NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

2019

ANNUAL REPORT

Safe, Healthy, & Connected

CONTENTS

EXECUTIVE SUMMARY

2019 was a year of transition for the New Jersey Department of Children and Families (DCF or the Department). After 13 years as the state's first cabinet-level agency dedicated to ensuring the safety, well-being and success of children, youth/young adults, families and communities, the Department was well-positioned to advance Governor Phil Murphy's vision for a stronger, fairer New Jersey. Throughout 2019, DCF continued to provide programs and services integral to helping residents be or become ***safe, healthy, and connected*** in the 21st century.

The nomination and appointment of Christine Norbut Beyer, MSW in 2018 brought a national, progressive perspective to transforming child welfare in New Jersey. As an early years DCF alum, Commissioner Beyer was familiar with the state, the policies and the potential for progress. And, having spent over six years with Casey Family Programs, her expertise on promising and best practices brought a new vision and goals to the Department.

Throughout 2019, Commissioner Beyer continued her Listening Tour to hear directly from constituents. She launched a series of Regional Forums to engage stakeholders across multiple systems. Together with staff, these steps supported the Commissioner and DCF leadership to identify and begin to implement a strategy for transformation.

In 2019, DCF finalized its strategic plan to ensure that all New Jersey children and families are, or become, ***safe, healthy, and connected***. DCF identified essential values – collaboration, equity, evidence, family and integrity—which reinforce and support the Department's work and are the core of operations and interactions. With finalization of DCF's plans for strategic transformation into a 21st century model of child welfare practice that aligns with the needs of children, youth/young adults and families of New Jersey, DCF remains committed to innovation, partnership, and effective practice to advance the strategic plan and be of service to New Jersey families.

During each month in 2019, DCF continued its critical service to over **170,000** New Jersey constituents. Moreover, DCF:

- Supported family connection, safety and health in **5,747** families of infants and young children through evidence-based, statewide, home-visiting services in partnership with the New Jersey Department of Health. Approximately **1,570** mothers were screened for depression and over **1,782** children received a developmental screen;
- With the support of Casey Family Programs, contracted with Dr. Carol Spigner, Professor Emerita at University of Pennsylvania School of Social Work to help DCF create and begin to implement the race equity strategy called for in the strategic plan. Through this work, DCF identified the need for, and established, its Race Equity Steering Committee.
- Provided treatment, services and supports to over **38,600** children and their families each month to support them in managing behavioral health and disability related needs;
- Launched a collaboration with the New Jersey Division of Mental Health and Addiction Services to address underage drinking, marijuana use, and prescription medication/opioid misuse for youth, ages 9 to 20;
- Responded to over **170,000** calls to the state's child abuse hotline, including over **62,000** reports alleging serious maltreatment of almost **95,000** children, and almost **20,000** referrals for child welfare services for nearly **32,000** children;
- Through case management and other services of DCF's Division of Child Protection and Permanency (CP&P), successfully supported the families of over **41,100** children so that parents developed and strengthened skills needed to care safely for their children at home;
- Reunified over **1,800** children who had been placed into foster care with their families;
- Facilitated the adoption of nearly **1,100** children for whom reunification was not possible;
- Safely reduced the number of children living in foster care by **20%** from 2018 to 2019;
- Served **438** parents/caregivers and their families through the peer recovery support program and began the planning process to expand this program;
- Provided supportive housing to preserve **620** families statewide;
- Provided contracted programming and services to approximately **875** survivors of sexual violence each month;
- Supported over **680** displaced homemakers each month, on average, by helping them to gain the knowledge, skills and networks needed to enter or re-enter the job market;
- Refreshed New Jersey's Safe Haven Public Awareness campaign, modernizing the campaign to take advantage of targeted paid and organic social media ads, an enhanced, mobile-friendly website, and the production and dissemination through social media of a public service announcement;

- Formed the DCF Youth Council, which is comprised of youth and young adults ages 16-23 from throughout the state to improve existing programs and planning, determine what new supports and services may be necessary, identify how best to achieve positive outcomes and evaluate system reforms.
- Revised the Department's ChildStat process, so that quality review processes in place within CP&P and the Children's System of Care may be more closely aligned, informed by the Department's ongoing needs assessments, and responsive to federal and statewide improvement plans;
- Launched an effort to incorporate state-of-the-art safety science routines and practices into DCF's work.; and
- Promoted workforce well-being through the provision of remote and in-person supports available throughout the Department, such as a "Mindfulness Toolkit" for staff to counter the emotional and often traumatic work that we do.

These accomplishments and more were achieved because of the dedicated work of **6,800** DCF staff, the partnership and support of Governor Murphy and the Judiciary, coordination with sister state agencies and collaboration among a network of direct service providers that work hand-in-hand with DCF every day. This report describes DCF's work, establishes our service delivery framework, and includes detailed descriptions of major service lines using that framework, serving to highlight areas of strength and areas in need of further development.

ABOUT DCF

PART 1

The New Jersey Department of Children and Families (DCF) was created in 2006 to provide child protection and child welfare services to support and strengthen New Jersey's families. In the years since its creation, DCF's mandate expanded well beyond the protection of children to include: 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 and their families, specialized educational programming, support services aimed at promoting success of transition aged youth, and the administration of a network of services focused on strengthening families and preventing and interrupting child maltreatment. DCF's divisions and offices envelop the core infrastructure components needed to serve the vast constituency across New Jersey.

Each month, DCF serves over 170,000 constituents. This is done with an array of family-centered programs and services delivered directly and through a network of community providers.

DIVISIONS AND OFFICES

DCF's direct services are delivered by the following ten divisions and offices:

- CENTRAL OFFICE OF ADMINISTRATION
- DIVISION OF CHILD PROTECTION & PERMANENCY
- DIVISION OF CHILDREN'S SYSTEM OF CARE
- DIVISION OF FAMILY & COMMUNITY PARTNERSHIPS
- DIVISION ON WOMEN
- INSTITUTIONAL ABUSE INVESTIGATION UNIT
- OFFICE OF ADOLESCENT SERVICES
- OFFICE OF EDUCATION
- OFFICE OF FAMILY VOICE
- OFFICE OF LICENSING

CORE INFRASTRUCTURE COMPONENTS

Over the last 13 years, 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's infrastructure is continuously evaluated to ensure that best-in-class approaches to service delivery and design are in place to achieve our vision.

Workforce

DCF's strongest asset is its people. DCF employs over 6,800 staff, including investigators, caseworkers, inspectors, regulators, trainers, evaluators, researchers, analysts and many others. DCF works hard to ensure that its staff are safe and well in the workplace.

Training

DCF's Office of Training and Professional Development (OTPD) coordinates and oversees training for the Department and manages training certificate programs and partnerships with New Jersey schools of social work. OTPD delivers training directly and through two statewide training partnerships. The New Jersey Child Welfare Training Partnership provides pre-service, foundational and elective training to staff in the Division of Child Protection and Permanency (CP&P). A partnership with Rutgers University Behavioral Health Care provides training and professional development for the network of service providers operating within the Children's System of Care (CSOC). DCF also invests in higher education for the child welfare workforce, partnering with schools of social work to recruit and train Bachelor of Social Work degree candidates for employment at DCF and to assist staff in obtaining a Master of Social Work degree while employed at DCF.

Strategy

DCF is guided by a multi-year strategic planning process, which builds on agency strengths and develops solutions to areas needing improvement. This strategic plan identifies departmental goals and organizes and prioritizes the strategies the department will pursue to achieve those goals[1]. The strategic plan also provides the platform from which DCF develops major plans for federal funding streams, state investments, and performance management.

Financial Management

DCF's budget for FY2018-19 was $1.82 billion, $601 million of which was comprised of federal funds. DCF continually looks to maximize federal revenue and to manage innovative and financially responsible programs that maximize the State's investment.

Facilities and Equipment

DCF maintains 46 CP&P local offices, 9 CP&P area offices, 16 schools, and a state-of-the art training and professional development center, in addition to its Trenton headquarters. DCF's fleet of vehicles supports staff to undertake investigations, inspections and casework activities. DCF's information technology and telephonic infrastructure allow staff to maximize efficiency and effectiveness of their work through mobile and office-based technological supports.

Data Infrastructure

DCF uses data to inform policy, strengthen standard operation procedures, and maintain its focus on continuous quality improvement (CQI). DCF maintains NJ SPIRIT, New Jersey's comprehensive child welfare information system, and contracts for the maintenance of the NJ CYBER system for use by the CSOC. DCF is in the process of developing consistent data collection methods for services delivered through other parts of its contracted service network. DCF utilizes state-of-the-art reporting tools, such as SafeMeasures, to put workload management reports directly into the hands of child welfare staff. Data is routinely made available to the public through the New Jersey Child Welfare Data Hub[2], and monthly publication of performance and descriptive reports[3].

Analytics

DCF measures community needs, organizational performance, and child and family outcomes across its entire service array and publishes a variety of descriptive and statistical reports summarizing key metrics, e.g., Commissioner's Monthly Report[4]. DCF strives to continually understand the risk factors related to child welfare involvement and protective factors that promote safe, healthy and connected children, youth, men, women and families. DCF maintains partnerships with national experts to promote data transparency, including the partnership with Rutgers's University for the New Jersey Child Welfare Data Hub, a data portal through which the public can access the State's child welfare data. In 2019, the Department launched an effort to use predictive geospatial analytics to identify neighborhoods in greatest need of prevention approaches.

Policy Development

DCF strives to maintain clear, concise and accessible policies. The entire DCF policy manual is available to the public and accessible online[5].

Continuous Quality Improvement Infrastructure

DCF employs systems that support its ability to self-monitor performance, analyze practice, and self-correct. The goals of Continuous Quality Improvement (CQI) at DCF are to: (1) create a continuous learning environment to improve future outcomes; (2) ensure sustainability of DCF'S case practice model and reform efforts; (3) improve agency processes, procedures, and quality of services by using data to guide fiscal and programmatic decision-making; and (4) sustain and enhance DCF's ability to self-monitor. DCF uses multiple mechanisms to collect and analyze the qualitative and quantitative data that informs CQI processes, including internal and external evaluations of purchased services, use of frontline reporting tools focused on DCF case work and service, and qualitative case reviews. DCF has CQI teams at varying levels who work to understand and identify ways to improve service delivery on an ongoing basis. These include county-level and statewide CQI teams in various divisions, as well as a Safety and Performance Management Committee led by executive management. In addition, each month, the DCF leadership spends a full day examining its direct child-serving work in one county through a participatory ChildStat process.

VISION & STRATEGIC GOALS

PART 2

A 21ST CENTURY VISION

While DCF remains steadfast in its commitment to design and manage a strong, statewide network of core services and programming to support New Jersey's children and families, the Department has evolved in many ways since its initial creation. 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 practice, ongoing self-evaluation of the Department's performance, advances in science, and staff and consumer voice. DCF is transforming into a 21st century child welfare system.

In 2019, DCF supported the Governor's vision by finalizing and implementing its strategic plan. DCF's strategic plan emphasizes the values of collaboration, equity, evidence, family, and integrity. It focuses on utilizing DCF's infrastructure and core approaches, designed to strengthen families and prevent and interrupt child maltreatment, to improve its array of family-centered programs and services delivered both directly and through a network of community providers to help residents be or become safe, healthy and connected. Among other achievements, DCF has been able to increase kinship placements, address primary child maltreatment prevention, create a culture of accountability and incorporate the voice of families into the quality improvement process in new ways. These achievements have had a positive and direct impact on the lives of children, youth, young adults and families.

Vision

Under the leadership of its executive management Team, DCF has been moving into the next phase of its evolution and working in support of its vision ***that every resident of New Jersey be safe, healthy, and connected.***

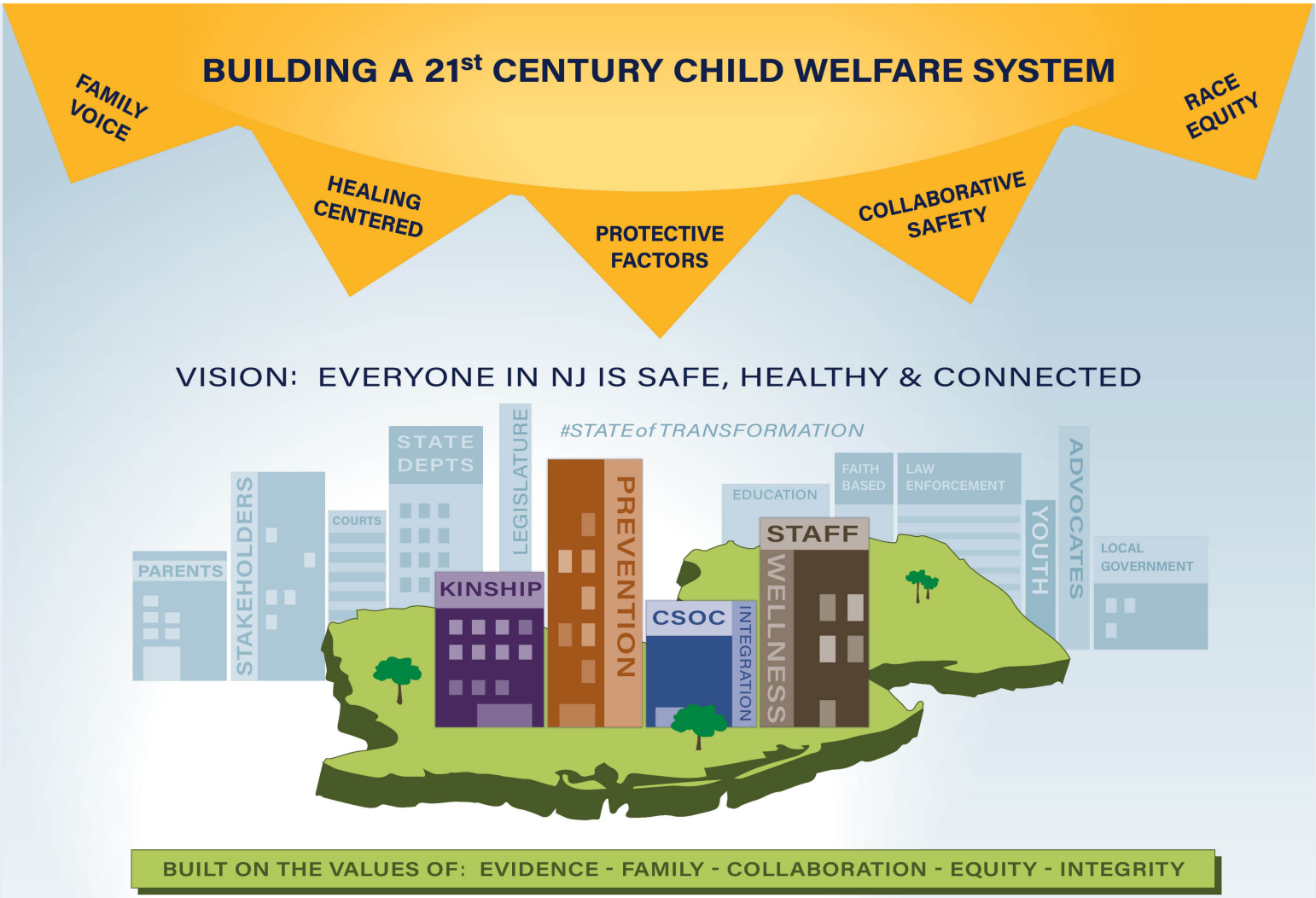
Safe: **free from physical and/or emotional harm and risk of harm.**

Healthy: **physically, mentally, and emotionally well.**

Connected: **bonded/tied together through biology, familiarity and/or community.**

The more connected people are, the safer they feel,
and this can positively impact their mental and emotional health.

This vision is informed by the voices of New Jersey's children, youth/young adults, women, men and families, who share their input through quality reviews, needs assessments, public forums, and more. The DCF vision also continues to be informed by decades of research into child maltreatment, intimate partner violence, individual and family protective factors, neuroscience, and the social determinants of health. It is a vision that embraces holistic wellness, and understands the fundamental interaction between individual, family and community strength.



Strategic Plan

Guided by this vision, DCF worked to entered into multi-year strategic planning process, which builds on agency strengths and develops solutions to areas needing improvement. In 2019, DCF finalized its strategic plan to ensure that all New Jersey children and families are, or become, safe, healthy and connected.

Values: DCF identified essential values – collaboration, equity, evidence, family and integrity – which reinforce and support the Department's work and are the core of our operations and interactions.

Core Approaches: DCF set forth the fundamental approaches of its work; practice must always consider the five core components of:

- **Race Equity:** DCF recognizes that it functions in a historical and social context of racial inequity. New Jersey residents deserve equitable treatment from the public systems it operates, contracts for and oversees, and DCF staff deserve equitable treatment in the workplace. DCF must continually assess whether its work has an equitable impact on families, regardless of race, and to take steps to change its work when equitable outcomes are not achieved.
- **Family Voice:** If services are to be truly responsive to children, youth, families, men and women, DCF must pro-actively include family voice to inform systems designs, policy development and quality improvement processes.
- **Protective Factors:** Department-wide, DCF relies on the protective factors framework, a research-informed approach to increasing family strengths, enhancing child development, and reducing the likelihood of child abuse and neglect, to inform and drive system design, policies and practices.
- **Healing Centered Practice:** Many of the constituents DCF works with have survived or are actively experiencing trauma. DCF must ensure that its service network has the skillset and orientation to move beyond recognition of trauma to promote healing and resilience, across all services.
- **Collaborative Safety:** DCF is incorporating techniques used in aviation, heavy industry, health care and other sectors so that we create a culture of safety, and do not merely respond to adverse events, but learn from them in such a way that we can reliably prevent future adverse events from happening.

Transforming the System While Maintaining Excellence

DCF's strategic plan includes transformative goals and priorities, including prevention of maltreatment, significantly increasing the use of kinship placement settings, promotion of staff health and wellness, and ensuring an integrated and inclusive children's system of care. It also focuses on building and maintaining service excellence for the core services of the Department.

SPOTLIGHT: Office of Family Voice (OFV)

The Office of Family Voice (OFV) uses innovative approaches to organize and elevate the voice of constituents, thereby ensuring that policy, operations, and practice throughout the Department are infused with the voices of people with lived experience. OFV is responsible for planning, designing, implementing, and evaluating community engagement efforts. OFV collaborates with stakeholders and community partners to improve outcomes for New Jersey's children, youth/young adults and families. Engaging parents, children, youth/young adults, caregivers and families throughout their involvement with child welfare allows for their lived experience to provide perspective and inform decision-making and practice.

OFV Achievements

In 2018, Commissioner Beyer conducted a listening tour in a series of town hall-style meetings. Inspired by those meetings, the Commissioner created OFV to ensure that parents, youth, and kinship care providers all have a seat at the table and are able to provide input on the policies and practice that impacts their lives. To achieve authentic engagement and true voice and choice across individual, peer and systems levels, OFV went through a period of development to bring constituent advocates into the work of DCF.

