable of making informed, responsible decisions as involved members of our community. Mentoring is a powerful and personal way to enhance the lives of all types of youth	The Urban League's Mentoring Program accepts ages 13 – 18 referred from the Division of Child Protection & Permanency this includes youth involved with the juvenile justice system, walk-ins or other youth	Hudson County	116	46	Currently, staff can not provide direct one-on-one services to youth due to social distancing. However, youth and families serviced have reduced this quarter due to the COVID-19 Pandemic. Staff works remotely with youth supplying valuable community resources i.e. food pantries, video conferencing to follow-up on their progress and continue to work on enhancing their life skills.	110	40	

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46	Preferred Behavioral Health Group	Family Visitation	FPS	Family Visitation provides an array of services; supervised visitation, therapeutic visitation, in-home therapy, parent mentoring, and crisis response	Families with an open CP&P case in which children are in placement, at risk of placement, or transitioning to reunification	Ocean County	180	70	Flexibility in service: Families can now receive multiple services within the program to enhance both individual and family functioning in preparation for permanency planning (reunification/adoption/Kinship legal guardianship). Location: We will relocate at end of the current lease 3/31/2021 to accommodate a central location within the county served. A decrease in monthly lease payments freeing funds to increase salaries that will support staff retention and hire clinicians with specialized expertise that will increase the quality of services provided to clients.	unk	unk	
47	Family and Children's Services	Family Stabilization	FPS	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	225	75	Due to the COVID-19 the agency will use remote telehealth counseling and case management services to Family Stabilization clients. Since March 23, and for the foreseeable future, the agency will continue to "see" clients using telecommunication technology. Purchased new chromebooks, cell phones and computers, as well as upgrading our Zoom contract to allow for HIPAA compliant communications.	175	62	
48	Acenda (formerly Robins' Nest)	Family Ties	FRS	This program assists with permanency planning in a manner consistent with the Adoption and Safe Families Act (ASFA). The program provides services that address the goals of: maintaining family bonds; supporting parent/child relationships; providing parents with opportunities to learn and practice new skills; decreasing the length of time children remain in out of home placement; successfully reunifying children with parents or relatives; and providing documentation to support permanency planning. Services provided include: transporting children to and from visits; supervising visits; coaching parents on their parenting skills, debriefing after each visit to reinforce what went well and to plan ways to meet their child's needs during future visits, and providing comprehensive relevant documentation regarding our observations and interactions	CP&P involved parent whose children (birth to 18) are in an out of home placement in our service area and in the legal custody of DCP&P	Burlington, Camden, Gloucester, Salem, Cumberland, Atlantic and Cape May counties	254	100	In March 2020, in response to COVID-19 and NJ's shelter in place order, visitation therapists and visit coaches quickly transitioned to providing telephonic and telehealth sessions and visits for our families. Telehealth visits and sessions are conducted via Zoom, a HIPAA compliant platform. We are engaging the parents and resource parents to get the children involved in our face to face Zoom meetings. We are facilitating interactions, activities and discussions on a weekly basis, or, depending on the child's age, we may have shorter visits throughout the week. Program goals and objectives have not changed during this time.	120	50	
49	Partnership for Maternal and Child Health of Northern NJ	Healthy Families/TIP-Essex	FSS	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	1380	690	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	440	220	

