Round 4 Child and Family Services Review

Statewide Assessment

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

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Section I: General Information

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Stakeholder Involvement in Statewide Assessment Process: Stakeholder engagement is an intentional, integral, and ongoing aspect of all New Jersey Department of Children and Families (DCF or the Department) operations. DCF built upon its existing stakeholder engagement processes to plan and prepare for each component of the Child and Family Services Review (CFSR), including the review and self-evaluation included in this Statewide Assessment (SWA). This SWA was a collaborative effort between partners and stakeholders representing a wide range of fields relevant to child welfare from across the state (Table 1).

Table 1. Statewide Assessment Participants

Name	Affiliation	Role in Statewide Assessment Process
Christine Norbut Beyer	Commissioner, DCF	Subject matter expert, data contributor, consultation
Executive Management team, including Katherine Stoehr, Bonny Fraser, Carmen Diaz-Petti, Nicole Brossoie, Laura Jamet, Jessica Trombetta, Katie Bourgault, Rebecca Bryan, Nancy Carre-Lee, Florence Racine, Nancy Gagliano, Sanford Starr, Jason Butkowski, Linda Holland, Anna Martinez, Steve Dodson, and Brian Ross	Executive Management, DCF	Subject matter expert, data contributor, consultation
CP&P Leadership Team, including Laura Jamet, Brandi Harding, Clinton Page, Eleanor Gilliam, and Robyne Giles	Leadership Team, Division of Child Protection & Permanency (CP&P), DCF	Subject matter expert, data contribution
Amanda O'Reilly	Asst. Commissioner Office of Analytics and Systems Improvement, DCF	SWA planning team co-lead, subject matter expert
Rozalyn Masi	Director, Office of Quality, DCF	SWA planning team member, subject matter expert
Oluremi Olabinjo	Manager, Office of Quality, DCF	SWA planning team member, existing data team- DCF co-lead, data contributor, subject matter expert
Blake Connor	Executive Asst., Office of Family Voice, DCF	SWA planning team member, stakeholder engagement team co-lead, subject matter expert
Aziz Haidi	Asst. Director, Office of Data Management and Reporting, DCF	SWA planning team member, existing data team- DCF co-lead, data contributor, subject matter expert
Victoria Perez-Zetune	Research Scientist, Office of Applied Research and Evaluation, DCF	SWA planning team member, new data team- lead, listening session and resource parent survey lead, data contributor, subject matter expert
Abbie DiMeo	Asst. Director, Office of Quality, DCF	SWA planning team member, subject matter expert
Eleanor Gilliam	Deputy Director, CP&P, DCF	SWA planning team member, subject matter expert
Angela Phillips	Manager, Office of Special Projects, DCF	SWA planning team co-lead, writing team co-lead, subject matter expert
Jill Kalb	Program Support Specialist, Office of Special Projects, DCF	SWA planning team member, stakeholder engagement team co-lead, writing team co-lead, subject matter expert
Scout Hartley	Lived Experience Consultant	SWA planning team member, stakeholder engagement consultant, stakeholder engagement team member, subject matter expert

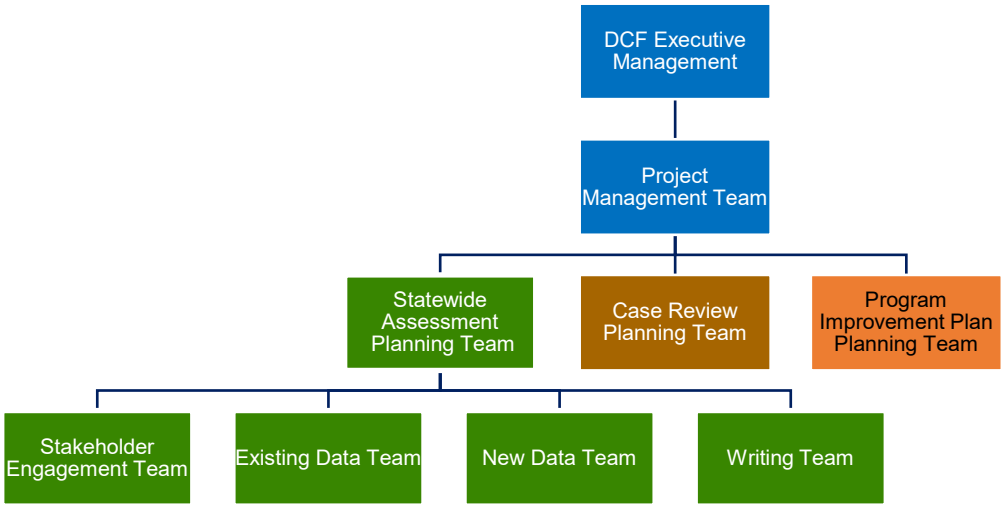
Name	Affiliation	Role in Statewide Assessment Process
Dashaan Jennings	Lived Experience Expert Partnership (LEEP) Consultant	Stakeholder engagement team member, subject matter expert
Deanna Lescouflair	LEEP Consultant	Stakeholder engagement team member , subject matter expert
David Tang	Administrative Office of the Courts (AOC)	Legal/Judicial Specialist, SWA planning team member, existing data team- court co-lead, subject matter expert
Jacqueline Augustine	AOC	SWA planning team member, subject matter expert
Concetta Lapergola	AOC	SWA planning team member, subject matter expert
Susan Mary Fahey	AOC	SWA planning team member, existing data team- court co-lead, subject matter expert, data contributor
William Young	AOC	SWA planning team member, subject matter expert, data contributor
Marie Hanley	AOC	Subject matter expert, data contributor
Additional DCF staff, including Andrea Jackson, Wendy Yallowitz, Melinda Carnessale, Jeffrey Carrick, Kelley Michalowski, Pamela Lilleston, Umar Shaikh, Kathy Butler, Jessica Borden, Danielle Wells, Lauren Korzakowski, Meredith Pindar, Sarah Skwirut, Jason Ciseck, Michael Doyle, Stephanie Curran, Karen Baldoni, Chastity Garcia, Greta Anderson, Leida Arce, Bethany D'Amelio, Ulana Tatunchak, Julie Cohen, Cathleen Joseph, and many, many more.	Various positions and titles from across the department, DCF	Subject matter experts, data contributors
Statewide Resource Parents	DCF	Data contributor (survey respondents)
Current Council members	Youth Council	Data contribution and interpretation
Current Council members	Parents/D.A.D.S. Council	Data contribution and interpretation
Current Committee members, including legal and law enforcement partners, including Judges, Deputy Attorney Generals, Law Guardians, attorneys from the Office of Parental Representation, the courts, other legal and law enforcement partners,	Children in Court Improvement Committee	Data contribution and interpretation
Conference participants, including Judges, family court executives, court staff, Deputy Attorneys General, Law Guardians, Public Defenders, representatives from Legal Services of New Jersey, and DCF staff	Children in Court Annual Conference participants	Data contribution and interpretation
Current members, including (per statute) representatives from DCF, the New Jersey Departments of Education, Community Affairs, Corrections, and Health and the Office of the Attorney General; civil and criminal court judges; representatives from the Public Defender and the State Police; members of the Senate and the General Assembly; and a county prosecutor	New Jersey Task Force on Child Abuse and Neglect (NJTFCAN)	Data contribution and interpretation
Current members, including (per statute) representatives from DCF; a child advocacy organization; attorneys who represent parents in child protection matters, the indigent, and children in out of home placement; one county human services director; one parent who has previous involvement CP&P; one alumni of the State's resource care system; one resource family parent who is currently licensed; and a representative of a child abuse prevention focused organization	NJTFCAN- Staffing and Oversight Review Committee	Data contribution and interpretation
Human Service Advisory Council Coordinators and Chairs from 21 counties	Human Service Advisory Councils	Data contribution and interpretation
Statewide CP&P Leadership, including Area Directors, Assistant Area Directors, and Local Office Managers from 9 areas and 46 local offices	CP&P, DCF	Data contribution and interpretation
Statewide CP&P Practice and Service Experts	CP&P, DCF	Data contribution and interpretation
Statewide CP&P Caseworkers and Trainees	CP&P, DCF	Data contribution and interpretation

Name	Affiliation	Role in Statewide Assessment Process
New Jersey team, including Cherlanda Sidney-Ross, Jeff Watson, Aleks Kort, Megan Fletcher, and Zach Stamper	Capacity Building Center for States	Consultation during planning

New Jersey's planning efforts related to Round 4 of the CFSR (Round 4 CFSR) began more than a year and a half prior to the submission deadline, providing ample time for DCF to identify stakeholders for participation in the CFSR process, to establish a knowledge base amongst those stakeholders as to what the CFSR is and why it is important, and to build new and modify existing processes and spaces for these groups to engage with the Department meaningfully and genuinely. While developing this report, stakeholders participated in a variety of activities, including membership on the planning team and working groups, attendance at various CFSR kick-offs and informational sessions, contribution of administrative and/or quantitative data, engagement in qualitative data exercises, e.g., surveys, focus groups, and interpretation sessions, and more. This section summarizes these efforts.

At the onset of planning, DCF identified a core CFSR project management team and a SWA planning team. The SWA planning team, which has met weekly since early 2024, is composed of DCF subject matter experts in child protection, project management, federal reporting, data management, research and analysis, continuous quality improvement, and constituent engagement; partners from the Administrative Office of the Courts (AOC), and a person with lived experience with the child protection system. At the onset, this group determined the teaming structure depicted in Figure 1, identified each team's composition, participant responsibilities, and deliverables, and developed timeframes and workplans for achieving those deliverables. With the support of a stakeholder engagement team, each SWA-related team made concerted efforts to ensure partner engagement in the parts of the SWA assessment process that they were responsible for. The remaining SWA-related teams included an existing data team, new data team, and writing team.

Figure 1. Round 4 CFSR Teaming Structure



Among other responsibilities, the SWA planning team managed communications with external stakeholders about the CFSR process. To ensure meaningful participation throughout all components of the CFSR, DCF first had to ensure that stakeholders understood the CFSR process and expectations for involvement throughout 2025. In July 2024, DCF, with the support of the Capacity Building Center for States, hosted a two-day CFSR kick-off event for DCF executive leaders and directors, the CFSR project management team, the SWA planning team, the SWA-related teams, and external partners, e.g., representatives from the AOC and the New Jersey Task Force on Child Abuse and Neglect (NJTFCAN). Next, the planning team created a comprehensive list of key internal and external stakeholder groups to share information about the CFSR with. In late Summer 2024 through Winter 2025, DCF facilitated more than ten CFSR information sessions with various groups, including DCF central office and local office staff, court and legal partners, convenings

of people with lived experience, and representatives from sister agencies, provider partners, advocacy groups, and more.[1]

To amplify the voice of people with lived experience, in August 2024, DCF formed the stakeholder engagement team that included, among others, staff from DCF's Office of Family Voice (OFV), a lived experience consultant and two Lived Experience Expert Partnership (LEEP) consultants.[2] The latter three members each had experience engaging with DCF either as a child or young adult or as a parent. This team regularly convened for discussion on CFSR efforts and to guide decision-making. For example, when DCF was planning for SWA data collection, this group reviewed and prioritized potential data gaps, informing new data collection efforts. The consultants presented at the Youth, Parent, and Dads Achieving Dynamic Success (D.A.D.S.) Council meetings to explain the importance of the CFSR and recruit participants for the listening sessions. During the listening session process, described in the next paragraph, this group supported the sessions with youth and parents from DCF's constituent councils by co-creating discussion questions, holding pre- and post- sessions with the participants, and co-facilitating the discussion.

Between late 2024 and April 2025, DCF obtained feedback from a variety of stakeholders across the state through a series of 13 listening sessions with eight groups.[3] DCF revisited the groups it initially held information sessions with, including DCF staff, e.g., statewide local office managers, case practice specialists, case practice liaisons, area quality controllers, resource development specialists, caseworkers, and trainees, and external partners from the Children in Court Improvement Committee (CICIC), the NJTFCAN, the Staffing and Oversight Review Subcommittee (SORS) of the NJTFCAN, Human Service Advisory Councils (HSACs), the Youth Council, the Parents Council, the D.A.D.S. Council, and other legal and judicial partners. During these sessions, DCF presented relevant data and facilitated discussion to allow stakeholders to interpret the data and share their perspectives on New Jersey's child welfare system. At the conclusion of the listening sessions, DCF analyzed the information and learned to identify key themes. Key findings from the listening sessions, or "Listening Session Insights," are integrated throughout this document in text boxes like the one included in Figure 2.

Figure 2. Template for "Listening Session Insights"

Listening Session Insights:

Question:

Participants	Themes
	

While this summary focused on engagement in the development of the SWA, key partners and stakeholders, including LEEP consultants, will continue to be involved in the later CFSR components as well, e.g., additional data analysis, participation in the on-site review as reviewers and in supportive roles, collaboration with DCF on the Program Improvement Plan (PIP), etc.

[1] Informational sessions took place on August 16, 2025 (DCF extended leadership), November 12, 2024 (Parent Council), November 13, 2024 (Children in Court Improvement Committee), November 14, 2024 (D.A.D.S. Subcommittee), November 20, 2024 (Statewide CP&P Management and also Youth Council), November 21, 2024 (CP&P Case Practice Specialists), November 25, 2024 (Subcommittee of the NJTFCAN), and also DCF SWA subject matter experts), November 26, 2024 (DCF SWA Subject matter experts), December 13, 2025 (NJTFCAN), January 3, 2025 (Human Service Advisory Council Coordinators), and January 14, 2025 (Subcommittee of the NJTFCAN).

[2] DCF's LEEP aims to support and ready constituents to serve as lived experience expert consultants on various projects across the department. For more information on LEEP, see Systemic Factor F, *Agency Responsiveness to the Community*.

[3] Listening data sessions took place on November 20, 2025 (Statewide CP&P leadership), February 19, 2025 (Statewide CP&P leadership and D.A.D.S. Subcommittee), February 25, 2025 (CP&P Resource & Practice Specialists and Youth Council), February 26, 2025 (CP&P caseworkers and trainees), March 4, 2025 (Youth Council), March 5, 2025 (D.A.D.S. Subcommittee), March 7, 2025 (HSACs), March 11, 2025 (Subcommittee of the NJTFCAN), March 24, 2025 (Children in Court Annual Conference attendees), March 28, 2025 (NJTFCAN), and April 9, 2024 (Children in Court Improvement Committee).

Section II: State Context Affecting Overall Performance

Part 1: Visions and Tenets. DCF serves as the state's lead agency for the Title IV-E and IV-B programs. DCF is a Cabinet-level agency, created in 2006, with a mandate to administer the state's child welfare/protection system, the design and delivery of New Jersey's public behavioral health care system for children and families, provision of public services for children with intellectual and developmental disabilities (I/DD) and their families, specialized educational programming, support services aimed at promoting success of transition aged youth, the administration of a network of community-based services focused on strengthening families and preventing and interrupting child maltreatment, and services and programming to support women and prevent violence against women. Through partnership and collaboration with state, public and private agencies, DCF advances a powerful network of high quality, effective services and supports for children and families across New Jersey. DCF continuously strives to strengthen interdivisional and interdepartmental relationships in support of children, families, and communities. DCF's vision, organization and infrastructure are described below.

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

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

- Safe – free from physical, psychological and emotional harm or maltreatment, and risk of harm or maltreatment
- Healthy – mentally, developmentally, physically, emotionally and financially well
- Connected – bonded or tied together through biology, familiarity, or community

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

Guided by this vision, DCF engaged in a multi-year strategic planning process, which was aimed at building on agency strengths and developing solutions to areas needing improvement. In 2019, DCF finalized its strategic plan. In late 2023 and early 2024, DCF's executive team revisited the strategic plan and affirmed its commitment to the previously identified vision, values, approaches, and goals. Taking into consideration the most recent needs of constituents served by the child welfare system, leadership expounded on the previously identified goal of service excellence, identifying the following strategies. DCF will:

- build and modernize the infrastructure to support and facilitate operations,
- partner with communities to ensure child maltreatment, intimate partner violence, and sexual assault prevention programming promotes protective factors and effectively meets the needs of all New Jersey residents,
- embed core approaches into all service lines and operations, and
- deliver, either directly or through contracted providers, excellent services that lead to positive outcomes.

DCF's Organization and Infrastructure. Each month, DCF serves over 131,000 constituents through an array of direct, family-centered programs and services, and a network of providers. DCF's direct services are delivered by the following divisions: the Children's System of Care (CSOC), the Division of Child Protection and Permanency (CP&P), the Division of Family and Community Partnerships (FCP), the Division on Women (DOW), the Office of Education (OOE), and the Institutional Abuse Investigation Unit (IAIU), with support from an array of operational and business offices. Summaries of DCF's primary direct service divisions follow. For additional information on the services and supports managed by these divisions, see Systemic Factor E, *Service Array and Resource Development.*

- **Children's System of Care.** CSOC serves children and adolescents with emotional and behavioral health care challenges and their families; children with I/DD and their families; and children with substance use challenges and their families. Core services include: 24/7/365 access to request services; mobile response and stabilization services, care management, intensive in-community treatment, applied behavior analysis, individual and family support services, treatment homes, residential treatment, and family support organizations.

- **Division of Child Protection and Permanency.** CP&P is responsible for receiving and responding to reports of alleged child maltreatment and ensuring the safety, permanency and well-being of children. To carry out these responsibilities, CP&P directly operates the State Central Registry (SCR) (child abuse hotline), carries out child protective investigations and child welfare assessments, provides case management for children and their families, recruits, trains and supports kin and unrelated foster/adoptive parents, facilitates family preservation, reunification, adoption and guardianship processes, and accesses a statewide network of community-based services built to assist families that struggle to parent safely in their process of healing, learning, changing, and thriving.

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

- **Division on Women.** DOW creates, promotes, and bolsters the rights and opportunities for women and other constituents in New Jersey. The Division administers funding and supports the development of programming in the areas of domestic violence, sexual violence, service accessibility, prevention, economic self-sufficiency and financial empowerment, and policy and assessment. It also collaborates with public and private entities on legal, policy and program development.

- **Office of Education**. OOE provides intensive twelve-month educational services and supports to children and young adults ages 3 through 21 through direct operation of 14 schools. The severity or uniqueness of their needs requires a different environment from the public school setting for a period of time. A successful return to school and participation in community life are goals for all OOE students.

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

- **Workforce.** DCF's strongest asset is its staff. DCF employs over 6,600 employees, including investigators, caseworkers, inspectors, regulators, trainers, evaluators, researchers, attorneys, analysts, administrators, and more.

- **Training.** DCF's Office of Training and Professional Development (OTPD) coordinates and oversees Department-wide training and certificate programs. OTPD delivers training directly and through two statewide training partnerships: the New Jersey Child Welfare Training Partnership and a partnership with Rutgers University Behavioral Health Care. DCF offers in-house certificate programs for staff, i.e., the Violence Against Women

Certificate program, the Substance Use Disorder Fellowship program, etc. Training is detailed in both DCF's 2025-2029 Training Plan and in Systemic Factor D, *Staff and Provider Training*.

- **Coordinated Implementation.** DCF relies on a rich implementation infrastructure to support collaborative model selection, design, implementation, data collection, monitoring, evaluation and ongoing CQI to achieve outcomes. DCF's Office of Strategic Development (OSD) centers its work in the principles of implementation science, enabling DCF to effectively manage large scale implementation efforts with fidelity to each programs core model and service standards across an extensive portfolio of service lines. For additional information on DCF's implementation approach, see Systemic Factor E, *Service Array and Resource Development*.

- **Financial Management.** In State Fiscal Year (SFY) 2025, DCF's operating budget, including federal funding, was $2.33 billion. DCF continually looks to be good stewards of state and federal funds, managing innovative and financially responsible programs and contracting. In May 2024, the federal Administration for Children and Families (ACF) conducted a primary review of New Jersey's Title IV-E foster care program in accordance with 45 CFR § 1356.71; the Children's Bureau (CB) determined New Jersey was in substantial compliance with federal eligibility requirements. Reviewers identified program strengths and promising practices, including New Jersey's automated data system, the timeliness of court proceedings and judicial determinations, and timeliness of providing licenses to approved resource family homes. For information on this review, see CB Final Report, dated August 8, 2024.

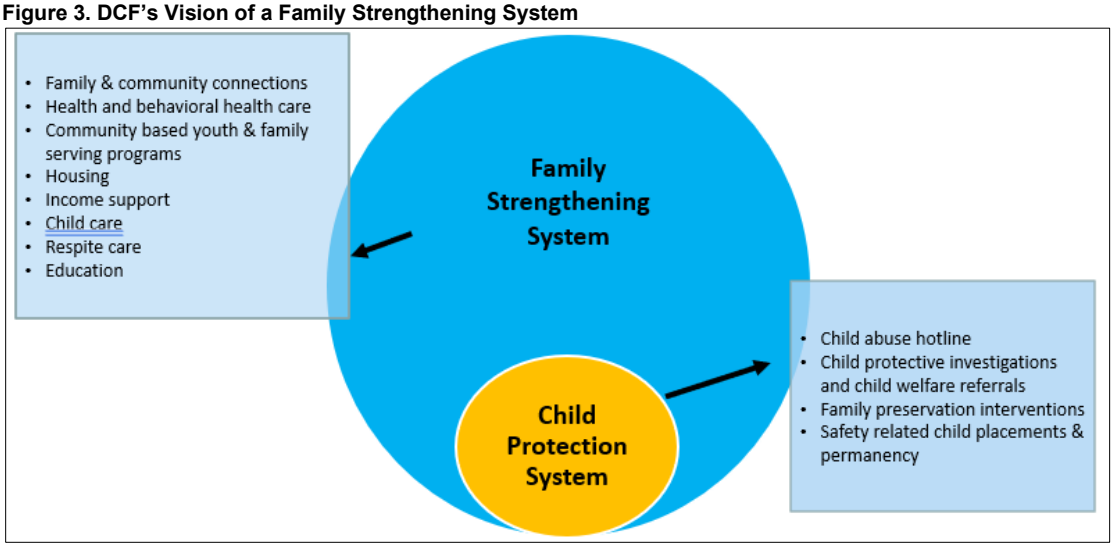
- **Facilities and Equipment.** DCF maintains one Central Office, 46 CP&P local offices, nine CP&P area offices, 14 schools, and a state-of-the art training and professional development center. DCF's fleet of vehicles supports staff to undertake investigations, inspections, and casework and service activities. DCF's information technology and telephonic infrastructure, managed by DCF's Office of Information Technology (OIT), allow staff to maximize efficiency and effectiveness of their work through both mobile and office-based technological supports.

- **Continuous Quality Improvement, Data and Research Infrastructure.** DCF employs well-functioning systems to support its ability to self-monitor performance, assess outcomes achieved, analyze practice, and self-correct. DCF uses data to inform policy and programming, strengthen standard operating procedures, maintain focus on continuous quality improvement (CQI) and tell the stories of constituents across New Jersey. DCF maintains NJ SPIRIT, New Jersey's comprehensive child welfare information system (CCWIS), and contracts for the development and maintenance of CYBER, the electronic information system used by CSOC. DCF maintains program-specific data systems and is developing consistent data collection methods for services delivered through other parts of its contracted service network. DCF's Office of Analytics and Systems Improvement (ASI) manages the Department's quality assurance and program evaluation activities, data analysis and reporting, and child fatality and near fatality case practice reviews. DCF's Office of Monitoring (OOM) is responsible for reviewing the performance of contracted service providers. For additional information on DCF's information management and CQI systems, see Systemic Factor A, *Statewide Information System*, and Systemic Factor B, *Case Review System*.

- **Critical Business and Operational Offices.** DCF's work to support children and families would not be possible without the many offices that provide critical business and operational expertise, including Offices for Communications and Public Affairs, Legislative Affairs, Human Resources, Facilities, and Policy, Legal Affairs and Compliance, Special Projects, and more.

All-of-State Effort Towards a Family Strengthening System. Since the start of the current Gubernatorial administration, DCF has focused on a necessary shift from a system with a predominant focus on traditional child protection services with peripheral family strengthening efforts to a system with a predominant focus on family strengthening efforts with traditional child protection services utilized only as a targeted safety intervention. This strategy, which is depicted in Figure 3, envisions a future with (1) a greatly reduced, and safely reduced, child protection system and (2) a greatly enhanced family strengthening system.

Figure 3. DCF's Vision of a Family Strengthening System



The family strengthening system envisioned by DCF is rooted in the Protective Factors Framework.[4] In the forefront, it is comprised of the natural connections between families and their extended family, friends, and community, a network of relationships that often offers the strongest and most effective support for families. Secondarily, it includes a myriad of concrete supports and social, health and education services aimed at helping families function at their best. These supports and services exist outside the child protection system. When the elements of this system work together, families and communities are supported to thrive safely together and state intervention through the child protection system is reserved for rare situations in which a child is unsafe or at risk of harm.

DCF's vision of a broader family strengthening system is a collaborative, all-of-state effort comprised of efforts led by DCF, as well as those in which DCF exists as a partner. Family strengthening efforts also include those made by DCF's sister agencies, families and youth, the courts and legal partners, provider agencies, educational partners, law enforcement, healthcare partners, and many more. Together, these collaborative efforts have the potential to offer a very powerful network of support to New Jersey's children and families. For descriptions of the services within this support network, see Systemic Factor E, *Service Array and Resource Development.*

Part 2: Cross System Issues. New Jersey's child welfare system, like other jurisdictions, does not operate in a vacuum. Rather, it is critical to consider external influences. Below, DCF highlights particularly impactfully cross-system considerations, including the state's exit from federal oversight, the impacts of the COVID-19 pandemic, the youth mental health crisis, and provider workforce challenges.

End of the *Charlie and Nadine* litigation and federal oversight. In 1999, a class of children sued the State of New Jersey and CP&P for failing to protect and provide appropriate care to children in out-of-home placement. In 2003, the parties entered a settlement agreement, setting forth agreed upon terms for reformation of the state child welfare system, for monitoring of the Department via a court-appointed neutral monitor, and for oversight of the reformation efforts by the federal court. The parties entered subsequent modified settlement agreements in 2006, 2015, and 2022. In 2023, more than twenty years after the

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

initiation of the *Charlie and Nadine H. v. Murphy* lawsuit, the federal court, with the agreement of all parties, terminated litigation and its ongoing oversight.

Prior to case dismissal, New Jersey enacted P.L. 2022, c130, modifying the role of the NJTFCAN's SORS. As of December 2022, SORS became responsible for reviewing, analyzing, and making annual recommendations in a number of statutorily mandated categories of case practice.[5] In 2023 and 2024, SORS, with the support of DCF, worked to determine methodologies for review; those methodologies are described in SORS' first annual report.[6] SORS' second annual report will become available in December 2025.

Ongoing impacts of the COVID-19 pandemic. Beginning in March 2020, the COVID-19 pandemic significantly impacted all aspects of life and work in New Jersey. In the early months of the pandemic, statewide efforts focused on prevention and mitigation. Through Executive Orders, Governor Phil Murphy directed all New Jersey residents to stay home, closing schools and non-essential businesses and cancelling gatherings. To reduce risk of transmission of this virus, DCF temporarily closed 46 local offices, restricted access to 9 area offices, and moved 16 regional schools and 2 DCF-operated, hospital-based satellite schools to remote learning. OIT converted the majority of DCF's staff members to remote work. DCF set up COVID-19 response teams to respond to child protective service investigations and complete home visits on select cases; requirements for in-person visits between parents and children, children and their siblings and caseworkers and families were temporarily suspended in favor of telephonic and video conferencing communication; timeframes for critical practices, such as case plans and family team meetings, were similarly temporarily suspended. After the enactment of new legislation permitting telemedicine and telehealth services, DCF authorized the provision of many outpatient, in-home and community-based services via remote technology. DCF learned to operate in a court system that was transitioning from in-person hearings to virtual proceedings. As the viral load reduced and the state re-opened in late 2020 and 2021, DCF, likewise, took steps forward, e.g., resumed in-person contact with children and families and re-started in-person visitation between caseworkers, parents, and children.

The extraordinary circumstances of the pandemic required DCF's operations to be responsive and evolutionary, changing the way that DCF conducted work while remaining dutiful to its critical mission of service to New Jersey's children and families. While the pandemic has subsided, the Department's operations, much like the needs of children and families, did not revert back to their identical pre-pandemic status. Some agency practices returned to their status quo, e.g., in-person visitation and court hearings, whereas other operations continue to evolve through the present, e.g., hybrid remote work and the use of telehealth services. The needs of children and families shifted drastically both during and in the years following the pandemic, e.g., youth mental health declines and provider staffing shortages, both described below. DCF continues to capitalize on lessons learned during the pandemic and to ensure that the services it provides, and *how* those services are provided, meet the modified needs of the state's constituents.

Youth mental health crisis. Even prior to the pandemic, data supported the need for additional support for youth mental and behavioral health programming,[7] and the pandemic worsened the situation. For example, in February 2022, CSOC recorded the system's highest number of calls (14,000) and, in March 2022, broke that record (18,000). In 2021 and 2022, DCF and Rutgers University conducted a statewide survey on the pandemic's impacts on New Jersey families; 34% of respondent parents reported that their school-aged children have poor or fair mental health, and 65% reported concerns with their children's behavior. The survey demonstrated that family conditions impact youth wellness, as students with mental health issues were more likely to live in households struggling economically and/or with a parent experiencing mental health challenges. As is summarized in Systemic Factor E, *Service Array and Resource Development,* youth mental and behavioral health continues to be a primary area of focus for the Department.

[5] Bill Text: NJ A3707 | 2022-2023 | Regular Session | Chaptered | LegiScan
[6] 2024-sors-report.pdf
[7] http://www.nj.gov/education/vandv/annualreport/2021/SSDSReport2020_2021.pdf

Provider staffing shortages. DCF's efforts to support children and families are impacted by state and nationwide workforce shortages that pose challenges to both recruitment and retention of staff at state-contracted provider agencies, including many of DCF's prevention service provider networks. Workers are moving from job-to-job within the field or, in some cases, are leaving the social services or behavioral health fields altogether. Caregiver fatigue, exacerbated by the COVID-19 pandemic, is impacting workforce morale and contributing to individual worker burnout. DCF is working with DCF-contracted agencies to monitor staffing and identify strategies that address workforce challenges in order to support the continued implementation of effective prevention programs and services. For example, in 2023 and 2024, DCF engaged a consultant to undertake a labor market diagnostic analysis, sharing those findings and convening stakeholders around potential collaborative and creative solutions.[8] As a second example, DCF, in partnership with the New Jersey Department of Health (NJ DOH) and Johns Hopkins University, participated in a Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) coordinated state evaluation focused on workforce development and retention, staff well-being and organizational climate. DCF also partnered with the New Jersey Department of Human Services (NJ DHS) and the New Jersey Higher Education Student Assistance Authority (NJ HESAA) to provide over $5 million in loan redemption to staff at the front lines of children's behavioral health care system.

Part 3: Current Initiatives. Highlighted initiatives toward achieving desired outcomes and systemic change include the enhancement of DCF's case practice model, reimagining of the Department's CQI processes, infrastructure modernization, and strengthening of the service array. The

DCF's Enhanced Case Practice Model and Solution Based Casework. All case-carrying CP&P staff are expected to rely on the tenets of DCF's enhanced Case Practice Model (CPM) during all interactions with children and families. DCF's original CPM provides a standardized, strength-based, and family-centered framework to guide how CP&P staff work with children, youth/young adults, and families.[9] The model consists of six key functions: engagement of youth and families, working with family teams, ongoing and quality assessment, individualized planning, tracking and adjusting, and safe and sustained transition from DCF involvement.

Solution Based Casework™

The SBC model is based on three tenets:

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

Case practice is organized into four milestones:

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

Based in part on the results of the Round 3 CFSR and in part on the information gathering process undertaken at the onset of the current administration, and as described in the Round 3 CFSR PIP and subsequent related reports, DCF made the decision to enhance its case practice model through the integration of Solution Based Casework™ (SBC).[10] For information on the information gathering process, see Systemic Factor E, *Service Array and Resource Development.* SBC is an evidenced-based practice model that focuses on finding practical solutions to family and individual challenges by promoting positive change within the family system.[11] SBC is designed to help caseworkers better understand the family system and develop plans for change that are grounded in the family's daily routine and their unique network of supports. It aims to help families identify and use naturally available resources to address the everyday challenges experienced. SBC is organized into four milestones which guide case practice: (1) building consensus with the family around their collective and individual needs; (2)

[8] https://www.nj.gov/dcf/workforce_analysis.html
[9] DCF_CasePracticeModel.pdf (nj.gov)
[10] In July 2017, DCF participated in the third round of the CFSR (Round 3 CFSR). In June 2019, ACF approved DCF's PIP. In December 2020, ACF accepted DCF's proposals for modification of the PIP in related to the COVID-19 pandemic. In March 2022, DCF successfully completed its PIP.
[11] Evidence Base & Related Publications - Solution Based Casework

developing outcomes; (3) action planning; and (4) noticing and celebrating change. SBC action plans are essential to the achievement of outcomes as they provide a roadmap for families to follow as they work towards outcome achievement. SBC action plans address difficult or high-risk situations that may arise for the family and provide a plan that is designed with the family to effectively manage these situations. These action plans are not static. They are reviewed and revised regularly to ensure relevance and success in achieving the desired outcomes.

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

Re-imagined Collaborative Quality Improvement process. As is detailed in Systemic Factor C*, Quality Assurance System*, in 2020 and 2021, DCF redesigned its CQI processes, developing a new Collaborative Quality Improvement Process (CoQI) process. DCF began implementation of CoQI in CP&P and is working to implement this method throughout the Department. CoQI reviewers uses the electronic record to determine the extent to which case practice activities were aligned with best practice and policy. Scores are assigned to each casework activity based on whether the observed practice was *Completely*, *Substantially*, *Marginally*, or *Not at All* aligned with best practice and policy.[12] The Quality Scores included throughout this assessment represent a summary of casework activities within an area of practice, e.g., engagement, assessment, etc. DCF publishes findings from its CoQI process on its public website through a series of briefs,[13] alongside information on the new CoQI process and guidance related to interpretation of Quality Scores.[14] For additional information on the CoQI process, see Systemic Factor C, *Quality Assurance System.*

Modernization of Infrastructure. During the term of the current administration, DCF identified and moved forward on a plan to build and modernize its infrastructure to support and facilitate the Department's operations and its transformation into a 21st century child and family serving organization. DCF developed a departmental information management strategy, effective workforce strategies, sustainable financing strategies, and project management capacity. For details on the information management strategy, see Systemic Factor A, *Information Management Strategy.* For information on other efforts to enhance Departmental capacity, see Item 31, *State Engagement and Consultation with Stakeholders Pursuant to the Child and Family Services Plan (CFSP) and Annual Program and Services Report (APSR).*

Service Network Reformation. As is mentioned earlier and detailed in Systemic Factor E, *Service Array and Resource Development,* between 2019-2021, DCF undertook extensive information gathering efforts. Those efforts made clear that the Department's then-existing services were at varying stages of maturity in the extent to which they incorporated family voice, used clear or evidence-based practice models, and had sufficient implementation supports to ensure quality. Using this information, in combination with a fiscal analysis of purchased services, DCF identified a core set of services to be provided statewide and to identify opportunities to build out evidence-based approaches, statewide training, and implementation infrastructure. DCF operationalized the intended changes to the service array by creating "programmatic plans" for each programmatic division.[15] In order to attend to implementation and sustainability most effectively, DCF established and/or expanded several operational offices to support collaborative model selection, design, implementation, data collection, monitoring, evaluation and ongoing CQI. For example,

[12] https://www.nj.gov/dcf/childdata/exitplan/2023-CoQI.Quality.Scores.Guide.pdf
[13] DCF | Child Welfare Outcome Reports (nj.gov)
[14] 2023-CoQI.Description.pdf (nj.gov),
[15] Metz, A., Bartley, L., Maltry, M. (2017). Supporting the Sustainable Use of Research Evidence in Child Welfare Services, An Implementation Science and Service Provider Informed Blueprint for the Integration of Evidence Based/Evidence Informed Practices into NJ Child Welfare System. The National Implementation Research Network.

DCF expanded its OSD with work rooted in principles of implementation science to ensure DCF's ability to simultaneously manage large implementation efforts to fidelity across multiple service lines. For information on other efforts to enhance Departmental capacity, see Item 31, *State Engagement and Consultation with Stakeholders Pursuant to the CFSP and APSR*.

During a later review of its strategic plan and the development of New Jersey's 2025-2029 CFSP, DCF identified goals for achieving service excellence. More specifically, DCF determined it would expand systemic capacity (1) to manage the service array reform and (2) to monitor and ensure the quality of the service array. In addition to ensuring that the currently available service array ongoingly meets the needs of children and families across the state, DCF is working to ensure that there is a defined service model, implementation supports, monitoring approach, and measurement strategy for all programs and service lines. Simultaneously, DCF is implementing a constituent service framework and quality standards in all provider operated services. These efforts continue through the present. For additional information, see DCF's 2025-2029 CFSR and Systemic Factor E, *Service Array and Resource Development.*

Section III: Assessment of Child and Family Outcomes

In this section, DCF analyzes performance related to safety, permanency, and well-being. To review DCF's most recent CB-generated state data profile, see Attachment A, *February 2025 Data Profile*.

Child and Family Outcome A: Safety

Safety outcomes include: (1) children are, first and foremost, protected from abuse and neglect; and (2) children are safely maintained in their own homes whenever possible and appropriate. These two outcomes are assessed through review of Items 1 through 3. Table 2 summarizes New Jersey's Round 3 CFSR performance and its current assessment of functioning for each outcome and relevant items.

Table 2. New Jersey's Round 3 CFSR Performance and Round 4 CFSR Self-Assessment for Safety Outcomes

	Round 3 CFSR Final Result	Round 4 CFSR Self-Assessment
Safety Outcome 1. Children are, first and foremost, protected from abuse and neglect.	Not in Substantial Conformity	Substantial Conformity
Item 1. Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?	Area Needing Improvement (89%)	Area of Strength
Safety Outcome 2. Children are safely maintained in their homes whenever possible and appropriate.	Not in Substantial Conformity	Not in Substantial Conformity
Item 2. Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?	Area Needing Improvement (67%)	Area of Strength
Item 3. Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?	Area Needing Improvement (77%)	Area Needing Improvement

Since Round 3 CFSR, New Jersey has used its monitoring, research, and evaluation capabilities to assess indicators that are comparable to Safety Outcomes 1 and 2 and its CoQI processes to improve and enhance child safety practices. Table 3 highlights key areas of strength and areas in need of improvement related to practices to ensure children are safe from abuse and neglect and maintained in their homes when possible and appropriate. Analysis follows.

Table 3. Key Areas of Strength and Areas in Need of Improvement Related to Safety Practices

Areas of Strength
- **Timely Response.** 99% of calls to DCF's SCR are received by field staff timely, or within three hours. 98% of investigations commence timely. On average, a child reported for abuse or neglect is seen by a caseworker within 22 hours of the report to SCR. A review of CP&P case records further confirms that 91% of children are interviewed alone during the investigation phase—an area of continued strength.
- **Timely Investigation Completion.** 82% of investigations are completed within 60 days and 94% of investigations are completed in 90 days. A review of CP&P case records shows that requests for extensions beyond 60 days are appropriate in 89% of investigations with an extension.
- **Foster Care Placement & Re-Entry.** New Jersey has one of the lowest foster care placement rates in the county - 0.8 children per 1,000 children. New Jersey's risk standardized performance for re-entry into foster care is 5.8%, which is statistically no different from the national performance.
- **Initial Safety Assessments.** Initial safety assessments were rated as high quality in 91% of investigations.
- **Safety Interventions.** Implementation of safety interventions following their identification had an average quality score of 81%. The CP&P case record review assessed whether adequate, timely interventions were implemented and whether caseworkers effectively communicated with caregivers about how their behavior affects child safety.
- **Maltreatment.** In 2024, 1.0 children per 1,000 in New Jersey experienced maltreatment. New Jersey's maltreatment rate was the lowest of any state in 2023 and five times lower than the national rate.[16] Since at least 2016, New Jersey's risk-adjusted rate of repeat maltreatment has consistently been statistically significantly lower than the national rate.[17]
Areas Needing Improvement
- **Initial Risk Assessment.** Initial risk assessments were rated of high quality in only 66% of investigations.
- **Ongoing Assessment of Safety & Risk.** New Jersey's average quality score for ongoing assessment of safety and risk is 60%. This includes evaluating the quality and the timeliness of ongoing safety and risk reassessments, ensuring children were interviewed alone during contacts, confirming safe sleep conversations occurred in homes with infants, and maintaining ongoing contact to reassess safety and risk.

[16] U.S. Department of Health & Human Services, ACF, Administration on Children, Youth and Families, Children's Bureau. (2025). Child Maltreatment 2023. Available from https://www.acf.hhs.gov/cb/data-research/child-maltreatment

[17] CFSR 4 Data Profile February 2025. See Attachment A, *February 2025 Data Profile*

Safety Outcome 1. Children are, first and foremost, protected from abuse and neglect.

Through dedicated infrastructure, specialized staff, and comprehensive policy, DCF maintains strong safety practice at the investigative stage, and when threats to safety are observed on open cases, DCF immediately acts to address the concerns. Below, DCF provides an analysis of infrastructure, practices, policies, and key data points related to investigation timeliness and quality.

Investigative Infrastructure, Policy, and Practice. DCF responds to approximately 60,000 reports of child maltreatment annually (See Figure 3). DCF's CP&P is responsible for ensuring the safety of children through timely, thorough responses to allegations of child maltreatment. This is accomplished through a robust infrastructure of units, policies, and trained staff statewide. Key elements of this infrastructure include:

- **State Central Registry.** SCR is the state's child abuse hotline, and the first point of contact for anyone reporting allegations of child abuse or neglect in New Jersey. SCR fields child protective service (CPS) reports and child welfare service (CWS) referrals 24 hours per day, 7 days a week. Specially trained screeners assess the situation, determine the appropriate response time, and assign the report to the designated local office intake unit or Institutional Abuse Investigative Unit. When a situation does not warrant investigation or assessment, the screener provides the caller with resources for accessing services as applicable. 0Policy sets forth DCF's expectations for SCR operations and provides screeners with guidance and practice considerations.[18]

- **Local Office Intake Units.** Across the state, CP&P has 46 local offices. Each local office has specified intake units that respond to referrals warranting a CPS investigation or CWS assessment. Intake unit staff receive First Responders Training through OTPD. This specialized training provides staff with the skills necessary to complete comprehensive investigations and assessments when responding to referrals. The investigation and assessment processes include interviews with all relevant parties, securing and reviewing collateral information, and formal and informal safety and risk assessments. Intake unit caseworkers plan with families to mitigate safety concerns and reduce risk and to assess the need for interventions, services, or other resources. For CPS investigations, the assigned intake unit caseworker ultimately makes a finding for each allegation. DCF uses an allegation-based system with four tiers of findings: substantiated, established, not established, and unfounded. Regulations and policy set forth DCF's expectations for local office intake unit operations and provide intake unit staff with guidance and practice considerations.[19]

- **Special Response Units.** Each county has a Special Response Unit (SPRU). SPRUs are after-hours response units that provide emergency intervention operations to protect and minimize immediate risk to children, initiate CPS investigations, and provide other child and family emergency response measures until CP&P or IAIU day staff can initiate or resume services. Policy sets forth DCF's expectations for SPRU operations and provides intake unit staff with guidance and practice considerations.[20]

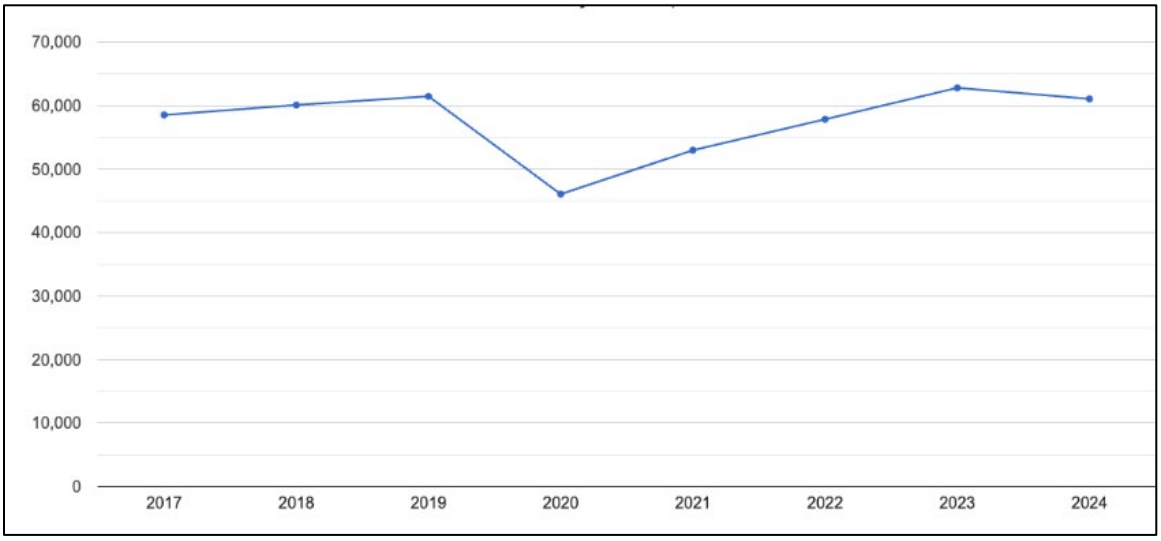
- **Institutional Abuse Investigation Unit.** DCF's IAIU is a child protective service unit that investigates allegations of child abuse and neglect in out-of-home settings, such as foster homes, residential centers, schools, detention centers, etc. Investigators from IAIU's five regional investigative offices are responsible for conducting thorough investigations, which include interviews of child or youth alleged to be victims, witnesses, administrators, and external entities, e.g., law enforcement, Regional Diagnostic Treatment Centers (RDTC), as well as collection and review of collateral information to determine if a child has been abused or neglected or if concerns exist that require further communication with IAIU's corrective action unit. IAIU also uses four tiers of findings: Substantiated, Established, Not Established, and Unfounded. IAIU notifies each appropriate entity of the investigative findings to enhance its ability to promote safety for the children in care and minimize the likelihood of

[18] CPP-II-A-1-100.pdf through CPP-II-A-5-400.pdf
[19] N.J.A.C. 3A:10-3.1 through 3A:10-3.6; CPP-II-C-5-800.pdf
[20] CPP-II-D-1-100.pdf through CPP-II-D-2-800.pdf

future child maltreatment in the setting. DCF regulations and policy set expectations for IAIU operations and provide IAIU staff with guidance and practice considerations.[21]

In addition to clearly defining expectations for each of these components, regulations and policy support consistency across all regions of the state. Collectively, these mechanisms ensure timely triage, assignment, and follow-up for all reports of child maltreatment.

Figure 4. Total CPS and CWS Referrals Received Annually by DCF, 2017-2024, Source: Data Hub



Timeliness of Assignment & Response. Timely response to allegations of child maltreatment is critical to ensuring child safety. DCF policy sets forth timeframes and procedures for actions from the moment a report is received at the SCR.

When SCR determines that an investigation or assessment is warranted, SCR screeners designate the timeframe for initial response. For CP&P investigations and assessments, there are four possible timeframes for initial response: immediate, 24-hour, 72-hour, and 5-day.[22] For IAIU investigations, there are two possible timeframes for initial response: immediate and 24-hour. If a CPS, CWS or IAIU investigation is coded as immediate, the assigned investigator must make in-person contact with the family, or make a good faith effort to do so, by the end of the workday. “Good faith effort” requires at least three attempts at in-person contact with the child, as well as supervisory consultation. A CPS or IAIU 24-hour response requires the assigned investigator to make in-person contact or good faith effort within 24 hours of assignment. A CWS 72-hour response requires the assigned investigator to make contact or good faith effort within 72 hours of assignment. A CWS 5-day response is generally used in special situations, e.g., parole exchanges or home study requests, and requires the investigator to make contact or good faith effort within five business days of initial assignment.

After SCR assigns a response time, SCR must electronically assign and transmit the referral to a local office, SPRU unit, or IAIU regional office for response. This assignment must be made within one hour of the initial call. For referrals requiring an immediate response, SCR notifies the Local Office, SPRU, or IAIU designee via telephone, in addition to the regular electronic notification. Upon acceptance of the referral from SCR, intake unit supervisors assure that the referrals are assigned to an investigator and responded to within the assigned timeframes.

As Table 4 and Figure 5 demonstrate, DCF meets the requirements included in state policy related to timely initiation of investigations and face-to face-contact with children. Analysis of administrative data shows that,

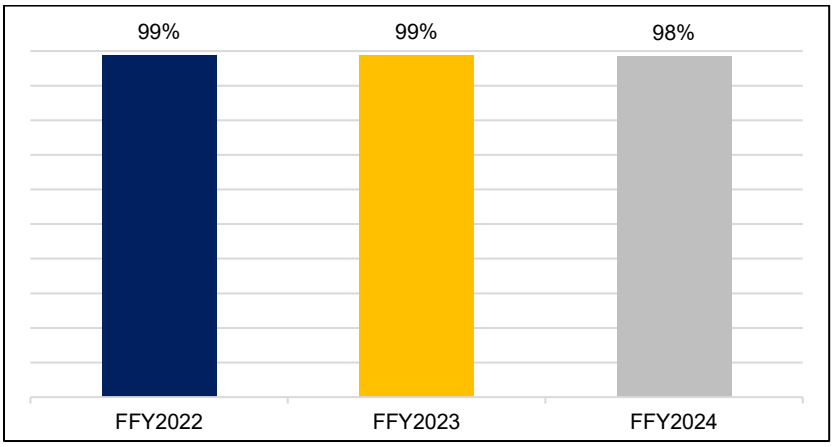
[21] N.J.A.C. 3A:10-4.1 through N.J.A.C. 3A:10-4.3; IAIU-I-A-1-100.pdf through IAIU-I-A-1-2000.pdf N.J.A.C. 3A:10-4.1 through N.J.A.C. 3A:10-4.3; IAIU-I-A-1-100.pdf through IAIU-I-A-1-2000.pdf
[22] CPP-II-C-2-300.pdf

on average, 99% of calls to the SCR are received by field staff in a timely manner, defined as less than three hours. Additionally, 98% of investigations commence in a timely manner, down slightly from 99% in Federal Fiscal Year (FFY) 2022 and 2023 (Figure 4). As noted in ACF's Maltreatment 2023 Report, New Jersey's average response time to reports of child maltreatment is among the fastest in the nation at 22 hours. By comparison, the national average response time is 102 hours.[23]

Table 4. Percent of Investigations Received and Commenced in a Timely Manner by Month, FFY 2024, Source: SafeMeasures

Timeliness of Investigation in FFY2024												
	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Investigations received in a timely manner	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	98%	99%
Investigations commenced in a timely manner	98%	98%	98%	98%	98%	99%	98%	98%	99%	98%	98%	98%

Figure 5. Timeliness of Investigation Commencement, FFY Average, FFY2022-FFY2024, Source: SafeMeasures



Timely Investigation Completion. Investigators have 45 days from the SCR assignment date to complete all necessary investigation or assessment tasks and documentation. Supervisors have 60 days from the SCR assignment date to approve the investigation or assessment or to request a limited extension if necessary. With Supervisor and Casework Supervisor approval, extensions may be granted in 30-day increments when the investigator is awaiting crucial information from the prosecutor, medical examiner, police department, or court; written reports or information from medical or mental health professionals; or when additional interviews are necessary, and the interviewee is in missing status or unable to be interviewed due to an extenuating circumstance. Any extension requests that go beyond 90 days require notification to and approval from the Local Office Manager.

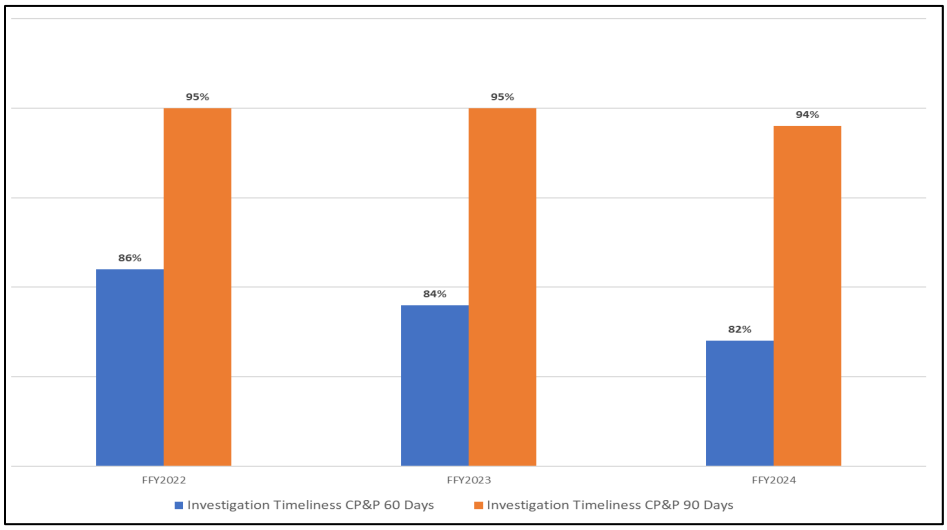
As shown in Table 5, on average, 82% of investigations were completed within 60 days in FFY 2024 and 94% of investigations were completed in 90 days, a modest decline from FFY 2023 (Figure 6).

Table 5. Percent of CP&P Investigations Completed in a Timely Manner by Month, FFY 2024, Source: SafeMeasures

Timeliness of Investigation Completion in FFY 2024												
	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Investigations within 60 Days	82%	78%	81%	86%	85%	83%	82%	82%	82%	82%	84%	83%
Investigations within 90 Days	93%	94%	94%	95%	96%	94%	94%	94%	94%	94%	94%	94%

[23] U.S. Department of Health & Human Services, ACF, Administration on Children, Youth and Families, Children's Bureau. (2025). Child Maltreatment 2023. Available from https://www.acf.hhs.gov/cb/data-research/child-maltreatment

Figure 6 Percent of Investigations Completed within 60 and 90 days, FFY 2022 – FFY 2024, Source: SafeMeasures



Quality of Investigative Practices. To review information on how DCF assesses the quality of investigative practices and findings from those processes, see Safety Outcome 2, below.

Safety Outcome 2. Children are safely maintained in their homes whenever possible and appropriate.

Trends in Out-of-Home Placement. DCF is committed to keeping children safe in their own homes, subsequently reducing the trauma of family separation. Figures 7 and 8 illustrate this commitment. In the past two decades, there has been a reduction of over 70% in the number of children in out-of-home placement from the creation of DCF as a Cabinet level agency in 2006, when around 11,000 children were in placement, to 2024, when just under 3,000 were in placement. In 2024, New Jersey had one of the lowest foster care placement rates in the county at 0.8 children per 1,000 children, down from 1.9 per 1,000 children in 2017. Importantly, this decline was achieved concurrently with a very low incidence of maltreatment related child fatalities; according to most recent federal data, New Jersey has the fifth lowest rate of child maltreatment related fatalities in the United States.[24]

Figure 7. Number of Children in Out-of-Home Placement, 2003-2024, Source: The New Jersey Child Welfare Data Hub ("Data Hub")

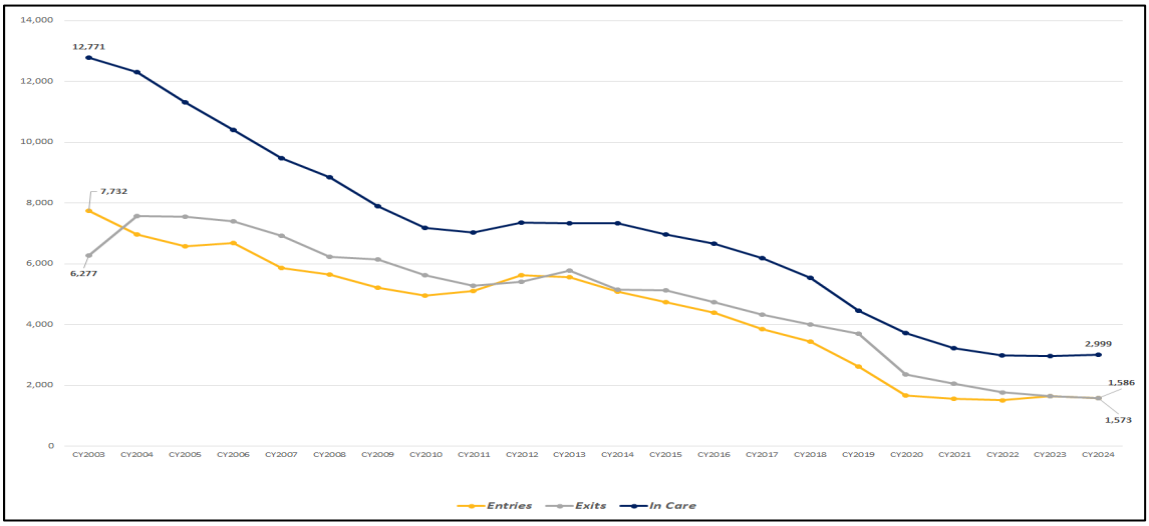
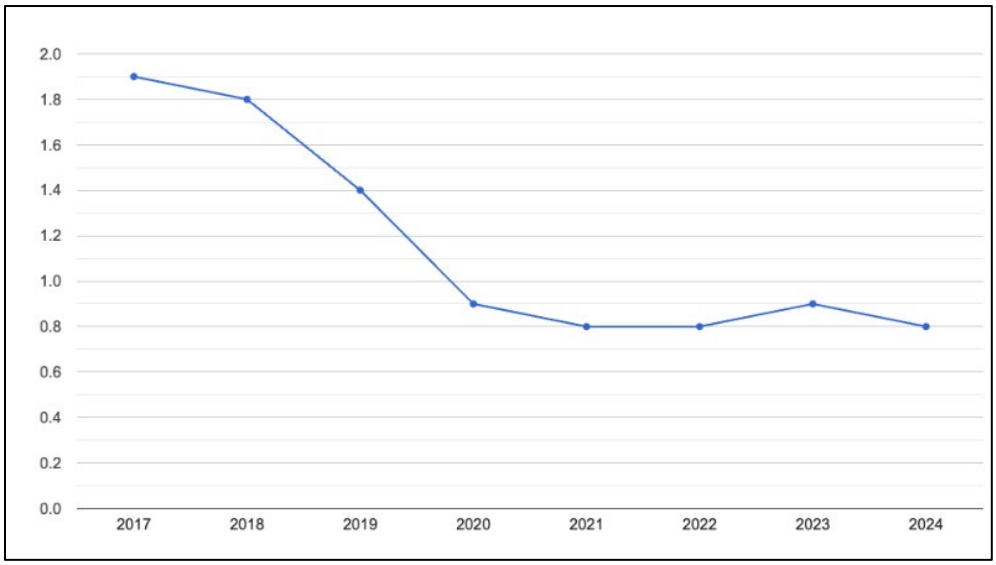


Figure 8. Out-of-Home Placement Rates Over time, 2017-2024, Source: Data Hub



[24] U.S. Department of Health & Human Services, ACF, Administration on Children, Youth and Families, Children's Bureau. (2025). Child Maltreatment 2023. Available from https://www.acf.hhs.gov/cb/data-research/child-maltreatment

Most often, when CP&P becomes involved with a family, the Division is able to help the family develop and carry out plans that allow for the family to remain together safely. The majority (90%) of the children with active CP&P involvement remain in their own homes with their family.[25] The sustained trend towards maintenance of children in their own home is driven by early intervention and family preservation services, strong in-home safety planning, and a system-wide philosophy that emphasizes child well-being in the least restrictive setting. New Jersey makes available a broad array of services, including services that comprehensively assess the strengths and needs of children and families, support the creation of safe home environments, and enable children to remain safely with their parent when reasonable. Examples include case management and safety planning through CP&P caseworkers, the reliance on internal and external subject matter experts so ensure families are connected to appropriate supports and services, and vast programming to prevent entry or re-entry, including, among others, home visitation services, family preservation services, a new continuum of parent support services, and a spectrum of mental health and substance use services. For descriptions of these services, see Systemic Factor E*, Service Array and Resource Development*.

When out of home placement is necessary, DCF prioritizes safety, placement with relatives, and trauma informed care. In these situations, the court reviews the appropriateness of the Division's removal of the child and placement, as well as the reasonable efforts to prevent the removal. As a part of CB's most recent Title IV-E Foster Care Eligibility Review, which took place in May 2024, the review team reviewed the state's foster care program for compliance with federal legislation and regulations. In CB's final report, CB identified judicial determinations as a strength, noting that compliant and timely court reviews were taking place, that the court's reasonable effort findings at the initial removal hearing and permanency hearings included appropriate language and were clearly stated, and that "extensive efforts to prevent removals could be seen in many of the court orders." Additional information on this review can be found in the CB Final Report, dated August 8, 2024.

Listening Session Insights: Contributing Factors into Timing of Removals

Question: In 2024, 49% of the time, a removal is occurring after the case has been open for 60 days. Why does this happen? What do you think are some common circumstances and contributing factors?

Participants	Themes
CP&P Central Office and Statewide Local Office Leadership	**New Jersey is making increased efforts to prevent removal.** CP&P is making, and the courts are requiring, increased efforts to stabilize families and prevent removal. This includes use of Safety Protection Plans (SPP), provision of services, and utilizing SBC skills to work with families to problem solve issues together. **CP&P is attempting to rely on SPPs rather than removal.** CP&P and families agree to a SPP to ensure the safety of the child and prevent removal. Sometimes, the SPP is no longer tenable or falls through, leading to a later removal. **CP&P is receiving additional information after the case has been opened for a period of time.** Some participants reported that, while a case is open, CP&P learns more information through continued assessment or when new referrals come in. Additionally, the receipt of some requested collateral information is sometimes delayed.

Re-Entry into Foster Care. In 2022, 7.9% of children in New Jersey who discharged from foster care re-entered care within 6 months; 11.6% of children discharging from foster care re-entered care within 12 months (Figure 9). Although rates have increased in the past 5 years, New Jersey's risk standardized performance for re-entry into foster care is 5.8%, which is statistically no different from the national performance (Figure 10). Over the last 5 years, New Jersey's performance rages from 5.8-6.5% and was consistently within the national range.

[25] New Jersey Child Welfare Data Hub: All Children Served by CP&P (In-Home/Out of Home) - Point in Time | Data Hub (rutgers.edu)

Figure 9. Proportion of Children who Re-enter Foster Care within 6 and 12 Months, Source: Data Hub[26]

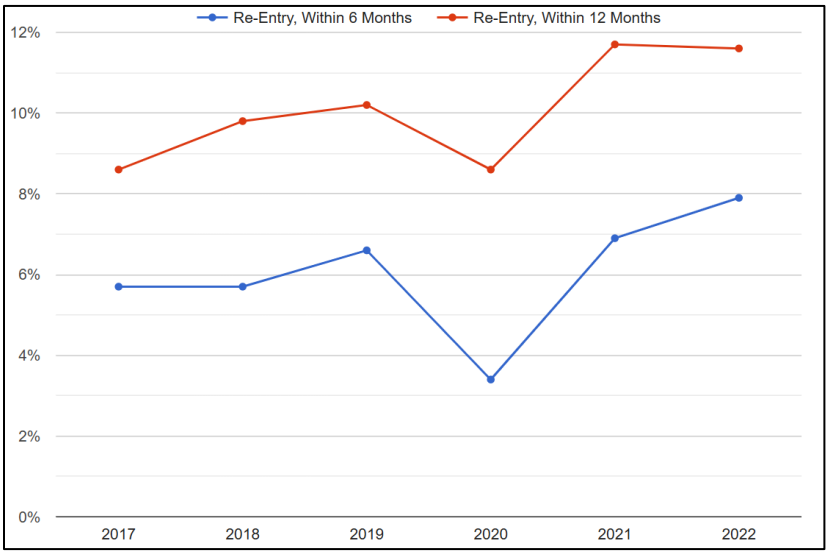
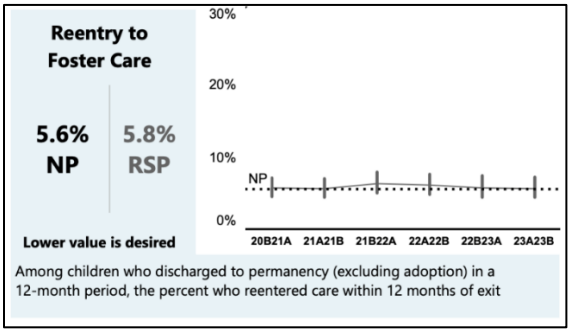


Figure 10. Risk Standardized Rates of Re-Entry into Foster Care for New Jersey Compared to the U.S., Source: February 2025 Data Profile, Adoption and Foster Care Analysis and Reporting System (AFCARS)



Listening Session Insights: Preventing Re-entry

Question: What supports or services are needed to prevent re-entry from occurring? What challenges lead to re-entry into care within a year?

Participants	Themes
DCF leadership, judiciary and legal partners, reps. from sister agencies and advocacy groups, and parents, youth and resource parents with lived experience with DCF who participate in the CICIC, SORS, and DCF Youth, Parent, and D.A.D.S. Councils.	**Housing instability is contributing to re-entry.** Multiple participants reported that housing is "the biggest concern" for families and is the most needed service or support needed to prevent re-entry from occurring. **Better assessment of children and families would improve support provided to families.** Participants emphasized the importance of improving assessments to gain a better understanding of who makes up the family and what the family—and the individuals within the family—need. **Efforts should include data-driven prevention services.** Participants recommended continued data collection and analysis to determine needed prevention supports. This includes making efforts to understand what is bringing families to the attention of the child welfare system, what supports or services are needed, and making those supports and services, including community-based wraparound services, available.

[26] New Jersey Child Welfare Data Hub: Re-Entry | Data Hub

Safety and Risk Assessment Infrastructure, Practices and Policy. CP&P caseworkers are responsible for formally and informally assessing the safety and risk of all children involved with the agency, beginning with the agency's initial contact with the family. Formal assessment requires use of validated Structured Decision Making® (SDM) tools and processes in alignment with DCF's enhanced CPM. SDM tools are evidence-based tools that identify the key points in the life of a child welfare case and use structured assessments to improve the consistency and validity of each decision, promoting objective decision making informed by actuarial models. Decisions made by caseworkers during an investigation are related to child safety, including whether there is imminent risk of abuse or neglect, whether there is credible evidence that maltreatment has occurred, whether safety interventions are needed to protect the child from harm, whether a child may remain safely in the care of the current caregivers, and whether the family's needs indicate that they would benefit from ongoing services.

CP&P caseworkers use several SDM tools to make decisions, including the safety assessment, the risk assessment, the risk reassessment, and the reunification assessment. Expectations and guidance related to caseworker use of each assessment are detailed in DCF policy and summarized below.[27]

- **Safety Assessment.** The safety assessment assists staff in determining whether any child is likely to be in immediate or imminent danger of serious harm that requires immediate safety intervention, as well as what specific safety intervention needs to be implemented or maintained to provide appropriate protection. Safety assessment results include safe, safe with a safety protection plan or unsafe such that removal is necessary. Safety assessments are required in all cases where an investigation into abuse or neglect is warranted. They take place throughout the life of a case, beginning with the first face-to-face contact following a report of abuse or neglect. At a minimum, child safety must be formally reassessed every three months. Additional formal safety assessment is required if new information presents that changes the threats to safety or safety decisions and prior to case closure.

- **Family Risk Assessment.** The family risk assessment assists staff in assessing the likelihood that a family will become reinvolved in child protection services in the next 18 to 24 months. Family risk assessments are based on the conditions that exist at the time of assessment, as well as the prior history of the family. This assessment includes a neglect assessment index and an abuse assessment index. Determinations as to level of risk include low, moderate, high or very high. Only one household is assessed per risk assessment tool. If an incident or case involves two households, separate tools must be completed for each household. Risk assessments are completed for all families for which a child abuse or neglect investigation has been initiated and for non-custodial parents who are being provided reunification services. Risk is assessed throughout the life of the case and, at a minimum, every three months using the family risk reassessment, described below.

- **Family Risk Reassessment.** The family risk reassessment helps staff to evaluate the caregivers' progress toward attaining case goals. Family risk reassessments are based on information gathered for the initial risk assessment and the family's current progress. These assessments are completed for all families with ongoing services whose children remain in the home. Family risk reassessments are completed, at a minimum, every three months. Additionally, they are completed whenever circumstances in a case change such that reassessment is warranted, e.g., change in family dynamic or structure, new allegation of abuse or neglect, etc., and no more than 30 days prior to case closure.

- **Reunification Assessment.** For cases where a child is in out-of-home placement, the reunification assessment supports staff in making permanency plan recommendations and guides decisions about the child's return home. Reunification assessments are completed no later than three months from the date of placement and every three months thereafter.

It is DCF's expectation that caseworkers also informally assess safety at every contact with a family. Policy requires CP&P caseworkers to make regular in-home, in-person, face-to-face visits with each child, youth/young adult, and his or her parent/caregiver for families in open case status. These contacts,

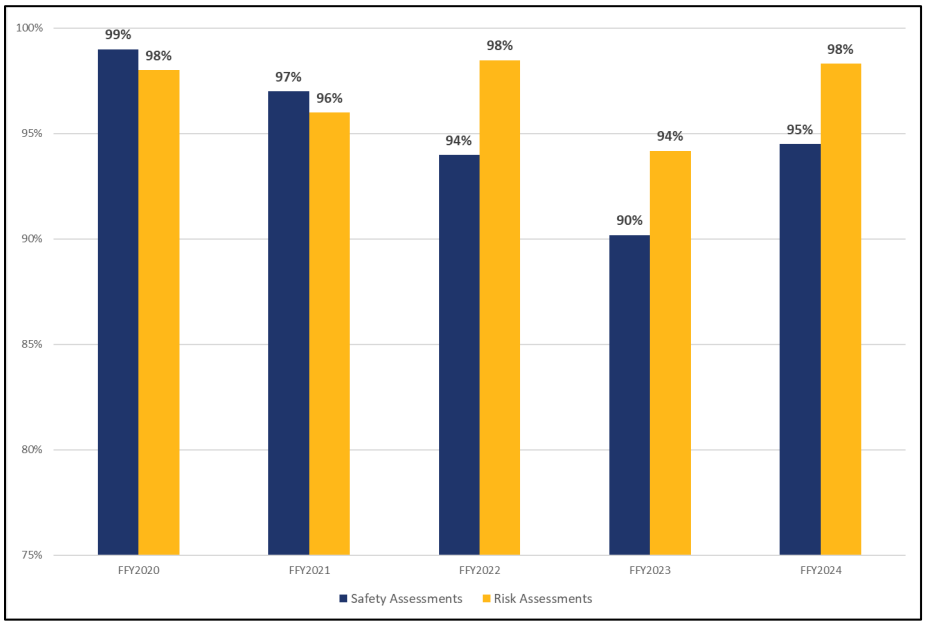
[27] CP&P-III-B-6-600

commonly known as Minimum Visitation Requirements (MVR), are aimed at assuring that children and families receive the maximum benefit of CP&P support.[28] Amongst other goals related to the family's case plan, caseworkers use MVRs to assess whether each child is receiving appropriate care and is safe from harm. During MVRs, caseworkers observe for signs of harm, neglect, or unsafe living conditions, evaluate the interactions between the child and caregivers for any signs of distress, and engage with the family to gather information about incidents of abuse or neglect, household dynamics and potential protective factors. MVRs occur as frequently as feasible and necessary to implement all elements of the case plan and to achieve permanency. The schedule can range from once every week to monthly. When the child is living in their own home, the MVR schedule is determined by the family risk assessment tool, described above. Caseworkers and supervisors are required to review MVR schedules at least once every six months.[29]

Safety and Risk Assessment Practices. While during Round 3 CFSR initial safety and risk assessments were identified as a strength, ongoing assessment was an area identified for improvement. Throughout 2019 and 2020, DCF designed and coded revised and validated SDM tools, better incorporated the use and results of the revised SDM tools into Family Agreements, and modified NJ SPIRIT to require SDM assessments at critical points in the life of the case. DCF prioritized work in this area as a component of its Round 3 CFSR PIP and, today, data shows this area as a strength.

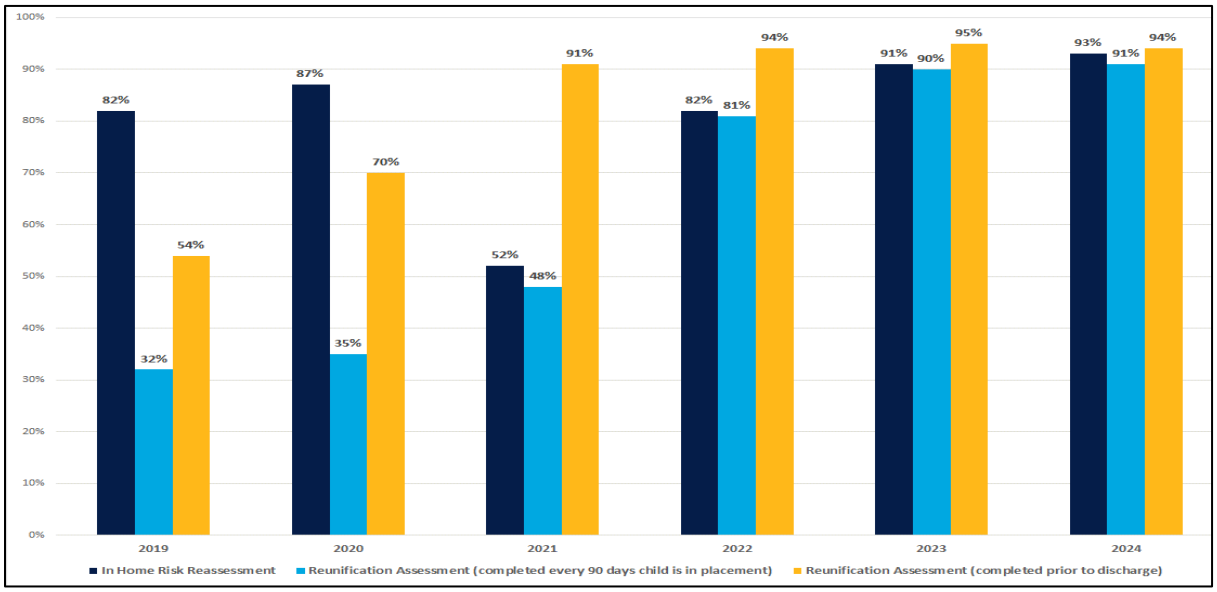
Figure 11 show recent performance for initial use of SDM tools. In FFY 2024, 95% of investigations had a completed safety assessment, up from 90% in 2023. Also, 98% of investigations included a completed risk assessment, up from 94% in 2023. DCF continues to partner with Evident Change to make additional updates to the SDM tools, definitions, and policies to improve fidelity, and in-field application. Beyond the initial investigation, Figure 12 shows the improvements in the ongoing assessment of safety and risk since the completion of the Round 3 CFSR PIP activities. In FFY 2024, an average of 93% of in-home cases had a timely documented risk reassessment, up from 82% in 2019. An average of 91% of children has a reunification assessment completed within 90 days of discharge from out-of-home placement, up from 32% in 2019. These trends indicate strengthened adherence to policy and integration of SDM reassessment tools into daily casework.

Figure 11. Safety and Risk Assessments Completed on Investigations, Averages, FFY 2020-2024, Source: SafeMeasures



[28] CPP-III-C-3-100 (1).pdf
[29] CPP-III-C-3-100 (1).pdf

Figure 12. Ongoing Risk and Reunification Assessment Utilization, 2020-2024, Source: SafeMeasures



Quality of Safety & Risk Practice. In addition to ensuring that caseworkers undertake safety practices in accordance with policy, DCF systematically monitors the quality of child safety practice through a variety of ongoing, structured case record reviews that assess practice fidelity and identify strengths and challenges to inform DCF's CoQI efforts. Findings are summarized below. For more details on these processes, see Systemic Factor C, *Quality Assurance System.*

- **Quality of Investigations Review**. DCF undertakes a biennial review of the overall quality of CP&P investigations which offers critical insights into CP&P's safety and risk practices.[30] The 2024 Quality of Investigations Review included a representative random sample of 353 investigations received between February 1-14, 2023**.** The overall quality of investigations was found to be a strength in 81% of the investigations. A strength rating required clear and thorough documentation that supported all allegations and findings, detailed content from interviews with all relevant parties, and accurate assessments of risk and safety that supported the investigative findings. While initial assessments were often strong, the review identified ongoing challenges in documentation, risk evaluation, and post-investigation decision making. Table 6 includes additional key findings.

