

2025-2029 Child and Family Services Plan



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Section 1. Vision and Collaboration

A. State Agency Administering the Program

The New Jersey Department of Children and Families (DCF or the Department) serves as the state's lead agency for the Title IV-E and IV-B programs. DCF is a Cabinet-level agency, created in 2006, with a mandate to administer the state's child welfare/protection system, the design and delivery of New Jersey's public behavioral health care system for children and families, provision of public services for children with intellectual and developmental disabilities (I/DD) and their families, specialized educational programming, support services aimed at promoting success of transition aged youth, the administration of a network of community-based services focused on strengthening families and preventing and interrupting child maltreatment, and services and programming to support women and prevent violence against women. Through partnership and collaboration with state, public and private agencies, DCF advances a powerful network of high quality, effective services and supports for children and families across New Jersey. DCF continuously strives to strengthen interdivisional and interdepartmental relationships in support of children, families, and communities.

In June 2019, DCF submitted, and ACF approved, its 2020-2024 Child and Family Services Plan (CFSP), which outlines DCF's vision and goals for strengthening New Jersey's child welfare system. Each June, DCF submits an Annual Program and Services Report (APSR), providing updates on the progress made to accomplishing the goals and objectives set forth in that CFSP. The 2025 APSR, submitted at the same time as this report, details DCF's progress on the prior goals during Year 5 (July 1, 2023, through June 30, 2024) and summarizes DCF's accomplishments during the five-year period. This document, the 2025-2029 CFSP, describes the department's visions and goals for the next five years. DCF will continue to provide annual updates via APSR. This CFSP and the 2025 APSR are available at: <https://www.nj.gov/dcf/childdata/njfederal/>. For questions related to this report:

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B. Vision Statement

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

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

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

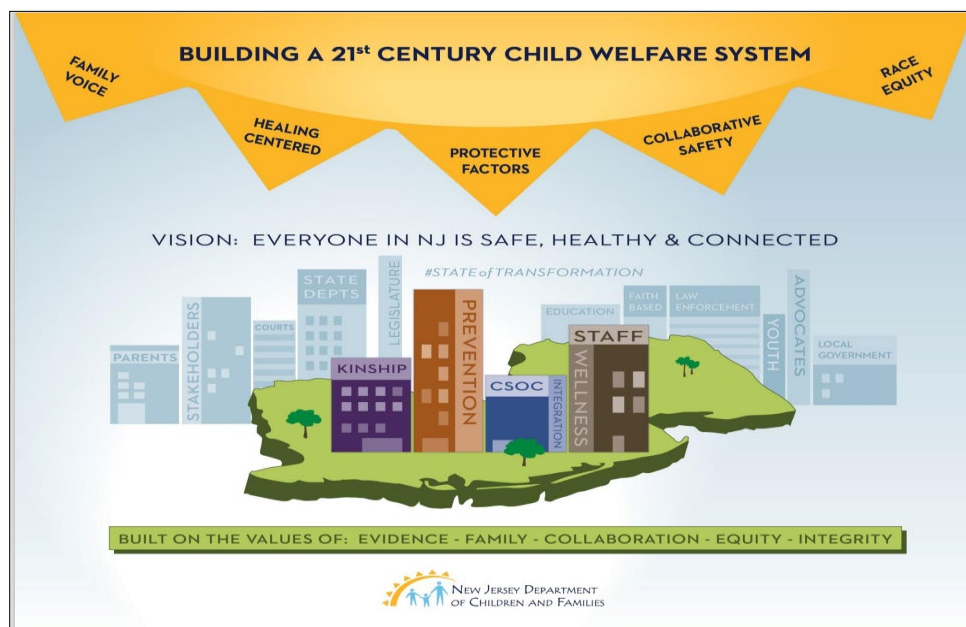
Healthy – mentally, developmentally, physically, emotionally and financially well

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

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

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

Figure 1. Visual of DCF's Strategic Plan



In late 2023 and early 2024, DCF's executive leadership revisited the strategic plan and affirmed its commitment to the previously identified vision, essential values, fundamental approaches, and transformative goals. Taking into consideration the most recent needs of constituents served by the child welfare system, leadership expounded on the previously identified goal to achieve service excellence, identifying the following goals. DCF will:

- build and modernize the infrastructure to support and facilitate operations,
- partner with communities to ensure child maltreatment, intimate partner violence, and sexual assault prevention programming promotes protective factors and effectively meets the diverse needs of all New Jersey residents,

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

- embed the core approaches into all service lines and operations, and
- deliver, either directly or through contracted providers, excellent services that lead to positive outcomes.

DCF views its strategic plan as the platform from which DCF develops and integrates various federal plans and funding streams, as well as state investments. As such, DCF's strategic plan, including the goals and objectives for achieving service excellence, are the foundation of the five-year plan summarized in this document.

C. DCF's Organization and Infrastructure

Each month, DCF serves over 131,000 constituents through an array of direct, family-centered programs and services, and a network of providers. DCF's direct services are delivered by the following divisions and offices: the Children's System of Care (CSOC), the Division of Child Protection and Permanency (CP&P), the Division of Family and Community Partnerships (FCP), the Division on Women (DOW), the Office of Education (OOE), and the Institutional Abuse Investigation Unit (IAIU), with support from an array of operational and business offices. DCF's organizational chart, included as Attachment A, is available on its public website.² Summaries of DCF's primary direct service divisions follow.

- **Children's System of Care.** CSOC serves children and adolescents with emotional and behavioral health care challenges and their families; children with I/DD and their families; and children with substance use challenges and their families. Core services include: 24/7/365 access to request services; mobile response and stabilization services, care management, intensive in-community treatment, applied behavior analysis, individual and family support services, treatment homes, residential treatment, and family support organizations.
- **Division of Child Protection and Permanency.** CP&P is responsible for receiving and responding to reports of alleged child maltreatment and ensuring the safety, permanency and well-being of children. To carry out these responsibilities, CP&P directly operates the State Central Registry (child abuse hotline), carries out child protective investigations and child welfare assessments, provides case management for children and their families, recruits, trains and supports kin and unrelated foster/adoptive parents, facilitates family preservation, reunification, adoption and guardianship processes, and accesses a statewide network of community-based services built to assist families that struggle to parent safely in their process of healing, learning, changing, and thriving.
- **Division of Family and Community Partnership.** FCP promotes the health, well-being and personal safety of New Jersey's children and families. It works with parents, caregivers, organizations, and communities to ensure an effective network of proven support services, public education, and community advocacy to prevent maltreatment. FCP is responsible for the management of New Jersey's kinship navigator programs, Family Success Centers (FSCs), school-linked services, early childhood services, in-home services that promote safety and keep children and families together, reunification services and housing programs, in addition to multiple statewide partnerships to promote strong families and communities.
- **Division on Women.** DOW creates, promotes, and bolsters the rights and opportunities for women and other constituents in the State of New Jersey. The Division administers

² <https://www.nj.gov/dcf/about/TO.pdf>

funding and supports the development of programming in the areas of domestic violence, sexual violence, cultural inclusion and accessibility, prevention, economic self-sufficiency and financial empowerment, and policy and assessment. It also collaborates with public and private entities on legal, policy and program development. DOW supports prevention efforts including engaging men and boys to end gender-based violence, empowering girls through culturally responsive leadership development and creating protective environments for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Two-Spirit and other identities (LGBTQIA2S+) individuals. It supports a network of county-based domestic violence providers and sexual violence providers and culturally specific providers that provide services tailored to meet the cultural and linguistic needs of survivors from historically marginalized communities.

Since its inception in 2006, the Department has stabilized, grown, and developed the infrastructure needed to take on the challenges of—and to take advantage of the opportunities associated with—serving children, women, men, and families in the 21st century. DCF continuously evaluates its infrastructure to ensure best-in-class approaches to service design and delivery are utilized to support work that achieves its vision. Core infrastructure components include:

- **Workforce.** DCF's strongest asset is its staff. DCF employs over 6,600 employees, including investigators, caseworkers, inspectors, regulators, trainers, evaluators, researchers, attorneys, analysts, administrators, and more. For detail on the Child Protective Service Workforce, see Section 16, *Statistical and Supporting Information*, of DCF's 2025 APSR.
- **Training.** DCF's Office of Training and Professional Development (OTPD) coordinates and oversees Department-wide training and certificate programs. OTPD delivers training directly and through two statewide training partnerships: the New Jersey Child Welfare Training Partnership and a partnership with Rutgers University Behavioral Health Care. DCF offers in-house certificate programs for staff, i.e., the Violence Against Women Certificate program, the Substance Use Disorder Fellowship program, etc. Training is detailed in DCF's 2025-2029 Training Plan.
- **Coordinated Implementation.** DCF relies on a rich implementation infrastructure to support collaborative model selection, design, implementation, data collection, monitoring, evaluation and ongoing Continuous Quality Improvement (CQI) to achieve outcomes. DCF's Office of Strategic Development (OSD) has work rooted in principles of implementation science, which enables DCF to simultaneously manage large implementation efforts to fidelity across multiple service lines. For additional information on DCF's implementation approach, see Section 4, *Services*.
- **Financial Management.** In State Fiscal Year 2023, DCF's operating budget, including federal funding, was \$2.13 billion. DCF continually looks to be good stewards of state and federal revenue, managing innovative and financially responsible programs and contracting.
- **Facilities and Equipment.** DCF maintains one Central Office, 46 CP&P local offices, nine CP&P area offices, 13 schools, and a state-of-the art training and professional development center. DCF's fleet of vehicles supports staff to undertake investigations, inspections, and casework and service activities. DCF's information technology and telephonic infrastructure, managed by DCF's Office of Information Technology (OIT), allow

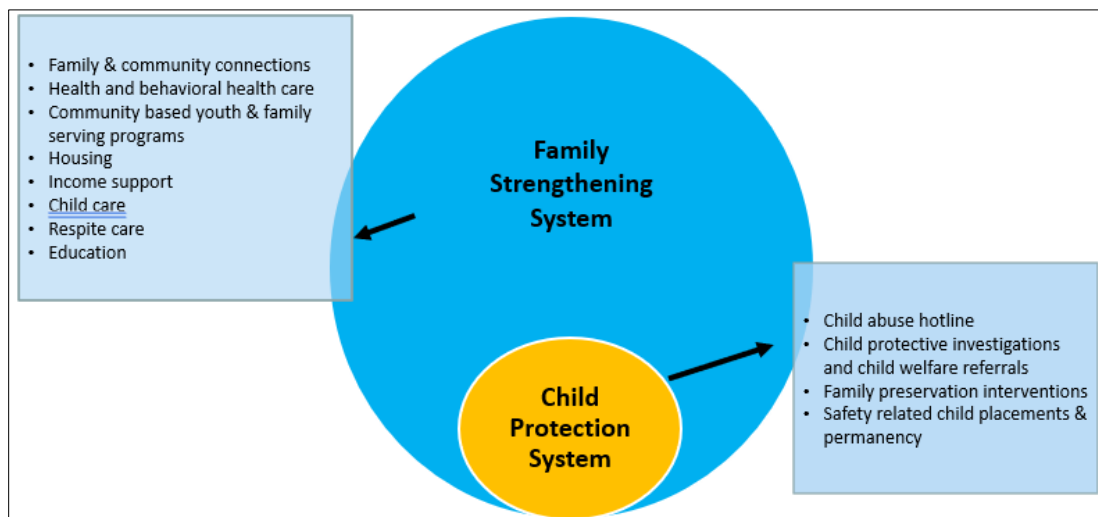
staff to maximize efficiency and effectiveness of their work through both mobile and office-based technological supports.

- **Continuous Quality Improvement, Data and Research Infrastructure.** DCF employs well-functioning systems to support its ability to self-monitor performance, assess outcomes achieved, analyze practice, and self-correct. DCF uses data to inform policy and programming, strengthen standard operating procedures, maintain focus on CQI and tell the stories of constituents across New Jersey. DCF maintains NJSPIRIT, New Jersey's comprehensive child welfare information system (CCWIS), and contracts for the development and maintenance of CYBER, the electronic information system used by CSOC. For additional information on DCF's information management (IM) system, see Section 2, *Assessment of Current Performance*. DCF maintains program-specific data systems and is developing consistent data collection methods for services delivered through other parts of its contracted service network. DCF's Office of Analytics and Systems Improvement (ASI) manages the Department's quality assurance and program evaluation activities, data analysis and reporting, and child fatality and near fatality case practice reviews.
- **Transformational Offices and Initiatives.** Since the onset of the current administration, DCF created four transformational offices: the Office of Diversity, Equity and Belonging (ODEB), the Office of Family Voice (OFV), the Office of Resilience (OOR), and the Office of Staff Health and Wellness (OSHW). Using a series of coordinated transformational plans, DCF seeks to meaningfully integrate the functions and activities of the transformational offices into all work of the department. Descriptions of the transformational offices and initiatives are included throughout this plan.
- **Critical Business and Operational Offices.** DCF's work to support children and families would not be possible without the many offices that provide critical business and operational expertise, including Offices for Communications and Public Affairs, Legislative Affairs, Human Resources, Facilities, and Policy, Legal Affairs and Compliance, Special Projects, and more.

D. Collaboration

Since the onset of the current administration, DCF has focused on a necessary shift from a system with a predominant focus on traditional child protection services with peripheral family strengthening efforts to a system with a predominant focus on family strengthening efforts with traditional child protection services utilized only as a targeted safety intervention. This strategy envisions a future with (1) a greatly reduced, and safely reduced, child protection system and (2) a greatly enhanced family strengthening system.

Figure 2. DCF's Vision of a Family Strengthening System



The family strengthening system envisioned by DCF is rooted in the Protective Factors Framework.³ In the forefront, it is comprised of the natural connections between families and their extended family, friends, and community, a network of relationships that often offers the strongest and most effective support for families. Secondarily, it includes a myriad of concrete supports and social, health and education services aimed at helping families function at their best. For additional detail on concrete supports available in New Jersey, see the *Provision of Concrete Supports*, below. These supports and services exist outside the child protection system. When the elements of this system work together, families and communities are supported to thrive safely together and state intervention through the child protection system is reserved for rare situations in which a child is unsafe or at risk of harm.

DCF's vision of a broader family strengthening system is a collaborative, all-of-state effort. Successful service to families and children depends both on efforts led by DCF, as well as those in which DCF exists *as a partner*. Family strengthening efforts include those made by DCF, its sister agencies, families and youth, the courts and legal partners, provider agencies, educational partners, law enforcement, healthcare partners, and many more. Together, these collaborative efforts have the potential to offer a very powerful network of support to New Jersey's children and families. Below, DCF describes collaborative efforts to develop its strategic plan and the 2025-2029 CFSP, as well as ongoing collaborations that are essential to advancement of a 21st Century child welfare system.

Collaboration in Establishing DCF's Strategic Plan and 2025-2029 CFSP

In January 2018, Governor Murphy appointed Christine Norbut Beyer to serve as Commissioner of DCF. She initiated a comprehensive assessment and planning process for the department. In addition to reviewing administrative data and needs assessment findings, the department directly engaged constituents and professional stakeholders. For information on the review of administrative data and needs assessment findings, see Section 4, *Services*. Descriptions of highlighted initial and ongoing direct engagement efforts follow.

³ [Protective Factors Framework - Center for the Study of Social Policy \(cssp.org\)](https://www.cssp.org/protective-factors-framework)

Direct engagement of constituents: 2018-2019 Commissioner’s Listening Tour. In 2018, Commissioner Beyer began a listening tour with youth, families, women, men, and other individuals engaged in DCF’s programs and services to hear about their lived experiences with DCF and its network of providers. DCF partnered with Rutgers University to memorialize and analyze the listening tour.⁴ Among other themes, the listening tour underscored the value of prevention services, especially concrete parenting skills for caregivers and in-home services. Participants highlighted DCF’s Keeping Families Together (KFT) program, which at the start of the current administration was serving approximately 175 families, as a particularly valuable service. Worker accessibility was named as a critical component of successful interventions, whereas housing and transportation were named as typical barriers to family success. Specific service gaps were identified in the areas of early childhood mental health, trauma-informed services, improved support for emotional and behavioral health care, step-down and wraparound services, support for siblings, improved services for individuals with autism, improved services for transitioning to adulthood, improved post-adoption services, improved service coordination and integration, and improved training courses for caregivers.

Direct engagement of constituents: Constituent Councils and Co-Design. Using innovative approaches to elevate the perspectives of constituents and promote authentic partnership, DCF uses shared leadership and co-design with people who have lived experience to transform DCF’s services and advance systemic change. For example, through its OFV,⁵ DCF facilitates multiple constituent councils, e.g., the Youth Council and Dads Achieving Dynamic Success (D.A.D.S.) council, that work collaboratively with DCF leadership to develop and implement recommendations that improve DCF’s policies, practices, and programs, and simultaneously empower constituents to become involved on critical issues. For additional information on the Youth Council and D.A.D.S., see the *Inclusion of Constituents in Our Work* section, below. In addition, through its Powerful Families, Powerful Communities (PFPC) initiative, DCF collaborates with community members as co-designers to design a family and community-driven model to transform child welfare by creating a bold, new child and family well-being system for New Jersey. Likewise, DCF developed its 2025-2029 John H. Chafee Foster Care (Chafee) program via the involvement of youth with lived experience. For additional information on DCF’s Chafee program, see Section 4, *Services*. Recommendations from these entities were integrated into DCF’s strategic plan and this CFSP.

Direct engagement of professional stakeholders: Ongoing Regional Forums. In Fall 2018, DCF convened three regional forums, one each in the northern, central, and southern regions of the state. During these forums, DCF described its emerging focus on prevention and family strengthening, and DCF administered a survey to over 200 stakeholders, including DCF staff, the Judiciary, attorneys for children and parents, medical, mental health, substance use disorder, domestic violence and other DCF-contracted service providers, advocates, county human service directors, leaders from state agencies administering other federal grants, and more, to receive varying perspectives on achieving DCF’s vision. This survey identified that the most frequent needs for families are for health care, education support and family services, and highlighted the need for collaboration with systems outside of child welfare: health care, housing, and general social services. Figure 3 provides the most common responses to a “stop/start/continue” prompt about actions the Department should take to act on its vision.

⁴ [ListeningTourReport.pdf \(nj.gov\)](#)

⁵ [DCF | Family Voice \(nj.gov\)](#)

Figure 3. Fall 2018 Regional Forum Feedback

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

DCF continues to hold biannual regional forums, bringing together hundreds of critical stakeholders for continued dialogue on DCF’s initiatives and approaches. These ongoing events provide an opportunity for any stakeholder to hear directly from key leaders about the progress of the Department and provide unedited feedback.

Continued partnership with the New Jersey Task Force on Child Abuse and Neglect. The New Jersey Task Force on Child Abuse and Neglect (NJTFCAN or the Task Force) studies and develops recommendations regarding the most effective means of improving the quality and scope of child protective and preventative services provided or supported by state government.⁶ The Task Force is comprised of 30 volunteer members that are broadly representative of the community, ranging from child protection representatives and law enforcement to advocates for children and parents.⁷ The Task Force operates a number of subcommittees, each consisting of representatives of various state departments and public and private community-based organizations.⁸ Brief descriptions of the subcommittees follow:

- The **Prevention Subcommittee** mobilizes citizen and community groups in the development of prevention projects and model community support systems.
- The **Staffing and Oversight Review Subcommittee (SORS)** reviews performance and staffing levels of CP&P in order to develop recommendations regarding the Department’s performance, staffing levels and methods of staff recruitment and retention, and also, as of December 2022, reviews, analyzes and makes recommendations in a number of statutorily mandated categories of case practice.
- The **Protection Subcommittee** analyzes and makes recommendations related to the state laws, policies and case practice and provides training and works with State departments, agencies, law enforcement and the courts to implement recommendations for improvement to the child protection system.
- The **Subcommittee on Race, Poverty and Neglect**, which was added in 2023, is charged with examining ways in which the current operation of the child welfare system conflates poverty and neglect, and with examining ways in which racial inequities drive that conflation and are compounded by that conflation.

In 2022, the Task Force published its 2022-2025 Statewide Prevention Plan.⁹ Recommended

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

⁷ N.J.A.C. 9:6-8.76; see also [DCF | Task Force Members \(nj.gov\)](#)

⁸ [DCF | Subcommittees \(nj.gov\)](#)

⁹ [2022-2025.NJ.Statewide.Prevention.Plan.pdf](#)

strategies include, among others, promotion of racial equity and reduction of disparities across populations in service access, provision and retention, increased opportunities for effective youth and family participation and partnership, promotion of trauma-informed and healing-centered prevention practices, and collaboration with key stakeholders across systems to ensure access to a full continuum of prevention services. In 2023, the NJTFCAN and DCF hosted its biennial interdisciplinary conference, entitled “The Intersection of Race, Poverty and Neglect in Child Welfare,” for over 500 professionals in the fields of child protection, law enforcement, social work, education, childcare, mental health, medicine, juvenile justice, domestic violence, and the courts. Attendees heard from national experts and New Jersey leaders and engaged in small group dialogue on child welfare topics, including neglect, poverty, race, oversurveillance of families of color, economic and concrete supports. DCF incorporated many of the NJTFCAN’s 2022-2025 recommendations and information from the 2023 convening into its strategic priorities and this CFSP.

Using Collaboration to Advance the 21st Century Child Welfare System

DCF’s efforts to advance the strategies included in its strategic plan and this CFSP will only succeed if effective collaborations are built and sustained. Highlighted efforts to build and sustain meaningful collaboration follow.

Inclusion of Constituents in Our Work. Established in 2018 as the first of its kind among public child welfare agencies nationwide, the OFV advances shared leadership and co-design with people who have lived experience to create and sustain systemic change. OFV uses innovative approaches to elevate the perspectives of constituents and promotes authentic partnership to improve and transform DCF services to lead to a more responsive and equitable child- and youth-servicing system. OFV continues to build capacity to provide opportunities for constituents to share perspectives, develop priorities, and implement recommendations to improve and transform the agency’s policy, practice and services.

Figure 4. Continuum of Inclusion of Constituents.



Descriptions of current and planned initiatives out of OFV follow.

- **Youth Council.** Established in 2019 and fully operational in 2020, DCF's Youth Council consists of approximately 20 young people, ages 16-23, working in two-year terms to elevate the voices of youth and alumni directly impacted by DCF's CP&P, CSOC and OOE. The application and selection process ensures a diverse pool of council members that reflects the diversity of youth being served by DCF. The Youth Council works on tangible changes to improve the experiences of young people in foster care and those otherwise receiving services from DCF. Noteworthy accomplishments of the Youth Council include authoring and passing the Sibling Bill of Rights legislation, creating a peer to peer mentoring program and completing an overhaul of the New Jersey Youth Resource Spot (NJYRS) website. The third Youth Council cohort is now operational.
- **Fathers with Lived Experience Council.** The Dads Achieving Dynamic Success (D.A.D.S.) Council, which is comprised of a diverse group of fathers having experience with the child welfare system, works to enhance Department policy and practice and to empower fathers to make decisions on critical issues. The D.A.D.S. Council develops annual recommendations for DCF leadership that impact DCF's approach to engaging fathers and will improve the experience of fathers and father figures involved with the child welfare system. The original cohort of the D.A.D.S. Council was the impetus for DCF changing its internal policy to stop collecting child support from parents whose children were in foster care.
- **Parent Council.** DCF's Youth Council and D.A.D.S serve as models for future parent and caregiver councils. In Federal Fiscal Year (FFY) 2024, OFV is working to recruit and onboard parents, who will reflect the racial diversity of the families served by DCF, to a new statewide Parent Council. The Council will consist of parents who had prior personal experience with New Jersey's child welfare system. The voices of parents and primary caregivers with lived experience will develop priorities to drive system change and provide input and context reflecting community needs.
- **Lived Experience Expert Partnership.** DCF is developing a Lived Experience Expert Partnership (LEEP) to support and ready constituents to serve as lived experience consultants on various projects across the department. Utilizing a shared leadership approach, OFV is developing the program with members of the Youth and D.A.D.S. Councils and PFPC co-designers in three phases. Phase 1 includes co-designing program elements, including application, on-boarding, and recruitment, as well as development of tools and standard processes. In Phase 2, parents and youth will participate in formal on-boarding sessions and begin serving as consultants in pilot projects. Phase 3 will reconvene the workgroup to enhance the pilot program through CQI in preparation of full program launch and implementation in 2025.
- **Resource Parent Advisory Committee.** In March 2024, DCF kicked off a Resource Parent Advisory Committee, consisting of two licensed resource parents, some kin and some non-kin, from each of New Jersey's nine CP&P catchment areas that serve a term of one year. This Committee's goal is to strengthen the partnership and communication between DCF and resource parents to collaboratively achieve the best outcomes for children in out-of-home care. The Committee, which meets monthly, will propose and work towards viable solutions and will act as liaisons, sharing information with resource families in their areas.

Partnership with the Judiciary. The New Jersey Children in Court Improvement Committee (CICIC) is comprised of judges, attorneys, advocates, representatives from the juvenile justice and children's behavioral health care systems, CP&P and officials from the Administrative Office of the Courts (AOC), and also carries out the State's Court Improvement Plan (CIP). DCF is represented in this committee by the Assistant Commissioner of CP&P and the Director of the Office of Legal Affairs, or their surrogates. The CICIC manages three subcommittees: Youth, Family and Community Voice, Race Equity, and Quality Hearings and Legal Representation. Through this partnership, DCF and the Judiciary have successfully collaborated on the Round 3 Child and Family Services Review (CFSR) Program Improvement Plan (PIP) and the CIP race equity strategy, share information on strategic priorities, coordinate joint initiatives and training events or conferences, and are, together, monthly examining system performance data with judicial stakeholders. DCF and the CICIC now include OFV council members in court events and the development of court policies and practices. The CICIC represents an ongoing opportunity to continue to engage and partner with judicial stakeholders in discussion of strategies and performance as the CFSP is carried out.

Additionally, each county in New Jersey has a local Children in Court Advisory Committees (CICAC) that meets quarterly to focus on localized court practices. CICACs are comprised of representatives from the Judiciary, CP&P, the Attorney General's Office, the Office of the Law Guardian and the Office of Parental Representation. CICACs review data, share information about new and ongoing initiatives, discuss the availability of services, and resolve conflicts related to local court procedures.

Ongoing Collaboration with Stakeholders and Other Partners. In addition to the Regional Forums and partnership with the NJTFCAN described in the previous section, DCF collaborates with additional stakeholders and partners to realize systems integration, alignment and improvement. Examples are described below.

- **Planning and Coordinating Bodies.** DCF continues to support and participate in planning and coordinating bodies, including, but not limited to, Children's Inter-Agency Coordinating Councils (county-based, child-focused partnerships for providers, schools and other child-serving entities), Human Services Advisory Councils (county-based partnerships that enable representatives of local government, volunteer agencies, providers, consumers, consumer advocates and municipalities to coordinate efforts to improve the quality of human services), County Councils for Young Children (local planning bodies in which parents and families, early childhood providers and other community stakeholders develop strategies to increase access to needed services and promote the healthy development of young children and their families).
- **Multidisciplinary Advisory Groups.** DCF routinely employs multidisciplinary advisory groups to support major initiatives. For example, the Statewide Home Visiting Workgroup provides input, coordination, and guidance in the implementation of New Jersey's network of evidence-based home visiting. Workgroup participants include DCF, the New Jersey Department of Health (DOH), and other state agency representatives and stakeholders, the United Way, private funders, local level stakeholders, and more. Represented sectors include Temporary Assistance to Needy Families (TANF), child welfare, maternal and child health, addictions, and early childhood education. DCF convenes a New Jersey Statewide Student Support Services (NJ4S) Advisory Group to inform the implementation of this new network. The advisory group includes representatives from DCF, the New Jersey Department of Education (DOE), the New Jersey Department of Human Services (DHS), the National Alliance on Mental Illness NJ, key education associations, e.g., educators,

principals, superintendents, parent advocacy organizations, as well as elected officials and/or their staff. The Chafee Advisory Group (CAG) is made up of approximately 20 members, including youth with lived experience and cross-disciplinary stakeholders who work with adolescents. For additional information on the CAG, see Section 4, *Services*. A final example is the resource directory advisory group, which is convened by DCF around improvements to New Jersey's statewide community resource directory, information and referral system. For additional information on the resource directory advisory group, see Section 3, *Plan for Enacting the State's Vision*. The Child Advocacy Center (CAC) Multidisciplinary Team Advisory Board comprehensively plans for and evaluates the effectiveness of the state's network of CACs and focuses on the promotion of professional standards of quality in CACs. For additional information on CACs, see *Interagency Initiatives*, below.

- **Interagency Initiatives.** DCF partners with other state agencies to ensure that the needs of children and families are met. For example, New Jersey's Connecting NJ (CNJ) initiative, which is managed jointly by DCF and DOH, is a comprehensive prevention system that provides a county-based single point of access for information, assessment, referral and linkage to family support services and resources available in the family's community. CNJ hubs, which are staffed with Early Childhood Specialists (ECSs), case managers and care coordinators, and Community Alignment Specialists, provide care coordination, improve system integration, and reduce duplication of services. CNJ partners emphasize equity, ensuring ongoing communication about the diverse communities they serve and the disparities impacting the families served. A second example is the state's network of CACs and MDTs. CACs are child-friendly settings to coordinate investigation and response between law enforcement, child welfare investigators and medical and mental health providers. A final example is a workgroup consisting of DCF, law enforcement, CACs, Regional Diagnostic Treatment Centers (RDTCs), mental health professionals and advocates for children in New Jersey; in May 2023, after more than a year of collaboration among this workgroup, DCF released a framework for a statewide, coordinated, therapeutic support and healing initiative for child victims and child initiators of sexual abuse and their families.¹⁰ For additional information on this initiative, see Section 4, *Services*.

Emphasizing Transparency. DCF values data transparency and believes any interested individual should be able to easily access and review agency policy and performance and outcomes data to assess how the child welfare system is functioning and be empowered to innovate, plan, advocate and hold the Department accountable. DCF maintains clear, concise and accessible policies, which are available to the public and accessible online.¹¹ DCF publishes monthly performance data and various briefs, reports, plans, and concept papers on its public website.¹² In addition, through a partnership with Rutgers University, DCF makes public customizable data reports related to CP&P and CSOC performance via the New Jersey Child Welfare Data Hub.¹³ The Data Hub includes the New Jersey Child Welfare Data Portal that allows users to explore key indicators of child well-being through customizable visualization and query tools, and the New Jersey Child Welfare Data Map that allows users to explore key child welfare and well-being measures, population characteristics and socioeconomic variables at the state and county-level.

¹⁰ [PSB Framework 052323.pdf \(nj.gov\)](#)

¹¹ https://www.nj.gov/dcf/policy_manuals/toc.shtml

¹² www.nj.gov/dcf

¹³ [NJ Child Welfare Data Hub | Data Hub \(rutgers.edu\)](#)

Provision of Concrete Supports. DCF recognizes that the provision of concrete supports is a necessary component of the family strengthening system and critical to any serious prevention strategy. At a national level, the Centers for Disease Control and Prevention (CDC) identified economic supports to families as a major strategy in the prevention of child maltreatment.¹⁴ More specifically, the CDC identifies child support payments, Earned Income Tax Credit (EITC), food security programs, housing subsidies, and childcare subsidies - among others - as proven strategies to prevent child abuse and neglect.¹⁵ States that spend more money on housing infrastructure, child care assistance, medical assistance programs, refundable EITC, and cash assistance, on average, experience lower rates of substantiated maltreatments, foster care placements and maltreatment-related child fatalities.^{16,17} DCF relies on the concrete supports provided to New Jersey residents through its sister state agencies and provides concrete supports to children and families through its CP&P and provider agency networks whenever and wherever possible. Examples of concrete supports offered through the State of New Jersey, see Figure 5.

Figure 5. Concrete Supports Available in New Jersey

Transportation
<p>NJ TRANSIT is the nation's largest statewide public transportation system, providing more than 925,000 weekday trips on 253 bus routes, three light rail lines, twelve commuter rail lines and a thorough Access Link paratransit service. NJ TRANSIT's 2030 Strategic Plan lays out initiatives through which New Jersey will: increase the percentage of the New Jersey population that has access to high-frequency service from 27% to 40% by 2030; increase percentage of the sub-poverty line New Jersey population with access to high-frequency service from 34% to 50% by 2030; and improve network accessibility so that 80% of riders use stations with accessible platforms by 2030, up from 70%.</p> <p>The state's Local Transportation Projects Fund exists to address specific, focused, local transportation issues.</p>
Health Care
<p>NJ FamilyCare, New Jersey's Medicaid program, serves about 2.2 million New Jerseyans. Eligibility is based on income and household size. Among other eligibility categories, children with household incomes up to 355% of the Federal Poverty Level (FPL) and pregnant people up to 205% FPL are eligible. Medicaid covers three in every ten New Jersey children.</p> <p>Managed by the New Jersey Department of Human Services' (DHS) Division of Medical Assistance and Health Services, New Jersey's 1115 NJ FamilyCare Demonstration Waiver includes the Children's Support Services Program, which is administered through CSOC. The Waiver authority supports federal participation for behavioral health services for youth with severe emotional disturbance (SED), targeted home and community-based services for youth with I/DD, and in-home and community supports for children and youth with SED and/or I/DD, and eligibility for full Medicaid state plan benefits for children receiving out of home treatment services.</p> <p>New Jersey's Cover All Kids Initiative connected over 50,000 children to coverage by eliminating the 90-day waiting period for coverage to children newly enrolling into the Children Health's Insurance Program (CHIP), removing premiums families would pay for their children enrolled in CHIP, and developing targeted outreach efforts to boost enrollment for currently eligible children who are unenrolled. Phase 2 of the Cover All Kids Initiative is currently underway and is expected to apply to an additional 16,000 New Jersey children. As of January 2023, children under the age of nineteen, whose families meet income eligibility requirements, are able to obtain Medicaid coverage, regardless of immigration status.</p> <p>New Jersey has a constitutionally protected right to reproductive freedom through the Freedom of Reproductive Choice Act, S49/A6260, which was enacted in January 2022.</p>
Economic Supports

¹⁴ Fortson, Kleven, Merrick, Gilbert, Alexander, *Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities*, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2016.

¹⁵ *Ibid.*

¹⁶ Puls, Hall, Anderst, Gurley, Perrin, Chung, *State Spending on Public Benefit Programs and Child Maltreatment*, Pediatrics, 2021.

¹⁷ Kleven, Schmidt, Luo, Xu, Ports, Lee, *Effect of the EITC on Hospital Admissions for Pediatric Abusive Head Trauma*, 1995-2013, Public Health Rep. 2017; see also Wood, Medina, Feudtner, Luan, Localio, Fieldston, Rubin, *Local Macroeconomic Trends and Hospital Admissions for Child Abuse*, 2000-2009, Pediatrics. 2012; see also Kovski, Hill, Mooney, et al., *Association of State-Level EITCs With Rates of Reported Child Maltreatment*, 2004-2017, Child Maltreatment, 2022; see also Rochford, Zeiger, Peek-Asa, *Child Care Subsidies: Opportunities for Prevention of Child Maltreatment*, Child and Adolescent Social Work Journal. 2022, <https://doi.org/10.1007/s10560-022-00887-9>; see also Yang, Maguire, Showalter, Slack, *Child Care Subsidy and Child Maltreatment*. Child and Family Social Work. 2019.

In addition to administering federal **Temporary Assistance to Need Families (TANF) programming, the Women, Infants, Children (WIC) Program**, and other benefits, New Jersey has several economic supports in place for families: New Jersey's minimum wage legislation, N.J.S.A. 34:11-56a et seq., signed in 2019, increased the state's minimum wage to \$15.13/hour in 2024.

The state **Earned Income Tax Credit** program provides additional financial support to working adults meeting income thresholds.¹⁸ In January 2022, eligibility for the New Jersey Earned Income Tax Credit was expanded to help another estimated 90,000 residents.

The state **Child and Dependent Care Tax Credit** provides a tax credit for households earning up to \$150,000.¹⁹ New Jersey is one of only eleven states to build on the federal Child Tax Credit for qualifying families and includes taxpayers without social security numbers.

New Jersey provides cash assistance to eligible households with children through its **WorkFirst New Jersey (WFNJ)/TANF program**.²⁰ New Jersey provides cash benefits and support services to single individuals and couples without children through its **WFNJ/General Assistance program**.²¹ Recipients of WFNJ and Supplemental Security Income may receive **WFNJ/Emergency Assistance** to provide additional supports, such as essential food, clothing, shelter, temporary rental assistance or other housing and utility related costs.

The New Jersey Department of Health (DOH) is making concerted efforts to increase utilization of WIC. Last year, DOH launched eWIC statewide, making shopping and payment easier for 98,000 households and over 850 participating stores across the state.

The state's **Supportive Assistance to Individuals and Families program** provides an intensive case management for families and individuals who are nearing the end of their time limit on WFNJ.²² The **Social Service for the Homeless program (SSH)** assists families and individuals, who are experiencing homelessness or are at imminent risk of becoming homeless but have exhausted or are ineligible for housing assistance through WFNJ/Emergency Assistance. SSH provides short-term assistance with emergency food, shelter, security deposits, back rent/mortgage, back utilities, and case management services.²³

New Jersey provides **Supplemental Nutrition Assistance Program (SNAP)** food assistance to households in which members purchase and prepare meals together.²⁴ Most households must meet the gross income limit of 185% FPL. Those who are age 60 and over or have a disability may be eligible for SNAP with over 185% FPL. Effective March 2023, New Jersey became the first state in the nation to establish minimum SNAP benefits so that resident households qualifying for SNAP will receive at least \$95/month.

New Jersey's **Family Leave Insurance** provides New Jersey workers cash benefits to bond with a newborn, newly adopted, newly placed foster child, or to provide care for a seriously ill or injured loved one.²⁵

Housing

Through a mix of state and federal funding, New Jersey's **housing infrastructure** works to improve community development, increase the supply of affordable units, preserve existing housing, strengthen economic development, and provide services to households experiencing homelessness or housing instability. New Jersey's Department of Community Affairs (DCA) supports thousands of New Jersey households, including families with children, the elderly, victims of domestic violence, and those with disabilities and other special needs, through various housing programs, such as the **Section 8 Housing Choice Voucher program, the homelessness prevention program, emergency housing vouchers, energy assistance programs, lead assistance programs**, and more.²⁶

The state's FY23 budget included \$305 million to create thousands of new, 100% affordable housing units through the **Affordable Housing Protection Fund**.

The FY24 state budget included an additional \$22 million to sustain critical **emergency housing for domestic violence survivors and their children**. This included support for a hotel aggregator program previously support by the Federal Emergency Management Agency that provides short-term hotel stays to stabilize families until a more permanent housing solution can be identified and/or provided. In addition, DOW launched the evidence-based, **Domestic Violence Housing First (DVHF) program**, which is designed to prioritize connecting survivors with long-term housing as quickly as possible. The DVHF framework focuses on three pillars: (1) survivor-driven and trauma-informed mobile advocacy to meet survivors where they are both mentally and physically, (2) community engagement through housing navigators to build connections with existing community resources, e.g., landlords, community housing partners, car mechanics, small businesses, community colleges, law enforcement, employers, and other stakeholders, and (3) flexible forms of financial assistance to allow DCF-funded organizations to provide wraparound aid in the manner and time that it is needed, e.g., rent payments, moving costs, application costs, security deposits, utilities, or costs

¹⁸ [NJ Division of Taxation - NJ Earned Income Tax Credit](#)

¹⁹ [Child and Dependent Care Credit \(nj.gov\)](#)

²⁰ [Department of Human Services | WorkFirst NJ \(NJ's Temporary Assistance for Needy Families - TANF\) \(state.nj.us\)](#)

²¹ [Department of Human Services | General Assistance \(WorkFirst NJ\) \(state.nj.us\)](#)

²² [Department of Human Services | SAIF - Supportive Assistance to Individuals and Families Program \(state.nj.us\)](#)

²³ [Department of Human Services | Social Services for the Homeless \(SSH\) \(state.nj.us\)](#)

²⁴ [NJ SNAP | NJ SNAP](#)

²⁵ [Division of Temporary Disability and Family Leave Insurance | Family Leave Insurance \(nj.gov\)](#)

²⁶ <https://nj.gov/dca/dhcr/index.shtml>

stemming from the changed housing situation.

New Jersey administers housing subsidy programs, including the **State Rental Assistance Program**²⁷ and the **Section 8 Housing Choice program**,²⁸ to provide subsidies for decent, safe, and sanitary housing on behalf of eligible, very low-income residents. DCA's Section 8 Housing Choice Voucher Program is the 13th largest in the nation. DCA's Housing Choice Voucher Program serves 24,078 families with an annual budget of \$264 million.

The state provides **Mortgage Assistance, closing costs, and funding for home repairs** to low- and moderate-income households who qualify for Housing and Mortgage Finance Agency-funded programs.

New Jersey's **Homelessness Prevention and Rapid Rehousing programs** provide case management, services and financial assistance to tenants and homeowners in imminent danger of eviction or foreclosure.

DCF maintains a strategic partnership with DCA for varied, **subsidized and supportive housing models for youth and families**, including provision of direct access to housing for young adults, including those expectant and/or parenting, and other housing-related supports. These interventions are evidence-informed and focused on improving the capacity of youth and families to secure and sustain stable housing.

DCA committed vouchers for youth at risk of or experiencing homelessness via the **Connect to Home (CTH) initiative**, which is administered by DCF. CTH is available in select areas throughout the state and ensures that youth aging out of care or previously involved with the foster care system, have access to a combination of housing subsidy and support services.