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50	Visiting Nurse Association	Healthy Families Perth Amboy	FSS	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 serves low income, pregnant and parenting women with a child less than 3 months of age	Perth Amboy, Middlesex County	170	340	Due to Covid-19, Healthy Families America (the National Office) provided guidance to support all HF home visiting programs to work virtually with families, until it is safe to return to the homes of our families. Adaptations are allowed in screening activities, hiring staff and enrolling families, they may all occur virtually.	170	340	
51	Acenda (formerly Robins Nest)	Pre & Post Adoption & kinship services	APSS	Pre & Post adoption and kinship counseling programs (PACS) to stabilize adoptive and relative placements. Therapy parent education, respite services, life book work, educational support and advocacy	Pre and post adoptive families	Burlington, Camden, Gloucester, Cumberland, Salem, Cape May & Atlantic counties	56	37		66	44	
52	Catholic Charities Archdiocese of Newark	Safe Spaces Trauma Tx/Support SEC	FPS	Safe Spaces provides TF-CBT counseling to children/youth who have witnessed domestic violence and their non-offending caregiver. Clinicians provide weekly counseling with the child/youth and their non-offending caregiver and provides conjoint sessions when the model indicates.	Children and youth aged 3-18 who have witnessed domestic violence and their non-offending caregiver	Hudson county	73		The only changes that have been made is the Clinicians began using telehealth in March, 2019 to provide services to families as a result of COVID-19.	75		
53	Children's Home Society of NJ	Intensive Services Program	FRS	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	81	26	In light of the current COVID-19 circumstances we have transitioned all of the services to telehealth in March 2020. We plan to continue to provide telehealth services until it is determined to be safe to return to an office setting; we are in the process of developing a transition plan	75	35	
54	16 Catholic Charities Archdiocese of Newark	Family Stabilization	FRS	STV provides comprehensive visitation services to parents and children with the goal of reunification. STV uses a Family Team model that includes assessments, planning and support to strengthen parent/child relationships, enhance parenting skills, and connect to larger systems of support as needed. It is a strength based program that is goal oriented and outcome based.	Hudson County DCP&P families where reunification is the goal; referrals from other counties are accepted pending approval by Hudson County CP&P	Hudson County CP&P families where reunification is the goal; referrals from other counties are accepted pending approval by Hudson County CP&P	48	40	We plan to continue to increase the number of family visits in our Jersey City office to better accommodate families who live close to that office. We plan to increase the number of family visits possibly up to four per week if requested to do so by CP&P. This will further strengthen family relationships and better prepare for reunification. Increase the number of supervised therapeutic visits requested by the court for those families where child/children are placed with one parent. Continue to provide STV services for out of county families referred by CP&P.	50	40	

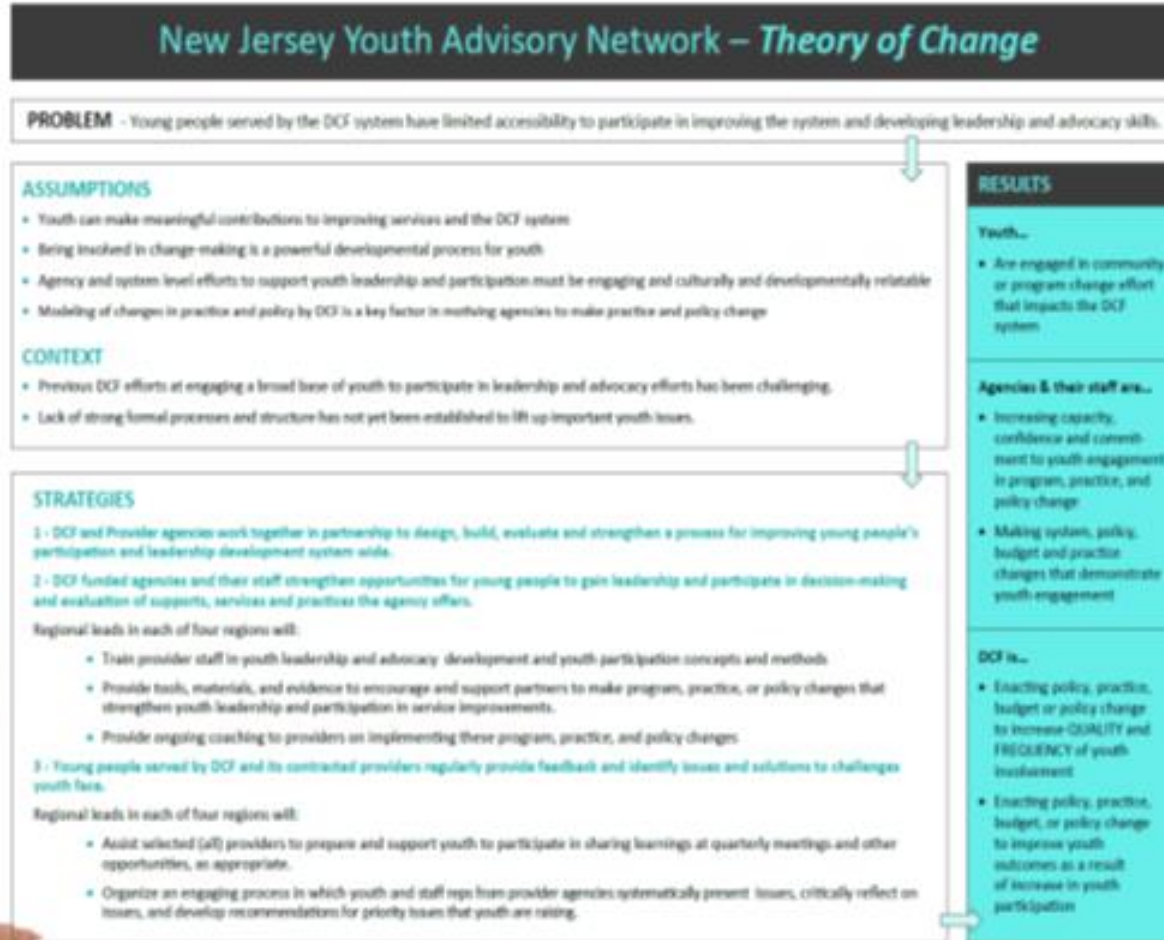
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55	The Community YMCA	Children Visitation Program	FRS	The goal of the Visitation (Child Visitation Program, CVP) is to ensure the continued contact between parents and their children, who have been placed out of the home. CVP accomplishes this goal through the establishment of a visitation contract with the family. CVP staff transport the children and/or parent to the visit which can occur in an office, community setting, or the family home. Staff then supervise the contact between the children and their parents. Each visit documented by the CVP staff	any child, who has been placed into foster care or relative care through either one of the DCCP Local Offices in Monmouth County. Children do not need to reside in Monmouth County currently if the local DCCP office placed the child outside of the county.	Anywhere in NJ within a 3 hour radius of the Eatontown, NJ office.	207	83	As of March 20, 2020 all in person visitation was suspended by CP&P due to the COVID-19 pandemic. Our services transitioned to utilizing telehealth (video conferencing) through a purchased HIPAA compliant Zoom platform. Visitation continues to occur with families through this telehealth platform and has been modified to ensure families are able to receive as much of their court ordered time as possible. Referrals have decreased due to the visitation suspension order from DCCP. We are working with the local offices to educate them on how video visitation can be helpful for ensuring connection between families during this time of uncertainty. Reduction in referrals may impact the overall LOS for this program depending on how long the suspension of in person visitation remains in place.	215	86	
56	The Community YMCA	Family Support	FSS	The Family Support Program (FSP) is an intensive, in-home, family counseling program, providing services for families referred by the two Monmouth County CP&P offices. Services are delivered by a multi-service team, comprised of five full time clinicians. Services include individual and family counseling, client advocacy, education, support service, networking, concrete resource referrals, transportation, psychiatric evaluation, medication prescription and monitoring.	This program provides services for residents of Monmouth County, who have been referred by a CP&P caseworker.	Monmouth	186	100	As of March 20, 2020 all in person visitation was suspended by DCCP due to the COVID-19 pandemic. Our services transitioned to utilizing telehealth (video conferencing) through a purchased HIPAA compliant Zoom platform. Visitation continues to occur with families through this telehealth platform and has been modified to ensure families are able to receive as much of their court ordered time as possible. Referrals have decreased due to the visitation suspension order from CP&P. We are working with the local offices to educate them on how video visitation can be helpful for ensuring connection between families during this time of uncertainty. Reduction in referrals may impact the overall LOS for this program depending on how long the suspension of in person visitation remains in place.	180	90	