Achievements include:

OFV Youth Council: In 2019, DCF began the formation of a Youth Council to work in partnership with DCF to achieve shared leadership and collaborative goals. This Council, which meets directly with the Commissioner, will help to transform DCF policy and practice, while simultaneously empowering youth to act and make decisions on critical issues. The Council's feedback and expertise will be used to improve existing programs and planning, determine what new supports and services may be necessary, identify how best to achieve positive outcomes and evaluate system reforms. The Youth Council's goals are to:

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

In the Summer 2019, OFV conducted informational sessions throughout the state, meeting with groups of young people for input in the design, goals and structure of the Youth Council. In December 2019, after a statewide application process, the Youth Council was formed with 24 youth and young adults, ages 14-23, from across the state.

SPOTLIGHT: OFV (continued)

Fatherhood Engagement: OFV leads the Department's Fatherhood Engagement Committee. The goal of the Fatherhood Engagement Committee is to improve the Department's approach to involving and engaging fathers. The Fatherhood Engagement Committee includes fathers, service providers and stakeholders, ensuring their voices are included in the work of the Department.

It is important for child welfare agencies to embed and create opportunities to engage and partner with families, to support and maintain relationships between children and their fathers and paternal relatives. In Summer and Fall 2019, the Fatherhood Engagement Committee was restructured and expanded with a new teaming format more inclusive of fathers, stakeholders and system partners, including New Jersey's Division of Family Development, Division of Labor, Office of Probation Services, Office of Child Support, and Office of Faith Based Initiatives. In December 2019, the Committee began to establish goals for the upcoming years. OFV partners with DCF's Office of Quality and members of the Fatherhood Engagement Committee to utilize the Department's continuous quality improvement approach to better identify, understand and recommend initiatives targeted to improve father engagement.

Additionally, a new sub-committee was created to elevate the voices of fathers who were previously involved with DCF. A group of fathers with lived experience first came together in August 2019 for a voice session, where they were able to discuss their history and experience working with the DCF and CP&P and spoke openly about the challenges they experienced. This group met throughout the Fall 2019 and will continue to meet regularly.

OFV Future Steps

Youth Council Sub-Committees: The youth council will create subcommittees as needed to perform in-depth research and make recommendations on prioritized issues. Council members will work on select subcommittees to advance issues that they have chosen as important and to improve the Department's work with youth throughout the state.

Fatherhood Engagement Committee: The Fatherhood Engagement Committee is charged with providing at least an annual updates and recommendations to executive management. The committee recommended that DCF explore organizational assessments, such as the National Fatherhood Institute's Father Friendly Check-up. This tool assesses the degree to which an organization's operations encourage father involvement in the activities and programs offered by the organization.

Parent Advisory Council: DCF will establish a Parent Advisory Council. This Council will reinforce DCF's commitment to authentic engagement and shared decision-making. The Council will empower parents with ongoing and meaningful input and leadership in the policy process. The voices of birth parents, relative caregivers and foster parents with lived experience provide ideas that inform system priorities and provide context reflecting community needs. To carry out this vision, OFV reviewed national models, conducted interviews and met with Family Support Organizations. These efforts will support OFV in recruiting, screening and training birth, relative and resource caregivers.

OFV will continue to elevate the voices of families and youth to ensure the community's concerns are acknowledged, understood and incorporated into the work that will best serve their needs through open communication and continuous feedback.

Throughout 2019, DCF continued to apply its values as it set out on a new course in implementing the core approaches outlined in its strategic plan.

PUTTING STRATEGY INTO PRACTICE IN 2019

Highlighting DCF's 2019 Achievements

Advancing the Core Approaches

Race Equity

In 2019, DCF's **Race Equity Steering Committee (RESC)** was formed to advance the Department's efforts to reduce racial disparity in its work. Through the generosity of Casey Family Programs, the RESC is advised by Dr. Carol Wilson Spinger, Professor Emerita from the University of Pennsylvania. Comprised of leaders from throughout the Department, the RESC underwent training, data analysis and goal setting exercise in 2019. More information about RESC can be found on DCF's website[6].

Healing-Centered Practice

The Department continued its work around **Healing-Centered Practice**, raising awareness about **Adverse Childhood Experiences (ACEs)**, and efforts to ensure that its staff and service providers have the skillset and orientation to promote healing and resilience for parents/caregivers and children who experience adversity and trauma. DCF implemented a training initiative that uses a healing-centered curriculum entitled, "Connections Matter." The Connections Matter curriculum teaches adults how to use the power of connections to develop healthy brains and supportive relationships, to prevent and heal from ACEs, and to strengthen communities. DCF aims to provide the training to all DCF staff,

as well as to community network providers, stakeholders and families. This training will be offered throughout federal fiscal year 2020, utilizing a Train-the-Trainer model.

Protective Factors Framework

Protective factors are conditions or characteristics of individuals, families or communities that promote healthy development and well-being. The five key protective factors are: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development and social and emotional competence in children. In 2019, DCF continued to incorporate assessment and promotion of protective factors into practice models and purchased services.

Family Voice

The Office of Family Voice (OFV) was expanded to include a Youth Council. The **OFV Youth Council** was formed in December 2019 and is comprised of 24 youth and young adults ages 14-23 from throughout the state. In 2019, OFV restructured and relaunched DCF's **Fatherhood Engagement Committee**. To be more inclusive of fathers, stakeholders and system partners, the committee was expanded and effectuated a new teaming format. System partners and stakeholders include the Division of Family Development, the Division of Labor, Office of Probation Services, the Office of Child Support, and the Office of Faith-Based Initiatives. A sub-committee consisting of fathers with lived expertise was established and will continue to convene on an ongoing basis. Additionally, DCF's Commissioner continued her statewide **listening tour**, providing the opportunity to hear from children, families and caregivers served by DCF about their lived experiences with the Department. Through multiple sessions, Commissioner Beyer was able to interact with over 550 constituents in 22 locations across 15 counties, including parents receiving in-home and out-of-home services, families of children with intellectual and/or developmental disabilities, biological fathers, domestic violence survivors, parents and kin who attend a Family Success Center, mothers participating in the mommy & me program at Straight and Narrow, and inmates at Edna Mahan Correctional Facility.

Culture of Safety

The Critical Incident and Fatality Review Unit in the Office of Quality continued working with **Collaborative Safety, LLC** to advance safety science work outlined in DCF's strategic plan. Collaborative Safety 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. DCF's culture of safety also extends to ensuring the well-being of staff. In 2019, DCF worked with Alia Innovations, Inc., a national non-profit dedicated to child welfare reform, to provide training to senior leaders and managers throughout the organization regarding trauma and resilience; to support monthly workforce well-being groups; and to provide monthly micro-learnings to all DCF staff. DCF launched a **"Mindfulness Toolkit"** for staff to counter the emotional and often traumatic work that we do. To ensure staff safety, DCF has robust security measures in place in all offices. In 2019, DCF hired additional security officers and piloted the use of Safe Signal, a state-of-the art mobile technology, to safeguard staff in the field.

Transforming the System While Maintaining Excellence

Preventing Maltreatment

DCF continued to work with **Predict Align Prevent (PAP)**, a program that uses geospatial risk analysis, strategic alignment of community initiatives and implementation of accountable prevention programs to create the components of an effective primary prevention bundle. This joint effort is being piloted in two New Jersey counties,

as DCF simultaneously builds the capacity to sustain the work independently. DCF also laid the groundwork to add to the continuum of **evidenced-based home-visiting programs**. To improve the physical and emotional well-being of infants, children and their families, DCF applied for funding through the **Preschool Development Grant** to expand the evidence-based program, Family Connects.

Kinship

To increase kinship placement rates among children in out-of-home placement, DCF's Office of Research, Evaluation and Reporting, Office of Child Protection & Permanency (CP&P) and Office of Quality partnered to develop and launch a **statewide survey** aimed at understanding CP&P staff's attitudes and perspectives on the work they do with kinship resource families. It was sent to over 5,000 staff with a 77 percent completion rate.

Children's System of Care

CSOC was restructured to more effectively align DCF's resources with a behavioral and physical health model. The Office of Clinical Services, which was renamed the **Office of Integrated Health and Wellness**, was incorporated into CSOC. DCF and CSOC leadership identified opportunities to **build capacity** to support CSOC within DCF's existing infrastructure and, as a result, some key CSOC staff and operations were transitioned to the Office of Research, Evaluation and Reporting (RER), the Office of Quality, the Office of Policy and Regulatory Affairs, and the Office of Legal Affairs.

Enhancing Service Delivery

DCF's Child and Family Services Review (CFSR) Performance Improvement Plan (PIP) was approved by the Children's Bureau in June 2019. In August and September 2019, DCF undertook the CFSR baseline review in Burlington, Camden, Morris and Somerset counties. In October 2019, the Children's Bureau reviewed and approved **DCF's 2020-2024 Child and Family Services Plan**[7]. Through continued collaboration with the Human Service Directors and the Human Service Advisory Councils (HSACs), DCF developed a new **HSAC Needs Assessment**[8] process. Through this process, HSACs undertake a county-based needs assessment in alignment with DCF's qualitative review and ChildStat schedule. DCF finalized "tools" and documents related to the needs assessment, including a standard survey, focus group and key informant interview protocols, consent documents, a standard report template and a guidance document, and secured a vendor for translation of select documents into Spanish.

Transition-Aged Youth/Young Adults

DCF strengthened supports to transition-aged youth. The **Adolescent Workgroup** of the Task Force on Child Abuse and Neglect was created, and the **Chafee Advisory** committee was reformed to help guide our work in supporting transition-aged youth/ young adults.

2019 IMPACTS

PART 3

Through a combination of directly operated programs and a sizeable array of purchased programming, DCF provides a comprehensive network of services to support New Jersey's families, prevent violence across the lifespan, and to prevent and interrupt child maltreatment in all forms. DCF's vast array of services and supports have a positive impact on the lives of children, youth and families. 2019 utilization and outcome data highlights DCF's successes in these areas as well as successes in increasing kinship placements and providing an integrated and inclusive system of care for youth.

PREVENTION & COMMUNITY SERVICES

DCF designs and manages a vast network of **community based, universally-accessible services** throughout New Jersey that are aimed at: strengthening and building capacity of individuals, families and communities, preventing violence and maltreatment throughout the lifespan and supporting survivors. These services are delivered in partnership with communities through a network of providers and are described in detail in Part IV. DCF's prevention and community services reach thousands of New Jersey residents each month and, in 2019, supported children, youth, families and individuals to thrive.

- **4,848** children and their families received evidence-based home visiting services through DCF's home visiting network. An average of **85%** of these children were appropriately immunized, and an average of **89%** of children were screened for developmental delays.
- During FY19, **602** families were involved with CP&P while receiving home visiting services. In the 12 months after enrollment with home visiting services, **98%** of families had no subsequently substantiated child protective findings.
- DCF's network of 57 Family Success Centers continued to support the capacity of families and communities. During CY19, Family Success Centers supported over **31,0000** families, providing over **38,000** referrals for families, over 27,000 sessions on life skills, and approximately **12,000** sessions on advocacy.
- In CY19, New Jersey's Kinship Navigator Program supported **3,351** caregivers in maintaining a safe, stable permanent home for the children they took into their care.
- In CY19, DCF's displaced homemaker program enrolled over **3,500** individuals.
- In CY19, there were **14,042** hotline calls to the DCF-funded sexual assault crisis line, and **25,755** people received accompaniment, outreach, and support services.
- Over **16,000** survivors of domestic violence were supported to remain safe in FY19. **95%** of survivors receiving services through DCF programs reported that they have gained strategies to enhance their safety and **92%** report increased knowledge of available community resources.
- DCF's school-linked services helped over **35,000** youth to navigate social and emotional development, providing over **21,000** students with individual sessions and **22,000** with group sessions statewide in CY19. Of middle and high schoolers seeking specific help from these programs, the majority (**82%**) felt that the services helped them prepare for life after school, **84%** felt that the program helped them have greater success in school, and **71%** expressed that the same services helped them have more meaningful peer relationships.

CHILDREN'S SYSTEM OF CARE

DCF's Children's System of Care (CSOC) serves children and adolescents aged 0-21 with emotional and behavioral health care challenges and their families, children with developmental and intellectual disabilities and their families, and children with substance use challenges and their families. The vision for CSOC began in 1999, in response to family-led advocacy in response to family-led advocacy. CSOC's goals are to: provide a spectrum of effective, community-based services and supports that are organized into a coordinated network; build meaningful partnerships with families and youth; and to address cultural and linguistic needs so that children and youth function better at home, in school, in the community, and throughout life.

CSOC's SAMHSA Expansion grant, Promising Path to Success (PPS), began in September 2015 and coaching concluded in December 2019. In 2019, over 4,000 individuals were trained in the Nurtured Heart Approach® (NHA) with 57 individuals becoming certified NHA trainers through PPS. A sustainability conference, which was held in November 2019 with over 250 attendees, provided system partners the opportunity to hear from youth, families and providers about their involvement, program enhancements and changes experienced through the coaching efforts of the PPS grant.

By the conclusion of the PPS grant, all 21 counties engaged in five implementation phases, including 21 Care Maangement Organizations (CMO), Mobile Response and Stabilization Services (MRSS), Family Support Organizations (FSO), and 131 residential sites within 39 different organizations. There was a significant decrease in the length of stay and the number of youth in out-of-home treatment. During the duration of the grant, almost 400 people were certified as NHA trainers. As a result of the intense determination and focus of the PPS coaching staff and the almost 400 community certified trainers, nearly 24,000 individuals were trained in NHA, which was three times the expected saturation.

CSOC services and supports are accessed and coordinated through the CSOC Contracted Systems Administrator (CSA), which is a single point of entry for services and is accessible 24-hours a day, 7-days a week. The CSOC service continuum includes CMOs, MRSSs, FSOs, and a range of treatment and therapeutic support services. CSOC is the state entity responsible for determining eligibility for an array of services for children under age 18 with developmental disabilities.

In 2019:

- In total, over 61,000 youth and their families were provided services through CSOC in 2019.
- At any point in time, approximately 26,000 children and youth were actively enrolled in a CSOC service during the year.
- In CY2019, **25,821** youth had an episode of care with the CMO, **20,620** youth with an FSO, and **31,332** with MRSS; and **13,852** youth under 21 were DD eligible. Of the youth served, **56%** were aged 13 or under.
- **90%** of children receiving CSOC care management were able to receive treatment and supportive interventions while remaining at home with their families
- **90%** of youth who transitioned from CMO services in 2018 were able to maintain their health with family and other supports and did not need to re-enroll in services within 12 months of transition.

- DCF's MRSS were dispatched to support **25,264** youth and their families across New Jersey in 2019; **97%** of youth who received an MRSS dispatch remained safely in their current living situation, so that youth and families avoided costly and disruptive events such as hospitalization or arrest.

More information about CSOC's performance can be found in the Commissioner's Dashboard[9]. Customizable monthly reports on measures related to the CSOC are also available to the public on the New Jersey Child Welfare Data Portal[10].

CHILD PROTECTION & PERMANENCY

DCF's Division of Child Protection and Permanency (CP&P) is New Jerseys' public child welfare agency. 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, carries out child protective investigations and child welfare assessments, provides case management for children and their families, recruits, trains and supports kinship and unrelated foster and 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.

Over 5,000 CP&P staff work in 46 local offices across New Jersey, serving over 44,000 children and their families each day. These DCF staff are assisted by a range of embedded clinical and legal support staff and operate according to a well-developed case practice model. CP&P staff receive extensive pre-service training. Staff responsible for working directly with families receive a minimum of 40 hours of ongoing professional training annually. As with all DCF policies, CP&P's policies are publicly available on the DCF website[11]. The quality of case-practice is managed through dedicated Area Quality Coordinators, Case Practice Specialists, and Case Practice Liaisons. Continuous Quality Improvement efforts are managed and supported within the Department by the DCF's Office of Quality.

Most often, when CP&P becomes involved with a family, the Division is able to help the family develop and carry plans that allow for the family to remain together, safely. On any given day, approximately 90% of the children with active CP&P involvement are at home with their family. In the event that CP&P needs to make use of legal procedures to keep them safe, such as seeking court supervision or custody of children, CP&P is capably represented by the New Jersey Office of the Attorney General. New Jersey provides free legal representation to children and caregivers with child protection involvement through the New Jersey Office of the Public Defender.

In 2019, DCF:

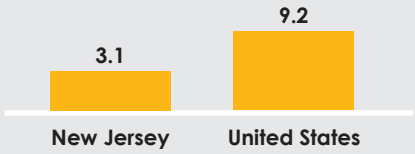
- Responded to over **173,181** calls to the state's child abuse hotline and conducted approximately **62,000** child protective services investigations involving more than **95,000** alleged child victims.
- Provided child welfare case management to over **22,000** families at any given time, including approximately **40,000** children being served in their own home.
- Safely reduced the number of New Jersey children living in foster care by **20%** from **5,543** children in 2018 to **4,458** children in 2019.
- Reunified over **1,800** children who had been placed into foster care with their families.
- Facilitated the adoption of over **1,100** children for whom reunification was not possible.

NEW JERSEY'S CHILD PROTECTION AND PERMANENCY SYSTEM OUTPERFORMS THE NATION IN SEVERAL IMPORTANT RESPECTS:

NJ children are far less likely to die as a result of maltreatment than children in the US, on average.
In 2018, the most recent year for which national data are available, the rate of child maltreatment-related fatalities in New Jersey (0.92 per 100,000) was **approximately one third less than** the national average (2.39)[12].

NJ children are victims of maltreatment substantially less often than children in the US, on average.
For each of the five years between 2014-18 (last year for which national data is available), New Jersey's children were victims of child abuse/neglect at a rate of **3.1 per 1,000**, about **one-third** as often as children in the United States on average. The national average for the same year was **9.2 per 1,000**[13].

Infants, in particular, are safer in NJ than in the US, on average.
Babies in New Jersey under the age of 1 are victims of abuse or neglect one-third as often as babies in the United States on average (NJ <1 victimization rate in 2017 was **7.7 per 1,000** compared to the national average at **26.7/1,000**)[14].



NJ families are safer and kept together much more often than in other parts of the country.
New Jersey uses family separation (foster care placement) as a safety intervention for children with active child welfare cases **49% less often** than the national average. In 2018, in the United States as a whole 262,956 out of the 73,399,342 children entered care (a rate of **3.58 per 1,000**). That same year, 3,540 out of 1,953,643 New Jersey children entered foster care (a rate of **1.81 per 1,000**)[15].

Children in foster care experience fewer replacements in NJ than the national average.
In New Jersey in 2019, **87%** of children experience two or fewer placements during their time in foster care, compared to a national average of **83.5%**[16].