Child Care and Early Childhood Education

With the **Child Care Assistance Program**, administered by the Child Care Resource and Referral Network (CCR&R) through a contract with DHS, New Jersey provides childcare services, including financial assistance, referral services and consumer education, for eligible families who are participating in a job training program, enrolled in school, or employed and earn up to 200% of the federal poverty level. Subsidies reach 55-60,000 children at any given time. At-risk populations, such as very low-income families, teenage parents and homeless families receive priority services and additional support.

Through the **Strengthening Families Initiative**, CCR&R agencies host events to promote developmental health and screenings, as well as provide community referrals and linkages for families with young children in the community.

The **Grow NJ Kids Program**, a collaboration among DCF and the New Jersey Department of Education (DOE), the New Jersey Department of Health (DOH), and DHS, provides quality ratings of New Jersey childcare and early childhood education providers.

Section 2. Assessment of Current Performance in Improving Outcomes

DCF heavily relies on data to inform policy, strengthen standard operating procedures, and maintain its focus on CQI. Through its portfolio of ASI, DCF has the ability to collect and analyze quantitative and qualitative information to measure and support organizational performance. DCF uses this information to support effective management of programs, report on the outcomes of service delivery to children and families, and to comply with state and federal requirements.

Primary tools used in support of this work include NJSPIRIT, New Jersey's statewide automated CCWIS, state-of-the-art reporting tools that make child protection and welfare data available to caseworkers in real time, and qualitative methods, such as record reviews and family interviews that support CP&P's Collaborative Quality Improvement (CoQI) process, and other ad hoc targeted reviews. Data is also routinely made available to the public at large through a data portal created in partnership with Rutgers University and monthly performance, and periodic descriptive reports and briefs that are published to DCF's website.²⁹ 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. For information on CCWIS and DCF's CQI efforts, see discussion of systemic factors later in this section. For information on data transparency, see Section 1, *Vision and Collaboration*. For information on stakeholder collaboration, see Section 1, *Vision and Collaboration*, and Section 4, *Services*.

²⁷ <http://www.state.nj.us/dca/divisions/dhcr/offices/srap.html>

²⁸ <http://www.state.nj.us/dca/divisions/dhcr/offices/section8hcv.html>

²⁹ [NJ Child Welfare Data Hub | Data Hub \(rutgers.edu\); DCF \(nj.gov\)](#)

Using these quantitative and qualitative methods, DCF is able to identify strengths and areas in need of improvement. Through significant investment in data infrastructure and quality improvement processes, along with other reform and transformational efforts, DCF has achieved many positive outcomes for children and families. For example, New Jersey safely reduced rates of children entering out-home-placement from 2.5/1,000 in 2004 to 0.9/1,000 in 2023—now the lowest rate in the country. DCF also significantly increased the use of kinship foster homes when out-of-home placement is necessary; as shown in Figure 23, in 2023, 57% of children entering care were placed with kin within 30 days.

A. Considerations for Assessment of Performance

In preparing this section, DCF considered the best data to utilize for assessment in light of the Round 4 CFSR schedule, as well as the stage of implementation of its enhanced Case Practice Model (CPM) and redesigned CQI processes. Summaries of those considerations follow.

- **Best Data and Round 4 CFSR Schedule.** DCF participated in Round 3 of the CFSR in July 2017. DCF was found to be in substantial conformity with five out of seven systemic factors. DCF is currently preparing to participate in Round 4 of the CFSR, which will take place in September 2025, well after the submission of this plan. Because more recent quantitative and qualitative data is available to DCF than the results of the Round 3 CFSR, DCF largely relies on its own administrative data and CoQI data to make the assessments included throughout Section 2.
- **DCF's Enhanced Case Practice Model and Solution Based Casework.** All case-carrying CP&P staff are expected to rely on the tenets of DCF's enhanced CPM during all interactions with children and families. DCF's original CPM provides a standardized, strength-based, and family-centered framework to guide how CP&P staff work with children, youth/young adults, and families.³⁰ The model consists of six key functions: engagement of youth and families, working with family teams, ongoing and quality assessment, individualized planning, tracking and adjusting, and safe and sustained transition from DCF involvement.

Based in part on the results of the Round 3 CFSR and in part on the information gathering process undertaken at the onset of the current administration, and as described in the Round 3 CFSR PIP and subsequent related reports, DCF made the decision to enhance its case practice model through the integration of Solution Based Casework™ (SBC). SBC is an evidenced-informed practice model that focuses on finding practical solutions to family and individual challenges by promoting positive change within the family system. SBC is designed to help caseworkers better understand the family system and develop plans for change that are grounded in the family's daily routine and their unique network of supports.

Solution Based Casework™

The SBC model is based on three tenets:

- developing a partnership with families that is collaborative rather than adversarial;
- defining problems based on difficult situations in the family's everyday life so that caseworkers can be as practical and useful to the family as possible; and
- focusing interventions on noticing and celebrating skills and routines that individuals and families use (behavioral change) to increase safety and reduce risk, rather than prior focus on service completion and compliance.

Case practice is organized into four milestones:

- building consensus with the family around their family and individual needs;
- developing outcomes
- action planning, and
- noticing and celebrating change.

³⁰ [DCF CasePracticeModel.pdf \(nj.gov\)](#)

It aims to help families identify and use naturally available resources to address the everyday challenges experienced. SBC is organized into four milestones which guide case practice: (1) building consensus with the family around their collective and individual needs; (2) developing outcomes; (3) action planning; and (4) noticing and celebrating change. SBC action plans are essential to the achievement of outcomes as they provide a roadmap for families to follow as they work towards outcome achievement. SBC action plans address difficult or high-risk situations that may arise for the family and provide a plan that is designed with the family to effectively manage these situations. These action plans are not static. They are reviewed and revised regularly to ensure relevance and success in achieving the desired outcomes.

In 2021, all CP&P caseload-carrying staff engaged in formal SBC training. In 2022, caseworkers began using SBC with CP&P-involved families. DCF is currently implementing a staff certification process, a critical component of DCF's efforts to ensure staff proficiency and model fidelity. The certification process requires supervisory staff to observe and assess casework staff using the tenets of the framework and SBC engagement skills to work with families, to identify where additional training and support is needed and to certify those staff that are proficient in SBC. The process includes reviewing documentation, including the family discussion guide, case plan, and action plans. As is seen in the data throughout this section, the new practices, processes, and expectations of SBC impact performance in various areas of case practice. DCF expects that as the uptake of SBC continues, performance will return to prior performance rates.

- **Re-imagined Collaborative Quality Improvement process.** As is detailed in the *Systemic Factors* section below, in 2020 and 2021, DCF redesigned its CQI processes, developing a new CoQI process. DCF began implementation of CoQI in CP&P and is working to implement this method throughout the Department. CoQI reviewers used the electronic record to determine the extent to which case practice activities were aligned with best practice and policy. Scores were assigned to each casework activity, based on whether the observed practice was *Completely*, *Substantially*, *Marginally*, or *Not at All* aligned with best practice and policy. The Quality Scores in this plan represent a summary of casework activities within an area of practice, e.g., engagement, assessment, etc. Quality scores range from 0 to 100, where 100 represents performance that is *Completely* aligned with best practice and policy.³¹

This is the first federal report that presents CP&P Quality Scores derived from the new CoQI process. The Quality Scores cannot be compared with the Qualitative Review data that was included in earlier CFSPs and APSRs. The Quality Scores included in this report is for September 2022 through October 2023, when the first full cycle of the new CoQI process took place. DCF publishes findings from its CoQI process on its public website through a series of briefs,³² alongside information on the new CoQI process and guidance related to interpretation of Quality Scores.³³ For additional information on the CoQI process, see the *Quality Assurance* systemic factor.

³¹ <https://www.nj.gov/dcf/childdata/exitplan/2023-CoQI.Quality.Scores.Guide.pdf>

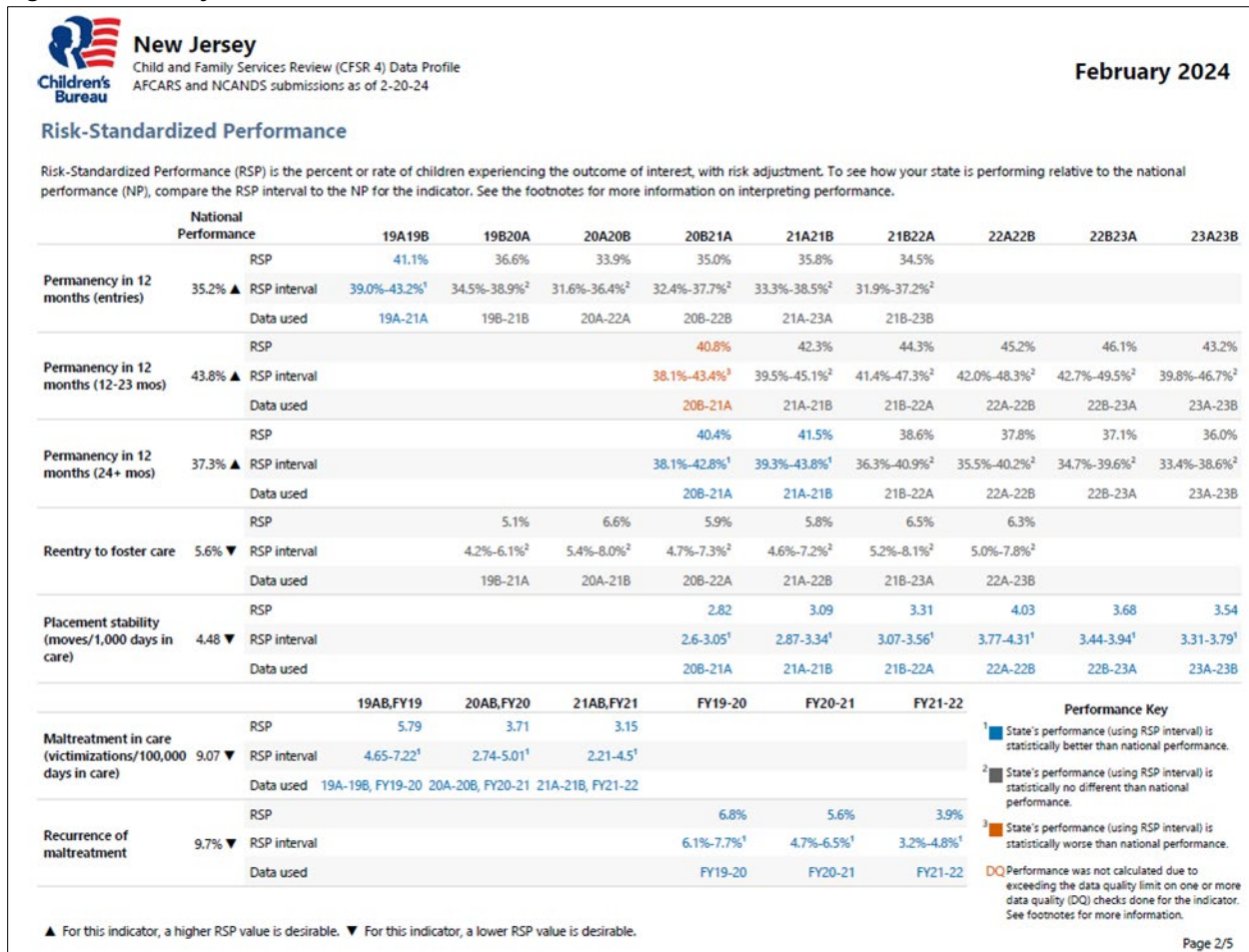
³² [DCF | Child Welfare Outcome Reports \(nj.gov\)](#)

³³ [2023-CoQI.Description.pdf \(nj.gov\)](#),

B. CFSR Outcomes

The February 2024 New Jersey CFSR 4 data profile, Figure 6, which relies on data from Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) demonstrates that New Jersey consistently exceeds the national average performance in the following areas: permanency within 12 months (24+ months), placement stability, maltreatment in care, and reoccurrence of maltreatment. New Jersey generally performs at or below the national average performance in the areas of permanency in 12 months (entries), permanency in 12 months (12-23 months), and re-entry to foster care.

Figure 6. February 2024 CFSR Data Profile



Assessment of CFSR Safety Outcomes. CFSR Safety Outcomes include (1) children are, first and foremost, protected from abuse and neglect and (2) children are safely maintained in their own homes, whenever possible and appropriate. Data and analysis related to these outcomes follows.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect. To assess Safety Outcome 1, DCF reviewed the timeliness of initial face-to-face contact with children and comparative national data. This review of DCF's quantitative and qualitative data demonstrated that safety practice at the investigation stage is a strength.

As Figure 7 demonstrates, DCF ensures that state policies of timely initiation of investigations for reports of child maltreatment and face-to face-contact with children are met. Review of administrative data shows that, on average, 99% of calls to the SCR are received by field staff in less than three hours. These data also highlight 98% of investigations commence in a timely manner. As noted in ACF's Maltreatment2022 report and highlighted in Figure 8, New Jersey's response time to reports of child maltreatment in 2022 is among the fastest across the nation.³⁴

Figure 7. Timeliness of Investigation Receipt and Commencement

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

Figure 8. Comparison of National and New Jersey Average Response Time

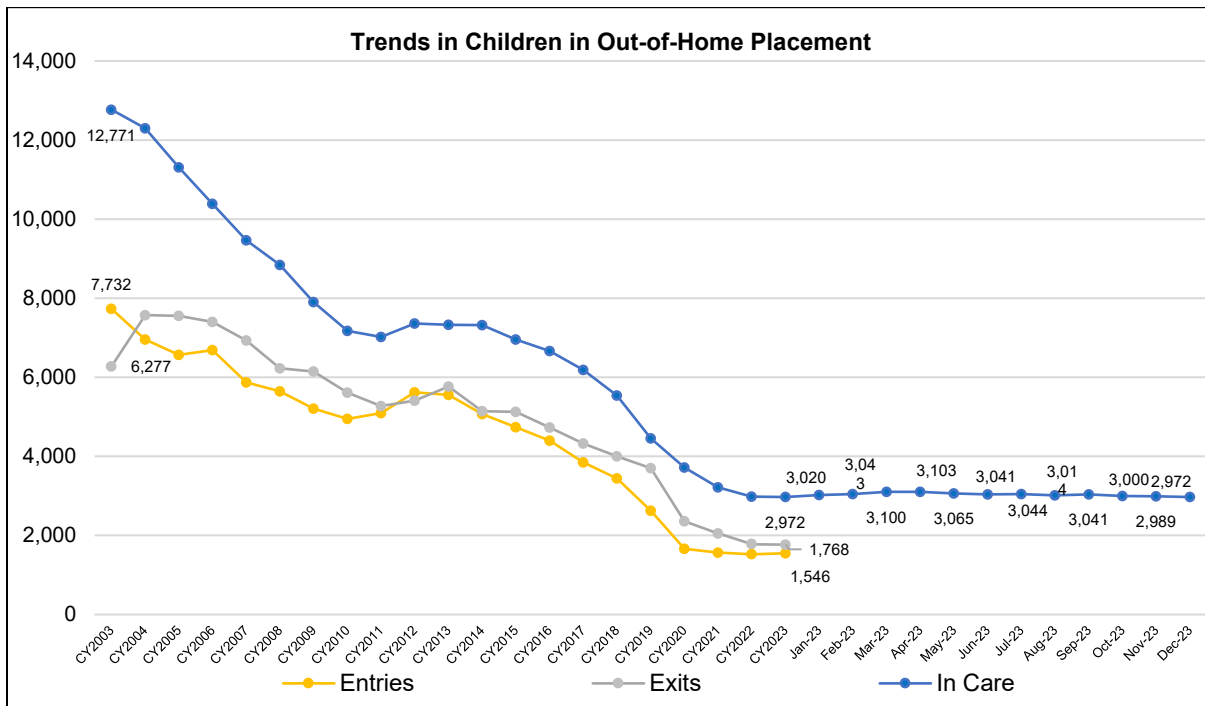
National Average Response Time	New Jersey Average Response Time
93 hours	22 hours

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate. To assess Safety Outcome 2, DCF reviewed data on trends in out-of-home placement and use of safety and risk assessments and interventions. This review of DCF's quantitative and qualitative data demonstrated that safety practice throughout the life of a case is a strength.

DCF is committed to keeping children safe in their own home, subsequently reducing the trauma of family separation. Figure 9 illustrates this commitment as seen by the over 71% reduction in the number of children in out-of-home placement from the creation of DCF as a Cabinet level agency in 2006, when over 10,000 children were in placement, to 2023, when just under 3,000 were in placement.

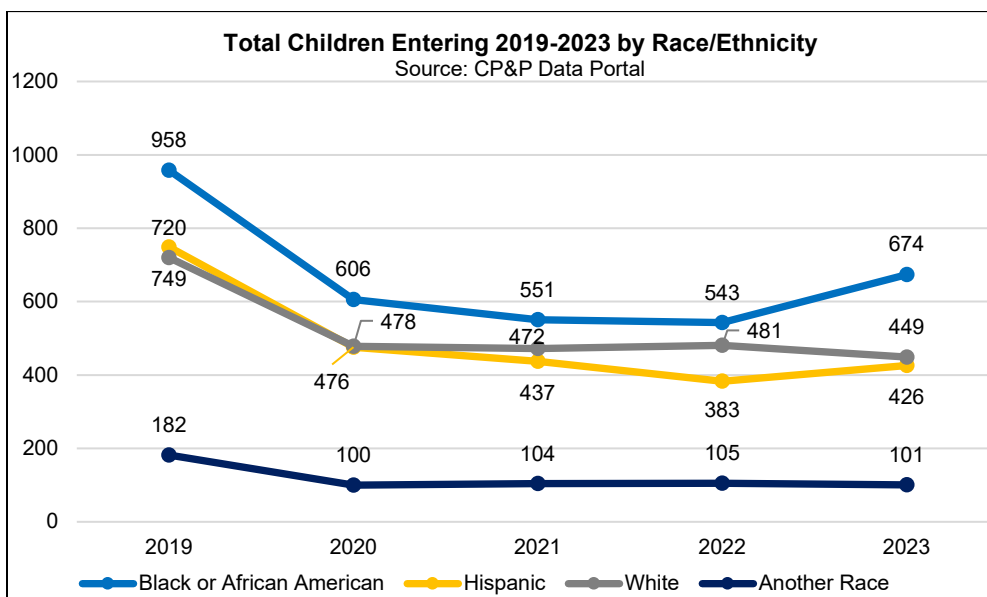
³⁴ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2022). Child Maltreatment 2022. Available from [Child Maltreatment 2022 \(hhs.gov\)](https://www.hhs.gov/child-maltreatment-2022)

Figure 9. Trends in Children in Out-of-Home Placement



Disaggregating entry data by race and ethnicity, Figure 10 shows that, while family separation in general has decreased, family separation for Black and Hispanic children in New Jersey actually increased between 2022 and 2023 by 24% and 6%, respectively. For information on DCF's efforts related to race equity, see Section 3, *Plan for Achieving the State's Vision, Goal 3*.

Figure 10. Total Children Entering Out-of-Home Placement by Race/Ethnicity

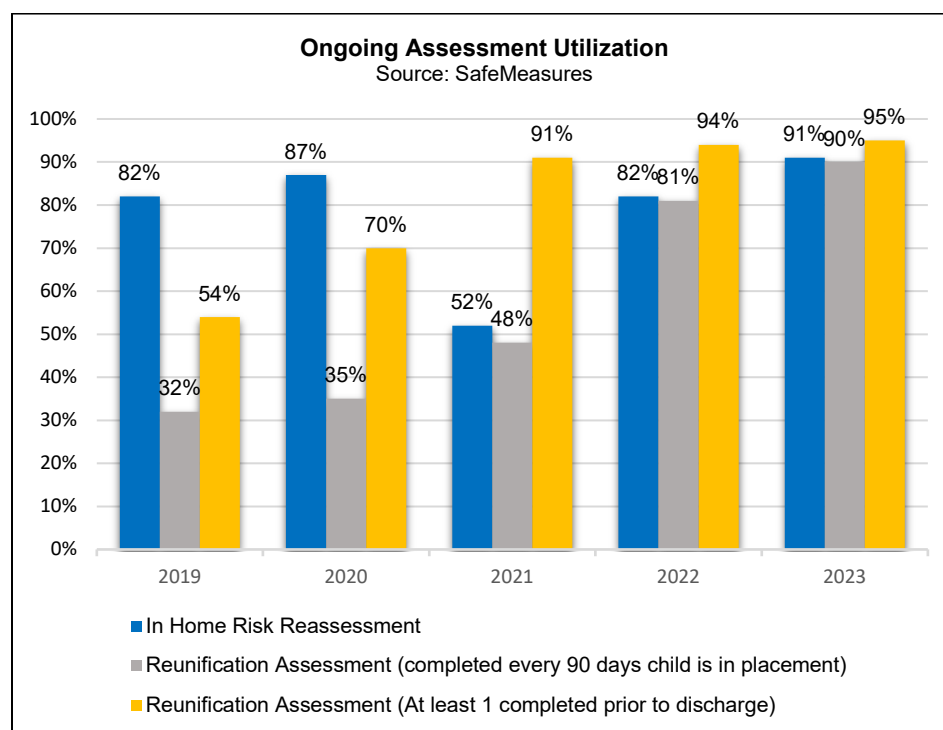


CP&P staff are responsible for formally and informally assessing the safety and risk of all children involved with the agency beginning immediately after the agency's initial contact with the family and continuing ongoingly. For formal assessments, CP&P staff utilizes structured decision-making (SDM) tools, including safety assessments, risk assessments, risk re-assessments and reunification assessments.³⁵ Figure 11 shows current performance for initial use of structured decision-making tools. During Round 3 of the CFSR, an area identified for improvement was the ongoing assessment of safety and risk. DCF prioritized work in this area as a component of its Round 3 CFSR PIP and, today, data shows this area as a strength, as seen in Figure 12.

Figure 11. Safety and Risk Assessments Completed on Investigations Received in 2023

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

Figure 12. Ongoing Assessment Utilization



³⁵ [CPP-III-B-6-600.pdf \(nj.gov\)](#)

The new CoQI process assesses safety practice through several indicators in its case record review process, including *safety – ongoing assessment*, *safety – interventions and risk indicators*. The CoQI case review examines whether caseworkers took immediate action to address any safety concerns that emerged during the family’s involvement with the agency, whether the caseworker gained agreement from all relevant parties in developing and implementing safety interventions, and whether caseworkers had comprehensive discussions with families about the specific safety concerns. Figure 13 reflects DCF’s current performance on these indicators.

Figure 13. CoQI Quality Scores for Safety Indicators, September 2022-October 2023

Indicator	Description	Quality Score	Interpretation ³⁶
Safety-Ongoing Assessment (in-home, out-of-home)	Assesses whether there were ongoing contacts with parents, caregivers, and children throughout the period under review to assess for safety and risk factors during contacts with the families.	72%	Area Needing Improvement: On average, case practice activities are 72% aligned with best practice and policy.
Safety-Interventions (in-home, out-of-home)	Assesses whether there were discussions around identified threats of safety that placed the children in immediate danger and whether timely interventions were put in place to address any identified threats.	87%	Area of Strength: On average, case practice activities are 87% aligned with best practice and policy most of the time.
Risk (in-home, out-of-home)	Assesses the identified safety interventions (Safety Protection Plan or others), services, and supports implemented during the period under review, as applicable, and whether they were mitigating the safety concerns while simultaneously ensuring the children’s safety.	88%	Area of Strength: On average, case practice activities are 88% aligned with best practice and policy most of the time.

CFSR Permanency Outcomes. CFSR permanency outcomes include (1) children have permanency and stability in their living situations and (2) the continuity of family relationships is preserved for children.

Permanency Outcome 1: Children have permanency and stability in their living situations. To assess Permanency Outcome 1, DCF reviewed data on placement stability and permanency. This review of DCF’s quantitative and qualitative data demonstrated that permanency practice throughout the life of a case is an area needing improvement.

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 14, New Jersey’s performance continues to exceed the national performance for placement stability. Placement stability is slightly higher for first time entries, Figure 15. Further examination shows that placement stability varies by age (Children under 1-93%, Youth ages 13-17- 75%), but is largely consistent by race (White- 84%, Hispanic- 84%, Another Race- 83%, Black or African American- 82%).³⁷

³⁶ For the quality score interpretations throughout this plan, areas of strength had scores above 85%, areas needing improvement had scores between 65% and 85%, and areas needing significant improvement had scores below 65%.

³⁷ [NJ Child Welfare Data Hub | Data Hub \(rutgers.edu\)](https://datahub.rutgers.edu/); [DCF \(nj.gov\)](https://www.nj.gov/)

Figure 14. Placement Stability for All Entries

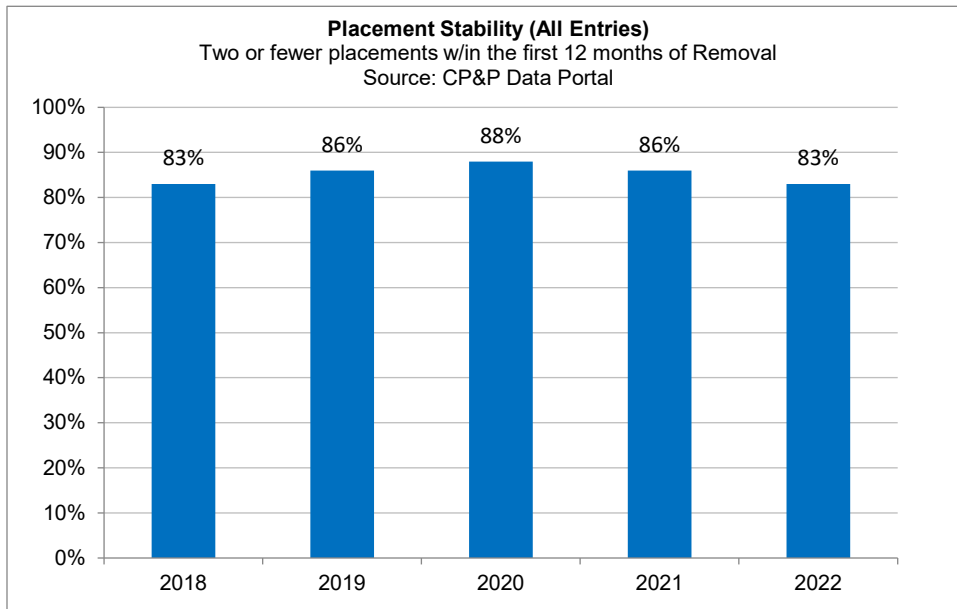


Figure 15. Placement Stability, First Time Entries

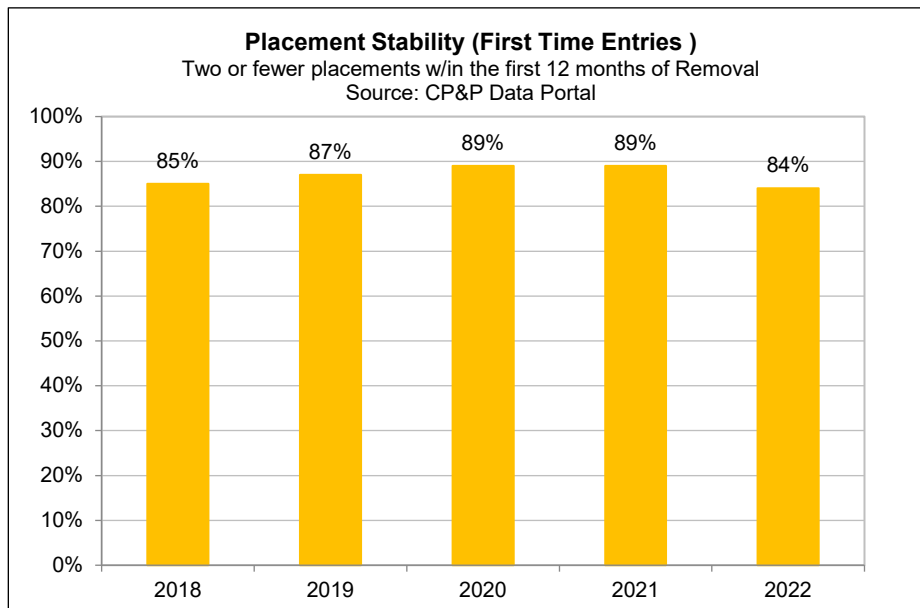
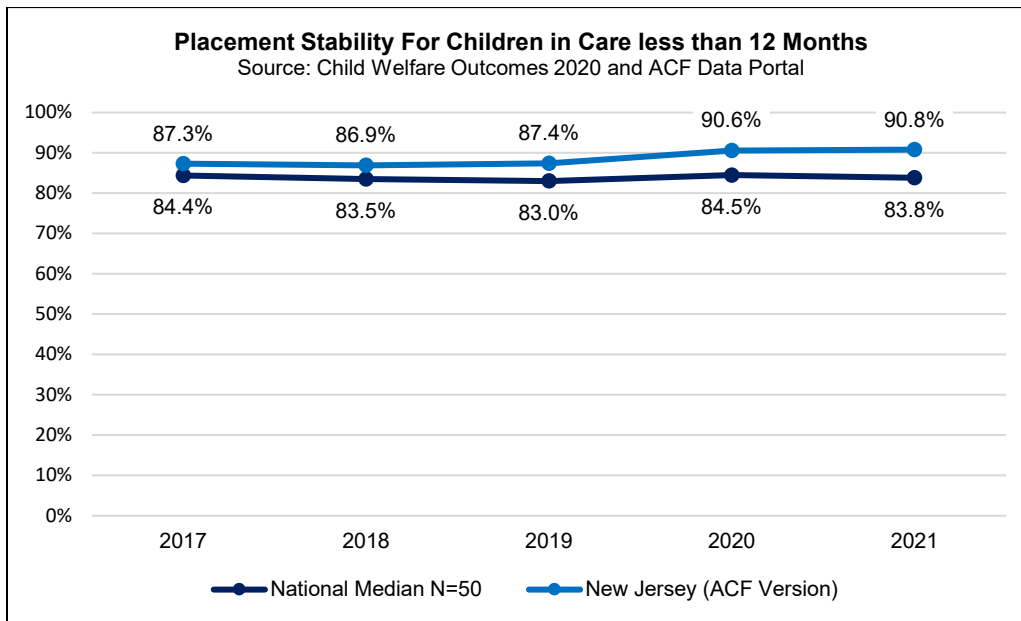


Figure 16. Placement Stability for Children in Care less than 12 Months, New Jersey and National



Of the children who entered care in 2019, 85% achieved permanency within 48 months, 78% of children achieved permanency within 36 months, 60% of children achieved permanency within 24 months and 37% achieved permanency within 12 months. A closer examination of the children who achieved permanency within 24 months shows that youth ages 13-17 were less likely to achieve timely permanency than children of other ages, Figure 18, and that Black children have a lower rate of permanency within 24 months compared to their White and Hispanic peers, Figure 19. As Figure 17 demonstrates, New Jersey continues to experience challenges to consistently achieve identified permanency goals in a timely fashion.

Figure 17. Permanency within 12, 24, 36, 48 months.

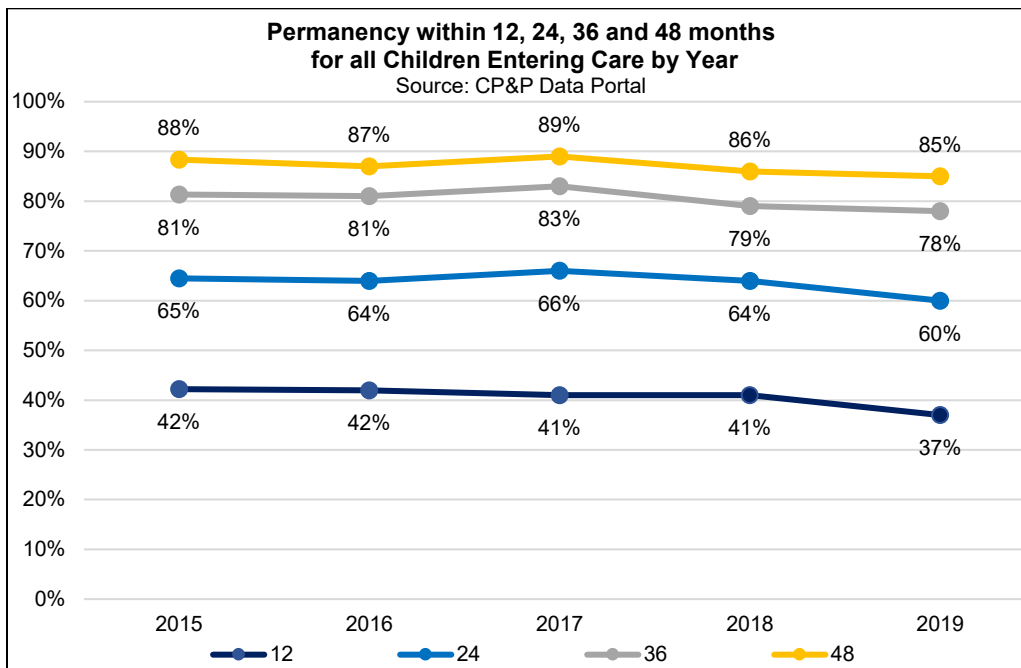


Figure 18. Permanency within 24 Months by Age

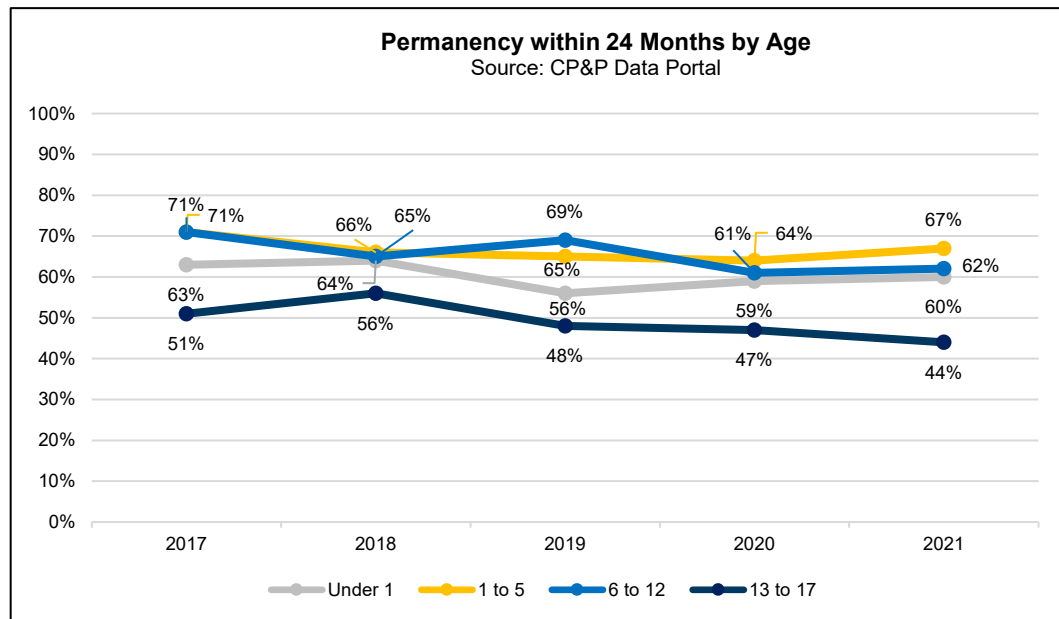
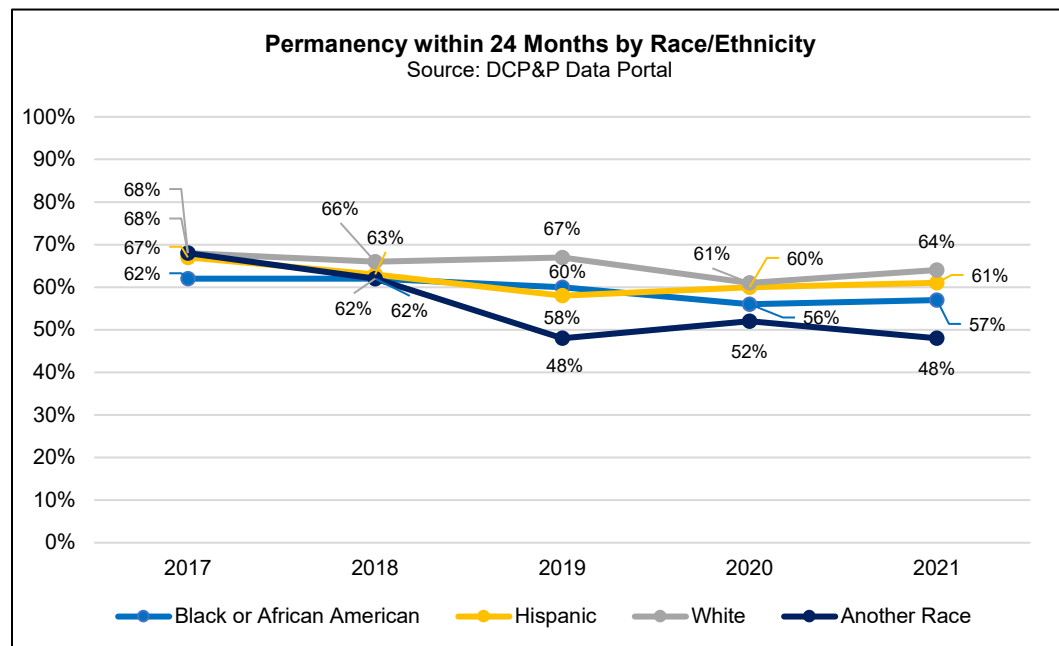


Figure 19. Permanency within 24 Months by Race/Ethnicity



As Figures 20 and 21 demonstrate, the median length of stay has increased since 2018 and has increased the most for Black or African American children. Infants have longer stays in placement than older children and youth; of all infants who entered care in 2021, half stayed longer than 21 months.³⁸

Figure 20. Median Length of Stay in Months

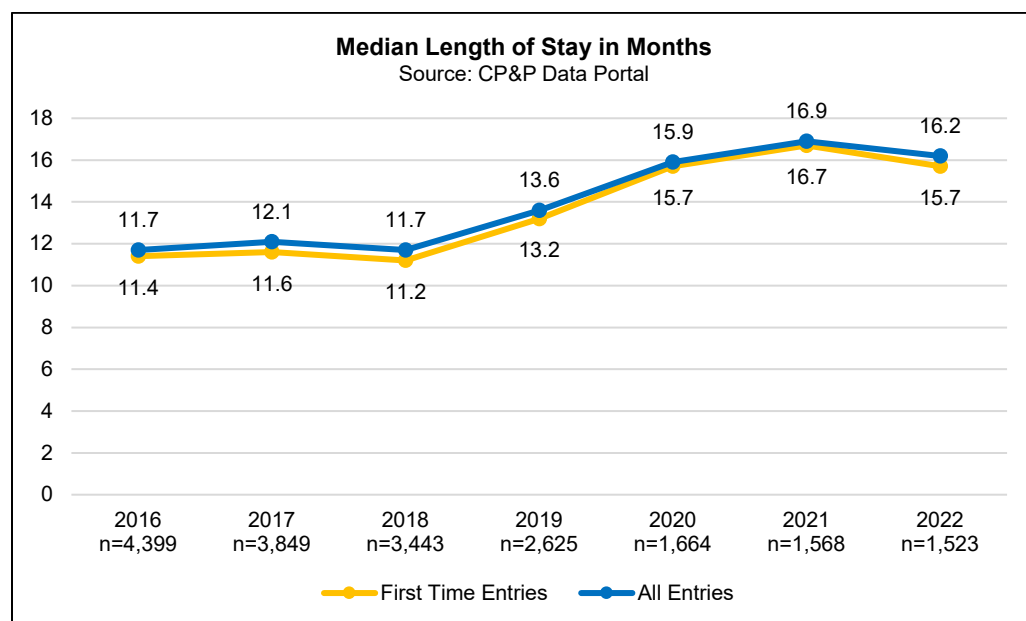
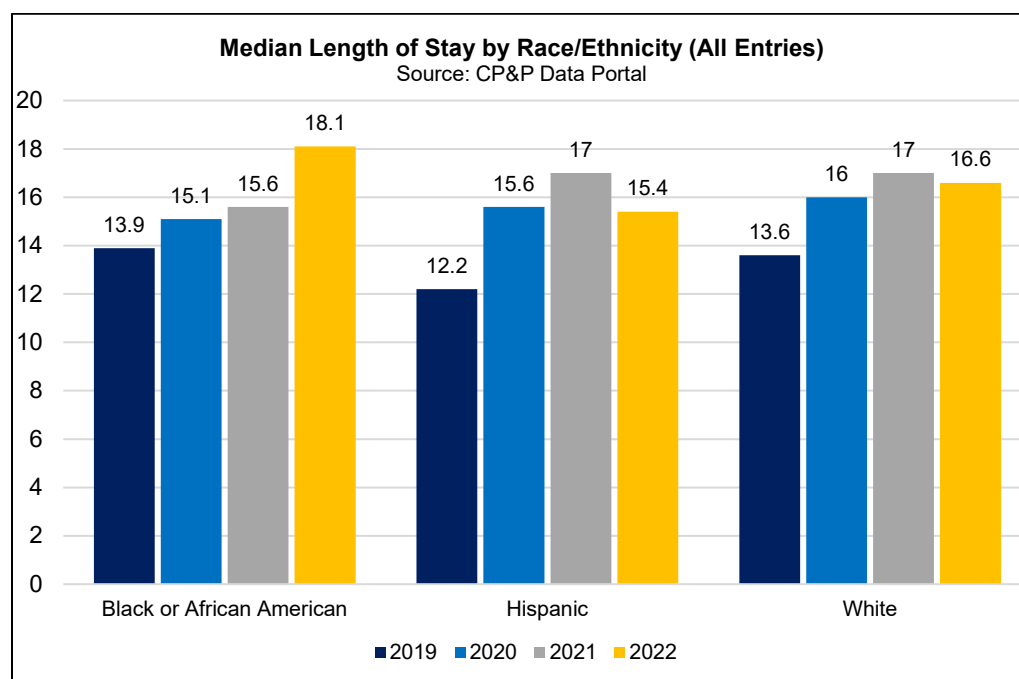


Figure 21. Median Length of Stay by Race/Ethnicity



³⁸ [NJ Child Welfare Data Hub | Data Hub \(rutgers.edu\); DCF \(nj.gov\)](#)

Finally, DCF's CoQI process examines stability and permanency through several indicators in the structured record review, including *placement stability*, *long-term view*, and *permanency*. Figure 22 reflects DCF's current performance on these indicators.