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	The Community YMCA	Reunification Services (Family Engagement Program)	FRS	The Reunification Services Program (Family Engagement Program, FEP) is a supervised visitation program that utilizes positive interaction, hands-on parenting techniques and modeling to strengthen the quality of the visits between parent and child. Services include transportation for the children and/or parents, parenting education, case management, support service and client advocacy.	FEP services are available to any child, who has been placed into foster care or relative care through either one of the CP&P Local Offices in Monmouth County. Transportation is available to children or parents who reside in Monmouth County.	Children or parents who reside out of county, but are part of a CP&P Monmouth Local Office case, may receive services, however no transportation is provided.	128	51	As of March 20, 2020 all in person visitation was suspended by CP&P due to the COVID-19 pandemic. Our services transitioned to utilizing telehealth (video conferencing) through a purchased HIPAA compliant Zoom platform. Visitation continues to occur with families through this telehealth platform and has been modified to ensure families are able to receive as much of their court ordered time as possible. Referrals have decreased due to the visitation suspension order from CP&P. We are working with the local offices to educate them on how video visitation can be helpful for ensuring connection between families during this time of uncertainty. Reduction in referrals may impact the overall LOS for this program depending on how long the suspension of in person visitation remains in place.	130	50	
57												
58						Totals	13468	6630		12459	6192	
59												
60						APSS	1569	508		1533	325	
61						FPS	154	147		305	347	
62						FSS	10572	5597		5990	2964	
63						FRS	571	233		350	136	
64						Totals	12866	6485		8178	3772	
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Attachment C: NJ YAN Theory of Change