DCF continually strives to improve its child protection and permanency services. Our 2019 self-assessments demonstrated both areas of high quality and areas in need of improvement:

- **Children remained safe in New Jersey's resource family homes.** Outcomes data from 2019 shows that only 19 children (**0.24%**) out of over **8,000** were victims of maltreatment by a resource family parent or facility staff.
- **DCF staff work effectively to engage and assess resource parents.** In a comprehensive statewide case review of 231 cases (CY18 and CY19), engagement was rated as a strength in 92% of the cases and assessment was rated as a strength in **90%** of cases.
- **DCF continues to work to achieve benchmarks set forth in the Sustainability and Exit Plan (SEP)** related to the quality of teaming, case planning and provisions of services to support transitions. In 2019, DCF continued to successfully meet performance standards for 100% of the "To Be Maintained" measures of the SEP. Additionally, DCF consistently met performance standards for approximately 90% of the "To Be Achieved" measures. Detailed information regarding DCF's performance with respect to the SEP are available in the appendices to this report.

More information about New Jersey's child protection system is available in the monthly Commissioner's Dashboard[17]. The dashboard also includes snapshots of important child and family services data[18]. Customizable reports on measures related to child protection are also available to the public on the New Jersey Child Welfare Data Portal[19].

SCHOOLS

In 1979, the State Facilities Education Act (SFEA) under N.J.S.A. 18A:7B-1 et seq. was passed in New Jersey. SFEA requires the provision of a thorough and efficient education for students in programs operated by or under contract with DCF. As such, DCF's Office of Education (OOE) provides specialized educational services and support to children and young adults ages three through 21 who require alternative school placement due to their unique needs. The OOE strives to create an environment that promotes success for pregnant and parenting teens, at-risk students, and students with disabilities. Additionally, the OOE caters to the State Responsible under guardianship of the DCF, CP&P or students who lack a parent or guardian and reside in a New Jersey school district. This category also encompasses students without a New Jersey District of Residence, as determined by the New Jersey Department of Education (DOE). OOE extends child study team services (CST) to all State Responsible students. Most OOE students' primary objective is to earn a high school diploma and reintegrate into school and community life. Every OOE regional school and child study team service is custom-designed and personalized to meet the individual needs of each student in the least restrictive school setting.

These State and federally-compliant education programs are 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
- Are pregnant/parenting teens (on-site day care programs are available for infants/ toddlers of parenting teens).

The educational services encompass a broad range of offerings, including regular and special education programs, CST services, related services, educational surrogates, and instructional and assistive technology services. With 23 program sites throughout the state, including DCF-contracted residential facilities, psychiatric facilities operated by the New Jersey Department of Health, 16 DCF regional schools, and two hospital-based satellite programs, we are dedicated to delivering quality education to our students. The OOE, graduated 101 high school students during the 2019-2020 academic year.

LICENSING

The DCF Office of Licensing (OOL) is the licensing and regulatory authority of DCF. OOL is responsible for licensing, inspecting, monitoring and regulating New Jersey's child care centers, family child care homes, adoption agencies, group homes, youth residential facilities, partial care programs, youth substance abuse treatment programs, and residences for youth with intellectual and developmental disabilities. In addition, OOL inspects and licenses every out-of-home placement program utilized by CP&P or CSOC to ensure that it meets rigorous standards for safety and quality. Each year, OOL licenses **more than 1,500** child care and **more than 200** youth residential programs. **More than 500** family child care certificates of registrations are issued each year through OOL.

INVESTIGATION OF INSTITUTIONAL ABUSE

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. IAIU's structure is comprised of a Central Administrative Office and four regional offices. Additionally, IAIU's internal Continuous Quality Improvement Unit focuses on ensuring investigation quality by following up on concerns found on IAIU investigations in DCF-regulated programs and leads quality improvement collaborations with system partners.

In 2019, IAIU received over **3,000** reports alleging child maltreatment in an out-of-home setting. IAIU continued to complete the majority (**87%**) of investigations within 60 days and continued to exceed DCF's performance target (**95%**) for caseload standards with **100 percent** of IAIU investigators having no more than 12 open cases at one time and no more than eight new referrals assigned in a month. In addition, through ongoing collaboration with our internal and external partners, IAIU works to ensure policies and procedures within a facility/institution have measures in place to assist in preventing future abuse/neglect with regards to the other children and youth who reside in these programs.

PROGRAM & SERVICE DESCRIPTIONS

FAMILY VOICE

DCF seeks to elevate the voices of families to ensure the community's concerns are acknowledged, understood, and incorporated into the system designs, policy development and quality improvement processes. In 2018, Commissioner Beyer created the office of Family Voice (OFV) to ensure that parents, youth, and kinship care providers all have a seat at the table, and DCF has pledged to work to amplify family voice into program and policy design, implementation, and management across the department.

TEAMING & COLLABORATION

DCF's practice models prioritize team approaches and DCF intentionally partners internally across its divisions and externally with government agencies, advocacy groups, research institutions, community-based providers and families to ensure our services are well-coordinated, comprehensive, and responsive to families needs. DCF's collaboration with stakeholders helps to guide efforts, inform goal and strategies, improve practice, enhance services, and monitor progress towards goals.

PRACTICE MODELS

DCF is working to incorporate evidence-based practices into the service network, where appropriate, and is working to create clear logic models and practice profiles for all services. These promote a common understanding of program goals, such as implementation, outcomes, and core components.

IMPLEMENTATION

DCF uses an implementation science framework to ensure services are delivered with high quality and are available and accessible to the New Jersey residents that need them. It hires, trains, and coaches qualified, competent staff to provide services and supports, and carefully contract for clinical and specialized services in the community. DCF works to ensure that needed organizational supports are in place to facilitate implementation, including clear administrative processes, information technology, data systems, to support programmatic decisions-making and leadership support.

1 PREVENTION & COMMUNITY SERVICES

FAMILY SUCCESS CENTERS

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

WHO WE SERVE

The 57 warm and welcoming FSCs located throughout New Jersey serve children, youth, families, individuals, and communities. In CY19, 31,620 families, including 54,743 individuals, were engaged with a FSC.

FAMILY VOICE

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

TEAMING & COLLABORATION

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

PRACTICE MODELS

In 2019, DCF, in consultation with the National Implementation Research Network (NIRN), completed the development of a practice profile for FSCs, and assessed the needed infrastructure for effective implementation of the profile. This implementation of this work led to building a practice profile that identifies the guiding principles and essential functions for the FCSs to make the practice teachable, learnable and doable.

IMPLEMENTATION

The DCF Office of Family Support Services leads the network of FSCs, providing ongoing coordination and technical assistance. FSCs report monthly to DCF on the number of individuals and families they serve, and which services are provided to families. In 2018, DCF launched needed training, data support and administrative infrastructure that will ensure the practice profile is implemented with fidelity. In 2019, all identified trainings, with the exception of one, were completed. DCF also continued to support best practice

through provision of conferences and professional development opportunities, such as the Annual FSC Conference and Child Abuse Prevention Conferences. The 2019 FSC Conference provided New Jersey system partners, including state, county and local policymakers, social service agencies and families, the opportunity to network, discuss programming, learn best practices and understand service delivery to support meeting the needs of families and communities. The Child Abuse Prevention Conference offered workshops, resources for families and fun and educational activities for children. The goal of these events was to promote social connections, strengthen parental resilience and connect families with their neighbors, communities and non-profit organizations that can assist them through providing comprehensive services.

KINSHIP NAVIGATOR

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

WHO WE SERVE

During CY19, KNP received over 20,000 contacts by phone, walk-in, or email, and KNP supported 6,072 kin-caregivers in accessing needed resources. 70% of caregivers were grandparents, 21% were other relatives, 5% were siblings and 3% were neighbors/family friends.

FAMILY VOICE

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

TEAMING & COLLABORATION

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

PRACTICE MODELS

While KNP services have been standardized and in place for over 20 years in New Jersey and throughout the United States, there are few evidence-based models in place for this work. In 2019 KNP completed the process of developing a practice profile, including usability testing, which will provide a basis from which to establish a New Jersey practice model.

IMPLEMENTATION

DCF manages the KNP network, annually reviews the KNPs, and monitors quality through site visits to each agency. DCF staff provide leadership, training, technical assistance and create opportunities for collaboration amongst the programs that includes sharing expertise, adopting best practices and standardizing program operations. DCF collects data in the form of monthly reports from providers, including demographic information and service utilization.

EARLY CHILDHOOD SERVICES

Early Childhood Services (ECS) are integral to New Jersey's development of a comprehensive and seamless system of care. ECS links pregnant women and parents of young children with necessary healthcare and social supports. Core services include management of a statewide Central Intake Network in collaboration with the New Jersey Department of Health, development and management of a statewide network of home visiting services, and support of the County Councils for Young Children (CCYC). The CCYCs play a vital role to support, engage, listen to parent's input and voice. CCYCs apply information gained to enhance New Jersey's mixed delivery approach that includes services funded through public and private funds and offered through a variety of programs (e.g., Head Start, licensed child care providers, registered family child care providers, Pre-K and home visiting) to help families access support services. The ECS portfolio is informed by the Strengthening Families™ framework, a research-informed approach that was developed to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect.

WHO WE SERVE

ECS serve families with pregnant women, new mothers or fathers, or any other caregivers with children up to the age of 8, based on family needs. During FY19, more than 73,000 home visits were provided, serving 5,700 children and 33,684 referrals were made to Central Intake. CCYCs served 2,096 unduplicated constituents and 1,167 professionals/ community stakeholders. Additionally, an estimated 6,513 children and 5,393 families received information and support from Strengthen Families. In 2019, the Parent Linking Program was transferred to ECS and worked with 241 expecting and parenting teens to prevent child abuse and neglect and reduce the barriers that can impede their ability to complete their education.

FAMILY VOICE

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

TEAMING & COLLABORATION

In partnership with other state and local entities, home visiting is supported by DCF, the New Jersey Department of Human Services, and the New Jersey Department of Health. CCYCs operate through a partnership between DCF and the New Jersey Departments of Education, Health, and Human Services.

PRACTICE MODELS

ECS use multiple evidence-based and evidence-informed models to ensure families are receiving family-centered programming that incorporates their voices and choices. Central Intake coordinates services using the national Help Me Grow System Model. The Home Visiting network provides three

evidence-based models of service in each of New Jersey's 21 counties: Healthy Families, Nurse-Family Partnership, and Parents as Teachers. CCYCs make use of the Shared Leadership Model and Parent Leadership Development.

IMPLEMENTATION

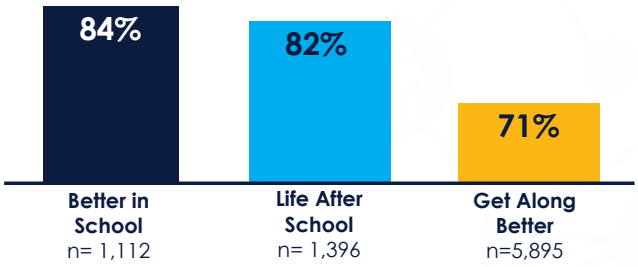
Training and technical assistance for this suite of services is provided through multiple partnerships. The Nurse-Family Partnership National Service Office and Prevent Child Abuse New Jersey provide model-specific training, technical assistance, data monitoring and reporting, and administrative support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

SCHOOL-BASED SERVICES FOR YOUTH

DCF's Office of School Linked Services (SLS) 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. DCF contracts with non-profit organizations, universities, hospitals, and school districts throughout New Jersey to implement programs. Through these SLS, 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. In 2019, the majority of middle and high school students who participated in School Based Youth Services Programs (SBYSP) reported their outcomes improved in school, life after school (e.g., employment, college readiness, etc.) and improved interpersonal relationships (see chart above).

IMPROVED OUTCOMES FOR SBYSP STUDENTS

Source: Annual SBYSP Impact Survey Data



WHO WE SERVE

SLS supports students ages 5 through 21 and their parents and educators. During CY19, over 35,000 students were supported by SBYSP, before-and after-school programming that includes recreation, educational supports, mental health counseling, substance abuse prevention, and pregnancy prevention. In addition, in 2019, out of school time programming for elementary-aged students reached over 2,600 students through 43 afterschool enhancement programs. The New Jersey Child Assault Prevention Program (NJCAP) reached more than 87,000 youth and young adults in 430 schools; the 2NDFLOOR youth helpline (available to youth 24/7) received calls or texts from 13,655 youth in need of counseling, and the Traumatic Loss Coalition (TLC) responded to 115 trauma-related events. The 2NDFLOOR and TLC programs were transferred to DCF's Children's System of Care in October 2019 for administrative support and oversight.

FAMILY VOICE

SLS integrates the voices of parents and caregivers into many of its services. The SBYSP has parents and caregivers serving on the Community Liaison Boards and hosts at least one fatherhood program annually. A parent advisory group, which includes parenting teens and their parents, help to design and operate the Parent Linking Program. Family Friendly Centers host family engagement activities to encourage parental participation.

TEAMING & COLLABORATION

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

PRACTICE MODELS

All SLS providers are expected to integrate elements of the New Jersey Standards for Prevention Programs and the national Strengthening Families approach into their service delivery. In CY19, SBYSP continued to align their program practice with the Center for the Study of Social Policy's Youth Thrive Framework[20]. This framework supports SBYSP in identifying policies, programs, and practices that need to be improved or changed so that they build on what we know about adolescent development, value young people's perspectives, and to better support healthy development, promote well-being and give youth opportunities to succeed. The Adolescent Pregnancy Prevention Program uses an evidence-based curriculum, Reducing the Risk: Building Skills to Prevent Pregnancy, STDs & HIV.

IMPLEMENTATION

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

EMPLOYMENT & TRAINING SERVICES

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

- Is receiving public assistance because of dependent children in the home but is within one year of no longer being eligible for assistance, or
- Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment, or
- Is at least 40 years of age, an age at which discrimination based on age is more likely, and at which entry or reentry to or advancement in the labor market is more difficult.

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

WHO WE SERVE

There are currently 22 DH programs located in all 21 counties across New Jersey. In CY2019, approximately 3,513 individuals were enrolled in DH programs. An increase in state funding allowed DCF to expand its operations to five new sites across New Jersey during CY19.

FAMILY VOICE

The voices of participants are critical to ensuring DH programs are meeting their needs. Each participant comes into the program with a unique set of circumstances as he or she is navigating entrance or re-entrance into the paid labor market. DCF meets quarterly with the DH network and conducts site visits to individual programs to ensure an understanding of the evolving needs of participants.

TEAMING & COLLABORATION

DCF collaborates with state and local resource partners, domestic violence programs, the Department of Labor and Workforce Development, Family Success Centers and county colleges to provide a comprehensive network of services for DHs.

PRACTICE MODELS

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

IMPLEMENTATION

DCF's Division on Women (DOW) provides quarterly technical training days to the DH providers with speakers from DCF and external sources. There is a web-based data system in place to collect data on service delivery and effectiveness to support continuous quality improvement processes. The data is reviewed monthly by DCF and regularly discussed with providers. Additionally, DCF's Office of Research, Evaluation, and Reporting (RER) provided training to DH providers related to the collection, interpretation and use of demographic, service and outcome data.

PRIMARY PREVENTION OF SEXUAL VIOLENCE

In the United States, 44 percent of women and 25 percent of men experienced some form of contact sexual violence in their lifetime[39]. To effectively prevent violence from occurring, Division on Women (DOW) collaborates with diverse sectors to focus efforts on all levels of the social ecological model – individual, relational, community and societal.

DCF funds programming to implement evidence-based/informed curricula and community action plans, which aim to decrease risk and increase protective factors at the community level. Other prevention efforts include skill-based programming, education seminars, awareness building, community mobilization and training for professionals. Furthermore, a primary prevention coalition in each county identifies an underserved or marginalized population most in need and creates a strategy to serve that population.

WHO WE SERVE

In CY19, 57,350 people participated in evidence-informed or evidence-based curriculums, coalition/community building and outreach/education activities across New Jersey.

FAMILY VOICE

DOW acknowledges the unique social and cultural contexts within our communities in New Jersey and provides supportive venues for communities to come together to discuss needs, strengths and barriers. Feedback and input are gathered through surveys, listening sessions, and stakeholder meetings, and has been incorporated into strategic plans for future programming. Ensuring the voices of all survivors are heard, particularly from underserved and marginalized communities, remains a priority for DOW.

TEAMING & COLLABORATION

Comprehensive sexual violence prevention requires collaboration from many sectors, including health, education, criminal justice, social services, business and more, to increase protective factors and decrease risk factors. DOW teams with 20 county-based providers and the Rutgers University Office for Violence Prevention and Victim Assistance, the New Jersey Coalition Against Sexual Assault, the Governor's Advisory Council Against Sexual Violence, other state and federal departments and local communities to deliver quality sexual violence prevention programming.

PRACTICE MODELS

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

IMPLEMENTATION

In addition to logic models that map out its program activities, processes and outcome measures, DOW created a state action and evaluation plan for its new programming. DOW will continue to rely on strengths of communities, agency partners and valued stakeholders to implement programs that meet statewide needs. As a recipient of the CDC funding for rape prevention and education, New Jersey is required to implement no less than 75% of their strategies at the community level, and no more than 25% at the individual or relational level. In FY19, DOW began its first phase of gathering information and data from the community in three specific focus areas: 1) empowering and promoting girls in culturally responsive leadership development; 2) creating protective environments for the LGBTQI community; 3) and engaging men and boys in primary prevention of sexual violence. After gathering information and data, DOW will then identify the approach and strategy and continue to foster relationships with stakeholders to carry out the new direction and fully meet the needs of the communities.

SEXUAL ASSAULT DIRECT SERVICES

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

- 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 and culturally specific programming and supports; and
- Development and distribution of materials, including outreach for underserved and marginalized populations, to provide education on issues related to the aforementioned services.

WHO WE SERVE

DCF contracted agencies provide free and confidential sexual violence care services to survivors regardless of when the violence took place or whether a police report was created. In CY19, there were 14,042 hotline calls. Across New Jersey, 25,755 people received accompaniment, outreach, and support services.

FAMILY VOICE

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

TEAMING & COLLABORATION

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

PRACTICE MODELS

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

IMPLEMENTATION

DCF and the New Jersey Coalition to End Sexual Assault provide training and coaching to the county-based providers. DCF receives monthly reports on the number of people served and types of services provided. DCF program administrators regularly review process data from the county providers and use this information to identify needs and for continuous quality improvement efforts.

DOMESTIC VIOLENCE SERVICES

DCF funds an array of domestic violence services that assist survivors statewide. Services for survivors and their families include emergency shelters, 24-hour hotlines, counseling, children's services, services for perpetrators, legal services, and advocacy. In FY19, DOW began funding 6 new culturally-specific organizations to provide specialized and relevant services to underserved and marginalized populations. Children's services include evidence-informed creative arts therapies and evidence-based Trauma Focused Cognitive Behavioral Therapy™. Additionally, DCF funds services for individuals who perpetrate domestic violence to increase household safety and prevent further violence. DOW 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. DOW funds education/awareness, training, and networking opportunities to communities throughout New Jersey.

95%

of DV clients report increased strategies for enhancing their safety

WHO WE SERVE

In CY19, there were over 100,000 calls to DCF-funded domestic violence hotlines. Approximately 16,303 individuals received DCF-funded domestic violence services across the state of New Jersey. 78% of the individuals accessing these services were women, 15% were children and 6% were men.