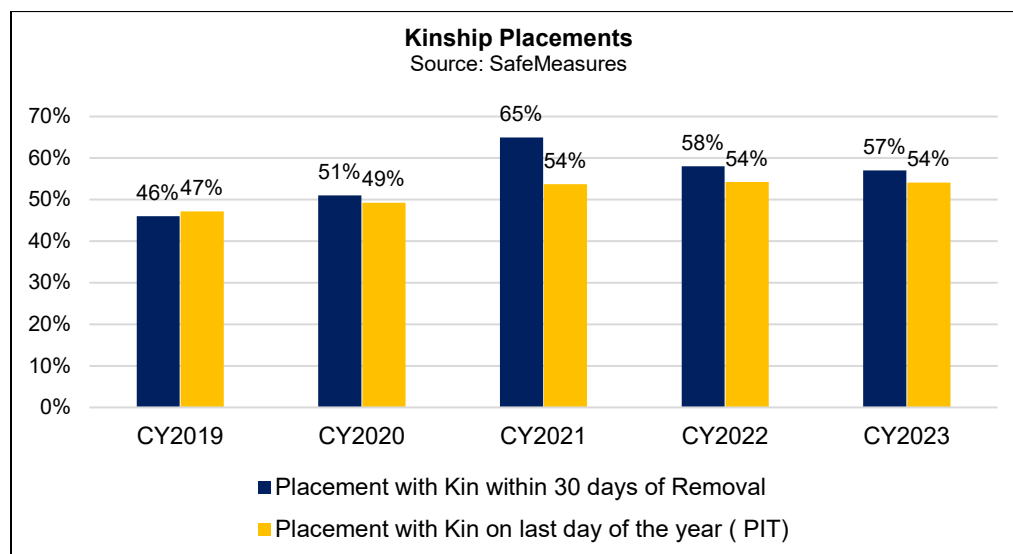
Figure 22. CoQI Quality Scores for Safety Indicators, September 2022-October 2023

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

Permanency Outcome 2: The continuity of family relationships and connections are preserved for children. To assess Permanency Outcome 2, DCF reviewed data on placement with kin, placement of sibling groups together, sibling visitation and parent-child data. This review of DCF's quantitative and qualitative data demonstrated that is a strength.

When families must be separated to ensure the safety of children, placement with kinship caregivers, as well as frequent and appropriate opportunities for contact with families, help to maintain family ties. DCF is focused on making sure that children can remain with extended family or family friends and, as such, has made "preserving kinship connections" a transformational goal in its strategic plan. Figure 23 shows an increase in placement with kin at time of entry, as well as overall point in time placement with kin since the onset of the current administration.

Figure 23. Kin Placements

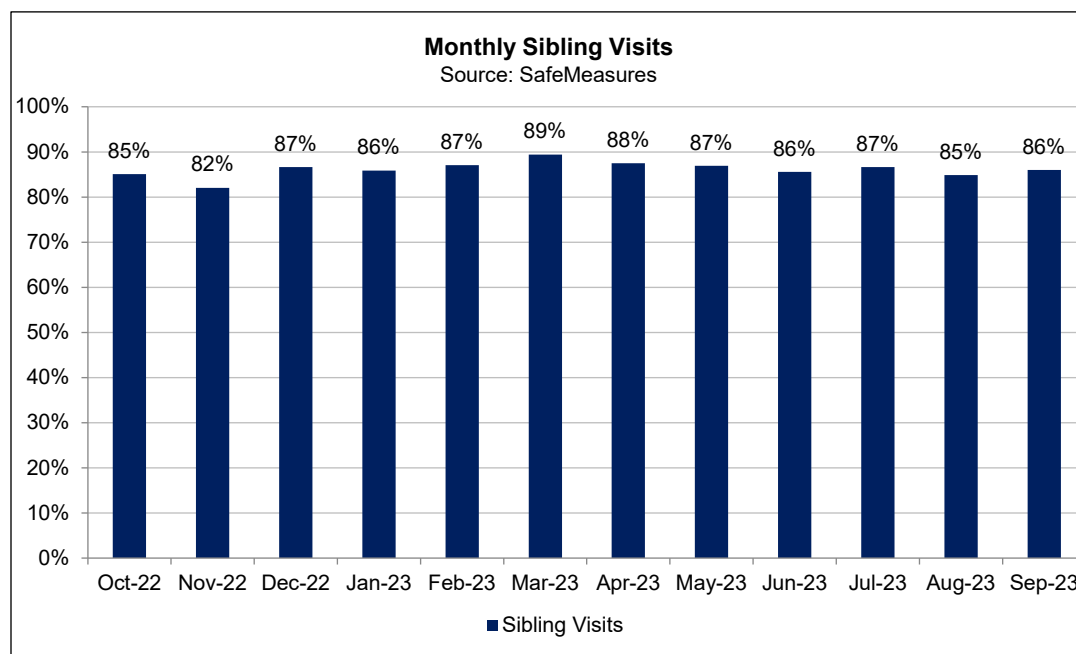


New Jersey makes positive efforts to place siblings together and ensure sibling visitation. In 2023, through the work of the Youth Council, a Siblings' Bill of Rights was signed into law.³⁹ The Siblings' Bill of Rights requires that, whenever possible, siblings are placed together, and when not possible, that their connection is maintained through face-to-face and virtual contact. In 2023, 91% of children in sibling groups of four or more were placed with *at least* one sibling and 84% of children in sibling groups of two or three were placed with *all* their siblings. In the rare instances that sibling separation was necessary, New Jersey ensured that frequent, quality visits with siblings occurred. This data is shown in Figures 24 and 25.

Figure 24. Sibling Groups Placed Together

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

Figure 25. Monthly Sibling Visits



While DCF frequently places children with kinship caregivers and/or with their siblings and ensures sibling visitation, further evaluation is needed regarding weekly parent-child visitation as performance is varied and trending downward, as seen in Figure 26.

Figure 26. Weekly Parent/Child Visitation

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

³⁹ https://pub.njleg.state.nj.us/Bills/2022/PL23/1_.PDF

CFSR Well-Being Outcomes. CFSR Well-being Outcomes include (1) families that have enhanced capacity to provide for their children’s needs, (2) children receive appropriate services to meet their educational needs, and (3) children receive adequate services to meet their physical and mental health needs.

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

To assess Well-Being Outcome 1, DCF reviewed data on monthly staff visits with parents of children in out-of-home placement and monthly staff visits with children in out-of-home placement, as well as the quality of these visits. This review of DCF’s quantitative and qualitative data demonstrated that Well-Being Outcome 1 is an area needing improvement.

Outreach and engagement efforts, including quality visits between caseworkers and families, is a critical step in the assessment and understanding of the needs of children, parents, and resource parents. Establishing positive interactions with children and parents assists in collaborative case planning and can strengthen outcomes for families. The CFSR Round 3 showed that, while New Jersey had strengths in engaging and assessing the needs of children and resource parents, there were continued challenges in these practices for parents, especially fathers. Since then, DCF enhanced its Case Practice Model with SBC and made significant changes to practice related to fathers. For information on SBC, see *Considerations for Assessment of Performance*, above in this section.

Quantitative data, below in Figures 27 and 28, shows relative consistency in monthly caseworker visitation with children, but a decline in monthly caseworker visitation with parents of children in out-of-home placement. Recognizing the importance of closely and regularly working with parents who have children in out-of-home placement, DCF will further review this data to assess barriers to successful visitation and determine how to improve performance in this area.

Figure 27. Staff contacts with Parents of Children in Out-of-home placement with a goal of reunification

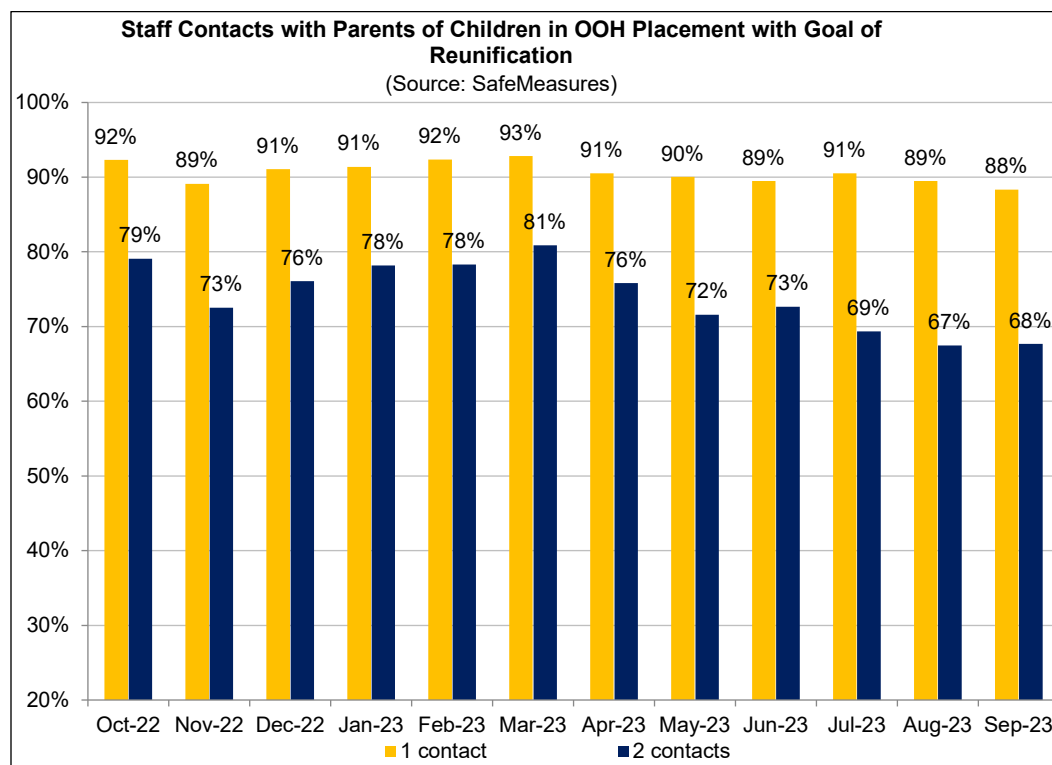
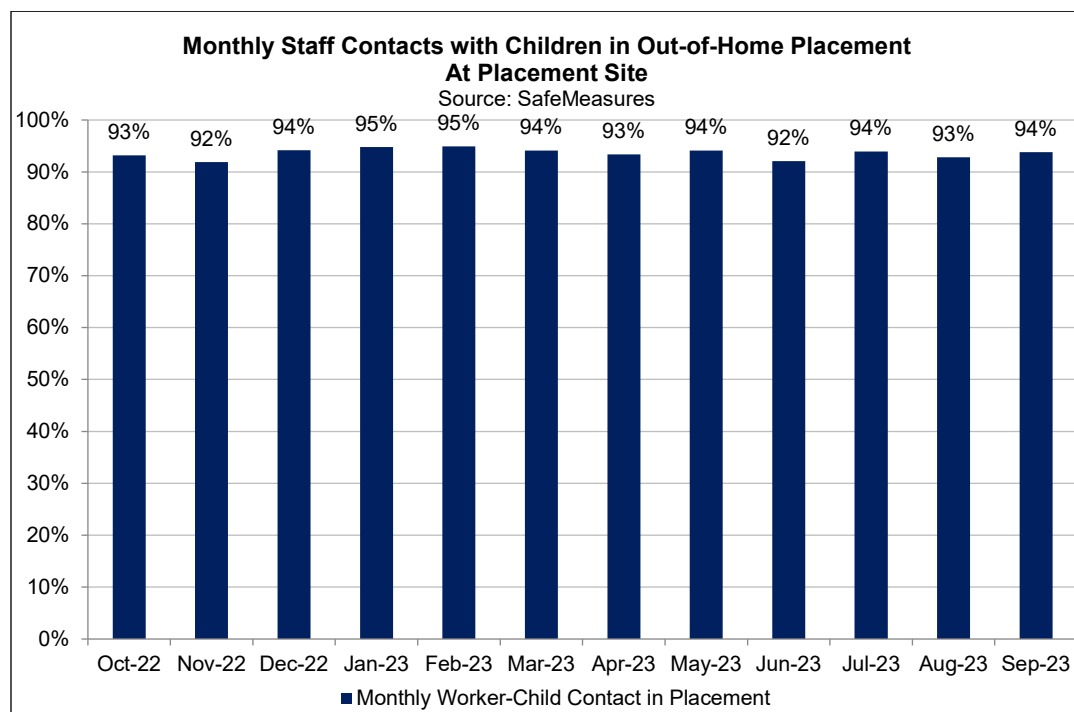


Figure 28. Monthly Staff Contacts with Children in Out-of-Home Placement at Placement Sites



DCF's CoQI process assesses the quality of visits through several indicators in the structured record review, including engagement, ongoing assessment process, teamwork and coordination and child and family planning process. Figure 29 reflects DCF's current performance on these indicators.

Figure 29. CoQI Quality Scores for Safety Indicators, September 2022-October 2023

Indicator	Description	Quality Score	Interpretation
Engagement	Rated for mothers, fathers, caregivers, resource parents, children and families. Assesses whether there was ongoing and routine contact, as well as a variety of engagement strategies utilized with each of these individuals. The Engagement – Family indicator specifically assesses whether diligent efforts were made to meet the families' language, hearing, and visual needs.	In-home: 61% Out-of-home: 68%	In-home: Area Needing Significant Improvement: On average, case practice activities are 61% aligned with best practice and policy less than half of the time. Out-of-home: Area Needing Improvement: On average, case practice activities are 68% aligned with best practice and policy.
Ongoing Assessment	Rated for mothers, fathers, caregivers, resource parents, children and families. Evaluates whether there were ongoing comprehensive assessments to determine individual needs and if interventions were aimed at meeting the identified needs. Additionally, the Assessment – Family indicator specifically considers the integration of the families' dynamics, values, traditions, and beliefs into the overall assessment.	In-home: 59% Out-of-home: 66% Young adults: 75%	In-home: Area Needing Significant Improvement: On average, case practice activities are 59% aligned with best practice and policy less than half of the time. Out-of-home: Area Needing Improvement: On average, case practice activities are 66% aligned with best practice and policy. Young Adult: Area Needing

			Improvement: On average, case practice activities are 75% aligned with best practice and policy.
Teamwork and Coordination	Evaluates whether the agency engaged relevant participants to attend Family Team Meetings and if the subsequent work done with the family reflected the identified needs.	In-home: 69% Out-of-home: 68% Young adults: 78%	In-home, Out-of-home, Young-Adult: Area Needing Improvement: On average, case practice activities are 69%, 68% and 78% aligned with best practice and policy respectively.
Quality of the Planning Process	Evaluated in several indicators and is broken down by the overall Quality of the Plan, the Plan Implementation and Successful Transitions. Overall Quality of the Planning process assesses the quality of planning with the families to prevent the re-occurrence of the issues that resulted in the families' involvement with the agency and whether the families' voice was part of the planning process.	In-home: 70% Out-of-home: 70% Young adults: 76%	In-home, Out-of-home, Young Adult: Area Needing Improvement: On average, case practice activities are 70%, 70% and 76% aligned with best practice and policy respectively.

Additionally, with the implementation of SBC, DCF is also assessing caseworkers' efforts to effectively engage fathers and non-custodial parents through the use of field visit and case conference observation tools. Between June 2022 and January 2024, 9,915 supervisor observation tools and 3,624 casework supervisor observation tools were completed. Based on these tools, the worker included the father or non-custodial parent in the assessment, family agreement, and action plan as a team member working towards the same outcomes 83% of the time. The supervisor and worker included the father or non-custodial parent in the assessment, family agreement, and action plan as a team member working toward shared outcomes 86% of the time.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs. To assess Well-Being Outcome 2, DCF reviewed data for timely educational stability, best interest determinations, and qualitative data. This review demonstrated that Well-Being Outcome 2 is an area needing improvement.

When CP&P determines that a child of school age must be removed from their living situation to ensure safety, the Division prioritizes maintaining the child in their school and ensuring the appropriate educational supports are in place to facilitate their academic success.⁴⁰ In addition to promoting educational stability, CP&P aims to ensure that each child in foster care is developing, learning, and progressing at a rate commensurate with their age and ability, and any child with a disability or special needs receives necessary evaluations and recommended support for an Individualized Education Plan.⁴¹ During the CoQI record review, DCF assesses the extent to which we are meeting children's educational needs through a learning and developmental educational stability indicator. Figure 31 reflects DCF's current performance on these indicators.

⁴⁰ <https://dcfpolicy.nj.gov/policy/CPPI-VII-A-1-100.pdf>

⁴¹ <https://www.nj.gov/dcf/childdata/exitplan/2023-CoQI-Education.Brief.pdf>; Education of Students with Disabilities: <https://dcfpolicy.nj.gov/api/policy/download/CPPI-VII-A-1-200.pdf>; Educational Services: <https://dcfpolicy.nj.gov/api/policy/download/CPPI-VII-A-1-100.pdf>

Figure 30. Timely educational stability determinations

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

Figure 31. CoQI Quality Scores for Developmental Educational Needs, September 2022-October 2023

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

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs. To assess Well-Being Outcome 3, DCF reviewed qualitative review data. This review demonstrated that this is an area needing improvement.

Ensuring children receive services to meet their physical and mental health needs has been and continues to be a high priority for DCF. CSOC and its Office of Integrated Health and Wellness (OIHW) rely on strong partnerships and coordination of services with internal and external stakeholders to maintain optimal physical, mental, and behavioral health for children. For information on related work, including the Child Health Unit (CHU) program and Child and Family Nurse Program (CFNP), see Section 4, *Services*, and the Health Care Oversight and Coordination targeted plan. DCF's CoQI process evaluates child well-being outcomes through several performance indicators. Figures 32 and 33 reflect DCF's current performance on these indicators.

Figure 32. Timely completion of physical and mental health assessments

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

Figure 33. CoQI Quality Scores for Physical Health, Learning and Development, and Emotional Well-Being, September 2022-October 2023

Indicator	Description	Quality Score	Interpretation
Physical Health	Assesses whether there was a comprehensive assessment of the children's health and whether the needs of the children was/were met.	In-home: 59% Out-of-Home: 72%	In-home: Area Needing Significant Improvement: On average, case practice activities are 59% aligned with best practice and policy less than half of the time. Out-of-home: Area Needing Improvement: On average, case practice activities are 72% aligned with best practice and policy.
Learning and Development	Evaluates whether there was an assessment of the children's developmental educational needs and ensuring that any identified needs were adequately addressed.	In-home: 68% Out-of-Home: 76%	In-home, Out-of-home: Area Needing Improvement: On average, case practice activities are 68% and 76% aligned with best practice and policy respectively.
Emotional Well-Being	Evaluates whether there are ongoing assessments of the children's emotional, psychological and social well-being and the work being done to ensure the children's needs are appropriately addressed.	Young adults: 78%	Young Adult: Area Needing Improvement: On average, case practice activities are 78% aligned with best practice and policy.

C. CFSR Systemic Factors

Systemic Factor 1: Statewide Information Systems. DCF's Statewide Information System continues to be a strength. As described below, critical systems and applications are fully operational, enabling DCF to readily identify the status, demographic characteristics, location, goals of every child in placement, and much more. Through use of a suite of systems and applications, and forward-thinking strategic planning, DCF expects IM and data capabilities to continue to grow. Below, DCF summarizes its future IM strategic plan and governance, as well as highlighted systems.

Information Management Strategic Plan, Governance and Project Management. While New Jersey's statewide information system was rated as a strength in CFSR Round 3, ongoing work is needed to ensure that the system meets the evolving needs of the Department. Accordingly, in 2022 DCF engaged in an IM strategic plan and imposed a formal governance structure. The IM strategic plan aims to (1) enhance DCF's business intelligence, reporting and advanced analytics capabilities via a modern enterprise data warehouse, (2) better support revenue maximization, program development and compliance, and (3) modernize application integration architecture, particularly between the state's CCWIS and ancillary applications. To accomplish this plan, DCF will execute the following strategies:

- **Establish and manage an IM Strategy Roadmap Program.** This program will ensure that DCF has the people, processes, and tools in place to manage and govern IM Strategy investments and activities.
- **Establish Data Governance.** DCF will establish data governance capabilities, including the implementation of data governance frameworks, operating model, standards, processes, and controls.

- **Establish Data Management Capabilities.** DCF will strengthen its ability to collect, manage and report data. Efforts will include the implementation of data management solutions, such as a Cloud-based Enterprise Data Warehouse (EDW) and a modern business intelligence solution, aimed towards dashboard modernization and program analysis and reporting related to the Family First Prevention Services Act (FFA). For additional information on IT efforts related to FFA, see the *Data Capabilities Related to FFA* section below.
- **Modernize Key Business Application.** DCF will ensure that the department has “modernized” business applications in place or, in other words, information systems, tools and technologies that are designed to support and enable DCF to realize its strategic program and operational outcomes. This includes CCWIS modernization and development of a provider data system. For additional information on DCF’s CCWIS and its modernization, see the *NJSPIRIT* section below.

The IM strategic plan and the implementation of the strategies described above are overseen by the DCF Information Management Steering Committee (IMSC), a body composed of leadership from across multiple Divisions and Offices. In addition to the strategic plan, the IMSC oversees information technology (IT) risk management, data governance and security, resource management, internal and external data integration, and decision making relating to IT investments. DCF engaged with an external IT consultant for support the development of the IM strategic plan and IMSC.

With the support of the same consultant, DCF is building out an IT project management office (PMO). Key activities of the IT PMO include the following.

- **Development of PMO.** Working closely with executive leadership, program, and operational leadership and the IMSC, the PMO must establish roles and responsibilities and create a Center of Excellence in alignment with Project Management Institute guidelines, quality standards, and DCF requirements.
- **Operationalize and govern PMO.** The DCF PMO facilitates the definition of project prioritization criteria, establish PMO governance routines, supports Key Performance Indicator (KPI) development, managing and escalating risks and issues, facilitating governance decisions, and ensuring understanding and acceptance across the agency.
- **Coordinate Project Intake and Prioritization.** The PMO supports the implementation of the project intake and prioritization processes.
- **Assign PMO resources.** The PMO works with DCF leadership and the appropriate governance groups to determine which projects require PMO support and how many resources are to be assigned.
- **Manage PMO projects.** The PMO provides business analysis and project management support for projects related to DCF’s critical business applications.
- **Report on Project Portfolio.** The PMO collects project status metrics, risks, and issues for projects across the entire DCF portfolio and prepares reports for IT governance committees.

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

- **System Management.** The New Jersey Office of Information Technology (OIT) manages the primary operating environment and is responsible for the storage and backup of NJSPIRIT. The New Jersey DHS is responsible for the administration of the application. DCF manages development of the application.
- **System Support.** DCF's application support team, known as the Help Desk, is available during business hours to provide end-user technical assistance and application support with NJSPIRIT and related extension and mobile applications. In addition to response to reported issues, the Help desk produces monthly newsletters to provide users with tips and to introduce new or improved functionality.
- **System Maintenance.** While historically system fixes and maintenance and enhancement releases were reactive in nature, DCF now utilizes a proactive systematic release schedule to ensure that application functionality meets changing business practices and federal requirements. The application support team performs User Acceptance Testing, systems needs analysis, functional and technical design specifications, Joint Application Design meetings, modification scripts, and more.
- **System Modernization.** DCF is exploring how to modernize NJSPIRIT. DCF is researching other like systems throughout the country that are in the process or recently have modernized their CCWIS and will work with ACF on an Advanced Planning Document to determine the best modernization approach.
- **System Data Quality.** DCF's CCWIS Data Quality Plan, which is a part of the Department's CCWIS declaration, includes a comprehensive strategy for promotion of data quality. NJSPIRIT data meets the most rigorous standards for completeness, timeliness and accuracy, is consistently and uniformly collected, is exchanged and maintained in accordance with confidentiality requirements, supports child welfare policies, goals and practices, and is not created by default or inappropriately assigned. NJSPIRIT maintains automated functions to regularly monitor CCWIS data quality, e.g., alerts to staff to collect, update, correct, and enter CCWIS data, to prevent the need to re-enter data already captured or exchanged with the CCWIS, and to generate reports of continuing or unresolved CCWIS data quality problems. DCF is committed to conducting biennial data quality reviews to determine if the above requirements are met, to confirm that the bi-directional data exchanges meet the CCWIS requirements, and to report the status of compliance. DCF is routinely compliant with federal reporting data quality standards.

SafeMeasures. SafeMeasures is a comprehensive child welfare performance management and reporting system with analytical capabilities that feeds NJSPIRIT data into user-friendly displays and dashboards. Through over 100 reports made available by local office and statewide,

SafeMeasures helps staff at all different level to manage workflow, track work and timely data entry, ensure data quality and measure results. The Application support team also offers end-user technical assistance and application support with NJSPIRIT.

Enterprise Data Warehouse. DCF is making a concerted effort to modernize its data management capabilities through the replacement of legacy technology infrastructure and data management approaches with modern, scalable cloud-based data infrastructure and stream-lined data management processes. This effort is being undertaken through three phases. Currently in the first phase, DCF is designing, developing and implementing an EDW in a cloud-based environment that offers scalable data storage, advanced data integration capabilities, improved extract/transform/load tools and new services for data visualization, dashboards and reporting. During Phase 2, DCF will implement the new system to modernize DCF's current business intelligence related to service trends and utilization and KPIs for DCF's direct service divisions. During the third phase, DCF will implement the new system for use with FFA reporting and analysis, as well as to support program monitoring, performance and outcome measurement, CQI and evaluation.

DCF Connex. DCF Connex is a comprehensive web-based data system that supports tracking outcomes, level of service details, and reporting, as well as the ability for partner organizations to document and track their own service level data. DCF developed DCF Connex using the Salesforce Government Cloud platform to accommodate future growth. DCF Connex is currently deployed for use by various DOW and FCP programming, including NJ4S. DCF is exploring the use of DCF Connex or other provider data system for more widespread use across by Department-contracted programs.

Binti. DCF is the process of implementing Binti's resource family licensing and placement modules to support resource family recruitment and licensing and placement matching. Binti provides a mobile-friendly, online portal for resource family application and approval processes, as well as dashboards for easy tracking of licensing and renewal requirements. Binti's placement matching and tracking system assists caseworkers to identify the best family for children entering placement.

Data Capabilities Related to the Family First Prevention Services Act. DCF's IT and the PMO continue extensive efforts to develop the agency's data capabilities required to meet the data analysis, reporting, and claiming requirements of the FFA. Minimally, efforts include modifications to NJSPIRIT, further development of the EDW, changes to developed plans for the new System for Administering Grants Electronically (SAGE), and the building of a new provider data system.

Data sharing with the Administrative Office of the Courts. As included in DCF's Round 3 PIP and subsequently tracked via APSRs, DCF and the AOC continue to work together to develop new two-way interface capabilities. For additional information, see Attachment A to DCF's 2025 APSR, *Supplemental Information Related to the PIP*.

Systemic Factor 2: Case Review System. During CFSR Round 3, the functionality of DCF's case review system was found to not be in substantial conformity. More recent data, illustrated below, shows similar strengths and challenges to those seen during Round 3. This remains an area needing improvement.

Case Planning. Per DCF policy, a case plan is prepared within 60 calendar days of a referral being assigned to a local office for investigation or response; or within thirty calendar days of a

child entering or re-entering out-of-home placement; and every six months thereafter.⁴² As Figures 34 to 36 demonstrate, DCF generally ensures that families have initial and ongoing case plans in place to guide their progress.

Figure 34. Initial and Ongoing Case Plans for Children in Out-of-Home Placement

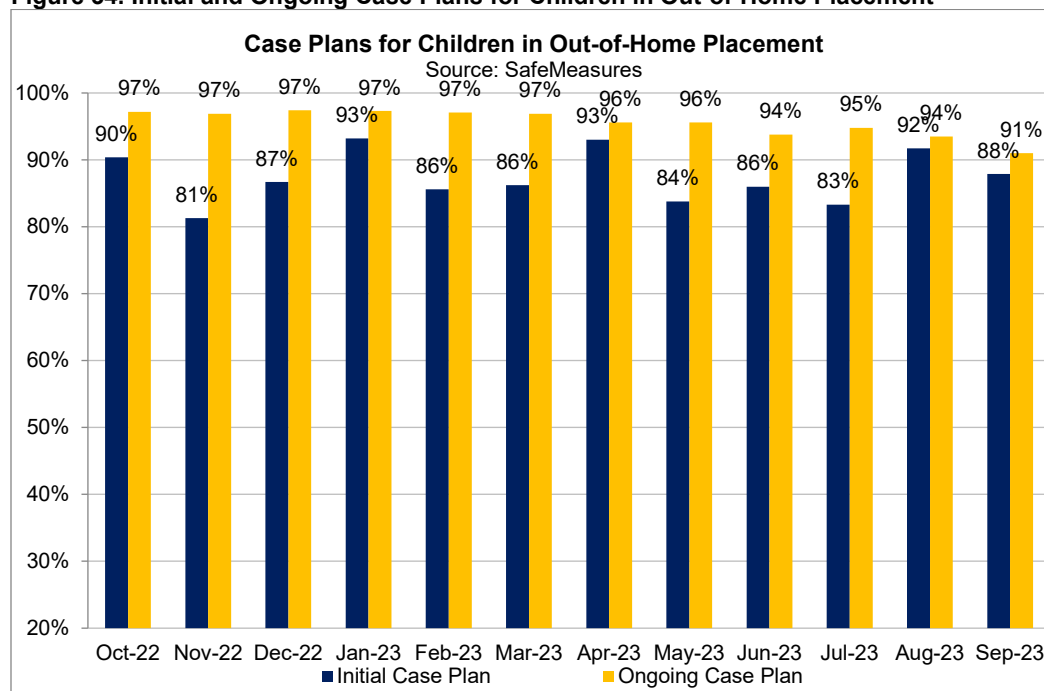


Figure 35. Demographics of Children who Entered Care Between October 2022 and September 2023 and were Eligible for an Initial Case Plan

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

Figure 36. Demographics of Children who were Eligible for Ongoing Case Plan Reviews between October 2022 and September 2023

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

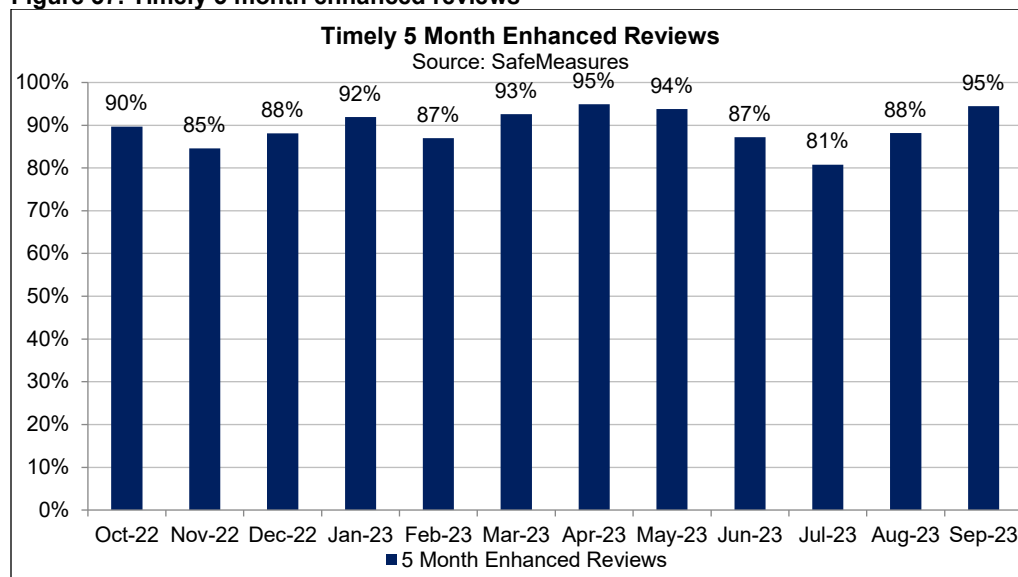
With the implementation of SBC, DCF went through a process to assess caseworkers' efforts to effectively and concurrently plan with families to ensure timely permanency and engage fathers and non-custodial parents, through the use of field visit and case conference observation tools,

⁴² <https://dcfpolicy.nj.gov/api/policy/download/PPP-III-B-1-100.pdf>

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

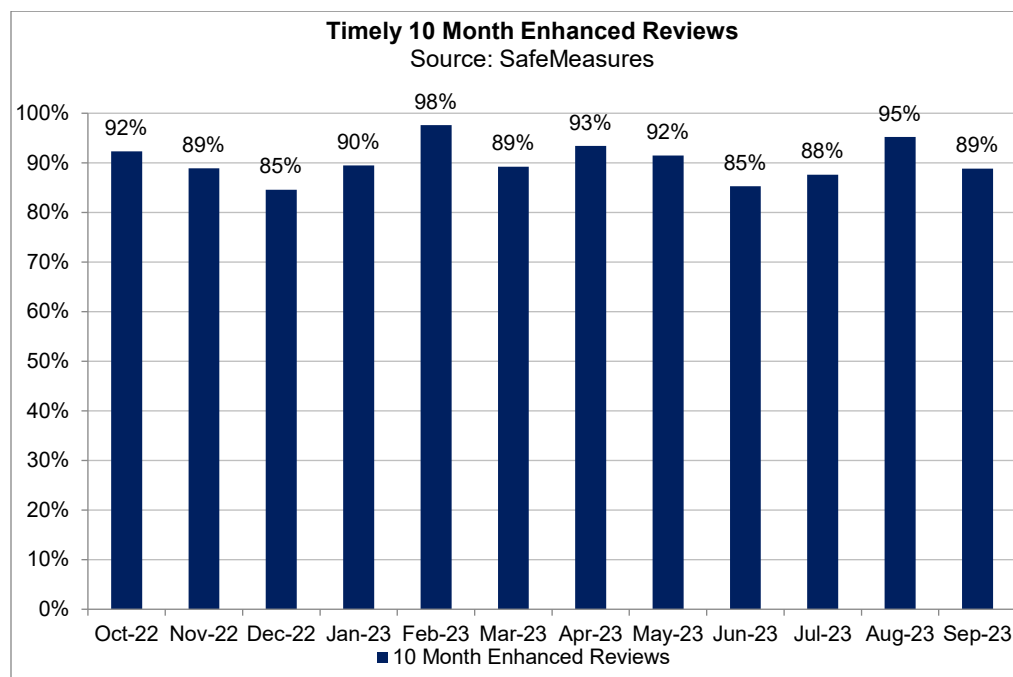
Enhanced Reviews. Administrative enhanced reviews are periodically conducted to assure that all reasonable efforts have been made to prevent the placement of a child.⁴³ If placement is necessary, enhanced reviews assure that permanency and concurrent planning are being carried out in a timely and appropriate manner. The five-month enhanced review determines the progress made in achieving the family's goals, including the status of key permanency tasks, parental participation and progress towards reunification, whether unsupervised parent-child visits can occur, the effectiveness of services, and the needs of the child, family, and/or resource family. The ten-month enhanced review is used to prepare for the permanency hearing. CP&P either approves an Adoption and Safe Families Act (ASFA) exception based on the improved circumstances of the parents and likelihood of reunification or recommends an alternate permanency goal, which could include termination of parental rights (TPR) for the purpose of adoption. This review includes a family discussion and a litigation conference. The family discussion is an in-depth and full disclosure conversation with the family regarding permanency and concludes with a real action agreement. The litigation conference is used to review the agency's suggested permanency goal with a Deputy Attorney General (DAG) in preparation for the permanency hearing. Figures 37 and 38 show that these critical reviews continue to occur timely. During the time covered by this CFSP, DCF will make efforts to provide uniformity to enhanced reviews and maintain fidelity with the enhanced practice model through the development of discussion facilitation tools.

Figure 37. Timely 5 month enhanced reviews



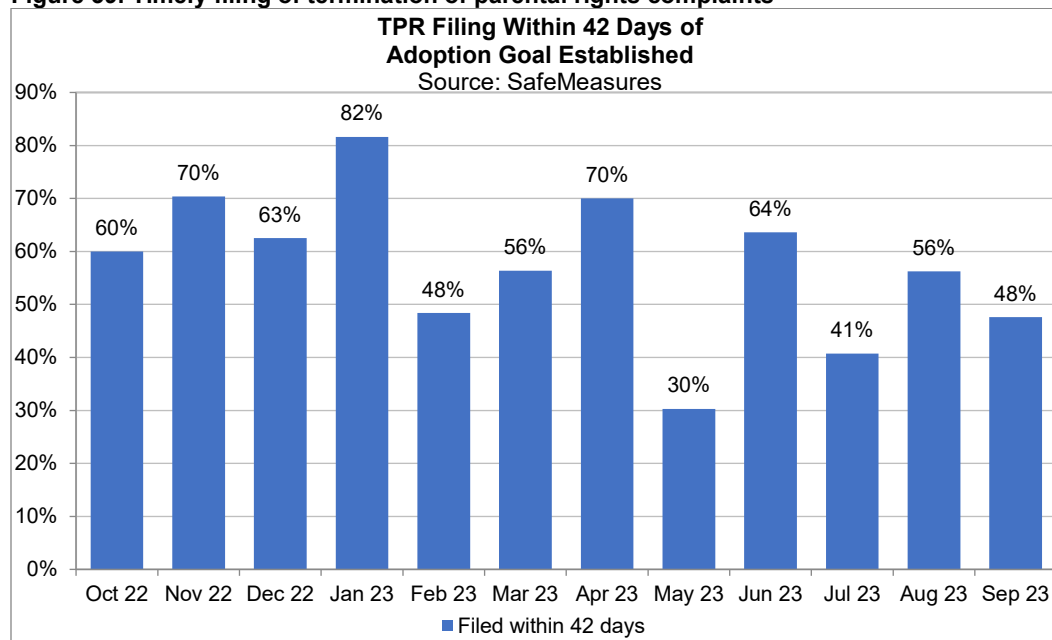
⁴³ <https://dcfpolicy.nj.gov/api/policy/download/CPPIII-B-1-200.pdf>

Figure 38. Timely 10 month enhanced reviews



Permanency Hearings and Guardianship Petitions. In New Jersey, permanency hearings generally occur on a timely basis. If the goal of adoption is sanctioned by the court, a guardianship petition seeking TPR should be drafted by CP&P litigation staff, reviewed by a DAG, and filed with the court within six weeks. As Figure 39 demonstrates, timely filing of TPR complaints continues to be a challenge. In 2024, DCF and the Attorney General's Office re-issued guidance on timely filing and asked local offices to look at their internal practice. DCF will also use data to identify local offices who are not timely filing and work with both the litigation and adoption units in those offices to identify barriers to timely filing and ways to improve uniformity and timeliness.

Figure 39. Timely filing of termination of parental rights complaints



Systemic Factor 3: Quality Assurance System. DCF continues to implement a robust and sustainable CQI infrastructure, rooted in a scientific reasoning framework with the five core components listed below. The state's quality assurance system is in place statewide, has standards to evaluate the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures. The state's quality assurance system is a strength.

