

Child and Family Services Reviews

Statewide Assessment Instrument

April 2014

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CFSR_Acronym List

RFSU	Resource Family Support Units	KLG	Kinship Legal Guardianship
PREP	Prevention and Relationship Enhancement Progra	AQC	Area Quality Coordinators
CICIC	Children in Court Improvement Committee	EIS	Early Intervention System
PRU	Parental Representation Unit	CAPTA	Child Abuse Prevention & Treatment Act
LG	Law Guardian	AFSW	Assistant Family Services Worker
DAG	Deputy Attorney General	NASW	National Association of Social Workers
CPM	Case Practice Model	SHSP	Specialized Home Services Provider
CMO	Care Management Organization	FAFS	Foster & Adoptive Family Services
FSO	Family Support Organization	HRDI	Human Resources Development Institute
YCM	Youth Case Management	SAFE	Structured Assessment Family Evaluation
MRSS	Mobile Response & Stabilization Services	RDS	Resource Development Specialist
PRIDE	Parent Resources for Information, Development &	LOS	Level of Service
DCP&P	Division of Child Protection and Permanency	DFD	Division of Family Development
DCF	Department of Children & Families	CASA	Court Appointed Special Advocate
DVL	Domestic Violence Liaison	DDD	Division of Developmental Disabilities
DFCP	Division of Family and Community Partnerships'	CBCAP	Community Based Child Abuse Prevention
DCO	Division of Central Operations	OPVAW	Office on the Prevention of Violence Against Women
CSSP	Center for the Study of Social Policy	ICWA	Indian Child Welfare Act
CPS	Child Protective Services	OPR	Office of Parental Representation
CWS	Child Welfare Services	CPR	Child Placement Review
CADC	Certified Alcohol & Drug Counselor	OOL	Office of Licensing
SCR	Statewide Central Registry	CHRI	Criminal History Record Information
IAIU	Institutional Abuse Investigation Unit	CARI	Child Abuse & Registry Investigation
CPAC	Community Planning & Advocacy Council	LIS	Licensing Information System
PALS	Peace: A learned solution	FPTS	Fingerprint Tracking System
FSC	Family Success Centers	ICPC	Interstate Compact on Placement of Children
CTF	Children's Trust Fund	ICAMA	Interstate Compact on Adoption & Medical Assistance
SFECE	Strengthening Families Early Childhood Educatio	LO	Local Office
SSBG	Social Services Block Grant	NIECE	National Electronic Interstate Compact Enterprise
TAG	Technical Assistance Group	ICS	Interstate Compact System
CWPPG	Child Welfare Practice & Policy Group	ICAMA	Interstate Compact on Adoption and Medical Assistance
PEP	Performance Examination Process	AAICPC	Association of Administrators of the ICPC
NJCWTA	New Jersey Child Welfare Training Academy	DOW	Division on Women
BCWEP	Baccalaureate Child Welfare Education Program	OAS	Office of Adolescent Services
ACNJ	Association for Children of New Jersey	IFF	Institute for Families
SDM	Structured Decision Making	CSOC	Children's System of Care
SM	Safe Measures	MRSS	Mobile Response & Stabilization Services
CFSR	Child & Family Services Review	IIC	Intensive In-Community
CFSP	Child & Family Services Plan	RF/BIP	Responsible Fatherhood/Batterers Intervention Program
APSR	Annual Progress & Service Report	SRT	Specialized Residential Treatment
AOC	Administrative Office of the Courts	TL&SP	Traumatic Loss & Suicide Prevention
QR	Qualitative Review	MEYA	Medicaid extension for young adults
		SEP	Sustainability & Exit Plan

Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children’s Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb>.)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide

assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment>.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: Department of Children and Families

CFSR Review Period

CFSR Sample Period: April 01, 2016 to September 30, 2016

Period of AFCARS Data: File 16 B (April 01, 2016 to September, 30, 2016)

Period of NCANDS Data: October 01, 2015 to September 30, 2016

(Or other approved source; please specify if alternative data source is used):

Insert other approved data source

Case Review Period Under Review (PUR): April 01, 2016 to July 10, 2017

State Agency Contact Person for the Statewide Assessment

Name: Mary E. Browne

Title: CFSR Coordinator

Address: 50 East State Street, Trenton NJ

Insert phone number 1-609-888-7877

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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

Assistant Commissioner Aubrey C. Powers and OPMA staff

Assistant Commissioner Lisa VonPier

Director Linda Holland and staff

Mollie Green and CHU staff

Deputy Commissioner Betsy Sunder, Nancy Carry Lee, Michelle Adams, Child Protection and Permanency staff

Betty Berzin and Central Office Adoption staff

Robyn Jiles and SCR staff

David Tang and CIC staff

Domestic Violence Liaisons

Assistant Commissioner Elizabeth Manley and CSOC staff

Director Lisa Gallagher and staff

Service Providers

Executive Director Jessica Trombetta and staff

Assistant Commissioner Charmaine Thomas and staff

Introduction

As New Jersey Department of Children and Families (DCF) celebrated its 10 year anniversary in 2016 as a State Department, it continued to focus on integrating best case practice throughout its service structure in order to improve outcomes and to sustain the progress already made on behalf of the state's most vulnerable children and families. DCF remains focused on safety, permanency, and well-being while continuing to strengthen families and ensure a better today and even a greater tomorrow for every individual we serve.

Mission

In partnership with New Jersey's communities, DCF will ensure the safety, well-being, and success of New Jersey's children and families.

Vision

To ensure a better today and even a greater tomorrow for every individual we serve.

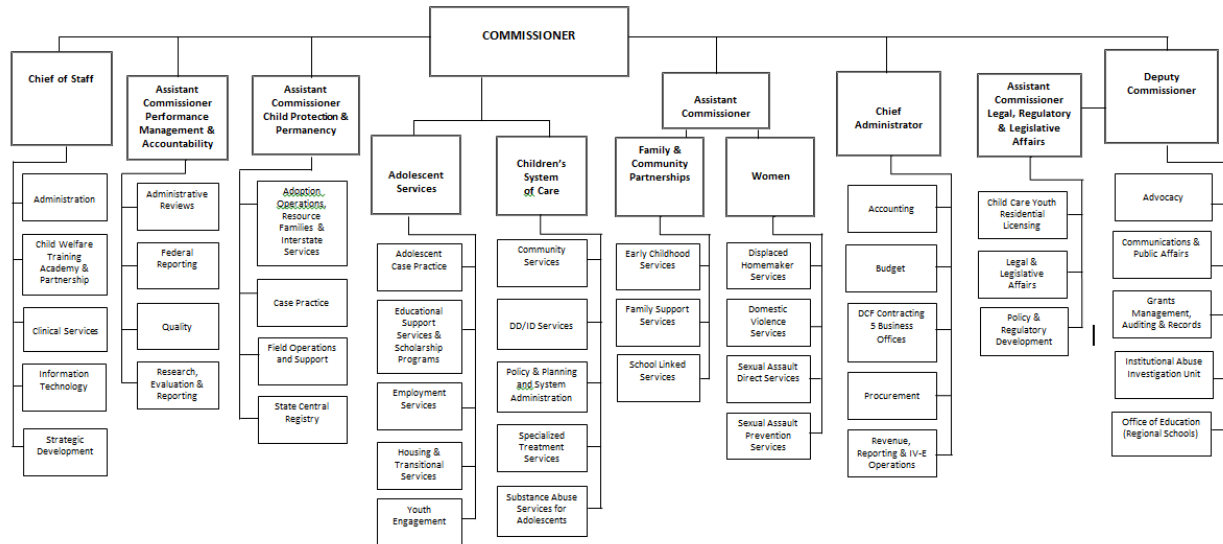
Values

- We value the unique strengths, needs and abilities of all individuals.
- We achieve positive outcomes through individualized, family-oriented, child and youth centered services.
- We foster healthy relationships that promote safety and well-being for children, youth, adults and families.
- We are ethical, fair and transparent in all that we do.
- We are culturally aware, informed and responsive; we value and respect diverse traditions, heritages, and experiences.
- We work in partnership with individuals, families and the community, as well as with other state departments and within DCF, to build connection, strength and success.
- We are professional, highly-trained and committed to the communities we serve.
- We provide excellent customer service so anyone can easily find and access services when needed.
- We provide innovative solutions aligned with community needs.
- We are accountable to our partners, ourselves and the communities we serve.
- We are good stewards of the resources entrusted to us.
- We continually seek to learn and correct ourselves when needed to provide the very best solutions for children, youth, individuals and families.
- We recognize and respond to the impact of traumatic stress on those who have contact with our system.
- We listen to and communicate openly and honestly with the community and with our partners.

NJ Child Welfare System Structure

Legislation was signed on July 11, 2006, establishing the New Jersey Department of Children and Families (DCF) as New Jersey's first cabinet-level department with responsibility for child welfare, child behavioral health, child abuse prevention, and community support programs for children and their families. The legislation transferred the administrative arms responsible for these programs from the Department of Human Services (DHS) to DCF. In June of 2012, legislation was signed that reorganized DCF into a single point of entry for all families with children with developmental disabilities and renamed the four divisions within DCF. The former Division of Youth and Family Services is now known as the Division of Child Protection and Permanency (DCP&P); the Division of Prevention and Community Partnerships is now the Division of Family and Community Partnerships (DFCP); and the Division of Child Behavioral Health Services is now the Children's System of Care (CSOC). Additionally, the Division on Women was transferred to DCF from the Department of Community Affairs. The programs and services administered by each Departmental component are outlined below but can also be viewed in greater detail at the DCF public website: <http://nj.gov/dcf/>

Department of Children and Families



May 27, 2015

Division of Child Protection and Permanency (DCP&P)

DCP&P is New Jersey's lead child welfare and protection agency. Its mission is to ensure the safety, permanency and well-being of children and to support families.

- **Investigation and Assessment:** DCP&P operates a State Centralized Registry which is a 24 hour, seven day a week, centralized call center to receive all reports of child abuse, neglect, and referrals for child welfare assessments. CP&P investigates these allegations and assessments through a network of 46 Local Offices. In addition there are 9 Area Offices to support the production and operations of the local offices.
- **Placement:** Children in DCP&P protective custody may require temporary placement in out-of-home settings in order to preserve their safety. CP&P promotes the concept of family placement settings and will seek family placements for children entering care whenever it is safe and appropriate to do so.
- **Family Support Service:** Includes services provided to strengthen families and children in their own homes as well as foster and adoptive families and those in out-of-home placement.
- **Permanency:** Services are designed to achieve and maintain permanency - a sustained, stable family who will care for and nurture the child - through reunification, adoption, or Kinship Legal Guardianship. Permanency also includes supporting youth in making a successful transition to independent adulthood

Division of Family and Community Partnership (DFCP)

DFCP administers a continuum of community-based child abuse prevention and intervention programs that are culturally competent, strengths-based, and family-centered with a strong emphasis on child abuse prevention.

Early Childhood: Services focus on children under 6 years of age, including:

- Home Visitation
- Nurse Family Partnership
- Healthy Families
- Parents as Teachers
- Strengthening Families Initiative (NJSFI)
- Evidence-Based School Linked
- Children's Trust Fund

School-linked Services: Program services include:

- School Based Youth Services
- Family Empowerment Program
- Family Friendly Centers
- Adolescent Pregnancy Prevention Initiative

- Parent Linking Program
- NJ Child Assault Prevention Project

Family Support: Resources are focused on meeting the unique needs of families before child maltreatment becomes an issue.

- Family Success Centers

Domestic Violence

- 24-hour hotline, emergency shelter, and related support services are available in each county.
- Peace: A Learned Solution (PALS) offers intensive therapeutic interventions for children exposed to domestic violence.

Service Integration within and across counties: DFCP works with local entities and organizations, such as the Task Force on Child Abuse & Neglect Prevention Subcommittee; Child Welfare Agencies and Human Service Advisory Councils to create a network for planning, prioritizing, and implementing effective prevention efforts that are county-focused and county-driven.

Children's System of Care (CSOC)

CSOC serves children and adolescents with emotional and behavioral health challenges and their families; and children with developmental and intellectual disabilities. Services are based on the needs of the child and family and are provided in a family-centered, community-based manner. Perform Care is the point of entry into the CSOC system.

- **Mobile Response and Stabilization Services (MRSS):** Services are available 24/7 to help children/youth experiencing emotional/behavioral crises. Services are designed to defuse an immediate crisis, keep children and their families' safe, and maintain children in their own homes or current living situation.
- **Residential Services:** CSOC continues to provide residential services. As more and more community alternatives are made available, the overall percentage of children receiving residential care has decreased.
- **Family Support Organizations (FSO's):** FSO's are family-run, county-based organizations that provide direct family-to-family peer support, education, advocacy, youth partnership, and other services and support to families of children with emotional and behavioral problems.
- **In-Community Behavioral Assistance:** CSOC supports 46 community-based outpatient and partial care providers across the state and authorizes the enrollment with Medicaid of more than 300 intensive in-community providers and approximately 400 Behavioral Assistants statewide.
- **Care Management Organizations (CMO's):** Care management organizations (CMO's) are agencies that provide a full range of treatment and support services to children with the most complex needs. They work with child-family teams to develop individualized service plans. The CMO's goals are to keep children in their homes, their schools and their communities.

- **Eligibility Determination for Children with Developmental Disabilities:** As of January 1, 2013, CSOC assumed responsibility for determining eligibility for developmental disability services of children under age 18. This eligibility process for children, which was formerly completed by the Division of Developmental Disabilities, is required under New Jersey law in order to access publicly available developmental disability services.
- **Traumatic Loss & Suicide Prevention (TL&SP):** TL&SP is responsible for reporting on the State's suicide prevention related activities. TL&SP also oversees the division's constituent relations and external inquiries. In addition, TL&SP serves as the division's liaison to the Judiciary. TL&SP also represents CSOC on several interagency committees including the Children in Court Improvement Committee and the Child Abuse and Neglect Task Force's Staffing and Oversight Review Subcommittee. TL&SP also serves as DCF's liaison to the State's County Inter-Agency Coordinating Councils (CIACCs).

Division of Women

The New Jersey Division on Women (DOW) is a pioneering state agency that advances public discussion of issues critical to the women of New Jersey and provides leadership in the formulation of public policy in the development, coordination and evaluation of programs and services for women. DOW evaluates the effectiveness of program implementation and plans for the development of new programs and services.

The Division is also charged with establishing a liaison with state departments and other public and private agencies involved with laws, regulations and program development affecting women in joint efforts to expand opportunities for women. In this capacity, DOW collaborates with other state departments to understand and address the changing needs and concerns of women. DOW oversees Sexual Assault Direct Services, Sexual Assault Prevention Services and Displaced Homemaker Services.

- Funds, monitors and evaluates programs for the advancement of women;
- Develops new programs to serve women;
- Develops and analyzes policies that affect women;
- Educates and trains the public;
- Refers women to direct service providers;
- Provides information on women's issue to the general public;
- Provides technical assistance to agencies representing women;
- Represents women on boards, commissions, councils, committees and task forces

Department Units and Central Operations

DCF administers a number of functional offices and units that directly impact the department's broad delivery of protective and supportive services to children and families.

- **Office of Performance Management and Accountability:** Manages the Qualitative Review Process and targeted reviews, as well as the CFSR and the APSR, including the Program Improvement Plan development and monitoring. In addition, the office oversees Research, Evaluation and reporting (RER), the Child Fatality and Near Fatality

Review Boards, Domestic Violence Fatality and Near Fatality Review Board as well as the Executive Directed Case Review Process.

- **Office of Adolescent Services:** The Office of Adolescent Services (OAS) supports adolescents in the transition to adulthood to achieve economic self-sufficiency, independence, and engage in healthy life-styles by:
 - Ensuring that services provided through the Department of Children and Families are coordinated, effective, meet best practice standards, are youth driven, and adapt to the needs of families and communities,
 - Developing linkages with other service providers in order to create a more equitable and seamless service system.
 - Provide leadership and policy development in the field of adolescent services.
- **Office of Child and Family Health & Clinical Services:** The Office of Clinical Services is charged with providing support, guidance and leadership across DCF on child and family health related matters.
- **Office of Strategic Development:** The Office of Strategic Development was created in April 2014 as part of DCF's long term strategic planning process and, among other roles, will be focused on working with the Department's divisions, offices and service providers to help DCF become a trauma-informed system of care and transition toward more evidence-based services. The Office of Strategic Development will focus on performance-based contracting and on ensuring DCF's service array is responsive to the changing needs of the women, children, youth, and families we serve.
- **Child Welfare Training and Professional Development & Partnership:** The Office of Child Welfare Training and Professional Development and the New Jersey Child Welfare Training Partnership are charged with the development of curriculum and delivery of educational training that enhance case practice and planning for the support of the protection, permanency and well-being of children and families for more than 5,000 child welfare professionals across the state.
- **Office of Education:** The Office of Education provides intensive 12 month educational services to children and young adults ages 3 through 21. The severity or uniqueness of their needs requires removal from the public school setting for a period of time.
- **Information Technology (IT):** Manages the NJ Spirit Application (SACWIS) and provides over 100 reports on DCF performance.
- **Office of Licensing:** The Office of Licensing (OOL) is the licensing and regulatory authority of the Department of Children and Families. OOL licenses and regulates child care centers, youth and residential programs, resource family homes and adoption agencies.
- **Institutional Abuse Investigation Unit (IAIU):** IAIU investigates allegations of child abuse and neglect in out-of-home settings such as foster homes, residential centers, schools, detention centers, and child care centers.
- **Office of Advocacy:** The Office of Advocacy supports families by providing information, referral and advocacy services.
- **Oversight Boards:** DCF is responsible for coordinating boards and taskforces including:

NJ Child Fatality & Near Fatality Review Board
Staffing Oversight and Review Committee
NJ Task Force on Child Abuse and Neglect and Management of Children's
Justice Act funding
NJ Children's Trust Fund
NJ Domestic Violence Fatality and Near Fatality Review Board

Section II: Safety and Permanency Data State Data Profile

(Data Profile deleted in its entirety.)

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

New Jersey's most recent APSR was submitted and approved in June, 2016. While some information in this Assessment may be redundant it is an update to the data provided in the APSR and includes new information focusing on the functioning of the seven systemic factors. Some data in the files above is new. Throughout this document New Jersey has included data as it pertains to outcomes for the children and families served.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

New Jersey was not in substantial conformity for Safety Outcome 1 or Safety Outcome 2 in either CFSR Round one or two. While the standard was not met during round two performance was fairly high, as 86 percent of the cases reviewed substantially achieved Safety Outcome one.

Since round two CFSR in 2009 NJ has paid close attention to the timeliness of initiating a response to a report of maltreatment. This begins when a call is made to SCR the NJ child abuse Hotline.

SCR Operation Inception

In July 2004, the Department of Children and Families (DCF) and the Division of Child Protection and Permanency (DCP&P) implemented a major change in the screening, assessment and assignment of reports of child abuse/neglect and child welfare services referrals. For the first time in New Jersey, all calls would be made to one toll free hotline number serving the entire state. These calls became centralized at the new 'SCR' - State Central Registry. Prior to SCR inception, the Institutional Abuse Investigation Unit (IAIU) had a dedicated screening unit that processed all incoming referrals for the entire unit, and then assigned reports to the responsible IAIU regional office. At the Local Office level, calls were screened by a designated LO screener or Intake Worker, sometimes on a rotational basis and each individual Local Office would receive and screen calls for its own catchment area. This was most often county by county, however several counties had multiple Local Offices; each responsible for a specific part of that county. This system would be a source of confusion for people calling to report child abuse/neglect. Therefore, if a referent was unfamiliar with the jurisdiction covered by a particular office, they may contact the wrong Local Office. The result was that oftentimes callers

were redirected to another office to report their concerns. Consequently, calls were not handled uniformly and consistently across the State. Centralized screening assisted with a standardization of practice when processing calls of suspected incidents of abuse and neglect. Decision making became much more consistent and concise.

As with any new major system change, SCR had some challenges. Two of the major challenges were not having an accurate assessment of how many calls would be received on the newly implemented toll-free hotline number and the staffing needs. Since screening was handled at the local level prior to SCR's inception, there was no clear indication of how many calls would be received weekly/monthly/yearly. As a result, SCR was not effectively able to manage the call volume due to being understaffed. Thus, at high volume portions of the day, there was a wait time for calls to be answered. This has since been resolved.

Centralized screening has evolved into an enhanced system. SCR now has the benefit of Report Audio within a NJ SPIRIT case file. This is an effort to enhance the current intake module to better support practice and affords the ability to now contain a link to the actual audio recording of the reporter making the call. This new feature is available to local office and institutional abuse staff enabling them to listen to the actual call made to SCR. This added feature allows staff to gather further insight into the report and allegations, and assists in performance management and accountability.

Coding Determination:

SCR utilizes DCF policy and procedures when making a coding determination. SCR staff gathers information from the caller by asking questions to determine whether a child is unsafe, at risk of harm, and/or if the family is in need of any child welfare services. Four things are needed before SCR can take a report of Child Abuse/Neglect; (1) a child victim under the age of 18, (2) an allegation of harm (abuse and/or neglect) or risk of harm to a child, and (3) the alleged perpetrator of this harm or risk of harm is the child's parent, guardian or other person having custody or control of the child (4) there is a specific incident or set of circumstances that suggest the harm or substantial risk of harm was caused by the child's parent, guardian or other person having custody or control of the child. If criteria above are met, then SCR codes the intake as a Child Protective Service (CPS) and selects the appropriate allegation/indicator that corresponds with the reported concerns.

- Coding categories
 - Child Protective Service (CPS)—the reported concerns rises to the level of an abuse or neglect investigation
 - Child Welfare Services (CWS) Assessment—the caller expressed child welfare concerns or there is a request for services on behalf of a family
 - Related Information—information on an active case or active investigation
 - Information & Referral—DCP&P intervention is not warranted. Callers are referred to community agencies or other entities to help the family stabilize or to access other supportive services.

During 2016 SCR Administrative staff along with CPP staff participated in the Allegation Based System (ABS) workgroup. The workgroup was tasked with re-evaluating the ABS. This system serves to define specific allegations and to ensure the consistency of coding decisions within SCR.

- The workgroup concluded the ABS needed to be more concise to aid staff and support investigatory practices.
- The workgroup resulted in a more enhanced and streamlined system. The previous system of 32 allegations of harm was reduced to only four allegations with 15 indicators of harm.
 - Four new indicators were added that were previously included in “Substantial Risk of Physical Injury or Environment Injurious to Health”: Family Violence Harms a Child (which includes DV and other violent incidents that occur in the presence of the child); Mental Illness of a Caregiver Threatens a Child; Substance Abuse of a Caregiver Threatens a Child; and Risk of Harm.

SCR Screener Classification:

SCR has two classifications of screeners who process hot-line calls: certified screener and non-certified screener

- Certified screeners are workers who have demonstrated a sustained competency in DCP&P policy and procedures as it relates to screening and processing calls at SCR: their knowledge and application of the Allegation Based System (ABS); Child Welfare Services (CWS) policy and the screener’s ability to refer callers to community resources when appropriate.
 - Certified screeners can make independent coding decisions without supervisory input.
 - Certified screeners are able to assign their own intakes in NJ Spirit without supervisory approval.
 - Certified screeners also become eligible to participate on SCR’s part-time system which is part of the after-hours system that functions outside of regular business hours, holidays, and weekends.
- Non-certified screeners are workers who cannot make coding decisions without first consulting with a supervisor. Non-certified screeners are normally newer employees who are working towards the goal of becoming a certified screener by developing higher levels of proficiency and competency with their critical thinking skills; knowledge and application of the ABS and CWS policy.
 - Non-certified screeners do not have the ability to assign their own intakes in NJ Spirit.
 - Non-certified screeners’ intakes are reviewed in their entirety by a supervisor or a FSS1 screener responsible for assigning the report.

- Intakes generated by non-certified staff, should always document and contain the name of the individual with whom the intake was conferred.

SCR's Specialized Units/After-Hours Operation/Critical Notification Process

SCR has two specialized units: the Institutional Abuse (IA) Screening Unit and the Special Duties Unit (SDU).

- The IA Unit processes calls for suspected abuse or neglect that occurs in out of home settings such as: schools, school bus companies, daycares, resource homes, group homes, residential facilities etc.
- The SDU processes calls for suspected abuse or neglect received on DCF employees, parole exchanges, Interstate Protective Services (PRS) Alerts and referrals on behalf of pregnant inmates. When the allegation of harm involves a DCF employee, the intake created is then sent to the Public Defender's Office for any needed investigation. The SDU also process the following: New Law 6.2 referrals: DCP&P/SCR are notified when a defendant is convicted of a crime for which they may be incarcerated and is the primary caretaker of a minor child. New Law 6.3: DCP&P/SCR are notified when a defendant is convicted of a crime and the victim of the crime was under the age of 18.

After-Hours Operation:

The State Central Registry along with the after-hours field staff also known as the Special Response Unit (SPRU), work together in coordination to ensure the safety and well-being of children after hours. The SPRU Worker provides all necessary protective and/or emergency services for children at risk and for other emergent child/family situations brought to his or her attention by SCR in accordance with the SPRU philosophy of intervention. A response may be in the form of a field investigation, a single or series of telephone contacts, or a combination of both, depending on the nature and severity of the presenting situation/allegation. The timing of that intervention is based upon the nature of the situation, agency policy, the hour of the day/night, and the severity of the cases assigned to that SPRU Worker during his or her shift of duty.

SCR is responsible for the appropriate screening and initial processing of all incoming calls to the child abuse hotline and is staffed accordingly after usual business hours and on state holidays to do so. There is always an available on-call SCR Administrator for support, guidance and direction. The responsibility for the handling of a given case shifts to the designated on-call SPRU representative upon SCR's assignment to SPRU. The assignment is made by direct telephone contact, in which the SCR Screener gives the report/referral information to the SPRU Worker. Upon request, the Screener will transmit the Screening Summary via email to the assigned SPRU Worker, after first providing the report verbally to him or her, and answering his or her questions, if any. Case handling and decision-making beyond initial screening activities are the responsibility of the SPRU Worker and the SPRU Supervisor.

SCR is a resource available to assist SPRU, to access NJ SPIRIT, to conduct CARI and CIC searches and to perform other services as necessary to assist SPRU with completing their after-hour duties. Additionally, designated supervisory staff was granted access to the Administrative Office of the Courts Family Automated Case Tracking System (FACTS) to assist with the after-hours operation that allows users to search the courts database for names and addresses of parents if there is a child support order in effect or in the database. Access to the FACTS system assist DCP&P staff with identifying and locating non-custodial parents when custodial parents refuse to provide that information and there is a need for an emergency placement after-hours.

Notification Process:

SCR is responsible for making a number of notifications to DCP&P Executive Staff, the Office of the Public Defender’s Conflict Unit, Area Office Staff, and/or Local Office Staff. These include notifications for child fatalities/near fatalities, incidents involving a DCF employee, and other Critical Incidents as defined by policy. These notifications are sent via email by the SCR Administrator, SCR Casework Supervisor or SCR Supervisor to the appropriate authority. The SCR Administrator, SCR Casework Supervisor or the On-Call Administrator is consulted prior to making the notifications. During normal business hours, the critical incidents are sent to the appropriate office as defined above for follow up or investigation. The critical incidents that occur during non-business hours are assigned immediately to a SPRU Worker, if appropriate. Whenever possible, SCR also notifies the SPRU Supervisor or IAIU After-Hours Consultant. The determination of whether a case is a reportable child death, a critical incident, or a near fatality rests with the SPRU Supervisor or the IAIU After-Hours Consultant after hours. SCR Supervisory staff is responsible for sending matters as mentioned above to the Reportable Incidents Notification email box.

Human Trafficking

Conflict Cases

In addition to the above mentioned critical incidents, SCR is also responsible for generating “courtesy” notifications which serve to keep other DCF offices abreast of incidents that occur in out-of-home settings such as resource homes, day care centers, residential facilities and treatment and group homes.

Quality Assurance Process:

In 2011 the Office of Performance Management & Accountability in collaboration with the Federal Monitor conducted a case record review of SCR operations. Monitor, IAIU and DCP&P staff reviewed a sample of 367 intakes from the month of October 2011 to assess the professionalism and competence of SCR screeners, their effectiveness in gathering critical information, the quality of documentation and the soundness of their decision making. “The review revealed that SCR was able to sustain the identified improvements from the 2008 Assessment and that, in critical areas of responsibility, SCR is able to meet it responsibilities and

is an effective “front door” for New Jersey’s child protection system”. This was repeated in 2016. New Jersey SCR operation has consistently met its responsibilities as an effective front door to the Child Welfare System.

- SCR supervisors are required to review a designated number of recorded calls and the corresponding NJ Spirit intakes created by their screeners. This allows the supervisor to assess the screeners’ skill sets and provide on-going training to continually enhance their skills and address any areas of development. Additionally supervisors are able to assess their screeners’ critical thinking skills, knowledge and application of the ABS and CWS policies and their level of customer service.
- A Quality Assurance (QA) Peer Review Team comprised of all SCR supervisory and administrative staff completes a daily review of all reports coded “Information & Referral” (no field response), generated the prior business day. Twenty-five percent of the daily Information & Referral calls received the previous business day are reviewed, listened to, and evaluated by supervisory staff. Seventy-five percent of the daily Information & Referral Intakes that did not receive a call monitoring that were received the previous business day are read by supervisory staff. Reports identified with concerns are then reviewed by a Case Work Supervisor or the Administrator. To ensure objectivity, an independent review is conducted by a supervisory staff person not initially involved in the decision making process of the referral.
- SCR staff receives “on-the-spot” training and mentoring on a daily basis when screeners confer a case with supervisory staff. Screeners receive immediate coaching sessions—this forum provides a transfer of learning that enhances workers critical thinking skills.

SCR’s Partnerships with Internal and External Stakeholders:

SCR Administration works together with both Internal and External Stakeholders to build a higher level of understanding and responsibility for the children and families of New Jersey. We work together and participate in workshops and presentations to build education on the reporting process and reinforce the importance of mandated reporting and providing all necessary information so that appropriate and proper intervention and or services are provided on behalf of families and children.

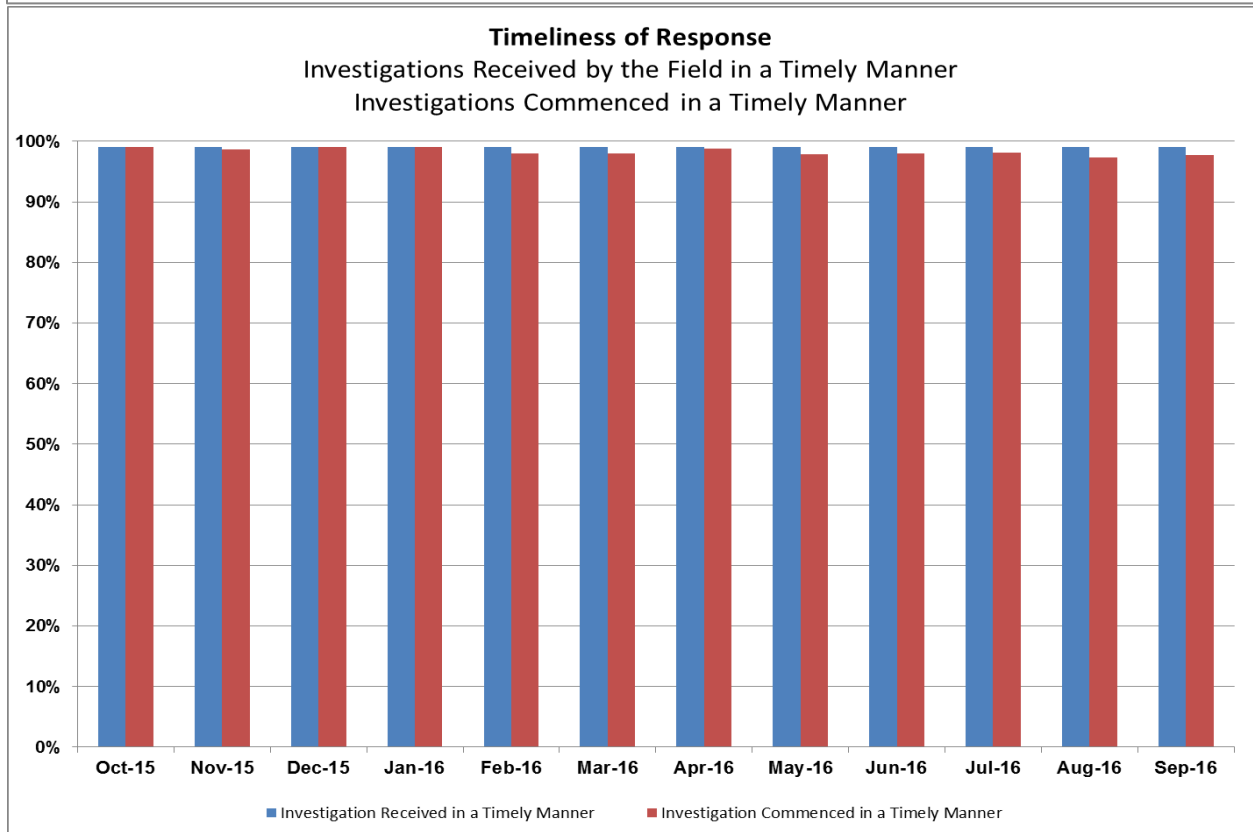
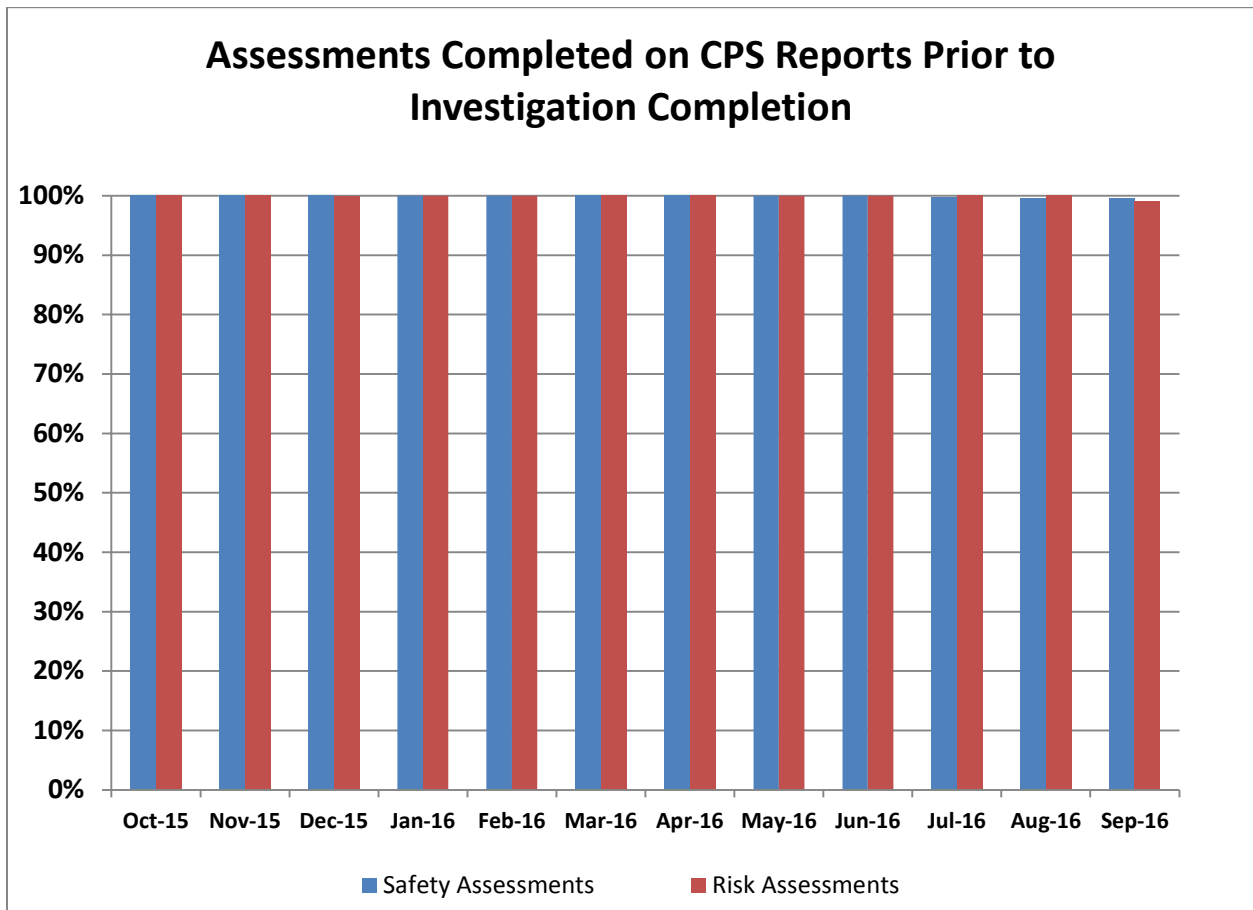
CPP Policy as well as Administrative Code N.J.A.C. 10:129-2.3 outlines the response criteria for reports accepted by SCR and transmitted to one of the 46 local offices for a response. NJ has both an immediate response and a twenty four hour response for reports of maltreatment. Good Faith effort attempts are also outlined in policy when an investigator is not able to make contact with the child victim. In addition NJ Safe Measures, a case management reporting tool is used by all levels of staff to monitor the day to day work being completed with families. In 2015 NJ completed collaborative renegotiations with the federal monitor and entered into the Sustainability and Exit Plan (SEP) which was approved by the Courts in November of 2015.

The SEP identifies two case practice performance measures relevant to Item One. They are investigations received by the field in a timely manner and investigations commenced within the

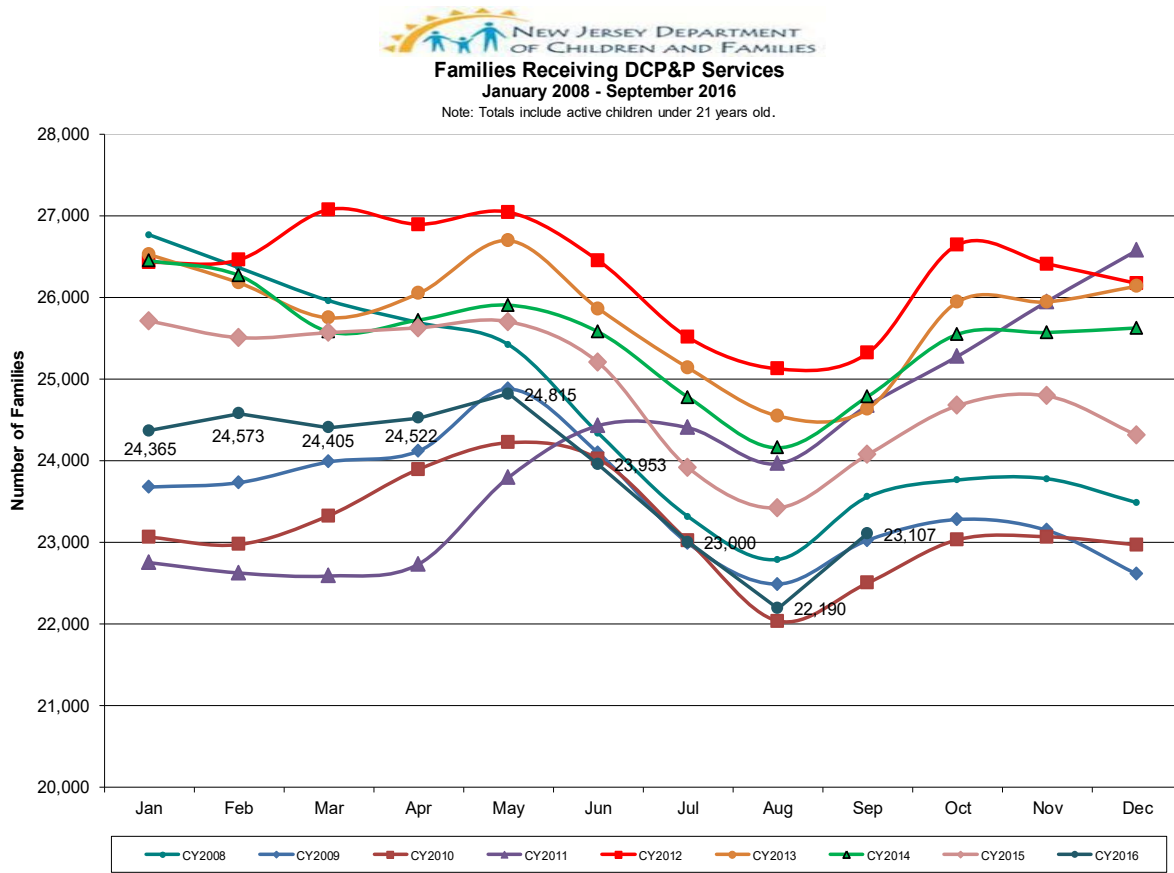
required timeframe set in policy. The MSA (later referred to as the SEP) benchmark is 98% and NJ has been meeting this and continues to meet this.

NJDCF has completed three Investigative Practice reviews; these reviews occurred in 2013, 2014 and 2016. In 2014 and 2016, the review captured a statistically valid sample of over 300 child protective service investigations over a two week period in the first two weeks of February. They found that in both years Safety and Risk assessments were completed in 100% of the investigations. Pre-investigation conferences were being held between the caseworker and supervisor in 97% (in 2014) and 98% (in 2016) of the investigations. Caseworkers were successful in interviewing mothers of the alleged victim child(ren) in 97% (in 2014) and in 98% (in 2016) of the applicable cases. Interviews with the father of the alleged victim child(ren) only occurred in 65% of the applicable cases in 2014; however in 2016, this percentage increased to 82%. Caseworkers met the required time frame, contacting the alleged child victim in 87% of the investigations in 2014; in 2016, this increased slightly to 88%. (Source: NJ Child Protective Services Investigative Practice 2014 Assessment. And ChildStat – Bergen South 12/16/16 PPT)

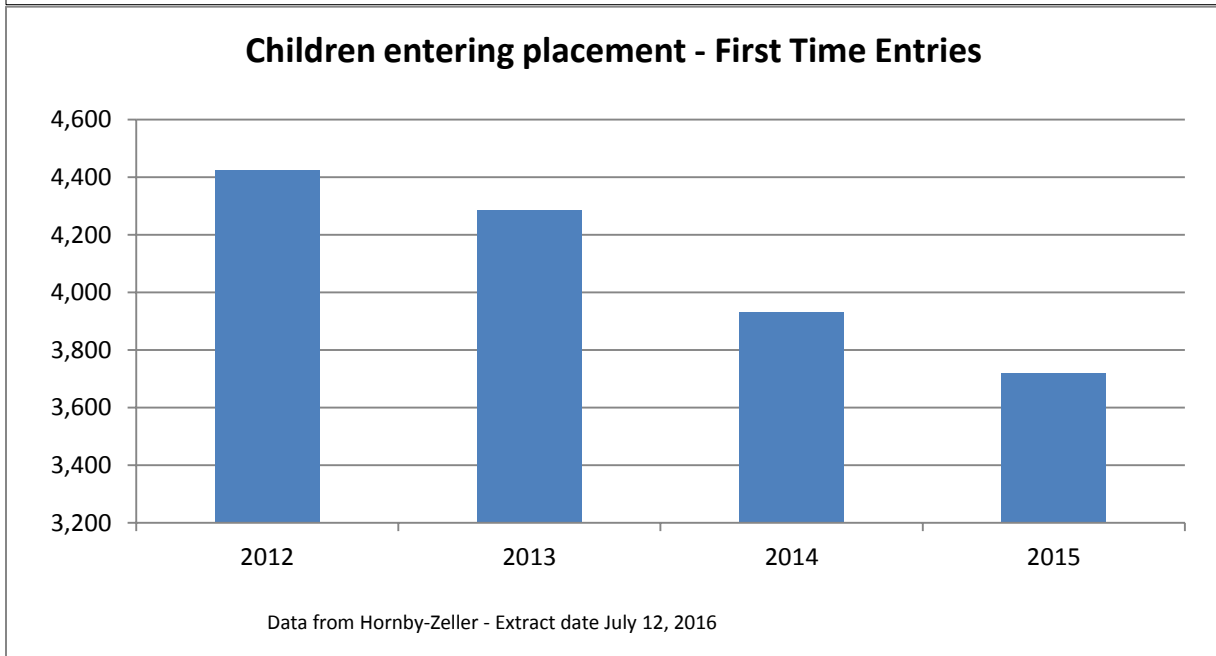
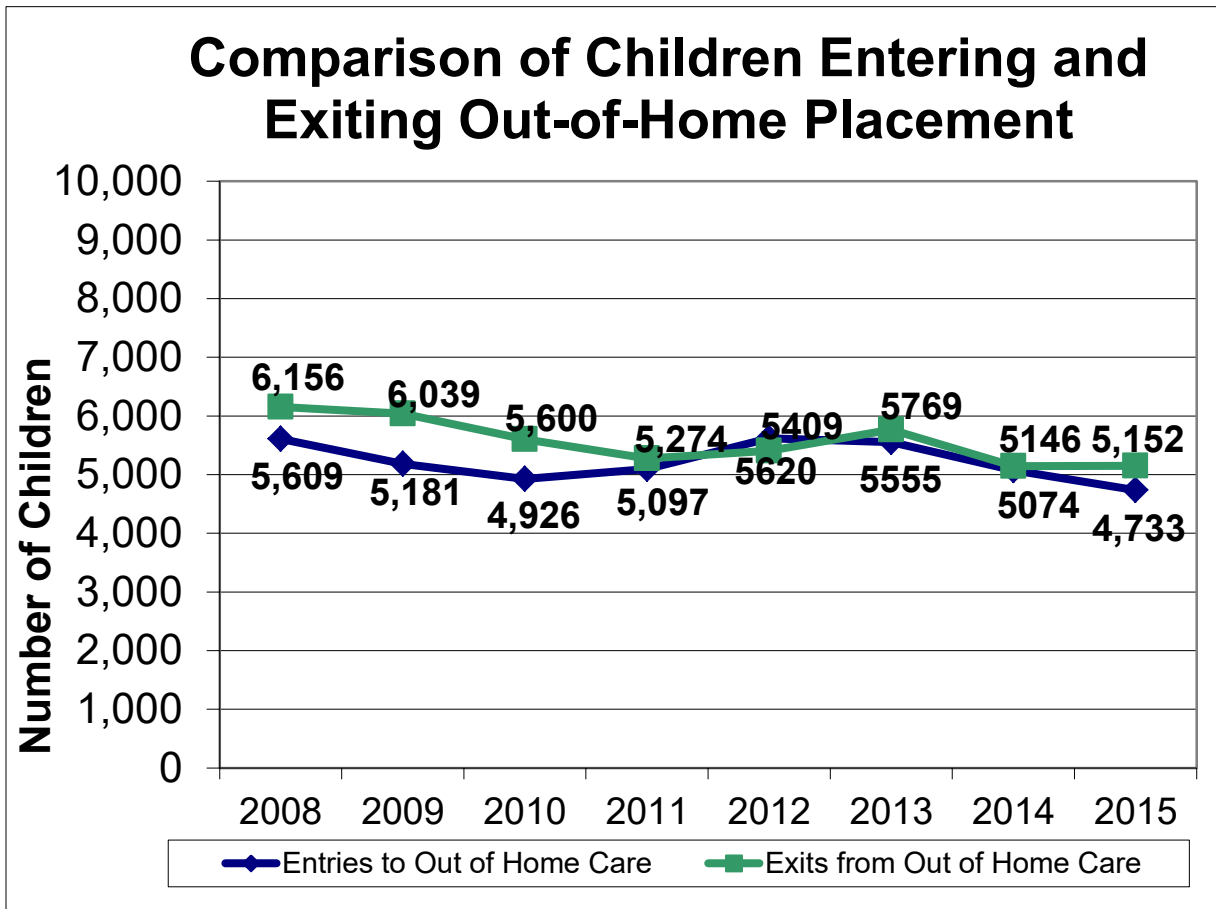
In 2016 NJ agreed as part of its commitment to data transparency and the Sustainability and Exit Plan with the federal monitor to provide several reports that show NJ is able to monitor itself and not only meet the current targets of the SEP but continue to grow as a child welfare agency. The first such report is the Child Welfare Outcomes Report, at the time of the SWA submission this report is in its final stages of approval and upon publication can be shared with CB. Some of its findings will be referred to however in this assessment.