Table 6. Key findings of the Quality of Investigations Review, Source: 2024 Investigations Review

	Areas of Strength	Areas Needing Improvement
Investigation Timeliness	• 93% of investigations were initiated timely. • 86% of investigations were completed within 60 days or less and extensions beyond 60 days were requested appropriately in 89% of investigations.	
Assessment Fidelity	• 91% of safety assessments were consistent with investigation documentation.	• 66% of risk assessments were fully aligned with case circumstances.
Caseworker Contact with Children and Parents	• 93% of children were seen within the assigned response timeframe. • 91% of children were interviewed alone during investigation. • Mothers and fathers were interviewed in 98% and 83% of the investigations, respectively.	
Collateral Information		• 60% of investigations secured all relevant collaterals. • Few investigations included relatives (58%) or mental health professionals (73%) collaterals. • 78% of secured collateral information was substantially integrated into decision-making.
Conferencing	• 97% of investigations had a pre- and post- investigation conferences.	• The quality of conferences was rated at 77% for pre-investigation and 73% for post-investigation conferences.

[30] 2023May24_CoQI-Investigations-Brief.pdf

- **CP&P Case Record Review**. DCF evaluates multiple areas of practice related to ensuring children's safety and reducing risk through several indicators in its case record review process, including ongoing assessment and services of safety & risk interventions. The CP&P case review examines whether caseworkers are continuously assessed safety and risk throughout the life of the case, took immediate action to address any safety and risk concerns that emerged during the family's involvement with the agency, gained agreement from all relevant parties in developing and implementing safety interventions and services, and engaged families in comprehensive discussions about the specific safety and risk concerns. Table 7 reflects DCF's current performance on these indicators as derived through the case record review process.

Table 7. Quality Scores for Safety & Risk Case Practice, 2023 and 2024, Source: CP&P Case Record Review

Indicator	Description	2023		2024[31]		Interpretation[32]
		In-Home	Out-of-Home	In-Home	Out-of-Home	
Ongoing Assessment of Safety & Risk (Note: Safety and Risk combined in 2024)	Assesses whether there were ongoing contacts with parents, caregivers, and children throughout the period under review to assess for safety and risk factors during contacts with the families. Assesses the completeness and quality of Safety and Risk Reassessments, whether children were interviewed alone at every contact, whether safe sleep was discussed with all caregivers in households with very young children.	70%	74%	60%	69%	**Area Needing Improvement**: On average in 2024, case practice activities have been 60% aligned with best practice and policy for in-home cases and 69% aligned for out-of-home cases.
Safety Interventions	Assesses whether there were discussions around identified threats of safety that placed the children in immediate danger and whether timely interventions were put in place to address any identified threats.	84%	89%	81%	86%	**Area of Strength**: On average in 2024, case practice activities have been 81% aligned with best practice and policy for in-home cases and 86% aligned for out-of-home cases.
Ongoing Risk Assessment	Assesses the identified safety interventions (Safety Protection Plan or others), services, and supports implemented during the period under review, as applicable, and whether they were mitigating the safety concerns while simultaneously ensuring the children's safety.	88%	87%	n/a	n/a	**Area of Strength**: On average, case practice activities have been 88% aligned with best practice and policy for in-home cases and 87% aligned for out-of-home cases.

Maltreatment Rate. In 2024, 1.0 children per 1,000 in New Jersey experienced maltreatment (Figure 13).[33] This rate has decreased steadily over the last eight years with the most substantial decrease seen between 2017 and 2020. New Jersey's maltreatment rate was the lowest of any state in 2023 and five times lower than the national rate.[34] When the data is disaggregated by age, infants under 1 year old (2.5 per 1,000 children) have two times the maltreatment rate of 1-5 year olds and 6-12 year olds (see Figure 14). Rates of maltreatment among this young age group, however, have also seen the most dramatic declines in the past five years.

[31] The review tool underwent significant changes between the first and second review. Results cannot be compared across time periods.
[32] For the quality score interpretations throughout this plan, areas of strength had scores above 85%, areas needing improvement had scores between 65% and 85%, and areas needing significant improvement had scores below 65%.
[33] New Jersey Child Welfare Data Hub: Maltreatment Rate | Data Hub
[34] U.S. Department of Health & Human Services, ACF, Administration on Children, Youth and Families, Children's Bureau. (2025). Child Maltreatment 2023. Available from https://www.acf.hhs.gov/cb/data-research/child-maltreatment

Figure 13. Child Maltreatment Rate Overtime, Source: Data Hub

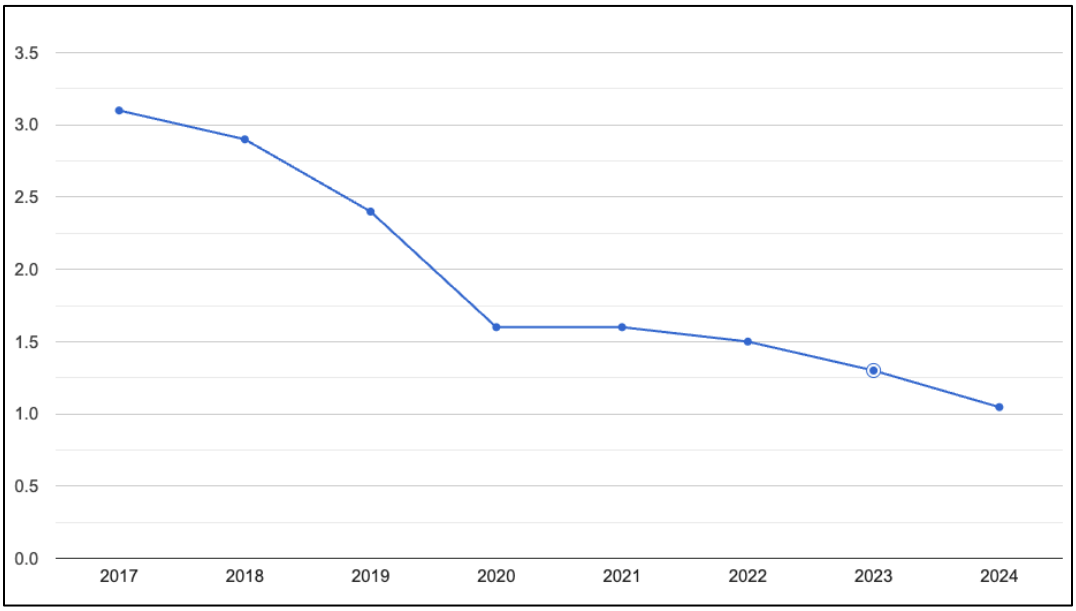
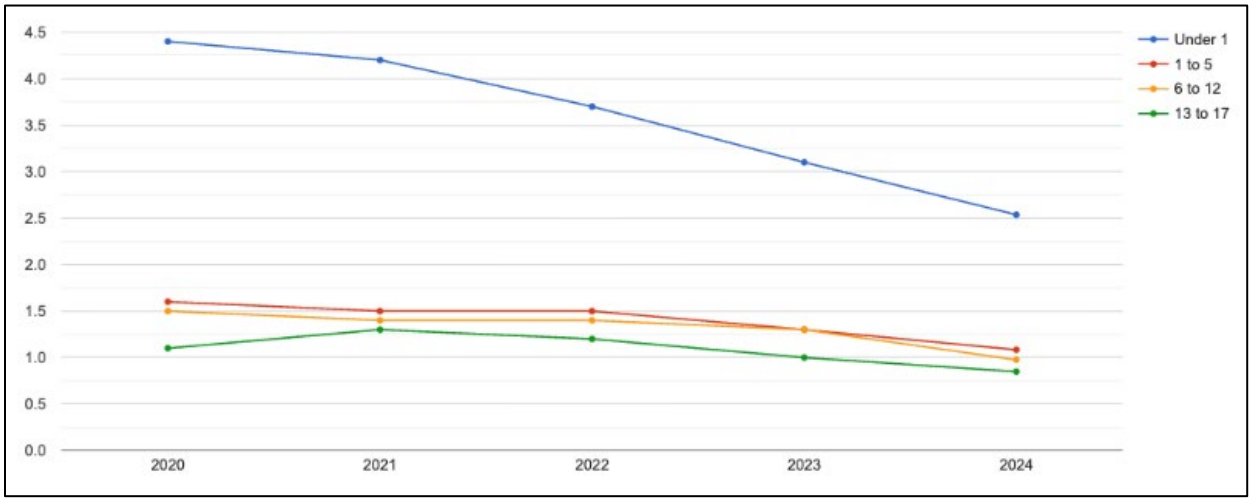


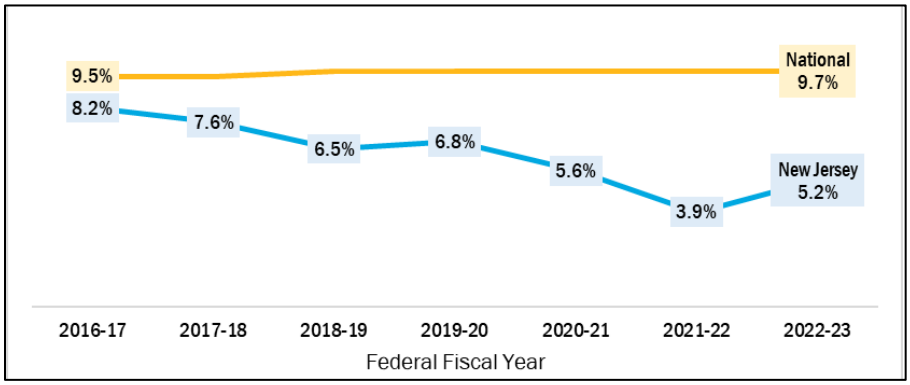
Figure 14. Child Maltreatment Rate by Age, Source: Data Hub



Recurrence of Maltreatment. Figure 15 shows the national (9.7%) and New Jersey's (5.2%) risk adjusted rate of repeat maltreatment. This is defined as the percentage of children who experienced a repeat maltreatment within 12 months of a substantiated maltreatment report. The risk adjusted rate minimizes differences in the outcome across states that are related to factors a state has little control over, such as the age distribution of children and the number of children. Since at least 2016, New Jersey's risk-adjusted rate of repeat maltreatment has consistently been statistically significantly lower than the national rate.[35] Children aged 1-5 years have the highest observed recurrence of maltreatment at 4.9% (3.8% total).[36]

[35] CFSR 4 Data Profile February 2025. See Attachment A, *February 2025 Data Profile*
[36] CFSR 4 Data Profile February 2025. See Attachment A, *February 2025 Data Profile*

Figure 15. Comparison of Repeat Maltreatment Rates for New Jersey and Nation, 2016-2023, Source: February 2021 – 2025 CFSR Data Profiles



Maltreatment in Foster Care. Administrative data shows that New Jersey maintains exceptionally low rates of maltreatment in foster care (Figure 16) with only 0.14% of children in placement experiencing maltreatment in 2024. This is among the lowest rates nationally.[37] New Jersey's risk standardized performance is significantly better than the national performance in this area at 3.96 victimizations per 100,000 days in care compared to 9.07 nationally (Figure 17).

Figure 16. Percentage of Children Experiencing Maltreatment in Foster Care, CY 2022-2024, Source: SafeMeasures

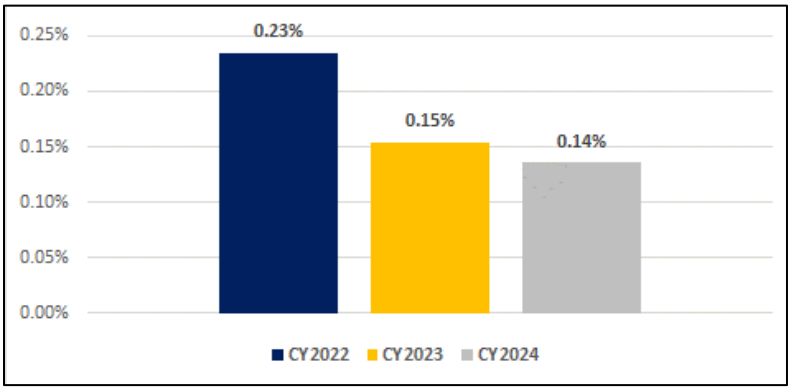
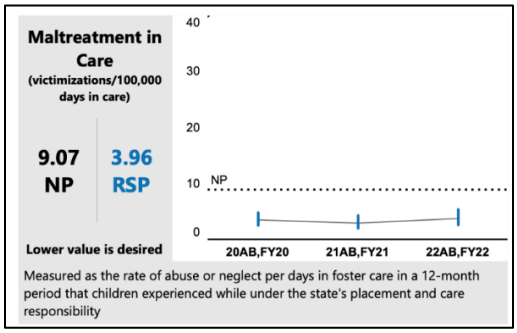


Figure 17. Risk Adjusted Percentage of Children Experiencing Maltreatment in Foster Care, New Jersey Compared to the National Average, Source: February 2025 Data Profile, AFCARS



Summary of Evidence Reviewed throughout Child and Family Outcome A, *Safety*:

- State and DCF statutes, regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, 2022 APSR, 2023 APSR, and 2024 APSR
- Administrative Data, including data from NJS, SafeMeasures, and AFCARs
- Qualitative Data, including staff narratives, CP&P case record review data, internal and external stakeholder listening sessions, ad hoc practice review related to investigations.

[37] NJ Child Welfare Data Hub: https://njchilddata.rutgers.edu/portal/abuse-and-neglect-in-foster-care

Child and Family Outcome B: Permanency

Permanency outcomes include: (1) children have permanency and stability in their living situations; and (2) the continuity of family relationships is preserved for children. These two outcomes are assessed through review of Items 4 through 11. Table 8 summarizes New Jersey's Round 3 CFSR performance and its current assessment of functioning for each outcome and relevant items.

Table 8. New Jersey's Round 3 CFSR Performance and Round 4 CFSR Self-Assessment for Safety Outcomes

	Round 3 CFSR Final Result	Round 4 CFSR Self-Assessment
Permanency Outcome 1. Children have permanency and stability in their living situations.	Not in Substantial Conformity	Not in Substantial Conformity
Item 4. Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?	Area Needing Improvement (80%)	Area of Strength
Item 5. Did the agency establish appropriate permanency goals for the child in a timely manner?	Area Needing Improvement (67%)	Area Needing Improvement
Item 6. Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?	Area Needing Improvement (30%)	Area Needing Improvement
Permanency Outcome 2. The continuity of family relationships and connections is preserved for children.	Not in Substantial Conformity	Not in Substantial Conformity
Item 7. Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?	Area Needing Improvement (87%)	Area of Strength
Item 8. Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?	Area Needing Improvement (78%)	Area Needing Improvement
Item 9. Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?	Area Needing Improvement (87%)	Area Needing Improvement
Item 10. Did the agency make concerted efforts to place the child with relatives when appropriate?	Area Needing Improvement (82%)	Area of Strength
Item 11. Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?	Area Needing Improvement (64%)	Area Needing Improvement

Since Round 3 CFSR, New Jersey has used its monitoring, research, and evaluation capabilities to assess indicators that are comparable to Permanency Outcomes 1 and 2 and its CoQI processes to work towards achieving timely permanency for children in placement. Table 9 summarizes key areas of strength and areas in need of improvement related to ensuring children have permanency and stability in their living situation and that continuity of family relationships is preserved for children.

Table 9. Key Areas of Strength and Areas in Need of Improvement Related to Permanency Practices

Areas of Strength
- Placement Stability. In 2023, 82% of children entering out-of-home placement experienced fewer than 3 placements in the first 12 months. New Jersey's performance is significantly better than national performance at only 4.08 moves per 1,000 days in care compared to 4.48 nationally. **- Kinship Placement.** The percentage of children placed with kin within 30 days of entering care has increased from 46% (2019) to 57% (2024). **- Maintaining Sibling Connections.** In 2023, 91% of children in sibling groups of four or more were placed with at least one sibling and 84% of children in sibling groups of two or three were placed with all their siblings. Additionally, during FFY 2024, on average, 85% of the siblings visited with each other at least once per month.
Areas Needing Improvement
- Permanency Planning. DCF's quality indicators that assess the timeliness, appropriateness, and progress towards permanency goals, as well as concurrent planning efforts, received a quality score of 67-74%. Additionally, DCF's quality indicator that assesses whether the case plan outlines the goals for the families and whether the plan supports the families' long-term success received a quality score of 68%-70%. **- Permanency Outcomes.** Of the children who entered care in 2019, 85% achieved permanency within 48 months, 78% of children achieved permanency within 36 months, 60% of children achieved permanency within 24 months and 37% achieved permanency within 12 months. Among children who have been in care for 12-24 months, New Jersey's risk standardized performance is statistically worse than the national performance with 40% exiting foster care in 12 months compared to 43.8% nationally. **- Maintaining Family Connections.** Weekly parent-child visitation trended downward between FFY2022 (79%) and FFY2024 (69%). DCF's quality indicator that assesses the ongoing visitation plan, efforts to link children to kin, and ensure that children remain connected to their communities received a score of 76%.

Permanency Outcome 1. Children have permanency and stability in their living situation.

DCF's policies and practices emphasize permanency and stability and ensuring that children in out-of-home care maintain continuity of family relationships, especially through placement with kin caregivers and placement and visitation with siblings. As the statewide number of children in placement trends downward, DCF continues to dedicate resources to the exploration of factors that contribute to challenges with timely achievement of permanency. Below, DCF summarizes highlighted infrastructure, practices, and policies and reviews data related to permanency and placement stability.

Placement Stability. DCF is committed to ensuring stability for children whether it is at home, in their community, in a placement setting, or in educational settings. In 2023, 82% of children entering out-of-home placement experienced fewer than three placements in the first 12 months. As shown in Figures 18 and 19, New Jersey has shown strong performance over time in stabilizing placements for all children entering out-of-home placement and those entering for the first time. Further examination shows that placement stability varies by age (2023: children under 1 year old- 93%, youth ages 13-17 years old- 75%).[38] New Jersey's performance in this area is significantly better than national performance at only 4.08 moves per 1,000 days in care compared to 4.48 nationally (Figure 20.

Figure 18. Placement Stability for All Entries into Out-of-Home Placement, Two or Fewer Placements within the First 12 Months, 2018-2023, Source: Data Hub

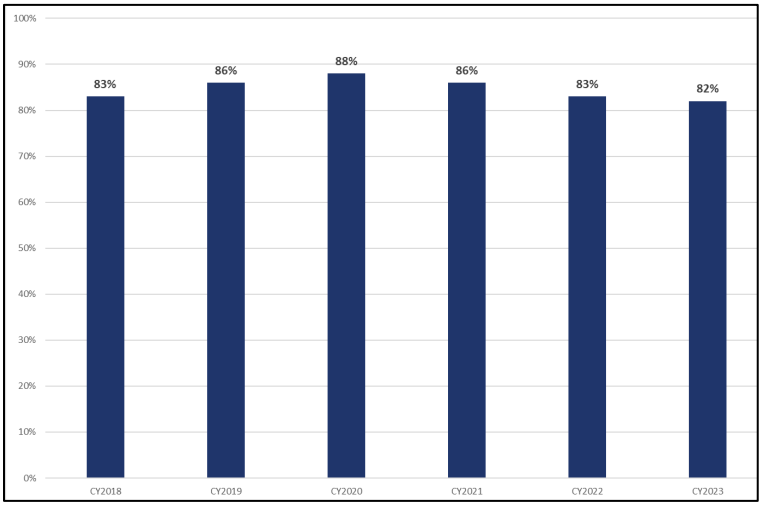
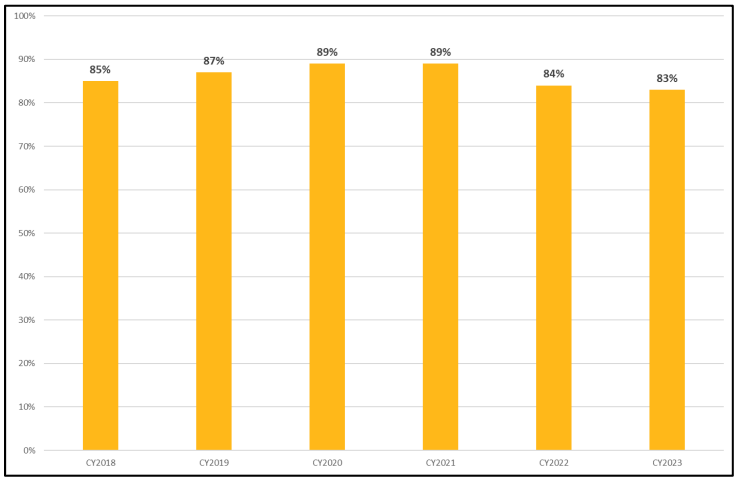
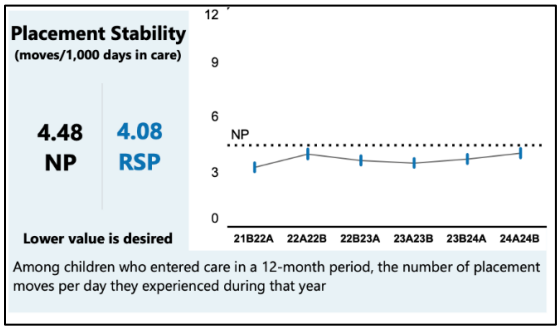


Figure 19. Placement Stability for First Time Entries into Out-of-Home Placement, Two or Fewer Placements within the First 12 Months, Source: Data Hub



[38] NJ Child Welfare Data Hub: Placement Stability | Data Hub

Figure 20. Risk Adjusted Number of Placement Moves Per Day in Care, New Jersey Compared to the National Average, Source: February 2025 Data Profile, AFCARS



Quality of Placement Stability. The CP&P case record review process assesses whether a child's placement in an out-of-home setting has remained the same for a year or since the case opened and whether any changes in the child's placement were in the best interests of the child and consistent with achieving the child's permanency goals. On average, New Jersey has a quality score of 73-74% for placement stability (Table 10).

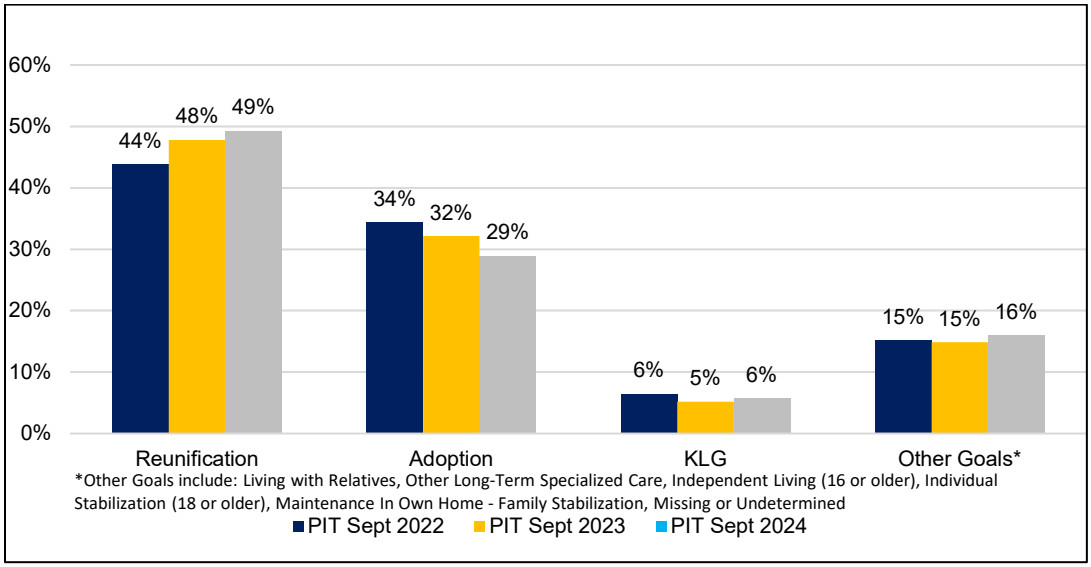
Table 10. CoQI Quality Scores for Permanency and Stability Indicators, 2023 and 2024, Source: CP&P Case Record Review

Indicator	Description	2023		2024[39]		Interpretation[40]
		In-Home	Out-of-Home	In-Home	Out-of-Home	
Placement stability	Assesses whether a child's placement in an out-of-home setting has remained the same for a year or since the case opened and whether any changes in the child's placement were in the best interests of the child and consistent with achieving the child's permanency goal(s).	n/a	74%	n/a	89%	**Area of Strength**: On average, case practice activities have been 74-89% aligned with best practice and policy.

Permanency Goals and Efforts. DCF believes that every child is entitled to a safe, secure, and permanent home and a child who must be placed outside of his home in temporary care should remain in that placement for as short a time as possible.[41] Through permanency units located in each of the 46 local offices, CP&P directly provides case management services and linkages to needed services and supports for families involved in the child welfare system. The first goal of case management and family-centered supports is to, whenever possible, keep children safe in their own homes.[42] When this is not possible, and children experience out-of-home placement, the primary objective is to work toward safe and timely reunification with the family of origin. Permanency planning begins immediately, with caseworkers planning concurrently for reunification and alternate permanency goals.[43] If ample efforts toward reunification are unsuccessful and the child is not able to return home, an alternate goal must be advanced to achieve safe and timely permanency. Alternate permanency goals can include kinship legal guardianship (KLG), through which a relative/kin or family friend is awarded guardianship of a child; or adoption by kin or unrelated families, through which the original caregiver's parental rights and responsibilities are terminated and legally transferred to another person who desires to assume those rights and responsibilities. Figure 21 shows shifting trends in permanency goals between 2022 and 2024 with the proportion of reunification goals increasing and adoption goals decreasing. KLG remained relatively stable over this time period.

[39] The review tool underwent significant changes between the first and second review. Results cannot be compared across time periods.
[40] For the quality score interpretations throughout this plan, areas of strength had scores above 85%, areas needing improvement had scores between 65% and 85%, and areas needing significant improvement had scores below 65%.
[41] CPP-III-B-2-100.pdf
[42] CPP-III-B-1-100.pdf, CPP-III-B-4-400.pdf
[43] CPP-III-B-2-300.pdf (nj.gov)

Figure 21. Permanency Goals for Children in Out-of-Home Placement, Point in Time (PIT) as of the Last Day of Month, Sept. 2022- Sept. 2024, Source: SafeMeasures



With the implementation of SBC, DCF developed and employed supervisory observation and structured tools to assess caseworkers' and supervisors' efforts to effectively and concurrently plan with families to ensure timely permanency. For additional information on SBC and the enhanced case practice model, see Section II, *State Context Affecting Overall Performance* and Systemic Factor E, *Service Array and Resource Development.* DCF included both the implementation of SBC and the use of observation tools as activities in its Round 3 CFSR PIP. Between June 2022 and January 2024, CP&P supervisors completed 9,915 supervisor observation tools related to caseworker practice. Casework supervisors completed 3,624 casework supervisor observation tools related to supervisory practice. Review of the completed tools shows that caseworkers were able to effectively plan with the family for a concurrent goal to support timely permanency 84% of the time. Supervisors facilitated conversations with the assigned caseworker about ways to effectively plan with the family for a concurrent goal to support timely permanency 78% of the time.

Permanency Outcomes. New Jersey continues to experience challenges in consistently achieving identified permanency goals in a timely fashion. Of the children who entered care in 2019, 85% achieved permanency within 48 months, 78% of children achieved permanency within 36 months, 60% of children achieved permanency within 24 months, and 37% achieved permanency within 12 months (Figure 22). Beginning in 2019, the proportion of children achieving permanency within 12, 24 and 36 months declined. As Figure 23 demonstrates, while the overall number of children in out-of-home placement has declined over time, those who enter placement are generally spending more time in foster care. When compared to national performance, New Jersey's risk standardized performance for permanency within 12 months is statistically no different from national performance among children entering care (35%) and among those already in care for 24+ months (37.5%). However, among children who have been in care for 12-24 months, New Jersey's performance is statistically worse than the national performance with 40% exiting foster care in 12 months compared to 43.8% nationally (Figures 24- 26).

Figure 22. Permanency within 12, 24, 36, 48 months for All Children Entering Care by Year, 2016-2023, Source: Data Hub

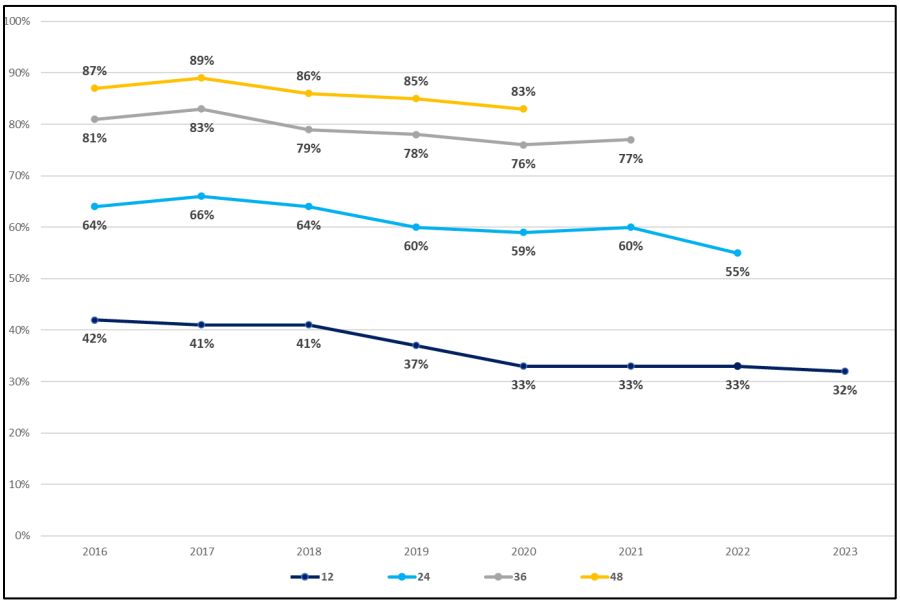


Figure 23. Time to Permanency with Number of Children Entering Care, Source: Data Hub

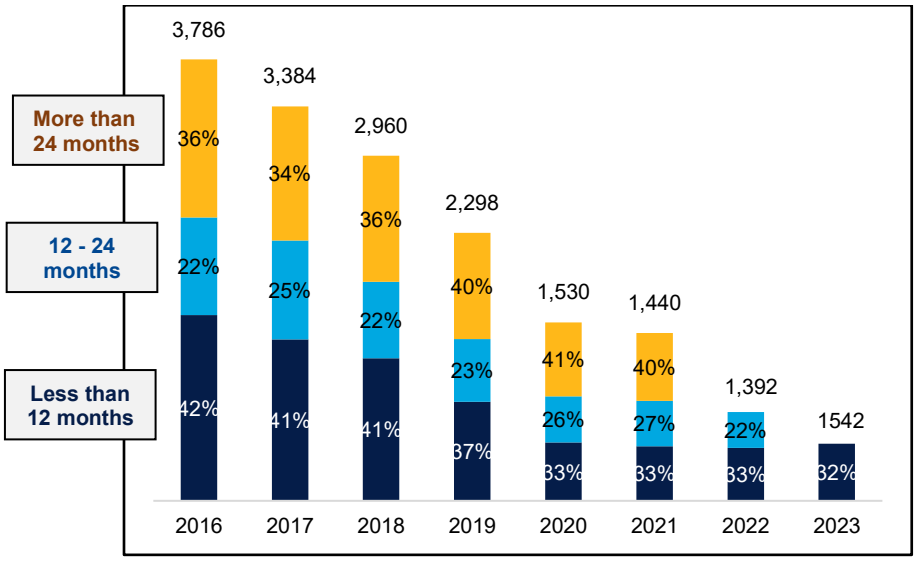


Figure 24. Permanency within 12 Months of Entry into Care, New Jersey Compared to National Performance, Source: February 2025 Data Profile, AFCARS

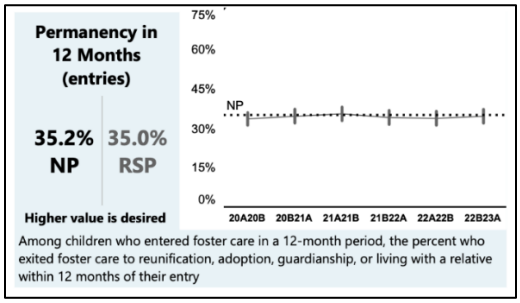


Figure 25. Permanency within 12 Months among Children in Care for 12-23 Months, New Jersey Compared to National Performance, Source: February 2025 Data Profile, AFCARS

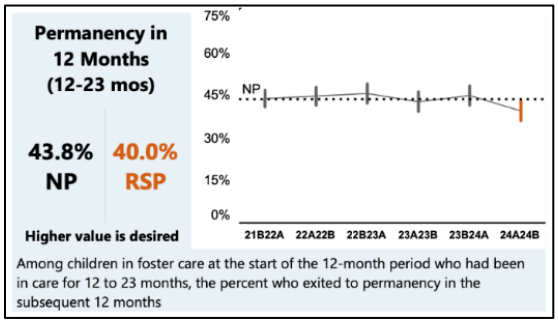
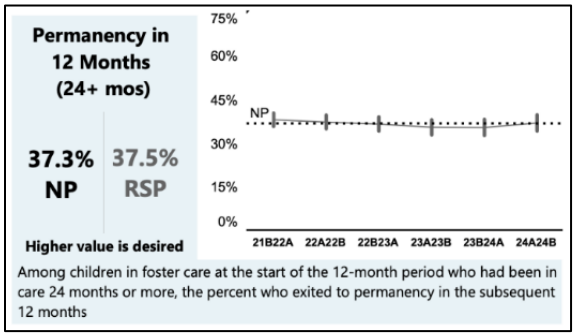


Figure 26. Permanency within 12 Months among Children in Care 24+ Months, New Jersey Compared to National Performance, Source: February 2025 Data Profile, AFCARS



Quality of CP&P's Permanency Practices. DCF relies on a variety of processes to examine the quality of CP&P's permanency practices, including the CP&P case review process, analysis of case practice observation tools (described above), and gathering and analysis of family perspectives.

- **CP&P Case Record Review.** During the CP&P case review process, DCF examines areas related to permanency through several indicators, including planning process, long-term view, permanency, and living arrangement. Table 11 reflects DCF's current performance on these indicators. Although data suggest that, on average, case practice aligns with best practice and policy the majority of the time, improvement is still needed in this area. For example, the Permanency Indicator, which assesses the timeliness, appropriateness, and progress towards case goals, as well as concurrent planning efforts, received a quality score of 67-74%. There were two notable areas of strength under the permanency indicators. The alignment of the child's permanency goals with the case circumstances, which received a quality score of 85%. Also, a review of the 5-month enhanced review demonstrated an 80% quality score, such that the permanency plan is developed and the child's best interest is being addressed in alignment with policy. For additional information on Enhanced Reviews, see Systemic Factor B, *Case Review System*, Item 21, *Periodic Reviews.*

Table 11. Quality Scores for Permanency Practice, 2023 and 2024, Source: CP&P Case Record Review

Indicator	Description	2023		2024[44]		Interpretation[45]
		In-Home	Out-of-Home	In-Home	Out-of-Home	
Permanency	Assesses the timeliness, appropriateness, and progress towards case goals, as well as concurrent planning efforts.	76%	67%	74%	67%	**Area Needing Improvement**: On average, case practice activities have been 67-74% aligned with best practice and policy .
Long-term view	Assesses whether the plan outlines the goals for the families and whether the plan supports the families' long-term success.	70%	70%	67%	68%	**Area Needing Improvement**: On average, case practice activities have been 67-68% aligned with best practice and policy
Living Arrangement	Assesses the living arrangements of children to ensure their basic needs for food, clothing, and shelter are appropriate.	77%	83%	72%	79%	**Area Needing Improvement**: On average, case practice activities have been 72-79% aligned with best practice and policy .

- **Family Perspective.** DCF uses a variety of processes to gather feedback from families related to case practices, including permanency practices. For one such process, DCF partners with Rutgers University conduct interviews with youth and families engaged with CP&P. In 2024, 223 families from across 35 CP&P local offices participated in the family interview process. Relevant key findings include the following. Families greatly appreciate CP&P's support in meeting their material needs, especially basic household items, that contribute to permanency and well-being. Stable and affordable housing is a critical barrier to permanency and well-being. In addition, connecting families to needed services and resources is essential for fostering well-being and achieving permanency. Families highlighted the importance of timely and accessible service connections that address their unique needs, emphasizing that collaboration in determining the type, timing, and location of services can enhance engagement and strengthen case outcomes. Similarly, access to services was highlighted during the listening sessions. For additional detail on the family interview process, see Systemic Factor C, *Quality Assurance Processes.*

[44] The review tool underwent significant changes between the first and second review. Results cannot be compared across time periods.
[45] For the quality score interpretations throughout this plan, areas of strength had scores above 85%, areas needing improvement had scores between 65% and 85%, and areas needing significant improvement had scores below 65%.

Listening Session Insights: Timely Permanency

Question: When considering the timeline to achieve permanency, what factors may contribute to a longer process? What are the driving factors that contribute to an increase in duration in out-of-home placement? As a parent, how did the court process and review hearings impact efforts of reunification? In your view, did the timing of these hearings support or create obstacles to achieve reunification?

Participants	Themes
CP&P Central Office and Statewide Local Office Leadership; and Judiciary and legal partners, reps. from sister agencies and advocacy groups, and DCF leadership who participate in the CICIC; and parents with lived experience with DCF who participate in the DCF Youth, Parent, and D.A.D.S. Councils.	**As the number of children decreases, the complexity of cases increases.** Participants expressed that as the number of children has decreased, the complexity of the pool of cases with children in placement has increased. Families with children in out-of-home placement often have multiple risk factors and multifaceted service and support needs. **Lengthy or delayed court processes impact time to permanency.** Some participants said that the lengthy duration of court processes, e.g., fact-finding or guardianship trial, delayed permanency. More specifically, participants noted challenges with scheduling expert witnesses, lack of communication between attorneys, and the duration of the appeals process. In addition, court culture is shifting such that proceedings are more adversarial and less collaborative. When asked how the court process impacted reunification, participants reported that it created obstacles for them, e.g., court takes places during work and school hours and participation in the combination of visits, services, work, school and court is complicated. **CP&P staff engagement with families impacts permanency timeliness.** Delays in permanency are also impacted by poor identification, engagement of, and communication with the family by the CP&P staff. Participants reported permanency is further impacted by a lack of efforts by CP&P to continually search for relatives and for late provision of information about the child's father. **Barriers to accessing services are delaying permanency.** There are gaps in some services needed by children and families, e.g., housing and clinical mental health. Participants also highlighted families may not be able to access the services that are available, e.g., need for services without waitlists, in languages other than English, service delivery outside of traditional business hours.

Deeper Data Exploration: Duration in Out-of-Home Placement. Because time to permanency was identified as an area of growth for DCF, in 2024, the agency undertook an in-depth examination of the duration of time children entering foster care in New Jersey spent in out-of-home placement.[46] Compared to 2016, children in more recent entry cohorts spent a longer time in out-of-home placement. Children in the 2022 entry cohort had a median duration of 17.1 months in placement, which is 5.4 more months than in 2016.

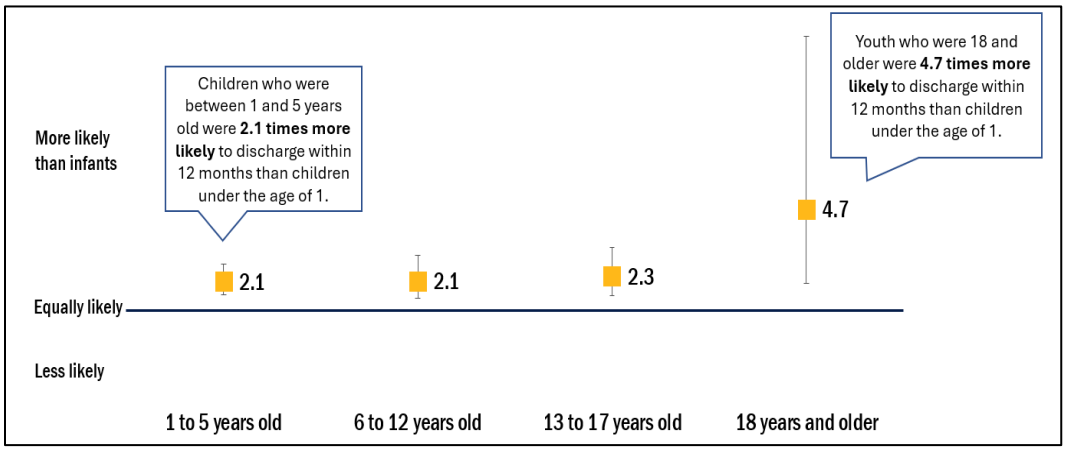
Using logistic regression analyses and information about children who entered care in 2022, DCF examined the relationship between discharging from care within 12 months and the characteristics of the child, including demographic characteristics, familial risk factors, initial placement setting, and whether the child was removed with a sibling. The study found no statistically significant differences in the likelihood of discharging from care within 12 months by gender or other demographic characteristics, removal with a sibling, and initial placement setting. Children were, however, less likely to discharge within 12 months if they entered care as an infant or experienced several family-level risks detailed below.

- **Age.** Older children were more likely to discharge compared to children who entered care when they were under the age of one year old. As Figure 27 demonstrates, children ages 1 to 5, 6 to 12, and 13 to 17 were about twice as likely to be discharged within 12 months compared to children under the

[46] The data includes all removal episodes that occurred from January 1, 2016 – December 31, 2022 (entry cohorts). The unit of observation is a removal episode for a child. A child may appear in the dataset more than once if they experience multiple removals during this period. The dataset reflects discharge information as of February 2024. The data excludes individuals with a discharge outcome of a child death (n= 15), runaway (n= 107), other (n= 14), and transfer to another department (n= 287). Overall, the data excludes 423 episodes, ranging from 22 and 97 episodes each year. This represents 2.02 percent of removal episodes, ranging from 1.34 percent to 2.46 percent of episodes each year.

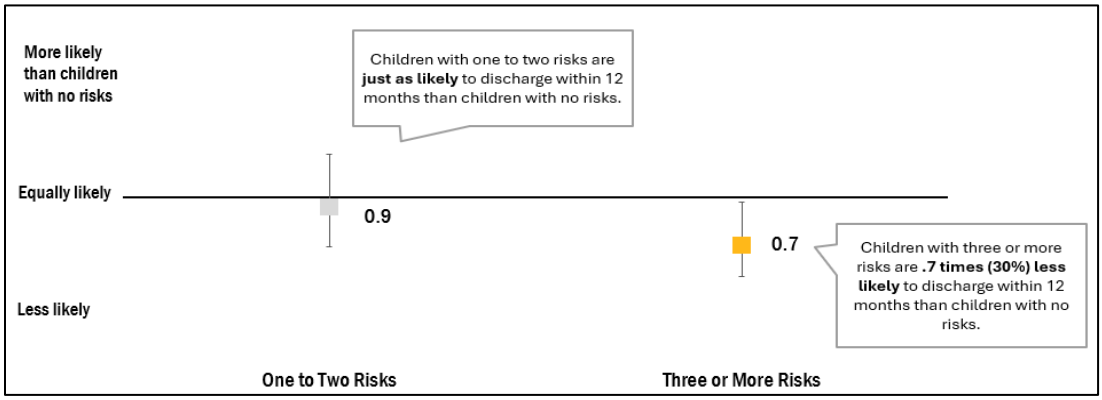
age of one year old. Children 18 and older were more than four times as likely be to be discharged within 12 months than children under the age of one year old.

Figure 27. Regression Results, Association Between Discharging from Care Within 12 Months and Age at Entry, [47] Source: Duration in Placement Analysis



- **Risk Factors.** Children with three or more risks factors were less likely to discharge within 12 months compared to children with no risk factors identified.[48] Children with one to two risks had a similar likelihood of being discharged within 12 and 24 months as children with no risks documented (Figure 28).

Figure 28. Regression Results, Association Between Discharging from Care Within 12 Months and Family-Level Risk Characteristics,[49] Source: Duration in Placement Analysis



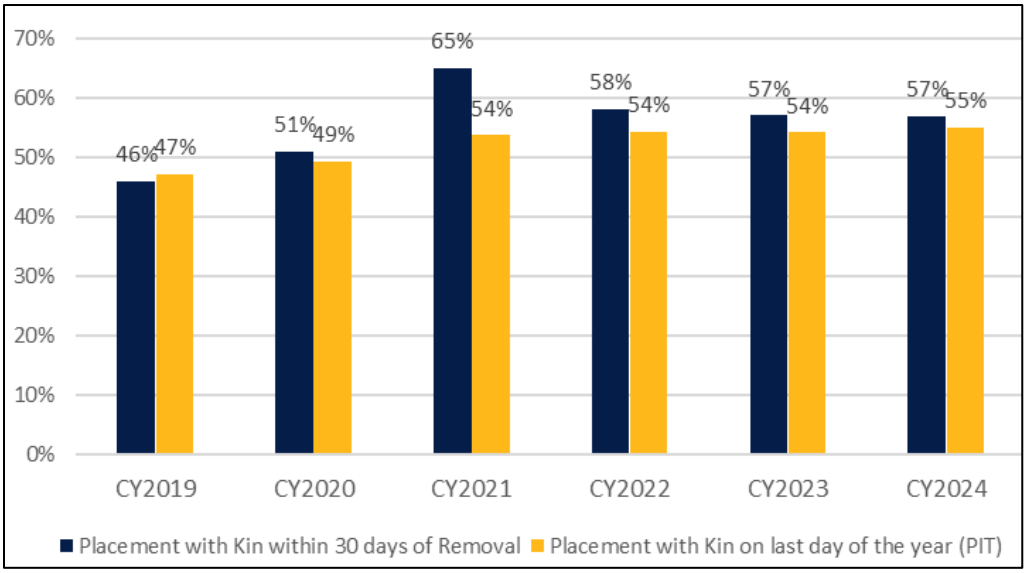
[47] The brackets denote the 95% confidence interval. The model adjusts for child's gender, race, ethnicity, initial placement, sibling status, and the number of risk factors.
[48] Point estimate has a p-value less than 0.05.
[49] The brackets denote the 95% confidence interval. The model adjusts for child's gender, race, ethnicity, initial placement, sibling status, and the number of risk factors.

Permanency Outcome 2. The continuity of family relationships and connections is preserved for children.

Maintaining Family Relationships while in Placement: Kinship Placement. When families must be separated to ensure the safety of children, placement with kinship caregivers, as well as frequent and appropriate opportunities for contact with relatives, helps to maintain family ties. Whenever possible, DCF prioritizes placement of children entering resource care with kin. In 2019, DCF highlighted "preserving kinship connections" as a transformational goal in its strategic plan and included increased use of kinship care in DCF's Round 3 CFSR PIP. More recently, DCF included benchmarks related to strengthening kin care in its 2025-2029 CFSP. To improve kinship placement rates, DCF released a series of new and updated policies related to kin care,[50] developed and facilitated a CP&P-wide kinship training, provided additional guidance around background checks, relative rule outs, and kinship legal guardianship, revised regulations for kinship licensing, and more. For additional information on efforts to support kin caregivers, see Systemic Factor G, *Foster and Adoptive Parent Licensing, Recruitment and Retention.*

These efforts are making a difference. In 2010, less than 30% of children entering out-of-home placement were placed with kin initially. Figure 29 shows an increase in placement with kin at time of entry to 55% in 2024. It also shows an overall point in time increase in placement with kin (to 57% in 2024) since 2019.

Figure 29. Proportion of children entering foster care placed with kin over time, Source: SafeMeasures



Deeper Data Exploration: Perspectives on Kinship Placement. DCF identified staff attitudes towards kinship placement as an important factor influencing kinship placement rates across the state. As is detailed in Systemic Factor C, *Quality Assurance System,* DCF administered statewide electronic surveys in 2020 and 2023 to CP&P staff to assess changes in their attitudes and perspectives towards their work with kinship resource families overtime. In 2023, 2,861 staff participated in the survey;[51] representing 63% of CP&P staff statewide. Key findings from the survey are detailed below.

- Between 2020 and 2023, staff attitudes towards kinship placement improved. In 2023, 62% of CP&P staff reported supporting kinship care more than they did in 2020. Eighty-six percent of CP&P staff agreed that their coworkers prioritize placement of children with kinship caregivers over unrelated resource parents, a 10-point increase from 2020.
- Staff believe in the benefits of kinship care for the child. In 2023, 93% of staff agreed with the statement "placing a child in a kinship home is less traumatic for the child then placing a child in an

[50] E.g., CPP-III-B-2-100.pdf through CPP-III-B-2-300.pdf; CPP-IV-B-2-100.pdf; CPP-IV-B-2-125.pdf; CPP-IV-D-1-100.pdf

[51] 77.5% identified as female and 13.5% male. Average years working for CP&P: 14. Average age of respondent: 43. 53% of respondents were workers; 17% were supervisors. 74% of participants worked in or oversaw intake and/or permanency units. There were no notable differences in job characteristics and demographics between the 2020 and 2023 respondents.

unrelated resource home." 97% of staff agreed with the statement "a kinship home can be beneficial to a child's identity formation."

- Changes in staff attitudes varied by domain with the biggest improvements in attitudes towards kin-related policy and process. 57% of staff disagreed with the statement "most kinship homes require waivers" a 5-point improvement from 2020. 72% of staff disagreed with the statement "most potential kinship homes cannot be licensed" a 5-point improvement from 2020.
- Staff's attitudes have become less risk averse over time. 69% of staff agreed with the statement, "I would be comfortable using presumptive eligibility for a kinship caregiver who does not have a totally "clean" record." A 3-point improvement from 2020. 50% of staff agreed with the statement, "I feel comfortable placing a child in a kinship home in a neighborhood that I feel is unsafe." An 8-point improvement from 2020.
- Workers felt supported in placing children with kinship families. 90% of staff agreed with the statement, "I have the support I need from my office to identify and secure kinship caregivers." 88% agreed, "I have the support I need from my office to provide support to kinship caregivers."

Listening Session Insights: Kinship Placement

Question: What are some of the key obstacles that hinder kinship placement? What can you do in your office or area to increase rates of kin placement?

Participants	Themes
CP&P Central Office and Statewide Local Office Leadership; parents with lived experience with DCF who participate in the DCF Youth, Parent, and D.A.D.S. Councils.	**Identified kin are unwilling or unable to serve as resource.** Sometimes, staff are not able to place a child with a kinship caregiver because kin cannot be located, kin are not willing to serve as a resource parent, or the kin is unable to serve as a placement, e.g., history of involvement with CP&P or a criminal record. **Identified kin lack the resources to serve as a placement for a child.** Participants indicated that some kin do not have the resources to serve as a kin caregiver. Participants reported that housing was the biggest barrier, referencing the "housing crisis" and indicating that many kin have multiple household members. Other barriers noted include poverty generally, childcare and other supportive resources. **CP&P practice changes could further increase kin placement.** To increase kin placements, participants recommended that local offices partner more with Office of Resource Families to mitigate situations and provide guidance. In addition, local offices can find ways to motivate caseworkers to continue to search for kin, e.g., staff recognition, leveraging tools such as CLEAR searches.

Maintaining Family Relationships While in Placement: Sibling Connections. New Jersey makes positive efforts to place siblings together and ensure sibling visitation.[52] In 2023, through the work of the Youth Council, a Siblings' Bill of Rights was signed into law.[53] The Siblings' Bill of Rights requires that, whenever possible, siblings are placed together and that, when not possible, their connection is maintained through face-to-face and virtual contact. Subsequently, a Department-wide workgroup dedicated to maintenance of sibling connections laid the groundwork for DCF's development of a post-permanency sibling contact agreement and sibling notification letter, additional communication about the Adoption Registry's capacity to support searches for siblings, a new training for resource parents on the importance of maintaining sibling relationships, and the planning for new screens in NJ SPIRIT to capture sibling contact information.[54] In 2024, 80% of children in sibling groups of four or more were placed with at least one sibling and 82% of children in sibling groups of two or three were placed with all their siblings (Table 12). In the instances that sibling separation was necessary, New Jersey ensured that frequent, quality visits with siblings, including with siblings that were not in placement, occurred (Figure 30). During FFY 2024, on average, 85% of the siblings visited with each other at least once per month.

The decline in placing sibling groups of four or more children together may be due to the unique needs of the youth. While there are licensed homes with the ability to accept large sibling groups, the complex needs

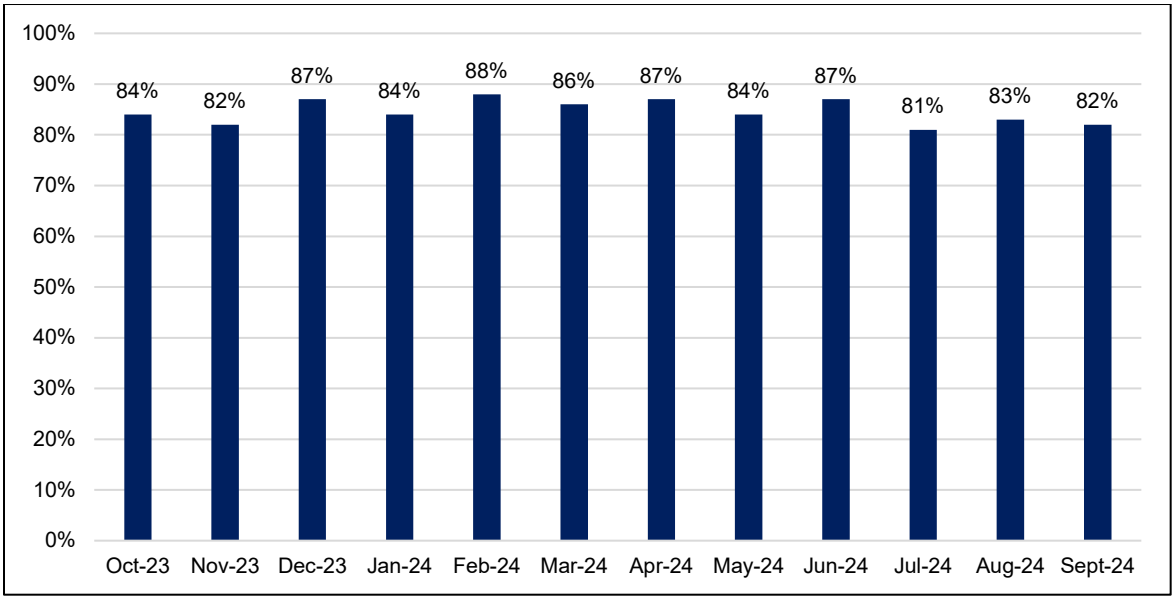
[52] N.J.A.C. 3A:15, CPP-IV-A-5-100.pdf (nj.gov), CPP-IV-B-1-325.pdf (nj.gov), CPP-IV-B-2-200.pdf (nj.gov), DCF-II-3-1-100.pdf (nj.gov)
[53] https://pub.njleg.state.nj.us/Bills/2022/PL23/1_.PDF
[54] DCF-II-3-1-100.pdf

of the youth pose a significant challenge as resource parents may not have the specialized skill set to care for the medical, developmental, emotional, and behavioral needs. It is important to note that while the percentage of siblings placed together declined in 2024, the actual number of siblings in large groups placed together increased. In 2024, 131 children in large sibling groups were placed together, compared to 119 in 2023, 85 in 2022, and 122 in 2021. This demonstrates that, despite the percentage decrease, more siblings were kept together overall, reflecting both the larger sibling groups entering care and our ongoing commitment to preserving sibling connections whenever possible. Targeted recruitment of homes willing to accept large sibling groups remains a priority.

Table 12. Sibling Groups Placed Together, CY 2024-2024, Source: SafeMeasures

Sibling Groups Placed Together											
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Sibling groups of two or three	82%	81%	78%	76%	77%	80%	81%	85%	87%	84%	82%
Sibling groups of four or more	87%	87%	84%	83%	85%	83%	95%	92%	92%	91%	80%

Figure 30. Monthly Sibling Visits, FFY 2024, Source: SafeMeasures



Listening Session Insights: Sibling Connections

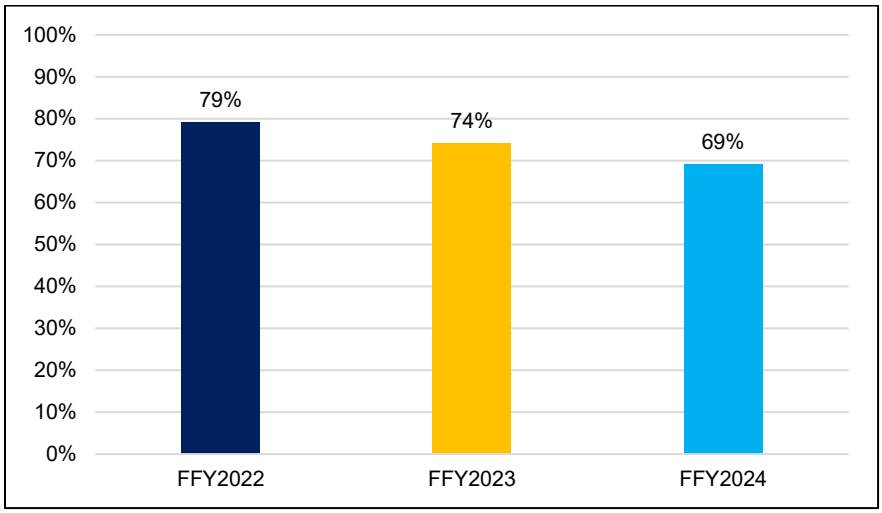
Question: What improvements could further strengthen sibling connections?

Participants	Themes
Youth with lived experience with DCF who participate in the Youth Council.	**Provision of transportation and financial support would help strengthen sibling connections.** Participants voiced the need for transportation for sibling visits, especially on weekends. In addition to financial support for transportation, participants indicated financial support for cell phones would help maintain contact with siblings. **Siblings should have additional options for visits with siblings.** Participants voiced with concerns with visitation types and locations, e.g., virtual visits with younger siblings and visits in fast food restaurants. One participant recommended more youth autonomy in planning sibling visits.

Maintaining Family Relationships While in Placement: Parent-Child Visitation. While DCF frequently places children with kinship caregivers and with their siblings and ensures sibling visitation, Figure 31 demonstrates that weekly parent-child visitation trended downward between FFY 2022 (79%) and FFY 2024 (69%). For most children in out-of-home placement, the goal is to facilitate the child's first contact with

parents immediately upon placement to reduce the initial trauma at the time of placement.[55] Thereafter, weekly visits for a period as long in duration as possible are required unless otherwise limited by circumstances set forth in regulation or policy. Policy requires that caseworkers work with all affected parties, including the parents, the children, other relatives, siblings, resource parents, and more, to establish a visitation plan for the family. A visitation plan must include the goal of the visits, location of visits, frequency and regularity of visits, who will participate in the visits, roles of participants other than the child in placement, who will provide needed transportation, the date and time of visits, length of visits, arrangements for overnight, weekend, and/or holiday visits, whether the visit will be supervised, and, if so, by whom, and what each party shall be expected to do in order to confirm, change or cancel a visit.

Figure 31. Average Weekly Parent/Child Visitation, by Year, FFY 2022 – FFY 2024, Source: SafeMeasures



Quality of CP&P's Practices Related to Maintaining Connections. DCF relies on CQI processes to examine the quality of CP&P's practices to maintain familial and community connections for children in out-of-home placement, including the CP&P case record review process and the gathering and analysis of family perspectives.

- **CP&P Case Record Review.** DCF examines areas related to family and community connections and sibling connections through several indicators in the structured case record review, including assessment of the ongoing visitation plans, linkages of children with kin, ensuring children maintain connection to their community when appropriate, and ensuring placement with siblings and/or visitation is occurring. Table 13 reflects DCF's current performance on these indicators and shows that improvement is needed to better align CP&P's performance with best practices and agency policy. For example, maintaining family, community and sibling connections were noted as areas needing improvement with case practice aligning with best practice and policy approximately 74-76% of the time. Within the family and community connections indicator, DCF assesses the documentation to ensure that child's relationship with parents and important connections are maintained outside of the parent/child visitation; this received a quality score of 72%, indicating another area needing improvement.

[55] N.J.A.C. 3A:15-1.1, CPP-IV-A-5-100.pdf (nj.gov)

Table 13. Quality Scores for Family, Community & Sibling Connections, 2023 and 2024, Source: CP&P Case Record Review

Indicator	Description	2023		2024[56]		Interpretation[57]
		In-Home	Out-of-Home	In-Home	Out-of-Home	
Family and Community Connections	Assesses the ongoing visitation plan, efforts to link children to kin, and ensure that children remain connected to their communities.	n/a	76%	n/a	76%	**Area Needing Improvement**: On average, case practice activities were 76% aligned with best practice and policy.
Sibling Connections	Assesses that ongoing visits are occurring between siblings where both are placed in separate placement settings, or one is placed with the other resided in an in-home setting.	n/a	73%	n/a	74%	**Area Needing Improvement**: On average, case practice activities have been 74% aligned with best practice and policy .

- **Family Perspective.** The family interview process also provides insights into CP&P's practices to maintain family connections. A key finding of the 2024 interview process was that families with children placed out-of-home value frequent and accessible visitation arrangements, seeing them as crucial for strengthening relationships during reunification efforts. Participants expressed a desire for more opportunities to connect with their children through longer, more frequent, and more flexible visits. Others noted challenges of visiting children who are placed far away, particularly due to transportation issues.

Summary of Evidence Reviewed throughout Child and Family Outcome B, *Permanency*:

- State and DCF statutes, regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, 2022 APSR, 2023 APSR, and 2024 APSR
- Administrative Data, including data from NJS, SafeMeasures, and AFCARs
- Qualitative Data, including staff narratives, CP&P case record review data, family interview process, internal and external stakeholder listening sessions, staff surveys, and SBC observation tools.

[56] The review tool underwent significant changes between the first and second review. Results cannot be compared across time periods.

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

Child and Family Outcome C: Well-Being

Well-being outcomes include: (1) families have enhanced capacity to provide for their children's needs; (2) children receive appropriate services to meet their educational needs; and (3) children receive adequate services to meet their physical and mental health needs. These three outcomes are assessed through review of Items 12 through 18. Table 14 summarizes New Jersey's Round 3 CFSR performance and its current assessment of functioning for each outcome and relevant items.

Table 14. New Jersey's Round 3 CFSR Performance and Round 4 CFSR Self-Assessment for Well-Being Outcomes

	Round 3 CFSR Final Result	Round 4 CFSR Self-Assessment
Well-Being Outcome 1. Families have enhanced capacity to provide for their children's needs.	Not in Substantial Conformity	Not in Substantial Conformity
Item 12. Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?	Area Needing Improvement (45%)	Area Needing Improvement
Item 13. Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?	Area Needing Improvement (53%)	Area Needing Improvement
Item 14. Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?	Area Needing Improvement (82%)	Area of Strength
Item 15. Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety.	Area Needing Improvement (45%)	Area Needing Improvement
Well-Being Outcome 2. Children receive appropriate services to meet their educational needs.	Not in Substantial Conformity	Not in Substantial Conformity
Item 16. Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?	Area Needing Improvement (89%)	Area Needing Improvement
Well-Being Outcome 3. Children receive adequate services to meet their physical and mental health needs.	Not in Substantial Conformity	Not in Substantial Conformity
Item 17. Did the agency address the physical health needs of children, including dental health needs?	Area Needing Improvement (80%)	Area Needing Improvement
Item 18. Did the agency address the mental/behavioral health needs of children?	Area Needing Improvement (83%)	Area Needing Improvement

Since Round 3 CFSR, New Jersey has used its monitoring, research, and evaluation capabilities to assess indicators that are comparable to Well-Being Outcomes 1, 2, and 3 and its CoQI processes to identify ways to support families' capacity to provide for their children's needs and to ensure that children receive appropriate services to meet their educational, physical health, and mental health needs. Table 15 summarizes key areas of strength and areas in need of improvement related to well-being. Throughout this section, DCF summarizes highlighted infrastructure, practices, policies and data related to engagement with parents, educational needs, and physical and mental health needs.

Table 15. Key Areas of Strength and Areas in Need of Improvement Related to Practices to Ensure Well-Being

Areas of Strength
- Caseworkers' visits with children in out-of-home placement have remained consistently high over time. In FFY 2024, caseworkers met policy expectations regarding contact with children in 93% of cases.
Areas Needing Improvement
- The quality of caseworkers' engagement of children, mothers, fathers, resource parents, and other family involved in the case has been highlighted as an area needing significant improvement with quality scores ranging from 49%-81%. - The quality of caseworkers' assessment of children, mothers, fathers, resource parents and other family involved in the case has been highlighted as an area needing improvement with quality scores ranging from 50%-79%. - Overall, the planning process is an area needing improvement with overall quality scores ranging from 67-76%. - Teamwork and coordination with the family is an area needing significant improvement with a quality score ranging from 64% to 70%.

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

Outreach and engagement efforts, including quality visits between caseworkers and families, are critical in the assessment and understanding of the needs of children, parents, and resource parents. Establishing positive interactions with children and parents assists in collaborative case planning and can strengthen outcomes for families. DCF recognizes that family involvement in planning increases the rate of successful goal achievement and results in reduced risk of future maltreatment. As such, DCF expects that caseworkers authentically engage parents, children, and youth, and resource parents throughout the life of the case.

Round 3 CFSR showed that, while New Jersey had strengths in engaging and assessing the needs of children and resource parents, there were continued challenges in these practices for parents, especially fathers. Since then, DCF enhanced its CPM with SBC and made significant changes to emphasize and improve case practice with fathers. These include provision of the "Fathers are Important: a Caseworker's Guide to Working with Fathers" training and a support and accountability package for all CP&P staff, creation of OFV, the Parents Council, and D.A.D.S. Council, and changes to NJ SPIRIT and SafeMeasures to track visitation with mothers and fathers separately. For information on OFV and DCF's constituent councils, see Systemic Factor F, *Agency Responsiveness to the Community.*

Caseworker Visits with Children. DCF expects caseworkers to have two face-to-face visits with children in placement during the first two months of placement and one face-to-face visit per month thereafter.[58] The visits with the child must take place in the resource family home or facility where the child is placed. Caseworkers' visits with children in out-of-home placement have remained consistently high over time. In FFY 2024, caseworkers met policy expectations regarding contact with children in 93% of cases, down just slightly from 94% in FFY 2023 and with slight variation month-by-month (Figure 32, Table 16).

Figure 32. Caseworker Visits with Children at Placement Site, Yearly Average, FFY2022-24, Source: SafeMeasures

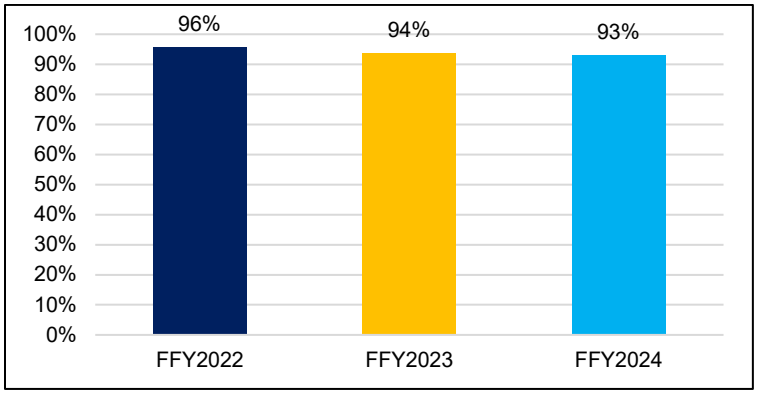


Table 16. Monthly Caseworker Visits with Children at Placement Site, by Month, FFY 2022-2024, Source: SafeMeasures

Monthly Staff Contacts with Children in Out-of-Home Placement												
	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.
FFY 2022	96%	96%	96%	97%	98%	97%	96%	95%	95%	94%	94%	94%
FFY 2023	93%	92%	94%	95%	95%	94%	93%	94%	92%	94%	93%	94%
FFY 2024	93%	92%	93%	92%	94%	94%	94%	93%	92%	92%	93%	93%

Caseworker Visits with Parents. Administrative data, in Figures 33 and 34, show that, while monthly visits with children in out-of-home placement have remained largely steady over the past three years, there has been a decline in monthly caseworker visits with parents of children in out-of-home placement during the same time period. Recognizing the importance of closely and regularly working with parents who have children in out-of-home placement, DCF plans to further review this data to assess barriers to successful visitation and determine how to improve performance in this area.

[58] CPP-III-C-3-100.pdf

Figure 33. Staff contacts with parents of children in OOH placement with a goal of reunification, Yearly Average, FFY2022-FFY2024, Source: SafeMeasures

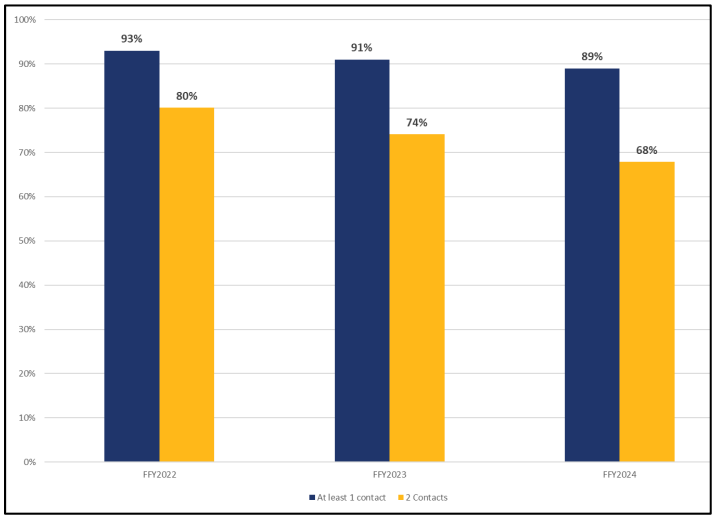
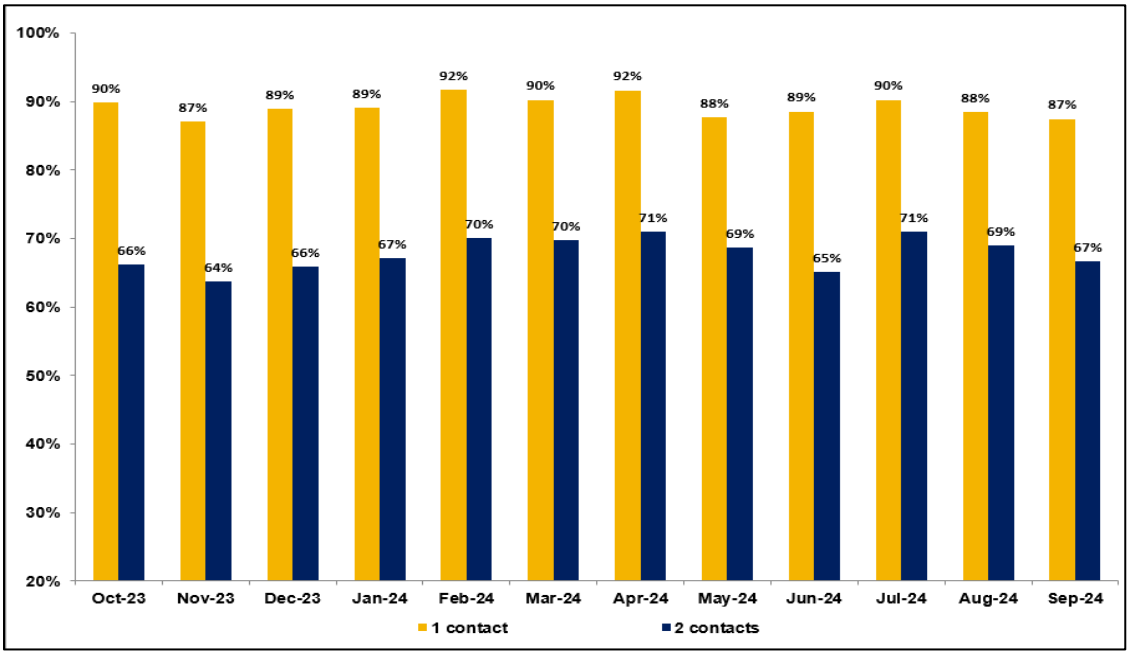


Figure 34. Staff contacts with parents of children in OOH placement with a goal of reunification, FFY 2024, Source: SafeMeasures



Quality of Engagement. DCF reviews the quality of engagement through multiple processes, including the CP&P case record review, SBC observation tools, and the gathering and analysis of family perspectives. Summaries of findings follow.

- **CP&P Case Record Review.** Through the CP&P case record review process, DCF examines the quality of engagement of children, mothers, fathers, resource parents and other family involved in the case. The review assesses whether there was ongoing contact and if a variety of strategies were used to engage with the individuals. Table 17 reflects DCF's current performance for engagement practices. All indicators are noted as areas needing improvement or areas needing significant improvement, with the highest scores for engagement with resource parents at 75%. Case practice activities were not aligned with best practices and policies.

Table 17. Quality Scores for Engagement Practice, 2023 and 2024, Source: CP&P Case Record Review

Indicator	Description	2023		2024[59]		Interpretation[60]
		In-Home	Out-of-Home	In-Home	Out-of-Home	
Engagement with Child	Rated for mothers, fathers, caregivers, resource parents, children and families. Assesses whether there was ongoing and routine contact, as well as a variety of engagement strategies utilized with each of these individuals. The Engagement – Family indicator specifically assesses whether diligent efforts were made to meet the families' language, hearing, and visual needs.	55%	64%	61%	68%	**Area Needing Significant Improvement**: On average, case practice activities have been 61-68% aligned with best practice and policy.
Engagement with Father		75%	73%	49%	54%	**Area Needing Significant Improvement**: On average, case practice activities have been 49-54% aligned with best practice and policy.
Engagement with Mother		n/a	81%	71%	68%	**Area Needing Significant Improvement**: On average, case practice activities have been 68-71% aligned with best practice and policy.
Engagement with Resource Parents		53%	51%	-	77%	**Area Needing Improvement**: On average, case practice activities have been 77% aligned with best practice and policy.
Engagement with Family		55%	64%	57%	51%	**Area Needing Significant Improvement**: On average, case practice activities have been 51-57% aligned with best practice and policy.