ATTACHMENT D

Provider Name (1a)	Program Name (1b)	Relevant Service Category (1c)	Description of Service (2a)	Population Served (2b)	Geographic Area (2c)	FFY 10/1/18 - 9/30/19		Changes to Program (4a)	FFY 10/1/18 - 9/30/19	
						# Served Last FFY (3h)			# Estimated Next FFY (4d)	
						Individuals	Families		Individuals	Families
Catholic Charities Diocese of Metuchen	Child Protection Substance Abuse Initiative	CPSAI	The Catholic Charities Diocese of Metuchen CPSAI Program outposts Substance Abuse Counselors and counselor aides in the local CP&P offices in the counties of Middlesex, Union, and Essex. This program provides consultation services with CP&P workers as needed, to identify appropriate cases to be assessed for substance use disorder, to assess CP&P parents/caregivers for a substance use disorder, and to case manage those individuals referred to treatment. CPSAI provides early identification and assessment of the severity of the addictive disorder. PRSS is offered in the three Newark local offices (only) to provide recovery support to the parent/caregiver, who meet the criteria. The referral is made via CPSAI 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 DCP&P and individuals who are being considered as Adoptive or Resource Families but have a history of substance use or abuse.	CPSAI: Middlesex, Union and Essex. PRSS: Newark, NJ	2951	2339	CPSAI services are co-located in the CP&P local office; however, due to COVID-19, services have been adjusted. Since then staff have been working remotely; CCDOM is able to assess high risk CP&P parents/caregivers meeting additional criteria. Assessments will be conducted using non-public facing audio and visual communication applications, or HIPAA compliant audio & video technology as available. If the parent or caregiver does not have access to audio & visual technology, CPSAI can provide the CP&P caseworker with a phone consultation. PRSS is accepting referrals when appropriate - daily through phone or video conferencing, to assist parents/caregivers with connecting them to virtual recovery communities	2800	2300
Center for Family Services	Child Protection Substance Abuse Initiative	CPSAI	Consultation with CP&P workers as needed to identify appropriate cases 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 cases appropriate for Work First New Jersey Substance Abuse Initiative (SAI) and coordination of treatment placement. Collaboration with provider agencies for treatment coordination, follow up, and monitoring of treatment compliance in keeping with current case closing protocols. Transportation and support services. 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 parents/caregivers who received a DSM V diagnosis are referred to the appropriate level of treatment.	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem. The Peer Recovery Support Specialists are in Camden, Gloucester Atlantic and Cape May counties.	2733	2733	CPSAI services are co-located in the CP&P local office; however, due to COVID-19, services have been adjusted. Since then staff have been working remotely; CFS is able to assess high risk CP&P parents/caregivers meeting additional criteria. Assessments will be conducted using non-public facing audio and visual communication applications, or HIPAA compliant audio & video technology as available. If the parent or caregiver does not have access to audio & visual technology, CPSAI can provide the CP&P caseworker with a phone consultation. PRSS is accepting referrals when appropriate - daily through phone or video conferencing, to assist parents/caregivers with connecting them to virtual recovery communities	5100	5100
Preferred Behavioral Health	Child Protection Substance Abuse Initiative	CPSAI	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), Division of Child Protection and Permanency (CP&P). CPSAI offers expertise in Substance Use Disorders by offering training, consultation, participation in the local office staff meetings, Child Welfare Consortiums, participation in Family Team Meetings, focus on Supervision and Child Stat, when requested, Plans of Safe Care multi-disciplinary team meetings and Early Childhood Conference. The goal of CPSAI is to ensure child safety by assisting CP&P with the identification of a parent/caregiver involvement with substance use by providing a comprehensive substance use assessment to ascertain the appropriate level of care for the parent/caregiver involved with CP&P.	Individuals/caregivers involved with CP&P due to allegations of substance use.	Bergen, Hudson, Hunterdon, Mercer, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex and Warren. PRSS services in Hudson, Monmouth, Ocean, and Passaic.	6749	6749	CPSAI services are co-located in the CP&P local office; however, due to COVID-19, services have been adjusted. Since then staff have been working remotely; PBH is able to assess high risk CP&P parents/caregivers meeting additional criteria. Assessments will be conducted using non-public facing audio and visual communication applications, or HIPAA compliant audio & video technology as available. If the parent or caregiver does not have access to audio & visual technology, CPSAI can provide the CP&P caseworker with a phone consultation. PRSS is accepting referrals when appropriate - daily through phone or video conferencing, to assist parents/caregivers with connecting them to virtual recovery communities. PBH CPSAI will continue to provide in-service workshops to CP&P staff for the next contract year, as participation in the workshops provide increased knowledge of addiction disorders.	7800	7800



State of New Jersey

DEPARTMENT OF CHILDREN AND FAMILIES
50 EAST STATE STREET
P.O. BOX 729
TRENTON, NEW JERSEY 08625-0717

PHILIP MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

February 28, 2019

Kathryn McCans, M.D., Chair
Child Fatality and Near Fatality Review Board
P.O. Box 717
Trenton, New Jersey 08625-0717

Dear Dr. McCans,

I am in receipt of your letter regarding recommendations offered by the Child Fatality and Near Fatality Review Board in its 2017 annual report. I have had an opportunity to review both and to discuss these initiatives with staff.