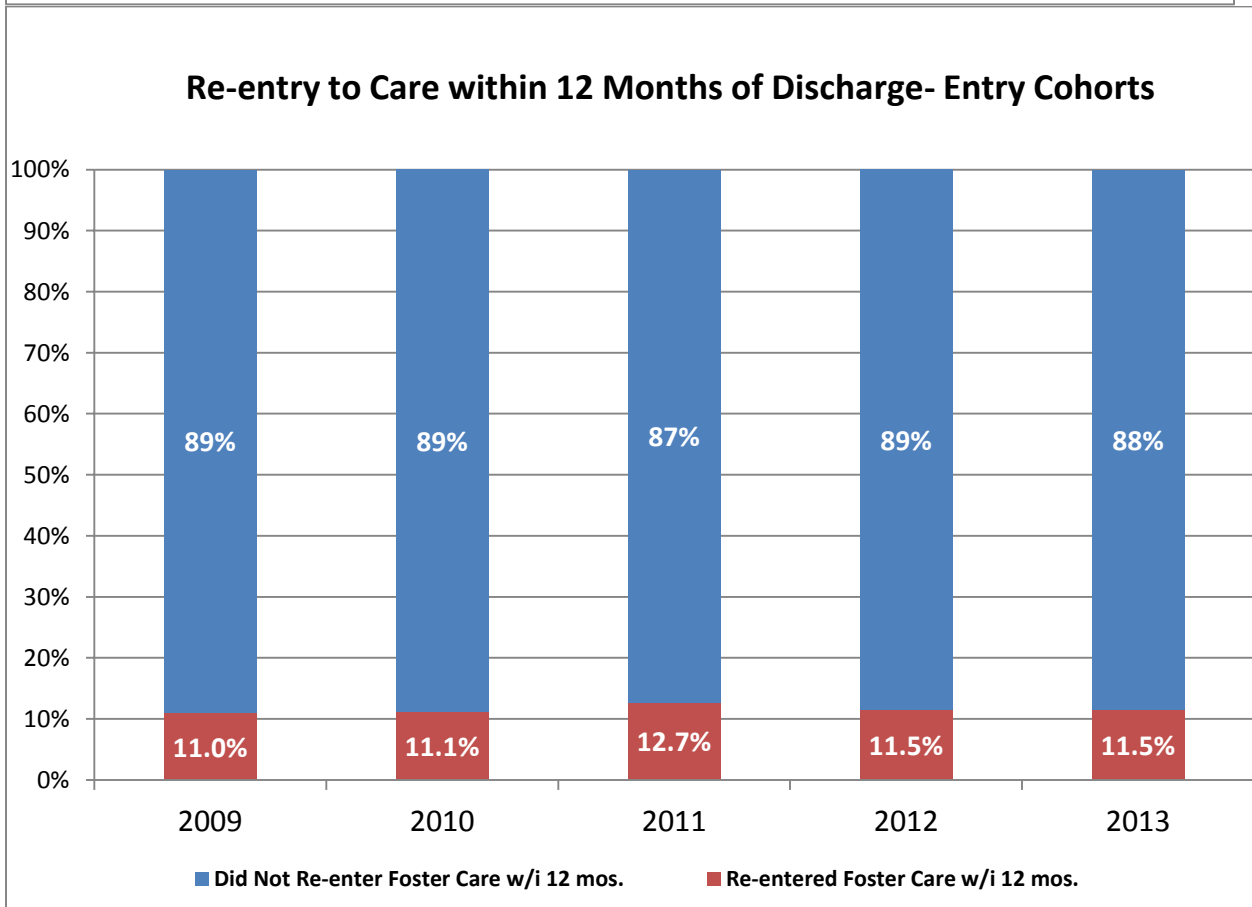
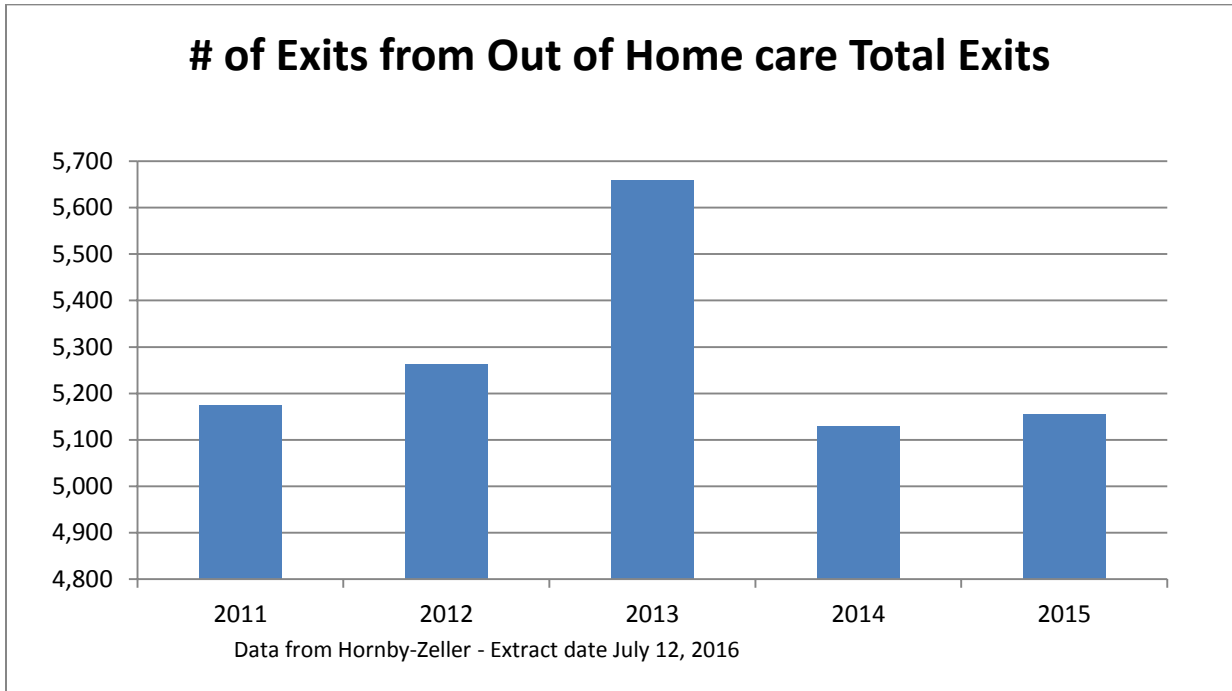


As part of CFSR Round Two Program Improvement Plan (PIP) NJ was to continue implementation of the Case Practice Model so as to enhance a family’s capacity to assure a child’s safety while remaining in their home. All 46 CP&P offices have been trained in the case Practice Model and NJ no longer refers to it as a Model but is the foundation of how we work with our children and families. New Jersey continues its efforts to strengthen case practice while allowing children to remain safely in their own homes. As of September 30, 2015 there were 24,070 active families receiving CPP services showing a downward trend from the previous four years. This downward trend is also seen in the number of children whom had an initial placement over the same four year period. New Jersey continues to have more children exit care each year then enter.



Primary axis begins at 20,000 to enhance separation.





While there has been improvement NJ continues to struggle with its re-entry into care rates. Knowing this, much work has been done in this area to further explore why including an in depth analysis of cases by the Data Fellows. Through research and review, both quantitative and qualitative, the Data Fellows Program looks at trends on a state wide level and a local level and makes recommendations to DCF leadership based on the findings. Data Fellows work is referenced many times throughout this report.

Four Tier Investigative Findings System

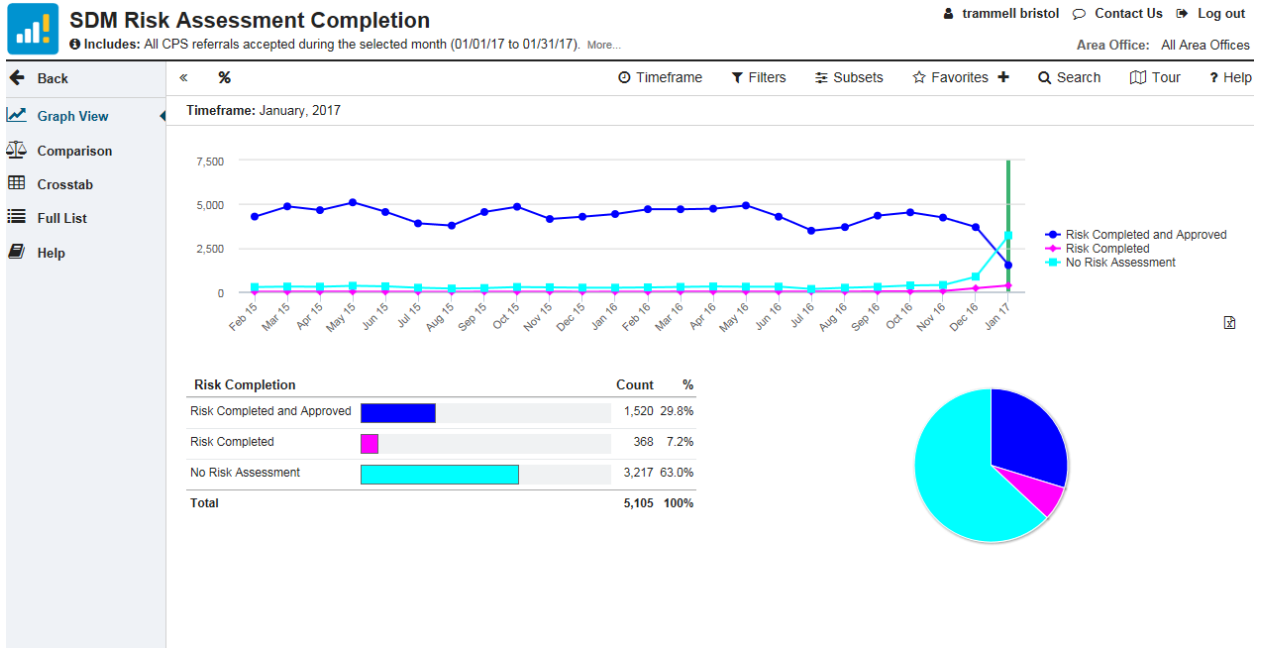
In 2013 the Department of Children and Families initiated a new system of findings for its child protective services (CPS) investigations. The previous system allowed for just two potential categories of findings; either the investigation would substantiate allegations of abuse or neglect or the allegations would be unfounded. The new system, which took effect for all CPS referrals received beginning April 1, 2013, provides for four potential investigative findings: Substantiated, Established, Not Established, and Unfounded.

The purpose of this change is two-fold. First, the more specific findings allow for flexibility in the findings system in order to better reflect the particular circumstances present in each investigation. For instance, under circumstances that would legally qualify as abuse and neglect, substantiated findings are reserved for more severe forms of abuse or neglect. The alternative finding of “established” is reserved for instances of abuse and neglect that are serious, but less severe. That determination is made by analyzing the facts of the case and applying specific factors –categorized as “absolute,” “aggravating” and “mitigating.” Only substantiated findings are recorded on the Child Abuse Registry. The addition of the abuse and neglect finding of “established” allows for better partnering with families and better outcomes for children.

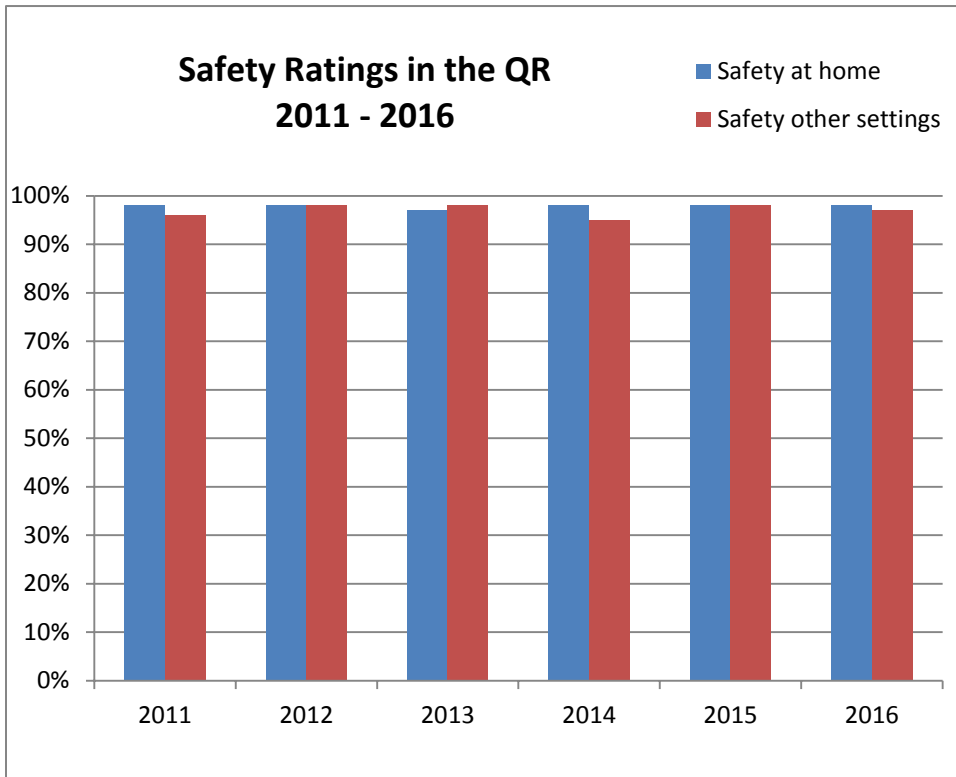
Second, this change promotes fairness in the operation of the Child Abuse Record Information system. Previously, all allegations that did not rise to the level of abuse or neglect were “unfounded” and thereby subject to expungement. Now investigations with findings of “not established” are retained in addition to those that are substantiated and established. The new system serves to better protect children by permitting the agency to retain record information that indicates a child was harmed or placed at risk on a certain occasion, but did not rise to the level of abuse or neglect. The information in “not established” investigations may be critical for future investigations to illustrate a pattern of behavior or injury that indicates a substantial risk to the child that would not have been obvious in the absence of that important history.

Item three speaks to the agency’s ability to assess safety and risk. NJ uses a Structured Decision Making framework. SDM tools are evidence-based and designed to assist field staff in making decisions based on facts, safety and risk indicators, and domains of child and family functioning rather than relying solely on individual judgment. SDM tools are used for both in-home and out of home cases, and are completed per policy at different times during a family’s involvement with CPP. In the most recent APSR submission data was provided to demonstrate NJ’s compliance with the completion of Safety and Risk Assessments at the time of the initial investigation. Below is more recent data and NJ continues to be at 98% or above for completion of these tools when assessing children and families.

Section III: Assessment of Child and Family Outcomes and Performance on National Standards



The NJ QR process also looks at safety both in the child’s home and in other settings. In order for any indicator found in the QR tool to be a strength it must have an overall rating of 70% or better.



B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

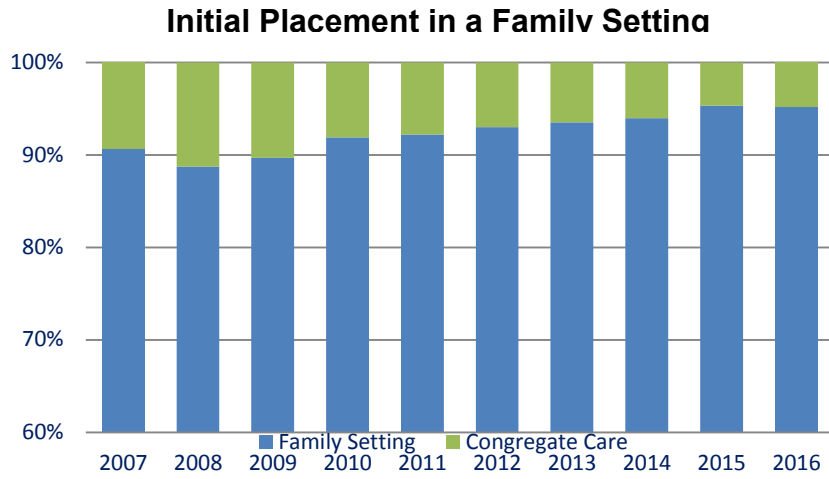
Insert state response to Permanency Outcomes 1 and 2

NJ did not achieve Permanency Outcome One or Two in the 2009 CFSR Round Two review. These areas had also been identified as areas needing improvement during round one. During Round Two NJ had just piloted Concurrent Planning and it now is used in every office in every county of the state. This enhanced conference schedule assures that every child in placement is reviewed at least every six months by the courts or and independent party. A detailed description of the 30 day, 90 day, 5 month and 10 month Concurrent Planning reviews can be found under systemic factor B item 21, Periodic reviews.

DCF's Qualitative Review looks at Community Connections for children in foster care, stability in their living situations, and the continuity of family relationships. In 2016 DCF met with national experts on the QR Protocol including the tool and the sampling was revised. (QR and the revisions made are discussed at length in section C item 25 of this assessment). CPP knows that frequent and quality visits lead to better outcomes for children and families. Making visits matter has been a focus of leadership for many years.

NJ has made great progress since the beginning of the reform to place children in the least restrictive home type setting at the time of initial placement. (see chart below/ Outcomes Report) In addition to being placed in a family setting research shows that children who are placed with Kin have better permanency outcomes.

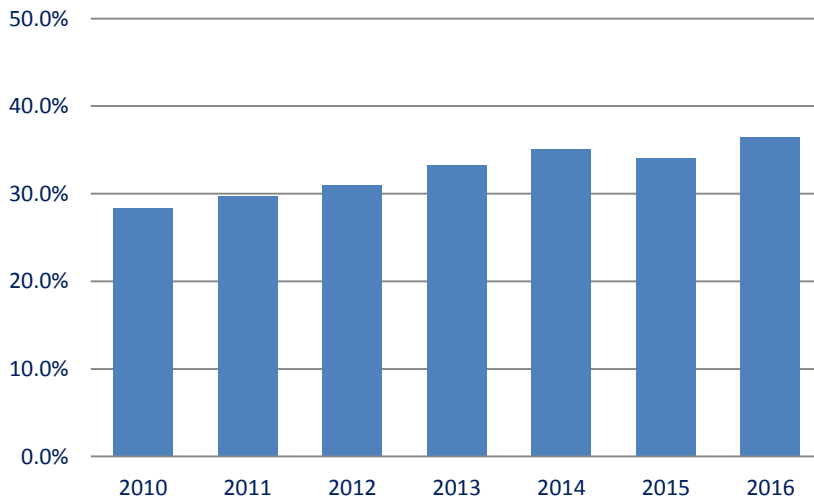
**Children in Placement
Birth to Under 5 -
September 30, 2016**

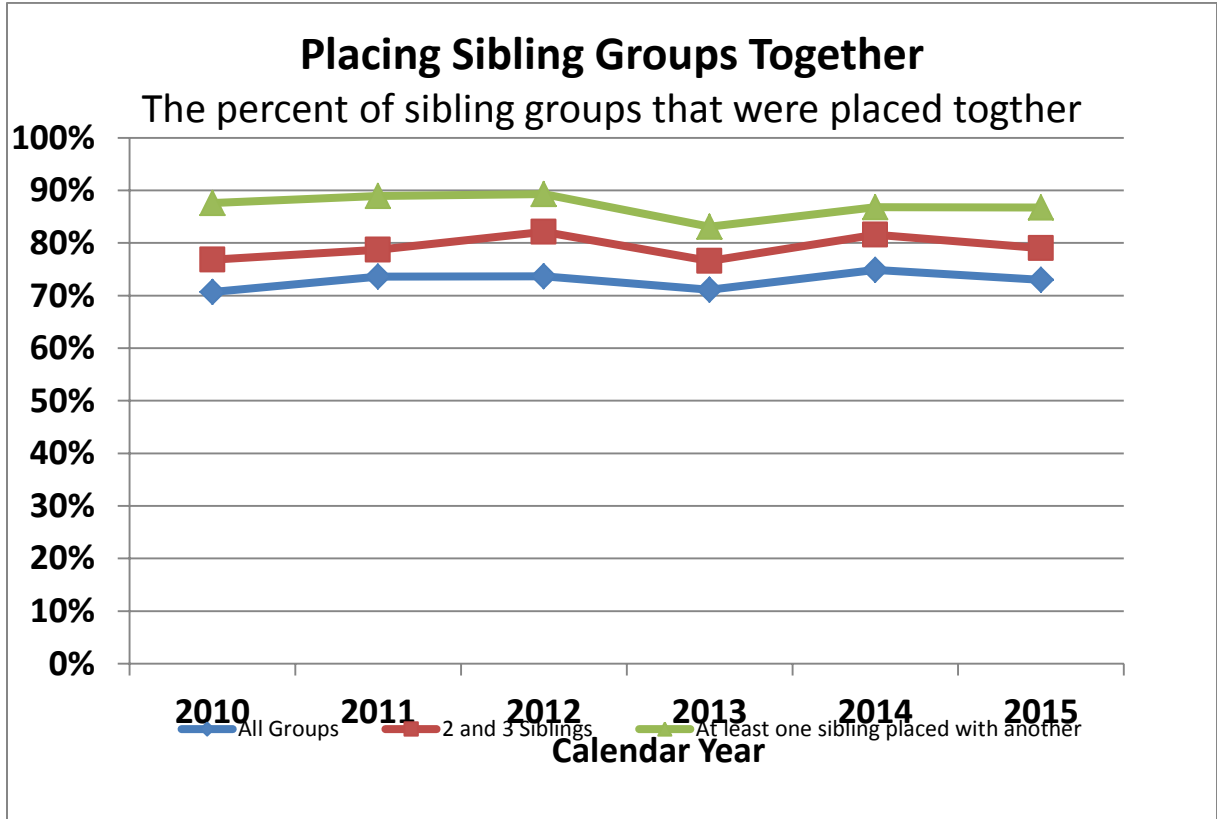
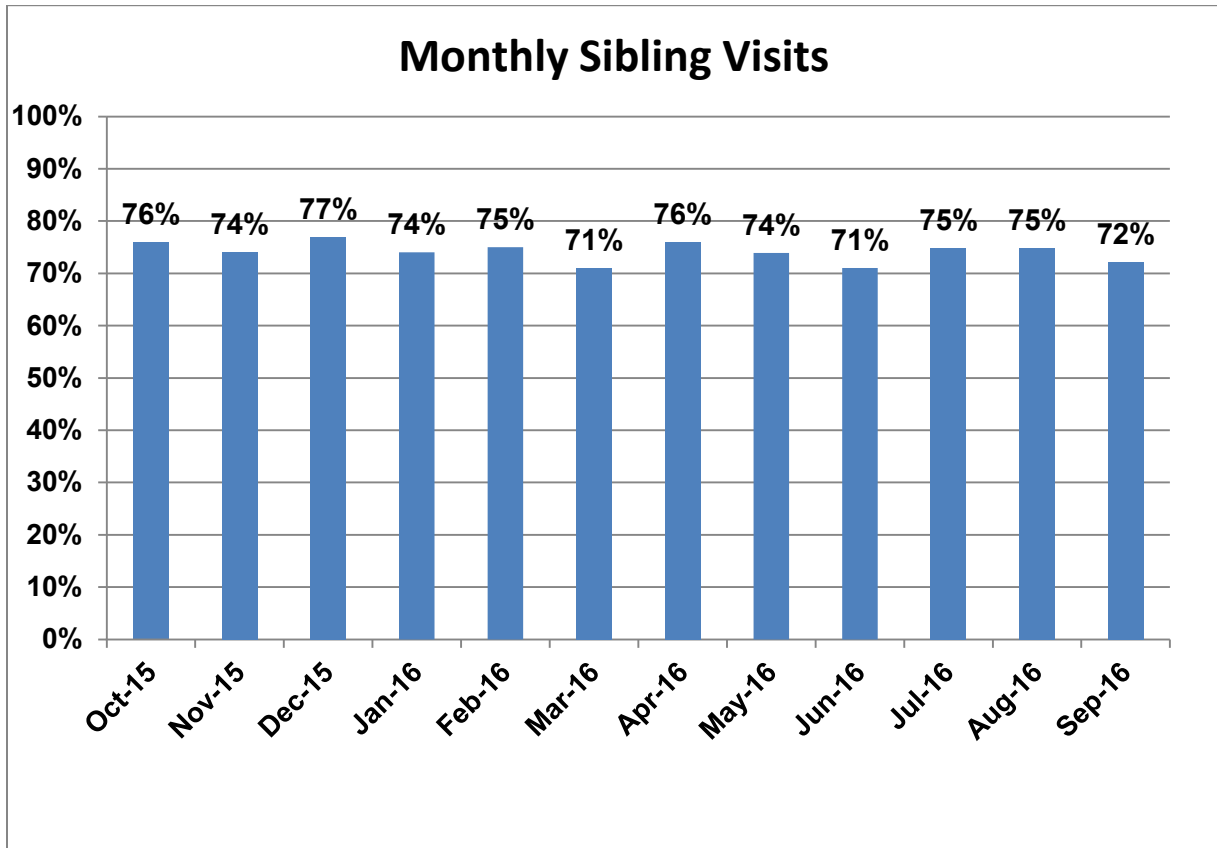


Time in Placement	Foster Care - unrelated	Foster Care - related	Residential Care	Group Home	Shelter	Treatment Home	Total
0 to 6 Months	514	381	0	4	3	4	906
7 to 12 Months	315	254	4	2	1	1	577
13 to 18 Months	234	199	0	1	1	0	435
19 to 24 Months	171	141	0	0	1	2	315
25 to 36 Months	210	156	0	0	0	1	367
37 Months or Greater	73	50	3	3	0	1	130
Total	1,517	1,181	7	10	6	9	2,730

	56%	43%	0.3%	0.4%	0.2%	0.3%	
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**Initial Placement with a
Relative or Kinship Caregiver**





C. Well-Being

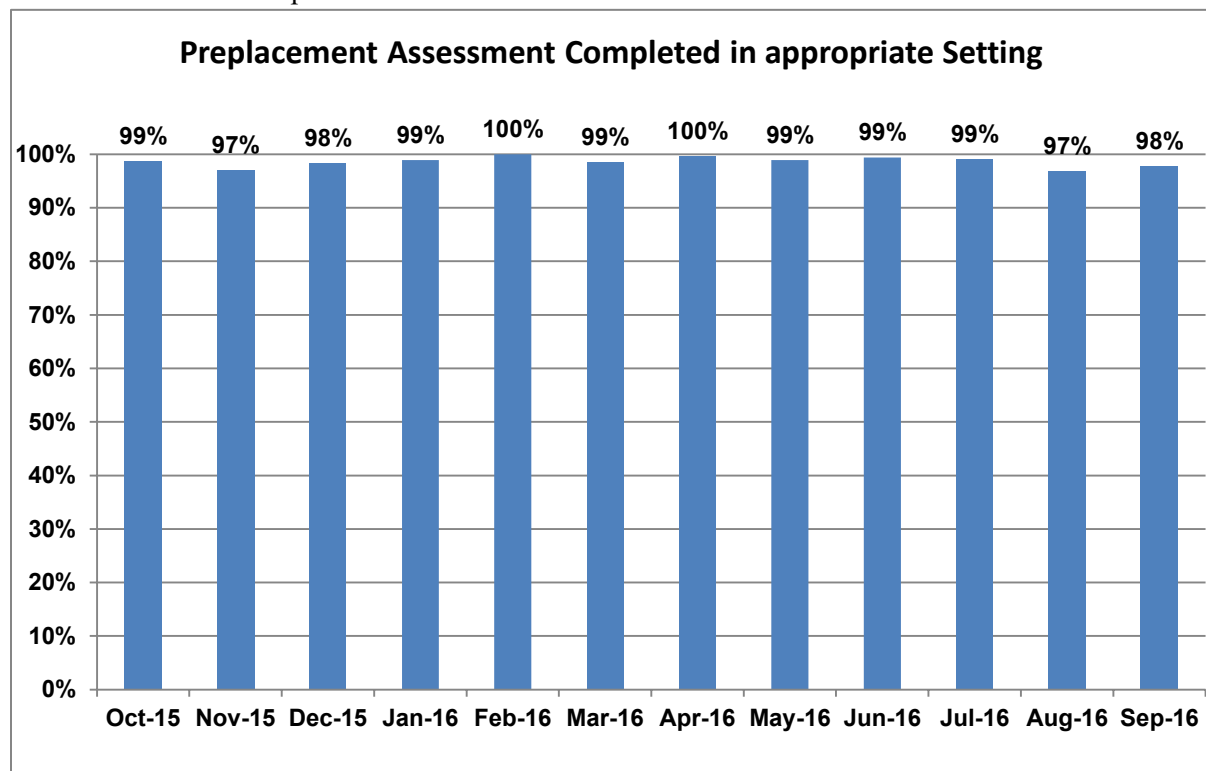
Well-Being Outcomes 1, 2, and 3

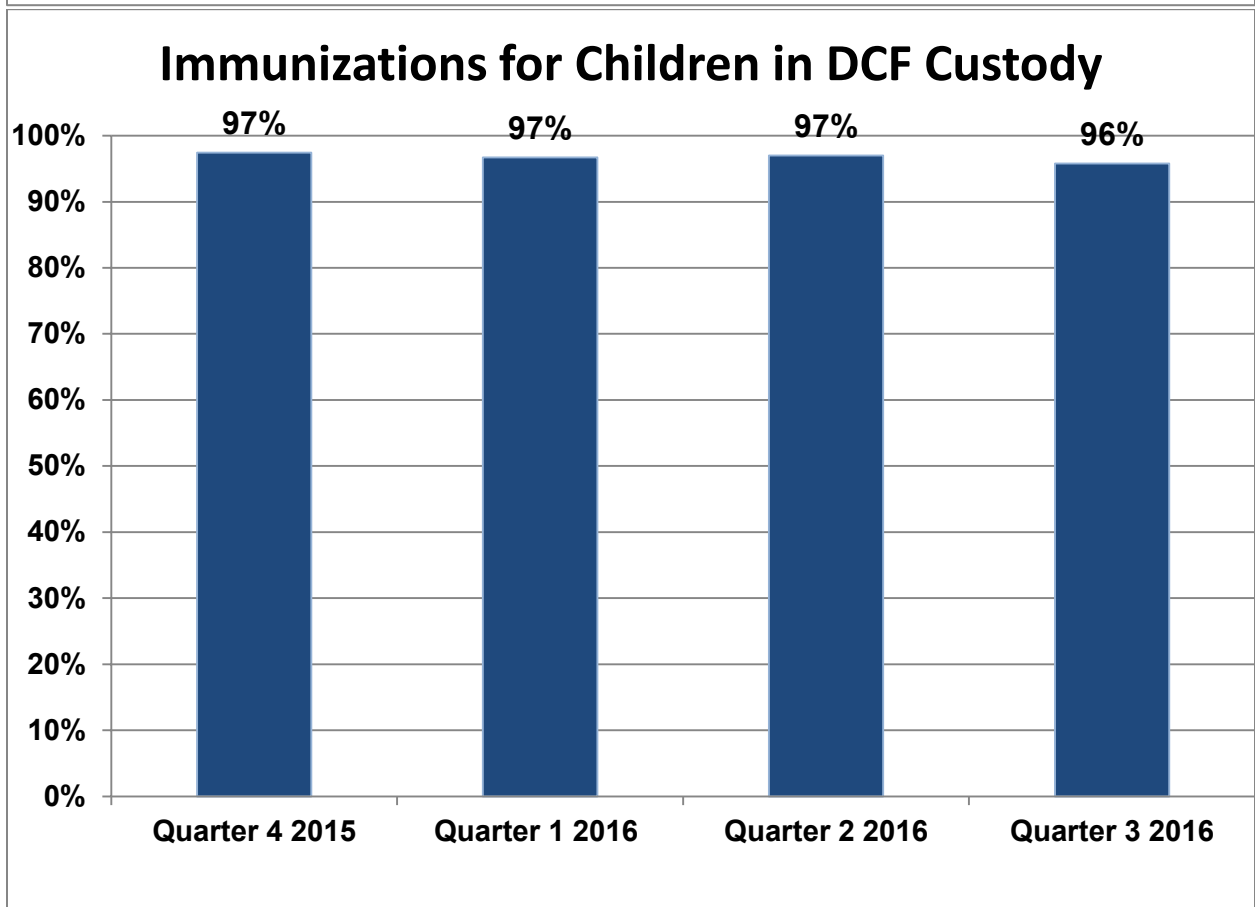
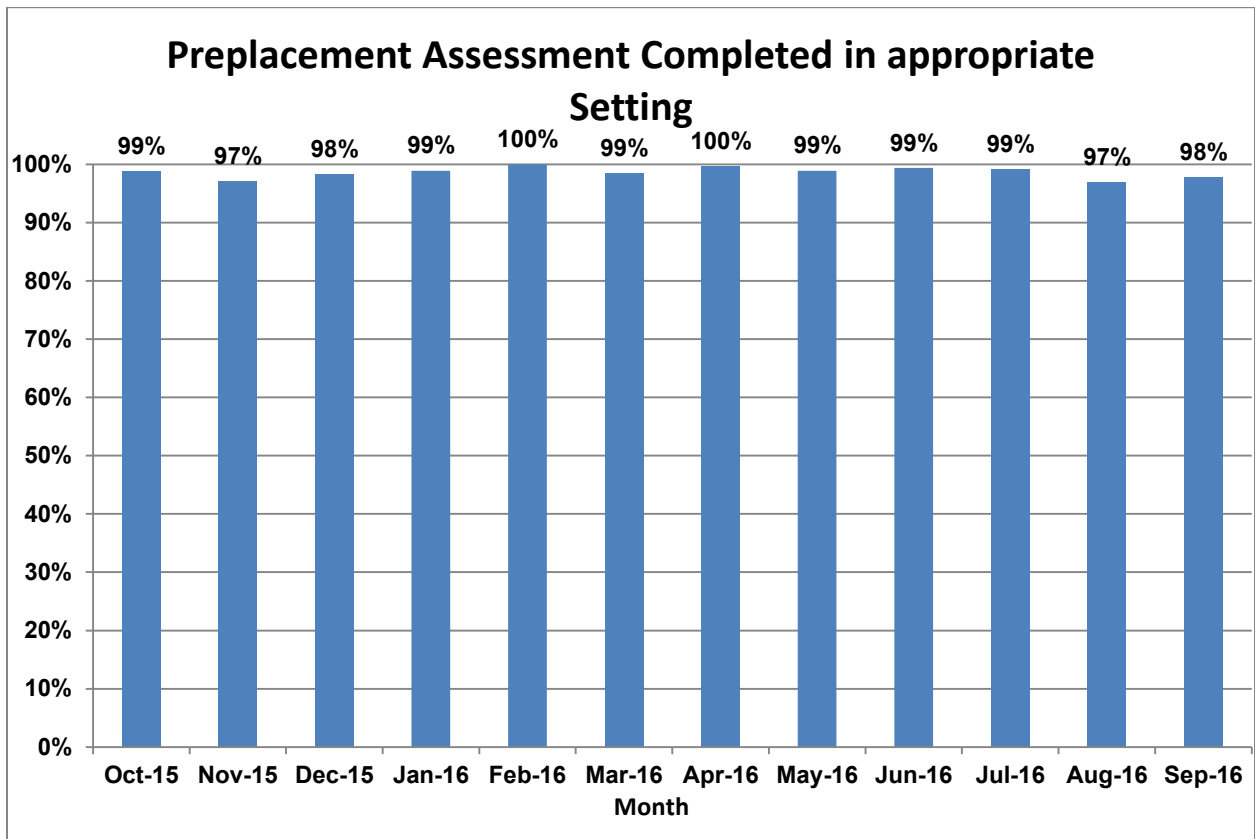
Well-being outcomes include: (A) families have enhanced capacity to provide for their children’s needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state’s performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

Within each CPP office there is a child health unit in every county. These units are comprised of nurses and a nurse assistance who assures that every child in placement has a pre-placement exam, followed by a comprehensive medical and or mental health exam with in thirty days of placement and then regular routine follow up and follow up of any special needs. Nurses also are encouraged to become part of the child’s team and also to make contact with the biological family or caretakers from whom a child is removed in order to keep them informed of their child’s





Health and Well-Being Outcomes for Children in Out of Home Placement

For Calendar Year 2016 (1/1/16-12/31/16), the following health measures were reviewed and reported monthly by the Office of Clinical Services:

- number of children entering placement who received a Comprehensive Medical Examination (CME) within 30 and 60 days of placement;
- number of children entering placement who received a Pre-Placement Assessment (PPA) in an appropriate¹ setting;
- immunization compliance for children in DCP&P out-of-home placement;
- compliance with semi-annual or annual dental examinations for children in DCP&P out-of-home placement (see attached Commissioner's Monthly Report, Dec 2016 for CME and PPA data Jan-Sep 2016, quarterly Immunizations data Oct 2015 [Q3]-Sep 2016 [Q4], & annual Dental data as of Jun 2016)

The following health measures were obtained as part of biannual (March & September 2016) Child Health Record Reviews:

- percentage of caregivers who received Health Passports within five, ten & thirty days of child's placement in their home;
- compliance with follow-up care as identified by a child's CME;
- appropriate mental health care and follow-up for children in DCP&P out-of-home placement, as evidenced by:
 - compliance with mental health screening for children entering placement;
 - percentage of mental health assessments completed for children identified as having mental health needs;
 - compliance with treatment as recommended by mental health assessments received by children entering out-of-home placement

Previous year results for these measures prompted changes to the 2016 review process in an effort to better understand and use the data about mental health treatment and medical follow-up for children entering placement. Some of these changes involved shifting the focus of the data collection from a record review to a more inclusive and qualitative review of health care standards for children entering DCF&P out-of-home placement. In 2016 we were better able to identify those children for whom follow-up care is a challenge, and better prepared to come up with solutions in a much timelier manner.

¹ "Appropriate setting" refers to a non-Emergency Room setting or in an Emergency Room because the child needs emergent medical attention or is already in the emergency room when CP&P receives the initial referral; this information is based on a case-by-case review of the circumstances of each PPA that occurred in an emergency room.

New Jersey DCF is continuously enhancing and developing ways to improve the well-being of the children and families it serves. Since 2007 with the roll out of the Case Practice Model NJCP&P has been developing ways to transfer this model into every day practice and have it become the foundation of how CPP works with and engages families.

Case conferencing within a local office is just one way that outcomes are improved. Different Models of enhanced case conferencing have been rolled out in different areas of the state at different times. Back to Basics was initially piloted in Cumberland County with the assistance of a contracted consultant. It has now been implemented in all of the Southern Counties and will be implemented in early 2017 in Essex and Monmouth. Focus on Supervision, an additional enhanced case conferencing model has been implemented in all counties. New Jersey has also placed a clinical consultant in each Area Office to assist Local Office staff in assessing a parent or child's mental health needs and services. .

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Case Conferencing

		Quick Facts	Training	Participants	Lens	Evaluation	Comparisons		
							Focus on Supervision	Back to Basics	Permanency Roundtable
Foundational Model	Back to Basics	Started in 2015; Supports full understanding & application of history; CPL is driver of process; CP&P staff select the cases with possible input.	None	CP&P Staff Only	Familiarity with case/family history(lens) from the beginning of involvement		Case conferencing format is similar		Both models look at information and caring adults from the initial case opening.
	Focus on Supervision	Statewide all but 5 Local Offices CWS is driver of process; goal to support the critical thinking and leverage the support and knowledge of subject matter experts in planning; CP&P staff select the cases with possible input.	2 Full Day	CP&P Staff Contracted Provider – during initial 12 months	Strengthening supervision by developing clinical lens			Case conferencing format is similar. For fully implemented sites, B2B is seen as a precursor conference to ensure full knowledge of case history.	Both focus on underlying/clinical but PRTs do so as it relates to permanency.
Enhanced Models	Meeting of the Minds	Started in 2015 in to address and brainstorm solutions on challenging adolescent cases.	None	All professionals involved in the case	Troubleshooting and Resource Identification		Focus on Supervision is more focused on the clinical lens with B2B , B2B is looking at urgent challenges.	M&M focuses more on recent history and challenges.	Both models look to get "unstuck" regarding case planning and goal attainment.
	Permanency Roundtable	Started in 2013 to identify and address barriers to permanency for youth with delayed legal permanency; youth aged 12+ in care for 24+ months without legal permanency; CP&P staff select the cases.	½ Day	DCF Staff Contracted Providers Community Stakeholders	Permanency		Both consider the clinical needs of the youth.	Both take into consideration the youth's entire history/involvement with CP&P.	
	Early Childhood Conference	Target Population in Newark beginning June 2015: Families with young parents, ages 18 – 30 years, and at least one infant or young child, ages 0-5 years, referred for a CPS investigation or assessment, There are no immediate safety concerns or reasons for court involvement, however there is concern about two or more risk factors.	None - Begins after staff complete Strengthening Families training	CP&P Intake Staff, DVL, CADC, Clinical Consultant, CHU, Early Childhood Liaison, and Central Intake	Strengthening families through engagement and teaming to reduce risk factors and increase protective factors.	Evaluation – Newark Rutgers	Both are enhanced conference models that are typically more time intensive than Back to Basics and always include other system partners. .	The Early Childhood Conference is intended to provide support for intake staff. It is not effective and does not substitute for the foundational Back to Basic conference.	
Promotive and Protective Factors Frameworks	Strengthening Families	Started in 2014 to integrate Protective Factors and early childhood services at intake;	2 Full Day	CP&P Staff (emphasis on intake) Early Childhood Providers	Safety, risk and Protective Factors			As with Youth Thrive, focus is on five Protective Factors	Process and training has same underlying promotive and Protective Factors
	Youth Thrive	Started in 2013 as part of the Task Force on Helping Youth Thrive in Placement (HYTIP) to improve well-being and integrate protective factors into practice.	Three Full Day with Professional Coaching ¹	CP&P Adolescent Serving Staff Adolescent Serving Contracted Agencies School-Based Services	Protective Factors			Both take into consideration the youth's entire history/involvement with CP&P with emphasis on previous relationships with adults.	

¹ This training is replacing the 5 day adolescent box training (2007) provided by the NRCYO

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at <http://www.acf.hhs.gov/programs/cb>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

New Jersey was found to be in substantial conformity in both round one and round two for this item. New Jersey's State Wide Information System continues to be a strength and is continually improving. The New Jersey SPIRIT application readily supports the documenting and reporting of children's case status, demographic characteristics, locations, and goals. This information is gathered for all case participants including those children in foster care. Within 30 days of a child's placement the worker and supervisor must have entered an approved Case Plan into NJSPIRIT. Within the case plan is the case status, child's DOB, goals and if completed during an FTM the family voice.

NJ SPIRIT allows workers to document their case involvement throughout the life of the case. At different stages of a case, workers will use relevant modules/screens to capture essential information to help manage the children and families they serve (i.e. investigative, case planning, litigation, adoption, etc.). The compilation of this information builds the electronic case file for the family and children involved.

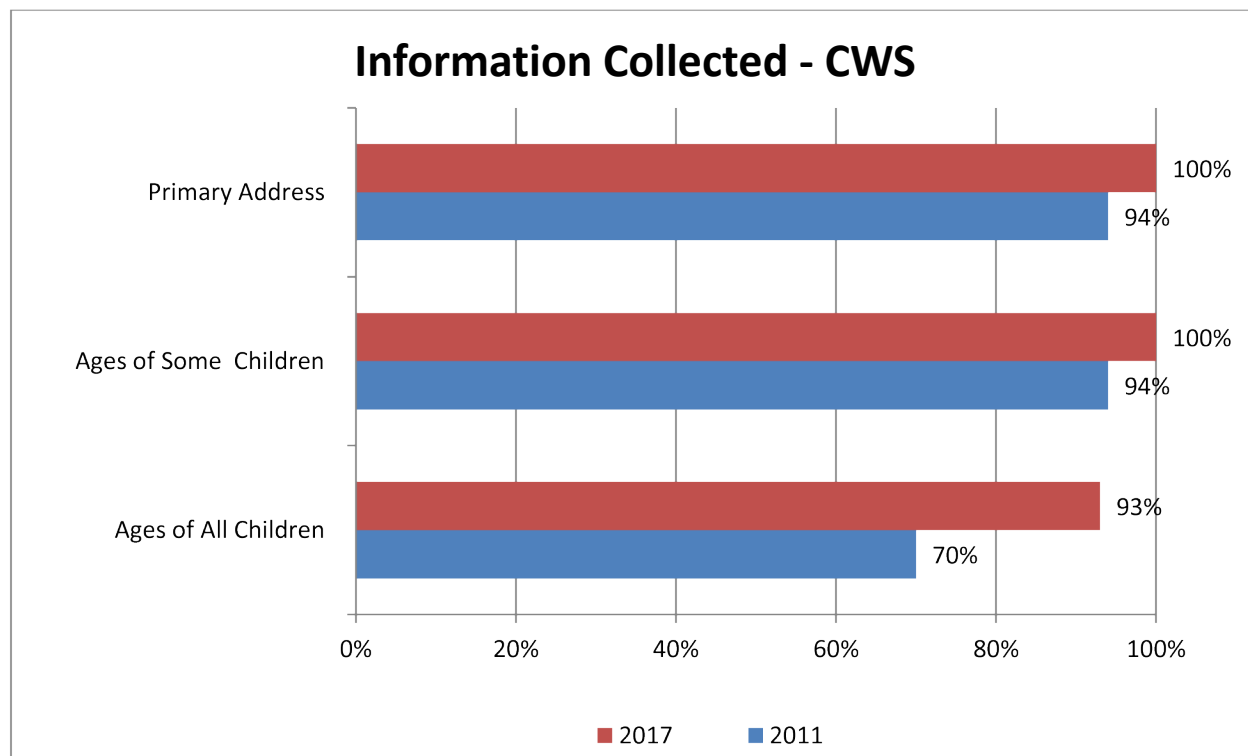
As is the nature of child welfare and protective cases, information pertaining to each child evolves and frequently changes over the life of a case. NJ SPIRIT is able to support this type of flow by the data fields which make up the specific modules. These fields allow for multiple areas of data entry, depending on the stage of the case, but retain data integrity by the dynamic interaction between these screens. In addition, NJ SPIRIT contains overview or summary screens that pull related participant data together and presents it in a clear and concise display. For example all participant demographic information is housed and displayed in the "Person Management window" and the "Maintain Participant Information window" is a screen that allows for a worker to quickly view the summary of a participant's legal status, education information, medical data, and service/placement history. These are just a few illustrations.