FAMILY VOICE

DOW continuously gathers information on community needs and challenges and strives to make the voices of all survivors heard. DOW meets regularly with its subgrantees and agency partners and participates in listening sessions, councils, task forces and community events that provide a platform for organizations and survivors to elevate issues and shed light on systemic gaps and barriers. The voices of survivors inform our collective work to ensure our services are inclusive and accessible and to identify what has worked well and where there are continuing challenges.

TEAMING & COLLABORATION

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

PRACTICE MODELS

Emergency shelters in New Jersey follow the Standards for Shelters for Victims of Domestic Violence (N.J.A.C. 3A:57). Various practice models are utilized such as Trauma-Focused Cognitive Behavioral Therapy™ with survivors, the Duluth Model for group counseling with perpetrators of domestic violence and the Safe and Together™ model for training providers.

IMPLEMENTATION

All domestic violence service providers submit monthly and quarterly reports on the number of people served and types of services provided. DCF uses this information for contract monitoring, program improvement, determining trends across the state, and data collection to assess existing needs in the field. The data collected through this process provides an increased knowledge of system gaps and promising practices to increase collaboration and implement solutions. In addition, DCF is working with statewide stakeholders to conduct ongoing safety and accountability assessments.

PLANS OF SAFE CARE

In 2016, Congress amended the Child Abuse Prevention and Treatment Act (CAPTA), adding requirements that states establish Plans of Safe Care to address the needs of infants who are identified as affected by substance abuse, experienced withdrawal symptoms, or have fetal alcohol spectrum disorders.

In May 2017, DCF adopted regulations (N.J.A.C. 3A: 26, Substance Affected Infants) to guide New Jersey's compliance with this law. Consistent with the regulations, hospitals and other birthing centers are required to report every birth of a substance-exposed infant to DCF. Upon receipt of the report, a CP&P caseworker, along with a multi-disciplinary team, assesses the family situation and supports the family in planning for the safe care of the infant prior to the mother's discharge from the hospital.

WHO WE SERVE

Plans of Safe Care are available for every New Jersey family in which a child is born with exposure to substances. In CY19, 1,209 Plans for Safe Care were created for infants and their families.

FAMILY VOICE

For each case, Plans of Safe Care are fully developed and finalized with each family through a Family Team Meeting that includes families and their natural supports.

TEAMING & COLLABORATION

Plans of Safe Care are uniquely created with each family in consultation with a multi-disciplinary team that includes CP&P casework staff; a domestic violence liaison, a Certified Alcohol Drug Counselor and/or Peer Recovery Coach, a mental health clinician, a Child Health Unit nurse, and an early childhood liaison.

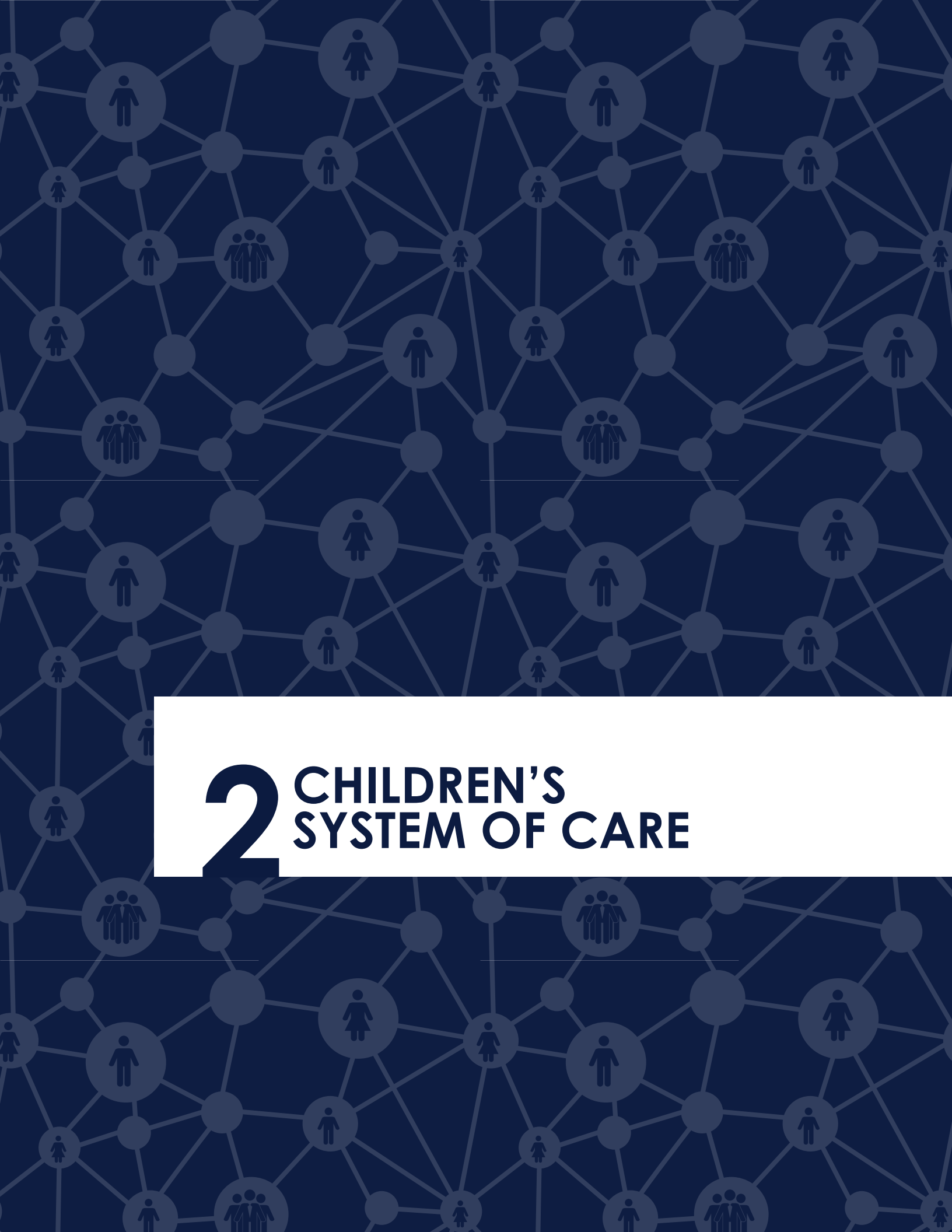
At the systems level, a cross-divisional Plans of Safe Care leadership team drafted regulation and policy, developed protocols, assessed the scope and impact of the work, engaged partners, and developed and implemented a training model for CP&P Local Offices. DCF collaborates with the New Jersey Department of Health, Division of Family Health Services, Maternal Child Health, as well as the three New Jersey regional maternal child health consortiums.

PRACTICE MODELS

The practice model includes the use of multi-disciplinary clinical conferencing to support appropriate planning on behalf of the infant and the family. The model uses Family Team Meetings through which the family and DCF can further develop and finalize the Plan of Safe Care to mitigate current and future risk to the child. DCF worked with the National Alliance of Children's Trust and Prevention Funds to adapt their "Bringing the Protective Factors Framework to Life in Your Work" training for our child welfare workforce in support of implementing the Plans of Safe Care protocol.

IMPLEMENTATION

Plans of Safe Care are implemented in accordance with the provisions in the CAPTA legislation. In 2017, DCF developed the Plans of Safe Care protocol, beginning implementation in 2018 with a demonstration project in Atlantic City. Since then, DCF has been able to revise the protocol, develop data tracking systems, and expand implementation. DCF tracks all Plans of Safe Care, including information on families' alcohol and drug risk factors, services offered, and child welfare outcomes.



2 CHILDREN'S SYSTEM OF CARE

TREATMENT & SUPPORT SERVICES

Children's System of Care (CSOC) oversees the development and management of a network of contracted treatment and support services for children, youth, young adults and their families with behavioral health (BH), intellectual/developmental (I/DD) or substance use (SU) challenges. All treatment services and supports are trauma-informed and healing-centered, and many serve youth with co-occurring BH-I/DD or BH-SUD treatment needs. Services are delivered in the community or in out-of-home (OOH) settings and include Mobile Response and Stabilization Services (MRSS) for youth in crisis emergencies; BioPsychoSocial Assessment; care management services; intensive in-home (IIH) and intensive community services (IIC); in- and out-of-home substance use treatment services; residential treatment; support for families and caregivers through a Family Support Organization (FSO); and youth involvement and peer support.

WHO WE SERVE

CSOC's complement of needs-driven supports and services are available to all New Jersey children who meet clinical criteria and their families, regardless of income level or insurance status. Supports and treatment are available for youth with BH, I/DD, SU or co-occurring disorders. In total, over 61,000 youth and their families were provided services through CSOC in 2019. Additionally, at any point in time, approximately 26,000 children and youth were actively enrolled in a CSOC service during the year. More than half (56%) of the youth served were age 13 or under.

FAMILY VOICE

The family and youth perspectives are the driving forces in all treatment decisions for youth and young adults receiving services and supports through CSOC. Decision-making is guided by the Child Family Team (CFT) process, in which youth and their family members are active participants and are supported by members they identify as important to include in the process.

TEAMING & COLLABORATION

The CFT Wraparound Approach supports collaboration among a team of family members, professionals, and community residents identified by the family and organized by the care manager to design and oversee implementation of each youth's Individual Service Plan (ISP) to support the family towards a sustainable plan of care. The ISP aligns the assessed strengths and needs of the youth with plan elements, including family vision, goals, strategies, and supports and services.

PRACTICE MODELS

IIC behavioral services include biopsychosocial strengths and needs assessments to support diagnosis and treatment planning. These services utilize best practice and evidence-based, family-centered treatment models, including Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), and ARC-GROW. CSOC manages and determines I/DD eligibility for youth under 18 years old, providing these youth with IIH habilitation services, including behavioral and clinical/therapeutic supports, such as Applied Behavioral Analysis and individual support services, including respite for caregivers, summer camp, assistive technology, and educational advocacy. In CY19, there were 13,852 youth under 21

who were DD eligible in New Jersey. Youth with SU challenges can access outpatient and intensive outpatient services through a network of qualified agency providers.

CSOC maintains a comprehensive array of OOH services. OOH providers deliver varying intensities of service designed to address the unique needs of youth with BH, SU, I/DD, or co-occurring challenges. Clinical criteria for the OOH continuum of services is available here[21]. In addition to existing contractual standards, CSOC infused the Nurtured Heart Approach® and Six Core Strategies to Reduce Seclusion and Restraint within the OOH provider network.

IMPLEMENTATION

CSOC contracts and Medicaid provider agreements ensure that there are clear descriptions of program deliverables and standards for each service. CSOC system partners and providers document their work in the CYBER electronic behavioral health information system. CSOC and partners routinely assess access, utilization and outcomes using data from CYBER. In addition to quantitative reviews and assessments, CSOC conducts program monitoring visits and system reviews facilitated by standardized data collection and evaluation tools. CSOC evaluates trends across providers and monitors adherence to provider contract and program standards.

Since its inception, CSOC has placed importance on ensuring workforce development. In-community and in-home services are delivered by appropriately licensed, credentialed, and trained clinicians and other qualified health professionals. As described in the previous section, CSOC funds a spectrum of training through a contract with Rutgers University Behavioral Health Center, which are available to system partners, treatment providers, and families. In 2019, Rutgers supported 12,850 training and technical assistance participants through 366 trainings and 385 TA hours.

CARE MANAGEMENT ORGANIZATIONS

Care Management Organizations (CMOs) are county-based, nonprofit organizations responsible for care management, assessment, and comprehensive service planning for youth and their families with intense and/or complex needs related to behavioral health, substance use (SU), and/or intellectual or developmental disability (I/DD). CMOs engage families and youth, coordinate Child Family Team (CFT) meetings, implement Individual Service Plans (ISP) for each youth and their family, and coordinate the delivery of services and supports needed to maintain stability and progress towards goals for each youth. The CMO's goal is to help youth and families develop a long-term, sustainable plan that will support improved functioning long after CMO involvement.

WHO WE SERVE

CMO services are available to New Jersey youth ages 5-21, with consideration for youth under five years old, who present with moderate or complex emotional or mental health, SU, I/DD challenges that are impairing individual or family functioning, and/or who are determined I/DD eligible and have moderate or complex challenges and skill building needs. In CY19, 25,821 youth had an episode of care with the CMO.

FAMILY VOICE

The perspectives of all family members, particularly youth, are given primary importance throughout the CMO's work, this aligns with CSOCs core values including providing family-driven and youth-guided care. In addition to utilizing a CFT process to guide treatment planning, CMOs assist families in accessing a Family Service Organization (FSO) peer support partner at the time youth are enrolled with the CMO to provide support, education and advocacy from peers with lived experience.

TEAMING & COLLABORATION

CMOs coordinate services through the CFT process, which includes families' formal and informal supports, to help identify family needs, develop goals, and plan for change and sustainable support. CMOs collaborate within their community through the Children's Interagency Coordinating Council and other local stakeholder groups to coordinate and problem-solve local systems concerns. CMOs coordinate closely with FSOs, staff local CP&P offices with clinical consultants, and make use of a joint protocol for facilitating family planning processes when families are dually involved with CP&P and CSOC. CSOC state and local partners participate in the Juvenile Detention Alternatives Initiative, which is active in all 15 vicinages, to increase collaboration for and respond to needs of court-involved youth.

PRACTICE MODELS

The CMO practice model is rooted in the work of the National Wraparound Initiative, and recently incorporated the Nurtured Heart Approach®, a promising practice approach to supporting youth with intense behaviors. The New Jersey CMO model is manualized in the CMO Policy Manual. CSOC holds monthly meetings with CMO executive directors to share information about CSOC and DCF initiatives, exchange practice ideas, and share data to improve practice[22].

IMPLEMENTATION

CMOs are active in all 21 counties in New Jersey and utilize a statewide electronic behavioral health information system to manage workflow, track utilization, and support performance management. CMO staff receive training through CSOC's partnership with Rutgers University Behavioral Health Center. The CMO annual certification process includes achievement of standard training requirements and an online review and core competency certification by supervisory staff. CMOs are routinely monitored by DCF through data review and available qualitative information on measures reflective of practice approach. For example, 90 percent of children receiving CSOC care management were able to receive treatment and supportive interventions while remaining at home with their families, reflecting a commitment to community-based care. The majority (90%) of the youth who transitioned from CMO services in 2019 were able to maintain their health with the addition of support from family and other supports and did not need to re-enroll in services within 12 months of transition reflecting the practice approach to building sustainable supports with families.

FAMILY SUPPORT ORGANIZATIONS

Family Support Organizations (FSOs) are nonprofit, 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, advocacy, and other supports to help them navigate the CSOC school system, CP&P, and the legal system. Importantly, they are there to listen and provide moral support. In addition to caregiver supports, FSO Youth Partnerships (YPs), led by young-adult youth coaches, help youth to engage with other youth with mental, emotional and behavioral health needs. Through support groups, social activities, and leadership development, youth and young adults ages 13-21 find their voice to affect change in their own lives and the lives of others. YPs have their own boards, websites, logos and funding. Each YP participates in monthly community activities to challenge stigma and strengthen other youth in their communities. Each year, youth leaders across the state develop and facilitate an annual youth conference.

WHO WE SERVE

FSOs support parents/caregivers of youth who have behavioral health needs, intellectual or developmental disabilities, and/or justice system involvement, and who need support, education and advocacy in helping respond to their youth and family needs. FSO individual peer support is available to families of youth involved with a CMO. FSOs offer community-based supports to all youth and families in their service area, regardless of involvement with a CMO. FSOs provide community outreach and education on peer support and CSOC, family and youth support groups, youth partnership structure and activities and telephonic support for families. FSOs continue to offer support to families after youth no longer demonstrate a clinical need for other CSOC services. In FY19, families of 20,620 youth had an episode of care with an FSO.

FAMILY VOICE

FSOs are the embodiment of family voice within CSOC. CSOC places great emphasis on the presence of the family voice within the Child Family Team (CFT) as a necessary component of a youth and family's treatment and success. It is a priority that FSOs participate with the CMO, families, and youth when coordinating initial and CFT visits to ensure that family voice is integrated into treatment. This collaboration allows families to incorporate formal and informal supports to identify family needs and to develop plans for change.

TEAMING & COLLABORATION

On an individual level, CMOs and FSOs team during a family's involvement with CSOC. Youth and families referred to the CMO are at the same time referred to the FSO, and the CMO and FSO coordinate around the introduction of FSO services to the families, initial face-to-face meetings and CFT meetings. At a system level, the FSO participates in the local Children's Interagency Coordinating Council to ensure that family voice is actively involved in the county's work with the youth.

PRACTICE MODELS

The FSO practice model is rooted in the work of the National Wraparound Initiative, and recently incorporated the Nurtured Heart Approach®. The FSOs use the Family Assessment of Needs and Strengths (FANS) to maximize communication about the strengths and needs of families as they navigate CSOC. In addition to the use of this standard assessment tool, the following program models are in use within the FSO network: EPIC (Every Person Influences Children), Explosive Child, Strengthening Families, STEP (Systematic Training for Effective Parenting), I Can Problem Solve, and Raising a Thinking Child/ Adolescent. FSO family support partners are certified through the CSOC approved curriculum.

IMPLEMENTATION

DCF supports training for the FSO family support partner staff through provision of a standardized training and certification process. Training is provided by Rutgers University Behavioral Health Center, and the Alliance of FSOs. New family support partners are required to be certified within 12 months of their date of hire and must complete certification on the FANS tool annually. CSOC holds monthly meetings with FSO executive directors to share information about CSOC and DCF initiatives, exchange practice models and plan.

MOBILE RESPONSE & STABILIZATION SERVICES

Mobile Response & Stabilization Services (MRSS) is CSOC's urgent response service designed to help families stabilize youth in home and community settings. MRSS provides immediate (within one hour of a referral) intervention designed to minimize risk, maintain the youth in his/her current living arrangement, prevent repeated hospitalizations, stabilize behavioral health needs, and improve functioning in life domains, such as school and home routines. The initial phase of MRSS can extend for up to 72 hours after the dispatch request and includes de-escalation, assessment, crisis planning services and linkage. Based on the youth and family's needs, MRSS may remain involved with the youth and family for up to eight weeks, during which time MRSS staff will coordinate formal and informal services and supports for the youth and family.

97%

of children and youth recieving Mobile Response and Stabilization Services remained at home with their families.

WHO MRSS SERVES

MRSS is available to all New Jersey youth under 21 and their families, regardless of income, insurance eligibility, residency or additional system involvement. MRSS clinical criteria are broad and allow response based on family indication that their youth is experiencing changes in their functioning and the caregiver needs help in supporting their youth. Families of youth discharged from a psychiatric screening center are eligible to receive MRSS given the youth's vulnerability after these experiences. CP&P requests MRSS for every youth placed or re-placed in a resource or kin home in order to support youth and the resource family and to facilitate the stability of the placement. In 2019, MRSS were dispatched to support 25,264 youth and their families across New Jersey. Majority (97%) of the youth who received an MRSS dispatch remained safely in their current living situation; in turn, youth and their families avoided costly and disruptive events, such as hospitalizations or arrest.