The DCF has a broad inventory of promotional materials that the Communications unit is cataloguing and assessing. The water safety public education information is being updated to include specific reference to bathtub precautions, as well as for pools and open water. This is an excellent opportunity to refresh the awareness campaign in a way that ensures families understand the gravity and the risks involved with children around all water activities.

When the updated materials are ready, we will share them with the Board and the DCF's internal and external stakeholders.

The department's Division of Child Protection and Permanency staff read with interest the Board's ideas related to data collection and electronic information sharing. As noted in your letter, these materials and case-facts are deemed by law to be confidential, with very strict rules and regulations that govern their accessibility. CPP Staff will further review this recommendation with a legal and Information Technology (IT) capability lens.

To advance replication of the Child Fatality Multi-Disciplinary Investigation Protocol as modeled by Gloucester County, I encourage you to outreach the New Jersey Association of Counties, the New Jersey State Board of Medical Examiners and the State Attorney General's Office. Consistency in response to child fatalities among these professionals is critical to creating and sustaining a fair and efficient system.

On behalf of the DCF, I appreciate the Board's work towards our mutual mission to keep New Jersey residents safe, healthy and connected.

Sincerely,

A handwritten signature in cursive script that reads "Christine Beyer".

Christine Norbut Beyer, MSW
Commissioner

www.nj.gov/DCF

Attachment F: Citizen Review Response (NJTFCAN)



State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES

PHIL MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Commissioner

April 30, 2020

Martin A. Finkel, DO, FACOP, FAAP
Co-Chair, New Jersey Task Force on Child Abuse and Neglect (NJTFCAN)
Professor of Pediatrics
Medical Director
Child Abuse Research Education Services
(CARES) Institute, Rowan University

Dear Dr. Finkel,

I am in receipt of the 9th Annual NJTFCAN report for the period between July, 2018 and June 2019. On behalf of a grateful New Jersey Department of Children and Families (NJ DCF), I would like to extend our thanks for the Task Force's continued partnership in the important work of keeping children and families in the Garden State safe, healthy and connected.

As you know, NJ DCF has developed a strategic plan to guide our work and facilitate a more collaborative, more proactive and more family-centric 21st Century child welfare system for New Jersey – one that is prevention-focused, healing-centered, and family-strengthening. Our ongoing partnership with the NJTFCAN is emblematic of the type of system we strive for: one in which stakeholders and voices of individuals with lived experience are engaged, and we are all working together in concert to support families and prevent child maltreatment.

Currently, our Department's ability to support families during crisis is being tested, as our state faces a generational health care crisis in the form of the Novel Coronavirus. In order to protect public health, families have been ordered to stay at home, exacerbating existing stressors and limiting proximity to the most common reporters of child abuse and neglect – teachers, coaches, guidance counselors and primary health care providers. Within this context, our collaborative partnerships within the child welfare system, represented through the diverse membership of the NJTFCAN, become all the more important. Together, we will weather this storm, and together, we can lift up families, providing them the de-escalation strategies and external supports they need to navigate this crisis as an intact, nurturing unit.

Thank you to the members of the NJTFCAN for all of your hard work on behalf of New Jersey's children and families. Stay safe, and be well.

Sincerely,

A handwritten signature in cursive script that reads "Christine Beyer".

Christine Norbut Beyer, MSW
Commissioner, NJ Department of Children and Families

www.nj.gov/df

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Attachment G: Citizen Review Response (NJTFCAN)



State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES

PHIL MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CHRISTINE NORRBT BEYER, MSW
Commissioner

April 30, 2020

Marygrace Billek, M.S.S.W.
Chair, Staffing Oversight and Review Subcommittee
New Jersey Task Force on Child Abuse and Neglect (NJTFCAN)
Human Services Director
Mercer County Department of
Human Services

Dear Ms. Billek,

I am in receipt of the 13th Annual NJTFCAN Staffing Oversight and Review Subcommittee (SORS) report for the period between July, 2018 and June 2019. Thank you to you and to the members of the Subcommittee for your diligence and your continued support of the New Jersey Department of Children and Families (NJ DCF) as we endeavor to ensure that all New Jersey residents are safe, healthy and connected.