In addition to these on demand screens within the application itself, the NJ SPIRIT data also drives routine reports that are available to a range of staff throughout the Department. These reports are designed to provide workers and management with the outcome data they need to help manage their families and support the development of best case practice. NJ SPIRIT also produces routine reports required by the Federal Government concerning the children and families we serve (AFCARS & NCANDS). AFCARS file 16B has been submitted and accepted by ACF as of the writing of this report.

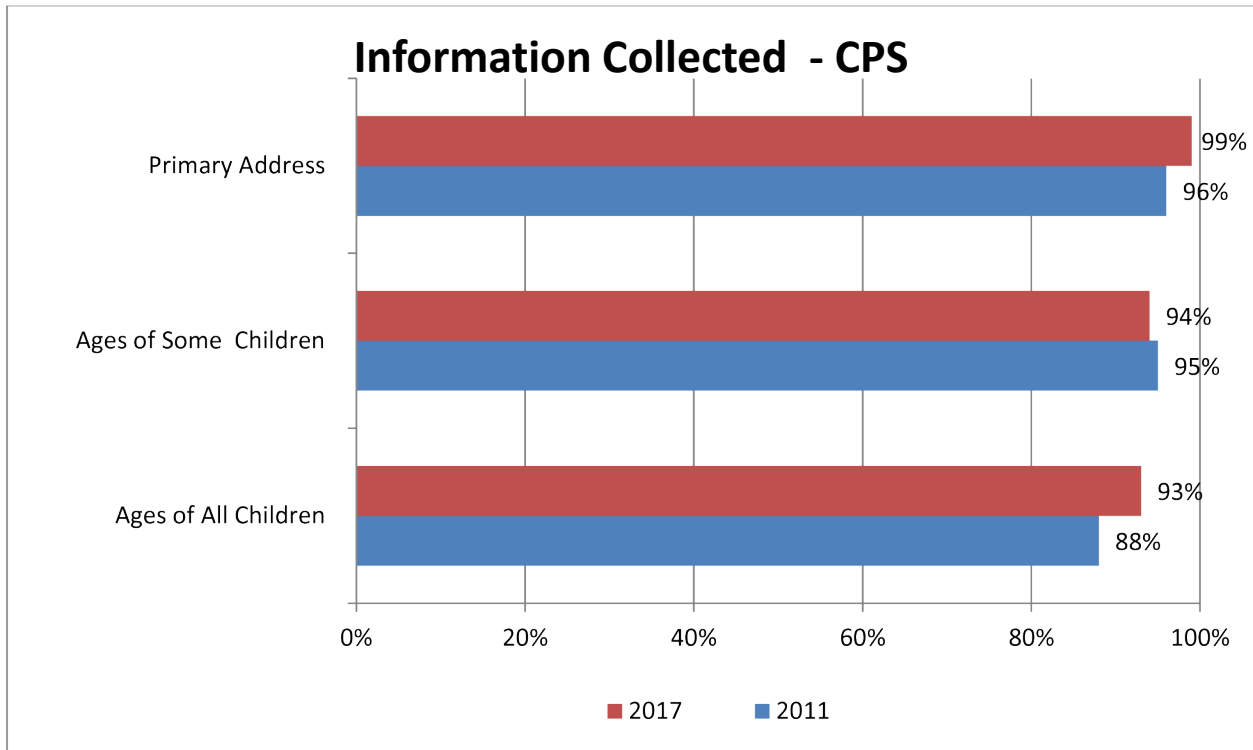
With any automated system the information contained in it and its accuracy depends on the understanding and skill of the staff inputting the information. In 2013 DCF initiated KPI Compliance calls. These calls were facilitated by CO staff that would go over Safe Measures Screens in depth with Area Directors, Local Office Managers and Case Work Supervisors. Case goals are captured within safe measures in that certain pieces of work are required if a child enters placement. During these calls issues with data input and or collection would be identified and corrected. For example if SM requires an initial case plan but the child is not in placement then a data issue would be identified and corrected. These calls continue to occur but the facilitation is now done by the Area Director and focuses not only on compliance and accuracy of the case information but quality as well. These calls are minimally required monthly, however many Area Directors have commenced them twice a month as they have been proven to be helpful. In addition some AD's do this in person at the local offices.

New Jersey has in place many different point in time reviews that assure every child in placement has an appropriate goal. Children in placement are reviewed by the Child Placement Review Board, within 45 days of initial placement, and the Courts throughout the child's placement. New Jersey also has a concurrent placement review schedule that assures the child's goal is appropriate and entered correctly into NJSPIRIT. (This is spoken to at length in Item 21)

In 2011 and then again in 2016 NJ CPP conducted a review of the State Central registry. One goal was to assess if SCR screeners are asking questions that identify a child, their age, location and race. If information is correct when the investigative summary is created it is more likely that this information will be complete through the closure of the case.



Results of 2011 and 2017 SCR review OQ/ DCF



Results of 11 and 2017 SCR review OQ/DCF

The 2013-2014 Essex County fellows recognized the importance of knowing the race and ethnicity of our children in placement. They worked diligently to assure staff updated this information and reported out their findings.

Essex County Fellows recognized the importance of knowing the race & ethnicity of children in placement

**In Essex, there were
696 children
and less than**

1%

**were categorized as
unknown.**

**The 2013-14
Atlantic Fellows
decided:
*If they can do it,
we can do it.***



Essex County Fellows recognized the importance of knowing the race & ethnicity of children in placement

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**were categorized as
unknown.**

**The 2013-14
Atlantic Fellows
decided:
*If they can do it,
we can do it.***



**The 2013-14 Data Fellows recognized the importance
of knowing race & ethnicity
of children in placement**



**In June 2014, 100%
of the 399 children
in placement in
Atlantic County had
race and ethnicity
identified.**

**In June 2014, 100%
of the 1271 children
in placement in
Essex County had
race and ethnicity
identified.**

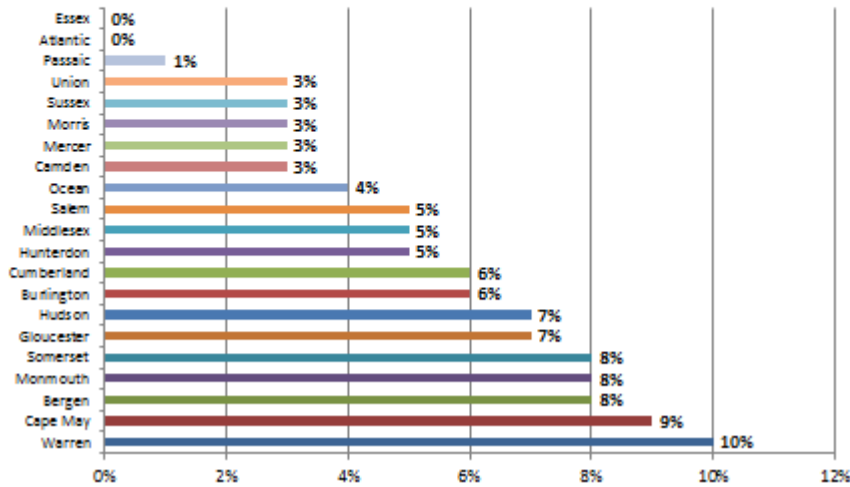
Those two counties represented 22% of the state's placement population!



Two years ago, we checked in and saw improvement statewide.

OOH Race and Ethnicity Unknown by County

Source: CP&P Quarterly Demographic Summary June 30, 2014

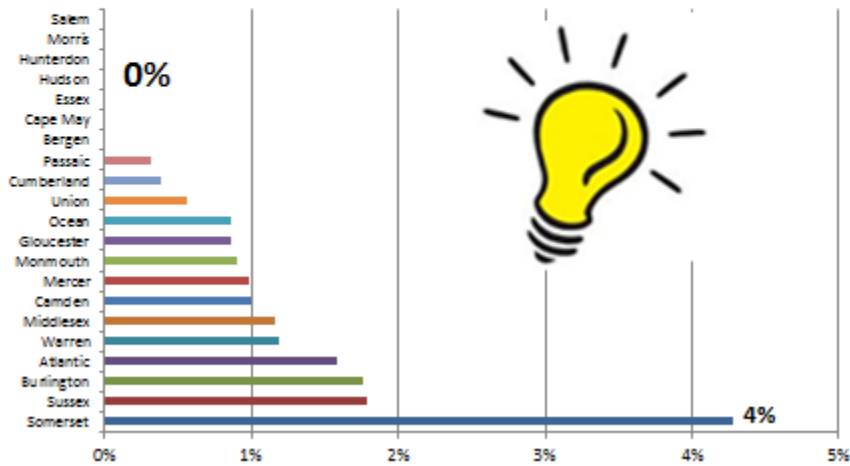


Hot off the press – we’re doing really, really well.

OOH Race and Ethnicity Unknown by County

Statewide: 1%

Source: CP&P Quarterly Demographic Summary, June 2016



As a result of the work done by the Managing by data fellows 2013- 2014 class recommendations online improvements were made to our Person Management screen.

- The Race, Birth Date, Gender, Hispanic/Latino, and Federally Recognized Tribes fields are now required.
- New reminder for staff to check accuracy of fields on Person Management window prior to CPS investigation or CWS assessment approval.

Data from CB 2016 report: The chart below demonstrates New Jersey’s commitment to assuring each child’s race and ethnicity is entered.

Race/Ethnicity of Child age and ethnicity is known for each child. Victims (%)

	2011	2012	2013	2014	2015
Alaska Native / American Indian	0.0	0.0	0.1	<.1	0.1
Asian	1.1	0.9	0.9	1.2	1.1
Black	28.4	27.3	29.7	30.7	31.3
Native Hawaiian / Other Pacific Islander	0.1	0.1	0.1	0.1	0.1
Hispanic (of any race)	21.1	23.0	21.2	23.3	28.0
White	30.4	31.1	33.5	31.5	33.0
Two or more races	1.9	1.6	1.7	1.9	2.8
Missing data	16.9	15.9	12.8	11.2	3.6
Number	8,238	9,031	9,490	11,842	9,689

Data Integrity

DCF uses numerous tools and practices to assure the accuracy and consistency of the data gathered by the Division of Child Protection and Permanency. NJ SPIRIT, being the system of record used to document and track child welfare cases, plays the major role in this data gathering. In addition to the NJ SPIRIT application design, which focuses on the normalizing the child welfare data collected, DCF uses very detailed and concentrated reporting tools as well as dedicated staff to review and monitor case practices and results.

Safe Measures

DCF Child Protection and Permanency staff continues to use Safe Measures as a case management reporting tool. Staff across different levels of the organization depends on this tool to track and monitor their work to improve outcomes. Among the users are caseload carrying workers, supervisors and Local Office Managers, Area Directors, Assistant Area Directors, Office of Quality staff, Case Practice Specialists and other Central Office staff.

Safe Measures is also used by executive management to track and monitor targeted measures and outcomes. Safe Measures continues to be used by the DCF to help them track, monitor and analyze trends in case practice in their own local areas using quantitative data.

New Jersey's State Wide information system is a strength. In assessing the ability for NJ to accurately identify a child's, age, race, and goal NJ has in place systems to assure the accuracy of goals in a timely manner, and update and assure AFCARS are entered timely and correctly. As the data representative of fellow's accomplishments in year 2015 only 4% of children had missing race and ethnicity. Policy requires initial case plans of OH children to be completed and approved within 30 days of removal. This NJSPIRIT document cannot be completed without a case goal being entered and then it is approved by supervisors assuring accuracy. From July to December of 2016 93 to 97% of case plans were completed with an identified case goal within 30 days. Per NJ's SEP this measure has been met by NJ and remains in the "to be maintained" category. New Jersey also participated in a review of its state wide screening center in 2011 and again in 2017 and the chart on page 43 supports that at the front door NJ is acquiring demographic information on the children we serve.

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

New Jersey was not in substantial conformity for this item in either CFSR round one or two. During these rounds it was identified that parents were not involved in the planning process and did not have a voice in the goals or outcomes of the case plan.

A workgroup was formed to create a more family friendly and comprehensive family plan or case plan that identified the voice of the family and was fluid with the changes of a case, and took into account NJ's Family Team meeting Case Practice Model. The work group consisted of staff from CPP, Office of Quality, Policy, IT, and RER. This process took over two years to complete as changes needed to occur within NJSPIRIT and policy needed to address the changes made. Thus in the spring of 2016 CPP rolled out an updated Case Plan Assessment and Case Plan Family Agreement.

The Case Plan Assessment (currently the 26-81) is an internal document and will no longer be signed by and distributed to the team and family. The reason for this was: the Case Plan Assessment, even the modified version, contains confidential information, such as substance abuse history and treatment, mental health diagnoses and treatment, medical information, and reference to domestic violence. It is a violation of HIPPA to distribute this information. The Case Plan Assessment is not written in "family friendly" language. It can overwhelm families and compromise CPP's ability to engage and build positive relationships with families. Thus the signature page is now signed by the worker and supervisor.

The Case Plan Family Agreement is New Jersey's working agreement with families. There is an optional "Intake Family Agreement" and two permanency (ongoing) Case Plan Family Agreements. The signature page will include the family, team, and CPP staff. The "Intake Family Agreement" is used during Intake as a way to assess the current situation. For example, it might be used when asking a parent to participate in a substance abuse evaluation or when asking a parent to take a child for medical care. It will be imbedded within the Investigation Window, and does not replace a Safety Plan.

The "Case Plan Family Agreement (Family Team Meeting) is used with families who are participating in the teaming process. It includes current case goal and date of placement. This Agreement is used and discussed with families during MVRs and updated whenever the team

meets. While, “Case Plan Family Agreement” will be used with families who are not participating in the teaming process (Planning Meeting). It includes the case goal and date of placement, but omits references to “team” and substitutes “family.” It also will be discussed with the family during MVRs and updated whenever appropriate. The family’s voice should still be evident in either document as the family contributes to the plan.

The Case Plan Assessment and the Case Plan Family Agreement are updated and approved independently of each other. The initial Case Plan Assessment continues to be due according to policy, but will not be shared, it is an internal document, and should be placed in the record following approval by a supervisor on NJS. In order for a case plan to be compliant in Safe Measures it requires supervisory approval however this approval is also the first level of assuring the quality of the plan and the family’s voice.

Training was developed and implemented prior to the Spring 2016 roll out. Training was mandatory for all case load carrying staff and supervisors and done in the local offices by the Case Practice Liaisons (CPLs) and staff identified by management as being practice leaders. In addition to addressing the new Case Plan Assessment and Case Plan Family Agreements, training included key times to team with families, strategies for building teams, and developing quality plans with families.

NJ believes these two documents mirror our work with families and strengthen our case practice. The Case Plan Assessment will be our internal documentation, which will include the goals, family summary, and ASFA reporting. The Case Plan Family Agreement will be our working agreement with the family. A complete Case Plan will include the assessment, family agreement, visitation plan, and education plan. In order for an FTM to “count” as an FTM, there must be at least one additional team member present in addition to the family and CP&P. This may be an informal support invited by the family, a provider, the DVL, or other formal support such as a therapist, or school person. Supervisors are to include the discussion of team formation and function in their conferences with workers. It is the goal of NJ that supervisory oversight and approval of these documents will help in improving the quality of the case plan.

There will be 2 versions of the Case Plan Family Agreement to meet the needs of our families. The Case Plan Family Agreement will be our working agreement with the family. One with the Team, to be used during FTMs, the other Without a Team, to be used to plan with a family when an FTM is NOT held.

In addition there will be a modified version for use exclusively for Intake. This will be used as a “service contract” as part of our Intake assessment. Examples might be when we ask a parent to participate in a substance abuse evaluation or if we need them to take a child to the doctor. It will NOT take the place of a safety assessment. It will include a section for families to write their perspective of what happened or why DCP&P was called. It will include “next steps” so families will know what to expect moving forward.

The “Family Summary” tab, along with the “Goal” tab will be our internal assessment and not intended for the family. The order of questions on the tab will be modified to improve flow.

More specific directions/questions will be included for each section to help the staff complete the history with more detail. For example :

- a) Current DCP&P Involvement and Significant Events (*Why are we currently involved? What are the current safety/risk factors? What are the family's and DCP&P's expected outcomes?*)
- b) Family's Perspective and Story (*What is the family's understanding of their involvement with DCP&P? What is their personal history, **including parents' CPS history as children?***)
- c) DCP&P History (*Summarize DCP&P involvement. What are the dates, allegations/concerns, and findings of previous CPS/CWS reports? Include length of time open, services provided, and previous placements. **Does the family have CPS history in another jurisdiction?***)
- d) Child/Family Characteristics and Functioning (In-Home and Out-of-Home)—*What are the needs (education, employment, physical/mental health, life skills, daily living issues, etc.) of each family member? How do these impact the well-being of the child(ren)? Include views of the child(ren) and parent(s)/legal guardians.*

For Out-of-Home Child(ren)—*What makes the current placement(s) safe and appropriate for the child(ren)? How are the child(ren)'s needs being addressed? How is the child(ren) adjusting to this placement? What is the resource family's commitment to the child(ren)?*

- e) Collaboration Toward Goal Achievement —For all children—*How has the family progressed toward their goals since the last Case Plan? What services, both Court ordered and voluntary, have been successful in moving the family forward? What obstacles/barriers have the family encountered regarding service delivery and what adjustments were made to meet the family's needs? What relative and community supports are available to or are needed by the family?*

For Out-of-Home Child(ren)—*How is visitation progressing?*

- f) Reasonable Efforts to Achieve Reunification or Other Permanency Goal (For Out-of-Home Child(ren) Only)
For Goal of Adoption—*What is the plan for meeting the permanency goal time frame? Document steps to finalize the placement, such as child specific recruitment efforts, efforts made to locate missing parents or relative(s), including status and time frame of search efforts, and establishment of paternity. What is*

the status of the current placement(s)? Include whether the child is in a licensed resource home or the status of the home study if presumptive.

*For the Goal of KLG—What is the plan for meeting the permanency goal time frame? Document steps to finalize the placement, such as child specific recruitment efforts, efforts made to locate missing parents or relative(s), including status and time frame of search efforts, and establishment of paternity. What is the status of the current placement(s)? Include whether the child is in a licensed resource home or the status of the home study if presumptive. Has the home been licensed for at least six months? **Are there any legal barriers to achieving permanency and what has been done to mitigate them? Why is adoption “neither feasible nor likely?”***

DCP&P has previously struggled in reflecting the family’s voice in case planning. The revised Case Plan Family Agreements and Intake Family Agreement capture’s the family’s voice more clearly. The quality of the case plan will rely on supervisory oversight. In addition measures to encourage quality, such as a “certification” window, are being explored.

THEN	NOW
Staff has to create a whole new case plan whenever they do a new Family Agreement.	The Case Plan Assessment (26-81) and Case Plan Family Agreement are two separate documents!
The family gets the entire 26-81 with all their “faults” spelled out.	The Case Plan Assessment will be our internal document and the family and their team will only get the Case Plan Family Agreement!
Staff has to enter strengths and needs identified at the FTM on the strength/needs tab in the case plan window and check them off in order for them to carry over to the Family Agreement.	The strengths and needs tab has been removed from the Case Planning/Family Assessment window! Staff will enter the strengths and needs identified at the FTM directly into the Case Plan Family Agreement via a text box!
Staff has to make copies by hand if they want to leave a Family Agreement with the family after the FTM.	The Case Plan Family Agreements will be carbon copied like the safety plans!
Intake has to use the same Family Agreement that is used for a FTM.	There will be a simplified Intake Family Agreement just for Intake!
Staff has to use the same Family Agreement whether planning with the family at an MVR or at a FTM.	There will be two different Case Plan Family Agreements. One for use at a FTM and one for planning with just the family!
Staff has to create a contact note for Safe	No separate contact note necessary! Safe

Measures to track FTMs AND input the Family Agreement in the Case Plan.	Measures will track FTMs from the Case Planning/Family Assessment window!!!
FTM “counts” if the only participants are the parents and the worker.	FTM has to have a true team, which may include the parents’ informal supports, resource parents, CMO, the parents’ formal supports, the LO DVL, the CHU nurse, and/or the clinical consultant, etc.

In 2016 New Jersey revised the tool it used for the Qualitative Review to more accurately measure Child and Family Indicators and Case Practice Performance Indicators. Reviewers determine not only if the family was involved in the planning process but did they have a voice in the plan and are they aware of the goals and what needs to happen to accomplish those goals. Between January 2016 and December 2016 DCF completed eleven qualitative reviews. These included 195 applicable cases, of the cases reviewed, Case Planning Process was found to be a strength in 54% of the cases. DCF has developed strategies including the roll out of the new Case Plan to enhance the outcome of this indicator. In addition counties whom participated in the 2016 Qualitative Reviews are focusing on this area in the program Improvement Plans.

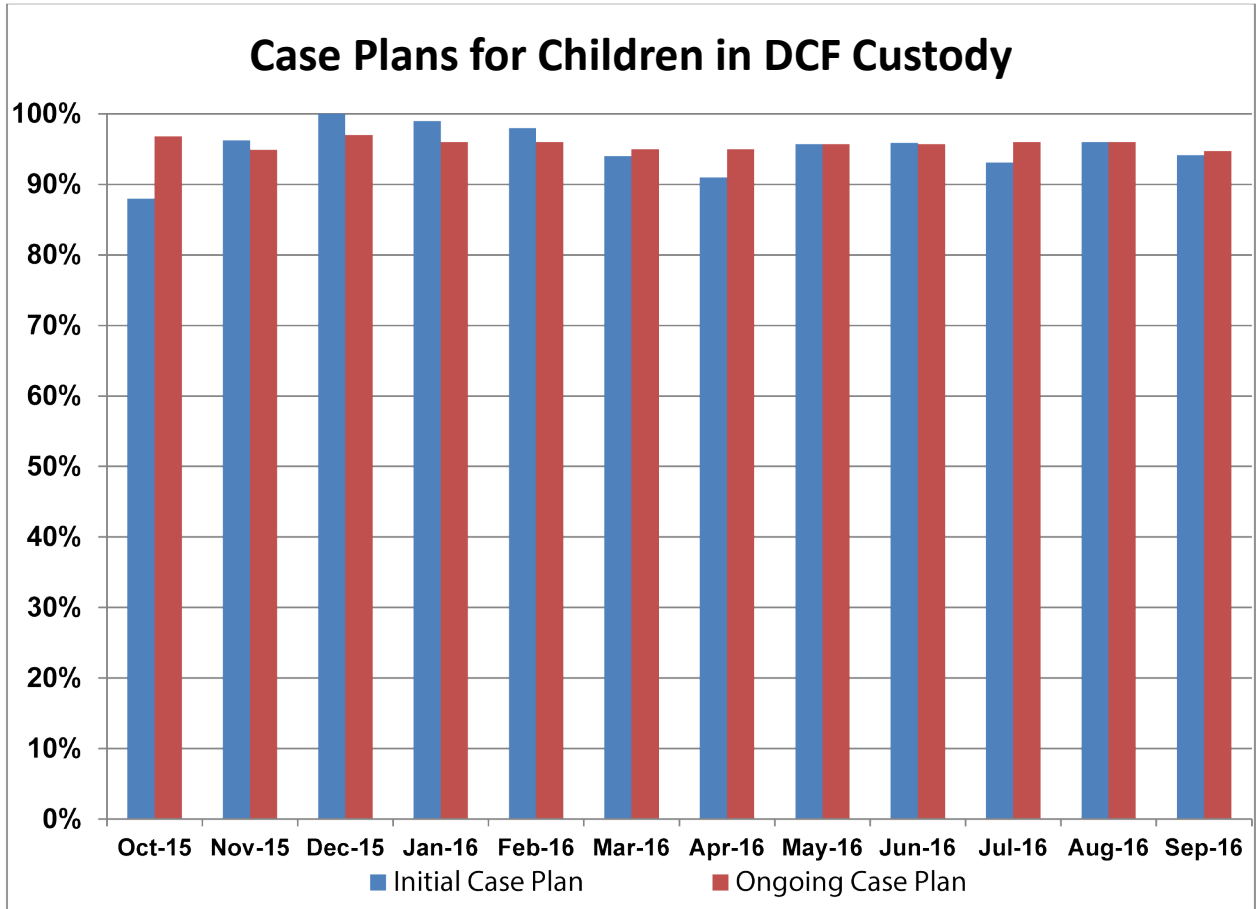
CPP clearly embraces the Teaming Model when working with a family to enable the family to have a voice in the plan. Safe Measures is one tool used to capture if a family team meeting was held within the first 45 days of placement and then tracks the need for additional meetings as outlined in the Sustainability and Exit plan. NJ has also been focusing on Family Team Meetings being held when a child has remained in the home but the family’s case is opening for services.

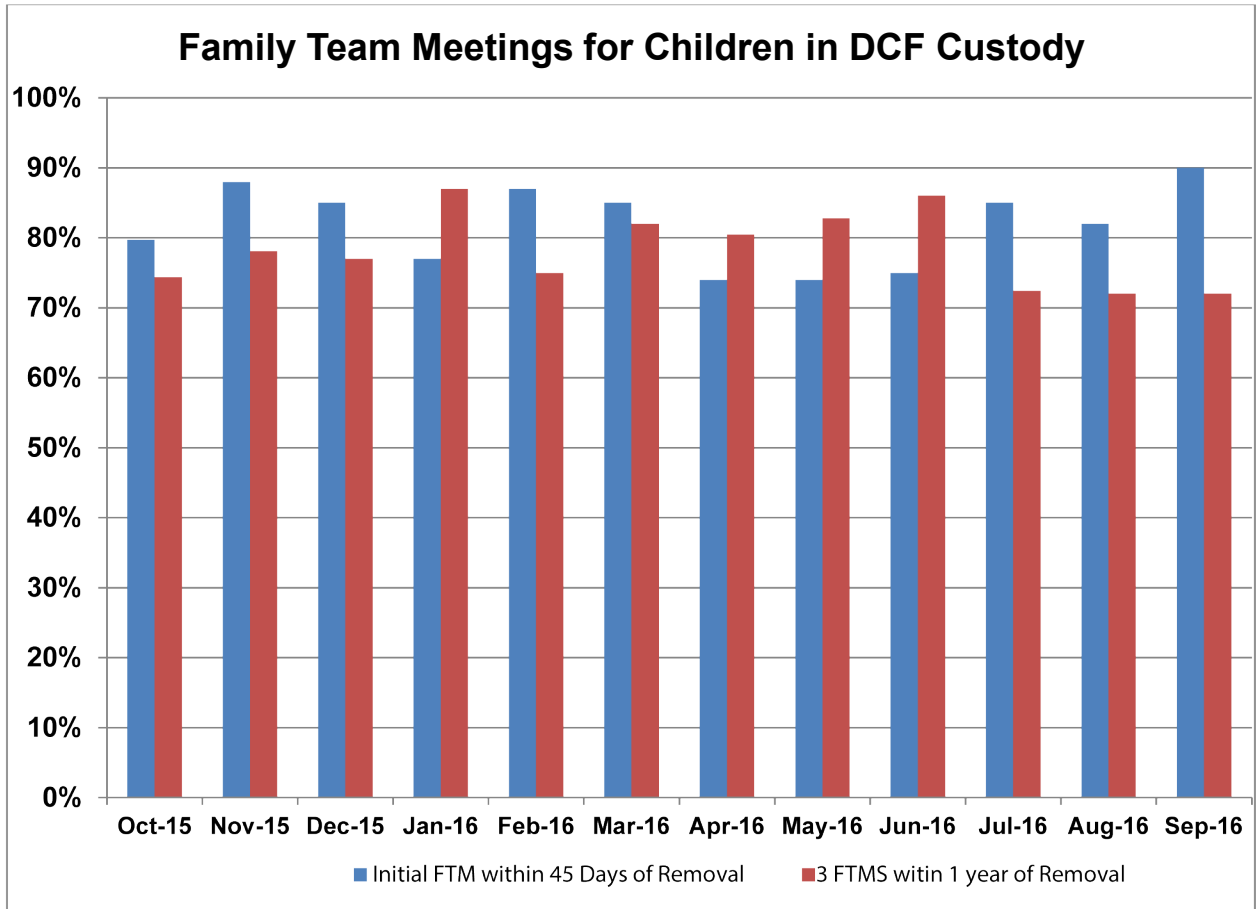
In preparing the SWA 62 Court related individuals were surveyed. This included: DAG’s, law guardians, CASA representatives and OPR attorneys. Of those surveyed 94% were familiar with CPP Case Plans, 60% report that court orders reflect the CPP plan, in that they are utilized during court hearings and drive services.

CPP uses a Transitional Plan for Youth Success when planning with adolescents 14-17. This is done in addition to the case plan and done with the youth. There is a space for youth to document their goals and to capture their strengths, successes and interest. This plan is redone every six month, as well as 90 days prior to case closure. For young adults age 18-21 this is the sole case planning document.

While NJ has consistently met the timeliness of completing case plans within 30 days of placement it has struggled with documenting the family voice and the family’s views even when a Family Team has been held regarding a child’s placement. That is why a new case plan document was developed and rolled out in 2016 that is more user friendly and can be completed in the field with a family. Below is data concerning Case Plan Timeliness and

Family Team Meeting completion. A comparison of the two show that while case plans are completed in accordance with policy time frames, at a rate of over 90% per month from October 2015 to September 2016, FTM's are completed at a rate of 80% or under for five months during the same time period. New Jersey identifies Case Plans as an ANI, and believes this work has begun as evident by the QR ratings in some parts of NJ for 2016.





Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

Insert state response to Item 21: Periodic Reviews

This item was rated as an Area Needing Improvement in round one but a strength in round two. During round two NJ identified that every child in placement has a review within 48 hours of initial placement by the court known as a removal hearing and then again a review is held within the first two to three months, known as a compliance review or status review. The following represents New Jersey's commitment to assuring every child in placement has a periodic review no less frequently than every six months.

Administrative Office of the Courts Directive #04-10 became effective March 9, 2010. This protocol was implemented as a result of the 2009 Federal Child and Family Service Review (CFSR), which identified areas of needed improvement in serving children in foster care in New Jersey. To that end the State Supreme Court adopted new procedures to improve the protection of children in foster care, by providing direct judicial oversight while relieving the Child Placement Review Board (CPRB) of some of their responsibilities.

In all litigated cases the CPRB conducts one enhanced 45 day review. Subsequent reviews for litigated cases are no longer required due to the court's direct oversight role that includes a status review every two to three months by the courts. Litigated cases are Foster Care cases, Pending Abuse or Neglect Cases, and Termination of Parental Rights. Since the last CFSR, New Jersey has eliminated voluntary placement agreements when a placement is made by CP&P.

In keeping pace with changes to the law as well as DCF reforms, the Judiciary has significantly expanded judicial oversight of children in foster care. This expansion has been aided by a number of federally funded initiatives. These include improvements to the Judiciary's Computerized Case Information system, implementation of a mediation program for child welfare cases, establishment and continuing enhancement to the Court Appointed Special Advocate (CASA) programs, and the development of a tracking component for adoption cases.

NJ assures with the Concurrent Planning process that every child in placement has a review at least every six months, either by the courts or by Administrative review.

CPP adopted a case practice model that included concurrent planning as a key component. During round two CFSR this was piloted in only a few counties, however it is currently practiced

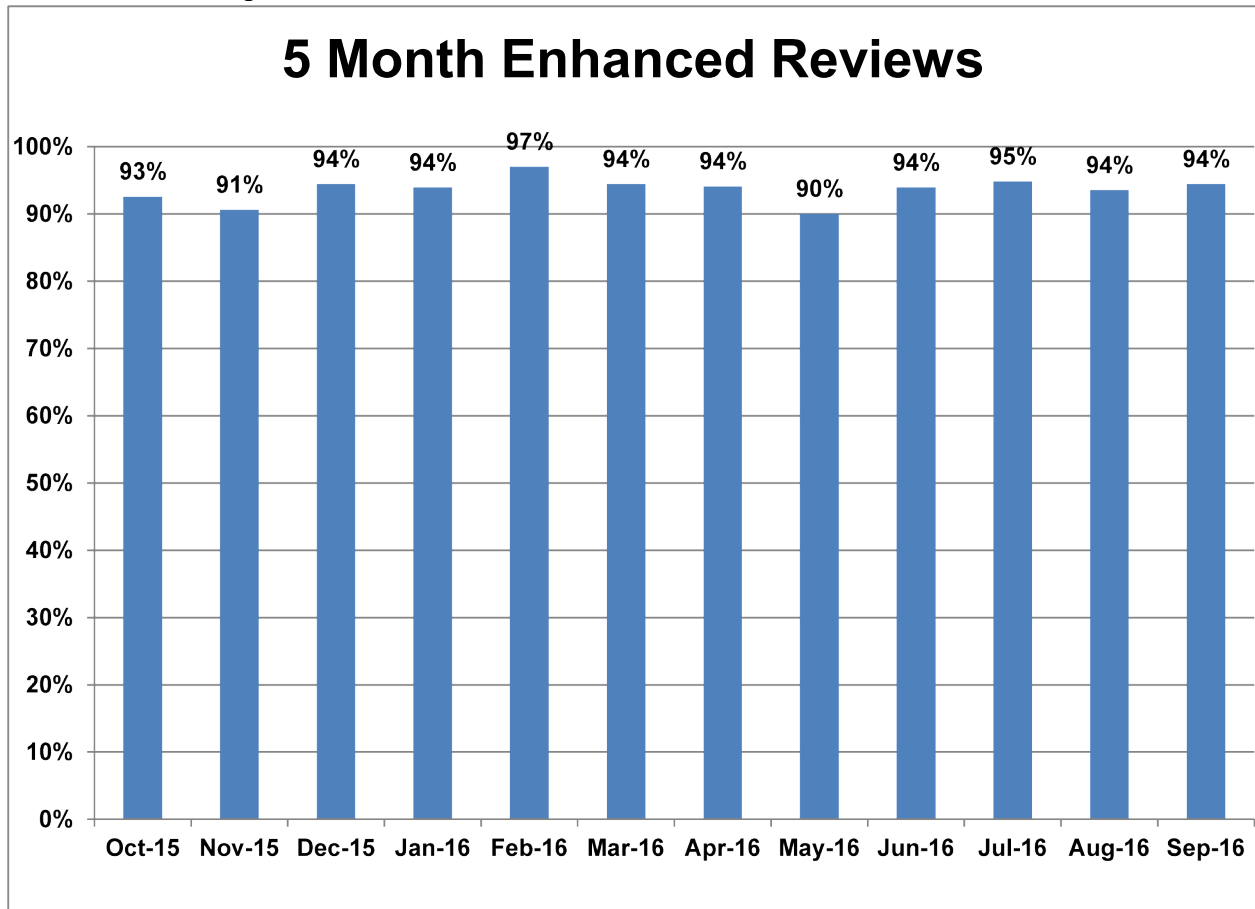
in all 21 counties. Concurrent planning processes are explained in the newly published Case Practice Handbook. Concurrent planning includes internal reviews held at 30 and 90 days from the date of placement that include the worker and supervisor, along with a 5 month and 10 month review.

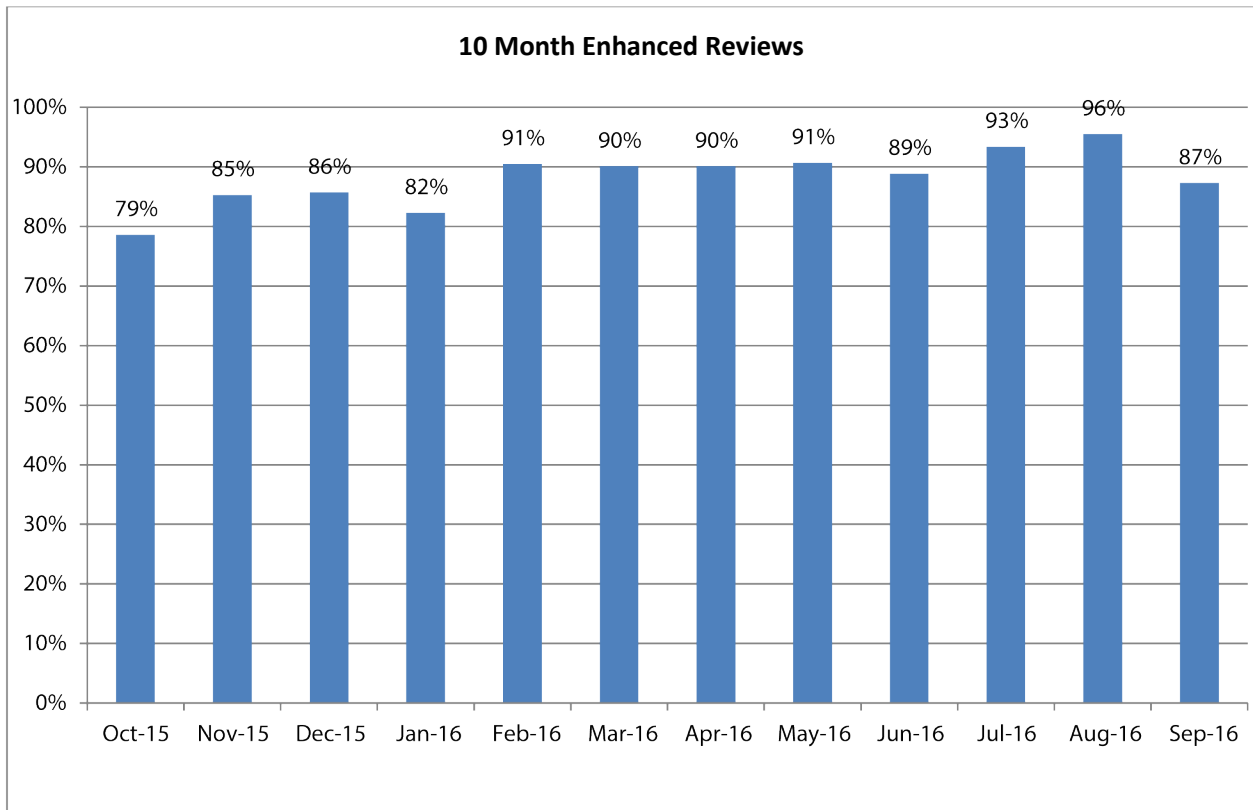
The 5 month Administrative Case Practice review requires the invitation of parents, resource providers and stakeholders/ providers. The Area Office Regional Reviewer facilitates this review and many CPP offices are incorporating these reviews into Family Teaming. This is an opportunity for the family to share their story, discuss if the case goal is appropriate and what needs to happen to meet the case goal. If the family and or youth are not able to come to this review the regional reviewer can speak with them by phone at a time convenient to the family. Task identified during this review are entered into NJSPIRIT and shared with the worker and supervisor.

CP&P staff has identified a need in many cases to have a review between the fifth month and ten month review that is more internal and many offices are using either a Case Work Supervisor to track this and assure these conferences are occurring or Area Office staff is assuring they happen. It was learned that often too much time went by between the two “official” reviews and this could have an impact on what happened either at the ten month review or at the permanency hearing.

Periodic reviews are a Strength in NJ. Each child in placement receives an initial review by the courts, compliance hearings during the life of the case through the courts, and a five month enhanced review by CPP Regional Reviewers. New Jersey has not fallen below a 90% compliance level in this area since October of 2015. (see chart below) In addition since March of 2010 the Judiciary as significantly expanded its oversight of children in placement.

Safe Measures reports extracted from NJ SPIRIT





Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

As with item 21 this item was rated a strength in round two and an Area Needing Improvement in round one. New Jersey continues to assure that a permanency hearing is held for every child in placement no later than 12 months from the date the child entered care, and every 12 months thereafter.

Overall, the court's system for monitoring timeliness in permanency hearings is functioning very well. A statewide policy with the same force as a statute, Administrative Directive #06-12, Standard 10, requires a permanency hearing to be held at least annually for children in out-of-home placements.

The Judiciary's statewide technological infrastructure includes systems for staff to collect data, track and review cases. Permanency hearing timelines are monitored through reports compiled from data in the Family Automated Case Tracking System (FACTS). These reports show present data and prospective deadlines to aid court staff and judges in adhering to timelines. Data elements include: Docket number, child's name, NJSPIRIT number, date of birth, placement date, case filing date, last permanency plan review date, and number of days a case is overdue for a review. Locally developed reports are also used to track permanency hearings.

Administrative management and leadership, both statewide and locally, ensure that experienced staff track these cases, monitor services, and track deadlines. Local and state Children In Court (CIC) Teams and committees comprised of judges, court staff, and stakeholders collaborate and meet at least quarterly to ensure that permanency hearings are held timely. State and local leadership also promote ongoing judicial and staff trainings. For those youth that age out of the child welfare system, aging out seminars and informational sessions are held locally to advise youth of services and provide guidance.

Each year, the Court Improvement Program (CIP) reports on the "Time to First Permanency Hearing." In 2015, the median time was 349 days. Additionally, Court Management Statistics show that, in Court Year 2016, 99.9% of children in placement received timely permanency hearings in New Jersey.

As stated in item 20 DCF surveyed 62 court involved stakeholders such as Dag's, Law Guardians, Casa Volunteers and OPD attorney's in preparation of the SWA. Over 95% of the respondents reported that permanency hearings usually occur on time, either within twelve months of placement or within 30 days of a no reasonable effort finding. (50.8 Always and 45.9 Usually) 66% agree that timely PH effect appropriate and successful permanency outcomes for children. 93% agree that parents are provided a copy of the court order and aware of what they need to achieve for reunification or permanency. (50% Always and 43% Usually)

NJ has demonstrated that for children in placement in NJ receiving a Permanency Hearing within 12 months from the date of placement is a strength. In 2015 the median time to a Permanency hearing was 349 days and in Court Year 2016, 99.9% of children received a timely Permanency hearing. This is also exemplified by the survey completed for the SWA .

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

The statewide policy with the same force as a statute, Administrative Directive #06-12, Standard 12, sets the time goal for filing a termination of parental rights (TPR) complaint. That policy requires the TPR complaint to be filed no later than 45 days after the permanency hearing in the Child Protection case.

The Judiciary's statewide technological infrastructure systems for staff to collect data, track, schedule and review the timeliness of the filing of a TPR complaint. The Order to Show Cause hearing (the first proceeding) for the TPR matter is automatically calendared 45 days after the permanency hearing. This date is also entered on the Permanency Order to track the filing for court staff. Local court staff also follow up with the Deputy Attorney General (attorney for the child protection agency) if the TPR complaint has not been received timely.

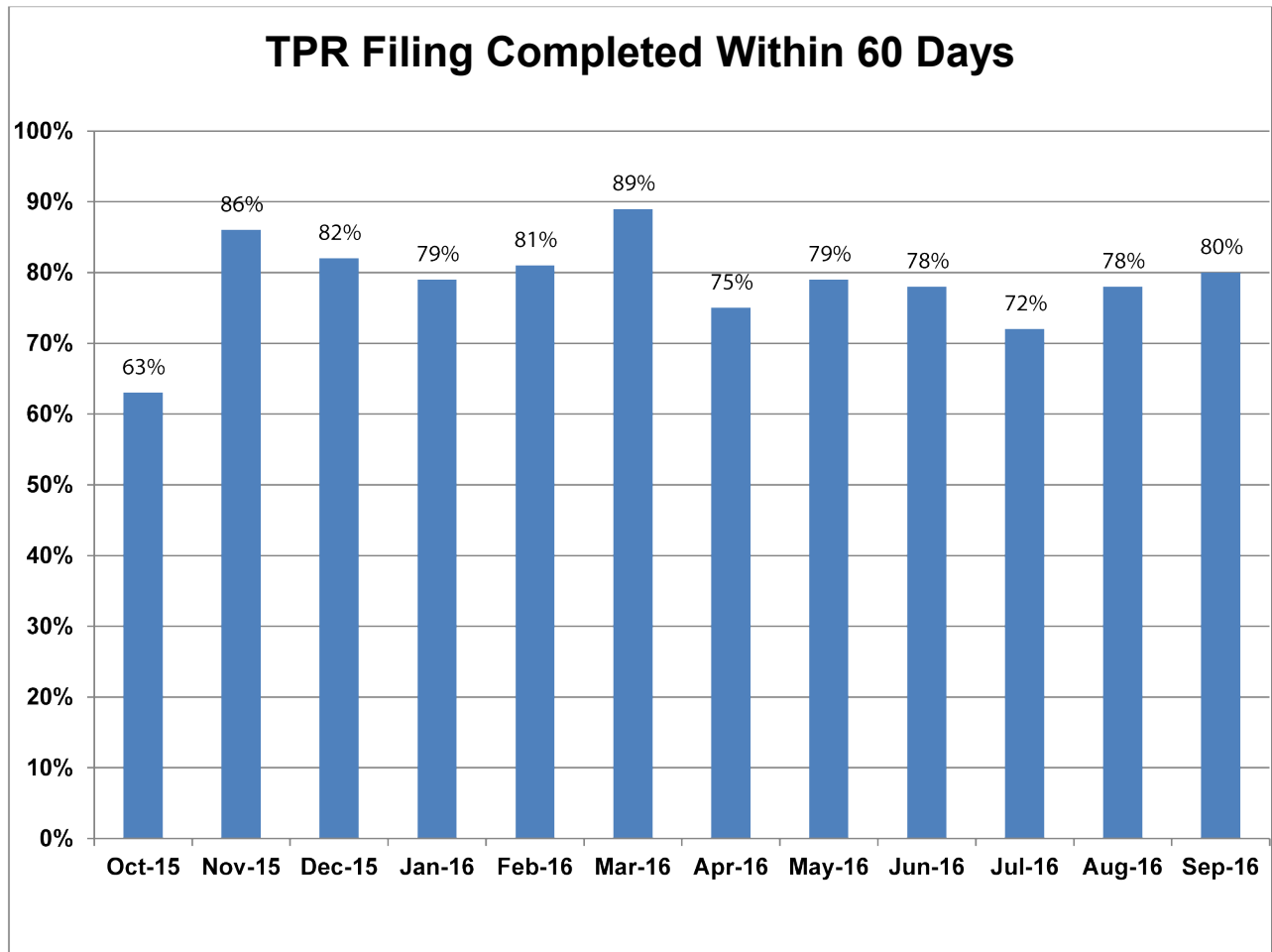
On-demand reports that include age and status of the cases assist the judges and staff in tracking the filing of the TPR complaint. Court staff also may maintain a spreadsheet or use other internal procedures to track these filings.