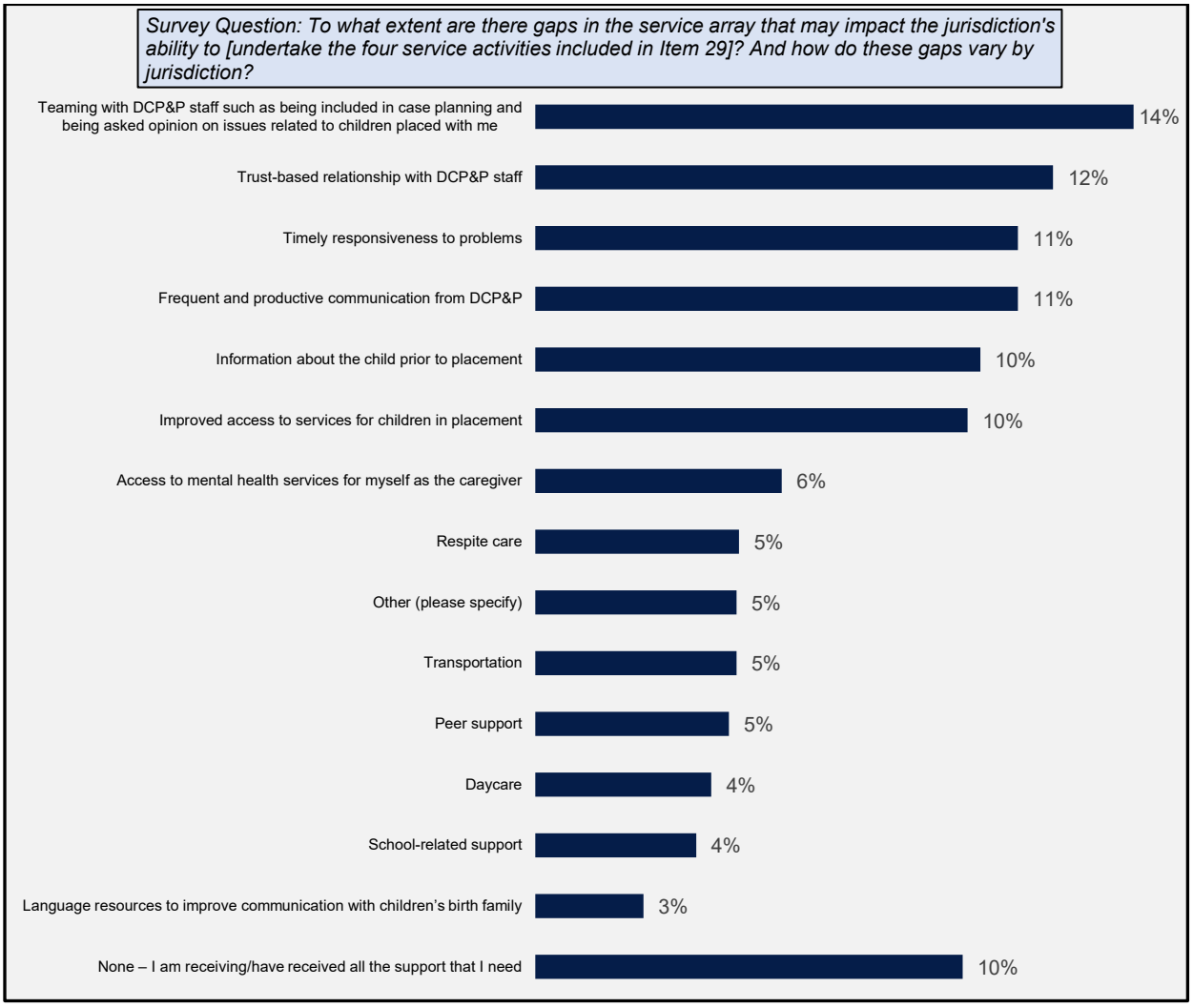
- **SBC Observation Tools & father engagement**. As previously described, DCF developed and employed supervisory observation processes and tools during early SBC implementation. A review of the information included in these tools shows that the caseworker included the father or non-custodial parent in the assessment, family agreement, and action plan as a team member working towards the same outcomes 83% of the time. The supervisor and worker included the father or non-custodial parent in the assessment, family agreement, and action plan as a team member working toward shared outcomes 86% of the time. For more information on the SBC observation tools, see Permanency Outcome 1.
- **Family Perspective**. DCF uses a variety of processes, including family interviews, to gather feedback from families related to practices to support well-being. The family interview process also provides insights into caseworker engagement. Families expressed that caseworkers play a pivotal role in shaping a family's experience with CP&P, with strong supportive relationships significantly enhancing families' views of the agency. Families value caseworkers who demonstrate empathy, competence, and clear communication, while consistent support during transitions and turnover helps maintain steady progress towards case goals. Participants emphasized the importance of consistent and reciprocal

[59] The review tool underwent significant changes between the first and second review. Results cannot be compared across time periods.
[60] For the quality score interpretations throughout this plan, areas of strength had scores above 85%, areas needing improvement had scores between 65% and 85%, and areas needing significant improvement had scores below 65%.

communication. Families also shared that missed or reschedule visits with caseworkers left them with negative feelings.

- DCF gained additional family perspective through a recent survey of resource and adoptive caregivers, including all open homes and homes that were licensed within the previous two years but were in closed status at the time of the survey. Between December 2024 and January 2025, DCF electronically surveyed the resource and adoptive parents to gather insights into CP&P's engagement of resource parents when assessing children in out-of-home placement, including resource parents' perceived support from CP&P. 546 resource parents completed the full survey and 1,077 resource parents partially responded to the survey. As seen in Figure 35, when asked about needed supports that resource parents felt they were not receiving, only 14% of respondents reported a need for additional teaming with CP&P staff, including inclusion in case planning and being asked opinions on issues related to children in their care. Even fewer (11%) indicated a need for more frequent and productive communication from CP&P.

Figure 35. Resource Parents' Responses Related to Needed Supports,[61] n=574, Source: Resource Parent Survey



[61] Note: Other responses included a need for greater respect, improved communication, and greater financial support/reimbursement.

Listening Session Insights: Decline in Visits between Caseworkers and Parents

Question: What has contributed to the decline [in monthly visits between caseworkers and parents]? What other ways do you effectively engage with families?

Participants	Themes
CP&P Central Office and Statewide Local Office Leadership	**As the number of children has decreases, the complexity of cases increases.** Although less children require out-of-home placement, the cases are more complex. Parents may be facing more severe or multiple challenges and additional instability that make arranging or engaging in a visit more difficult. **The preferred methods of communication between parents and caseworkers are shifting.** Participants reported using different forms of communication and technology to communicate with parents, including texting and virtual meetings via Teams and WhatsApp, etc. These alternate methods are being used more frequently because of the complexity of the parents' issues and increased instability and transience. **The workloads and schedules of caseworkers impact visitation.** Participants highlighted that caseworkers' competing priorities pose challenges for scheduling visits. Competing priorities are caused by: the additional casework required on more complex cases, training requirements, and staff shortages and leave time.

Quality of Assessment. The CP&P case record review process also enables DCF to examine the quality of assessment of children, mothers, fathers, resource parents and other family involved in the case. The review evaluates whether there were ongoing and comprehensive assessments to determine individual needs and if interventions were aimed at meeting the identified needs. Additionally, the assessment of family indicator considers the integration of the families' dynamics, values, and beliefs into the overall assessment. Table 18 reflects DCF's current performance on assessment. Again, all indicators are noted as areas needing improvement or areas needing significant improvement, with the highest scores for assessment of children out-of-home at 79%.

Table 18. Quality Scores for Assessment Practice, 2023 and 2024, Source: CP&P Case Record Review

Indicator	Description	2023		2024[62]		Interpretation[63]
		In-Home	Out-of-Home	In-Home	Out-of-Home	
Assessment of Child	Rated for mothers, fathers, caregivers, resource parents, children and families. Evaluates whether there were ongoing comprehensive assessments to determine individual needs and if interventions were aimed at meeting the identified needs. Additionally, the Assessment – Family indicator specifically considers the integration of the families' dynamics, values, traditions, and beliefs into the overall assessment.	71%	77%	71%	79%	**Area Needing Improvement**: On average, case practice activities have been 71-79% aligned with best practice and policy.
Assessment of Father		53%	64%	50%	54%	**Area Needing Significant Improvement**: On average, case practice activities have been 50-54% aligned with best practice and policy.
Assessment of Mother		75%	73%	67%	67%	**Area Needing Significant Improvement**: On average, case practice activities have been 67% aligned with best practice and policy.

[62] The review tool underwent significant changes between the first and second review. Results cannot be compared across time periods.
[63] For the quality score interpretations throughout this plan, areas of strength had scores above 85%, areas needing improvement had scores between 65% and 85%, and areas needing significant improvement had scores below 65%.

Indicator	Description	2023		2024[62]		Interpretation[63]
		In-Home	Out-of-Home	In-Home	Out-of-Home	
Assessment of Resource Parents		n/a	78%	n/a	63%	**Area Needing Significant Improvement**: On average, case practice activities have been 63% aligned with best practice and policy.
Assessment of Family		55%	58%	58%	67%	**Area Needing Significant Improvement**: On average, case practice activities have been 58-67% aligned with best practice and policy.

Quality of Teamwork and Planning. During the CP&P case record review process, DCF examines the quality of teamwork and coordination of services to evaluate whether the agency has engaged relevant participants to attend Family Team Meetings and if the subsequent work done with the family reflects the identified needs. This is identified as an area needing significant improvement with a quality score ranging from 64% to 70%. DCF similarly evaluates the case planning process through several sub-indicators, including the overall quality of the plan, the plan implementation, and successful transitions. Overall quality of the planning process assesses the quality of planning with the families to prevent the re-occurrence of the issues that resulted in the families' involvement with the agency and whether the families' voice was part of the planning process. This, too, is an area needing improvement with overall quality score ranging from 67-76%. Table 19 reflects DCF's current performance on teamwork and coordination and planning process for both children served in their own home and children in out of home placement.

Table 19. Quality Scores for Teamwork and Planning Practice, 2023 and 2024, Source: CP&P Case Record Review

Indicator	Description	2023		2024[64]		Interpretation[65]
		In-Home	Out-of-Home	In-Home	Out-of-Home	
Teamwork and Coordination	Evaluates whether the agency engaged relevant participants to attend Family Team Meetings and if the subsequent work done with the family reflected the identified needs.	70%	70%	65%	69%	**Area Needing Significant Improvement**: On average, case practice activities have been 65-69% aligned with best practice and policy.
Planning Process	Evaluated in several indicators and is broken down by the overall Quality of the Plan, the Plan Implementation and Successful Transitions. Overall Quality of the Planning process assesses the quality of planning with the families to prevent the re-occurrence of the issues that resulted in the families' involvement with the agency and whether the families' voice was part of the planning process.	76%	67%	71%	72%	**Area Needing Improvement**: On average, case practice activities have been 71-72% aligned with best practice and policy.

[64] The review tool underwent significant changes between the first and second review. Results cannot be compared across time periods.
[65] For the quality score interpretations throughout this plan, areas of strength had scores above 85%, areas needing improvement had scores between 65% and 85%, and areas needing significant improvement had scores below 65%.

Well-Being Outcome 2. Children receive appropriate services to meet their educational needs.

When CP&P determines that a school-aged child must be removed from their living situation to ensure safety, the Division prioritizes maintaining the child in their school and ensuring the appropriate educational supports are in place to facilitate their academic success.[66] Social interactions with classmates, peers, and school staff can serve as a source of stability and well-being in a child's life, particularly when the child has been separated from family.[67] Movement between schools can present a barrier to academic achievement.[68] In addition to promoting educational stability, CP&P aims to ensure that each child in foster care is developing, learning, and progressing at a rate commensurate with their age and ability, and any child with a disability or special needs receives necessary evaluations and recommended support for an Individualized Education Plan.[69] Table 20 shows that, in 2024, most children received educational stability determinations.

Table 20. Completion of educational stability determinations, by month, CY 2024, Source: SafeMeasures

Educational Stability Determinations												
	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Determinations complete	79%	75%	81%	80%	62%	71%	70%	77%	74%	69%	66%	67%

Quality of Practices to Support Educational Needs. DCF relies on a variety of CQI processes to examine the quality of CP&P's practices to support the education of children and youth in out-of-home placement, including the CP&P case review process, an annual Education Review, and the resource parents survey. Highlights follow.

- **CoQI Case Record Review.** During the CP&P case record review, DCF assesses the extent to which CP&P is meeting children's educational needs through learning and developmental and educational stability indicators. Table 21 reflects DCF's current performance on these indicators. While educational stability is noted as an area of strength with a quality rating of 91%, while learning and development is an area needing improvement for both in-home and out-of-home cases.

Table 21. Quality Scores for Developmental Educational Needs, 2023 and 2024, Source: CP&P Case Record Review

Indicator	Description	2023		2024[70]		Interpretation[71]
		In-Home	Out-of-Home	In-Home	Out-of-Home	
Learning and Development	Assesses children's developmental educational needs and ensures that any identified needs were adequately addressed.	68%	76%	66%	75%	**Area Needing Improvement**: On average, case practice activities have been 66-75% aligned with best practice and policy.
Educational Stability	Assess whether steps were taken to maintain children in their educational setting or to prevent future moves or instability.	72%	77%	n/a	91%	**Area of Strength**: On average, case practice activities have been 91% aligned with best practice and policy.

- **Annual Educational Review.** As detailed in Systemic Factor C, *Quality Assurance System*, DCF also conducts annual independent case record reviews to ensure that CP&P facilitates educational

[66] https://dcfpolicy.nj.gov/policy/CPP-VII-A-1-100.pdf
[67] CPP-VII-A-1-700.pdf
[68] Clemens, E. V., Lalonde, T. L., & Sheesley, A. P. (2016). The relationship between school mobility and students in foster care earning a high school credential. *Children and Youth Services Review,* 68, 193-201.
[69] https://www.nj.gov/dcf/childdata/exitplan/2023-CoQI.Education.Brief.pdf; CPP-VII-A-1-200.pdf, CPP-VII-A-1-100.pdf
[70] The review tool underwent significant changes between the first and second review. Results cannot be compared across time periods.
[71] For the quality score interpretations throughout this plan, areas of strength had scores above 85%, areas needing improvement had scores between 65% and 85%, and areas needing significant improvement had scores below 65%.

stability for children in out-of-home placement and progress among youth entering the foster care system.[72] In this review, educational stability considers the number of times a child in placement changes schools in a 12-month period and the reason for school changes. When a child experienced change in an educational setting that was unplanned or when a child moved to a more restrictive educational setting, education is considered unstable. This review also examines whether CP&P caseworkers had regular communication with school staff around academic progress and that any assessments and other information shared related to the children's education were comprehensive. If there was evidence of poor academic success, this review examines whether interventions were in place to address academic challenges. During the most recent review, DCF assessed the cases of 157 families that had a school-aged child in out-of-home placement between October 2022 and June 2023. The review included families served across 33 CP&P local offices, representing 72% of CP&P local offices. For most families that experienced separation (91%), children were maintained in their pre-placement school or had positive, planned school changes. Appropriate interventions, e.g., tutoring or other specialized services, were in place to address academic challenges 82% of the time. The review found, however, that there is opportunity for CP&P to improve communication with school personnel regarding each child's academic performance and progress.

- **Resource Parent Survey.** During the previously described resource parent survey, only 4% of resource parents reported a need for additional school-related support when questioned on needed supports that they felt they were not receiving. See Figure 34, above.

[72] https://www.nj.gov/dcf/childdata/exitplan/2023-CoQI.Education.Brief.pdf

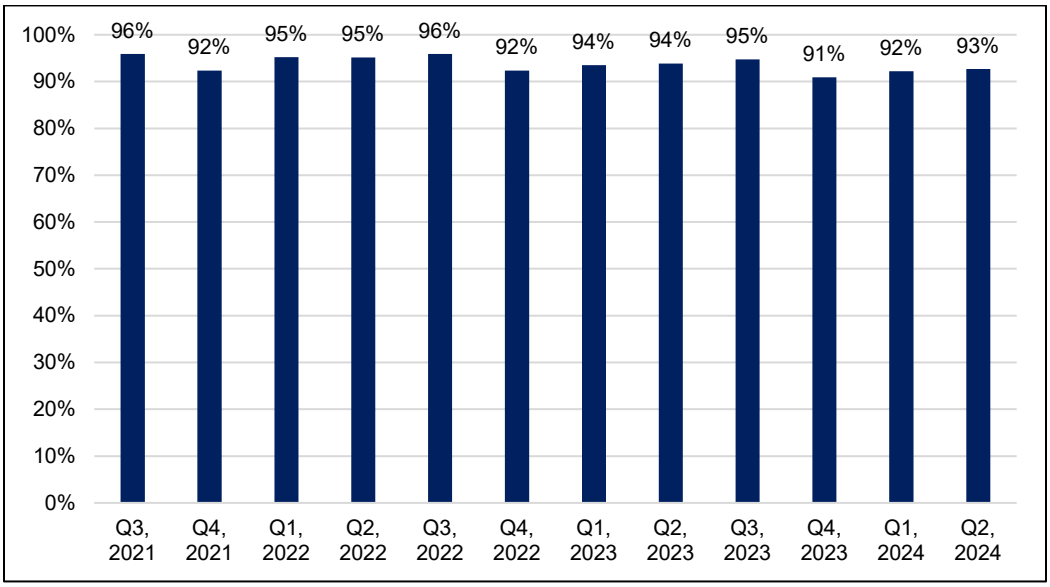
Well-Being Outcome 3. Children receive adequate services to meet their physical and mental health needs.

Ensuring children receive services to meet their physical and mental health needs has been and continues to be a high priority for DCF. CSOC and its Office of Integrated Health and Wellness rely on strong partnerships and coordination of services with internal and external stakeholders to maintain optimal physical, mental, and behavioral health for children. For information on the medical needs of children in out-of-home placement and the physical and mental health services available to CP&P-involved children, see Systemic Factor E, *Service Array and Resource Development*. Table 22 and Figure 36 reflect DCF's current performance on physical and mental health indicators. Over 90% of children received a pre-placement exam, initial mental health screening, and ongoing mental health screening. Eighty-six percent of children in care received semi-annual dental exams and 65% received a comprehensive medical exam when entering placement (down from 71% in 2023). Additionally, the percent of children who received immunization records reviews remained relatively stable, above 90%, between FFY2022 and FFY2024.

Table 22. Timely completion of physical and mental health assessments, FFY 2022-2024, Source: SafeMeasures

Timely Completion of Physical and Mental Health Assessments															
	FFY 2022	FFY 2023	FFY 2024	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul- 24	Aug-24	Sep-24
Pre-Placement Exams for Children Entering Placement	96%	97%	97%	99%	99%	97%	99%	99%	92%	98%	98%	94%	94%	98%	95%
Comprehensive Medical Exams for Children Entering Placement	71%	71%	65%	68%	65%	67%	69%	65%	57%	71%	76%	65%	53%	58%	69%
Initial Mental Health Screening within 30 Days of Removal	Not available	Not available	94%	93%	95%	97%	95%	95%	92%	96%	97%	92%	88%	94%	89%
Ongoing Mental Health Screening Every 6 Months while in Care	Not available	Not available	92%	91%	93%	89%	92%	92%	91%	92%	93%	89%	94%	93%	90%
Semi-Annual Dental Exams (Children 3 years and older in care for 6 months or more)	Not available	Not available	86%	86%	87%	86%	85%	85%	85%	86%	86%	88%	87%	87%	86%

Figure 36. Immunization Record Reviews, SFY222-SFY2024, Source: SafeMeasures



Quality of Practice related to Physical and Mental Health. DCF relies on multiple CQI processes to examine the quality of CP&P's work to support the physical and mental health of children and youth in out-

of-home placement, including the CP&P case record review process and the resource parent survey. Highlights follow.

- **CoQI Case Record Review.** DCF's evaluates CP&P practice related to the physical and mental health of children through performance indicators related to the child's physical health and emotional well-being. Both were noted as areas needing improvement with case practice 55%-74% aligned with best practices for assessing the child's physical health and 64%-75% aligned with best practice for assessing the child's emotional well-being.

Table 23. Quality Scores for Physical Health, Learning and Development, and Emotional Well-Being, 2023 and 2024, Source: CP&P Case Record Review

Indicator	Description	2023		2024[73]		Interpretation[74]
		In-Home	Out-of-Home	In-Home	Out-of-Home	
Physical Health	Assesses whether there was a comprehensive assessment of the children's health and whether the needs of the children was/were met.	59%	72%	55%	74%	**Area Needing Improvement**: On average, case practice activities have been 55-74% aligned with best practice and policy.
Emotional Well-Being	Evaluates whether there are ongoing assessments of the children's emotional, psychological and social well-being and the work being done to ensure the children's needs are appropriately addressed.	64%	75%	66%	75%	**Area Needing Improvement**: On average, case practice activities have been 64-75% aligned with best practice and policy.

- **Resource Parent Survey.** The resource parent survey, described earlier in this section, also provides insights into CP&P's provision of physical, mental, and developmental care to children in out-of-home placement. As Figure 37 shows, about 90% of respondents reported they were satisfied with their ability to obtain medical care for children in their placement. Only 15% reported experienced delays or waitlists when obtaining medical care. More than half reported satisfaction with mental or behavioral health care with less than a third of resource parents reported being on waitlists or experiencing delays when obtaining mental or behavioral health services. Most resource parents (70%) agreed that the training, resources, and services offered by CP&P helped them to effectively meet the developmental needs of children in their care, Figure 38.

[73] The review tool underwent significant changes between the first and second review. Results cannot be compared across time periods.
[74] For the quality score interpretations throughout this plan, areas of strength had scores above 85%, areas needing improvement had scores between 65% and 85%, and areas needing significant improvement had scores below 65%.

Figure 37. Resource Parents' Level of Satisfaction in Obtaining Services for Children in their Placement, Source: Resource Parent Survey

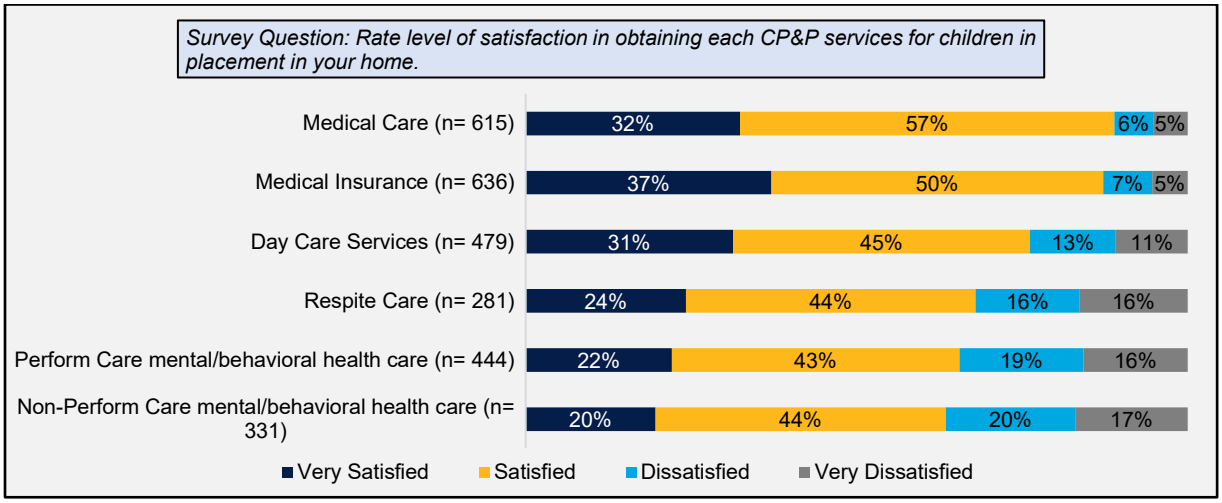
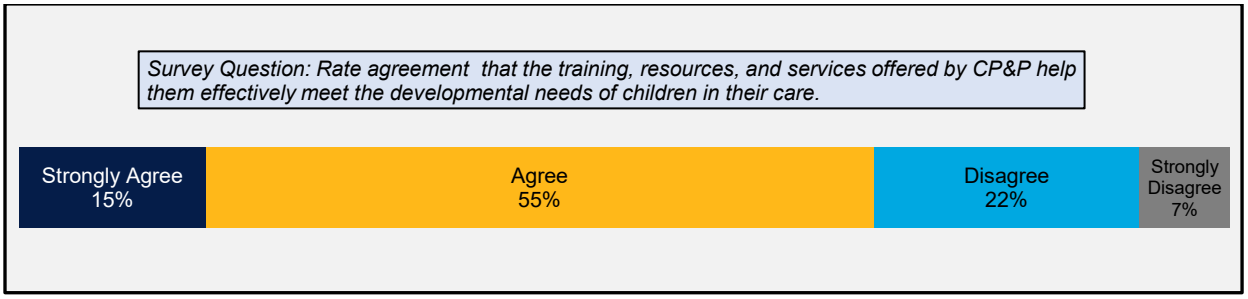


Figure 38. Resource Parents' Perceived Ability to Meet Developmental Needs of Children in their Care, n=551, Source: Resource Parent Survey



Summary of Evidence Reviewed throughout Child and Family Outcome C, *Well-Being*:

- State and DCF statutes, regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, 2022 APSR, 2023 APSR, and 2024 APSR
- Administrative Data, including data from NJS, SafeMeasures, and AFCARs
- Qualitative Data, including staff narratives, CP&P case record review data, family interview process, internal and external stakeholder listening sessions, ad hoc practice review related to education, resource parent survey, staff surveys, and SBC observation tools

Section IV: Assessment of Systemic Factors

Systemic Factor A. Statewide Information System

Item 19. Statewide Information System

The statewide information system should function 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. Systemic Factor A, *Statewide Information System,* is assessed through review of Item 19, *Statewide Information System*. Table 24 summarizes New Jersey's performance during Round 3 CFSR and its current assessment of functioning for this systemic factor and relevant items.

Table 24. New Jersey's Round 3 CFSR Performance and Round 4 CFSR Self-Assessment for Systemic Factor A and Item 19

[Systemic Factor A Item]	Round 3 CFSR Final Result	Round 4 CFSR Self-Assessment
Systemic Factor A: Statewide Information Management System	Substantial Conformity	Substantial Conformity
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?	Strength	Strength

Critical systems and applications, described below, are fully operational, enabling DCF to readily identify the status, demographic characteristics, location, goals of every child in placement, and more. DCF has mechanisms in place to support data quality and timeliness. Through use of a suite of systems and applications, and forward-thinking strategic planning, DCF expects the agency's IM and data capabilities to continue to modernize. Analysis follows.

Analysis. DCF relies on a suite of critical systems and applications for collecting, managing, and reporting data. DCF maintains all data in accordance with the statewide information security policies, procedures, and standards and takes steps to ensure the confidentiality of computerized records.[75] Below, DCF details the IT and reporting applications and the data infrastructure that make up New Jersey's CCWIS ecosystem. Primary applications include NJ SPIRIT (CP&P case management), DCF Connex (provider portal), Binti (resource licensing), and the National Electronic Interstate Compact Enterprise (NEICE) (interstate). The ecosystem also includes SafeMeasures, the reporting performance management system for CP&P staff, and DCF's Enterprise Data Warehouse (EDW). Descriptions follow.

NJ SPIRIT. NJ SPIRIT, the CP&P case management system, is a mission critical application that supports documenting and reporting of case status, demographic characteristics, locations, and goals for all case participants, including children in foster care.[76] The New Jersey Office of Information Technology (NJ OIT) manages the primary operating environment of NJ SPIRIT and is responsible for the storage and backup of NJ SPIRIT. NJ DHS is responsible for the administration of the application. DCF manages development of the application and provides user technical support. To ensure data quality, multiple levels of CP&P supervisors review and approve key pieces of work.

NJ SPIRIT Users, Access, and Technical Support. NJ SPIRIT users include clerical staff, transportation aides, caseworkers, supervisors, business staff, legal staff, fiscal staff, managers, executive staff, Deputy Attorneys General, nurses and a limited number of contracted providers. NJ SPIRIT functions 24 hours/day, seven days/week and is available both in-office and remotely via Zscaler on DCF-issued tablets. New access to NJ SPIRIT is controlled by Central Office IT staff who act as gatekeepers to the application and vet new access requests. NJ SPIRIT is a single sign-on application that leverages DCF's Active Directory to authenticate logins. Staff are required to update their network/Active Directory and NJ SPIRIT password every 60 days. Newly hired CP&P staff participate in formal NJ SPIRIT training, as well as on-the-job training. DCF's NJ SPIRIT support team, the "Help Desk," is available during business hours to

[75] NJ_Statewide_Information_Security_Manual, DCF-IX-A-1-050.pdf (nj.gov), CPP-IX-G-1-200.pdf (nj.gov)
[76] CPP-IX-H-1-100.pdf (nj.gov)

provide end-user technical assistance and application support and related extension and mobile applications. In addition to response to reported issues, the Help Desk maintains information, e.g., how-to guides, on the intranet and produces monthly newsletters to provide users with tips and to introduce new or improved functionality. In-application support is available via the help windows. DCF uses all-staff email correspondence to communicate system outages, scheduled maintenance, or other critical information that impact system accessibility. DCF and state information technology partners, e.g., NJ DHS and NJ OIT, also regularly communicate on future outages. Approval for an outage requires OIT Director sign-off prior to staff notification. Additionally, within the application, there is a section entitled "Messages and Links" that can be used to post important links or messages to the userbase.

NJ SPIRIT Content. NJ SPIRIT supports documenting and reporting of case status, demographic characteristics, locations, goals for all case participants, and more. Specific data elements, such as those required for reporting in AFCARS, National Child Abuse and Neglect Data System (NCANDS), National Youth in Transition Database (NYTD), etc., are dedicated fields in NJ SPIRIT. In addition to valid entry and exit dates for children in foster care during specific periods, Table 25 provides examples of valid data elements contained in NJ SPIRIT for all children in foster care during a specific period and within the immediately preceding 12-month period, as well as the location of the data in NJ SPIRIT.[77]

Table 25. Locations of Data Elements in NJSPIRIT

Valid Data Element	Locations in NJSPIRIT
Episode Status (child is in foster care, no longer in care, etc.)	Maintain Case > Participant tab; Placement; Legal Status; Case Plan Assessment; Maintain Participant Information; Forms
Demographic[78]: date of birth	Maintain Case > Participant tab; Person Management; Forms
Demographic: sex	Maintain Case > Participant tab; Person Management; Forms
Demographic: race	Maintain Case > Participant tab; Person Management; Forms
Demographic: ethnicity	Maintain Case > Participant tab; Person Management; Forms
Demographic: disability	Medical Mental Health window; Investigation; Maintain Participant Information; Forms
Demographic: medically diagnosed condition requiring care	Medical Mental Health window; Investigation; Maintain Participant Information; Forms
Placement location/Child's physical location	Person Management > Address tab; Placement window; Forms
Goal for Placement (reunification, adopt., guardianship, another planned perm. living arrangement, etc.)	Case Plan Assessment; Individual and Family Agreement; Maintain Case > Participant tab; Forms
Legal status	Maintain Case > Participant tab; Placement; Legal Status; Legal Action; Case Plan Assessment; Individual and Family Agreement; Maintain Resource; Maintain Participant Information; Forms

Tables 26 and 27 demonstrate that NJ SPIRIT contains valid information on status, demographic characteristics, placement location, and goals for placement.

Table 26. Data recorded for various elements for children in care in September 2023 and 2024, Source: NJ SPIRIT

	Children in Care, September 2023 (n=2,876)			Children in Care, September 2024 (n=2,886)		
	Children with valid data recorded	Children with no valid data recorded	Percentage of children with valid data	Children with valid data recorded	Children with no valid data recorded	Percentage of children with valid data
Episode status	2,876	0	100%	2,886	0	100%
Race/ethnicity	2,876	0	100%	2,886	0	100%
Age	2,876	0	100%	2,886	0	100%
Entry date	2,876	0	100%	2,886	0	100%
Resource type	2,876	0	100%	2,886	0	100%
Resource location	2,876	0	100%	2,886	0	100%
Case goal	2,876	0	100%	2,886	0	100%

[77] In this context, valid is defined as non-missing and accurate.
[78] Basic demographic information is usually displayed system wide, including on forms, when person information is required.

Table 27. Exit date recorded for children who exited care in 2023 and 2024, Source: NJ SPIRIT

	Children who Exited Care, September 2023 (n=104)			Children who Exited Care, September 2024 (n= 143)		
	Children with valid data recorded	Children with no valid data recorded	Percentage of children with valid data	Children with valid data recorded	Children with no valid data recorded	Percentage of children with valid data
Exit date	104	0	100%	143	0	100%

In addition to the data described above, NJ SPIRIT also includes a Court and Legal module that provides a historical record of the events leading up to initiation of a legal action. The Legal Action and Legal Status windows are used to document requests for legal action, the timeframes related to review, approval, and filing of legal documents with the court, and the dates and outcomes of court events. The Legal Documentation window allows DCF the ability to generate legal documents that are prefilled with court-required demographic information, including names, addresses, dates of birth, etc. DCF is designing an interface with the AOC so that court orders and docket numbers will be transmitted from the AOC's eCourts system to and be reflected in NJ SPIRIT's legal status and legal action windows. Similarly, court reports generated by casework staff in NJ SPIRIT will be electronically uploaded into eCourts.

NJ SPIRIT Data Quality. DCF is committed to maintaining accurate and complete data. DCF's CCWIS Data Quality Plan, which is a part of the Department's CCWIS declaration, includes a comprehensive strategy for promotion of data quality. NJ SPIRIT data meets the most rigorous standards for completeness, timeliness, and accuracy, is consistently and uniformly collected, is exchanged and maintained in accordance with confidentiality requirements, supports child welfare policies, goals and practices, and is not created by default or inappropriately assigned. DCF is routinely compliant with federal reporting data quality standards. For example, no data quality issues were identified by CB in the most recent CFSR Data Profile (Attachment A, *February 2025 Data Profile*). DCF ensures the quality and accuracy of the data in the statewide information system through NJSPIRIT functionality, supervisory reviews, sophisticated analytical tools, and various review and CQI processes. Descriptions follow.

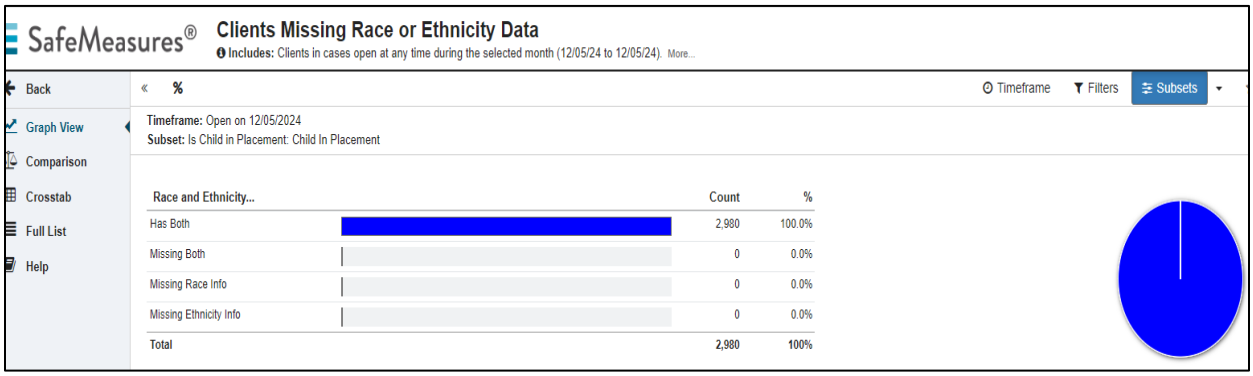
- NJ SPIRIT maintains **automated functions** to regularly monitor CCWIS data quality, e.g., alerts to staff to collect, update, correct, and enter CCWIS data, to prevent the need to re-enter data already captured or exchanged with the CCWIS, and to generate reports of continuing or unresolved CCWIS data quality problems.

- NJ SPIRIT uses various **data validation processes** to ensure completeness and accuracy where appropriate, e.g., required fields, required data types (example, date fields), predefined data lists, correct formats, etc. Following each save or commit, NJ SPIRIT runs validation; if missing required data is identified, the user receives an error message in real-time that explains what is missing or incorrect and how to resolve the error. NJ SPIRIT relies on mouse popups to provide users with descriptions and expectations for some fields. The system leverages United States Postal Services webservice for home address validation and normalization. An AFCARS exception module allows the system on a daily basis to identify and alert staff of potential missing data or data entry errors, ensuring the both the completeness of families' records and submission of fully compliant AFCARS files. The AFCARS exception notifies staff of the case, the list of error(s), and how to resolve the effort.

- Primary modules within NJ SPIRIT require **supervisory approval**, ensuring data accuracy, as well as supervisory review of and guidance on critical case decisions. Some documentation requires two levels (Supervisor and Casework Supervisor) of supervisory review.

- **SafeMeasures**, a comprehensive child welfare performance management and reporting system with analytical capabilities, is used by staff on a day-to-day basis, providing them with near, real time case data and enabling them to easily identify data anomalies. SafeMeasures includes reports related to missing or inaccurate data. Figure 39 provides an example of a SafeMeasures dashboard for missing data. For additional information on SafeMeasures, see below. For a list of reports related to data issues, see Table 29.

Figure 39. Examples of SafeMeasures Displays for Missing Race or Ethnicity Data, Source: SafeMeasures



Year	Race/Ethnicity	#	Denominator	%
2016	Missing or Undetermined	40	6,663	1%
2017	Missing or Undetermined	25	6,191	0%
2018	Missing or Undetermined	14	5,543	0%
2019	Missing or Undetermined	15	4,458	0%
2020	Missing or Undetermined	12	3,717	0%
2021	Missing or Undetermined	<10*	3,213	<10*
2022	Missing or Undetermined	13	2,946	0%
2023	Missing or Undetermined	<10*	2,939	<10*

- All area and local offices have processes for regular **review of Key Performance Indicator**s (KPI) data, allowing office leadership an opportunity to ensure data entry and entry of missing data, when identified.

- DCF is committed to conducting **biennial data quality reviews** to determine if the above requirements are met, to confirm that the bi-directional data exchanges meet the CCWIS requirements, and to report the status of compliance.

- DCF's **CoQI process** includes a CP&P case record review. For additional information on the CoQI process and CP&P case record review, see Systemic Factor C*, Quality Assurance System.* During this review, trained reviewers assess whether case documentation is sufficiently detailed and accurately reflects the circumstances of the case. Additionally, the reviewers look at the accuracy of the demographic data, entry and exit dates, and case type of each reviewed case. If practice issues are detected, reviewers conference with a supervisor and will issue an alert to the relevant local office for case-level follow-up if necessary. Similar data quality reviews take place during targeted reviews, e.g., the biennial Quality of Investigations review, annual Older Youth Review.

The reviews described above demonstrate that missing data may be the result of unexpected staff leaves or departures from the agency and that inaccurate data entry can be attributed to human error.

Listening Session Insights: Impacts of Staffing on Documentation and Reporting

Question: How does staff vacancies and turnover affect timely and accurate reporting of data?

Participants	Themes
CP&P statewide practice and service experts, e.g., CPS, CPL, AQC, and RDS.	**Staff vacancies and turnover cause delays in data entry.** Participants reported staff vacancies and having brand new staff create a "trickle-down effect" of delayed data entry in the CCWIS. Participants reported that some staff leave employment without documenting work that took place, causing staff to have to re-gather information. **Staff vacancies cause increased caseloads and practice challenges.** Participants expressed that staff shortages, leaves and vacancies also affect caseload numbers, impacting practice on cases in various areas, including timely visits and engagement.

Listening Session Insights: Documentations Impacts on Managing a Case

Question: How does missing or inaccurate data impact your ability to effectively manage a child's case?

Participants	Themes
CP&P statewide practice and service experts, e.g., CPS, CPL, AQC, and RDS.	**Missing or inaccurate data impacts caseworker decision-making.** Participants expressed missing or inaccurate data impacts decision-making practices, e.g., failure to capture relationships impacts emergency planning. Sometimes, if a wrong selection is made in a drop down, it changes the needs for certain work to be done, e.g., new Safety Protection Plans. **Missing and inaccurate data negatively impacts supervisory practice.** Turnover and the volume of new staff is requiring supervisors to assist with documentation. Supervisors become strained which impacts caseworkers' ability to rely on supervisory strengths and teaching. **Documentation challenges impact on data analysis.** Missing and inaccurate data in the CCWIS impacts how data is captured in Safe Measures, which is used by staff to manage a case.

NJ SPIRIT Data Timeliness. In addition to the quality, accuracy, and completeness of data, DCF emphasizes timely data entry to ensure the accessibility and availability of information. In addition to policies that require the timely completion of documentation, DCF relies on mobile capabilities for staff, NJ SPIRIT ticklers, automated messaging, and SafeMeasures analytics. The following processes ensure that data is entered into the CCWIS in a timely manner:

- All DCF staff are equipped with **state-issued mobile devices**, e.g., laptops or tablets, that allow staff to enter data from the field or other work locations. The devices and network connectivity are available 24 hours day, 7 days per week, enabling staff to enter data in real time.
- Within NJSPIRIT, **automated or system-generated reminders, or "ticklers,"** help manage data timeliness of high priority business functions, e.g., completion of a CPS investigation. A tickler is a common application function that electronically notifies staff about critical assignments that need to be completed and the task's due date. Ticklers are displayed on caseworkers' NJ SPIRIT desktop and remain visible until the task is complete. Ticklers automatically escalate to supervisors' and/or casework supervisors' NJ SPIRIT desktops when supervisees' tasks are nearing due date and/or are delinquent. Ticklers for past due tasks also include the number of days the task is overdue.
- Another common application function in NJ SPIRIT is **automated messages**, which are predefined electronic mail that alert caseworkers and supervisors of key activities, e.g., a new CPS intake was added to an open case.
- Regular use of **SafeMeasures** allows caseworkers, supervisors, managers, and leadership to manage the timeliness of work responsibilities associated with caseloads. SafeMeasures extracts and analyzes NJ SPIRIT data each night, providing users with near real time analysis of NJ SPIRIT data in simple formats. SafeMeasures includes dashboards that summarize overdue and upcoming work. For a full list of SafeMeasures dashboards, see below. Users can view data from a macro or micro level, e.g., state level to office to caseworker or case to client. In addition to data analysis and displays, SafeMeasures includes screens that provide staff with guidance on how to complete the work in NJ SPIRIT so that it is registered accurately.
- Regular and ad hoc **targeted reviews,** e.g., biennial investigation and annual older youth review, examine the timeliness of certain critical events, e.g., investigation completion or completion of youth transitional plans. Likewise, local and area office KPI reviews include processes for ensuring timeliness of data entry.

NJ SPIRIT Maintenance, Improvements, and Modernization. DCF utilizes a proactive systematic release schedule to ensure that application functionality meets changing business practices and federal requirements. Governed by the NJ SPIRIT Governance Committee and informed by end user feedback, the dedicated NJSPIRIT IT team ensures that NJ SPIRIT maintains functionality and is improved and modernized for optimal performance.

- **Governance.** The NJ SPIRIT Governance Committee provides oversight of the NJ SPIRIT application, including its strategic direction, design, development, and implementation, ongoing maintenance and operations, security, integration with external systems, and data governance, as well as associated risk and issue management. The Committee is composed of cross-departmental leadership and stakeholders and is supported by DCF's contracted information technology project manager. Among other responsibilities, this group is tasked with prioritization of system enhancements, bug fixes and other system change requests, based on business/program value and technical and operational readiness. Table 28 further details the prioritization framework.
- **End User Feedback.** Recommendations for enhancements, bug fixes, and other system changes come through both the Help Desk and through end user communication with Governance Committee members. DCF also surveys end users to assess overall satisfaction with the application and to identify areas of improvement. During development, end user focus groups may be utilized to review in-progress changes prior to formalized testing and deployment.
- **System Maintenance and Improvements.** The in-house NJ SPIRIT team supports system maintenance, development, and any associated change management. System analysts work with business or program staff to gather requirements for enhancements and changes. Using the information from the analysts, system developers bring the enhancements to fruition. End-user support teams ensure that changes are user tested prior to deployment. The Help Desk staff provide ongoing support and continued monitoring for potential issues.
- **System Modernization.** DCF is exploring how to modernize NJ SPIRIT. DCF is researching like systems throughout the country that are in the process or recently have modernized their CCWIS and will work with ACF on an Advanced Planning Document to determine the best modernization approach.

Table 28. NJ SPIRIT change prioritization framework

	Criteria and Description	Score				
		1	2	3	4	5
Business or Program Value	**Safe, Healthy & Connected.** To what extent does the project improve safety, health or connectedness outcomes for children and families, staff, or partners?	No Improvement				Transformational Improvement
	Compliance & Legal Risk. To what extent does the project improve 's compliance/legal exposures?	No Improvement				Addresses major compliance issues and opens new funding
	Strategic Alignment. To what extent does the project advance 's strategic goals?	Not related to a strategic initiative				Governor's office initiative
	End User Experience. To what extent does the project improve the experience and accessibility for primary application end-users, e.g., children and families, staff, or partners, as applicable?	No Improvement				Transformational Improvement
	Scope of Impact. To what extent does the project benefit all DCF stakeholders?	Fewer than 5% benefit				Over 75% benefit
	Operational Efficiency. To what extent does the project improve 's operational efficiency?	No Improvement				Transformational Improvement
Technical & Operational	**Resource Capacity.** To what extent does the project require DCF business and technical staff resources?	Significant new resources needed				Resources are readily available
	Fiscal. To what extent is additional, i.e., "net new," not already allocated for project resources, funding available to support the project?	Funding is not available				Funding is committed
	Technical Complexity. To what extent does the project involve technical complexity due to architectural limitations or constraints?	Unacceptable level of complexity				Little to no complexity
	Integration Impact. To what extent does the project necessitate changes in other upstream or downstream DCF applications?	Significant impact to multiple other applications				No impact to other applications

Criteria and Description	Score				
	1	2	3	4	5
Procurement. How readily sourced are the external resources necessary for the project?	Complex procurement required				No sourcing required
Time to Realize. How long will the project require to realize the benefits?	Over 18 months				1-3 months

SafeMeasures. SafeMeasures is a comprehensive child welfare performance management and reporting system with analytical capabilities that feeds NJ SPIRT data into user-friendly displays and dashboards. Figures 40 through 42 provide examples of the varied displays and dashboards available in SafeMeasures. Staff from front-line leaders to executive leadership rely on SafeMeasures to measure results and outcomes, understand and manage workload and work processes, undertake data-driven decision-making, ensure data entry and quality, and support daily case management and supervision. SafeMeasures is web-based and available to staff 24/7 in-office and remotely via DCF issued tablets using Zscaler. DCF's OIT manages access to the application and supports end-user technical assistance. Through over 100 reports made available by local office and statewide, SafeMeasures helps staff at all different level to manage workflow, track work and timely data entry, ensure data quality and measure results.

Figure 40. Example of SafeMeasures Display: List View, Source: SafeMeasures

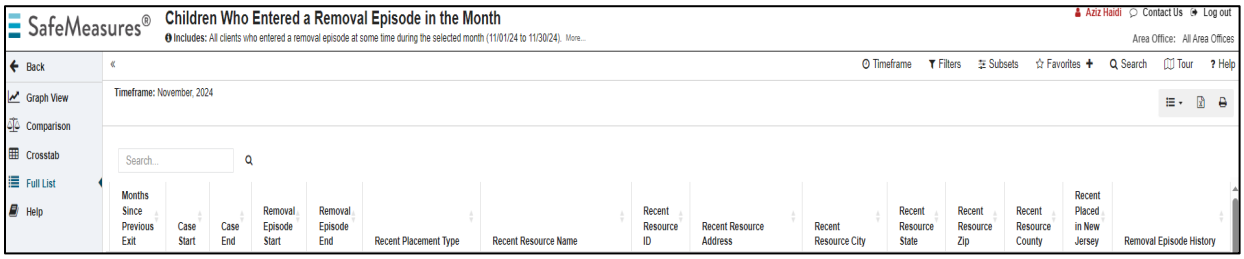


Figure 41. Example of SafeMeasures Display: Graph View, Source: SafeMeasures

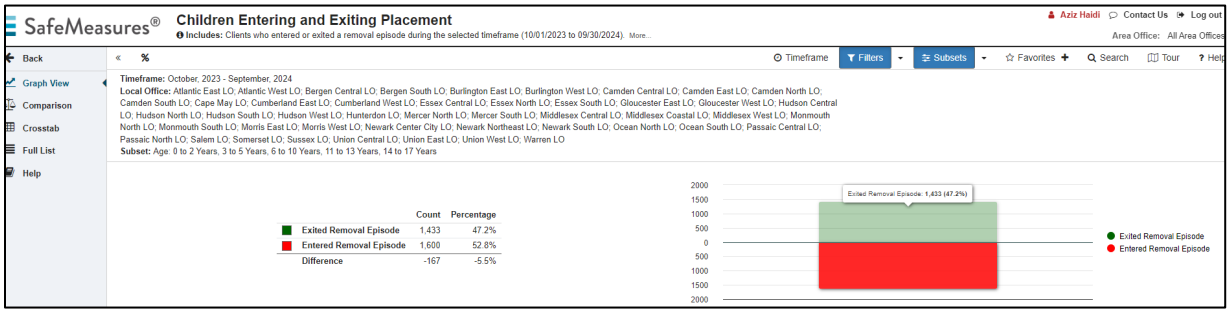


Figure 42. Example of SafeMeasures Display: Map View, Source: SafeMeasures

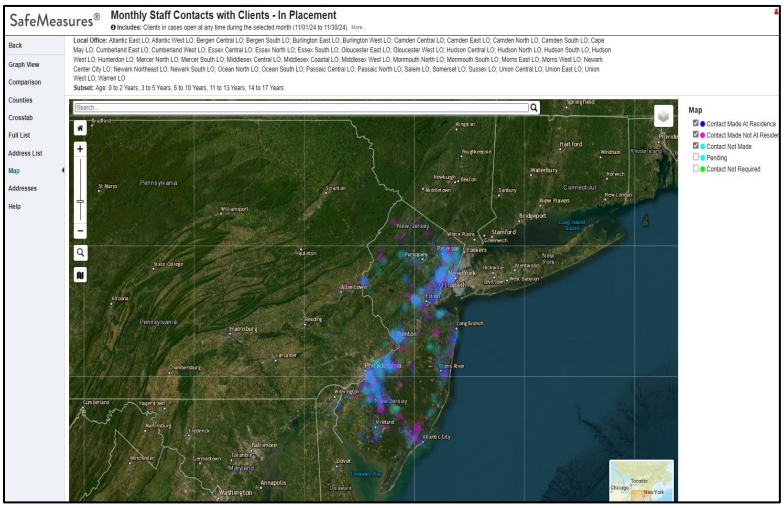


Table 29. Available SafeMeasures Reports, Source: SafeMeasures

Children Under Supervision	Case Practice Fundamentals	Adolescent Work
- Children Under Supervision - All Children in Placement- Time Open - Children who Entered a Removal Episode in the Month - Children Entering/ Exiting Removal Episode - Interim Placements Open More than 2 Weeks - Children/Youth Recorded in NJS as Missing - Clients Missing Race or Ethnicity Data - Legal Status for Children Under Supervision	**Visits** - Monthly Staff Contacts with Children - Monthly Staff Contacts with Children- in Home - Monthly Staff Contacts with Parents- in Home - Monthly Staff Contacts with Children- in Placement - 2 Contacts/Month for Children in OOHP- First 2 months in placement - 2 Contacts/month with parents- goal of reunification - Monthly Contact with parents- not reunification goal - Parent Visit with Child- goal of reunification (weekly) - Parent Visit with Child- Goal of Reunification (Monthly) - Individual Sibling Visits - Worker Visits with Parents/Caregivers- separated by Parents/Caregivers	**Independent Living Assessments/ Transitional Plans** - Initial Independent Living Assessment - Annual Independent Living Assessment - Initial Transitional Plan Status - Ongoing Transitional Plan Status - Transitional Plan Before Case Closed - 14-21 OOH and VSA Adolescents and Youth Adults - Annual Credit Reporting for Clients Age 14-21
Outcomes - Re-entry after reunification within 12 months - Placement stability - Time to kinship care placement - Maltreatment post-reunification	**Case Planning** - Initial Case Plan Timeliness (Out of Home) - Ongoing Case Plan Timeliness (Out of Home) - Initial Case Plan Timeliness (In Home) - Ongoing Case Plan Timeliness (In Home) - Action Plans	**NYTD** - NYTD Baseline Survey Completion - NYTD 19 Year Old Survey Completion - NYTD 21 Year Old Survey Completion - NYTD Support Service Time Open - NYTD Support Service Approval
Investigation and Assessments - Response Priority - Response Priority Timeliness - Timely CPS Investigation Completion - CPS Investigation Findings - CPS Allegations (By Client) - Plans of Safe Care - Pre and Post Response Conferences - Timely CWS Assessment Completion - Investigation and Assessment Time Open - CPS and CWS Intakes - Interstate Home Study/ Supervision Requests	**Family Team Meetings** - Initial FTM Timeliness- In OOHP by Child - FTMs in First Year of Removal - 3 FTMs in Each Year After First Year of Removal- Reunification Goal - 2 FTMs in Each Year After First Year of Removal- Non-Reunification Goal - FTM Counts- By Family, with at Least One Child in Placement - FTM Counts for In-Home Cases- By Child - FTM Counts for In-Home Cases- By Family	**Shelters** - Children in a Shelter - Length of Shelter Stays
Structured Decision Making for Investigations - SDM Safety Assessment Completion - SDM Safety Assessment Compliance - SDM Safety Decision - SDM Risk Assessment Completion - SDM Risk Assessment Compliance - SDM Risk Level	**Concurrent Planning** - Pre-placement Conference Timeliness - 5-month Enhanced Review Timeliness - 10-month Enhanced Review Timeliness - Upcoming Enhanced Reviews - Enhanced Review Completion - Enhanced Review Timeliness - 10-month Family Discussion	**Caseload Management** - Office Caseload - Worker/Supervisor Conferencing - Caseload Standards, incl. Trainees - All Open Cases (By Service Type) - All Open Intakes (By Intake Type) - Open Cases without a Primary Worker - Cases Closed in the Month - Case Time Open - Case Status When Intake Received - Cases to Close or Transfer to a Permanency Worker - Adoption Worker Assignments that Need to Be Closed - Permanency vs. Investigation Services
Structured Decision Making - Safety Decision for In-Home Cases - Risk Level for In-Home Cases - Safety Protection Plan Reviews - Risk Reassessment Completion - Reunification Assessment Completion	**Adoption** - Adoption Children - Adoption Goals (By Goal Type) - Transfer to an Adoption Worker - Recruitment Plan Timeliness - TPR Petition Timeliness - Legally Free Children - ASFA Compliance - Adoption Home Placement Timeliness - Adoption Finalization Timeliness - Upcoming Adoption Finalizations - Finalized Adoptions (By Adoption Home Type) - KLG Finalizations	**Child Health and Well-Being** - Pre-Placement Assessment Completion - Comprehensive Medical Examinations - Annual Medical Examinations (EPSDT) - EPSDT for Children Under 24 Months - Semi-Annual Dental Exams - Immunization Review and Status - Initial Mental Health Screenings - Ongoing Mental Health Screenings - Mental Health Assessments - Education History Status (School Year) - Education Stability Status - Referral to Early Intervention Program
Data Issues - TPR Filings Recorded in Month - Data Issues with Children who are Legally Free - Incomplete Recording of Adoption Goal Data in NJS - Unassigned Intakes - Data Issues with Children who have a TPR Petition - Placement Closed, but Removal Episode Remains Open		

In addition to NJSPIRIT and SafeMeasures, highlighted above, DCF relies on several additional information technology solutions. Summaries follow.

- **Enterprise Data Warehouse**. DCF is making a concerted effort to modernize its data management capabilities through the replacement of legacy technology infrastructure and data management approaches with modern, scalable cloud-based data infrastructure and stream-lined data management processes. This effort is being undertaken through three phases. Currently in the first phase, DCF is designing, developing, and implementing an EDW in a cloud-based environment that offers scalable data storage, advanced data integration capabilities, improved extract/transform/load tools and new services for data visualization, dashboards, and reporting. During Phase 2, DCF will implement the new system to modernize its current business intelligence related to service trends and utilization and KPIs for its direct service divisions. During the third phase, DCF will implement the new system for use with reporting and analysis associated with the Family First Prevention Services Act (FFA), as well as to support program monitoring, performance and outcome measurement, CQI and evaluation. Pertinent staff can access the EDW using a remote desktop application 24 hours/day, 7 days/week.

- **DCF Connex (Salesforce and Binti- Prevention)**. DCF Connex is a comprehensive web-based data system that supports tracking outcomes, level of service details, and reporting. It also permits provider organizations to document and track their own service level data. It is a web-based application, available 24 hours/day, 7 days/week to DCF staff and some provider partners. DCF Connex, via the Salesforce Government Cloud, is currently deployed for use by select DOW and FCP prevention programs, including DCF's new Statewide Student Support Services (NJ4S) programming. DCF is currently working with Binti on a provider data system for more widespread use by Department-contracted programs, beginning with programming connected to DCF's Title IV-E FFA prevention program.

- **Binti- Licensing and Placement**. DCF is implementing Binti's resource family licensing and placement modules to support resource family recruitment, licensing and placement matching. Binti provides a mobile-friendly, online portal for resource family application and approval processes, as well as dashboards for tracking of licensing and renewal requirements. Binti's placement matching and tracking system assists caseworkers to identify the best family for children entering placement. Binti is a web-based application available 24/7 to staff in office and remote, as well as community partners interested in submitting applications and other documents to become a resource parent.

- **National Electronic Interstate Compact Enterprise.** NEICE is a system for quickly and securely exchanging all the data and documents required by the Interstate Compact on the Placement of Children (ICPC) to place children across state lines. DCF's ICPC unit uses the NEICE application to coordinate placements and other services that involve other state agencies. It is a web-based application available to DCF's ICPC staff in-office and remotely 24 hours per day, 7 days per week. For additional information on DCF's ICPC practices, see Systemic Factor G, *Foster and Adoptive Parent Licensing, Recruitment, and Retention.*

Functional Data Exchanges. DCF has multiple interfaces and functional data exchanges with various state and federal entities, including the NJ OIT, the Comprehensive Financial System (CFS), NJ DHS, AOC, DCF's payment vendors, CB, and federal contractor agencies. For additional information on DCF's Interfaces, see Attachment B, *Data Exchange Detail*.

Looking Forward. While New Jersey's statewide information system was rated as a strength in Round 3 CFSR, and New Jersey has assessed the state's performance as a strength in Round 4 CFSR as well, DCF is ongoingly making efforts to ensure that its systems meet the evolving needs of the Department. Accordingly, in 2022, DCF developed an Information Management (IM) strategy plan and adopted a formal governance structure. The IM strategy plan aims to (1) enhance DCF's business intelligence, reporting and advanced analytics capabilities via a modern enterprise data warehouse, (2) better support revenue maximization, program development and compliance, and (3) modernize application integration

architecture, particularly between the state's CCWIS and ancillary applications. To accomplish this plan, DCF is executing the following strategies:

- **Establish and manage an IM Strategy Roadmap Program**. This program ensures that DCF has the people, processes, and tools in place to manage and govern IM Strategy investments and activities. It serves as a tool for communicating to DCF's partners about its vision for information management and how it will implement this vision. The roadmap, created in March 2023, is a living document that evolves as activities are completed and as the Department's strategies and priorities change.
- **Establish Data Governance**. DCF has established data governance structures and is committed to maintaining data governance capabilities, including the implementation of data governance frameworks, operating model, standards, processes, and controls.
- **Establish Data Management Capabilities**. DCF is committed to strengthening its ability to collect, manage and report data. Efforts include the ongoing implementation of data management solutions, such as a cloud-based EDW and a modern business intelligence solution, aimed towards dashboard modernization and program analysis and reporting related to FFA.
- **Modernize Key Business Application**. DCF is committed to ensuring that the department has "modernized" business applications in place, information systems, tools and technologies that are designed to support and enable DCF to realize its strategic program and operational outcomes. This includes CCWIS modernization and development of a provider data system.

The IM strategy plan and the implementation of the strategies described above are overseen by the DCF Information Management Steering Committee (IMSC), a body comprised of leadership from across multiple divisions and offices. In addition to the strategic plan, the IMSC oversees information technology risk management, data governance and security, resource management, internal and external data integration, and decision making relating to IM investments. DCF engaged with an external consultant to develop the IM strategic plan and IMSC. With the support of the same consultant, DCF is building out an information technology project management office (PMO). Key activities of the PMO include the following.

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

Summary of Evidence Reviewed throughout Item 19, *Statewide Information System*:
- State and DCF statutes, regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, 2022 APSR, 2023 APSR, and 2024 APSR
- Administrative Data, including data from NJS and SafeMeasures
- Qualitative Data, including staff narratives, and internal and external stakeholder listening sessions.

Systemic Factor B. Case Review System

The case review system should be functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parents and includes the required provisions. It should ensure that, for each child, a periodic review occurs no less frequently than once every six months and that a permanency occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter. Filings for termination of parental rights (TPR) proceedings should occur in accordance with required provisions. Foster parents, pre-adoptive parents, and relative caregivers of children in foster care should receive notification of any review or hearing held with respect to the child and that they have a right to be heard in any review or hearing held with respect to the child. Systemic Factor B, *Case Review System,* is assessed through review of Item 20, *Written Case Plan,* Item 21, *Periodic Reviews*, Item 22, *Permanency Hearings*, Item 23, *Termination of Parental Rights*, and Item 24*, Notice of Hearings and Reviews to Caregivers.* Table 30 summarizes New Jersey's performance during Round 3 CFSR and its current assessment of functioning for this systemic factor and relevant items. DCF's analysis of Items 20-24 follows.

Table 30. New Jersey's Round 3 CFSR Performance and Round 4 CFSR Self-Assessment for Systemic Factor B and Items 20-24

[Systemic Factor B Item]	Round 3 CFSR Final Result	Round 4 CFSR Self-Assessment
Systemic Factor B: Case Review System	Not in Substantial Conformity	Not in Substantial Conformity
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?	Area Needing Improvement	Area Needing Improvement
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 administrative review?	Strength	Strength
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?	Strength	Strength
Item 23: Termination of Parental Rights: How well is the case review system functioning statewide to ensure that the filing of TPR proceedings occurs in accordance with required provisions?	Area Needing Improvement	Area Needing Improvement
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 (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?	Area Needing Improvement	Strength

Item 20: Written Case Plan

Analysis. DCF's policies and practices require that each child has a written case plan, that includes all required provisions, that is developed jointly with the parents and youth. Below, DCF describes relevant policies, practices, and training, analyzes performance, and outlines processes for ensuring the quality of the Department's case planning efforts.

Case Planning Infrastructure, Policy, and Practices. Per DCF policy, a case plan, which includes all of the federally required elements of a case plan[79] (Table 31), is prepared within 60 calendar days of a referral being assigned to a local office for investigation or response, or within thirty calendar days of a child entering

[79] 45 CFR 1356.21

or re-entering out-of-home placement, and every six months thereafter.[80] Case planning may also occur at any time during the life of a case when case circumstances change.

Table 31. Federally required elements within New Jersey's case plans.

Required Element		Description
Be a written document that is developed jointly with the parents or guardian of the child in foster care.	✓	Case plans are co-developed with the family and document the families consensus with the DCF's intervention, as well as the outcomes, family strengths and supports. DCF policy directs, "the family and child who are the subject of the plan should be the primary authors of the plan. … it is necessary to engage the family and their support network in a strength based, solution oriented, consensus building process." Parents, children/adolescents/young adults, caseworkers, and supervisors sign the Individual and Family Agreement (IFA) portion of the case plan.
Be developed within a reasonable period of time but in no event later than 60 days from the child's removal from the home	✓	Per policy, case plans are prepared within 60 calendar days of a referral being assigned to a local office for investigation or response; or within thirty calendar days of a child entering or re-entering out-of-home placement; and every six months thereafter. DCF tracks timeliness of case plans to ensure that they are completed within the timeframes prescribed in policy via SafeMeasures and KPIs
Includes a discussion of how the case plan is designed to achieve a safe placement for the child in the least restrictive, most family like setting available and in close proximity to the home of the parents when the case plan goal is reunification	✓	The "Current Placement Information" section of the IFA provides description of how the child's placement is the least restrictive setting and is the closest placement to the parent's home, given availability, and the child's needs. If there is no setting available in close proximity to the parent's home that is able to respond to the child's needs, an explanation is required. This also captures information on whether the siblings are placed together and, if not, the reasons for separation. Section B also includes a "care environment/living arrangement' domain, where the child or young adult's needs are described and goals identified.
Includes a discussion of how the placement is consistent with the best interests and special needs of the child	✓	The "Current Placement Needs" section of the IFA includes a description of the immediate needs of the child or adolescent that must be addressed to ensure the continuity of their education, healthcare and familial and social connections. It also includes a description of the resource family's understanding of the child or adolescent's needs, their role in ensuring the safety, health and wellbeing of the child or young person, the supports provided by CP&P to the resource family, and the resource family's commitment to the child or young person. The IFA also includes four pieces of narrative—Summary of Assessed Need, Child/Young Adult Perspective, Care Team Actions and Goals, and Progress on Achieving Identified Goals or Tasks—in each of seven domains: (1) care environment/living arrangement; (2) emotional and behavioral management and development; (3) academic and career preparation; (4) belonging and identity; (5) managing and developing good health; (6) preparing for young adulthood; and (7) thriving young parents.
Includes a description of the services offered and provided to prevent removal of the child from the home and to reunify the family	✓	The "Reasonable Efforts to Prevent Placement of Children/Young Persons" section of the case plan summarizes the strategies and services offered to prevent the child's removal from the home. The "Programs and Services" section summarizes the services that the family is engaging in or will be referred to address the needs identified and prevent removal or move the family towards reunification. Caseworkers are expected to rely on the consensus built with the family to identify a personalized action plan for the family that is designed for the family's unique strengths, challenges, needs, and desired outcomes.
Documents the steps to finalize a placement when the case plan goal is or becomes adoption or placement in another permanent home	✓	Three sections of the IFA, "Child Placement Review Information," "Adoptions and Safe Families Act TPR Information," and "KLG," document efforts to finalize a placement when the case goal is or becomes adoption or placement in another permanent home. These sections include information related to the number of months in placement, court findings on reasonable efforts to prevent placement and to safely return the child, filing dates of guardianship complaints, and reasons that TPR is not in the child's best interest, if appropriate. If applicable, the KLG section captures reasons that KLG is in the child's best interest, the duration of time the child has been in placement with the kin caregiver, descriptions of attachments between the kin caregiver and the child, efforts made to determine that reunification or adoption is not appropriate, and to discuss permanency options with the caregiver.

The assigned CP&P caseworker works with the family to complete their initial case plan. The family's assigned caseworker is responsible for coordinating case planning efforts and for working with the family to develop the initial case plan and to ongoingly review and update the plan. Depending on the stage of the case, a case plan can be done by caseworkers in any of CP&P's local office units, e.g., intake, permanency,

[80] CPP-III-B-1-100.pdf

adoption, adolescent. Training on case planning and engagement of parents and youth are embedded throughout DCF's pre-service and ongoing staff trainings. For example, the "Family Engagement and Building Relationships" course highlights the importance of family voice and collaboration to assess family functioning, safety, and risk. The "Initial SBC" training introduces the core principles of SBC, including consensus building, identifying individual and family level outcomes, and developing family-driven action plans. "Concurrent Planning" training focuses on case planning with families with a child in out-of-home placement. Workers synthesize and practice the skills learned in simulation exercises, where they meet a "family" and undertake the case planning process by getting to know them, gathering information, using SBC skills to identify outcomes, and action planning. Supervisory seminars provide supervisors with ongoing and enhanced training related to case planning and effective application of SBC principles. This training emphasizes that case planning is a collaborative process aimed at identifying specific, behaviorally based goals to help families meet safety, permanency, and well-being outcomes. The training highlights that the case plan needs to align with the family's unique strengths, needs, and everyday tasks. As Figures 43 and 44 demonstrate, DCF generally ensures that families have initial and ongoing case plans in place.

Figure 43. Completion of Initial Case Plans for Children Entering Care in FFY 2024, Source: SafeMeasures

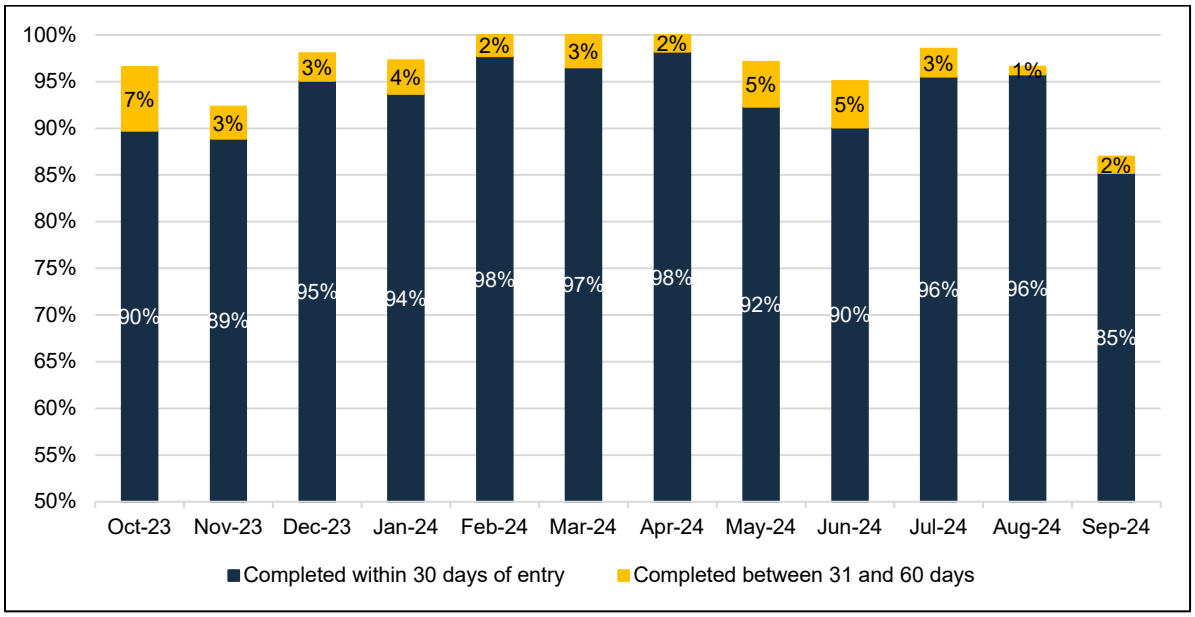
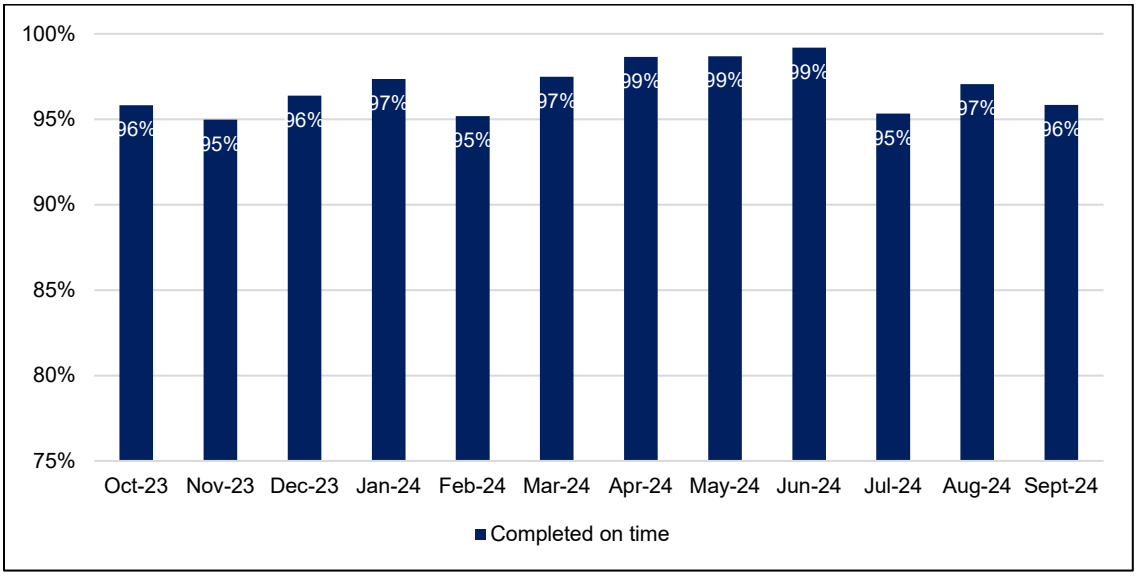


Figure 44. Timely Completion of Ongoing Case Plans for Children in Care, FFY 2024, Source: SafeMeasures



Engaging Parents, Children, and Youth in Case Planning. DCF recognizes that family involvement in the case planning process increases the rate of successful goal achievement and results in reduction of risk of future maltreatment. As such, DCF authentically engages parents, children, and youth in the development and review of case plans. DCF policy indicates that "the family and child who are the subject of the plan should be the primary authors of the plan. … it is necessary to engage the family and their support network in a strength based, solution oriented, consensus building process."[81] The case plan is based on mutual understanding and acceptance of what the problems are and what changes need to take place and specifies the services or actions needed to achieve the families' individual and family level goals. From the initiation of the case planning process, DCF engages the mother, father, and children and encourages families to invite supportive relatives, friends, etc. Case plans are written in "family-friendly" format and in the family's own words, are signed by the family members, and copies are provided. After the initial case plan is developed, DCF expects review of the action plan during every interaction. Using SBC skills, they, together, celebrate the family's accomplishments and adjust the plan. More formally, caseworkers and families review their case plans during Family Team Meetings and at 5-month and 10-month enhanced reviews.[82] For more information on enhanced reviews, see Item 21, *Periodic Reviews*.

In addition to participating in family case planning, youth who are 14 years of age or older and in out-of-home placement also work with their caseworker to develop a transitional plan.[83] The caseworker and the youth work together to identify short and long-term goals, objectives, and action steps that are clear, measurable, action-oriented, and realistic. The plan is completed in conjunction with an independent living assessment. The youth is encouraged to include family members, caring adults, and others in plan development. Transitional plans must be completed within 90 days of a youth's 14th birthday or within 90 days of entering out-of-home placement for a youth over the age of 14 and re-evaluated at least every six months thereafter. It is DCF's expectation that staff, and youth discuss the goals identified in the plan on a monthly basis. Table 32 shows that while most youth have a completed Independent Living Assessment, transitional plans are not being completed at least every six months (range 62%-74%).

Table 32. Percentage of youth with transitional plans and Independent Living Assessments, Source: SafeMeasures

Percent of Youth (ages 13-21) with 6-month Transitional Plans											
Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25
76%	74%	71%	73%	71%	69%	69%	70%	71%	68%	66%	62%

Percent of youth (ages 14-18) with an Independent Living Assessment											
May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
84%	84%	84%	85%	83%	84%	83%	83%	82%	83%	82%	81%

The quality and authenticity of staff's engagement of parents, children, youth and young adults, and other relevant stakeholders in the case planning process is one area of review in the quality assessment processes described in the next section.

[81] CPP-III-B-1-100.pdf
[82] CPP-III-B-5-500.pdf, CPP-III-B-1-200.pdf
[83] CPP-X-A-1-5.43.pdf

Listening Session Insights: Barriers to Engagement during Case Planning

Question: What are the barriers to engaging with families and youth during case planning?

Participants	Themes
CP&P Central Office and Statewide Local Office Leadership.	**Mental health and substance use by parents impact case planning.** When a parent has a mental health challenge or substance use challenge, it impacts the ability to effectively engage and plan with that parent. Both challenges impact effective collaboration, "buy-in," and change. **Lack of basic needs impacts family's ability to engage in case planning.** For case planning to be successful, families *first* need their basic needs met. Once basic needs are met, the family can be better engaged and can focus on case planning. **Service availability impacts case planning.** Having the right services available when families need them is important to successful case planning. Participants noted a lack of in-home services, geographically accessible services, services with flexible hours, and youth behavioral health services.

Listening Session Insights: Family Voice in Identifying Needs

Question: During your case planning, did you have a say in identifying what you needed? Were you involved in identifying your needs and the planning of services you received?

Participants	Themes
Parents and youth with lived experience with DCF who participate in the DCF Youth, Parent, and D.A.D.S. Councils.	**Families are involved in, but not always satisfied with, identifying their needs.** While most respondents indicated they were involved in case planning, many indicated they were not satisfied with that involvement. Participants indicated different types of negative experiences, e.g., they were ignored or not heard or needed more than what was provided. Youth were more satisfied with their involvement in case planning than adults. **Families need for additional or better guidance from CP&P.** Some participants noted that caseworkers were unable to provide them with needed information or were unable to provide proper guidance.

Quality of Case Planning. In addition to ensuring that caseworkers undertake case planning in accordance with policy via review of SafeMeasures, DCF also reviews the quality of case planning practice, including family engagement, through supervisory practices, the use of SBC assessments and observation tools, the CP&P CoQI process, and additional information gathering from families.

- **Supervisory Practices.** All case plans are developed with the family, memorialized by the assigned caseworker, preliminarily reviewed by the supervisor, and, finally, reviewed and approved by the assigned supervisor and/or, depending on risk level, the assigned casework supervisor. Ongoingly, caseworkers and supervisors review and discuss case plans together during regular supervisory conferences, monthly casework supervisor meetings, and 90-day, 5-month, and 10-month enhanced reviews.[84] The enhanced reviews provide opportunity for additional review by additional staff and consultants, e.g., case practice specialists, concurrent planners.

- **Solution Based Casework Fidelity Tools.** Historically, DCF used the SBC observation tools described in the State's Round 3 CFSR PIP. Between June 2022 and January 2024, 9,915 supervisor observation tools and 3,624 casework supervisor observation tools were completed. Based on these assessments, the caseworker was able to effectively plan with the family for a concurrent goal to support timely permanency 84% of the time. The supervisor facilitated a conversation with the caseworker regarding ways to effectively plan with the family for a concurrent goal 78% of the time. Based on DCF's progress in implementing SBC and the positive results yielded from those observations, DCF transitioned to the use of the SBC fidelity tools described next.