Figure 40. Five Stages of CQI

- **Identify.** DCF begins by using multiple approaches to gathering quantitative and qualitative data, and 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 change 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 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 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 used this framework as a foundation when developing its department-wide CoQI process in 2020 and 2021. This allows DCF to leverage collaborative problem-solving between program frontline staff and leadership and quality improvement experts to assess performance, develop improvement plans and manage organizational change. CoQI facilitates supportive processes that encourage staff development, critical thinking and proactive problem-solving. DCF publishes

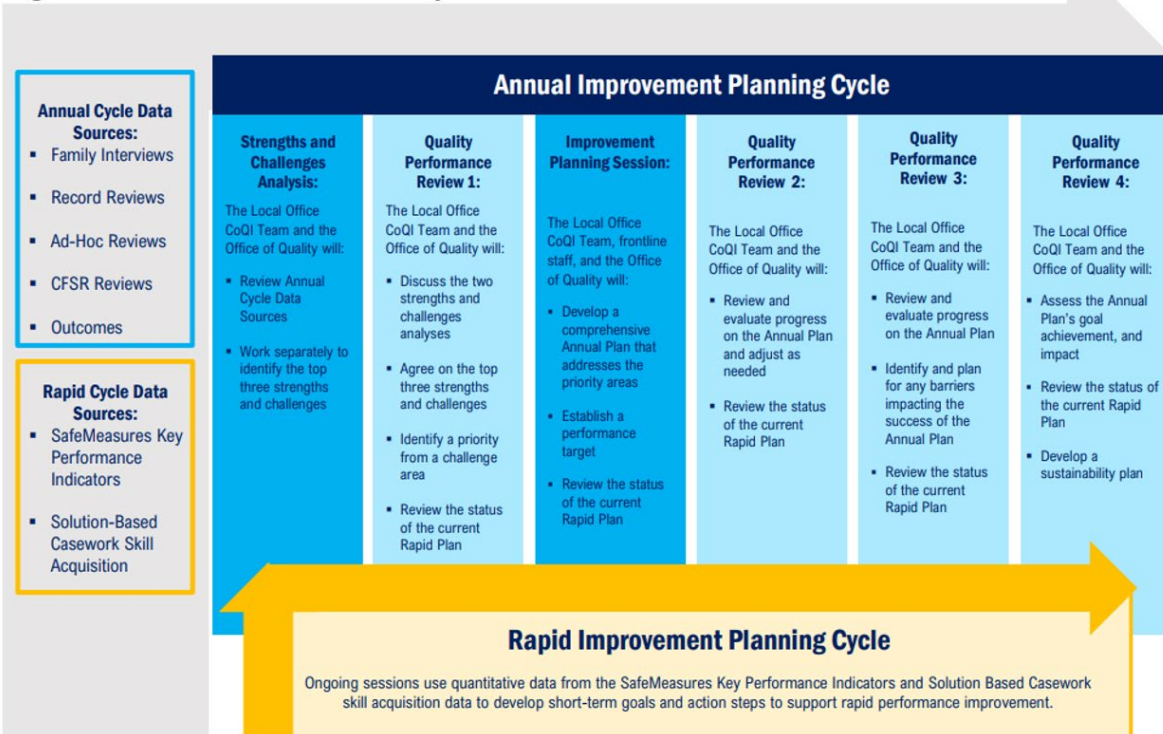
findings from its CoQI process on its public website through a series of briefs,⁴⁴ alongside information on the new CoQI process and guidance related to interpretation of quality scores.⁴⁵

DCF fully implemented CoQI across the 46 CP&P local offices and is in the process of implementing CoQI across all of its programmatic divisions and for its network of purchased services. As these additional CoQI processes are built out, DCF will expand program and quality staff capacity to develop analytic questions, generate appropriate measures, and understand how to achieve equitable outcomes for everyone involved with CP&P. Below, the CP&P CoQI process is detailed. For information on plans related to purchased services CoQI, see Section 4, *Services*.

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

The CP&P CoQI cycle consists of a two-pronged approach of developing and implementing improvement plans over a 16-month cycle for all CP&P local offices. As depicted in Figure 41, these ongoing and integrated processes are referred to as Rapid Improvement Planning Cycle and the Annual Improvement Planning Cycle.

Figure 41. CP&P Local Office CoQI Cycle



⁴⁴ [DCF | Child Welfare Outcome Reports \(nj.gov\)](https://www.nj.gov/dcf/childwelfare/outcome-reports/)

⁴⁵ [2023-CoQI.Description.pdf \(nj.gov\)](https://www.nj.gov/dcf/childdata/exitplan/2023-CoQI-Quality-Scores-Guide.pdf), <https://www.nj.gov/dcf/childdata/exitplan/2023-CoQI-Quality-Scores-Guide.pdf>

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

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

CQI and CCWIS. Because CP&P administrative data, e.g., SafeMeasures, is a critical input into the CP&P CoQI process, enhancements or updates to CCWIS and SafeMeasures, e.g., new or modified data fields, dashboards, disaggregation, etc., are incorporated as releases come out. As is detailed in the *Information Management* System section above, DCF's CCWIS Data Quality Plan includes a comprehensive strategy for promotion of data quality. The effectiveness of that plan and its execution ensures the quality of the data that is the basis of all discussions and plans in the rapid and annual improvement planning cycles.

CoQI Case Review Instrument. One input into the CoQI process is data from the case record review. DCF's record review process assesses the quality of case practice through several indicators as follows: engagement, ongoing assessment, safety and risk, teamwork and coordination, planning, health and well-being. For descriptions of these indicators, see Figures 13, 29, 32 and 33 in the *Assessment of CFSR Outcomes* section, above. DCF does not use the federal Onsite Review Instrument (OSRI) in its regular record reviews but will utilize the OSRI tool in the CFSR Round 4 in September 2025. At that time, CFSR Round 4 findings via the OSRI will inform any potential needed changes to the CP&P CoQI process, as applicable. DCF has

determined, and Children’s Bureau (CB) has approved, that the Department will engage in a CB-led CFSR for Round 4. After implementation of CoQI processes across DCF’s programmatic divisions and network of purchased services, DCF will assess the CB’s “State-Led CFSR Case Review Criteria” to determine DCF’s ability to conduct a State-led review process during future rounds of the CFSR.

Systemic Factor 4: Staff Training. DCF’s support for a diverse and healthy workforce via training continues to be a strength in New Jersey. DCF continues to sustain a quality and high functioning training program through collaborative and strong partnerships with several internal and external stakeholders. DCF’s training offerings, for staff and resource, kinship, and adoptive parents, are continuously improved via input from relevant stakeholders, including staff, providers, university partners, trainers, training participants, and constituents with lived experience. DCF’s Learning Management System continued to experience upgrades to improve data access and reporting, and other system enhancements to improve user access and functionality. For additional detail on DCF’s training program and future plans for training, see DCF’s 2025-2029 Training Plan and 2025-2029 Foster and Adoptive Parent Diligent Recruitment Plan.

Systemic Factor 5: Service Array. Since the onset of this administration, improving the service array and achieving service excellence for children, youth and families across the state has been a priority. For information on the current service array and plans for expanding systemic capacity related to management and monitoring of the service array, see Section 4, *Services*.

Systemic Factor 6: Agency Responsiveness to Community. As is described in Section 1, *Vision and Collaboration*, DCF views provision of a family-strengthening system as a collaborative, all-of-state effort in which DCF is merely one of many critical partners. DCF facilitates coordination and collaborates with community partners to assess needs and develop and deliver programming. For additional information, see Section 1, *Vision and Collaboration*, and Section 4, *Services*.

Systemic Factor 7: Foster and Adoptive Parent Licensing, Recruitment and Retention. DCF’s systems and processes for foster and adoptive parenting licensing, recruitment and retention remain a strength. Through its Office of Licensing (OOL), DCF ensures that all kinship, resource and adoptive homes are licensed.⁴⁶ For additional information on OOL and efforts related to kinship licensing, see Section 3, *Plan for Enacting the State’s Vision*, Goal 2, Objective 1. In addition, background checks are required and regulated by statute, regulation, and DCF policy.⁴⁷ OOL home studies, which include Child Abuse Record Information (CARI) and Criminal History Record Information (CHRI) background checks for all applicants and adult household members, are required prior to processing for licensing. DCF uses a query system to run queries for outstanding violations of licensed resource family homes and licensing applicants. Results from this query show that there are no outstanding violations for CHRI checks as of March 22, 2024.

For information on DCF’s recruitment and retention efforts, including efforts to ensure that foster and adoptive families reflect the ethnic and racial diversity of children in the state, see the 2025-2029 Foster and Adoptive Parent Diligent Recruitment Plan.

⁴⁶ <https://www.nj.gov/dcf/providers/licensing/laws/index.html>

⁴⁷ N.J.S.A. 30:4C-26.8; <https://www.nj.gov/dcf/providers/licensing/laws/RFmanual.pdf>; <https://dcfpolicy.nj.gov/api/policy/download/PPP-X-A-1-5.2.pdf>

Section 3. Plan for Enacting the State’s Vision

Based on constituent and stakeholder inputs and the additional information gathering processes described in Section 1, *Vision and Collaboration*, and Section 4, *Services*, the review of the data included in Section 2, *Assessment of Current Performance in Improving Outcomes*, as well as additional data, DCF refined its strategic plan to ensure that every person in New Jersey is safe, healthy and connected. The goals and objectives included in Figure 42 and detailed through this section have been identified to move that vision forward.

Figure 42. Goals and Objectives for Enacting the State’s Vision

Goal 1: To prevent unnecessary involvement in the child protection system.
Objective 1. To engage stakeholders outside of the child protection system to ensure use of the child abuse hotline is reserved only for situations in which maltreatment, as opposed to family poverty, is suspected
Objective 2. To improve awareness of access to statewide family resource directory.
Objective 3. To expand community programs and protective factors.
Objective 4. To reform call screening practice to distinguish poverty more precisely from neglect
Goal 2: To improve the quality of services to families involved with DCF.
Objective 1. To ensure constituent safety in CP&P out-of-home settings and CSOC residential settings.
Objective 2. To improve the service array.
Goal 3. To ensure equitable outcomes, internally and externally.
Objective 1. To embed anti-racist and equity consciousness into DCF’s culture and activities by ensuring equitable policy and procurement of services and creating a culture where everyone can thrive.
Objective 2. To decrease disparities in CP&P out-of-home placement.

A. Goal 1: To prevent unnecessary involvement in the child protection system.

Rationale for Goal 1. In New Jersey, child protective investigations conclude with one of four findings⁴⁸:

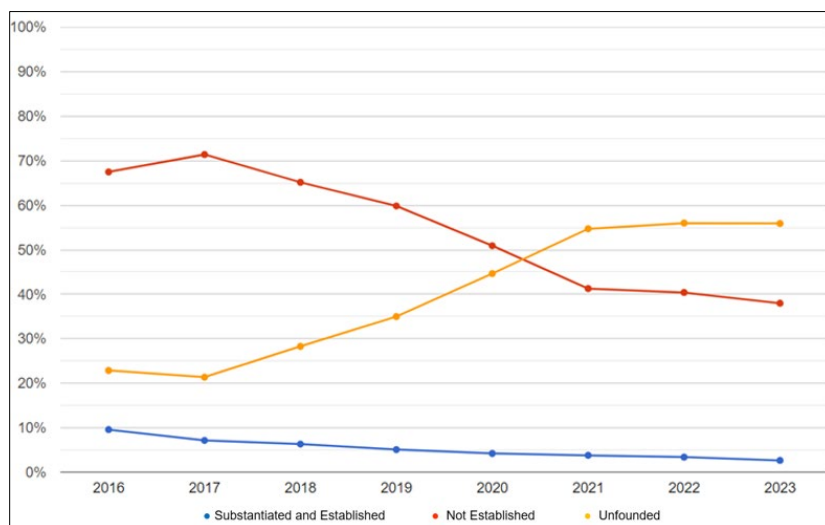
- A “**substantiation**” is warranted when the preponderance of the evidence indicates that a child has been abuse or neglected and aggravating and mitigating factors weigh in favor of substantiation. N.J.S.A. 9:6-8.21, N.J.A.C. 3A:10-7.5. A finding of “substantiated” is disclosed in CARI inquiries (i.e., CARI check).”
- An allegation shall be “**established**” if the preponderance of the evidence indicates that a child is an “abused or neglected child” as defined in N.J.S.A. 9:6-8.21, but where the act or acts committed or omitted do not warrant a finding of “Substantiated.” A finding of “established” is not disclosed upon a CARI check request, but a record of the incident is maintained in DCF files.
- An allegation shall be “**not established**” if there is not a preponderance of the evidence that a child is an abused or neglected child as defined in N.J.S.A. 9:6-8.21, but evidence indicates that the child was harmed or was placed at risk of harm. A finding of “not established” is not disclosed upon a CARI check request, but a record of the incident is maintained in DCF files.
- An allegation shall be “**unfounded**” if there is not a preponderance of the evidence indicating that a child is an abused or neglected child as defined in N.J.S.A. 9:6-8.21, and the evidence indicates that a child was not harmed or placed at risk of harm. A finding of “unfounded” is not disclosed upon a CARI check request. A finding of “unfounded” is eligible for expunction from agency records, under specified conditions.⁴⁹

⁴⁸ N.J.A.C. 3A:10-7.3-7.5; <https://dcfpolicy.nj.gov/api/policy/download/CPP-II-C-6-100.pdf>

⁴⁹ <https://dcfpolicy.nj.gov/api/policy/download/CPP-III-E-2-100.pdf>

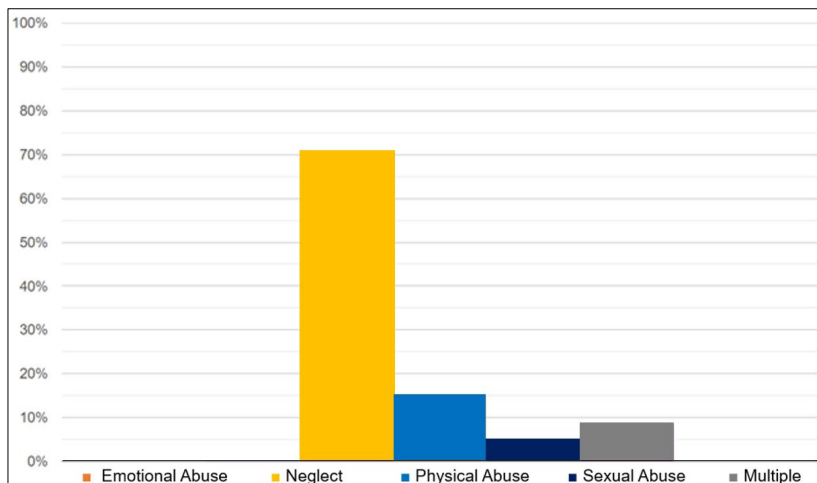
An examination of investigation findings from the last eight years, demonstrated in Figure 43, shows that very few child protective service investigation reports, only 3% in 2023, meet evidentiary standards for “substantiated” or “established” findings, and an additional 38% meet the threshold for a “not established” finding. In other words, the majority of investigations, over 50,000 in 2023, conclude that no maltreatment incident occurred at all. These statistics demonstrate a significant over-use of the child protection system impacting over tens of thousands of families each year.

Figure 43. Child protection investigation findings, 2016-2023



In New Jersey, and in the United States overall, the vast majority of these investigations are responses to allegations of neglect, rather than abuse. As Figure 44 demonstrates, in 2023 in New Jersey, neglect allegations accounted for over 70% of the allegations made to the child abuse hotline, involving over 67,000 families. Of these, only 3% met the evidentiary threshold to substantiate or establish, and only 41% the standard for not established.⁵⁰

Figure 44. Categories of allegations of abuse or neglect in 2023



⁵⁰ <https://njchilddata.rutgers.edu/>

In the United States, over 20% of children live in poverty, in stark contrast to other countries, including Canada and most European nations.⁵¹ Multiple studies have documented the extent to which the nation's laws, policies, regulations, and social norms have conflated poverty and neglect, such that parents and other caregivers who are doing their best to raise their children despite economic challenges are being investigated for neglect rather than being assisted with managing the challenges.⁵²

As described in Section 1, *Vision and Collaboration*, and below in *Goal 1, Objective 3*, DCF sees the child protection system as a small piece of the broader family-strengthening system. The latter promotes family protective factors and supports community conditions that allow families to thrive, while the former exists with the much narrower purpose of investigating and intervening when a child is at risk of harm. Child protection systems are not charged with, designed, funded for, or skilled enough to effectively mitigate the impact of economic distress on families. DCF is committing to reducing the inappropriate use of the child protection system and ensuring that caregivers who are not suspected of actual maltreatment do not become involved with the child protection system.

Figure 45. Goal 1 Measurement of Progress

Measure	Baseline (2023)	Year 1 Interim Target	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Target	Data Source to Measure Progress
Percent of CPS reports to the child abuse hotline that are unsubstantiated (unfounded and not established)	97%	95%	94%	93%	92%	90%	NJSPIRIT/Child Welfare Data Hub https://njchilddata.rutgers.edu/portal
Number of clients who contact the NJ 211 helpline (includes duplicate contacts)	292,143	438,215	657,323	657,323	657,323	657,323	NJ211 Dashboard https://nj211.org/nj-211-live-assistance-dashboard

Objectives and Strategies for Achieving Goal 1. To achieve Goal 1, DCF will advance the following four objectives and strategies.

1. Engage stakeholders outside of the child protection system to ensure that use of the child abuse hotline is reserved only for situations in which maltreatment—as opposed to family poverty—is suspected.
2. Improve awareness of access to statewide family resource directory.
3. Expand community programs and protective factors.
4. Reform call screening practice to distinguish poverty more discretely from neglect.

⁵¹Smeeding T, Thévenot C. Addressing Child Poverty: How Does the United States Compare With Other Nations? *Acad Pediatr.* 2016 Apr;16(3 Suppl):S67-75. doi: 10.1016/j.acap.2016.01.011. PMID: 27044705; PMCID: PMC6087662, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6087662/>

⁵² See, for example: Anderson, C., Grewal-Kök, Y., Cusick, G., Weiner, D., & Thomas, K. (2021). Family and child well-being system: Economic and concrete supports as a core component. [Power Point slides]. Chapin Hall at the University of Chicago. [Updated April 2022]

Goal 1, Objective 1: Engage stakeholders outside of the child protection system to ensure that use of the child abuse hotline is reserved only for situations in which maltreatment—as opposed to family poverty—is suspected. In a 2018 brief, the Capacity Building Center for States notes,

Engaging stakeholders in ongoing strategic planning, monitoring, and reporting efforts is crucial to child welfare agencies' success in achieving their goals and improving outcomes for children, youth, and families... Stakeholder engagement provides clear benefits to both the agency and the stakeholders themselves. Some benefits to the agency include: higher quality, more inclusive decision-making, enhanced access to useful information and data to inform planning and decision-making processes, services that meet community needs, [and] enhanced community confidence in agency initiatives. Benefits to stakeholders (e.g., families, youth, court and tribal representatives, community service providers) include greater opportunities to contribute directly to policy and program development, more open and transparent lines of communication, increasing the accountability of government agencies, an increase in innovation that has the potential to improve outcomes for youth and families, greater access to decision-making processes, resulting in the delivery of more efficient and responsive services, [and] early identification of overlap between stakeholder and agency work, encouraging integrated and comprehensive solutions to complex policy issues.

Strategic Planning in Child Welfare: Strategies for Meaningful Stakeholder Engagement, Capacity Building Center for States.⁵³

Any examination of the current use of the child abuse hotline, especially related to neglect, must be done in collaboration with all who are involved, including partners from other public systems, those who most frequently generate reports, e.g., law enforcement, health care and education, and constituents themselves.⁵⁴ Accordingly, in 2023, the NJTFCAN voted to create a new subcommittee: the Subcommittee on Race, Poverty and Neglect (the Subcommittee). The Subcommittee convened to examine ways in which the current operation of the child welfare system inappropriately conflates poverty and neglect and the ways in which racial inequities drive that conflation, and to identify specific efforts that can change the status quo.

Simultaneously, DCF will continue efforts to utilize geospatial risk analysis, strategic alignment of community initiatives, and implementation of accountable prevention programs to create the components of an effective primary prevention bundle. As is further detailed in DCF's 2020-2024 CFSP, advances in statistical analysis and machine learning have made it possible to use location-based predictive analytics to find discrete geographic locations where the risk of future child maltreatment and related fatalities are elevated based on environmental risk and protective factors. Using knowledge of the precise geographic areas and the environmental factors that are linked to maltreatment, as well as other poor outcomes associated with maltreatment at the local level, DCF will leverage collaborative community efforts to ensure that, in each community, families are set up to succeed and that needed interventions to prevent maltreatment and involvement in the child protection system are designed and targeted for the specific, local populations who need them. Figure 46 includes benchmarks for achieving Goal 1, Objective 1 over the next five years.

⁵³ Capacity Building Center for States. (2018). *Strategic planning in child welfare: Strategies for meaningful stakeholder engagement*. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, [Strategic Planning in Child Welfare: Strategies for Meaningful Stakeholder Engagement](#)

⁵⁴ [Data Hub \(rutgers.edu\)](#)

Figure 46. Benchmarks for Goal 1, Objective 1

Year 1	<p>The Subcommittee on Race, Poverty and Neglect will engage with the primary reporting sources and their trade organizations to gain a better understanding of mandatory reporter training practices, reporting behaviors and recommendations for change.</p> <p>Geospatial modeling & community planning: In Cohort 1 counties, DCF will engage in improvement-focused conversations with stakeholders. In Cohort 2 counties, DCF will conduct geospatial predictive risk analysis DCF will engage in a collaborative planning process to determine project scope for Years 2-5.</p>
Year 2	<p>The Subcommittee on Race, Poverty and Neglect will use Year 1 learnings to establish goals, develop a workplan for Year 2, and move forward with that workplan.</p> <p>Geospatial modeling & community planning: In Cohort 1 counties, DCF and stakeholders will develop and implement prevention and equity-focused strategies. In Cohort 2 counties, DCF will engage in improvement-focused conversations with stakeholders. DCF will prepare to move forward with plan identified in Year 1, with a focus on data acquisition.</p>
Year 3	<p>The Subcommittee on Race, Poverty and Neglect will assess progress on goals, develop a workplan for Year 3, and move forward with that workplan.</p> <p>Geospatial modeling & community planning: In Cohort 2 counties, DCF and stakeholders will develop and implement prevention and equity-focused strategies. DCF will conduct additional geospatial predictive risk analysis based on plan identified in Year 1.</p>
Year 4	<p>The Subcommittee on Race, Poverty and Neglect will assess progress on goals, develop a workplan for Year 4, and move forward with that workplan.</p> <p>Geospatial modeling & community planning: DCF will engage in improvement-focused conversations with stakeholders based on plan identified in Year 1.</p>
Year 5	<p>The Subcommittee on Race, Poverty and Neglect will assess progress on goals, develop a workplan for Year 5, and move forward with that workplan.</p> <p>Geospatial modeling & community planning: DCF and stakeholders will develop and implement prevention and equity focused strategies.</p>

Goal 1, Objective 2: Improve awareness of access to statewide family resource directory.

In 2019 and 2020, DCF, through partnership with the Human Service Advisory Councils (HSAC) and Rutgers University, undertook a statewide needs assessment.⁵⁵ 6,015 participants (duplicated), covering all of New Jersey's 21 counties, participated in the assessment, including 4,001 survey participants, 1,691 focus group participants, and 323 key informants. The assessment identified that the biggest barrier to accessing services, statewide and across all need areas, to address family needs was lack of awareness of services. Residents indicated that they were unaware of services and supports in their community, did not know where to get help and often relied on word-of-mouth.⁵⁶ For additional information on the statewide needs assessment, see Section 4, *Services*. Similarly, DCF's child protection data from January 2023 through January 2024 shows that about a third of all calls to the state's child abuse hotline were for information only or for information and referral, rather than to report child maltreatment.⁵⁷ Taken together, these phenomena pointed to a clear need for enhanced statewide information and referral capacity.

In 2000, the Federal Communications Commission designated the 2-1-1 abbreviated dialing code for the purpose of accessing information about social services in the community.⁵⁸ In 2005, New Jersey's 211 system was launched statewide as the statewide community resource directory,

⁵⁵ [DCF | DCF/HSAC County Needs Assessment \(nj.gov\)](#)

⁵⁶ [HSAC Synthesis report draft jan 2021 \(nj.gov\)](#)

⁵⁷ [DCF | Screening and Investigation Report \(nj.gov\)](#)

⁵⁸ [About Us | United Way 211](#)

information and referral system.⁵⁹ As referenced earlier, in 2021, DCF formed an interagency resource directory advisory group aimed at enhancing the capacity of the NJ 211 system. In 2023, DCF invested in improvements to NJ 211's publicly available web search tool, leveraging input from constituents and service providers. In 2024, DCF invested in a statewide marketing campaign to ensure that constituents, and those positioned to help constituents, e.g., social workers, medical providers, clergy, etc., are aware of the availability of the 211 network. To ensure the 211 network is optimally functioning as a resource to connect families to services and supports without unnecessary involvement in the child protection system, there is a need for continued work on outreach and communication, as well as analysis of the uptake and associated outcomes. Figure 47 includes benchmarks for achieving Goal 1, Objective 2 over the next five years.

Figure 47. Benchmarks for Goal 1, Objective 2

Year 1	DCF will continue the marketing campaign that started in SFY24. DCF will identify public and private stakeholders positioned to use and disseminate information about NJ 211; DCF will create an engagement strategy. DCF will modify contracts, where appropriate, to include requirements related to maintenance of NJ 211 listings. DCF will identify a strategy for use of NJ 211 as an alternative to SCR in situations of family poverty with no concern for maltreatment ("SCR alternative strategy," and develop a workplan for Year 2.
Year 2	DCF will execute engagement strategy identified in Year 1. DCF will assess progress on the SCR alternative strategy, move forward with Year 2 workplan and develop a workplan for Year 3.
Year 3	DCF will assess progress on the SCR alternative strategy, move forward with Year 3 workplan and develop a workplan for Year 4.
Year 4	DCF will assess progress on SCR alternative strategy, move forward with Year 4 workplan and develop a workplan for Year 5.
Year 5	DCF will assess progress on SCR alternative strategy and move forward with Year 5 workplan.

Goal 1, Objective 3: Expand community programs and protective factors. Among other transformational goals, DCF's strategic plan includes prevention. Given the Department's scope, this transformational goal extends beyond efforts to prevent child maltreatment and maltreatment-related injuries and deaths; it also encompasses efforts to prevent death or injury related to child and adolescent behavioral health, as well as efforts to prevent harm in the context of sexual and intimate partner violence. While the CFSP predominantly focuses on prevention efforts related to child maltreatment, DCF's efforts towards large scale prevention of all forms will improve health and social outcomes for generations of individuals and families throughout the state.

DCF's prevention strategy, which is more extensively detailed in DCF's FFA five-year prevention strategy (pending federal approval), focuses on a necessary shift from a system with a predominant focus on traditional child protection services with peripheral family strengthening efforts to a system with a predominant focus on family strengthening efforts with traditional child protection services utilized only as a targeted safety intervention. The family strengthening system envisioned by DCF is rooted in the Protective Factors Framework.⁶⁰ At the forefront, it is comprised of the natural connections between families and their extended family, friends, and community, a network of relationships that often offers the strongest and most effective support for families. Secondly, it includes a myriad of concrete supports and social, health and education services aimed at helping families function at their best. These supports and services exist outside the child protection system. When the elements of this system work together, families and communities are supported to thrive safely together, and state intervention through

⁵⁹ [About NJ 211 | NJ 2-1-1 Partnership](#)

⁶⁰ [Protective Factors Framework - Center for the Study of Social Policy \(cssp.org\)](#)

the child protection system is reserved for rare situations in which a child is unsafe or at risk of harm.

DCF and its sister agencies collaborate on and often coordinate statewide efforts to prevent child maltreatment by enhancing the protective factors of all families. While New Jersey's primary population level prevention strategies are often universal, some approaches are targeted to specific subpopulations. For example, the Family Connects NJ home visiting program is aimed at proactive support for health and wellness of families of newborns, and the NJ4S program provides the most intensive supports to schools in higher need communities. DCF's third objective in achieving Goal 1 is to expand and strengthen the Family Connects NJ and NJ4S programs, which are described below. Figure 48 includes benchmarks for achieving Goal 1, Objective 3 over the next five years.

Family Connects NJ. The United States has the worst maternal mortality rate among all comparable economically developed member countries of the Organization for Economic Cooperation and Development.⁶¹ New Jersey's maternal health outcomes are troubling, and racial disparities in maternal and child health outcomes are among the worst in the country.⁶² Black women in New Jersey experience a 3.5 times higher rate of infant death compared to white women, and Hispanic women in New Jersey experience twice the rate of infant mortality compared to white women.⁶³ In 2019, First Lady of New Jersey Tammy Murphy launched Nurture NJ as a statewide initiative committed to reducing maternal and infant mortality and morbidity and ensuring equity in maternal and infant morbidity and mortality for Black and Brown women in the states.⁶⁴ Since that launch, maternal health outcomes in New Jersey are seeing improvement; the 2023 Health of Women and Children Report, published by the United Health Foundation, ranked New Jersey as 27th in maternal mortality,⁶⁵ an improvement from 47th in the analogous 2019 report.⁶⁶

In January 2024, DCF launched Family Connects NJ in five of New Jersey's counties as part of a new law establishing a statewide universal home visiting (UHV) program based on a recommendation of the Nurture NJ strategic plan.⁶⁷ Family Connects NJ is an evidence-based program that assists families, including biological, adoptive, resource or kinship caregivers and people recovering from a stillbirth or neonatal loss, with a specially trained nurse for personalized follow-up visit at home within the first two weeks after their child's birth.⁶⁸ Nurses assess the physical and mental health of the caregiver and infant, answer questions the family may have, and connect the family to needed community resources. Visits are offered to all families at no cost, regardless of income, insurance or immigration status. The Family Connects model has been shown through randomized control trials to be associated with reduced child maltreatment, greater community connections, improved mental health for parents and significantly more positive parenting behavior.⁶⁹

DCF intends to expand the Family Connects NJ program to counties incrementally, reaching

⁶¹ <https://www.oecd.org/unitedstates/health-at-a-glance-United-States-EN.pdf>

⁶² <https://www.americashealthrankings.org>

⁶³ New Jersey's State Health Assessment data as included in Nurture New Jersey: 2021 Strategic Plan, [20210120-Nurture-NJ-Strategic-Plan.pdf](#).

⁶⁴ [20210120-Nurture-NJ-Strategic-Plan.pdf](#)

⁶⁵ [Explore Maternal Mortality in New Jersey | AHR \(americashealthrankings.org\)](#)

⁶⁶ [2019 Health Of Women And Children Report | AHR \(americashealthrankings.org\)](#)

⁶⁷ P.L.2021, c.187.

⁶⁸ [Family Connects NJ](#)

⁶⁹ <https://familyconnects.org/our-approach/family-connects-model/>

statewide availability within four years of launch. New counties by group and cohort, listed below, will be added annually. The program launched in Group A, Cohort 1 in January 2024.

- Group A, Cohort 1: Essex, Middlesex, Mercer, Cumberland, and Gloucester.
- Group A, Cohort 2: Camden, Salem, Atlantic, Burlington, Cape May, and Monmouth.
- Group B, Cohort 1: Somerset, Sussex, Passaic, Hudson, Bergen, and Ocean.
- Group B, Cohort 2: Union, Hunterdon, Morris, and Warren.

An RFP was recently issued to expand the program to the six counties in group B, cohort 1 and community resource development is already underway in all 21 counties.

New Jersey Statewide Student Support Services. Youth mental health has become a public health emergency. Prior to the pandemic, data supported the need for prevention programming in schools; the pandemic worsened the situation. In February 2022, CSOC recorded the highest number of calls for service (14,000) and, in March 2022, broke that record (18,000). As the U.S. Surgeon General highlighted, the pandemic increased isolation, altered access to services, and direct impacts of sickness profoundly impacted youth mental wellness and development.⁷⁰

Launched for the 2023-2024 school year, NJ4S is an innovative, statewide hub and spoke model of services and resources to support youth mental wellness and positive youth outcomes. Under NJ4S, 15 regional hubs are the organizational centers for prevention-oriented services (such as prevention of bullying, suicide, teen pregnancy, and substance abuse). Prevention specialists and mental health clinicians are dispatched from the hubs to offer services to students along local “spokes” within the integrated network, which can include schools as well as other trusted sites within the community, such as public libraries, churches, or community centers. Each hub is operated by a contracted service provider, and guided by a local advisory board, comprised of students, parents, elected and community leaders, business owners, faith leaders, and local social services organizations.

Services administered through the hub are targeted and tiered. Tier 1 services cover universal supports that all students can benefit from, including school assemblies, webinars for parents and school staff, social-emotional learning curriculum, and more. Schools can access these services on-demand, whenever they want to incorporate them for the students and families supported by the school. Tier 2 services include group-based prevention, including extracurricular programming, mentorship, and more. Tier 3 services are intended for brief, clinical intervention as the student in need is referred to and connected to more extensive, comprehensive ongoing therapeutic supports through the CSOC and in-community resources.

If a higher level of care or psychiatric assessment is indicated, NJ4S coordinates with PerformCare and the Pediatric Psychiatry Collaborative, respectively, for a connection to services. NJ4S centers around youth voice and experience, along with input from parents, school leaders, and communities, ensuring services are meeting needs and adapting with changing circumstances.

⁷⁰ <https://engage.youth.gov/resources/us-surgeon-general-issues-advisory-youth-mental-health-crisis>

Figure 48. Benchmarks for Achieving Goal 1, Objective 3

Year 1	UHV: DCF will begin providing UHV services to counties in Group B, Cohort 1. NJ4S: 90% of NJ4S hubs will be fully staffed. 65% of eligible schools will be engaged in NJ4S program. 50% of engaged schools will apply for Tier 2/3 services. DCF will implement the recommendations from Phase 1 of the evaluation.
Year 2	UHV: DCF will begin providing UHV services to counties in Group A, Cohort 2. NJ4S: NJ4S hubs will sustain staffing. 70% of eligible schools will be engaged in NJ4S program. 60% of engaged schools will apply for Tier 2/3 services with increase in Tier 2 over Tier 3 services. DCF will implement recommendations from evaluation.
Year 3	UHV: DCF will begin providing UHV services to counties in Group B, Cohort 2, making UHV program available statewide. NJ4S: NJ4S hubs will continue to sustain staffing. 75% of eligible schools will be engaged in NJ4S program. 65% of engaged schools will apply for Tier 2/3 services with increase in Tier 2 over Tier 3 services. DCF will continue implement recommendations from evaluation.
Year 4	UHV: DCF will achieve, at a minimum, 60% population reach of all births statewide. NJ4S: NJ4S hubs will continue to sustain staffing. 80% of eligible schools will be engaged in NJ4S program. 70% of engaged schools will apply for Tier 2/3 services with increase in Tier 2 over Tier 3 services. DCF will continue implement recommendations from evaluation.
Year 5	UHV: DCF will continue to achieve, at a minimum, 60% population reach of all births statewide. NJ4S: NJ4S hubs will continue to sustain staffing. 90% of eligible schools will be engaged in NJ4S program. 75% of engaged schools will apply for Tier 2/3 services with increase in Tier 2 over Tier 3 services. DCF will continue implement recommendations from evaluation.

Goal 1, Objective 4: Reform call screening practice to distinguish poverty more precisely from neglect. DCF's State Central Registry (SCR) hotline system is the state's single point of entry for callers to report suspected allegations of child abuse and/or neglect. SCR, which operates 24/7/365, receives, prioritizes, and dispatches to suspected child abuse and neglect situations and providers information and referrals for families in need of support. SCR is staffed by qualified screeners and supervisors. Practice specifications are outlined in DCF policy.⁷¹

In 2023, DCF's child abuse hotline received 158,882 calls.⁷² Of these, almost half (47%) were assigned to CP&P offices of a child protection services (CPS) investigation (62,781) or a child welfare services assessment (11,699).⁷³ As is illustrated by Figure 44 above, of those referred for a CPS investigation, over 70% were allegations of neglect. Only 3% of the allegations of neglect resulted in a substantiated or established finding; the remainder were determined to be not established or unfounded, as shown in Figure 49. Figure 50 includes benchmarks for achieving Goal 1, Objective 4 over the next five years.

⁷¹ [CPP-II-A-1-100.pdf \(nj.gov\)](#)

⁷² [Screening.and.Investigation.report_12.23.pdf \(nj.gov\)](#)

⁷³ [Screening.and.Investigation.report_12.23.pdf \(nj.gov\)](#)

Figure 49. CPS Findings for Allegations of Neglect in 2023

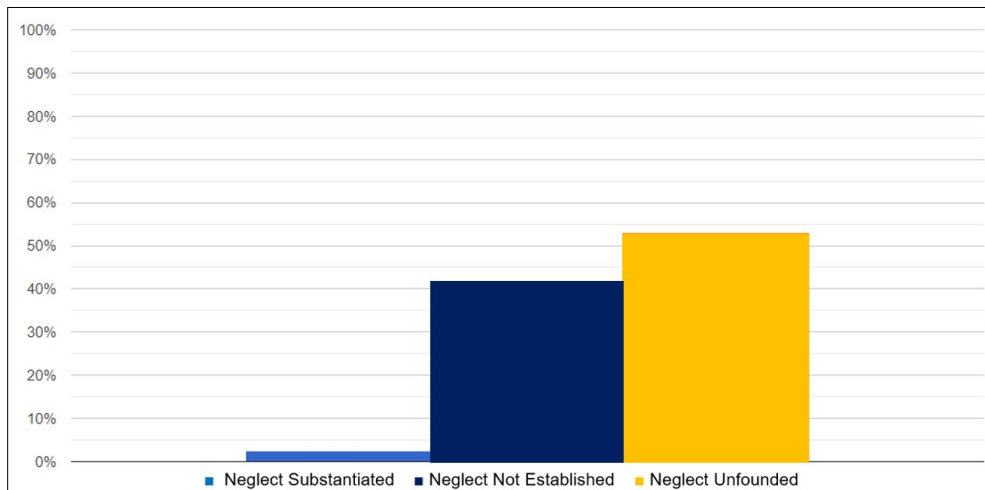


Figure 50. Benchmarks for Achieving Goal 1, Objective 4

Year 1	DCF will define new screening standards, engaging public review via the Subcommittee on Race, Poverty and Neglect. DCF will design and begin to implement internal change management, e.g., training, defined screener, supervisory and managerial practices, practice guides.
Year 2	DCF will continue implementation of the change management strategy. DCF will design sustainable CoQI process for SCR.
Year 3	DCF will roll out CoQI process designed in Year 2. DCF will produce a public report regarding implementation.
Year 4	DCF will sustain the CoQI process.
Year 5	DCF will sustain the CoQI process. DCF will provide a second public report regarding implementation.

Goal 1, Staff Training, Technical Assistance, Evaluation, and Other Implementation Supports. To accomplish Goal 1 and the identified objectives, DCF will rely on sustained federal and state funding and the core infrastructure components described in Section 1, *Vision and Collaboration*. Additional highlighted implementation supports required for Goal 1 include:

- **Capacity building and technical assistance for DCF staff.**
 - o **Medical expertise related to Family Connects NJ.** A critical member of the Family Connects NJ backbone team is its medical director. DCF will maintain this position through planned program implementation, offering subject matter expertise and linkage between the Department and the medical community.
 - o **Consultative services on screening standards.** DCF will require external technical assistance in Year 1 to support its efforts to define new screening standards and design and implement internal change management.
 - o **SCR staff training related to new screening standards.** DCF will develop new trainings and practice guides for SCR screeners and supervisors in Year 1. In Year 1 and Year 2, screeners will participate in training and begin using the practice guides based on the change management strategy.

- **Capacity building and technical assistance to be provided by DCF.**
 - **Education and training for schools and districts about NJ4S.** Throughout the duration of this 5-year plan, DCF will continue to collaborate with educational partners to ensure and expand understanding of NJ4S services and procedures. DCF will continue to provide technical assistance to schools and districts, as well as advisory boards.
 - **Training for Family Connects NJ nurses.** To ensure continuation of learning for the existing Family Connects NJ nurse workforce and to successfully onboard new nurse provider partners, DCF will maintain its contract for training registered nurses and other support staff involved in the Family Connects NJ program throughout planned program implementation.
- **Evaluation and research activities.**
 - **Research related to mandated reporting.** In Year 1, DCF and the Subcommittee will undertake research related to reporting behaviors and mandated reporter protocols and trainings of primary reporting sources. Research will include focus groups and surveys.
 - **Analytical support for Geospatial modeling and community planning efforts.** DCF will continue to engage with the Camden Coalition of Healthcare Providers for analytical support and related capacity building in Year 1 and until such time as internal capacity is established.
 - **NJ4S Evaluation.** DCF will move forward with plans to evaluate the NJ4S program throughout the duration covered by this five-year plan.
- **Other implementation supports.**
 - **Contracting.** In Year 1, DCF will modify provider contracts to ensure maintenance of 211 resource directory entries. In addition, based on the predetermined schedule for statewide implementation and at various times between Year 1 and Year 5, DCF will issue Requests for Proposals and, upon award, enter contracts with providers.
 - **Data collection and information technology.** DCF will maintain and continue to improve its NJ Connex system for use by NJ4S providers during the five years covered by this plan. In Years 1 and 2, DCF will determine if the new screening standards and protocols require any changes to NJSPIRIT functionality. If so, DCF will develop timeframes for modifications.
 - **Staffing.** In Year 1 or 2, DCF will require additional staffing to support the expansion of the UHV programming and the SCR CoQI processes.

B. Goal 2: Improve quality of services to families involved with DCF.

Rationale for Goal 2. DCF provides and oversees an array of public services for children, youth, families and adults throughout the state. Some services are provided directly to children and families by DCF staff, e.g., core child protection services, child maltreatment investigation, child welfare case management, etc. Others are provided via a network of community-based organizations and vendors operating under contract with the Department, e.g., services to prevent child maltreatment, services to help families remain intact and/or facilitate reunification, children's mental and behavioral health services, domestic violence services, sexual violence services, services for transition aged-youth, and more. Among DCF's extensive service array, it provides out-of-home or residential care to children and youth via CP&P and CSOC, when necessary.

At the onset of the current administration, the executive leadership team focused on understanding the strengths and gaps of the existing child welfare system in New Jersey. For a summary of the information gathering process and findings, see Section 1, *Vision and Collaboration*, and Section 4, *Services*. After reviewing extensive data and findings and applying the United Nations Committee on Economic, Social and Cultural Rights' Availability, Accessibility, Acceptability and Quality (AAAQ) framework,⁷⁴ DCF identified a number of strategies to achieve service excellence, including the establishment of a continuum of core service programs that are evidence-based when available, the development and implementation of service excellence standards, and establishment of infrastructure for program monitoring and development. These efforts, which began under the 2020-2024 CFSP, are expanded upon throughout the objectives of Goal 2 and further detailed in Section 4, *Services*.