Judges and staff maintain individual calendars to ensure that these cases are prioritized and resolved timely. The Supreme Court and Appellate Division have established statewide policies requiring expedited processing of TPR matters through the court system.

With regard to the timely resolution of appeals for TPR matters, the time for filing of an appeal has dropped from 43 days in Court Year 2012-13, to 20 days in Court Year 2015-16.

DCF uses information entered into NJSPIRIT to track the timeliness of TPR filing. That data is then drawn into Safe Measures and can be accessed by workers, supervisors, and management. The below chart is data drawn from Safe Measures.

As represented by the chart below this is an area needing improvement. While there are systems in place for tracking this item, the barriers to timely completion of filing TPR needs to be explored and then addressed.



Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

During round two CFSR this area was rated as a strength after being an area needing improvement in round one.

A statewide policy with the same force as a statute, Administrative Directive #06-12, Standard 4, requires that necessary parties receive notices of all court hearings. Additionally, New Jersey Court Rule 5:12-4(i) requires that the court notice resource parents or other persons providing residential care to the child.

The Judiciary's statewide technological infrastructure includes systems to collect data, track and review cases. Primarily, the courts rely on the Family Automated Case Tracking System (FACTS) to notice all pertinent parties for reviews and hearings by mail. An interface between the systems of the Department of Children and Families (DCF) (NJ Spirit) and the Judiciary (FACTS) permits the efficient electronic transmission of information on the child's placement. This interface demonstrates our collaborative efforts to ensure that caregiver information remains current to facilitate noticing of those individuals.

Some counties have established local procedures where the court collaborates with DCP&P to ensure that notices are provided to the caregivers.

Caregivers also may participate in the court proceedings in other ways if they are not available to attend in person. Counties provide Resource Family Information Forms for the caregivers to complete and return to court, which provide information to the court about the child. The Resource Family Information Form, which is distributed in court or mailed to caregivers, provides space for additional information that may assist the court in making decisions regarding the child.

State and local administrative management and leadership assign experienced staff to communicate with caregivers so that they are involved in the process. Staff also collaborates with the State child welfare agency to obtain information about resource parents that would be helpful to the court.

CPP also notifies caregivers of hearings such as the five month review, an internal review to discuss the child's plan and goals. Biological parents, the child if age appropriate, care givers and other supports in the child's live are invited to these reviews. CPP will accommodate the caregivers schedule and if needed and can conduct the interview by phone, also if the parents and caregivers have not met CPP respects this and would have the two come at different times.

In preparation for the CFSR, SWA, 18 Children in Court Team Leads were surveyed concerning Notification to parents and caregivers of hearings. When asked if caregivers are notified of permanency hearings 90% responded yes. 88% responded that this notification goes out more than 4 weeks in advance. When asked if caregivers and children attend these hearings 78% responded that caregivers seldom attend, while 33% of children usually attend. When given the question of what category of caregivers attend most often 61% responded relatives. Of those surveyed, it was reported that caregivers and children are given the opportunity to be heard during permanency hearings 100%.

Item 24 Notice of Hearings is a strength. As stated above Administrative Directive #06-12 requires that parties receive notice of all court hearings. The courts rely on FACTS to assure this happens. Per the survey noted above for this item 90% responded yes when asked if caregivers are noticed of hearings. Likewise of those surveyed 100% reported caregivers and children are given the opportunity to be heard during permanency hearings. While a strength more data collection to support this rating is being suggested.

C. Quality Assurance System

Item 25: Quality Assurance System. How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

New Jersey's Department of Children and Families (DCF) participated in CFSR review in 2009. Since that time DCF has made the development of a robust and fully functional continuous quality improvement (CQI) system a priority through both its department-wide strategic planning as well as its Child and Family Services Plan (CFSP). Enclosed, DCF outlines the many accomplishments of the New Jersey Department of Children and Families in regard to its CQI processes and system development. In this statewide assessment, DCF provides:

Section 1: A summary of progress since the 2009 CFSR review,

Section 2: Section 2. Overall Summary- CFSR Quality Assurance

Section 3. Responses to each of the five components of Item 25 of the statewide assessment

- (1) operating in the jurisdictions where the services included in the CFSP are provided;
- (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety);
- (3) identifies strengths and needs of the service delivery system;
- (4) provides relevant reports; and
- (5) evaluates implemented program improvement measures.

Section 1. Progress Following the DCF 2009 CFSR

CFSR Round 2. (2009) Findings

This item was found to be an area of non-conformity. Although the New Jersey was found to be in conformity in developing standards to ensure that children in foster care were provided quality services, the state did not have a centralized comprehensive QA system to evaluate the quality of services, identify strengths and needs of the service delivery system and evaluate program improvement measures.

Update 2010 – 2017

2010. DCF improved its qualitative data collection efforts by establishing the Qualitative Review (QR) process to assess system performance and identify strengths and areas for improvements to support positive outcomes for children and families. This process began with a pilot program in 2010, followed by the first comprehensive QR conducted in 2011. With the completion of our 2016 QR we now have seven years of data to guide our ongoing reform efforts and progress as well as areas where sustained focus is needed. QRs are centrally managed, but conducted in all of New Jersey's twenty-one counties over a two year period. As an example of CQI in action, DCF has recently revised Qualitative Reviews which has resulted in clarified language, more nuanced measurement of our case practice model, case representation from all 46 local offices as well as expanded community partners' participation.

In 2010, DCF also rolled out ChildStat, a process of self-assessment and diagnosis by field offices that encourages a culture of learning. ChildStat provides an opportunity for staff from across the state to participate in a case conferencing model designed to critically analyze a randomly selected case in regard to practice, policy, and procedures from a systems perspective. Today, this process is managed centrally, but calls on the Local Offices responsible for the casework to lead the analysis of the practice and outcomes of the case.

2011. DCF established the Office of Performance Management and Accountability to ensure a centralized coordinated approach to CQI activities across the Department. The QR, ChildStat, executive case reviews, research, evaluation and federal reporting are all managed within the Office of Performance Management and Accountability (PMA). In addition, although we began laying the foundation in 2010 with our partnership with NCIC, DCF established the Manage by Data Fellows under PMA in 2011. This is a training program for supervisors, managers and quality coordinators to learn how to better utilize data to support improved case practice and outcomes for families. To date 238 data fellows have been completed the program.

2012. In this year the Children's Bureau endorsed the Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement workgroup, when they published an information memorandum emphasizing CQI. As ACF was considering how to revise the CFSR process it advised states, such as New Jersey, continue to work to enhance their existing quality assurance through a CQI approach. They proposed states develop well-

functioning CQI systems that meet their needs by the next round of CFSR reviews. This was particularly important for DCF because the agency was in the process of responding to CQI related performance improvement recommendations from its CFSR review in 2009. The Children's Bureau considered five components essential to a state having a functioning CQI system:

- ▶ Foundational Administrative Structure
- ▶ Quality data collection
- ▶ Case Record Review Data Process
- ▶ Analysis and Dissemination of Quality Data
- ▶ Feedback to Stakeholders and Decision-makers and Adjustments of Programs and Process

2013-2014. DCF re-emphasized its commitment to tell its story, work towards fulfilling the vision and mission and enhance CQI in its 2014-2016 Strategic Plan. The Department continues to focus on ensuring the integrity and quality of DCF's system of care and worked to develop a robust and fully functional CQI system.

2015. Marked by the agency ability to demonstrate improvement in many areas, DCF transitioned from the Modified Settlement Agreement to the Sustainability and Exit Plan (SEP) in 2015. In this year, DCF also implemented a CQI Review process that included the development of a CQI Workgroup. The group consisted of representatives from the Office of Performance, Management and Accountability and Strategic Development. This group was charged with the task of conducting a review of DCF's existing CQI processes to inform the development of an enhanced CQI plan. The work group conducted a review of literature and existing documents, CQI plans of other child welfare agencies, federal guidelines, proceedings from national conferences and existing DCF internal documents and aligned its research process with ACF's CQI guidelines. In addition to learning more about existing CQI activities, the workgroup partnered with a diverse group of stakeholders throughout the department to identify strengths and areas of improvement, develop recommendations that align with ACF's five key focus areas and outline broad recommendations to support DCF in enhancing its CQI system.

2016 - present. DCF outlined and is implementing a robust and sustainable CQI infrastructure. This approach retains a systematic process for ensuring quality implementation of all DCF services. DCF encourages its staff to use this CQI approach to drive assessment and improvement of services over time. This approach to CQI consists of the five stages depicted in Figure 1. DCF has been working to implement this approach at all levels of the Department

Figure



Identify. DCF begins by using multiple resources to identify areas of practice we would like to see improved or replicated. DCF uses qualitative, quantitative and outcome data to identify areas in need of improvement. In addition to information gathered from qualitative reviews and DCF’s data information management systems, DCF staff and stakeholders are involved in identifying opportunities to improve services, processes and outcomes.

Explore Solutions. Once we identify areas that we would like to see improved or replicated, DCF constructs theories of change to explore strategies to improve services and processes at the local, area and state levels. At the state level, leaders research evidence informed practices and determine the feasibility of implementing solutions. At the Local Office, staff members use the program improvement plan (PIP) process to develop sound theories of change and clear expectations of how proposed interventions will contribute to achievement of short and long term outcomes.

Develop Initiatives. Guided by a theory of change, DCF staff members identify the best approaches to making improvements that meet the needs of the local target population and account for the Department’s capacity to implement the intervention. DCF’s staff at all levels focus on interventions that are sufficiently defined and measurable and classified as either evidence based, evidence informed or promising practices. They go on to develop implementation and evaluation plans in tandem with the Office of Performance Management and Accountability (PMA). PMA provides access to resources and support during the planning and implementation of the interventions to ensure that the Department learns from evaluating both the implementation and the outcomes.

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

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

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

Conclusion – Applying the Approach. DCF developed this framework to help shape and formalize its ongoing strategies for developing and learning from CQI activities. DCF’s integration of this approach establishes a common language as well as shared expectations for how DCF goes about planning, implementing and learning. This way of thinking strengthens daily practice of field staff, but also supports state, area and local leaders in developing and implementing solutions.

Although DCF has invested heavily in strengthening internal processes, the Department has also implemented various processes to share information and gain feedback from stakeholders and the community to inform training, policy and practice. For example DCF developed a county-level data dashboard for County Inter-Agency Coordinating Councils (CIACC). In addition, DCF publishes several monthly, quarterly and annual reports and provides public access to its data through the New Jersey Child Welfare Data Portal to help identify service and performance trends.

Section 2. Overall Summary- CFSR Quality Assurance

Several important findings emerged during the internal review of CQI efforts throughout the department. Broadly, the internal review found that DCF’s commitment to CQI is deeply embedded in the daily work and existing structure of various divisions and offices throughout the Department. CQI is evident in DCF’s existing efforts around how it collects, manages, disseminates, and collaborates with internal and external stakeholders to use data and improve services for children and families. An additional strength of DCF’s CQI approach is that our work and CQI system development align with ACF guidelines for CQI.

In summarizing key points to address the CFSR statewide assessment, DCF highlighted CQI activities, processes and procedures to address each of the requirements outlined for CFSR Item 25 in Table 1. and provides narrative detail in Section 3 of the document. DCF concludes this section by providing an overview of its alignment with ACF CQI guidelines.

Table 1. Item 25. Requirements and DCF Example Strategies

<p><i>Requirement 1.</i></p>	<p>Is the State operating an identifiable quality assurance system that (1) is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided?</p>	<p>Example CQI activities influencing all jurisdictions include:</p> <ul style="list-style-type: none"> ▶ Existing designated staff roles influencing all jurisdictions ▶ Case record review data and processes ▶ Statewide and County program improvement processes ▶ Statewide access to information management systems that provide real time and longitudinal data ▶ Data quality assurances that rely on staff at the state, area and local levels ▶ CQI staff capacity building and framework integration at the state, area and local levels
<p><i>Requirement 2.</i></p>	<p>Is the State operating an identifiable quality assurance system that (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety).</p>	<p>Example DCF’s strategies for applying standards to evaluate the quality of services include:</p> <ul style="list-style-type: none"> ▶ Tracking, monitoring results in relation to specified targets, dissemination and use of data related to the 48 Process and outcome measures that are outlined by our Sustainability and Exit Plan; ▶ Qualitative Review standardized protocol and process to support the state (i.e. scoring, reviewer training) in interpretation of performance based

		on DCF and SEP standards;
Requirement 3.	Is the State operating an identifiable quality assurance system that (3) identifies the strengths and needs of the service delivery system.	<p>Example strategies for identifying the strengths and needs of the service delivery system include the:</p> <ul style="list-style-type: none"> ▶ Statewide Needs Assessment ▶ Ongoing Strengths and Needs of Services Survey ▶ Office of Strategic Development ▶ Quarterly Statewide Resource Family Survey ▶ Annual Review of Qualitative Review Data
Requirement 4.	Is the State operating an identifiable quality assurance system that (4) provides relevant reports	<p>Evidence of primary CQI activities related to providing relevant reports include, but are not limited to:</p> <ul style="list-style-type: none"> ▶ Reports posted on the DCF Website; ▶ The New Jersey Child Welfare Data Portal that allows end users to access NJDF data and generate customized reports; ▶ Use of comprehensive data systems that produce data reports, and fulfill internal and regulatory data requests; ▶ Meeting of federal reporting requirements; and ▶ Internal reports distributed to Central Office, Area Office and Local Office leadership as appropriate.
Requirement 5.	Is the State operating an identifiable quality assurance system that (5) evaluates implemented program improvement measures?	<p>Examples of primary CQI activities related to evaluating implemented program improvement measures include, but are not limited to:</p> <ul style="list-style-type: none"> ▶ Externally Contracted Evaluations ▶ Internal Evaluations of Statewide CP&P Pilots ▶ Process and outcome measurement of County CQI Program Improvement Plans

Summary of ACF Alignment

DCF’s Administrative Structure Overview. DCF’s Executive Management Team established the Office of Performance Management and Accountability (PMA) to lead and support Department-wide CQI activities at the state, area and local levels. The Department also has CQI committees,

numerous staff positions at each level that support case practice implementation and ongoing CQI activities within the Child Protection and Permanency Division (CP&P). PMA and CP&P work closely with support staff throughout the Department (e.g. Office of Information Technology and Office of Training and Professional Development) to ensure that DCF has the tools and capacity to carry out its CQI activities.

DCF's Quality Data Collection Overview. DCF is a data driven organization that uses data to inform policy, strengthen standard operating procedures, and maintain its focus on continuous improvement of overall service delivery. DCF has clear processes and strong data management systems for collecting and extracting quantitative and qualitative data. The Office of Information Technology manages and supports the Department in using SACWIS systems as well as all other information management systems. The Office of Performance Management and Accountability collaborates with leadership throughout the Department to ensure the reliability and validity of data used to inform decision making. The Department is committed to providing ongoing training and development opportunities and has designated staff working to ensure data are inputted, collected and extracted systematically.

Case Record Review Data and Process . DCF conducts numerous case reviews that provide an understanding of what is “behind” the safety, permanency and well-being data in terms of day-to-day practice in the field and how that practice is impacting child and family functioning and outcomes. The Qualitative Review (QR) is one of many, but also a primary way that DCF seeks to ensure the integrity of and monitor its’ work with children and families. The QR process is a qualitative assessment of system performance factors. It is designed to foster case practice improvement and provide information on the process based components of the case practice model, such as family engagement.

Analysis and Dissemination of Performance Data. DCF is committed to ensuring that both internal and external stakeholders at all levels have access to the data that they need to make informed decisions in their respective roles. DCF has strong existing data management systems for aggregating data, staff who work to ensure that stakeholders have access to needed information, and several reporting mechanisms for making data readily available to end users.

Feedback to Stakeholders and Decision Makers. DCF collects, analyzes and uses information to drive change within the organization. The Executive Management Team uses feedback from Stakeholders and the community to inform training, policy and practice. The feedback is also used to help assess and improve practice by supporting supervisors and field staff in understanding how results link to daily casework practice.

Section 3. CFSR Systemic Requirements

Item 25 - Requirement 1. Is the State operating an identifiable quality assurance system that (1) is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided?

DCF's quality assurance and CQI activities are administered centrally and are operating at the state, area and local levels throughout the state. DCF operates a quality assurance system that uses standard processes for measuring performance, but that is supported by designated staff at every level and across multiple divisions within the Department. DCF's continuous quality improvement system includes various statewide and county case review and program improvement processes, data quality systems and a commitment to use support staff at all levels to support decision making.

Example CQI activities influencing all jurisdictions include:

- ▶ Existing designated staff roles influencing all jurisdictions
- ▶ Case record review data and processes
- ▶ Statewide and county program improvement processes
- ▶ Statewide access to information management systems that provide real time and longitudinal data
- ▶ Data quality assurances that rely on staff at the state, area and local levels
- ▶ CQI staff capacity building and framework integration at the state, area and local levels

Next we provide detailed information for each of the key points listed above.

Existing designated staff roles influencing all jurisdictions

DCF implemented The Office of Performance Management and Accountability (PMA) in 2011 to lead and support Department-wide CQI activities at the state, area and local levels. The Department also has CQI committees, numerous staff positions at each level that support case practice implementation and ongoing CQI activities within the Child Protection and Permanency Division (CP&P). PMA and CP&P work closely with support staff throughout the Department (e.g. Office of Information Technology and Office of Training and Professional Development) to ensure that DCF has the tools and capacity to carry out its CQI activities.

Office of Performance Management and Accountability (PMA). The Office of Performance Management and Accountability (PMA) is committed to ensuring the safety, permanency, and well-being of children and families. This office uses both quantitative and qualitative data to improve services and outcomes for the families and children that DCF serves. PMA's oversight staff includes the Assistant Commissioner, Executive Assistant, CFSR Coordinator and the Directors of PMA's four units/offices. These units include:

- ▶ *The Office of Research, Evaluation, and Reporting.* The Office of Research, Evaluation, and Reporting (RER) provides DCF with quantitative and qualitative information

necessary to measure and support organizational performance, report on the outcomes of service delivery to children and families, and comply with state and federal requirements. It strives to produce information that can be used effectively by front-line staff, management, administration, and stakeholders. The key responsibilities of RER include: managing all agency data collected in the SACWIS system, producing GIS data as requested, developing data measures; producing monthly, quarterly, semi-annual, and annual production reports; ensuring the integrity of data in existing information systems and data processing; generating ad-hoc reports as needed by the agency; providing verbal and written analysis of results to executive management; providing technical assistance to frontline staff in troubleshooting data issues in NJ SPIRIT and in Safe Measures; providing technical assistance to support DCF staff in measuring program level outcomes, conducting research evaluations of DCF programs, managing federal reporting requirements for AFCARS, NCANDS and NYTD; and coordinating and leading the “Manage by Data” project.

- ▶ *The Federal Reporting Unit.* The Federal Reporting Unit is responsible for analysis and dissemination of performance data through the provision of reports and updates to the Federal Government that are linked to federal funding including the 5-year Child and Family Services Plan (CFSP) and the Annual Progress and Services Reports (APSR’s). The unit serves as the liaison to federal partners such as the Children’s Bureau and provides feedback to stakeholders and other decision makers. The Federal Reporting Unit also supports the work of the NJ Task Force on Child Abuse and Neglect Staffing and Oversight Review Subcommittee (SORS) by coordinating and participating in meetings. The charge of the SORS is to review CP&P staffing in order to develop recommendations regarding staffing levels and the most effective methods of recruiting, hiring, and retaining staff within CP&P.

- ▶ *The Office of Quality.* The Office of Quality helps fulfill DCF’s mission of ensuring safety, well-being, and success of NJ’s children and families by ensuring quality data collection, conducting ongoing case reviews, analyzing and disseminating performance data, and providing feedback to stakeholders and decision makers that focuses on improving Departmental service delivery and case practice. The Office of Quality manages the Qualitative Review (QR) process and provides technical assistance in program improvement plan development and monitoring for every county in the state. In addition to the QR, this office conducts targeted case reviews on specific practice areas such as investigations, case practice with adolescents and visitations, conducts ad hoc reviews, provides technical assistance in the development of surveys and case review processes as requested for offices throughout the Department, analyzes survey data and produces reports, provides training to support staff in understanding qualitative measurement of the case practice model and develops reports to provide feedback on CQI activities. The Office of Quality also coordinates the ChildStat case conferencing model to help DCF carefully review practice, policy and procedures from a systems perspective.

Fatality and Executive Case Review Unit. The Fatality and Executive Case Review Unit is responsible for providing support to the Child Fatality and Domestic Violence Review Boards. The purpose of this unit is to support the state in identifying strengths of practice/policies, areas needing improvement, the relationship of governmental support system, and methods of

prevention. The staff in the Fatality and Executive Case Review Unit work to complete ongoing record reviews, provide case summaries, participate in, and take notes during Child Fatality and Domestic Violence Review Board and DCF Executive Directed Case Review meetings. The Fatality Unit also monitors and collects data on Unusual Incident Reports involving congregate care settings and provides feedback to stakeholders and decision makers including Child Abuse Prevention and Treatment Act (CAPTA) reports and memos to the NJ Legislation.

- ▶ *PMA is also responsible for overseeing designated Roles to Support CQI Oversight.* The Department believes that every staff member plays a critical role in supporting continuous improvement of services. DCF leadership also recognizes the importance of maintaining strong oversight to ensure that the CQI system is being implemented consistently. DCF has designated staff members who provide oversight and ensure CQI information sharing across levels of the Department. These designated CQI entities and roles include:
 - ▶ *Executive Leadership.* Executive Leadership stays informed of CQI activities at every level of the Department and ensures that NJ DCF has the resources and infrastructure in place to carry out formal CQI activities. In addition, Executive Management is responsible for providing relevant CQI information to key DCF partners and external stakeholders.
 - ▶ *State CQI Steering Committee.* The State CQI Steering Committee oversees the continuous development and implementation of NJ DCF's CQI system and ensures that executive management and state leaders stay abreast of important CQI related information. The committee works to monitor policies, ensure that documentation of CQI related standards and procedures are current, support implementation of CQI training and coaching programs, and monitor the implementation of the major components of the CQI plan.
 - ▶ *Assistant Commissioner of Performance Management and Accountability (PMA).* The Assistant Commissioner of PMA is the Committee Chair and is directly responsible for overseeing the committee activities and ensuring that executive management and state leaders stay abreast of important CQI related information.
 - ▶ *Committee Members.* The Committee membership will consist of DCF representatives who were either designated by the Commissioner or Committee Chair. These members are responsible for attending quarterly meetings, participating in committee activities to support the committee in carrying out its

responsibilities and ensuring that relevant information is shared with the staff in the office or unit that they represent.

- ▶ *Office of Quality CQI Administrator.* The CQI Administrator tracks the implementation committee directives, and communicates results, lessons learned, and recommendations in written and verbal form, as needed, to the State CQI Steering Committee and other NJ DCF stakeholders. The CQI Administrator manages the Office of Quality website to provide real time information about the enhanced CQI plan and CQI activities. In addition, the CQI Administrator assists with the development and training of staff.

Designated CQI Roles in CP&P

- ▶ *CQI Child Protection and Permanency (CP&P) Statewide Collaboration Team.* The CQI Statewide Collaboration Team ensures that the CQI communication plan is fully functioning, develops strategies to meet staff training and information needs related to implementing CQI activities and implements and monitors activities that support organizational learning at all levels. Key members and roles are outlined below.
 - *Office of Quality QR Administrators.* The QR Administrators provide ongoing coaching and facilitate training for Team Leads, ACQs and other DCF leaders as needed; provide guidance for the development of local CQI teams; and manage the process of synthesizing information gained from the local CQI activities.
 - *Area Quality Coordinators.* Nine Area Quality Coordinators manage CQI teams and the program improvement plan process at the county level and ensure that information gained from the local CQI activities is shared with the CP&P Statewide Collaboration Team, Area and Local Office staff and community stakeholders as appropriate.
 - *CP&P Deputy Directors.* The CP&P Deputy Directors use information from all levels to guide their efforts in ensuring the Case Practice Model is sustained through ongoing CQI processes and CQI activities align with the Case Practice Model.
 - *Data Analysts.* The Data Analyst from the Office of Research Evaluation and Reporting provide technical assistance in evaluation and applications of MIS

data systems and produce quantitative & qualitative information and outcome reports that can be used to support ongoing CQI efforts at every level.

- ▶ *County CQI teams.* The County CQI teams develop, implement and support the evaluation of interventions outlined in the program improvement plans (PIPs). Members of the county CQI teams also share information related to any additional CQI activities with the Area Quality Coordinators.
- *Office of Quality Team Leads.* The Team Leads work closely together to support CQI activities at the local office and area levels across the state. The QR Administrator and Team Leads are responsible for providing technical assistance to support to the local CQI Teams in development and monitoring of the program improvement process.

Division of Child Protection and Permanency – CQI Activities. The Division of Child Protection and Permanency (CP&P) is New Jersey's child protection and child welfare agency within the Department. Its mission is to ensure the safety, permanency, and well-being of children and to support families. CP&P is responsible for investigating allegations of child abuse and neglect and, if necessary, arranging for the child's protection and a family's treatment. CP&P utilizes the DCF Case Practice Model (CPM) which was published in 2007 and was followed by intensive staff training on the model's components and immersion training to integrate the model into the practice of every local office. This process included the use of coaching and mentoring to reinforce training and build staff competency. There are numerous staff positions at the state (central office), area- and local-levels within CP&P to support CPM implementation and ongoing CQI process and activities.

- ▶ *CP&P Central Office.* CP&P Central Office, led by the Assistance Commissioner, is responsible for leadership, direction, and oversight of Case Practice. Central Office is also responsible for Central, Area and Local Office staff dedicated to supporting the implementation of the CPM. The central office staff also includes the Deputy Director for Case Practice, CP&P Assistant Directors, the Offices of Licensing and Institutional Abuse and Investigation, and nine CP&P Area Directors. These leaders use information from all levels to guide their efforts in researching evidence informed practices and determining the feasibility of implementing solutions. As leaders at this level select strategies for improving practice they also develop plans to evaluate the strategies.
- ▶ *CP&P Area Offices.* There are nine CP&P Area Offices throughout the state established to manage and support the CP&P Local Offices in their daily activities and operation. These offices are responsible for managing staff designated to support caseworkers and monitoring the ongoing quality of case practice. Each Area Office is led by an Area Director responsible for providing direction and oversight to Area Office staff which includes Assistant Area Directors, Area Quality Coordinators, and Local Office

Managers. Examples of CQI activities in the Area offices include leading the development of program improvement plans, participation in Child-Stat, supporting data entry improvement efforts and monitoring the results and implementations of interventions that support practice on an ongoing basis.

- ▶ CP&P Local Offices. There are 46 CP&P Local Offices throughout the state which are responsible for arranging for protection services and providing support to the families. Extensive training, coaching and dedicated staff positions are used to support caseworkers' effective implementation of the case practice model at the local level. Each Local Office is led by a Local Office Manager who provides direction and oversight to local office staff, which includes but is not limited to Casework Supervisors, Case Practice Specialists, and Resource Development Specialists. In regard to CQI, staff engages in CQI activities on a daily basis as they implement the case practice and work to track and adjust as part of their everyday work. In addition, local office staff members participate in case conferences, work on the frontline to improve data entry and accuracy, facilitate presentations on cases as requested for various reviews and put local systems in place to monitor their own work over time.

Office of Information and Technology (OIT). The Office of Information Technology manages and supports the Department in using the Statewide Automated Child Welfare Information System (SACWIS) as well as all other critical information management systems (e.g. Safe Measures). OIT ensures that systems are operating properly and securely, provides Help Desk support for front end users, develops communications strategies to ensure that DCF staff members are aware of any systems changes, distributes and maintains software licenses and computer and communications hardware, tests and develops new system components and interacts with external stakeholders to ensure that DCF is meeting OIT related regulation.

The Office of Training and Professional Development. The Office of Training and Professional Development partners with leadership throughout the Department to develop curricula and deliver educational training needed to promote continuous quality improvement of DCF services. Academy trainers have degrees in education, social work and other human services-related disciplines. The training staff facilitates training related to seven monitored training categories which include: pre-service; in-service; concurrent planning; Case Practice Model; investigations and intake; new supervisor; and new adoption worker training. In addition to the above, the Training Academy provides continuous instruction to staff in various other curricula, including orientation for all new workers; courses for the Special Response Unit (SPRU) workers and supervisors; Equal Employment Opportunity (EEO) overview for all workers and specialized EEO instruction for managers; New Jersey Spirit (NJS) instruction, to ensure that workers know how to navigate and otherwise use DCF's statewide computer system; instruction to residential treatment center staff who work with troubled youth on behavior modification/crisis intervention strategies; a specialized Work Readiness Training course for new workers coming out of the Baccalaureate in Child Welfare Educational Program (BCWEP); and child sexual abuse identification and interviewing skill-building.

Case Record Review Data and Processes influencing all jurisdictions

PMA's Office of Quality leads numerous case reviews that provide an understanding of what is

“behind” the safety, permanency and well-being data in terms of day-to-day practice in the field and how that practice is impacting child and family functioning and outcomes. The Office of Quality is committed to conducting ongoing case reviews, analyzing and disseminating performance data, and providing feedback to stakeholders and decision makers that focuses on improving Departmental service delivery and case practice. In addition to ensuring that statewide systems and processes exist, PMA conducts various statewide and areal level reviews. In the past five years, each of our 46 local offices has participated in a case record review (see Table 2).

The ongoing case review processes that DCF uses to monitor service delivery in every jurisdiction include:

- ▶ *Qualitative Review.* The Qualitative Review uses a combination of record reviews, interviews, observations, and professional assessment to identify patterns regarding children, youth, families, and the people who support them. The QR examines the status of the child and family in several important areas of life and assesses practice performance areas as listed below.
- ▶ *Child and Family Status Indicators:* safety at home, safety in other settings, stability at home, stability at school, living arrangement, family functioning and resourcefulness, prospect for permanence, emotional well-being, physical health and learning and development.
- ▶ *Practice Performance Indicators:* engagement, teamwork and coordination, ongoing assessment, long term view, child and family planning process, plan implementation, tracking and adjusting, provision of health care services, resource availability, family and community connections and successful transitions.
- ▶ QR sampling is stratified to include a proportion of cases that reflects key geographic and demographic population factors, families who receive in home and out of home services, and the range of children served of different ages. The Quality Review is county-based in New Jersey’s twenty-one counties, with a rotating schedule of reviews. The QR sample is stratified to include a proportion of cases that reflect different age groups including a group of children 0-17 years old and a group of youth 18-21 years old. The sample includes permanency goals of reunification, family stabilization, independent living, adoption, and kinship legal guardianship. Following each QR, the Office of Quality issues a final report which outlines key themes from the review and notes the specific strengths and areas needing improvement that were identified in the review process. After the review, a Program Improvement Plan (PIP) is developed

locally for each county using team of both Area and Local office CP&P staff. The PIP builds on strengths while addressing areas and domains needing improvement. The PIP is subsequently tracked for implementation by the Area and Local Office CP&P staff and updates are provided to the Office of Quality.

- ▶ *ChildStat*. ChildStat is an internal case presentation that focuses on the quality of the practice and the services offered to a family. There is a statewide audience from the state area and local office levels. This forum provides an opportunity for DCF staff to examine practice, policy and procedure from a systems perspective.
- ▶ *Enhanced Reviews (Fifth and Tenth Month)*. The fifth month enhanced review is a formal internal review of children, who have been in placement for five months. This review is conducted by the Administrative Placement Reviewer, an independent consultant to all parties. The review focuses on progress made toward the case plan, including the completion of key permanency tasks. Team members such as parents and providers are encouraged to attend. The tenth month placement review is a critical decision-making time in which the agency must assess case progress.
- ▶ *Executive Directed Case Reviews*. Executive Directed Case Reviews are monthly quality case reviews involving executive leadership on a youth identified by the Commissioner, Director of the Division of Child Protection & Permanency (CP&P) or the Director of Children's System of Care (CSOC). The process of the review entails gathering all relevant and available information to assess the case or clinical practice of the agency or contracted staff.
- ▶ *Targeted Reviews*. DCF conducts targeted reviews to review the quality of specific components of practice. For example, DCF conducts several special reviews of New Jersey Child Protection Services investigative practice to assess the overall quality of practice around CP&P fulfilling its statutorily mandated role to investigate reports of alleged child abuse and neglect. *DCF also conducts a special review of the State Central Registry (SCR) to assess the overall quality and effectiveness of the manner, speed, and clarity with which SCR receives, screens, prioritizes, dispatches, and act on calls from the public.*

Table 2. Jurisdiction Coverage Case Record Reviews (including QR, ChildStat and Executive reviews) Conducted by Area and Local Office

Area Office	Local Office	2011			2012			2013			2014			2015			2016		
		ChildStat	QR	Exec Review	ChildStat	QR	Exec Review	ChildStat	QR	Exec Review	ChildStat	QR	Exec Review	ChildStat	QR	Exec Review	ChildStat	QR	Exec Review
Atlantic/Burlington/Cape May Area Office (#722)	Atlantic East	X	X	X		X		X	X	X		X			X				X
Atlantic/Burlington/Cape May Area Office (#722)	Atlantic West		X		X	X	XX		X			X		X	X	XX	X		
Atlantic/Burlington/Cape May Area Office (#722)	Burl East					X		X				X						X	
Atlantic/Burlington/Cape May Area Office (#722)	Burl West				X	X			X			X			X			X	X
Atlantic/Burlington/Cape May Area Office (#722)	Cape May	X	X			X			X		X				X	XX			
Bergen/Hudson Area Office (#422)	Bergen Central				X	X					X		X	X			X		
Bergen/Hudson Area Office (#422)	Bergen South	X				X			X	X	X		X				X		
Bergen/Hudson Area Office (#422)	Hudson Central	X	X			X		X	X			X		X				X	
Bergen/Hudson Area Office (#422)	Hudson North		X		X	X			X			X		X	X			X	
Bergen/Hudson Area Office (#422)	Hudson South	X	X			X			X	X	X	X	X		X			X	
Bergen/Hudson Area Office (#422)	Hudson West	X	X			X		X	X			X		X				X	
Camden Area Office (#720)	Cam Central	XX	X	X		X		X	X	X		X	X	X	X				
Camden Area Office (#720)	Cam East		X		X	X			X		X	X		X				X	
Camden Area Office (#720)	Cam North	X	X			X	X		X	XXX		X		X	X	XX			
Camden Area Office (#720)	Cam South	X	X			X			X	X	X	X		X			X		X
Cumberland/Gloucester/Salem Area Office (#723)	Cumb East	X	X			X		X	X						X		X		X
Cumberland/Gloucester/Salem Area Office (#723)	Cumb West		X	X	X	X			X	X			X	X	X				
Cumberland/Gloucester/Salem Area Office (#723)	Glo East	X			X	X			X	X	X	X	X	X	X			X	
Cumberland/Gloucester/Salem Area Office (#723)	Glo West					X		X	X			X		X	X	X		X	
Cumberland/Gloucester/Salem Area Office (#723)	Salem	X	X						X	X	X	X				X		X	X
Essex Area Office (#530)	Essex Central	X	X	X	X	X		X	X			X	X		X	X		X	
Essex Area Office (#530)	Essex North	X	X		X	X			X		X	X	X		X			X	
Essex Area Office (#530)	Essex South		X	X	X	X			X			X		X				X	
Essex Area Office (#530)	Newark Center City	X	X		X	X			X			X			X			X	XX
Essex Area Office (#530)	Newark NE	X	X		X	X	XX	X	X	X		X	X		X		X	X	
Essex Area Office (#530)	Newark South	X	X		X	X	X		X	X		X	X		X			X	X
Hunterdon/Mercer/Somerset/Warren (#423)	Hunterdon	X				X		X					X						X
Hunterdon/Mercer/Somerset/Warren (#423)	Mercer North		X	X	X	X	X						X					X	
Hunterdon/Mercer/Somerset/Warren (#423)	Mercer South	X	X	X		X	X					X			X			X	
Hunterdon/Mercer/Somerset/Warren (#423)	Somerset	X	X		X				X	X		X			X	X	X	X	X
Hunterdon/Mercer/Somerset/Warren (#423)	Warren	X	X	X					X		X		X		X		X		
Middlesex/Union Area Office (#523)	Mid Central	X	X			X		X	X			X			X	X	X		X
Middlesex/Union Area Office (#523)	Mid Coastal		X		X	X	XX		X			X	X	X	X				
Middlesex/Union Area Office (#523)	Mid West	X	X			X	X		X		X	X		X	X	X			
Middlesex/Union Area Office (#523)	Union Central	X	X		X	X			X		X	X			X			X	
Middlesex/Union Area Office (#523)	Union East	X	X			X	X	X	X			X			X			X	
Middlesex/Union Area Office (#523)	Union West	X	X		X	X	X		X	X		X		X	X	X		X	
Morris/Sussex/Passaic Area Office (#424)	Morris East		X		X	X						X		X	X				
Morris/Sussex/Passaic Area Office (#424)	Morris West	X	X			X		X				X			X		X		
Morris/Sussex/Passaic Area Office (#424)	Passaic Central	X				X		X	X	X		X		X				X	
Morris/Sussex/Passaic Area Office (#424)	Passaic North				X	X			X	X	X	X				X		X	
Morris/Sussex/Passaic Area Office (#424)	Sussex	X	X	X			X		X	X					X		X	X	
Ocean/Monmouth Area Office (#621)	Monmouth North		X	X	X				X					X	X	X		X	
Ocean/Monmouth Area Office (#621)	Monmouth South	X	X						X		X		X		X	X		X	
Ocean/Monmouth Area Office (#621)	Ocean North		X	X	X	X			X			X			X				
Ocean/Monmouth Area Office (#621)	Ocean South	X	X			X			X	X	X	X					X		

Note. The X indicates that the respective type of review occurred. Multiple XX in a cell indicate that more than one review of that type occurred in the time period and at the location represented by the cell. In addition, merged cell represent office changes over time,

where offices were either combined or split to address Department needs overtime.

Statewide and County Program Improvement Plans

Statewide PIP Processes. DCF works to meet the requirements outlined in several state-level PIP processes that are driven by federal review processes. Examples of the PIP processes that we are engaged in include CFSR, Annual Progress and Services Report (APSR), National Child Abuse and Neglect Data System (NCANDS) and The Adoption and Foster Care Analysis and Reporting System (AFCARS) and the Child and Family Services Plan (CFSP). Key staff in the Office of Performance, Management and Accountability manage state-level PIP processes.

County Level PIP Processes. Although DCF has always including program improvement in the QR process, PMA enhanced its process in 2015 to provide additional technical assistance to support the use of data in identifying local needs. In addition to the QR results, a county “data story” presentation is provided to the Area Quality Coordinator’s, Area Leadership and local office staff. The presentation includes qualitative information on performance indicators and outcome data. The Office of Quality began presenting data stories in February of, 2016. The Office of Quality wanted to ensure that local office staff members were also aware of the findings presented in the data story. As a result, the Office of Quality staff implemented local office data story presentations. These presentations ensure that local office staff gain insights from the reviews, but also provide an initial opportunity for the local offices to provide insight as we explore the root causes of identified problems. To date, the Office of Quality conducted thirteen county leadership data stories and twenty-nine staff data stories throughout the state.

After the initial QR presentations, the Office of Quality assists the County CQI team in exploring solutions and developing implementation and evaluation plans using the PIP process to develop sound theories of change and clear expectations of how proposed interventions contribute to achievement of short and long term outcomes. The County CQI Teams are made up of representatives from the area and local office staff. PIPs are intended to be a useful framework for focusing on broad issues and overarching themes affecting all or most offices within the reviewed county. Counties have the flexibility to select two to five areas of need that they will focus on in the next 24 months. The only non-negotiable indicator is safety, which must be included if identified as an area of need. The County PIP teams typically report out activity implementation and results of efforts using survey data, verbal feedback from stakeholders (interviews, group discussions) or MIS data.

Statewide access to information management systems that provide real time and longitudinal data

DCF is a data driven organization that uses data to inform policy, strengthen standard operating procedures, and maintain its focus on continuous improvement of overall service delivery. DCF has well established information management systems for collecting and organizing data and several processes for promoting data quality that influence all jurisdictions.

Information Management Systems. DCF promotes quality data by applying clear processes for collecting and extracting quantitative and qualitative data.

Example information management systems include:

▶ *NJSPIRIT.* The New Jersey Statewide Protective Investigation, Reporting and Information Tool (NJSPIRIT) is DCF's primary information management system for case practice. It is a comprehensive, automated case management tool that integrates various aspects of case practice in a single statewide system. NJ SPIRIT has several built in validation tools to support data quality, meets federal requirements for a Statewide Automated Child Welfare Information System (SACWIS) and supports several federal reporting systems.

▶ *SafeMeasures.* The SafeMeasures (SM) system is a software application that feeds NJ SPIRIT data into a reporting system. Frontline caseworkers, supervisors, and managers throughout the agency use SM to guide workflow, track timely data entry, data quality, and measure results. SM displays data monthly by worker type (i.e. caseworker, supervisor, casework supervisor) and organizational level of analysis (i.e. local office, area office and statewide) for monitoring, comparing, and measuring performance. SafeMeasures allows casework staff to monitor their progress on casework requirements and other key performance indicators. Example indicators include Supervisor/Worker Ratio and Permanency Caseload: Office & Worker. IT and RER provide technical support to end users as needed.

▶ *CP&P Longitudinal Outcome Data.* DCF contracts with an evaluation, research, and consulting firm, to transform data recorded in NJSPIRIT into longitudinal data reports. The firm provides data via a Statewide and County Workbook. This Workbook is utilized by the DCF Office of Research, Evaluation, and Reporting and CP&P management staff. All CP&P managers and key support staff have been trained on the use of the longitudinal outcomes report. Measures in this report includes: number of entries, placement stability, and number of exits, exits of older children, quartile lengths of stay, re-entry, discharge to permanency percentiles, permanency outcomes, and timeliness of adoption.

▶ *Access to Administrative Data.* DCF has a formal internal data request process that ensures that staff members throughout the Department have access to the information that they need to drive practice. The requestor must complete a data request form and submit it to RER for processing. Once the request is retrieved by the RER administrator, the task is assigned to a data analyst who fulfills the request and provides the information to the

requestor. In addition, DCF analysts extract and aggregate NJSPIRIT data to complete several federal reporting requirements.

Data quality assurances that rely on staff at the state, area and local levels

PMA collaborates with leadership throughout the Department to ensure the reliability and validity of data used to inform decision making. The Department has designated staff working to ensure data is inputted, collected and extracted systematically and is committed to providing ongoing training and development opportunities.

▶ *PMA's Office of Research, Evaluation and Reporting (RER)*. The RER staff monitors data collected in NJSPIRIT to ensure data is entered accurately and consistently. RER analysts regularly evaluate the data to confirm that the trends that emerge mirror the work of our staff and accurately reflect the experiences of our families.

▶ *The Office of Information Technology (IT)*. IT staffs a NJSPIRIT Help Desk to address any technical issues related to the use of DCF's information management systems. IT also participates in mandated systems compliance reviews of NJSPIRIT on behalf of the Department. These reviews are carried out by the Division of State Systems (DSS). The reviews assess DCF's fidelity to federal requirements and ensure the development of system improvement plans.

▶ *DCF Manage by Data Fellows*. DCF has invested in the Manage by Data Fellows Program, a nine-month training program for middle management staff to learn how to better utilize data to support improved case practice and outcomes for children and families. Participants of this program (i.e., Fellows) are important contributors to data quality at DCF because they regularly access DCF data and are able to articulate the importance of quality data entry to staff in each of their Offices/Divisions. Through this program, staff members from across the Department participate in data research projects, using real-time data, to inform policy and practice within DCF. The data projects are selected based on the key issues important to the state and results are presented to executive management. This program is instrumental not only because it informs DCF policy and practice, but because it created hundreds of data champions and experts throughout the Department who bring their knowledge and support of data-informed decision making to the local level. We provide data related to Manage by Data Fellows program participation below (Figure 2.):

Figure 2. Mange by Data Fellows Participation Data

	A	B	C	D	E	F
1	CP&P			All Other DCF Divisions and Offices		
2	CP&P Central Office	10		Business Office	6	
3	Atlantic/Burlington/Cape May	14		Children's System of Care	4	
4	Bergen/Hudson	25		Commissioner's Office	2	
5	Camden	15		Division on Women	7	
6	Essex	20		Family and Community Partnerships	2	
7	Cumberland/Gloucester/Salem	14		Institutional Abuse Investigation Unit	9	
8	Hunterdon/Mercer/Somerset/Warren	14		Information Technology	2	
9	Middlesex/Union	19		Office of Adolescent Services	4	
10	Morris/Sussex/Passaic	20		Office of Adoption Operations	1	
11	Ocean/Monmouth	16		Office of Clinical Services and Child & Family Health	1	
12	Total	167		Office of Contract Administration	1	
13				Office of Licensing (OOL)	6	
14				Office of Resource Families	2	
15				Office of Strategic Development	2	
16				Performance Management and Accountability (PMA)	17	
17	All Fellows	238		Office of Legal, Regulatory, and Legislative Affairs	4	
18	CP&P	70%		State Central Registry (SCR)	1	
19	Other DCF	30%		Total	71	
20						
21						
22						
23	updated 1.3.17					
24						
25						
26						

► *Office of Policy & Regulatory Development.* DCF provides guidance to staff through its policies about data entry. These policies identify what needs to be collected and entered in NJSPIRIT. This guidance describes specific content, time frames for completing data entry, and the order in which the certain data fields should be entered. There are hundreds of DCF policies outlining how and when a staff member enters data into the NJSPIRIT system.