FAMILY VOICE

DCF relies on a family's definition of a crisis as the standard for what constitutes a crisis that would indicate a need for MRSS dispatch. Allowing families to define their crisis honors their expertise and respects their judgment on whether immediate intervention is required. MRSS service delivery adheres to system of care principles, including the need for family driven and youth guided care to support the family vision. MRSS can provide a valuable link to the Family Support Organizations if a family is agreeable.

TEAMING & COLLABORATION

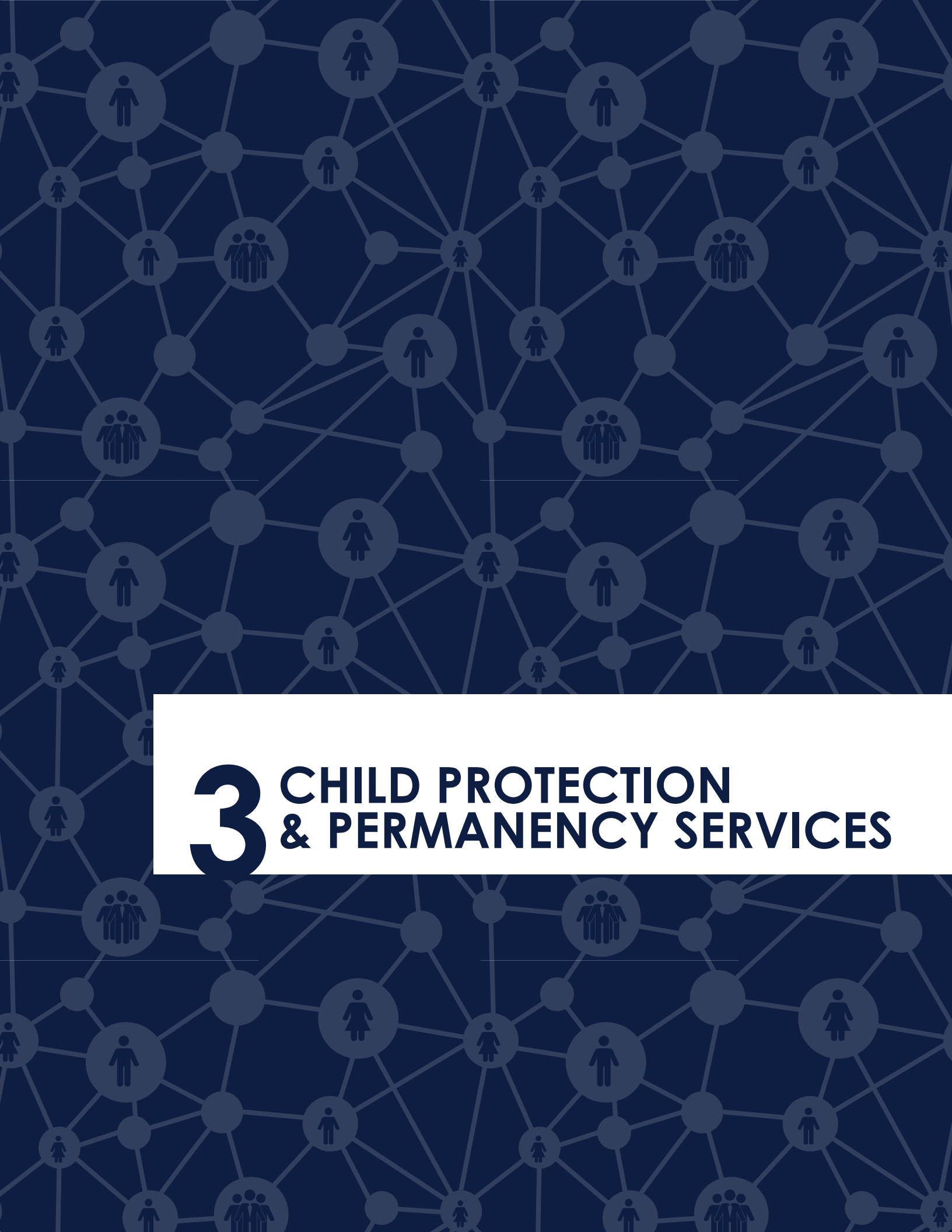
At a family level, the MRSS response includes collaborative development of a crisis plan, which involves teaming with the family and its natural and formal network of support. At a systems level, MRSS providers have formal collaborative relationships with multiple public systems, such as schools, juvenile justice and child protection, and often function as a point of entry into CSOC and other services, such as Care Management, partial care or community programs. MRSS is a key participant in local Children's Interagency Coordinating Councils and partners with other members to provide education and support throughout the community.

PRACTICE MODELS

The MRSS service model is guided by N.J.A.C. 10:77-6 et al. MRSS is the direct service provider within the initial phase and delivers all services necessary within 72 hours with few exceptions. MRSS uses a standardized assessment tool, the Crisis Assessment Tool, to help families communicate about needs and strengths.

IMPLEMENTATION

DCF contracts with 15 MRSS providers to serve all 21 counties in New Jersey. CSOC's partnership with Rutgers University Behavioral Health Center provides training for MRSS staff. DCF monitors MRSS performance. The annual MRSS certification process includes standard training requirements, an online review and core competency certification by supervisory staff. CSOC holds monthly meetings with MRSS executive directors to share information about CSOC and DCF initiatives, exchange practice ideas, and share data to improve practice.



3 CHILD PROTECTION & PERMANENCY SERVICES

STATE CENTRAL REGISTRY

Promptly and appropriately responding to reports of suspected child abuse or neglect is one of the most critical child protective service functions. New Jersey's State Central Registry (SCR) hotline system operates 24 hours a day, seven days a week. The SCR receives, prioritizes and dispatches responses to suspected child abuse and neglect situations and provides information and referrals for families in need of support.

WHO SCR SERVES

The SCR is New Jersey's child abuse hotline. It is the single point of entry for callers to report suspected allegations of child abuse and/or neglect. The SCR receives, on average, nearly 14,000 calls a month. In 2019, SCR received a total of 164,417 calls. Of those calls, 61,443 (37%) were concerning alleged abuse and neglect, 19,179 (12%) were requesting supportive services on behalf of families, and 42,868 (26%) were calls with related information for families that have active cases. It was determined that CP&P intervention was not warranted for 20,018 (12%) of the calls received. In these instances, callers were referred to other state agencies, community partners or other entities to assist with family stabilization or access to other supportive services. The remaining 20,909 (13%) of the calls were not related to child abuse or neglect or child welfare.

TEAMING & COLLABORATION

SCR collaborates with the New Jersey Chapter of the American Academy of Pediatrics and provides Suspected Child Abuse and Neglect trainings to health care and early childhood professionals. SCR partners regularly with DCF's Children's System of Care, law enforcement and other government programs to ensure appropriate responses to family crises.

PRACTICE MODELS

SCR practice specifications are outlined in DCF policy. Calls are coded into different categories for review and action. Reports requiring a field response are forwarded to the appropriate CP&P local office, which investigates or assesses the family's needs. Reports regarding child abuse/neglect that occur in resource home or institutional settings are forwarded to the appropriate regional Institutional Abuse Investigation Unit for investigation.

IMPLEMENTATION

SCR is staffed 24 hours a day, seven days a week with qualified screeners. All new hotline employees have at least two years of CP&P field experience and also receive in-house specialized training provided by SCR with an increased emphasis on live-call training. DCF's Office of Training and Professional Development provides additional training to staff. SCR is committed to enhancing the professional development of supervisory staff by focusing on leadership training that will increase supervisors' capacity to address complex situations, measure results and assist in the implementation of sustained system change to better support staff.

Additionally, SCR supervisory staff are required to review a specified number of recorded calls and the corresponding documentation to assess for quality and accuracy. The Quality Assurance Peer

Review Team within SCR is responsible for reviewing reports that were not sent out for a CP&P response to ensure the call was processed appropriately and no further assessment/investigation is needed.

CHILD PROTECTIVE INVESTIGATIONS

When the SCR receives a report alleging that a child is being abused or neglected, the intake referral is sent from SCR to a designated Child Protection & Permenancy (CP&P) local office. Highly trained CP&P staff then conduct a child protective investigation to determine if a child has been maltreated or is at risk of maltreatment, plan with the family for reduction of risk and increase of safety for the child, and help families determine what support they may need in order to parent safely. In New Jersey, each allegation is determined to be Substantiated[23], Established[24], Not Established[25], or Unfounded[26]. A finding of either Substantiated or Established indicates that child abuse or neglect has occurred. Decisions are made to open/maintain or close a family's CP&P case following an investigation based upon safety and levels of risk to the child(ren) in the home and/or the service needs of the family.

WHO WE SERVE

In CY2019, DCF conducted approximately 61,000 Child Protective Services (CPS) investigations involving 95,000 alleged child victims, of which 4.8% were victims of maltreatment (2.2% Substantiated, 2.6% Established, 57% Not Established, 35.3% Unfounded).

FAMILY VOICE

Throughout investigations, CP&P intake staff make diligent efforts to engage families and their formal and informal supports in order to accurately assess the family's underlying needs, understand their history, respond to concerns around safety and risk, and identify family supports. Caseworkers use the Intake Family Agreement to capture discussion around case planning and the family's agreement to participate in services identified with CP&P. The family's voice is used to gain a broad understanding of family dynamics beyond the incident that led to CP&P involvement and to inform decision making.

TEAMING & COLLABORATION

Investigators collaborate with law enforcement, health care professionals, school staff and others to gather information that is pertinent to the case and to support a holistic identification of the underlying needs of the family. At a system level, CP&P participates in local multi-disciplinary teams to ensure that investigations and service provision for child victims is well coordinated.

PRACTICE MODELS

CP&P caseworkers make several decisions using Structured Decision Making® (SDM) tools and processes when investigating reports of child abuse/neglect. SDM is an evidence and research-based tool that identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision, promoting objective decision making informed by actuarial models. Decisions made by caseworkers during an investigation are related to child safety, including whether there is imminent risk of abuse or neglect, whether there is credible evidence that maltreatment has occurred, whether safety interventions are needed to protect children from harm, whether a child may remain safely in the care of the current caregivers, and whether the family's needs indicate that they would benefit from ongoing services.

IMPLEMENTATION

As of December 31, 2019, there were 1,109 active CP&P investigative caseworkers. New Jersey practice standards are to ensure investigative caseworkers are assigned no more than eight new investigations per month and serve no more than 12 active families at one time. DCF intake staff receive extensive training from DCF's Office of Training and Professional Development. Additionally, DCF conducts numerous reviews to assess the efficacy of our practice and policies. Reviews are carried out by trained reviewers representing DCF and a range of internal and external stakeholders. DCF uses the biennial Quality of Investigations Review process to assess the investigative practice for child abuse and neglect referrals.

CASE MANAGEMENT

Child Protection & Permenancy (CP&P) directly provides case management and linkages to needed services and supports for families involved in the child welfare system. The first goal of case management and family-centered supports is to, whenever possible, keep children safe in their own homes. When this is not possible and children experience out-of-home placement, the primary goal is to reunify children with the caregiver(s) from whom they were removed. If ample efforts toward reunification are unsuccessful, adoption or guardianship by kin or an unrelated licensed resource provider is an alternative option for children to achieve safe and timely permanency.

WHO WE SERVE

As of December 31, 2019, DCF was providing child welfare case management to over 22,000 families, including approximately 41,000 children being served in their own home, and 4,458 children in out-of-home placement. Of the children being served out-of-home, 2,248 (50%) children were in non-kin resource family placements, 1,764 (40%) children were in kinship placements, 358 (8%) youth were in group and residential placements, and 88 (2%) youth were in independent living placements. Additional information regarding race, age and gender of children receiving case management services can be found at the New Jersey Child Welfare Data Hub[27].

FAMILY VOICE

At an individual level, CP&P caseworkers encourage families to play active roles in the development of the case goals and planning. CP&P strives to continuously engage and assess families through teaming and by discussing what is working or not working from the perspective of the family. These steps support planning and assist caseworkers and families to identify appropriate services and sustainable formal and informal supports. At a system level, DCF uses in-person interviews with families within the Qualitative Review process to assess the overall system performance, including the extent to which family voice is accounted for in our work.

TEAMING & COLLABORATION

For each case, CP&P seeks to help families form their own team to identify and work toward achieving family goals that reduce risk and increase safety for children. Teams may consist of everyone important in the life of the child/parents, including family members, foster/adoptive parents, neighbors, and friends, and representatives from the child's formal support system, such as schools, therapists, and substance use treatment providers. At a system level, local offices are engaged with local Human Services Advisory Councils, Child Inter-Agency Coordinating Councils, and other local planning and service coordination bodies.

PRACTICE MODELS

Services provided by CP&P to children and families are highly individualized, but the basic case management approach is standardized. DCF's New Jersey Case Practice Model[28] consists of the following six key functions: engagement, teaming, ongoing assessment, planning, intervening, and tracking and adjusting.

IMPLEMENTATION

The Case Practice Model was implemented in 2007, revised in October 2015, and is carried out statewide. CP&P staff use NJ SPIRIT, New Jersey's Comprehensive Child Welfare Information System, to collect data and maintain electronic case records. Data from NJ SPIRIT is compiled into management reports through Safe Measures and reported to the Commissioner and the public in monthly reports. Outcomes and longitudinal data gathered from this system are used to inform practice and policy decisions and are made available to the public via the New Jersey Child Welfare Data Hub. DCF's Offices of Quality and Office of Research, Evaluation and Reporting support CP&P's use of administrative data, systematic case review processes and feedback from systems partners to inform quality management. The Office of Training and Professional Development provides formal training to CP&P staff on topics that range from safety, stability and teaming to human trafficking and the case practice of family engagement. As discussed in Appendices below, DCF continues to focus on maintaining its more recent progress and strengthening performance related to caseloads, case management processes, quality of case practice, and outcomes.

RESOURCE FAMILY CARE

The Office of Resource Families (ORF) oversees the work in CP&P's 46 Local Offices related to services for resource families. DCF provides support to individuals who are considering becoming resource parents, helps families navigate the rigorous detailed screening and application process to become licensed foster/adoptive parent(s) and provides support services to resource families who are caring for children who are in out-of-home placement.

90%

of cases had assessment of resource parents rated as a strength during a qualitative case review of DCF staff work.

Source: 2019 DCF Qualitative Reivew

WHO WE SERVE

Resource family parents are individuals who open their homes and become temporary parental figures to children that are in the legal custody of CP&P and in need of a home due to protective or other social service issues. As of December 31, 2019, DCF had 4,035 licensed resource homes with a total bed capacity of 9,161 children. Of the total number of resource family homes, 1,225 were kin homes and 2,627 were non-kin homes.

FAMILY VOICE

ORF staff conduct annual surveys around key areas (e.g., placement information, staff communication, medical and daycare coverage) to ensure that resource families are receiving the tools and supports they need to be successful. The information provided by the families is used to drive local practice. Local and/or Area Office staff also conduct random quality assurance calls. These are courtesy check-in calls to strengthen the teaming practices, verify how the families are doing and identify needs. ORF conducts exit interviews with resource families who decide to resign, which provides an opportunity to learn from the families' experiences and address any areas of concern.

TEAMING & COLLABORATION

Teaming is a critical aspect of DCF's work in providing services for resource families and is expected of both staff and resource parents. DCF views resource parents as members of the service delivery team. Trainers, resource staff, and prospective resource parents work together to determine if becoming a resource family home is the right decision for the family, an assessment that is ongoing and continues after a home is licensed. Resource unit staff also participate in monthly meetings comprised of staff from DCF Central Office, CP&P Area and Local Offices and the Office of Licensing (OOL).

PRACTICE MODELS

DCF's approach to working with and retaining resource families incorporates all of the elements of the CP&P Case Practice Model. Resource staff engage resource family parents and build relationships and partnerships that are grounded in respect, concern for family needs, and open dialogue. They provide support during recruitment, the licensing process and placement. This includes nine training sessions using the PRIDE and Traditions of Caring curricula, a home evaluation, reference checks,

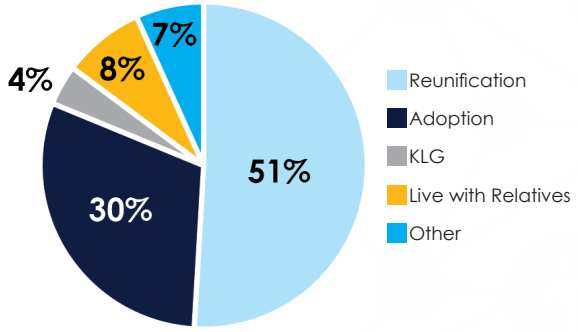
criminal history checks, and a life safety home inspection. Once a child is placed in a resource home by CP&P, OOL is responsible for inspecting and monitoring that resource home and all persons residing in that home.

IMPLEMENTATION

The dedicated staff that support resource families includes staff from the ORF, Local Office resource units and OOL staff. CP&P partners with the Office of Training and Professional Development to provide training to Local Office resource unit staff and OOL inspectors. ORF develops the state's PRIDE trainers, who are responsible for training resource families. DCF evaluates the quality of the performance with resource families through ongoing in-home support, monitoring of data, assessing case practice delivery for resource families in case reviews and the collection and analysis of resource family survey data.

PERMANENCY: REUNIFICATION, ADOPTION, AND KINSHIP LEGAL GUARDIANSHIP

When children enter foster care, state and federal law require that there is immediate movement to plan toward that child's timely, safe and permanent exit from substitute care. The first goal for each child in out-of-home placement is to work toward safe and timely reunification with the family of origin. However, in some instances, children are not able to return home and an alternate permanency goal must be identified. Alternate permanency goals can include: kinship legal guardianship (KLG), through which a relative or family friend is awarded guardianship of a child; or adoption by kin or unrelated families, through which the original caregiver's parental rights and responsibilities are terminated and legally transferred to another person who desires to assume those rights and responsibilities.



Children Discharged from Out-of-Home Placement in 2019
(n=3,699)
Source: NJDCF Child Welfare Data Hub

WHO WE SERVE

DCF serves children in out-of-home placement, their biological parents, resource family parents and prospective adoptive families or legal guardians. In CY 2019, 3,699 children exited placement with 1,885 (51%) of children reunified home, 1,116 (30%) of children adopted, and 150 (4%) exited to kinship legal guardianship. Additional information regarding permanency timeframes and outcomes can be found at the New Jersey Child Welfare Data Hub[27].

FAMILY VOICE

As described previously in the section on Case Management, CP&P uses family teaming to identify and manage case plans, including permanency plans. Also, family voice is included in ongoing quality assurance practice through participatory, system-wide Quality Reviews.