When I rejoined the Department in 2018 to serve as Commissioner, one of my earliest priorities has been staff wellness and staff support. I have a profound appreciation for the men and women who work every day in NJ DCF to help strengthen families, preserve family relationships, protect children from maltreatment and empower survivors of domestic and intimate partner violence. This is not easy work, and I feel that it is incumbent on Departmental leadership to explore opportunities that support staff members whenever possible.

Staff Wellness is one of the transformational goals established through our most recent strategic plan. We have implemented several initiatives that focus on enhancing the work or improving support to staff, including the adoption of the Collaborative Safety model to shift our Department's culture away from blame and towards accountability and learning, or the enhanced case practice model through Solutions-Based Casework. We have also instituted a partnership with Alia Innovations, Inc., to promote mindfulness and wellness among all NJ DCF employees.

As our Department currently grapples with the challenges of supporting and serving families during the COVID-19 pandemic, the importance of our frontline staff has never been more obvious. They are the sentinels, lifting up families in crisis, connecting them to resources and supports in their community, helping them to meet their material needs and defusing dangerous situations for New Jersey's children. As a Department and as a State, we owe them a debt of gratitude, and a commitment to ensuring they have what they need to assist families throughout the Garden State.

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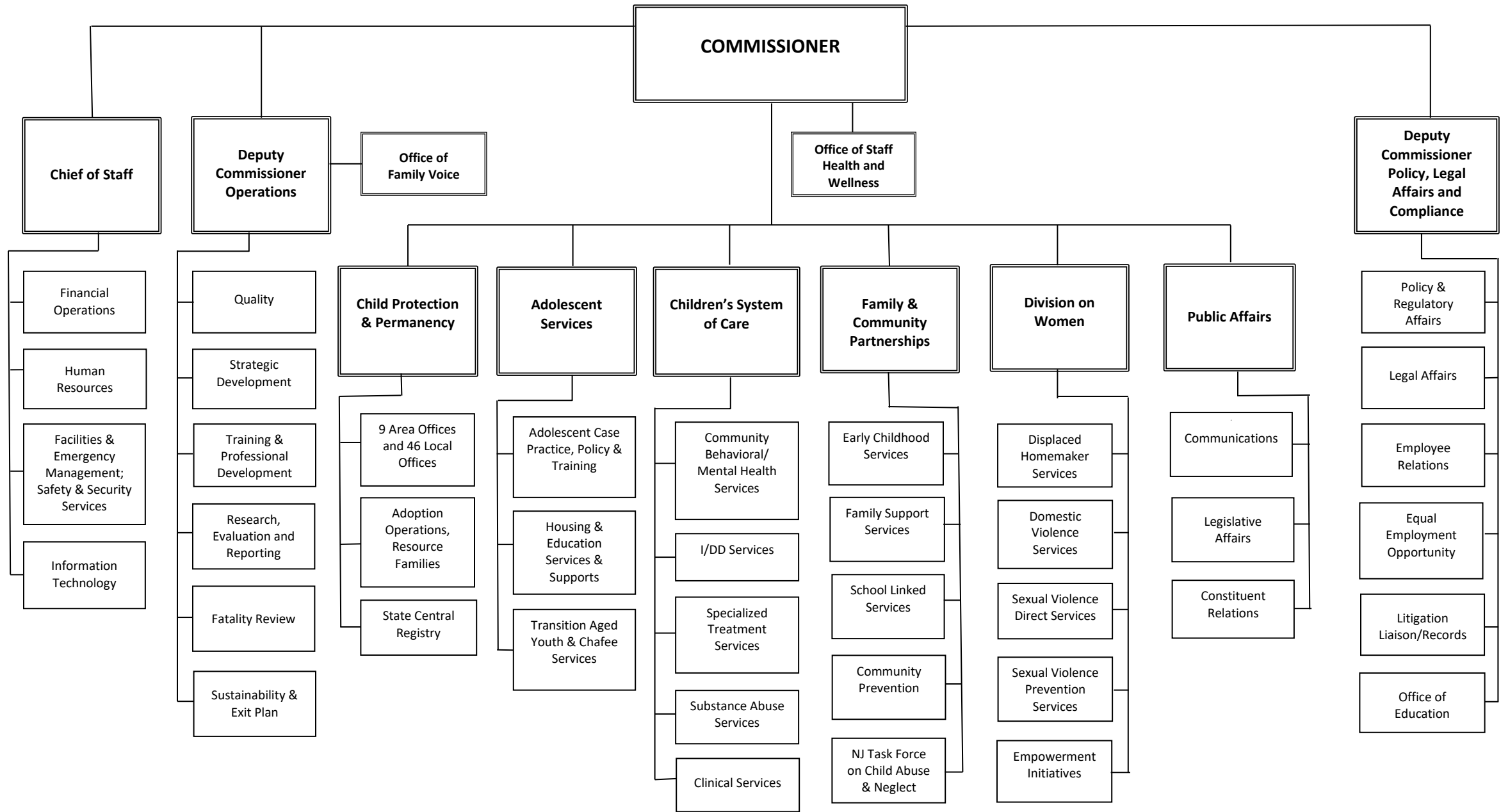
Thank you for your ongoing partnership in helping to serve our staff who serve and support so many families in New Jersey. Stay safe, and be well.