[84] CPP-III-B-1-200.pdf

DCF relies on structured SBC milestone-based scoresheets to evaluate caseworkers' proficiency in the SBC model, including their case planning skills and the quality of their interactions with families. Supervisors use scoresheets to review caseworker's completion of documentation and for practice observation of each of SBC's four milestones. For additional information and data on the SBC fidelity tools, see Systemic Factor C, *Quality Assurance System*. At the local level, supervisors utilize these score sheets to regularly evaluate and provide staff with feedback and guidance to improve skills and proficiency in various practice areas, e.g., family engagement, safety planning, development of actionable plans. At the leadership level, these tools are used to support ongoing certification efforts, inform on proficiency levels across the Division, and guide targeted training and development initiatives.

- **CP&P CoQI Process.** DCF employs a structured, data-driven CoQI framework to enhance service delivery. The CP&P CoQI process assesses practice related to case planning through several indicators in its case record review, as well as the family interview process. During this process, if a local office identifies case planning practices as a priority area for improvement, the CoQI team identifies an action plan for improvement and engages in facilitated quarterly check-ins to assess progress. For a full description of the CoQI framework and the CP&P CoQI process, see Systemic Factor C, *Quality Assurance System*. During the CP&P case record review, reviewers assess approximately 1,150 cases annually to determine the extent to which evidence in the electronic case record aligns with best practices and policy. Among many other practice areas, the CP&P case record review examines whether case planning practices led to case plans that demonstrated a comprehensive assessment of family needs, clear action steps to support the families' outcomes, collaboration with the family, and consistency with case circumstances. Table 33 reflects DCF's current performance on these indicators as derived through the CP&P case record review process.

Table 33. Quality Scores for Long-Term View, Quality of Planning Process, and Successful Transitions, 2023 and 2024, Source: CP&P Case Record Review

Indicator	Description	2023		2024[85]		Interpretation[86]
		In-Home	Out-of-Home	In-Home	Out-of-Home	
Long-term View	Assesses whether the plan outlines the goals for the families and whether the plan supports the families' long-term success.	70%	70%	67%	68%	**Area Needing Improvement**: On average in 2024, case practice activities were 67% aligned with best practice and policy for in-home cases and 68% aligned for out-of-home cases.
Quality of Planning Process	Evaluated in several indicators and is broken down by the overall Quality of the Plan, the Plan Implementation and Successful Transitions. Overall Quality of the Planning process assesses the quality of planning with the families to prevent the re-occurrence of the issues that resulted in the families' involvement with the agency and whether the families' voice was part of the planning process.	71%	71%	71%	72%	**Area Needing Improvement**: On average in 2024, case practice activities were 71% aligned with best practice and policy for in-home cases and 72% aligned for out-of-home cases.
Successful Transitions	Assesses if children transitioning out of placement are provided with all necessary supports prior to reunification.	n/a	70%	n/a	78%	**Area Needing Improvement**: On average in 2024, case practice activities were 78% aligned with best practice for out-of-home cases.

[85] The review tool underwent significant changes between the first and second review. Results cannot be compared across time periods.
[86] For the quality score interpretations throughout this plan, areas of strength had scores above 85%, areas needing improvement had scores between 65% and 85%, and areas needing significant improvement had scores below 65%.

- **Family Perspective.** The family interview process helps DCF to assess case practice strengths and challenges from a family's perspective. In 2024, 223 families from across 35 CP&P local offices participated in the interview process. Among other topics, families were asked about the planning process and their role in that process. One key finding related to the pivotal role of the caseworker is to maintain progress towards case goals, emphasizing the value of demonstrating empathy, competence, clear communication, consistent support during transitions. Additionally, families emphasized that collaboration in determining services can enhance engagement and strengthen case outcomes.

Listening Session Insights: Effective Case Planning

Question: What strategies do staff use to effectively case plan with families? What factors are present when case planning is successful? How could the case planning collaborations be improved?

Participants	Themes
CP&P Central Office and Statewide Local Office Leadership; CP&P statewide practice and service experts, e.g., CPS, CPL, AQC, and RDS; and youth with lived experience with DCF who participate in the Youth Council.	**Case plans should be developed with, and not "for," families.** When case planning, CP&P should identify needs and goals in collaboration with the family. Caseworkers should ensure all parties, including older youth, have a say in the case plan. **CP&P should attain a full understanding of family before case planning.** Participants recommended staff develop a full understanding of a family before case planning, including the individuals' and family's history, dynamics, and needs. **Caseworkers need to be allowed sufficient time to develop case plan**. Building rapport and trust with the family and ensuring a full understanding of the family, instead of rushing into case planning, leads to more success. **There is a need for additional skill-building among CP&P staff, especially around strength-based and supportive communication.** There is a need for more direct guidance and strategies for caseworkers. Staff should be able to consistently have strength-based, supportive and respectful engagement with youth and families, even during difficult conversations. Additional recommendations for skill building activities include partnering less experienced case workers with experienced staff, supervisory field visits, and refresher sessions on various case planning skills.

Summary of Evidence Reviewed throughout Item 20, *Written Case Plan*:

- State statutes and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, 2022 APSR, 2023 APSR, and 2024 APSR
- Administrative Data, including data from NJ SPIRIT
- Qualitative Data, including staff narratives, CP&P case record reviews, the family interview process, internal and external listening sessions, and SBC observation tools

Item 21: Periodic Reviews

Analysis. Through a number of judicial and administrative procedures, New Jersey ensures that periodic reviews and/or administrative reviews for each child that meet the requirements of 42 U.S.C. § 675 (5)(B) occur at least once every six months. Below, DCF describes relevant infrastructure, policies and procedures related to judicial and administrative periodic reviews.

Infrastructure, policies, and procedures related to judicial processes. New Jersey has enacted laws and adopted procedures that conform to federal law to govern the process and assure that the safety of children is of paramount concern and that the rights of parents are protected.[87] Below, DCF summarizes the infrastructure, policies and procedures of the New Jersey courts, legal partners, and internally at DCF that support all litigated cases. The information provided in this section supports the efforts related to periodic reviews, permanency hearings, termination of parental rights, and notice to caregivers summarized in Items 21 through 24.

- **New Jersey Court System.** Relevant to children and families involved with DCF, the New Jersey court system includes the New Jersey Supreme Court, the Appellate Division, and the Superior Court (trial courts).[88]

- **Supreme Court.** The Supreme Court is the state's highest court. Its seven governor-appointed, Senate-confirmed justices hear appeals from the Appellate Division.

- **Appellate Division.** The Appellate Division is the state's intermediate appellate court. This centralized Appellate Division hears appeals and interlocutory motions from the Superior Court, the Tax Court and state administrative agencies, including DCF, across the state, regardless of the lower court's county. The Appellate Division is made up of judges selected by the chief justice from among the state's Superior and Tax Court judges.

- **Superior Courts.** The Superior Courts, and in particular the family courts that oversee Children in Court (CIC) dockets, have an important role in monitoring DCF's actions. The Superior Court, Family Division make critical judicial determinations, conduct relevant trials, and holds periodic hearings of children in placement under a number of dockets, including FN- (child protection, which includes child abuse or neglect), FG- (termination of parental rights), FC- (child placement review), FL- (kinship legal guardianship) and FA (adoption).[89] Across the state, there is at least one judge who hears CIC cases in each of New Jersey's 15 court vicinages. New Jersey's trial court system is a statewide unified system, resulting in uniform management of cases at the trial court level. A CIC Operations Manual, which describes the court system's handling of CIC cases, and a series of forms utilized by the courts are publicly available.[90]

The Judiciary relies on various information systems, including eCourts, which establishes the electronic court records for more than 7 million cases per year for all court matters, including the Family Part, and Family Automated Case Tracking System (FACTS). The AOC makes information and statistics about Family Part cases publicly available through a public website, dashboards and annual reporting.[91]

Legal Representation. When a child is in placement, or the circumstances otherwise warrant court involvement, CP&P, parents, and children are supported and advised by competent and specialized legal representation. DCF is represented by a Deputy Attorney General (DAG) through the New Jersey Office of the Attorney General. As of December 2024, there were approximately 135 DAsG on staff. Children are represented by a Law Guardian, an attorney from the Office of the Law Guardian within the Office of the

[87] Children in Court Operations Manual
[88] Judiciary Annual Report 2021-2022
[89] R. 5:12, CPP-IV-A-3-200.pdf
[90] Children in Court Operations Manual, Family Practice Division | NJ Courts
[91] Publications, Reports, and Statistics | NJ Courts

Public Defender, that specializes in child welfare cases.[92] Parents are represented by either an attorney from the Office of Parental Representation (OPR) within the Office of the Public Defender or a private attorney.[93] OPR data reflects that 98% of parents who apply for representation through their agency are deemed eligible for representation.

- **Dedicated Offices and Staff.** DCF's Office of Policy, Legal Affairs, and Compliance (PLAC) is responsible for the development, maintenance, and dissemination of Department regulations, Administrative Orders, and policies. In addition, each CP&P local office has a litigation unit, comprised of paralegals and Family Service Specialists, that is responsible for assisting with writing and filing litigation complaints and other legal documents, assisting with searches for missing parents, serving as a liaison to judicial staff, and monitoring the court and Child Placement Review Board (CPRB) calendars and CP&P staff participation.

- **Preparation for Court Proceedings.** DCF provides CP&P staff with a training, entitled "Testifying in Court," that describes the caseworker's role in and expectations for court proceedings. Prior to each hearing, CP&P confers with the DAG and prepares a court report.[94] The court report, which utilizes a standardized form to document the status of the case and may include collateral information as attachments, includes information about the reason for the family's involvement with CP&P, the consensus built with the family, the needs of the parents and the children, the family's support system and how this support can help the family protect the child, and, for children in out of home placement, the placement and care being provided to the child, kin identification, visitation, reasonable efforts to achieve permanency, barriers to reunification, and the Indian Child Welfare Act (ICWA), and other information relevant to the proceeding. The completed court report must be approved and signed by the CP&P caseworker and supervisor and reviewed and approved by the DAG. After DAG review, DCF provides the original court report to the court with copies submitted to the DAG, Law Guardian, the parents' attorneys, and the CPRB.

Listening Session Insights: Family Participation in Court Proceedings

Question 10a: How are children, youth, families, and caseworkers prepared to participate in hearings? Were you informed about the dates of court and review hearings in a timely manner? Were you aware of your right to be heard? What supports could have allowed you to feel more prepared for hearings and reviews? What strategies can improve collaboration and engagement with children and families during the court process?

Participants	Themes
Judiciary and legal partners, reps. from sister agencies and advocacy groups, DCF leadership, and parents and youth who participate in the CICIC and in the DCF Youth, Parent, and D.A.D.S. Councils.	**Most children and families are informed of court dates.** Most participants reported they were informed of hearings. Notification was not always through CP&P, rather it was through attorneys, law guardians, self-advocacy, etc. **Families have recommendations for improving court processes.** Participants described challenges participating in court, including court sessions during school hours and continuation of trauma. Recommendations for improvement include: - **Need to Ensure Notice and Understanding** – Participants expressed the importance of effective communication by caseworkers and attorneys, especially prior to any hearings, to ensure awareness and understanding of the court event. Participants encourage exploration of notification processes, e.g., similar to OSCAR notification or CP&P notification pilot. - **Improving trust/relationship building** – Many participants reported a need to make the system feel trustworthy by improving relationships and creating courtroom environments that are inclusive and respectful, so children and families feel they have a voice and want to be involved.

Judicial Periodic Reviews.[95] Following dialogue with CB, the AOC's Quantitative Research Unit utilized the workbook provided by CB to complete this portion of Item 21. The New Jersey Judiciary deems a

[92] N.J.S.A. 9:6-8.23, N.J.S.A. 30:4C-15.4, Office of Law Guardian
[93] N.J.S.A. 9:6-8.43, N.J.S.A. 30:4C-15.4, Office of Parental Representation
[94] CPP-X-A-1-26.80.pdf
[95] The data in AOC Data Table 1 and narrative included in the "Judicial Periodic Reviews" section was provided by the AOC.

periodic review to be any court hearing for a child placed by CP&P, which is consistent with the definition provided by the CB to the AOC. These hearings can be held in the following CIC dockets: FN-, FG-, FC-, and FL-. Hearings include permanency hearings, summary hearings, and benchmark hearings, among other hearings. Following the definition established by CB, a periodic review is considered timely if it occurred no later than: (a) 6 months after a child's initial placement, where counting begins after "adjudication" or 60 days after placement; or (b) 6 months from the previous periodic review. Upon guidance from CB, each State has the discretion to use the adjudication date or the placement plus 60-days date to calculate periodic review compliance. After consultation with CB, the AOC used the initial placement date plus 60 days rather than the adjudication date.

As AOC Table 1 demonstrates, across all performance periods, 98% of children received timely hearings; this number remained essentially stable across all four periods. Four consecutive performance windows were selected for this analysis. The first consisted of children under the age of 18 who had been in care at least 60 days prior to January 1, 2022, and whose cases were pending at any point prior to June 30, 2022. The second period covered from July 1, 2022 – December 31, 2022, the third from January 1, 2023 – June 30, 2023, and the fourth from July 1, 2023 – December 31, 2023; the same timing conditions with respect to placement date applied to all the later periods as well.[96]

This figure is based on subsequent hearings alone as there were no initial hearings held during these performance windows due to the way that initial and subsequent hearings were conceptualized in the federal workbook. It is important to recall that each performance period consists of children that entered care at least 60 days prior to the beginning of the period. A minor receiving an "initial hearing" in these analyses is therefore one who received their first hearing during the performance window, despite having been in care for a minimum of 60 days before the window began. In New Jersey's case, all children in all performance windows had at least one hearing prior to the start of the window. This is why the number of initial hearings in AOC Table 1 is zero: no children were eligible for an "initial" hearing during the performance window because they had all already received one.

AOC Table 1. Periodic Reviews in New Jersey, 2022 – 2023, Source: AOC Data Systems

Performance Period	Hearing Type	Count of children	Count of valid hearings	Percentage of children who received a timely hearing[97]
1 (1/1/2022-6/30/2022)	Initial	0	0	-
	Subsequent	2,712	2,642	97%
	All	2,712	2,642	97%
2 (7/1/2022-12/31/2022)	Initial	0	0	-
	Subsequent	2,538	2,475	98%
	All	2,538	2,475	98%
3 (1/1/2023-6/30/2023)	Initial	0	0	-
	Subsequent	2,475	2,412	97%
	All	2,475	2,412	97%
4 (7/1/2023-12/31/2023)	Initial	0	0	-
	Subsequent	2,490	2,453	99%
	All	2,490	2,453	99%
All (1/1/2022-12/31/2023)	Initial	0	0	-
	Subsequent	10,215	9,982	98%

[96] Hearing types, dates, and times are stored in Judiciary records for children in care for all of the CIC case types in which the child may be a party. These systems, especially FACTS, record the cases for each child under each case type, e.g., FC- for children in care, FN- for an abuse/neglect case. These are stored using a common child identifier across the case types, so it is possible to discern the cases to which the child is a party. When a case is transferred between counties for various reasons, the specific case number from the sending county is disposed, and the receiving county opens a new case number. Further, some CIC dockets are at the child level, e.g., FC-, and some are at the family level, e.g., FN-, FG-. For some family level dockets, there may be multiple child parties to a specific case. Because there may be multiple child parties to a family level docket, if an individual child should no longer be included on that case (e.g., if the child returns home), the child can be severed from the case while the case continues on with the other children. The case itself is not disposed, but the child will be removed from the list of parties from the case. To provide the most accurate picture of hearing timeliness as possible, Judiciary analysts connected cases when they were transferred between counties and for family level dockets, and only counted hearings that occurred while the child was a party to that case.

[97] Upon guidance from CB, each State has the discretion to use the adjudication date or the placement plus 60-days date to calculate periodic review compliance. After consultation with CB, the AOC used the initial placement date plus 60 days rather than the adjudication date.

Performance Period	Hearing Type	Count of children	Count of valid hearings	Percentage of children who received a timely hearing[97]
	All	10,215	9,982	98%

Benchmark Hearings. The benchmark hearing is a youth-centered event that enables older youth in placement to have a direct conversation with the judge to identify and develop strategies to ensure that the youth's needs are addressed in a timely manner.[98] Its purpose is for older youth in placement, particularly those who have been in placement for several years or who are in an independent living situation to discuss the present and the future. The desired goal is for the judge to have a direct conversation with the youth and go beyond the formality of a court hearing. The youth, with the help of the law guardian, will initially identify the issues to be addressed and the individuals who should attend the hearing. Benchmark hearings should be held for youth at the following five intervals: for youth between the ages of 11 and 14, at the discretion of the court, who have been in an out of home placement for one or more years, at age 15, at age 16, at age 17, and between ages 18-20.

Child Placement Review Board. When a child enters placement, the child's case is also reviewed by a county CPRB within 60 days of the initial placement.[99] Created in 1978 under the Child Placement Review Act, CPRBs act on the court's behalf to comprehensively review the case, including the child's placement, the plan and goals for the family, visitation, progress towards achieving permanency for a child. Upon completion of the review, the CPRB provides case-specific recommendations to the judge assigned to the case. CPRBs are comprised of five or more court-appointed and trained volunteers. The family, foster parents, CP&P caseworkers and supervisors, and other child welfare stakeholders are invited to the review.

Administrative Enhanced Reviews. In addition to judicial periodic reviews and CPRBs, DCF periodically conducts administrative enhanced reviews to assure that all reasonable efforts have been made to prevent the placement of a child.[100] If placement is necessary, enhanced reviews assure that permanency and concurrent planning are being carried out in a timely and appropriate manner. Enhanced reviews begin prior to a child's placement in out-of-home care and continue periodically until a child achieves permanency. Participants include different combinations of the parents, the child, if age appropriate, other interested parties, the Child Health Unit (CHU) Nurse, CP&P staff, including the casework supervisor who leads the meeting, the supervisor, the caseworker, the resource worker, and others. Enhanced reviews include the pre-placement conference, 30-day staffing meeting, 90-day staffing meeting, the five-month enhanced review, the ten-month enhanced review, and an annual review. Of these, the five-month and ten-month reviews, which are described below, meet the federal definition of an administrative review. Figures 45 and 46 show that these critical reviews continue to occur timely.

- **Five-month review.** The five-month enhanced review determines the progress made in achieving the family's goals, including the status of key permanency tasks, parental participation and progress towards reunification, whether unsupervised parent-child visits can occur, the effectiveness of services, and the needs of the child, family, and/or resource family. The review is led by the county's Administrative Placement Reviewer and includes the parents, the Area Concurrent Planning Specialist, assigned caseworker and supervisor, the child, if age appropriate, the caregiver, nurse consultant, the Resource Family Support Unit caseworker if the child is not placed with kin, and any other supports. Parents are notified of the five-month review verbally by their caseworker and in writing by the Administrative Placement Reviewer. To ensure that this review is a focused and comprehensive meeting, CP&P staff ensure the record is fully updated, undertake a thorough review of the record and all court orders, and

- **Ten-month review.** The ten-month enhanced review is used to prepare for the permanency hearing. CP&P either approves an Adoption and Safe Families Act (ASFA) exception based on the improved circumstances of the parents and likelihood of reunification or recommends an alternate permanency goal, e.g., TPR followed by adoption, KLG. This review includes a family discussion and a litigation conference. The family discussion is an in-depth and full disclosure conversation with the family, led

[98] Directive #20-23 â•fi Family â•fi CIC â•fi Revised Benchmark Hearings Protocol and Checklist (Supersedes Directive #03-22)
[99] N.J.S.A. 30:4C-50 through - 65; R. 5:13-5, Children in Court Operations Manual
[100] CPP-III-B-1-200.pdf

by the area concurrent planning specialist or casework supervisor, regarding permanency and concludes with a real action agreement. The litigation conference is used to review the agency's suggested permanency goal with a DAG in preparation for the permanency hearing. Led by the area concurrent planning specialist, this conversation includes the casework supervisor, supervisor, caseworker, CP&P Litigation Specialist, a DAG, adoption supervisor or casework supervisor, CHU nurse and any appropriate interested parties.

Figure 45. 5-month enhanced reviews, FFY 2024, Source: SafeMeasures

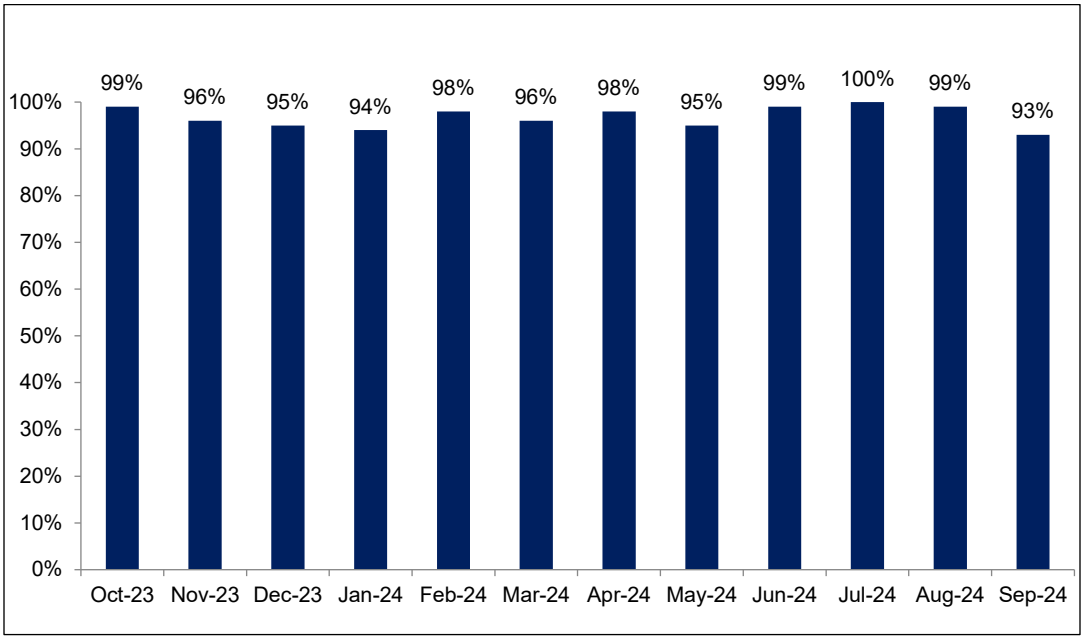
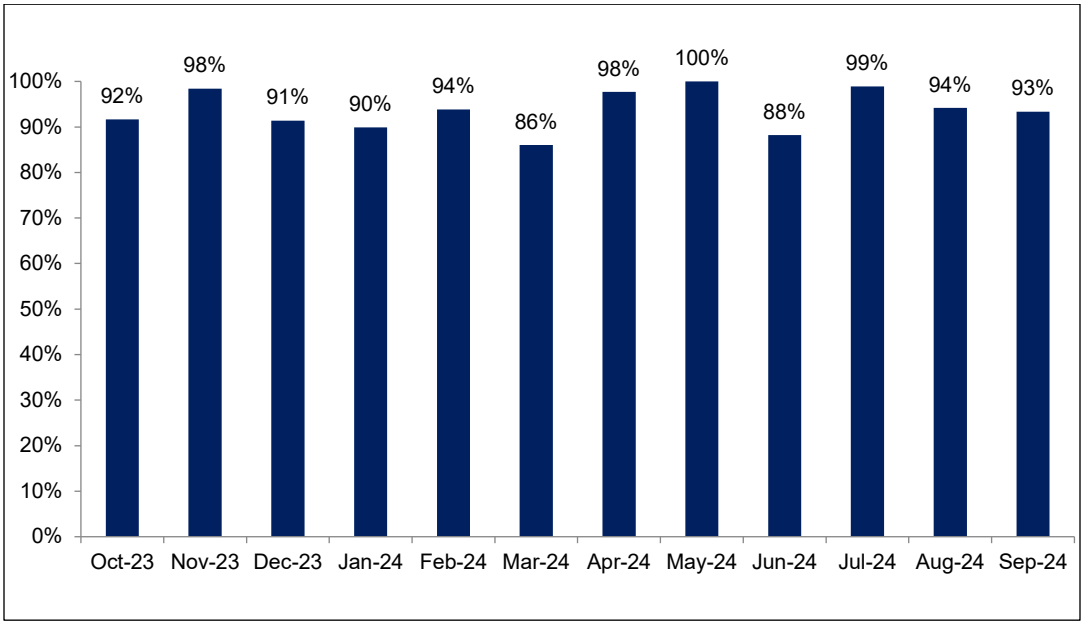


Figure 46. 10-month enhanced reviews, FFY 2024, Source: SafeMeasures



Summary of Evidence Reviewed throughout Item 21, *Periodic Reviews*:
- State statutes and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, 2022 APSR, 2023 APSR, and 2024 APSR
- Administrative Data, including data from NJS and AOC data systems
- Qualitative Data, including staff narratives, AOC staff narrative, internal and external stakeholder listening sessions.

Item 22: Permanency Hearings

Analysis. Pursuant to ASFA, the court must hold a first permanency hearing within 30 days of a judicial determination that reasonable efforts to reunify the child with the parent are not required, or within 12 months of the date the child is placed.[101] At a permanency hearing, the court determines whether CP&P's permanency plan and timeframe are appropriate and acceptable, determining whether the child will be reunified with a parent, made eligible for adoption after termination of parental rights, placed with a relative via custody or KLG, or placed in another permanent living arrangement. In addition to participating in the training and the 10-month conferences described in the "Judicial periodic reviews" section above, CP&P staff prepare for permanency hearings by engaging in a litigation conference with their supervisor and/or caseworker supervisor and the DAG. Parents and children are notified of permanency hearings in writing via the court notices to their attorneys and verbally by caseworkers and are prepared for the hearing via their counsel.

As with Item 21, the AOC's Quantitative Research Unit utilized the workbook provided by CB to complete this portion of Item 22.[102] Following the definition provided by CB, a permanency hearing is considered timely if it takes place within one year of the date: (a) of a child's placement date plus an additional 60 days; or (b) of the child's last permanency hearing. As with the periodic review analysis, the placement date plus an additional 60 days was selected upon guidance from CB.

Two consecutive performance windows were selected for evaluation. The first window consisted of children under the age of 18 who were placed in care at least 60 days before January 1, 2022, and whose cases were pending at any point before January 31, 2023. The second window consisted of children under the age of 18 placed in care at least 60 days before January 1, 2023, and whose cases were pending at any point before January 31, 2024. As AOC Table 2 demonstrates, across both performance windows, 88% of children received timely hearings, including 95% of children receiving their initial hearing and 84% of those receiving subsequent hearings. The overall results are largely in line with the results from both individual performance periods. The largest variation occurred for initial hearings, where 93% of children in period 1 and 98% of children in period 2 received timely initial permanency hearings.

AOC Table 2. Permanency hearings in all performance periods, Source: AOC Data Systems

Performance Period	Hearing Type	Count of children (denominator)	Count of Valid Hearings (numerator)	Percentage of children who received a timely hearing
1 (1/1/2022-1/31/2023)	Initial	742	688	93%
	Subsequent	1,437	1,205	84%
	All	2,178	1,893	87%
2 (1/1/2023-1/31/2024)	Initial	699	684	98%
	Subsequent	1,302	1,096	84%
	All	2,001	1,780	89%
All (1/1/2022-1/31/2024)	Initial	1,440	1,372	95%
	Subsequent	2,739	2,301	84%
	All	4,179	3,673	88%

Youth Participation in Permanency Hearings. DCF, the courts, and other legal partners work together to ensure youth are involved in permanency planning and attend permanency hearings. DCF policy directs CP&P staff to involve children in the permanency planning process, carefully considering his or her views

[101] N.J.S.A. 30:4C-61.2
[102] The data in AOC Data Table 2 and accompanying narrative included here was provided by the AOC.

when he or she is able to understand the implications of permanency planning.[103] The Youth Bill of Rights directs that youth are to be in contact with their Law Guardian and, if appointed, Court Appointed Special Advocate, are to be informed of upcoming court and permanency hearings, are to attend and participate in permanency hearings, and are to have transportation to attend their permanency hearings. In addition, AOC Directives #20-23, “Revised Youth Participation in Court Protocol and Permanency Order,” and #15-18, "Revised Benchmark Hearings Protocol and Checklist," set forth parameters for youth notice, preparation, and participation in court proceedings.[104] The internal policy of the Office of the Law Guardian directs that, before each court event, an attorney or investigator from the Law Guardian’s office must make every effort to have in-person contact with the child in a venue most comfortable to the child.

Summary of Evidence Reviewed throughout Item 22, *Permanency Hearings*:

- State statutes and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, 2022 APSR, 2023 APSR, and 2024 APSR
- Administrative Data, including data from AOC data systems
- Qualitative Data, including staff narratives and AOC narrative.

[103] CPP-III-B-2-100.pdf

[104] Directive #15-18 Children-In-Court Revised Youth Participation in Court Protocol and Permanency Order, Directive #20-23 - Family - CIC - Revised Benchmark Hearings Protocol and Checklist (Supersedes Directive #03-22),

Item 23. Termination of Parental Rights

Analysis. ASFA requires states to initiate TPR proceedings for children who have been in foster care for 15 of the most recent 22 months. In addition, ASFA requires states to initiate TPR proceedings in any case where the court has found that a parent has lost parental rights to that child's sibling; killed another of his or her children or committed felony assault against the child or a sibling or subjected the child to aggravated circumstances; or for infants determined under state law to be abandoned ("other ASFA criteria.") States can opt not to initiate such proceedings if the child is in a relative's care, or if the state agency has documented in the child's case plan a compelling reason to determine that TPR would not be in the child's best interest, or if the state has not provided necessary services to the family ("compelling reasons.") In addition to the infrastructure, policies, and procedures related to judicial processes and administrative reviews described in Item 21, each CP&P local office has a dedicated litigation unit to support CP&P meet the ASFA requirements.[105]

The litigation unit, which is comprised of a supervisor, litigation specialist, CPRB liaison, juvenile court liaison, and multiple certified paralegals, supports their respective local office by organizing case conferences between CP&P staff and DAsG to determine appropriate legal interventions and strategies, serving as the court's point of contact for litigated cases, and ensuring court complaints are written and timely filed with the courts. The litigation specialist participates in the 10-month review, during which a permanency plan is determined and any compelling reasons not to file for TPR are identified. For additional information on the 10-month review process, see Item 21, above.

Among other types of complaints, the litigation unit is responsible for preparing complaints seeking TPR. If a goal of TPR, followed by adoption is sanctioned by the court, a paralegal immediately prepares, with support and review by CP&P staff and a DAG, the guardianship complaint. DCF must prepare and file the complaint with the appropriate family court within six weeks of the court's approval of the adoption permanency goal.[106] DCF must serve both parents with a filed copy of the complaint at least 20 days prior to the initial court hearing. A parent who resides out-of-state must be served at least 35 days prior to the initial court hearing. Once the parents have been served, an affidavit of service is prepared documenting that the Complaint has been served, unless otherwise instructed. The paralegal compiles all firsthand and second/third party information to be used as evidence. These reports, a copy of the child's long form birth certificate, and all previously filed litigation complaints and court orders, as well as a copy of the full case file are submitted to the guardianship DAG for review with a draft of the complaint prior to filing for TPR.

Similar to Round 3 CFSR, timely filing of TPR complaints continues to be a challenge in New Jersey. DCF's Office of Legal Affairs and CP&P continue to explore localized challenges related to filing.

Table 34. Timeliness of filing for TPR, Sources: SafeMeasures, NJ SPIRIT

	Children in Out of Home care for at least 15 of the last 22 months	Total Children who met other ASFA criteria	Total Children Requiring TPR Filing Under ASFA
Total	1,447	9	1,456
Children with a documented compelling reason not to file for TPR	290	5	295
Children without a documented compelling reason	921	4	925
Children with no TPR filing or Exceptions documented	236	0	236

Timeliness of TPR Filing		
Total	925	
Filed timely	490	53%
Not filed timely	435	47%

[105] Some offices within areas may share certain liaison positions to maximize staffing.
[106] CPP-IV-C-1-500.pdf

Listening Session Insights: Timeliness of Termination of Parental Rights

Question: What contributes to untimely termination of parental rights?

Participants	Themes
CP&P statewide practice and service experts, e.g., CPS, CPL, AQC, and RDS; DCF leadership, judiciary and legal partners, reps. from sister agencies and advocacy groups, and parents, youth, parent, and resource parent with lived experience with CP&P who participate in the CICIC and SORS.	**New Jersey is making increased efforts to reunify families.** There is additional emphasis on providing reasonable efforts to families and allowing families additional time to remedy the circumstances that led to the child's removal. More frequently, courts are granting extensions of timelines for filing of guardianship to allow for additional reunification efforts. **Judicial vacancies delay court processes.** Judicial vacancies inhibit scheduling of trials and require new judges to "get up to speed" on relevant law and the case details. **Duration of court processes impacts timeliness of termination of parental rights.** There may be delays in various aspects of the guardianship process, including scheduling guardianship trials, gathering discovery, issuing an opinion, and the appellate process.

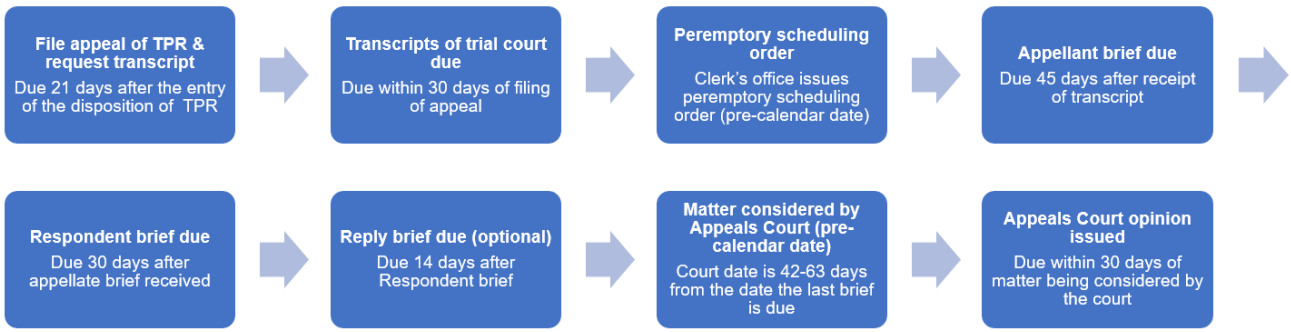
Trial Court Disposition of Guardianship Applications.[107] To ensure the expeditious handling of guardianship cases, the trial court establishes an aggressive time goal of 180 days to dispose of a TPR case. Any case not disposed within 180 days of filing is considered in backlog. For SFY 2024, the mean time to disposition of newly filed TPR cases was 220 days while the median was 176 days. While the mean number of days was greater than the court's 180-day goal, it may have been increased by outlier cases with very long times to disposition. The median, which is not sensitive to outliers, may be a better representation of the typical case's length of time to disposition.

Appellate Process for Guardianship Cases. Any aggrieved party, e.g., the State, a parent, or the child, may seek appellate review of a TPR decision. AOC Table 3 shows the number of TPRs that were appealed during 2021-2023. During this three-year period, the number of appeals decreased each year. Across all three years, the average number of appeals per year was 65 (AOC Table 3).

AOC Table 3. Number of TPR appeals filed by year, Source: AOC Data Systems

Year	Number of TPR Appeals Filed
2021	80
2022	68
2023	47
Average	65

AOC Figure 1. Appellate process for TPR cases[108]



[107] The data in AOC Data Tables 3 and 4 and the narrative included in the "Trial Court Disposition of Guardianship Applications" and "Appellate Process for Guardianship Cases" sections were provided by the AOC.
[108] The timelines established in the figure and in the text regarding the appellate process follow calendar days.

AOC Figure 1 details the procedure followed by the Appellate Court with respect to appeals of disposed TPR cases. Descriptions of the key steps in the appellate process follow.

- **Filing of the Appeal and Transcripts.** The filing of an appeal of the disposition of the TPR case begins with a Notice of Appeal (NOA), which is due within twenty-one days from entry of the judgment.[109] Generally, attorneys, who specialize in appeals, are then assigned to assume representation of the case for the parties. The NOA must be accompanied by a Transcript Request Form (TRF), which requires the transcripts of all trial court hearings on the TPR case to be delivered to the Appellate Division's Transcript Unit within 30 days.[110] The Appellate Division's Transcript Unit sends the TRF to a transcriber on a priority basis and does not grant extensions to prepare the transcript. Upon delivery to the Transcript Unit, the transcripts are made available to the parties.

- **Peremptory Scheduling Order.** Upon receipt of the transcripts, the Clerk's Office issues a peremptory scheduling order for briefs that includes a pre-calendar date when the appeal is tentatively scheduled to be sent to court.[111] Peremptory scheduling orders are issued to ensure expeditious consideration of these appeals by the court.

- **Appellant and Respondent Briefs.** Appellant's brief and appendix, which lays out appellant's legal arguments and supporting documents are due 45 days from receipt of the transcript; respondent's brief is due 30 days thereafter.[112] To obtain an extension on a brief's due date, a party must file a motion that is submitted to a senior Presiding Judge within one day of receipt. Because attorneys are typically different than those who provided representation at the trial level, the appellants and respondents sometimes seek extensions to allow time to familiarize themselves with the record. In the interest of justice, the court routinely grants the extension request so the parties can provide the court with the best briefs possible. New Jersey's court rules do not provide for a minimum or maximum length of extension. The length of time of any requested and granted extensions vary and are case-sensitive, e.g., due to the complexity of the legal arguments or the size of the record.

- **Calendaring of the Appeal and Opinion Issuance.** Upon receipt of the respondent's brief, an appellate case manager will review the file for completion and hand-deliver the file to the Calendaring Unit for submission to court. The appeals are given a date to be submitted to court within 6 to 9 weeks of the last brief's due date.[113] Appellate Division opinions are issued within 30 days of consideration of the case.[114]

As AOC Figure 1 shows, it should take a minimum of between seven and eight months (30-33 weeks) to move from the termination order to the issuance of the appeal opinion. During the years 2021-2023, the vast majority (95%) of TPR appeals were disposed with an opinion from the Appellate Court. The remainder were disposed prior to an opinion from the Appellate Court; this can occur when, for example, the parties resolve the matter, or the court grants a motion for a remand to the trial court. AOC Table 4 provides information on how long it takes for appeals of TPR decisions to reach various milestones in the appeals process. While there are slight variations from year to year, they are relatively minimal. It took an average of 367 days, or approximately 12 months from the filing of a NOA to the issuance of an opinion in an Appellate case. The events at both ends of the appellate process—the filing of the appeal itself and the issuance of an opinion—were completed, on average, in less than one month. The events during the pendency of the appeal, however, take longer, and the bulk of that time involves new counsel familiarizing themselves with the appeal.

[109] See R. 2:4-1(a)(1) (providing exception to the general 45-day appeal deadline for all other matters in the New Jersey courts).
[110] See R. 2:5-1(a)(2).
[111] See R. 2:6-11.
[112] Rules 2:6-1 and 2:6-2
[113] Directive #03-21 Revised Children in Court Standards and Reissuance of Forms and the Appellate Division Protocol
[114] Directive #03-21 Revised Children in Court Standards and Reissuance of Forms and the Appellate Division Protocol

AOC Table 4. Time to milestones in the TPR appeals process, Source: AOC Data Systems

Year			Number of days trial court order to NOA	Number of days NOA to opinion	Number of days "calendar date" to opinion
2021	Appeals that went to opinion (n=73)	Mean	24	379	23
		Median	22	358	18
	Appeals disposed prior to opinion (n=6)	Mean	33	116	N/A
		Median	22	93	N/A
2022	Appeals that went to opinion (n=63)	Mean	24	369	29
		Median	22	347	28
	Appeals disposed prior to opinion (n=2)	Mean	30	134	N/A
		Median	30	134	N/A
2023	Appeals that went to opinion (n=22)	Mean	22	321	24
		Median	22	301	24
	Appeals disposed prior to opinion (n=1)	Mean	22	57	N/A
		Median	22	57	N/A
Overall	Appeals that went to opinion (n=158)	Mean	24	367	26
		Median	22	347	23
	Appeals disposed prior to opinion (n=9)	Mean	31	113	N/A
		Median	22	78	N/A

Examining the events at both ends of the appellate process – the filing of the appeal itself and the filing of the opinion on the appellate case – the average length of time for both these events to be completed was just under 1 calendar month. However, the events during the pendency of the appeal take longer, and the bulk of that time involves new counsel familiarizing themselves with the appeal, many of which involve voluminous records. A recitation of the facts is time-consuming because these appeals typically span many years. Determining legal arguments is likewise a complex process. Extensions are sometimes needed so the court is provided with the best briefs and appendices possible.

Many of the timeframes associated with appellate processes for TPRs are expedited when compared to analogous processes in other case types, including at the following five points. (1) The NOA must be filed no later than 21 days after the trial court judgment; in the standard appeals process for other dockets, the NOA must be filed no later than 45 days after the trial court judgement. (2) Transcript requests are handled on a priority basis, must be submitted with thirty days of the filing of the appeal, and transcribers are not granted extensions to prepare the transcripts; in the standard appeals process for other dockets, extensions may be granted. (3) Peremptory scheduling orders are issued to ensure calendar time is reserved for the appellate panel to consider the TPR appeal for disposition; in the standard appeals process for other dockets, peremptory scheduling orders are not issued. (4) Motions for extensions in TPR appeals are forwarded to an appellate presiding judge for immediate consideration before the filing of an opposition; in the standard appeals process for other dockets, the filing of an opposition to these motions, which are due no later than 10 days from the filing of the extension motion, are received before submitting the motion for consideration. (5) Opinions are issued within 30 days of the calendar date of the matter.

Summary of Evidence Reviewed throughout Item 23, *Termination of Parental Rights*:

- State statutes and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, 2022 APSR, 2023 APSR, and 2024 APSR
- Administrative Data, including data from AOC data systems
- Qualitative Data, including staff narratives, AOC narrative, and internal and external stakeholder listening sessions.

Item 24. Notice of Hearings and Review to Caregivers

Analysis. In New Jersey, resource parents, while not parties to the litigation, have both the right to notice and right to be heard at any review hearing held with respect to a child in their care.[115] Resource parents do not attend hearings that address litigation determinations related to the parents, e.g., the FN- order to show cause (OSC) and FN- fact-finding trials and FG- guardianship trial. Both the Judiciary and DCF inform resource parents of their rights. Descriptions follow.

Notice to caregivers by the Courts. In the Judiciary, each county's Family Division includes a CIC Team, which consists of a team leader and professional and clerical staff. The CIC Team is responsible for scheduling hearings and noticing parties and caregivers of those hearings. For all CIC dockets, the CIC Team provides caregivers with:

- **Notice of the Hearing to Caregiver Form.**[116] A notice of a proceeding is generated when the CIC Team schedules a court event. The Notice to Caregivers Form explains their right to be present and to be heard at the hearing. The Notice also provides information to resource parents on how to attend hearings virtually.[117] When notices are generated, the CIC Team prints the notice and mails it to the corresponding party or caregiver's address on file. Notices are mailed two to three weeks prior to the next hearing date using first class mail via the United States Postal Service. The eCourts system, which was implemented on November 17, 2017, includes the capability to store electronic copies of hearing notices. Notices generated on or after that date can be viewed for each proceeding in the "Notice History" section.[118]

- **Resource Family Information Form.**[119] If a caregiver cannot attend a scheduled hearing, they can submit a Resource Family Information form to advise the court of the child's status.

- **"A Basic Guide to the New Jersey Court Process for Resource Families."**[120] In addition to informing resource parents of their right to attend and be heard at hearings, this guide provides information on foster care, relevant laws, court processes, and more.

Additional information from the AOC related to specific CIC dockets, follows.

- **Child Protection Matter (FN- Docket).** CP&P must notify the defendants of its intent to seek an order of the court to approve or allow the removal of a child. CP&P must provide notice of the date, time and location of the hearing on OSC so that the defendant(s) may appear. When the judge signs the order granting the relief sought by CP&P, the date for the return on the OSC is set forth in that prior court order. The family division's CIC Team shall notify the caregivers of the date of the return on the OSC and provide to the caregivers a copy of the Resource Family Information Form and "A Basic Guide to the New Jersey Court Process for Resource Families." Caregivers will be provided with notice of all hearings except the FN OSC hearing and the FN fact-finding hearing. Those hearings address litigation determinations related to the parents, which are not relevant to the caregivers. Caregivers may only attend a portion of the hearings that relate to the status of the child and are provided an opportunity to address the court, and then are excused for the remainder of the hearing. At Title 30 summary hearings, compliance review hearings and permanency hearings, a signed copy of the resulting order is to be distributed to all parties and counsel before the conclusion of the proceeding. The order shall set forth the

[115] N.J.S.A. 9:3-45.2, N.J.S.A. 30:4C-12.2, Children in Court Operations Manual
[116] Notice of the Hearing to Caregiver (CN 12389)
[117] For virtual hearings, resource parents can call the phone number provided on their written notice to confirm their attendance, and they are emailed the Zoom link to the hearing at that time. Zoom links can also be provided by the family's assigned caseworker.
[118] Records of notices prior to this date are only available in hard copy case files. The existence of the notice will be listed on eCourts, but no electronic copy of these notices is available to view or print.
[119] Resource Family Information Form (CN 10159)
[120] A Basic Guide to the New Jersey Court Process for Resource Families

date and time of the next scheduled hearing and serves as notice of that next hearing for the parties. When the CIC Team schedules the next hearing, a notice of that hearing is generated and mailed to the caregiver.

- **Child Placement Tracking (FC- Docket).** Within five calendar days of an out-of-home placement, CP&P must file a Notice of Placement with the court. The CIC Team will create the case in FACTS. All Notices of Placement are filed with the court electronically through an automated process. Within three court days, the placement will be docketed in FACTS. Parents/Legal Guardians, CP&P, the child, if appropriate, attorneys who have entered an appearance in the FC docket, current resource family members, and interested persons are provided with written notice of an initial child placement review no later than 15 days before the 60-day review. Resource parents are provided with written notice by regular mail and have a right to be heard at summary hearings, interim reviews, and permanency hearings.

- **Termination of Parental Rights Matters (FG- Docket).** Following the filing of the TPR complaint, the court will schedule a Return on the Order to Show Cause (ROSC) hearing and case management conference. At the ROSC and Case Management Conference, a signed copy of the order is to be distributed to all parties before they leave court. The order shall set forth the date and time of the next scheduled hearing and serves as notice of that next hearing. CIC staff must provide notice of hearings to the caregivers who have a right to be heard. CIC staff must provide to the caregivers a copy of the Resource Family Information Form and "A Basic Guide to the New Jersey Court Process for Resource Families." Caregivers will not be provided with notice of the FG pre-trial conference or the FG trial. Those hearings address litigation determinations related to the parents, which are not relevant to the caregivers. Caregivers may only attend a portion of the hearings that relate to the status of the child and are provided an opportunity to address the court, and then are excused for the remainder of the hearing.

- **Kinship Legal Guardianship Matters (FL- Docket).** In litigation involving CP&P, CP&P is responsible for providing notice that kinship legal guardianship will be the permanent plan, and a copy of the caregiver assessment report to all parties to the case. The court is responsible for providing notice of the KLG hearing to all parties to the litigation and to all interested parties, including caregivers.[121] Caregivers and other interested parties shall be sent notice via regular mail.

Notice to caregivers by CP&P. From the time a resource parent engages with DCF, the Department ensures that resource parents are informed of their right to attend hearings and be heard at those hearings through mandatory pre-service training and by inclusion of the rights in the Resource Parent Agreement that is signed by all resource parents.[122] Ongoingly, DCF offers in service training entitled "Resource Parents and Youth Can Attend Court" and shares public information through the website of its training partner, embrella.[123] CP&P staff also discusses court proceedings with resource parents during monthly visits. DCF is in the process of identifying an internal process for notifying resource parents of upcoming court hearings in writing as an additional measure to ensure that resource notification.

DCF's resource parent survey, detailed in Systemic Factor C, *Quality Assurance System,* evidences improvements in notification procedures since Round 3 CFSR. Most resource parents reported being notified about court hearings, CPRB reviews, and other reviews in a timely manner (Figure 47). Nearly half of the participating resources reported routinely discussing their right to be heard at hearings and other reviews with CP&P staff (Figure 48).

[121] R. 5:9A
[122] CPP-X-A-1-5.5.pdf
[123] 2023-Rights-vs-Responsibilities.pdf

Figure 47. Resource Parent Survey Results, Notice of Hearings and Reviews, n = 558, Source: Resource Parent Survey

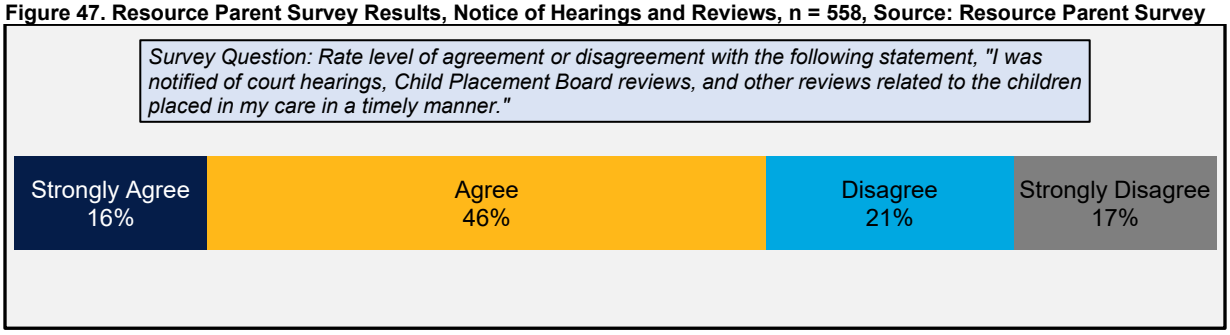
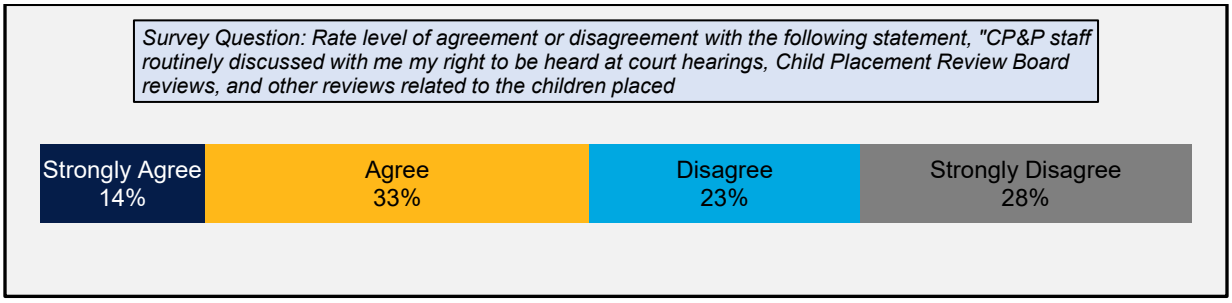


Figure 48. Resource Parent Survey Results, Routine Discussion of Hearings and Reviews, n = 549, Source: Resource Parent Survey



Summary of Evidence Reviewed throughout Item 24, *Notice of Hearings and Review to Caregivers*:

- State statutes and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, 2022 APSR, 2023 APSR, and 2024 APSR
- Administrative Data, including data from AOC data systems
- Qualitative Data, including staff narratives, AOC narrative, and resource parent survey

Systemic Factor C. Quality Assurance System

Item 25: Quality Assurance System

The state's quality assurance system should function statewide to ensure that it is operating in the jurisdictions where the services included in the CFSP are provided; 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; identifies strengths and needs of the service delivery system; provides relevant reports; and evaluates implemented program improvement measures. Systemic Factor C, *Quality Assurance System*, is assessed through review of Item 25, *Quality Assurance System.* Table 35 summarizes New Jersey's performance during Round 3 CFSR and its current assessment of functioning for this systemic factor and relevant items.

Table 35. New Jersey's Round 3 CFSR Performance and Round 4 CFSR Self-Assessment for Systemic Factor C and Item 25

[Systemic Factor C Item]	Round 3 CFSR Final Result	Round 4 CFSR Self-Assessment
Systemic Factor C: Quality Assurance System	Substantial Conformity	Substantial Conformity
Item 25: Quality Assurance System: How well is the quality assurance system functioning statewide to ensure that it (1) is 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?	Strength	Strength

DCF's quality assurance system is functioning statewide, including the jurisdictions where the services included in the CFSP operate, has standards to operate the quality of services, adequately identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures. Analysis follows.

Analysis. DCF maintains a dedicated CQI infrastructure, relies on an established CQI framework and has a number of CQI processes in place. Below, DCF describes relevant offices, its CQI framework, its commitment to data transparency, and the following highlighted CQI processes: programmatic division CoQI, service quality monitoring, program evaluation, and stakeholder collaboration.

CQI Infrastructure. While many divisions are involved in the CQI processes described throughout this section, the following offices lead the state's quality assurance efforts.

- **Analytics and Systems Improvement.** DCF's ASI portfolio was established in 2022 to enhance coordination and integration of core functions related to data and reporting, program evaluations, research activities, and quality reviews and improvements. ASI aims to foster a data-driven culture, promote evidence-based decision-making, and ensure continuous improvement in service delivery across DCF's programmatic areas. Integrated across all DCF's operations, ASI underscores the Department's commitment to leveraging data analytics and research to achieve desired outcomes, streamline processes, optimize outcomes and ensure the highest standards of quality in service delivery for New Jersey's children and families. ASI oversees quality assurance, quality improvement, research, program evaluations, data infrastructure, analysis and reporting, and child fatality case practice reviews. ASI is made up of three offices: the Office of Quality (OOQ), the Office of Applied Research and Evaluation (ARE), and the Office of Data Management and Reporting (DMR).
- **Office of Quality.** OOQ examines performance, identifies strengths and areas for improvement, and identifies systemic barriers that may influence performance. OOQ's

approaches are rooted in the principles of safety science, aiming to address underlying factors that impact system performance. OOQ supports all of DCF's programmatic divisions with improvement planning efforts, and is comprised of three units:

- **Case Review.** The case review unit conducts regular qualitative and ad hoc record reviews to assess CP&P case practice, collaborating with Rutgers University's Youth and Family Interview Team (YaFIT) to gather insights from families about their experiences with DCF. It also oversees and manages the Department's CFSR processes, providing critical insights to guide service improvements.

- **Collaborative Quality Improvement.** The CoQI unit collaborates with program partners to review data, identify strengths and areas for improvement, establish priorities, conduct root cause analyses, and build improvement plans. This unit puts the CoQI framework into action, enabling frontline staff and executive leadership to systematically analyze key performance metrics and promote meaningful improvements.

- **Critical Incident Review**. The critical incident review unit utilizes a collaborative safety framework to better understand and prevent tragedies by examining the complexities of child welfare work using a systems perspective rooted in safety science, rather than an individual perspective.[124] These systemic critical incident reviews rest on an ability to create a safe and supportive space for staff to process, share, and learn from fatalities, near fatalities, and other critical incidents. This unit provides administrative support to New Jersey's Child Fatality and Near Fatality Review Board (CFNFRB) to help determine the cause of fatalities and near fatalities, their relationship to governmental supports, and data supported recommendations for methods of prevention and system changes. The CFNFRB resides within DCF, but is independent of the Department.

- **Office of Applied Research and Evaluation.** The overarching goals of ARE are to support the integration of data and evidence into DCF's decision-making and to share government science with stakeholders. ARE's goals are organized under five core functions: research and analytics; program evaluation; measurement and monitoring; research communication & dissemination; and scientific advising.

- **Research and Analytics**. ARE creates and manages a cohesive research agenda that builds evidence to support DCF's strategic planning and operations, oversees external research to ensure methodological rigor, alignment with DCF priorities, and quality deliverables, implements discrete research projects using primary and secondary data and oversees the Department's Research Review Committee,[125] which reviews all research proposals involving DCF data, staff, or clients for ethical and methodological rigor.

- **Program Evaluation.** ARE staff lead teams in the design, coordination, and implementation of program evaluations that assess the fidelity and impact of New Jersey's publicly funded services.

- **Measurement.** ARE develops valid and reliable tools and methodologies to assess the quality of service delivery among DCF's network of contracted service providers.

- **Research Communication & Dissemination**. Through videos, research briefs, webinars, conference presentations and publications, ARE makes research and evaluation findings accessible to frontline staff and managers, leaders within DCF, DCF's provider network, external researchers, and the general public.[126]

[124] Critical Incident Reviews – Casey Family Programs
[125] DCF | Research and Data Request
[126] Examples include: FPS-Annual-Report.pdf, 2023-Youth-Suicide-Data-Brief.pdf, FPS.Evaluation.Brief.pdf

- **Scientific Advising.** Researchers in ARE synthesize the evidence on critical topic areas and provide scientific advice to DCF leaders for consideration in policy and program decision-making.

- **Office of Data Management and Reporting**. DMR is responsible for overseeing and optimizing the flow of data within the Department and its interactions with external entities. DMR facilitates effective data sharing with the federal government on child abuse and neglect (e.g., AFCARS, NCANDS, NYTD), collaborates with other New Jersey state departments on cross-departmental initiatives, e.g., Medicaid Waiver implementation, and addresses public data requests. The office plays a critical role in supporting DCF's commitment to data-driven service delivery and enhancing the quality and accessibility of information across the department. DMR focuses on several core functions to achieve its mission:

- **Data Management**. DMR builds and manages DCF's EDW, ensuring robust data infrastructure to support organizational data requests and generate management reports. The data management unit is pivotal in maintaining the data platform and developing data collection tools, e.g., RedCap and SurveyMonkey, to streamline data acquisition and storage.

- **Data Operations**. The data operations unit handles federal data reporting requirements, including those related to child welfare and Medicaid. The unit manages the Data Hub, and associated Data Portals, and provides data support to DCF's programmatic divisions.

- **Business Intelligence**. The business intelligence unit implements business intelligence solutions for the EDW, developing business intelligence data dashboards to enhance DCF program operations. This unit is responsible for data analysis and visualization, enabling evidence-based decision-making and strategic planning.

- **Data Governance**. Focused on maintaining high data quality standards, this unit oversees metadata management and master data management practices. It ensures that data is accurate, consistent, and accessible, providing a foundation for reliable reporting and informed decision-making.

- **Office of Monitoring.** DCF's OOM develops and implements protocols and methodologies that measure the performance of providers operating in the DCF network. OOM is tasked with assessing the performance quality of the public service networks that DCF funds and oversees to ensure uniformity of service delivery within a network of service, and regular assessment of quality, referral and constituent experience, adherence to service models, and examination of outcomes and services. OOM uses mixed method approaches, including, as applicable to the service, client interviews, referent surveys, site visits, and record reviews. Service-specific questions support accurate monitoring and comprehensive data collection using a high-fidelity model. Information gathered through monitoring activities is used to identify areas for improvement or change in the service network. The office functions independent from—but in partnership with—DCF's divisions and program offices.

Collaborative Quality Improvement Framework. DCF employs the CoQI framework to enhance service delivery through a structured, data-driven approach. Moving beyond mere compliance, CoQI is rooted in scientific reasoning and empowers DCF to leverage data insights for decision-making, stakeholder engagement, and outcome improvement for children and families. This framework ensures services are accessible and high-quality, fostering a culture of learning and continuous improvement. CoQI emphasizes collaboration between leadership and frontline staff, focusing on improving practice through partnership rather than just data reporting. It aims to enhance service quality and accessibility, ensure positive outcomes, and increase satisfaction for service participants. For DCF staff and contracted providers, CoQI

builds a culture of learning, provides a clear framework for improvement, and strengthens the capacity to use data effectively.

By integrating insights from quality reviews, monitoring, and program evaluations, CoQI identifies strengths and areas for improvement, tracks progress, and ensures services meet quality standards. These insights are transformed into actionable strategies to address gaps and enhance service delivery across DCF's programmatic areas, facilitating collaborative problem-solving and fostering organizational change. Table 36 describes the core activities of CoQI.

Table 36. CoQI Core Activities

Core Activity	Description
Data Story	The CoQI cycle begins with a comprehensive review of performance. The data team will provide a local data story that integrates quantitative and qualitative data from multiple sources to create a shared understanding of program performance. Topics may include caseloads, demographics, process and outcome KPIs, participant satisfaction, quality scorecards, or other program evaluation findings.
Identify	The Local CoQI Team conducts an independent review and analysis of the data that was shared during the Data Story. Team members evaluate the same data metrics to identify the top three strengths and the top three challenges for use in the next step of the process.
Select	This session begins with a discussion on the identified strengths and challenges and uses consensus building techniques to select the top three of each. The Local CoQI Team selects the most pressing challenge aligned with organizational goals. The team summarizes the rationale behind the selection, ensures feasibility, and identifies systemic barriers for leadership. The team selects performance measures and sets improvement targets.
Explore	The CoQI Team Lead facilitates an interactive, in-person, workshop style meeting for the Local CoQI team to discuss the challenges related to the selected priority and conducts a root cause analysis to identify the underlying causes. The team begins brainstorming actionable solutions by identifying program activities that should start, stop or change.
Plan	The CoQI Team Lead facilitates an interactive, in-person, workshop style meeting for the Local CoQI Team to identify potential solutions to the root challenges identified. The team develops a CoQI plan that includes detailed and specific tasks aimed at improving performance in the priority area. For each task, the plan specifies roles and responsibilities, timeframes, evidence of completion, and performance measures to monitor progress.
Implement	The Local CoQI Team launches a communication strategy with staff and works to implement the activities and tasks outlined in the CoQI plan. During this stage, program staff are actively working on tasks, adhering to assigned roles and responsibilities, following the set timelines, gathering evidence, and monitoring performance.
Check-In	During check-in meetings, the Local CoQI Team presents a progress report on the status of ongoing tasks, summarizes current performance, and discusses any barriers encountered. The discussion focuses on assessing the need for adjustments to tasks or timelines and identifying systemic issues that may require escalation to leadership. Check-ins occur at least every three months.
Peer Learning	The Local CoQI Team showcases their work to colleagues and leadership team. They review baseline performance and the rationale for their improvement plan, present highlights of their strategy, describe progress on KPIs and the plan's strategies or tasks, and addresses challenges faced. The meeting concludes with an open discussion to gather feedback and insights.
Final Review	The Local CoQI Team reviews evidence and key metrics to assess whether they successfully implemented the CoQI plan as intended, or if additional time is needed. If the team determines that additional time is needed, they agree upon timeframes and identify specific plans to complete outstanding work.
Sustain	The Local CoQI Team develops an action plan to sustain growth, build on successes, and addresses ongoing challenges in the priority area.

To ensure staff capacity, OOQ uses an established onboarding process that includes training and simulated activities to learn the CoQI process, as well as formal training on general CQI practices, e.g., Plan-Do-Study-Act, root cause analysis, improvement planning, etc. All staff are provided opportunities to enhance their professional skills ongoingly via eLearning courses provided by New Jersey's Civil Service Commission (NJ CSC).

CP&P's CoQI Process. In 2021, DCF overhauled its CQI process, introducing the CoQI framework to the 46 CP&P local offices. This initiative marked a significant shift towards a more structured and data-driven approach to case practice improvement, aiming to foster a culture of continuous improvement across CP&P. The CoQI framework was designed to replace previous CQI methodologies, emphasizing collaboration between frontline staff, leadership, and quality improvement experts. By integrating a comprehensive assessment of performance metrics, the revised CoQI process supports the development of targeted improvement plans to facilitate organizational change.

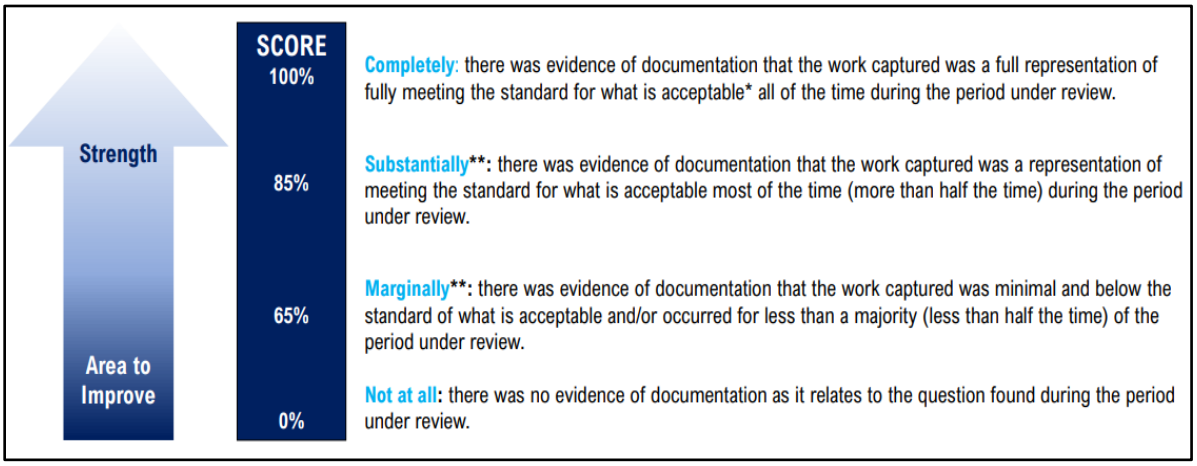
CP&P's CoQI process uses a 16-month improvement cycle for each local office. This cycle begins with a data story that integrates data from the qualitative CP&P case record review, family interviews, and performance on key process and outcome measures. These data inputs are described below. Based on a strengths and challenges analysis, local office leadership systematically identify priority areas for

improvement. Local office leadership and frontline staff explore root causes of challenges and build action plans tailored to address the identified needs. This collaborative effort is followed by quarterly check-ins, culminating in a final review to assess progress and success in addressing the CoQI priorities. This structured cycle ensures that improvement efforts are both targeted and measurable, continuously enhancing case practice across all CP&P local offices.

CP&P's CoQI Data Inputs. CP&P's CoQI process incorporates data from multiple sources, including case record reviews, administrative data, family interviews, SBC fidelity assessments, ad hoc reviews, and more. CoQI data inputs are organized around CP&P's comprehensive measurement strategy that allows DCF to assess resources, processes, quality of case practice and critical child welfare outcomes of safety, permanency, and well-being.

- **CP&P Case Record Review**. Each year, OOQ conducts reviews of case practice for families with children remaining in-home, families with children in out-of-home placement, and young adults. Reviewers examine indicators of case practice that align with the CFSR, including assessments related to the implementation of interventions, ongoing assessment of safety and risk, stability of the home and education, permanency planning, and overall well-being. Together, these indicators capture a holistic assessment of all relevant family members throughout the life of the case. Using standardized review tools and guidance documents that are tailored to case type, e.g., in-home, out-of-home, or young adult, reviewers assess approximately 1,150 cases annually to determine the extent to which evidence in the electronic case record aligns with best practices and policy. The review covers topics related to the safety and well-being of children, quality of case practice fundamentals, e.g., engagement, teaming and planning, and quality of supervision. Performance scores are assigned to each casework activity based on whether the observed practice was completely, substantially, marginally, or not at all aligned with best practice and policy. Quality scores range from zero to 100, where 100 represents performance that is completely aligned with best practice and policy. Interpretive guidance on quality scores is made publicly available and is detailed in Figure 49, below.[127] In addition to producing ratings for each indicator, reviewers may generate alerts to immediately notify local offices of case practice concerns.

Figure 49. CP&P Case Record Review Interpretive Guide



Case review findings are a primary CoQI data input each cycle. DCF also examines statewide results to identify common themes across all CP&P local offices to address systemic challenges. A data brief summarizing the findings is publicly available on DCF's website.[128] Quality scores from 2023 and 2024, as well as indicator descriptions are included throughout this SWA.[129]

[127] 2023-CoQI.Description.pdf (nj.gov), https://www.nj.gov/dcf/childdata/exitplan/2023-CoQI.Quality.Scores.Guide.pdf
[128] https://www.nj.gov/dcf/childdata/exitplan/2023_CoQI.CPP.Case.Practice.Strengths.and.Challenges.Brief.pdf
[129] The review tool underwent significant changes between the first and second review. Results cannot be compared across time periods.

Reviewers are required to participate in training on the case review tool, the guidelines, and take part in several inter-rater reliability exercises prior to the start of the review process and quarterly thereafter. OOQ maintains detailed guidelines for each tool used in the review process. OOQ also requires “policy review days” to ensure that all staff are well informed on the practices being evaluated.

Table 37. CP&P Case Review Domains and Indicators, Source: CP&P Case Record Review

Domain	Indicator	Description	2023		2024[130]	
			In-Home	Out-of-Home	In-Home	Out-of-Home
			n=688	n=353	n=731	n=349
Outcome: Well-Being	Education Stability	Evaluates whether there was an assessment of the children's developmental educational needs and ensuring that any identified needs were adequately addressed.	72%	77%	n/a	89%
	Emotional Well-Being	Evaluates whether there are ongoing assessments of the children's emotional, psychological and social well-being and the work being done to ensure the children's needs are appropriately addressed.	64%	75%	68%	76%
	Learning and Development	Assesses children's developmental educational needs and ensures that any identified needs were adequately addressed.	68%	76%	67%	76%
	Physical Health	Assesses whether there was a comprehensive assessment of the children's health and whether the needs of the children was/were met.	59%	72%	56%	76%
	Family Functioning & Resourcefulness	Assesses if ongoing assessments of the family's functioning to address the issues that resulted the placement of the children, and if there is evidence to support behavioral change for reunification.	n/a	75%	n/a	67%
Outcome: Safety & Risk	Risk[131]	Assesses the identified safety interventions (Safety Protection Plan or others), services, and supports implemented during the period under review, as applicable, and whether they were mitigating the safety concerns while simultaneously ensuring the children's safety.	88%	87%	n/a	n/a
	Safety Interventions	Assesses whether there were discussions around identified threats of safety that placed the children in immediate danger and whether timely interventions were put in place to address any identified threats.	84%	89%	81%	86%
	Ongoing Safety & Risk Assessment	Assesses whether there were ongoing contacts with parents, caregivers, and children throughout the period under review to assess for safety and risk factors during contacts with the families.	70%	74%	60%	69%
Practice: Assessment	Assessment- Child	Rated for mothers, fathers, caregivers, resource parents, children and families. Assesses whether there were ongoing comprehensive assessments to determine individual needs and if interventions were aimed at meeting the identified needs.	71%	77%	71%	79%
	Assessment- Father		53%	64%	50%	54%
	Assessment- Mother		75%	73%	67%	67%
	Assessment- Resource Parents		n/a	78%	n/a	63%
	Assessment- Family	Assesses the integration of the families' dynamics, values, traditions, and beliefs into the overall assessment.	55%	58%	58%	68%
Practice: Connected	Family & Comm. Connections	Assesses the ongoing visitation plan, efforts to link children to kin, and ensure that children remain connected to their communities.	n/a	76%	n/a	76%
	Sibling Connections	Assesses that ongoing visits are occurring between siblings where both are placed in separate placement settings, or one is placed with the other resided in an in-home setting.	n/a	73%	n/a	74%
	Living Arrangement	Assesses the living arrangements of children to ensure their basic needs for food, clothing, and shelter are appropriate.	77%	83%	72%	79%
	Permanency	Assesses the progress towards case goals, as well as concurrent planning efforts.	76%	67%	74%	67%
	Stability of Home	Assesses whether a child's placement in an out-of-home setting has remained the same for a year or since the case opened and whether any changes in the child's placement were in the best interests of the child and consistent with achieving the child's permanency goal(s).	n/a	74%	n/a	89%
Practice: Engagement	Engagement- Child	Assesses whether there was ongoing and routine contact, as well as a variety of engagement strategies utilized with each of these individuals.	74%	71%	61%	68%
	Engagement- Father		55%	64%	50%	54%
	Engagement- Mother		75%	73%	67%	68%

[130] The CP&P case review tool was modified between 2023 and 2024. Indicators cannot be compared across years.
[131] Risk was combined with Ongoing Safety & Risk Assessment for the 2024 case review.

Domain	Indicator	Description	2023		2024[130]	
			In-Home	Out-of-Home	In-Home	Out-of-Home
			n=688	n=353	n=731	n=349
	Engagement- Resource Parents		n/a	81%	n/a	77%
	Engagement- Family	Assesses whether diligent efforts were made to meet the families' language, hearing, and visual needs.	53%	51%	58%	52%
Practice: Planning	Long-term View	Assesses whether the plan outlines the goals for the families and whether the plan supports the families' long-term success.	70%	70%	67%	68%
	Quality of Planning Process	Evaluated in several indicators and is broken down by the overall Quality of the Plan, the Plan Implementation and Successful Transitions. Overall Quality of the Planning process assesses the quality of planning with the families to prevent the re-occurrence of the issues that resulted in the families' involvement with the agency and whether the families' voice was part of the planning process.	71%	71%	71%	72%
	Successful Transitions	Assesses if children transitioning out of placement are provided with all necessary supports prior to reunification.	n/a	70%	n/a	78%
Practice: Supervision	Supervision	Assesses the supervisory oversight to determine if directions and guidance is aligned with the case circumstances and appropriate supervisory reviews are happening timely to support the casework staff.	68%	70%	62%	66%
Practice: Teaming	Teaming and Coordination	Evaluates whether the agency engaged relevant participants to attend Family Team Meetings and if the subsequent work done with the family reflected the identified needs.	69%	68%	65%	69%

- **Ad Hoc Reviews.** OOQ reviewers and CP&P's subject matter experts conduct ad hoc reviews, such as investigations reviews, older youth (18+) reviews, and other specific reviews requested by DCF leadership, to assess the quality of service delivery and outcomes for specific demographics and practice categories. The frequency of ad hoc reviews varies, e.g., annual, biennial, as needed. Descriptions of highlighted reviews follow.

- **Investigation Review.** DCF conducts a review of a statistically significant (95% confidence) and representative random sample of investigation practice during a two-week period of time, biennially. The review examines the overall quality of investigations, response timeliness, quality of responses related to the allegations, quality and frequency of pre- and post-supervisory conferences, and documentation and assessment supporting the investigation findings. The most recent investigation review was completed in February 2024, during which a total of 353 investigations were reviewed. The sample included 15% of the 2,321 investigations received between February 1 to February 14, 2023, and completed by June 30, 2023. Information about the total number of investigation referrals and findings is available via the Data Portal.[132] DCF summarizes the findings into a publicly available Data Brief.[133]

- **Older Youth Review.** DCF conducts annual case reviews to ensure that older youth transitioning from out-of-home placement are provided with ongoing, high-quality support that meets their needs. The older youth case review assesses the quality of case practice with older youth aged 18-21 years. The review examines outcomes achieved before youth transition from out-of-home placement, including housing stability, education and employment enrollment. It also assesses the quality of supervisory case conferencing, assessment of needs, and collection and integration of collateral information. During the most recent review, which took place in March 2024, DCF assessed the cases of 64 youth, ages 18-21, that have cases closed with CP&P during the 2023 calendar year without achieving legal permanency. DCF summarizes the findings in a publicly available Data Brief.[134]

- **Family Interviews.** DCF is partnered with the Center for Prevention Science at Rutgers University Youth and Family Interview Team (YaFIT) to conduct interviews with youth and families in different phases of engagement with CP&P. This is the first process of its kind in the United States to engage this widely with youth and families that receive child welfare services. YaFIT aims to conduct approximately 500 interviews annually. In 2024, 223 families from across 35 CP&P local offices participated in the interview process. Key findings from the 2024 CoQI Family Interview Process are included throughout this SWA. In 2025, DCF expanded this interview process to include foster and adoptive parents.

- **Administrative Data.** DCF uses administrative data from NJ SPIRIT to measure CP&P's case practice implementation and child welfare outcomes. CP&P's measurement strategy includes an assessment of resources, case practice activities and outcomes achieved at the local and state level. These measures are key CoQI data inputs and are included in each local offices data story.

- **Process Measures**. DCF contracts with Evident Change for the SafeMeasures performance management and reporting system that is accessible by all CP&P staff. SafeMeasures includes 190 reports that provides near real-time performance on key performance indicators, e.g., timely response and investigation completion, timely completion of safety and risk assessments, caseworker contacts with children and parents, timely completion of case plans and family team meetings, etc., that allow staff to track and

[132] NJ Child Welfare Data Hub | Data Hub
[133] https://www.nj.gov/dcf/childdata/exitplan/2023May24_CoQI-Investigations-Brief.pdf
[134] https://www.nj.gov/dcf/childdata/exitplan/2023_CoQI.Older.Youth.Brief.pdf

plan their upcoming work. All indicators are stratified by area and local office, case type, age of the child, etc. For additional information on SafeMeasures, see Systemic Factor A*, Statewide Information System.* Enhancements or updates to DCF's CCWIS and SafeMeasures, e.g., new or modified data fields, dashboards, disaggregation, etc., are incorporated in the CoQI process as releases come out. As is detailed in Systemic Factor A*, Statewide Information System*, DCF's CCWIS Data Quality Plan includes a comprehensive strategy for promotion of data quality. The effectiveness of that plan and its execution ensure the quality of the data that is a basis of all discussions and plans improvement cycles.