TEAMING & COLLABORATION

Local office permanency casework staff engage parents/guardians and support them in participating and completing required services and making the necessary lifestyle changes to ensure that they can sustain overall safety and well-being of their children when they return home. Parents and their team plan the activities that will support them in meeting their identified case goal. Local office adoption casework staff team with and provide services to birth parents and children, attend court hearings, support resource and pre-adoptive parents, and assist with preparing children for adoption. They also work alongside staff from DCF's Office of Adoption Operations to identify potential adoptive families for children not already living with a committed family, and to facilitate the adoption process for families seeking to adopt.

PRACTICE MODELS

DCF's Case Practice Model (CPM) provides a strength-based and family-centered framework that guides how CP&P works with our children, youth/young adults and families. The CPM's framework supports CP&P to engage and meet families where they are and to identify underlying needs for meaningful change. Additionally, the CPM supports CP&P in teaming with children and their families to make ample efforts toward reunification. Reunification is almost always the primary case goal, and most children who enter out-of-home placement are reunified with their families. Since there are some instances in which children are not able to return home, CP&P concurrently plans alternate permanency options with the family so that, if reunification efforts are unsuccessful, an alternate permanency plan is immediately actionable. Whenever a child is in out-of-home placement, the ultimate decision regarding the timing and type of exit from care (e.g., reunification, KLG, adoption or guardianship) is made by the Superior Court. The Superior Court reviews all permanency plans proposed by CP&P.

IMPLEMENTATION

As of December 31, 2019, there were 1,065 active CP&P permanency unit caseworkers. Permanency unit caseworkers' caseload standards are no more than fifteen families and no more than ten children in out-of-home placement. There were 216 active adoption caseworkers as of December 31, 2019. Each adoption caseworker manages up to 15 children. In addition, DCF's Office of Adoption Operations provides statewide oversight of CP&P's adoption case practice, to ensure the timely movement of children and young adults towards permanency.

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. Each CP&P Local Office has access to Child Health Unit (CHU) Nurses, Care Management Organization (CMO) Clinical Consultants, Child Protection Substance Abuse Initiative (CPSAI) counselors and aides, and Domestic Violence Liaisons (DVL).

WHO WE SERVE

Specialized services are available to children and families with needs that require clinical medical and behavioral health intervention, substance use disorder (SUD) treatment, and/or domestic violence support. These services are coordinated by designated staff in all 46 Local Offices and provided to children and families served by CP&P. In CY19, DVLs served 6,723 non-offending female parents and 329 non-offending male parents, and their 12,832 children. Similarly, the three contracted CPSAI provider agencies received a combined total of 17,306 referrals. The agencies completed 11,645 assessments and referred 7,306 clients for SUD treatment.

FAMILY VOICE

The CHU nurses, CMO clinical consultants, CPSAI counselors and DVLs participate in the family teaming process described earlier. The CHU nurses engage with parents and resource parents to provide support around health care for children and youth. The CPSAI assessment process ensures that the parent's readiness to engage in services and service preferences are considered in the treatment recommendations.

TEAMING & COLLABORATION

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

PRACTICE MODELS

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

CHU Nurses: Nurses help to ensure each child's medical and behavioral health care needs are met and provide overall health care case management to address daily needs for each child in out-of-home placement. In addition, CHU nurses visit children in the resource home and attend Family Team Meetings.

CPSAI: CPSAI provides Certified Alcohol and Drug Counselors (CADCs) and counselor aides that support caseworkers in planning for cases where substance use has been identified as a concern. They assess, refer, and engage clients in appropriate treatment to address their individual needs. Once assessed, cases remain open in CPSAI for a minimum of 30 days and a maximum of 90 days to allow the CADC and counselor aide to monitor and follow-up with provider agencies.

CMO Clinical Consultants: Clinical Consultants, which were created as a collaboration between CP&P and the Children's System of Care (CSOC), are employed by DCF-contracted CMO agencies. They are licensed behavioral health professionals, who provide on-site consultation services to CP&P staff regarding children and youth with mental and behavioral health concerns. Clinical Consultants also review records and make recommendations regarding appropriate behavioral health interventions to improve and support each child in achieving positive outcomes.

DVL: DVLs are specially trained professionals with extensive knowledge of domestic violence and domestic violence support services. They assess, develop case plans and make service referrals for non-offending parents and batterers. They also team with and educate CP&P staff on the dynamics of domestic violence.

IMPLEMENTATION

CHUs and CPSAI are supported from DCF's central office by CSOC. CHUs are staffed by nurses and staff assistants, who partner with CP&P, biological and resource parents, and medical providers. Each nurse is credentialed to enter data within DCF's child welfare data information system. As of December 2019, there were 155 health care case managers and 85 staff assistants statewide. CADCs are staffed from three contracted CPSAI providers, that serve designated areas statewide. CPSAI also provides training to CP&P staff on topics related to SUDs. Clinical Consultants are supervised by their local CMO and receive support and guidance from CP&P Area Office leadership regarding CP&P policies and procedures. There are 15 Clinical Consultants statewide. DVLs are trained by the New Jersey Coalition to End Domestic Violence and the New Jersey Child Welfare Training Academy Partnership. All counties have at least one DVL.

FAMILY PRESERVATION SERVICES

Family Preservation Services (FPS) is an intensive, time-limited 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. Using skill-based interventions, linkages to resources, and limited financial assistance, the program strives to ensure the safety of children, stabilize families, improve family functioning, prevent unnecessary out-of-home placements and link families with community supports. DCF's statewide FPS service network is delivered through contracts with eight providers.

97% of FPS families remained safely in their own homes at discharge.

WHO WE SERVE

In CY19, FPS served nearly 1,100 families and more than 2,500 children involved with CP&P. Families had a presenting crisis that placed at least one child at imminent risk of child abuse/neglect and removal from the home as determined by CP&P or had a child returning from out-of-home care within 30 days and had a need for intensive reunification services.

FAMILY VOICE

Since FPS services are voluntary for families, the intervention is informed by the family's willingness to participate. FPS providers partner with families and CP&P to collaboratively identify families' goals and steps that can be taken to meet those goals. There is a mid-case conference, which includes the CP&P caseworker, the FPS provider, relevant stakeholders, and most importantly, the family, to discuss their progress and next steps.

TEAMING & COLLABORATION

DCF utilizes a multi-level teaming structure for the FPS initiative, including teams to manage state operations, provider operations, model development, and evaluation. The function of the state operations team is to address, review, and prioritize utilization and implementation issues raised by all other teams. The continuous quality improvement team is a vehicle to gather information from CP&P Local Offices and FPS providers regarding the implementation of FPS. The implementation support team is responsible for strengthening the program's infrastructure supports (i.e., training, coaching, supervision, etc.). The evaluation team assesses the effectiveness of FPS intervention. These teams meet regularly and include representation from FPS providers, multiple divisions within DCF and additional stakeholders.

PRACTICE MODELS

In 2018, DCF partnered with FPS providers to finalize the New Jersey FPS logic model and a practice profile. The logic model and practice profile, both components of the FPS program manual, outline the model's essential functions and further define key practice elements that support consistent practice across sites. DCF partners with FPS providers to identify new and strengthen existing infrastructure supports that enable FPS practitioners to deliver the intervention as intended and develop the fidelity assessment tool that supports practitioner competency.

IMPLEMENTATION

Although New Jersey FPS has served families for over three decades, the program is currently in the installation stage of program implementation where the focus remains on continuous quality improvements, refining implementation supports and realigning the enabling context (i.e., policies, procedures, etc.) to best facilitate intervention. DCF, in partnership with Rutgers University, facilitates bi-annual new worker training for all FPS staff related to implementing the intervention. DCF also collects monthly data from providers about family needs, treatment goals, services and post intervention outcomes. In 2018, DCF launched an ongoing evaluation of FPS that aims to explore the outcomes and experience of NJ FPS participants. This evaluation continued throughout 2019. Data from this evaluation is used to inform the FPS annual report, CQI processes and overall programmatic decision making.

SUPPORT HOUSING SERVICES

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

92%

of KFT families were stably housed **12 months** post-housing.

WHO KFT SERVES

KFT is a state-wide program serving a subset of child welfare-involved families that are homeless or unstably housed and who have multiple co-occurring challenges (e.g., domestic violence, substance use, child, or parent mental health issue). Throughout CY19, KFT served 750 families. As of December 31, 2019, 608 families were enrolled in the program.

FAMILY VOICE

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

TEAMING & COLLABORATION

DCF works closely with the state Department of Community Affairs (DCA), the Department of Human Services' Division of Mental Health and Addiction Services, CP&P, housing developers, provider partners and other stakeholders to implement KFT. DCF utilizes a multi-level teaming structure to support the various bodies of KFT work. These teams include internal stakeholders from across the Department, as well as providers and other external stakeholders working to refine the program model, develop infrastructure that supports practice, nurture enabling context and evaluate the facilitators and barriers to implementation.

PRACTICE MODELS

In 2019, DCF partnered with KFT providers to finalize the KFT logic model and refine the practice profile in collaboration with providers, CP&P, the Corporation for Supportive Housing (CSH) and DCA. The profile is informed by available supportive housing literature along with local practitioner experience. It outlines the essential components that support consistent practice across sites. DCF continues to partner with KFT providers to develop infrastructure supports that enable KFT practitioners to deliver the intervention as intended.

IMPLEMENTATION

In 2016, DCF launched a mixed-methods evaluation of KFT, which examines changes in well-being and long-term child welfare outcomes among KFT families, practice across sites and facilitators and barriers to families' success in the program. The KFT program teams are working to refine the New Jersey supportive housing practice model, which is expected to be finalized in early 2020. After finalization, the focus will shift to strengthening staff competency (e.g., staff selection, training, supervision and coaching). DCF, with support from CSH, facilitates ongoing learning opportunities and technical support to providers. DCF collects data from providers about families' needs and services on a quarterly basis. These data are used to inform programmatic decision making and the CQI process.

CAREGIVER SUBSTANCE USE SERVICES

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

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

Collectively, these services aim to: reduce the risk of harm associated with SUDs; increase rates of treatment engagement, completion, and recovery; improve families' stability; and reduce families' involvement with the child welfare system.

WHO IS SERVES

The PRSS service, which was implemented in June 2018 in 22 CP&P Local Offices across nine counties, provides services to families with an identified parent or caregiver with a moderate or severe SUD. Priority is given to those families who have a parent or caregiver with an opioid use disorder and a child under the age of five. In 2019, DCF began the planning process to expand PRSS services into 24 additional CP&P local offices in the remaining 12 counties to provide supports statewide. As of December 2019, the program served 438 parents/caregivers and their families. M-WRAP services assist pregnant and parenting mothers with an opioid use disorder in Morris, Sussex, and Warren Counties.

FAMILY VOICE

An evaluation of PRSS was approved in 2019, which seeks to understand the program's impact on families. As part of the evaluation, interviews will be conducted with parents/caregivers to better understand their perceptions and experiences with the services. Feedback gained through this process will be used to improve service delivery. This evaluation will be implemented in 2020 by DCF.

TEAMING & COLLABORATION

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

PRACTICE MODELS

The PRSS model was developed by an interdisciplinary team of child welfare and substance use professionals and is unique among recovery support models in that the peers are dually trained in child welfare and substance abuse peer services. The M-WRAP program model was developed to address service gaps that were identified through in-depth technical assistance provided to New Jersey by the National Center on Substance Use and Child Welfare. DCF contracts with various SUD treatment providers statewide who prioritize providing treatment services to CP&P involved parents and caregivers. Parents and caregivers who are identified as having a SUD are referred by CP&P to the Certified Alcohol and Drug Counselors (CADCs) for assessment. This assessment determines if referral for treatment is needed for a parent/caregiver.

IMPLEMENTATION

PRSS: DCF established a PRSS implementation team of DCF program and research staff, SUD services provider partners, and a community consultant to introduce the service to the 22 CP&P Local Offices where PRSS occurs. This team meets regularly to track and adjust the service as necessary, and to design and launch a mixed-methods evaluation of the program.

M-WRAP: In October 2018, DCF entered into a Memorandum of Agreement with New Jersey's Department of Human Services-Division of Mental Health and Addiction Services to fund M-WRAP services in counties where the overlap of CP&P involved mothers with state-funded services was most likely. This agreement encouraged quality teaming, collaboration and planning between each department to support successful recovery of opioid-dependent mothers.

SERVICES FOR CP&P-INVOLVED TRANSITION AGE YOUTH & YOUNG ADULTS

DCF's Office of Adolescent Services (OAS) 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. OAS provides DCF staff and community-based providers with technical assistance and training to ensure holistic approaches to assist youth to achieve economic self-sufficiency, interdependence, and healthy lifestyles.

WHO WE SERVE

Services and supports available through OAS are primarily for adolescents and young adults between the ages 14-21 in foster care. Some housing and afterschool programs are available to all youth regardless of child welfare involvement. The New Jersey Foster Care Scholars Program served 411 during FY19. In addition, DCF provided approximately 634 transition-aged youth with supportive housing during FY19. Of the youth who were discharged from these programs in FY19, 86 percent discharged to stable housing, 90 percent improved life skills and 91 percent progressed in job readiness.

FAMILY VOICE

The Youth Advisory Network (YAN) has been created to ensure that all adolescent and youth-serving providers integrate youth advocacy and leadership development into their programs and agency culture. Through the YAN, OAS solicits feedback from youth regarding policy, practice, and resources. During 2019, the YAN launched a Youth Voice, Advocacy and Leadership training for youth-serving providers statewide. The goal of the training is to provide an overview of theories and concepts related to youth engagement, leadership development, and practice application to empower young people to be leaders and advocates in their own lives. There were 20 trainings held and 192 youth provider staff have been trained. Many agencies that participated in this training made operational and programmatic changes to increase youth voice in programming, policies and procedures.

TEAMING & COLLABORATION

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

PRACTICE MODELS

OAS's robust network of programming and support is driven by the Youth Thrive protective and promotive factors framework. OAS continues to implement youth permanent supportive housing programs for high need youth (e.g., expectant and parenting youth), academic and career readiness programming, and the YAN model, which emphasizes strengthening the protective and promotive factors.

IMPLEMENTATION

OAS leads adolescent training and policy development initiatives for DCF staff and youth-serving providers. In addition, technical assistance is offered to DCF and program staff through program design meetings, case practice consultations, and site visits. OAS collects data on these efforts through the National Youth in Transition Database (NYTD) requirements, ongoing record reviews, outcomes required through contracted services, and qualitative reviews. OAS was awarded and received funds through Youth Village in 2019 to begin the LifeSet program. LifeSet, a program of Youth Villages is a nationally recognized, evidence informed social services intervention providing older youth in foster care and young adults exiting New Jersey's foster care system with vital life skills development and relationship coaching to facilitate success in adulthood. Services are available to transition-age youth when family reunification was not possible, and a permanent home was not found.

4 EDUCATIONAL SERVICES

EDUCATIONAL SERVICES

The DCF Office of Education (OOE) was created in 1979 with the passage of NJSA 18A:7B-1 et seq, the State Facilities Education Act (SFEA), and provides intensive 12-month educational services and supports to children and young adults ages 3 through 21 who have severe or unique needs that require alternative school placement for a period of time. OOE also provides Child Study Team (CST) services to State Responsible students. The goal for most OOE students is a successful return to school and participation in community life. OOE regional schools and CST services are individually designed and tailored to meet students' needs in the least restrictive school setting. Students are educated in 23 program sites across the State, including DCF contracted residential facilities, psychiatric facilities operated by the Department of Health, 14 DCF Regional Schools, and six hospital-based satellite programs.

WHO WE SERVE

DCF's state and federally compliant education programs and CST services are 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/or are pregnant/parenting teens. OOE serves approximately 1,613 students daily and approximately 18,600 annually. Of the number of children served, 67 percent of students are special education students and 33 percent are general education students.

FAMILY VOICE

OOE has been actively involving families over the last several years. Families are encouraged to communicate with school administrators and teachers throughout the year about their students' grades, goals and progress. Teachers and administrators utilize the school communication application, "REMIND," to instantly communicate with parents and students, opening the doors to easier communication about grades, homework, and school activities. Families are invited to Individualized Educational Plan, Individualized Program Plan, and transition meetings for the students to assist in the planning of their education. Additionally, schools have celebrations and activities throughout the year, including graduation, in which families participate.

TEAMING & COLLABORATION

OOE partners within DCF, across state government, and with other stakeholders to provide high quality, individualized educational services. Highlighted partnerships include internal partners from CP&P, CSOC, and childcare licensing. External partners include the New Jersey Department of Education (DOE), New Jersey Department of Health, school districts, and a variety of post-secondary settings, including community colleges. OOE partners with the New Jersey Principals Association and New Jersey Bar Association, which collaborate in providing professional development to faculty and administration.

PRACTICE MODELS

OOE schools make use of multiple program models in various sites throughout the network, as appropriate for the student population, including: Strengthening Families, Partnering with Teen Parents, and Safe Dates at the six Project TEACH programs; school and community-based Structured Learning Experiences to facilitate student career education; the Ever Fi financial literacy program; Six Core Strategies to promote trauma-informed classrooms; the PLATO curriculum to support

culinary arts training; and My Life, My Choice and Empowering Young Men to promote knowledge and awareness regarding human trafficking. OOE schools exceed the professional development mandates for suicide awareness and healing-centered classrooms.

IMPLEMENTATION

OOE schools are staffed with dedicated faculty that attend professional development that aligns with the needs of the students they serve. Program monitoring is managed by DOE. In Summer 2019, State Facility Education and Title 1 program monitoring was successfully conducted at three programs. This resulted in minor corrective actions, which were successfully implemented in March 2020. As a result of the monitoring review, OOE implemented a student information system that assists with electronic records, attendance, scheduling; will expand communication with parents and staff; and will allow for data collection and ease of reporting.

5 LICENSING

OVERVIEW

The Office of Licensing (OOL) is the licensing and regulatory authority of DCF. OOL is responsible for licensing, inspecting, monitoring and regulating New Jersey's child care centers, family child care homes, adoption agencies, group homes, youth residential facilities, partial care programs, youth substance abuse treatment programs, and residences for youth with intellectual and developmental disabilities. In addition, every out-of-home placement program utilized by CP&P or CSOC is first inspected and licensed by OOL to ensure that it meets rigorous standards for safety and quality.

Each year OOL licenses more than 1,500 childcare, and more than 200 youth residential programs.

There are also more than 500 family childcare certificates of registrations issued each year through OOL.

OOL is a critical component of DCF program oversight. It performs its work in conjunction with the operational divisions, Institutional Abuse Investigation Unit (IAIU), and contracting. In addition, OOL maintains close working relationships with sister state agencies and local officials responsible for monitoring and regulating construction and environmental requirements to ensure that DCF licensed programs comply with regulations and standards promulgated and enforced by those external entities. Because of the close alignment of both the services offered and the client population served, OOL also works closely with colleagues in the licensing arms of the Departments of Human Services (DHS) and Health (DOH).