Sincerely,

A handwritten signature in cursive script that reads "Christine Beyer".

Christine Norbut Beyer, MSW
Commissioner, NJ Department of Children and Families

New Jersey Department of Children and Families



ATTACHMENT I

Attachment I: DCF Acronym List

AAAQ	Availability, Accessibility, Acceptability and Quality	IEP	Individualized Education Plan
AAICPC	American Association of Administrators of the Interstate Compact for the Placement of Children	IHRP	In-Home Recovery Program
ACES	Adverse Childhood Experiences	ISS	International Social Services
ACF	Administration for Children and Families	JAD	Joint Application Design
ACNJ	Advocates for Children of New Jersey	JDAI	Juvenile Detention Alternatives Initiative
ADAD	Adolescent Advocacy	JJC	Juvenile Justice Commission
AFCAR	Adoption and Foster Care Analysis and Reporting System	KFT	Keeping Families Together
AOC	Administrative Office of the Courts	KLG	Kinship Legal Guardianship
APHSA	American Public Human Services Association	KNP	Kinship Navigator Program
APRI	American Prosecutors' Research Institute	LGBTQI	Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex
ARC	Attachment, Regulation, and Competency Framework	LIS	Licensing Information System
ASFA	Adoption and Safe Families Act	LWOP	Leave Without Pay
BBB	Books, Balls and Blocks	MASC	Measurement and Sampling Committee
BIA	Bureau of Indian Affairs	MAT	Medication Assisted Treatment
BPI	Business Process Integration	MCMS	Modular Case Management System
CAC	Child Advocacy Centers	MDT	Multidisciplinary Team
CADC	Certified Alcohol and Drug Counselors	MIECHV	Maternal, Infant, and Early Childhood Home Visiting
CAG	Chafee Advisory Group	MOA	Memorandum of Agreement
CAPTA	Child Abuse Prevention and Treatment Act	MRSS	Mobile Response and Stabilization Services

CARA	Comprehensive Addiction and Recovery Act of 2016	MST	Multi-Systemic Therapy
CARI	Child Abuse Record Information	MVR	Minimum Visitation Requirement
CASA	Court Appointed Special Advocates	M-WRAP	Maternal Wraparound Program
CB	Children's Bureau	NCANDS	National Child Abuse and Neglect Data System
CBCAP	Community Based Child Abuse Prevention	NCFAS	North Carolina Family Assessment Scale
CCDF	Child Care and Development Funds	NCPTC	National Child Protection Training Center
CCWIS	Comprehensive Child Welfare Information System	NEICE	National Electronic Interstate Compact
CCYC	County Councils for Young Children	NGA	National Governors Association
CEU	Continuing Education Units	NIRN	National Implementation Research Network
CFLA	Combined Family Leave Act	NJ-EASEL	NJ Enterprise Analysis System for Early Learning
CFNFRB	Child Fatality and Near Fatality Review Board	NJFC	New Jersey Foster Care
CFSP	Child and Family Services Plan	NJ-GIVS	Governor's Industry Vocations Scholarship
CFSR	Child and Family Services Review	NJOEM	Office of Emergency Management
CHRI	Criminal History Record Information	NJS	NJ SPIRIT
CHU	Child Health Unit	NJ SPIRIT	New Jersey Statewide Protective Investigation, Reporting and Information Tool
CI	Central Intake	NJTFCAN	New Jersey Task Force on Child Abuse and Neglect
CICIC	Children in Court Improvement Committee	NJYRS	New Jersey Youth Resource Spot
CJA	Children's Justice Act	NPCS	National Partnership for Child Safety
CLASP	Center for Law and Social Policy	NYTD	National Youth in Transition Database
CLE	Continuing Legal Education	OAS	Office of Adolescent Services