Figure 51. Goal 2 Measurement of Progress

Measure	Baseline (2023)	Year 1 Interim Target	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Target	Data source to Measure Progress
Number of children in resource family homes who are victims of child abuse and/or neglect	8	7	6	5	5	5	NJSPIRIT/ NJ Child Welfare Data Hub https://njchilddata.rutgers.edu/portal
Number of children in residential out-of-home placements who are victims of child abuse and/or neglect	14	12	10	8	6	6	NJSPIRIT/ NJ Child Welfare Data Hub https://njchilddata.rutgers.edu/portal *note: includes DDD facility/group home/residential care

Objectives/Strategies/Interventions for Goal 2. To achieve Goal 2, DCF will advance the following two objectives and strategies.

1. Ensure constituent safety in CP&P out-of-home settings and CSOC residential settings.
2. Improve service array.

⁷⁴ <https://gbvguidelines.org/wp/wp-content/uploads/2019/11/AAAQ-framework-Nov-2019-WEB.pdf>

Goal 2, Objective 1. Ensure constituent safety in CP&P out-of-home settings and CSOC residential settings. Despite the authority of child and family services to utilize family separation, DCF aims to keep children safe in their own home whenever possible. Since 2006, DCF has reduced the number of children in CP&P out-of-home placement by more than 70%. When family separation is absolutely necessary to ensure the safety of the child, DCF ensures that out-of-home settings, whether through CP&P or CSOC, are safe. DCF's OOL is responsible for licensing, inspecting, monitoring, and regulating every out-of-home placement utilized by CP&P or CSOC, including kin and non-kin resource homes, group homes, youth residential facilities, and more. All out-of-home resources are required to comply with extensive requirements, including the background checks described in Section 2, *Assessment of Current Performance in Improving Outcomes*, for initial and ongoing licensing.⁷⁵ DCF staff are responsible for formally and informally assessing the safety and risk of all children in out-of-home settings, beginning immediately after the agency's initial contact with the family and continuing until case closure. DCF's IAIU is the agency's child protective service unit that investigates allegations of child abuse and neglect in out-of-home settings.

In addition to these already-existing, effective, safety protocols, the current administration is committed to advancing safety and well-being in out-of-home settings through transformational initiatives, including integration of the Collaborative Safety approach into the work of CP&P and CSOC and through strengthened CP&P resource care and increased use of kin placements. DCF's first objective in achieving Goal 2 is to continue implementation of the Collaborative Safety approach and to strengthen resource care, which are described below. Figure 52 includes benchmarks for achieving Goal 2, Objective 1 over the next five years.

Collaborative Safety. A collaborative safety approach supports child welfare organizations to make use of state-of-the-art organizational science to reduce the frequency of critical and life-threatening incidents and to ensure that the organization is addressing systemic issues that can expose staff and clients to a risk of harm.⁷⁶ It involves a self-critical analysis via a systemic case review process to better understand how 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 the systemic factors in an effort to promote safe outcomes for children, families and employees. In 2019, DCF began planning for implementation of the collaborative safety approach and, in 2020, began using the approach within CP&P. DCF is now undertaking efforts to implement collaborative safety processes within CSOC, beginning with a demonstration cohort of CSOC out-of-home providers. Lastly, through its membership in the National Partnership for Child Safety, DCF stays abreast of the latest developments in the application of safety science in child welfare.

Strengthen CP&P Resource Care. DCF is focused on making sure that children can remain with extended family or family friends. By modifying policy, eliminating technical barriers, restructuring resource units, and department-wide use of Objectives and Key Results (OKRs), this administration committed to placing 60% of children in a kin placement within seven days of removal and 80% of children in a kin placement within thirty days of removal. In the years covered by the previous CFSP, DCF put into place new policies and practices related to kinship placement, undertook extensive research on kinship practices, began a resource unit pilot program to increase kin placement rates, and provided trainings and presentations on the value of kinship. The benchmarks included here further these earlier efforts through revisions to the state's kin licensing regulations, integration of the OKRs with DCF's CoQI process, and more. Additionally, DCF will strengthen resource care more generally through a resource parent advisory council and

⁷⁵ [Foster Home Regulations \(nj.gov\)](https://www.nj.gov/dcf/foster-home-regulations/)

⁷⁶ www.collaborative-safety.com

through additional assessment and action planning of resource parent needs.

Figure 52. Benchmarks for Achieving Goal 2, Objective 1

Year 1	<p>CSOC Collaborative Safety: For Cohort 1 providers, DCF will undertake initial implementation and launch fidelity assessment. DCF will identify Cohort 2 providers.</p> <p>Strengthening Resource Care:</p> <ul style="list-style-type: none"> - DCF will continue efforts to revise kin licensing regulations. - DCF will integrate the OKR process into the CP&P CoQI process. - DCF will implement a resource parent advisory council (RPAC). - DCF will undertake assessment of additional supports for resource families.
Year 2	<p>CSOC Collaborative Safety: For Cohort 1 providers, DCF will continue implementation and fidelity assessment. For Cohort 2 providers, DCF will undertake initial implementation and launch fidelity assessment.</p> <p>Strengthening Resource Care:</p> <ul style="list-style-type: none"> - DCF will make efforts to ensure revised kin licensing regulations are finalized. DCF will revise any relevant policies. DCF will initiate training for licensing and resource support staff about the modified regulations and process. - DCF will assess effectiveness of integration of OKR process into CP&P CoQI process and adjust as needed. - DCF will review recommendations of RPAC and support assessment and develop action plan for recommended changes. - DCF will administer kinship staff survey.
Year 3	<p>CSOC Collaborative Safety: For Cohort 2 providers, DCF will continue implementation and fidelity assessment. DCF will create a scaling and sustainability plan. DCF will identify Cohort 3 providers.</p> <p>Strengthening Resource Care:</p> <ul style="list-style-type: none"> - DCF will launch new kin licensing process in accordance with amended regulations. - DCF will execute support action plan. - DCF will evaluate and disseminate results of kinship staff survey.
Year 4	<p>CSOC Collaborative Safety: DCF will execute scaling and sustainability plan. For Cohort 3 providers, DCF will undertake initial implementation and launch fidelity assessment.</p> <p>Strengthening Resource Care:</p> <ul style="list-style-type: none"> - DCF will review data and assess impacts of new kin licensing process. - DCF will explore expansion of RPAC to include subcommittees to address specific areas of need. - DCF will assess implemented changes based on OKRs, support action plan, and survey results.
Year 5	<p>CSOC Collaborative Safety: DCF will execute scaling and sustainability plan. For Cohort 3 providers, DCF will continue implementation and fidelity assessment.</p> <p>Strengthening Resource Care:</p> <ul style="list-style-type: none"> - DCF will continue to review data and assess impacts of new kin licensing process. - DCF will continue to assess implemented changes based on OKRs, support action plan, and survey results.

Goal 2, Objective 2: Improve service array. The information gathering efforts described in Section 1, *Collaboration*, and Section 4, *Services*, made clear that then-existing services were at varying stages of maturity in the extent to which they incorporated family voice, used clear or evidence-based practice models, and had sufficient implementation supports to ensure quality. Between 2019-2021, DCF used this information, in combination with a fiscal analysis of purchased services, to identify a core set of services to be provided statewide and to identify opportunities to build out evidence-based approaches, statewide training, and implementation infrastructure. DCF operationalized the intended changes to the service array by creating

“programmatic plans” for each programmatic division, which informed the Department’s FFA prevention strategy, and established and/or expanded infrastructure and several operational offices to support collaborative implementation and development. Over the next five years, DCF will expand systemic capacity to effectively manage the service array reform and to monitor and ensure the quality of the service array. DCF’s efforts to achieve service excellence, including benchmarks, are detailed in Section 4, *Services*.

Figure 53. Benchmarks for Achieving Goal 2, Objective 2

<p>Year 1</p>	<p>Management of Service Array Reform: Program Plans: DCF will continue to advance service array redesign through programmatic plan process. DCF will conclude development of program development maturity model and assessment of programmatic plans for program maturity. DCF will begin to refine the programmatic plans based on the program development maturity model.</p> <p>Project Management: DCF will finalize standardized workplan for program development for programmatic plans. DCF will integrate the new project management model for programmatic plans and transformational initiatives. DCF will conduct comprehensive resource assessment for Year 2 programmatic plans. DCF will develop project management manual.</p> <p>Monitoring and Ensuring Quality of Services: Purchased Services CoQI: For Cohort 1 (demonstration) programs, DCF will continue to implement Purchased Services CoQI process. DCF will begin to implement Purchased Services CoQI with Cohort 2 programs. DCF will build fidelity assessment. DCF will implement a reporting/communication plan.</p> <p>Monitoring: DCF will continue monitoring for Wave 1 programs that began in SFY24. DCF will launch monitoring for the remaining Wave 1 programs and all Wave 2 programs and will begin to launch Wave 3 programs. DCF will finalize a Year 2 monitoring calendar.</p> <p>Policy and Contract Updates: DCF will identify and develop any necessary policies related to CoQI, monitoring and constituent service expectations of DCF-contracted purchased services.</p>
<p>Year 2</p>	<p>Management of Service Array Reform: Program Plans: DCF will continue to advance service array redesign through programmatic plan process. DCF will continue to refine the programmatic plans based on the program development maturity model.</p> <p>Project Management: DCF will continue to use the project management model for programmatic plans and transformational initiatives. DCF will conduct resource assessment for Year 3 programmatic plans.</p> <p>Monitoring and Ensuring Quality of Services: Purchased Services CoQI: For Cohort 1 and 2 programs, DCF will continue to implement Purchased Services CoQI process. DCF will begin to implement Purchased Services CoQI with Cohort 3 programs. DCF will begin to assess fidelity. DCF will publish biennial findings report.</p> <p>Monitoring: DCF will continue monitoring Wave 3 programs. DCF will launch monitoring in Wave 4 programs. DCF will continue monitoring practices in accordance with the Year 2 calendar and will finalize a Year 3 monitoring calendar.</p> <p>Policy and Contract Updates: DCF will ensure policies and previously adopted standards are incorporated into auditing and licensure processes.</p>
<p>Year 3</p>	<p>Management of Service Array Reform: Program Plans: DCF will continue to advance service array redesign through refined programmatic plan process.</p> <p>Project Management: DCF will continue to use the project management model for programmatic plans and transformational initiatives. DCF will conduct resource assessment for Year 4 programmatic plans.</p>

	<p>Monitoring and Ensuring Quality of Services: Purchased Services CoQI: For Cohort 1, 2 and 3 programs, DCF will continue to implement Purchased Services CoQI process. DCF will continue to assess fidelity.</p> <p>Monitoring: DCF will continue monitoring Wave 4 programs. DCF will continue monitoring practices in accordance with the Year 2 calendar and will finalize a Year 4 monitoring calendar.</p> <p>Policy and Contract Updates: DCF will evaluate how the new policies are working and revise as required.</p>
Year 4	<p>Management of Service Array Reform: Program Plans: DCF will continue to advance service array redesign through refined programmatic plan process.</p> <p>Project Management: DCF will continue to use the project management model for programmatic plans and transformational initiatives. DCF will conduct resource assessment for Year 5 programmatic plans.</p> <p>Monitoring and Ensuring Quality of Services: Purchased Services CoQI: DCF will continue to implement Purchased Services CoQI process. DCF will continue to assess fidelity. DCF will publish biennial findings report.</p> <p>Monitoring: DCF will continue monitoring practices in accordance with the Year 3 calendar and will finalize a Year 5 monitoring calendar.</p> <p>Policy and Contract Updates: Constituent Service Expectations: DCF will continue to evaluate how the new policies are working and revise as required.</p>
Year 5	<p>Management of Service Array Reform: Program Plans: DCF will continue to advance service array redesign through refined programmatic plan process.</p> <p>Project Management: DCF will continue to use the project management model for programmatic plans and transformational initiatives. DCF will conduct resource assessment for following year's programmatic plans.</p> <p>Monitoring and Ensuring Quality of Services: Purchased Services CoQI: DCF will continue to implement Purchased Services CoQI process. DCF will continue to assess fidelity.</p> <p>Monitoring: DCF will continue monitoring practices in accordance with the Year 4 calendar and will finalize a monitoring calendar for the next year.</p> <p>Policy and Contract Updates: DCF will continue to evaluate how the new policies are working and revise as required.</p>

Goal 2, Staff Training, Technical Assistance, Evaluation, and Other Implementation Supports. To accomplish Goal 2 and the identified objectives, DCF will rely on sustained federal and state funding and the core infrastructure components described in Section 1, *Vision and Collaboration*. Additional highlighted implementation supports required for Goal 2 include the following.

- **Capacity building and technical assistance for DCF staff.**
 - o **Consultative services on collaborative safety.** DCF will require continued external technical assistance throughout the five-year period that support its efforts to integrate the collaborative safety approach into its larger response system.
- **Capacity building and technical assistance to be provided by DCF.**

- **Provider training.** In Year 1 and Year 3, DCF will provide training, manuals, and operations guides to the Cohort 1 and Cohort 2 providers, respectively regarding the collaborative safety approach and process.
- **Resource parent training.** Based on the research described below, in Years 2 through 5, DCF will review and identify any new training needs of resource parents, consult with its resource parent training partner, and provide identified training.
- **Evaluation and research activities.**
 - **Fidelity assessment.** In Year 1 and 2, DCF will undertake a fidelity assessment for Cohort 1 providers participating in the collaborative safety initiative; in Years 4 and 5, DCF will undertake a fidelity assessment for Cohort 2 providers.
 - **Research related to resource family support.** In Year 1, DCF will undertake research on ways to strengthen resource families statewide. Research will include review of literature, other states' practices and existing evidence-based practices and supports. In Year 2, DCF will undertake another round of the kinship survey.
- **Other implementation supports.**
 - **Data collection and information technology.** In Year 1, DCF will build a data collection system and reporting tools for the collaborative safety work. Additionally, DCF will make efforts to expand use of its resource and licensing data system, BINTI, through development of a scope of work and associated consultant training and technical assistance for DCF staff.
 - **Expanded systemic capacity to manage program development and monitor services.** To improve the service array, DCF will require increased systemic capacity to effectively manage the service array reform and to monitor and ensure the quality. As is detailed in Section 4, *Services*, this includes the continued use and improvement of programmatic plans, new project management capacity, continued implementation of monitoring practice, continued development of CoQI for purchased services, and contract and policy modifications.

C. Goal 3: To ensure equitable outcomes, internally and externally.

Rationale for Goal 3. Over the past few centuries, child welfare in the United States has evolved through multiple iterations of purpose and activity. At one time, the field focused on “saving” impoverished children and, at another, on finding suitable children for couples to adopt. Today, the field grapples with the disparate impact the field has had on both poor children and families, and children and families of color. In 2014, a study by Christopher Wildeman and others established that “up to 5.91% of all [American] children were ever placed in foster care between their birth and age 18. Second, Native American (up to 15.44%) and Black (up to 11.53%) children were at far higher risk of placement.”⁷⁷ A few years later, in 2017, Wildeman published a landmark study demonstrating that “37.4% of all [American] children experience a child protective services investigation by age 18 years. Consistent with previous literature, we found a higher rate for African American children (53.0%) and the lowest rate for Asians/Pacific Islanders (10.2%).”⁷⁸ Overrepresentation happens despite national survey data that indicates a child’s likelihood of experiencing abuse or neglect does not depend on race.⁷⁹

Disparities by race exist throughout the child welfare continuum, beginning at the time a child is reported to the system and continuing through the investigation, a child’s entry into foster care, and on to subsequent reunification or other permanency plan.⁸⁰ Disparities can contribute to increased family separation, as well as poor mental and physical health outcomes for children.⁸¹ These studies, along with additional qualitative studies and countless testimonials from families impacted by the child welfare system, have catalyzed an overdue reckoning.

Figure 54. Goal 3 Measurement of Progress

Measure	Baseline (2023)	Year 1 Interim Target	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Target	Data source to Measure Progress
Placement disparity rate (Black or African American versus White)	4.8	4.3	3.8	3.6	3.4	3.2	NJSPIRIT/ NJ Child Welfare Data Hub, https://njchilddata.rutgers.edu/portal
Placement rate per 1,000 African American or Black children in NJ	2.4	2.2	2.0	1.8	1.6	1.4	NJSPIRIT/ NJ Child Welfare Data Hub, https://njchilddata.rutgers.edu/portal
Variability in placement rates per 1,000 African American or Black children in NJ as measured by the	2.35	2.2	2.0	1.8	1.7	1.6	NJSPIRIT/ NJ Child Welfare Data Hub, https://njchilddata.rutgers.edu/portal

⁷⁷ *Cumulative Risks of Foster Care Placement by Age 18 for U.S. Children 2000-2011*. Christopher Wildeman, Natalia Emanuel. PLoS One, 2014.

⁷⁸ Kim, Wildeman, Jonson-Reid, and Drake, *Lifetime Prevalence of Investigating Child Maltreatment Among US Children*, 2017, *American Journal of Public Health* 107, 274–280, <https://doi.org/10.2105/AJPH.2016.303545>

⁷⁹ Child Welfare Information Gateway, *Racial Disproportionality and Disparity in Child Welfare*, U.S. Department of Health and Human Services, Children’s Bureau, 2016, retrieved from: https://www.childwelfare.gov/pubpdfs/racial_disproportionality.pdf; see also Finkelhor, Ormrod, Turner, and Hamby, *Victimization of Children and Youth: A Comprehensive National Survey*, *Child Maltreatment*, 2005 10(1); see also Simon, Shattuck, Kacha-Ochana, David-Ferdon, et al, *Injuries from Physical Abuse: National Survey of Children’s Exposure to Violence I-III*, *American Journal of Preventive Medicine* 54(1), 2018.

⁸⁰ Putnam-Hornstein, Needell, King, JohnsonMotoyama, *Racial and Ethnic Disparities: A Population-Based Examination of Risk Factors for Involvement with Child Protective Services*, *Child Abuse & Neglect*, 37, 2013; see also Rivaux, James, Wittenstrom, Baumann, Sheets, Henry, Jeffries, *The Intersection of Race, Poverty, and Risk: Understanding the Decision to Provide Services to Clients and to Remove Children*, *Child Welfare*, 87, 2008.

⁸¹ Turney & Wildeman, *Mental and Physical Health of Children in Foster Care*. *Pediatrics* 138, <https://doi.org/10.1542/peds.2016-1118>, Child Welfare Information Gateway, 2016.

Interquartile Range of the placement rates							
Variability in placement disparity rates (African American or Black children versus White) in NJ as measured by the Interquartile Range of the placement disparity rates	6.9	6.4	5.9	5.4	4.9	4.4	NJSPIRIT/ NJ Child Welfare Data Hub, https://njchilddata.rutgers.edu/portal
Number of courageous conversations facilitated	0	31	62	78	98	123	ODEB training tracker
Number of unduplicated participants each year	0	620	62	74	148	266	ODEB training tracker

Objectives/Strategies/Interventions for Goal 3. To achieve Goal 3, DCF will advance the following two objectives and strategies.

1. To embed anti-racist and equity consciousness into DCF's culture and activities by ensuring equitable policy and procurement of services and creating a culture where everyone can thrive.
2. To decrease disparities in CP&P out-of-home placement.

Goal 3, Objective 1. To embed anti-racist and equity consciousness into DCF's culture and activities by ensuring equitable policy and procurement of services and creating a culture where everyone can thrive.

Rationale for Goal 3, Objective 1. In 2018, DCF began investing time and resources to disaggregate data by race, to determine root causes for these differences, and to begin changing policies and practices contributing to disparate outcomes. DCF realized that efforts could not be limited to race and must be inclusive of all historically marginalized and oppressed populations that have experienced inequity in the system, including but not limited to the LGBTQIA2S+ community, people with English as a non-primary language, women, people with disabilities, and the immigrant community. DCF engaged national experts, Dr. Carol Spigner, Dr. Jessica Pryce, and Joyce James, to provide critical consultation and guidance in developing its efforts in this area. In 2021, DCF's entire workforce of 6,600 individuals participated in self-directed training on implicit bias and a 4-module training series entitled "Transforming Child Welfare Services through Anti-Racism." DCF engaged community partners and stakeholders, parents and youth with lived experience to begin their immersion towards addressing disparities by encouraging them to take the same self-directed training on implicit bias and to participate in a 3-module race equity training. In 2022, DCF leadership and external stakeholders participated in two- and four-day "Ground Water Analysis" sessions focused on structural and institutional racism and strategies to undo policies and practices to create equitable outcomes for all. Many of the ideas generated during these sessions formed the foundation of the ODEB and its strategic priorities.

To support the department's efforts to become an equitable and fair system by addressing racial bias, disproportionality, disparities, and inequities, DCF established ODEB to coordinate the work of the department's Race Equity Steering Committee, develop and implement initiatives that promote equitable outcomes for children and families, build the capacity of staff to respond effectively to structural racism and individual and implicit bias, and promote culturally competent policy and practice within DCF and among its contracted services.⁸² ODEB's focus extends

⁸² [DCF | Diversity, Equity & Belonging \(nj.gov\)](#)

beyond race and is inclusive of all historically marginalized and oppressed populations that have experienced inequity in the system, including but not limited to: the LGBTQIA2S+ community, people with English as a non-primary language, women, people with disabilities, and the immigrant community. ODEB's vision will be sustained by prioritizing strategies that institutionalize change in the areas of human resources, operations, communications, and training, among others.

In 2023, ODEB published its 2023-2025 Strategic Plan.⁸³ That plan sets forth a pathway (1) to transform our agency's culture to be anti-racist, equity conscious and culturally humble, (2) to firmly embed an equity lens to transform operations, and (3) to transform communities through trusting relationships and power sharing. To achieve this transformation, DCF will undertake the following activities, among others: more equitable contracting, the use of an Equity Impact Assessment (EIA), development of culture visions, the facilitation of Courageous Conversations (CC), the use of an equity consciousness survey, and the development of a community co-design process for equitable and anti-racist solutions. Brief summaries of each follow:

- **More equitable contracting.** Using the Race Forward's Government Alliance on Race and Equity framework and the Full Frame Initiative's Contracting for Transformation toolkit as blueprints, DCF will develop and implement the Equity in Contracting Plan, including recommendations for equitable contracting, policy and practice reforms, form/template updates, outreach strategies and trainings for community providers.⁸⁴
- **Equity Impact Assessment.** DCF will develop an EIA tool for use across the department to better examine how different groups will be affected by decisions. The EIA tool guide decision making for policies, practices, and initiatives to reduce adverse impacts on historically marginalized populations. ODEB will provide coaching and guidance on how to use the EIA tool.
- **Culture visions.** Using the Creating Model by Robert Fritz, divisions and offices across the department will develop individualized culture visions to foster their vision and strategy through diversity, equity, and belonging perspective incorporating efforts such as Courageous Conversations, cultural celebrations, lunch and learns, and more.
- **Courageous Conversations.** Courageous Conversations are open, honest conversations about race, encouraging vulnerability, reflection, and accountability. They are tailored to each division or office and co-facilitated by ODEB and DCF trainers (other trained DCF personnel). Courageous Conversations can be integrated into the Division/Office Culture Plan strategies or requested separately. Frequency will be determined by the specific and tailored requirements of the division/office, such as quarterly, monthly or bi-weekly sessions. It is anticipated that 10% of our workforce will participate in Courageous Conversations in year one (31 sessions * 20 participants = 620). ODEB will increase that by 50% in year two and by 25% years three through five. By year five this will result in 392 Courageous Conversations; 7,840 total participants; and 1,170 unduplicated participants.
- **Employee Equity Consciousness.** DCF aims to consciously direct its workforce's dispositions to recognize oppression and advance liberation; build staff's knowledge base through examination of various identities so that biases can be addressed; continually increase awareness and skills and grow equity literacy; cultivate empathy towards all

⁸³ [DEB-StrategicPlan-2023-25.pdf \(nj.gov\)](#)

⁸⁴ [Advancing Racial Equity: A Framework for Federal Agencies | Race Forward](#), [Toolkit for Human Services Procurement – Contracting for Transformation \(fullframeinitiative.org\)](#)

historically oppressed and marginalized populations; and acknowledge the trauma these groups have faced and foster healing.

- **Community co-design for equitable and anti-racist solutions.** ODEB will use the Chi-By-Design anti-racist co-design principles, which views challenges in a community through an anti-racist lens to co-design anti-racist outcomes for social and civic challenges with communities. We will partner with other Transformational Offices and communities to redesign the structures that create inequities and power-based structures to co-create sustainable equity.

Figure 55 includes benchmarks for achieving Goal 3, Objective 1 over the next five years.

Figure 55. Benchmarks for Goal 3, Objective 1

Year 1	(1) DCF will review data outcomes of key service contracts by race and ethnicity to identify recommendations. (2) DCF will pilot Equity Impact Assessment (EIA) and finalize tool. (3) DCF will train ODEB staff in the culture visions framework. All CP&P local offices will develop culture visions. (4) Cohort 1 will complete the Courageous Conversations (CC) train the trainer program and facilitate CC sessions to all CP&P local offices that requested CCs.
Year 2	(1) DCF will implement identified recommendations to ensure equity in access and quality of services. (2) DCF will implement EIA statewide and provide department-wide training and coaching on its use. (3) All Central Office Divisions will develop culture visions. (4) Cohort 1 will facilitate CC sessions with all Central Office Divisions who requested CCs. (5) DCF will determine metrics for measuring employee equity consciousness. (6) DCF will develop a process for family and community co-design of equitable and anti-racist solutions and pilot the co-design process in a CP&P local office.
Year 3	(1) DCF will continue to implement the identified recommendations. (2) DCF will continue to track fidelity of EIA and to measure outcomes. (3) Cohort 2 will complete the CC train the trainer program. (4) DCF will administer first equity consciousness survey. (5) DCF will expand the co-design process to 9 CP&P local offices.
Year 4	(1) DCF will continue to evaluate availability, accessibility and appropriateness of services through an equity lens with community. (2) DCF will continue to track fidelity of EIA and to measure outcomes. (3) Cohort 3 will complete the CC train the trainer program. (4) DCF will administer second equity consciousness survey. (5) DCF will expand the co-design process to 9 CP&P local offices.
Year 5	(1) DCF will continue to evaluate availability, accessibility and appropriateness of services through an equity lens with community. (2) DCF will continue to track fidelity of EIA and to measure outcomes. (3) Cohort 4 will complete the CC train the trainer program. (4) DCF will administer third equity consciousness survey. (5) DCF will expand the co-design process to 9 CP&P local offices.

Rationale for Goal 3, Objective 2. National child welfare data demonstrates the historically disproportionate rate at which Black, Hispanic and Native American children are placed in out of home care as compared to white children. While disproportionate placement takes place across the country, disproportionality in New Jersey is among the worst. According to data from the Children's Bureau, New Jersey has the highest disparity index in the placement of Black children compared to white children and the ninth highest disparity index in the placement of Hispanic children compared to White children.⁸⁵ More specifically, in New Jersey in 2021, Black children were placed at 4.3 times the rate of White children, and Hispanic children at 1.5 times the rate of white children.⁸⁶ This disparity in placement rates exists in nearly every CP&P local office across the state.⁸⁷

⁸⁵ State-Specific Foster Care Data 2021 | The Administration for Children and Families (hhs.gov)

⁸⁶ [State-Specific Foster Care Data 2021 | The Administration for Children and Families \(hhs.gov\)](#)

⁸⁷ NJ Child Welfare Data Hub | Data Hub (rutgers.edu); DCF (nj.gov)

To begin addressing and eliminating placement disparity within CP&P, DCF is undertaking a placement disparity initiative, relying on a CoQI process. DCF is examining placement rates by race and disparity indexes by CP&P local office, assessing outliers, and exploring root causes via focus group, case record reviews, and literature review. From there, DCF is designing and implementing interventions for decreasing disparities in placement. Figure 56 includes benchmarks for achieving Goal 3, Objective 2 over the next five years.

Figure 56. Benchmarks for Achieving Goal 3, Objective 2

Year 1	DCF will identify strategies for decreasing disparities in placement based on focus group and other data. ODEB and CP&P will pilot identified changes.
Year 2	ODEB and CP&P will expand pilot to include additional sites. DCF will determine statewide scaling and implementation plan.
Year 3	DCF will execute the statewide scaling and implementation plan.
Year 4	DCF will continue to execute the statewide scaling and implementation plan.
Year 5	DCF will continue to execute the statewide scaling and implementation plan.

Goal 3, Staff Training, Technical Assistance, Evaluation, and Other Implementation Supports. To accomplish Goal 3 and the identified objectives, DCF will rely on sustained federal and state funding and the core infrastructure components described in Section 1, *Vision and Collaboration*. Additional highlighted implementation supports required for Goal 3 include the following.

- **Capacity building and technical assistance for DCF staff.** In Year 1, DCF will rely on an outside consultant to train ODEB staff via a train-the-trainer model to facilitate CCs. In Year 1 and 2, DCF will work with consultant, Chi-by-Design, for development of the community co-design for equitable and anti-racist solutions.
- **Capacity building and technical assistance to be provided by DCF.** In Year 1, DCF will support divisions, offices and CP&P local offices as they build the capacity to develop culture visions. In Year 2, DCF's ODEB will train DCF staff on use of the EIA tool.
- **Evaluation and research activities.** In Year 1, DCF will create a data specialist position specific to ODEB to enhance Department capacity to collect and utilize disaggregated administrative and program data, as well as management of data related to the impacts of the strategies described above. In Year 2, DCF will develop an equity consciousness survey, which will be deployed to DCF staff in Years 3, 4 and 5.
- **Other implementation supports.**
 - o **Data collection and information technology.** In all years covered by this CFSP, DCF will rely on data collection tools, such as Microsoft Forms, to capture survey data and track other initiative measurement.
 - o **Community partnerships and meetings.** Beginning in Year 2, DCF will rely on community partnerships and use of community meeting spaces in the communities of the local offices engaging in the co-design process.

Section 4. Services

A. Child and Family Services Continuum

DCF provides and oversees an array of public services for children, youth, families and adults

beyond child welfare and protection; the department's scope also includes New Jersey's public behavioral health care system for children and families, provision of public services for children with I/DD and their families, specialized educational programming, support services aimed at promoting success of transition aged youth, the administration of a network of community-based services focused on strengthening families and preventing and interrupting child maltreatment, and services and programming to support women. Some of the services available through DCF are direct services provided by DCF staff to children and families, e.g., child protection investigations, case management. Other services are provided via a network of community-based organizations and vendors operating under contract with the Department. For a summary of DCF's current service array, including its child and family services continuum, see Attachment B.

As described in Section 1, *Vision and Collaboration*, at the onset of the current administration, the executive leadership team focused on understanding the strengths and gaps of the existing child welfare system in New Jersey, including the then-existing service array. As planned for in the previous CFSP, DCF identified and moved forward with necessary improvements and additions, leading to the department's current service array. For a summary of DCF's service array, see Attachment B. DCF has continued to review the service array and the changing needs of children and families across the state to ensure that they have access to a network of high-quality services to address their functional and clinical needs. This section describes key inputs into and findings of the agency's service array assessment, as well as DCF's plans to achieve service excellence.

B. Assessment of Strengths and Gaps in Services

Descriptions of the key inputs into DCF's assessment of the strengths and gaps in its service array, as well as findings of that assessment follow.

Synthesis of existing needs assessments. In March and April 2019, DCF conducted a meta-synthesis of DCF-related, existing needs assessments to gain a more comprehensive understanding of the challenges and needs of families in New Jersey. The team reviewed administrative child welfare data from the CP&P statewide comprehensive child welfare information system (CCWIS), NJSPIRIT, and multiple unique needs assessments representing the voices of over 2,000 youth, caregivers, DCF staff, and external stakeholders, e.g., advocates, providers, etc., and a range of other perspectives.

Figure 57. 2019 Needs Assessment Meta-Synthesis Inputs

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

The synthesis sought to triangulate common themes across needs assessments with quantitative information from DCF's administrative data. The analysis of DCF's administrative data showed that, 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 instability, financial issues, and

child mental health challenges affected over one-third of children in out-of-home placement. The majority of children in out-of-home placement (83%) experienced co-occurring challenges compared to just under half (42%) of children served in their own homes. Concrete supports were frequently identified as a challenge across all stakeholder groups and included housing, transportation, childcare, healthcare/insurance, financial, and employment assistance.

Analysis of qualitative feedback through the means listed in Figure 56 above, showed interesting themes related to the needs of families. Of note, the challenges identified varied by the type of respondent (e.g., a parent, Department staff, external stakeholders, etc.); professionals most often identified a need for additional professional services, whereas constituents most often described a need for parent skill development and concrete supports. Findings are outlined below in Figure 58.

Figure 58. 2019 Needs Assessment Synthesis Service Themes

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

The synthesis also illuminated cross-cutting needs related to systems and delivery of services. As a means of organizing this feedback, DCF adopted the United Nations' rights-based AAAQ framework. Originally developed for the healthcare sector, the AAAQ framework is recognized as a tool for understanding and analyzing quality of service delivery across fields. Service delivery needs fell under the four domains of the framework, including availability (e.g., targeted services for special populations), accessibility (e.g., flexible service hours), acceptability (e.g., trauma-informed and culturally appropriate services), and quality (e.g., evidence-based programming) of services. Systems needs included enhanced communication and data sharing across systems and a "one-stop-shop" model through which caregivers can receive support for a variety of challenges in one place rather than working with multiple providers and organizations to meet their needs.

DCF/HSAC Statewide Needs Assessment. HSACs are DCF-funded, statutorily mandated, 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 social services through collaborative relationships within the county and among the counties, and with private and state agencies. During 2019-2020, DCF, through the HSACs, completed a statewide needs assessment to attain county-specific qualitative information related to family and youth needs and barriers to meeting those needs. At the conclusion of the data collection, DCF engaged Rutgers University to complete a statewide synthesis of the findings from all 21 counties, summarizing priority need areas, barriers to addressing those needs, impacted subpopulations, successes and progress, and recommendations for action. Each of the 21 county reports, as well as the statewide synthesis, were made public and, in August 2021, DCF and Rutgers University held a public forum to disseminate findings to stakeholders throughout the state.⁸⁸ Despite substantial differences in demographics, population density, income level, industries and more,

⁸⁸ https://www.nj.gov/dcf/about/divisions/asi/hsac_needs_assessment.html

New Jersey's 21 counties largely identified the same needs and barriers: housing, mental/behavioral health care for adults and children and substance use services. County HSACs also generally identified the same, often compounding, barriers to access available services: lack of awareness of services, transportation, wait lists and stigma.

Family Strengths Survey. Since December 2020, DCF has partnered with Rutgers Center for State Health Policy to implement the Family Strengths and Needs survey project. The project includes a statewide phone survey focused on understanding families' challenges during the COVID-19 pandemic related to mental health, substance use, concrete supports, and access to services. The first wave, which took place September 2021 through February 2022, was designed to get prevalence estimates for parents/caregivers in New Jersey. Wave 2 of the survey, which is currently underway, will measure change over time. Findings are expected to be available in Summer 2024. Additionally, the project is conducting more targeted, online "opt-in" surveys focused on parents of children with intellectual and developmental disabilities, survivors of domestic violence and kinship caregivers.

Community Needs Index. The Community Needs Assessment Index is a tool that can be used to identify high needs areas within New Jersey based on a set of family and community-level metrics. Modeled after an index originally created by the Maternal and Child Health Epidemiology Program within the New Jersey Department of Health, Division of Family Health Services for Early Home Visiting Services, the Community Needs Assessment Index combines indicators of premature births, low-birth weight infants, infant mortality, poverty, crime, domestic violence, high-school dropouts, drug-related deaths, unemployment, and child abuse and neglect into one standardized, composite score for each municipality in New Jersey with positive scores indicating increased need and negative scores indicating decreased need.

Taken together, the information gathered during this process suggested that, in order for New Jersey to better meet the needs of children and their families, it is necessary to add new services to the current service array, to improve the existing services, to further develop the department's and provider's capacity to provide quality services, and to improve collaboration across major public sectors. More specifically, there are needs for:

- Additional concrete supports, such as housing and financial and employment assistance, as well as increased and improved capacity in specific social services, such as mental health and substance use disorder treatment for youth and adults, post-adoption services, and more,
- Additional evidence-based services,
- Holistic services for youth and families with complex needs and families with infants,
- Culturally appropriate, trauma-informed, individualized approaches to service provision,
- Removal of barriers to getting help, such as transportation challenges, stigma, and lack of service awareness,
- Improved system coordination, communication, and collaboration, and
- Increased youth and parent voice and community engagement.

C. Plans to Achieve Service Excellence

The information gathering efforts described above made clear that then-existing services were at varying stages of maturity in the extent to which they incorporated family voice, used clear or evidence-based practice models, and had sufficient implementation supports to ensure quality. Between 2019-2021, DCF used this information, in combination with a fiscal analysis of purchased services, to identify a core set of services to be provided statewide and to identify opportunities to build out evidence-based approaches, statewide training, and implementation infrastructure.

DCF operationalized the intended changes to the service array by creating “programmatic plans” for each programmatic division.⁸⁹ In order to attend to implementation and sustainability most effectively, DCF established and/or expanded several operational offices to support collaborative model selection, design, implementation, data collection, monitoring, evaluation and ongoing CQI. For example, DCF expanded its OSD with work rooted in principles of implementation science, to ensure DCF’s ability to simultaneously manage large implementation efforts to fidelity across multiple service lines.

During the review of its strategic plan and the development of this CFSP, DCF identified two goals for achieving service excellence. DCF will expand systemic capacity (1) to manage the service array reform and (2) to monitor and ensure the quality of the service array. Within each goal, DCF identified three objectives and time frames for accomplishing those objects as follows.

Systemic capacity to manage the service array reform. To expand systemic capacity to manage the necessary service array reform, DCF will continue to utilize programmatic plans. The programmatic plans serve as roadmaps for reforming practices and improving services. Programmatic plans outline targeted program development activities, timeframes and needed resources to ensure high quality programming using implementation science best practices. DCF will refine the programmatic plans such that all included programs and services will have defined service models, implementation supports, monitoring approaches and measurement strategies.

DCF will also leverage project management practices to ensure the efficient execution and desired outcomes of the service array reforms. Project management provides a structured approach to planning, organizing, and controlling project activities, ensuring clarity of objectives, optimal resource utilization, and proactive risk mitigation and management. By adopting project management practices, DCF can improve the success rates of service array reforms and complex initiatives and enhance overall project performance and outcomes.

Figure 59 includes benchmarks for expanding the systemic capacity to manage service array reform.

Figure 59. Benchmarks for expanding the systemic capacity to manage service array reform

<p>Year 1</p>	<p>Program Plans: DCF will continue to advance service array redesign through programmatic plan process. DCF will conclude development of program development maturity model and assessment of programmatic plans for program maturity. DCF will begin to refine the programmatic plans based on the program development maturity model.</p> <p>Project Management: DCF will finalize standardized workplan for program development for programmatic plans. DCF will integrate the new project management model for programmatic plans and transformational initiatives. DCF will conduct comprehensive resource assessment for Year 2 programmatic plans. DCF will develop project management manual.</p>
<p>Year 2</p>	<p>Program Plans: DCF will continue to advance service array redesign through programmatic plan process. DCF will continue to refine the programmatic plans based on the program development maturity model.</p> <p>Project Management: DCF will continue to use the project management model for programmatic plans and transformational initiatives. DCF will conduct resource assessment for Year 3 programmatic plans.</p>

⁸⁹ 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.

Year 3	<p>Program Plans: DCF will continue to advance service array redesign through refined programmatic plan process.</p> <p>Project Management: DCF will continue to use the project management model for programmatic plans and transformational initiatives. DCF will conduct resource assessment for Year 4 programmatic plans.</p>
Year 4	<p>Program Plans: DCF will continue to advance service array redesign through refined programmatic plan process.</p> <p>Project Management: DCF will continue to use the project management model for programmatic plans and transformational initiatives. DCF will conduct resource assessment for Year 5 programmatic plans.</p>
Year 5	<p>Program Plans: DCF will continue to advance service array redesign through refined programmatic plan process.</p> <p>Project Management: DCF will continue to use the project management model for programmatic plans and transformational initiatives. DCF will conduct resource assessment for following year's programmatic plans.</p>

Systemic capacity to monitor and ensure the quality of services. To expand systemic capacity to monitor and ensure the quality of services, DCF will implement its CoQI process for purchased services, move forward with monitoring of the purchased service network, and make efforts to obligate participation in these quality assurance and improvement processes. As was described in the previous CFSP, DCF recognizes that data focused on the quality of implementation is necessary to support responsible management of programs, assess fidelity and ensure equitable outcomes for service recipients. In 2019, DCF identified the need to overhaul the agency's processes for managing the quality of its purchased services. In 2020 and 2021, DCF reimaged its CQI process, developing an agency wide CoQI framework to replace its earlier CQI infrastructure. For additional information on DCF's CQI infrastructure and the CoQI process, see Section 2, *Assessment of Current Performance in Improving Outcomes*. DCF intends to implement CoQI to continuously improve the quality of purchased services.