Though charged by statute with regulatory and enforcement functions, DCF understands that the primary objective of everyone in the system, whether regulators or regulated providers, is to ensure the safety and well-being of children and provide critical supports to families. Whenever possible, OOL seeks to bolster programs and assist them to achieve compliance with regulatory requirements. As part of OOL's oversight, staff from childcare and youth residential licensing inspect individual facilities and homes to ensure they adhere to and operate in accordance with regulations identified in the applicable State Manual of Requirements. Upon completion of each inspection, facilities receive a report that outlines areas of non-compliance that require corrective action. DCF's Office of Training and Professional Development provides formal training to staff via new worker training and other related trainings, such as child safety, supervisory skills, and effective communication.

DCF LICENSES THE FOLLOWING PROGRAMS:

Child Care

Child care centers provide care for six or more children below 13 years of age that attend less than 24 hours a day and are required by state law to be licensed and operate in accordance with regulations identified in the State Manual of Requirements for Child Care Licensing[29]. Family childcare homes, also known as family day care homes, provide care for five or fewer children below 13 years of age in the provider's private residence and may choose to become voluntarily registered through Child Care Resource and Referral (CCR&R) agencies under contract with DHS. Registered family child care providers also operate in accordance with regulations identified in the State Manual of Requirements for Family Child Registration[30]. DCF's child care licensing is staffed by 82 full-time employees, including 55 childcare field inspectors.

There are more than 4,200 licensed childcare centers in New Jersey and nearly 1,500 registered family childcare homes. Collectively, these child care businesses provide daily care and supervision to more than 600,000 children, employ more than 90,000 staff, and provide an essential service to New Jersey's working families. OOL's childcare licensing staff work closely with county-based Child Care Resource and Referral agencies to monitor and inspect family child care homes. They also work together with the Division of Family Development at DHS to ensure the alignment of programmatic requirements for the Temporary Assistance for Needy Families (TANF) child care subsidy and state licensing regulations, ensuring that every licensed center and registered family child care home in the state is eligible to receive the subsidy. As part of DCF's commitment to transparency and ensuring that children remain safe, healthy and connected, childcare licensing reports are available online for public access[31].

Youth Residential Programs

Youth residential programs, including group homes, youth residential facilities, partial care programs, private and agency-operated treatment homes, youth substance use treatment programs, adoption agencies, and residences for youth with intellectual and developmental disabilities that operate under contract with DCF, both in New Jersey and in other states (residential treatment centers), must be approved by OOL. Children's residential treatment centers provide 24-hour care for 13 or more children placed or financed by DCF and are required by state law to be licensed and operate in accordance with regulations identified in the State Manual of Requirements for Residential Child Care Facilities[32]. Children's group homes provide 24-hour care for 12 or fewer children placed or financed by DCF and are required by state law to be licensed and operate in accordance with regulations identified in the State Manual of Requirements for Children's Group Homes[33]. Group homes include children's group homes, teaching family homes, supervised transitional living homes, treatment homes, alternative care homes and psychiatric community homes for children. Children's shelter facilities are required by state law to be licensed and operate in accordance with regulations identified in the State Manual of Standards for Children's Shelter Facilities and Homes[34]. These facilities include juvenile-family-crisis shelters, and shelter homes provide temporary 24-hour care for non-adjudicated children, including children who are dependent, neglected, abandoned or are runaways.

DCF's youth residential licensing is staffed by 26 full-time employees, including 20 field inspectors, who oversee licensing for some 540 youth residential programs. Staff work with the state Department of Community Affairs, DOH, DHS and code enforcement from local municipalities to ensure homes and facilities meet the safety standards for designated areas. These partnerships help to ensure efficacy in communication and proper interpretation of codes for programs licensed by youth residential licensing.

Mental Health Programs

Children's partial care services are required by state law to be licensed and operate in accordance with regulations identified for children's partial care programs[35]. These are community programs that provide structured clinical day treatment for seriously emotionally disturbed youth who are at risk of psychiatric hospitalization or in need of transitional services following hospitalization. There are currently 48 children's partial care programs licensed by DCF.

Adoption Agencies

Adoption agencies place children for adoption or provide other adoption services in New Jersey and are required by state law to be licensed and operate in accordance with regulations identified in the State Manual of Requirements for Adoption Agencies[36]. There are currently 36 licensed adoption agencies in New Jersey, including DCF's Office of Adoption Operations. Adoption agencies are also required by state law to be licensed and must adhere to the State Manual of Requirements for Adoption Agencies.

Resource Families

Resource family homes are private residences in which board, lodging, care and temporary out-of-home placement services are provided by a resource family on a 24-hour basis to a child under the auspices of CP&P, including a home approved by CP&P for the placement of a child for adoption. These homes are required by state law to be licensed and operate in accordance with regulations identified in the State Manual of Requirements for Resource Family Parents[37].

6 INVESTIGATIONS OF INSTITUTIONAL ABUSE

INVESTIGATION OF INSTITUTIONAL ABUSE

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. IAIU's structure is comprised of a Central Administrative Office and four regional offices. IAIU's internal Continuous Quality Improvement (CQI) Unit ensures investigation quality by following up on concerns found on IAIU investigations in DCF regulated programs and leads quality improvement collaborations with system partners.

WHO IAIU SERVES

IAIU serves all children and youth who attend or reside in out-of-home settings, including those settings that are regulated by DCF (e.g., resource homes and congregate care facilities) and those that do not fall under DCF regulations, (e.g., public schools, bus companies and unregistered family childcare provider homes). On average, IAIU receives between 2,500 and 3,000 investigations in a year. In 2019, IAIU received approximately 3,000 reports of abuse and neglect statewide. The top three referrals by facility type include: 965 investigations at schools, 641 at childcare centers and 443 at resource homes.

TEAMING & COLLABORATION

IAIU collaborates with our internal partners, such as CSOC, CP&P, the Office of Licensing (OOL) and the Office of Adolescent Services (OAS), to ensure that the needs of the children and youth involved in IAIU investigations receive appropriate support, wherever they reside. IAIU has representatives that sit on the monthly Multi-Disciplinary Team meetings for each of New Jersey's 21 counties, where collaboration occurs with law enforcement, regional diagnostic treatment centers, and child advocacy centers.

PRACTICE MODELS

IAIU practice specifications are outlined in DCF policy. Reports of allegations of child/abuse neglect in institutional settings are received by DCF's SCR hotline. SCR assigns reports requiring a field response via NJ SPIRIT to the respective regional office that covers the area in which the alleged incident occurred. Response times for child protection investigations in out-of-home settings mirror IAIU's sister office, CP&P, with immediate and 24-hour time frames.

IMPLEMENTATION

IAIU is staffed by approximately 100 full-time employees, with approximately 55 field investigators. The majority of IAIU investigators have at least two years of CP&P casework experience, which is a current requirement to apply to be an IAIU investigator. Investigative staff respond to allegations of child abuse/neglect in their designated region. Upon completion of each investigation and within 60 days of the initial report, a final report is issued. Each appropriate entity is notified of the findings of the investigation to enhance its ability to promote safety for the children in care and minimize the likelihood of future child maltreatment. IAIU's CQI Unit approves and monitors the development and implementation of all required corrective action plans to ensure all concerns identified have been successfully corrected and resolved. DCF's Office of Training and Professional Development provides formal training to staff via the new worker training and orientation, as well as a subsequent 3-day training on their role within IAIU and IAIU's policy and practices.

APPENDICES

2019 PERFORMANCE: PROCESS & CASELOAD MEASURES

	SEP Measure (SEP Reference)	Target %	Jan %	Feb %	Mar %	Apr %	May %	Jun %	Performance *Monitor Conclusion*	Target Met? *Monitor Conclusion*	Jul %	Aug %	Sep %	Oct %	Nov %	Dec %	Performance *DCF Calculation of Actual Performance*	Target Met? *Monitor Conclusion*
Caseload	Supervisor/Worker Ratio (III.B.2)	95%	100	100	100	100	100	100	100%	Yes	100	100	100	100	100	100	100%	Yes
	IAIU Investigators Caseload (III.B.3)	95%	100	100	100	100	99	100	100%	Yes	100	100	100	100	100	100	100%	Yes
	Permanency Workers Caseload (Local Office) (III.B.4)	95%	100	100	100	100	100	100	100%	Yes	100	100	100	100	100	100	100%	Yes
	Permanency Workers Caseload (III.B.5)	95%	100	100	100	100	100	100	100%	Yes	100	100	100	100	100	100	100%	Yes
	Intake Workers Caseload (Local Office) (IV.E.24)	95%	100	100	100	100	100	100	100%	Yes	100	100	100	100	98	98	98%	Yes
	Intake Workers Caseload (IV.E.25)	90%	93	98	95	93	91	95	94%	Yes	96	96	95	93	93	94	94%	Yes
	Adoption Workers Caseload (Local Office) (IV.E.26)	95%	96	98	100	98	100	98	99%	Yes	93	100	98	100	98	100	100%	Yes
	Adoption Workers Caseload (IV.E.27)	95%	97	96	98	98	98	99	98%	Yes	99	100	98	100	99	99	99%	Yes
Process	IAIU Timeliness of Investigations (60 Days) (III.A.1.)	80%	85	86	85	92	91	86	86%	Yes	84	86	83	86	88	81	81%	Yes
	Timeliness of Current Plans (III.C.6)	95%	98	96	96	98	95	93	93%	Yes	94	95	97	97	96	97	97%	Yes
	Worker Contacts with Children-New/Changed Placement (III.F.9)	93%	91	95	94	93	89	90	90%	Yes	95	91	96	96	93	89	89%	Yes
	Worker Contacts with Children in Placement (III.F.10)	93%	94	94	95	94	94	93	93%	Yes	94	96	94	94	94	97	97%	Yes
	Timeliness of Investigations (60 Days) (IV.A.13)	85%	86	86	85	84	84	85	84%	Yes	85	85	87	83	83	85	85%	Yes
	Timeliness of Investigations (90 Days) (IV.A.14)	95%	95	96	95	95	95	95	95%	Yes	95	95	95	94	95	95	95%	Yes
	Initial Family Team Meetings (IV.B.16)	80%	94	91	87	83	89	87	87%	Yes	87	92	85	81	88	91	91%	Yes
	Subsequent FTMs within 12 months (IV.B.17)	80%	86	90	84	87	88	75	75%	Yes	83	91	84	81	90	83	93%	Yes

	Subsequent FTMs after 12 months (Reunification) (IV.B.18)	90%	97	100	90	93	87	84	84%	Yes	63	48	89	58	78	83	83%	Yes
	Subsequent FTMs after 12 months (Other than Reunification) (IV.B.19)	90%	93	90	93	91	92	89	89%	Yes	95	94	92	88	88	94	94%	Yes
	Initial Case Plans (IV.D.22)	95%	95	98	97	94	93	94	94%	Yes	89	98	95	88	94	97	97%	Yes
	Worker Contacts with Family (Reunification) (IV.F.28)	90%	85	83	86	86	86	83	83%	No	83	85	84	84	81	80	80%	No
	Parent-Child Visits (Weekly) (IV.F.29)	60%	76	77	80	79	77	76	76%	Yes	76	77	77	77	75	79	79%	Yes
	Parent-Child Visits (Bi-weekly) (IV.F.30)	85%	90	91	92	91	89	90	90%	Yes	90	91	88	90	89	93	93%	Yes
	Child Visits with Siblings (IV.F.31)	85%	85	84	86	87	86	84	84%	Yes	86	87	87	87	86	86	86%	Yes
	Independent Living Assessments (IV.K.45)	90%	87	84	84	85	83	89	87%	Yes	95	95	96	95	94	93	93%	Yes

2019 PERFORMANCE: QUALITY, OUTCOME, & ANNUAL MEASURES

	SEP Measure (SEP Reference)	Target	2019		Target met? *Monitor Conclusion*
Quality	Educational Needs (III.G.11)	80%	86%		Yes
	Quality Investigations (IV.A.15)	85%	91%[38]		Yes
	Quality of Teaming (IV.B.20)	75%	62%		No
	Quality of Case Plans (IV.D.23)	80%	58%		No
	Services to Support Transition (IV.J.44)	80%	74%		No
	Quality of Case Planning and Services (IV.K.46)	75%	67%		No
	Youth Housing (IV.K.47)	95%	99%		Yes
	Youth Employment/Education (IV.K.48)	90%	97%		Yes
Outcome	Abuse or Neglect of Children in Foster Care (III.H.12)	.49%	.24%		Yes
	Placing Siblings Together (2-3) (IV.G.32)	80%	80%		Yes
	Placing Siblings Together (4+) (IV.G.33)	80%	83%		Yes
	Placement Stability- First 12 months (IV.G.35)	84%	85%(2018)		Yes
	Placement Stability- 13-24 months (IV.G.36)	88%	95%(2017)		Yes
	Repeat Maltreatment (In-home) (IV.H.37)	7.2%	4.5%(2018)		Yes
	Maltreatment (Post-reunification) (IV.H.38)	6.9%	6.3%(2016)		Yes
	Re-Entry to Placement (IV.H.39)	9%	8.6%(2017)		Yes
	Permanency within 12 months (IV.I.40)	42%	42%(2018)		Yes
	Permanency within 24 months (IV.I.41)	66%	67%(2017)		No
	Permanency within 36 months (IV.I.42)	80%	82%(2016)		Yes
	Permanency within 48 months (IV.I.43)	86%	88%(2015)		Yes
Resources	Adequacy of DAG Staffing (III.D.7)	-	Total Staffing: 138 DAsG. DAsG assigned to DCF Practice Group: 136, with 5 on temporary leave. Division of Law DAsG outside of DCF Practice Group assigned to perform DCF legal work: equivalent of 2.	Total Staffing: 130 DAsG. DAsG assigned to DCF Practice Group: 128, with 7 on temporary leave. Division of Law DAsG outside of DCF Practice Group assigned to perform DCF legal work: equivalent of 2.	Yes
	Adequacy of CHU Staffing (III.E.8)	-	154 Health Care Case Managers and 85 staff assistants.	155 Health Care Case Managers and 85 staff assistants.	Yes
	Needs Assessment (IV.C.21)	-	DCF continued to develop its internal needs assessment processes. DCF completed a comprehensive meta-analysis of previous needs assessments. Additionally, DCF worked with the Human Services Directors and Human Services Advisory Councils (HSACs) to finalize a new county-based needs assessment, in which county HSACs undertake assessments every two years in alignment with DCF's qualitative review and ChildStat schedule. In November 2019, the first of two groups of counties began implementing the revised needs assessment process.		Yes
	Recruitment of Placements for 4+ Sibling Groups (IV.G.34)	-	DCF recruited 26 new SIBs homes. Total large capacity SIBs homes: 69. Homes that can accommodate 5+ children: 11. Homes that can accommodate 4 children: 58.	DCF recruited 16 new SIBs homes. Total large capacity SIBs homes: 78. Homes that can accommodate 5+ children: 16. Homes that can accommodate 4 children: 62.	Yes

SUSTAINABILITY & EXIT PLAN MEASURE DEFINITIONS

	SEP Measure (SEP Reference)	Measure Defined
Caseload	Supervisor/Worker Ratio (III.B.2)	95% of offices will have sufficient supervisory staff to maintain a 5 worker to 1 supervisor ratio.
	IAIU Investigators Caseload (III.B.3)	95% of IAIU investigators will have (a) no more than 12 open cases, and (b) no more than eight new case assignments per month.
	Permanency Workers Caseload (Local Office) (III.B.4)	95% of Local Offices will have average caseloads for Permanency workers of (a) no more than 15 families and (b) no more than 10 children in out-of-home care.
	Permanency Workers Caseload (III.B.5)	95% of Permanency workers will have (a) no more than 15 families, and (b) no more than 10 children in out-of-home placement.
	Intake Workers Caseload (Local Office) (IV.E.24)	95% of Local Offices will have average caseloads for intake workers of no more than 12 families and no more than 8 new case assignments per month.
	Intake Workers Caseload (IV.E.25)	90% of individual intake workers shall have no more than 12 open cases and no more than eight new case assignments per month. No intake workers with 12 or more open cases can be given more than 2 secondary assignments per month.
	Adoption Workers Caseload (Local Office) (IV.E.26)	95% of Local Offices will have average caseloads for adoption workers of no more than 15 children per worker.
	Adoption Workers Caseload (IV.E.27)	95% of individual adoption worker caseloads shall be no more than 15 children per worker.
Process	IAIU Timeliness of Investigations (60 Days) (III.A.1.)	80% of IAIU investigations will be completed within 60 days.
	Timeliness of Current Plans (III.C.6)	95% of case plans for children and families will be reviewed and modified no less frequently than every six months.
	Worker Contacts with Children- New/Changed Placement (III.F.9)	93% of children shall have at least twice-per-month face-to-face contact with their caseworker within the first two months of placement, with at least one contact in the placement.
	Worker Contacts with Children in Placement (III.F.10)	During the remainder of the placement, 93% of children shall have at least one caseworker visit per month in the placement.
	Timeliness of Investigations (60 Days) (IV.A.13)	85% of all investigations of alleged child abuse and neglect shall be completed within 60 days. Cases with documented acceptable extensions in accordance with policy are considered compliant.
	Timeliness of Investigations (90 Days) (IV.A.14)	95% of all investigations of alleged child abuse and neglect shall be completed within 90 days. Cases with documented acceptable extensions in accordance with policy are considered compliant.
	Initial Family Team Meetings (IV.B.16)	80% of children newly entered placement shall have a family team meeting before or within 45 days of placement.
	Subsequent FTMs within 12 months (IV.B.17)	80% of children will have three additional FTMs within the first 12 months of the child coming into placement.
	Subsequent FTMs after 12 months (Reunification) (IV.B.18)	After the first 12 months of a child being in care, 90% of those with a goal of reunification will have at least three FTMs each year.
	Subsequent FTMs after 12 months (Other than Reunification) (IV.B.19)	After the first 12 months of a child being in care, for those children with a goal other than reunification, 90% shall have at least two FTMs each year.
	Initial Case Plans (IV.D.22)	95% of initial case plans for children and families shall be completed within 30 days.
	Worker Contacts with Family (Reunification) (IV.F.28)	90% of families will have at least twice-per-month, face-to-face contact with their caseworker when the permanency goal is reunification.
	Parent-Child Visits (Weekly) (IV.F.29)	60% of children in custody with a reunification goal will have an in-person visit with their parent(s) at least weekly, excluding those situations where a court order prohibits or regulates visits or there is a supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child.
	Parent-Child Visits (Bi-weekly) (IV.F.30)	85% of children in custody will have an in-person visit with their parent(s) or legally responsible family member at least every other week, excluding those situations where a court order prohibits or regulates visits or there is supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child.
	Child Visits with Siblings (IV.F.31)	85% of children in custody who have siblings with whom they are not residing will visit those siblings at least monthly, excluding those situations where a court order prohibits or regulates visits or there is supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child.
	Independent Living Assessments (IV.K.45)	90% of youth age 14 to 18 have an independent living assessment.
Quality	Educational Needs (III.G.11)	80% of cases will be rated acceptable as measured by the QR in stability (school) and learning and development. The Monitor, in consultation with the parties, shall determine the standards for school stability and quality learning and development.
	Quality Investigations (IV.A.15)	85% of investigations shall meet the standards for quality investigations. The Monitor, in consultation with the parties, shall determine appropriate standards for quality investigations.
	Quality of Teaming (IV.B.20)	75% of cases involving out-of-home placements that were assessed as part of the QR process will show evidence of both acceptable team formation and acceptable functioning. The Monitor, in consultation with the parties, shall determine the standards for quality teaming.