- **Longitudinal Outcome Measures**. DCF contracts with Rutgers University School of Social Work to publish New Jersey's child welfare outcomes on the Data Portal.[135] Data on reports to the state's child abuse hotline and subsequent investigations are published quarterly. Outcomes, e.g., maltreatment rate per 1,000, repeat maltreatment, placement rate per 1,000, permanency, re-entry into out-of-home placement, etc., are published semi-annually. Inclusion of this data helps DCF to ensure that the Department is delivering quality services and achieving positive outcomes for all children and families. Local outcome performance is presented to local CoQI teams during their data story. In addition to using these measures to make practice improvements in individual local offices, ARE partners with CP&P and other stakeholders at least annually to explore prioritized research questions. These analyses provide CoQI data inputs into CP&P's statewide CoQI process. Examples of such analyses include:

- **Attitudes toward Kinship Placement.** This project surveyed CP&P staff to understand their attitudes towards kinship placement under four key domains: attitudes towards kinship families and caregivers, perceived benefits of kinship care for the child, supportive office environment for kinship placement and attitudes towards kinship placement-related policy and process. Surveys were conducted in 2020 and 2023 with results informing local discussions and planning around how to improve kinship placement rates in New Jersey.

- **Predictors of Timely and Delayed Permanency.** This project used administrative data to understand trends in duration in out-of-home placement and whether differences in duration were present for subgroups of children. Data analyzed included all removal episodes that occurred from January 2016 through December 2023. Methods included univariate and bivariate descriptive analyses as well as logistic regressions to estimate the association between discharging within 12 months and a child's or case's characteristics.

- **Solution Based Casework Fidelity.** The SBC model includes means of developing and assessing skill acquisition among all staff. Supervisors use eight scoresheets to assess caseworkers' ability to assess and capture the information needed to work with a family through the four milestones of the model: (1) building consensus, (2) getting organized on outcomes, (3) action planning, and (4) documenting and celebrating. As is shown in Table 38, two scoresheets, one related to the document used for that milestone and one related to a practice observation of the caseworker's interactions with families, are associated with each milestone. The Certification Review Team uses the scoresheets and the accompanying work-products to assess proficiency in the SBC model amongst the caseworkers.

[135] https://njchilddata.rutgers.edu/

Table 38. SBC Score Sheet Descriptions and Frequency

Score Sheet and Description
Milestone 1 Family Discussion Guide and Genogram Review: This tool evaluates a caseworker's ability to map out family structures and dynamics through genograms, focusing on the inclusion of multiple generations and extended family members. It assesses the worker's storytelling ability about unsafe or neglectful situations, their use of specific skills in consensus building, and their differentiation between individual and family issues. This score sheet helps supervisors track caseworker proficiency in family engagement and safety planning.
Milestone 1 Practice Observation: This tool focuses on the caseworker's observational skills, such as normalizing developmental challenges, tracking behavioral patterns, and identifying family support systems. Supervisors assess the worker's ability to differentiate family and individual concerns and work towards a consensus summary. This tool enables tracking of the caseworker's foundational skills in family interaction and safety focus.
Milestone 2 Family Agreement: This tool assesses the caseworker's ability to create and articulate consensus summaries and outcomes using everyday language, focusing on who, what, and why. It evaluates the development of specific, measurable plans and the involvement of support services. This score sheet is crucial for tracking the caseworker's proficiency in translating family agreements into actionable steps.
Milestone 2 Practice Observation: Building on Milestone 1, this tool evaluates the transition from verbal consensus to written outcomes, focusing on clear, protection-specific outcomes and initial task planning. It assesses the worker's ability to maintain partnerships and develop action plans. This score sheet aids in assessing the caseworker's progression towards implementing concrete plans with families.
Milestone 3 Action Plan: This tool evaluates the creation of behaviorally specific tasks and the use of relapse prevention language. It ensures safety plan integration into action plans. This score sheet is essential for tracking detailed task development and measurable change facilitation.
Milestone 3 Practice Observation: This tool reviews the caseworker's skill in co-developing action plans, building on exceptions, and incorporating relapse prevention. It assesses problem-solving assistance and task improvement strategies. This score sheet helps track the worker's ability to advance from planning to action implementation.
Milestone 4 Action Plan: This tool evaluates the worker's ability to track high-risk situations, write measurable tasks, and use multiple techniques for documenting progress. It focuses on celebrating progress while addressing areas needing improvement. This score sheet allows for the assessment of the caseworker's ability to sustain change momentum and involve others in the process.
Milestone 4 Practice Observation: This tool focuses on the continued use of Milestone 1 skills to track task progress, assist in task fine-tuning, and use documentation techniques. It assesses the caseworker's ability to celebrate successes and create awareness of change. This score sheet is vital for tracking ongoing engagement and motivation strategies.

DCF Provider Quality Standards. Through OOM, described above, DCF is advancing its ability to identify the strengths and challenges of individual contracted providers, as well as entire service lines. In 2021, DCF released a concept paper describing its approach to monitoring the quality of the purchased service network via standardized assessment of each provider of a given service.[136] Later that year, DCF created OOM with four goals: to ensure clear performance standards, to build sound and transparent monitoring methods, to create and maintain consistent feedback loops with providers, constituents, and communities, and to effectively deploy Departmental resources. Throughout 2022, OOM, with support from ASI, used participatory methods, inclusive of providers, constituents with lived experience with relevant services, and Department staff, to create interview guides, case record review protocols, and site visit protocols. Additionally, in 2022, DCF published service excellence standards for purchased services, which articulate the type of quality that any constituent deserves when receiving services from the department and its contracted provider network.[137]

Monitoring of services piloted in 2023 and has continued to launch with additional programs. As additional service lines approach the start of monitoring, DCF analyzes provider contracts to determine if modifications related to the service expectations or requirements to participate in monitoring and CoQI processes are necessary. If a missing standard is identified, it is flagged for inclusion in the provider's next contract cycle. DCF included benchmarks related to expanding New Jersey's systemic capacity to monitor and ensure the quality of services via monitoring, purchased services CoQI, and development of related policy and contract updates in its 2025-2029 CFSP.

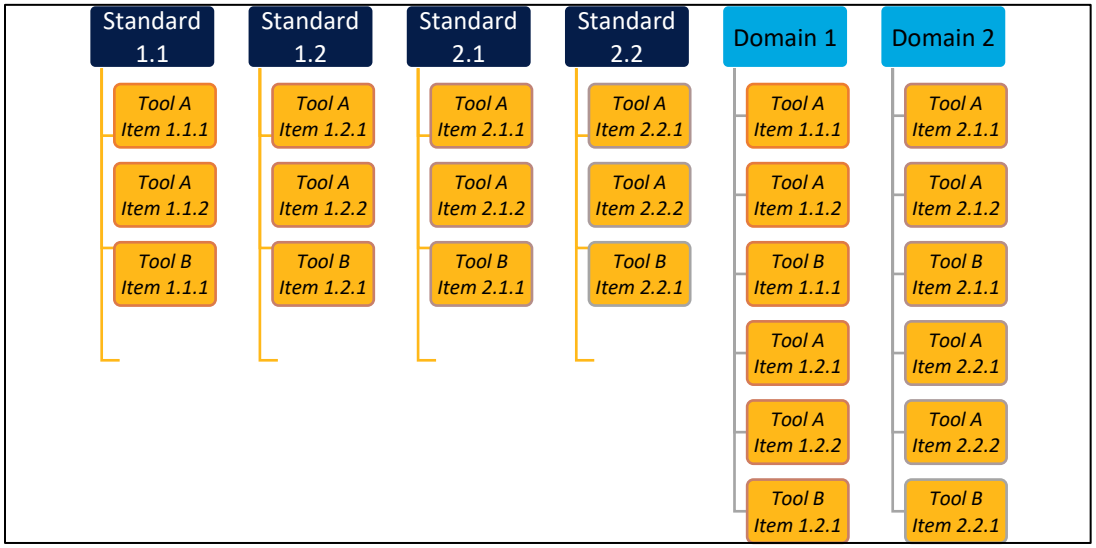
[136] DCF-monitoring-concept-paper-7.7.2021.pdf
[137] Quality Standards for NJ DCF Providers

Monitoring includes an assessment of both program standards and quality standards via service-specific questions and tools and a high-fidelity model. Based on a literature review, feedback gathered from people with lived experience, and input from various stakeholders during the Commissioner's Listening Tour and public comment periods, DCF identified the Availability, Accessibility, Acceptability and Quality (AAAQ) framework as the basis of its monitoring and service excellence standards[138]. Program-specific standards and requirements, e.g., contract requirements or accreditation requirements, are nested within the "quality" domain of the AAAQ framework. During tool development, internal and external stakeholders are guided through a scientific methodology to identify areas of focus.

[138] Factsheet31.pdf

At the conclusion of a monitoring cycle, DCF produces provider-specific Program Performance Scorecards that include average scores for individual items, standards and domains by provider site, as well as the average for all sites statewide to facilitate comparison of how the individual site performed compared to the entire network of providers for that service line. As Figure 50 demonstrates, DCF uses the mean of individual items to calculate the average standard score for each standard and for each domain. During the first year of monitoring, scores were generated to familiarize providers with the process and scorecard and to inform further tool development. As DCF moves forward with the purchased services CoQI process described above, the scorecards will be an additional input.

Figure 50. Averaging of Standard Scores and Domain Scores



To ensure the OOM's staff capacity, DCF provides program monitors with program specific tool guidelines that include descriptions and instructions to operationalize each question and the response categories in the case record review instrument. Monitors undergo in-house training on monitoring processes and accurate application of the case record review tool and guidelines. During case record review training sessions, participants discuss questions on which raters disagree to determine if monitors need further training, if the tool needs to be revised, and if the tool guidelines need to be clarified. To be able to evaluate the compliance and effectiveness of the various service lines, monitors must have a thorough understanding of the program and providers being monitored. Prior to beginning monitoring of a service network, monitors review contracts, program models, logic models, practice profiles, and attend available program-specific trainings. For example, prior to monitoring the Keeping Families Together (KFT) service line, monitors participated in KFT Housing training, KFT training for KFT Practitioners & Team Members, and Coaching to the Practice Model: Applying the Child Welfare Skills-Based Coaching Framework KFT Housing Training, amongst others.

To ensure that monitors adhere to the established monitoring protocols and accurately and consistently use monitoring instruments, and to ensure the reliability and quality of data and outputs, OOM developed a quality management system.

- OOM unit supervisors conducting spot checks of 50% of selected cases for consistency and conduct a simultaneous second review of 25% of cases. Supervisors and monitors discuss and reconcile discrepancies. Supervisors also perform a "full spot check" for safety and data reliability of the 50% of the remaining sample that did not receive a second review. For example, if the total sample was 100 cases, 25 received a complete second review, then 38 cases (50% of remaining 75) receive a full spot check. During a full spot check, a standardized tool is used to assess unaddressed allegations, threats to safety and risk, service needs or interventions, and inconsistencies across items without reading the entire

case. If a full spot check yields less than 90% correct or consistent responses, all cases assigned to that monitor are subject to a full spot check review of all assigned cases.

- DCF, through ASI, also assesses interrater reliability. During monitoring, each monitor reviews and rates three cases. DCF uses the ratings to calculate Fleiss' kappa for the overall tool, and the Intra-Class Correlation to examine consistency among raters. DCF calculates the percent agreement among monitors for each individual question. Similar to in-house training, DCF discusses any questions where three or more raters disagree in a meeting to determine if monitors need further training, if the tool needs to be revised, and/or if the guidelines need to be clarified.
- When the quality control process is complete, ASI conducts an independent review of the data to identify quality issues. To promote a high degree of interrater reliability, OOM supervisors calculate staff rating performance based on general training, quality control, and spot checks responses and categorize it according to the following range: High = 90 – 100, Median = 80 – 89, Low = 0 – 79. For monitors who perform within the median or low ranges, supervisors and monitors develop improvement plans.

Program Evaluation and Measurement. DCF is committed to using evidence to drive decision-making. The agency implements both internal and external program evaluations focused on understanding the implementation, outcomes, and impact of DCF's programs and services. Program evaluations range from formative to impact-focused and align with the specific program's phase of model development. At any given time, DCF is implementing over 40 evaluations of its programs and services with the goals of understanding the availability, accessibility, and quality of DCF services, assessing constituents' satisfaction with DCF's services, monitoring programmatic performance against key performance indicators, assessing the outcomes of DCF's services, generating data to fulfill state and federal reporting requirements, and producing actionable data that informs continuous quality improvement efforts.

DCF's approach to evaluation is utilization-focused and participatory, involving stakeholders, e.g., provider agency staff, DCF program staff and leadership, and model developers, in every phase of evaluation from logic model development, to identifying evaluation questions through interpretation and dissemination of findings. Findings from evaluations feed into a CQI process that is focused on understanding the strengths, challenges and opportunities for improvement. For descriptions of highlighted evaluations, including methods and key findings, see Attachment C, *Evaluation Summaries*.

The offices within ASI partner with DCF's program and policy staff to create and implement program evaluations and measurement strategies for DCF's contracted community-based services that are rigorous, based on the best available evidence and meeting the needs of program and policy partners. This work is led by PhD-level researchers with expertise in measurement, including evidence synthesis and psychometric analyses. When available, DCF prioritizes the use of measures that have been widely validated in the scientific literature. When valid and reliable measures are not available or cannot be feasibly gathered to capture the concept of interest, DCF develops measures that are meaningful to stakeholders, have face validity and, if appropriate, test them for construct validity, content validity and reliability. If it is determined in the early stages of an evaluation that a measure is not working for our participant population, e.g., not sufficiently sensitive to capture change overtime, DCF work with partners to identify and pilot a different measure of the same concept.

This office engages in early stage CQI with DCF's network of contracted, community-based service providers. Initial CQI processes focus on ensuring that the data submitted to DCF is high quality, i.e., accurate, reliable, complete, and shared in a timely manner to allow for real-time program monitoring. Once data quality is established, DCF works with provider agencies to examine program reach, i.e., are services getting to the right target population?, fidelity to the program model, i.e., are providers implementing the program as planned?, and early outcomes, i.e., are we seeing the changes we would expect to see? Through these regular conversations, DCF partners with providers to identify early challenges to implementation and adjust activities as needed.

Stakeholder Engagement. Through surveys, interviews, focus group discussions, listening tours, and councils, DCF routinely collects data from constituents and other internal and external stakeholders on their satisfaction and experiences with DCF. In addition to the detailed processes and collaborations described

in Systemic Factor E, *Service Array and Resource Development* and Systemic Factor F, *Agency Responsiveness to the Community,* examples of engagement follow:

- During the family interview and service monitoring processes, described earlier in this section, DCF engages directly with families and providers, respectively.
- DCF deploys satisfaction surveys as part of discrete program evaluations to assess the extent to which services meet the needs of and are considered acceptable to program participants. Similarly, programmatic divisions deploy satisfaction surveys, either directly through DCF or through providers, to families at the conclusion of service participation. For example, each month, CSOC delivers a Family Satisfaction Survey to all caregivers of youth who have transitioned from Care Management Organizations or Mobile Response Stabilization Services during the prior month. In addition to items from the Mental Health Statistical Improvement Program survey that is required for federal reporting and grant compliance, the survey includes items specific to DCF's service delivery, e.g., Likert scale items- "Overall, I am satisfied with the services my child received" and "My family got as much help as we needed for my child."
- Through OFV, the Youth Council, DADS, and Parent Councils, DCF ensures that individuals with lived experience in DCF services, particularly within the child welfare system, are heard and actively involved in the enhancement and transformation of department services. For additional information on OFV and these councils, see Systemic Factor F, *Agency Responsiveness to the Community*.
- DCF engages in multiple regional and statewide working groups and councils, with a broad array of stakeholders tied to the child welfare system. In addition to hearing directly from participants about service needs, this participation allows DCF to benefit from needs assessments and information gathering activities undertaken by partners. For example, the New Jersey Coalition to End Domestic Violence and the New Jersey Coalition Against Sexual Assault both conduct periodic needs assessments to gain valuable feedback from survivors of domestic and sexual violence and the agencies that serve them.

Data Transparency and Accessibility. DCF values data transparency and believes any interested individual should be able to easily access and review agency policy and performance and outcomes data to assess how the child welfare system is functioning and to be empowered to innovate, plan, advocate and hold the Department accountable. Highlights follow.

- **Practice and Program Information.** DCF maintains clear, concise, and accessible policies, which are available to the public and accessible and searchable online.[139] The public website also includes content and reports that describe DCF's current service and program offerings, as well as future plans for those services. Examples include annual reports, federal CFSP and APSR , Task Force annual reports, various concept papers, and more.
- **Performance Data.** DCF publishes performance data on its public website.[140] Examples include monthly Commissioner's Reports, monthly Screening and Investigation Reports, monthly Children's InterAgency Coordinating Council Dashboard, annual Safe Haven data, and more. Through a partnership with Rutgers University, DCF makes public customizable data reports related to CP&P and CSOC performance via the New Jersey Child Welfare Data Hub.[141] The Data Hub includes the Data Portal that allows users to explore key indicators of child well-being through customizable visualization and query tools, and the New Jersey Child Welfare Data Map that allows users to explore key child welfare and well-being measures, population characteristics and socioeconomic variables at the state and county-level.

[139] https://dcfpolicy.nj.gov/
[140] www.nj.gov/dcf
[141] NJ Child Welfare Data Hub | Data Hub (rutgers.edu)

- **Briefs and other Data-Related Products.** DCF is dedicated to making evidence it generates and data-related products widely accessible to stakeholders, including leadership and staff, the scientific community, national child welfare-focused audiences, and the general public. Examples include: short research and data briefs that highlight key findings from department-wide data projects, including CoQI,[142] using plain language communication and data visualizations; a monthly all-staff "Data Bite Insights" video series that highlight important findings and how they impact policy and/or programs; and various presentations. ARE hosts monthly Research & Evaluation Learning Collaboratives open to all analytics and system improvement staff that are focused on best practices, works in progress, and lessons learned related to data analysis methods, communication, and dissemination of data, and collaborating with program and policy partners around evaluation. In addition, a core organizing principle of DCF's program evaluations is to make data accessible to programmatic decision-makers. Evaluations are set up to generate regular, e.g., quarterly or monthly, dashboards that display key performance indicators (process and outcome measures) for use by program staff and leadership and contracted provider agencies. DCF has also published studies that expand knowledge in child welfare research in the scientific literature.

External Review. In addition to the DCF-managed quality assurance processes detailed throughout this section, the state also employs external public review processes. SORS reviews, analyzes and makes recommendations in eleven statutorily mandated categories that address CP&P case practice, staffing and operations.[143] SORS is comprised of at least thirteen members who meet specific criteria, including a representative of a state-based advocacy organization, an individual who formerly lived in foster care in New Jersey, and an attorney who represents parents involved in child protection services. In addition to reviewing quantitative and qualitative data from across the Department, SORS members participate in the family interview and CP&P CoQI processes described earlier in this section. SORS is required to submit an annual report to the Governor and other state leadership.[144] Another example is CFNFRB.[145] This Board, which resides within DCF but is independent of the Department, reviews child fatalities and near fatalities to identify their causes, relationship to government support systems, and methods of prevention. The Board is multi-disciplinary, and membership consists of ex-officio members and six public members with expertise or experience in child abuse appointed by the Governor.

Moving forward. DCF's quality assurance processes continue to evolve with next steps including both CP&P CoQI at the Area Office level and CoQI of purchased service networks. Summaries follow

- **Area Office CoQI.** Across New Jersey's 21 counties, CP&P operates 46 local offices, which are grouped into 9 "Areas." DCF is in the process of refining a new Area Office CoQI process, which piloted in 2024. The Area Office CoQI aims to ensure accountability with local office improvement plan implementation, identify common performance strengths and challenges within the area, facilitate problem-solving dialogue about common performance challenges and identify ways to build on common strengths, identify outliers, and to continue to develop area leadership's skills in using data to identify strengths and challenges. After the process pilot concluded, DCF gathered feedback from participants that is being used to refine the process prior to expansion.
- **Purchased Services CoQI.** As described earlier in this section, between 2019-2022, DCF overhauled the agency's processes for both CQI and management of the quality of its purchased services, standing up its new CoQI framework and monitoring processes. In late 2023, DCF engaged with stakeholders, including the leadership of CSOC, DOW, and FCP, to adapt the CoQI framework for use with DCF's network of purchased service providers. In 2024, OOQ built out the components of CoQI for purchased services. The data inputs for purchased services CoQI are organized around each program's measurement strategy and include monitoring results, KPIs for program activities and outcomes, and healthcare accreditation standards that are unique to some service lines.

[142] 2023-CoQI.Description.pdf (nj.gov), 2023May24_CoQI-Investigations-Brief.pdf, Older Youth Brief, Education Brief
[143] N.J.S.A. 9:6-8.75
[144] 2024-sors-report.pdf
[145] DCF | Child Fatality and Near Fatality Review Board

DCF began piloting CoQI for purchased services in Fall 2024 with Family Preservation Services and is expanding implementation in 2025 to include KFT, domestic violence direct services and other service lines.

Summary of Evidence Reviewed throughout Item 25, *Quality Assurance System*:
- State statutes and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, 2022 APSR, 2023 APSR, and 2024 APSR
- Qualitative Data, including staff narratives, CP&P case record review, family interview process, ad hoc practice reviews on investigations and older youth, monitoring processes, SBC skill acquisition data, resource parent survey, staff surveys, program evaluations

Systemic Factor D. Staff and Provider Training

The staff and provider training system should function statewide to ensure that initial and ongoing training is provided to all staff that addresses the skills and knowledge needed to carry out their duties with regards to services included in the CFSP. Initial and ongoing training is delivered in accordance with the established curriculum and timeframes. The system demonstrates how well these trainings addresses basic skills and knowledge needed by staff to carry out their duties. The training system should also function such that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities who receive title IV-E funds to care for children so that they receive training pursuant to the established continuing education requirement and timeframes for the provision of initial and ongoing training. The system demonstrates 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. Systemic Factor D, *Staff and Provider Training,* is assessed through review of Item 26: *Initial Staff Training,* Item 27: *Ongoing Staff Training,* and Item 28: *Foster and Adoptive Parent Training.* Table 39 summarizes New Jersey's performance during Round 3 CFSR and its current assessment of functioning for this systemic factor and relevant items. DCF's analysis of Items 26-28 follows.

Table 39. New Jersey's Round 3 CFSR Performance and Round 4 CFSR Self-Assessment for Systemic Factor D and Items 26-28

[Systemic Factor D Item]	Round 3 CFSR Final Result	Round 4 CFSR Self-Assessment
Systemic Factor D: Staff and Provider Training	Substantial Conformity	Substantial Conformity
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 so that: (1) Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training: and (2) The system demonstrates how well the initial training addresses the basic skills and knowledge needed by staff to carry out their duties?	Strength	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 so that: (1) Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and (2) The system demonstrates how well the ongoing training addresses the skills and knowledge needed by staff to carry out their duties?	Strength	Strength
Item 28: Foster and Adoptive Parent Training: How well is the staff and provider training system functioning statewide to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that: (1) Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training: and (2) The system demonstrates 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?	Area Needing Improvement	Area Needing Improvement

Item 26: Initial Staff Training

Analysis. New Jersey has assessed the state's performance for Item 26: *Initial Staff Training* to be a strength. In Round 3 CFSR, the state's performance for Item 26 was also rated as a strength. DCF maintains a dedicated training infrastructure, drives toward clearly articulated training priorities, relies on established curricula, timeframes, and policies, and has a number of training processes in place. Below, DCF describes relevant offices and partnerships, physical and technological infrastructure, the initial training pathway, and processes for obtaining and addressing consumer feedback and ensuring new worker preparedness.

Training Organization and Infrastructure. New Jersey recognizes that a well-trained workforce is foundational to a child welfare agency's ability to achieve best outcomes for the children and families it serves. DCF, both directly and through various contacts, ensures a comprehensive array of training opportunities for all staff, including initial and ongoing training for CP&P staff and for resource and adoptive parents. While many divisions and stakeholders are involved in the training processes described in Items 25 through 27, the following components of DCF's organization and infrastructure are critical the state's training efforts.

- **Office of Professional Development.** Created in 2004, DCF's OTPD coordinates and oversees department-wide training and certificate programs, ensuring continued availability of research-informed, stakeholder-driven, and relevant learning experiences. OTPD staff have vast education and employment experience in social work, education, and other human service-related disciplines, as well as private sector experience in training, facilitation, instructional design, curriculum development, strategic and project planning, and innovations in learning technologies. During fiscal year 2024 (July 1, 2023 – June 30, 2024) OTPD led 88 unique trainings covering new hire orientation, car seat safety, safety awareness, pre-service, foundations, SPRU, IAIU, supervisory, and a few elective trainings. There were an additional 40 trainings that OTPD found nationally and offered free to DCF staff. There were an additional 211 trainings offered as part of the Violence Against Women Certificate Program, Substance Use Disorder Fellows Program, Adoption Certificate Program, Domestic Violence Liaisons, and other DCF operations, e.g., Human Resources, Office of Staff Heath and Wellness, Office of Legal Affairs, for which OTPD provided support by coordinating the trainings and/or posting the courses on the DCF-Learning Management System (LMS). OTPD is authorized by the State Board of Social Work Examiners to determine courses that qualify for Continuing Education Units (CEUs) and issue CEUs to state employees attending in-service training programs. OTPD partners with DCF operational divisions and other key external stakeholders to continuously measure performance and competencies that confirm transfer of learning objectives and behavior change. OTPD also sustains partnerships with state universities dedicated to training initiatives, oversees the operations of DCF's training and professional development center, and maintains the LMS to promote optimal learning experiences and streamlined processes for training enrollment, attendance, on-demand learning, and to develop learning pathways development.

- **University Partnerships.** New Jersey has established the New Jersey Child Welfare Training Partnership (NJCWTP), which includes DCF, the Rutgers University School of Social Work, and, through SFY 2025, Institute for Families and Stockton University's Child Welfare Education Institute. The NJCWTP supports instructional design, curriculum development, LMS operations, and the delivery of various trainings, e.g., foundations training, through per-diem subject matter expert trainers. For a description of the foundations courses, see below. For additional information on DCF's training related university partnerships, see Item 27.

- **Training and Professional Development Center.** OTPD oversees the operations of DCF's state-of-the-art training and professional center (Professional Center), a 107,000 square foot building, which provides a unique learning environment for trainings, meetings,

large lectures, and community events. It houses two auditoriums, two large meeting rooms, multiple computer labs, small meeting rooms, multiple classrooms, a car seat training room, simulation rooms, mock courtrooms, and more. It's centralized location in the state makes it accessible to thousands of visitors each year.

- **Learning Management System.** DCF's LMS is hosted by Rutgers University on the Moodle platform and is a co-led effort between OTPD and the Institute for Families at the School of Social Work at Rutgers University. All DCF staff and prioritized service providers access the LMS to view and enroll in asynchronous and synchronous training offerings, track training completions and credits, and access training materials and resources. The LMS also offers reports and analytics that help DCF to evaluate training effectiveness and site utilization.

- **Field Training Units.** Every CP&P local office has a Field Training Unit (FTU).[146] FTUs are functioning CP&P units that are composed of seven new workers, or less. FTUs aim to develop new workers into well-rounded caseworkers suitable for transfer to regular units and to support local offices' overall efforts to train new workers. While assigned to an FTU, the supervisor ensures the new worker is familiarized with the work site, local office procedures and systems, and the professional office environment, including community programs and partnerships and services and resources available within the jurisdiction of the local office. FTU supervisors, who preferably have an MSW, require an extensive child welfare and protection services background within CP&P, extensive knowledge of Division policies and procedures, proven mentoring and team building skills, and more. FTU supervisors partner with OTPD to ensure structured field experiences and to offer support or coaching in information and skills acquisition. OTPD holds monthly collaborative meetings with FTU supervisors.

- **New Jersey Staffing and Oversight Review Committee.** In addition to the internal infrastructure and processes described throughout this section, New Jersey also relies on the SORS to review, analyze and make recommendations in a number of statutorily mandated practice areas, including training of child welfare staff.[147] More specifically, SORS reviews whether DCF is "maintaining a comprehensive training program for all child welfare staff and supervisors, including specialized training for investigators which training shall include pre-service training covering the case practice model and permanency planning, adoption training, and training on case management systems, and mechanisms for staff completing training to demonstrate competency on required areas of training." SORS publishes its findings annually.[148]

Training Priorities. In 2022, OTPD initiated a modernization process to expand and update its operational structure to better support DCF's broader workforce development needs, including more comprehensive and progressive training opportunities for the child welfare workforce. Based on that process, DCF identified a comprehensive, department-wide training strategy, inclusive of leadership and management learning pathways. While these priorities are focused on the entire workforce, DCF makes special consideration for the needs of child welfare staff as trainings are updated and designed. Prioritized training initiatives are:

- Full implementation of an updated and enhanced pre-service training for CP&P staff.
- Update and transition the current foundational supervisory training to a supervisory learning pathway for supervisors at varying levels, with modules specific to the practice and roles within CP&P.
- Refine the advanced Leadership Transformation Collaborative leadership training program and develop a foundational leadership learning pathway for DCF emerging and developing leaders.

[146] CPP-IX-C-4-100.pdf
[147] N.J.S.A. 9:6-8.75
[148] 2024-sors-report.pdf

Additional high-level training priorities include: a) incorporating the voice and experience of constituents into training design and delivery, b) updating DCF's training related to continuous quality assurance and improvement process, c) integrating DCF's values and core approaches into all training offerings, d) expanding professional development offerings to enhance job performance, e.g. documentation, computer applications, agenda setting, project planning, time management), e) offering refresher and progressive trainings on high need training topics, such as engaging families with mental health conditions, domestic violence, and substance use disorders, and f) expanding offerings regarding safety and health related topics, e.g. safety awareness, defensive driving, CPR, and first aid. DCF included the prioritized training initiatives, as well as the additional training priorities, in its 2025-2029 CFSP targeted plan dedicated to training.[149]

New Staff Training. New child welfare staff, "new workers," participate in extensive training at the onset of their employment to ensure an understanding of child welfare in New Jersey, DCF's enhanced case practice model, and the skills necessary to best serve children and families. This training takes place over an 18-month period and includes three training phases: (1) new hire orientation, which is three days of in-person training and asynchronous training (26 hours), (2) new worker, or pre-service, training (219 hours) that includes self-paced, virtual, in-person courses, and (3) foundations training (230 hours) that is also self-paced, virtual, and in person training. Upon completing new hire orientation, new workers participate in pre-service orientation, which includes a full overview of the pre-service process and expectations and receive their pre-service training schedule. Together, these three phases of training require new workers to participate in approximately 467 hours, or 78 days, of training over an 18-month period.[150]

DCF also outlines preservice training requirements and expectations in policy.[151] Summaries of each phase follow.

- **New Hire Orientation.** New Hire Orientation provides critical introductory information and training to all newly hired DCF staff. This required training includes an overview of DCF and provides information regarding Human Resources, Employee Relations, Labor Unions, Equal Employment Opportunities, an introduction to DCF's LMS, and Americans with Disabilities Act. New Hire Orientation also, HIPAA and Confidentiality, Safety Awareness, and Car Seat Safety.

- **Pre-service Training.** Pre-service training takes place over the first four-five months of employment. In addition to attending required courses, this phase includes shadowing field staff from different types of CP&P units, time spent in the local office and in the community, pre-work prior to training sessions, and supervisory coaching. Between 2023-and the first half of 2025, DCF updated and enhanced both the new hire orientation and the pre-service training pathway, removing outdated courses, and adding new courses. Course topics include: an overview of child welfare in New Jersey, the roles of various positions, critical thinking strategies, family engagement, the enhanced case practice model, understanding trauma and adversity, protective factors framework, child development, identifying abuse and neglect, substance use disorders, domestic violence, mental health conditions, documentation, structured decision making, concurrent planning, working with adolescents, teaming with families, and more. Course formats, e.g., in-person, virtual, self-paced, simulation, and durations, e.g., 2 hours, many days, vary by course.

- **Foundations Training.** Following successful completion of pre-service training, new workers engage in foundations training. This training, which takes place over twelve-fourteen months, provides further education on topics including: protective factors, engaging families with mental health conditions or substance abuse challenges, assessment of families, planning with families, kinship care, engagement of fathers,

[149] NJDCF_2025-2029_CFSP_Training-Final.pdf
[150] As new asynchronous and synchronous courses continue to soft launch and be refined, the total hours of pre-service training will continue to evolve.
[151] CPP-IX-C-1-100.pdf (nj.gov) , CPP-IX-C-1-200.pdf (nj.gov)

concurrent planning and permanency, educational considerations, and more. Course formats, e.g., in-person, virtual, self-paced, simulation, and durations, e.g., 2 hours, many days, vary by course.

DCF continuously assesses all its trainings, including the new worker training program, to ensure that they are addressing the basic skills and knowledge needed by staff to carry out their duties, and that they are aligned with Departmental-wide strategic priorities and new initiatives, CP&P job descriptions, and the changing needs and learning styles of the child welfare workforce. OTPD relies on national scans of best practices, course evaluations, structured assessments, practice reviews, feedback from training participants and CP&P leadership, and monthly collaborative meetings with FTU Supervisors. Descriptions follow.

- **Course Evaluations and Annual Summary Report.** At the conclusion of each course, DCF asks each participant to complete and anonymously submit a course evaluation. The evaluation allows each participant to rate the course's content, the probability of use of the content, the supplements provided during the course, the trainer's ability to clarify the course content and to provide general feedback, including ways the course could be improved. The NJCWTP produces an annual report that summarizes feedback on training sessions. Information from the annual report informs moderate to major course updates, helping OTPD ensure that the training program is responsive to the changing needs of the workforce. The recent annual report indicated that most satisfaction survey results indicated a 3.7 out of 4. This average rating included survey items such as: the trainer's ability to engage participants, the presentation was clear, concise, and organized, resulting in an effective training and that "the content of the training materials provided me with knowledge and skills I will need to meet my responsibilities in this area of work." An analysis of pre- and post- test results also indicated a 28-point knowledge gain at the completion of the course.

- **Structured Assessments and Practice Review.** DCF uses structured assessments to assess the transfer of learning to new workers. Throughout new workers' participation in the pre-service training program, DCF administers the New Worker Caseload Assignment & Readiness Assessment Tool (CARAT). For additional detail on the CARAT, see "New Worker Case Assignment," below. Additionally, OTPD reviews the results of pre- and post-tests that are administered prior to and after course participation. OTPD works with CP&P and the FTU supervisors to review case practice of new workers as they begin to take cases. This includes review case progression, documentation of family involvement, SBC assessment tools, and more.

- **Consumer and Stakeholder Feedback.** OTPD collects qualitative feedback from new workers, supervisors, and CP&P leadership through targeted outreach, e.g., focus groups and surveys, and by attending a variety of CP&P forums during which practice needs are discussed, e.g., statewide CP&P leadership meetings, Safety and Performance Management meetings, multidisciplinary team review meetings, and casework supervisor forums. OTPD also holds monthly collaborative meetings with FTU supervisors.

These feedback loops provide OTPD and CP&P with real-time information about whether the training pathway is providing staff with the skills and knowledge they need to carry out their duties.

Listening Session Insights: Effectiveness of Initial and Ongoing Training

Question: In what ways did the initial training prepare you for your responsibilities? Are there areas you feel more support or training would have been beneficial? How effectively does ongoing training address your current needs as a caseworker? Are there topics or skills you wish were covered more thoroughly?

Participants	Themes
CP&P Caseworkers and Trainees	**Shadowing and buddying is effective in preparing caseworkers during pre-service.** Participants indicated shadowing or buddying with experienced caseworkers, particularly intake, was or would be beneficial. **Participants report a desire for more topics to be covered during pre-service and ongoing training.** Participants reported that additional topics should be covered or addressed more thoroughly, including court appearances, SARs, case plans, NJ SPIRIT, MVRs, mental health, domestic violence, in home practice, immigration related topics, and sexual abuse. In addition, some trainees reported that pre-service training is primarily geared to intake and expressed misalignment with work responsibilities. Participants recommended training should be focused on area or unit of practice. **Quality of trainer.** Participants acknowledged that ongoing training is critical and indicated that the quality of the modality and quality of the trainer impacts effectiveness.

DCF uses feedback obtained through the above mechanisms to improve the learning pathway. In addition to consistently informing minor updates to courses, curricula, post-training support, etc., DCF relies on the needs assessment and consumer feedback processes described above to inform significant updates to and modernization of the pre-service program and course offerings over the past few years. In 2023, a multi-disciplinary workgroup, including resource family trainers, staff from DCF's direct service and transformation divisions, Embrella representatives, and former youth with lived experience in foster care, reviewed and assessed the pre-service and in-service training curricula. In July 2023, they submitted recommendations for enhancing training to ensure that resource families are best equipped to meet the needs of children in their care. Recommendations included: exploration of additional pre-service training models, addition of more trauma-informed content, provision of ongoing support groups to reinforce the principles learned in training and provide peer support opportunities, provision of Nurtured Heart Approach® training for all staff and resource parents, and surveys to youth and resource parents after placement to identify gaps in support. Throughout 2024 and 2025, the new and updated pre-service and foundations courses launched incrementally.

New Worker Case Assignment. DCF ensures the preparedness of new workers for case assignment through multiple processes, including training requirements, structured readiness assessment, and gradual case assignment and unit assignment processes. Descriptions follow.

- **Training Requirements.** DCF requires all new workers to complete pre-service and foundations training.[152] A review of 335 new workers who started employment at DCF between January 2022 and June 2024 shows that 98% completed pre-service training. Approximately eight - nine weeks into the pre-service training program, new workers participate in a module entitled "Child Development: Identifying Abuse and Neglect." Completion of this module triggers the gradual case assignment process described below. 100% of new workers complete this module prior to case assignment. Staff cannot complete the final course in pre-service, entitled Final Simulation, without first completing all other pre-service courses prior. In addition to OTPD staff and the FTU Supervisors auditing, monitoring, and evaluating initial training completion, all information regarding training, e.g., courses, hours, staff who are required to complete, is maintained in the LMS and available for use during Performance Assessment Reviews, or ePARs.

- **Readiness Assessment.** DCF uses the CARAT to assess new worker preparedness for case assignment.[153] FTU supervisors introduce new workers to the CARAT within two

[152] CPP-IX-C-1-100.pdf (nj.gov), CPP-IX-C-1-200.pdf (nj.gov)
[153] CPP-X-A-1.12.2.pdf (nj.gov)

weeks of employment and complete the CARAT at three intervals: at the end of two months of employment, at the end of four months of employment (in alignment with Human Resources working test period), and prior to the trainee being assigned to a local office unit. New workers must meet standards on the CARAT by an overall total score of 50 out of 72 points (70%) before being assigned a full caseload. When new workers do not meet the minimum standard of 50 points, the new worker, supervisor, and casework supervisor must collaborate on a plan of action to achieve full caseload readiness.

- **Gradual Case Assignment and Unit Assignment.** Cases are assigned gradually to promote learning and to ensure new worker competence and proficiency.[154] After successful completion of the child development module of the pre-services training program, the FTU supervisor assigns one to two cases to the new worker, gradually assigning additional cases as appropriate. Policy outlines the types of cases that can or cannot be assigned to a new worker.[155] As new cases are assigned, the new worker must have no more than 10 children in placement. After the sixth month of employment, the new worker may have a full caseload; at that point, DCF's regular caseload standards apply.[156]

- **Unit Assignment.** New workers will be assigned to an Intake, Permanency, Adoption, or Adolescent Unit at a local office. The FTU supervisor, in conjunction with the casework supervisor and/or the local office manager, considers several factors when determining the new worker's readiness for assignment to a Unit, including, but not limited to: the new worker's level of performance within the OTPD, e.g., pre and post-tests and participation in the training report, and the FTU based on: events and progress documented in the new worker's ePAR, strengths and weaknesses observed in the new worker's job performance and case conference discussions, ability to understand, interpret, and apply agency casework policies and procedures, CARAT scores, previous child welfare or protective services experience, ability to qualify for promotion to a Family Service Specialist II based on education and experience, and demonstration of the ability to perform FSS II job duties.

Future Plans. As described above, the new worker training program underwent significant updates between 2021 and the present. DCF will continue to update the pre-service learning pathway and courses based on course evaluations, structured assessments, feedback from participants, leadership and other stakeholders to ensure the program remains responsive to new worker and practice needs. In 2025 and beyond, DCF will continue this transformation. Planned activities follow. OTPD, CP&P and DCF's policy unit will be collaborating throughout 2025 to update policy related to new worker training. By the end of 2025, DCF will improve the CARAT to better align with the updated new worker training program. OTPD will develop updated reports in LMS for enhanced tracking of pre-service participation and completion. DCF will continue to review new courses to add to the pathway, e.g., trauma-informed and healing centered practices, and update additional courses, e.g., Safety Awareness.

Summary of Evidence Reviewed throughout Item 26, *Initial Staff Training*:
- State statutes and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, 2022 APSR, 2023 APSR, and 2024 APSR, including training plans
- Administrative Data, including data from OTPD tracking and LMS
- Qualitative Data, including staff narratives and internal stakeholder listening sessions

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[154] There are exceptions to the gradual case assignment system. Exception requests may be granted, with prior approval of the Area Director, based on the background, competence, knowledge, and abilities of the new worker. Examples of reasons for exceptions include: • A former employee returning to CP&P within two years • A new worker with several years of child protective service/child welfare experience from another agency/jurisdiction • A new worker who successfully completed an internship with the Division, who demonstrated proficiency and skill • A new worker with specific educational credentials or specialized training which prepared him or her for child protective service/child welfare service duties • A new worker who had been employed by, or worked with, a CP&P contract agency specializing in the provision of child protective services/child welfare services • A new worker with related life or work experiences that management views as beneficial in deviating from gradual case assignment

[155] CPP-IX-C-4-100.pdf

[156] CPP-IX-C-4-100.pdf; CPP-III-C-5-400.pdf

Item 27: Ongoing Staff Training

Analysis. New Jersey has assessed the state's performance for Item 27: *Ongoing Staff Training* to be a strength. In Round 3 CFSR, the state's performance for Item 27 was also rated as a strength. In addition to the dedicated training infrastructure, clearly articulated training priorities, established curricula, timeframes, policies, and training processes described in Item 26, *Initial Staff Training*, DCF also requires continued learning for seasoned staff and supervisors and offers a robust array of evolving training opportunities.

Training Organization and Infrastructure, and Training Priorities. The critical components of DCF's training organization and infrastructure, including OTPD, the NJCWTP, the Professional Center, and the LMS, described in Item 26, *Initial Staff Training*, are equally crucial to DCF's provision of ongoing training to child welfare staff. Likewise, the training priorities described in the prior section will guide further development of ongoing training offerings. See Item 26, *Initial Staff Training*, for additional detail on organization, infrastructure and training priorities.

Ongoing Staff Training. DCF approaches learning, development and reflective practice as a life-long journey that continuously unlocks the full potential of every learner. Designated staff, including case-carrying staff, are required to complete 20 hours of in-service training annually in alignment with the state fiscal year.[157] For the period of July 1, 2023, through June 30, 2024, DCF updated the training credit requirements and expanded CP&P staffing titles required to participate in the program. During this timeframe and the inaugural update to the program, there were approximately 3,300 CP&P staff that were required to complete 20 hours of in-service training; approximately 78% of staff completed the training.[158] Local office compliance ranged from 46% in one local office to 100% compliance in six local offices. All information and expectations regarding the Annual Training Credit Program is described in policy,[159] outlined on the LMS, and communicated to staff through the area and local office training liaisons.

In addition to the LMS tracking training completion, CEUs and course transcripts, compliance with training requirements, as well as whether trainings are addressing skills and knowledge needed by staff to carry out duties, are monitored through the following mechanisms. Area and local office training liaisons are appointed for each CP&P local office and each CP&P area. Training liaisons are charged with ensuring staff are aware of training requirements and opportunities. They also have access to reports that outline local progress on the completion of the annual training requirement. In addition, each year, supervisors undertake a performance appraisal of staff they supervise during the ePAR process. During this process, which consists of 6-month interim appraisals and annual appraisals, supervisors review past training compliance and a plan for future compliance with annual training requirements. More significantly, supervisors assist staff with formulating an individualized education or training based on the jointly identified strengths and needs of the staff member. After courses are selected during the process, the worker can register through the Assistant Area Director or designee. Supervisors also participate in the ePAR process as a ratee, with their casework supervisor serving as the rater.

Through OTPD, partnerships with various stakeholders, and identification of trainings provided through community-based providers, federal partners, and national organizations, DCF ongoingly offers an evolving and expanding array of in-service courses to child welfare staff on a variety of practice topics. To ensure that the ongoing training, including supervisory training, address the skills and needs of staff to carry out their duties, OTPD reviews training evaluations, the NJCWTP annual report, facilitates discussion with training liaisons, supervisors and local office managers, and regularly attends CP&P meetings during which practice needs are discussed, e.g., statewide CP&P leadership meetings, Safety and Performance Management meetings, multidisciplinary team review meetings, and casework supervisor forums. For additional detail on course evaluations and the NJCWTP annual report, as well as insights from the listening sessions related to initial and ongoing training, see Item 26, *Initial Staff Training*.

[157] The listing of specific staff titles subject to this policy shall be determined and maintained by the Assistant Commissioner of CP&P or his or her designee.
[158] Source: LMS
[159] CPP-IX-C-2-100.pdf (nj.gov)

Descriptions of available course offerings follow.

- **Ongoing DCF Course Offerings.** OTPD coordinates purchased trainings agency wide and identifies free trainings through various organizations. This includes the purchase of training through the Rutgers University School of Social Work or Stockton University. Ongoing course offerings are guided by the needs of families served and are updated based on current practice themes. While many trainings are elective in nature, some are mandatory based on Departmental priority initiatives. For example, with CP&P's enhancement of its CPM, DCF updated many courses to better align with SBC, which were mandatory for all staff. Another example of mandatory training was the "Fathers are Important: A Caseworker's Guide to Working with Fathers," which was developed and initially provided during DCF's Round 3 CFSR PIP Implementation Period and continues to be available. Trainings are generally taught by OTPD staff and contracted trainers, however sometimes staff in specialized support positions, e.g., Domestic Violence Liaisons and Child Protection Substance Abuse Initiative providers, provide quarterly trainings on relevant topics in the local offices they support.

- **External Trainings.** In addition to courses developed and provided by OTPD trainers, DCF identifies and makes available to staff trainings provided through community-based providers, federal partners, and national organizations. Some examples include self-paced trainings, such as the National Adoption Competency Mental Health Training Initiative (NTI) offered by the Center for Adoption Support and Education, a training series offered by New Mexico State University School of Social Work, Tutorials for Child Welfare Professionals offered by the National Center for Substance Abuse and Child Welfare. DCF has also increased marketing of New Jersey's Employee Assistance Services monthly trainings that are tailored for all staff with offerings specific to supervisors and managers. DCF staff can receive training through NJ CSC's Employee Assistance Services, which offers monthly trainings that are responsive to the needs of the state agencies. OTPD also identifies free training available national wide that supports DCF's broader work, e.g., Child Welfare League of America and American Public Human Services Association, and informs staff of these trainings. There are also sporadic trainings through the AOC and the Juvenile Justice Commission.

- **Specialized Trainings.** DCF provides continuous instruction to staff on various other curricula pertaining to specialized and job-specific topics. Examples follow.

- **Resource Training.** Through the Consortium for Children, DCF provides newly identified and existing resource and adoption staff with a series of trainings on the Structured Analysis Family Evaluation (SAFE) tool, a standardized home study model for a structured and uniform evaluation of families who apply to foster or adopt. Trainings include a two-day training for staff new to resource work, a one-day refresher training to enhance the skills of experienced staff, and a supervisory component to provide guidance to those who oversee resource and adoptive work. Recently, DCF added a half-day training to enhance staff and supervisor interviewing skills and to provide guidance on how to best prepare the resource applicants for the interview process.

- **Adoption Training.** When staff are newly assigned to a CP&P adoption unit, CP&P's Adoption Operations Unit provides a required Adoption New Worker training. Adoption staff are eligible to enroll in an Adoption Certificate series through Rutgers University. The National Adoption Competency Mental Health Training Initiative for Child Welfare Supervisors is also available to all staff.

- **Special Response Unit Training.** When staff takes an assignment within SPRU, staff are required to take specialized courses dedicated to SPRU response through OTPD.

- **Kinship training.** DCF acknowledges the unique needs and challenges of children placed in the care of kin and fictive kin. In partnership with ChildFocus, a national child welfare consulting firm, DCF created a training entitled, "Why Kinship Care Matters: Engaging and Empowering Kinship Caregivers." This training reinforces the importance of kinship care and provides strategies and practice tools for staff to engage kinship families. In addition to being a part of the new worker foundations training series, this training is available to experienced workers in a range of CP&P units.

- **Center for Learning and Improving Performance All Access Pass**. In June 2021, all DCF staff received an all-access pass to the NJ CSC's Center for Learning and Improving Performance (CLIP) eLearning catalog. The catalog gives staff access to over 600 asynchronous trainings and courses that cover various professional developmental areas including management and supervision; process and resource management; professional development; technology at work; government and compliance; health and safety and learning paths. OTPD oversees the CLIP All Access Pass subscriptions and is developing strategies to recommend CLIP trainings within other trainings and to audit CLIP trainings to ensure relevance with DCF broadly.

- **University Partnerships**. In addition to the deliverables described in Item 26, *Initial Staff Training*, Analysis, e.g., instructional design, training delivery, the NJCWTP supports specialized training certificate programs, e.g., Violence Against Women Certificate Program and Substance Use Disorder Fellowship. DCF also partners with Stockton University on the Baccalaureate Child Welfare Education Program (BCWEP) and the Master's Child Welfare Education Program (MCWEP). These educational programs offer workforce development options for new and seasoned field staff. Descriptions follow.

- **Violence Against Women Certificate Program.** In June 2011, DCF partnered with the Center for Research on Ending Violence from the Rutgers University, School of Social Work to create an eleven-course Violence Against Women Foundation Certificate Program. Originally designed to complement DCF's Domestic Violence Liaison initiative by providing advanced practice training for CP&P staff who demonstrated an interest and aptitude for working with families in which domestic violence is a presenting issue, the program was later expanded to include staff from other DCF divisions. Since its inception in 2011, 13 cohorts have completed the program. Of the 644 participants who started the program, 627 participants completed all program requirements to earn their Violence Against Women Foundation Certificate. The most recent program, which started in Fall 2023 and included 51 staff, concluded in June 2024 with 48 graduates.

- **Substance Use Disorder Fellowship.** The Substance Use Disorder Fellowship Program is an intensive, eight-month professional development opportunity designed to enhance CP&P staff's expertise in substance use-related issues and their impact on child welfare. Each year, 50 experienced supervisors, casework supervisors, and case practice specialists are eligible to participate. Through a combination of instructor-led training, group discussions, self-directed learning, and individual presentations, fellows deepen their understanding of substance use disorder, treatment approaches, impact on children and families, , recovery, and emerging trends. Beyond coursework, fellows engage in experiential learning to strengthen connections with the treatment community. Fellows assist their local office by fostering relationships with Child Protection Substance Abuse Initiatives and Peer Recovery Support Services staff, providing technical assistance on referrals and assessment interpretation, and participating in case conferences to support staff engagement of families around assessment, treatment and recovery. In 2023 and 2024, 54 and 41 staff participated, respectively.

- **Baccalaureate Child Welfare Education Program.** Established in 2005, through partnership between DCF and Stockton University, BCWEP is a consortium of undergraduate social work programs across the state. The program includes specialized

coursework in child welfare and practical field experience under qualified supervision. It aims to recruit students into the public child welfare workforce by providing tuition support and a CP&P internship to social work students during their senior year. Participants commit to two years of employment with CP&P, post-graduation. Twenty-six students are currently participating.

- **Master's Child Welfare Education Program.** MCWEP is a collaborative initiative among DCF and a consortium of four New Jersey colleges with Master of Social Work (MSW) programs. The program aims to enhance clinical practice and leadership skills by providing CP&P supervisory staff with the opportunity to obtain their MSW. MCWEP participants engage in part-time MSW studies, specialized electives, and a learning community. There are currently 31 students participating in the program.

Supervisory Training. When CP&P staff are newly appointed to a frontline supervisory title, they are enrolled in a series of trainings, including foundational supervisory training, ongoing training opportunities, supervisory seminars and transformational leadership pathways.

- **Foundational Supervisory training**. When staff are newly appointed to a frontline supervisory title, they are enrolled in the foundational supervisory training. The supervisory training includes two supervisory modules, and addresses operational topics, e.g., Human Resources and the Office of Employee Relations. The first module, Self-Management, focuses on the transition from caseworker to supervisor and the responsibilities of supervision. Supervisors develop skills in fostering trust, creating a motivating environment in which communication is open, conflict is effectively managed, and worker performance is assessed for continued development. Other topics discussed include effective communication, managing across differences and managing conflict. Participants examine how to coach employees, build the capacity of the workers and creating partnerships and effective teams. In another module, People Management, participants focus on self-assessment, reflection on personal viewpoints and capabilities, and getting work done through others. Topics highlighted include the various supervisory roles, time management and personal learning style. Participants discuss the importance of the supervisor's commitment to DCF's vision and values. OTPD and HR review the supervisory appointment list twice per month to ensure timely enrollment in supervisory training. OTPD tracks completion of this training through the LMS. Between January 1, 2022 and June 30, 2022, 143 staff members were appointed to supervisory positions and scheduled to attend supervisory training; of these staff, 94% completed it.[160]

- **Ongoing Training for Supervisors.** DCF continuously makes other trainings available to supervisors based on practice needs and high priority departmental initiatives. For example, as DCF implements SBC, new supervisors are required to enroll in SBC supervisory and case consultation courses after completion of the foundational supervisory training. Approximately 100 CP&P supervisors receive SBC supervisory and case consultation training annually.

- **Supervisory Seminars.** Beginning in 2024, DCF began requiring all new supervisors to participate in Supervisory Seminars conducted by CP&P Case Practice Units. These seminars cover the SBC milestones and other topics. In Summer 2024, approximately 105 new supervisors hired between March 2023 through June 2024 attended. These seminars will continue to be held for all newly appointed supervisors on an ongoing basis. Additionally, beginning in January 2025, the Case Practice Units began facilitating regional Supervisory Seminar trainings for existing supervisors.

- **Leadership Transformation Collaborative.** Utilizing the leadership competency framework designed by the former National Child Welfare Workforce Institute, DCF offers

[160] Source: LMS

staff leadership training. The program, which was enhanced in late 2022 and re-launched in January 2023 is exclusive to CP&P leaders, e.g., area directors, assistant area directors, local office managers, and casework supervisors. Sixty CP&P leaders completed the program, which was made up of in-person and virtual sessions, small group coaching, and a leadership project and presentation. DCF completed a retrospective evaluation of the program and is making refinements to ensure future offerings of the program meet the needs of leadership agency wide.

In July 2023, DCF undertook its second iteration of its Safety Culture Survey, an organizational assessment that explores various aspects of child welfare professionals' experiences and perceptions within their workplace. One section of the survey addressed supervisory experiences. 3,519 DCF staff completed the survey; of these, 2,030 were staff in direct service positions. Of the staff in direct service positions, 75% of respondents felt that their supervisor was well equipped to support their work-related activities, e.g., casework practice, projects, daily tasks.

Listening Session Insights: Supervision's Effectiveness

Question: How has supervision supported your effectiveness as a caseworker?

Participants	Themes
CP&P Caseworkers and Trainees	**Field visits and supervisory participation with families are helpful to trainees.** Caseworker trainees reported it is helpful when supervisors to go into the community with them or join in client interviews. **Trainees would like more supervisory support.** Trainees report a need for supervisory support outside of required supervisory meetings, e.g., access to supervisors in the field, check-ins as needed, tools to help manage caseloads.

Future Plans. OTPD is progressing on efforts to expand ongoing and progressive in-service trainings for frontline staff and supervisors, including developing a new learning pathways, refining the advanced leadership training, developing a foundational leadership pathway, updating the foundational supervisory training, developing job function specific supervisory onboarding for CP&P supervisors and managers, piloting a trauma, resiliency, and healing centered practice training, and rolling out a resiliency training statewide.

Summary of Evidence Reviewed throughout Item 27, *Ongoing Staff Training*:
- State statutes, and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, 2022 APSR, 2023 APSR, and 2024 APSR, including training plans
- Administrative Data, including data from OTPD tracking and LMS
- Qualitative Data, including staff narratives and internal stakeholder listening sessions

Item 28: Foster and Adoptive Parent Training

Analysis. New Jersey has assessed the state's performance for Item 28: *Foster and Adoptive Parent Training* to be an area needing improvement. In Round 3 CFSR, the state's performance for Item 28 was also rated as an area needing improvement. The staff and provider training system ensures that prospective foster parents, adoptive parents, and staff receive initial training pursuant to DCF's requirements and timeframes, however data collection related to participation in ongoing training needs improvement. Since Round 3 CFSR, the system better demonstrates how well the trainings address the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Initial Resource and Adoptive Parent Training. Pursuant to state regulation and DCF policy, prior to issuance of a license, each prospective resource or adoptive parent must complete DCF pre-service training designed to provide the license applicant with appropriate knowledge and skills to provide for the needs of the children in their care.[161] Mandated training topics include: legal rights, roles, responsibilities and expectations of resource family parents, the structure, purpose, policies, and services of the Department, the laws and rules governing the Department, the impact of childhood trauma, managing child behaviors, first aid and CPR, the importance of maintaining the parent-child connections and visitations.[162] DCF reimburses resource parent applicants for transportation, parking, and child care costs related to attending pre-service training.[163] In 2023, DCF licensed 620 resource homes; 100% of the resource parents completed preservice training prior to becoming licensed.[164]

DCF uses two training models for prospective resource and adoptive families: the Parent Resources for Information, Development and Education (PRIDE) model and the Traditions of Care (TOC) model. Additionally, all resource family applicants must complete Nurtured Heart Approach (NHA) training to become licensed. Descriptions follow.

- The **PRIDE training program**, which is required of unrelated resource and adoptive families, 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.[165] The PRIDE model is based on five essential competencies: 1) protecting and nurturing children and youth, 2) meeting the developmental needs of children and youth and addressing developmental delays, 3) supporting relationships between children and youth and their families, 4) connecting children and youth to safe nurturing relationships intended to last a lifetime, and 5) working as a member of a professional team. More recently, it was modified to include strategies outlined in the Birth and Foster Parent Partnership: A Relationship Building Guide,[166] which promotes and supports birth parent and resource parent collaboration. PRIDE training is offered in six, two-hour sessions. Brief descriptions of the sessions are included in Table 40.

Table 40. Descriptions of PRIDE training sessions

PRIDE Training Sessions
Session One: Introduction. This session provides a high-level overview of the knowledge and skills, or "competencies," that successful foster and adoptive families need, DCF's vision and values, various units and roles within CP&P, the operational workflow from the point of entry at SCR through assignment to the various units, definitions of abuse and neglect, and the licensing and selection processes. Participants learn about the world of family foster care and adoption through the stories of children receiving child welfare services.
Session Two: Teamwork Towards Permanency. 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 and self-esteem and then demonstrating "shared parenting" skills. This session also conveys the value of permanency, how DCF seeks to provide permanency, and the unique role of foster parents and adoptive parents as

[161] N.J.A.C. 3A:51-5.6, CPP-IV-B-3-100.pdf (nj.gov)
[162] N.J.A.C. 3A:51-5.6
[163] CPP-IV-B-3-500.pdf
[164] N.J.A.C. 3A:51-5.6, CPP-IV-B-3-100.pdf
[165] CPP-IV-B-3-200.pdf (nj.gov)
[166] https://njarch.org/wpress/wp-content/uploads/2023/05/BFPP-Relationship-Guide3572.pdf

PRIDE Training Sessions
members of a professional team. This session reviews the key provisions of ASFA, components of concurrent planning, and the differences between adoption and KLG.
Session Three: Connecting Children to Safe, Lifelong, Nurturing Relationships. Participants learn ways to help a child develop positive identity at different developmental stages. Discussions are centered around the benefits of building relationships with the child's birth family and opportunities to promote family time between the child and their family, including siblings and extended family. Participants learn about Family Team Meetings, the importance of creating Lifebooks, and coping with feelings of loss after reunification.
Session Four: Helping Children/Youth Thrive. This session builds on the prior sessions, providing resource parents with the skills and knowledge that will help children in their care grow and thrive. Topics include child development, the difference between chronological age and developmental age, and characteristics of children entering care, including children with specialized needs. Participants learn about the Siblings in Best Settings program, the importance of maintaining sibling connections, and local office Safe Space Liaisons. The foundational concepts covered in this session enables resource parents to create an inclusive and welcoming environment where children feel seen, valued, and empowered.
Session Five: Impact of Trauma and Loss. This session explores how abuse, neglect, and trauma impact a child's attachments, development, and behavior. Participants learn strategies to help build and maintain positive attachments with children so their developmental needs may be met. The session introduces the research on Adverse Childhood Experiences (ACEs), and their potential impact on long-term outcomes. The training facilitator explains the types of losses children may experience before they enter foster care, how placement can deepen the child's sense of loss, and the role of the resource parent as a "loss manager."
Session Six: Policies. This session covers important DCF policies, including those on Prudent Parenting and Normalcy, discipline, and social media. The group also reviews the Resource Parent Agreement, which all resource parents are required to sign as a condition of licensure. The document details the responsibilities of both CP&P and resource parents. Additional topics include strategies for preventing placement disruption, self-care tips for caregivers, respite care, what to expect in terms of the placement matching process, and additional resource family supports.

- The **TOC training program**, which is required of kin and fictive kin, is a strengths-based curriculum designed to address the unique needs and concerns of kinship providers. TOC takes into consideration the distinct dynamics of caring for kin, and the fact that many kinship resource applicants already have children placed in their care. TOC is currently offered in four, two-hour sessions. Brief descriptions of the sessions are included in Table 41.

Table 41. Descriptions of TOC training sessions

Traditions of Care Training Sessions
Session One: Protecting and Nurturing Children and Working as a Member of the Professional Team. This session provides an overview of DCF's mission and vision, the various units and roles within CP&P, and the operational workflow from the point of entry at SCR through assignment to the various units. Participants learn about the definition and importance of kinship care, the presumptive eligibility approval process, and the SAFE Home Study process. They learn about working as a member of a professional team, learn key provisions of ASFA, and receive an overview of concurrent planning.
Session Two: Working as a Member of the Professional Team. In this session, kinship caregivers learn about their roles and responsibilities, supports and resources, definitions of abuse and neglect, and department policies on full disclosure, confidentiality, social media, Normalcy and Prudent Parenting, and discipline. They also receive information on how abuse, neglect, and trauma impact a child's attachments, development, and behavior. Participants learn strategies to help build and maintain positive attachments with children so their developmental needs may be met.
Session Three: Meeting Children's Developmental Needs. During this session, participants learn about the impact of trauma on attachment and strategies to help build and maintain positive attachments with children. This session also covers separation, grief, and loss – and the commonalities and differences in how these may be experienced by the child, the birth parent, and kinship caregiver. Caregivers learn how these feelings can impact a child's behavior, and strategies for supporting children through the grieving process.
Session Four: Supporting Relationships Between Children and Their Families and Connecting Children to Safe, Nurturing Relationships Intended to Last a Lifetime. This final session focuses on supporting relationships between children, their families, and their caregivers to establish safe and nurturing lifelong connections. Participants learn about common experiences and challenges of being a kinship caregiver, including strategies for setting healthy boundaries and engaging in self-care. The session provides guidance on maintaining positive connections with the child's birth family, emphasizing the importance of strong partnerships with parents prior to, during, and after reunification to achieve the best outcomes for children in care. Discussions include planning and supporting visits between children and parents, provide an overview of the Protective Factors Framework, and stress the significance of maintaining a Lifebook to document important milestones in a child's life.

- The **NHA training,** which is designed for use with both kinship and non-kinship families and incorporated into the training programs described above, is a relationship-focused behavior management model.[167] The model provides caregivers with strategies to forge positive bonds with the children in their care and to assist children with self-regulation, positive self-identity, and emotional resilience.

[167] https://nurturedheartinstitute.com/

DCF requires that an experienced, licensed resource family parent serve as a co-trainer for pre-service trainings.[168] The co-trainer must be in good standing with the Division and certified as a co-trainer.

Ongoing Resource and Adoptive Parent Training. Each resource or adoptive family parent is required to complete annual in-service training aimed at providing the resource parent with the appropriate knowledge and skills that help them continue to provide for the needs of the children placed in the home, including the reasonable and prudent parent standard.[169] Primary and secondary resource or adoptive parents are required to complete seven hours and five hours of in-service training annually.[170]

DCF provides ongoing in-service training opportunities to resource and adoptive families through a formal partnership with Embracing and Empowering Families (embrella), a statewide advocacy agency for foster, adoptive and kinship parents in New Jersey. Embrella provides training through a variety of modalities, including community-based training, online courses, webinars, and home correspondence courses. Resource parents can view and register for courses through embrella's website, where they can also access their training transcripts. DCF also partners with New Jersey Adoption Resource Clearing House (NJARCH) to provide ongoing support to families touched by adoption and kinship care. Adoption Operations provides Connect to Adoption trainings to licensed resource families that are interested in adopting legally free youth, with the goal of outlining their needs, the select home matching process, as well as the specific needs of Safe Haven infants. Table 42 includes examples of courses available to resource and adoptive parents through embrella and NJARCH ongoingly.

[168] CPP-IV-B-3-300.pdf
[169] N.J.A.C. 3A:51-5.6, CPP-IV-B-3-400.pdf
[170] CPP-IV-B-3-400.pdf

Table 42. Examples of Courses Available to Resource and Adoptive Parents through embrella and NJARCH

Examples of Courses for Resource and Adoptive Parents			
Available through embrella	A Guide to Advocacy	Under One Roof: Working to Keep Siblings Together	Balancing Love & Loyalty
	All About Asthma	Understanding and Parenting Runaway Behavior	Childhood Skin Disorders
	The Birds and the Bees	Understanding Trauma & Resilience I	Child Sexual Abuse
	Bullying	A Path to Healing: Visitation	Post-Traumatic Stress Disorder
	Caring for Children with Incarcerated Parents	Welcome to Our Family	Sexualization of Young Girls
	The Child Health Program and You	Staying Safe During an Emergency	Silent Victims: Prenatal Exposure to Opioids and Cocaine
	Indoor Safety	Being Digitally Savvy in a Digital World	Sleep Disorders in Children
	Outdoor Safety	Chew on This: A Guide to Diet & Nutrition	Special Education: Answers to Important Questions
	Childhood Allergies	Recovering and Coping with Disaster	Resilience in Adolescence
	Communication is a Two-Way Street	Fetal Alcohol Spectrum Disorders	Understanding Intellectual and Developmental Disabilities
	DCF Policies for Everyday Situations	The Impact of Kinship Care	More Than Mother Nature
	Dealing with Adolescent Depression & Suicide	Kids & Money	Eating Disorders
	Preparing Your Family Before an Emergency	Navigating Public Transportation in NJ	Meditation
	Empty Seat at the Dinner Table: Grief and Loss	Gaining Access to Post-Secondary Edu.: NJFC Scholars	Adopting Through CP&P
	Establishing Day to Day Living	NJFC Scholars: Post-High School Options for Youth	Allegations from A to Z
	Normalcy: Letting Kids Be Kids	Successfully Dealing with Lying Behaviors	Legalities of Kinship Care
	On Solid Ground: Permanency Planning for Children	Understanding Trauma & Resilience II	Long-Lasting Effects of Food Insecurity
	Oppositional Defiant Disorder	Who Am I: Developing Positive Identity	Life Books: Recording a Journey
	Parenting Through Puberty	Why Does Love Hurt?	Resource Parents and Youth Can Attend Court
	Positive Discipline: It Can Work for You!	Youth Employment	Social and Emotional Issues in Kinship Care
	Preparing Your Home for Office of Licensing Inspections	Trauma's Impact on Adolescence	Supporting Children Exposed to Domestic Violence
	Preparing Youth for Independence	Kinship Legal Guardianship vs. Adoption	Don't Let the Stress Bubble Up: Stress Management
	Psychotropic Medications	Paying Attention to ADHD	Understanding and Supporting Adolescents in Care
	Stress is Stressing Me Out	Social Emotional Learning	What are the Odds: Juvenile Gambling
	Teaming with Birth Families for Success	Strengthening Families: Five Ways to Thrive	Youth & Authority
	Toilet Training	Autism: Across the Spectrum	
Available through NJARCH	Overview of NJ Arch	From Termination of Parental Rights to Adoption	Talking to Your Kids About Difficult History
	Adoption & Foster Care in the Schools	Helping Foster Parents Deal with Difficult Behaviors	The Basics of Special Education in New Jersey
	Adoption: How Adoption Issues Impact Life Transitions	Leaving Homes is Hard to Do	The Adopted Child's Journey: Questions Along the Way

Ongoing Enhancement of In-Service Training Program. DCF and embrella continually assess and refine the resource and adoptive parent training program and course offerings to ensure that they are addressing the basic skills and knowledge needed by resource and adoptive parents to carry out their duties, and that they are aligned with departmental-wide strategic priorities and the changing needs of resource parents and the children in their care. For example, since Round 3 CFSR, DCF refined the resource and adoptive parent training programs to include the NHA model and Birth and Foster Parent Partnership strategies described above. Additionally, both models were modified to support learning on a virtual platform.

As previously described, between December 2024 and January 2025, DCF undertook a survey of resource and adoptive caregivers on the quality of services and support received. The survey also explored the quality of initial and ongoing trainings. 546 resource parents completed the full survey and 1,077 resource parents partially responded to the survey. Figures 51 through 53 include responses related to DCF's pre-service and in-service trainings. About two-thirds (68%) of resource parents reported DCF's pre-service and in-service trainings prepared them to be resource parents. Most resource parents (68%) felt that pre-service training helped them anticipate challenges they experienced later. Majority (75%) of resource parents reported that in-service trainings addressed their ongoing needs.

Figure 51. Resource Parent Responses Related to Pre-Service and In-Service Training, n= 568, Source: Resource Parent Survey

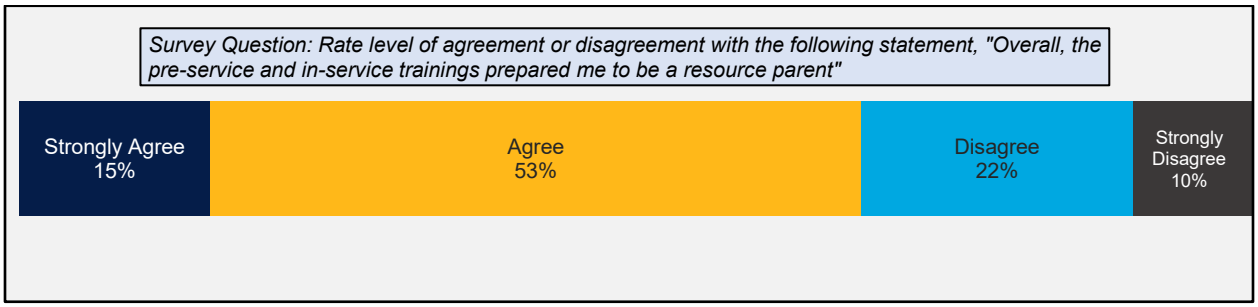


Figure 52. Resource Parent Responses Related to Pre-Service Training, n = 548, Source: Resource Parent Survey

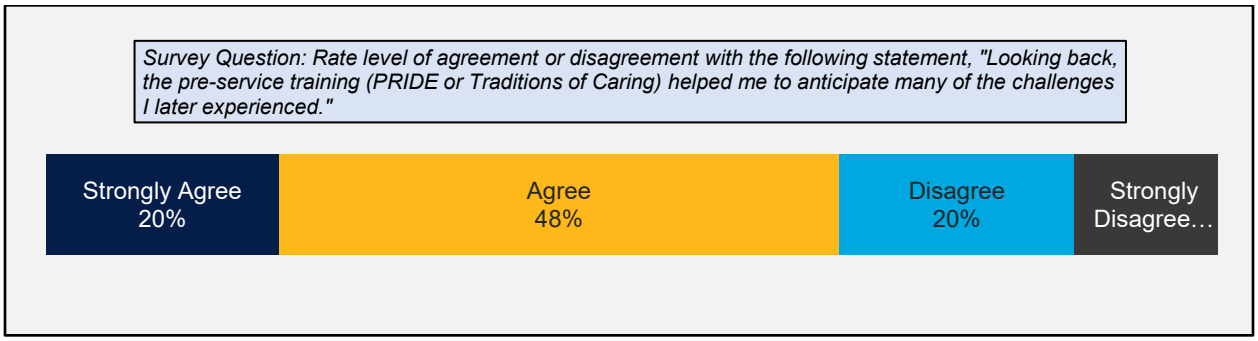
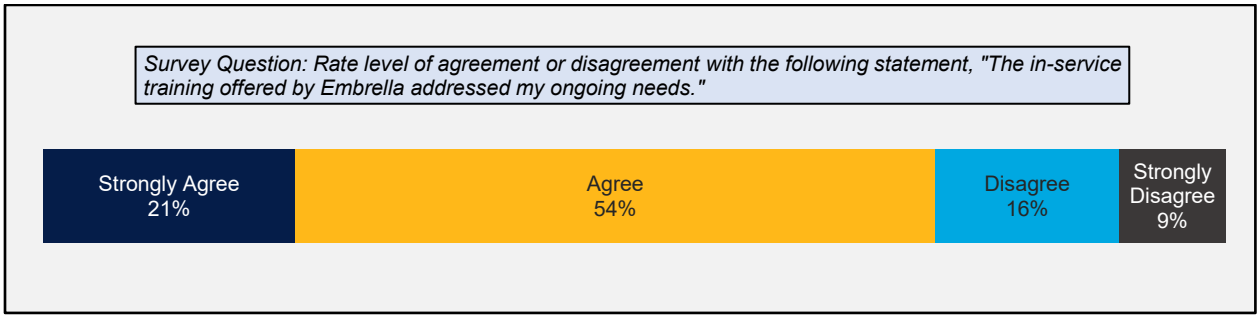


Figure 53. Resource Parent Responses Related to In-Service Training, n = 521, Source: Resource Parent Survey



Training program and course updates are identified based on course evaluations, post-test results, as well as qualitative feedback from caregivers, youth, and staff. Micro-level feedback, e.g., instruction style or content delivery, is managed at the local level by the trainer, while macro-level feedback, e.g., curriculum content, is reviewed at the statewide level.

- **Course evaluations.** At the conclusion of each in-service training program and/or course, participants are provided with an anonymous evaluation survey that includes satisfaction metrics. Between July 1, 2023 and June 30, 2024, 1,102 unduplicated participants (3,267 duplicated) engaged in courses through embrella; post-training evaluations demonstrated an approximately 98% satisfaction rating.

- **Post-Tests.** In-service training participants are also required to complete a final test at the end of most in-service courses. To demonstrate their understanding of the material and achieve credit for the course, the participant must achieve a score of 100%.

- **Stakeholder Collaboration.** In November 2022, DCF created a Training Workgroup, which included not only Resource Family Trainers, but also colleagues from CSOC, embrella, OFV, Office of Resilience, and former youth with lived experience in foster care. This multidisciplinary group was charged with evaluating DCF's pre-service and in-service training curricula, researching trainings used by other jurisdictions, and developing recommendations on how to enhance resource family training so resource parents can be better equipped to meet the needs of children in their care. DCF's Office of Resource Families is actively exploring how to best implement the group's recommendations, including leveraging existing partnerships and community resources, utilizing online platforms and technology, exploring procurement of new training programs and supportive community services, and consulting with the newly created Resource Parent Advisory Committee described below.

