2018-2021 Statewide Prevention Plan Update – Action Plan

In March 2018, with assistance from Clarus Consulting, the New Jersey Task Force on Child Abuse and Neglect completed the 2018-2021 Statewide Prevention Plan. This plan was created as an update of the 2014-2017 Statewide Prevention Plan and includes a more detailed analysis of how the plan will be implemented. Five-hundred and forty (540) stakeholders, including parents, caregivers, community advocates, providers, and public and private partners were engaged in the planning process. The planning process included an analysis of quantitative and qualitative data acquired from DCF as well as surveys and interviews. DCF and the NJTFCAN Prevention Committee worked with Clarus Consulting to analyze the data and prepare a final report. The report was shared with stakeholders at the statewide meeting in October 2017.

New Jersey Child Abuse & Neglect Prevention Plan: 2018-2021

Vision
Families and communities will thrive with the knowledge, skills, resources, and support they need to keep infants, children and youth safe, healthy and nurtured.

Strategic Priorities

Outreach and Engagement	Evidence-Based / Evidence Informed Programs and Best Practice	Infrastructure and Resources	Communication

Goals

Conduct outreach and engagement to increase protective factors and decrease risk factors in an effort to reduce adverse childhood experiences for all expectant parents, infants, children, youth and families.	Promote a culture of continuous quality improvement, supported by a continuum of evaluation approaches that measure effectiveness, and take action to prevent specific types of abuse and neglect.	Develop creative and sustainable strategies to increase funding for prevention programs that strengthen families and communities.	Increase awareness of prevention messages and connect families with prevention supports and services

Objectives

☐ A1: Increase coordination across infant, child, youth, and family-serving systems and supports ☐ A2: Develop non-traditional partnerships to assist with primary prevention efforts	☐ B1: Advocate for Evidence-Based Programs (EBPs) at each level of prevention (primary, secondary, tertiary) ☐ B2: If EBP cannot be used, encourage programs at a minimum to collect quality data and follow research based guidelines and standards to evaluate effectiveness ☐ B3: Promote workforce access to training, coaching and on-going support to better align services with Prevention Standards	☐ C1: Advocate for expansion of Children's Trust Fund (CTF) resources ☐ C2: Explore funding opportunities at state and federal level ☐ C3: Encourage maximization of resources across agencies ☐ C4: Support improved administrative management of agencies	☐ D1: Work with system partners to develop key primary prevention messages ☐ D2: Develop and implement diverse strategies for communication of prevention messages to families and partners

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Outreach and Engagement
G O A L
Conduct outreach and engagement to increase protective factors and decrease risk factors in an effort to reduce adverse childhood experiences for all expectant parents, infants, children, youth and families.
O B J E C T I V E S & P R E L I M I N A R Y A C T I O N S T E P S

A1: Increase coordination across infant, child, youth, and family-serving systems and supports
- ☐ A1a: Identify system partners (e.g. Boards of Education, Schools, Higher Education, county welfare, hospitals, child care settings, mental health, legal community, etc.); Use child death review data to identify partnerships needed
- ☐ A1b: Promote data sharing among departments and partners; identify and build on collaborative data sharing efforts already underway
- ☐ A1c: Encourage agencies to collect quality data aligned to state systems of data
- ☐ A1d: Identify and disseminate information about "one-stop" models that reduce silos and connect parents to services

A2: Develop non-traditional partnerships to assist with primary prevention efforts
- ☐ A2a: Identify places that naturally attract families and help them better understand stress leading to child abuse as well as make them aware of available resources
- ☐ A2b: Identify and prioritize development of non-traditional partnerships e.g. Pool businesses (for pool safety); corner stores; clergy / faith-based organizations; Red Cross; private sector; libraries; performing arts / community centers; Dept. of Labor / One Stops

M E T R I C S

- Increased data sharing among department and partners
- Development of non-traditional partnerships
- Presentations to partners (non-traditional and within state government) using standardized PowerPoint presentation and materials

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Evidence-Based / Evidence Informed Programs and Best Practice

GOAL

Promote a culture of continuous quality improvement, supported by a continuum of evaluation approaches that measure effectiveness, and take action to prevent specific types of abuse and neglect.