Simultaneously, DCF is advancing its ability to identify the strengths and challenges of individual contracted providers, as well as entire service lines. In 2021, DCF released a concept paper describing its new approach to monitoring the quality of the purchased service network via standardized assessment of each provider of a given service.⁹⁰ DCF created an Office of Monitoring (OOM), which has four goals: to ensure clear performance standards, to build sound and transparent monitoring methods, to create and maintain consistent feedback loops with providers, constituents and communities, and to effectively deploy Departmental resources. OOM uses participatory methods, inclusive of providers, constituents with lived experience with relevant services, and Department staff, to create interview guides, case record review protocols, and site visit protocols. Monitoring of services via this new process piloted in 2023 and has launched with additional programs in 2024.

In addition, in 2022, DCF released a set of quality standards for providers, which articulate the type of quality that any constituent deserves when receiving service from the department and its contracted provider network.⁹¹ DCF intends to embed these standards, as well as constituent service expectations and requirements to participate in the CoQI and monitoring processes into DCF policies and contracts.

⁹⁰ [DCF-monitoring-concept-paper-7.7.2021.pdf \(nj.gov\)](#)

⁹¹ [Quality Standards for NJ DCF Providers](#)

Figure 60. Benchmarks for expanding the systemic capacity to monitor and ensure the quality of services

Year 1	<p>Purchased Services CoQI: For Cohort 1 (demonstration) programs, DCF will continue to implement Purchased Services CoQI process. DCF will begin to implement Purchased Services CoQI with Cohort 2 programs. DCF will build fidelity assessment. DCF will implement a reporting/communication plan.</p> <p>Monitoring: DCF will continue monitoring for Wave 1 programs that began in SFY24. DCF will launch monitoring for the remaining Wave 1 programs and all Wave 2 programs and will begin to launch Wave 3 programs. DCF will finalize a Year 2 monitoring calendar.</p> <p>Policy and Contract Updates: DCF will identify and develop any necessary policies related to CoQI, monitoring and constituent service expectations of DCF-contracted purchased services.</p>
Year 2	<p>Purchased Services CoQI: For Cohort 1 and 2 programs, DCF will continue to implement Purchased Services CoQI process. DCF will begin to implement Purchased Services CoQI with Cohort 3 programs. DCF will begin to assess fidelity. DCF will publish biennial findings report.</p> <p>Monitoring: DCF will continue monitoring Wave 3 programs. DCF will launch monitoring in Wave 4 programs. DCF will continue monitoring practices in accordance with the Year 2 calendar and will finalize a Year 3 monitoring calendar.</p> <p>Policy and Contract Updates: DCF will ensure policies and previously adopted standards are incorporated into auditing and licensure processes.</p>
Year 3	<p>Purchased Services CoQI: For Cohort 1, 2 and 3 programs, DCF will continue to implement Purchased Services CoQI process. DCF will continue to assess fidelity.</p> <p>Monitoring: DCF will continue monitoring Wave 4 programs. DCF will continue monitoring practices in accordance with the Year 2 calendar and will finalize a Year 4 monitoring calendar.</p> <p>Policy and Contract Updates: DCF will evaluate how the new policies are working and revise as required.</p>
Year 4	<p>Purchased Services CoQI: DCF will continue to implement Purchased Services CoQI process. DCF will continue to assess fidelity. DCF will publish biennial findings report.</p> <p>Monitoring: DCF will continue monitoring practices in accordance with the Year 3 calendar and will finalize a Year 5 monitoring calendar.</p> <p>Policy and Contract Updates: Constituent Service Expectations: DCF will continue to evaluate how the new policies are working and revise as required.</p>
Year 5	<p>Purchased Services CoQI: DCF will continue to implement Purchased Services CoQI process. DCF will continue to assess fidelity.</p> <p>Monitoring: DCF will continue monitoring practices in accordance with the Year 4 calendar and will finalize a monitoring calendar for the next year.</p> <p>Policy and Contract Updates: DCF will continue to evaluate how the new policies are working and revise as required.</p>

D. Service Coordination

Alignment among systems, including social service agencies, provider networks, families and constituents, and more, has synergistic effects, leading to outcomes that exceed what any one group can do on their own.⁹² DCF relies on and engages in community-based service coordination entities, ensures service coordination for families with active child welfare system involvement, and integrates multiple CB grant programs.

⁹² Glenn M. Landers, Karen J. Minyard, Daniel Lanford, and Hilary Heishman, 2020: A Theory of Change for Aligning Health Care, Public Health, and Social Services in the Time of COVID-19, American Journal of Public Health 110, S178_S180, ajph.aphapublications.org/doi/full/10.2105/AJPH.2020.305821

Community-based Service Coordination Entities. In addition to those partnerships described in Section 1, *Collaboration*, DCF relies on and participates in multiple local, community-based service coordination entities.

- **Human Services Advisory Councils.** HSACs are statutorily mandated, DCF-funded 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, advocates, families, 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. As described in detail earlier in this section, in 2019-2021, HSACs led a county-based needs assessment and analysis process. DCF partners with the HSACs on various initiatives, including efforts to modernize NJ 211 website. For additional information on NJ 211, see Section 3, *Plan for Enacting the State's Vision*.
- **Juvenile Detention Alternatives Initiative.** The Juvenile Detention Alternatives Initiative (JDAI) was developed in response to national trends reflecting a drastic increase in the use of secure detention for juveniles despite decreases in juvenile arrests. JDAI provides a framework of strategies that help reduce the inappropriate use of secure juvenile detention, while maintaining public safety and court appearance rates. DCF has been a partner on the state and local levels collecting and analyzing data while collaborating with the AOC, Juvenile Justice Commission (JJC), and local system partners to identify alternatives to detention. In addition, DCF has partnered with other state agencies to develop coordinated services that maximize the opportunity for children and families served through multiple state and federal programs to receive more holistic support.
- **Juvenile Justice Commission.** In December 2021, the JJC, through the Office of the Attorney General, issued a Restorative and Transformative Justice for Youth and Communities Pilot Program to develop an innovative restorative and transformative continuum of care in four of New Jersey's largest municipalities: Camden, Newark, Paterson, and Trenton. Pursuant to P.L. 2021, c.196, each of the four identified municipalities currently have a restorative justice hub that provides community-based enhanced diversion and reentry wraparound services. DCF partners with the JJC and these local communities through data sharing and analysis, identification of service gaps, and reciprocal referrals across these systems.
- **Youth Housing Continuum.** DCF facilitates a continuum of youth housing programs and related services that are intended to empower eligible homeless youth, youth at risk for homelessness, and youth aging out of the child welfare system, ages 18 – 21 years, to maintain safe and stable housing, develop strengths, and realize their potential as they transition to adulthood. The majority of the youth housing continuum is managed by the Adolescent Housing Hub. The youth housing continuum, which provides services including transitional and supportive housing and street outreach services, matches housing, vouchers or subsidies with wraparound services. The youth housing continuum is made possible via coordination with key stakeholders in the housing and homelessness space, including, the United States Department of Housing and Urban Development (HUD), New Jersey Department of Community Affairs (DCA), contracted provider partners, public housing authorities, Continuums of Care (CoC), landlords and housing developers, and other

community partners, as well as several state and federal funding resources, including Chafee and TANF.

- **Home Visiting Network.** Through partnership with DOH and coordination with state and local stakeholders, New Jersey offers a comprehensive system of care to link pregnant women and parents with necessary health and social support services. The home visiting network offers three targeted, evidence-based home visiting models across all 21 counties: Healthy Families, Nurse-Family Partnership, Parents as Teachers, and one universal evidence-based program. The targeted models provide individualized support in the home to pregnant women, parents and/or other caregivers in families with infants and young children and promote five essential protective factors—promoting infant and child health and development, nurturing positive parent-child relationships, recognizing and facilitating parent resilience, building social and community connections, and providing linkages to resources and concrete supports. Initiated with Maternal, Infant and Early Childhood Home Visitation (MIECHV) grant funding, the home visiting network is now funded via federal and state funds, including TANF, MIECHV, and, by June 2024, Medicaid. Additionally, as described in Section 2, *Plan for Achieving the State's Vision*, and Section 4, *Services*, in 2024, DCF launched a universal, evidence-based program, Family Connects NJ.⁹³ One goal of this program is to link families to their community care systems. Community Alignment Specialists, who work in each county's CNJ hub, are responsible for connecting families to necessary community resources and leading a local Community Advisory Board, consisting of parents and community stakeholders who serve as resources, referrals, champions, and advocates for their local CNJ.
- **Single Point of Entry Integrated Early Childhood System.** Since 2012, DCF has led the State's Help Me Grow NJ (HMG) initiative, which promotes the development of an integrated early childhood system that supports children and their families to achieve optimal wellness. HMG improves coordination and integration of services and programs across the DCF, DOH, DHS, and DOE systems of care, allowing pregnant people and parents of infants and children up to age 5 to access earlier prevention, detection, intervention, and treatment services. HMG uses collective impact approach to enhance early childhood systems and demonstrate improved outcomes in population-based children's developmental health and family well-being indicators via a Collaborative Innovation and Improvement Network model. A statewide network of CNJ hubs, jointly planned and managed by DCF and DOH, facilitate care coordination and efficient linkages for families to services that support a child's health development and family well-being, including home visiting, Head Start Services, childcare, adult education, housing, infant and child health care, prenatal care, early intervention services, mental health services, Women, Infants and Children (WIC) benefits, and other local community services. CNJ hubs utilize the Ages and Stages Questionnaire (ASQ) developmental health promotion and screening policies.⁹⁴ Local CNJ staff are knowledgeable on the statewide and local array of available services and work closely with families and provider partners to ensure that service referrals best match a family's needs based on program eligibility, language, culture, and other considerations. Key partners and stakeholders in the integrated early childhood system include DOH, DOE, New Jersey Department of Labor (DOL), DHS, the CNJ hub providers, parent leaders, home visiting agencies, Advocates for Children of New Jersey, the Statewide Parent Advocacy Network, FSCs, Early Intervention, childcare agencies and more. Community alignment specialists, who are integral to the Family Connects NJ UHV program, and ECSs, who consult with CP&P,

⁹³ [Family Connects NJ](#)

⁹⁴ <https://agesandstages.com>

are housed within the CNJ hubs. For additional information on these roles, see descriptions earlier and later in this section.

- **School-Based Programming.** DCF's Office of Family Support Services partners with school districts and community providers throughout the state to operate the NJ4S and School-Based Youth Services (SBYS) programs. Launched for the 2023-2024 school year, NJ4S is an innovative, statewide hub and spoke model of services and resources to support youth mental wellness and positive youth outcomes. NJ4S coordinates and expands the delivery of primary prevention program to all New Jersey schools and communities and provides secondary prevention, screening, brief clinical intervention and referral to treatment for public schools and communities with the highest need. For additional information on NJ4S, see Section 1, *Vision and Collaboration*, and Section 3, *Plan for Enacting the State's Vision*. SBYS services are available to all enrolled students in participating schools and may include evidence-based programming and supports, such as mental health counseling, substance use prevention and counseling, preventative health awareness, primary medical linkages, learning support, healthy youth development, recreation, and information/referrals. A subset of SBYS programs receive additional funding to implement the Parent Linking Program (PLP), which aims to prevent child abuse and neglect, minimize or eliminate barriers that may impede expectant or parenting teens from completing their education, strengthen pregnant and parenting teen's abilities and parenting skills, improve child and maternal health outcomes, reduce the likelihood of repeat teen pregnancies, strengthen positive young father involvement and coparenting relationships as appropriate, decrease intimate partner violence and raise awareness of available resources. PLPs rely on use of the ASQ and evidence-based Partnering with Teen Parent and Safe Dates curricula.
- **Children's Interagency Coordinating Councils.** Children's Interagency Coordinating Councils (CIACCs) are entities that foster cross-system service planning for children with behavioral health problems. CIACCs, which exist in every county, serve as the mechanism to develop and maintain a responsive, accessible and integrated system of care for children with special social and emotional needs and their families through the involvement of parents, consumers, youth, and child-serving agencies as partners.
- **Pediatric Psychiatry Collaborative.** The statewide Pediatric Psychiatry Collaborative (PPC) implements a best practice collaborative care model to increase pediatric primary care capacity to identify and manage child mental health and substance use disorders and connect children and families with specialty care services when clinically indicated. PPC leverages two innovative approaches: integrated primary and behavioral healthcare and the use of telehealth as an extender of specialty care to increase access to child psychiatry services. The PPC operates statewide.
- **Problematic Sexual Behavior In Minors Framework.** In 2023, after more than a year of collaboration between DCF, law enforcement, CACs, RDTCs, mental health professionals and child advocates, DCF released a framework for a statewide, coordinated therapeutic support and healing for child victims and child initiators of sexual abuse and their families.⁹⁵ The Problematic Sexual Behavior (PSB) framework ensures that all youth involved in PSB and their caregivers have access to specialized medical and mental health services. This program, which is being coordinated, implemented, and monitored by the New Jersey Children's Alliance, includes four primary components: referral process, training, funding administration and oversight, and accountability.

⁹⁵ [PSB Framework 052323.pdf \(nj.gov\)](#)

Service Coordination for Families with Active Child Welfare System Involvement. Families involved with the child welfare system frequently face multiple stressors and complex clinical issues, including medical and mental health challenges, substance use, domestic violence and more. Responding to these challenges often requires specialized clinical skills and knowledge. When families' unique needs require an integrated service approach that includes both clinical and case management services, CP&P staff help to ensure families access appropriate supports and services by partnering with specialized consultants in assessment, planning, and coordination of services. Each CP&P local office has access to the following specialized consultants and supports.

- **Resource Development Specialists.** Resource Development Specialists (RDS) help caseworkers identify service providers and make appropriate referrals. RDSs act as liaisons between CP&P local offices and community and system partners. They create positive and collaborative partnerships with community agencies to assist in the identification of available local services and resources to meet clients' needs to achieve case goals. RDSs attend community events, conduct presentations and disseminate information to raise awareness about child abuse and neglect and CP&P. They also provide feedback to local office managers and DCF's Office of Contract Administration (OCA) regarding service needs and available resources.
- **Child Health Program Nurses.** DCF contracts with Rutgers University School of Nursing to ensure that a Registered Nurse is assigned to provide comprehensive care coordination for every child in foster care. CHU nurses help to ensure each child's medical and behavioral health care needs are met and provide overall healthcare case management. CHU nurses connect children to a medical home, visit children in their resource homes, attend Family Team Meetings, review medical records and assessments, engage biological and resource families in healthcare planning, and assist in developing plans for safe care. CHU nurses work with community pediatric providers in all settings, including the Federally Qualified Health Centers, RDTCs, WIC programs, Head Start, Early Intervention services, and more. In some counties, CP&P can refer families with in-home cases to the Child and Family Nurse Program (CFNP) to assess health care needs, provide ongoing care coordination and make links to health care services in the community. For additional information on CHU and CFNP, see the *Healthcare Oversight and Coordination Targeted Plan*.
- **Child Protection Substance Abuse Initiative.** The Child Protection Substance Abuse Initiative (CPSAI) provides Certified Alcohol and Drug Counselors and counselor aides to support caseworkers in case planning when substance use is identified as a concern. They assess, refer, and engage clients in appropriate treatment to address their individual needs and provide training to CP&P staff on topics related to substance use disorders. Through a Memorandum of Agreement between DCF and DHS, CPSAI staff ensure system coordination for TANF and General Assistance eligible families with the Work First New Jersey Substance Abuse Initiative. CPSAI also offers peer recovery support services (PRSS) for clients during and after formal treatment. PRSS provide one-on-one peer support to CP&P-involved parents or caregivers who are seeking to establish or strengthen their substance use recovery process. All peers have relevant life experiences. PRSS are tasked with providing encouragement, motivation, and support, assisting the parent to develop skills and access the resources needed to initiate and maintain recovery.
- **Domestic Violence Liaison program.** The Domestic Violence Liaison (DVL) program is a collaboration between CP&P, DOW, and the New Jersey Coalition to End Domestic Violence.

The goal of the program is to increase safety and stability and improve outcomes for children and their non-offending parents in situations where child abuse and domestic violence co-occur. The DVL program strengthens the capacity of systems and agencies to respond effectively to families experiencing domestic violence and child abuse and to promote best practices. DVLs are co-located in the 46 CP&P local offices statewide to assist caseworkers in on-site assessment, case management, safety planning, support, and advocacy for domestic violence victims and their children. DCF also offers domestic violence abuse intervention programming (AIP) across the state, having expanded to 14 new counties in FY23 and FY24. The new AIP programs implement the evidence-informed Risk, Needs, Responsivity (RNR) framework that utilizes individualized treatment plans for participants based on their risk level and unique needs. RNR relies heavily on partnership with referral partners, including CP&P, the courts, and survivor advocates, through use of monthly MDT teams.

- **Clinical Consultants.** Managed by Care Management Organizations, clinical consultants are licensed behavioral health professionals, who provide on-site consultation services to CP&P staff regarding children and youth with behavioral health concerns and intellectual and developmental challenges. Clinical consultants also review records and make recommendations regarding appropriate behavioral health interventions to improve and support each child in achieving positive outcomes.
- **Early Childhood Specialists.** ECSs, who are structured within the aforementioned CNJ system, are specially trained professionals with extensive knowledge of infant mental health and parent-child relationships. To best integrate early childhood services throughout the child welfare system and strengthen system integration and local service linkages, ECSs provide consultation, assessment, and enhanced planning, engage in staff development, and attend Plans of Safe Care (POSC) case conferences. They provide referrals to services available through New Jersey's integrated early childhood system. For information on the integrated early childhood system and CNJ, in this section above.
- **Educational Stability Liaisons.** When children enter out-of-home care, they are permitted, pursuant to statute, to remain in their home school. Education Stability Liaisons in each local office collaborate with the local school districts to implement the education stability process to ensure continuity of education programming for youth. They also assist caseworkers to navigate educational planning and the education stability process.

In addition to the specialized consultants described above, DCF coordinates and funds services for child welfare involved families. Examples follow:

- **Mobile Response and Stabilization Services for Resource Families.** DCF's Mobile Response and Stabilization Services (MRSS) program ensures that all children and youth, ages 3 through 17 years old, who enter out-of-home care receive behavioral health assessment and services at the time of placement. MRSS aims to mitigate trauma and facilitate stabilization for children and youth by providing increased support and education to youth and caregivers during the transition into a new home. MRSS workers assess and attend to behavioral health needs, assist resource parents to understand the child's needs, develop strategies and plans to best support the youth, and facilitate access to continued behavioral health care support and services through the CSOC when necessary. MRSS, which is available 24/7/365, also serves as DCF's community-based crisis response component, providing face-to-face response within one hour or 24 hours based on family request. Through its Infant and Early Childhood Mental Health 0-5 initiative, CSOC is building capacity for MRSS

providers to deliver assessment and stabilization services for very young children.

- **Keeping Families Together.** KFT is a housing-first, supportive housing intervention intended to support a subset of high needs, child welfare-involved families, faced with co-occurring challenges, e.g., homelessness, substance use, medical or mental health conditions, and domestic violence. The goal of the program is to safely prevent child protection removals of children and reduce recidivism within the child welfare system by improving housing stability and family well-being. Through collaboration with DCA, DHS, private housing developers, community-based providers, and more, KFT provides over 650 families with housing assistance and comprehensive wraparound services.
- **Family Preservation Services.** Family Preservation Services (FPS) is a statewide, intensive, in-home crisis intervention and family education program that serves families with children at imminent risk of out-of-home placement or preparing to be reunified. With family-centered assessment, skill-based interventions and some limited financial assistance, FPS strives to ensure the safety of children, stabilize families, improve family functioning, prevent unnecessary out-of-home placements, and link families with community supports and resources. FPS coordinates and teams with the family, CP&P staff, providers and community resources to advance the family's treatment goals. FPS relies on partnerships at the state and local level to ensure that families are connected to entitlement benefits, e.g., TANF, Medicaid, the Child Care Development Block Grant, Supplemental Nutrition Assistance Program (SNAP), Head Start, and other formal and informal supportive services, e.g., substance use services, domestic violence services, mental health treatment, housing supports. DCF is in the process of integrating Motivational Interviewing, an evidence-based counseling approach, into the FPS model to both improve overall family stability and strengthen program sustainability via future federal claiming opportunities associated with FFA.

Integration of Children's Bureau grant programs. As the State's Title IV-B and Title IV-E lead agency, DCF ensures coordination of plans, strategies and provision of the contracted services for children and families. Further coordination is made possible through DCF's role as lead agency for various federal grants, including the Community-Based Child Abuse Prevention (CBCAP) and Children's Justice Act (CJA) grants. Recently, DCF consolidated much of its federal planning related to CB grant programs within one office. This includes development of this CFSP, monitoring of CFSP goals and objectives, organization of the APSRs, planning for the statewide assessment of the CFSR, management of the FFA five-year plan and program development and coordination, application and monitoring of progress related to federal CBCAP and CJA grants, and more. This reorganization increases DCF's ability to integrate across federal plans, to synergize efforts whenever possible, and to effectively coordinate with state, e.g., the Court Improvement Plan Coordinator, and federal entities, including the CB partners and consultants.

E. Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1)

DCF utilizes Title IV-B, Subpart 1 funding for caseworker activities directly provided to children and families, including investigations of child abuse or neglect, caseworker visits with children in their own home or in out-of-home placement, and case planning activities to promote family stabilization and permanency. Additionally, Title IV-B, Subpart 1 funding helps to support the prevention and family support services described in the Title IV-B, Subpart 2 section, below. The specific statutory requirements of Title IV-B, Subpart 1 are addressed in the sections that follow.

Services for Children Adopted from Other Countries. Children adopted internationally do not usually interface with the public system as the families interested in adopting children from other

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

In the event that an international adoption disrupts after the child is adopted in the United States and the child enters CP&P out-of-home placement, DCF will make every effort to place the child with kin of the child's adoptive family. If adoption dissolution occurs and it is not in the best interest of the child to achieve legal permanency with their adoptive kin, and the child has a pre-existing relationship with a biological family member out of country, that relative would be considered for an adoptive placement. DCF has a protocol that requires New Jersey adoption agencies to maintain information regarding the number of intercounty adoptions and the countries from which the children originate; DCF's OOL has access to this information. To facilitate that assessment and home study process, DCF would contact the United States Department of State, Office of Children's Issues to request approval from the Secretary of State and the relevant foreign authorities for the child to return to the country of origin. Upon approval, DCF will contact International Social Services (ISS). Staff from DCF's Office of Interstate Services will work with ISS regarding intent to assess and place for adoption.⁹⁶ CP&P will work to facilitate the placement and supportive services to transition the child back to their family and country of origin for the purpose of legal permanency.

Services for Children Under the Age of Five. As was the situation during Round 3 of the CFSR, more recent data, included in Figures 61-63, demonstrates that achieving permanency outcomes for children, especially children under the age of five, is a challenge in New Jersey. For the 2019 entry cohort, 37% of children ages 0-18 achieved permanency within 12 months. An examination of entry cohorts of young children entering foster care between 2014-2022, shows children ages one to five (36%) and, even more so, children under the age of one (26%) are less likely to achieve permanency within 12 months of entering out-of-home placement than other age groups. For these same age groups, the median lengths of stay of were 15 months and 21 months respectively, longer than any other age group. DCF anticipates that the uptake of SBC, additional coaching via Case Practice Liaisons, the Case Practice Unit and local leadership on the effective use of action planning to maintain progress towards outcomes, and the service array reform will have a strong positive impact on permanency for all age groups, including young children. For information on the enhanced case practice model, see Section 2, *Assessment of Current Performance in Improving Outcomes*. For information on the service array reform, see Section 4, *Services*.

⁹⁶ <https://dcfpolicy.nj.gov/api/policy/download/CP-P-IV-C-9-100.pdf>

Figure 61. Permanency for Children ages 5 and under

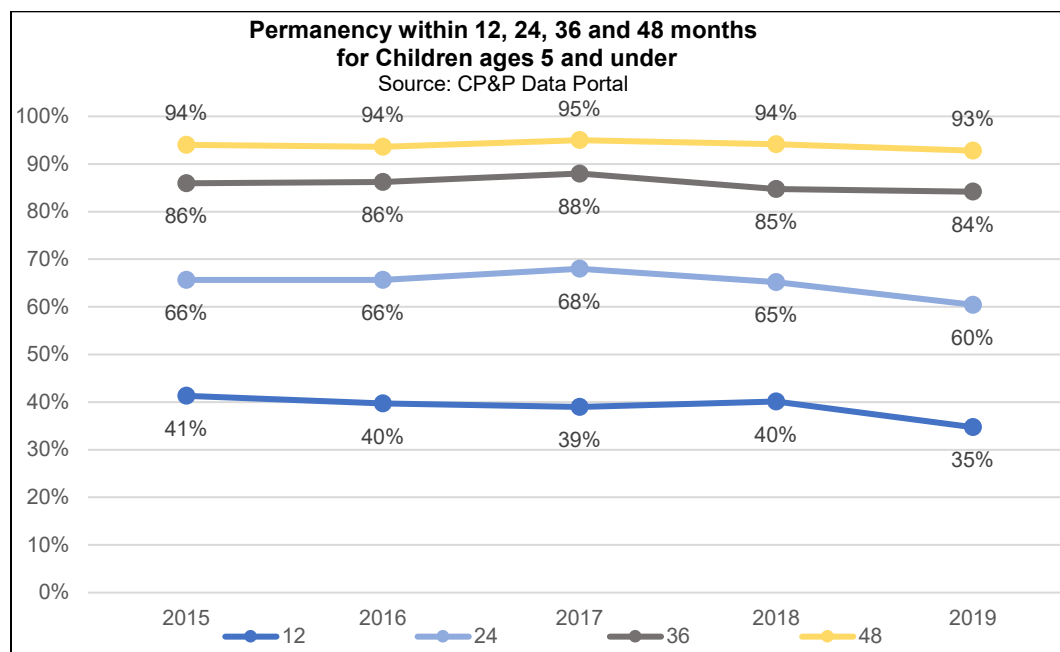


Figure 62. Children under 1 and 1 to 5 who achieved permanency within 12 months

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

Figure 63. Median Length of Stay for Children under 1 and 1 to 5 who Entered Care

Age	2015	2016	2017	2018	2019	2020	2021	2015	2016	2017
Under 1	15	15	16	17	15.0	17	15.0	20	20	21
1-5 years	10	11	12	9.9	12	13	11	13	15	15

During the period of SBC uptake and service array reform, DCF will continue to offer supports and services to address the needs of at-risk children under the age of five, including their developmental needs. Through CP&P, CSOC and FCP, DCF provides services to young children in foster care, as well as those children served in their own homes and other community-based settings. Highlights follow.

- **Home Visiting.** As is described earlier in this section, New Jersey provides a statewide continuum of targeted, evidence-based home visiting services—Healthy Families, Nurse-Family Partnership, and Parents as Teachers—as well as a statewide, universal evidence-based program, Family Connects NJ. The targeted models provide individualized support in the home setting to pregnant women, parents and/or other caregivers in families with infants and young children and promote five essential protective factors—promoting infant and child health and development, nurturing positive parent-child relationships, recognizing and facilitating parent resilience, building social and community connections, and providing linkages to resources and concrete supports. In 2024, DCF launched Family Connects NJ, a UHV model for newborns that includes 1-3 home visits through a DCF-contracted local nursing provider and aims to connect families with newborns to their community care systems. Visits are offered to all families at no cost, regardless of income, insurance, or immigration status.

Market research conducted to inform the launch of Family Connects NJ elevated calls to have services delivered via nurses who matched the cultural and linguistic background of the constituents served; the procurement process required providers to address their approach for ensuring the cultural and linguistic diversity of the community. Additionally, nurse provider staff are required to take training on reducing implicit bias in maternal and child health. For detail on DCF's 5-year plan for the Family Connects NJ program, see Section 3, *Plan for Enacting the State's Vision*.

- **Single Point of Entry Integrated Early Childhood Services and Early Childhood Specialists.** As is described earlier in this section, the HMG initiative promotes a coordinated and integrated early childhood system across DCF and multiple sister agencies to support children through age five and their families achieve optimal wellness. The state's network of CNJ hubs facilitates care coordination and efficient linkages for families to services that support a child's health development and family well-being. ECSs, detailed above, are specially trained professionals with extensive knowledge of infant mental health and parent-child relationships who support CP&P staff.
- **Child Health Care Case Management.** As is described earlier in this section, DCF contracts with Rutgers University School of Nursing for its CHU and CFNP programs. CHU and CFNP rely on the American Academy of Pediatrics for evidence-based best practice guidance to achieve optimal health outcomes for children in care. These specialized nurses ensure that each child's medical and behavioral health care needs are met. Additionally, CHU nurses assist in developing POSC for infants affected by prenatal substance use and withdrawal. For addition information on CHU and CFNP, see the Healthcare Oversight and Coordination Targeted Plan.

Efforts to Track and Prevent Child Maltreatment Deaths. One of DCF's core functions is the protection of children from maltreatment. While child fatalities from maltreatment are relatively rare in New Jersey⁹⁷, their prevention remains a priority for the Department. When a maltreatment related fatality occurs, a child's cause of death and manner of death must be certified by a physician, typically a medical examiner. "Manner of Death" refers to one of six subcategories of death: other homicide, suicide, accidental, natural, child maltreatment, and unknown/undetermined. "Cause of Death" refers to the specific mechanism of death and can vary greatly.

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

- Child maltreatment was the manner of death for 37% of the fatalities. Other homicide accounted for 29%. The manners of death for the remaining 34% was a combination of: accidental, natural causes and unknown/undetermined.
- Children less than one year old accounted for 43% of the fatalities.
- Male children accounted for 56% of the fatalities.
- Black or African American children accounted for 39% of the fatalities. White children accounted for 28% of the fatalities. Hispanic children accounted for 22% of the fatalities.

When a child fatality occurs, it is reported to DCF's Fatality and Critical Incident Review Unit (FCIRU). Because New Jersey law requires any person with reasonable cause to believe a child

⁹⁷ In 2022, New Jersey's rate of child maltreatment-related fatalities was 0.95 per 100,000, less than half the national average of 2.73 per 100,000. Source: Child Maltreatment 2022.

has been subjected to abuse or neglect to immediately report this information to DCF⁹⁸, reporters may include law enforcement agencies, medical personnel, family members, schools, medical examiner offices, child death review teams, and more. The State's Bureau of Vital Statistics confirms all child fatalities and supplies birth and death certificates upon availability. The CP&P Assistant Commissioner makes the determination as to whether the child fatality was a result of child maltreatment. DCF's NCANDS liaison consults with the FCIRU Coordinator to ensure that all child maltreatment fatalities are reported in the state NCANDS files. NJ SPIRIT is the Department's primary source of reporting for child fatalities in the NCANDS Child File. Child maltreatment deaths are reported in the NCANDS Child File in data element 34, Maltreatment Death, based on data collected and recorded by investigators in NJSPIRIT's Investigation and Person Management screens. If a child fatality is designated as a child maltreatment fatality by FCIRU under CAPTA is not reported in the NCANDS Child File due to data anomalies, it is reported in the NCANDS Agency File in data element 4.1, Child Maltreatment Fatalities not reported in the Child File.

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

Many of the key initiatives included in DCF's strategic plan and the objectives included in Section 3, *Plan for Enacting the State's Vision*, will help to prevent maltreatment and maltreatment-related fatalities. Examples include:

- The use of human factors debriefing and safety science to identify systems improvements needed to prevent fatalities and serious injuries. For information on DCF's plans related Collaborative Safety, see Goal 2, Objective 1 in Section 3, *Plan for Enacting the State's Vision*.
- The use of geospatial risk modeling to identify communities and populations in need of focused prevention efforts. For information on DCF's plans related to geospatial risk modeling, see Goal 1, Objective 1 in Section 3, *Plan for Enacting the State's Vision*.
- The growth of an array of home visiting services to support families of young children, given that they are at elevated risk of maltreatment related fatalities. For information on home visiting services, see above in this section.
- The ongoing process to identify and implement necessary improvements to the prevention service array, incorporating EBPs as warranted. For information on DCF's plans to achieve service excellence, see above in this section.
- Participation in the CDC's Sudden Unexpected Infant Death (SUID) Case Registry via a five-year grant to collect data to answer the questions of why seemingly healthy babies die and why significant racial and ethnic differences in SUID continue. DCF will rely on new and existing partnerships with medical examiners, Vital Statistics, and law enforcement to improve the timeliness of SUID identification, standardize death scene investigations, and increase FCIRU's ability to review cases through a health equity lens and to understand the relationship

⁹⁸ N.J.S.A. 9:6-8:10

between social determinates of health, health disparities and SUID rates.

As these activities are further developed and as data on their impact emerges, DCF will rely on dialogue with NJTFCAN and CFNFRB to provide ongoing input and feedback on these and related initiatives.

F. MaryLee Allen Promoting Safe and Stable Families (Title IV-B, Subpart 2)

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. At least 20% of the funding must be spent on programs in each of the following four categories: FPS, Family Support Services, Family Reunification Services and Adoption Promotion and Support Services.

In New Jersey, PSSF-funding programming supports families by providing education, in-home crisis intervention, supportive housing, family stabilization, a continuum of visitation services for children in placement, reunification support, support to child victims of domestic violence, and treatment services to reduce the risk of maltreatment and child maltreatment fatalities. For a list of DCF programs that utilize PSSF funding, including program descriptions, geographic areas, populations served, and the number of actual and anticipated clients and families served, see Attachment B to DCF's 2025 Final APSR, *2025 APSR PSSF Table*.

DCF makes continuous efforts to ensure programs funded via PSSF support the department's efforts to ensure that quality services are culturally responsive and linguistically accessible to previously underserved populations. To support these efforts, DCF's OOM and OCA provide monitoring and oversight for contracted services, including those funded through PSSF. As described in Section 4, *Services*, DCF monitors the quality of the purchased service network via standardized assessment of each provider. Monitoring began in 2023, continues to expand to additional programs in 2024, and will ultimately include all DCF-funded programs. Monitoring includes an assessment of both program standards and quality standards. The quality standards articulate the type of quality that any constituent deserves when receiving service from the Department and its contracted provider network, including being culturally responsive and linguistically accessible.⁹⁹ Relevant examples of quality standards follow.

- **Linguistically Accessible Standard.** Providers must make concerted efforts to understand the linguistic diversity of the program participants. Providers should make reasonable efforts to anticipate and meet the needs of non-English speakers when delivering services, including the hiring of multilingual staff members that reflect the populations of participants.
- **Social Accessibility Standard.** Providers must remain sensitive to the potential of stigma for program participants enrolled in certain services and take proactive steps to provide an emotionally and physically safe environment and experience for them. Providers are expected to ensure that staff do not discriminate against program participants that are involved in multiple systems, e.g., criminal justice, child protection, substance use disorder treatment, etc.

⁹⁹ [Quality Standards for NJ DCF Providers](#)

- **Centering Participants Standard.** Providers must deliver services in a manner such that the perspectives, beliefs, needs and goals of constituents drive the policies, procedures, and practices of the programs.
- **Culturally Responsive Standard.** Providers must provide culturally responsive services that are driven by an understanding and respect for the individuality of program participants, their families, the communities in which they reside, and in consideration of current events that may adversely impact that community. Providers should work proactively to assess the cultural backgrounds of the community and program participants and develop practices and procedures to welcome and effectively serve participants accordingly. Providers will actively examine cultural assumptions on the part of staff that may negatively impact the effectiveness of services. Providers make every effort to employ staff members that are representative of the community served.

OCA is responsible for the statewide coordination and management of third-party social service and training contracts across DCF. A core component of OCA is to maintain comprehensive contract execution and monitoring processes to ensure that purchased services meet the identified needs of the Department's clients and comply with all applicable program standards and policies. DCF intends to embed these standards, as well as constituent service expectations and requirements to participate in the CoQI and monitoring processes into DCF policies and contracts. For additional information on these plans, see Section 4, *Services*.

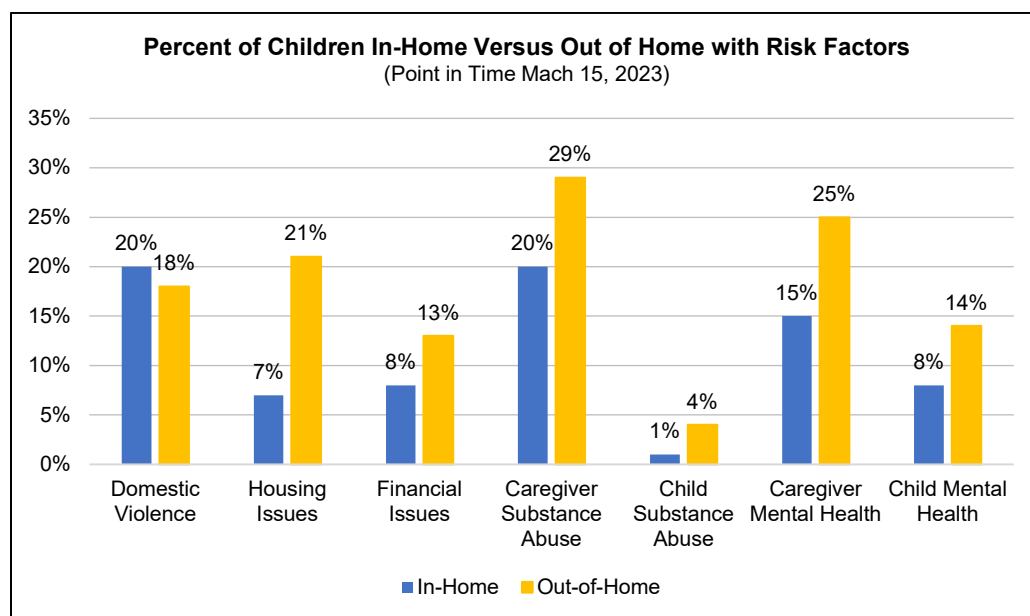
PSSF-funded providers also support the Department's efforts to target culturally responsive, linguistically accessible services to previously underserved population. For example, Healthy Families America (HFA) is an evidence-based home visiting model that serves at risk families experiencing issues, such as single parenthood, low income, childhood history of abuse, substance use disorder, mental health issues, or domestic violence. Goals include reducing child maltreatment, improving parent-child interactions and children's social-emotional well-being, and promoting children's school readiness. HFA program components include 1) screenings and assessments to determine families at risk for child maltreatment or other adverse childhood experiences; 2) parent education and support services; and 3) routine screening for child development, maternal depression, domestic violence, and substance abuse. If indicated, the individual may be referred for treatment services and receive care coordination. Home visiting providers, such as HFA, are encouraged to make concerted efforts to hire a workforce reflective of the communities they serve. Statewide HFA data shows that most of the home visitors identified as white (54%), followed by 19% as Black, 19% as other, 4% as multiracial and 3% as Asian, Pacific Islander, American Indian, or Alaska Native. The majority (66%) of HFA home visitors identify as Hispanic. The demographics of the primary caregiver in families participating in HFA are similar to home visitors, with 50% identifying as white, 25% as Black, 15% as other, 8% as multiracial, and 1% Asian, Pacific Islander, American Indian or Alaska Native. Similarly, the majority (62%) of primary caretakers identify as Hispanic.

While research has not been conducted to provide further information on the impact of the PSSF program, these services have assisted DCF to meet program goals, such as primary prevention of out-of-home placement, child maltreatment and child maltreatment fatalities. PSSF-funded services, such as HFA and KFT, provide a supportive network for families to preserve the integrity of the family unit in their home or assist in reunification. As highlighted in Figure 9, New Jersey continues to see a decline in the number of children entering out-of-home placement. There has been a 71% reduction in the number of children entering out-of-home placement from the onset of the DCF reform in 2006, and a reduction in children in placement from over 13,000 children in placement in 2003 to 2,939 as of December 2023.

Service Decision-Making process for Family Support Services. The Family Support Services component of the PSSF is a source of funding for community-based prevention efforts. DCF operates a network of community-based family support services programs, including home visiting, supportive housing, parent-child visitation, mentoring services, and more. Decision-making related to the optimal use of PSSF funds for these services will continue to be aligned with the service array reform process described earlier in this section. DCF will continue to maintain family support service funding percentages, which are outlined in the Office of Management and Budget CFS-101, Part 1, above 20%.

Populations at Greatest Risk of Maltreatment. Children and caregivers who become involved with CP&P present with a variety of family, caregiver, and child-level challenges. Among the challenges of children served both in- and out-of-home, the most common was caregiver substance use (out-of-home: 29%; in-home: 20%). Domestic violence (out-of-home: 18%; in-home: 20%) and caregiver mental health (out-of-home: 25%; in-home: 15%) were the next most common challenges. Housing issues were more common among children in out-of-home placement than children served in their own homes (out-of-home: 21%; in-home: 7%). Figure 64 provides a visual of these risk factors.

Figure 64. Percent of Children In-Home vs. Out-of-Home with Risk Factors



As described earlier in this section, as well as in Section 2, *Plan for Enacting the State's Vision*, over the next five years, DCF will continue a significant effort to ensure that its entire service continuum is available, accessible, adapted to the specific needs of these and other populations served by the Department, and of high quality.

G. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Monthly Caseworker Visit Grants are provided to states to improve the quality of caseworker visits and decision-making and caseworker recruitment, retention and training. To ensure the maximum benefit of CP&P support and services to children and their families, DCF policy includes Minimum Visitation Requirements (MVR) that mandate CP&P caseworkers make regular, in-person visits

with children, their parents, and, if applicable, the out-of-home placement provider.¹⁰⁰ The purpose of MVRs is to assess:

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

Frequency of visits can range from weekly to monthly, depending on the circumstances of the case, and schedules must be reviewed at least once every six months and modified as needed. For example, caseworkers must have face-to-face visits with a child in out-of-home placement at least twice per month during the first two months of an initial placement or a change of placement, and at least once per month throughout the remainder of the child's placement. Caseworkers visit with the parent or guardian at least twice per month when the case goal is reunification, and at least once per month if the goal is something other than reunification.