- **Resource Parent Advisory Committee.** In March 2024, DCF kicked off a Resource Parent Advisory Committee (RPAC), consisting of two licensed resource parents, some kin and some non-kin, from each of New Jersey's nine CP&P catchment areas that serve a term of one year. This committee's goal is to strengthen the partnership and communication between DCF and resource parents to collaboratively achieve the best outcomes for children in out-of-home care. The committee, which meets monthly, will propose and work towards viable solutions and will act as liaisons, sharing information with resource families in their areas.

- **Consumer feedback.** DCF collects qualitative feedback from training participants, resource and adoptive parents generally, youth who have experienced resource care, and CP&P staff and leadership through targeted outreach, e.g., focus groups and surveys, and by attending a variety of CP&P forums where practice needs are discussed, e.g., statewide CP&P leadership meetings. For example, between November 2020 and March 2021, members of the Resource and Kinship Parent Subcommittee of DCF's Youth Council reviewed the Child Welfare League of America PRIDE Book (2009 revision) and provided feedback on how to improve the PRIDE training and better prepare resource parents with the skills and knowledge to offer the best possible care to children and youth in out-of-home care. The training was modified to incorporate their feedback.

Ensuring Resource and Adoptive Parent Training Requirements. In each county, two resource family trainers coordinate and track training participation for resource and adoptive parent applicants. Trainers are required to offer at least one PRIDE/NHA® program and one TOC/NHA program per month to ensure that the home study process is not delayed due to lack of training availability; additional trainings are scheduled based on need. Trainings are offered at a variety of times, including evenings and weekends, to accommodate resource parents who work during daytime hours. DCF relies on its LIS and embrella to track compliance. If a resource or adoptive parent has not met the training requirements within the required

timeframe at initial licensing, it is deemed a Level 1 violation and a license is not issued. The relevant CP&P local office or CP&P's Office of Licensing (OOL) notifies the applicant. Likewise, if DCF determines that a resource or adoptive parent did not meet annual in-service training requirements during annual inspections within the three-year licensing cycle, the CP&P local office and OOL work with the caregivers to develop a plan to complete their training hours before their renewal date. If they have still not met the requirements by the time their renewal is due, the OOL may initiate the process of revoking their license if the family does not agree to a plan to complete their training hours. Licensing data reflects that among the 620 resource homes that were licensed in 2023, 100% completed initial training prior to becoming licensed. A review of LIS data and embrella data shows that some resource parents completed their annual ongoing training, while other resource parents only completed a portion or none of the annual ongoing training. DCF recognized a need to improve data collection in this area and, as described in "Future Plans," below, is undertaking efforts to develop agency data collection capacity.

In addition to tracking completion of required trainings, DCF utilizes a competency-based training curricula to ensure that resource parents are equipped with the knowledge and skills to provide a nurturing, supportive, and stable home for children in their care. Upon successful completion of initial training, the resource family trainer conducts and documents an individualized assessment of each resource applicant to provide meaningful feedback to the assigned resource unit caseworker on the caregiver's strengths and areas that should be explored further during the home study assessment process. Considerations during the assessment include level of engagement and participation in pre-service courses, thorough review of completed homework assignments, and consultation with the assigned Home Study Writer to ascertain whether any specific training needs were discovered during the home study evaluation. If the Resource Family Trainer determines that any portion of the curriculum needs to be revisited or reinforced with the applicant, the trainer invites the applicant to attend one-on-one sessions to strengthen their understanding of the core competencies. The trainer, in consultation with the applicant and Home Study Writer, also completes an Individualized Training Plan that identifies an in-service learning pathway that aligns with the resource parent's areas of interest and needs, as well as the needs of children in in care, if applicable.

Training for Residential Care Providers. Pursuant to New Jersey's Administrative Code,[171] the Department, through its Office of Youth Residential Licensing (OYRL), regulates facilities and homes providing residential care and specialized services to children and youth. To ensure that licensed facilities and homes can deliver effective and safe care and compliant services, the state requires that providers obtain and provide comprehensive staff orientation, initial training, and ongoing education programs. The regulations emphasize thorough preparation before staff engages with children and youth, regular updates to maintain knowledge and adapt to evolving needs, specialized care training for unique populations, e.g., medical or behavioral needs, and clear documentation of all training efforts to verify compliance. Summaries of each component of required training follows.

- **Orientation.** All staff must complete orientation before assuming duties. Orientations include: (1) Organizational Overview: Philosophy, goals, services, programs, policies, and practices, (2) Safety and Emergency Procedures: Fire evacuation plans, medical emergencies, and use of fire extinguishers, (3) Abuse Prevention: Training on identifying, preventing, and reporting abuse, neglect, and exploitation, (4) Developmental Disabilities: Overview of specific needs, i.e., medical, behavioral, or developmental, (5) Job-Specific Training: Review of job descriptions, personnel policies, and relevant procedures, and (6) Acknowledgment: Documentation with signed records by the staff person and trainer.

- **Initial Training Requirements.** Within 120 days of employment, staff must complete in-service training addressing behavior management and crisis techniques, including restraint use, if applicable, basic first aid and CPR certification (American Red Cross or equivalent), universal precautions and infection control, medication protocols and administration, recognizing and responding to health concerns or emergencies, and training in child development, trauma awareness, and specialized care techniques. In residential facilities

[171] N.J.A.C. 3A:55-1.1 et seq., N.J.A.C. 3A:55-5.4

serving children and adolescents with developmental disabilities, there is an additional requirement for direct care staff to shadow experienced staff for two weeks.

- **Specialized Training.** For staff working with individuals with special needs, licensed facilities and homes must provide targeted training, including feeding techniques, safe use and mobility assistance, care for seizure disorders, physical disabilities and other conditions, and supporting individuals with mental health needs.

- **Annual and Continuing Education.** Staff must complete ongoing annual training to maintain and update skills, including emergency preparedness, infection prevention and control, and client rights and ethics. Additionally, licensed residential childcare facilities require at least 14 hours annually on specialized topics, e.g., suicide prevention, human trafficking, and substance abuse.[172]

Ensuring Residential Care Providers Training Requirements. Licensed facilities and homes regulated by the OYRL must align their training plans with these requirements and ensure consistent, up-to-date practices that meet state licensing requirements. Training records must be maintained to demonstrate compliance, including detailed training plans and curriculum, attendance records with trainer and trainee signatures, and certification and competency records, e.g., CPR and First Aid. OYRL reviews personnel records to ensure compliance with applicable staff orientation and training requirements during comprehensive inspections such as an initial or renewal or during any inspection where new staff have been identified since the last inspection. If the orientation and/or training is not completed for any staff person, the applicable violations are cited. This Office would track the compliance of the missing orientation and/or training until the violation is abated.

Future Plans. DCF is in the process of exploring alternative and/or supplementary evidence-informed resource parent training curricula, e.g., the National Training and Development Curriculum (NTDC). NTDC, which was developed via cooperative agreement between CB and Spaulding for Children, and others, incorporates three components: self-assessment, classroom-based training, and right-time training. DCF is also revising processes to improve response rate to post-training surveys and agency data collection abilities. Last, DCF is developing a database to better maintain residential provider training data.

Summary of Evidence Reviewed throughout Item 28, *Foster and Adoptive Parent Training*:
- State statutes and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, 2022 APSR, 2023 APSR, and 2024 APSR, including Training Plans
- Administrative Data, including data from CP&P tracking, LIS, and embrella tracking
- Qualitative Data, including staff narratives, internal and external stakeholder listening sessions, RPAC feedback, resource parent survey, and embrella post-training evaluations.

[172] N.J.A.C. 3A:55-5.4(c)

Systemic Factor E. Service Array and Resource Development

The service array and resource development system should be functioning to ensure that the following services are available and 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. The system should ensure that these services can be individualized to meet the unique needs of children and families served by the agency. Systemic Factor E, *Service Array and Resource Development,* is assessed through review of Item 29: *Array of Services,* and Item 30: *Individualizing Services.* Table 43 summarizes New Jersey's performance during Round 3 CFSR and its current assessment of functioning for this systemic factor and relevant items. DCF's analysis of Items 29-30 follows.

Table 43. New Jersey's Round 3 CFSR Performance and Round 4 CFSR Self-Assessment for Systemic Factor E and Items 29-30

[Systemic Factor E Item]	Round 3 CFSR Final Result	Round 4 CFSR Self-Assessment
Systemic Factor E. Service Array and Resource Development	Not in Substantial Conformity	Strength
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 available and accessible in all political jurisdictions covered by the CFSP? - Services that assess the strengths and needs of children and families to 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.	Area Needing Improvement	Area Needing Improvement
Item 30: Individualizing Services: How well is the service array and resource development system functioning to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?	Area Needing Improvement	Strength

Item 29: Array of Services

Analysis. Child welfare systems are responsible for developing, maintaining, monitoring, and adjusting their service array to meet the needs of children and families across the state. Since Round 3 CFSR in 2017 and the onset of the current administration in 2018, DCF continues to make significant investments in improving its service array. Examples include the incorporation of new evidence-based and evidence-informed approaches, e.g., Statewide Student Support Services, Supportive Visitation Services, Family Connects NJ, Exchange Parent Aide, Motivational Interviewing, and more; the addition of program supports to improve consistency and quality of programming, e.g., program manuals for Family Success Centers and the Kinship Navigator Program with additional programs in development; and training for KNP, FSCs, KFT and FPS; the development of new offices, e.g., Office of Housing and Office of Family Preservation and Reunification, to allow for more systemic review of service portfolios and consistent oversight of management, delivery, and service quality; and investments in data tools to allow for improved efficiency of referral processes, better accessibility for families, and more sophisticated data collection and reporting capabilities. Throughout this section, DCF puts forth the state's vision for an all-of-state family strengthening system, summarizes its current service array, describes the Department's processes for identifying service gaps, differences in service availability and accessibility across the state, and barriers to service engagement, and describes efforts to achieve service excellence.

All-of-State Effort Towards a Family Strengthening System. During the current administration, DCF has focused on a necessary shift from a system with a predominant focus on traditional child protection services with peripheral family strengthening efforts to a system with a predominant focus on family strengthening efforts with traditional child protection services utilized only as a targeted safety intervention. This strategy,

which is depicted in Figure 2 in Section II, *State Context Affecting Overall Performance*, envisions a future with (1) a greatly reduced, and safely reduced, child protection system and (2) a greatly enhanced family strengthening system. For additional information on DCF's vision for a family strengthening system, see Section II, *State Context Affecting Overall Performance.*

DCF, itself, provides and oversees an array of public services for children, youth, families and adults beyond child welfare and protection; the department's scope also includes New Jersey's public behavioral health care system for children and families, provision of public services for children with I/DD and their families, specialized educational programming, support services aimed at promoting success of transition aged youth, the administration of a network of community-based services focused on strengthening families and preventing and interrupting child maltreatment, and services and programming to support women. Some of the services available through DCF are direct services provided by DCF staff to children and families, e.g., child protection investigations, case management. Other services are provided via a network of community-based organizations and vendors operating under contract with the Department. DCF's Office of Contract Administration (OCA) is responsible for overseeing the third-party social service contracts included in this latter category. With a central office and six business offices, OCA administers contracts of the providers headquartered in their geographical catchment area. OCA staff records contract-related information into DCF's Contract Management System, which interfaces with NJ SPIRIT, allowing DCF to track and monitor the inventory of provider agencies within its network. DCF is also currently developing the System of Administering Grants Electronically (SAGE), a web-based public-facing platform that will further integrate DCF's contracting, fiscal, accounting and licensing information systems and will allow interactive access to providers for various functions.

This wide array of services comprises one piece of the family strengthening system depicted in Figure 2. DCF's vision of a broader family strengthening system is a collaborative, all-of-state effort. Successful service to families and children depends both on efforts led by DCF, as well as those in which DCF exists *as a partner*. Family strengthening efforts also include those made by DCF's sister agencies, families and youth, the courts and legal partners, provider agencies, educational partners, law enforcement, healthcare partners, and many more. Together, these collaborative efforts have the potential to offer a very powerful network of support to New Jersey's children and families. For additional information on the collaboration and partnership, see Systemic Factor F, *Agency Responsiveness to the Community.*

DCF's Approach to Program Implementation and Improvement. DCF, through its OSD, relies on frameworks from the field of implementation science to help assess and support the design, implementation, and improvement of interventions for outcome achievement.[173] The Active Implementation Formula, developed by the National Implementation Research Network (NIRN), demonstrates that improved program outcomes for children and families can be achieved when there is an effective practice, effective implementation supports, and an enabling context.[174] These elements have a synergistic effect with desired outcomes achieved through the interaction of all three factors.

To ensure each component of this formula, DCF takes a stage-based approach, depicted in Figure 54, to program development to ensure each component of this formula.[175] In the first state, Exploration, a model exploration team establishes the need for and targeted outcomes of the program, explores and recommends program models, and identifies finances. Next, during the Installation stage, a State Level Implementation Team, consisting of participants from programmatic offices, operational offices, model developers, external consultants, and implementing agencies, ensures the necessary implementation supports to initiate the new practice and to support continued implementation. This team attends to staff competency supports (e.g., hiring practices, training, reinforcing coaching, performance/fidelity

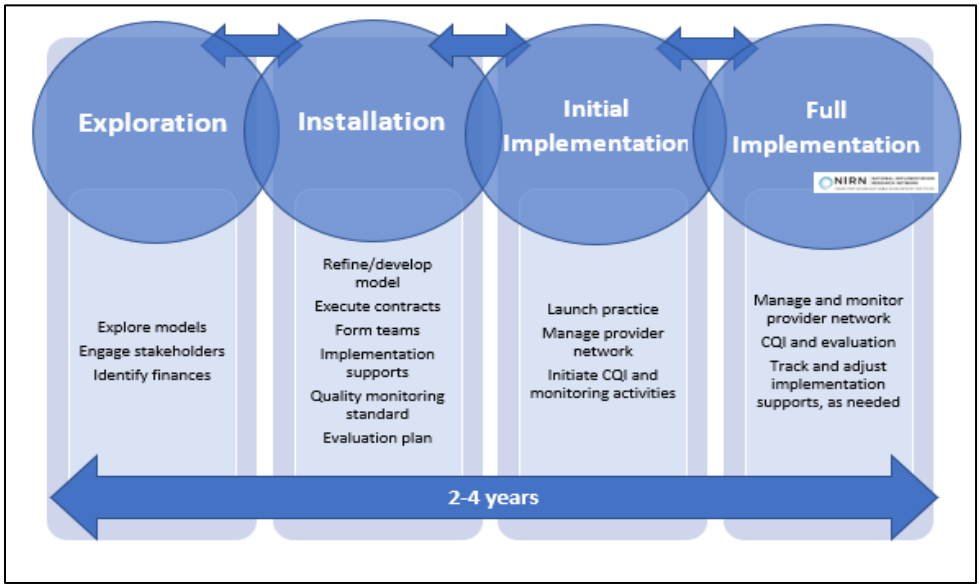
[173] Powell, B. J., Beidas, R. S., Lewis, C. C., Aarons, G. A., McMillen, J. C., Proctor, E. K., & Mandell, D. S. (2015). Methods to improve the selection and tailoring of implementation strategies. The journal of behavioral health services & research, 1-18. See also, Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2015). Implementation science. In J. D. Wright (Ed.), International encyclopedia of the social and behavioral sciences (2nd ed., Vol. 11, pp. 695-702). Amsterdam: Elsevier.

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

[175] State Implementation and Scaling-up of Evidence-based Practices Center. Activity Implementation Hub [MOOC]. National Implementation Research Network. University of North Carolina at Chapel Hill. Available online at https://nirn.fpg.unc.edu/ai-hub.

assessments), organizational supports (e.g., policies and procedures, data collection mechanisms, monitoring, evaluation and CQI plans), procurement, and contracting. If a selected model does not have the needed implementation supports, the State Level Implementation Team plans for development of those supports. Providers launch the practice during the Initial Implementation phase. The State Level Implementation Team and a Local Level Implementation Team manage the provider network, ensure coaching for providers, and undertake monitoring, CQI and evaluation activities. The final state, Full Implementation, occurs when providers are consistently delivering the practice as intended.[176] The State and Local Level Implementation Teams continue training, coaching, data collection, monitoring, evaluation and CQI. This process takes two to four years.

Figure 54. Four Stages of Implementation



DCF has a rich infrastructure to support collaborative program selection, design, implementation, data collection, monitoring, evaluation and ongoing CQI through this implementation framework. Together, DCF's programmatic offices, including CP&P, CSOC, FCP and DOW, and operational offices, including OSD, ASI, OOM, OTPD and OIT, provide the expertise and infrastructure required for successful and sustainable implementation, management, and improvements to the services included in DCF's service array.

DCF's services are in varying stages of program development. For example, services launched during the current administration may still be in the Installation or early Initial Implementation phase. Additionally, services launched prior to DCF's use of the implementation framework described above may not *yet* have all of the implementation supports needed for optimal service delivery and outcome achievement. DCF is in the process of reviewing each service line managed by the Department to identify its phase of development and the implementation supports in place. Maturity matrices for the portfolios of services managed through FCP and DOW are complete, while those for CP&P and CSOC remain under development. The former is included in Attachment D, *Service Maturity Matrices for FCP and DOW Programming*. The development of maturity matrices for each service at DCF is a strong reflection of the Department's commitment to high quality programming. The program's stage of maturity and, in particular, the maturity of the program's data collection, CQI, monitoring and evaluation efforts, impact the amount of data available and summarized in the remainder of this section.

[176] Fixsen, D. L., Blase, K. A., Timbers, G. D., & Wolf, M. M. (2001). In search of program implementation: 792 replications of the Teaching Family Model. In G. A. Bernfeld, D. P. Farrington, & A. W. Leschied (Eds.), *Offender rehabilitation in practice: Implementing and evaluating effective programs* (pp. 149–166). John Wiley & Sons Ltd.

DCF's Child and Family Services Continuum. Below, DCF describes the components of New Jersey's service array that are available statewide to assess the strengths and needs of children and families and determine other service needs ("Category A"), address the needs of families in addition to individual children in order to create a safe home environment ("Category B"), enable children to remain safety with their parents when reasonable ("Category C"), and help children in foster and adoptive placements achieve permanency ("Category D".) Many services fall into two or more of these categories. For ease of reading and to avoid repetition, DCF summarizes the applicable service categories and geographic areas of service delivery in Table 44 and subsequently provides a short description, with data as available, for each type of service.

Table 44. Service Categories and Geographic Areas of Service Delivery

Service		Lead Agency	Areas of Service	Category A	Category B	Category C	Category D
CP&P Direct and Indirect Service Provision	State Central Registry, Child Protection Investigations, and Child Welfare Assessments	DCF	Statewide	*			
	Case Management, including engagement of youth and families, working with family teams, ongoing and quality assessment of children and families, individualized planning, tracking and adjusting, and safe and sustained transition	DCF	Statewide	*	*	*	*
Service Assessment and Coordination of Services.	Child Health Program Nurses	DCF	Statewide	*			
	Child Protection Substance Abuse Initiative	DCF	Statewide	*			
	Clinical Consultants	DCF	Statewide	*			
	Domestic Violence Liaisons	DCF	Statewide	*			
	Resource Development Specialists	DCF	Statewide	*			
	Early Childhood Specialists	DCF	Statewide	*	*		
	Educational Stability Liaisons	DCF	Statewide	*			
	Contracted Psychologists and Psychiatrists	DCF	Statewide	*			
	Regional Diagnostic Treatment Centers	DCF	Statewide	*	*		
Services for Children with Behavioral Health Disorders, Substance Use Disorders, and/or Intellectual/Developmental Disability	Care Management Organizations	DCF	Statewide	*	*	*	*
	Family Support Organizations	DCF	Statewide		*		
	Mobile Response and Stabilization Services	DCF	Statewide	*	*	*	*
	Contracted Systems Administrator	DCF	Statewide	*			
	Intensive In-Home (IIH) and Individual Support Services	DCF	Statewide		*	*	
	Intensive In-Community/Behavioral Assistance	DCF	Statewide		*	*	
	Out of Home Provider Continuum	DCF	Statewide		*		*
	Family Support Services	DCF	Statewide	*	*	*	*
	Youth Substance Use Treatment Provider Network	DCF	Statewide	*	*	*	*
Services for Adults with Behavioral Health Disorders, Substance Use Disorders and/or I/DD	Adult system of community-based behavioral health services	DHS	Statewide	*	*	*	
	Maternal Wraparound Program	DHS	Statewide	*	*	*	
	Caregiver Substance Use Services Continuum, including PRSS and IHRP	DCF	Statewide		*	*	
	Services accessed through private insurance	n/a	Statewide	*	*	*	
Services to Improve Parenting and Family Dynamics	Family Preservation Services		Statewide		*	*	
	Supportive Visitation Services	DCF	Statewide		*		*
	Parenting Support Continuum (Exchange Parent Aide, Brief Strategic Family Therapy, Triple P, Intercept)	DCF	Statewide		*	*	*
	Adoption and KLG Clinical Services	DCF	Statewide				*
	Family Success Centers	DCF	Statewide	*	*	*	
	Kinship Navigator Program	DCF	Statewide	*	*	*	*
	Connecting NJ	DCF	Statewide	*	*	*	
	Targeted home visiting (Nurse Family Partnership, Healthy Families America, and Parents as Teachers)	DCF	Statewide	*	*	*	
	Universal newborn home visiting (Family Connects NJ)	DCF	Statewide	*	*	*	
	Early Intervention Services	DOH	Statewide	*	*		*
	Supportive Help Lines, including Parents Anonymous, 2nd Floor, and NJ 211	DCF	Statewide		*		
School-Linked Services for Youth	School-Based Youth Services	DCF	Selected Schools	*	*	*	
	Statewide Student Support Services (NJ4S)	DCF	Statewide	*	*	*	
	Parent Linking Program	DCF	Statewide	*	*	*	

Service			Lead Agency	Areas of Service	Category A	Category B	Category C	Category D
	Adolescent Pregnancy Prevention Initiative		DCF	Selected Schools	*	*	*	
	Outreach to At Risk Youth Initiative		DCF	10 Counties	*	*	*	
	Prevention of Juvenile Delinquency Initiative		DCF	Selected Schools		*		
	Health Clinics		DCF	Selected Schools	*	*		
	New Jersey Child Assault Program		DCF	Statewide		*	*	
Domestic Violence Services	Services for survivors of domestic violence		DCF	Statewide		*	*	
	PEACE and TFCBT		DCF	Statewide		*		*
	Address Confidentiality Program		DCF	Statewide			*	
	Abuse Intervention Programming		DCF	Statewide		*	*	
Services to Remove Stressors or Support Families' Concrete Needs	Flexible and LOBA Funding		DCF	Statewide	*	*	*	*
	Health Care- NJ Family Care		DOH	Statewide		*		*
	Child Care	Child Care Resource and Referral Network	DHS	Statewide		*		*
		CP&P childcare subsidies and summer camp	DCF	Statewide		*		*
	Housing	System for Housing Assistance and Homelessness Prevention	DCA	Statewide	*	*		
		Keeping Families Together	DCF	Statewide	*	*	*	
		Youth Housing Continuum	DCF	Statewide		*		
		Housing Maintenance	DCF	Statewide		*		
		Street Outreach Programming	DCF	4 counties	*	*		
	Transportation	Public transportation system	DOT, NJT	Statewide				
		CP&P transportation	DCF	Statewide		*		
	Economic Supports and Job Readiness	Work First New Jersey	DHS	Statewide		*		
		Supplemental Nutrition Assistance Program	DHS	Statewide		*		
		Displaced Homemakers	DCF	Statewide		*		
		Women's Resource Centers	DCF	Select Counties	*	*		
Services for CP&P involved Youth and Young Adults	LifeSet		DCF	Statewide	*	*	*	*
	Pathways to Academic & Career Exploration to Success		DCF	Statewide		*	*	
	Peer Mentoring		DCF	Statewide in FY2026		*	*	*
Educational Support	Specialized education services through OOE		DCF	Statewide	*	*		*
	NJ Foster Care Scholars		DCF	Statewide				

CP&P Direct and Indirect Service Provision. CP&P is a state-administered child welfare system composed of nine area offices and 46 local offices. Within each local office, there are dedicated units for intake, permanency, adoption, resource, adolescents, and more. For additional information on the various units within CP&P, see Section III, *Assessment of Child and Family Outcomes*. CP&P staff receive pre-service and ongoing training on all practice areas, including initial and ongoing assessment, case planning, service delivery and monitoring, supporting permanency. For addition information on training requirements, see Systemic Factor D, *Staff and Provider Training*. All CP&P case-carrying staff are expected to rely on the tenets of DCF's enhanced CPM during all interactions with children and families. For additional information on DCF's case practice model, see Section II, *State Context Affecting Overall Performance.* CP&P caseworkers are required to conference with various levels of supervisory staff throughout a family's involvement with the Division and are encouraged to use multidisciplinary conferencing and teaming with providers, clinical consultants, and other family support partners to strengthen families, decrease risk factors, and increase protective factors. Maximum caseloads are prescribed in legislation, ensuring caseworkers can dedicate sufficient time to each agency-involved family. All governing policies, practices, and forms for CP&P are administered through a centralized statewide authority. DCF makes available guidance documents, e.g., the Family Discussion Guide, Concurrent Planning Guide, to support caseworker's comprehensive and continuous assessment. Table 45 provides data on the number of calls made to DCF, the number of reports or referrals generated, and the number of children ultimately served in 2023 and 2024.

Table 45. Number of calls, referrals, and children served out-of-home and in-home, 2023 and 2024, Source: NJ Spirit

	2023	2024
Calls to the SCR in the year	158,882	158,204
CPS Reports Generated	59,820	57,920
CWS Referrals Generated	11,698	12,021
CPS Reports and CWS Referrals Generated	71,518	69,941
Children who Entered Out-of-Home Placement	1,655	1,573
Total Children In Out-of-Home Placement	4,646	4,323
Children Newly Opened for In-Home *(Includes children in investigations)*	57,222	47,067
Total Children Open for In-Home Services *(Includes children in investigations)*	139,997	149,451

CP&P is responsible for receiving and responding to reports of alleged child maltreatment and ensuring the safety, permanency and wellbeing of children. To carry out these responsibilities, CP&P caseworkers provide a number of services to children and families, including direct operation of the SCR, carrying out child protective investigations and child welfare assessments, provision of case management for children and their families, recruiting, training and supporting kin and unrelated foster/adoptive parents, facilitating family preservation, reunification, adoption and guardianship processes. DCF's ensures its core child protection services, including the following:

- **State Central Registry and CP&P Child Protective Investigations and Child Welfare Assessments.** As is described earlier in this report, CP&P directly operates the SCR and carries out child protective investigations and child welfare assessments. Often families' first contact with DCF, specially trained CP&P screeners and investigators undertake initial assessments of children and families, determining, respectively, whether investigation or assessment is warranted and whether an ongoing in-home or out-of-home case should be opened for the family. For additional information and data on SCR, child protective investigations, and child welfare assessments, see Section III, *Assessment of Child and Family Outcomes, Safety.*

- **CP&P Safety Planning.** CP&P staff are charged with ensuring the safety of children and in supporting families to remain safely together. Additional information and data on formal and informal safety and risk assessments are described in the preceding section and in Section III, *Assessment of Child and Family Outcomes, Safety*. When those assessments lead to the conclusion that a child is in immediate or imminent danger of serious harm, the caseworker works with the family to identify a safety intervention. If safety concerns are

noted and the family is willing and able to develop a plan with CP&P to keep the child safe, therefore mitigating the need for out-of-home placement, a short-term Safety Protection Plan is completed.

- **CP&P Initial and Ongoing Assessment.** From the onset of a family's involvement with CP&P, staff are expected to continuously assess the child's condition and the family functioning for the continued protection of the child and to ensure that the services being delivered are pertinent and effective. DCF policies and practical guidance dictate both formal and informal assessment of child and family strengths and needs, beginning immediately with the agency's initial contact with the family. Caseworkers are expected to assess safety and risk, as well as child and caregiver strengths and needs, with SDM tools and other structured assessments at specific points in the life of the case and when circumstances changes. It is also DCF's expectation that caseworkers informally assess the strengths and needs of families at every contact with a family. Policy requires CP&P caseworkers to make regular in-home, in-person, face-to-face visits with each child, youth/young adult, and his or her parent/caregiver, commonly known as MVRs, for all families in open case status. MVRs occur as frequently as feasible and necessary to implement all elements of the case plan; the schedule can range from once every week to monthly. Caseworkers and supervisors are required to review MVR schedules at least once every six months. As another part of the informal assessment process, throughout the life of the case, CP&P collects collaterals from system partners who provide a service to or are involved in the life of the child, youth/young adult, or parent/caregiver. CP&P might seek collaterals from teachers and school administrators, physicians, therapists, mentors, substance use counselors and more. For information and data about the safety and risk SDM tools and MVRs, see Section III, *Assessment of Child and Family Outcomes*.

- **Service Identification, Coordination, and Monitoring.** Most often, when CP&P becomes involved with a family, the Division is able to help the family develop and carry plans that allow for the family to remain together, safely. The majority (90%) of the children with active CP&P involvement remain in their own homes with their family. CP&P works with families to identify their needs and to identify, with the use of SBC, the behavior change needed in order to keep children safely at home. Sometimes those behavior changes will be most effectively achieved with support from a specific service. In those instances, CP&P workers connect families with appropriate services and supports. In addition to connecting families with services available statewide for all children and families, families with active child protection involvement may access DCF's statewide network of community-based social and clinical services and supports, including mental health, substance use disorder, parenting support, domestic violence, and other types of services. Information and data on services contracted through DCF and its sister agencies are included throughout this section.

- **CP&P Permanency Practice and Concurrent Planning.** While reunification is almost always the primary case goal and most children who enter a CP&P out-of-home placement are reunified with their families, DCF requires concurrent permanency planning for all children in out-of-home placement. Concurrent planning is a practice that provides reunification services while simultaneously implementing an alternative permanency plan, e.g., adoption or kinship legal guardianship, in the event that reunification cannot be accomplished. In undertaking concurrent planning, CP&P emphasizes a first placement-best placement practice model, placement with kin and with siblings leads to better outcomes, and placement decisions that consider family voice minimize negative impacts. CP&P staff in permanency, adoption, and adolescent units are supported by Resource Family Support Units (RFSU), as well as a central Office of Adoption Operations. Area and local office RFSUs support and advocate for resource families while they provide care to children in DCF custody and help staff identify and engage kinship caregivers. OAO helps local offices find adoptive homes where the goal is select home adoption and provides post-adoption and post-KLG support to adoptive and KLG families, including but not limited

to assistance related to payment, Interstate Compact on Adoption and Medical Assistance or Medicaid, rate reassessments, linkage to services, etc. For additional information on RFSUs and OAO, see Systemic Factor G, *Foster and Adoptive Parent Licensing, Recruitment, and Retention.*

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

- **Child Health Program Nurses.** DCF contracts with Rutgers University School of Nursing to ensure that a Registered Nurse is assigned to provide comprehensive care coordination for every child in foster care. CHU nurses help to ensure each child's medical and behavioral health care needs are met and provide overall healthcare case management. CHU nurses connect children to a medical home, visit children in their resource homes, attend Family Team Meetings, review medical records and assessments, engage biological and resource families in healthcare planning, and assist in developing plans for safe care. CHU nurses work with community pediatric providers in all settings, including the Federally Qualified Health Centers, RDTCs, Women, Infants, and Children (WIC) programs, Head Start, Early Intervention services, and more. In 2024, CHU maintained an average of 85 Health Care Case Managers (nurses) statewide and a ratio of 1:39 nurse to child in placement. Additionally, CHU maintained an average of 44 nurse assistants and a ratio of 1:68 nurse assistants to child in placement. In some counties, CP&P can refer families with in-home cases to the Child and Family Nurse Program (CFNP) to assess health care needs, provide ongoing care coordination and make links to health care services in the community.

- **Child Protection Substance Abuse Initiative.** The Child Protection Substance Abuse Initiative (CPSAI) provides Certified Alcohol and Drug Counselors and counselor aides to support caseworkers in case planning when substance use is identified as a concern. They assess, refer, and engage clients in appropriate treatment to address their individual needs and provide training to CP&P staff on topics related to substance use disorders. In SFY 2024, CP&P staff referred 7,692 parents or caregivers for a substance use disorder assessment. Of those referred, 4,942 (64%) completed an assessment. Through a Memorandum of Agreement between DCF and NJ DHS, CPSAI staff ensure system coordination for Temporary Assistance for Needy Families (TANF) and General Assistance eligible families with the Work First New Jersey Substance Abuse Initiative. CPSAI also offers peer recovery support services (PRSS) for clients during and after formal treatment. PRSS provide one-on-one peer support to CP&P-involved parents or caregivers who are seeking to establish or strengthen their substance use recovery process. All peers have relevant life experiences. PRSS are tasked with providing encouragement, motivation, and support, assisting the parent to develop skills and access the resources needed to initiate and maintain recovery. In SFY 2024, CP&P staff referred 823 parents or caregivers for PRSS services. Of those referred, 384 (47%) enrolled in PRSS services.

- **Domestic Violence Liaison program.** The Domestic Violence Liaison (DVL) program is a collaboration between CP&P, DOW, and the New Jersey Coalition to End Domestic Violence. The goal of the program is to increase safety and stability and improve outcomes for children and their non-offending parents in situations where child abuse and domestic violence co-occur. The DVL program strengthens the capacity of systems and agencies to respond effectively to families experiencing domestic violence and child abuse and to

promote best practices. DVLs are co-located in the 46 CP&P local offices statewide to assist caseworkers in on-site assessment, case management, safety planning, support, and advocacy for domestic violence victims and their children. In 2024, the DVL program served approximately 5,299 survivors.

- **Clinical Consultants.** Managed by Care Management Organizations (CMOs), clinical consultants are licensed behavioral health professionals, who provide on-site consultation services to CP&P staff regarding children and youth with behavioral health concerns and intellectual and developmental challenges. Clinical consultants also review records and make recommendations regarding appropriate behavioral health interventions to improve and support each child in achieving positive outcomes.

- **Early Childhood Specialists.** Early Childhood Specialists (ECS), who are structured within the aforementioned CNJ system, are specially trained professionals with extensive knowledge of infant mental health and parent-child relationships. To best integrate early childhood services throughout the child welfare system and strengthen system integration and local service linkages, ECSs provide consultation, assessment, and enhanced planning, engage in staff development, and attend Plans of Safe Care (POSC) case conferences. They provide referrals to services available through New Jersey's integrated early childhood system. POSCs are tools designed to ensure the safety and well-being of infants with in-utero or prenatal substance exposure by addressing the health and substance use disorder and treatment needs of both the parent/caregiver and the affected infant. In 2024, ECSs attended 537 multidisciplinary POSC conferences statewide.

- **Educational Stability Liaisons.** When children enter out-of-home care, they are permitted, pursuant to statute, to remain in their home school. Education Stability Liaisons in each local office collaborate with the local school districts to implement the education stability process to ensure continuity of education programing for youth. They also assist caseworkers to navigate educational planning and the education stability process.

- **Resource Development Specialists.** Casework staff are supported by Resource Development Specialists (RDS), located in each local office. These specialized consultants help caseworkers identify service providers and make appropriate referrals. RDSs act as liaisons between CP&P local offices and community and system partners. They create positive and collaborative partnerships with community agencies to assist in the identification of available local services and resources to meet clients' needs to achieve case goals. RDSs attend community events, conduct presentations and disseminate information to raise awareness about child abuse and neglect and CP&P. They also provide feedback to local office managers and DCF's OCA regarding service needs and available resources.

- **County Services Specialists.** County Services Specialists (CSS) works closely with the local office managers, area directors, and central office leadership to support all staff with coordination of service implementation, policy and practice implementation, community partnerships, and project management. CSSs perform individual case management tasks such as administrative reviews, responses to external inquiries, and other situations requiring special handling. CSSs conduct analysis of county social service delivery structure to assess adequacy and effectiveness, potential duplication of services, and service gaps. They provide recommendations to enhance the social service delivery structure, integrate and facilitate services directed towards families served with the county service framework.

External Service Assessment and Coordination for Child Welfare Involved Families. In addition to the specialized consultants described above, DCF coordinates and funds additional assessment services for child welfare involved families. Examples follow:

- **Contracted psychologists and psychiatrists.** To ensure assessment of issues related to behavior, intra- or inter-personal development and/or psychopathology, CP&P may refer a family to a mental health professional. Assessment and evaluation activities are intended to determine the nature of a person's or family's problems, the extent and kind of services needed, and to prescribe a course of service delivery or treatment.

- **Regional Diagnostic Treatment Centers.** RDTCs were legislatively created to provide expert medical and mental health evaluation and treatment for children who may have been abused or neglected.[177] RDTCs employ specially trained medical and mental health personnel dedicated to the identification and treatment of child abuse and neglect. In settings deigned to be comforting to children, RDTCs provide evaluation, treatment, training and consultation services, including emergency telephone consultation, and conduct research into best practices for the evaluation and treatment of child abuse and neglect. New Jersey has seven state-designated centers for the treatment prevention of child abuse.

- **Early Intervention services.** If a child under three years of age is involved in a Substantiated or Established incident of child abuse or neglect or if a caseworker is concerned about the development of any child under the age of 3, CP&P staff must refer that child to the New Jersey Early Intervention System (EIS) in his or her county of residence. Through EIS, a family can receive evaluation and assessment, the development and review of an Individualized Family Services Plan, service coordination, procedural safeguards, and ChildFind activities.

Services for Children with Behavioral Health Disorders, Substance Use Disorders, and/or Intellectual/Developmental Disabilities. DCF's CSOC serves children and adolescents with emotional and behavioral health care challenges and their families, children with I/DD and their families, and children with substance use challenges and their families. Core services include: 24/7/365 access to request services; mobile response and stabilization services, care management, intensive in-community treatment, applied behavior analysis, individual and family support services, treatment homes, residential treatment, and family support organizations. Treatment services and supports through CSOC are trauma-informed and healing-centered, and many serve youth with co-occurring behavioral health-I/DD or behavioral health-substance use disorder treatment needs. Services are delivered in the community or in out-of-home settings. As of March 31, 2025, 40,247 youth were involved and eligible to receive service through CSOC.[178] PerformCare, the Contracted Systems Administrator (CSA) is the single point of access for statewide CSOC services, handling many clinical and administrative functions, including triage, authorization, utilization management, quality assurance, reporting, clinical criteria and medical necessity determination, and they host the CSOC statewide electronic record. In March 2025, PerformCare received 10,710 calls; of these, 2,330 were related to developmental disabilities.[179] Highlighted service descriptions follow.

- **Care Management Organizations.** CMOs are county-based, agencies that provide strength-based care management, assessment, and comprehensive service planning for youth and their families with intense and/or complex needs related to behavioral health, substance use, and/or I/DD. Services through CMOs include individualized service planning for youth and their families, linkages to identified services, crisis stabilization and support services, and advocacy. As of March 31, 2025, CMOs were serving 17,670 children.[180]

- **Family Support Organizations.** Family Support Organizations (FSOs) are non-profit, county-based organizations run by family members of youth with emotional, behavioral, developmental, and/or substance use challenges that have received services from any

[177] N.J.S.A. 9:6-8.99-106, CPP-II-C-2-625.pdf
[178] Commissioners.Monthly.Report_5.25.pdf
[179] Commissioners.Monthly.Report_5.25.pdf
[180] Commissioners.Monthly.Report_5.25.pdf

youth-serving system. FSOs provide direct family-to-family peer support, education, and advocacy to help families navigate DCF's systems, school systems, and the legal system.

- **Mobile Response and Stabilization Services.** DCF's Mobile Response and Stabilization Services (MRSS) program ensures that all children and youth, ages 3 through 17 years old, who enter out-of-home care receive behavioral health assessment and services at the time of placement. MRSS aims to mitigate trauma and facilitate stabilization for children and youth by providing increased support and education to youth and caregivers during the transition into a new home. MRSS workers assess and attend to behavioral health needs, assist resource parents to understand the child's needs, develop strategies and plans to best support the youth, and facilitate access to continued behavioral health care support and services through CSOC when necessary. MRSS, which is available 24/7/365, also serves as DCF's community-based crisis response component, providing face-to-face response within one hour or 24 hours based on family request. In November 2024, MRSS delivered 2,412 interventions; of the children who received intervention, 96% remained in the same living situation and 1% were unable to be stabilized in their home.[181] Through its Infant and Early Childhood Mental Health 0-5 initiative, CSOC is building capacity for MRSS providers to deliver assessment and stabilization services for very young children.

- **Intensive In-Community and Intensive In-Home Treatment.** DCF offers an array of Intensive In-Community (IIC) and Intensive In-Home (IIH) services delivered in the child's home or community that are needs-driven and youth- and family-guided. IIC services are designed to restore and maintain a youth's ability to function within the community. Behavioral Assistance services are IIC services used to help guide and make positive changes to a youth's identified behaviors. IIH services are face-to-face rehabilitation and/or habilitation services delivered by a clinically licensed or certified practitioner to improve behavioral and emotional functioning in youth with challenges related to an intellectual or developmental disability. Individual Support Services (ISS) are IIH services for youth with intellectual/developmental disabilities to get, keep, and improve behavioral, self-help, socialization, and adaptive skills.

- **Intellectual and/or Developmental Disability Services.** DCF provides an array of services to meet the needs of children with I/DD that are not being met through school-related services, medical services reimbursable by health insurance or by other existing supports or services. The services include, but are not limited to, group home services, in-home supports, and financial assistance with costs of summer camp.

- **Out of Home Treatment.** Out-of-home treatment services through CSOC encompass a full continuum of services for youth with behavioral health, intellectual/developmental disabilities, substance use, and co-occurring treatment needs for youth with high acuity needs. As of March 31, 2025, 1,057 children were served via out-of-home treatment settings; zero children with behavioral health needs required out of state placement.

- **Family Support Services.** Family Support Services provide a wide range of supports for uncompensated caregivers of youth with developmental disabilities living at home. Services include, but are not limited to, respite, assistive technologies, camps, and home and vehicle modifications.

- **Substance Use Treatment Services.** Substance use treatment services available through CSOC include the following treatment programs, depending on the child's individual needs: withdrawal management, short- and long-term out-of-home treatment, residential behavioral health/substance use treatment, and contracted outpatient/intensive outpatient services.

[181] Commissioners.Monthly.Report_5.25.pdf, 3% unknown because MRSS plan not received.

Services for Adults with Behavioral Health Disorders, Substance Use Disorders and/or Intellectual/Developmental Disabilities.

- **Statewide community-based behavioral health services.** NJ DHS's Division of Mental Health and Addiction Services (DMHAS) oversees New Jersey's publicly funded adult system of community-based behavioral health services and provides a full array of services, including: substance use prevention and early intervention, emergency screening, outpatient and intensive outpatient mental health and addiction services, partial care and partial hospitalization, case management, medication assisted treatment for substance use, and long- and short-term mental health and substance use residential services. DMHAS provides other evidence-based practices, such as the Program for Assertive Community Treatment, supported employment and education, and supportive housing. DHS's Maternal Wraparound Program (M-WRAP) is a collaborative substance use disorder treatment program for pregnant and parenting mothers with opioid use disorders. M-WRAP services include intensive case management for substance use disorder and mental health treatment, including Medication Assisted Treatment, prenatal care, concrete services, i.e., county-based social services, childcare, and transportation, and peer recovery support services. These services are available in addition to services adults are able to access through private insurance, if they are insured privately.

- **Caregiver Substance Use Services.** In addition, DCF oversees a network of substance use services provided via contracts with various agencies throughout the state to meet the needs of pregnant and parenting adults struggling with substance use and co-occurring mental health disorder. The continuum of caregiver substance use services includes continuum of substance use assessment, treatment and recovery services. Available levels of care include outpatient, intensive outpatient, withdrawal management, halfway house, and short and long-term residential treatment programs, including "Mommy and Me" programs. These services aim to reduce the risk of harm associated with substance use disorders; to increase rates of treatment engagement, completion, and recovery; to improve families' stability, and; to reduce families' involvement with the child welfare system. Additionally, DCF's PRSS support parents with substance use disorders during and after formal treatment. PRSS provide one-on-one peer support to CP&P-involved parents or caregivers who are seeking to establish or strengthen their substance use recovery process. For information on the evaluation of PRSS, see Attachment C, *Program Evaluation Summaries*. The In-Home Recovery Program (IHRP) is a family-based recovery program serving adults, families, and young children. The goal of the program is to improve outcomes for parents who have a substance use disorder and are parenting a child under six years old. The program simultaneously addresses parents' mental health challenges and substance use while focusing on attachment behavior and the quality of parent-child interactions. These services are available in addition to services adults are able to access through private insurance, if they are insured privately.

Services to Improve Parenting and Family Dynamics. DCF offers a broad range of services aimed at improving parenting and other family dynamics, to both CP&P-involved families and families outside of the child protection system. Examples follow.

- **Family Preservation Services.** Family Preservation Services (FPS) is a statewide, intensive, in-home crisis intervention and family education program that serves families with children at imminent risk of out-of-home placement or preparing to be reunified. Using family-centered assessment, Motivational Interviewing, skill-based interventions, and limited financial assistance, the program strives to ensure the safety of children, stabilize families, improve family functioning, prevent unnecessary out- of-home placements and link families with community supports and resources. For information on the evaluation of FPS, see Attachment C, *Program Evaluation Summaries*.

- **Parent Support Services Continuum.** The parent support continuum of services provides a range of evidence-based services of varying intensities to support parenting, family dynamics, and mental health. The continuum includes the following models of service: Exchange Parent Aide (EPA), Positive Parenting Program (Triple P), Intercept, and Brief Strategic Family Therapy (BSFT). Through EPA, a professionally trained and supervised Parent Aide provides weekly supportive and educational in-home services to help families understand their options, build self-confidence, develop coping skills to manage daily stresses, and access community supports and local resources. Triple P, which will begin serving families in September 2025, is a parenting intervention for families with concerns about their child's moderate to severe behavioral problem. Through one-on-one and/or group sessions, parents learn skills related to child development, behavior management, positive parenting and implementing planned activities and routines. Intercept, which will begin serving families in September 2025, provides intensive in-home mental health services to children and youth from birth to 18 years of age who are in out-of-home place or at risk for entry or re-entry into out-of-home placement; Family Intervention Specialists offer children and their families individualized services to address needs, support in school or legal meetings, and 24-hour on-call crisis support. BSFT, which will begin serving families in September 2025, uses a structured family systems approach to foster more effective and adaptive family interactions with a goal of reducing risk factors and strengthening protective factors for adolescent drug abuse and other behavioral problems.

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

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

- **Home-Visiting Services.** DCF's home visiting network includes three targeted, evidence-based home visiting models across all 21 counties: Healthy Families, Nurse-Family Partnership, Parents as Teachers; one targeted program available in one county, Home Instruction for Parents of Preschool Youngsters; and one universally available evidence-based program, Family Connects NJ, which is being implemented statewide. The targeted models provide individualized support in the home to pregnant women, parents and/or other caregivers in families with infants and young children and promote five essential protective factors—promoting infant and child health and development, nurturing positive parent-child relationships, recognizing and facilitating parent resilience, building social and community connections, and providing linkages to resources and concrete supports. In SFY 2024, the network of targeted evidence-based home visiting providers serviced 4,730 families. Launched in 2024, Family Connects NJ is an evidence-based universal home-visiting program that assists families, including biological, adoptive, resource or kinship caregivers and people recovering from a stillbirth or neonatal loss, with a specially trained nurse for personalized follow-up visit at home within the first two weeks after their child's birth. Family Connects NJ is currently available in 11 counties and will become statewide in January 2027. Between program launch in January 2024 and May 20, 2025, 4,000 visits

were made to families who welcomed a newborn through birth, adoption or resource home or kinship home placement, or families who have experienced a stillbirth or neonatal loss.

- **Family Success Centers.** DCF manages a statewide network of 57 Family Success Centers (FSC), community-based, family-centered, neighborhood centers where parents can connect with other parents, access free wrap-around resources and supports, and be a part of building their community. FSCs strive to enrich the lives of children by strengthening families and communities, develop networks of family strengthening services to prevent child abuse and neglect, provide integrated, locally based services that are family focused, and strengthen and expand the social connections among families, between families, and within the community. Programming at FSCs may range from GED classes, support groups, community outings, financial literacy, wellness, health focused activities and exercise, housing and employment resources, and more. Since 2019, FSCs across New Jersey have delivered over 918,860 core service sessions, mainly in the areas of general referral linkages (38%), family health (15%), life skills (13%), and advocacy (13%), to approximately 201,619 families. In 2024, FSCs served 58,753 participants from approximately 39,000 families and provided nearly 200,000 core sessions, over 10,500 public events, and over 36,000 wellness checks. Top referrals or linkages for families were for food/clothing, family health, employment related services, advocacy, and financial assistance. For information on the evaluation of the FSCs, see Attachment C, *Program Evaluation Summaries*.

- **Kinship Navigator.** DCF's Kinship Navigator Program (KNP) supports caregivers who have taken on the responsibility of caring for a relative's child. DCF's network of contracted KNP providers help caregivers to navigate various forms of government systems and supports, such as housing and economic assistance, to determine their eligibility for KNP benefits, and to provide technical support with legal commitments to the child. According to data from the American Community Survey, a little over 25,000 children in New Jersey are eligible for KNP[182]. DCF's evaluation identified substantial grown in the number of families requesting services through KNP; in SFY 2024, 2,197 families requested services, a 122% increase from SFY 2023. Similarly, enrollment increased by 148%, reaching 2,088 families in SFY 2024. As of May 2025, DCF's KNP was serving 3,455 child participants from 2,910 families (14%). Program data shows that KNP enrolls approximately 98% of the caregivers recruited into the program. For more information on the evaluation of KNP, see Attachment C, *Program Evaluation Summaries*.

- **Connecting NJ.** Co-managed with NJ DOH, Connecting NJ (CNJ) hubs throughout the state provide a county-based single point-of-entry system to ECSs and targeted home-visiting, and streamline the referral process for childcare, adult education, housing, medical homes, prenatal care, early intervention services, mental health services and local community services that support a child's healthy development and family well-being. CNJ hubs utilize developmental health promotion and screening policies statewide.

- **Supportive Help Lines.** DCF funds a 24/7 Parents Anonymous Help Line, as well as the 2nd Floor Youth Help Line. The 2nd Floor Helpline provides confidential support for youth with their daily life challenges by professional staff and trained volunteers. In addition, New Jersey's 211 system (NJ 211), partially funded by DCF, serves as the statewide community resource directory, information and referral system.[183]

School-Linked Services and Other Educational Support for Youth. DCF manages a network of out-of-school and in-school prevention and support services that build on youth's strengths to assist them with achieving their educational and life goals, as well as a network of Family Friendly Centers that provide

[182] S0901: Children Characteristics - Census Bureau Table, Eligible calculated from ACS Census estimates (Children living with GP and Other Relatives, controlling for DCPP involvement & Income)
[183] About NJ 211 | NJ 2-1-1 Partnership

academic, recreational, and social enrichment activities to students and their families. Through school-linked services, youth can access mental health support, employment assistance, substance use counseling, preventive health care, violence prevention programs, learning support, mentorship, teen parent skill development, and recreation.

- **School-Linked Services.** School-based youth services (SBYS) are available to all enrolled students in participating schools and may include evidence-based programming and supports, such as mental health counseling, substance use prevention and counseling, preventative health awareness, primary medical linkages, learning support, healthy youth development, recreation, and information and referrals. For information on the evaluation of SBYS, see Attachment C, *Program Evaluation Summaries*. The Parent Linking Program aims to prevent child abuse and neglect, minimize or eliminate barriers that may impede expectant or parenting teens from completing their education, strengthen pregnant and parenting teen's abilities and parenting skills, improve child and maternal health outcomes, reduce the likelihood of repeat teen pregnancies, strengthen positive young father involvement and coparenting relationships, decrease intimate partner violence and raise awareness of available resources. The Adolescent Pregnancy Prevention Initiative (APPI) makes available counseling, education and awareness, and referrals to services and resources to high school students at risk of pregnancy. The APPI program collaborates with SBYS programs in middle and high schools to teach pregnancy prevention skills. DCF's school-based health clinics provide mental health counseling, primary medical and oral health care, and other related services, e.g., patient education, outreach, and care management. Other programs, e.g., the Outreach to At-Risk Youth (OTARY) initiative and Prevention of Juvenile Delinquency program, are prevention programs aimed at preventing gang involvement and incarceration of youth in communities with high crime and gang violence. The New Jersey Child Assault Prevention Program (NJCAP). NJCAP seeks to reduce children's risk of abuse, neglect and bullying by providing comprehensive prevention workshops for children, parents, and school staff.

- **New Jersey Statewide Student Support Services.** The New Jersey Statewide Student Support Services (NJ4S) network is an innovative, statewide hub and spoke model of services and resources to support youth mental wellness and positive youth outcomes. NJ4S coordinates and expands the delivery of primary prevention program to all New Jersey schools and communities and provides secondary prevention, screening, brief clinical intervention and referral to treatment for public schools and communities with the highest need. Services administered through the hubs are be targeted and tiered. Tier 1 services cover universal supports that all students can benefit from, including school assemblies, webinars for parents and school staff, social-emotional learning curriculum, and more. Schools can access these services on-demand, whenever they want to incorporate them for the students and families supported by the school. Tier 2 services include evidence-based prevention programming, including extracurricular programming, mentorship, group programs and more. Tier 3 services are intended for brief, clinical intervention as the student in need is referred to and connected to more extensive, comprehensive ongoing therapeutic supports through CSOC and in-community resources. For information on the evaluation of NJ4S, see Attachment C, *Program Evaluation Summaries*.

Domestic Violence Services. DCF funds a statewide array of direct services to survivors of domestic violence, including housing, shelter, and rental assistance; basic needs, e.g., hygiene, clothing and food items; 24-hour hotline and emergency response; victim advocacy related to finances, housing, medical, employment, education, and immigration; transportation; interpretation and translation; legal advocacy; medical accompaniment; individual or group counseling; and community education, training and awareness. In February 2025, DCF provided 2,146 clients with domestic violence services; of these, 12% were residential services and 88% were non-residential.[184] DCF also supports children and youth who were

[184] Commissioners.Monthly.Report_5.25.pdf

exposed to domestic violence, family violence and dating violence; PEACE: A Learned Solution and Trauma Focused Cognitive Behavioral Therapy™ (TFCBT) are available in all 21 counties. DOW also operates the New Jersey Address Confidentiality Program, which provides domestic violence victims and survivors with a legal substitute address to safeguard their location and safety. DCF also offers domestic violence abuse intervention programming (AIP) statewide, having expanded to 14 new counties in FY23 and FY24. The AIP programs implement the evidence-informed Risk, Needs, Responsivity (RNR) framework that utilizes individualized treatment plans for participants based on their risk level and unique needs. RNR relies heavily on partnership with referral partners, including CP&P, the courts, and survivor advocates, through use of monthly MDT teams. DCF is evaluating the AIP program, using a mixed methods process to understand its implementation and outcomes of the program. For information on the evaluation of AIP, see Attachment C, *Program Evaluation Summaries*. These programs provide opportunity for assessment and engagement and focus on teaching violence prevention skills, accountability, and, for men, responsible fatherhood.

Services to Remove Stressors or Support Concrete Needs of families with Child Protection Involvement.

- **Flexible Funding.** In addition to services, CP&P may access flexible funding and local office bank account (LOBA) funding for the purposes of supporting children and families, keeping families together, preventing unnecessary out-of-home placement, facilitating family reunification and stabilizing and strengthening out-of-home placement.[185] For additional information on flexible and LOBA funding, see Item 30, *Individualizing Services*.

- **Health Care.** New Jersey's Medicaid program, NJ FamilyCare, serves about 2.2 million New Jerseyans. Eligibility is based on income and household size. Amongst other eligibility categories, children with household incomes up to 355% FPL and pregnant people up to 205% FPL are eligible. Medicaid covers three in every ten New Jersey children. New Jersey's Cover All Kids Initiative connected over 50,000 children to coverage by eliminating the 90-day waiting period for coverage to children newly enrolling into the Children Health's Insurance Program (CHIP), removing premiums families would pay for their children enrolled in CHIP, and developing targeted outreach efforts to boost enrollment for currently eligible children who are unenrolled.

- **Child Care.** With the Child Care Assistance Program, administered by the Child Care Resource and Referral Network (CCR&R)[186] through a contract with NJ DHS, New Jersey provides childcare services, including financial assistance, referral services and consumer education, for eligible families who are participating in a job training program, enrolled in school or employed and earn up to 200% of the federal poverty level.[187] Subsidies reach 55-60,000 children at any given time. Vulnerable populations, such as very low-income families, teenage parents and homeless families receive priority services and additional support. In addition, CP&P involved families can access childcare subsidies, summer camp, and summer lunch programs.

- **Housing.** Through a mix of state and federal funding, New Jersey's housing infrastructure works to improve community development, increase the supply of affordable units, preserve existing housing, strengthen economic development and provide services to households experiencing homelessness or housing instability. New Jersey's Department of Community Affairs (NJ DCA) supports thousands of New Jersey households, including families with children, the elderly, victims of domestic violence, and those with disabilities and other special needs, through various housing programs, such as the Section 8 Housing Choice Voucher program, the homelessness prevention program, emergency housing vouchers, energy assistance programs, lead assistance programs, and more.[188] New

[185] CPP-IX-F-1-400.pdf
[186] Child Care In New Jersey - CCR&R (childcarenj.gov)
[187] Child Care In New Jersey - Child Care Assistance Program (childcarenj.gov)
[188] NJ Department of Community Affairs

Jersey administers housing subsidy programs, including the State Rental Assistance Program[189] and the Section 8 Housing Choice program,[190] to provide subsidies for decent, safe and sanitary housing on behalf of eligible, very low-income residents. NJ DCA's Section 8 Housing Choice Voucher Program is the 13th largest in the nation. NJ DCA's Housing Choice Voucher Program serves 24,078 families with an annual budget of $264 million.

- **Keeping Families Together.** Keeping Families Together (KFT) is a statewide housing-first supportive housing intervention intended to support a subset of high needs child welfare-involved families faced with co-occurring challenges, e.g., homelessness, substance use, medical or mental health disorders, and domestic violence. The goal of the program is to safely prevent child protection removals of children and reduce recidivism within the child welfare system by improving housing stability and family well-being. For information on the evaluation of KFT, see Attachment C, *Program Evaluation Summaries*.

- **Youth Housing Continuum.** DCF also facilitates a continuum of youth housing programs and related services that are intended to empower eligible homeless youth, youth at risk for homelessness, and youth aging out of the child welfare system, ages 18 – 21 years, to maintain safe and stable housing, develop strengths, and realize their potential as they transition to adulthood. The youth housing continuum provides services, including transitional, supervised, and permanent supportive housing and street outreach services, and also matches housing, vouchers or subsidies with wraparound services. Programming includes: My First Place, Connect to Home, Fostering Youth to Independence, Expectant Parenting Youth Family Unification Program, Permanent Supportive Housing, Transitional Living Program, and Supervised Transitional Living Program.

- **Housing maintenance.** When a CP&P family has housing, but there are challenges maintaining that housing or ensuring that the housing is suitable for a child, CP&P may use flexible funding to assist with back-due rent, utilities, cleaning services, homemaker services, etc.

- **Transportation.** NJ TRANSIT is the nation's largest statewide public transportation system, providing more than 925,000 weekday trips on 253 bus routes, three light rail lines, twelve commuter rail lines and a thorough Access Link paratransit service. NJ TRANSIT's 2030 Strategic Plan lays out initiatives through which New Jersey will: increase the percentage of the New Jersey population that has access to high-frequency service from 27% to 40% by 2030; increase percentage of the sub-poverty line New Jersey population with access to high-frequency service from 34% to 50% by 2030; and improve network accessibility so that 80% of riders use stations with accessible platforms by 2030, up from 70%. When needed, CP&P staff provide children and families with transportation to meetings, appointments, court hearings, and more.

- **Economic Supports and Job Readiness.** In addition to administering federal Temporary Assistance to Need Families (TANF) programming, the Women, Infants, Children (WIC) Program, and other federal benefits, New Jersey has several economic supports in place for families. New Jersey provides cash assistance to eligible households with children through its WorkFirst New Jersey (WFNJ)/TANF program.[191] New Jersey provides cash benefits and support services to single individuals and couples without children through its WFNJ/General Assistance program.[192] Recipients of WFNJ and Supplemental Security Income may receive WFNJ/Emergency Assistance to provide additional supports, such as essential food, clothing, shelter, temporary rental assistance or other housing and utility related costs. The State's Supportive Assistance to Individuals and Families program

[189] http://www.state.nj.us/dca/divisions/dhcr/offices/srap.html
[190] http://www.state.nj.us/dca/divisions/dhcr/offices/section8hcv.html
[191] Department of Human Services | WorkFirst NJ (NJ's Temporary Assistance for Needy Families - TANF) (state.nj.us)
[192] Department of Human Services | General Assistance (WorkFirst NJ) (state.nj.us)

provides an intensive case management for families and individuals who are nearing the end of their time limit on WFNJ.[193] New Jersey provides Supplemental Nutrition Assistance Program (SNAP) food assistance to households in which members purchase and prepare meals together.[194] Most households must meet the gross income limit of 185% FPL. Those who are age 60 and over or have a disability may be eligible for SNAP with over 185% FPL. In addition to other job readiness programs being available statewide, DCF's statewide Displaced Homemaker Program provides training and employment-related services for individuals who worked in the home for many years and through the death, disablement, or divorce of a spouse find themselves as the primary source of household income. The Displaced Homemakers Program is designed to enhance employability and create new job opportunities. DCF also funds Hispanic Women's Resource Centers to provide similar services to Hispanic and Latina women.

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

- **LifeSet**. LifeSet provides evidence-based and best practices for intensive community support to assist young people in their transition to independence. The program aims to reduce homelessness and economic hardships for youth, as well as to increase their well-being, social supports, educational attainment and earnings and employment. LifeSet services are highly individualized and tailored to suit the individual strengths and needs of each young adult. Areas addressed can include education, employment, housing stability, healthy relationships, mental and physical health, and other independent living skills.

- **Pathways to Academic and Career Exploration to Success.** The Pathways to Academic and Career Exploration to Success (PACES) program supports current or former foster youth and young adults in their successful transition to and retention in post-secondary education, including career technical education, and workforce readiness.

- **Peer Mentoring.** DCF's peer-to-peer mentoring program, EnlightenMENT, provides young people, ages 14-21 and in the care of CP&P, with peer support through trained professional staff and credible messengers who themselves have lived experience in New Jersey's child welfare system. The program ensures that youth entering care have someone they can go to for advice and guidance on navigating the foster care system from the perspective of another youth with similar lived experience. The program seeks to increase a youth's ability to articulate and work toward their goals, interact with professionals, and be able to initiate connections to resources on their own. For information on the evaluation of Enlightenment, see Attachment C, *Program Evaluation Summaries*.

Educational Support. In addition to CP&P caseworkers supporting children's educational needs as described in Section III, *Assessment of Child and Family Outcomes, Well-Being*, DCF provides additional educational support as follows.

- **Office of Education.** DCF's OOE provides specialized educational services and supports to children and young adults, ages three through 21, who require alternative school placement for a period of time due to their unique needs. OOE programming is designed

[193] Department of Human Services | SAIF - Supportive Assistance to Individuals and Families Program (state.nj.us)
[194] NJ SNAP | NJ SNAP

for students who exhibit severe cognitive, physical, behavioral, and emotional disabilities; exhibit a variety of moderate to severe learning disabilities; are at risk of school failure; and pregnant/parenting teens. OOE also caters to State Responsible students. Educational services include regular and special education programs, Child Study Team services, related services, educational surrogates, and instructional and assistive technology services. Students are educated in 23 program sites across the State, including: DCF contracted residential facilities, psychiatric facilities operated by the state Department of Health, 14 DCF Regional Schools, and two hospital-based satellite programs. Project TEACH is an alternative, year-round education program for parenting and expecting teens who need a healing centered environment.

- **NJ Foster Care Scholars.** DCF is responsible for operating the management of the New Jersey Foster Care Scholars (NJFCS) program, the umbrella program for the State's Education and Training Voucher (ETV), Tuition Waiver and "State Option" funding programs. NJFCS provides eligible youth with funding for costs at accredited post-secondary institutions and career and technical schools.

Legal representation for CP&P-involved families in CIC litigation. When circumstances warrant court involvement, New Jersey ensures representation for all parties through the Office of the Attorney General and Office of the Public Defender. For information and data on representation for DCF, parents, and children, see Systemic Factor B, *Case Review System*, Item 21, *Periodic Reviews*.

Assessment of Strengths and Gaps in Service Array. DCF relies on a number of processes to assess and continually respond to emerging service needs within communities. After Round 3 CFSR and the onset of the current administration, the executive leadership team focused on understanding the strengths and gaps of the state's child welfare system, including the then-existing service array. Based on that assessment, which took place between 2018-2020, DCF identified and began to move forward with necessary improvements and additions to the department's service array. Since then, DCF has continued to review the changing needs of children and families and to evolve its strategic priorities and planned service array improvements. This section describes the key inputs and findings of DCF's initial assessment of its service array, the processes for continuing that assessment on an ongoing basis, and plans for further improving both the service array and the Department's assessment processes.

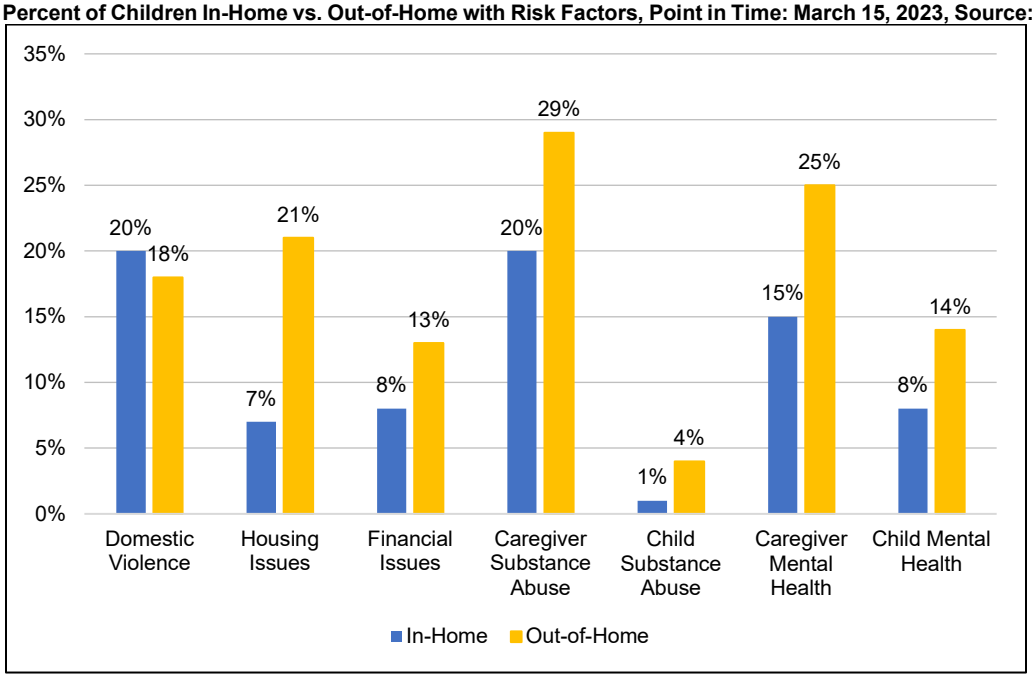
Initial Assessment of Service Array: 2018 through 2020. Between 2018-2020, DCF's leadership undertook extensive information gathering to develop the strategic plan outlined in Section II, *State Context Affecting Overall Performance*, and to determine the improvements and additions that would be undertaken during their term. While subsequent information gathering has taken place, the findings of the initial assessment remain foundational to DCF's transformation into a 21st century child and family serving system. DCF's initial assessment was based on information gathered through multiple research methodologies from a wide range of stakeholders from across the state. Information gathering included: a listening tour by the Commissioner with over 550 youth, families, and other individuals engaged in DCF's programs and services; multiple regional convenings and surveys with stakeholders, including DCF staff, the Judiciary, attorneys for children and parents, medical, mental health, substance use disorder, domestic violence and other DCF-contracted service providers, advocates, county human service directors, leaders from state agencies administering other federal grants, and more; thorough review of the results of Round 3 CFSR and, in particular, ACF's findings related to this item; a meta-synthesis of multiple DCF-related, existing needs assessments representing the voices of over 2,000 youth, caregivers, DCF staff, and external stakeholders, e.g., advocates, providers, etc., to triangulate common themes across needs assessments with quantitative information from DCF's administrative data; and a statewide needs assessment in partnership with the HSACs to attain county-specific qualitative information related to family and youth needs and barriers to meeting those needs. For additional details on these processes and the key findings of each, see Attachment E, *2018-2020 Service Array Assessment Methodologies and Key Findings*.

Taken together, the information gathered during this process suggested that, in order for New Jersey to better meet the needs of children and their families, it was necessary to add new services to the current service array, to improve the existing services, to further develop the Department's and provider's capacity to provide quality services, and to improve collaboration across major public sectors. More specifically, there were needs for: additional concrete supports, such as housing and financial and employment assistance, increased and improved capacity in specific social services, such as mental health and substance use disorder treatment for youth and adults, post-adoption services, and, additional evidence-based services, holistic services for youth and families with complex needs and families with infants, trauma-informed, individualized approaches to service provision, removal of barriers to getting help, such as transportation challenges, stigma, and lack of service awareness, improved system coordination, communication, and collaboration, and increased youth and parent voice and community engagement.

Ongoing Assessment of Strengths and Gaps: 2021 through the Present. While the findings of the initial assessment remain foundational, DCF's service array improvement efforts are necessarily informed by more recent and ongoing information gathering and assessment processes. DCF has in place and regularly relies on processes to assess both (a) the alignment between statewide needs and the composition of the statewide service array and (b) how well individual existing service lines are functioning to meet constituent need. While information in both categories is critical to the full assessment of the state's service array and this Item, their descriptions are bifurcated between Item 29 and Item 30 to align with the instructions for this report. Descriptions of the efforts and key findings in the latter category (category (b) are included in Item 30. Descriptions of the efforts and key findings in the former category (category (a) are included immediately below.

- **Review of Administrative Data about the Characteristics of CP&P-Involved Children and Families.** Among the challenges of children served both in- and out-of-home, the most common was caregiver substance use (out-of-home: 29%; in-home: 20%). Domestic violence (out-of-home: 18%; in-home: 20%) and caregiver mental health (out-of-home: 25%; in-home: 15%) were the next most common challenges. Housing issues were more common among children in out-of-home placement than children served in their own homes (out-of-home: 21%; in-home: 7%). Figure 55 provides a visual of these risk factors.

Figure 55. Percent of Children In-Home vs. Out-of-Home with Risk Factors, Point in Time: March 15, 2023, Source: NJ SPIRIT



- **Family Strengths Survey.** Since December 2020, DCF has partnered with Rutgers Center for State Health Policy to implement the Family Strengths and Needs survey project. The project includes a statewide phone survey focused on understanding families' challenges during the COVID-19 pandemic related to mental health, substance use, concrete supports, and access to services. The first wave, which took place September 2021 through February 2022, was designed to get prevalence estimates for parents/caregivers in New Jersey. Wave 2 of the survey, which took place in Summer and Fall 2024, further probed on childcare challenges. Findings are expected to be available in August 2025. Key findings of Wave 1 follow.

- **Childcare.** Forty-eight percent of parents reported a change in their childcare arrangements since March 2020. Of these parents, 38% reported that the level of care provided for their children during the pandemic was the same, 31% reported it was worse and only 18% reported it was better than pre-pandemic. More than half (64%) of those with a change in childcare indicated that a household adult had to reduce their working hours in order to provide care for the children. Pre-pandemic, 48% of parents were always able to get support when overwhelmed or stressed caring for their children and 27% were usually able to get help. During the pandemic, 48% were always able to get support and 24% were usually able to get support.

- **Mental Health.** Twenty-six percent of parents report that their child has poor or fair mental health. 34% of parents of school aged children (ages 6-17) report that their child has poor or fair mental health. 65% of parents of school aged children (ages 6-17) are very or somewhat concerned about their children's mental well-being as a result of COVID; 40% are very or somewhat concerned about their children's behavior as a result of COVID. 20% of parents report being anxious in the last 2 weeks; 14% report being depressed in the last 2 weeks. 28% of parents report being lonely in the last 2 weeks.

- **Targeted Family Strengths and Needs Surveys.** The Family Strengths and Needs project includes three targeted, online "opt-in" surveys focused on parents of children with intellectual and developmental disabilities, survivors of domestic violence, and kinship

caregivers. The first two surveys are complete. The kinship caregiver opt-in survey took place in Winter 2025; findings are pending.

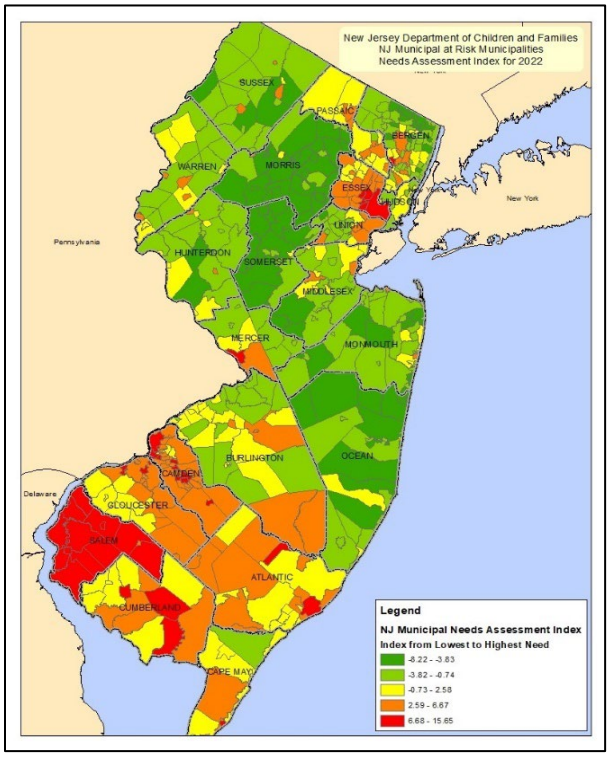
- The opt-in survey of parents of children with I/DD follow showed that over one-third of parents/caregivers of children with I/DD experienced food insecurity; they were more likely to have food insecurity compared to caregivers in the statewide survey. Many parents had living-arrangement and home situation changes since 2020. One-third of parents reported depression, anxiety, and feeling lonely; they were more likely to report these conditions than caregivers in the statewide survey. Over one-third of parents had insufficient support systems; most felt safe where they lived. Almost 60% of children with I/DD had reported health of "very good" or "excellent." Some children with I/DD (11%) cannot get access to needed mental health treatment. Half reported access challenges for mental health treatment and care services in general. Most have had contact with CSOC, and 58% of them have received services. Among recipients of CSOC services, a large majority found these services well-designed and are satisfied.

- While the sample size was small (n=34), the domestic violence survivor survey found that almost one-third (27%) of respondents had experienced job loss in the past 12 months with many job disruptions linked to experiences of intimate partner violence. About one-third of respondents experienced anxiety symptoms most of the time and 15% experienced depression symptoms most of the time. Most (77%) had sought mental health services however, 18% were ultimately unable to access them. The highest unmet needs among survivor respondents were for financial assistance (47%), housing (44%) and employment assistance (32%).

- **Community and School Needs Indexes.** To determine areas across the state with the highest needs, DCF developed two needs assessment indexes: the Community Needs Assessment Index and the School District Needs Index. The Community Needs Assessment Index is a tool that can be used to identify high needs areas within New Jersey based on a set of family and community-level metrics. Modeled after an index originally created by the Maternal and Child Health Epidemiology Program within NJ DOH's Division of Family Health Services for Early Home Visiting Services, the Community Needs Assessment Index combines indicators of premature births, low-birth weight infants, infant mortality, poverty, crime, domestic violence, high-school dropouts, drug-related deaths, unemployment, and child abuse and neglect into one standardized, composite score for each municipality in New Jersey with positive scores indicating increased need and negative scores indicating decreased need. Figure 56 shows the New Jersey Community Needs Index with red indicating municipalities with the highest needs and deep green indicating municipalities with the lowest needs. Similarly, the School District Needs Index helps DCF to identify New Jersey school districts with the highest needs based on a standardized set of 29 school district-level indicators, e.g., enrollment, absenteeism, student achievement, academic growth, and 16 community-level indicators, e.g., crime rate, child maltreatment rate, drug-related deaths, suicide rates.[195] Using this Index, 297 school districts were categorized as "high needs," 354 school districts were categorized as "moderate need," and 251 were categorized as "low need."