SUSTAINABILITY & EXIT PLAN MEASURE DEFINITIONS

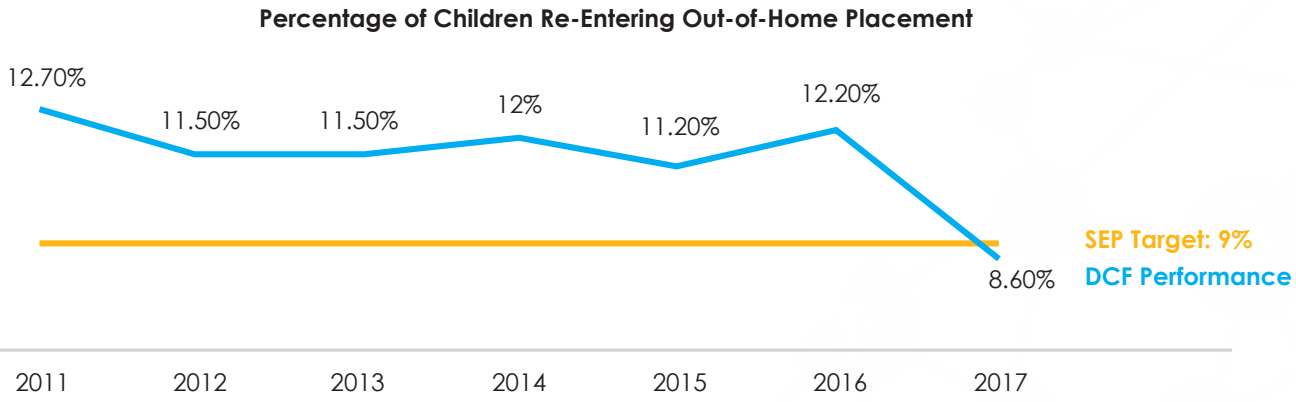
	Quality of Case Plans (IV.D.23)	80% of case plans shall be rated as acceptable as measures by the QR process. The Monitor, in consultation with the parties, shall determine the standards for quality case planning.
	Services to Support Transition (IV.J.44)	80% of cases will be rated acceptable for supporting transitions as measures by the QR. The Monitor, in consultation with the parties, shall determine the standards for quality support for transitions.
	Quality of Case Planning and Services (IV.K.46)	75% of youth age 18-21 who have not achieved legal permanency shall receive acceptable quality case management and service planning.
	Youth Housing (IV.K.47)	95% of youth exiting care without achieving permanency shall have housing.
	Youth Employment/Education (IV.K.48)	90% of youth exiting care without achieving permanency shall be employed, enrolled in or have recently completed a training or an educational program or there is documented evidence of consistent efforts to help the youth secure employment or training.
Outcomes	Abuse or Neglect of Children in Foster Care (III.H.12)	No more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.
	Placing Siblings Together (2-3) (IV.G.32)	At least 80% of sibling groups of 2 or 3 children entering custody will be placed together.
	Placing Siblings Together (4+) (IV.G.33)	All children will be placed with at least one other sibling 80% of the time.
	Placement Stability- First 12 months (IV.G.35)	At least 84% of children entering out-of-home placement for the first time in a calendar year will have no more than one placement change during the 12 months following the date of entry.
	Placement Stability- 13-24 months (IV.G.36)	At least 88% of these children will have no more than one placement change during the 13-24 months following their date of entry.
	Repeat Maltreatment (In-home) (IV.H.37)	No more than 7.2% of children who remain at home after a substantiation of abuse or neglect will have another substantiation within the next 12 months.
	Maltreatment (Post-reunification) (IV.H.38)	Of all children who enter foster care in a 12-month period for the first time who are discharged within 24 months to reunification or living with a relative(s), no more than 6.9% will be the victims of abuse or neglect within 12 months of their discharge.
	Re-Entry to Placement (IV.H.39)	Of all children who enter foster care in a 12 month period for the first time who are discharged within 12 months to reunification, living with relative(s), or guardianship, no more than 9% will re-enter foster care within 12 months of their discharge.
	Permanency within 12 months (IV.I.40)	Of all children who enter foster care in a 12-month period, at least 42% will be discharged to permanency (reunification, living with relatives, guardianship or adoption) within 12 months of entering foster care.
	Permanency within 24 months (IV.I.41)	Of all children who enter foster care in a 12-month period, at least 66% will be discharged to permanency (reunification, living with relatives, guardianship or adoption) within 24 months of entering foster care.
	Permanency within 36 months (IV.I.42)	Of all children who enter foster care in a 12-month period, at least 80% will be discharged to permanency (reunification, living with relatives, guardianship or adoption) within 36 months of entering foster care.
	Permanency within 48 months (IV.I.43)	Of all children who enter foster care in a 12-month period, at least 86% will be discharged to permanency (reunification, living with relatives, guardianship or adoption) within 48 months of entering foster care.
Resources	Adequacy of DAG Staffing (III.D.7)	The state will maintain adequate DAG staff positions and keep positions filled.
	Adequacy of CHU Staffing (III.E.8)	The state will continue to maintain its network of Child Health Units, adequately staffed by nurses in each local office.
	Needs Assessment (IV.C.21)	The state shall regularly evaluate the need for additional placements and services to meet the needs of children in custody and their families and to support intact families and prevent the need for out-of-home care. Such needs assessments shall be conducted on an annual, staggered basis that assures that every county is assessed at least once every three years. The state shall develop placements and services consistent with the findings of these needs assessments.
	Recruitment of Placements for 4+ Sibling Groups (IV.G.34)	DCF will continue to recruit for resource homes capable of serving groups of 4 or more.

2019 SUSTAINABILITY & EXIT PLAN PERFORMANCE

Discussion of Strengths and Areas Needing Improvement

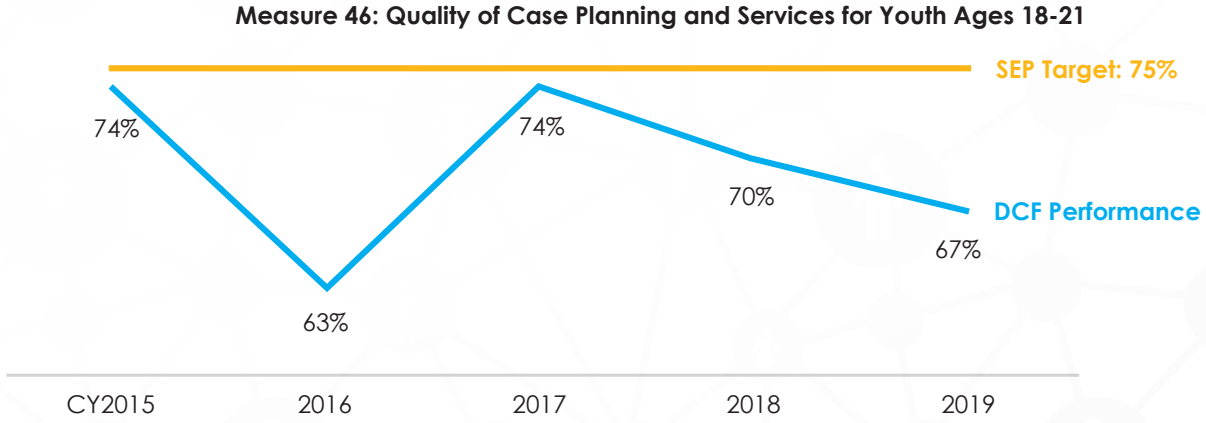
At the close of 2019, DCF had satisfied approximately 93% of measures included in its Sustainability and Exit Plan (SEP.) DCF maintained performance of all "foundational elements" and metrics designated as "to be maintained." Significantly, DCF hit milestones that the agency has been working towards for many years. Below, we provide discussion of these accomplishments, as well as areas needing further improvement.

Outcomes For Children in Foster Care



The SEP establishes targets for children's discharge to permanency within 12-, 24-, 36- and 48-months (Measures 40-43). While DCF previously reached the targets for 12-, 36- and 48- months, 2019 was the first year that DCF successfully met the target for discharge within 24 months, bringing the agency into compliance with all of the permanency metrics outlined in the SEP. Equally significant, DCF not only met, but well out-performed, the target for the number of children re-entering foster care after discharge (Measure 39). Only 8.6% of children who entered foster care for the first time in CY2017 and were discharged within twelve months re-entered foster care within twelve months of their discharge. Together, these metrics demonstrate that children in foster care are not only achieving permanency in a timely manner, but they are remaining home after their successful discharge from care.

Services for CP&P Involved Older Youth



Measure 47: 95% of youth exiting care without achieving permanency shall have housing.					
Monitoring Period	Jan. — June 2017	July — Dec. 2017	Jan. — June 2018	July — Dec. 2018	Jan. — June 2019
DCF Performance	100%	92%	88%	96%	99%
# youth below target	0	5	6	2	2

Measure 48: 90% of youth exiting care without permanency shall be employed, enrolled in or have recently completed a training or an education program or there is documented evidence of consistent efforts to help the youth secure employment or training.					
Monitoring Period	Jan. — June 2017	July — Dec. 2017	Jan. — June 2018	July — Dec. 2018	Jan. — June 2019
DCF Performance	94%	95%	80%	89%	97%
# youth below target	4	3	8	6	5

Since the inception of the SEP and through 2019, DCF's quality of case planning and services for youth ages 18-21 (Measure 46) has been determined through an annual qualitative review completed jointly by DCF's Office of Quality (OOQ), DCF's Office of Adolescent Services (OAS) and the Center for the Study of Social Policy (CSSP). Most recently, this qualitative review took place in November 2019. The number of youth exiting care without permanency with housing and employment/education (Measures 47 and 48) is determined through a case record review completed jointly by the same offices. In 2019, DCF and CSSP agreed that this case record review would take place annually, rather than bi-annually as it had been done historically. The case record review of youth who exited care without permanency between January and December 2019 took place in March 2020. Because these measures involve a very small number of youth, DCF's performance on measures related to practice with adolescents as determined by these reviews often fluctuates.

After declines in performance during 2017 and 2018, OAS committed to review each case that was out of compliance to better understand the needs of the youth and to determine strategies to improve performance. Observations and strategies for improvement were reviewed with leadership during various meetings and forums. While performance on Measure 46 remains below target, performance on Measures 47 and 48, as well as completion of independent living assessments for youth ages 14-18 (Measure 45), exceeded SEP targets in 2019. DCF will continue to monitor performance on all related measures to ensure improvements. Strategies identified in the discussion of Case Practice at the end of this section, are also expected to impact assessment, engagement and case outcomes for youth in care.

Investigation Timelines

Measure 13: 85% of all investigations of alleged child abuse and neglect shall be completed within 60 days.												
Monitoring Period	MP24						MP25					
Month 2019	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
DCF Performance	86%	86%	85%	84%	84%	85%	85%	85%	87%	83%	83%	85%

Measure 14: 95% of all investigations of alleged child abuse and neglect shall be completed within 90 days.												
Monitoring Period	MP24						MP25					
Month 2019	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
DCF Performance	95%	96%	95%	95%	95%	95%	95%	95%	95%	94%	95%	95%

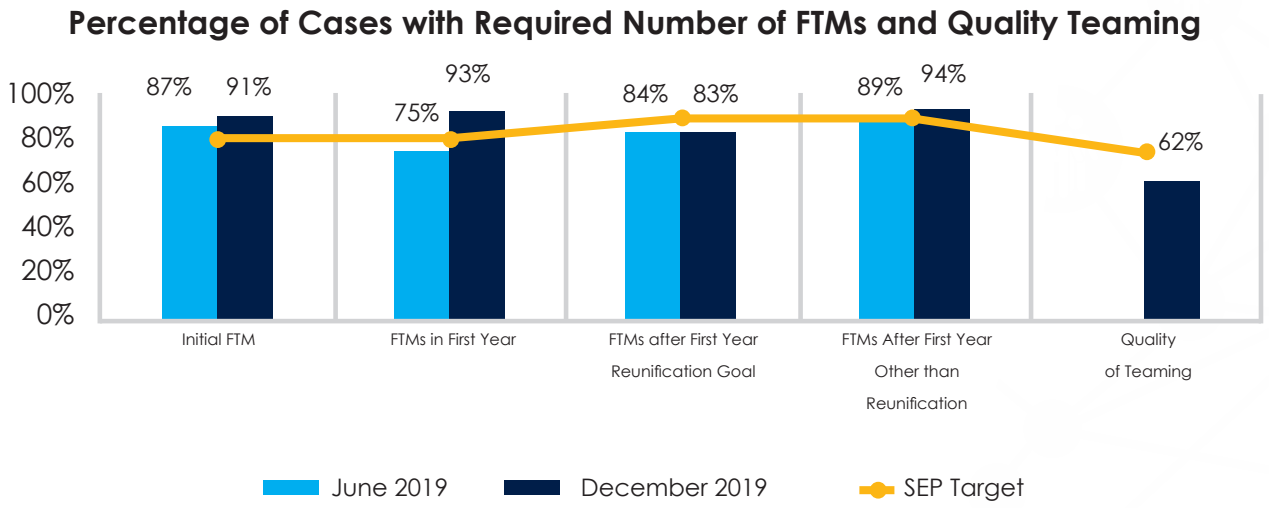
Measures 13 and 14 of the SEP provide standards for timeliness of investigations completed by CP&P investigators. While completion of investigations by CP&P investigators within 60 and 90 days fell below the SEP standard during a few months during 2019, the fluctuations were minimal and there was improved performance over that of performance during 2018. CP&P will continue to closely monitor the timeliness of investigations to ensure the positive trend is maintained.

Visitation between Parents and Caseworkers

Measure 28: 90% of families will have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification												
Monitoring Period	MP24						MP25					
Month 2019	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
DCF Performance	85%	83%	86%	86%	86%	83%	83%	85%	84%	84%	81%	80%

The only quantitative measure that DCF has yet to achieve relates to the number of contacts CP&P caseworkers have with families when the goal is reunification (Measure 28). The SEP mandates that 90% of families have at least two face-to-face visits with the caseworker each month. DCF's performance was 83% and 80% for June 2019 and December 2019, respectively. DCF continues to work to improve the performance in this area.

Quality of Case Practice



DCF's expectations of its workforce go beyond conducting the required number of events at the required time intervals. DCF is committed to engaging in quality case practice in its work with children and families. The quality of CP&P's case practice is measured through Qualitative Reviews conducted by OOQ. Measures 20, 23 and 44 are quality standards related to teaming, case plans and services to support transitions, respectively.

Although DCF has successfully achieved measures related to frequency of events, performance continues to fall below most targets for quality of practice. Throughout 2019, DCF achieved, or nearly achieved, all performance standards related to frequency of Family Team Meetings. The quality of teaming, however, remains to be achieved. In 2019, 62% of cases scored above the SEP target for quality of teaming. Similarly, while CP&P generally performs at or near the target for completing case plans, the quality of case plans continued to fall below the SEP target. In 2019, 58% of cases scored at or above the SEP target for quality of case planning. Moreover, 74% of cases scored at or above the SEP target for supporting transitions. While the three referenced quality measures fell below SEP targets, performance has been slowly improving since at least 2017.

In the short-term, CP&P, through Case Practice Liaisons and Area Quality Coordinators, will continue to make efforts to improve the quality of case practice related to teaming, case planning and assessment. In the longer-term, DCF plans to implement statewide improvement efforts as part of its federal Child and Family Services Review Program Improvement Plan, which are intended to achieve improvements in multiple practice areas, such as assessment and engagement of families. Specific efforts include the incorporation of evidence-informed behavior-based case-planning practice into the DCF Case Practice Model and increased attention to concurrent planning.

REFERENCES

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

2 https://njchilddata.rutgers.edu/

3 https://www.state.nj.us/dcf/

4 https://www.nj.gov/dcf/childdata/continuous/index.html

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

6 https://www.nj.gov/dcf/documents/news/Race%20Equity%20Steering%20Committee%20update.pdf

7 https://www.nj.gov/dcf/childdata/njfederal/NJDCF_2020-2024_TrainingPlan.pdf

8 https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html

9 https://www.nj.gov/dcf/childdata/continuous/index.html

10 https://njchilddata.rutgers.edu/csoc

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

12 *US Administration for Children and Families "Child Maltreatment, 2017."*

13 *US Administration for Children and Families "Child Maltreatment, 2017."*

14 *US Administration for Children and Families "Child Maltreatment, 2017."*

15 *Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2017 data No.25*

16 US Administration for Children and Families Child Welfare Outcomes Report Data. https://cwoutcomes.acf.hhs.gov/cwodatasite/.

17 https://www.nj.gov/dcf/childdata/continuous/index.html

18 https://nj.gov/dcf/childdata/continuous/index.html

19 https://njchilddata.rutgers.edu/

20 https://cssp.org/our-work/project/youth-thrive#framework

21 http://www.performcarenj.org/provider/clinical-criteria.aspx

22 https://www.state.nj.us/dcf/policy_manuals/CMOManual.pdf

23 An allegation shall be "Substantiated" 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 and either the investigation indicates the existence of any of the circumstances in N.J.A.C. 10:129-7.4 (i.e., the "absolutes") or substantiation is warranted based on consideration of the aggravating and mitigating factors listed in N.J.A.C. 10:129-7.5.

24 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."

25 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.

26 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.

27 https://njchilddata.rutgers.edu/portal/

28 https://www.nj.gov/dcf/about/welfare/case/DCF_CasePracticeModel.pdf

29 https://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf

30 https://www.nj.gov/dcf/providers/licensing/laws/FCCmanual.pdf

31 https://childcareexplorer.njccis.com/portal/

32 https://www.nj.gov/dcf/providers/licensing/laws/3A.55.pdf

33 https://www.nj.gov/dcf/providers/licensing/laws/3A.56.pdf

34 https://www.nj.gov/dcf/providers/licensing/laws/ShelterManual.pdf

35 https://www.nj.gov/dcf/providers/licensing/laws/3A.58.pdf

37 https://www.nj.gov/dcf/providers/licensing/laws/AAmanual.pdf

37 https://www.nj.gov/dcf/providers/licensing/laws/RFmanual.pdf

38 DCF and the Center for the Study of Social Policy conduct an Investigative Case Record Review approximately every two years. The last review took place in March 2018. The next review is expected to take place in 2020.

39 Washington State Coalition Against Domestic Violence. Accessed from: New data from the National Intimate Partner & Sexual Violence Survey (NISVS) – Washington State Coalition Against Domestic Violence (WSCADV)