CLSA	Casey Life Skills Assessment	OCS	Office of Clinical Services
CMO	Case Management Organization	OECS	Office of Early Childhood Services
COA	Cost of Attendance	OESP	Office of Educational Support and Programs
CoC	Continuums of Care	OFSS	Office of Family Support Services
CoIIN	Collaborative Improvement Innovation Network	OFV	Office of Family Voice
COOP	Continuity of Operations Plan	OIT	Office of Information Technology
CP&P	Division of Child Protection and Permanency	OOE	Office of Education
CPS	Child Protective Services	OOL	Office of Licensing
CPSAI	Child Protection Substance Abuse Initiative	ORF	Office of Resource Families
CQI	Continuous Quality Improvement	OSD	Office of Strategic Development
CRC	Children's Research Center	OSRI	Onsite Review Instrument
CSH	Corporation for Supportive Housing	OSW	One Simple Wish
CSOC	Children's System of Care	OTARY	Outreach to At-Risk Youth Programming
CSSP	Center for the Study of Social Policy	OTPD	Office of Training and Professional Development
CWS	Child Welfare Services	PAC	Post Adoption Counseling
DAG	Deputy Attorneys General	PACES	Pathways to Academic and Career Success
DCA	Department of Community Affairs	PAP	Predict-Align-Prevent
DCF	New Jersey Department of Children and Families	PBC	Place-Based Communities
DHS	Department of Human Services	PDG	Preschool Development Grant
DMHAS	Division of Mental Health and Addiction Services	PDGB-5	Preschool Development Grant Birth-5
DOE	Department of Education	PDSA	Plan-Do-Study-Act
DOH	Department of Health	PIP	Program Improvement Plan
DOW	Division on Women	PLP	Parent Linking Program

DR	Disaster Recovery	PPE	Personal Protective Equipment
DVL	Domestic Violence Liaisons	Project HOPE	Harnessing Opportunity for Positive, Equitable Early Childhood Development
EBP	Evidence-Based Programs	PRSS	Peer Recovery Support Specialists
eCATS	Electronic Cost Accounting and Timesheet System	PSI	Post-Secondary Institution
ECCS	Early Childhood Comprehensive Systems Initiative	PSSF	Promoting Safe and Stable Families
ECIDS	Early Childhood Integrated Data System	QPI	Quality Parenting Initiative
ECS	Early Childhood Specialists	QR	Qualitative Review
EOF	Educational Opportunity Fund	RATAC	Rapport, Anatomy Identification, Touch Inquiry, Abuse Scenario, and Closure
ETV	Education and Training Vouchers	RCT	Randomized Controlled Trials
FAFSA	Free Application for Federal Student Aid	RER	Office of Research, Evaluating and Reporting
FASD	Fetal Alcohol Spectrum Disorder	SACWIS	Statewide Automated Child Welfare Information System
FBR	Family-Based Recovery	SAP	Satisfactory Academic Progress
FCP	Family and Community Partnerships	SBCW	Solution Based Casework
FEA	Fatherhood Engagement Advisor	SBYSP	School-Based Youth Services Program
FERU	Fatality and Executive Review Unit	SCR	State Central Registry
FFT	Functional Family Therapy	SDM	Structured Decision Making
FHS	Division of Family Health Services	SEP	Sustainability and Exit Plan
FMLA	Family and Medical Leave Act	SFI	Strengthening Families Initiative
FPS	Family Preservation Services	SFLA	New Jersey Family Leave Act
FSC	Family Success Centers	SF-PFF	Strengthening Families Protective Factors Framework
FSS1	Family Service Specialist 1	SFSS1	Supervising Family Service Specialist 1
FSS2	Family Service Specialist 2	SFSS2	Supervising Family Service Specialist 2

FSST	Family Service Specialist Trainee	SORS	Staffing and Oversight Review Subcommittee
FTM	Family Team Meeting	SPRU	Special Response Unit
FYA	Foster Youth in Action	SVS	Supportive Visitation Services
GEAR UP	Gaining Early Awareness and Readiness for Undergraduate Programs	TA	Technical Assistance
GENLV	General Leave	TANF	Temporary Assistance for Needy Families
GPS	Goal Plan Strategy	TPR	Termination of parental rights
HESAA	Higher Education Student Assistance Authority	TPYS	Transitional Plan for Youth Success
HF-TIP	Healthy Families- TANF Initiative for Parents	TW	Tuition Waiver Program
HMFA	Housing and Mortgage Finance Agency	UAT	User Acceptance Testing
HMG NJ	Help Me Grow New Jersey	VSA	Voluntary Services Agreement
HRSA	Health Resources and Services Administration	YAN	Youth Advisory Network
HSAC	Human Service Advisory Councils	YPP	YAN Program Plans
ICPC	Interstate Compact on the Placement of Children		
ICWA	Indian Child Welfare Act		