► *Automated Data Entry Alerts for Local Office Staff.* DCF uses an automated reported system (*SafeMeasures*) to extract and aggregate data from NJSPIRIT so that front end users can track progress on cases. RER and IT have partnered to develop functionality within the system to monitor the workflow of staff. The system supports data quality by giving staff automated prompts to promote consistent data entry.

CQI staff capacity building and framework Integration at the state, area and local levels

DCF understands the importance of developing its staff to support its CQI system. In addition to continuing traditional CQI related, QR Reviewer training and supervisory QR training, DCF, in partnership with Rutgers University, is in the process of developing and implementing a suite of CQI training programs that will reflect the latest advancement in CQI for child welfare and support the integration of the Department’s enhanced approach to CQI.

► *Traditional CQI Related Training.* The Professional Training and Development Center trains new and seasoned workers in child protection and permanency practice. In addition to the case practice model curriculum, training includes instruction on how to navigate DCF information management systems and how to develop and maintain

automated records management, case planning, service planning, and data tracking. Additional DCF data-related training programs include, yet are not limited to, Data Skills for Supervisors, Documentation for Child Welfare Professionals, Excel Training, New Worker Pre-Service Training, and Qualitative Review training.

- ▶ **Qualitative Review Reviewer Training.** DCF staff and external stakeholders participating in the QR as reviewers must complete a two day classroom training program before participating in a review. After completing the training, reviewers use a standard protocol in a shadowing/mentoring sequence involving two consecutive case review situations conducted in the field with an inter-rater agreement check made with the second case. The trainee's first case analysis and ratings, feedback session with frontline staff, oral case presentation, and first case write-up are coached by a qualified Qualitative Review Mentor.

Supervisory QR Training. In 2016, a liaison from PMA partnered with Training Academy and trained 623 staff in the QR Supervisory Seminar. The training provides an opportunity to understand the QR process and its impact and connection to case practice. Supervisors develop an understanding of the rating and debriefing process of the QR and begin to integrate the QR Protocol as a supervisory tool. The QR Supervisory Seminars have been completed. A total of 623 individuals were trained. A representative from each Local Office was trained. Representation ranged from 1 to 20 persons per office.

- ▶ *Enhanced CQI Training*

- ▶ *Level 3. CQI Training* DCF implementing the pilot of an extensive 8 part training course and coaching-model to support the Office of Quality staff, Area Quality Coordinators and other key CQI staff in the Department in carrying out their roles as CQI champions within the organization. The purpose of the training is to strengthen PIP facilitation guidance, provide professional development in interpreting and using data to support CQI activities, and outline enhanced procedures for developing PIPs and reporting progress. Rutgers University is working with DCF in institutionalizing the Advanced CQI curriculum.
- ▶ *Level 2. CQI Training.* DCF is also working with Rutgers to develop the curriculum for the CQI training for managers. The purpose of this training will be to provide managers with an opportunity to learn about implementation science and gain additional skills in using data to support management strategies. DCF anticipates that the training content and web design features will be completed by December 2017.

- ▶ *Level 1. CQI Training.* DCF will implement training for the all staff to support CQI awareness and integration of DCF's CQI vision in daily practice. DCF anticipates that the training content and web design features will be completed by October 2017. In addition, DCF and Rutgers are developing the curriculum to accommodate contracted service provider trainees.

Item 25 - Requirement 2. Is the State operating an identifiable quality assurance system that (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety)

DCF's evaluates the quality of services provided and maintains service standards that are defined through federal law, our federal monitoring sustainability and exit plan, state law and internal DCF policy.

Example DCF's standards for applying standards to evaluate the quality of services include:

- ▶ Tracking, monitoring, dissemination and use of data related to the 48 Process and outcome measures that are outlined by our Sustainability and Exit Plan;
- ▶ Qualitative Review Protocol and Process Standardization (i.e. scoring, reviewer training)

Next we provide detailed information for each of the key points listed above.

Tracking, monitoring, dissemination and use of data related to the 48 Process and outcome measures that are outlined by our Sustainability and Exit Plan

The standards are outlined in the SEP (formerly the MSA) and in the DCF policy and procedural manual on our agency website (i.e. http://www.nj.gov/dcf/policy_manuals/toc.shtml). DCF's tracks 48 process and outcome measures based on federal requirements and state policy (see Table 3). Data are generated from a variety of information systems and review processes. Example data collection processes include the housing, employment and education status review for older youth exiting care, visitation data review, family team meeting data review and the investigation case record review. Measures that are tracked using data from NJSPIRIT are monitored using standard methodologies that are developed collaboratively by DCF and the Center for the Study of Social Policy. Data for all of these measures are reported, distributed to staff and posted on DCF's website in the Commissioners Monthly report.

Table 3. Sustainability and Exit Plan Measures

IAIU Investigations	Caseloads
<u>IAIU Investigations Completion</u>	<u>Intake Workers (local offices) Caseload:</u>
Caseloads	<u>Intake Workers Caseload:</u>
<u>Supervisor/Worker Ratio</u>	<u>Adoption Workers (local offices) Caseload:</u>
<u>IAIU Investigators Caseload</u>	<u>Adoption Workers Caseload:</u>
<u>Permanency Workers (Local Offices) Caseload</u>	Visitation
<u>Permanency Workers Caseload</u>	<u>Caseworker Contacts with Family When Goal is Reunification:</u>
Case Plans	<u>Parent-Child Visits - weekly:</u>
<u>Timeliness of Current Plans</u>	<u>Parent-Child Visits –</u>
DAsG	<u>bi-weekly:</u>
<u>Adequacy of DAsG Staffing:</u>	<u>Child Visits with Siblings:</u>
Child Health Units	Placement
<u>Child Health Units</u>	<u>Placing Siblings:</u>
Visitation	<u>Sibling Placements of four or more children:</u>
<u>Caseworker Contacts with Children – New Placement/Placement Change:</u>	<u>Recruitment for Sibling Groups of Four or More:</u>
<u>Caseworker Contact with Children in Placement:</u>	<u>Placement Stability, First 12 Months in Care:</u>
Education	<u>Placement Stability, 13 – 24 Months in Care:</u>
<u>Educational Needs:</u>	Maltreatment
<u>Abuse and Neglect of Children in Foster Care:</u>	<u>Repeat Maltreatment (In-home):</u>
<u>Timeliness of Completion (60 days):</u>	<u>Maltreatment Post-Reunification:</u>
Investigations	<u>Re-entry to Placement:</u>
<u>Timeliness of Completion (90 days):</u>	Timely Permanency
<u>Quality Investigations:</u>	<u>Permanency within 12 Months:</u>
Family Teaming	<u>Permanency within 24 Months:</u>
<u>Initial Family Team Meeting:</u>	<u>Permanency within 36 Months:</u>
<u>Subsequent FTMs within 12 months</u>	<u>Permanency within 48 Months</u>
<u>Subsequent FTMs after 12 months- Reunification Goal:</u>	Services To Support Transition
<u>Subsequent FTMs after 12 months – Other than Reunification Goal</u>	<u>Services to Support Transitions:</u>
<u>Quality of Teaming</u>	Older Youth
Needs Assessment	<u>Independent Living Assessments:</u>
<u>Needs Assessment</u>	<u>Quality of Case Planning and Services:</u>
Case Plans	<u>Housing:</u>
<u>Initial Case Plans:</u>	<u>Employment/Education:</u>
<u>Quality of Case Plans:</u>	

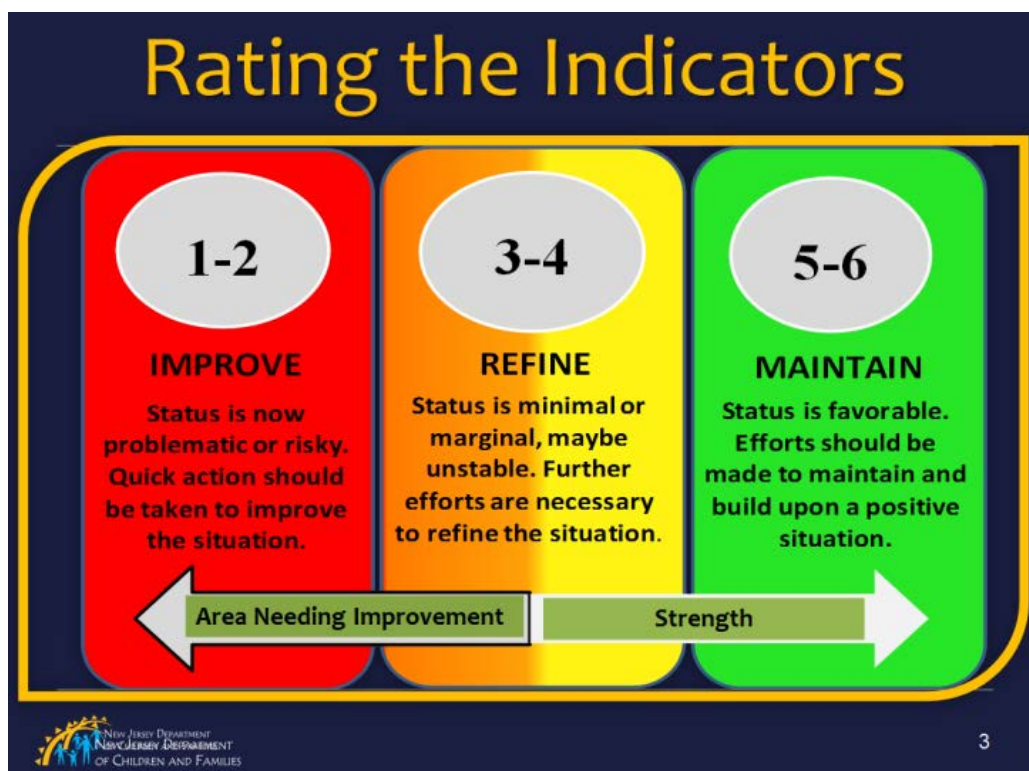
Qualitative Review Standards and Process Standardization

DCF conducts qualitative case record reviews on in-home cases, out of home cases and adolescents on an ongoing basis to examine 8 Child and Family Status Indicators and 10 Practice

Performance Indicators. In this review process, the Office of Quality trains all reviewers to apply a standard protocol tool to generate ratings on a scale from one to six ranging from adverse to optimal for each indicator. Cases are reviewed by a team of trained QR reviewers to determine child and parent/caregiver status, recent progress, and related system practice and performance results.

Protocol Scoring. DCF commonly uses two different systems for reporting QR findings - a two category system and a three category zone approach. The two category system is utilized to report QR findings for the Sustainability and Exit Plan. The two categories, “Acceptable” and “Areas Needing Improvement” (ANI) correspond to a 1-6 scoring scale (see Figure 3.) DCF uses QR data for the SEP measures of Quality of Teaming, Quality of Case Plans and Quality of Case Planning and Services). A case is considered a *strength* when scores fall into the “Acceptable” range. An indicator is seen as a *strength* when 70% or more of all cases scored receive an “Acceptable” rating. The Office of Performance Management & Accountability (PMA) presents QR data for all of the indicators to the Division of Child Protection and Permanency [DCP&P, formerly known as the Division of Youth and Family Services (DYFS)] staff using three pre-defined *Zones*, which also corresponds to a 1-6 scoring scale. DCF tracks statewide progress on each indicator and the Office of Quality generates reports to each county that participates in the QR that provide results statewide, county and local office levels. Counties are required to develop PIP plans to improve either safety, if the results of the review identifies either indicator as an area of need.

Figure 3.



Reviewer Training. QR uses trained reviewers and a structured protocol to engage stakeholders in the assessment process. The training processes are outlined below.

- ▶ The QR review teams review selected documents in the case record in addition to interviewing parent(s), children, caseworkers and others who are important to the family including schools, service providers, and other caregivers. Reviewers assign a “score” for each indicator based on guidance provided in the QR instruction manual and scoring instrument.
- ▶ All QR reviewers are required to successfully complete training which contains a section on how to consistently apply the scoring instrument and how to determine ratings. Reviewers are experienced staff at the administrative level across all DCF Divisions/Offices as well as various community stakeholders. Reviewers participate in at least two reviews per year in order to continually build their skills.
- ▶ Experienced reviewers, who serve as mentors, are paired with newer reviewers to provide guidance, a written evaluation, and plan for improvement. Each reviewer also completes a self-assessment and plan for improvement. Experienced reviewers are eligible to become a DCF Certified Qualitative Reviewer by participating in a process where the reviewer’s assessment and score of a case review are compared to the normative score of national expert reviews to ensure the reviewer maintains fidelity to the tool and to assess the scoring abilities of the reviewer.
- ▶ Inter-rater reliability is promoted by having teams of two case reviewers who rate the elements individually before discussing a consensus rating. Office of Quality staff participates on QR review teams, infusing consistency into the process. After ratings are completed, the team debrief sessions are also used as a forum to illuminate and resolve consistency issues with regard to application of the scoring instrument and interpretation of information. The Office of Quality reviews case detail reports after the QR is completed to ensure ratings are justified and oversees the compilation of ratings data and results gathered from each review. The information from the QRs is reviewed against prior reports for consistency and indicators of reliability concerns are addressed.
- ▶ In order to prevent reviewer conflict of interest, reviewers do not participate in Qualitative Reviews in counties/areas in which they work and do not review cases in which they were involved.

DCF provides aggregate results in terms of percentage of strength ratings for QR reviews from 2011 through 2015 (Table 4). As noted previously, in 2016 DCF implemented a 2 year review

schedule to allow counties to have two years between reviews to implement and learn from PIP activities and strategies. As a result, for example, DCF will need to combine 2016-2017 data to be able aggregate data.

Table 4.

12 Month Indicator Summary January - December	2011 n=190	2012 n=155	2013 n=192	2014 n=180	2015 n=191
Indicators	Strength %	Strength %	Strength %	Strength %	Strength %
Child and Family Indicators	Jan - Dec	Jan - Dec	Jan - Dec	Jan - Dec	Jan - Dec
Safety of the Child - Home	97%	98%	97%	99%	98%
Safety of the Child - Other	96%	98%	98%	97%	98%
Stability -Home	74%	74%	78%	78%	82%
Stability - School	88%	82%	88%	88%	91%
Living Arrangement	91%	95%	96%	96%	96%
Family Functioning & Resourcefulness	71%	72%	65%	71%	73%
Progress toward Permanency	66%	56%	57%	60%	62%
Physical Health of the Child	96%	94%	97%	96%	96%
Emotional Well-Being	87%	88%	86%	92%	88%
Learning & Development, <Age 5	98%	98%	95%	89%	100%
Learning & Development, Age 5+	87%	88%	83%	91%	89%
Overall Child and Family Status	91%	90%	91%	90%	94%
Practice Performance Indicators					
Engagement - Overall	56%	59%	54%	66%	70%
Engagement - Child/youth	64%	67%	73%	80%	82%
Engagement - Parents	37%	40%	38%	41%	52%
Engagement - Resource caregiver	74%	70%	81%	81%	80%
Family Teamwork - Formation	44%	38%	42%	52%	54%
Family Teamwork - Functioning	33%	32%	33%	42%	43%
Assessment - Overall	61%	58%	63%	72%	74%
Assessment - Child/youth	69%	69%	77%	83%	83%
Assessment - Parents	45%	37%	47%	48%	48%
Assessment - Resource caregiver	79%	80%	90%	89%	85%
Case Planning Process	48%	51%	46%	58%	60%
Plan Implementation	61%	62%	59%	65%	70%
Tracking and Adjusting	56%	61%	60%	64%	69%
Provision of Health Care Services	97%	98%	96%	98%	96%
Resource Availability	85%	86%	84%	88%	92%
Family & Community Conn- Overall	73%	69%	71%	78%	86%
Family & Comm Connect- Mother	70%	69%	79%	81%	86%
Family & Comm Connect- Father	60%	56%	51%	59%	65%
Family & Comm Connect- Siblings	79%	73%	72%	85%	84%
Family Supports - Overall	74%	76%	82%	82%	80%
Family Supports - Parents	58%	61%	67%	68%	63%
Family Supports - Resource caregiver	90%	94%	97%	96%	93%
Long Term View	56%	58%	50%	61%	65%
Transitions & Life Adjustments	54%	54%	51%	58%	68%
Overall Practice Performance	58%	59%	57%	66%	72%

Item 25 - Requirement 3. Is the State operating an identifiable quality assurance system that (3) identifies the strengths and needs of the service delivery system.

DCF uses multiple processes to identify the strengths and needs of the service delivery system. In 2014, DCF contracted with Rutgers University to conduct a multi-year needs assessment of families and produce an annual workforce report to support staffing related needs. In addition, DCF's established the Office of Strategic Development, conducts a quarterly satisfaction and needs survey with resource families and monitors annual statewide QR data to better understand statewide trends and practice performance improvement needs.

Example strategies for identifying the strengths and needs of the service delivery system include the:

- ▶ Statewide Needs Assessment
- ▶ Ongoing Strength and Needs of Services Survey
- ▶ Office of Strategic Development
- ▶ Statewide Resource Family Survey
- ▶ Annual Review of Qualitative Review Data

Next we provide detailed information for each of the key points listed above.

Statewide Needs Assessment

The NJ Department of Children and Families (DCF) has implemented a three-year, multi-phase needs assessment process to identify the strengths and needs of families with children at risk for entering out-of-home foster care placement and those already in out-of-home placement. As part of the ongoing requirements under the Sustainability and Exit Plan (formerly the Modified Settlement Agreement) and the Department's commitment to operate as a learning organization, DCF is taking concrete steps to better understand the needs and service gaps for those children and families that are served. This has included partnering with leading child welfare scholars at the Child Welfare and Well-Being Research Unit and Institute for Families at Rutgers University School of Social Work to support the needs assessment process.

The first phase of the needs assessment was completed with a comprehensive review of DCF's prior reports and assessments of need from 2008 to 2014. The internal workgroup finalized this

review to identify key need domains for children in families involved with DCF and published the report on the DCF website.

The second phase of the needs assessment was completed in March 2016 and identified pressing needs for children and families through a review of child abuse and neglect investigations and child welfare assessments completed from 2009-2013² by DCF's Child Protection and Permanency (CP&P) division. This helped to guide the focus of the needs assessment, whereby sources of client-level data were identified and analyzed to describe the needs of children and families. New Jersey's State Administered Child Welfare Information System, NJ-SPIRIT, DCF's client-level case management system, was used to construct need domains for children and families served from 2009-2013.

This current phase focused on qualitative data collected through focus groups and interviews with key stakeholders, staff, contracted service providers and families. Additional analysis of secondary data explored the needs of frequently-encountered families and those with multiple identified needs. The current report presents findings from this phase of the needs assessment.

The final phase of the needs assessment will include conducting surveys with families, staff and contracted service providers, as well as examining service gaps. The final report generated from this work is contracted to be completed by December 2017.

Ongoing Strength and Needs of Services Survey

In an effort to understand service needs and the effectiveness service provision, DCF elicits feedback from staff when using DCF contracted services. In regard to data collection methodology, NJ SPIRIT has a 'pop up' box directing staff to complete a short survey about the service they are entering for the child or family they are working with.

The 'pop up' box directs staff to a Survey Monkey© website to answer questions about the service needs and quality of the services. This transition to the Survey Monkey site is seamless to the NJS user. The Survey Monkey© survey allows for more flexibility in design and data

² All child welfare records used in this analysis between 1/1/2009 to 6/30/2011 are impacted by expunction. Any family with an unfounded allegation of abuse or neglect and no prior history of abuse or neglect is deleted from NJSPIRIT after three years if no subsequent allegation of abuse or neglect is found (See DCF Policy Manual CPP-III-E-2-100).

analysis and is quicker to develop than a full modification to house the information directly in NJ SPIRIT. NJ SPIRIT randomizes the timing and location of the ‘pop up’ windows so that staff is not overwhelmed by survey requests during any one period.

The ‘pop up’ box appears at the point when the staff person closes a service line. The survey elicits such information as:

- Local Office (dropdown box)
- Select the families’ need (dropdown box)³
- Specify the service you selected
- Please rate the effectiveness of the service based on the scale provided

Additionally, a ‘pop up’ box will appear when the CP&P supervisor approves a case for closure. In this survey, the ‘pop up’ would elicit the following information of the supervisor:

- Local Office (dropdown box)
- Services accessed by the family (open ended)
- Could another service have assisted the family more effectively? (yes or no and note service)
- Did the service meet the needs of the family? (yes or no)
- Could the family’s case been closed sooner with another services? (yes, name service or no)

This data have been collected since July 2013. Below we provide aggregate results for each survey in Figures 4 and 5.

The Office of Performance Management and Accountability is currently revising the survey and will generate quarterly reports available by county to be sent to the CP&P Area Director and the Business Manager in 2017. The reports will include the data and an analysis of the data that will help local leadership identify areas where service gaps or needs are identified.

³ Dropdown box will include a selection of ‘other’ where staff can describe the issue if it doesn’t fit into one of the pre-defined categories

Figure 4. Closing Service Lines Survey Results

Closing Service Lines - Needs Assessment Survey

Results Summary for Key Items

There were 3,852 surveys submitted from July 2013 – May 15, 2017. Of these, 14 were incomplete for Q2 and 13 were incomplete for Q4. Surveys were submitted from all 46 Local Offices.

- January – December 2013 1062 Responses
- January – December 2014 925 Responses
- January – December 2015 863 Responses
- January – December 2016 714 Responses
- January – May 11, 2017 288 Responses

The following results include all responses from surveys collected from 2013 to 2017. The information provided for Q2 only includes unduplicated affirmative responses.

Q2. Family's Needs Need Categories	Parent/Caregiver Needs		Need Categories	Child/Youth Needs	
	n	%		n	%
Substance Abuse	973	25.37%	Communication skills	661	71.22%
Emotional Stability/Mental Health	962	25.07%	Emotional Stability/Mental Health	991	25.82%
Other*	692	18.03%	Other*	900	23.45%
Parenting Skills	382	9.95%	Parenting Skills	466	12.14%
Family/Household Relationship	281	7.32%	Physical Health	260	6.77%
Social or Community Support	220	5.73%	Substance Abuse	181	4.70%
Financial/Resource Management	189	4.92%	Family/Household Relationship	153	3.99%
Communication skills	57	1.49%	Financial/Resource Management	118	3.07%
Custody/Visitation	47	1.22%	Social or Community Support	108	2.81%
Physical Health	35	0.91%	Custody/Visitation	n/a	n/a

* Other. Based on a review of 1,031 open ended comments, responses included furniture, supportive services, day care and respite care, financial assistance (e.g. rent, food and clothes), paternity testing, therapy and domestic violence counseling.

Q4. Please rate the effectiveness of the service based on the following scale		
	n	%
Poor	143	3.72%
Fair	416	10.84%
Marginal	572	14.90%
Good	1942	50.59%
Excellent	766	19.95%

Figure 5. Case Closure Needs Assessment Survey Results

Case Closure -Needs Assessment Survey

Results Summary for Key Items

There were 5,865 surveys submitted from July 2013 – May 15, 2017, 4 of these were incomplete and not included in the analysis. Surveys were submitted from all 46 Local Offices.

- January – December 2013 2140 Responses
- January – December 2014 1301 Responses
- January – December 2015 1167 Responses
- January – December 2016 986 Responses
- January – May 11, 2017 271 Responses

The following results include responses from all surveys collected from 2013 to 2017.

Questions	No		Yes	
	n	%	n	%
Q3. Could another service have assisted the family more effectively?	5,432	92.68	429	7.32%
Q4. Did the service meet the needs of the family?	1365	23.29%	4496	76.71%
Q5. Could the case have been closed sooner if another service had been provided?	5,425	92.56%	436	7.44%
Q6. Was there a specific service(s) that helped the family reach case closure?	3876	66.13%	1985	33.87%

Office of Strategic Development

The Office of Strategic Development (OSD) also monitors the quality and effectiveness of programming purchased by the Department. The mission of OSD is to modernize the service array by applying the best available evidence and developing transformational solutions to address the needs of children, youth and families. In close partnership and collaboration with CP&P, PMA and the Office of Contracting, OSD is leading the charge of reviewing and assessing whether core services purchased by the Department are meeting the needs of CP&P involved families. Example projects managed by OSD include the study housing services for at-risk families, study of supportive visitation development of blueprint for how DCF and provider

partners will approach the successful integration of evidence-based programming into the child welfare service array.

Statewide Resource Family Survey

Division of Child Protection and Permanency (CP&P) at the NJ Department of Children and Families' Continuous Quality Improvement Subcommittee of NJ DCF's Resource Parent Retention Task developed a quarterly survey and reporting process to assess the ongoing effectiveness of the Division's strategic efforts to meet the needs and strengthen the experiences and satisfaction of its network of resource parents. CP&P partners with Rutgers University to administer analyze data and produce reports of survey results.

Annual Statewide Review of QR Data

DCF produces annual statewide QR data in several forms. The Office of Quality aggregates data and produces the data in formal reports. In 2012, 2013 and 2014, DCF produces the Annual Qualitative review report for DCF staff and the federal monitor. In response to the Department's efforts produce formal public reports of our performance. DCF will be distributing a new annual report in 2017 entitled "Our Work with Children, Youth and Families." This report will assess the status of children in care throughout the state, as well as the overall performance of DCF systems and practice models. In addition, DCF will conduct its first annual CQI Summit in Fall 2017. The purpose of the summit is to review the implementation of the CQI system with internal and external stakeholders. One purpose of the review will be to ensure that the information flow processes of the CQI system align with the decision making needs of key stakeholders.

Item 25 - Requirement 4. Is the State operating an identifiable quality assurance system that (4) provides relevant reports

DCF is committed to ensuring that both internal and external stakeholders at all levels have access to the data that they need to make informed decisions in their respective roles. DCF has several reporting mechanisms for making data readily available to the public, strong existing data management systems for aggregating data, and internal reports that provide specific feedback to support DCF leaders in managing operations.

Evidence of primary CQI activities related to providing relevant reports include, but are not limited to:

- ▶ Reports posted on the DCF Website;
- ▶ The New Jersey Child Welfare Data Portal that allows end users to access NJDF data and generate customized reports;
- ▶ Use of comprehensive data systems that produce data reports, and fulfill internal and regulatory data requests;
- ▶ Meeting of federal reporting requirements; and
- ▶ Internal reports distributed to Central Office, Area Office and Local Office leadership as appropriate.

Next we provide detailed information for each of the key points listed above.

Reports posted on the DCF Website

DCF provides several reports to inform all DCF staff and external stakeholders. Each of these reports is made publicly available on the DCF website. We describe several of DCF's posted reports below. These examples include:

- ▶ *Commissioner's Monthly Report.* The Commissioner's Monthly Report is a monthly report of selected data points that supports DCF in understanding who it is serving and how well it is performing. The Commissioner's Monthly Report helps guide DCF efforts as it strives daily to fulfill its department-wide vision and mission.
- ▶ *Screening and Investigation Report.* The Screening and Investigation reports use NJ State Central Registry Activity data (e.g. monthly number Child Abuse and Neglect Hotline

calls) and reports on annual trends, assignments by county, and the referral sources.

- ▶ *Data Fact Sheet*. The fact sheets provide information and data regarding DCF's efforts to collaborate with stakeholders and community partners and to enhance the effectiveness of communication with employees, partners, the media and the general public. All data facts sheets can be found on the DCF public web site. Some examples of data information sheets include, yet are not limited to, the following,
 - Family Success Centers (FSCs)
 - Office of Adolescent Services Safe Space Program
 - County Inter-Agency Coordination Councils' (CIACC) Educational Partnerships
 - Adolescent Housing HUB- The Adolescent Housing Hub (AHH)
 - Scholarship Programs for Post-Secondary Education
 - Responsible Fatherhood/Batterers Intervention Program
 - Interstate Compact and Interstate Services Office
 - Help Me Grow

- ▶ *Children's Interagency Coordinating Council Summary of Activity*. The Children's Interagency Coordinating Council Summary of Activity report provides data on caller information (e.g. demographics, reasons and resolutions for calls), as well as information regarding services provided to active youth (e.g. referrals, Out-of-Home Treatments, I/DD services, and substance abuse services).

- ▶ *DCF Needs Assessment Report*. The needs assessment not only provides the data for DCF to understand the needs of children, youth, and families, but prioritizes needs for implementing actionable change to enhance the current service array.

- ▶ *Educational Stability for Children in Foster Care*. The educational stability reports on the stability (defined as remaining in same school or changing schools) of eligible children by age of child, county, and reasons for school change.

- ▶ *Annual Child Abuse and Neglect Report*. The Annual Abuse and Neglect Report looks at the rates of established/substantiated abuse and neglect by quarter, year, county, municipality, type of maltreatment, and age of child victim. The report also looks at the rates of institutional abuse and neglect by county and facility type.

- ▶ *Child Protection & Permanency Quarterly Demographic Summary*. This report provides the demographics of those receiving in-home and out-of-home placements (e.g. county, age, race, ethnicity, gender, type of placement).

- ▶ *DCF Workforce Report*. This report summarizes the demographics and characteristics of the current child welfare workforce and highlights a variety of indicators of effective workforce planning and development.
- ▶ *Safe Haven Surrenders*. This report compares Safe Haven surrenders and Unsafe Abandonments by year.
- ▶ *Federal Performance Measures*. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF), Children's Bureau utilizes data submitted by the 50 States, Puerto Rico and the District of Columbia to provide reports on child protection and child welfare programs across the Country. DCF shares this information on the DCF website to provide information both on New Jersey's performance, and also to provide a national comparison.
- ▶ *Child Fatality and New Fatality Review Board (CFNFRB) Annual Reports*. This report summarizes the work of the CFNFRB, which reviews fatalities and near fatalities of children in order to identify their causes, relationship to governmental support systems, and methods of prevention.
- ▶ *NJ Domestic Violence Fatality and Near Fatality Review Board (DVFNFRB)*. The Reviews and Recommendations report summarizes the work of the DVFNFRB, who reviews the facts and circumstances surrounding domestic violence-related fatalities and near fatalities in New Jersey in order to identify their causes and their relationship to government and nongovernment service delivery systems, and to develop methods of prevention.
- ▶ *Child and Family Services Plan (CFSP)/ Annual Progress and Services Reports (APSR)*. The CFSP is a strategic plan that sets forth a vision and goals to strengthen DCF. It outlines initiatives and activities that will carry out over the next 5 years to administer and integrate programs and services to promote the safety, permanency, and well-being of children and families. The Annual Progress and Services Report (APSR) provides an annual update on the progress towards the goals and objectives in their CFSPs and outlines the planned activities for the upcoming fiscal year.
- ▶ *New Jersey Task Force on Child Abuse and Neglect-Annual SORS (Staffing and Oversight Review Subcommittee) Report*. This report summarizes the work of SORS, which is to review staffing levels of CP&P in order to develop recommendations regarding staffing levels and the most effective methods of recruiting, hiring, and retaining staff within C&PP.

- ▶ *New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) Report.* The purpose of this report is to summarize the work of the NJTFCAN, which is to study and develop recommendations regarding the most effective means of improving the quality and scope of child protective and preventative services provided or supported by State government.
- ▶ *State of New Jersey Transparency Center-Governor's Performance Center.* This report provides the quarterly progress on key performance indicators, comparing the data with the previous quarter and 12 month average.

New Jersey Child Welfare Data Portal

- ▶ The Data Portal makes New Jersey Child Welfare data available to the public and allows users to explore key indicators of child welfare through customizable visualization and query tools.

Comprehensive Data Management Systems

NJ DCF has clear processes for collecting and extracting quantitative and qualitative data.

Example information management systems include:

- ▶ *SafeMeasures.* The SafeMeasures (SM) system is a software application that feeds NJ SPIRIT data into a reporting system. Frontline caseworkers, supervisors, and managers throughout the agency use SM to guide workflow, track timely data entry, data quality, and measure results. SM displays data monthly by worker type (i.e. caseworker, supervisor, casework supervisor) and organizational level of analysis (i.e. local office, area office and statewide) for monitoring, comparing, and measuring performance. SafeMeasures allows casework staff to monitor their progress on casework requirements and other key performance indicators. Example indicators include Supervisor/Worker Ratio and Permanency Caseload: Office & Worker. IT and RER provide technical support to end users as needed.
- ▶ *CP&P Longitudinal Outcome Data.* DCF contracts with an external firm, to transform data recorded in NJSPIRIT into longitudinal data reports. The firm provides data via a Statewide and County Workbook. This Workbook is utilized by the DCF Office of Research, Evaluation, and Reporting and CP&P management staff. All CP&P managers and key support staff have been trained on the use of the longitudinal outcomes report. Measures in these reports include: number of entries, placement stability, and number of exits, exits of older children, quartile lengths of stay, re-entry, discharge to permanency percentiles, permanency outcomes, and timeliness of adoption.

- ▶ *Access to Administrative Data.* DCF has a formal internal data request process that ensures that staff members throughout the Department have access to the information that they need to drive practice. The requestor must complete a data request form and submit it to RER for processing. Once the request is retrieved by the RER administrator, the task is assigned to a data analyst who fulfills the request and provides the information to the requestor. In addition, DCF analyst extracts and aggregate NJSPIRIT data to complete several federal reporting requirements (e.g. AFCAR, NCANDS).

Meeting of federal reporting requirements

PMA has dedicated staff to manage the reporting processes for AFCARS, NCANDS and NYTD federal data systems as well as CFSR, 5-year Child and Family Services Plan (CFSP), and the Annual Progress and Services Reports (APSR's). The reporting managers who oversee these processes interact with relevant technical assistance providers and maintain communication with the appropriate federal entities through list serves, participation in training and calls. RER ensures that the NJSPIRIT system and other data collection processes are suited to meet the needs of the federal requirements. If changes are required, RER partners with the appropriate IT and NJ DCF leadership to ensure the changes are made and communicated to necessary staff members.

Additional Reports

DCF provides reports as needed to Central Office, Area Office and Local Office leadership as appropriate to support management decision making, learning and planning. Examples of these reports include:

- ▶ *County QR Reports.* Following each QR, the Office of Quality issues a final report which outlines key themes from the review and notes the specific strengths and areas needing improvement that were identified in the review process. All data is maintained by the Office of Quality and submitted as part of New Jersey's Annual Progress and Services Report (APSR). After the review, a Program Improvement Plan is developed locally for each county using a team of both area and local office staff. The improvement plan builds on strengths while addressing areas and domains needing improvement. The Program Improvement Plan is subsequently tracked for implementation by either the Area or Local Office and updates are provided to the Office of Quality.
- ▶ *Quarterly FTM Reports.* DCF collects FTM surveys on an ongoing basis to assess the process and impact of teaming on outcomes for families. The Office of Quality generates quarterly reports for the DCP&P Assistant Commissioner, Assistant Directors, Area Directors, and Implementation Specialists to provide feedback on how Family/Youth Team Meeting participants are experiencing the teaming process.

Item 25 - Requirement 5. Is the State operating an identifiable quality assurance system that (5) evaluates implemented program improvement measures?

DCF monitors the broad success of its many improvement strategies by participated in required federal reviews, providing regular access to data, conducting extensive statewide and local case reviews and tracking and producing the many reports listed previously. In addition to maintaining a culture of continuous monitoring and tracking, DCF also conducts program improvement level evaluations to understand if and how specific program improvement strategies are producing intended results.

Examples of primary CQI activities related to evaluating implemented program improvement measures include, but are not limited to:

- ▶ Externally Contracted Evaluations
- ▶ Internal Evaluations of Statewide CP&P Pilots
- ▶ Measurement of County CQI Program Improvement Plans

Next we provide detailed information for each of the key points listed above.

Externally Contracted Program Evaluations

DCF contracts with university researchers and consultants from private firms to obtain technical assistance in collecting data and reporting information about our many initiatives and programs. For example, Rutgers the State University conducted a Batterer's Intervention Program evaluation, Protective Factors/Newark Evaluation, a study DCF Community Engagement/Sandy, an evaluation to study the Domestic Violence Liaison Program, a study of DCF workforce trends and provided research support in conducting a statewide needs assessment and study of resource family needs and satisfaction with services. In addition, John Hopkins University is conducting a study of DCF Home Visiting Program and a Child and Family Nurse Program Evaluation; NIRN is conducting a study of DCF Family Success Centers and NCCD Children's Research Center is studying and providing technical assistance to improve our structured decision making tools and processes.

Internal Program Evaluations

The Office of Research, Evaluation and Reporting leads statewide internal program evaluation efforts to support the Department in gaining an understanding of how its efforts relate to outcomes for families. For example, RER is conducting an evaluation of the Keeping Families Together Program and Supportive Visitation Services.

Measurement of County CQI Program Improvement Plans

The purpose of the technical assistance is to support the integration of DCF's scientific reasoning based CQI Framework into the PIP process that follows the data collection phase of the QR. In Figure 6., we outline PMA's approach to providing technical assistance to support local offices in using a CQI approach to enhance the Program Improvement Plan (PIP) process that follow the Quality Review.

After the local PIP plan is approved by both PMA and CP&P, the County CQI Team works with PMA to evaluate the success of the PIP strategies. Initially, PMA will participate in CQI team meetings to help design and identify evaluation tools. An in-service training will be developed for Area Quality Coordinator's to build their capacity to implement the measurement approach and interpret results. PMA continues to provide technical assistance to Area Quality Coordinator's as needed. The County CQI Teams prepare follow up PIP reports and submit them to PMA.

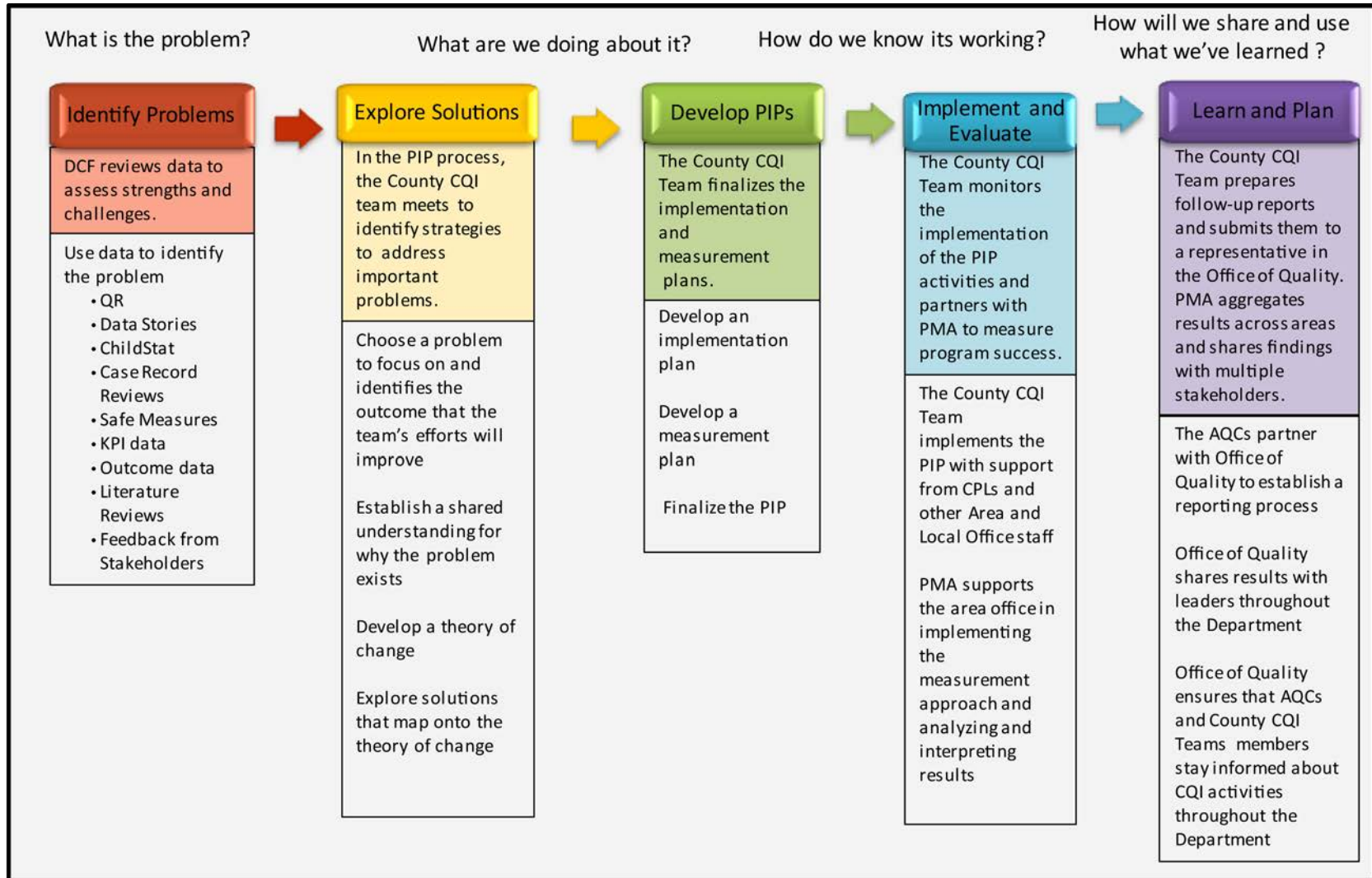
Status Note. As mentioned previously, DCF began developing what we called the enhanced PIP process in Summer 2015. PMA partnered with national experts to gain insights about our approach and spent the next year developing PIP enhancement framework. PMA started by revising and implementing a QR protocol and outlining additional enhancements to the QR and PIP development process in January 2016. The Office of Quality gained nine QR Team Leads to support the enhanced CQI processes. Within the year, the Office of Quality also experienced several shifts in leadership. The QR team leads gained experience in administering the QR and have also led the PIP development process. The entire staff in the Office of Quality is currently completing advanced CQI training to continue to develop its capacity to support evaluation and measurement of progress at the local level.

New Jersey has initiated a robust CQI program with in the Office of Performance Management and Accountability described at length in the previous pages. In round two NJ was found to be in conformity when developing standards to ensure children in care were provided quality services it did not have a centralized comprehensive QA system. While in the infancy stage it now does, making this item a strength. NJ believes this system will not only enable us to evaluate service quality but also evaluate program improvement measures and identify areas of strength and areas needing improvement with in the delivery of services.

Figure 6. PIP Overview Document

Example Application of DCF’s CQI Approach Within The Local Office PIP Process

The County CQI Team consists primarily of CP&P Staff. Staff from the Office of Quality provide support in the PIP development process.



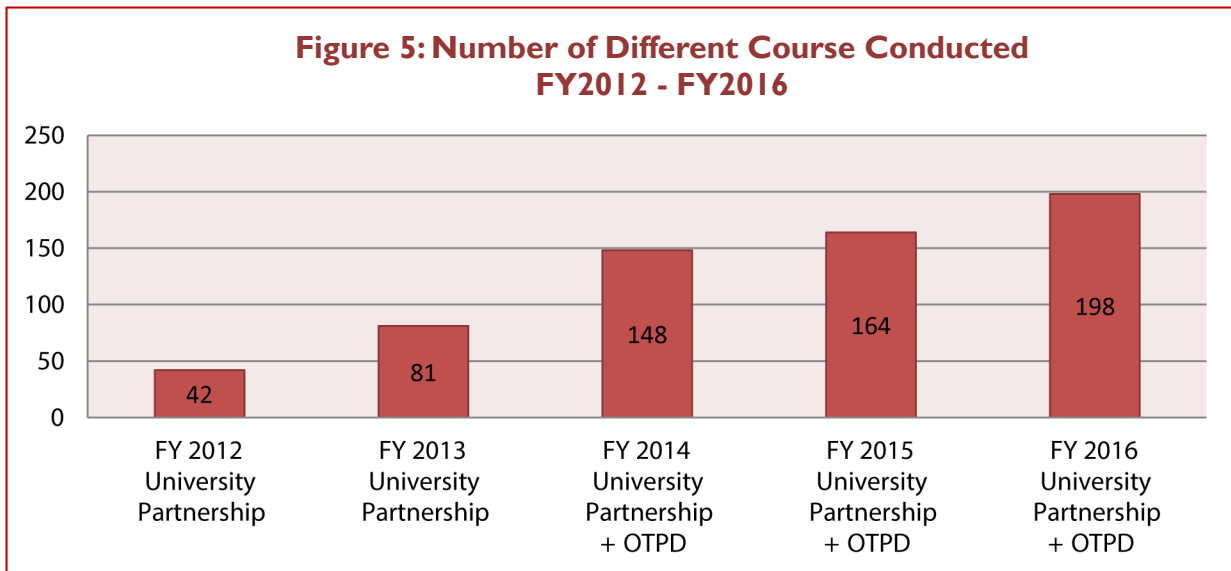
D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state’s CFSP.

While New Jersey was not in compliance during Round One of the CFSR it was in substantial conformity during Round Two. New Jersey has continued since Round Two to provide comprehensive child welfare training and ensures new workers are sufficiently trained before assuming a case load.



(NJ DCF Annual Workforce Report – Page 20)

New Jersey recognizes that a well trained workforce is foundational to a child welfare agency’s ability to achieve best outcomes for the families and children it serves. Through the NJ Office of Training and Professional Development (OTPD) and its University Partners a comprehensive catalog of course offerings and training days is developed annually. In FY 2016 the partnership provided an extensive menu of professional development courses to the entire NJ DCF workforce including: new worker pre-service, hybrid new worker, mandatory in-service, elective and family Preservation classes. Nearly two Hundred (198) unique titles were delivered in FY2016 representing an increase of 34 courses from the previous year.

For CY2015 (January-December 2015) case-load carrying (CLC) staff and their supervisors received nearly a quarter of a million hours of annual training. All (100%) of DCF’S CLC staff and their supervisors received at least 40 hours of annual training. Overall they completed an average of 74.4 hours of training. More than three-fourths completed more than 40 hours, and more than one –fifth completed at least double or more hours of training required.

Below is a representation of the Training Hours received by both New Trainees and Case Load Carrying Staff who have completed their training..



Annual Training for Caseload-Carrying (CLC) Staff & Supervisors (NJ DCF Workforce Report Pg.21)

In addition to receiving the required amount of training hours NJ DCF staff continues to report high levels of satisfaction with the training provided, with an overall training satisfaction rate of 3.65 out of 4.0 as noted in table below. (NJ DCF Annual Workforce Report Page 21)

Training Satisfaction (2015 -2016)

Note: The scale ranges from one (strongly disagree) to four (strongly agree). A high score signifies higher satisfaction with the training.