[195] DCF | School District Needs

Figure 56. 2022 Community Needs Assessment Index



- **Stakeholder Engagement.** In addition to engaging with stakeholders through the constituent councils, described in Systemic Factor F, *Agency Responsiveness to the Community*, DCF routinely collects data from constituents and other internal and external stakeholders on their experiences with DCF though interviews, focus groups, surveys, and more. Examples of engagement with stakeholders follow:

- **Family Interviews.** DCF is partnered with the Center for Prevention Science at Rutgers University YaFIT to conduct interviews with youth and families in different phases of engagement with CP&P. 2024, 223 families from across 35 CP&P local offices participated in the interview process. Key findings related to service array follow. For additional information on the 2024 CoQI Family Interview Process, see Systemic Factor B, *Case Review System*.

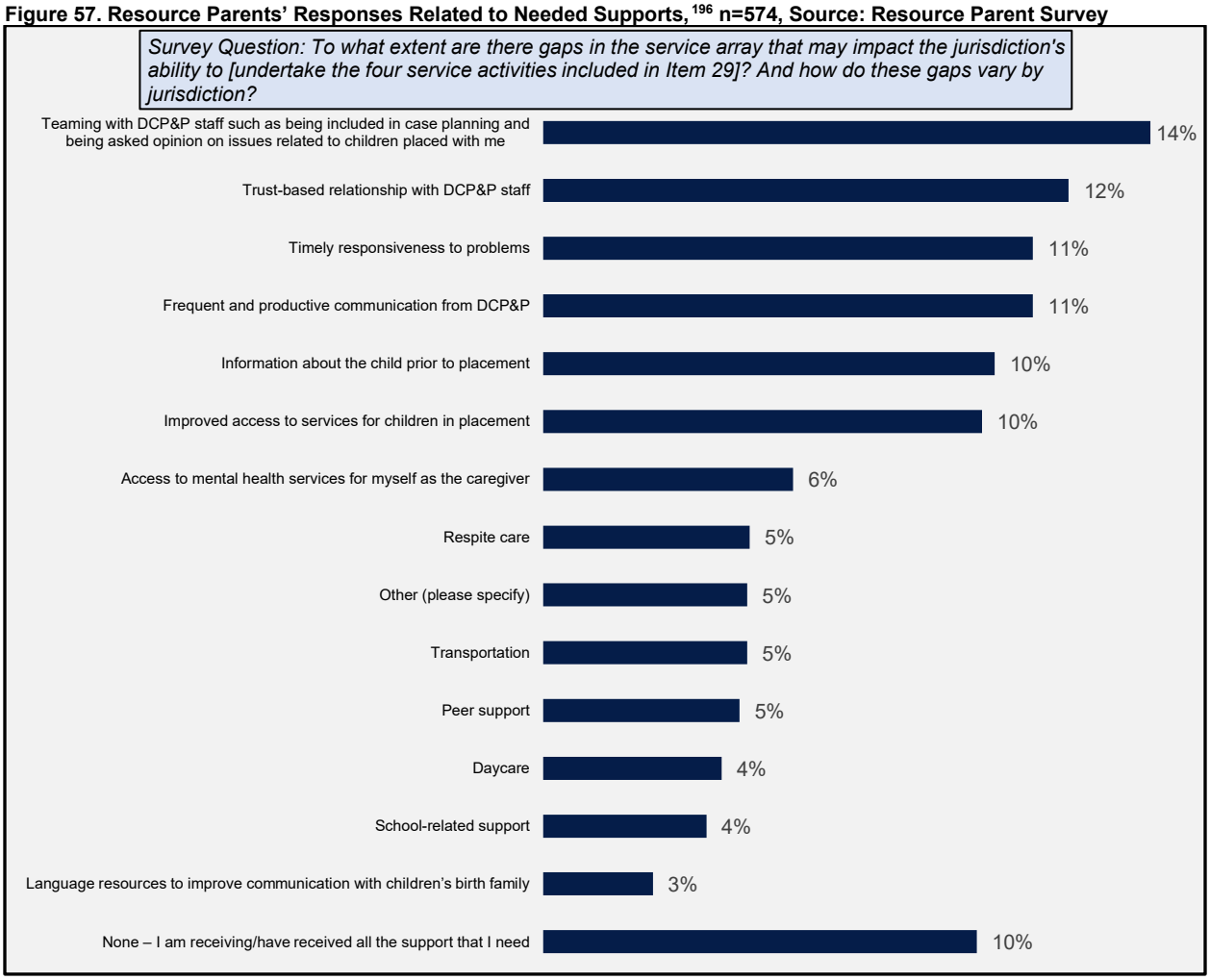
- Families greatly appreciate CP&P's support in meeting their material needs, especially basic household items, e.g., furniture, diapers, and clothing. Some families described delays in receiving items or lack of follow-through by CP&P.

- Stable and affordable housing is a critical barrier to permanency and family well-being, with many families feeling limited in their ability to achieve housing goals.

- Connecting families to needed services and resources is essential for fostering family well-being and achieving permanency. Families described barriers to accessing needed services related to service availability, accessibility and eligibility requirements.

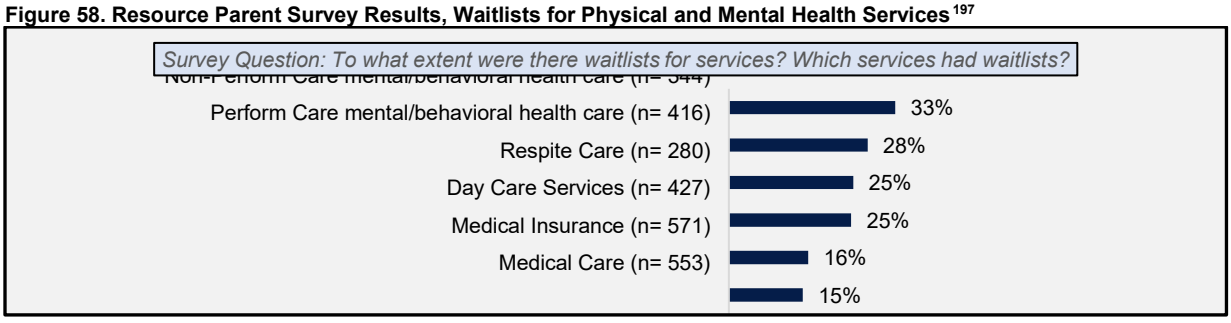
- **Resource Parent Survey.** DCF's resource parent survey, detailed in Systemic Factor C, *Quality Assurance System*, is a second example. Most resource parents reported needing more than one support that they felt they were not receiving (Figure 57).

Figure 57. Resource Parents' Responses Related to Needed Supports,[196] n=574, Source: Resource Parent Survey



The resource parent survey also provided insights into the accessibility of resources and services to children in out-of-home placement. About 90% of resource parents reported being satisfied or very satisfied in obtaining physical and mental or behavioral health care for the children in their placement (Figure 60 in Item 30, below.) Less than a third of parents reported being on a waitlist or experiencing delays when obtaining services (Figure 58). Moreover, survey respondents indicated that mental and behavioral health services obtained not through Perform Care had the longest median wait times, about two months.

Figure 58. Resource Parent Survey Results, Waitlists for Physical and Mental Health Services[197]



[196] Note: Other responses included a need for greater respect, improved communication, and greater financial support/reimbursement.
[197] The survey asked respondents whether they were placed on a waitlist or experienced delays in obtaining each service.

- **Staff Surveys and Focus Groups.** DCF also regularly relies on information from staff, gathered via survey, focus group, listening sessions, large group discussions and other ways, to gather information regarding evolving or emerging service needs. For example, between 2020 - 2023, DCF surveyed CP&P staff on kinship placement and undertook an organizational assessment to explore various aspects of child welfare professionals' experiences and perceptions within their workplace.. Also, Central Office leadership seeks input from area and local staff to gain an understanding of statewide trends and evolving strengths and needs, e.g., regular discussions during statewide meetings, ad hoc focus groups. Most recently, in November and December 2024, CP&P leadership asked area, area directors, and county services specialists about gaps in the four categories of CFSR services. Responses included: multilingual service providers, psychiatric evaluations for children and adults, respite services and other supportive services for children with I/DD or on the autism spectrum, domestic violence services, neuropsychological evaluations, services for survivors of human trafficking, transportation, providers with experience in trauma, additional visitation services, medical care for non- or under-insured individuals, and housing.

Listening Session Insights: Service Gaps and Barriers to Participating in Services

Question: What are some common challenges facing children and families in your county? What types of services are in the highest demand? What programs and services are needed, but unavailable? Do you feel the service meet the individualized needs of children, such as developmental needs and needs of children with a disability? Which services effectively met your needs? Did you experience waitlists or other challenges in accessing the available services?

Participants	Themes
CP&P Central Office and Statewide Local Office Leadership, statewide practice and service experts, e.g., CPS, CPL, AQC, and RDS, and caseworker trainees; and legal and law enforcement partners, reps. from advocacy groups, prevention service organizations, human service county coordinators and agencies, health and mental health professionals, and youth, parents, and resource parent with lived experience with DCF who participate in the NJTFCAN, SORS and the DCF Youth, Parent, and D.A.D.S. Councils.	Service gaps exist, especially related to housing, transportation, and mental health: - Housing. The housing crisis in New Jersey was reported to be the most pressing issue for families. Participants reported a lack of affordable, permanent housing, waitlists for housing that is available, financial accessibility barriers, and bureaucratic and administrative barriers that prohibit or delay accessibility to housing. - Youth mental health, behavioral health, and I/DD services. There is a lack of availability for youth mental health, behavioral health, and I/DD programs and resources. In addition, participants reported concerns about the quality of the services that do exist, indicating that many youth require a higher level of care. - Transportation. Transportation is neither available nor accessible to families. Many families do not have personal transportation. Public transportation routes are either non-existent or require multiple transfers and hours of time. This is especially so for rural areas of the state. - Placement Settings for Specific Populations, especially children with mental health, behavioral health and I/DD needs. Participants expressed difficulty in finding out-of-home placements for children with significant mental health, behavioral health or I/DD needs. In addition to a lack of availability and waitlists for out-of-home beds, placement is challenged by a lack of coordination and cooperation between hospitals, parents of children, and CP&P related to treatment. Other participants reported insufficient available of placements for youth and young adults and even infants. - Adult mental and behavioral health services. Participants reported that there are insufficient mental health resources for adults, including higher levels of care and trauma-informed care. The mental health services that are available have waitlists and are subpar quality. Systemically, there is a need for better coordination between service delivery entities and for additional bilingual service offerings. More specifically: - Better coordination between systems. Participants expressed needs for better coordination between the state's various system serving children and families. Examples cited include CP&P and PerformCare, CP&P and FSCs, CP&P and JJC, CP&P and NJ 211, and community partnerships, e.g., police, afterschool programs.

	- Bilingual Staff & service providers- While language lines and translation services are available, participants reported language access challenges across all service types. Services are needed in multiple and varying languages and dialects depending on the area of the state.

Future Plans. In New Jersey's 2025-2029 CFSP, DCF included a goal towards achieving service excellence. More specifically, over the next five years, DCF will further expand systemic capacity (1) to manage the service array reform and (2) to monitor and ensure the quality of the service array. For additional information, including the rationale and annual benchmarks, see DCF's 2025-2029 CFSP.

Summary of Evidence Reviewed throughout Item 29, *Array of Services*:
- State statutes and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, Final APSR to the 2020-2024 CFSP, 2026 APSR
- Administrative Data, including data from NJ SPIRIT, SafeMeasures, Data Hub, Cyber, program/provider data systems, and AFCARS
- Qualitative Data, including staff narratives, internal and external listening sessions, CP&P case record reviews, family interviews, monitoring process, program evaluations, staff surveys, resource parent survey, Commissioner's Listening Tour, Fall 2028 Regional Forum Feedback, needs assessment meta-synthesis,2019-2020 HSAC needs assessment, family strengths survey, targeted family strengths and needs surveys, community and school need indexes.

Item 30. Individualizing Services

Analysis. In addition to enhancing CP&P's case practice model, DCF has added to and enhanced service offerings to better address families' individualized and unique needs, including improved provision of services that are developmentally appropriate and services that are responsive to disability and special needs. Below, DCF summarizes some characteristics of children and families involved with DCF and describes infrastructure, policies, and practices for individualizing services to meet their needs, highlighting the Department's emphasis on individualized service planning practices, outlining examples of services specific to the identified needs, and describing the responsiveness and adaptability of both DCF's service array as a whole and of the services within that array.

Unique characteristics and needs of New Jersey's children and families. In addition to the information summarized in Item 29, *Array of Services,* a review of administrative data, summarized below, provides insights into the unique characteristics and needs of the children and families in New Jersey and/or involved with DCF:

- **Most children in out-of-home placement are young children.** As Table 46 shows, most children in out-of-home placement (46%) are between the ages of 0 – 5. Most in-home children (40%) are between the ages of 6 – 12.

- **Most children in out-of-home placement have at least one health condition.** Most (62%) of children in out-of-home placement have at least one health condition (Table 47). Some children may have multiple health conditions. More specifically, 4% of children have an orthopedic impairment, 7% have an intellectual disability, and 51% have a diagnosed condition or health impairment other than those previously referenced that requires special medical care, e.g., asthma, diabetes, chronic illnesses, a diagnosis as HIV positive or AIDS, epilepsy, traumatic brain injury, other neurological disorders, speech/language impairment, learning disability or substance abuse issues.

Table 46. Demographic Characteristics and Health Conditions of Children in Involved with CP&P, as of March 31, 2024, Source: AFCARS

Characteristic		Children in Placement		In-Home Children	
Total Children		3,515		29,232	
Gender	Female	1,766	50%	14,412	49%
	Male	1,749	50%	14,662	50%
	Unknown	0	0%	158	1%
Age	Under 1	257	7%	1,288	4%
	1 to 5	1,370	39%	7,332	25%
	6 to 12	1,039	30%	11,773	40%
	13 to 17	849	24%	7,654	26%

Table 47. Health Conditions of Children in Placement, as of March 31, 2024, Source: AFCARS[198]

Health Condition	Children	Percentage
Children with at least one Health Condition	2,177	62%
Intellectual Disability	233	7%
Orthopedic Impairment	152	4%
Developmental Delay	6	0%
Other Condition	1,786	51%
No Health Condition	1,338	38%
Total	3,515	

Individualized Case Planning Practices. DCF makes efforts to ensure that service planning is individualized to meet the unique needs of children and families served by the Department. For example, CP&P practice is guided by an enhanced case practice model and CSOC utilizes individualized care

[198] A child may have multiple health conditions. The table represents at least one health condition per child.

planning practices. In addition, DCF infuses trauma-informed care principles into the services it delivers to children and families. Descriptions of these efforts follow.

- **DCF's Enhanced Case Practice Model and Solution Based Casework**. As highlighted in Section II, *State Context Affecting Overall Performance,* and referenced throughout this document, DCF expects all case-carrying CP&P staff to rely on the tenets of DCF's enhanced CPM during all interactions with children and families. Beginning in 2020 and continuing through the present, DCF has been enhance its case practice model with the integration of evidence-informed SBC. SBC is designed to help caseworkers better understand the family system and develop plans for change that are grounded in the family's daily routine and their unique network of supports. SBC is organized into milestones which guide case practice, including building consensus with the family around their collective and individual needs and action planning. SBC action plans are personalized, behavior based intervention tools designed to address each family's, and each family member's, unique strengths, challenges and needs. Families are the primary authors of the plans, supporting efforts to promote ownership and to ensure that the plans are reflective of the family's own goals and values. Action plans target specific, observable, and time bound behaviors rather than broad issues and aim to include interventions are tailored and practical. Action plans are not static; they are regularly reviewed and revised to ensure relevance and success in achieving the desired outcomes. For additional details on SBC, see Section II, *State Context Affecting Overall Performance* and Systemic Factor C, *Quality Assurance System.*
- **CSOC's Individualized Care Planning.** Through its organized network of services and supports, CSOC provides a broad range of services that are individualized based on the unique strengths and needs of each youth and his or her family. Families are engaged as active participants at all levels of planning, organization, and service delivery. Agencies, programs, services, and supports are responsive to the characteristics of the populations they serve. CSOC undertakes individualized care planning with service recommendations based on detailed information gathered about the child and the family's needs through Performcare clinicians, community-based providers, and care managers. Using a wraparound model of service delivery, CSOC engages families and those the family identifies as important in the child's life in a Child Family Team Process to develop sustainable community plans that capitalize on connections with family and informal supports and strengths. CSOC providers use the Child and Adolescent Strengths and Needs (CANS) tool to identify youth and families' unique strengths and needs. The CANS tool includes a developmental domain and module to support identification of intellectual and/or developmental challenges and related needs. These processes and tools support prioritization of needs and strengths, drive individualized care strategies, and support the identification of needed informal or formal services.
- **Trauma-Informed Care.** DCF includes provision of trauma-informed and healing-centered services as a core approach in its strategic plan. In addition to training DCF staff on trauma-informed principles, DCF is making significant efforts to ensure that partners and providers across the state have the training, resources, and tools to build their own trauma-informed practices. In 2020, DCF created its Office of Resilience (OOR) to coordinate, facilitate, and host statewide initiatives related to raising awareness of adverse childhood experiences (ACEs) through community-led efforts by supporting organizations who are new or currently pursuing trauma-informed initiatives.[199] As of June 2025, OOR has provided 682 hours of community outreach, 302 hours of training, 167 hours of technical assistance, and 93 hours of agency consultation across the state. OOR also makes the Trauma Responsive Understanding Self-Assessment Tool available to organizations across the state to help them identify practical ways to promote healing centered practices in the workplace.

[199] DCF | Trauma Informed Practices

In addition, many of DCF's services, e.g., services through CSOC, are designed to be trauma-informed and healing centered with core principles integrated into training and certification curriculums, contracts, and monitoring processes. DCF uses its Request for Proposals (RFP) process to select models and approaches that are trauma-informed, requiring RFP respondents to evidence how their agency incorporates trauma-informed and healing centered approaches into their staff development and program execution. As the Department continues to build out practice profiles, practice manuals, and new trainings for existing programming and providers, it is including information on trauma- informed care. For example, the FSC practice manual and associated asynchronous virtual training for provider staff include information on a trauma-informed approach continuum. FSC directors are required to participate in trainings related to trauma-informed care. Likewise, the KFT practice profile and ongoing training for the provider network outline the provision of trauma-informed services by providers.

Responsiveness and adaptability of DCF's services. DCF does not view its service array, or service delivery, as static. Instead, the composition of New Jersey's service array is responsive based on the changing needs of the state's children and families. Likewise, service delivery through many networks is adaptable based on the individual to be served. This allows DCF to provide services that are developmentally appropriate and responsive and responsive to disabilities and special needs. For additional information on the services highlighted in this section, as well as the Department's processes to identify the needs of children and families, see Item 29, *Array of Services*.

- **Continuums of Services and Individualizable Services.** Many of the services available to children and families across the state are designed to encompass a full continuum of lengths and intensities of services. Examples include: the continuums of adult and youth mental health and substance use treatment services available through CSOC and NJ DHS, FCP's five models of home-visiting programming, the continuum of youth support programs, and the growing parenting support continuum of services. Additionally, DCF strives to provide programming that can also be individualized at the program level to best meet the needs of the caregiver or child. For example, the family's level of service at the SVS program is determined based on initial and ongoing assessments of family strengths and needs by a licensed clinician. In addition, DCF recognizes that consideration of age, development, and disabilities or special needs is critical to determining the most appropriate services for youth and families. In addition to ensuring that agency and provider staff are trained on these characteristics and how they impact practice, DCF has in place specialized consultants to support CP&P staff with assessment, planning and coordination to ensure families are set up with services that meet their unique needs. Examples include CHU nurses, Clinical Consultants, Early Childhood Specialists, and RDSs.

- **Developmentally appropriate and responsive services.** DCF offers services that are developmentally appropriate and responsive, including services that are responsive to the disability and special needs of the children and families served. Examples follow.

- **Programming for families with children of a certain age.** DCF offers both programming that is specific to children and programming for families with children of a certain age. Provision of services to a child can be very different than provision of service to an adult. As such, many of the state's available services are limited to children. For example, the mental and behavioral health services managed by CSOC, including IIC and IIH services, I/DD services, out-of-home treatment, substance use treatment, and more, are specifically for children. Likewise, DCF provides PEACE and TFCBT to children and youth who were exposed to domestic, family, or dating violence. School-based programming is based in either elementary, middle or high schools, and services offered are adjusted based on the age of children served. NJ4S targets children in sixth through twelfth grade, because of the differing needs of younger children. The Department's adolescent services, e.g., LifeSet, PACES, peer mentoring, and the youth housing continuum, are available to youth and young adults. Similarly, services for adults or for families can vary based on the age of the children in the home. For example, the Department's targeted home visiting programs and Connecting NJ services are specifically targeted for families with children up to age five.

The universal home visiting program is to families who welcome a newborn through birth, adoption, or resource home placement. The parenting support continuum of services includes models that are appropriate for varying ages, e.g., EPA can serve families with children of all ages, while BSFT focuses on families with children ages six to 17.

- **Services to Support I/DD Challenges.** DCF offers programming to support children and youth with I/DD, as well as their families. Highlights follow.
- **Statewide network of services and supports for youth with I/DD .** DCF's CSOC is responsible for I/DD eligibility determinations for all youth under 18 in New Jersey. CSOC and its system partners support families through the eligibility process, thereby affording youth and families access to a specific array of services designed to support youth with I/DD challenges and their families, including a network of IIH supports and services, family support services, e.g., respite and camp, and out-of-home treatment settings designed to support youth with I/DD needs and their families. In addition to the aforementioned developmental item and module, the CANS tool includes a medical item and module designed to identify youth with medical needs. Eligibility for individuals over 18, including life-long planning after age 18, is provided by the NJ DHS's Division of Developmental Disabilities.[200]
- **Youth with CP&P involvement and I/DD diagnoses.** CSOC and CP&P maintain close collaboration for all dually managed youth requiring I/DD support. This partnership includes a multi-disciplinary team approach that brings together all relevant system partners to coordinate planning and service delivery. Additionally, an I/DD is a qualifying factor for subsidy eligibility. The adoption subsidy provides a monthly payment to help the family in their care of the youth, along with New Jersey State Medicaid to meet their medical needs. The subsidy provided could be increased from a base rate to provide additional support in the management of increased challenges. Additionally, there are times when educational plans or medical insurance do not cover necessary items or services that the youth need. In these cases, additional funds can be accessed post adoption through special services subsidy for things such as medical equipment, therapies, medical care, and other needed items. There are also post-adoption flex funds that can be used to receive funding for things such as special summer camps or some other exceptional need. Many youth with I/DD remain in school beyond the age of 18 as long as they continue to attend school the subsidy will be extended beyond their 18th birthday to the age of 21. Each child receiving an subsidy has a subsidy worker assigned to them to help support the families with any matters pertaining to subsidy. They are available to assist families with requests for increased subsidy rates, special services subsidies, and flex funds.
- **Support for contracted workforce related to supporting youth with I/DD.** CSOC collaborates with experts in the I/DD field on training, consultation, and programming and routinely works with I/DD advocacy groups and Performcare. CSOC's Clinical Team offers clinical consultations to the contracted workforce that are designed to facilitate and support creative problem solving to meet the needs of vulnerable youth with complex behavioral health and/or I/DD challenges. In addition, CSOC contracts with the Boggs Center on Disability and Human Development and Autism NJ to provide targeted consultation for the workforce related to youth with intellectual and developmental disabilities experiencing system barriers to care and/or complex presenting needs. DCF also manages the NJCAP program, described in the previous section. NJCAP seeks to reduce children's risk of abuse, neglect and bullying by providing comprehensive prevention workshops for children, parents, and school staff. In addition to providing programming based on age, one program component focuses on the needs of children with I/DD who may lack the social, cognitive and/or language abilities to assert themselves, make informed decisions, understand consequences, and communicate when personal boundaries have been violated. The NJCAP special needs component is a five day in-classroom model. As with

[200] Division of Developmental Disabilities Home

other program curricula, the course goals, objectives, and strategies were developed by educators, psychologists, and other specialists in the field of special education.

- **Collection and analysis of family perspective.** DCF makes efforts to hear from families of children with I/DD. One example is the targeted family strengths and needs survey focused on parents of children with I/DD. Also, during the resource parent survey, DCF sought relevant information. Most resource parents agreed or strongly agreed that CP&P helped them meet the developmental needs of children in their care (Figure 59). Similarly, more than half of the resource parents agreed or strongly agreed that CP&P helped them meet the needs of children with a disability in their care (Figure 60.)

Figure 59. Resource Parent Survey Results, Responsiveness to Developmental Needs, n=551, Source: Resource Parent Survey

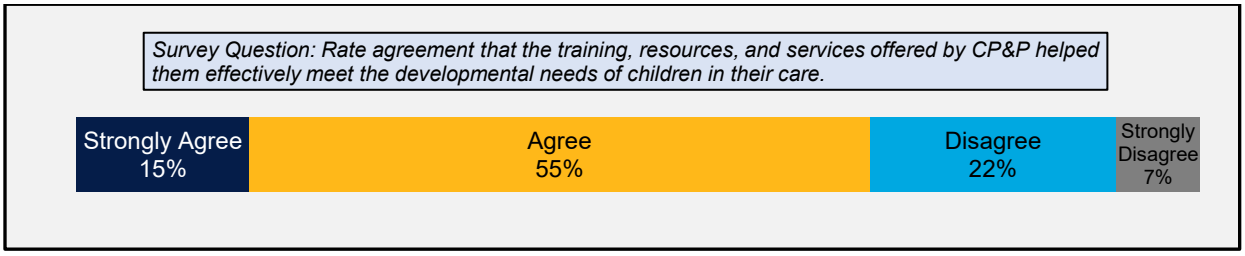
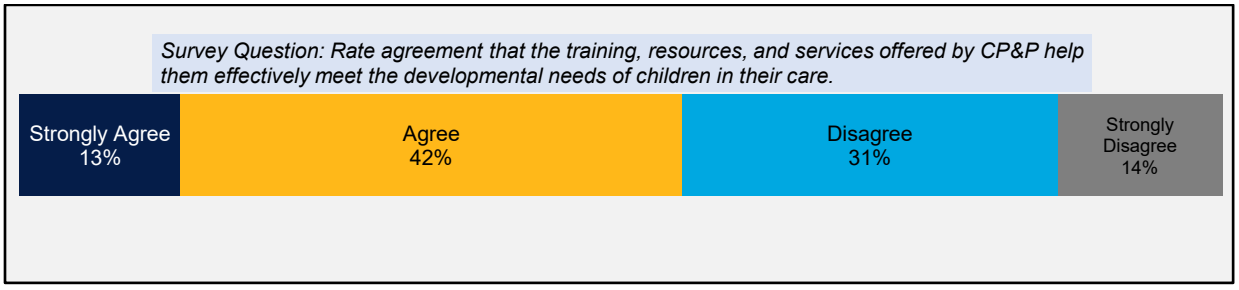


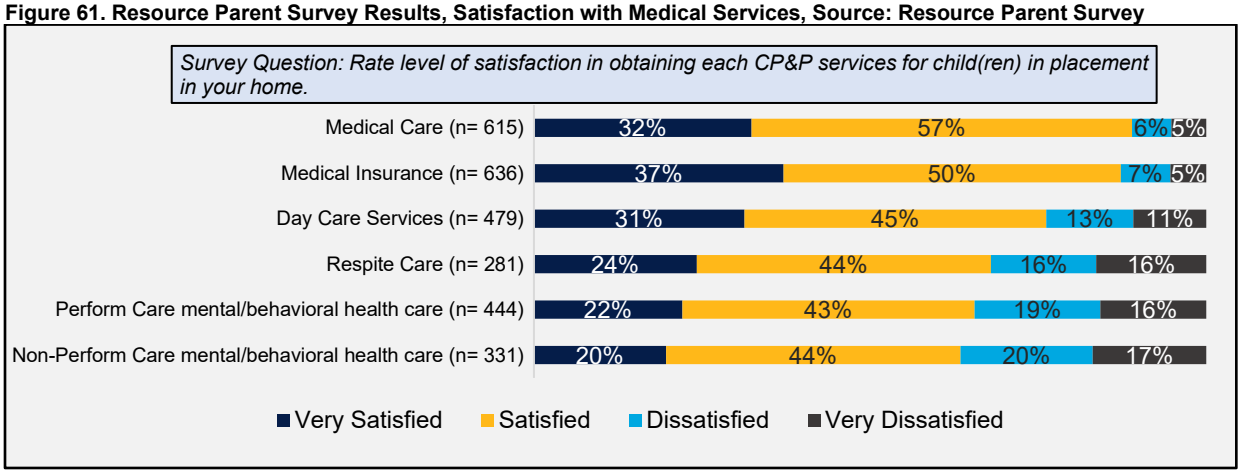
Figure 60. Resource Parent Survey Results, Provision of Services to Meet Needs of Children with Disability, n=403, Source: Resource Parent Survey



- **Appropriate and responsive health services.** DCF ensures that services that address children's physical and mental health needs are accessible to all CP&P-involved families. In addition to provision of medical insurance to children in out-of-home placement and the previously described CHU and CFNP programs, DCF makes available private nurses, as needed. Private nursing services consist of individual and continuous care provided by licensed nurses to an individual at home.[201] During the resource parent survey, DCF sought information on resource parent's satisfaction with the accessibility of services for various populations. About 90% of resource parents reported being satisfied or very satisfied in obtaining medical care for the children in their placement (Figure 61). For information on ensuring resource homes to care for children with complex needs, see Item 35, *Diligent Recruitment of Foster and Adoptive Homes.*

[201] CPP-IX-F-3-1135.pdf ,

Figure 61. Resource Parent Survey Results, Satisfaction with Medical Services, Source: Resource Parent Survey



- **Vendor Agreements and Uncontracted Resources.** When a CP&P local office identifies a need for a service that is not available, DCF policies and procedures allow for vendor contracts and the purchase of uncontracted resources.[202] A local office may request a vendor contract when the office identifies a need for a particular service to be generally available to any CP&P family, the number of units needed is indeterminate, and the service is unavailable via existing contracts or community resources. A local office may request use of an uncontracted resource when the office identifies a need for a particular service for a specific child or family that is not available through existing contracts or community resources.

- **Flexible Funding.** CP&P may access flexible funding and LOBA funding for the purposes of supporting children and families, keeping families together, preventing unnecessary out-of-home placement, facilitating family reunification and stabilizing and strengthening out-of-home placement.[203] Flexible funds are used to meet the unique needs of the child and family, whether the family is residing together, or the child is in out-of-home placement. Flexible funds may be used for child care, including respite, camp, and babysitting; adult or child transportation; clothing; educational expenses, including computers and parenting/training classes; enrichment activities, including membership fees, driving lessons, bicycle and safety gear, entertainment and games, school fees and supplies, sports fees, and vacation; food; furnishings and appliances, including beds and bedding supplies, furniture, home maintenance and upgrades, and utilities; luggage; medical and dental expenses, including eye care and therapeutic services; and other support services, including baby items, car seats, child safety, financial assistance, legal assistance, rent or mortgage assistance. In 2023, DCF expended approximately $12.7 5 million in flexible and LOBA funding (Table 48).

Table 48. Flexible Funding and LOBA Payments, 2023, by Service Type, Source: NJ SPIRIT via SORS annual report

Service	Amount Spent
Housing Related Services Total	4,347,869
Rent	3,257,336
Housing	602,612
Utilities	198,017
Security Deposit	181,886
Furniture	94,898
Other housing related items	13,121
Support Services	1,618,376
Transportation Related Services Total	1,311,174

[202] CPP-III-C-2-100.pdf (nj.gov), CPP-IX-F-1-150.pdf, CPP-X-A-1-3.3.pdf, CPP-X-A-1-3.3.pdf
[203] CPP-IX-F-1-400.pdf, CPP-IX-F-1-300.pdf

Service	Amount Spent
Transportation	1,259,774
Child Transportation	37,561
Car Seat and Bicycle Helmet	13,839
Clothing Related Services Total	1,255,802
Initial Clothing	557,048
Special Clothing	506,365
Clothing	188,277
Luggage	4,112
Childcare, including Respite Care	1,088,722
Independent Living, including food, clothing, rent, etc.	457,860
Food	368,074
Health Related Services Total	314,762
Medical/Dental	159,857
Health, including glasses, prescriptions, etc.	154,905
Additional Services Total: enrichment, personal items, education services, personal allowance, legal, vacation and hurricane related, miscellaneous, other	1,965,202
TOTAL	**12,727,841**

Quality and Accessibility of Services. As is described in Item 29, *Array of Services,* DCF has in place and regularly relies on processes to assess both (a) the alignment between statewide needs and the composition of the statewide service array and (b) how well DCF's existing service lines are functioning to meet constituent need. While information in both categories is critical to the full assessment of the state's service array and this Item, their descriptions are bifurcated between Item 29 and Item 30 to align with the instructions for this report. Descriptions of the efforts and key findings in the former category (category (a)), including review of administrative data on challenges faced by children and families, the family strengths survey, the targeted family strengths and needs surveys, the community and school needs indexes, and additional stakeholder engagement are included in Item 29. Descriptions of the efforts and key findings in the latter category (category (b)) are included immediately below.

- **Administrative and programmatic data collection and analysis.** DCF collects demographic data from clients and constituents through its administrative and programmatic data systems, as well as through surveys and other discrete forms of data collection. Analyses conducted within DCF routinely disaggregate data by different variables to understand how service delivery and outcomes may vary across sub-groups of individuals served. When conducting statistical analyses to assess the relationship between sociodemographic variables, outcomes, and service provision, DCF uses the best available statistical methods to ensure the Department is adjusting for potential confounders in order to identify where true disparities exist and should be intervened on.

- **CP&P CoQI Process.** As is further detailed in Systemic Factor C, *Quality Assurance System,* DCF utilizes a CoQI process to assess CP&P case practice with families, including the provision of direct and indirect services to children and families described in Item 29. Through the CP&P case record review, DCF examines the quality of CP&P's assessment of each family member involved in the case, evaluating whether there were ongoing and comprehensive assessments to determine individual needs and if interventions were aimed at meeting the identified needs. Additionally, the assessment of family indicator considers the integration of the families' dynamics, values, traditions, and beliefs into the overall assessment. As is seen in Child and Family Outcomes C, *Well-Being,* DCF's current performance on the referenced indicators are areas needing improvement or significant improvement.

- **Monitoring of Services.** As is further detailed in Systemic Factor C, *Quality Assurance System*, in 2023, DCF began monitoring its service lines through its OOM. The monitoring process allows DCF to continuously review service lines for differences in accessibility and

acceptability.[204] Monitoring includes an assessment of program standards and quality standards via service-specific questions and tools and a high-fidelity model. During tool development, people with lived experience with DCF and its services (PWLE) assess the importance of each AAAQ standard in measuring program quality and whether additional measures should be included in the tool. When monitoring is live, OOM staff conduct parent interviews and/or surveys to gather information on the quality of the services provided. For additional information on DCF's monitoring processes, including descriptions of the standards, see Systemic Factor C, *Quality Assurance System.*

- **Program Evaluation and Measurement.** DCF is committed to using evidence to drive decision-making, including decisions related to service needs and improvement efforts. The agency implements both internal and external program evaluations focused on understanding the implementation, outcomes, and impact of DCF's programs and services. Program evaluations range from formative to impact-focused and align with the specific program's phase of model development. At any given time, DCF is implementing over 40 evaluations of its programs and services with the goals of understanding the availability, accessibility, and quality of DCF services, assessing constituents' satisfaction with DCF's services, monitoring programmatic performance against key performance indicators, assessing the outcomes of DCF's services, generating data to fulfill state and federal reporting requirements, and producing actionable data that informs continuous quality improvement efforts. Findings from evaluations feed into a CQI process that is focused on understanding the strengths, challenges and opportunities for improvement. For additional information on DCF's approach to evaluation, see Systemic Factor C, *Quality Assurance System.* For detail on highlighted evaluation efforts, see Attachment C, *Program Evaluation Summaries.*

- **Stakeholder Engagement.** Through surveys, interviews, focus group discussions, listening tours, and councils, DCF routinely collects data from constituents and other internal and external stakeholders on their satisfaction and experiences with DCF. Examples of engagement with stakeholders follow:
- **Family Interviews.** As is previously described, DCF and Rutgers University YaFIT are partnering to conduct interviews with youth and families in different phases of engagement with CP&P. In 2024, 223 families from across 35 CP&P local offices participated in the interview process. Key findings related to service array follow. For additional information on the 2024 CoQI Family Interview Process, see Section III, *Assessment of Child and Family Outcomes, Well-Being*.

- Families highlighted the importance of timely and accessible service connections that address their unique needs, emphasizing that collaboration in determining the type, timing, and location of services can enhance engagement and strengthen case outcomes.

- Families described barriers to accessing needed services related to service availability, accessibility and eligibility requirements and emphasized that timely connections to providers are essential to supporting their progress toward permanency.

- **Satisfaction Surveys, Focus Groups and Interviews.** DCF deploys satisfaction surveys as part of discrete program evaluations to assess the extent to which services meet the needs of and are considered acceptable to program participants. Similarly, programmatic divisions deploy surveys, either directly through DCF or through providers, to families at the conclusion of service participation to collect data from constituents on their satisfaction and experiences with DCF services. For example, each month, CSOC delivers a Family Satisfaction Survey to all caregivers of youth who have transitioned from CMOs or MRSS during the prior month. In addition to items from the Mental Health Statistical Improvement Program survey that is required for federal reporting and grant compliance, the survey

[204] Factsheet31.pdf

includes items specific to DCF's service delivery, e.g., Likert scale items- "Overall, I am satisfied with the services my child received" and "My family got as much help as we needed for my child." As another example, DCF's universal home visiting program model includes a "Post Visit Connection" call, where families are asked not only about their Family Connects NJ visit, but also about their success in connecting to the services that their nurse home visitor referred them to. Focus groups and interviews are also used to gain deep qualitative feedback from youth, parents and stakeholders about their experiences with services particularly with a focus on areas for improvement.

Summary of Evidence Reviewed throughout Item 30, *Individualizing Services*:

- State statutes and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, Final APSR to the 2020-2024 CFSP, 2026 APSR
- Administrative Data, including data from NJ SPIRIT, SafeMeasures, Cyber
- Qualitative Data, including internal staff narratives, internal and external focus groups, CoQI case reviews, family interviews, monitoring process, staff and resource parent survey.

Systemic Factor F. Agency Responsiveness to the Community

Agencies should engage in 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 include their major concerns in the goals, objectives, and annual updates of the CFSP. In addition, agencies should 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. Systemic Factor F, *Agency Responsiveness to the Community,* is assessed through review of Item 31: *State Engagement and Consultation with Stakeholders Pursuant to the CFSP and APSR,* and Item 32: *Coordination of CFSP Services with Other Federal Programs.* Table 49 summarizes New Jersey's performance during Round 3 CFSR and its current assessment of functioning for this systemic factor and relevant items. DCF's analysis of Items 31-32 follows.

Table 49. New Jersey's Round 3 CFSR Performance and Round 4 CFSR Self-Assessment for Systemic Factor F and Items 31-32

[Systemic Factor F Item]	Round 3 CFSR Final Result	Round 4 CFSR Self-Assessment
Systemic Factor F. Agency Responsiveness to Community	Substantial Conformity	Substantial Conformity
Item 31: State Engagement and Consultation with Stakeholders Pursuant to the 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?	Area Needing Improvement	Strength
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?	Strength	Strength

Item 31. State Engagement and Consultation with Stakeholders Pursuant to the CFSP and APSR

Analysis. New Jersey has assessed the state's performance for Item 31: *State Engagement and Consultation with Stakeholders Pursuant to the CFSP and APSR* to be a strength. In implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with a wide array of stakeholders and includes their major concerns in the goals, objectives, and annual updates of the CFSP.

As is thoroughly detailed in Item 29, *Array of Services,* during the term of the current administration, DCF engaged in a comprehensive assessment and strategic planning process, which was aimed at building on agency strengths and developing solutions to areas needing improvement. This review included analysis of administrative data and needs assessment findings and direct engage of a broad range of constituents and professional stakeholders through listening tours, regional forums, needs assessments, and more. Participants included DCF staff, the Judiciary, attorneys for children and parents, DCF-contracted services providers for medical care, mental health, substance use disorder treatment, and services to survivors of domestic violence, advocates, county human service directors, leaders from state agencies administering other federal grants, as well as youth, families, women, men, and other individuals engaged in DCF's programs and services. For additional details on these processes and the key findings of each, see Attachment E, *2018-2020 Service Array Assessment Methodologies and Key Findings.*

Using the information gathered, in 2019, DCF finalized its multi-year strategic plan.[205] For information on the strategic plan, see *Introduction.* In late 2023 and early 2024, DCF's executive leadership revisited the strategic plan and affirmed its commitment to the previously identified vision, essential values, fundamental approaches, and transformative goals. Taking into consideration the most recent needs of constituents served by the child welfare system, leadership expounded on the previously identified goal to achieve service excellence. DCF views its strategic plan as the platform from which it develops and integrates various federal plans and funding streams, as well as state investments. As such, DCF's data-informed and consumer-driven strategic plan is the foundation of the five-year plans included in the state's 2020-2024 and 2025-2029 CFSPs and the associated APSRs.

Highlighted components of DCF's efforts to build and sustain meaningful collaboration and to directly engage stakeholders efforts are described throughout this section.

Authentic partnership with people who have lived experience. DCF uses innovative approaches to raise the perspectives of constituents and promotes authentic partnership through a commitment to shared leadership and co-design with people who have lived experience, whom DCF compensates for their contributions, to advance systemic change and transform DCF's services. Established in 2018 as the first office of its kind among public child welfare agencies nationwide, OFV was created to ensure that family voice is a core approach and a practice embedded in every aspect of the Department's work. OFV supports the Department's efforts to advance shared leadership and co-design with people who have lived experience to create and sustain systemic change for New Jersey's child and family serving system. OFV's approach to all of its work is grounded in an authentic engagement framework, using intentional co-design practices to ensure constituents have the information, tools, and access to be meaningfully involved in agency decision-making on critical issues. The partnerships described in this section are critical to DCF's vision for children and families and the resulting recommendations are integrated into DCF's strategic plan and the state's 2025-2029 CFSP and continue to be considered in all plan updates.

- **Constituent Councils.** DCF facilitates multiple constituent councils, including the Youth Council, D.A.D.S. Council, a Parent Council, and a Resource Parent Council. The councils, which are described below, work collaboratively with DCF leadership and staff to develop and implement recommendations to improve DCF's policies, practices, and programs. Using easy to understand materials, DCF recruits members for the councils through various mechanisms, including outreach through CP&P staff and attorneys and service providers who work directly with families; through existing council members as ambassadors; and via social media and information sessions. Council membership and waitlists are monitored to ensure that each council is comprised of men, women, and youth from all regions of the state, including underserved communities. Council members are prepared for participation by trained Engagement Specialists, who support their development in areas such as strategic sharing, advocacy, and their collaborations to improve and implement systemic changes that benefit families. In addition to training on various topics to inform, engage and empower prospective members, each council's orientation plan includes awareness-building around the Council's goals, approach, and engagement with the agency. Council meetings are facilitated by Engagement Specialists, who ensure that all voices are heard and that the discussion remains focused. The meetings are held at times determined by the members, typically evenings. Engagement Specialists also meet with council members on weekends if needed. Each Council identifies themes and develops a set of priorities and recommendations, which they present to Commissioner Beyer, DCF leadership, and across the Department. For example, in December 2024, the D.A.D.S. Council presented their priorities during a webinar attended by over 700 DCF staff. Their priorities relate to improving child welfare case practice and legal processes and the kinds of resources and supports that youth and families need. Following the establishment of priorities, collaborative workgroups comprised of council members and DCF staff are formed to allow council feedback to directly influence resulting improvements.

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

- **Youth Council.** Established in 2019 and fully operational in 2020, DCF's Youth Council consists of approximately 20 young people, ages 16-23. These members serve two-year terms bringing the voices of youth and alumni directly impacted by DCF's CP&P, CSOC and OOE to the forefront. The Youth Council's application and selection process ensures a pool of council members that reflects the characteristics of youth being served by DCF. The Youth Council is dedicated to implementing tangible changes that will improve the experiences of young people in foster care and those otherwise receiving services from DCF. The third Youth Council cohort began in January of 2024 and is actively pursuing its identified priorities. These include developing life skills and tools for sustainable independence for aging out youth, enhancing mental health supports and increasing transparency while the CP&P case is open.

- **Dads Achieving Dynamic Success Council**. The D.A.D.S. Council is a group of fathers who have experience with the child welfare system. This council works to enhance Department policies and practices and to empower fathers to make informed decisions on critical issues. The D.A.D.S. Council develops recommendations for DCF leadership to improve DCF's approach to engaging fathers, aiming to enhance the experience of fathers and father figures involved with the child welfare system. Fathers serve a term of two-years. Notable successes from the D.A.D.S. Council include the issuance of an administrative order on the importance of fathers and they successfully pushed for changes to DCF's collection of child support from parents whose children were in foster care. The D.A.D.S. council has also engaged the Children in Court Improvement Committee and advocated for a multitude of changes within the legal process. The D.A.D.S. council is currently working with CP&P on a new handbook that will be issued to families when they are first involved with CP&P.

- **Parent Council.** The DCF Parent Council, the newest addition to OFV, was launched in June 2024 and consists of 22 parents, from across New Jersey, each contributing their personal experiences with CP&P. After completing their orientation, the council crafted a mission statement and collaboratively established a set of departmental priorities, which they presented to the Commissioner in October 2024. Alongside setting these priorities, the parents have actively participated in initiatives aimed at improving child welfare services, e.g., development of a Parent Handbook. In 2025, the Parent Council plans to advance their priorities, including improvements to case transparency, the court and legal process, worker qualifications and training, domestic violence supports and resources both within and outside of the Department. Through their ongoing efforts and advocacy, the Parent Council aspires to make a meaningful impact on the policies and practices of CP&P, ensuring that family voices are effectively heard and integrated into the system.

- **Resource Parent Advisory Committee.** In March 2024, DCF kicked off its RPAC, consisting of two licensed resource parents from each of New Jersey's nine CP&P catchment areas, representing both kinship and non-kin caregivers. This Committee's goal is to strengthen the partnership and communication between DCF and resource parents to collaboratively achieve the best outcomes for children in out-of-home care. The Committee, which meets monthly, will propose and work towards viable solutions and will act as liaisons, sharing information with resource families in their areas.

- **Lived Experience Expert Partnership.** DCF developed LEEP to support and ready constituents to serve as lived experience expert consultants on various projects across the department. The goal of LEEP is to ensure that the people most affected by DCF policies are meaningfully involved in all efforts to improve policy, practice, and programs to best meet the needs of families. LEEP consultants, who have lived experience with DCF services, receive compensation, training, preparation, and coaching to work shoulder to shoulder with staff from DCF's divisions or offices. The partnership soft launched in May 2024 after co-designing critical program elements, including the recruitment and hiring process, on-boarding plan, guidelines, project tools and standardized processes. Nine

LEEP consultants, consisting of both youth and parents, completed onboarding and are currently serving as consultants on projects. Consultants bring their knowledge and expertise to decision-making processes, projects teams and initiatives. LEEP Managers support matching between consultants and projects, preparation and coordination with DCF project leads, project monitoring and debriefing at the conclusion of projects. The Partnership is now being enhanced through CQI in preparation for full implementation and expansion in 2025.

- **Integration of family voice and leadership in program development and improvement.** DCF creates opportunities for families to influence programming from the onset of program development. During procurement, DCF includes both parents and youth as part of evaluation teams for new program launches, e.g., Family Connects NJ, NJ4S, EnlightenMENT, SVS, and BSFT. DCF relies on constituent input to inform program design and implementation. For example, in building the new parenting support continuum of in-home family support services, DCF conducted a statewide constituent survey to inform the program's design and service delivery approach. Questions included the most important functions for new services, their prior experience with service providers, and their expectations for service delivery. DCF incorporated feedback and suggestions from this constituent survey throughout the program model and within provider partner expectations. As a second example, DCF involved youth with lived experience with CP&P in the development its 2025-2029 John H. Chafee Foster Care program (Chafee program). DCF is also collaborating with community members to co-design a family and community-driven model to transform child welfare and eliminate the need for non-kin foster care through its Powerful Families, Powerful Communities initiative.

- **Elevating the voices of constituents through continuous quality improvement.** The family voice is a critical component of understanding the impact of the agency's work in the lives of children and families and can inform key areas of strength to be replicated, as well as those areas identified for enhancement. As such, DCF also elevates the voices of constituents and PWLE through its CQI efforts.

- **Interview Processes.** For example, the CoQI family interview process helps inform the improvement plans developed at the CP&P local office level and assist CP&P in understanding the quality of interactions with families and whether the agency is supporting them in achieving their outcomes. Likewise, in addition to designing the monitoring process with input from PWLE, as described in Systemic Factor E, *Service Array and Resource Development,* DCF's OOM collects input from participants in DCF's contracted, community-based services through one-on-one interviews aimed at exploring participants' overall satisfaction with services and the extent to which they are perceived as available, accessible, acceptable, and delivered with high quality.

- **Program Evaluations.** In order to ensure that services meet the needs of constituents, DCF conducts internal and external program evaluations focused on implementation and outcomes of service delivery. Evaluations use mixed methods including in-depth interviews and focus group discussions with service participants to assess participants' satisfaction and experiences with DCF services.

- **Surveys and other forms of data collection.** DCF undertakes surveys and other forms of information gathering, some at regular intervals and some ad hoc as needed, to ensure constituent needs are embedded within Department decision-making and planning. For example, DCF disseminates and analyzes an annual resource family customer service survey, conducts exit interviews with resource parents who indicate an intent to close their home due to a negative experience, and hosts local town-hall style events throughout the state on a quarterly basis to elicit feedback from resource families. DCF uses feedback from these efforts to enhance policies and practice, both on the local and statewide level, to improve resource parent experience and outcomes for children in care. Other examples

include staff and stakeholder surveys or focus groups on various topics, satisfaction surveys, and more.

- **Engaging with families with a family member with a disability.** Both in its role as the state's child protection and welfare agency and as the lead agency for provision of services to children with I/DD, it is critical for DCF to hear and incorporate the voices, perspectives and experiences of families who have or are currently faced with I/DD challenges of a family member. CSOC leadership attend bimonthly meetings, which are scheduled outside of business hours to provide more convenience to PWLE, with representatives from each of the Regional Family Support Planning Councils (RFSPC), which operate under the direction of the New Jersey Council on Development Disabilities (NJCDD). The state's ten RFSPCs provide a venue for parents and family members of people with developmental disabilities to exchange knowledge and information about available family support services. RFSPC members advise state agencies on how they can best meet the needs of families and individuals with developmental disabilities. Councils generally meet monthly and may have up to 11 voting members. Meetings are open to the public and families are welcome to attend. CSOC staff also attends the NJCDD's Children and Youth Subcommittee's monthly meetings to hear about the needs of children and youth and to provide relevant updates related to DCF's services and initiatives. Performcare, CSOC's Contracted System Administrator, also convenes a family group inclusive of family members with youth with I/DD needs. Ongoing collaboration with these groups allows CSOC to tailor its service array, including family support services, based on direct input from families.

- **Office of Advocacy.** DCF operates an Office of Advocacy (OOA) to serve as a constituent relations call-center. OOA allows DCF-involved families to contact the Department to inquire about case practice and other concerns they may have for the services their family is receiving. OOA works collaboratively with the DCF's direct service divisions, as well as the Governor's Office, Office of the Attorney General, and other state departments, to seek resolution of families' concerns. In addition, OOA tracks calls in a database and analyzes feedback and identifies trends in requests for assistance to inform system changes within New Jersey's child- and family-serving system.

Engagement of and consultation with professional stakeholders. DCF recognizes that its efforts to advance and adjust the strategies included in its strategic plan, its 2025-2029 CFSP, and other federal plans will only succeed if effective collaborations with professional stakeholders, including providers, the courts, sister agencies, and other child and family serving agencies, are built and sustained.

- **Ongoing Partner Forums**. Beginning in Fall 2018, DCF began regularly convening three regional forums, one each in the northern, central, and southern regions of the state. During early forums, DCF described its emerging focus on prevention and family strengthening and sought varying perspectives on achieving DCF's vision. DCF continues to hold biannual regional or statewide virtual forums, bringing together hundreds of critical stakeholders for continued dialogue on DCF's initiatives and approaches. These ongoing events provide an opportunity for any stakeholder to hear directly from key leaders about the progress of the Department and provide unedited feedback for integration into DCF's strategic and federal plans.

- **Planning and Coordinating Bodies**. DCF continues to support and participate in planning and coordinating bodies, including, but not limited to, Children's Inter-Agency Coordinating Councils (CIACC) and HSACs.

- **Children's Inter-Agency Coordinating Councils.** CIACCs are county-based, child-focused partnerships for providers, schools and other child-serving entities. CIACCs advise DCF on the functioning of an accessible and integrated system of care for children and young adults with mental or behavioral health challenges or I/DD. Elevating youth and

family voice and participation on CIACCs is a priority, allowing DCF to receive feedback directly from professionals as well as service users. CIACCs complete annual surveys that are then compiled into Annual Findings and an Annual Report. These reports into data findings that show if and how major concerns are being addressed.

- **Human Service Advisory Councils.** HSACs are county-based partnerships that enable representatives of local government, volunteer agencies, providers, consumers, consumer advocates and municipalities to coordinate efforts to improve the quality of human services. In addition to regular operations at the county level, county coordinators and chairs regularly convene at the state level to discuss statewide trends, needs and initiatives. DCF participates at county and statewide levels, using information learned to inform local efforts, as well as statewide planning.

- **State-level Multidisciplinary Task Forces, Citizen Review Panels, and Other Advisory Groups**. DCF routinely employs statewide multidisciplinary advisory groups to inform and support major initiatives at the system level. Some of these boards are "in, but not of" DCF, whereas other boards are independent of DCF. These boards provide feedback on services from varying perspectives, advise on challenges or barriers to delivering or accessing programming, and strengthen connections with partners. DCF incorporates the strategic priorities and recommendations from these groups into its strategic and federal planning efforts. Highlights follow.

- **New Jersey Task Force on Child Abuse and Neglect**. The NJTFCAN studies and develops recommendations regarding the most effective means of improving the quality and scope of child protective and preventative services provided or supported by state government.[206] The Task Force is comprised of 30 volunteer members that are broadly representative of the community, ranging from child protection representatives and law enforcement to advocates for children and parents. Each year, the NJTFCAN and DCF host an annual conference attended by hundreds of stakeholders from various disciplines of the child strengthening system. This conference provides information on various topics and includes components of critical discussion among participants, as well as information gathering activities, e.g., surveys. The NJTFCAN publishes three-year strategic prevention plans and issues annual report, which includes recommendations on DCF's operations.[207] Likewise, the SORS subcommittee of the NJTFCAN reviews DCF's practice in specific practice areas and generates an annual report.[208] Both NJTFCAN and SORS serve as citizen review panels. DCF incorporates recommendations from these groups into all planning exercises. In 2024, the NJTFCAN undertook a three-year assessment related to the Children's Justice Act, generating multiple recommendations for NJTFCAN and DCF. To review the recommendations of the three-year assessment, see DCF's 2024 and 2025 CJA grant annual reports and applications.

- **New Jersey Child Fatality and Near Fatality Review Board.** The CFNFRB reviews child fatalities and near fatalities to identify causes, relationship to governmental support systems, and methods of prevention.[209] Multidisciplinary membership aligns with best practice recommendations from the National Center for Fatality Review and Prevention and consists of ex-officio members and six public members with expertise or experience in child abuse appointed by the Governor, including representation from pediatrics, law enforcement, NJ DOH, social work, psychology, and substance use treatment. Two subcommittees, Sudden Unexpected Infant Death and Suicide, as well as three regional, community-based review teams operate under the aegis of the CFNFRB. Their composition mirrors that of the CFNFRB. The CFNFRB also functions as a citizen review panel and conducts monthly meetings. The CFNFRB looks for barriers, determines

[206] N.J.S.A. 9:6-8.75, DCF | New Jersey Task Force on Child Abuse and Neglect (NJTFCAN)
[207] NJTFCAN-Report-2025.pdf
[208] 2024-sors-report.pdf
[209] N.J.S.A. 9:6-8.88, DCF | Child Fatality and Near Fatality Review Board

whether current protocols and procedures should be modified, identifies new resources that may be needed, and analyzes challenges initiated by other systems in which the family was involved, such as medical, mental health, substance abuse, law enforcement, and education.

- **The Chafee Advisory Group.** DCF administers and supervises the implementation of the State's Chafee program and plan across the state.[210] The Chafee Advisory Group (CAG) informs, guides and tracks progress in the execution of this program. The CAG is made up of approximately 20 members, including youth with lived experience and cross-disciplinary stakeholders who work with adolescents. For additional information on DCF's 2025-2029 Chafee Plan, see DCF's 2025-2029 CFSP and 2026 APSR.

- **New Jersey Youth Suicide Prevention Advisory Council.** The New Jersey Youth Suicide Prevention Advisory Council is in but not of DCF and was established by statute in 2004.[211] The council consists of 18 members from state government and public members appointed by the Governor, the President of the Senate, and by the Speaker of the General Assembly. The purpose of the council is to examine existing needs and services and make recommendations to DCF for youth reporting, prevention, and intervention. Further, the council seeks to educate youth and families at risk about the resources available for suicide prevention and post intervention, and to reduce the overall incidents of suicide throughout the state.

- **Program-level and Local Multidisciplinary Advisory Groups.** DCF requires many of its service networks to operate or participate in program-level and/or local advisory board. Examples include the following.

- **Home Visiting Workgroup and Advisory Boards.** The Statewide Home Visiting Workgroup provides input, coordination, and guidance in the implementation of New Jersey's network of evidence-based home visiting. Workgroup participants include DCF,NJ DOH, and other state agency representatives and stakeholders, the United Way, private funders, local level stakeholders, and more. Represented sectors include TANF, child welfare, maternal and child health, addictions, and early childhood education. Also, Family Connects NJ, New Jersey's universal home visitation program, includes state and local level advisory boards that include parents and are conducted in conjunction with each county's CNJ hub.

- **New Jersey Statewide Student Support Services Advisory Group and Local Advisory Boards.** DCF convenes a NJ4S Advisory Group to inform the implementation of this new network. The advisory group includes representatives from DCF, NJ DOE, DHS, the National Alliance on Mental Illness NJ, key education associations, e.g., educators, principals, superintendents, prevention agencies, parent advocacy organizations, as well as elected officials and/or their staff. Additionally, NJ4S requires each hub to have local advisory boards, including parents and youth from the school districts served. FSCs also have local advisory boards to inform the programming for each FSC site.

- **Child Advocacy Center Multidisciplinary Team Advisory Board.** Interagency coordination related to the state's network of Child Advocacy Centers (CAC) support strengthened investigations of child abuse and neglect. CACs are child-friendly settings to coordinate investigation and response between law enforcement, child welfare investigators and medical and mental health providers. The CAC Multidisciplinary Team Advisory Board comprehensively plans for and evaluates the effectiveness of the state's network of CACs and focuses on the promotion of professional standards of quality in

[210] DCF | DCF Office of Adolescent Services 2020-2024 Chafee Plan
[211] N.J.S.A. 30:9A-25

CACs.[212] For additional information on CACs, see "Interagency Initiatives," below. Last, the infant child health subcommittee of the New Jersey Council for Young Children, the state's early childhood advisory committee, promotes alignment and facilitation of access to New Jersey's network of early childhood services, which are offered through multiple state departments and their community partners. Parents and caregivers also participate in this group.

- **Parent Support Continuum Provider Council Participation.** Rather than creating an additional board, providers within DCF's parenting support continuum are required to participate in local a community advisory council or and to facilitate parent cafes and parent groups as opportunities to consult with parents to understand their needs.

- **Prevention of Sexual Violence.** DCF hosts bi-monthly stakeholder meetings with its contracted providers of sexual violence prevention services to discuss identified needs, challenges and share resources and promising practices. DOW also provides a space for providers to meet with each other to share challenges or barriers they have encountered as well as promising practices. DCF collects and analyzes information from these discussions, stakeholder meetings, and other data collection tools and surveys to inform its strategic priorities and state planning efforts. Some of these areas of need have included: housing, medical and health advocacy; legal assistance; employment assistance; and financial advocacy.

- **Direct support to providers.** DCF's direct service divisions provide regular support to providers within their managed networks. For example, FCP Program Specialists oversee the planning, implementation, and monitoring of assigned prevention programming and provide consultation and technical assistance to implementing agencies. Throughout the contract term, they manage communities of practice, e.g., quarterly meetings; email communications; annual conferences to learn from each other; collective problem solving among providers. Program staff with DOW analyzes data tied to its funded provider network for trends, themes and needs, subsequently providing individually crafted and specially tailored technical assistance to ensure comprehensive support and service. Staff carries out technical assistance either on virtual platforms or in-person and can be on an individual, regional or statewide level.

- **Partnership with the Judiciary, Legal Partners, and Law Enforcement**. DCF has strong partnerships with the Judiciary, the attorneys that represent the agency and parents and children involved in CIC litigation, and other legal stakeholders. Highlighted efforts follow.

- **Children in Court Improvement Committee.** The CICIC is comprised of judges, attorneys, advocates, representatives from the juvenile justice and children's behavioral health care systems, and CP&P. The CICIC, which is staffed by officials from the AOC makes recommendations on the State's Court Improvement Program. DCF is represented in this committee by the Assistant Commissioner of CP&P and the Director of the Office of Legal Affairs, or their surrogates. Through this partnership, DCF and the Judiciary have successfully collaborated on the completion of the Round 3 CFSR PIP and planning for Round 4 CFSR, share information on strategic priorities, coordinate joint initiatives and training events or conferences, and are, together, monthly examining system performance data with judicial stakeholders. DCF and the CICIC now include OFV council members in court events and the development of court policies and practices. The CICIC represents an ongoing opportunity to continue to engage and partner with judicial stakeholders in discussion of strategies and performance as the CFSP is carried out.

- **Children in Court Advisory Committees.** Each county in New Jersey has a local Children in Court Advisory Committees (CICAC) that meets quarterly to focus on localized court

[212] DCF | The Child Advocacy Center - Multidisciplinary Team Advisory Board

practices. CICACs are comprised of representatives from the Judiciary, CP&P, the Attorney General's Office, the Office of the Law Guardian, the Office of Parental Representation, and Court Appointed Special Advocate organizations. CICACs review data, share information about new and ongoing initiatives, discuss the availability of services, and resolve conflicts related to local court procedures.

- **Juvenile Detention Alternative Initiative.** The Juvenile Detention Alternatives Initiative (JDAI) was developed in response to national trends reflecting a drastic increase in the use of secure detention for juveniles despite decreases in juvenile arrests. JDAI provides a framework of strategies that help reduce the inappropriate use of secure juvenile detention, while maintaining public safety and court appearance rates. DCF has been a partner on the state and local levels collecting and analyzing data while collaborating with the AOC, Youth Justice Commission (YJC), described below, and local system partners to identify alternatives to detention. In addition, DCF has partnered with other state agencies to develop coordinated services that maximize the opportunity for children and families served through multiple state and federal programs to receive more holistic support. DCF staffs a liaison to the juvenile justice system to maintain a collaboration relationship aimed at problem solving, dissemination information, identifying pressing issues, recommending policy, and enhancing access and services for New Jersey youth and families.

- **Youth Justice Commission.** In December 2021, the YJC, through the Office of the Attorney General, issued a Restorative and Transformative Justice for Youth and Communities Pilot Program to develop an innovative restorative and transformative continuum of care in four of New Jersey's largest municipalities: Camden, Newark, Paterson, and Trenton. Pursuant to P.L. 2021, c.196, each of the four identified municipalities currently have a restorative justice hub that provides community-based enhanced diversion and reentry wraparound services. DCF partners with the YJC and these local communities through data sharing and analysis, identification of service gaps, and reciprocal referrals across these systems.

- **New Jersey Council on Juvenile Justice Systems Improvement.** DCF is a member of the New Jersey Council on Juvenile Justice Systems Improvement (CJJSI), a partnership between the YJC and the Judiciary. Multidisciplinary members include judges and court staff, probation officers, law enforcement, attorneys, advocates for youth, representatives from DCF and its sister agencies, and more. The CJJSI, which meets monthly and operates a number of subcommittees, uses the core strategies of JDAI, above, to examine juvenile justice in New Jersey systemically and to promote strategies that improve outcomes for youth, from arrest through adjudication and disposition. Focuses include detention reform, diversion of youth from formal systems, probation enhancements and transforming YJC's agency practice. DCF's participation provides the ability to identify and solve challenges that arise for youth that are dually involved in the juvenile justice, child welfare and/or behavioral health systems.

- **Consultation and Coordination Between States and Tribes**. There are no federally recognized tribes located within the geographic boundaries of New Jersey; however, three tribal nations have state recognition: the Nanticoke Lenni-Lenape Indians, Powhatan Renape Indians, and Ramapough Lenape Indian Nation. DCF may provide services to children that are members of these tribes, as well as to children that currently reside in New Jersey but are members of, or eligible for membership in, tribes outside of New Jersey. New Jersey seeks to appropriately identify and serve Native children within the requirements and spirit of ICWA, regardless of their tribal affiliation. New Jersey continues to build collaborative relationships with indigenous communities throughout the state. Representatives from DCF's Office of Legal Affairs and the Office of Interstate Services participate in bimonthly meetings with the New Jersey Commission on Indian Affairs, representatives from other state agencies, and members from each of New Jersey's three recognized Indian nations, providing DCF with opportunities to share information about

DCF's initiatives and resources, learn about the needs of these communities, foster relationships and identify areas for collaboration and coordination.

Listening Session Insights: Collaboration and Communication with and by DCF

Where have you seen successful collaboration between DCF and your agency or community? In what ways has [a group you are involved in] been effective or ineffective in facilitating collaboration with DCF? How are you typically informed about changes that occur because of community feedback? How well does the agency inform the public about changes and initiatives? How can DCF improve access to our current channels for feedback and collaboration?

Participants	Themes
DCF leadership, judiciary, law enforcement and legal partners, reps. From sister agencies and advocacy groups, health and mental health professionals, county human service coordinators, and parents, youth and resource parents with lived experience with DCF who participate in the CICIC, NJTFCAN, SORS, and the DCF Youth, Parent, and D.A.D.S. Councils.	**DCF is employing effective forums for collaboration.** Many participants indicated forums that they participate in support effective collaboration and provide space for issues to be heard by and discussed with DCF. Meetings have been perceived as intentional collaboration rather than mere reporting out. **Collaboration can still be further improved.** Participants shared that collaboration can be further improved by continuing the shift towards conversation instead of just sharing of information. In addition, it would be beneficial to have more participants and partners involved and consistently attending. **DCF could improve public communication.** Participants reported that DCF's public communication about initiatives, as well as programs and services, has room for improvement.

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

To maximize DCF's stakeholder and public engagement and reach about the Department's programs and services, the DCF's Office of Communications and Public Affairs utilizes metrics and feedback from the Department's social media channels, as well as insight from stakeholders, its network of providers and community members, individuals and families, to determine which messaging is most resonant with key demographics.

Addressing the major concerns of stakeholders through federal plans. DCF acts on the major concerns of all of the groups above and others, using data and stakeholder feedback to inform all of the priorities included in its strategic plan, programmatic decisions, and federal plans. Below, DCF highlights actions that are demonstrative of DCF's commitments to addressing the concerns of constituents, putting ideas into action, and coordinating efforts across plans.

- **Mandated reporting and SCR practices.** Based on the recommendations of constituents, including youth and families and the NJTFCAN and its subcommittees, DCF is undertaking efforts to change mandated reporting practices and engage stakeholders outside of the child protection system. Efforts include engagement of a consultants to guide on mandated reporting and SCR practices, partnership with Rutgers University to create a new mandated reporting training, and the use of geospatial risk analysis and strategic alignment of community initiatives through DCF's Predict Align Prevent initiative. Each of these efforts are being done in partnership with state and local stakeholders from a variety of disciplines.

These efforts are included directly as Goal 1, Objective 1 and Goal 2, Objective 2 of DCF's 2025-2029 CFSP.

- **Awareness of Services.** Through the HSAC needs assessment process, as well as other forums inclusive of both professions and consumers of services, DCF identified a need to improve awareness of available services and how to access them. In 2023, DCF invested in improvements to NJ 211's publicly available web search tool, leveraging input from constituents and service providers. In 2024, DCF invested in a statewide marketing campaign to ensure that constituents, as well as those positioned to help constituents, e.g., social workers, medical providers, clergy, etc., are aware of the availability of the NJ 211 network. DCF also now requires contracted providers to maintain updated NJ 211 listings. These efforts are included as Goal 1, Objective 2 of DCF's 2025-2029 CFSP. DCF also has engaged in comprehensive outreach and marketing strategies for CSOC, NJ4S, Family Connects NJ, and CNJ (the latter in partnership with DOH).

- **Prevention Services.** Stakeholders in nearly all groups and from across the state have emphasized a need for additional prevention services and strengthened provision of services prior to a family becoming involved with the child protection system. DCF has built this emphasis into its strategic plan, its 2025-2029 CFSP, and its FFA five-year plan. In addition to maintaining and even expanding its already existing prevention networks, e.g., FSCs, evidence-based home visiting, and KFT, DCF launched new prevention programming, including Family Connects NJ and NJ4S. Implementation of new programming continues to be informed by stakeholders from across the state. These efforts are included in Goal 2, Objective 1 of DCF's 2025-2029 CFSP. Highlights are described in "Improvements to Service Array," immediately below.

- **Improvements to Service Array.** As was detailed in Item 29, beginning at the onset of the administration and occurring continually since then, stakeholders helped DCF identify necessary improvements and additions to the Department's service array. Identified needs included, among others housing, increased and improved capacity in social services for CP&P involved families, post-adoption services, more evidence-based services, and individualized approaches to service provision. Efforts to meet these needs are summarized below and all are included in DCF's 2020-2024 CFSP, 2025-2029 CFSP, DCF's Round 3 PIP, DCF's FFA five-year plan and/or other federal plans. For additional information on the programs highlighted below, see Systemic Factor D, *Service Array and Resource Development.*

- **Launch of New Jersey Student Support Services.** Launched in 2023, NJ4S provides evidence-based mental health services, prevention and support to students and families in three tiers of services.

- **Expansion of Keeping Families Together.** Since the Round 3 CFSR, DCF has tripled the size of *Keeping Families Together,* its supportive housing program for child welfare involved families,

- **Implementation of Supportive Visitation.** DCF stood up a statewide therapeutic visitation program, Supportive Visitation Services, making available a continuum of visitation services ranging from least restrictive to therapeutic.

- **Launch Universal Home Visitation.** Family Connects NJ offers free, voluntary nurse-led home visits to all families with newborns, including adoptive and resource families.

- **Integration of Motivational Interviewing into Existing Service Lines.** DCF incorporated Motivational Interviewing into FPS and KFT service networks to increase program efficacy.

- **Pilot of In-Home Recovery Program.** IHRP provides trauma-informed, in-home treatment, with support from universities, aiming to improve recovery, child safety, and family stability.

- **Development Adoption and Kinship Legal Guardianship Clinical Services**. The AKLGCS program, which launched in 2023, provides in-home, evidence-based therapy to youth and their adoptive or kinship families.

- **New Youth Mentoring Program.** DCF's peer-to-peer mentoring program, EnlightenMENT, provides young people in the care of CP&P with peer support through trained professional staff and credible messengers who themselves have lived experience in New Jersey's child welfare system.

- **Future Parent Support Continuum.** DCF is in the process of adding three statewide, evidence-based service lines to its family support service array for child welfare involved families: Brief Strategic Family Therapy, Triple P, and Intercept. These services will launch in fall of 2025. Together with FPS and recently launched EPA services, these models will make up a full continuum of parent support services.

- **Enhanced CP&P Case Practice Model.** DCF enhanced its CP&P CPM with SBC and expects case-carrying staff to rely on its tenets in all interactions with families. SBC is designed to help caseworkers better understand the family system and develop plans for change that are grounded in the family's daily routine and their unique network of supports.

- **Enhanced Departmental Capacity to Manage Improvements to Service Array**. As is summarized below, DCF is investing in departmental capacity to manage improvements to the service array.

- In order to effectively attend to effective implementation of evidence-based programs that achieve strong outcomes, DCF established and/or expanded several operational offices to lead, coordinate and facilitate implementation activities, allowing the programmatic offices to focus on oversight of the provider network. DCF expanded the staffing of OSD, for which the work is rooted in principles of implementation science and project management, to shore up DCF's ability to simultaneously manage large implementation efforts to fidelity across multiple service lines. OSD has supported the improvement of purchased services by partnering with DCF programmatic Divisions and operational offices in the identification, procurement, and implementation of new evidence-informed services, including but not limited to, youth housing, mentoring, domestic violence, and post-adoption services. DCF also created a new portfolio of ASI, expanding its ability to provide quantitative and qualitative information for the department to measure and support organizational performance. Lastly, DCF created OOM, dedicated to conducting participatory, annual quality assessments of DCF's purchased services. The work of OSD, ASI, and OOM is included in Goal 2, Objective 2 of DCF's 2025-2029 CFSP.

- DCF also reorganized and expanded its divisions for improved programming. For example, in 2021, DCF expanded the scope of its FCP to encompass community-based services for families *without* child protection involvement and services for families *with* open child protection cases. DCF consolidated management of DCF's housing programs for families engaged with CP&P and for youth in foster care within FCP. To manage this expanded portfolio, DCF created two offices within FCP: the Office of Housing and the Office of Family Preservation and Reunification. DCF also created new capacity within the agency to ensure trauma-informed programming. In 2020, DCF created OOR to host, coordinate and facilitate statewide initiatives related to raising awareness of and creating opportunities to eradicate ACEs through grassroot and community-led efforts, technical assistance and strategic support for organizations already pursuing this work. Ensuring trauma-informed care was included in DCF's strategic plan.

- **Recommendations from People with Lived Experience.** Recommendations of the constituent councils have become a part of DCF's strategic plan, 2020-2024 and 2025-2029 CFSPs and Chafee Plans, DCF's Round 3 CFSR PIP, and other federal plans. Noteworthy accomplishments include enactment of the Sibling Bill of Rights legislation, creation of EnlightenMENT, and overhauling the New Jersey Youth Resource Spot website as a resource for young people seeking information on services or assistance in navigating common life skills situations facing young adults and increased and better tracking of practices with fathers.

Summary of Evidence Reviewed throughout Item 31, *State Engagement and Consultation with Stakeholders Pursuant to the CFSP and APSR*:

- State statutes and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, Final APSR to the 2020-2024 CFSP, 2026 APSR
- Administrative Data, including data from NJ SPIRIT, SafeMeasures, Cyber
- Qualitative Data, including internal staff narratives, internal and external focus groups, CoQI case reviews, family interviews, monitoring process, staff and resource parent survey.

Item 32. Coordination of CFSP Services with Other Federal Programs

Analysis. As is set forth in the Introduction, DCF believes that successful service provision to families and children, including those services provided under the CFSP, depends both on efforts led by DCF, as well as those in which DCF exists *as a partner*. Family strengthening efforts also include those made by DCF's sister agencies, families and youth, the courts and legal partners, provider agencies, educational partners, law enforcement, healthcare partners, and many more. Together, these collaborative efforts have the potential to offer a very powerful network of support to New Jersey's children and families. In this section, DCF summarizes highlighted coordination between DCF and other programs and agencies, many of which are federally assisted.

Coordination among systems related to physical, mental, and behavioral needs of children are met. CSOC develops and administers programs that deliver quality prevention, intervention, primary care, and healthcare management services to promote the safety and well-being for children and families. Highlights of coordination efforts related to physical, mental, and behavioral health needs follow.

- **Medicaid coverage for children in out-of-home placement.** As described in Section III, *Assessment of Child and Family Outcomes*, *Well Being,* and Systemic Factor E, *Service Array and Resource Development,* CP&P is responsible for ensuring that the physical and mental health needs of children in out-of-home placement are met. CP&P staff coordinates with the NJ DHS' Division of Medical Assistance and Health Services (DMAHS), the single state agency, to ensure enrollment in Medicaid and a seamless transition of pre-existing services Medicaid recipients are enrolled in Managed Care Organizations for care management and continuity of care.