In 2025-2029, the Monthly Caseworker Visit grant will be used to fund electronic equipment for caseworkers and contracted providers to document face-to-face visits with children in real time, enhancing associated decision-making related to safety, permanency, and well-being of children. DCF will ongoingly assess the optimal use of the Monthly Caseworker Visit grant to ensure that it is utilized to advance DCF's strategic plan and the goals identified in Section 2, *Plan for Enacting the State's Vision*, and Section 4, *Services*.

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

The John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) program, including the Education and Training Voucher (ETV) program, provides flexible funding to support youth who have experienced foster care of age 14 or older in their transition to adulthood.

Agency Administering Chafee. DCF administers, supervises and oversees New Jersey's statewide Chafee program. In the years since its inception, DCF has stabilized, grown and developed the infrastructure needed, e.g., workforce, training, data infrastructure, policy development, and CQI, to take on the challenges of – and take advantage of the opportunities associated with – serving children, youth and families. During leadership's recent review of the department's strategic plan and identification of goals and key objectives for achieving service excellence, DCF affirmed its commitment to achieving positive outcomes for youth, committing to effectively support every young person receiving its services in their transition to adulthood.

Office of Adolescent Services. DCF's Office of Adolescent Services (OAS), which sits within CP&P, is dedicated to supporting youth and young adults in their transition to adulthood. With an understanding of the unique and often complex needs of youth and young adults, OAS leads case practice, policy initiatives, training and management of contracted providers related to DCF's services and supports for Chafee-eligible youth. In addition, OAS monitors all NYTD activities. OAS works collaboratively with divisions and offices across the Department, including FCP, CSOC and ODEB, to ensure that the Chafee plan is well-coordinated and meeting intended goals. FCP manages several programs for adolescents and transition-aged youth, including adolescent housing and some non-housing contracted Chafee services, e.g., life skills, peer mentoring, the

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

Pathways to Academic and Career Exploration to Success programs, and more. CSOC serves children and adolescents ages 0-20 with emotional and behavioral health care challenges, developmental and intellectual disabilities substance use challenges and their families. ODEB is working to promote equitable outcomes for children and families of color, as well as LGBTQIA2S+ children, youth and families.

Chafee Advisory Group. In 2019, a statewide Chafee Advisory Group (CAG) was developed to provide leadership and ongoing support and feedback related to the implementation of New Jersey's Chafee program. The CAG is comprised of approximately 20 members, including a youth with lived experience and cross-disciplinary stakeholders with varied experience working with adolescents. The CAG, which meets quarterly, works to inform, guide and monitor progress in the execution of the Chafee program to ensure identified goals and responsibilities continue to be met and executed.

Description of Program Design and Delivery

Information Gathering and Program Design Process. The 2025-2029 Chafee plan was designed with input and feedback from youth and young adults with lived experience, DCF-contracted adolescent community providers, the CAG and child welfare staff. In addition, DCF conducted an extensive literature review to incorporate guidance and information from sources, including but not limited to the Children's Bureau, Casey Family Programs, and Think of Us. The youth and young adults who helped to inform this plan included members of DCF's Youth Council, as well as young people who are connected to the CAG or OAS Chafee Youth Ambassadors. To gather information on how to better support youth, DCF held listening sessions with breakout groups and contracted adolescent community providers disseminated a survey to parenting youth in care to obtain information on experiences, access and barriers to services, as well as needs. All youth who participated were compensated for their involvement either through gift cards or cash payments.

Program Design and Structure. In alignment with DCF's vision that all New Jersey residents are safe, healthy and connected, the Chafee program strives to improve well-being outcomes for youth and young adults with a focus on the Social Determinants of Health (SDoH). SDoH include several non-medical factors that influence health outcomes, such as birthplace, race, gender and culture, social class and educational background and work experience. The Office of Disease Prevention and Health Promotion identifies five key social determinants of health: economic stability, education access and quality, health-care access and quality, neighborhood and built environment, and social and community context.¹⁰¹ A lack of access to quality social and structural determinants of health and other stressors related to poverty can impact the well-being of children and families and lead to adverse childhood experiences (ACEs).¹⁰² In DCF's growing efforts to address systemic issues that adversely affect youth and young adults, the Department strives to provide an array of services and supports to improve SDoH.

To support efforts that improve SDoH, the Chafee program is driven by the Youth Thrive protective and promotive factors framework to promote healthy development and well-being of youth.¹⁰³ 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

¹⁰¹ <https://health.gov/healthypeople/priority-areas/social-determinants-health>

¹⁰² <https://www.casey.org/sdoh-legal-advocacy/>

¹⁰³ [Youth Thrive - Center for the Study of Social Policy \(cssp.org\)](https://www.cssp.org/)

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.

In addition to Youth Thrive, healing is a critical aspect of our work with youth and young adults. Trauma-informed care has been and will continue to be important and meaningful approach to serve children, youth, and families in the child welfare system. There is, however, a recognition that youth served by DCF need to thrive and not just survive. While trauma-informed care importantly helps individuals cope with trauma, DCF seeks to go beyond coping and to truly help individuals to recover and thrive through healing.

DCF acknowledges and is concerned about the disproportionate number and disparate treatment of African American/Black, Hispanic/Latine and other youth and young adults of color in foster care. While DCF embarks on broader efforts to address race and gender equity and institutional and systemic racism within New Jersey's child welfare system, the Chafee program will more closely examine these inequities and utilize an equity-informed lens to update and enhance policy, practice, and programming to youth in foster care. Likewise, the Chafee program will examine and work to eliminate discrimination and disparities that are experienced by LGBTQIA2S+ youth and young adults accessing services and supports.

Beginning at age 13, child welfare casework staff assist youth and other supportive individuals identified by the youth to complete a transitional plan every six months.¹⁰⁴ The transitional plan seeks to develop goals and objectives that are youth-driven and informed by the Youth Thrive survey and other relevant assessments. In addition to identified supports, transitional plans identify the youth's self-identified recent accomplishments, strengths, interests, and future goals. 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.

Based on the youth's age, experiences in foster care and other factors, DCF offers youth a broad array of services and supports to holistically and comprehensively address their needs. This service array includes programming funded via Chafee and other state and federal resources, as well as community-based programs and services leveraged through other service systems. See Figure 66, *Chafee Services and Eligibility*.

2025-2029 Chafee Plan: Strengthening New Jersey's Chafee Program. Based on the information gathering process and priorities described above, DCF intends to deliver and strengthen the Chafee program between 2025 and 2029 through the following five strategies. Additional detail on each strategy follows.

- **Strategy 1.** Increase youth voice in all aspects of youth policy, programming, and practice.
- **Strategy 2.** Provide skill development, learning opportunities, and concrete supports to build economic stability.
- **Strategy 3.** Assist youth and young adults to build social and community networks and connections.
- **Strategy 4.** Ensure youth and young adults have access to quality health care.
- **Strategy 5.** Incorporate a race, gender and LGBTQIA2S+ equity informed lens to update and enhance policy, practice, and programming.

¹⁰⁴ [CPP-X-A-1-5.43.pdf \(nj.gov\)](#) or [CPP-VI-B-1-300.pdf \(nj.gov\)](#)

Strategy 1. Increase youth voice in all aspects of youth policy, programming, and practice.

It is critical to increase opportunities for youth ages 14-21+ who are in out-of-home placement or who have experienced child welfare to inform policy, practice, and programming. DCF will advance this strategy through the following activities:

- a) Collaboration between OAS and OFV for partnership with Youth Consultants.
- b) Provide opportunities for youth and young adults to participate in workgroups and subcommittees, including the CAG.
- c) Develop, in partnership with the Youth Council and Youth Consultants, a survey to be administered annually to youth and young adults, ages 14-21+ to obtain information on their experiences with DCF and contracted providers, outstanding needs, and challenges and successes.
- d) Improve the quality of transition planning with youth and young adults to incorporate their goals and dreams and identify concrete steps to accomplish their goals.

Strategy 2. Provide skill development, learning opportunities, and concrete supports to build economic stability.

Economic stability is one of the SDoH and includes the ability to afford safe housing, healthy foods, child care, and transportation. Areas of focus will include ensuring access to affordable housing, developing skills and financial literacy and providing financial assistance. DCF will advance this strategy through the following activities:

- a) Increase the number of youth and young adults who have checking and savings accounts, which will include developing partnerships with banking institutions.
- b) Provide youth and young adults with access to financial literacy websites and applications.
- c) Research individual development accounts and other options for match savings.
- d) Continue to provide financial assistance through Independent Living Stipends and emergency assistance through wraparound funding.
- e) Continue to provide skill development and career and education preparation through contracted services, e.g., transitional and permanent supportive housing, LifeSet, and Pathways to Academic and Career Exploration to Success.
- f) Leverage internal and external resources to identify available funding streams to address youth and young adult housing needs.

Strategic 3. Assist youth and young adults to build social and community networks and connections.

Another important area of well-being is a youth's connections to family, friends, schools, and community members. These connections help with healing from trauma and provide opportunities to experience and learn new things. DCF will advance this strategy through the following activities:

- a) Help youth and young adults with lived experience build and maintain connections with one another through a platform or application.
- b) Increase support for youth in out-of-home placement to participate in activities, experiences, and areas of interest.
- c) Assist youth and young adults to prepare for and obtain driver's licenses.
- d) Provide youth in out-of-home placement with peer-to peer-support through contracted services, e.g., Enlightenment.
- e) Work with OOR and FCP to identify community resources and other opportunities for youth to address ACEs, embrace positive childhood experiences and support connections and healing.

Strategy 4. Ensure youth and young adults have access to quality health care.

Ensuring youth have access to quality physical and mental health services is another area of focus. Many youth and young adults have experienced trauma, that can be a barrier to obtaining education, maintaining employment, and building and maintaining relationships. It is imperative to provide

them with opportunities to heal, both physically and mentally. DCF will advance this strategy through the following activities:

- a) Continue to provide access to mental health services.
- b) Research and provide information on non-clinical mental health services to support healing.
- c) Continue to provide Medicaid coverage until the age of 26.

Strategy 5. Incorporate a race, gender and LGBTQIA2S+ equity informed lens to update and enhance policy, practice, and programming. OAS will partner with DCF's ODEB, youth and other stakeholders to update policy, practice, and programming to reduce inequities related to race, gender or LGBTQIA2S+ status. DCF will advance this strategy by exploring data, leveraging relationships, and incorporating the voices of youth in OAS' process of identifying and combatting factors that contribute to these inequities for youth and young adults in foster care. For additional detail on DCF's plans related to race equity, see Section 3, *Plan for Enacting the State's Vision*. For additional information on services to support LGBTQIA2S+ youth and young adults, see below.

Services to Support LGBTQIA2S+ Youth and Young Adults

DCF is committed to providing appropriate and affirming services to all children and youth regardless of sexual orientation status, gender identity, or gender expression. The Chafee program will examine and work to eliminate disparities experienced by LGBTQIA2S+ youth and young adults as they access services and supports in preparation for adulthood. More specifically, DCF will continue to support LGBTQIA2S+ youth and young adults by:

- Gathering and providing information on LGBTQIA2S+ affirming available services and supports, including mental health, physical health, peer mentoring, and housing.
- Assessing the need to provide additional support and information to resource providers.
- Ensuring youth have access to and choice in an affirming living arrangement.
- Collecting Sexual Orientation, Gender Identity and Expression (SOGIE) data.
- Providing SOGIE and other related LGBTQIA2S+ training to child welfare staff, providers, and resource providers.

To support and ensure the achievement of these goals, DCF will rely on its LGBTQIA2S+ Safe Space Program and the statewide Safe Space Coordinator, who oversees the program. The Safe Space Program, which launched in 2010, is dedicated to creating a safe, inclusive, and affirming culture for LGBTQIA2S+ individuals served by DCF and its network of contracted providers. While this program benefits all LGBTQIA2S+ children, youth and families served by DCF, it is especially important for LGBTQIA2S+ youth and young adults who are in out-of-home care as they are particularly at-risk. LGBTQIA2S+ children and youth experience higher rates of family rejection and community violence and require access to safe, affirming, and accepting environments to be seen and heard and thus thrive into adulthood.

The Safe Space Program strives to create a system and culture of inclusion for LGBTQIA2S+ individuals by providing specially trained Safe Space Liaisons to be available to support CP&P local and area office staff with advocacy, best practices, and an understanding of local, state, and federal resources, policies, and practices. The Safe Space Coordinator tracks staffing changes internally to ensure coverage is available in all CP&P local offices and provides resources to the NJYR website. Through collaborative work with ODEB, OAS will update and support the Safe Space Program.

In addition, DCF offers statewide trainings related to best serving the LGBTQIA2S+ to its child welfare staff, broader workforce, and provider partners. For examples of relevant trainings, see *Chafee Training* section, below.

NYTD Data Collection

Using and Sharing NYTD Data. DCF makes a concerted effort to analyze NYTD data and identify the most effective methods for sharing the results with internal and external stakeholders, the CAG, and the public. For example, DCF's Office of Applied Research and Evaluation (ARE) analyzed NYTD survey results and Cohort 5's NYTD independent living services for 2017-2021 and published a publicly available data brief.¹⁰⁵ In addition, ARE developed a microlearning video series for all DCF staff, "DCF Data Bite Insights," to share data and research to help inform DCF's programs and initiatives; the first episode highlighted the NYTD data for Cohort 5. OAS, ARE, and young people will work together to develop versions that are youth-friendly and to share information with DCF-contracted adolescent providers and other stakeholders. DCF uses NYTD data to improve services, e.g., services that address youth homelessness and the needs of parenting youth transitioning out of care, and inform planning, including the plan set forth in this CFSP.

Strengthening NYTD Data Collection. DCF will strengthen NYTD data collection by undertaking the following:

- Work to create a mechanism to capture NYTD Independent Living Services being provided by resource parents, as well as child welfare staff.
- Continue to incorporate the review of NYTD data during case record reviews and site visits with service providers to ensure that services are being provided and to verify documentation of those services in the youth's record.
- Develop a quality assurance process to ensure timely data collection and submission.
- Updating NYTD policies and make improvements or changes, as needed.

Using NYTD Data to Measure Success and Improve Service Delivery. For youth who completed the NYTD survey and received at least one NYTD service, DCF is analyzing 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 associate 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.

Outside of NYTD data, DCF relies on and analyzes additional youth-specific data to improve service delivery, including data from record and qualitative reviews, data available on the Child Welfare Data Hub, educational data through DOE, provider data, and more.¹⁰⁶ DCF will incorporate additional data, including demographic data, e.g., race, ethnicity and gender, from the Chafee youth survey upon development and administration. This additional demographic data will help DCF make tailored program and support improvements related to equity.

Serving Youth Across the State

Ensuring that the Chafee Program will Serve Youth Statewide. DCF's CP&P is the State's child protection and welfare agency. The state-administered child welfare system is composed of nine area offices and 46 local offices. All governing policies and practices, including those related

¹⁰⁵ <https://www.nj.gov/dcf/adolescent/NYTD-Data-Brief.pdf>

¹⁰⁶ https://www.nj.gov/dcf/childdata/exitplan/2023_CoQI_Older_Youth.Brief.pdf

to services and supports for youth and young adults, are administered through a centralized statewide authority. DCF operates integrated, rigorous continuous quality improvement systems to ensure that staff receive quality relevant 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.

Across the state, youth that experience out-of-home care are recipients of services both to secure permanency and to establish strong pathways to healthy interdependence. DCF offers Chafee program services statewide. Services are primarily located in areas of the state or county where the concentrations of youth are highest. Some services, such as housing, are not located in every county but can be accessed by youth from across the State. Because New Jersey has urban, suburban and rural areas, services may vary due to differences in transportation infrastructure, population density, and/or cost of renting or owning a property to offer services.

Data Informing Service Variation by Region or County. In 2025-2029, DCF will continue to analyze NYTD data, disaggregated by race, ethnicity, and gender and by county, to determine if there are any differences in services. Additionally, with the increasing implementation of evidenced-informed models, additional data is available. DCF regularly reviews this additional data to assess for any variations.

Serving Youth of Various Ages and Stages of Achieving Independence.

DCF uses the Youth Thrive survey and an SBC transition plan with youth and young adults ages 13 through 21 in foster care. Some services are also available to older youth who are not in placement and involved with DCF to prevent placement. Youth and young adults, with assistance from their child welfare caseworker, complete the Youth Thrive survey annually. The Child welfare caseworker uses the survey, along with other relevant evaluations, e.g., educational, mental health, substance use, cognitive, to assess the youth's protective and promotive factors, assist youth to developing their transition plan, and connect the youth to contracted, community-based or school-based services appropriate to their age and stage of achieving independence. DCF recognizes that expectant and parenting youth, including young fathers, require unique services and supports that both develop them as a young adult and support their role as a parent. Informed by NYTD data and survey responses of parenting youth in care, DCF developed a stakeholder-informed plan to improve practice and policy to better support expectant and parenting youth.

New Jersey has a state-extended foster care program, serving youth and young adults to the age of 21. Many of DCF's contracted programs, including Pathways to Academic Career and Exploration to Success, supportive housing programs, LifeSet and Wraparound, serve youth and young adults even beyond the age of 21. During the COVID-19 pandemic, DCF made LifeSet and Wraparound services available to support youth beyond the age of 21. Recognizing that the additional support between ages 21-23 was necessary, DCF will make this change permanently to serve youth through their 23rd birthday.

Figure 65. Number of Youth Ages 21+ Aging Out of Care

Exit Year	2018	2019	2020	2021	2022	2023
Total Youth 21+	32	36	28	28	26	26

DCF provides services to youth who moved to New Jersey after exiting foster care in another state. Upon contact from a youth or young adult or a representative from another state for services for the youth, DCF works to understand the youth's needs and connect them to the appropriate services and supports.

Collaboration with Other Private and Public Agencies

Stakeholder Collaboration. As is thoroughly described in Section 1, *Vision and Collaboration*, DCF is committed to and relies on ongoing and meaningful collaboration with a variety of stakeholders from the private and public sector in all of its work, including the implementation and management of the Chafee program and services. OAS and FCP regularly create and convene opportunities for collaboration with community-based service providers, including non-contracted agencies. Chafee-specific contracted service providers convene quarterly for updates, trainings and resources on youth-related topics, and for feedback on DCF's services and initiatives. For example, these providers engaged in dialogue about the CFSP and provided recommendations regarding the 2025-2029 Chafee program. Additional stakeholder partnerships include:

- **One Simple Wish.** DCF works closely with One Simple Wish, an online platform that brings national awareness to the foster care system and increases the well-being of children in out-of-home care by granting their unique wishes. This support increases a youth's access to important items, e.g., musical instruments or sports equipment. This program supports youth currently in foster care and youth with experience in foster care ages 21+.
- **Youth Housing.** DCF contracts with several housing programs. One unique housing partnership is with Roots and Wings, a privately funded program that provides safe housing, case management, education, counseling, and life skills to young adults aging out foster care 18+. This is an important program and partnership because the program serves youth up to age 24.
- **Educational Data.** In accordance with the 2015 Every Student Succeeds Act, DCF and the New Jersey Department of Education entered into a data sharing agreement that allows DOE to share educational and school data regarding youth in foster care with DCF. This partnership will allow DCF and the CAG to review and analyze trends in students' educational attainment.
- **Juvenile Justice Involved Youth.** To improve outcomes for youth involved with the juvenile justice system or dually involved with both the child welfare and juvenile justice systems, DCF participates in several collaborations with the JJC, including the New Jersey Council on Juvenile Justice System Improvement and efforts through the Office of Juvenile Justice and Delinquency Prevention. For additional information on JJC and JDAI, see Section 1, *Vision and Collaboration*.
- **Normalcy Dialogue.** Since the implementation of the normalcy and reasonable prudent parent policies,¹⁰⁷ DCF convenes a large stakeholder group to provide feedback and drive related improvements to guidance, resources, training, and policy. Outstanding issues raised include driving instruction, cellular phones, transportation, and savings accounts. DCF will seek out partnerships with sister state agencies and private agencies to identify potential resources to ensure youth have consistent and easy access to the activities and learning that are necessary and developmentally appropriate for transitioning to adulthood.

Medicaid. CSOC's OIHW develops and administers programs that deliver quality prevention, intervention, primary care, and healthcare management services to promote the safety and well-

¹⁰⁷ <https://dcfpolicy.nj.gov/api/policy/download/CPP-IV-A-4-500.pdf>, <https://dcfpolicy.nj.gov/api/policy/download/CPP-IV-A-4-400.pdf>

being for children and families. OIHW's scope includes child and family health, adult and youth substance use, suicide prevention and Medicaid. This Office is leading DCF's Medicaid continuity of coverage initiative, which includes a requirement that Medicaid be offered to eligible young adults formerly in foster care who move to a new state and who have turned 18 on or after January 1, 2023. DCF and the state's Medicaid agency, the Division of Medical Assistance and Health Services, identified an easy application and attestation process. DCF is codesigning the NJYRS website with Youth Council members to guide young adults moving out of state on how and where to apply in the state they are currently residing.

Housing Needs of Young Adults. DCF is undertaking the following actions to address the housing needs of young adults in their transition from care.

- Increasing access to concrete supports and mainstream housing. This includes partnering with communities to bring housing instability for youth aging out of care to functional zero. This includes partnering with public housing authorities, CoCs, and others involved in the homelessness response system to leverage federal funding for youth housing initiatives.
- Increasing access to evidence-informed housing interventions within DCF's housing continuum, including continuing to re-bid existing transitional living programs to evidence-based or evidence-informed models, and refining and manualizing DCF's existing youth supportive housing practice model, Connect to Home (CTH) to include Motivational Interviewing.
- Refining DCF's existing service continuum to better address youth needs and expand the focus of existing efforts, e.g., protective factors, healing-centered engagement and race equity, to include interventions that address the SDoH.
- Improving data collection and integration with system partners. This is intended to improve identification, service coordination and sustainable housing planning for young adults and includes re-initiating data sharing with the New Jersey Housing Mortgage and Finance Agency's Homelessness Management Information System.
- Strengthening stakeholder partnerships, especially with non-traditional stakeholders, e.g., DOL, PHAs, Legal Services, LGBTQIA2S+ partners, and youth-focused grassroots organizations, to escalate access to long-term affordable housing options, aftercare supports beyond DCF involvement, and other economic opportunities.
- Facilitating a mix of process and outcome evaluations, including process evaluations for existing programs to assess whether program activities are being implemented as intended, and outcomes evaluations for newly added evidence-informed programs, e.g., My First Place.
- Applying for federal opportunities that align with identified priorities, as available.

DCF will continue to leverage federal, state, local, and public and private resources to sustain a range of appropriate housing options for youth through the following collaborative efforts:

- Partnering with other state agencies, such as DCA and local PHAs to ensure access to federal housing resources, e.g., Section 8 housing.
- Collaborating with community level CoCs to ensure access to state and county-based housing resources and services.
- Increasing partnership with private stakeholders to ensure access to flexible funding that addresses gaps in the service continuum, e.g., serving youth beyond 24 years old.

DCF will also partner with statewide stakeholders to increase access to affordable housing options for youth aging out of care and bring youth homelessness to functional zero. To support and facilitate the coordination between DCF and PHAs to utilize Foster Youth to Independence (FYI) vouchers, DCF will utilize the following strategies.

- Continue to utilize youth housing need data to support ongoing decision-making, including timely identification and prioritization of FYI eligible youth. This also includes ongoing data collection, in partnership with child welfare staff, to support the identification of youth currently open with CP&P.
- Continue to increase PHA partners' awareness of FYI and related opportunities to partner with DCF through roadshows, presentations, conferences, formal Public Notifications, networking, and more.
- Continue to use a phased approach, based on the varied capacity needs and available implementation supports, to increase PHA engagement and the number of youth served.
- Continuing to provide oversight and facilitate training, e.g., Youth Thrive training, technical assistance and consultation to FYI partners, including PHAs, to support implementation, to ensure the services being provided meet the needs of the young adult population.
- Continue to support the coordination of housing-related concrete support through varied funding resources, including Chafee.
- Initiate data collection to support future process and outcome evaluation efforts. This includes gathering quantitative and qualitative data from youth partners and other stakeholders, including PHAs, related to FYI implementation.
- Standardize the delivery of FYI services.

Foster Care Verification. In 2021, DCF developed a Foster Care Verification Letter to provide to youth and young adults who had foster care experience at 13 years of age or older prior to case closure. The letter clearly identifies the young person's former foster care status. DCF reviewed the Fiscal Responsibility Act of 2023 and the ACYF memo, "SNAP Exceptions for Youth Experiencing Homelessness and Exiting Foster Care" and is committed to sharing this information with internal and external stakeholders, including young adults, and via the NJYRS website to ensure access to this support.

Determining Eligibility for Benefits and Services

Child welfare caseworkers are responsible for linking youth and young adults with Chafee services through a youth driven assessment and planning process. The Youth Bill of Rights and the Voluntary Services Agreement, that is used for youth 18+, outline the services and supports that DCF, in partnership with the youth or young adult and their supports, is responsible for providing. Statewide, Chafee-eligible youth and young adults with open or closed cases with the child welfare system access Chafee services through various service providers. In addition, youth may re-enter the child welfare system after 18 and before the age of 21 if they were receiving child welfare services at age 16+. Youth that were in foster care at age 14+ and were reunified with their families are also eligible for Chafee services.

DCF is reviewing the service eligibility process to ensure fairness, equity and access. This review will also assist DCF to ensure that there is not a duplication of services that provide the same skill development and to maximize the number of youth and young adults who can participate in services. OAS is piloting a centralized referral process to explore whether it can help to understand the youth's needs and make referrals to the most appropriate services for that child. The pilot is with the LifeSet program, which is being evaluated through a randomized control trial.

Chafee funds for independent living services and room and board are implemented through

various service providers and leveraged with other funding sources to create a statewide continuum of Chafee services. DCF will not deny eligibility for independent living services to a youth who otherwise meets the eligibility criteria but who is temporarily residing outside of New Jersey. Likewise, DCF will not terminate ongoing independent living assistance solely because a youth is temporarily residing out of state. Figure 66 includes additional detail on eligibility for Chafee benefits and services.

Figure 66. Chafee Services and Eligibility

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

Cooperation in National Evaluations

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

I. Education and Training Vouchers Program

DCF, through OAS, is responsible for operating the management of the New Jersey Foster Care Scholars (NJFCS) program, the umbrella program for the State's ETV, Tuition Waiver and "State Option" funding programs. Embracing and Empowering Families (Embrella) oversees and administers the NJFCS program via contract. Through this program, DCF provides ETVs to eligible youth who have aged out of foster care or left care for kinship legal guardianship (KLG)

or adoption. This section describes ETV-eligible youth, methods of operation and coordination related to the ETV program.

ETV-Eligible Students in New Jersey

In recent years, DCF has awarded unduplicated ETVs to just under 150 to over 200 students. As shown in Figure 67, the percentage of new ETV awards ranged from 31% to 44%.

Figure 67. Total and New ETV's Awarded

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

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

DCF regularly reviews demographics of the ETV-eligible students to assess the program functioning. Demographics of the ETV-eligible students during the 2023-2024 academic year follow.

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

Methods to Operate the ETV Program Effectively

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

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

Outreach and Recruitment. Embrella, in collaboration with the Red Hawks Fellows program at Montclair University and other colleges in New Jersey, manages retention and support on campus. It works with Admission Offices and Residence of Life Offices to coordinate housing

efforts and share information and materials to send to students for enrollment requirements. In addition, as a reminder of eligibility and incentive to re-enroll, the NJFCS application is sent to NJFCS students who were enrolled within the past three academic years. The Scholarship Administrative Coordinator conducts outreach to students who are close to aging out of their funding type to re-engage in the program.

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

- A copy of their high school diploma or High School Equivalency,
- For US Citizens: Proof of completed and submitted Free Application for Federal Student Aid (FAFSA) for the academic year, e.g., confirmation email from FAFSA, Student Aid Report, or award letter,
- For Dreamers eligible for New Jersey State Aid and the New Jersey Statewide Tuition Waiver: Proof of completed and submitted New Jersey Alternative Financial Aid Application,
- Proof of acceptance or enrollment from the post-secondary institution they attend or plan to attend, e.g., acceptance letter, registration, or class schedule,
- For students transferring to a new school: proof of the number of credits transferred or a letter explaining why credits did not transfer, and
- For returning students: most recent college/technical school transcript.

Students requesting educational supports, e.g., assistance with books, bus passes, or computers, can apply for these supports at the beginning of each semester. NJFCS have access to a web-based student portal, which allows educational support requests to be made.

Review and Acceptance. Upon acceptance, students receive a welcome letter that confirms their acceptance into the NJFCS program and 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 informed that they must be registered at least half time and in good academic standing to continue to receive funding until they reach the age of 26. The letter advises the student that funding ends after five years (does not have to be consecutive) or the student reaches age 26 regardless of the student's completion of post-secondary education. Upon acceptance, each NJFCS is assigned an Embrella Scholarship Coordinator, who assists the student in understanding funding, communicates with the financial aid offices to resolve financial aid issues, and supports the student in navigating any financial aid requirements.

Measuring Satisfactory Progress. Per the academic policy, students must maintain a 2.0 grade point average (GPA) each semester and make Satisfactory Academic Progress (SAP) as determined by the post-secondary institution. Scholarship Coordinators are responsible for verifying GPA and SAP each semester by using a "Student Account Inquiry Form." For more information, see *Tracking ETV Funding and the Cost of Attendance* section, below.

Students that do not meet the above-stated academic requirements will be placed on probation with the objective of raising their grades to meet the 2.0 requirement for the next semester and are provided a list of resources to support their academic needs. If a student falls below a 2.0 GPA for three consecutive semesters, they are removed from the program. This change was

made for the 2022-2023 academic year to better support first year students and those who need additional academic supports. Upon removal, the Director of Scholarships emails the student, with their formal supports, the NJFCS program lead and their Scholarship Coordinator copied, with an explanation for program removal and information on how to appeal the decision. Students may appeal the removal due to extenuating circumstances and seek reinstatement. The majority of students whose appeals are granted successfully continue in school.

Tracking ETV funding and the Cost of Attendance. Embrella uses the Account Inquiry Form to track ETV funding and the cost of attendance and to ensure that ETV funding does not exceed the cost of attendance. Upon a student's acceptance into the NJFCS program and again each semester, Embrella staff emails the inquiry form to the post-secondary institution's financial aid, bursar or student accounting office for completion of cost of attendance (COA) expenses, including tuition and fees, room, and board and financial aid awarded to the student for the semester by the following categories: federal (Pell, Supplemental Educational Opportunity Grant), state, and institutional grants, scholarships, loans (subsidized, unsubsidized, private) and personal payments.

Upon receipt of the completed Account Inquiry Form and confirmation that the student's financial aid package does not exceed the COA, the ETV funds may be released to either the institution, the student, or a third-party vendor, depending on the category of unmet need. If the unmet need is tuition fees, and/or on campus room and board, funds are released to the institution if the unmet need is for tuition and fees, and/or room and board if the student is living on campus. If the unmet needs are other education-related expenses, such as transportation, childcare, laundry, incidentals or off campus housing, funds are released to the student via check, debit card or direct deposit. If the unmet needs are for the purchase of a computer or laptop, books or supplies, funds are released to a third-party vendor. Students who are under the supervision of CP&P do not receive ETV funds for food, rent or incidentals; these expenses are provided to the student via CP&P Independent Living stipends.

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

Coordination with Other Education and Training Programs. DCF and Embrella make every effort to help youth and young adults maximize available financial aid. Embrella also administers New Jersey's statewide Tuition Waiver Program and facilitates funding between these programs. For example, students whose ETV funding is discontinued because they reach the age of 26, but who meet the Tuition Waiver eligibility, i.e., nine months of foster care placement after the age of 16, reside in a DCF or federally funded housing program, or receive Independent Living Stipends from CP&P as an aging-out youth, may then access Tuition Waiver funding to complete their education. This funding is available to students for five years from the date Tuition Waiver is accepted, allowing the student to continue their education up to age 28.

Additionally, DCF works with New Jersey's Higher Education Student Assistance Authority (HESAA) to ensure current and former foster youth apply for and utilize available state aid and to improve aid and access to higher education for young adults that experienced foster care. HESAA has oversight of the Educational Opportunity Funding program and various state aid programs,

including the Tuition Aid Grant, Community College Opportunity Grant, the New Jersey Student Tuition Assistance Reward Scholarship program, the Governor's Urban Scholarship Program, and the Governor's Industry Vocations Scholarship. Embrella also coordinates with HESAA to ensure NJFCS' independent status is verified expeditiously, streamlining students' ability to obtain applicable State aid without additional paperwork.

DCF maintains relationships with several of New Jersey's state universities, such as Rutgers University, Stockton University, and Montclair State University. Each University offers unique college support programs for NJFCSs. Embrella and the universities partner around retention and on-campus support. NJFCS Scholarship Coordinators connect students with Education Opportunity Fund offices and the Dean of Students. Each school year, NJFCS and Embrella leadership and Scholarship Coordinators conduct outreach to admissions and financial aid offices to request information about the school and to offer information and materials, on-campus meetings, and presentations about the NJFCS program.

The NJFCSs program is also connected to DCF's PACES program. PACES, which began in September 2017 in partnership with four non-profit agencies, ensures that high school students in foster care are college ready. This includes referring students to college bridge, student support and TRiO programs, such as Upward Bound and the Gaining Early Awareness and Readiness for Undergraduate programs.

Method for Determining Unduplicated Services. DCF relies on the NJFCS database and its various query functions to avoid duplication of benefits under the ETV and other federal and state benefit programs. DCF and Embrella use the database to run reports and assess for duplication. Frequently run reports include all students, ETV-funded students, state-funded students, amount of ETV spending and by spending category, new students per semester, returning students, and students who fell below 2.0 GPA.

Chafee Training

As is detailed in the Training targeted plan, DCF has a vast training menu that supports various areas of child welfare practice, including several Chafee-specific training opportunities for child welfare staff, service providers, and other stakeholders. These trainings aim to assist participants to effectively implement policy, practice, and programming to ensure high quality and comprehensive services to youth and young adults, including Chafee-eligible youth.

OAS is partnering with DCF's OTPD to develop an adolescent learning path for child welfare staff who work with adolescents. For information on OTPD, see the Training targeted plan. This provides an opportunity to build on the content or structure of the current adolescent trainings to ensure optimal reach to adolescents and integrate healing centered engagement and race equity. To determine the content and training methods of the adolescent learning pathway, DCF is engaged with Rutgers University to conduct an adolescent needs assessment and develop a logic model. The needs assessment inputs included listening sessions held with child welfare, feedback from youth via a survey, and a topical and national scan of available trainings on identified topics and in use in other jurisdictions. The adolescent learning pathway will include relevant topics, such as working with expectant and parenting youth, normalcy, relationship building and engaging adolescents, and financial literacy. While the adolescent learning pathway is being developed, the following adolescent training will continue to be available.

- **Youth Thrive.** The Youth Thrive protective and promotive factors framework training was co-designed by the Center for the Study of Social Policy, OAS, and OTPD to help New

Jersey's young people to thrive. This training is co-led by a seasoned trainer and a trainer with lived experience.

- **Got Adolescents?** Got Adolescents? is a training for child welfare staff primarily serving adolescents and young adults. The training serves as the "101" course on youth specific policy, practice, and programming to best prepare child welfare staff to best engage and team with youth.
- **Youth and Young Adult Assessment and Transition Planning.** This training is designed to provide child welfare staff and service providers with an opportunity to develop a basic competency and understanding of assessment and planning practices with youth in foster care. Content includes the identification and exploration of assets and opportunities, long and short-term goal setting and application of the Youth Thrive Survey in the development of the SBC transition plan. The training focuses on the importance of comprehensive assessment, effective planning, and youth-involvement in assisting youth with their transition into adulthood.
- **Safe Space Training.** DCF educates its entire workforce on proficient, responsive and comprehensive services for LGBTQIA2S+ individuals. Safe Space in-service training features Safe Space liaisons and guest speakers and provides cutting-edge resources, best practices, and LGBTQIA2S+ specific information. For additional information on the Safe Space Program and other supports for LGBTQIA2S+ youth, see Services to Support LGBTQIA2S+ Youth and Young Adults, above.
- **Cultural Competency LGBTQIA2S+ Training.** This training for child welfare staff develops a basic understanding of the needs, challenges, issues, and resources pertinent to LGBTQIA2S+ youth, adults, and families served by the child welfare system, as well as the skills to recognize and meet these needs. Through discussions and activities around terminology, values, and attitudes, the coming out process, safety, and legal issues, participants learn how to best provide services that promote the psychological, social, emotional, and physical health and welfare for all, regardless of sexual orientation, gender identity, or gender expression.
- **Adolescent Networking Conference.** DCF partners with Rutgers University to hold a one-day biennial conference for youth, staff, service providers, and other interested stakeholders. The conference seeks to identify areas of youth work that may not have training available or may be relevant to improving services and supports provided to youth.

Chafee and ETV Related Consultation with Tribes

There are no federally recognized tribes located within the geographic boundaries of New Jersey; however, three tribal nations received state recognition. Chafee and ETV services are available to all eligible youth, including those identified as Indian youth. No tribe has requested to develop an agreement to administer, supervise, or oversee the Chafee or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision. For additional information on consultation with tribes on child welfare matters, including the Chafee and ETV programs, see Section 5, *Consultation and Coordination Between States and Tribes*.

Section 5. Consultation and Coordination Between States and Tribes

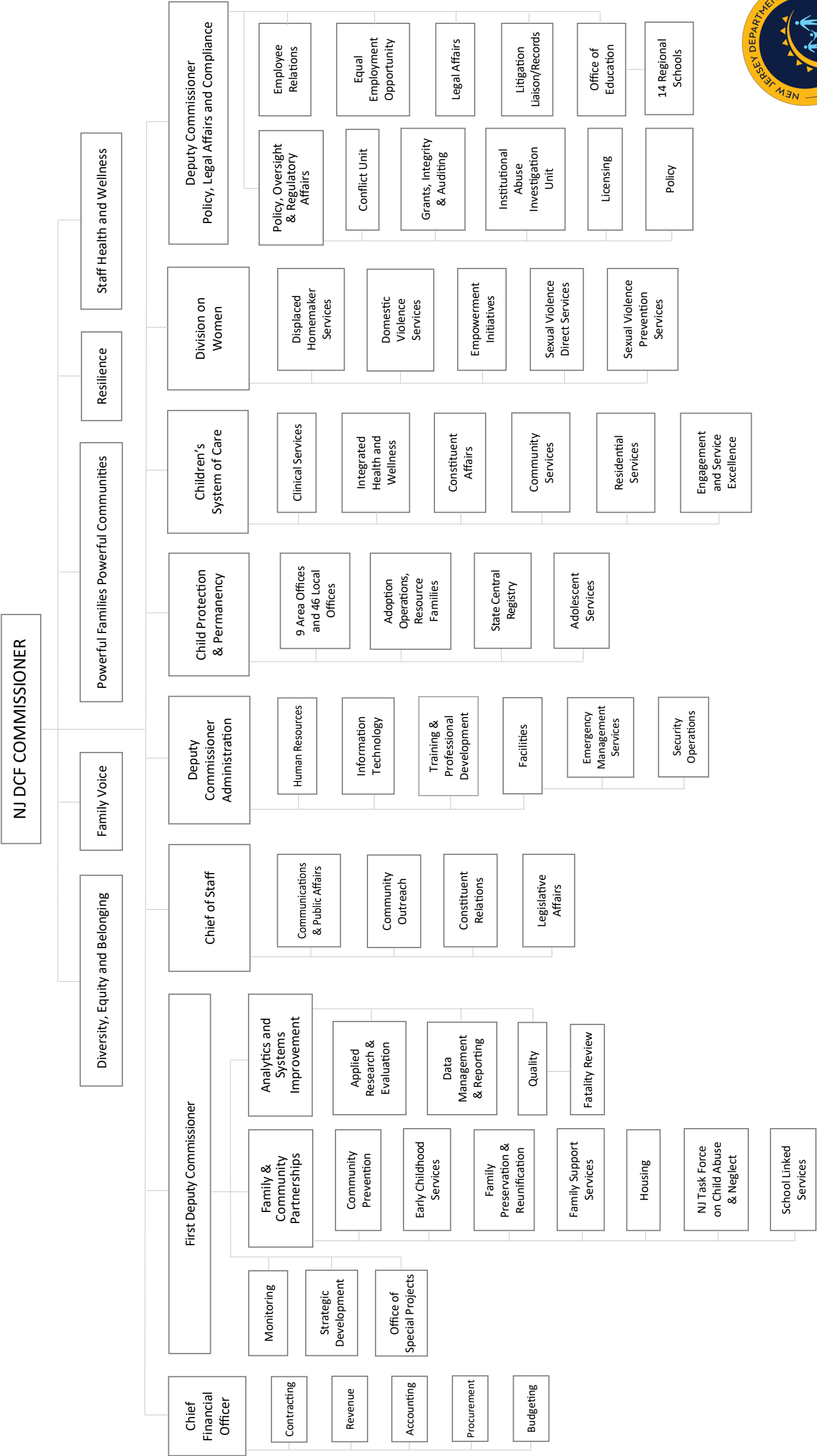
There are no federally recognized tribes located within the geographic boundaries of New Jersey; however, three tribal nations have state recognition: the Nanticoke Lenni-Lenape Indians, Powhatan Renape Indians, and Ramapough Lenape Indian Nation. DCF may provide services to children that are members of these tribes, as well as to children that currently reside in New Jersey but are members of, or eligible for membership in, tribes outside of New Jersey. New Jersey seeks to appropriately identify and serve Native children within the requirements and spirit of the Indian Child Welfare Act (ICWA), regardless of their tribal affiliation. In recent years, DCF has undertaken efforts to improve the identification of tribal members and the provision of culturally sensitive services to families with a tribal affiliation.