Satisfaction Survey Statements	FY2014 Average Satisfaction Score	FY2015 Average Satisfaction Score	FY2016 Average Satisfaction Score
The trainer was able to engage participants.	3.7	3.64	3.7
The trainer demonstrated expertise related to the training topic through her/his knowledge, skills, and practice experience.	3.7	3.62	3.7
The trainer’s presentation was clear, concise, and organized, resulting in	3.7	3.59	3.6

Section IV: Assessment of Systemic Factors

Satisfaction Survey Statements	FY2014 Average Satisfaction Score	FY2015 Average Satisfaction Score	FY2016 Average Satisfaction Score
an effective training.			
The trainer was able to answer participants' questions.	3.7	3.59	3.6
The content of the curriculum/training materials provided me with knowledge and skills I will need to meet my responsibilities in this area of work.	3.6	3.53	3.6
The instructional materials (PowerPoint slides, handouts, and participant manual) were helpful in building participants' knowledge and skills in this topic.	3.6	3.52	3.6
The activities (role plays, small group exercises, lectures, and discussions) were helpful to building participants' knowledge and skills in this topic.	3.6	3.48	3.5
The training curriculum provided different instructional activities in a way that will enable participants to use the information with children and families.	3.6	3.48	3.5
Children and families will benefit from knowledge and skills participants gained during this training.	3.7	3.53	3.6
Overall, the training was a useful experience.	3.7	3.53	3.6
AVERAGE OVERALL SCORE	3.7	3.55	3.6

In addition data from the pre and post-test analyses completed over the past two years demonstrated a continued increase in knowledge gained , with an average increase of 24 percentage points from pre to post test in the past year. This is for both new workers and seasoned workers when completing their mandatory forty hours of training per year. (it will again be sited in item 27). This represents all Classes and encompasses both Trainee's and ongoing workers and supervisors.

Knowledge gain (NJ DCF Annual Workforce Report Pg. 22)

Average Scores	FY2013 2014	FY2014 2015	FY2015 2016
Pre-Test	60%	60%	60%
Post-Test	81.75%	82%	84%

Many course offerings are held at the NJ Professional Center, a 107,000 square foot building that provides a unique learning environment for trainings, meetings, large lectures and community events. It houses two auditoriums, two computer labs, two large meeting rooms that hold 65+, two smaller meeting room, eleven classrooms, a CPR course room, a car seat training room, three rooms for simulation trainings, two courtrooms and a café. It is located in the Center of NJ making it more accessible to the thousands it serves every year. Courses are also offered in the community especially in the far north and southern sections of the state.

The NJ Child Welfare Training Partnership is a successful collaboration between the Office of Training and Professional Development, the institute for Families at Rutgers, The State University of New Jersey, and Stockton University’s Child Welfare Institute. The initial purpose of the partnership was to implement change in NJ’s culture of child welfare practice. New Jersey moved from a case management service delivery approach to the current strength based, family – centered, child-focused model of practice it now fully embraces. The partnership is charged with the development of curricula and delivery of educational training to enhance case practice. Specialized topic areas include domestic violence, substance abuse, and mental illness. There are now nearly two hundred courses in the current catalog. See the full course catalog at <https://socialwork.rutgers.edu/file/1626/download> Special attention is also given to infuse culturally relevant content into all course work so as to raise the cultural competence of staff. In addition most courses are approved by the New Jersey State Board of Social Work Examiners so that staff is offered CEU’s.

OTPD has the responsibility of providing formal training to newly hired staff during the first year of employment. This includes pre-service and foundation courses.

New DCP&P Worker Pre-Service Courses

COURSE TITLE	NUMBER OF
Administrative Hearing - 019	6
Car Seat Safety – 003	99
Case Practice Module 3 - 23	11
Computer Applications - 005	5
CSOC – Intro to Children’s System of Care - 020	6
Educational Stability - 030	1
Intro to Testifying in Court - 026	2
Module 1: Understanding Child Welfare in New Jersey – 002	4
Module 2: Cultivating Awareness- 006	5
Module 3: Focusing on Families from Screening to Closing - 007	4
Module 4: NJ SPIRIT – 008	4
Module 5: Child Development and Identifying Abuse and Neglect - 009	22
Module 6: Making Visits Matter – 022	5
Module 7: Simulation - 012	7
Module 8: Engagement and Interpersonal Helping Skills – 010	5
Module 9: Facilitating Change - 011	6
New Worker Orientation: Welcome to DCF! – 001	18
Using Genograms & Ecomaps - 013	16
Worker2Worker: Pre-Service for New Workers - 029	1
TOTAL DELIVERIES	227

During the first six months of employment staff is assigned to a training unit within a local DCPP office. During field days workers respond to these local offices with task to be completed. Field Office supervisors work closely with New Worker Trainers to assure DCPP is developing new case workers into well rounded social work staff who can carry out the mission and values of DCF. Newly hired workers are not given a case load till they have completed Module Seven of the training and then the case load is assigned gradually once they have shown competency by passing the exams given after each module. The NJ DCF Annual Workforce report can be viewed at http://www.nj.gov/dcf/childdata/exitplan/NJ.DCF.Workforce.Report_2015-2016.pdf

For NJ DCF Training Unit Policy please see Appendix A, For NJ DCF New Worker Training requirements please see Appendix B.

CSOC Training

The Division of Children’s System of Care has a training contract with the University of Behavioral Health Care, Rutgers University to provide Training and Technical Assistance to anyone in the State. CSOC trained over 7000 individuals last year. The training is free of charge to everyone. Monthly training schedules are posted on the public DCF-CSOC website. Please see <http://www.nj.gov/DCF/providers/csc/training>. CSOC was awarded a 4 year SAMHSA training grant, Promising Path to Success, for the expansion and sustainability of the children’s system of care.

Mental Health Screening Training

In August 2011, DCF implemented the DCP&P Mental Health Screening Program to assist with identification of children with a suspected mental health need. DCF intent is to strengthen the capacity among frontline staff to recognize children with a suspected mental health need. For children in out of home care, DCF utilizes three avenues of mental health screening to facilitate targeted mental health assessments at the time that children and youth are experiencing symptoms. DCP&P Case Workers, CHU nurses, and CME providers each play a role in the mental health screening program.

Under leadership and direction of DCF’s Child/Adolescent Psychiatrist, DCF has identified, adapted and piloted a Mental Health Screening Tool (MHST) that is now used by DCP&P caseworkers to engage in mental health screening of children on their caseloads as indicated. The NJ MHST is an observational tool and will be completed by the DCP&P caseworker. Curriculum was drafted in 2010 and staff training on understanding and appropriate use of the MHST was implemented in August of 2011 with all staff required to attend the training at that time. The Mental Health Screening Tool Training continues to be provided to DCP&P staff as a foundational course for new DCP&P case workers.

Pediatric Red Flags Tool Training

In order to support and improve the assessment skills of DCP&P case workers and CHU nurses, while guiding decision making for children and their families, DCF, in 2012, directed the Child Health Program to revise the “Pediatric Health and Red Flags” tool, which was developed to introduce to staff topics relevant to infant, toddler, child, adolescent and young adult health. The updated version of the tool, which covers in greater depth those age-specific health-related topics, was finalized in 2014, and released as four separate modules based on age ranges. Training on how to use the tool, and recognizing pediatric health “red flags”, is a part of the

mandatory foundational training for new DCP&P case workers and is available ongoing for all DCP&P staff. The training is conducted by CHU nurses and is also part of orientation for new CHU nursing staff.

Substance Use Disorders Training

In 2012, the Office of Clinical Services and the Training Academy developed Substance Abuse training and Drug Awareness training. The curriculums for these trainings were developed using information obtained from the National Center on Substance Abuse and Child Welfare (NCSACW) and Substance Abuse and Mental Health Services Administration (SAMHSA). This training is divided into four one-day modules; each component addressing specific needs of families involved in the child welfare system.

The core substance abuse training has 4 modules. These modules were developed to assist new child welfare workers on understanding substance use disorders, identification, screening, treatment, and co-occurring disorders. **These 4 modules are part of new workers' required foundation courses.**

Module 1: Understanding Substance Use and Child Welfare offers participants a contextual knowledge of the effects of substance use and/or abuse that may be experienced by parents involved in the child welfare system. It discusses the prevalence of substance use (alcohol and other drugs), mental health disorders, as well as co-occurring disorders, and will address and other issues that may coexist for child welfare involved families including family violence, trauma, physical health, poverty, crime, etc.

Module 2: Substance Use: Disorders, Treatment and Recovery will inform child welfare professionals about substance use disorders, treatment and recovery needs of families. Information is presented so that it can be used in the context of home visitation and case management for family members who are involved in the child welfare system. The training provides an understanding of the treatment and recovery processes, and discusses the specifics on how substance use disorders can affect the interpersonal relationships and family dynamics of the family involved with the child welfare system.

Module 3: Mental Health Disorders informs child welfare workers of the co-occurrence of and differences between mental health disorders and substance use disorders in adults; explains symptoms that warrant comprehensive screening and assessments; provides an understanding of the different models of treatment for co-occurring disorders; and identifies the effects of these disorders on interpersonal relationships and family dynamics. The training provides case management strategies that can effectively address the varying needs of parents, caregivers, and families affected by substance abuse disorders, mental health disorders and co-occurring disorders.

Module 4: Case Planning provides caseload-carrying child welfare workers with a contextual knowledge of a range of co-occurring needs that may be experienced by parents. This training module discusses the importance of using a family-centered and strengths-based approach identify and respond to the needs experienced by the entire family. Participants will discuss the

prevalence of substance use (alcohol and other drugs) and mental health disorders, as well as co-occurring disorders. The training will also address many other issues that may co-exist for child welfare-involved families, including domestic violence, trauma, crime, poverty, etc. A discussion of how to determine priorities among family needs is also included.

New Adoption Worker Training- all new adoption workers are required to attend a 3- day adoption training conducted by the Office of Adoption Operations.

NJ continues to provide new case workers with a training curriculum that gives them the skills to carry out the very difficult work as it relates to child Welfare. While new hires must have a bachelors' degree at minimum in Social Work or a related field to become a Family Service Specialist Trainee they are then given countless hours of classroom teachings and field days prior to being able to be assigned cases. (see appendix B) In addition they must pass competency test prior to assignment of a caseload. It is illustrated in the pre and posttest that staff gain knowledge from trainings, and evident from the satisfaction surveys that staff find training useful. One area of data collection that NJ will enhance is the separation of New Workers and Ongoing Workers when collecting data. Also NJ is enhancing its transfer of knowledge curriculum and how to collect data as it pertains to what staff has learned. New Jersey's training partnership and Professional Facility has been recognized across the county and clearly this item is a strength.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

Insert state response to Item 27: Ongoing Staff Training

This Item like Item 26 was rated as a strength in CFSR Round 2. Ongoing training addresses the skills and knowledge staff needs to carry out their duties and provide services as included in the CFSP. The Office of Training and Professional Development tracks training in a data base, alerts supervisors via email if a worker is not present for training or does not complete a satisfactory post- test. When this occurs a worker is then required to take an on line course and is again tested following this online activity.

All case carrying workers and supervisors are required to complete forty training hours per year. DCF maintains 100% compliance with this area. DCF offers a wide variety of elective courses ranging from Vicarious Trauma to Hoarding. In addition DCF conducts mandatory trainings throughout the year that include policy or practice updates or initiatives and courses related to enhancing case practice. Each CPP local office or Area Office has an individual responsible for tracking staff's hours and assures that supervisors and workers receive the mandatory training hours as set by the SEP. This is an area NJ has remained compliant in for several years and is a

foundational element of the SEP. for a course catalog see

<https://socialwork.rutgers.edu/file/1626/download>

NJ DCF Workforce Report 2015 - 2016 Pg. 21(Trainees and Ongoing Workers)

Figure 6: Annual Training for Caseload-Carrying (CLC) Staff & Supervisors



As stated earlier New Jersey is able to show knowledge gained by staff who attend trainings by offering a pre and post test that is then scored and analyzed. For the past year DCF saw an average increase of 24 percentage points from the pre to post test.

Knowledge gain (DCF Annual Workforce Report 20156-2016)

Average Scores	FY2013 2014	FY2014 2015	FY2015 2016
Pre-Test	60%	60%	60%
Post-Test	81.75%	82%	84%

Ongoing training is held mostly at the DCF Professional Center, however, many classes are also provided to staff in the Local Offices or in satilite sites across New Jersey allowing staff from the far South or far North to be given the same opportunities. There is also manadatory trainings for ongoing staff when it relates to policy changes, or changes to practice that is being rolled out state wide.

New Jersey also offers specialized professional development opportunities for staff including the following: Adoption Certificate, Violence Against Women Certificates Program (VAWC), Substance Abuse Certificate and Master Supervisor Certificate. In order to complete the Master Supervisor Certificate staff must have at least two years of supervisory experience, complete Case Practice Module 6 and New Supervisory training, and complete an additional 15 courses,

including: Coaching the Challenging Employee, First Responders for supervisors, Data Skills for Supervisors, Self-Management, and Supervising the Transfer of Learning process are just a few.

New Jersey supports educational programs for both Bachelor’s and Master’s degree students who are committing to careers in child welfare or wish to enhance their current degree. The two programs are : Baccalaureate Child Welfare Program (BCWEP) and the Masters Child Welfare Education Program (MCWEP)The table below refers to notable achievements in both programs.

TABLE 2: SPECIALIZED CHILD WELFARE EDUCATION

Program	Focus	Total Students	Demographics	Graduates
BCWEP	Bachelor’s degree students with specialization & commitment to child welfare	Across all twelve years of BCWEP, a total of 418 individuals have been funded	118 (28.2%) of hired BCWEP graduates are bilingual	Of the 418 students who graduated and moved into positions within the child welfare workforce, 312 (75%) still employed at NJ DCF DCP&P.
MCWEP	Supervisors at NJ DCF DCP&P	A total of seventy-four (74) supervisors have been funded over the first three years of MCWEP. Nineteen are SFSS1s or Casework Supervisors, 54 are SFSS2s, and one is a Local Office Manager.	The majority are women (84%), and as a group these students have hundreds of years of combined supervisory experience at NJ DCF. 36% are African American, 28% are Latino, and 28% are Caucasian. Students represent approximately 75% of the NJ DCF DCP&P local area offices.	The first cohort saw its first students graduate in May 2014, and 100% had graduated by May of 2016. The second cohort saw its first graduates in May of 2015, and 100% will graduate by December of 2016. Cohort 3 saw its first graduates in May of 2016, and 100% will graduate by December of 2017.

Adoption Certificate program - In partnership with Rutgers University School of Social Work-Institute for Families Continuing Education, all adoption workers are encouraged to attend this program that provides an opportunity for our adoption staff to expand their professional development and knowledge regarding the issues facing adoptive parents and children.

Post-Adoption Clinicians- In partnership with Rutgers University School of Social Work-Institute for Families Continuing Education, DCF offers a clinical certificate program, that is a

45 hour post-graduate program designed to equip clinical staff by increasing their knowledge base and enhancing their practice skills regarding core issues that adoptive families may face and to expand their clinical skills in a variety of clinical modalities in attachment-based, family focused therapeutic interventions.

Training on New Assessment Protocol for Contracted Substance Use Disorder Assessment Providers

The Child Protection Substance Abuse Initiative Program (CPSAI) was implemented in the local offices approximately 18 years ago. The CPSAI program provides assessments, extended assessments, referral, case management, transportation, and chain of custody toxicology screenings to ensure the child's safety and to provide a complete comprehensive assessment to ascertain, if needed, the appropriate level of care for the parent or guardian involved with the Child Welfare System who meet the criteria for Substance Use Disorder (SUD). Since 2004, the CPSAI utilized the Addiction Severity Index (ASI) tool to assess substance use disorders through a secure web-based ASI assessment module provided by the NJ Department of Human Services.

Given changes in the last few years to the diagnostic and placement criteria for substance use disorders, DCF identified the need to update CPSAI practices to use current tools, as well as to support assessment and placement recommendations that support integrated treatment of mental health (MH) and SUDs.

- In 2016, we provided training to the CPSAI-CADCs and supervisors in the use of the CAAPE - 5, to replace the ASI and in the revised ASAM Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. This training was provided by Dr. Norman Hoffman, developer of the CAAPE and ASAM level of care decision support tools. The CAAPE, or Comprehensive Addictions and Psychological Evaluation - 5, is a comprehensive diagnostic assessment interview providing documentation for substance-specific diagnoses based on DSM-5 criteria. The CAAPE-5 covers some of the more prevalent mental health conditions likely to impact recovery from substance use disorders and collects key demographic information associated with prognosis. The revised ASAM criteria place greater emphasis on the importance of assessing and treating co-occurring mental health conditions reflect what we know about the prevalence of MH conditions among people with SUDs.
- Use of the tools in being rolled out in the DCPD local offices starting in December 2016; all offices will be utilizing these tools by 6/1/17.

Training for DCPD Supervisors and Case Workers on the DCF Guidelines for Evaluation in Child Abuse and Neglect Proceedings

- The OCS worked with the Office of Training and Professional Development to design and implement a day-long course for DCP&P case workers and supervisors to support implementation of DCF's Guidelines for Evaluations in Child Abuse/Neglect Proceedings.

The training is intended to strengthen the understanding among CP&P staff about the role of forensic evaluations; when to use them; how to formulate good and appropriate evaluation questions; what information to provide to evaluators; and what to expect in terms of a deliverable.

Psychotropic Medication Training for Child Health Unit (CHU) Nurses

- CHU nurses maintain a tracker of all children in foster care on Psychotropic Medications including detailed info on each medication, the diagnosis for which it is prescribed, the presence of a signed consent for each and verification of a treatment plan with interventions in addition to pharmacology. Children are tracked by age and number of prescribed psychotropic medications. Trackers are submitted to DCF OCS quarterly for quality review by the Child and Adolescent Psychiatrist, and the Child Health Program APN for Child Behavioral Health. All children under age 6, and those on more than three medications are reviewed individually. In 2014, OCS sought to support these efforts by providing additional training to the CHU nurses that could enhance their ability to provide health care case management for children with mental health need.
- This “Psychopharmacology Update” training was developed by the contracted Child and Adolescent Psychiatrists and Pediatric Neuropsychologist to be an educational update on the utilization of psychotropic medications, and their requirements. This training was meant to provide more direction to CHU nurses regarding policy and practice pertaining to mental health treatment, including the use of psychotropic medications in children, as well as resources that would assist CHU nurses in their work with children requiring psychopharmacological interventions or evaluation. Information on DCF guiding principles and goals, tracking and reporting requirements, and on effective use of DCF clinical supports, was also presented.
- Training for workers to build their knowledge base on psychotropic medications and enhance their capacity to empower parents to ask appropriate questions regarding this topic, was developed by University Behavioral HealthCare (UBHC). This curriculum is implemented in the training of CP&P and CSOC/CMO staff.
- The Mission of Training and Technical Services for the Children’s System of care is to support learning the requisite knowledge and skills to system partners who provide services and support to the unique needs and strengths of families and children with complex needs. The training and technical assistance effort draws on a commitment to competency based curriculum design, training based on adult principles of learning and skill development, and development of local expertise and training capacity. Ongoing training is provided to all contracted service line staff to meet certification requirements for their positions in the Care Management Organization (CMO), Mobile Response and Stabilization Unit (MRSS), Family Support Organization (FSO), Intensive In Community (IIC), Intensive In Home (IIH), and Behavioral Assistant (BA).
- **Domestic Violence training:** Each Domestic Violence Liaison is required to conduct a minimum of two trainings per year to the local staff they support in their county. CPP uses

many of its stakeholders both within DCF and outside of DCF to provide in house training to local staff. This is done at monthly staff meetings or when an interest is expressed by staff. Either the RDS in the local office or the LOM can facilitate this.

Like New Worker training (Item 26) Item 27 ongoing training is a strength in NJ. This is represented by Figure 6 in the 2015-2016 Work force report. As demonstrated 100% of staff who were required to complete 40 hours of training did so. It should be noted that simply attending these mandatory hours is not sufficient staff must be able to pass a post test and if they do not they are required to take on line training and retest. A notice to this affect is sent to Assistant Area Directors for follow up. OTPD is working on a way to better gather data in this area.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

New Jersey continues to utilize **Parent Resources for Information, Development, and Education (PRIDE)**--a model for developing and supporting foster families and adoptive families, as our pre-service training curriculum.

The PRIDE program is designed to strengthen the quality of family foster care and adoption services by providing a standardized, consistent, structured framework for the competency-based recruitment, preparation, and selection of foster and adoptive parents, as well as ongoing professional development.

The program was developed through a multiyear project initiated by the Illinois Department of Family and Children's Services and CWLA. The project involved the collaboration of 14 state child welfare agencies, one private family foster care agency operating in several states, two national resource centers, one foundation, and several universities and colleges.

PRIDE represents the state of the art in foster and adoptive parent preparation, development, and support. The content of the products is consistent with the [CWLA Standards of Excellence for Family Foster Care](#), which specifies the competencies and training approach provided by the PRIDE program. It is broken down into nine sessions.

Session One: Connecting with PRIDE

Session One helps participants learn about the world of family foster care and adoption through the stories of children receiving child welfare services. The video *Making a Difference* portrays how families come to the attention of child welfare agencies and how the team of child welfare professionals works together on behalf of the child. Participants can see how different foster families and adoptive families function as part of that team to provide for the challenging needs of children in their care. The video stirs feelings of sadness and inspiration. It raises many questions that will continue to be addressed throughout the training program.

Session One also welcomes participants to the Foster PRIDE/Adopt PRIDE Program as they learn how the training relates to the process of assessing and selecting foster families and adoptive families. Participants are informed of the licensing and/or certification process. Session One spells out the knowledge and skills (known as “competencies”) that successful foster families and adoptive families need.

Session One introduces several regular features of the PRIDE book (the participants’ resource). These include PRIDE Connections (family assessment tools that link classroom learning with life experiences); Making a Difference! (stories illustrating the rewards of fostering and adopting); Key Points (a summary of important information discussed in each session); You Need to Know! (additional at-home reading); A Birth Parent’s Perspective (stories and letters from parents to promote understanding of the families of children in care); and Promoting Safety, Permanence, and Well-Being (helpful parenting resources and tips for ongoing use that supplement the training program). Prudent Parenting Information- Hand outs, review of state law

Session Two: Teamwork toward Permanence

One of the most challenging tasks for foster families and adoptive families involves developing an understanding of birth family issues—knowing how to talk with children about their families and being able to support their family relationships. This session lays the foundation for this understanding by first exploring the ways in which families support a child’s identity, cultural heritage, and self-esteem. In the video, *Family Forever*, actual foster parents, workers, youth in care, and birth parents talk about their experiences working together on behalf of children and their families. Participants have the opportunity to view and discuss some video vignettes that demonstrate the skills of “shared parenting.” This session also conveys why we value permanence in the lives of children and how we seek to provide it. The group learns why teamwork is presented as the best way to promote permanence for children.

Session Two explores the unique role of foster parents and adoptive parents as members of a professional team.

Session Three: Meeting Developmental Needs: Attachment

A unique activity called a “guided imagery” invites participants to think through the feelings and experiences of a baby’s entry into the world. In this way, Session Three reviews some of the basics of growth and development. Participants are asked to consider how important it is for children to form deep and lasting attachments. Session Three then explores how abuse, neglect, and trauma impact a child’s attachments, development, and behavior. A short, but provocative, video clip is used to illustrate the different types of child maltreatment that occur in a young girl’s (Annie) life. In a video clip, a youth named “Kevin” discusses the impact of his life experiences on his ability to form positive attachments. The group works with some additional case vignettes to explore ways in which foster parents and adoptive parents, working with other

team members, go about building positive attachments with children so their developmental needs may be met. The session concludes with an activity, “Vernon’s Developmental Jigsaw Puzzle,” to illustrate the importance of understanding the difference between a person’s chronological age and one’s developmental status.

Session Four: Meeting Development Needs: Loss

When children are separated from the only family they have known, an overwhelming sense of loss may slow growth and development. This session covers the types of losses children have before they enter family foster care. It explores how placement can deepen the child’s sense of loss. Session Four reviews the different responses to loss and their impact on the child, with an emphasis on how loss affects the child’s behavior. The group has the opportunity to look in greater depth at the losses that Kevin (from the video vignette in the previous session) experienced throughout his life. Loss is presented as something everyone must face. In this session, participants have a chance to consider their own responses to losses in life. Based on this, they discuss how they might respond to losses that come with fostering and adopting, as well as how to help children cope with their losses.

Session Five: Strengthening Family Relationships

This session focuses on how families instill identity, cultural heritage, and self-esteem in children. Participants have the opportunity to learn ways to help a child develop positive cultural identity at different developmental stages. The importance of family connections and continuity is also addressed. Session Five reviews the child welfare goal of returning children in family foster care to their birth families whenever possible. As this concept is discussed the group will consider how the team can support this goal, known as “reunification.” One way to strengthen family relationships is by scheduling visits between children in family foster care and their birth parents. Session Five gives very practical information about how to plan for visits, how to prepare children for them, and how to handle their reactions when the visit ends. Several video vignettes illustrate specific skills related to planning for and handling visits.

Children’s Bill of Rights

Adolescent Program- letting youth be youth

Session Six: Meeting Development Needs—Discipline

Session Six explores the challenge of discipline. It includes a definition of discipline and its goals, and a discussion about how discipline is different from punishment. Participants review the agency’s policy on discipline and discuss why physical punishment is not permitted. Session Six covers the knowledge, skills, and personal qualities adults need to instill discipline. The group explores the meaning of a child’s behavior and the factors that influence behavior. The session offers an outline of ways foster parents and adoptive parents can best meet the goal of providing discipline that works. By reviewing several video vignettes, participants learn specific discipline skills and their use with different types of children and situations. They also discuss strategies for managing the behavior of children who have experienced abuse, neglect, and trauma. Finally, the session focuses on the steps to take to manage crisis situations and de-escalating problematic behaviors.

Session Seven: Continuing Family Relationships

The session begins with an activity related to the importance of being connected to lifetime relationships. It is followed by a discussion of the “child’s clock” as a means to promoting an understanding of permanency timeframes in terms of making decisions that will achieve permanence. A brief video, *Multiple Transitions: A Young Person’s Point of View on Foster Care and Adoption*, is shown to illustrate the damaging effects of unplanned changes and multiple transitions. Participants learn about concurrent planning as a strategy for achieving permanence. Options for lifetime connections are detailed, beginning with efforts to support families and to place children back with their birth families or with relatives. The other options discussed include: adoption, guardianship, and planned alternative placement living arrangement. A very interactive group activity assists participants in identifying the five tasks performed by foster parents toward supporting reunification. Another group activity is used to examine the tasks that foster parents and adoptive parents need to perform when a child is transitioning from the foster family to the adoptive family.

Other content and activities on adoption include: adoption as a lifelong process, responding to children’s questions about adoption, openness in adoption, and searching. Regarding the permanency needs of older youth in family foster care, participants learn about their roles in assisting youth with achieving independent living. After a brief discussion about managing unplanned changes, the session ends with a discussion of cultural issues in permanency planning including the impact of cross cultural placements, strategies to help children in cross cultural placements develop a positive identity, and the importance of assessing whether the resource family has the ability and willingness to foster or adopt a child of a different culture.

Session Eight: Planning for Change

How are families different after having a child placed in their care? Session Eight takes a practical view of what to expect during the first hours, days, and weeks of a child’s placement with a family. Participants learn what to ask the worker and how to talk to the child. They also have the opportunity to explore how placement will impact the family, and particularly their children. This session explores both the immediate and the long-term impact of placement. Video vignettes explore specific skills in dealing with the impact of fostering and adopting on different family members. Fostering and adopting carry some risks for families, and these are discussed. Specifically the group explores ways to create a safe and healing home environment for children who have experienced sexual abuse; and strategies for handling the behaviors of these children. The session ends with a look at how foster families and adoptive families find support from other team members and peers. Supports in the form of a peer to peer mentoring program and/or Mobile Response.

Session Nine: Taking PRIDE—Making an Informed Decision

In this closing session, the group listens to a panel of experienced members of the child welfare team. Foster parents, adoptive parents, workers, and family members present their views and answer questions. Participants have a chance to reflect on their own growth in knowledge and skills required for foster parenting or adoptive parenting. This leads them on their way toward a final decision about making a commitment to become a foster parent or adoptive parent.

NJ CARES Grant: 10/1/14-2/28/16

Enhanced Pre-Adoption Education

Targeting the state's waiting adoptive families and new resource parents who have indicated an interest in adoption, NJ-CARES implemented an enhanced pre-adoption training that provided prospective parents with (1) knowledge about the challenges faced by the longest-waiting children and (2) parenting skills to address such challenges. The Expected outcomes of enhanced pre-adoption training included helping prospective parents to have realistic expectations about the needs of the longest-waiting children, increasing their skills in meeting those needs and encouraging interest in adopting the longest-waiting children. Comprehensive parent training – particularly the focus on developing competencies in addressing the needs of the state's longest-waiting youth – was a major expansion of services to the state's pre-adoptive parent. Currently adoptive parents are required to attend Parent Resources for Information, Development, and Education (PRIDE) training and complete several training hours through offerings from Foster and Adoptive Family Services. The core PRIDE training includes 11 competency-based, in-service training modules, totaling 87 hours of training. Topics include meeting the developmental needs of children at risk, effective use of discipline, addressing developmental issues related to sexuality, working as a professional team member, promoting children's personal and cultural identity and understanding and promoting child development.

The enhanced curriculum drew upon New Jersey's successful Adoption Certificate Program currently offered only to adoption professionals through the New Jersey Child Welfare Training Partnership. Three of the current workshops in the certificate program were revised to incorporate training content appropriate to resource and adoptive families. The first course, Psychology of Adoption, focused on contemporary trends in adoption and psychological benefits and risks associated with adoption. Other topics included stress and coping models in adoption and family life cycle tasks, as well as addressing the implications for post-adoption services. The second course, Issues of Adoption of Older Children, introduced the special challenges related to parenting children who spent significant time in temporary care systems prior to adoption and trauma-informed caregiving. Topics included adoption as the permanency plan, life in the child welfare system, and common survival behaviors. A presentation on how adoptive families can be supported was also included. Attachment-Focused Work for Adoptive Families, the third course in the series, helped participants learn to recognize the symptoms of impaired attachment and to understand its impact on the adoptive families. Participants were provided with an overview of interventions to facilitate family attachment, as well as strategies they could use to assist the attachment process. In addition, parents had access to two biannual family retreats, informal networking and resource information following the trainings. The enhanced parent training was expected to help participants develop competencies related to parenting children with special needs and increase their willingness to adopt long-waiting children.

The three-session training was delivered in six cohorts during the grant period (three cohorts in each the Northern and Southern regions of the state). Approximately 105 families attended this training.

The state is considering requiring the pre-adoption training developed through this grant for all prospective resource and adoptive parents. In the long-term, the course will be incorporated into

regular NJ Child Welfare Training Academy and New Jersey Child Welfare Training Partnership course offerings with the goal of reaching all prospective adoptive and resource parents.

The formal training sessions described above were enhanced with informal panel discussions between prospective adoptive parents and adoptive parents and adopted youth. The intent of these panels was to provide an opportunity for prospective parents to ask questions in a casual environment about both the challenges and joys of adopting longer-waiting youth.

Quality Improvement Center for Adoption and Guardianship Support and Intervention (QIC-AG) 5 year cooperative agreement-

TINT is a six-session emotion coaching program designed to proactively increase parents' capacity to understand and respond effectively to their child's emotions, and thereby, help their child to develop and improve emotional competence. Such improvements in emotional competence have been correlated with a number of positive outcomes, including strengthening the attachment of the caregiver-child dyad (Havighurst, Kehoe, & Harley, 2015). Under the supervision of the purveyor, the TINT model will be adapted to ensure the curriculum addresses the special dynamics common to families formed by adoption and guardianship.

The project will implement and test the effectiveness of the Tuning in to Teens (TINT) intervention, which is an Australian model for teaching parents the technique of mindful emotion coaching to engage with their adolescents. The project will compare families who receive TINT with families who receive services as usual to test whether TINT is effective in reducing post-permanency discontinuity and increasing well-being of parents and youth.

TINT is expected to help prepare parents to support their teens in managing the complex developmental tasks of adolescence by developing the youth's emotional intelligence. The project will include families who have adopted or obtained guardianship of children through the public child welfare system as well as families formed through private domestic or international adoption. Participating families will be randomly assigned to the intervention group; families assigned to the intervention group will receive TINT.

The Tuning in to Teens (TINT) program saw its first participants in October of 2016, with a group of 23 families attending sessions in Essex, Middlesex, and Burlington Counties. This group of families received the full TINT program, however, are considered part of a usability study, which tests different aspects of the programs design. Because the curriculum has been successfully implemented in the past, the primary work of the usability phase was to refine the recruitment and engagement process. The next round of trainings began on February 28th, 2017 in 4 locations. 27 families have attended these groups in the following locations: Burlington, Camden, Mercer, and Hudson Counties. These groups will conclude in mid-April 2017. Our 3rd group of trainings will begin in early May 2017 in the following locations: Essex, Monmouth, and Ocean counties. .

Moving forward, NJ plans to conduct sessions locally that will include each county in New Jersey as part of the intervention. This will allow us to invite randomly selected families from each county during the grant period, which concludes in September, 2019.

In addition, beginning with training groups starting in May 2017, NJ will be including private domestic and inter-country adoptive families in the invitation to participate in TINT. Private adoptive families with youth 10-13 will be able to participate in local trainings. We will continue to develop our relationship with private adoption agencies and associations in an effort to maximize our collaboration efforts and recruit families to participate.

The New Jersey intervention will be rigorously evaluated through a randomized controlled trial. The expected long-term outcomes include increased post-permanency stability, improved behavioral health for children, and improved child and family well-being.

Short-term outcomes include the following:

- decreased incidence of child behavioral issues;
- increased caregiver commitment;
- Improved caregiver–child relationships; and improved sense of family belongingness.

With only one group of families completing the TINT sessions, data collection thus far is limited to that group’s satisfaction survey which was completed at the end of session 7. The responses from the families that attended TINT were extremely positive. Families often responded by stating that the program helped them communicate with their youth, identify emotions that their youth was portraying, and giving them tools to be mindful of their own emotion when parenting their child. Additional surveys and data collection will allow for more comprehensive evaluations to be completed in the future.

New Jersey continues to provide in-service training opportunities to our resource families through **Foster and Adoptive Services (FAFS)**. Training is provided by a variety of training modalities; webinars, online, county based-trainings and home correspondence courses. During this reporting period, FAFS trained 2725 resource parents in a combination of 5025 training modalities.

<p>Foster and Adoptive In-Service Training Usage From October 1, 2014- September 30, 2015</p>
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Training Modality	Unduplicated Users for Individual Training Modalities	Total Completed Training for Each Modality	
Home Correspondence	1577	3107	
County-based Training	173	508	
Online Training	788	823	
Webinar	187	411	
Combined	2725	4849	

Foster and Adoptive In-Service Training Usage From October 1, 2015- December 31, 2016			
Training Modality	Unduplicated Users for Individual Training Modalities	Total Completed Training for Each Modality	
Home Correspondence	2186	4636	
Community-based Training	274	537	
Online Training	1920	4067	
Webinar	281	575	
Combined	4661	9815	

The term unduplicated user indicates that the parent is counted only one time during the specified reporting period. The 2725 / 4661 represent the total unduplicated number of parents who took training provided by FAFS during the reporting period. Foster Parents are encouraged to take seven hours of training per year but are required to take twenty-one within the three year licensing period.

Child Health Unit Support for Foster Parent Training

The Child Health Unit nurses for children DCP&P in out of home placement routinely partner with the DCF Office of Resource Families and with the Local DCP&P Office Resource Family Support staff to review and provide health-based information and guidance as part of PRIDE training for new and proposed Resource Parents, and ongoing trainings as provided by other partner entities which support the Resource network.

As in Round One and Two NJ rates this Item as a strength for Round Three. Training is provided prior to the placement of a child with the exception of Presumptive Kin Placements, and is relevant to address the skills and knowledge needed to provide care to foster children. Both PRIDE and Tradition of Caring are offered in Spanish as well as English to better reflect the population NJ serves. The training is also accessible in that it is offered across the state both in the evening hours and weekends.

Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- **Services that assess the strengths and needs of children and families and determine other service needs;**
- **Services that address the needs of families in addition to individual children in order to create a safe home environment;**
- **Services that enable children to remain safely with their parents when reasonable; and**
- **Services that help children in foster and adoptive placements achieve permanency.**

Please provide relevant quantitative/qualitative data or information that show:

- **The state has all the above-referenced services in each political jurisdiction covered by the CFSP;**
- **Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.**

State Response:

NJ was not in substantial conformity for this item in either round one or two. While in round two it was noted that NJ has in place a comprehensive array of services to address the needs of children and families they were determined not to be accessible in all jurisdictions. Some services not available in sufficient quantity were housing, transportation, substance abuse treatment, Domestic violence treatment, and youth services. NJ has implemented new programs and expanded others to meet this need.

Medicaid Customer Service Support

The Office of Clinical Services (OCS) is responsible for supporting Medicaid enrollment for all children in DCP&P custody, and dis-enrollment or transition to another Medicaid program upon achievement of case goals. Each Local DCP&P Office employs at least one staff member with access to the State's Medicaid systems, with responsibility for enrolling children who enter out-of-home placement into the DCP&P foster care Medicaid program, and ensuring a seamless transition of services by notifying any local County program of the child's placement. The OCS provides on-going training, guidance and support to the DCP&P Local Medicaid staff, or Medicaid Liaisons. This way a child is not waiting for coverage to begin a therapeutic service or complete evaluations due to insurance coverage issues upon placement.

Child Health Unit and Child and Family Nurse Programs

Each Local DCP&P Office includes a Child Health Unit (CHU), led by nurses charged with ensuring timely, quality health care for children in DCP&P custody. Each child in DCP&P out of home placement is assigned to a nurse for case management. In close coordination with DCP&P management and casework staff, the primary focus of the CHP has been to ensure that core health indicators are achieved for all DCP&P children in out of home placement. The CHP goals and objectives are based on the healthcare recommendations of the American Academy of Pediatrics and the Child Welfare League of America for children and adolescents in out-of-home care, and include healthcare recommendations specific to children in out-of-home care, as well as preventative and ongoing healthcare that is recommended for the general pediatric population. While the CHU nurses have the primary responsibility for Health Care Case Management for children in foster care through CP&P, they work closely with the assigned HMO care manager to ensure that appropriate resources are identified and any barriers to service are addressed and resolved. The CHU staff is responsible for ensuring that health information is documented and shared as appropriate with the child's case worker, HMO care manager, resource family, and biological family. Every child in placement has a Medical/Mental Health record, which includes a Health Passport. Every time a passport is updated it is shared with the resource family and the Medicaid HMO care manager, as well as with the child's CP&P caseworker. Nurses also participate in Family Team Meetings to share information. When appropriate, the nurses work with the birth parent(s) in anticipation of child's reunification with family.

Recognizing the strength of the CHUs, in October 2013 DCF expanded its nursing programs to address the needs of families in the 10 counties most impacted by Superstorm Sandy through the use of SSBG supplemental funding to establish the Child and Family In Home Nursing Program. Understanding the need of families involved with the child welfare system, Rutgers was well-positioned to implement a Child and Family Nursing Team for families receiving in-home services. The aim of this initiative was to develop a team of nurses to assess family health needs, identify resources, coordinate care and empower caregivers within the family. The 10-county program was concluded in eight of the ten counties in September 2015; the program was approved for extension in the remaining two counties with available remaining SSBG resources.

At the same time, DCF, in collaboration with Rutgers-FXB, refined the Child and Family Nurse Program model to design and implement the Child and Family In Home Nurse Program in three counties. The pilot builds on the work of the SSBG program to deliver nurse care manager services to caregivers and children receiving in-home services through DCP&P with an identified medical need.

Effective September 2010, DCF enacted new policy and practice whereby youth aging out of foster care receive additional instruction related to their health care needs. This policy requires that youth, as they approach their 18th birthday, are provided with instruction regarding the

importance of selecting a health care proxy and are provided with the option to execute such a document, as well as information regarding health insurance and health related resources.

The Child Protection Substance Abuse Initiative

The CPSAI program provides assessments, extended assessments, referral, case management, transportation, and chain of custody toxicology screenings to ensure the child's safety and to provide a complete comprehensive assessment, using the CAAPE- 5 (Comprehensive Addictions and Psychological Evaluation - 5) tool, to ascertain, if needed, the appropriate level of care for the parent or guardian involved with the Child Welfare System who meet the criteria for Substance Use Disorder (SUD).

In order to complete the tasks listed above the program provides Certified Drug and Alcohol Counselors (CADC) and Aides in each local office. Assessments are completed in the local office. If an assessment needs to be completed in the home the expectation is the CP&P worker is present. However, the CP&P does not need to be present for future UDS collection. Assessments in the jail need to be court ordered and permitted by the jail. The CPSAI agency and CP&P team work together to make the arrangements.

We currently have 3 agencies providing these services: Catholic Charities Diocese of Metuchen, Center for Family Services (CFS), and Preferred Children's Services (PCS). The contract for each agency indicates each CADC is to complete 25 assessments per month times 12 months equals 300 assessments. In order for the CADC to meet the Level of Service (LOS) they will need to receive a sufficient number of referrals from the Local Office (LO). Historically not all clients referred for an assessment present for an assessment.

The FY 2015-2016 data for completed assessments have a low of 40% and a high of 102%. The average was 68%. The higher rate could be indicative of a higher volume of referrals, teaming and engagement with CP&P and CPSAI staff, and client's readiness for change.

Although CPSAI is not contracted to keep the rate of clients referred and enrolled in treatment. We do keep track. Using the data from FY 2015-2016 those referred for treatment have a low of 30% and a high of 98%. The average for the state is 60%. Clients enrolled in treatment have a low of 30% and a high of 87%. The average for the state is 54%. The factors contributing to the higher rate can be the parent or caregivers are motivated for treatment, ready for change and have access to services.

Substance Use Disorder Services for Adults

DCF contracts with community-based licensed treatment agencies to provide substance use disorder treatment services for parents and caregivers involved with DCP&P. Specialized

services include residential treatment programs serving women with children, and intensive outpatient treatment services and methadone maintenance for mothers and fathers. Contract requirements include enhanced family-centered services such as treatment for trauma and co-occurring disorders as well transportation, childcare, life skills training, and housing support and assistance.

Twenty-three agencies are currently contracted to provide services under these contracts.

Treatment Modality	Number of Treatment Slots
residential treatment for mothers and children	64
halfway house services for mothers and children	20
detoxification and short-term residential treatment	12
intensive outpatient	319
methadone intensive outpatient	122

Providers now report monthly client utilization to the Office of Clinical Services, which is working with RER to track short and long-term outcomes for families that receive these treatment services. It is anticipated that this will help enable NJ to identify gaps in service areas and barriers to treatment. DCF also contracts with licensed community-based agencies to provide substance use disorder treatment services including intensive outpatient, outpatient, and methadone maintenance for adults who have an open child welfare case with DCP&P. These services are purchased through over 40 K-100 vendor contracts. Some form of Substance Abuse Treatment Facility functions in every county, not every County has inpatient services, and in some large but rural counties there may be only one provider.

Medical and Clinical Consultation

In July of 2014 DCF changed from employing a full-time pediatrician, to serve as the CP&P Medical Director, to contracting the services of physicians employed by one of the state's Regional Diagnostic Treatment Centers (RDTCs) to: assist DCP&P by conducting medical chart reviews; strategize with DCP&P Case Work staff and the Child Health Unit nurses on addressing care for children with particularly complex health issues; provide guidance around consenting for non-routine medical procedures; and serve as liaison between health care providers and DCP&P

local offices to address emergent issues and concerns. Additionally, they provide 24/7 phone access to CP&P field staff and the Child Welfare screening center.

DCF contracts with one full-time and one part-time Child/Adolescent Psychiatrist who provide guidance and training on the identification, evaluation, diagnosis and treatment of children and youth with mental health needs; conduct medical chart reviews, engage in dialogue with providers regarding specific children and their appropriate treatment plan and provide guidance and support to DCP&P Local Office staff through case consultation on a day to day basis; provide leadership around quality assurance efforts in the area of psychotropic medication utilization and ongoing efforts to strengthen DCF's psychotropic medication policy and practice; and assist in the development of the DCP&P Mental Health Screening Program.

DCF contracts with a full-time Pediatric Neuropsychologist Consultant. The work of the Pediatric Neuropsychologist includes providing leadership around learning, behavior, and the association with the development of brain structures and systems through brief trainings within the Local DCP&P offices; engaging in dialogue with educators and others regarding the treatment for specific children; and supporting DCP&P caseworkers with consultations on cases where clarification is needed about a child's behavioral or educational needs. The Pediatric Neuropsychologist is a member of the Interdisciplinary Team (I-Team), an intradepartmental group whose mission is to develop policies and provide input to care for children with significant developmental disabilities. All medical and clinical consultation services are available to all offices.

Regional and Diagnostic Treatment Centers and Forensic Evaluation Services

New Jersey's four Regional Diagnostic and Treatment Centers (RDTC) are legislatively mandated to provide diagnostic and treatment services to children believed to be victims of physical abuse and neglect or sexual abuse. DCPP refers children it believes have suffered abuse or neglect to the RDTC for evaluation and treatment and DCPP utilizes RDTC reports as one component of its investigations into allegations of abuse and neglect. RDTCs receive funding from DCF for Child Abuse and Child Sexual Abuse examinations, serve as legislatively mandated Centers of Excellence in this area, prepare reports and testify at court proceedings as necessary. These centers are also contracted to conduct Comprehensive Medical Exams (CME) and Comprehensive Mental Health Exams. DCP&P staff, in addition to medical personnel from the State's RDTCs and law enforcement, participate in county based Multi-Disciplinary Treatment (MDT) teams charged with reviewing individual children's cases and determining how to meet the child victim's needs.

In FFY 16, DCF awarded a contract to the CARES Institute of Rowan University to expand its Regional Diagnostic and Treatment Center services to a location in its Southern New Jersey catchment area. This additional location facilitates access to and increased capacity for forensic diagnostic and treatment services in this rural region of the state.

DCF's Guidelines for Evaluations in Child Abuse/Neglect Proceedings, the Department's first comprehensive effort to address the use of expert evaluations in child welfare and child

protective services proceedings, were adopted as policy in November 2012. Following the release of the Guidelines, DCF issued its first Request for Qualifications for Forensic Evaluation Services by Psychologists in December 2012 as a means of expanding the existing pool of psychologists who perform forensic (mental health) examinations. The RFQ was designed to not only increase the number of resources available to CP&P but also to improve upon the quality of psychologists by establishing some minimum standards those psychologists must meet. The Request for Qualifications for Forensic Evaluation Services by Psychologists was for public comment in June 2015 and was revised and reposted to invite applications from qualified practitioners in August 2015. The revised RFQ clarified expectations regarding initial and ongoing education requirements, as well as application submission requirements. The RFQ is re-issued biennially to recruit additional practitioners.