OBJECTIVES & PRELIMINARY ACTION STEPS

B1: Advocate for Evidence-Based Programs (EBPs) at each level of prevention (primary, secondary, tertiary)
- ☐ B1a: Adopt standard definitions of EBP
    - o Coordinate with Commissioner's EBP Task Force
- ☐ B1b: Develop a repository of EBPs by inventorying prevention programs, including identification of level of evidence, geographic location, etc.
- ☐ B1c: Promote the use of implementation science to ensure fidelity and high-quality programming
- ☐ B1d: Support expanded availability of EBPs for expectant parents, infants, children, and youth

B2: If Evidence-Based Programs cannot be used, encourage programs at a minimum to collect quality data and follow research based guidelines and standards to evaluate effectiveness
- ☐ B2a: Develop university partnerships to identify accurate measurement of data / evaluation guidelines

B3: Promote workforce access to training, coaching and on-going support to better align services with Prevention Standards
- ☐ B3a: Widely disseminate Prevention Standards
- ☐ B3b: Promote training of Prevention Standards with agencies
- ☐ B3c: Investigate process for securing CLE credits for Prevention Training

METRICS

- Establish baseline of number EBP at each level of prevention
- Increase number of programs using EBP; if EBP cannot be used, increase the number of programs that collect quality data and follow research-based guidelines and standards to evaluate effectiveness
- Increase number of people trained in Prevention Standards

Infrastructure and Resources

GOAL

Develop creative and sustainable strategies to increase funding for prevention programs
that strengthen families and communities.

OBJECTIVES & PRELIMINARY ACTION STEPS

C1: Advocate for expansion of Children's Trust Fund (CTF) resources
- ☐ C1a: Potential strategies include PSAs; research other states; market to tax preparers; online donation instead of mailing donation; license plates; soda & tobacco tax; direct outreach to private sector / large employers
- ☐ C1b: Clearly articulate the value of prevention to generate investment/funding

C2: Explore funding opportunities at state and federal level
- ☐ C2a: Support training for grant writing
- ☐ C2b: Research what national organizations are doing to support
- ☐ C2c: Help providers learn how to locate additional funding for their programs within their community
- ☐ C2d: Partner with agencies to identify funding for data systems and build capacity to implement EBP

C3: Encourage maximization of resources across agencies
- ☐ C3a: Understand what is working; collect more data / information across Departments
- ☐ C3b: Analyze evaluation data and make recommendations to help maximize resources across agencies

C4: Support improved administrative management of agencies
- ☐ C4a: Clearly articulate why improvement is needed
- ☐ C4b: Encourage agencies to strengthen their strategic planning efforts and, when possible, align their strategic planning with the Statewide Prevention Plan
- ☐ C4c: Encourage sharing of Best Practices among organizations
- ☐ C4d: Explore workforce development assistance through the Department of Labor

METRICS

- Percentage increase in CTF
- One new funding resource identified and pursued per year

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Communication

GOAL

Increase awareness of prevention messages and
connect families with prevention supports and services.

OBJECTIVES & PRELIMINARY ACTION STEPS

D1: Work with system partners to develop key primary prevention messages
- ☐ D1a: Identify system partners (*see A1a*)
- ☐ D1b: Develop key primary prevention messages for dissemination to families and partners
  - Topics such as healthy development, relationship abuse, safe spaces, infant care, post-partum depression, etc.
  - Utilize child death review data to target messages
  - Use language that is simple, strengths-based, trauma-informed, welcoming, and non-stigmatizing

D2: Develop and implement diverse strategies for communication of prevention messages to families and partners
- ☐ D2a: Inventory available prevention resources and services and how they are currently publicized
- ☐ D2b: Disseminate prevention messages using diverse communication strategies
  - Inventory social media / technology used by partners; once inventory conducted, develop strategies to leverage efforts already underway to increase information provided to parents and professionals that intersect with families
  - Identify professional groups and organizations involved with families; provide those groups with information on supports and services available to families
  - Develop and disseminate White Papers
  - Develop an on-line resource guide
  - Employ non tech-based strategies
  - Develop and implement a public awareness campaigns
  - Consider geography, culture, languages when developing presentation messages

METRICS

- Development and dissemination of primary prevention messages and information on resources and services
- Development and dissemination of Best Practices White Paper
- Presentations to partners and professional organizations using standardized PowerPoint presentation and materials