New Jersey continues to build collaborative relationships with indigenous communities throughout the state. Representatives from DCF's Office of Legal Affairs and the Office of Interstate Services participate in bimonthly meetings with the New Jersey Commission on Indian Affairs, representatives from other state agencies, and members from each of New Jersey's three recognized Indian nations, providing DCF with opportunities to share information about DCF's initiatives and resources, learn about the needs of these communities, foster relationships and identify areas for collaboration and coordination.

DCF relies on regulations and policy as guidance for complying with ICWA.¹⁰⁸ DCF sends notifications to the United States Bureau of Indian Affairs (BIA) and tribes through a centralized liaison in DCF's Office of Interstate Services. The liaison tracks and monitors responses and information exchanged between CP&P, the tribes and BIA. To ensure appropriate application of ICWA, the New Jersey Commission and BIA provide advice and consultative services to DCF generally and on a case-specific basis. DCF makes an integrated practice guide available to child welfare staff to ensure appropriate identification of tribal affiliations of youth within the first five days of placement. Concurrent planners regularly discuss possible tribal affiliation to ensure staff are continually following up on the issue and appropriately collaborating or transferring cases to tribes when necessary. DCF also provides ICWA training to all new CP&P adoption caseworkers to ensure understanding of rules and guidance.

The AOC and CP&P work together to ensure successful court handling around ICWA. In ongoing practice, the courts and the Deputy Attorneys General, who represent DCF in litigated cases, apply the provisions of ICWA successfully. Matters which must be transferred to tribal jurisdiction are handled appropriately, focus on the law, and interactions with staff are maintained. Tribal affiliations are required in all final adoption papers. To ensure the sharing of court-related information, plans and activities with Indian communities, a representative from the New Jersey Commission on Indian Affairs sits on a subcommittee of the CICIC.

¹⁰⁸ [CPP-III-C-1-500.pdf \(nj.gov\)](#)



Attachment B. New Jersey Department of Children and Families Service Array

The New Jersey Department of Children and Families (DCF) is a Cabinet-level agency responsible for the administration of the state's child welfare/protection system, the design and delivery of New Jersey's public behavioral health care system for children and families, provision of public services for children with intellectual and developmental disabilities (I/DD) and their families, specialized educational programming, support services aimed at promoting success of transition-aged youth, the administration of a network of community-based services focused on strengthening families and preventing and interrupting child maltreatment, and services and programming to support women and prevent violence against women. Through a combination of directly operated programs and a sizeable array of purchased programming, and via partnership and collaboration with state, public and private agencies, DCF provides a comprehensive and powerful network of high-quality services to support New Jersey's children and families, prevent violence across the lifespan, and to prevent and interrupt child maltreatment in all forms. Highlights of DCF's service array are described below.

Prevention and Community Services

DCF's vision of a broader family strengthening system is a collaborative, all-of-state effort. Successful service to families and children depends both on efforts led by DCF, as well as those in which DCF exists *as a partner*. Family strengthening efforts include those made by DCF, its sister agencies, families and youth, the courts and legal partners, provider agencies, educational partners, law enforcement, healthcare partners, and many more. Below, DCF describes the network of community-based services designed and managed by DCF. Most of the services described in this section are universally accessible and all are aimed at strengthening and building capacity of individuals, families and communities, preventing violence and maltreatment throughout the lifespan, and supporting survivors. For additional information on New Jersey's broader family strengthening system, see DCF's Five-Year Prevention Strategy (pending approval).

Division of Family and Community Partnerships. DCF's Division of Family and Community Partnership (FCP) promotes the health, well-being and personal safety of New Jersey's children and families. It works with parents, caregivers, organizations, and communities to ensure an effective network of proven support services, public education, and community advocacy to prevent maltreatment. FCP is responsible for the management of New Jersey's kinship navigator programs, Family Success Centers (FSCs), school-linked services, early childhood services (ECS), in-home services that promote safety and keep children and families together, reunification services and housing programs, in addition to multiple statewide partnerships to promote strong families and communities.

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

Kinship Navigator. DCF's Kinship Navigator Program (KNP) supports caregivers who have taken on the responsibility of caring for a relative's child. DCF's network of contracted KNP providers help caregivers to navigate various forms of government systems and supports, such as housing

and economic assistance, to determine their eligibility for KNP benefits, and to provide technical support with legal commitments to the child.

Early Childhood Services. Provision of ECSs is integral to New Jersey's development of a comprehensive and seamless system of care. Informed by the Strengthening Families framework™, DCF's networks of ECSs link pregnant women and parents of young children with necessary healthcare and social supports. Descriptions of key ECSs follow.

- **Help Me Grow NJ.** DCF leads the State's Help Me Grow NJ (HMG) initiative, which promotes the development of an integrated early childhood system that supports children and their families to achieve optimal wellness. HMG improves coordination and integration of services and programs across the systems of care provided through DCF, the New Jersey Department of Health (DOH), the New Jersey Department of Human Services and the New Jersey Department of Education. This initiative allows pregnant people and parents of infants and children up to age 5 to access earlier prevention, detection, intervention, and treatment services.
- **Connecting NJ.** Co-managed with DOH, Connecting NJ (CNJ) hubs throughout the state provide a county-based single point-of-entry system to ECSs, streamlining the referral process for 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. CNJ hubs utilize developmental health promotion and screening policies statewide.
- **Home-Visiting Services.** DCF's home visiting network includes three targeted, evidence-based home visiting models across all 21 counties: Healthy Families, Nurse-Family Partnership, Parents as Teachers, and one universal evidence-based program: Family Connects NJ. The targeted models provide individualized support in the home to pregnant women, parents and/or other caregivers in families with infants and young children and promote five essential protective factors—promoting infant and child health and development, nurturing positive parent-child relationships, recognizing and facilitating parent resilience, building social and community connections, and providing linkages to resources and concrete supports. Launched in 2024, Family Connects NJ is an evidence-based universal home-visiting program that assists families, including biological, adoptive, resource or kinship caregivers and people recovering from a stillbirth or neonatal loss, with a specially trained nurse for personalized follow-up visit at home within the first two weeks after their child's birth.
- **County Councils for Youth Children.** County Councils for Young Children (CCYCs) are local planning bodies in which parents and families, ECS providers and other community stakeholders develop strategies to increase access to needed services and promote the healthy development of young children and their families. CCYCs have a vital role to support, engage, listen to parent's input and voice, and apply information gained to enhance New Jersey's mixed delivery approach to help families access support services.

School-Linked Services for Youth. DCF manages a network of out-of-school and in-school prevention and support services that build on youth's strengths to assist them with achieving their educational and life goals, as well as a network of Family Friendly Centers that provide academic, recreational, and social enrichment activities to students and their families. Through school-linked services, youth can access mental health support, employment assistance, substance use

counseling, preventive health care, violence prevention programs, learning support, mentorship, teen parent skill development, and recreation.

- *School-Based Youth Services.* School-based youth services (SBYS) are available to all enrolled students in participating schools and may include evidence-based programming and supports, such as mental health counseling, substance use prevention and counseling, preventative health awareness, primary medical linkages, learning support, healthy youth development, recreation, and information and referrals. A subset of SBYS programs receive additional funding to implement the Parent Linking Program, which aims to prevent child abuse and neglect, minimize or eliminate barriers that may impede expectant or parenting teens from completing their education, strengthen pregnant and parenting teen's abilities and parenting skills, improve child and maternal health outcomes, reduce the likelihood of repeat teen pregnancies, strengthen positive young father involvement and coparenting relationships as appropriate, decrease intimate partner violence and raise awareness of available resources.
- *New Jersey Statewide Student Support Services.* The New Jersey Statewide Student Support Services (NJ4S) network is an innovative, statewide hub and spoke model of services and resources to support youth mental wellness and positive youth outcomes. NJ4S coordinates and expands the delivery of primary prevention program to all New Jersey schools and communities and provides secondary prevention, screening, brief clinical intervention and referral to treatment for public schools and communities with the highest need. Services administered through the hubs are be targeted and tiered. Tier 1 services cover universal supports that all students can benefit from, including school assemblies, webinars for parents and school staff, social-emotional learning curriculum, and more. Schools can access these services on-demand, whenever they want to incorporate them for the students and families supported by the school. Tier 2 services include group-based prevention, including extracurricular programming, mentorship, and more. Tier 3 services are intended for brief, clinical intervention as the student in need is referred to and connected to more extensive, comprehensive ongoing therapeutic supports through the Children's System of Care (CSOC) and in-community resources.

Fatherhood Services. Fatherhood services, which are available in select counties across the state, seek to strengthen parenting and leadership capacities of New Jersey fathers by connecting them to concrete services and increasing parenting knowledge and skills. Through these services, fathers become more engaged with their children and stronger leaders at home and in the community. Group parenting education and empowerment groups are offered to participants varying from teen fathers to stepfathers to grandparents.

Division on Women. DCF's DOW creates, promotes, and bolsters the rights and opportunities for women and other constituents across the state. The Division administers funding and supports the development of programming in the areas of domestic violence, sexual violence, cultural inclusion and accessibility, prevention, economic self-sufficiency and financial empowerment, and policy and assessment.

Economic Empowerment and Advancement Programs. The statewide Displaced Homemaker Program provides training and employment-related services for individuals who worked in the home for many years and through the death, disablement, or divorce of a spouse find themselves as the primary source of household income. The Displaced Homemakers Program is designed to enhance employability and create new job opportunities. DCF also funds Hispanic Women's Resource Centers to provide similar services to Hispanic and Latina women. DOW also supports

statewide efforts designed to empower and support girls and young women ages 13-24 through culturally responsive leadership development. In collaboration with national, state and local partners, DOW developed three regional collaboratives to support girls learning in diverse areas, e.g., public speaking, leadership skills, financial independence, investment, resume-building and trauma-informed yoga and mindfulness.

Primary Prevention of Sexual Violence. DCF provides programming aimed at the primary prevention of sexual violence, including provision of educational seminars, increasing awareness to communities, community mobilization and training for professionals. The programming promotes collaboration among a variety of sectors and works to increase protective factors and decrease risk factors associated with the perpetration of sexual violence. Through Rape Prevention and Education grant funding, DOW is building individual and community level strategies in three areas: engaging men and boys as allies to end gender-based violence, empowering girls through culturally responsive leadership development, and creating protective environments for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Two-Spirit and other identities (LGBTQIA2S+) individuals.

Sexual Assault Direct Services. DCF provides an array of services for survivors of sexual assault that are designed to reduce trauma, increase self-efficacy and empowerment, and provide a path for survivors' long-term healing. Services include: 24-hour hotline services for crisis intervention and referral; accompaniment and advocacy through medical, criminal justice and social support systems, including medical, police and court proceedings; crisis intervention, individual and group support services, and comprehensive service coordination to assist sexual assault victims and family and household members; information and referral to assist sexual assault victims and family or household members; community-based culturally specific services and support mechanisms, including outreach materials for underserved populations; and development and distribution of materials to educate on issues related to the aforementioned services.

Domestic Violence Services. DCF funds a statewide array of direct services to survivors of domestic violence, including housing, shelter, and rental assistance; basic needs, e.g., hygiene, clothing and food items; 24-hour hotline and emergency response; victim advocacy related to finances, housing, medical, employment, education, and immigration; transportation; interpretation and translation; legal advocacy; medical accompaniment; individual or group counseling; and community education, training and awareness. DCF also supports children and youth who were exposed to domestic violence, family violence and dating violence; PEACE: A Learned Solution and Trauma Focused Cognitive Behavioral Therapy™ are available in all 21 counties. DOW also operates the New Jersey Address Confidentiality Program, which provides domestic violence victims and survivors with a legal substitute address to safeguard their location and safety.

Abuse Intervention Programming. DCF offers domestic violence abuser intervention programming (AIP) across the state, aiming to reduce and eliminate the safety and risk concerns posed by batterers. Based on the evidence-informed Risk, Needs, Responsivity framework, AIP utilizes individualized treatment plans for participants based on their risk level and unique needs. These programs provide opportunity for assessment and engagement and focus on teaching violence prevention skills, accountability, and, for men, responsible fatherhood.

Culturally Specific Organizations. DCF's Culturally Specific Initiative is supporting primary prevention of sexual violence strategies with a focus on historically under resourced and marginalized communities throughout the state. The network of culturally specific providers provide services tailored to meet the cultural and linguistic needs of survivors.

Positive and Adverse Childhood Experiences. DCF's Office of Resilience coordinates, facilitates, and hosts statewide initiatives related to raising awareness of, and creating opportunities for Positive Childhood Experiences, which are known to reduce or mitigate Adverse Childhood Experiences (ACEs). These initiatives are advanced through community-led efforts supporting organizations that are new or currently pursuing trauma-informed initiatives. Examples include: microgrants to community-based organizations to fund initiatives centered on community and individual resilience, a police-youth engagement in select high-risk communities, and facilitation of stakeholder education and collaboration through Regional ACEs Collaboratives.

Supportive Help Lines. DCF funds a 24/7 Parents Anonymous Help Line, as well as the 2nd Floor Youth Help Line. The 2nd Floor Helpline provides confidential support for youth with their daily life challenges by professional staff and trained volunteers.

Children's System of Care

DCF's CSOC serves children and adolescents with emotional and behavioral health care challenges and their families, children with I/DD and their families, and children with substance use challenges and their families. Core services include: 24/7/365 access to request services; mobile response and stabilization services, care management, intensive in-community treatment, applied behavior analysis, individual and family support services, treatment homes, residential treatment, and family support organizations. Treatment services and supports through CSOC are trauma-informed and healing-centered, and many serve youth with co-occurring behavioral health-I/DD or behavioral health-substance use disorder treatment needs. Services are delivered in the community or in out-of-home settings.

Care Management Organizations. Care Management Organizations (CMOs) are county-based, agencies that provide strength-based care management, assessment, and comprehensive service planning for youth and their families with intense and/or complex needs related to behavioral health, substance use, and/or I/DD. Services through CMOs include individualized service planning for youth and their families, linkages to identified services, crisis stabilization and support services, and advocacy.

Family Support Organizations. Family Support Organizations (FSOs) are non-profit, county-based organizations run by family members of youth with emotional, behavioral, developmental, and/or substance use challenges that have received services from any youth-serving system. FSOs provide direct family-to-family peer support, education, and advocacy to help families navigate DCF's systems, school systems, and the legal system.

Mobile Response and Stabilization Services. DCF's Mobile Response and Stabilization Services (MRSS) program ensures that all children and youth, ages 3 through 17 years old, who enter out-of-home care receive behavioral health assessment and services at the time of placement. MRSS aims to mitigate trauma and facilitate stabilization for children and youth by providing increased support and education to youth and caregivers during the transition into a new home. MRSS workers assess and attend to behavioral health needs, assist resource parents to understand the child's needs, develop strategies and plans to best support the youth, and facilitate access to continued behavioral health care support and services through CSOC when necessary. MRSS, which is available 24/7/365, also serves as DCF's community-based crisis response component, providing face-to-face response within one hour or 24 hours based on family request. Through its

Infant and Early Childhood Mental Health 0-5 initiative, CSOC is building capacity for MRSS providers to deliver assessment and stabilization services for very young children.

Child Protection & Permanency Services

DCF's Division of Child Protection and Permanency (CP&P) is responsible for receiving and responding to reports of alleged child maltreatment and ensuring the safety, permanency and well-being of children. To carry out these responsibilities, CP&P directly operates the 24/7/365 State Central Registry (child abuse hotline), carries out child protective investigations and child welfare assessments, provides case management for children and their families, recruits, trains and supports kin and unrelated foster and adoptive parents, facilitates family preservation, reunification, adoption and guardianship processes, and accesses a statewide network of community-based social and clinical services. DCF's Institutional Abuse Investigation Unit (IAIU) is a child protective service unit that investigates allegations of child abuse and neglect in out-of-home settings, such as foster homes, residential centers, schools, and detention centers.

The state-administered child welfare system is composed of nine area offices and 46 local offices. All governing policies and practices are administered through a centralized statewide authority. All case-carrying CP&P staff are expected to rely on the tenets of DCF's enhanced CPM during all interactions with children and families. DCF's original CPM provides a standardized, strength-based, and family-centered framework to guide how CP&P staff work with children, youth/young adults, and families. The model consists of six key functions: engagement of youth and families, working with family teams, ongoing and quality assessment, individualized planning, tracking and adjusting, and safe and sustained transition from DCF involvement. The CPM has been further enhanced with the integration of Solution-Based Casework™, an evidenced-informed practice model that focuses on finding practical solutions to family and individual challenges by promoting positive change within the family system.

Provision of Services and Supports. Families with active child protection involvement may access DCF's statewide network of community-based social and clinical services and supports, including mental health, substance use disorder, parenting support, domestic violence, and other types of services, to assist families in their process of healing, learning, changing and thriving. In addition to services, CP&P may access flexible funding and for the purposes of supporting children and families, keeping families together, preventing unnecessary out-of-home placement, facilitating family reunification and stabilizing and strengthening out-of-home placement. When needed, CP&P staff provide children and families with transportation to meetings, appointments, court hearings, and more.

Coordination of Specialized Services. Families involved with CP&P often face multiple stressors, which may include medical and mental health challenges, substance use and domestic violence. Responding to these challenges oftentimes requires specialized clinical skills and knowledge. CP&P staff help to ensure families have access to appropriate supports and services by partnering with specialized consultants in assessment, planning and coordination of services. The following consultants are embedded within CP&P's organization.

- **Child Health Program Nurses.** The Child Health Program is staffed by Registered Nurses and staff assistants, who ensure each child's medical and behavioral health care needs are met and to provide overall health care case management. Child Health Unit nurses connect children in foster care to a medical home, visit children in their resource homes, review medical records and assessments, engage biological and resource families in

healthcare planning, and assist in developing plans for safe care. CP&P can also refer families with in-home cases to the Child and Family Nurse Program to assess health care needs, provide ongoing care coordination and make links to health care services in the community.

- *Child Protection Substance Abuse Initiative.* The Child Protection Substance Abuse Initiative (CPSAI) provides Certified Alcohol and Drug Counselors and counselor aides to support caseworkers in case planning when substance use is identified as a concern. CPSAI staff assess, refer, and engage clients in appropriate treatment to address their individual needs. CPSAIs also provide training to CP&P staff on topics related to substance use disorders.
- *Clinical Consultants.* Managed by CMOs, clinical consultants are licensed behavioral health professionals, who provide on-site consultation services to CP&P staff regarding children and youth with behavioral health concerns and intellectual and developmental challenges. 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.* The Domestic Violence Liaison (DVL) program strengthens DCF's capacity to respond effectively to families experiencing domestic violence and child abuse. DVLs, who are specially trained professionals with extensive knowledge of domestic violence and domestic violence support services, assist caseworkers in on-site assessment, case management, safety planning, support, and advocacy for domestic violence victims and their children.
- *Resource Development Specialists.* Resource Development Specialists (RDS) help caseworkers identify service providers and make appropriate referrals. RDSs act as liaisons between CP&P local offices and community and system partners. They create positive and collaborative partnerships with community agencies to assist in the identification of available local services and resources to meet clients' needs to achieve case goals. RDSs attend community events, conduct presentations and disseminate information to raise awareness about child abuse and neglect and CP&P.
- *Early Childhood Specialists.* ECSs, who are structured within the CNJ system, are specially trained professionals with extensive knowledge of infant mental health and parent-child relationships. To best integrate ECSs throughout the child welfare system and strengthen system integration and local service linkages, ECSs provide consultation, assessment, and enhanced planning, engage in staff development, attend Plans of Safe Care case conferences, and provide referrals to services available through New Jersey's broader integrated early childhood system.
- *Educational Stability Liaisons.* Education Stability Liaisons in each local office collaborate with the local school districts to implement the education stability process to ensure continuity of education programming for youth in out-of-home care. Liaisons assist caseworkers to navigate educational planning and the education stability process.

Family Preservation Services. Family Preservation Services (FPS) is a statewide, intensive, in-home crisis intervention and family education program that serves families with children at imminent risk of out-of-home placement or preparing to be reunified. Through the use of family-centered assessment, skill-based interventions, and limited financial assistance, the program

strives to ensure the safety of children, stabilize families, improve family functioning, prevent unnecessary out-of-home placements and link families with community supports and resources.

Supportive Visitation Services. Supportive Visitation Services (SVS) is an innovative set of clinically supported parent-child visitation services that aim to reduce children's time in foster care and decrease recidivism within the child welfare system by reducing parenting stress and improving child behavioral health. Services are offered along a continuum to meet the unique needs of each family, ranging from least restrictive to more intensive therapeutic interventions.

Supportive Housing Services. DCF's Office of Housing (OOH) manages a comprehensive hub for housing and related services to enhance service coordination and operations, improve the alignment of housing services with prevention-related outcomes, and augment the Department's response to the housing needs of constituents. In addition to directly managing the programs described below, OOH collaborates with state and local housing partners to increase seamless connection across the system-wide housing continuum.

- **Keeping Families Together.** Keeping Families Together (KFT) is a statewide housing-first supportive housing intervention intended to support a subset of high needs child welfare-involved families faced with co-occurring challenges, e.g., homelessness, substance use, medical or mental health disorders, and domestic violence. The goal of the program is to safely prevent child protection removals of children and reduce recidivism within the child welfare system by improving housing stability and family well-being.
- **Youth Housing Continuum.** DCF facilitates a continuum of youth housing programs and related services that are intended to empower eligible homeless youth, youth at risk for homelessness, and youth aging out of the child welfare system, ages 18 – 21 years, to maintain safe and stable housing, develop strengths, and realize their potential as they transition to adulthood. The youth housing continuum provides services, including transitional and supportive housing and street outreach services, and also matches housing, vouchers or subsidies with wraparound services. Available in select counties, My First Place, is a nationally recognized education and employment program model that ensures youth have access to housing and services focused on education and employment goals. Another program, Connect to Home, ensures that youth who are aging out of care or previously involved with the foster care system, have access to a combination of housing subsidy and support services.

Caregiver Substance Use Services. DCF oversees a network of substance use services provided via contracts with various agencies throughout the state to meet the needs of caregivers struggling with substance use and co-occurring mental health disorder. These services aim to reduce the risk of harm associated with substance use disorders; to increase rates of treatment engagement, completion, and recovery; to improve families' stability, and; to reduce families' involvement with the child welfare system.

- **Full continuum of substance use services.** DCF makes available a full continuum of substance use assessment, treatment and recovery services. Available levels of care include outpatient, intensive outpatient, withdrawal management, halfway house, and short and long-term residential treatment programs, such as "Mommy and Me" programs.
- **Peer Recovery Support Specialists.** Peer Recovery Support Specialists (PRSS) support parents with substance use disorders during and after formal treatment. PRSS provide

one-on-one peer support to CP&P-involved parents or caregivers who are seeking to establish or strengthen their substance use recovery process.

- *In-Home Recovery Program.* The In-Home Recovery Program is a family-based recovery program serving adults, families, and young children. The goal of the program is to improve outcomes for parents who have a substance use disorder and are parenting a child under six years old. The program simultaneously addresses parents' mental health challenges and substance use while focusing on attachment behavior and the quality of parent-child interactions.

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

- *LifeSet.* LifeSet provides evidence-based and best practices for intensive community support to assist young people in their transition to independence. The program aims to reduce homelessness and economic hardships for youth, as well as to increase their well-being, social supports, educational attainment and earnings and employment. LifeSet services are highly individualized and tailored to suit the individual strengths and needs of each young adult. Areas addressed can include education, employment, housing stability, healthy relationships, mental and physical health, and other independent living skills.
- *Pathways to Academic and Career Exploration to Success.* The Pathways to Academic and Career Exploration to Success (PACES) program supports current or former foster youth and young adults in their successful transition to and retention in post-secondary education, including career technical education, and workforce readiness.
- *Peer Mentoring.* DCF's peer-to-peer mentoring program, EnlightenMENT, provides young people, ages 14-21 and in the care of CP&P, with peer support through trained professional staff and credible messengers who themselves have lived experience in New Jersey's child welfare system. The program ensures that youth entering care have someone they can go to for advice and guidance on navigating the foster care system from the perspective of another youth with similar lived experience. The program seeks to increase a youth's ability to articulate and work toward their goals, interact with professionals, and be able to initiate connections to resources on their own.

Adoption and Kinship Legal Guardianship Clinical Services. DCF's Adoption and Kinship Legal Guardianship Clinical Services program offers in-home Dyadic Developmental Psychotherapy, an evidence-informed clinical service, tailored to youth and their adoptive and kinship families. Its primary objectives include bolstering identity, attachment, and family cohesion, while mitigating trauma associated with alternative permanency processes. Program participants include youth and their pre-adoptive or kinship families, as well as youth and their adoptive or kinship families post-permanency.

Educational Services

DCF's Office of Education (OOE) provides specialized educational services and supports to children and young adults, ages three through 21, who require alternative school placement for a period of time due to their unique needs. OOE programming is designed for students who exhibit severe cognitive, physical, behavioral, and emotional disabilities; exhibit a variety of moderate to severe learning disabilities; are at risk of school failure; and pregnant/parenting teens. OOE also caters to State Responsible students. Educational services include regular and special education programs, Child Study Team services, related services, educational surrogates, and instructional and assistive technology services. Students are educated in 23 program sites across the State, including: DCF contracted residential facilities, psychiatric facilities operated by the state Department of Health, 16 DCF Regional Schools, and two hospital-based satellite programs.

Title IV-B, subpart 1 Assurances for States

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State assures that it is operating, to the satisfaction of the Secretary:
 - a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;
 - b. A case review system (as defined in section 475(5) and in accordance with the requirements of section 475A) for each child receiving foster care under the supervision of the State/Tribe;
 - c. A service program designed to help children:
 - i. Where safe and appropriate, return to families from which they have been removed; or
 - ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement subject to the requirements of sections 475(5)(C) and 475A(a) of the Act which may include a residential educational program; and
 - d. A preplacement preventive services program designed to help children at risk of foster care placement remain safely with their families [Section 422(b)(8)(A)].
2. The State assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children [Section 422(b)(8)(B)].
3. The State assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children [Section 422(b)(10)].
4. That State assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs [Section 422(b)(14)].
5. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].

6. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient [45CFR 1357.15(c)].

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: Christine Bayer

Title: Commissioner

Agency: New Jersey Department of Children and Families

Dated: June 25, 2024

Title IV-B, subpart 2 Assurances for States

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432(a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State assures that after the end of each of the first four fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances [Section 432(a)(2)(C)(i)].
2. That State assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishment of the goals, and on the basis of the final review:
 - a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and
 - b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b) of the Act) and add to the plan a statement of the goals intended to be accomplished by the end of the 5th succeeding fiscal year [Section 432(a)(2)(C)(ii)].
3. The State assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, family reunification services, and adoption promotion and support services) of:
 - a. The service programs to be made available under the plan in the immediately succeeding fiscal year;
 - b. The populations which the programs will serve; and
 - c. The geographic areas in the State in which the services will be available [Section 432(a)(5)(A)].
4. The State assures that it will perform the annual activities described in section 432(a)(5)(A) in the first fiscal year under the plan, at the time the State submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.
5. The State assures that Federal funds provided to the State under this subpart will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of this subpart [Section 432(a)(7)(A)].

6. The State will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State's compliance with the prohibition contained in 432(a)(7)(A) of the Act [Section 432(a)(7)(B)].
7. The State assures that in administering and conducting service programs under the plan, the safety of the children to be served shall be of paramount concern [Section 432(a)(9)].
8. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].
9. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient [45CFR 1357.15(c)].
10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program [Section 432(a)(4)].

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: Christine Beyer

Title: Commissioner

Agency: New Jersey Department of Children and Families

Dated: June 25, 2024

State Certifications for the Chafee Foster Care Program for Successful Transition to Adulthood

As Chief Executive Officer of the State of New Jersey, I certify that the State has in effect and is operating a Statewide pursuant to section 477(b) and that the following provisions to effectively implement the Chafee Foster Care Program for Successful Transition to Adulthood are in place:

1. [Check one of the following boxes]:

☐ The State will provide assistance and services to youths who have aged out of foster care, and have not attained 21 years of age [Section 477(b)(3)(A)(i)];

OR

☒ The State will provide assistance and services to youths who have aged out of foster care, and have not attained 23 years of age [Section 477(b)(3)(A)(ii)];

AND:

☐ the State has elected under section 475(8)(B) of title IV-E of the Social Security Act to extend eligibility for foster care to all children who have not attained 21 years of age;

OR:

☒ the State agency responsible for administering the State plans under titles IV-B and IV-E of the Social Security Act uses State funds or any other funds not provided under title IV-E to provide services and assistance for youths who have aged out of foster care that are comparable to the services and assistance the youths would receive if the State had elected to extend eligibility for foster care up to age 21 under section 475(8)(B) of title IV-E;

2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room or board for youths who have aged out of foster care and have not attained 21 years of age (or 23 years of age, in the case of a State with a certification under section 477(b)(3)(A)(ii) to provide assistance and services to youths who have aged out of foster care and have not attained age 23) [Section 477(b)(3)(B)];
3. None of the amounts paid to the State from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training including training on youth development to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult [Section 477(b)(3)(D)];
5. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
6. The State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State with other Federal and State programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];

7. Each Indian tribe in the State has been consulted about the programs to be carried out under the plan; that there have been efforts to coordinate the programs with such tribes; that benefits and services under the programs will be made available to Indian children in the State on the same basis as to other children in the State; and that the State will negotiate in good faith with any Indian tribe, tribal organization, or tribal consortium in the State that does not receive an allotment under subsection (j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriate portion of the State allotment for the cost of such administration, supervision, or oversight [Section 477(b)(3)(G)];
8. The State will ensure that youth participating in the program under this section participate directly in designing their own program activities that prepare them for independent living and that the youth accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)];
9. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)]; and
10. The State will ensure that a youth participating in the program under this section is provided with education about the importance of designating another individual to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and the youth does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions, whether a health care power of attorney, health care proxy, or other similar document is recognized under State law, and how to execute such a document if the youth wants to do so [Section 477(b)(3)(K)].



Signature of Chief Executive Officer

June 24, 2024

Date

**State Chief Executive Officer's Certification
for the
Education and Training Voucher Program
Chafee Foster Care Program for Successful Transition to Adulthood**

As Chief Executive Officer of the State of New Jersey, I certify that the State has in effect and is operating a Statewide program relating to the Chafee Foster Care Program:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
 - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
 - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).



Signature of Chief Executive Officer

June 24, 2024

Date

Attachment D. Acronym List for the 2025-2029 CFSP and 2025 Final APSR

Acronym	Meaning
A	
AAAQ	Availability, Accessibility, Acceptability and Quality Framework
ACAF	All Children-All Families
ACEs	Adverse Childhood Experiences
ACF	Administration for Children and Families
ACNJ	Advocates for the Children of New Jersey
AFCARS	Adoption and Foster Care Analysis and Reporting System
AHH	Adolescent Housing Hub
AIP	Abuse Intervention Program
AKLGCS	Adoption and Kinship Legal Guardianship Clinical Services
AOC	Administrative Office of the Courts
APN	Advanced Practical Nurse
APSR	Annual Program and Services Report
ARE	Applied Research and Evaluation
ASFA	Adoption and Safe Families Act
ASI	Analytics and Systems Improvement
ASQ	Ages and Stages Questionnaire
B	
BCWEP	Baccalaureate Child Welfare Education Program
BFPP	Birth and Foster Parent Partnership
BIA	Bureau of Indian Affairs
C	
CAC	Child Advocacy Center
CADC	Certified Alcohol and Drug Counselor
CAG	Chafee Advisory Group
CAFS	Children's Aid and Family Services
CAPTA	Child Abuse Prevention Treatment Act
CARA	Comprehensive Addiction and Recovery Act
CARI	Child Abuse Record Information
CASA	Court Appointed Special Advocates
CB	Children's Bureau
CBCAP	Community-Based Child Abuse Prevention
CCR&R	Child Care Resource and Referral Network
CCWIS	Comprehensive Child Welfare Information System
CCYCs	County Councils for Young Children
CDB	Central Database
CDC	Centers for Disease Control and Prevention
CECANF	Commission to Eliminate Child Abuse and Neglect Fatalities
CFN	Child and Family Nurse
CFNFRB	Child Fatality and Near Fatality Review Board
CFNP	Child and Family Nurse Program
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CHCS	Center for Health Care Strategies
CHIP	Children's Health Insurance Program

CHP	Child Health Program
CHRI	Criminal History Record Information
CHU	Child Health Unit
CIACC	Children's Interagency Coordinating Councils
CIC	Children in Court
CICAC	Children in Court Advisory Committee
CICIC	Children in Court Improvement Committee
CIP	Court Improvement Plan
CJA	Children's Justice Act
CLIP	Center for Learning and Improving Performance
CLSA	Casey Life Skills Assessment
CME	Comprehensive Medical Examination
CMHA	Comprehensive Mental Health Assessment
CMO	Care Management Organization
CMS	Contract Management System
CNJ	Connecting New Jersey
COA	Cost of Attendance
CoCs	Continuums of Care
COG	Continuity of Government
COOP	Continuity of Operations Plan
CoQI	Collaborative Quality Improvement
CP&P	Child Protection and Permanency
CPM	Case Practice Model
CPSAI	Child Protection Substance Abuse Initiative
CQI	Continuous Quality Improvement
CSA	Contracted System Administrator
CSE	Coordinated State Evaluation
CSH	Corporation for Supportive Housing
CSOC	Children's System of Care
CTF	Children's Trust Fund
CTH	Connect to Home Initiative
CWS	Child Welfare Services
D	
D.A.D.S.	Dads Achieving Dynamic Success
DAG	Deputy Attorney General
DCA	New Jersey Department of Community Affairs
DCF	New Jersey Department of Children and Families
DCF OEM	New Jersey Department of Children and Families Office of Emergency Management
DHS	New Jersey Department of Human Services
DMAHS	New Jersey Division of Medical Assistance and Health Services
DMHAS	Division of Mental Health and Addiction Services
DOE	New Jersey Department of Education
DOH	New Jersey Department of Health
DOW	Division on Women
DREAMS	Developing Resiliency with Engaging Approaches to Maximize Successs
DVL	Domestic Violence Liaison
E	

EBHV	Evidence-Based Home Visiting
EBP	Evidenced-Based Program
EBSU	Enterprise Business Systems Unit
ECCS	Early Childhood Comprehensive Systems
ECCS P-3	Early Childhood Comprehensive Systems Prenatal-3
ECS	Early Childhood Specialist
EDW	Enterprise Data Warehouse
EIA	Equity Impact Assessment
EITC	Earned Income Tax Credit
EMAC	Emergency Management Assistance Compact
Embrella	Embracing and Empowering Families
EMMIT	Emergency Management Mapping and Information Tracking
EOF	Educational Opportunity Fund
ESF	Emergency Support Function
ETV	Education and Training Voucher
F	
FCP	Family and Community Partnerships
FAFSA	Free Application for Federal Student Aid
FCIRU	Fatality and Critical Incident Review Unit
FEC	Fatherhood Engagement Committee
FCI	Family Connects International
FEMA	Federal Emergency Management Agency
FFA	Family First Prevention Services Act
FFY	Federal Fiscal Year
FSS	Family Service Specialist
FPL	Federal Poverty Level
FPS	Family Preservation Services
FYI	Foster Youth to Independence Initiative
FSCs	Family Success Centers
G	
GPA	Grade Point Average
H	
HESAA	Higher Education Student Assistance Authority
HFA	Healthy Families America
HMFA	Housing and Mortgage Finance Agency
HMG NJ	Help Me Grow New Jersey
HOPE	Harnessing Opportunity for Positive, Equitable Early Childhood Development
HSAC	Human Service Advisory Council
HUD	Department of Housing and Urban Development
I	
I/DD	Intellectual and Developmental Disabilities
IAIU	Institutional Abuse Investigations Unit
ICPC	Interstate Compact of the Placement of Children
ICS	Incident Command System
ICWA	Indian Child Welfare Act
IECMH	Infant and Early Childhood Mental Health
IHRP	In-Home Recovery Program
IIC	Intensive In-Community

IL	Independent Living
IM	Information Management
IMSC	Information Management Steering Committee
IMTS	Intensive Mobile Treatment Services
IRECW	Intent to Remain Employed in Child Welfare
ISS	International Social Services
IT	Information Technology
J	
JDAI	Juvenile Detention Alternatives Initiative
JHU	Johns Hopkins University
JJC	Juvenile Justice Commission
K	
KFT	Keeping Families Together
KLG	Kinship Legal Guardianship
KNP	Kinship Navigator Program
KPIs	Key Performance Indicators
L	
LEEP	Lived Experience Expert Partnership
LGBTQIA2S+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Two-Spirited and more identities denoted by the +
LI2	Learn, Innovate, Improve
LIS	Licensing Information System
LOM	Local Office Manager
LTC	Leadership Transformation Collaborative
M	
MCWEP	Master's Child Welfare Education Program
MDT	Multi-Disciplinary Team
MEYA	Medicaid Extension for Young Adults
MIECHV	Maternal Infant Early Childhood Home Visiting
MOA	Memorandum of Agreement
MRSS	Mobile Response and Stabilization Services
MVR	Minimum Visitation Requirement
N	
NCANDS	National Child Abuse and Neglect Data System
NEICE	National Electronic Interstate Compact Enterprise
NFR-CRS	National Fatality Review Case Reporting System
NIMS	National Incident Management System
NJ OEM	New Jersey Office of Emergency Management
NJ OIT	New Jersey Office of Information Technology
NJ4S	New Jersey Statewide Student Support Services Network
NJARCH	New Jersey Adoption Resource Clearing House
NJCAN	New Jersey Career Assistance Navigator
NJCWTP	New Jersey Child Welfare Training Partnership
NJEA	New Jersey Education Association
NJFCS	New Jersey Foster Care Scholars
NJGAINED	New Jersey Group for Access and Integration Needs in Emergencies and Disasters
NJSP	New Jersey State Police

NJTFCAN	New Jersey Task Force on Child Abuse and Neglect
NJYRS	New Jersey Youth Resource Spot
NPCS	National Partnership for Child Safety
O	
OAS	Office of Adolescent Services
OCA	Office of Contract Administration
ODEB	Office of Diversity, Equity and Belonging
OECS	Office of Early Childhood Services
OEM	Office of Emergency Management
OFSS	Office of Family Support Services
OFV	Office of Family Voice
OHSP	Office of Homeland Security and Preparedness
OIHW	Office of Integrated Health and Wellness
OIT	Office of Information Technology
OKRs	Objectives and Key Results
OOE	Office of Education
OOH	Office of Housing
OOL	Office of Licensing
OOM	Office of Monitoring
OOQ	Office of Quality
OOR	Office of Resilience
OSD	Office of Strategic Development
OSHW	Office of Staff Health and Wellness
OSRI	On-Site Review Instrument
OTPD	Office of Training and Professional Development
P	
PCANJ	Prevent Child Abuse New Jersey
PACES	Pathways to Academic and Career Exploration to Success
PAP	Predict Align Prevent
PPA	Pre-Placement Assessment
PBC	Place-Based Community
PACEs	Positive and Adverse Childhood Experiences
PFPC	Powerful Families, Powerful Communities
PIP	Program Improvement Plan
PSSF	Promoting Safe and Stable Families
PJD	Prevention of Juvenile Delinquency
PLP	Parent Linking Program
PCP	Primary Care Physician
PRIDE	Parent Resources for Information, Development and Education
PRSS	Peer Recovery Support Specialist
POSC	Plans of Safe Care
PYPIC	Parenting Young People in Care
PMO	Project Management Office
PSB	Problematic Sexual Behavior
POSC	Plans of Safe Care
PPC	Pediatric Psychiatry Collaborative
Q	
QPR	Quality Performance Review

QR	Quality Review
R	
RDS	Resource Development Specialist
RDTC	Regional Diagnostic Treatment Center
RESC	Race Equity Steering Committee
RFP	Request for Proposals
RFQ	Request for Qualifications
RNR	Risk, Needs, Responsivity
S	
SAGE	System for Administering Grants Electronically
SAP	Satisfactory Academic Progress
SBC	Solution Based Casework
SBYSP	School Based Youth Services Programs
SCR	State Central Registry
SDM	Structured Decision Making
SDOH	Social Determinants of Health
SED	Severe Emotional Disturbance
SEOC	State Emergency Operations Center
SIBS	Siblings in Best Settings
SNAP	Supplemental Nutrition Assistance Program (Food Stamps)
SOGIE	Sexual Orientation, Gender Identity and Expression
SORS	Staffing and Oversight Review Subcommittee
SORS	Staffing and Oversight Review Subcommittee
SPAN	Parent Advisory Network
SRAP	State Rental Assistance Program
SSH	Social Services for the Homeless
SUID	Sudden Unexpected Infant Death
SVS	Supportive Visitation Services
T	
TANF	Temporary Assistance for Needy Families
TPR	Termination of Parental Rights
TPYS	Transitional Plan for Youth Success
TTI	Transgender Training Institute
U	
UHV	Universal Home Visiting
W	
WFNJ	WorkFirst New Jersey
WIC	Women, Infants and Children Program