Addressing the Needs of Substance-Exposed Infants and Implementing Plans of Safe Care

An interdepartmental team of representatives from New Jersey's Departments of Children and Families (DCF), Health (DOH), Human Services (DHS), and the Attorney General's office participated in SAMHSA's 2014 Prescription Drug Abuse Policy Academy. This group continues to convene an Interagency Opioid Work Group focused on aligning and coordinating the numerous statewide initiatives that are currently underway to address prescription drug abuse and other opioids. Opioid use in Pregnancy, Neonatal Abstinence Syndrome (NAS) and Substance Exposed Infants (SEI) has been identified as an emerging issue for the Work Group. As a SAMHSA Prescription Drug Abuse Policy Academy State, New Jersey was eligible to apply for technical assistance through the SAMHSA supported National Center on Substance Abuse and Child Welfare (NCSACW) to address the multi-faceted problems of NAS and SEI. DCF is a partner in this TA with DOH and DHS, with the goal of developing best practice guidelines that addresses the entire spectrum of NAS and SEI from pre-pregnancy, prevention, early intervention, assessment, treatment postpartum and early childhood.

Post Adoption Services

Post Adoption Counseling Services (PACS) are free post placement and adoption counseling services that are offered to children and their adoptive and kinship families by 13 contracted agencies located throughout the state. These services are provided for children and their families who have achieved permanency either through having been adopted or obtained Kinship Legal Guardianship through CP&P as well as private adoptions. The purpose of PACS is to address any unique needs that may arise for an adoptive child and their family. PACS can include family, individual or group therapy and support services. They are provided by trained adoption competent clinicians who address clinical issues such as a child wanting know their birth family, identity issues, and loss and separation.

Additionally, DCF maintains a contract to support the New Jersey Adoption Resource and Clearing House (NJ ARCH). NJ ARCH provides supports and services such as a warm line, interstate resource directory and a lending library to adoptive families or anyone who has been part of an adoption. They also provide a comprehensive referral service directory of statewide adoption competent clinicians.

Children's System of Care

The Children's System of Care (CSOC) serves children and adolescents 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. CSOC is committed to providing services based on the needs of the child and family in a family-centered, community-based environment.

The Children's System of Care offers a wide range of services for children up to age 21 for behavioral health or developmental disability needs. These services include community-based services, in-home services, out-of-home residential services, and family support services. As of January 1, 2013, the CSOC assumed responsibility for determining eligibility for developmental disability services of children under age 18. This eligibility process for children, which was formerly completed by the Division of Developmental Disabilities, is required under New Jersey law in order to access publicly available developmental disability services. Additional information and the eligibility criteria and application process can be found at the PerformCare website: <http://www.performcarenj.org/>. Youth determined eligible for DD services may also receive Family Support Services to help support uncompensated caregivers in maintaining individuals with developmental disability in their own homes. For more information, please visit <http://www.nj.gov/dcf/home/ddfss.html>.

The CSOC contracts with the full continuum of out of home treatment services, based on clinical need, for a youth with behavioral and intellectual/developmental challenges. Clinical Criteria for out of home treatment intensity of service can be found on the PerformCare website at the following link. <http://www.performcarenj.org/provider/clinical-criteria.aspx>.

The Children's System of Care offers an array of co-occurring substance use treatment services, including detoxification, outpatient, intensive outpatient, partial care, short-term residential and long term residential treatment services to youth and young adults up to 19 years of age. These services are provided based on clinical need.

<http://www.nj.gov/dcf/news/reportsnewsletters/dcreportsnewsletters/2016.Inventory.and.Need.Assessment.for.New.Jersey.Childrens.Behavioral.Health.pdf>

The Child and Adolescent Needs and Strengths assessment, or CANS is designed as a multi-purpose communication tool that supports decisions made with youth and caregivers regarding service planning, as well as intensity of care determination, continuous quality improvement/assurance initiatives, and the monitoring of outcomes regarding interventions. The CANS was developed from a communication perspective, which assists in support of the shared vision of all child/youth serving systems- increased wellness and independence. Since the

CANS is straight forward with regards to understanding and purpose, it is well appreciated by parents/caregivers, providers and other family team partners (e.g. youth, clergy, coaches, teachers) for gathering information in the development of individualized plans of care- including the application of evidence-based practices. New Jersey Children's System of Care utilizes the various versions of the CANS to serve as the Information Management Decision Support (IMDS) tools in order to uniformly and comprehensively assess the needs of children/youth (and their parents/caregivers). In addition, the CANS also serves an important role in incorporating and/or building the strengths of all children/youth and their families.

Division of Women

DCF's Division of Women contracts with County Domestic Violence Agencies to provide at least one DV Liaison in each county. This Liaison sits within the Local Office and when Domestic Violence is indicated or suspected a referral is made by staff for a consultation. The Liaison can conference a case with staff, have phone or face to face contact with the non-offending parent, and if safe met with a batterer in a safe place. These liaison's help develop safety plans for victims and their children. Currently eleven Counties within NJ offer the PEACE program for children who have witnessed Domestic Violence.

Year	Case Consultations (on DCP&P cases)	DV Trainings (provided to DCP&P staff)
2013	10086	34
2014	14108	88
2015	13113	95
2016	12924	71

Family Preservation Services (FPS)

FPS services are available in every County in NJ. The program's goals are to: ensure child safety, stabilize the family, prevent out of home placement, improve family functioning and link families with appropriate community resources. Staff is available to families seven days a week 24 hours a day for up to eight weeks. During FY 2016, 946 families and 2,163 children received FPS services. During that time 92% of families served remained preserved in their home. 49% of

the children served were under the age of six. Follow up evaluations are completed with families following discharge from the program at three, six and 12 month intervals. The number of children who remain with their families one year after discharge is considered an indicator of success. For Children served in State FY 2015 92% remained in the home after one year. FPS Program Report for FY2016 can be viewed at:

<http://www.nj.gov/dcf/news/reportsnewsletters/dcfreportsnewsletters/>

KEEPING FAMILIES TOGETHER

DCF has expanded our Keeping Families to Together (KFT) program, which is a permanent supportive housing program that helps child-welfare involved families find permanent supportive housing. DCF first partnered with the DCA in 2014 and has expanded the program. DCA contributes project-based Housing Choice vouchers for this much-needed program. Tenant based vouchers and service funding are provided to organizations that have experience with assisting households in finding housing and providing ongoing supportive services, including but not limited to medical services, mental health, case management, substance abuse treatment, and employment training. These programs include a mix of single and scattered site housing models and are supported by a range of housing subsidies provided by the Department of Human Services (10 vouchers), Department of Community Affairs (50 existing + 100 new project-based Housing Choice Vouchers), and DCF (13 vouchers). Along with housing subsidies, each program also receives DCF funding for supportive services and case management. DCF's contracted KFT service providers currently include Family Connections, Robins' Nest, 180 Turning Lives Around, and Center for Family Services. In partnership with the DCA, DCF will expand KFT programming to serve an additional 100 families in 2017. An RFP was released on February 28 for new KFT programming in Hudson and Middlesex County, with each serving an additional 25 families. DCF is expanding KFT in other areas of the State (Essex, Monmouth, & Atlantic/Gloucester/Cumberland) to serve an additional 50 families.

Office of Early Childhood Services

Evidence based home visiting programs are available in all 21 counties. Services are provided to pregnant women, parents, infants, and children up to age whom are at risk. New Jersey offers three models, Nurse Family Partnerships, Healthy Families, and Parents as teachers. In 2016 approximately 7, 000 families received home visitation services.

New Jersey Central Intake also operates in all 21 counties. This is a comprehensive prevention system that provides a single point of entry for access and referral to community based programs. The single point of entry reduces duplication of services and increases supports for families to improve outcomes. 15 programs are funded through DOH and 6 through DFCEP.

Strengthening Families is a multifaceted approach to preventing child abuse and neglect by strengthening families through education on the protective factors. Child Care Resource and Referral Agencies assist in the implementation of SF and it is available in every county.

Kinship Navigator Program

KNP was established to assist caretakers raising non biological children through various government systems and to find supports; it is in all 21 counties. It encompasses Wraparound Services, Kinship Legal Guardianship Services, Kinship Care Subsidy Services, and Information and Referral.

School Based Youth Services

Available to all youth in NJ's public school and offers access to a wide variety of services such as: group and individual counseling, life skills, employment readiness, preventive health care education and more.

Displaced Homemaker Program

Legislation has defined a "displaced homemaker" as someone who is at 40 years old, has not been in the work force for a substantial amount of years, is receiving public assistance and within one year of no longer receiving benefits, and has no other adult assisting them such as a spouse. Clients are provided a myriad of services including educational and vocational assessment, job training, financial planning training, and more.

While NJ was found to have a comprehensive array of services in round two it was determined that they were not accessible in all jurisdictions. For Round Three NJ rates Item 29 as a strength. Since Round 2 NJ has placed a Domestic Violence Liaison in every County, a Clinical Consultant in every Area, and every LO has a resource Development Specialist who is the gate keeper for many contracted services. What NJ is aware of is that due to the many changing services and growth of services staff may not always be aware of what is available. Thus OPMA along with Contracting is examining a way to enhance and update the service directory within NJSPIRIT. As discussed in Item 25 NJSPIRIT has a pop up box that directs staff to complete a short survey about a service they have used. Data regarding the survey can be located on page 101 of the SWA.

Services Funded by State and/or Federal Dollars

Division of Child Protection & Permanency (DCP&P)	Division of Family & Community Partnership (DFCP)	Children’s System of Care (CSOC)	Division of Central Operations (DCO)
<p>New Jersey’s Lead child protection and child welfare agency within DCF. Its mission is to ensure the safety, permanency and well-being of children and to support families.</p>	<p>Promotes the health, well-being and personal safety of New Jersey’s children and families by working together with parents, caregivers, organizations and communities to ensure an effective network of proven support services, public education and community advocacy to prevent maltreatment.</p>	<p>Formerly the Division of Child Behavioral Health Services, serves children and adolescents 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. CSOC is committed to providing services based on the needs of the child and family in a family-centered, community-based environment.</p>	<p>This division provides services that support key elements of the safety net for children: screening, requests for services, investigation of allegations of child abuse and neglect in institutional settings, and evaluation of case practice in child fatality, near fatality, and critical incidents involving DCF children.</p>
<p>Investigation and Assessment</p> <p>As the lead child protection agency, a sustained forever family who will love and nurture the child DCP&P provides investigation services in response to reports of alleged child abuse/neglect.</p>	<p>Early Childhood</p> <p>The office is responsible for the planning, development, implementation and evaluation of prevention services for families and caregivers of children from pregnancy/birth to kindergarten. Evidence based Home Visiting (EBHV); NJ Central Intake, etc.</p>	<p>Mobile Response and Stabilization (MRSS)</p> <p>Services available 24/7 to help children/youth experiencing emotional/behavioral crisis. Services are designed to defuse an immediate crisis, keep children and their families’ safe, and maintain the children in their own homes or current living situation.</p>	<p>State Central Registry (SCR)</p> <p>This is the centralized call center that receives all reports of child abuse and transmits the reports to offices for action.</p>
<p>Placement</p> <p>The umbrella term for the wide variety of temporary out-of-home placements available to children in DCP&P custody.</p>	<p>School-linked Services</p> <p>Coordinates the School-Based Youth Services Programs, Newark School-Based Health Services and the NJ Child Assault Prevention Project, in order to address the emotional, behavioral, and family problems encounter by children and youth that threaten their safety, well-being, and educational</p>	<p>Residential Services</p> <p>Includes, Treatment Homes (TH), Group Homes (GH), Residential Treatment Centers (RTC), Specialty Programs (SPEC), Psychiatric Community Homes (PCH), Detention Alternative Programs (DAP), and Medical Needs Programs</p>	<p>Investigational Abuse Investigation Unit (IAIU)</p> <p>Investigates allegations of child abuse and neglect in out-of-home settings such as foster homes, residential centers, and child care centers.</p>

Section IV: Assessment of Systemic Factors

	achievement.	(Pregnancy/Diabetes)	
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Section IV: Assessment of Systemic Factors

Division of Child Protection & Permanency (DCP&P)	Division of Family & Community Partnership (DFCP)	Children’s System of Care (CSOC)	Division of Central Operations (DCO)
<p>Family Support Service</p> <p>Includes services provided to strengthen families and children in their own homes as well as to foster and adoptive families and children in out-of-home placement.</p>	<p>The Office of Domestic Violence Services</p> <p>Domestic Violence Programs in each county as well as Rutgers U Office for Violence Prevention and Victim Assistance and the Coalition Against Sexual Assault (NJCASA). Their programs include:</p> <p>Peace: A Learned Solution (PALS); 31 DV Liaisons in the DCP&P local offices that provide training & case consultations to staff. NJ DV Hotline for victims of DV; Legal services and advocacy for victims; Responsible Fatherhood/Batterers Intervention Program (RF/BIP); SSBG Co-Trauma Victims of DV and Superstorm Sandy; Address Confidentiality Program (ACP)</p>	<p>Family Support Organizations (FSO’s)</p> <p>Family –run, county based organizations that provide direct family-to-family peer support, education, advocacy, youth partnership and other services and support to families of children with emotional and behavioral problems.</p>	<p>The Office of Adolescent Services (OAS)</p> <p>Support adolescents in the transition to adulthood to achieve economic self-sufficiency, interdependence, and engage in healthy life-styles by:</p> <ul style="list-style-type: none"> • Services provided through the Department of Children and Families are coordinated, effective, meet best practice standards, are youth driven, and adapt to the needs of families and communities, • Developing linkages with other service providers in order to create a more equitable and seamless service system, and <p>Providing leadership and policy development in the field of adolescent services.</p>

Section IV: Assessment of Systemic Factors

Division of Child Protection & Permanency (DCP&P)	Division of Family & Community Partnership (DFCP)	Children’s System of Care (CSOC)	Division of Central Operations (DCO)
<p>Permanency</p> <p>Services designed to achieve permanency – a sustained forever family who will love and nurture the child – through reunification, adoption or Kinship Legal Guardianship.</p> <p>Permanency also includes supporting youth in successful transition to adulthood.</p>	<p>The Division of Women</p> <p>Funds, monitors, and evaluates programs for the advancement of women; Develops new programs to serve women; Develops and analyzes policies that affect women; Educates the public; Refers women to direct service providers; Provides information on women's issue to the public; Provides technical assistance to agencies representing women;</p> <p>Represents women on boards, commissions, councils, committees, and task forces and provides input and recommendations on issues pertaining to the Division's Mission.</p>	<p>In-Community Behavioral Assistance</p> <p>CSOC supports various community-based outpatient and partial care providers across the state and authorizes the enrollment with Medicaid of more than 400 in-home community clinical care providers.</p>	<p>Office of Performance Management & Accountability (OPMA)</p> <p>Conduct thorough reviews of New Jersey's child welfare systems.</p> <p>Use quantitative and qualitative data to improve services and outcomes for the families and children that we serve.</p> <p>Utilize continuous quality improvement in New Jersey's child welfare system is to make improvements to processes which will most effectively meet the needs of our children and families.</p>
<p>–</p>	<p>Family Support</p> <p>To focus resources on meeting the unique needs of families before child maltreatment emerges as an issue.</p> <ul style="list-style-type: none"> • Family Success Centers • Outreach to At-Risk Youth 	<p>Care Management Organizations (CMO's)</p> <p>Contracted to provide a full range of care management, treatment and support to children with the highest level of needs</p>	<p>Office of Strategic Development</p> <ul style="list-style-type: none"> • Development and transition of our service array to evidence-supported programs. • Ensure purchased services align with our child welfare reform goals and the needs of children and families. • Develop new programming and adopt evidence-supported models, • Ensure technical assistance is provided to our community partners to support quality implementation and evaluation.

Section IV: Assessment of Systemic Factors

Division of Child Protection & Permanency (DCP&P)	Division of Family & Community Partnership (DFCP)	Children’s System of Care (CSOC)	Division of Central Operations (DCO)
-	<p>Service Integration within and across counties</p> <p>Working with county entities and organizations, such as Child Welfare Agencies, Human Service Advisory Council, etc. The focus is to foster and create an effective network for planning, prioritizing, and implementing effective prevention efforts that are county- focused and county-driven.</p>	<p>Youth Case management (YCM)</p> <p>Provide case management services to children with less severe needs</p>	<p>The Office of Child and Family Health (OCFH)</p> <p>The Office of Child and Family Health (OCFH) provides leadership, guidance, and support to DCF on child and family health related policy and practices; Pediatric/Psychiatric Consultations; MH screenings; CHU and Children and Family Nurse Program in every DCP&P office</p> <p>Medicaid & MEYA</p> <p>Mandates that former foster youth are now eligible for Medicaid until they reach the age of 26. OCS now successfully administers this expanded Medicaid coverage to 21 to 25 year olds</p>
-	-	-	<p>The Office of Advocacy</p> <p>Gathers feedback and identifies issues and trends to help DCF work in collaboration with its partner agencies to improve services to children and families. We do this through our interaction with the Office of Performance Management and Accountability, governmental leaders and agencies, partners, families and the community.</p>

DCF partnered with Rutgers University to create the NJ Child Welfare Data Hub. The Data on the hub allows users to explore key child welfare measures, population characteristics, and socioeconomic variables at the state- and county-level. DCF has used this data to plan and create services in areas where there may be a greater level of need. For instance, Essex County has the largest population of children under five years. This population is at a greater risk for child welfare services. To assist with this need Essex also has the highest rate of families served with the evidenced based Home Visitation Program. The NJ Child Welfare Data Hub can be viewed at: <http://nj.gov/dcf/childdata/protection/hub/>

In 2017, DCF surveyed providers, for the purpose of this Statewide Assessment, who work with our children and families; this online survey was sent to our providers through various stakeholders which included FCP, CSOC, OCS, etc. The services they provide include: family preservation, family reunification, mental health services, healthy families, evaluations, mentoring, independent living services, etc. The 78 respondents indicated that they are part of the planning process in creating services that are meaningful to our children and families. See chart below

Chart of Provider’s Responses from 2017 Survey

As a provider, I have a voice in planning meaningful services for children & families.	79% Agree
In my role I seek feedback and input from children and families	83% Agree
In my role I seek feedback from system partners	89% Agree
We work collaboratively with DCF and system partners to promote the family’s success.	88% Agree
We are able to coordinate our services with those of other agencies serving the family	76% Agree

When the providers were asked about what they do to meet the demands for service availability and access, they reported the following: offer services that are flexible (i.e., convenient hours for families), have adequate staffing, collaborate with other organizations to offer the needed family focused services, initiate new programs to meet emerging needs, services offered at convenient locations, communicate with families often, etc.

The respondents also reported that they obtained feedback from our children, families and referring agents about their service value and provision via 77% surveys, and 60% follow-up phone calls. Respondents reported that they review and analyze this data to strengthen their

service delivery. For example, one organization, stated, “[we have] annual meetings with the court, DCP&P, incorporate stakeholders into pre-service training, and monitor family re-entry into care”

This survey encompassed representation from every county in the state.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

This item was identified as an Area Needing Improvement in both round one and two. While New Jersey has a variety of methods to individualize services these methods were found not to be consistent across the state. New Jersey has been working diligently to address this and program services so that what is available in one large metropolitan area is also available in our rural areas as well. This work is in progress and we still have further to go. In collaboration with Rutgers NJ entered into a three year Needs Assessment project that is not yet complete. Initial reports can be viewed at: <http://www.nj.gov/dcf/news/reportsnewsletters/dcfreportsnewsletters/>

Flex Funds

One such method is Flex Fund Spending. These yearly allocated funds are used to provide a child, family, or resource parent with services not contracted for or outside of the services provided to assist in the stabilization of a family or enhance a child's live while in placement or provide for a better outcome for the case. Examples of Flex Fund spending include, music lessons for a child, sporting activities for a child, a therapist whom has already formed a bond with the child and is not a contracted provider, and court ordered services that DCF does not contract with and a vendor contact cannot be secured. With the approval of the office manager and the identification of a service during a family team meeting these funds have been used in various ways to meet the needs of a family's individual needs. Each LO has an identified allocation for the year. These funds can also be utilized to provide culturally aligned or language specific services to a family.

Identification and Management of Health Care Needs

Each child in DCP&P out of home placement is assigned to a nurse for case management. This program has grown since its inception and is able to meet individual health needs of children in care. The CHU model calls for one nurse health administrator, more commonly referred to as a

health care case manager (HCCM), per fifty children in out-of-home placement, and one administrative support person, or CHU Staff Assistant (SA), per one hundred children in placement. In addition to the routine health care requirements recommended for all children, the continuum of health care for children in out of home placement includes the following components:

Pre-placement Assessment (PPA): Every child entering placement for the first time in an episode must receive a PPA prior to placement or no later than 24 hours after placement. The purpose of the pre-placement evaluation is to:

- Ensure that the child is free of communicable disease
- Identify and address any immediate physical and mental health care needs
- Document the presence of any injuries or markings that are present
- Identify any non-urgent unmet health needs
- Provide necessary referrals for additional services
- Provide documentation of the child's current health status
- Identify the presence of any serious medical conditions that might require the caseworker to obtain a specialized foster placement for the child

Child's Health and Medical Examination Record, known as the Medical or Health Passport: In April, 2011 CP&P adopted use of the Health Passport and Placement Assessment. The form documents a child's immediate known health history and follows a child throughout placement. .

Comprehensive Medical Exam (CME): Within 30 days of a new placement episode, every child must have a comprehensive medical exam. Mental Health Screening: Every child entering placement is to receive a mental Health screening. In all cases where it is recommended or need is indicated, child is to receive a Comprehensive Mental Health Exam as soon as possible. RDTCs, contracted CME Mental Health sites, or other community resources including services accessed through the Children's System of Care may be used for this purpose.

Designation of Acuity Level and in-home visitation: Visits are made by the assigned HCCM to the child and resource parent in the foster home within two weeks of placement. Record review and recommended follow-up

For every family referred to the Child and Family Nurse (CFN) Pilot program, currently operating in 3 NJ counties, a specific level of service model is used to assess the care coordination activities needed as part of the family's plan of care (see attached). The level of care is re-assessed every month the CFN the remains involved with the family's case.

Individualized Substance Use Disorder Assessments for Parents and Caregivers

The Child Protection Substance Abuse Initiative (CPSAI) conduct comprehensive, individualized assessments using the CAAPE-5, or Comprehensive Addictions and Psychological Evaluation - 5, a comprehensive diagnostic assessment interview providing documentation for substance-specific diagnoses based on DSM-5 criteria. The CAAPE-5 covers some of the more prevalent mental health conditions likely to impact recovery from substance use disorders and collects key demographic information associated with prognosis. Information

gathered through the assessment interview is used to establish a substance use disorder diagnosis or diagnostic impression, as well as to identify mental health conditions for further evaluation. This information is also used to formulate a treatment placement recommendation according to the ASAM Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, ensuring that individuals are placed in the least restrictive treatment environment to adequately meet their needs.

LGBTQ services for youth

Within each CPP office there is an LGBTQ liaison. This individual has participated in additional training provided by the Office of Adolescent Services within DCF. If a youth has identified themselves, or a case manager has concerns, the liaison can assist the worker and child and provide support and information and referral. This individual is also responsible for updating the LGBTQ service board located in every office. This board contains information for staff on current issues and supports within the community.

Family Success Centers

DCF understands that to obtain services within the community and provided by individuals similar to yourself is the best way to achieve stability and success for a family. New Jersey is proud to say that within every county there is at least one family Success center. These Centers provide support, therapy, recreational activity and all in the arena of meeting that individuals needs or community needs.

The New Jersey Qualitative review process examines the array of services and supports to assure they are accessible, culturally appropriate, and individualized. In 2016, 195 cases were reviewed, 85 % of those rated Resource Availability as a strength (additional information regarding the QR process can be found in Item 25)

In addition, the Provider survey (that was conducted for the purposes of this Statewide Assessment) and discussed in Item #29 found that Providers were able to individualize services by doing the following:

- Engaging the youth and/or family; Asking the family and/or youth for their vision as starting point for planning services; Ensuring that the family and/or youth's voice is part of the planning process; Collaborate with the family and/or youth's team; Individualize treatment plans to address the strengths and needs of the family and/or youth
- 63% of the providers also reported that they have participated in FTMs to plan with the family and/or youth. This is another way that providers are able to

individualize services. During the FTMs, the team is able to explore the strengths and needs of the youth and/or family and the formal and informal resources that maybe available.

NJ rates this item as ANI like in Round one and two. While much work has been done in this area there is still more to be done. With the completion of more FTM's and the Family driving case plans there is more of a need to individualize services. While Flex Funds and Family Success Centers have begun to address this need NJ will also review the work completed by Rutgers University and the Needs Assessment to help initiate Individualized Services. In addition the OSD under the Commissioner is diligently working on service need and service array.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

DCF endorses the practice of involving a wide variety of state and local partners in all aspects of its work to ensure the safety, permanency and well-being of children. Programs and services identified and assessed reflect a rich array of information and ideas that were developed with system partners and stakeholders through a variety of routine and specific collaborative efforts.

As part of the collaborative efforts, DCF embarked on developing a comprehensive strategic plan over the past several years. This comprehensive process included the input and recommendations of many stakeholders to include community partners, child welfare system partners, service providers, Citizen Review Panels, parents, resource parents and youth to help guide and steer the course for DCF. Through formalized engagement opportunities and informal consultations, this ambitious process took over a year to complete and helped spawn the 2014-2016 DCF Strategic Plan. It was a natural progression that the DCF Strategic Plan influenced the 2014-2019 Child and Family Services Plan. The CFSP contains core strategies that are aligned with the DCF strategic plan and mimic the goals and objectives necessary to carry out the principles of the Mission, Vision and Priorities of DCF.

Since that time, DCF continues ongoing engagement in meetings with these system partners to elicit feedback as it relates to the progress of the implementation of the CFSP. Although formerly under a Modified Settlement Agreement which has now transitioned into the Sustainability and Exit Plan, DCF views the Federal Monitor as a partner in guiding DCF practice performance. The SEP recognizes DCF'S reform efforts, which include embracing analytics to work more efficiently and effectively to improve the lives of the children and families NJ serves. Further, the SEP acknowledges many areas where DCF has succeeded and become so ingrained in its culture that these areas no longer need regular monitoring. Some of

these areas are: Data Transparency, State Central Registry Operations, Medical and Behavioral Services, Staff Training, and Adoption Practices. The Monitor Reports are a collaborative reporting vehicle that highlights the strengths as well as areas of focus of DCF performance. The Federal Monitor seeks the input of several external stakeholders to include contracted service providers, youth, relatives, birth parents, advocacy organizations and judicial officers.

Through collaborative reviews such as the DCF Qualitative Review (QR) process, system partners are interviewed to gain insight and feedback into DCF performance and are key stakeholders in the production of county Performance Improvement Plans (PIPs). This feedback provides guidance into the action plans identified in the DCF Assessment of Performance. During calendar year 2016, stakeholders participated in 10 QRs which included 1,890 interviews, as well as being reviewers themselves. Participants interviewed included:

- Child, if age and developmentally appropriate;
- Biological mothers and fathers;
- Current caregivers or resource parents;
- Extended family supports;
- School personnel including teachers, guidance counselors or principals;
- Court Appointed Special Advocates (CASA), and
- Community providers

DCF Child Stat is a case conferencing collaborative assessment that can help identify critical decision making elements and themes both locally and statewide. DCF local staff co-present an identified individual case with internal DCF staff and external partners. These partners identify how they helped with decision making and how they perceive the measured change in the family. They provide additional information that was not presented by the office on the family with an analysis from their own professional perspective. These partners share strategies integrated into assisting the family and lessons learned that can be tied back to the family presentation. In addition, individual case strengths and challenges/barriers as well as county level strengths and challenges/barriers are assessed. More information regarding the DCF Child Stat process can be reviewed at: <http://nj.gov/dcf/about/divisions/opma/>

The New Jersey Task Force on Abuse and Neglect engaged with DCF leadership as well as services providers, community advocates, parents and others to develop a strategic guide for preventing child abuse and neglect. This collaborative provides an overview of child maltreatment as a public health concern and opportunities for improving prevention efforts. Most important, as a living document, it provides a shared vision, strategic goals and strategic objectives to guide prevention efforts in New Jersey, 2014 through 2017. For more information on this living report please see:

<http://nj.gov/dcf/news/reportsnewsletters/taskforce/SupportingStrongFamiliesandCommunitiesinNew%20Jersey.pdf>

At the local, county and Area level CP&P maintains ongoing collaborative efforts to elicit feedback from community stakeholders. Each CP&P local office supports a Resource Development Specialist who conducts outreach collaborative efforts to develop and maintain local community supports. Local offices also hold resource fairs as well as invite community stakeholders to staff meetings to engage in partnerships to enhance performance and outcomes

for the families served within the local community. CP&P Area offices support County Service Specialists who regularly host presentations and trainings as well as review of CP&P policy, performance and outcomes as well as introduction of new initiatives relevant to that community.

NJ collaborated with the Department of Education To ensure that every child in out of home placement receives the necessary nutritional meals while attending school programs the NJ Department of Children and Families, office of research and evaluation (NJDCF) has been working with the NJ Department of Agriculture's (NJDA) Division of Food and Nutrition since the fall of 2012 to facilitate the direct certification for federally mandated free meal programs for children in out-of-home foster care placement.

The Healthy, Hunger-Free Kids Act of 2010, Public Law 111-296, amends Section 9(b)(12)(A) of the Richard B. Russell National School Lunch Act (NSLA) to confer categorical eligibility for free meals to children in foster care. Free meals include the School Lunch Program, the School Breakfast Program, the After-school Snack Program, and the Special Milk Program. The Act also amends Section 9(b)(5) of the NSLA to allow Local Educational Agencies (LEAs) to directly certify a foster child as eligible for those programs, without further application, by obtaining documentation of the child's status as a foster child from the State child welfare agency.

To achieve the goals and objectives of the Act, NJDCF's Office of Educational Stability and Office of Research, Evaluation, and Reporting engaged representatives from NJDA in a collaborative process for outlining the ongoing eligibility verification of children in foster care using the State's Electronic Data Warehouse managed by the NJ Office of Information Technology (NJOIT). NJDCF and NJDA entered into a Memorandum of Understanding (MOU) governing the secure transmission of foster child status between the two Departments on an ongoing basis.

Guidance and feedback is also gleaned from naturally occurring partnership meetings to include the Citizen Review Panels, the Administrative Office of the Courts, County Human Service Directors, NJ Association of Mental Health and Addiction Agencies (NJAMHAA), NJ Alliance for Children Youth and Families as well as statewide Youth Advisory Board meetings, County Inter-agency Coordinating Councils, County Councils for Youth Children. These meetings are the host to illicit input on the progress and areas needing improvement to better promote better outcomes for children and families across the state.

In collaboration with the Department of Children and Families/CSOC, the Children's Inter Agency Coordinating Council (CIACC) is the planning body for children's services in each county and strives to ensure a seamless array of services. The CIACC is composed of individuals from government and private agencies, parents, youth and young adults, child-serving agencies, and community representatives. The CIACC serves as the county mechanism to advise the DCF on the development and maintenance of a responsive, accessible, and integrated system of care for children, youth and young adults with emotional and behavioral challenges, developmental and intellectual disabilities, and substance use challenges, and their families. Through enhanced coordination of system partners, the CIACC also identifies service and resource gaps and priorities for resource development.

<http://nj.gov/dcf/childdata/continuous/index.html>

In recognizing the need for prevention partners to work together, many stakeholders, including parents, caregivers, community advocates, providers, and public and private partners, participated in the development of the Supporting Strong Families and Communities plan. This strategic plan provides an overview of child maltreatment as a public health concern and opportunities for improving prevention efforts. Most important, as a living document, it provides a shared vision, strategic goals and strategic objectives to guide prevention efforts in New Jersey, 2014 through 2017. Stakeholders included:

- Seven-hundred and forty-seven (747) individuals who participated in interviews, focus groups and on-line surveys; 62% were parents and 30% were providers and community advocates
- Members of the Prevention Committee of the New Jersey Task Force on Child Abuse and Neglect and community leaders representing advocacy organizations, human services, education, health, behavioral health, substance abuse treatment, domestic violence, labor, agriculture, universities, and foundations
- Senior leadership from the New Jersey Department of Children and Families including the Commissioner and representatives from the Divisions of Family and Community Partnerships, Child Protection and Permanency, Children's System of Care, Office of Adolescent Services, Performance Management and Accountability, and Communications and Public Affairs

This plan is intended to be a high-level guide to be used as a vehicle for promoting community dialogue, problem-solving and planning at the statewide and local levels. This plan as well as other collaborative consultative reports can be reviewed at:

http://nj.gov/dcf/news/reportsnewsletters/taskforce/njtfca_reports.html

The Office of Advocacy (OOA) was established in September 2010 as a central point of communication for constituents of the New Jersey Department of Children and Families (DCF).

Established as a department level office within the office of the DCF Commissioner, OOA is an independent advocate for children and families.

OOA supports DCF's mission to ensure the safety, well-being and success of New Jersey's children and families. OOA works directly with liaisons in each DCF division and/or office, and other state agencies, community providers and stakeholders to resolve constituent concerns and empower families.

Since its inception, OOA has expanded its constituent outreach from working independently on behalf of children and families involved with DCF, to now providing information, addressing constituent concerns and providing advocacy services.

While OOA's primary function is to address the needs of DCF service recipients, OOA's services are available to any individual living in New Jersey needing assistance.

OOA has fostered working relationships between inter-departmental staff and community partners to provide services to New Jersey's children and families. We provide education about DCF services, processes, policies and procedures; resolve complaints from constituents, assist those in need find appropriate services, and provide advocacy support to service recipients.

OOA incorporated the DCF Info Line into its work in 2013. By cross-training staff, OOA is able to combine the data collected through each of its two phone lines to better respond to the needs of New Jersey’s children and families. The Info Line is primarily DCF’s information and referral service for services provided by DCF and other state agencies. Many calls involve state agencies that have the responsibility for safeguarding, educating and tending to the needs of our most vulnerable citizens. The Info Line receives calls from New Jersey and surrounding states. Calls are from parents whose families are involved with DCF, resource and adoptive parents, youth and community members.

OOA receives, resolves and refers complaints/concerns made by individuals. In addition OOA focuses on data and collaborative communication to assist DCF division and offices to continue developing programs and enhance case practice in order to improve the future of NJ’s children, as well as, provide better skills for NJ’s families.

Office of Advocacy Data

Office of Advocacy Data			
	2014	2015	2016
-			
PHONE	4951	5970	5695
DCF INFO LINE	2924	3903	4211
ASK DCF	659	871	788
COMMISSIONER EMAIL	239	293	245
EXTERNAL	416	304	147
WALK- IN	13	18	10
TOTAL CONTACT	9202	11,359	11,096

As noted earlier, DCF is planning to launch several additional publically available reports on statewide child welfare work. These reports will provide necessary and relevant information to assist the stakeholders, partners and community to hold DCF accountable to the families, children and youth that are served.

In addition to the above mentioned collaborative efforts, DCF has strategically positioned itself as a leader in both preventing and responding to the trafficking of minors in New Jersey. Our efforts have included strong collaboration with the Office of the Attorney General and other federal, state, and local law enforcement entities to help ensure traffickers are convicted, while survivors receive the critical services they need.

Utilizing funds from Race to the Top Early Learning Challenge Grant NJ now implements County Councils for Young Children in all 21 counties, following the lead of Cumberland County's CCYC. The County Council is for parents, caregivers, and interested community members to come together as active partners to share and learn about issues that affect our children and youth.

Unlike Round One and Two NJ rates this item as a strength. NJ has worked tirelessly since round 2 to engage stakeholders and embrace local and state partners in the development of the 2014-2016 Strategic Plan. As sighted above 1,890 system partners were interviewed in 2016 as part of the QR. Also as evidenced by the above information feedback is elicited from many partnership meetings that naturally occur.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

Item 32 was rated as a strength in both Round One and Two of the previous CFSR's. DCF continues to respond to the community and coordinates services with other federally assisted programs.

Medicaid and MEYA

Each Local DCP&P Office employs at least one staff member with access to the State's Medicaid systems, with responsibility for enrolling children who enter out-of-home placement into the DCP&P foster care Medicaid program, and ensuring a seamless transition of services by notifying any local County program of the child's placement. Additionally, in NJ, the delivery model for Medicaid is Managed Care. Every Medicaid recipient, which includes all children in CP&P foster care, is enrolled in a Managed Care Organization (HMO). Through their contract with the Department of Human Services Division of Medical Assistance and Health Services (DMAHS, NJ's single state agency for Medicaid), each HMO is required to provide care management for every child in CP&P foster care. DCP&P Medicaid Liaisons and Office of Clinical Services work closely with DMAHS and the HMOs to coordinate for continuity of care and the required care management for children in care.

Since 2001, DCF had been extending the same Medicaid received by children in foster care to eligible young adults ages 18-21, under the Federal implementation of the John Chafee Foster Care Independence Program. With the advent of the new Federal Health Care Law effective January 1, 2014, this program was collaboratively adjusted to provide for Medicaid for eligible former foster youth through age 26. The DCF Office of Clinical Services (OCS) took the lead in designing the program and developing the plan for implementation. Efforts involved a high level

degree of cooperation with various units within the, as well as the DCF Office of Information Technology, the DCF Office of Adolescent Services, and CP&P. This program subsumed the former “Chafee” eligible youth ages 18-21, and the entire program, which now accounts for the eligibility of 18 to 26 year olds, is known as Medicaid Extension for Young Adults, or MEYA. OCS is responsible for the continued coordination for DCF MEYA, including:

- continued to partnership with the DCF Office of Adolescent Services to outreach DCP&P casework staff and other stakeholders who manage adolescents and former foster youth with regard to eligibility and enrollment for continued Medicaid services beyond ages 18 & 21;
- operation of a MEYA warmline as an available resource to anyone looking for more information about MEYA in NJ and Medicaid in NJ for former foster youth pursuant to the Affordable Care Act;
- collaborating with DCF IT so that NJ's SACWIS (NJSPIRIT) is automatically transferring eligible adolescents from the NJ foster care Medicaid program into the MEYA program so that Medicaid does not lapse following a youth's discharge from services;
- as there is no re-determination requirement MEYA, OCS does make diligent attempts to outreach enrolled youth or representative designees so that current contact information is on record for the MEYA case;
- ensuring that if a young adult is eligible for both MEYA and NJ FamilyCare, the other Medicaid program eligibility supersedes MEYA eligibility and the youth is given that information so services are not interrupted;
- providing information on the MEYA program via DCF’s public website, DCF’s internal ‘Intranet’ site for staff, materials created and distributed for the purpose of sharing information about MEYA with potential eligible young adults.

Utilization of SAMHSA Federal Block Grant Funds for Substance Use Disorder Treatment Services

The Office of Clinical Services coordinates with the Department of Human Services to ensure that DCP&P-involved parents and caregivers have priority access to substance use disorder treatment services funded through federal block grant women’s set-aside funding. These services provide additional capacity for comprehensive, family-centered treatment for women, including residential service for women and children. Funded services include 181 methadone treatment slots, 53 outpatient and intensive outpatient treatment slots, and 79 residential treatment slots.

NJ CARES Grant Initiative

Child-Specific, Team Approach to Recruitment-

This first component of this project reflects the national trend toward utilizing a child-specific team approach to create permanency possibilities for children in foster care and significantly expands upon current activities in New Jersey. Due to the short term of the project, 20 of the 165 longest-waiting youth in New Jersey will be randomly-selected to receive the child-specific, team-focused approach to recruitment. (The remaining youth will receive the intervention at a later date to allow for a comparison group for the evaluation.) Comprised of caring adults representing the child's life domains (such as education, recreation, employment and spirituality), the team assists with identifying and facilitating adoption options for the child and commits to providing longer-term support for the child and family. Expected outcomes of this component include adoption placement and the creation of a cadre of caring adults committed to maintaining a long-term connection with the child and family.

The waiting youth is actively engaged throughout the process to ensure that their individual goals and preferences serve as the primary basis for plan development and decision-making. A Child-Specific Recruiter (CSR) from the state's child welfare agency partners intensively with the youth to understand their permanency preferences, to identify potential team participants and to work through any resistance older youth may have toward adoption. The CSR also provides emotional support to the youth throughout the entire process.

An Adoption Facilitator (AF) from a contracted agency coordinates the team approach. The process begins with a thorough review of the case file for each child to assist in identifying team members and gaining an in-depth understanding of the child's history and needs. Next, the AF, in collaboration with the youth and the CSR, recruits team members (typically adults representing all of the child's life domains) and introduces them to the team-based effort. The key tasks of the recruitment team are to identify arenas in which to profile the youth and recruit potential adoptive families and to secure a permanent team of support for the youth. Through a series of regular meetings, and in collaboration with the child, the AF guides the team in identifying creative strategies and developing a child-specific adoption action plan.

The AF will schedule and facilitate the initial recruitment team meeting designed to formally introduce the team, lead discussion of each member's unique role and relationship with the team and identify strengths in each member that can be utilized for recruitment. The AF directs the process of "envisioning the right family" for the particular youth based on the strengths and needs of the child and helps the team to begin to identify areas where recruitment efforts will be targeted. Concurrently, the CSR will work with each youth to help them create their own personal narrative video recordings, as well as personal brochures and profiles to be used in the recruitment efforts.

The recruitment team convenes on a monthly basis to evaluate progress, update action plans and potentially reassess strategies in order to keep the plan moving forward. Throughout the process, the AF will be the primary lead in supporting team members, scheduling and facilitating team meetings, maintaining records and identified tasks, providing team support and reporting on progress and outcomes.

The team remains active once an adoptive family or other permanent support has been identified although its composition may change somewhat to incorporate both informal and formal supports that are identified as being needed to assist both the family and the youth in the placement. Upon a successful match, the team's focus moves to ensuring that both formal and informal assistance for the child and family are identified and in place to support the adoption. The recruitment team continues to provide encouragement and will meet periodically for "check in" meetings to ensure that the youth and family continue to have the post-adoption supports they need and to make adjustments to the "team" and or supports as needed. Members of the recruitment team are encouraged to make an individual commitment to maintaining a relationship with the child and providing on-going support for the new family.

Immigration Services Provided by DCF

The Department employs an immigration legal specialist to assist staff and network with stakeholders in order to efficiently and effectively serve immigrant clients. This includes creating contracts with stakeholders in order to collaborate and provide necessary services to immigrant children and families.

The immigration legal specialist trains local office staff on legal options clients – children and family members - might have to stabilize their status in the United States, Department practices and policies regarding handling cases involving immigrants, and services and resources available. This education assists staff in getting families necessary assistance that they might not otherwise know about or be able to access, which in turn helps provide stability for children the Department serves. The immigration legal specialist is also directly available to Department staff to discuss cases that include immigration concerns, provide guidance, and reach out to immigration stakeholders including foreign consulates, other state and federal government agencies, and non-profit agencies to help resolve issues facing clients.

Additionally, the Department contracts with Rutgers University Law School's Immigrant Justice Clinic to hire and manage staff attorneys to serve immigrant children that are involved with the Department of Children and Families, Division of Child Protection and Permanency. The Department provides grant funding for two full-time staff attorney positions to work exclusively on Division cases. This service includes evaluating a child's case and exploring legal options the child might have to gain status in the United States, applying for any relief the child may qualify for, as well as providing legal assistance in removal proceedings that may be underway against a child. As of December 2016, the Department was 7 months into the first year of this contract and had referred 84 cases to Rutgers Immigrant Justice Clinic.

The Department's Office of Legal Affairs accepts requests for U-Visa certifications for immigrants who have been victims of crime and may qualify for U-Visa status, which is a pathway to citizenship. As a qualifying "investigative agency" under federal law, DCF's Office of Legal Affairs receives and reviews requests from individuals who are or have been involved with the Division of Child Protection and Permanency, and provides the certification necessary to apply for U-Visa relief wherever it is appropriate. At this time, the Office of Legal Affairs typically processes approximately 4 U-Visa requests per month, however this number is growing. This service enables immigrants who have been victims and have been cooperative with the Division of Child Protection and Permanency to achieve legal status and work toward citizenship, thereby aiding in family stability because legal status determines an individual's ability to work and access public benefits and provides certainty of remaining in this country.

The Department also has a policy enabling children in the custody of the Division of Child Protection and Permanency to be placed with family members who may be undocumented in order to keep families together. Through this policy, see CPP-IV-A-11-200, children are able to remain with close kin who may then adopt if the child's parents are unable to regain custody of the child.

Additionally, in cases where children are in the custody of the Division of Child Protection and Permanency, but do not have legal status, the Department is able to provide them with Medicaid 650, see CPP-V-A-4-100, an alternative form of state-funded medical insurance. This enables immigrant children to access necessary medical services and ensure their health and safety while in Division custody.

Since round two NJ has continued to build upon its case practice approach to teaming. Partners come to the table in order to hear the family's voice and plan for the family. These partners represent both formal and informal supports for the family. The formal supports are often representatives from other agencies who receive federal funding to accomplish the goals of the agency.

During round two NJ did identify an area needing improvement as a result of focus groups and interviews with child welfare system partners. It was discussed that the communication infrastructure was inadequate. DCF has worked diligently to improve its communication among other child welfare agencies as shown by its data transparency, public web site, and many other sources of information sharing. It is also an area that has been identified in the strategic plan.

Successful collaboration can be seen in the increase in the number of Family Team Meetings held, the success of children receiving pre placement medicals in a non-emergency room setting, the low number of children entering shelter care, and the many preventative services such as family Success centers and services provided by the Domestic violence centers. In addition NJ has a clinical consultant who works with CPP but is employed via the CMO, and a DVL consultant employed by the local DV program that sits in the local CPP office and collaborates with case workers and reaches out to victims.

NJ continues its collaboration with the courts by attending quarterly CIC meetings and participating in the yearly Children in Court Conference. Each county continues to identify a provider in the Strengthening Families Program. DCF has entered a partnership with county and state welfare agencies to provide housing vouchers to aging out youth as part of the YERN pilot.

New Jersey's collaboration with other Federal Programs is a strength.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

Insert state response to Item 33: Standards Applied Equally

Foster and Adoption Recruitment and Retention Initiatives

The overall functioning of New Jersey's foster and adoptive parent licensing, recruitment and retention system is a strength. It is governed by both state statute and NJ Administrative Code. In addition, the Department employs a Statewide Office of Licensing (OOL) to provide regulatory authority for DCF and the state of NJ. OOL has the authority to regulate child care centers, youth and residential programs, resource family homes and adoption agencies.

Foster home licensing including child care agencies and child placing agencies are governed by NJ Administrative code. The Administrative Code provides a uniformed licensing standard that is applied statewide; these requirements are also in line with national standards. The standards include: background checks for all household members, documentation of demographics for the family and documentation of tasks such as training.

Licensing standards are codified through NJ Administrative Codes as well as NJ State Statutes and can be reviewed at:

<http://www.state.nj.us/dcf/providers/licensing/laws/>

At a minimum, licensing regulations require all resource and adoptive homes, adoption agencies, child care institutions as well as residential and other youth placement programs to meet and successfully complete the following prior to employment or placement of a child in a home:

- Criminal Background History Investigation (CHRI) check for both state and federal

- Child Abuse and Registry Investigation (CARI) check
- Pre-service and annual training credit requirements
- In person on site life/safety inspection/evaluation of physical location
- Homes study for resource and adoptive homes

All applicants are required to complete the licensing standards. From approval of an application to the approval of a home study and license should be completed within 150 days per policy standards. All applicants are subject to the same policy and regulatory standards statewide.

Child care institutions:

- The DCF OOL conducts comprehensive program and life/safety inspections of residential facilities and homes every two years. They also conduct interim monitoring re-inspections and Safety Assessments with a multi-disciplinary team to ensure violations are properly addressed.
- Inspections include in-depth interviews with staff members and residents; comprehensive reviews of residents' records, staff records, administrative records, medication records, incident reports, physical restraint reports; observation of program; life /safety (building) inspection for fire safety, health/sanitation and quality of life.

Foster and Adoption agencies:

- Foster and Adoption agencies that place children for adoption or provide other adoption services in NJ are required by state law to be licensed. DCF is responsible for licensing these agencies.
- DCF as well as private adoption agencies recruit resource home providers; however, DCF is responsible for the maintenance of licensed resource home providers and the placement of children. DCF is responsible for licensing these foster and adoption agencies and they in turn conduct home studies, assessments of the families and compiling documentation of the family's compliance with NJ's standards for initial licensing and relicensing.
- Foster and adoption agencies are required to complete the Structured Analysis Family Evaluation (SAFE) home study if a child from DCF will be placed in one of their resource homes. The home study includes the assessment of the family and the compiling of documentation of the family's compliance with standards for initial licensing and relicensing. OOL conducts interviews, inspects homes and documents their assessment in SAFE. OOL submits a recommendation for licensure, re-licensure, denial closure or revocation.
- SAFE guides the assessment of the foster or adoptive home and must be approved before any child is placed in a home. SAFE may be reviewed by placement personnel and can be helpful in placement matching decisions.

- The Department conducts monthly meetings at the county level to ensure that licensing standards are met. These meetings were the result of the MSA and have continued as part of the SEP. Participants include DCF's Impact Teams at the county level with representatives from OOL, Office of Resource Families, Local Office Resource Unit, and Resource Family Specialist from the Area Office. During these meetings, they discuss the specific homes that have submitted applications to be licensed in their county. They also discuss current issues such as the 150 day licensing procedure and trouble shoot with specific applications.
- As of December 31, 2016 NJ had a total of 6,663 children in out of home placement.
 - There were 2,611 children in kinship resource homes and 3,484 children in non-kin resource homes;
 - That is a total of 6,095 licensed homes in NJ (CP&P Quarterly Demographic Summary as of December 31, 2016).
- NJ has a Statewide Retention Specialist, Recruitment & Retention Communications Specialist, and a Statewide Recruitment Specialist who continue to lead statewide recruitment and retention efforts by improving and strengthening support and customer service for our licensed families, managing and promoting market segmentation initiatives, and continuing to focus on targeted recruitment for specific populations of children in care.
- We recognize that recruitment and retention go hand in hand and therefore developed a statewide retention plan that will ultimately improve our delivery of services and supports to our resource families as well as strengthen our partnership with our resource families.
- A statewide taskforce was developed and included licensed resource families, youth and staff. This taskforce developed the action steps that lead to NJ's retention case practice plan that was ultimately approved the Commissioner of the Department of Children and Families

2014 – 2016 Licensed Homes in New Jersey



	2014	2015	2016
-			
Resource Family (Non-kin)	2899	2710	2611
Kinship	3790	3634	3484
Total Licensed Homes	7322	6955	6663

Overall this item is a strength. Standards are applied to all licensed foster family homes and child care institutions. Standards are governed by Administrative Codes and State Statues.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

DCF continues to meet all Federal requirements for criminal background checks to license and approve foster homes and pre-adoptive homes.

Policy Considerations:

- As a condition of securing a resource family license, all resource family applicants are required to submit to state and federal criminal history record information (CHRI) background checks, in keeping with the New Jersey Adoption and Safe Families Act. The CHRI check must be current within one year of the application for a resource family license. Adult household members over the age of 18 are also required to submit to CHRI background checks. If any individual refuses to consent to a fingerprint background checks, the Office of Licensing will deny the application or suspend, revoke or refuse to renew the license as applicable.
- Resource Parents and each adult household member's fingerprints are live scanned and flagged in the state criminal history database pursuant to N.J.S.A. 30:4C-27.8b. In the event there is a new arrest, CP&P is notified. For each resource parent or adult household member who is not in the flagged state criminal history check information database, they are required to complete a state CHRI background check prior to licensing renewal.
- When a resource family home is licensed the license is valid for three years. The renewal inspection of a resource family home should occur three months prior to the expiration of the license. A new criminal history background check is required every three years for resource parents and adult household members living in the home.

- A criminal history record name-based check can replace the CHRI background check in individual cases where fingerprints cannot be taken because of a physical disability which prevents fingerprinting or because the person has no fingerprints or fingers.
- Criminal history background checks are considered level I violations which indicates that resource parents/applicants must be in full compliance with this regulation to obtain or maintain their resource family license.
- In the case of a relative caregiver the policy for presumptive eligibility permits placement after all the checks with the exception of state and federal fingerprints and office manager approval. Completion of the remaining requirements through issuance of a license is required.
- NJ has in place a system for assessing safety of children placed in a resource home. As part of the structured assessment process, children whom enter placement or seen within five days of placement and an initial safety assessment is conducted. Also if an allegation of abuse or neglect is made regarding a child in care the resource home is suspended from additional placements pending the outcome of the investigation. An assessment is also made at that time and either a child is safe or a recommendation for removal can be made. These situations are conferenced between the IAIU unit, the local office and the resource unit who supervises the home.

CFSR Round Two Findings

- This Item was rated a strength in both round one and round two of the CFSR. NJ has in place a comprehensive criminal background check as part of the required checks for licensing all foster and adoptive homes.
- **Changes since Round Two**
- In collaboration with the Courts, DCF requires all supervisors to be trained in Promise Gavel. In addition DCF supervisory staff has access to the Domestic Violence Registry if they have been trained.
- DCF is continuing to collaborate with the Courts in order for share information via FACTS. (Family Automated Case Tracking System)

NJ rates this Item a strength, it continues to have in place a comprehensive criminal background check.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

This item was rated as a strength during round two. New Jersey continues to work with FAFS to provide peer to peer support to effectively retain experienced foster and adoptive families and develop community connections for foster families. FAFS employs resource family advocate to support areas of the state.

In March of 2014, Adoption Operations assumed supervision and oversight of the Area Child Specific Recruiters. This assignment to Adoption Operations has enabled us to better focus our child specific recruitment assignments and efforts to best meet the needs of waiting youth in New Jersey. So with the integration of the area child specific recruiters and statewide child specific recruiters who were always assigned to Adoption Operations, we currently have eighteen child specific recruiters and four community contracted child specific recruiters through the National Adoption Center and Children's Aid and Family Services with an overall current assignment to over 300 youth.

Adoption Operations child specific recruiters and community contracted child specific recruiters meet as a team every other month to coordinate recruitment efforts and events. This ensures that practice around the Select Home Process and Child Specific Recruitment is uniform and conforms to current policy and practice initiatives. During the 2014 fiscal year, the team profiled youth and involved youth in over 38 profiling and match events. Five of these events each year are coordinated with the National Adoption Center of Delaware Valley. The child specific recruitment team has continued to partner with both our internal resources such as Office of Licensing, Office of Resource Families and local area PRIDE trainings as well as community providers such as FAFS, Autism Family Services, community faith organizations and professional organizations to profile our legally free most challenging youth. There has been both formal and informal success from these efforts. Formal success has been in the form of concrete matches of those youth that we have profiled, informal success has come from the established relationships between adoptive families, internal and community partners and connections of youth not profiled but who are matched from the relationships built and discussions of assigned youth with potential families and resources.

While much of child specific recruitment work is focused around our longer waiting, legally free older teens, there is a population of youth whose goal has become select home adoption but are not yet legally free. As we begin our focus on these youth earlier in their process, one significant initiative that we have worked on in this past year was to focus specifically on our Prior to Legal Clearance population. As our work in child specific recruitment evolves, it became very evident that focusing on youth earlier on in their placement could support more timely and effective permanency. This Prior to legal status designation may be due to their guardianship case being on appeal or the circumstances of their case warranting permission from our DAG's and LO executive staff to begin to look for a family for these youth in the event they are unable to be reunified. For these youth, we are obtaining their prior to legal clearance approval and reviewing their material for potential matches with families registered at the Adoption Exchange who are DCF licensed families, interested in adoption and willing to take a legal risk, for possible matches.

Adoption Operations has also held three Prior to Legal Clearance events in the last year for our licensed families interested in adoption but who are also willing to foster. These events provide an informational presentation on the unique circumstances of this population as well has to hear from both pre and post adoption support service providers and other adoptive families who have provided resource care through the concurrent planning process and have since adopted those youth. This allows our families to meet and network with other licensed families as well as with adoption and permanency staff in their areas and to hear about the types of youth in need of committed family for them.

We are especially excited about an initiative that took place in the last year and a half. In October 2015, the Office of Adoption Operations was awarded a 15-month Federal Grant- the New Jersey Collaborative Adoption Recruitment Education and Support (NJCARES) that provided an opportunity for the Office of Adoption Operations to enhance their already extensive efforts around Child Specific Recruitment. The grant set out to establish a highly individualized recruitment team for 21 of the legally free youth seeking permanency through the New Jersey Adoption Exchange. The youth selected to participate in this program were encouraged to identify adults whom they had a relationship with and build recruitment teams around each individual. Utilizing this informal approach to recruitment helped to engage youth on a more personal level to the extent that youth who were not open to adoption began to attend matching events and to have conversations about being adopted by a family. Monthly Recruitment Team Meetings (RTM) were held to establish and bring the team together to strategize recruitment and manage identified connections. The RTM model had great success in formally connecting youth with significant adults in the youths life while also strategizing recruitment efforts for them. Of the twenty-one youth participating in the RTM's, a number of permanent placement plans were established, including eight youth who are matched or placed with their adoptive family and the finalization of two adoption. As a commitment to sustaining this process, two of our most experienced child specific recruitment staff took on the role of facilitator of this teaming process for the youth that had been involved in the grant as well as taking on additional youth into this teaming process as we move forward. A number of child specific recruiters who had youth

involved in this grant have also utilized the teaming approach to managing their recruitment efforts and process for their youth.

New Jersey continues its commitment of finding potential foster and adoptive families that reflect the cultural and ethnic diversity of the children in the State for whom out-of-home placements are needed. As a result of our diligent recruitment efforts, we continue to have success recruiting foster and adoptive families that are reflective of the ethnic and racial needs of children who require out-of-home placement as well as meet the various needs and characteristics of our children. We are committed to maintaining our success and continue to assess and implement different approaches that support our efforts and meet the needs of families interested in caring for our children.

Accomplishments

In FFY 2016, New Jersey continued its commitment to recruit potential families that are reflective of the racial and ethnic characteristics of children in out of home care. Our diligent recruitment efforts continue to be data driven, taking into account where families reside, where children in need of placement are coming from and where our current licensed families are located. This allows us to target our recruitment efforts in the neighborhoods and communities where children in need of out of home care reside. **(See attachment to Item 35 for complete explanation of methodology)**

In FFY 2016, NJ implemented or continued statewide and local initiatives:

- Continued using a target setting methodology that focuses specifically on local targeted recruitment and engaging our existing families around our needs for families willing to accept large sibling groups.
- Recruiters continue to use data driven methods to develop local targeted recruitment plans that determine geographic and subpopulations areas of need as well as strategize how to target areas of need.
- NJ continues to require recruiters host 6 statewide targeted events per year. These include two events targeting siblings, two targeting adolescents, one targeting the LGBT population and one targeting families willing to accept children with increased medical needs.
- Continue the use of the market segmentation tool to develop strategies and carry out recruitment efforts statewide
- Recruiters participated in workshops that enhanced their ability to collaborate and communicate with businesses more effectively
- Work diligently in our efforts to educate communities and develop partnerships with local organizations.

- NJ continues to emphasize and support local recruitment activities in the communities where children reside
- We continue to support and provide guidance to recruitment staff with the goal of continuously enhancing our recruitment efforts and developing effective strategies to reach the right types of families
- Continue the practice of bi-monthly Group Engagement orientations with inquiries in each County
- Continue the use of resource parent adjunct recruiters and youth recruiters for events and trainings to share their experiences as current resource parents and as a youth in care
- Continue to encourage current resource parents to help in recruitment by offering an honorarium program, travel reimbursement, and child care expenses to attend events and trainings
- Continue working with the Human Rights Campaign's -All Children, All Families initiative
- Actively make updates to the public website as policies, new initiatives and or practice changes
- Continue to allocate funds for recruitment and retention events, adjunct recruiters, and local advertisements from our statewide recruitment budget
- Continuously assessing and identifying needs of the local recruitment staff and implementing new tools to ensure their success in meeting local office objectives
- We continue to use the lifestyle characteristics of our current successful families to drive our recruitment strategies in targeted communities
- NJ updated recruitment materials/publications to ensure that they are customer centered and reflective of the lifestyle characteristics in our market segmentation tool
- Promotional Items continue to be purchased to reinforce our message
- Continue using lifestyle characteristics to target advertising opportunities within local geographic areas
- Continue use of tracking tools for market segmentation outcomes and targeted geographic and subpopulation outcomes
- Use data that assists with analyzing the overall impact of our recruitment efforts
- Recruiters continue to develop new partnerships with businesses/organizations as informed by the market segmentation lifestyle characteristics as well as maintain current relationships
- Participate in peer to peer calls with other States in an effort to learn from each other
- Started the use of digital story telling that allows families to speak about the experience of being a resource parent from their own perspectives

New Jersey has also been working with the National Resource Center for Diligent Recruitment (NRCDR) at Adopt US Kids on the development and implementation of NJ's retention plan that will create changes in practice to ensure that we are properly supporting and retaining our current

pool of licensed families. This will ultimately lead to positive outcomes for our children and families.

Below is NJ's retention plan that NJ started implementing in January of 2016:

Resource Family Retention Plan

The Department of Children and Families (DCF) believe that all foster, adoptive and kinship families are a cherished resource and invaluable to the work we do in serving children and families. All resource families play a unique role in the child welfare system as they are both internal and external customers. Resource families are internal customers to be acknowledged and respected as essential members of the professional team and are also external customers to be sought out, supported, valued and retained by all DCF staff.

Good customer service which emphasizes respect, empathy, caring and professionalism must lie in the hands and hearts of all DCF staff who interact with our foster, adoptive and kinship families. To have an environment that supports our goal of better serving all resource families we must be guided by the following core values which will ensure the safety, well-being and permanency of all children in care:

Assessment of Resource Families

Knowing and understanding each resource families' strengths, abilities, willingness and challenges is essential to meeting the needs of all resource families and the children in their care.

Engagement of Resource Families

Relationships with resource families that are mutually beneficial and lasting must be developed through open communication that is respectful, responsive, honest and empathetic.

Individualized Planning for Children

Resource families are critical to each child's successful outcome, and therefore must be involved in the individualized planning of all children in their care.

Teaming with Resource Families

Resource families are a valued member of the professional team who must be consulted and actively involved in decisions made on behalf of all the children in their care.

Quality Assurance

We must ensure that we are meeting the needs of all resource families by continuously evaluating the quality of our performance.

DCF staff, at every level, has a responsibility and vested interest in accomplishing our mission of supporting and retaining all resource families. In order to ensure our success, it is critical that we focus on the following:

- Ensure that Management at all levels model and encourage staff to reinforce our mission
- Enhance the professional development and customer service skills of all staff
- Provide resource families with the necessary supports and services to be successful
- Develop measurement tools to allow continuous feedback about how we are supporting and delivering services to our resource families
- Develop policies and practices that reinforce how we value and respect resource families

The Resource Family Retention Task Force has set forth the following **recommendations and action steps** that we believe will begin to cultivate a culture shift within this organization that will ultimately improve the experiences of New Jersey’s resource families and the outcomes for all children in our care.

The following recommendations and action steps have become **DCP&P’s Resource Family Retention Plan**.

Professional Staff Development

DCF will ensure that all staff are trained and have the tools needed to carry out their work in supporting and retaining resource families.

We will develop a Campaign for CP&P staff to reinforce our belief that all staff shall engage resource families to develop a professional partnership, and know, understand and internalize that resource families are supported, valued, respected and retained.

- *A statewide staff slogan contest will be held for all staff to get involved and submit ideas to name the campaign*
- *A statewide messaging campaign will be created with the winning slogan using electronic media, posters in all offices, promotional items, “DID YOU KNOWs” and tip sheets for all workers to reinforce good customer service*

- *Kick off events will be held in each local office to educate and raise awareness about the retention plan*

Resource family work will be incorporated into New Worker Training for all CP&P staff.

- *A training curriculum outlining resource family work will be developed, in partnership with the Training Academy, that will be added to the statewide new worker training*

All workers and supervisors new to the resource family unit must receive resource family training.

- *Collaborate with the Training Academy to develop and implement a training curriculum for all new resource family staff and supervisors*

The importance of the Resource Family Support Units and resource families must be acknowledged.

- *The Office of Resource Families (ORF) will distribute a staff survey to CP&P staff at all levels that is related to resource family work*
- *The results will be compiled, analyzed and shared with leadership*
- *Areas of need/strength will be highlighted in an effort to bridge any gap between resource family staff/resource families and other units within each Local Office*

We must strengthen our practice and accountability as it relates to customer service towards resource families, birth families and children.

- *All CP&P staff will receive instruction on how to effectively use the E-PAR system as it relates to the customer service job related factors*

We will enhance/revise policy and practice regarding non-emergency removals of children from foster care to help retain resource families, promote placement stability, focus on our best practice needs and promote a learning process for future placements.

- *CP&P policy will be created that will address reasons for a removal from a foster home and identify strategies to avoid future disruptions*

Management

Management and leadership at all levels must work closely with staff and stakeholders to foster an atmosphere that supports and acknowledges that resource families are valued and respected as partners in meeting the needs of children.

Resource Family Support Units must be viewed as specialty units that require specialized skill sets and there must be an understanding that a strong resource family unit has a positive impact on the entire Local Office and will result in positive outcomes for our children.

- *Local Office management will interview all staff for resource family positions*
- *Resource Family Units must be fully staffed*
- *Conducting a Home Study utilizes the same skill set and competencies as it does to complete a CPS investigation and all staff need to be trained in Structured Analysis Family Evaluation (SAFE) before completing a home study*

It is essential for Management to be knowledgeable of the intricacies of resource family work.

- *Create a Resource Family Workshop for Managers, CWS and Supervisors that will include an overview of the SAFE home study and licensing process*
- *Managers and/or their designee will attend the first (welcome the applicants) and last session (Congratulates the resource parents for successfully completing the training) of the Parent Resource for Information, Development and Education (PRIDE) pre-service training*

Local Office Managers shall provide opportunities to encourage interaction between resource families and all staff, be present and involved in these events and link the importance of customer service with outcomes and stability metrics.

- *Meet and greet events and/or town hall meetings will be hosted in each county with resource parents bi-annually in collaboration with county services such as CMO, CIACC, Foster and Adoptive Family Services (FAFS), Office of Licensing, Institutional Abuse Unit etc.*
- *Staff meetings should regularly include a panel of resource parents to talk about their experiences*
- *Annual local/county resource family recognition events will be hosted by the Local and Area Offices to show their appreciation*

Management will reinforce that all CP&P staff value, respect and recognize the importance of resource parents.

- *Post cards will be developed and sent to resource families from LOMs with different themes as a way to show appreciation for their work and commitment*

- *Families will be highlighted in CP&P and FAFS newsletters*
- *A welcome letter from the LOM will be mailed to all newly licensed resource parents to include a phone listing for direct access to assistance*
- *Each LOM will designate an office ombudsman for resource parents*
- *Placement Kits will be customized to include a welcome letter from the LOM, local office roster, list/brochure of local community resources*
- *Recognition programs for CP&P staff and resource parents that recognize and reward excellence will be implemented/enhanced*
- *Random quality assurance calls to resource parents will be conducted by LOMs or their designee*

All staff must have an accurate understanding of “full disclosure” to ensure that resource families have the information necessary to care for their children and are accepted as a member of the professional team.

- *The {**Concurrent Planning Handbook**} will be updated to include a “Full Disclosure” checklist for working with the resource parents*
- *Specific guidelines will be developed with information that can and cannot be shared with the resource parents*
- *Supervisory and Management staff at all levels will be provided with the guidelines to include in discussions during conferences*
- *“Full Disclosure” information will be incorporated in appropriate trainings available to CP&P staff*

We must have a resource family tracking system in place for Local Office Managers to manage resource family work.

- *Resource family work will be incorporated into Safe Measures*
- *Resource family work will be included in KPI calls*

Supervisory case conferencing must include discussions of any resource family placements and resource parents needs and concerns must be considered as they are the experts on our children and their input is essential in achieving stability and positive outcomes.

- *Supports and services that resource families require must be identified during conferences and put in place to effectively provide the best care for the child and achieve stability*
- *Protective factors, as related to the resource family, must be discussed during conferences*
- *Family Team Meetings will include resource parents*

It is important to have FAFS at the local level and become reconnected to the resource units.

- *Explore having FAFS advocates posted in Area Offices to be more connected with CP&P and seen as a team member*
- *Explore having FAFS advocates to team with the resource family units by meeting face to face monthly*
- *Explore having FAFS advocates attend the monthly IMPACT Team meetings to assist with overcoming barriers and teaming with resource families and CP&P staff*
- *Explore having FAFS to be spotlighted during PRIDE/TOC Training*

Local Office Managers will ensure that resource family work is teamed with all work within the Local Office to promote collaboration and increase an understanding of the roles and importance of resource family unit.

- *All LO staff should be educated on how resource family work impacts the work on other units in the office*
- *The teaming process will be child-centered with resource parents being equal contributors along with casework staff, service providers and the family*
- *Resource family staff should be included in all enhanced reviews*
- *A team conference must occur before any changes in placement to assess what can be done to stabilize the placement and avoid a disruption or to ensure the stability of the next placement*
- *Trainees must be scheduled to shadow resource family workers to observe preliminary and home study assessments*
- *LOM should spotlight the resource family supervisor during supervisor meetings to share bright spots and any resource family issues*

Supports

Resource families will be provided with services, supports and the necessary tools to increase and/or sustain their capacity to be effective in caring for the children in their home.

We will view all resource families as part of the professional team and the family's team.

- *Family Team Meeting facilitators will be encouraged to include resource family support workers and resource parents in Family Team Meetings*
- *CP&P will expand the pool of resource family staff who are FTM facilitators*
- *A form will be developed for resource parents to provide updated information about the children in their care in the event that they do not participate in the FTM*
- *Resource families will provide a monthly note to caseworkers with updates on the child/ren's progress that can be shared with the parents*
- *An information sheet for resource families will be developed about FTM's*

Retention events/opportunities shall be provided to show appreciation to resource families as well as foster opportunities for staff to strengthen partnerships with current resource families.

- *ORF will set up a protocol to coordinate with FAFS where/when their 36 retention/recognition events take place and partner with local recruitment staff*
- *Strategies will be developed to strengthen communication between FAFS and ORF recruitment staff in order to create local retention events*
- *A variety of methods will be developed to communicate with resource families about local recruitment/retention events*
- *Local Office management will hold special recognition events for foster parents of the month*
- *CP&P will host locally based mix and mingle family events, meet and greets, weekend family events, recognition events, etc.*
- *All staff will be informed about retention events and they will be encouraged to help to spread the word*

It is essential to have a childcare network to serve the needs of our resource families that can be available for respite, events and/or trainings.

- *Explore providing child care at FAFS meetings and retention events*
- *A directory of babysitters will be developed, to include babysitters for special needs children, in each county for resource parents to access*
- *A babysitting protocol will be developed for Local office staff*
- *Explore recruiting NJ Scholars and/or Youth Advisory Board members as potential child care providers during meeting/events*
- *Explore licensed daycare drop off centers in local communities and create a listing for resource parents*
- *Explore enlisting adoption only families to be babysitters as this would serve a dual purpose of creating informal connections with current resource families and children in care*

We must ensure that resource families receive all necessary information at the time of placement to promote placement stability.

- *Update the Placement Kit to add additional information under school/daycare*
- *Create bolding or asterisks within the Placement Kit to highlight important areas with needed information on the 1st day of placement*
- *Local Office Management must develop procedures to ensure families receive completed placement kits at the time of placement*
- *A signed placement kit acknowledgement of receipt will be developed*
- *CP&P will develop tools to track through NJ Spirit and Safe Measures to ensure that families are receiving Placement Kits*
- *A new form will be created to include in the Placement Kit for resource parents to update information about the child (what they like to eat, updates on school progress, etc.)*
- *The value and importance of the Placement Kit will be messaged to resource families and CP&P staff through a “DID YOU KNOW”, newsletter posting, email blast stressing the importance of sharing all information about the child/ren utilizing the Placement Kit*
- *The new placement kit will be rolled out and presented to the Area Directors as well as at a Statewide Manager meeting*
- *The Resource Family Unit will present annually at staff meetings to discuss the importance of the placement kits.*

Resource Family Units shall be sufficiently staffed to be receptive and available to provide the necessary support needs identified by resource families.

- *Reasonable caseload ratios shall be researched to establish caseloads to allow RFSW to effectively support resource families*
- *A staffing analysis of resource family work in each Local Office should be conducted annually*
- *Each Local Office must have a Resource Family Unit*
- *A model should be explored and piloted to have retention workers and resource home study workers for each office*
- *Continue to work with IT to develop Safe Measures screens for resource family staff*

A mentoring program is critical for new resource parents.

- *CP&P must create opportunities for families to meet each other in order to develop informal support network within their communities*
- *Resource families and staff need to be educated about FAFS’ new Heart 2 Heart Mentoring Program where they will be recruiting seasoned resource parents as informal mentors to newer families in each county*
- *CP&P will assist with the mentor approval process and will assist to recruit resource parents to mentor and message the program to mentee*

It is essential to provide a resource clearing house with all support services available to families by county.

- *A web based clearinghouse of supportive services available to families by county will be developed*
- *FAFS advocates will assist to educate resource families on available local supportive services*
- *A newsletter will be sent to resource families that will include available supports in their area*
- *Explore placing a list of support services of FAFS website*

Post placement supports must be available for resource families who experience trauma when a child is removed.

- *A mechanism will be developed within NJ SPIRIT that alerts resource family staff when a child has left a resource home*
- *Local Office ombudsman or representative from Resource Family Unit will reach out to families after a child is removed or returned home within 2 business days.*
- *Resource Family staff and/or the LO ombudsman will be utilized as support for families who have a child who is removed or returned home*
- *Services will be explored that can assist families with working through traumatic experiences*

Continuous Quality Improvement

DCF will develop measurement tools to allow resource families to provide continuous input on the quality and delivery of support and services.

To ensure accountability and to sustain positive change, we must measure the quality and delivery of supports that resource families receive by conducting a longitudinal survey. Families providing continuous feedback over time will identify trends, highlight offices that are doing well, and allow us to support offices that need improvement.

- *We will partner with Foster and Adoptive Family Services (FAFS) and distribute a survey to all licensed resource families 2 times a year in both English and Spanish*
- *CP&P will advertise and promote the survey to staff and resource families through “DID YOU KNOWs”, email, resource family support workers, Office of licensing and FAFS*
- *The data from the responses will be compiled and analyzed to ensure the survey is representative of our resource family population*
- *The survey results will be provided to DCF leadership highlighting how local offices are doing across the State*

- *The survey is intended to be a permanent, ongoing task in the Office of Resource Families*

Policy

DCF will develop policies and standards of practice that reinforce how we value and respect resource families.

We shall research reasonable caseload caps and support for Resource Family Support Workers.

- *Each Resource Family Unit shall be comprised of a Resource Family Unit Supervisor and at least three Resource Family Support Workers including a facilitator and trainer*
- *Resource Family Units shall be comprised of trained and dedicated staff that meet the qualifications to work as a RFSW*
- *Local offices shall utilize clerical support to assist in completing resource paperwork*
- *Local offices shall identify clerical or support staff to be trained to complete comprehensive background checks on potential resource applicants*

All staff must be responsible for improving customer service.

- *All CP&P staff shall respond to all forms of contact from resource parents within one business day*
- *RFSW shall have consistent and ongoing contact with the resource families on their caseload per the MVR policy*
- *The Office of Resource Families and the Office of Policy and Regulatory Development shall explore and develop a New Jersey “Resource Family Bill of Rights”*
- *RFSW shall provide all relevant contact information (i.e., office and cell numbers, email and office addresses, etc...) to the resource family parent, and update as needed*
- *RFSW shall provide resource families with the opportunity to review and receive a copy of their home study and any IAIU Corrective Action Plan as necessary or warranted*
- *Resource family staff shall place a courtesy phone call to the resource parent by the next business day after a placement or a removal. RFSW shall confirm that the resource parent has received a Placement Kit for each child placed*
- *CP&P will immediately notify resource parents by phone of the following: placement of a child, when placement is no longer required, or to provide*

additional pertinent information which will assist in the success of the placement

We will provide teaming, mentoring and placement support services for resource families.

- *The RFSW and Supervisor shall be included in meetings and conferences regarding children in placement such as:
 - *Transfer conferences, concurrent planning conferences, Adoption Supervisory Meetings, Office of Licensing Meetings, Child Health Unit and IAIU RTM's. Other contracted social services, counseling services, Family Preservation Services, residential placements and schools**
- *RFSW and Supervisor shall partner with the resource family parent to support and retain the resource family home. Teaming can consist of MVRs, group meetings, trainings, professional literature and special events. Services shall be made available to support the resource family parent when loss or traumatic events have occurred in the resource home, such as
 - *Beginning/end of a placement;*
 - *Change in the resource family dynamics;*
 - *Significant life event; and,*
 - *Natural disaster**
- *The Local Office and Resource Family Support Staff will create opportunities for resource families to connect and build relationships in order to develop informal support networks within their communities*

It is essential to provide staff development training.

- *All CP&P staff shall complete mandatory training on the policy and procedures that govern resource family work*
- *New Worker Training shall include a module on the work of the Resource Family Unit and how resource family work relates to protective service field work*
- *Staff seeking to work in a RFU shall have completed resource worker training within the past 12 months*
- *Resource Family Support Staff shall attend mandatory 40 hours of annual DCF training*

In FFY 2016, we implemented or continued the following statewide and local retention initiatives:

- *NJ developed a new methodology of identifying local needs that focuses on engagement and retention of current licensed families*
- *We continue to work with consultants from the National Resource Center for Diligent Recruitment at Adopt US Kids (NRCDR) on-site and through teleconferences*

- NJ continues to have a statewide taskforce that was comprised of staff, resource parents, youth and outside stakeholders.
- Continue to work with the Rutgers University School of Social Work to conduct a study on the perspectives of NJ resource families. The study will give resource families a voice and us the ability to better understand the causes of attrition from the foster care program
- The retention taskforce completed its final recommendations and actions steps that were submitted and approved by the commissioner of the Department of Children and Families and Assistant Commissioner of DCP&P. The recommendations and action steps will have an impact on how we support and retain all families including those who care for large sibling groups.
- The plan was announced and shared to staff via email.
- Retention Plan recommendations were presented to all Local Office leadership and at various Resource Supervisor Meetings to raise awareness and educate staff on the retention plan.
- Information was presented at Resource Supervisor Meeting regarding the FAFS Heart 2 Heart Mentor Program and ORF staff began submitting possible seasoned resource families to FAFS as potential mentors and assisting with approval process.
- Area Resource Family Specialists (ARFS) were informed and tasked with leading local efforts to organize annual recognition event for resource families.
- Mother's Day and Father's Day cards provided to Resource Family Supervisors for distribution to staff to send to all Resource Parents as a token of appreciation.
- Draft training curriculum was sent to Training Director for new Resource Family Worker Training and Resource Supervisor Training.
- CP&P Assistant Commissioner sent memo to Area Directors and Local Office Manager announcing Retention Plan and the implementation of the following policies/practices:
 - Local Office management will interview all staff for resource family positions
 - Conducting a Home Study utilizes the same skill set and competencies as it does to complete a CPS investigation and all staff must be trained in Structured Analysis Family Evaluation (SAFE) before completing a home study
 - Annual local/county resource family recognition events will be hosted by Local and Area Offices to show their appreciation
 - Resource Family work will be included in KPI calls
 - Supports and services that resource families require must be identified during conferences and put in place to effectively provide the best care for the child and achieve stability
 - Protective factors, as related to the Resource Family, must be discussed during conferences
 - Family Team Meetings will include resource parents
 - All Local Office staff should be educated on how Resource Family work impacts the work on other units in the office

- Resource family staff should be included in all enhanced reviews
 - Trainees must be scheduled to shadow resource family workers to observe preliminary and home study assessments
 - Local Office Management should spotlight the Resource Family Supervisor during supervisor meetings to share bright spots and any resource family issues
 - Family Team Meeting facilitators will be encouraged to include Resource Family Support Workers and Resource Parents in Family Team Meetings
 - CP&P will expand the pool of resource family staff who are FTM facilitators
 - CP&P will host locally based mix and mingle events, meet and greets, weekend family events, recognition events
 - All staff will be informed about the events and they will be encouraged to help to spread the word
- Resource Parent thank you cards were distributed to Resource Family Supervisors to be used and sent to resource parents for any acknowledgment.
 - Email was sent to all staff asking for participation and submission of ideas for the Retention Plan slogan contest.
 - Email sent to all Resource Parents from a current NJ Resource Parent and Retention Task Force Member, announcing the resource parent survey is coming soon and “be the change” by completing the survey.
 - Resource Supervisors Meeting regarding the New Case Plan Family Agreements which are to be used with teaming with families, inside a Family Team Meeting or outside a Family Team Meeting.
 - Resource Parent survey emailed to about 3500 licensed homes asking to complete the 5 minute survey to let DCP&P know if we are meeting the needs of resource parents.
 - Ongoing Retention Task Force follow-up meeting held at the Professional Center to discuss the roll-out of the retention plan action steps.
 - Marie Youngpeter, National Resource Center for Diligent Recruitment at AdoptUSKids and Fred Simmons, Casey Family Programs were in attendance to learn about our Retention Plan
 - The Retention slogan submissions were voted on at the meeting
 - Memo to Area Directors and Local Office Members about teaming with resource families.
 - Holiday calendar cards distributed at Resource Supervisor meeting to be sent to all resource families.
 - Staff opinion survey final draft submitted to Continuous Quality Improvement (CQI) for approval.
 - Finalized a retention slogan and submitted to the Office of Communications for creativity.

In New Jersey, we are determined to continually improve our performance and develop different approaches to our recruitment and retention work.

New Jersey believes that by improving recruitment and retention efforts stability for our children in placement will also improve. For children entering placement for the first time during a calendar year the percentage of children that had two or fewer placements within that first year for 2014 was 82% while 2015 was 84%. For placement stability between 13-24 months calendar year 2013 was 97% and 2014 was 95% both above the performance target of 88%,

Item 35 was a strength in round two and NJ assess that this continues to be a strength.

Recruitment for Licensed Unrelated Resource Family Homes

The Office of Resource Families (ORF) requires an improved method to manage the recruitment of family homes so to place children (siblings) together and to reduce/avoid separation of these children.

Approach

Examine a years' worth of SPIRIT child placement data and forecast the number of homes required by using sibling group size, monthly placement averages and calculating a standard deviation⁴, which will be added to the monthly averages to ensure there is a buffer or slightly more homes than calculated. This will insure there are enough homes when there is a change or moderate increase due to unexpected fluctuations out of the norm.

Recruitment Reporting

An Excel spreadsheet will be created on a monthly schedule (produced 3rd week of each month). The table will contain DCF-LIS licensed homes (Open Status extracted day or report). SPIRIT data will be extracted on a semi-annual basis for all children placements that occurred during this time. For example, reporting results for the first half of 2016 will use SPIRIT data extracted for all of 2015. The latter half of 2016 will utilize SPIRIT data extracted from July 1, 2015 through June 30, 2016. The SPIRIT data is used to determine the forecasted results in sibling groups of 1, 2, 3 and 4+. The results will be summed by County (of the provider location) and State wide.

Error Reporting

In order to provide the best results, the SPIRIT data should be close to exact. In particular, the provider characteristic data must be populated with correct data. Due to a significant amount of data anomalies, an additional monthly report is created. This additional report details the number

⁴ Standard deviation is a measure of the dispersion of a set of data from its mean. If the data points are further from the mean, there is higher deviation within the data set. Standard deviation is calculated as the square root of variance by determining the variation between each data point relative to the mean.

of home not included in the forecasted results. A set of columns are included in the recruitment report to show these anomalies. The report section is labeled “undetermined”. The “undetermined” report is sent monthly to help local office resources identify the missing or incorrect data and provide the correct results. Once this is achieved, the following month’s recruitment report results will provide more accurate forecasting to better manage the recruitment process.

Report Description

The following diagrams attempt to describe the report data content.

LIS Open Inventory

These numbers are the total number of licensed homes that fall within a sibling group of 1-4. The sibling groups are not the LIS capacity data, but the capacity derived from the SPIRIT provider characteristics stored in the PROVIDER_CHAR table and the SPIRIT resource capacity. The “Zero Capacity” column is not counted in the “LIS Open Inventory” total and not used in the forecast calculation however; the undetermined total homes are included (explained later).

COUNTY	LIS Open Inventory	NJS Capacity by Sibling Groups				
		Sibling of 4+	Siblings of 3	Siblings of 2	Individual	Zero Capacity
		Atlantic	141	6	10	54
Bergen	148	6	10	66	45	0
Burlington	138	3	9	49	44	12
Camden	258	11	19	104	84	23

Forecasted Recruitment Targets

These totals are statistically calculated to determine the number of homes required to support a county by sibling groups. These values are static for 6 months of reporting and then recalculated with another sample of SPIRIT child placement history (12 months) data. The statistical calculation is based on the average number of monthly placement for an entire year. A standard deviation is applied to the monthly data points. Finally a predetermined buffer is added for seasonal fluctuation.

Licensed Un			
Forecasted Recruitment Targets by Sibling Groups ¹			
Sibling of 4+	Siblings of 3	Siblings of 2	Individual
9	8	37	67
6	6	31	49
6	13	30	66
7	13	61	102

Home Surplus/Deficit

This section compares the actual number of home (LIS reporting), the forecasted number of homes, and either a short fall or excess number of home. This is a quick look to determine the progress by the local office on how close they are approaching the target values or deviating.

related Resource Homes				
Home Surplus/Deficit by Sibling Groups				
Sibling of 4+	Siblings of 3	Siblings of 2	Individual	Total Surplus / Deficit
-3	2	17	-42	-26
0	4	35	-4	35
-3	-4	19	-22	-10
4	6	43	-18	35

Undetermined

This section shows the number of homes that are excluded from the forecasted calculation. The programming cannot determine the capacity when SPIRIT provider characteristics are either not populated or provider characteristics are greater than the resource capacity stored in SPIRIT.

Details surrounding this data are provided in a separate “undetermined” report to help the local office apply the correct values. Once these values are corrected, the next month’s recruitment report will include these homes and recalculate the Home Surplus/Deficit totals.

The % column displays the number of homes not included in the forecast calculations. These numbers should be monitored when determining the total available number of homes by sibling group and county.

Undetermined Sibling Groups - NJS Capacity					
Sibling of 4+	Siblings of 3	Siblings of 2	Individual	Total Sibling Group	% of Total Inventory
1	9	15	14	46	31.1%
1	5	5	10	21	14.2%
3	2	4	12	33	22.0%
2	1	2	12	40	14.2%

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

Insert state response to Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements.

This item was rated a strength in both Round One and Round Two. New Jersey uses a variety of mechanisms to effectively develop cross-jurisdictional resources to facilitate permanent placements for children. Through the work of its Interstate Compact Unit, the Adoption Resource Exchange as well as the Office of Adolescent Services and Office of Adoption Operations NJ has successfully achieved permanency for all of the identified longest waiting teens.

In 2015 and 2016, NJ placed children in almost every state with the exclusion of Wyoming, Montana, North Dakota and the Virgin Islands.

Through the Adoption Resource Exchange, children who need intensive recruitment efforts are identified and waiting children are connected on a national level to cast a wider net to attract potential permanency resources. During the time frame of November 2014 and May 2017,

These include: using the NJ Adoption Resource Exchange to register legally free children so that families nationwide from other agencies can provide permanent homes. Children are registered through AdoptUSKIDS.org at: <http://www.adoptuskids.org/states/nj/index.aspx>. Recruitment efforts for permanency through AdoptUSKIDS.org include photo listing, profile production and media spots. These efforts allow for a wider audience of potential permanent candidates for the children of NJ.

Between November of 2014 and January of 2017, 51 youth were referred to the National Exchange. These Youth are referred based upon their specific needs and our ability to match them with a licensed NJ family. Once it is determined that the child's needs exceed the capabilities that often NJ DCP&P families are able to meet, we prepare their recruitment material for the National Adoption Exchange. National Exchange exposure provides our NJ Adoption Exchange with approved /licensed adoptive homes nationwide. These families are added to our pool of potential families who become adoptive families for our waiting youth. We currently have 6 ongoing matches made with families from other states as a direct result of National Exchange registration.

NJ continues to be part of the Interstate Compact on Adoption and Medical Assistance (ICAMA) maintaining the delivery of vital services for children and families who are relocated to another jurisdiction. Services include but are not limited to Medicaid and subsidy. NJ also continues to be a member of the Association of Administrators of the ICPC (AAICPC) which affords NJ the opportunity to work with other states in a cooperative and collaborative manner to ensure that the children of NJ who move to another jurisdiction receive the necessary services to achieve permanency.

In 2006, DCF policy was developed that ensures that children who are placed out of the state are reviewed in a timely manner. The policy adheres to the Child Placement Review Act. When a child is placed outside of New Jersey, both the Child Placement Review Board and/or County Court is informed. This process follows the same guidelines as children placed in NJ to ensure permanency. DCF policy states:

In accordance with the established procedures and time frames of the Child Placement Review Act, the appropriate County Court/Child Placement Review Board is notified when out-of-state placements subject to review occur.

Changes since Round 2

- In January, 2010 NJ implemented a tickler system to assist in tracking timeliness of home study requests, renewed licenses, supervisory/MVR reports, possible disruptions. Through this Outlook Calendar system, staff were able to follow-up and follow through in a timely way that falls within the time constraints of the ICPC Guidebook. Calls regarding status of cases have dropped dramatically. Staff are able to update cases regularly and close cases routinely, thereby keeping their caseloads fairly stable.
- Also in 2010, NJ provided training to DCF casework staff, legal representatives and agencies that included clarification between requests pursuant to the Safe and Timely requirements and full home study approvals. Between 2011 and 2014, this was continued

with casework staff and currently, this training has been incorporated into DCF Training Academy new caseworker training curriculum.

- In January 2011, the Office of Interstate services enhanced its case log to include several additional fields in order to accurately obtain data for AAICPC and AAICAMA.
- In 2012, Interstate caseworkers began to track Safe and Timely while inputting the information in their monthly reports. This will continue until the Interstate Office can revamp the current database or information can be incorporated into NJ SPIRIT.
- A supervisor was hired in July 2014 and this supervisor has been instrumental in capturing the data more effectively. Data were manually obtained from the Interstate caseworkers monthly reports from March 2015 - March 2016. Therefore, the data in the report reflects manual counts because the stand-alone Interstate system was not accurate.
- Interstate has worked closely with the Office of Information Technology in incorporating Interstate's information and forms into NJ Spirit. The initial release occurred in July 2016, we are still fine-tuning the system to make it more beneficial to Interstate.

Data considerations

During the time frame of March 1, 2015 to February 29, 2016, a total of 1,016 home study requests (foster care, relative, adoption and KLG) were received in order to move children towards a more permanent and safe home. The total includes home study denials, withdrawals, and private adoptions. This is the most accurate that our data collection process has been; we are also doing monthly hand counts to ensure accuracy.

During the time period of March 1, 2015 to February 29, 2016, of the home study requests completed, we were able to ascertain:

- 21 were completed within 30 days or less.
- 102 were completed over 30 and up to 60 days
- 97 were completed in over 60 and up to 90 days
- 28 were completed in over 90 days

However, at this time, it is extremely difficult to track the date of completion for the remaining 768 cases as the Interstate stand-alone system no longer generate reports. The 768 requests include home study denials, withdrawals and private adoptions which would not necessarily go through the study process. The only way to obtain accurate information on the remaining 768

cases is to pull and review each record listed in the groups above and request those records that were closed in 2015. Many of the cases would have been completed after the reporting period, particularly those cases that were received between November 2015 and February 2016. This is an area needing improvement that NJ is aware of and anticipates that the added ICPC functions to NJSPIRIT that took place in late 2016 will address this.

Strengths

- DCF belongs to several national organizations which facilitate the cross-jurisdictional placements; these organizations also provide technical assistance to DCF staff when needed.
- NJ is addressing the delays in the home study process by scanning information to other states to decrease the response time, this appears to have had a positive impact as the time for another's states response has lessened.
- NJ has taken steps to implement the process of incorporating Interstate data into NJ SPIRIT to include the assignment of the cases.
- NJ will participate in the NIECE Project that was launched in November 2013. NIECE is based on the electronic web-based Interstate Compact System (ICS) developed by the state of Florida. The ICS system has significantly shortened processing time and reduced administrative cost for Florida. Twenty-three states are currently participating in the pilot and implementation process.

There are several issues that impact the timeliness of the home study process. These issues include: the reluctance of the Resource home to complete the process; administrative time delays in resolving issues such as criminal history waivers; Prospective Resource homes lack of information on the process and material they need to supply to the Local Offices.

NJ is continuing to address these barriers as well as improve upon its ability to track data regarding use of interstate placements and request from other states. As stated it is promising that ICPC request and other interstate case work is part of NJSPIRIT and Safe measures of year 2016.

While recognizing the above barriers to data collection NJ rates this item as a strength.