- **Medicaid coverage for young adults and the continuity of coverage initiative.** DCF provides Medicaid coverage to former foster youth until the age of 26. Additionally, through DCF's continuity of coverage initiative, Medicaid is offered to eligible young adults formerly in foster care who move to a new state and who have turned 18 on or after January 1, 2023.

- **Medicaid coverage for youth mental and behavioral health services.** DCF also partners with DMAHS to provide structure to and fund the array of treatment and support services for youth with behavioral health, substance use, intellectual and developmental disabilities. For information on available services, see Systemic Factor E, *Service Array and Resource Development*, Item 29, *Array of Services.* The collaborative funding structure includes both Medicaid State Plan Amendments and Waiver programs that include eligibility, provider enrollment, and supporting clinical criteria. To support CSOC service provision for non-Medicaid eligible youth and seamless claims and data systems, DCF, DMAHS and Medicaid worked together to identify a process for all claims to be paid through

the Medicaid fiscal agent, regardless of eligibility, as well as interoperable data systems. CSOC coordinates with its CSA and Medicaid ensure that youth do not receive duplicate authorization for services through prior authorization, utilization management and claims submission processes.

- **Children's Support Services Program.** Also managed by DMHAS and administered through CSOC, New Jersey's 1115 Demonstration Waiver includes the Children's Support Services Program**.** The Waiver authority supports federal participation for behavioral health services for youth with severe emotional disturbance (SED), targeted home and community-based services for youth with I/DD, and in-home and community supports for children and youth with SED and/or I/DD, and eligibility for full Medicaid state plan benefits for children receiving out of home treatment services.

- **University Partnerships to Support the Child Health Programs.** DCF partners with Rutgers University School of Nursing to provide the Child Health Units and Child and Family Nurse Programs to ensure each child's medical and behavioral health needs are met. In addition, DCF partners with the University of Medication and Dentistry of New Jersey to ensure that children in the care of CP&P receive EPSDT examinations in accordance with the periodicity schedule.

Coordination related to early childhood services. Descriptions of coordination efforts related to early childhood services follow.

- **Early Intervention.** CP&P refers each child under the age of 3 who is a participant in a case that is substantiated for abuse or neglect to the New Jersey EIS, administered by NJ DOH, for assessment of developmental capacity and subsequent services if needed.[213] If services are indicated, the assigned caseworker is responsible for necessary follow-up and coordinating provision of services.

- **Child Care and Early Education.** CP&P staff are responsible for coordinating with local schools as need to ensure that children in placement can remain in their home school district regardless of placement location. Caseworkers also ensure that every age-appropriate child in placement or at home has access to childcare, including coordination with CCR&R or Head Start if warranted and eligible.

- **Home Visiting Services.** DCF, NJ DOH, and NJ DHS partner to implement its statewide evidence-based home visiting models, the APPI initiative, the parent-linking program, and other early childhood programming. In combination with state and federal Title IV-B dollars, current funding for statewide provision of these services includes MIECHV, which is administered through NJ DOH, and Child Care and Development Block Grant and TANF, which are administered through NJ DHS. DCF also partners with the DMAHS to fund a Medicaid Demonstration Waiver project that expands home visiting services for 500 additional families a year statewide.

- **Connecting NJ.** New Jersey's CNJ system, which is made possible through partnership between DCF and NJ DOH, is a comprehensive prevention system that provides a county-based single point of access for information, assessment, referral and linkage to family support services and resources available in the family's community. CNJ hubs, which are staffed with ECSs, case managers, CNJ specialists, and community alignment specialists, provide care coordination, improve system integration, and reduce duplication of services.

Coordination around services for children and families involved with DCF. In addition to linking families to community services aimed at preserving and strengthening households that are managed by sister agencies, e.g., LIHEAP, TANF, Section 8, DCF relies on coordination in the following areas.

[213] CPP-V-A-5-200.pdf

- **Substance Abuse Initiative.** DCF's CPSAI program provides assessment, referral, and engagement of CP&P clients in appropriate treatment to address their individual substance use needs. Pursuant to Memorandum of Agreement, DCF and NJ DHS's partner to fund aspects of this initiative when CPSAI participants are TANF eligible.

- **Family Violence Prevention Programming.** DCF's DOW coordinates and facilitates collaboration with its state domestic violence coalition, its funded provider network, DHS and the Boards of Social Services to carry out its Family Violence Option Program. The Family Violence Option Program in New Jersey grants waivers for state benefit rules for eligible survivors of domestic violence. DCF also partners with NJ DOH to fund violence prevention provider contracts, evaluations and trainings that are, in part, funded with federal Division of Violence Prevention grant and Prevention Health and Health Services Block Grant dollars.

- **Housing.** DCF partners with NJ DCA, the state's largest public housing authority (or PHA), to administer supportive housing interventions and prevent homelessness and housing instability for DCF constituents. DCF also partners with several Continuums of Care (CoC) programs. There are 16 CoCs that support all 21 counties, who meet regularly to implement a local housing response plan. CoCs are comprised of community members, service providers, landlords, housing developers, businesses, faith-based organizations, and other stakeholders who design and implement communitywide plans with the goal of ending homelessness. DCF is represented in CoC planning by the Assistant Director of the Office of Housing or a local CP&P representative. Through these partnerships, DCF, several CoCs and PHAs have successfully secured federal funding for housing subsidies for youth aging out of care through the Foster Youth to Independence initiative. DCF also collaborates with the NJ DCA's Office of Homelessness Prevention and NJ DHS's Division of Family Development to share information on strategic priorities, align policy efforts and facilitate cross-system training events and consultation. This team meets monthly to discuss statewide system trends and move forward system integration goals related to housing need and resource. This collaboration reflects DCF's efforts to partner with key housing stakeholders and better align with statewide level strategies to end homelessness and mitigate housing instability for New Jersey residents.

- **Family Preservation Services.** FPS is a statewide, intensive, in-home crisis intervention and family education program that serves families with children at imminent risk of out-of-home placement or preparing to be reunified. FPS relies on partnerships at the state and local level to ensure that families are connected to entitlement benefits, e.g., TANF, Medicaid, subsidized child care, Supplemental Nutrition Assistance Program (SNAP), Head Start, and other formal and informal supportive services, e.g., substance use services, domestic violence services, mental health treatment, housing supports.

- **New Jersey Foster Care Scholars.** DCF is also responsible for operating the management of the NJFCS program, the umbrella program for the State's ETV, Tuition Waiver and "State Option" funding programs; these operations require coordination with NJ DOE, state universities, and contracted provider, embrella.

Broad approaches to coordination amongst agencies and programs. DCF also relies on broad approaches to ensuring integration and coordination amongst local, state, and federal agencies and programs. Examples follow.

- As the State's Title IV-B and Title IV-E lead agency, DCF ensures coordination of plans, strategies, and provision of the contracted services for children and families. Further coordination is made possible through DCF's role as lead agency for various federal grants, including the Community-Based Child Abuse Prevention (CBCAP) and Children's Justice Act (CJA) grants. DCF's efforts related to federal planning for CB grant programs, e.g., organization of the APSRs, planning for the Round 4 CFSR, monitoring, and tracking of CFSR PIP, management of the FFA five-year plan, and

more, remain consolidated within one office. This structure continues to increase DCF's ability to integrate across federal plans, to synergize efforts whenever possible, and to effectively coordinate with state, e.g., the Court Improvement Program Coordinator, and federal entities, e.g., CB partners and consultants.

- **Community Outreach Coordinator.** DCF staffs a Community Outreach Coordinator whose role is to represent DCF at public-facing events, offering a knowledgeable approach and an expansive library of publications regarding the services administered by the Department. In addition to presenting DCF's services at community health fairs, law enforcement and municipal officials' conferences, education professionals' conferences, health care conferences and more, the Community Outreach Coordinator participates in internal meetings with stakeholder groups to partner with community non-profits, human services advisory councils and more to ensure a safe, healthy, and connected future for all New Jersey residents. The Community Outreach Coordinator also leverages their significant contacts within stakeholder groups to create opportunities for publication of DCF messages in stakeholder newsletters and email blasts and offers support whenever a Division or Office has a new strategy or program that they would like to seek buy-in from the larger stakeholder community in New Jersey.

Summary of Evidence Reviewed throughout Item 32, *Coordination of CFSP Services with Other Federal Programs*:
- State statutes and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, Final APSR to the 2020-2024 CFSP, 2026 APSR
- Administrative Data, including data from NJ SPIRIT, SafeMeasures, Cyber
- Qualitative Data, including internal staff narratives, internal and external focus groups, CoQI case reviews, family interviews, monitoring process, staff and resource parent survey.

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

Systemic Factor G, *Foster and Adoptive Parent Licensing, Recruitment, and Retention,* is assessed through review of Item 33: *Standards Applied Equally*, Item 34: *Requirements for Criminal Background Checks*, Item 35: *Diligent Recruitment of Foster and Adoptive Homes*, and Item 36: *State Use of Cross-Jurisdictional Resources for Permanent Placements*. Table 50 summarizes New Jersey's performance during Round 3 CFSR and its current assessment of functioning for this systemic factor and relevant items. DCF's analysis of Items 33-36 follows.

Table 50. New Jersey's Round 3 CFSR Performance and Round 4 CFSR Self-Assessment for Systemic Factor G and Items 33-36

[Systemic Factor G Item]	Round 3 CFSR Final Result	Round 4 CFSR Self-Assessment
Systemic Factor G. Foster and Adoptive Parent Licensing, Recruitment and Retention	Substantial Conformity	Substantial Conformity
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 and approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?	Strength	Strength
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?	Strength	Strength
Item 35: Diligent Recruitment of Foster and Adoptive Homes: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide 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?	Strength	Strength

[Systemic Factor G Item]	Round 3 CFSR Final Result	Round 4 CFSR Self-Assessment
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 statewide 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?	Area Needing Improvement	Area Needing Improvement

Item 33. Standards Applied Equally

Analysis. As is described in Section III, *Assessment of Child and Family Outcomes,* DCF is committed to keeping children safe in their own home, subsequently reducing the trauma of family separation. When families must be separated to ensure the safety of children, DCF ensures that out-of-home placements are safe, that kinship placements are utilized whenever possible, and that its pool of resource and adoptive families is prepared to meet the individual needs of children in out-of-home care. DCF relies on centralized infrastructure, statewide policies and processes, and comprehensive regulations to ensure that state standards are applied to all foster family homes and childcare institutions, including those receiving Title IV-B or Title IV-E funds, equally. Below, DCF describes relevant offices, licensing standards and policies, and the processes for applying and monitoring the application of standards.

Licensing Authority and Standards. DCF is responsible for licensing and regulating New Jersey's resource family homes, childcare centers, family childcare homes, adoption agencies, group homes, youth residential facilities, partial care programs, youth substance abuse treatment programs, and residences for youth with intellectual and developmental disabilities.[214] Relevant descriptions and the associated regulations follow.

- **Resource family homes.** Resource family homes are private residences in which board, lodging, care, and temporary out-of-home placement services are provided by a resource family parent on a 24-hour basis to a child under the auspices of CP&P, including a home approved by CP&P for the placement of a child for the purpose of adoption. Resource homes include unrelated foster care, kinship care, and adoptive care.[215] These homes required by state law to be licensed and operate in accordance with regulations identified in the State Manual of Requirements for Resource Family Parents.[216] As Table 51 demonstrates, DCF maintains a surplus bed capacity for the number of children in out-of-home placement. For additional detail on the current pool of available foster and adoptive homes, see *Item 35, Diligent Recruitment*, below.

Table 51. Total number of resource homes and bed capacity, 2022-2024[217], Source: SafeMeasures and LIS

[Number/Capacity]	2022	2023	2024
Number of children in placement	4,688	4,547	4,427
Number of resource homes	2,644	2,313	2,186
Total bed capacity of resource homes	5,904	5,123	4,838

- **Childcare Institutions.** Childcare institutions providing behavioral health treatment, developmental habilitation, or shelter care, except for some developmental habilitation locations, are licensed as residential child care facilities, group homes, or shelters, defined below, and are regulated under one of several chapters of the New Jersey Administrative Code. The Code establishes standards for the physical facilities and programmatic

[214] In addition, DCF utilizes some childcare institutions for children with developmental disabilities that are licensed by DHS's Office of Licensing.
[215] In 2024, DCF drafted proposed Regulations specific to kinship caregivers. These remain pending. For additional information, see Recruitment and support for kinship caregivers, below.
[216] https://www.nj.gov/dcf/providers/licensing/laws/RFmanual.pdf
[217] Data included in Table 53 is as of December 31 of the referenced year, except for the number of resource homes and bed capacity for 2024, which are as of June 30.

elements of each program, in accordance with federal standards and state law.[218] Facilities are subject to annual inspection, supplemented by inspections responsive to complaints and follow up to previously cited deficiencies.

- **Residential treatment centers.** Children's residential treatment centers provide 24-hour care for 13 or more children placed or financed by DCF and are required by state law to be licensed and operate in accordance with regulations identified in the State Manual of Requirements for Residential Child Care Facilities.[219] As of December 31, 2024, DCF oversaw 16 residential treatment centers.

- **Group homes.** Children's group homes provide 24-hour care for 12 or fewer children placed or financed by DCF and are required by state law to be licensed and operate in accordance with regulations identified in the State Manual of Requirements for Children's Group Homes.[220] Group homes include children's group homes, teaching family homes, supervised transitional living homes, treatment homes, alternative care homes and psychiatric community homes for children. As of December 31, 2024, DCF oversaw 260 group homes.

- **Shelter facilities.** Children's shelter facilities are required by state law to be licensed and operate in accordance with regulations identified in the State Manual of Standards for Children's Shelter Facilities and Homes.[221] These facilities include juvenile-family-crisis shelters, and shelter homes provide temporary 24-hour care for non-adjudicated children, including children who are dependent, neglected, abandoned or are runaways. As of December 31, 2024, DCF oversaw 26 shelter facilities.

DCF reviews and proposes regulatory amendments, if warranted, to all licensing standards, including waiver processes, at least every seven years. To do this, DCF engages stakeholders, including child welfare professionals, licensed providers, resource parents, advocacy groups, and others to gather input on current standards and potential areas for improvement. Based on the review and stakeholder feedback, DCF proposes revisions to the licensing standards, and they are processed through the state's administrative code adoption process in accordance with the Administrative Procedure Act and the Rules for Agency Rulemaking.[222] The current regulations became effective in July 2019 and will remain in effect until July 2026. In addition to these periodic reviews and amendments, DCF regularly reviews the existing standards to assess their effectiveness and to ensure they align with federal and state legislation and guidelines and evolving research and best practices in the field.

Licensing Infrastructure. The following offices and data systems are critical to the state's licensing processes.

- **Office of Licensing.** DCF's OOL is the licensing and regulatory authority of DCF. OOL is responsible for licensing, inspecting, monitoring, and regulating all of the programs listed above. OOL consists of three units, Resource Family Licensing (RFL),Child Care Licensing (CCL), and Youth Residential Licensing (YRL). OOL works in conjunction with DCF's operational divisions, IAIU, and the OCA and maintains close working relationships with the NJ DHS, NJ DOH, and other sister state agencies and local officials responsible for monitoring and regulating construction and environmental requirements.

- **Office of Resource Families.** Situated within CP&P, the Office of Resource Families (ORF) is responsible for providing guidance and oversight related to policies, practice, and procedures that support children in out-of-home placement and the foster, adoptive and kinship families who provide that care. Areas of oversight include recruitment of resource

[218] N.J.A.C. Title 3A, Chapters 54-57
[219] https://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf, https://www.nj.gov/dcf/providers/licensing/laws/3A.55.pdf
[220] https://www.nj.gov/dcf/providers/licensing/laws/3A.56.pdf
[221] https://www.nj.gov/dcf/providers/licensing/laws/ShelterManual.pdf
[222] N.J.S.A. 52:14B, N.J.A.C. 1:30

family applicants, navigation of screening and application processes, retention and support of resource families, pre-service training for prospective resource families, and administrative and operational support for resource family staff. In addition to the centralized ORF, each CP&P local office has Resource Family Support Units (RFSU). RFSU caseworkers conduct home studies and serve as a direct support for resource parents in their catchment area during the licensing and renewal process. For additional information on ORF and the Resource Family Units, see Item 35, *Diligent Recruitment of Foster and Adoptive Homes,* below.

- **Licensing data systems.** DCF utilizes LIS and NJ SPIRIT to manage and track applications and maintain compliance records. For additional information on NJ SPIRIT, see Systemic Factor A, *Information Management System*.

Licensing of Resource Homes, Generally. A prospective resource parent initiates the licensing process through a local office Resource Family Worker or through a ORF Resource Family Recruiter. The assigned CP&P staff undertakes a preliminary assessment, including state, federal and CIC background checks and a home study, and works with the applicant to complete a compliant application and, if appropriate, a waiver request, secure necessary approvals, and submit the documentation to OOL. Statewide licensing standards are set forth in the New Jersey Code of Regulations at N.J.C.A. 3A:51-1 et seq.,[223] as well as DCF policy.[224] The components of the application and home study process for an initial resource family home license include: inspection of the resource family home and surrounding area by OOL staff, interviews with all household members, completion of a home study, completion of pre-service training, completion of an application, provision of releases of information and medical, personal, employment, school/day care and child care references, information required for state and federal Criminal History Record Information (CHRI) and Child Abuse Record Information (CARI) background checks for all household members 18 years of age or older, disclosure of convictions of crimes or disorderly persons offenses for any household members 14 years of age or older, completion of a resource family agreement and other agreements, and provision of a statement of financial resources.

To be issued an initial license the resource home applicant must be in full compliance with all Level I requirements and in full or substantial compliance with all Level II requirements. Level I requirements are licensing requirements with which a resource family parent must be in full compliance to receive or maintain a license; Level I requirements impact the safety, health, and rights of children in placement. All other requirements are deemed Level II requirements. Policy mandates that the home study and licensing process be completed within 150 days.[225]

OOL is authorized to deny an application or suspend, revoke, or refuse to renew a license, for good cause, including, but not limited to the following: a conviction by the application, resource family parent, or a household member at least 18 years of age for a crime or offense; a determination by DCF that a report of child abuse or neglect by the applicant, resource family parent, or a household member had been substantiated, failure to comply with the licensing regulations, or fraud or misrepresentation in obtaining a license.[226]

A resource family home license is valid for three years. A resource family parent seeking renewal of a license shall submit for renewal at least 60 days prior to the expiration of the existing license.[227] The renewal process includes the Safe addendums, renewal verification form, and renewal physical plant inspection. Upon expiration of the license, the license is no longer considered valid.

Waiver Processes. OOL may grant a waiver of a Level II requirement for a resource family parent or applicant to provide kinship care.[228] OOL considers waivers on a case-by-case basis and only for non-

[223] https://www.nj.gov/dcf/providers/licensing/laws/RFmanual.pdf
[224] CPP-IV-B-5-100.pdf, CPP-IV-B-5-200.pdf, CPP-IV-B-2-300.pdf
[225] CPP-IV-B-2-235.pdf
[226] CPP-IV-B-5-200.pdf
[227] N.J.A.C. 3A:51-2.4
[228] N.J.A.C. 3A:51-2.2

safety standards for a specific child or children in placement. Waivers may be granted at the discretion of OOL upon consideration of the following criteria: the type or degree of hardship that would result to the resource family parent or applicant if the waiver were not granted, the negative impact on a specific child or children in placement if the waiver were not granted, and whether the waiver, if granted would adversely affect the health, safety, well-being, or rights of any child residing in the resource family home. OOL determines the terms and conditions of the waiver. The resource family parent is required to comply with those terms and conditions. OOL records waiver requests and determinations in the LIS, which is used by both OOL and ORF to monitor waivers.

To request a waiver, the CP&P sponsoring local office, with pre-approval from the Local Office Manager and Area Director depending on the waiver type, submits a written request for a waiver to OOL with supporting information to justify the request. All waiver requests are prepared by the local office's Resource Family Home Study Writer with support from the RFSU Supervisor. Waiver requests must include a standardized waiver application completed in NJ SPIRIT or Binti, specific supporting documentation, and a narrative memorandum with justification of the request. Upon OOL's receipt of a waiver application from CP&P, OOL must enter the appropriate information into the LIS within 2 business days and must make a final determination within 7 business days. OOL notifies the local office of the determination and conditions of the waiver, if any. If a waiver is approved, it is limited to the specific child(ren); when the child(ren) is no longer in placement with the provider for which the waiver was granted, the license is surrendered, unless the conditions have changed.[229]

Quality assurance and ensuring consistent application of standards. In addition to relying on the detailed licensing requirements codified in regulation and described in policy, DCF employs a number of processes to monitor the licensing and renewal processes to further ensure the consistent application of standards. Descriptions follow.

- **Centralized and dedicated offices and staffing.** As is described in *Licensing Infrastructure*, above, DCF relies on centralized oversight of all licensing processes through OOL and ORF, ensuring that the regulations are interpreted and enforced consistently across the state. This centralized organizational structure also ensures that all CP&P offices, including area and local offices, receive the same guidance related to licensing procedures and requirements. Additionally, the resource family units in each office consist of staff dedicated to supporting resource families through licensing processes. The staff in these units have subject matter expertise in the licensing standards and processes and regular communication and partnership with the central OOL and ORF staff.

- **Standardized variance processes.** Any variance in enforcement of the licensing standards requires completion of a rigorous standardized application and approval process. Set forth in policy and summarized in the *Waivers* section, above, waiver applications require use of standardized forms, submission of specific supporting documentation, multiple levels of supervisory approval, electronic tracking, and compliance with timeframes.

- **Supervisory approvals.** Waivers require multiple levels of supervisory approval including pre-approvals of applications by resource supervisors and casework supervisor, area resource family specialists, SIBS coordinators, local office managers, and/or area directors, as well as final approvals from the OOL director and/or supervisor.

- **Centralized data systems.** In addition to tracking case specific licensing information in NJ SPIRIT, DCF also requires use of statewide licensing data systems: LIS and Binti. These systems allow users at Central Office and the local offices monitor and track license applications and determinations in real time and examine trends over time.

[229] CPP-IV-B-2-300.pdf, CPP-IV-A-11-200.pdf

- **Right to appeal.** Processes to contest and attain additional review of licensing decisions further ensure fair application of standards. DCF If a prospective kin caregiver is "ruled out," or assessed as unwilling or unable to care for the child in placement for reasons other than the best interests of the child, DCF provides the applicant with notification of the determination and the right to contest that decision. If an applicant appeals the determination, DCF's Administrative Hearings Unit (AHU) undertakes a dispositional review. If the determination is affirmed, DCF notifies the appellant of the decision and the right to further contest the matter to the New Jersey Appellate Division. If the determination is not affirmed, DCF notifies the appellant and the local office and resource staff that further assessment is required. After 60 days, AHU reassesses and issues a Final Agency Decision.

- **Home study audits.** DCF undertakes periodic SAFE home study audits to ensure fidelity to the SAFE process. The most recent home study audit took place in 2019 and plans are in development for to resume this process in late 2025-early 2026.[230]

Recruitment and support for kinship caregivers. When families must be separated to ensure the safety of children, DCF is focused on making sure that children can remain with extended family or family friends and, as such, includes "preserving kinship connections" a transformational goal in its strategic plan, included increased use of kinship care in its Round 3 CFSR PIP, and included benchmarks related to strengthening kin care in its 2025-2029 Child and Family Services Plan. During the current administration, efforts made include modified policies and tools related to kinship care, new kinship training and guidance, additional review of administrative data related to kin placements and license applications, department-wide use of Objectives and Key Results (OKRs), the implementation of staff surveys on their attitudes towards kinship, and more. In addition, considering the final rule published by the Administration for Children and Families on September 28, 2023, permitting Title IV-E agencies to adopt kin-specific licensing or approval standards for kinship resource homes, DCF formed a workgroup to review the existing standards in New Jersey. The proposed kinship regulations are pending Governor's Office approval and publication for comments.

Future Plans. DCF's 2025-2029 CFSP includes benchmarks to further strengthen resource care through revisions to the state's kin licensing regulations (pending approval), integration of the OKRs with DCF's CoQI process, further development of the resource parent advisory committee, and continued administration of the kinship survey.

Summary of Evidence Reviewed throughout Item 33, *Standards Applied Equally*:
- State statutes and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, Final APSR to the 2020-2024 CFSP, 2026 APSR
- Administrative Data, including data from NJ SPIRIT, SafeMeasures, Cyber
- Qualitative Data, including internal staff narratives, internal and external focus groups, CoQI case reviews, family interviews, monitoring process, staff and resource parent survey.

[230] An interim audit, between the 2019 audit and the audit currently being planned, was deferred due to the circumstances of the COVID-19 pandemic and the need to dedicate staff and resources to the development of tools and rapid CQI practices to manage the pandemic's impacts safely and effectively.

Item 34. Requirements for Criminal Background Checks

Analysis. DCF's licensing standards and processes are functioning statewide to ensure compliance with federal requirements for criminal background clearances for foster and adoptive placements. In addition, DCF has in place a case planning process with provisions for addressing the safety of foster and adoptive placements for children. Descriptions of relevant processes follow.

Background checks requirements and processes. As a condition for securing a foster home family license, state statute and regulation, as well as DCF policy, mandate state and federal CHRI background checks for each applicant and household members 18 years of age or older.[231] Background checks are also required for each new household member who is at least 18 years of age and each household member who reaches 18 years of age. The background checks must be current within one year of the application for a resource family license. In addition, each resource parent or adult household member, including those who are not in the flagged state criminal history check information database, must complete a state CHRI background check prior to licensing renewal. Updated CHRI background checks are also conducted on all adult household members within 90 days of an Adoption Consent being approved for adoption finalization. OOL is responsible for ensuring all licensing regulations, including those related to CHRI background checks, are adhered to.

Prospective resource parents and each adult household member are required to undergo a fingerprint background check; a name-based background check may be permissible in individual cases where fingerprints cannot be taken because of a physical disability that prevents fingerprinting or because the person has no fingerprints or fingers. Fingerprints are live scanned and flagged in the state criminal history database. In the event there is a new arrest for a resource parent or household member, CP&P is notified. New Jersey maintains a contract with a fingerprinting company that operates approximately twenty-nine fingerprint locations throughout the state. To further increase accessibility to and ease of complying with fingerprinting requirements, DCF installed fingerprint machine in each of the nine CP&P areas. Each area office has three to four trained fingerprint machine operators to ensure scheduling availability.

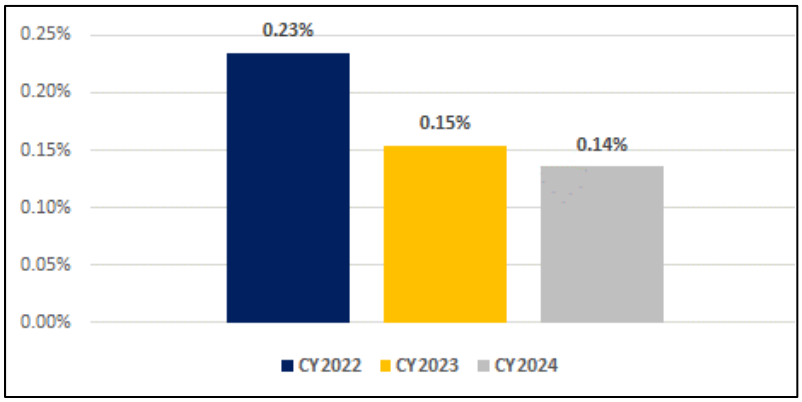
A failure to comply with a criminal background check is a Level I requirement violation. As is described in *Item 33, Standards Applied Equally,* Level I requirements are licensing requirements with which a resource family parent must be in full compliance to receive or maintain a license. As such, if any individual refuses to consent to a fingerprint background checks, OOL is required to deny the application or suspend, revoke, or refuse to renew the license if applicable. Of 620 resource family homes licensed in 2023, 100% of the homes met the CHRI licensing requirements prior to becoming licensed.

Kinship presumptive eligibility. In New Jersey, the only instance where children are placed in a resource family home prior to the receipt of the results of a CHRI background check is in situations with kinship presumptive eligibility. In situations where kinship presumptive eligibility may be appropriate, DCF policy sets forth a pre-placement protocol that includes, among other requirements, completion of CIC, local police, domestic violence and CARI checks, a joint initial assessment of the home by the assigned caseworker and the local Resource Family Support Unit, a safety assessment, and a series of supervisory approvals, including approval by the local office manager.[232]

Ongoing safety of foster care placements. As is detailed in Section III, *Assessment of Child and Family Outcomes, Safety*, DCF's CP&P is charged with ensuring the safety of children, including children in out-of-home placement. The rate of maltreatment in foster care in New Jersey is very low, Figure 62.

[231] N.J.S.A. 30:4C-26.8, N.J.A.C. 3A:51-5.4, CPP-IV-B-2-235.pdf
[232] CPP-IV-B-2-125.pdf, CPP-X-A-1-4.11.pdf

Figure 62. Maltreatment in Foster Care, CY2022-CY2024, Source: Data Hub



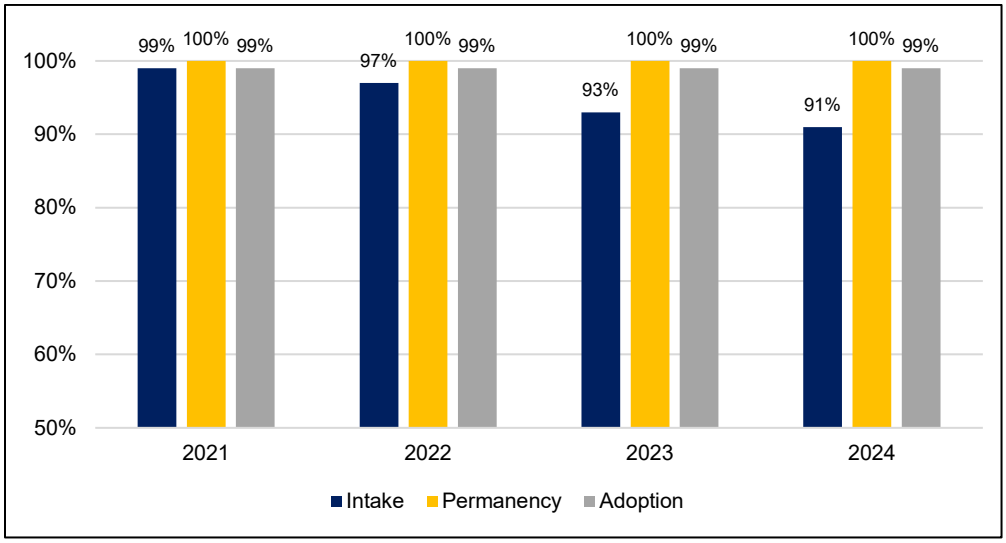
In addition to the stringent background check requirements described above, DCF monitors the safety of children in resource care through annual licensing inspections, regular visitation with and safety assessment of children in their placement setting and via investigation and corrective action via IAIU. DCF also has protocols for staff and caregivers to follow if a child in care becomes missing and a dedicated Missing Children and Families Recovery Team. Descriptions follow.

- **Annual licensing inspections.** DCF regulations and policy require resource family parents to participate in an annual inspection of the resource family home by the OOL to determine whether the resource family home continues to comply with licensing requirements.[233] Resource family home licenses are valid for three years. At the conclusion of the three years, the resource family home must participate in the full renewal process.[234]

- **CP&P oversight of children in placement.** To ensure the safety of children in placement, DCF requires CP&P caseworkers to regularly visit with, and assess the safety of children, in their placement setting. To ensure caseworkers are able to closely monitor the children assigned to them, DCF maintains caseload standards that cap both the total number of children and the number of children in out-of-home placement assigned to each caseworker (Figure 63).[235]

[233] N.J.A.C. 3A:51-2.3
[234] N.J.A.C. 3A:51.2.4
[235] N.J.S.A. 30:4C–3a

Figure 63. Compliance with Caseload Standards, by Unit Type, 2021-2024, Source: NJ SPIRIT



Regulation and policy mandates that a child in out-of-home placement shall have in-person and face-to-face visits with his or her caseworker at least twice per month during the first two months of an initial placement or a change of placement and, thereafter, at least once per month throughout the child's placement.[236] The visits must take place in the resource home or facility where the child is placed and must include conversation with the child in private. Additionally, assigned caseworkers are required to assess the safety of children in resource home settings at the time of placement and during every visit with the child, at a minimum, and to collect collateral information from professional partners and providers working with the family.[237] As Section III, Child and Family Outcome A, *Safety*, and Child and Family Outcome C, *Well-Being* demonstrate caseworkers generally meet these requirements. In addition to the assigned CP&P caseworker, DCF policy also sets forth additional safety assessment requirements by resource family support workers, OOL inspectors, SPRU investigators, IAIU investigators, and Conflict Unit investigators.[238]

- **Institutional Abuse Investigation Unit investigations and corrective action.** DCF's IAIU is a child protective service unit that investigates allegations of child abuse and neglect in out-of-home settings, such as foster homes, residential centers, schools, detention centers, etc.[239] Investigators from IAIU's five regional investigative offices are responsible for conducting thorough investigations, which include interviews of child or youth alleged to be victims, witnesses, administrators, and external entities, e.g., law enforcement, RDTCs, and collection and review of collateral information. In addition to determining if a child has been abused or neglected, the investigation includes formal and informal assessment of the placement and the safety of the child in that placement. At the conclusion of the investigation, IAIU shares the results of the investigation, the outcome of the safety assessment, and any concerns, including policy violations, with CP&P and OOL. The CP&P RFSU works with the resource parents to identify and document corrective measures to address and remediate any issues or concerns in a Resource Family Corrective Action Plan.[240] This Plan is submitted to IAIU for review and approval or disapproval. Upon approval, the IAIU Corrective Action Unit monitors all Corrective Action Plans to assure satisfactory resolution of all issues and concerns identified in their initial determination. In 2023, IAIU investigated 288 licensed resource homes during calendar year 2023. Of those, IAIU found the children in placement to be safe in 271 (96%) of the

[236] N.J.A.C. 10:133D-2.7(a), CPP-III-C-3-100.pdf
[237] CPP-IV-A-2-100.pdf, CPP-X-A-1-22.6.pdf
[238] CPP-IV-A-2-100.pdf
[239] IAIU-I-A-1-100.pdf
[240] IAIU-I-A-1-700.pdf

investigations. In the remaining (4%) investigations, IAIU deemed a child unsafe and either a removal from the resource home or a safety plan were effectuated.

- **Missing Children.** DCF policy sets forth protocols for staff and caregivers to follow if a child in out-of-home placement becomes missing.[241] Caseworkers must notify and provide certain information to local law enforcement or the New Jersey State Police and the National Center for Missing and Exploited Children, must notify the assigned Deputy Attorney General who is required to notify the court and the child's law guardian, and must notify the child's parent or legal guardian by close of the business day. In March 2023, DCF created a Missing Children and Families Recovery team within its Office of Safety and Security Operations. This team is comprised of one supervisor and three seasoned DCF investigators, who are assigned to the three geographic regions of the state. Team investigators assist CP&P caseworkers when children and families involved with CP&P are missing, meaning their current whereabouts are unknown to the Department.

Summary of Evidence Reviewed throughout Item 34, *Requirements for Criminal Background Checks*:
- State statutes and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, Final APSR to the 2020-2024 CFSP, 2026 APSR
- Administrative Data, including data from NJ SPIRIT, SafeMeasures, Cyber
- Qualitative Data, including internal staff narratives, internal and external focus groups, CoQI case reviews, family interviews, monitoring process, staff and resource parent survey.

[241] CPP-III-C-4-300.pdf

Item 35. Diligent Recruitment of Foster and Adoptive Homes

Analysis. As of June 30, 2025, New Jersey had 2,081 resource homes statewide with a total bed capacity of 4,630 beds. Of those homes, 787 were kinship homes and 1,294 were non-kinship homes; bed capacity is 1,319 and 3,311, respectively. The number of available beds in New Jersey exceeds the number of children requiring out of home placement. Federal legislation requires states to recruit foster and adoptive parents that reflect the racial and ethnic diversity of the children in their care.[242] Through dedicated infrastructure, regular data analysis, clear recruitment and retention strategies, and strong support for resource families, DCF ensures that, when families must be separated, safe out-of-home are readily available and that its pool of resource and adoptive families reflects the ethnic and racial diversity of children in out-of-home care. Below, DCF describes the state's processes for recruiting foster and adoptive parents.

Recruitment and Retention Infrastructure. DCF policy addresses the state's processes for recruiting and retaining resource and adoptive parents.[243] While every staff member across DCF contributes to the recruitment and retention of resource families by delivering exceptional customer service, recruitment and retention efforts are primarily supported by the following offices. Table 52 summarizes specialized positions within each office.

- **Office of Resource Families.** ORF, which is detailed above in Item 33, *Standards Applied Equally*, is responsible for oversight and guidance related to policies, procedures and practices that support children in out-of-home care and the resource families that provide that care. Areas of oversight include recruitment of resource family applicants, retention and support of resource families, pre-service training for prospective resource families, and administrative and operational support for local resource family units.

- **Office of Adoption Operations.** The Office of Adoption Operations (OAO) is responsible for the Adoption Exchange, where adoptive homes are identified for youth with the goal of select home adoption. OAO provides training and oversight to local office CP&P adoption units to support of best practices and compliance with Adoption policies and regulations. Within OAO, the Adoption Subsidy Unit provides post-adoption support to adoptive resource families who receive an adoption subsidy, including but not limited to assistance related to payment, Interstate Compact on Adoption and Medical Assistance or Medicaid, rate reassessments, linkage to services, etc. Likewise, the KLG Subsidy Unit provides similar support to post-KLG families who receive a subsidy. Within OAO, the following roles are dedicated to recruitment and retention:

- **Area and Local Office Resource Family Support Units**. Area and local office RFSUs provide direct support to resource families throughout the licensing and renewal process and while they provide care to children in DCF custody. RFSU responsibilities also include identification and engagement of kinship caregivers for children entering placement, resource parent advocacy, and retention efforts.

[242] P.L. 103-382, 42 U.S.C. 622, 42 U.S.C. 671
[243] CPP-IV-B-1-100.pdf, CPP-IV-B-1-200.pdf, CPP-IV-B-1-300.pdf

Table 52. Specialized positions that support recruitment and retention

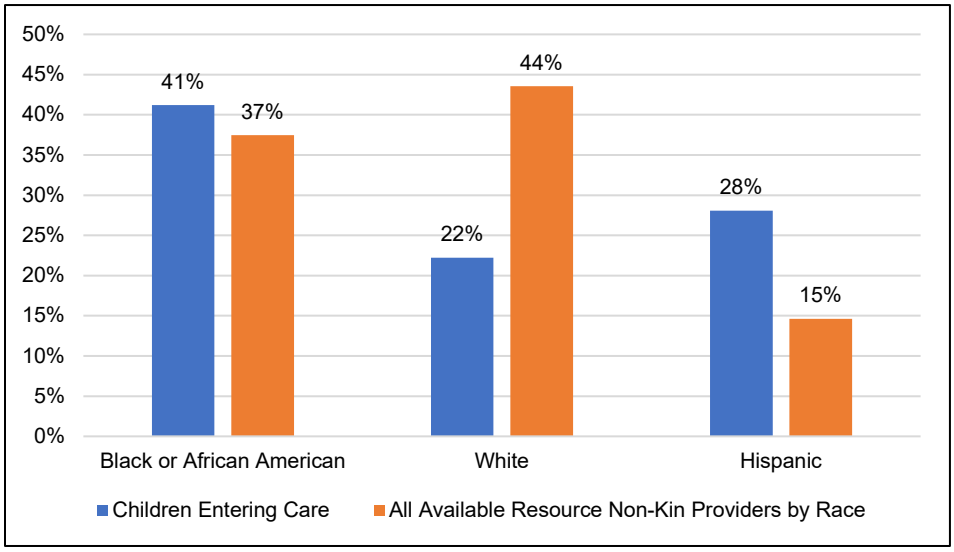
Office	Position	Description
Office of Resource Families	Recruiters	Resource Family Recruiters (RFR) are dedicated to recruiting new resource family homes aligned with the needs of local offices. Responsibilities include developing and implementing local office recruitment plans with general, targeted and/or child-specific strategies based on data analysis, and community engagement, including establishing a visible presence in the community and attending events to recruit families from communities where children often enter out-of-home care.
	Case Practice Specialists	ORF Case Practice Specialists provide ongoing support, consultation, guidance, tracking and monitoring of performance measures, and technical assistance to CP&P local and area offices. ORF CPSs supervise and guide RFRs in the oversight of resource inquiries, targeted recruitment plans, and retention activities.
	Recruitment Specialist	The Statewide Recruitment Specialist is primarily responsible for developing and implementing a coordinated recruitment campaign to increase the pool of foster and adoptive homes in New Jersey. The Statewide Recruitment Specialist supports the professional development of RFRs through education, support, training, and mentoring and oversees and monitors advertisement metrics and outcomes.
	Retention Specialist	The Statewide Retention Specialist is primarily responsible for developing and implementing ORF's statewide retention plan. Efforts include planning and facilitating a statewide Resource Parent Annual Symposium and other statewide retention events, tracking outcomes of exit surveys, creating and distributing a quarterly newsletter, and supporting the Resource Parent Advisory Committee.
Office of Adoption Operations	Recruitment Supervisor	The Recruitment Supervisor oversees recruitment activities conducted by the Child Specific Recruiters for youth with a goal of select home adoption. Recruitment activities include in-person match events for licensed resource families and interested youth, profiling events where information about multiple youth is presented to licensed resource families, and a quarterly Adoption Operations Newsletter for all licensed foster and adoptive resource families that highlights available youth. The Recruitment Supervisor collaborates with the Adoption Center to profile consenting, legally-free youth on NBC 10 Wednesday's Child. The Recruitment Supervisor also identifies and advocates for recruitment activities in response to the needs of the youth and available resource families to improve placement outcomes.
	Child Specific Recruiters	Child Specific Recruiters (CSR) are assigned as secondary workers to youth with a goal of select home adoption. In collaboration with the youth and their team, CSRs develop individualized recruitment plans for each youth. CSRs recruitment tasks include reviewing records and interviewing the youth and known supports to locate kin and other connections as possible placements options, enrolling the youth in recruitment events with families open to adoption, and ensuring the youth's information is shared with licensed resource families through profiling events, presenting youth at PRIDE training with resource families in the licensing process, etc.
	Exchange Specialist	The Exchange Specialist is responsible for includes running monthly searches for potential licensed resource families for assigned Select Home youth and posting and monitoring consenting, legally free youth on the national adoption exchange through AdoptUSKids.org. The Exchange Specialist presents assigned youth to licensed resource families and initiates the matching process when families are interested in moving forward with possible placement of the youth.
Area & Local Office Resource Family Support Units	RFSU Supervisors	Resource Family Support Unit (RFSU) Supervisors oversee the functioning of the RFSU and the staff within the unit. The supervisor provides guidance and oversight to unit members, ensuring that resource families are properly supported.
	Home Study Writer	Resource Family Home Study Writers (RFHSW) are assigned to both kin and non-kin applicants to complete SAFE home studies and prepare applicants for licensure within the 150-day timeframe. In collaboration with OOL, RFHSWs follow up with any licensing violations for homes pending licensure to ensure abatement. When appropriate, RFHSWs complete wavier requests and justification documentation.
	Resource Family Support Caseworkers	Resource Family Support Caseworkers (RFSW) are responsible for the support and retention of licensed resource families, as well as facilitating and fostering connections between resource parents and children's parents, siblings, and other kin. To ensure that the needs of children in care and resource parents are identified and met, RFSWs visit each resource home with a child in care every other month, with phone/virtual contact occurring on the alternating months, and advocate for any additional services or supports that may be necessary. For resource homes without a child in care, RFSWs facilitate quarterly phone contact, at minimum, to provide ongoing support. To further support retention, RFSWs facilitate connections between resource parents and embrella and other community-based supports. RFSWs also prepare resource families for annual and renewal inspections by OOL and completes SAFE home evaluation updates at renewal.
	Resource Family Engagement Specialists	Resource Family Engagement Specialists (RFES) are responsible for finding the best possible placement for a child requiring out-of-home care. Responsibilities include identifying and engaging prospective kinship caregivers or, if a kinship caregiver is not available, collaborating with the child's caseworker to ascertain the strengths and needs of the child and match the child to the resource family who would best suit his or her needs. To establish connections with all non-kin resource homes, upon licensure of a new non-kin resource home, the assigned RFES facilitates an in-person or video contact with the resource parents, the RFHSW, and/or RFSW, to make introductions, educate the resource parents on the facilitation process, and confirm the resource family's "Willing to Accept" child characteristics.
	Resource Family Trainers	Resource Family Trainers (RFT) conduct pre-service training for all resource family applicants and provides ongoing support to resource families to reinforce training topics and areas of competency, as needed. In consultation with RFHSWs and RFSWs, RFTs develop individualized annual in-service training plans for each newly licensed resource family to be completed throughout the three-year licensing cycle. RFTs and RFSWs collaboratively track progress toward in-service training completion. RFTs may identify additional training that may be needed to support and/or stabilize a child in a resource home. RFTs also partner with embrella to identify gaps in training content for their respective area and facilitate training workshops as needed.
	Resource Family Specialists	Area Resource Family Specialists (ARFS) provide ongoing support, guidance, and supervision to the CP&P local offices in their area and model best practice for resource family work. ARFSs are also responsible for providing supervision and guidance to RFESs and RFTs.

Data-Driven and Targeted Recruitment Efforts. While New Jersey's current resource home capacity exceeds the number of children in out-of-home placement, DCF recognizes that there are targeted populations that require focused recruitment efforts. Annually, DCF develops child-specific and data-driven recruitment plans to target specific populations. Annual recruitment plans include measurable goals, strategies, and action steps, including partnerships with programs or organizations serving the targeted population. DCF assesses the plan's effectiveness through regular review of metrics, e.g., number of inquiries, interest in target populations, or total licensed homes, and monitored via data dashboards. DCF collaborates with external organizations, including Rutgers University School of Business and Positive Solutions, to enhance identification of target areas and to support statewide media campaigns.

To determine the focus of recruitment efforts and ensure the recruitment plan remains responsive to statewide needs, DCF continuously analyzes a wide range of administrative data from NJSPIRIT, LIS, and other information systems, including, but not limited to, the demographics of children in care, e.g., age, race, ethnicity, special needs, etc., the demographics and characteristics of current resource homes, e.g., race, languages spoken, geographic location, characteristics of children that resource families are willing to accept, placement acceptance history, review of closure reasons for closed homes, etc., placement trends, e.g., placement stability, geographic location, sibling placements, etc., and feedback from central and local resource staff, local office managers, and area directors.

Ensuring racial and ethnic alignment between children in placement and resource parents. For example, DCF undertakes data driven recruitment efforts to ensure that it maintains maintain a cadre of resource homes that is reflective of the racial and ethnic diversity of children entering care. DCF uses administrative data from its CCWIS to identify and compare local and statewide trends in the race and ethnicity of children entering care in New Jersey and the race and ethnicity of current non-kin resource parents. In 2023, 769 children entered resource care. Of these children, 41% (317) identified as Black/African American, 22% (171) identified as White, 28% (216) identified as Hispanic, 8% (63) identified as another race and 0% (2) identified as an undetermined race (Figure 64). As of September 2024, DCF had 1,334 licensed non-kin foster and adoptive resource homes. Of these homes, 37% (500) identified as Black/African American, 44% (581) as White, 15% (195) as Hispanic, 3% (37) as another race, 2% (21) as an undetermined race.

Figure 64. Children Entering Non-Kin Resource Home Placement Compared to Available Non-Kin Resource Homes, by Race, Source: NJ SPIRIT



While Figure 64 indicates a surplus in resource homes that identify as White compared to those that identify as Black or Hispanic, a further look into the bed capacity of the resource homes shows that across all races, New Jersey has a surplus of beds that align with the race and ethnicity of the children who require placement. The 500 resource homes that identified as Black/African American homes offer 942 beds, those

that identified as White provide 1,050 beds, those that identified as other races provided 54 beds, and those that identified as Hispanic offer 381 beds.

DCF is committed to continuing to recruit families that reflect the characteristics of children in out-of-home care.

- **Emphasis on kin placements and connections.** DCF's strategic focus on preserving kinship connections, both through increased placement with kin caregivers and promotion of kin relationships when placed in unrelated resource homes, helps to support the child's connections to his or her identity, as well as family values.

- **Utilization recruitment strategies based on data analysis.** When there is misalignment between the demographics of children who need placement and of resource parents, DCF utilizes various recruitment strategies, e.g., direct engagement with community organizations, religious organizations, schools, and other entities to raise awareness about the need for resource families and partnering with the Office of Communications to deliver relevant messaging.

- **Increasing competency of resource parents.** DCF makes efforts to increase the knowledge of foster and adoptive parents to care for the children in their care. During pre-service training and through ongoing communication between the assigned caseworkers, DCF emphasizes and encourages a positive partnership between the resource family and the child's family of origin. In addition to helping children maintain these important connections to their identity, the child's family is able to educate the resource family on their family's values. To sustain efforts after the CP&P case has concluded, the adoption consent process addresses how the adoptive parents will continue to meet the identity and connection needs of the child.

Recruitment and Retention Strategies. DCF's recruitment and retention strategies are child-focused, data driven, customer service-centered, collaborative, inclusive of the voice of families and youth, and sustainable. The current recruitment plan includes targeted efforts for large sibling groups, youth between ages 13-17, sibling groups, and youth with complex medical, behavioral, and developmental needs. The plan includes general strategies, e.g., group engagement presentations for all prospective resource applicants that educate and engage in caring for the specialized populations and recruiter emphasis on the populations' need for care and how to become a resource for these groups, and targeted strategies, which are summarized below. For additional information on these efforts, see DCF's 2025-2029 Foster and Adoptive Parent Diligent Recruitment Plan.[244]

- **Large Sibling Groups.** DCF recognizes the importance of sibling connections for all children, in particular children experiencing an out-of-home placement. For information and data on sibling connections and placements, see Section III, *Assessment of Child and Family Outcomes, Well-Being.* DCF uses data driven tools to identify sibling placement needs on a local level so that children in sibling groups can remain together in their community when kin placement is not an immediate option. DCF relies on monthly reports that forecast the need for targeted recruitment of resource homes that are willing to provide care to sibling groups. Additionally, to recruit and retain resource homes willing to accommodate large sibling groups, DCF implements a Siblings in Best Settings (SIBS) Resource Family Homes initiative, which includes enhanced board rates and retain fees to maintain vacant homes for the placement of large sibling groups.[245] As of December 2023, there were approximately 569 families, including 38 SIBS homes, identified to provide a home for sibling groups of two or more. Of the 38 SIBS homes, 9 can accommodate five or more children, while 29 homes can accommodate up to four children.

[244] NJDCF_2025-2029_CFSP_Foster-Recruitment-Final.pdf
[245] CPP-IV-B-1-325.pdf (nj.gov)

- **Older Youth.** DCF identified an ongoing need to recruit and retain a robust pool of resource homes for the adolescent population. In 2023, 22% (349) of all children entering care (1,610) were between the ages of 13 and 17. Figures 65 and 66 show trends in placement for youth ages 13-17. Of these youth, 34% were initially placed in kinship care, 39% were initially placed in non-kin resource homes, and 26% were placed in congregate settings. Shelter placement continues to decline. DCF is simultaneously undertaking intensive statewide recruitment efforts to target resource homes for the adolescent population and reviewing the facilitation and engagement of existing homes that can accommodate this population.

Figure 65. Children Ages 13-17 by Placement Type, Source: NJ SPIRIT

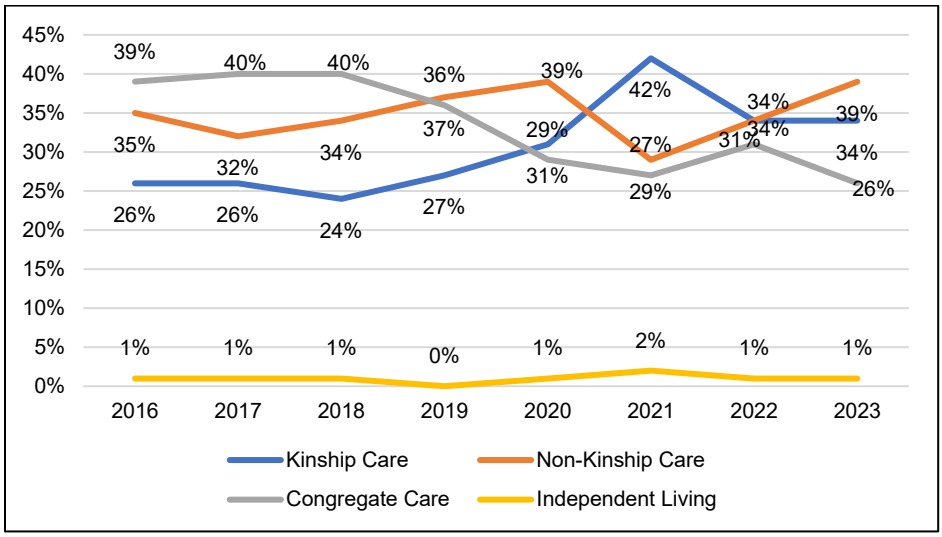
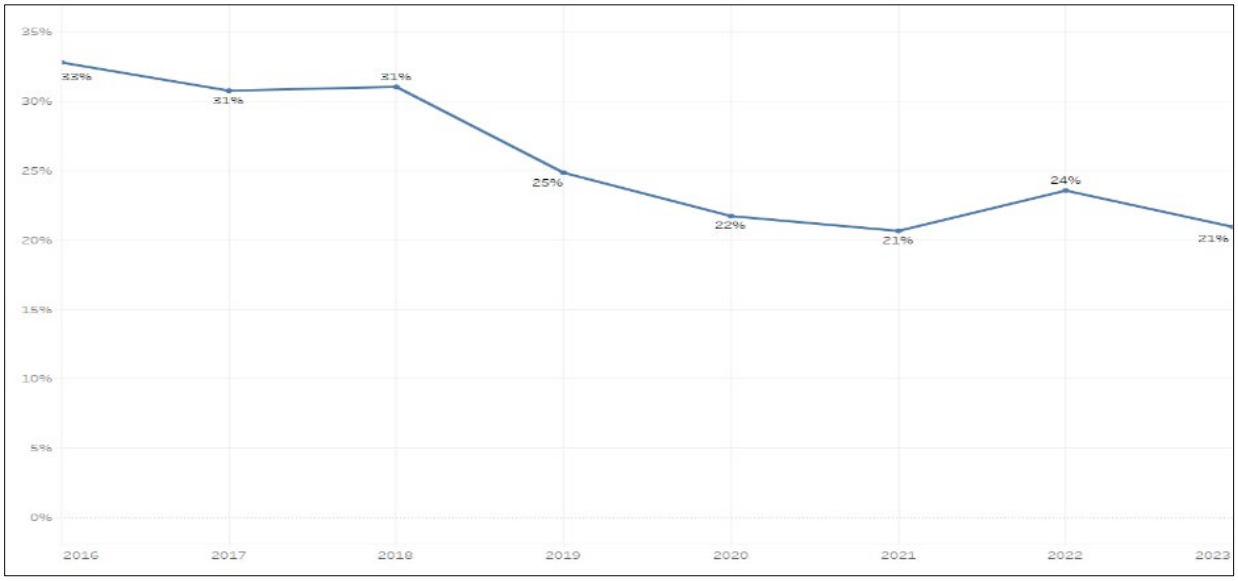


Figure 66. Children Ages 13-17 Entering Shelter Placement, Source: Data Portal



- **Youth with complex medical, behavioral, and developmental needs.** DCF is committed to maintaining a subset of highly skilled resource parents to meet the needs of all children and youth, including those with acute or chronic illnesses or other special needs. DCF takes into consideration children's health care needs and matches children with resource families based on the willingness and capabilities of the family, including kin caregivers.

DCF identifies special needs children and youth entering placement through a five-level progressive acuity system that supports required care and services in placement, e.g., Acuity Level 1 indicates a well child, while Acuity Level 4 indicates a child with an active acute and/or chronic illness that requires physician monitoring, including children with developmental delays and all children on psychotropic medications. Infants are identified as Acuity Level 4 due to the increased number of medical visits and follow-up care required in the first year of life. Acuity Level 5 indicates a child with acute or chronic illness that is not stable and can lead to a life-threatening condition. Because of the needs of children at Acuity Level 5, resource homes that care for these children require intensive supportive services. As of January 2, 2024, there were 37 children statewide designated as having an Acuity Level 5. While only a small percent (1.3%) of the population of children in out-of-home placement, DCF recognizes the need to ensure adequate resource homes to care for children in this group. In 2024 DCF processed and licensed 83 new homes with an interest in caring for children with complex medical needs. DCF will continue efforts to recruit new families who are willing and able to care for a child with special health care needs. In addition to ensuring adequate resource homes to care for children with high needs, DCF has services in place across the state for foster parents licensed to care for these children. Examples follow.

- **DCF-contracted services and supports, generally.** Families with active child protection involvement may access DCF's statewide network of community-based social and clinical services and supports, including mental health, parenting support, and other types of services, to assist families in their process of healing, learning, changing, and thriving. In addition to services, CP&P may access flexible funding and for the purposes of supporting children and families and stabilizing and strengthening out-of-home placement.

- **Performcare.** PerformCare, the Contracted Systems Administrator for DCF's CSOC, is the single point of access to CSOC's wide array of behavioral health, substance use, and intellectual and developmental disability services for youth and families throughout New Jersey. Core services available through CSOC include: 24/7/365 access to request services; mobile response and stabilization services, care management, intensive in-community treatment, applied behavior analysis, individual and family support services, treatment homes, residential treatment, and family support organizations. Treatment services and supports through CSOC are trauma-informed and healing-centered, and many serve youth with co-occurring behavioral health-I/DD or behavioral health-substance use disorder treatment needs. For additional information on CSOC services, see Systemic Factor E, *Service Array and Resource Development*.

- **Mobile Response.** DCF's MRSS program ensures that all children and youth, ages 3 through 17 years old, who enter out-of-home care receive behavioral health assessment and services at the time of placement.[246] MRSS aims to mitigate trauma and facilitate stabilization for children and youth by providing increased support and education to youth and caregivers during the transition into a new home. MRSS workers assess and attend to behavioral health needs, assist resource parents to understand the child's needs, develop strategies and plans to best support the youth, and facilitate access to continued behavioral health care support and services through CSOC when necessary. MRSS, which is available 24/7/365, also serves as DCF's community-based crisis response component, providing face-to-face response within one hour or 24 hours based on family request.

- **Child Health Units.** The CHU Program is staffed by Registered Nurses and staff assistants, who ensure each child's medical and behavioral health care needs are met and to provide overall health care case management.[247] CHU nurses connect children in foster care to a medical home, visit children in their resource homes, review medical records and

[246] CPP-IV-B-8-600.pdf
[247] CPP-V-A-1-300.pdf

assessments, engage biological and resource families in healthcare planning, and assist in developing plans for safe care. They provide care coordination with primary care medical providers, specialists, and the child's managed care organization. They also meet regularly with resource parents to develop and support a health care plan, including education of medication administration, use of medical devices, and making any necessary follow up appointments.

- **Clinical Consultants.** Managed by CMOs, clinical consultants are licensed behavioral health professionals, who provide on-site consultation services to CP&P staff regarding children and youth with behavioral health concerns and intellectual and developmental challenges. Clinical consultants also review records and make recommendations regarding appropriate behavioral health interventions to improve and support each child in achieving positive outcomes.

Retention. DCF recognizes that retaining and supporting existing resource families is critical to maintaining a robust pool of resource families. ORF and the Department's Statewide Retention Specialist are primarily responsible for developing and implementing ORF's statewide retention plan. The statewide retention plan is centered on the key premise that recognizing each family's unique strengths and challenges is crucial to addressing their own needs, as well as the needs of the children in their care. Resource families are considered valued members of the team, and DCF strives to continually enhance its partnership with resource families. DCF engages in the following retention activities:

Data Collection and Analysis. DCF consistently gathers feedback from foster and adoptive parents regarding strengths, areas needing improvement and the need for support. Descriptions of highlighted efforts follow.

- **Resource Family Interviews.** As is detailed in Systemic Factor C, *Quality Assurance*, DCF utilizes a robust data driven CoQI process to develop targeted improvement plans to facilitate organizational change. CP&P's CoQI process incorporates data from multiple sources, including interviews with youth and families that are in different phases of engagement with CP&P. Beginning in March 2025, this process was expanded to included interviews with foster and adoptive parents. Between March and May 2025, 45 resource parents were interviewed.

- **Resource Parent Advisory Committee.** DCF's RPAC, consisting of two licensed resource parents, some kin and some non-kin, from each of New Jersey's nine CP&P catchment areas that serve a term of one year. The Committee's goal is to strengthen the partnership and communication between DCF and resource parents to collaboratively achieve the best outcomes for children in out-of-home care. The Committee, which meets monthly, identifies and works towards identifying viable solutions for challenges resource parents are experiencing. They also act as liaisons, sharing information back and forth between DCF and resource families in their areas. ORF collaborates with the Resource Parent Committee to identify and develop additional strategies to enhance statewide recruitment and retention efforts. The RPAC identified targeted priority areas for policy and practice enhancement: pre-placement (pre-service training and the licensing process), initial placement (the first placement facilitation phone calls, initial post-placement visit, and information received at the outset about the child joining their home), ongoing placement (ongoing support provided after a child joins their home), late placement (support and teaming as the case is nearing permanency, whether planning for reunification or planning for KLG/adoption), and post-placement, beyond placement & miscellaneous (ongoing training, peer networking, retention, recognition, etc.)

- **Resource Parent Survey.** Between December 2024 and January 2025, DCF undertook an electronic survey of resource and adoptive caregivers, including homes that were licensed within the previous two years but were in closed status at the time of the survey, to better understand and improve the experiences of resource parents. 546 resource

parents completed the full survey and 1,077 resource parents partially responded to the survey. The survey addressed the following research questions: 1) Why do people become resource parents and why do they stop? 2) How do resource parents perceive DCF services, trainings, and staff? 3) Do resource parents receive placement information in a timely manner? 4) Do resource parents feel involved and supported in matters involving the children in placements' birth family? 5) To what extent are resource parents stressed/strained and what factors are associated with strain experienced by resource parents? 6) What factors are associated with resource parents' retention and satisfaction?

- **Area and Local RFSU Support and Events.** Area and local office RFSUs provide direct support to resource families throughout the duration of their involvement with DCF. Among other responsibilities, RFSU staff are responsible for resource parent advocacy and retention efforts. In addition, throughout the year, local and area CP&P leadership plan for and hold town-hall style events throughout the state. At these events, participants collaboratively work towards to identify gaps in supportive services for resource families and ways to improve resource practice.

- **Training post-tests and course evaluations.** DCF evaluates resource parent training, including the training for kin caregivers, via post-tests and course evaluations. Training participants are required to complete a final test at the end of most in-service courses. Also, at the conclusion of each pre-service and in-service training program and/or course, participants are provided with an anonymous evaluation survey that includes satisfaction metrics. For additional information and data related to trainings for kin caregivers, see Systemic Factor D, *Staff and Provider Training*.

- **Exit Interviews.** DCF facilitates exit interviews with resource parents who indicate an intent to close their homes due to a negative experience and offers additional support to retain these families when feasible and appropriate. DCF analyzes interview data collected through this process to identify trends and outcomes.

- **Annual Resource Parent Symposium and other statewide retention events.** Each year, DCF plans for and hosts an Annual Resource Parent Symposium aimed at recognizing and celebrating the resource family community. The symposium provides a forum for resource parents to network with peers, DCF staff, and community providers, and offers various workshops to enhance their knowledge as caregivers. In addition to this annual event, DCF hosts other retention events throughout the state to recognize and celebrate resource families.

DCF is also reviewing the available research and literature regarding best practices for supporting resource families. Many of these practices are already in place in New Jersey, such as opportunities for peer networking and monthly support groups, mentorship by experienced resource parents, specialized staff roles, resource parent recognition events, and use of flexible funds. RPAC and embrella continue to explore ways to enhance retention and overall resource caregiver satisfaction by developing clear communication strategies, creating Frequently Asked Questions infromation that will be available online, revising the Resource Family Handbook, and increasing awareness around available supports so resource parents can remain informed and empowered. DCF recognized that another opportunity to elicit vital feedback is after completion of pre-service training. DCF is revising and streamlining the post-training evaluation survey, to include more scaled and open-ended questions. The evaluation is administered through Microsoft Forms, allowing for data collection and trend analysis by trainer, training course, and area. Results will be reviewed on a quarterly basis to inform future revision or enhancement of pre-service training, as well as the development of additional in-service training courses.

Recruitment and support for kinship caregivers. When families must be separated to ensure the safety of children, DCF is focused on making sure that children can remain with extended family or family friends and. For additional information and data on kin placement and staff perspectives to kin care, see Section III, *Assessment of Child and Family, Outcomes, Well-Being*. In the years covered by the 2020-2024 CFSP

and during the Round 3 CFSR PIP implementation period, DCF put into place new policies and practices related to kinship placement, undertook extensive research on kinship practices, began a resource unit pilot program to increase kin placement rates, and provided trainings and presentations on the value of kinship. Highlights follow.

- **Policies and tools related to kin care.** Between 2020 and the present, DCF updated policies related to kin care, including those that guide on placement of children with kin caregivers, services available to children placed with kin, kinship caregivers rule-outs and waivers, and kinship legal guardianship.[248] DCF developed a Kinship Exception Request (KER) form, a tool designed to more easily track of efforts to identify kin and to support discussions to locate kin.[249] Using this form, caseworkers are required to document attempts to locate and assess kin for out-of-home placement. Prior to placing a child in a non-kinship home, the local office manager or designee must review the completed form. The tool is updated throughout the life of the case and reviewed during enhanced reviews. CP&P also uses CLEAR searches to conduct comprehensive searches for kin when children enter out-of-home care.

- **Kinship training and guidance.** During the Round 3 CFSR PIP implementation period, DCF developed and facilitated multiple CP&P-wide staff trainings on topics such as the value of kinship, the importance of kin care, practical tools and strategies for family engagement, and the support that statewide operations can provide related to kin care. These trainings remain available to new and existing caseworkers. DCF provided guidance to staff around background checks, relative rule outs, and kinship legal guardianship. DCF also provides comprehensive initial and ongoing training to kin caregivers to ensure that they have the appropriate knowledge and skills to provide for the needs of the children in their care. For additional detail on staff and resource family training, see Systemic Factor D, *Staff and Provider Training.*

- **Proposed modifications to Regulations for kin caregivers.** Considering the final rule published by ACF on September 28, 2023, permitting Title IV-E agencies to adopt kin-specific licensing or approval standards for kinship resource homes, DCF formed a workgroup to review New Jersey's standards. DCF incorporated the workgroup's recommendations in a draft proposal for kinship regulations, which are pending approval.

- **Review of Data and Objectives and Key Results.** DCF utilizes data from LIS, Binti, and NJ SPIRIT, as well as dashboards in SafeMeasures, to regularly review data related to kin licensing and placement, e.g., the number of applications, the outcomes of applications, waivers, the number of children in kin placement, the duration of time to placement with kin. Department-wide, DCF established OKRs for all programmatic and operational offices to establish objectives and measurable outcomes to increase kin placement and support. Within CP&P, OKRs are in place for all local office to drive solution-focused strategies to identify and engage kinship caregivers. DCF intends to integrate OKRs into the CoQI process. For information on the CoQI process, see Systemic Factor C, *Quality Assurance System.*

- Collection and Analysis of Staff and Family Perspective.

- **Staff Surveys.** DCF undertakes periodic surveys of CP&P staff to understand their attitudes towards kinship placement under four key domains: attitudes towards kinship families and caregivers, perceived benefits of kinship care for the child, supportive office environment for kinship placement and attitudes towards kinship placement-related policy and process. Surveys were conducted in 2020 and 2023 with results informing local discussions and planning around how to improve kinship placement. For additional

[248] CPP-IV-B-2-125.pdf, CPP-IV-D-2-100.pdf, CPP-IV-D-1-100.pdf
[249] CPP-X-A-1-4.30.pdf

information on the survey and to review data and key findings from the survey, see Section III, *Assessment of Child and Family Outcomes, Well-Being,* and Systemic Factor C, *Quality Assurance System.* DCF also regularly seeks staff feedback related to resource family care and, in particular, placement with kin.

- **Staff Dialogue.** ORF undertakes reviews of KERs and engages in real-time dialogue with local offices to identify and address barriers, discuss emerging needs, and strategize collaboratively on solutions to increased kin placement. Also, monthly Impact Team Meetings, which bring together local resource unit staff, casework staff, ORF staff, Area Office staff, and OOL staff, serve as critical forums to discuss specific cases and systemic challenges impacting kinship placements. Quarterly statewide resource leadership meetings, which include OOL and OAO leadership, focus on assessing statewide and local needs and discussing strategies to strengthen and expand kinship placement practices

- **Kinship Exception Request Form Review.** Based on a 2024 CP&P review of 308 KER forms, DCF is aware of the following continued challenges: kinship providers being unwilling to accept placements due to personal, financial, or emotional constraints; difficulties in locating relatives identified in CLEAR searches; and delays in placement with out-of-state relatives due to lengthy interstate evaluations. DCF expects that the creation of the RFES role, who is focused on facilitation and outreach to kinship caregivers, will reduce these challenges. Together, the RFES, FRSU staff, and Home Study writers will better inform kinship families on the placement process and available resources and support them through the licensing process.

- **Resource Parent feedback.** As is described in the preceding section, DCF attains resource parent feedback through annual and ad hoc surveys, via the Resource Parent Advisory Council (RPAC), regular communication and events between resource parents and CP&P Resource Family Support Unit staff, and via training pre- and post-tests. The 2024-2025 resource parent survey provided information on the quality of services and support received. 546 resource parents completed the full survey and 1,077 resource parents partially responded to the survey. Of these participants: 44% were non-relative resource with interest in adoption, 26% were kinship resource parents, 22% were non-relative resource parents, and 7% were adoptive parents.

DCF remedied previously identified challenges related to CHRI and CARI background checks with modifications to the waiver process. For additional information on the waiver process, see Item 33, *Standards Applied Equally.*

Summary of Evidence Reviewed throughout Item 35, *Diligent Recruitment of Foster and Adoptive Homes*:
- State statutes and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, Final APSR to the 2020-2024 CFSP, 2026 APSR
- Administrative Data, including data from NJ SPIRIT, SafeMeasures, Cyber
- Qualitative Data, including internal staff narratives, internal and external focus groups, CoQI case reviews, family interviews, monitoring process, staff and resource parent survey.

Item 36. State Use of Cross-Jurisdictional Resources for Permanent Placements

Analysis. DCF maintains dedicated offices and has in place policies to support the effective use of cross-jurisdictional resources to facilitate timely adoption and permanency for children waiting for permanency. Highlights include:

- **Office of Interstate Services.** DCF's Office of Interstate Services provides centralized support to the CP&P local offices by coordinating and managing inter-jurisdictional out-of-home placement, domestically and internationally. Specially trained supervisors and consultants within the Office of Interstate Services support ICPC requests, work related to the Interstate Compact on Adoption Medical Assistance (ICAMA), DCF's contract with International Social Services, Intercountry Adoptions via the Hague Convention, compliance with ICWA, and Protective Service Alerts.

- The ICPC unit supports CP&P offices in processing requests where New Jerseys is either the requesting or receiving state. DCF's processes related to ICPC are summarized below.

- The ICAMA liaison processes Medicaid requests for incoming Title IV-E eligible children, sends requests to other states to open Medicaid for outgoing Title IV-E eligible children, and forwards requests for Medicaid extensions to other states when the youth is turning 18 years old.

- The International Social Services (ISS) Liaison handles referrals for services through DCF's contract with ISS. For additional information on services available through ISS, see below.

- The ICWA liaison receives referrals from the Area Concurrent Planners. The ICWA liaison forwards the referral information to the identified tribe or to the Bureau of Indian Affairs for confirmation of membership or eligibility. Any correspondence or documents will be forwarded to the Local office staff, upon receipt. For additional information on ICWA, see DCF's 2025-2029 CFSP.

- **Central Office of Resource Families and Area and Local Office Resource Family Support Units.** DCF's centralized ORF and area and local office RFSU, which are described in Item 33, *Standards Applied Equally*, provide oversight and guidance related to policies, procedures and practices to support children in out-of-home care, including children from outside of New Jersey, and the resource families that provide that care.

- **Office of Adoption Operations.** OAO is responsible for the Adoption Exchange, where adoptive homes are identified for youth with the goal of select home adoption. OAO provides training and oversight to local office CP&P adoption units to support of best practices and compliance with Adoption policies and regulations. Within OAO, the Adoption Subsidy Unit provides post-adoption support to adoptive resource families who receive an adoption subsidy, including but not limited to assistance related to payment, Interstate Compact on Adoption and Medical Assistance or Medicaid, rate reassessments, linkage to services, etc. Dedicated staff positions, including Recruitment Supervisors, Child Specific Recruiters, and Exchange Specialists, support CP&P's efforts to find permanent home for youth and undertake activities, inside and outside of New Jersey, such as sharing information about children with a select home adoption case and identifying individualized recruitment plans. For additional information on the OAO and the positions within OAO, see Item 35, *Diligent Recruitment of Foster and Adoptive Homes*.

Use of Cross-Jurisdictional Resources in New Jersey. New Jersey employs a number of policies and practices to facilitate timely permanency for children in out-of-home placement. Highlighted efforts follow.
Interstate Compact on the Placement of Children. New Jersey is a member of and relies on the principles and processes of ICPC to facilitate cross-jurisdictional placements for waiting children. ICPC is a statutory

agreement between all 50 states, District of Columbia and the U.S Virgin Islands. The agreement governs the placement of children from one state to another state. It sets forth the requirements that must be met before a child can be placed out-of-state. The Compact ensures prospective placements are safe and suitable before approval, and it ensures that the individual or entity placing the child remains legally and financially responsible for the child following placement. To achieve this goal of locating suitable placement environments for children placed interstate, the Compact requires notice of intent to place and evaluation of a placement suitable before it is made; specifically allocates the legal and administrative responsibilities during the time of the interstate placement; provides a basis for enforcement of rights and responsibilities of the sending and receiving parties; and authorizes joint actions of the administrators in all party states to further the effective and efficient operations and services for children in interstate placements. Table 53 includes the number of children placed in resource or adoptive resource homes via ICPC in Calendar Year 2023.

Table 53. Number of children placed in resource or adoptive homes via ICPC, CY 2023, Source: NJ SPIRIT

[Category]	Number of Children
Out-of-State Children Placed in Foster or Adoptive Homes in New Jersey	116
New Jersey Children Placed in Foster or Adoptive Homes Out-of-State	47

A summary of New Jersey's processes for placement of New Jersey children outside of the state follows.

- When it is determined that it may be in a child's best interest to reside with a parent, relative, or unrelated person in another state, CP&P requests that the out-of-state agency (OSA or "receiving state") conduct an evaluation. Children may not be placed into an out-of-state home until, and unless, the home is approved or licensed per the receiving state's policy. ICPC procedures require CP&P to demonstrate that it has adequate legal jurisdiction over the child to maintain financial and social planning responsibility, as well as to effectuate the child's return to New Jersey should the placement in the receiving state disrupt. Once the prospective caregiver confirms his interest in caring for the child, and the child's legal status is established, the CP&P caseworker prepares a referral packet. Likewise, when a child in DCF custody is identified as a potential candidate for out-of-state adoption, DCF contacts other states with potential adoptive families. Once an interested family is identified, CP&P prepares a referral packet. A referral packet consists of a Request for Home Evaluation Cover Letter, a Child Social Summary or Case Plan Assessment, a copy of the child's long-form birth certificate (upon availability), Title IV-E eligibility documentation, the child's education record, and one of the following: OSC or current court order of custody with accompanying verified complaint, 45 Day Child Placement Review Court Order, an order of compliance, or a court order directing CP&P to obtain an OSA evaluation.

- The CP&P caseworker submits the referral packet to DCF's centralized Interstate Services Unit. Specially trained staff within the Interstate Services Unit review the referral packet to determine if any additional information or clarification is needed before transmitting it to the receiving state's Interstate Compact Administrator. When complete, the Office of Interstate Services, submits referral packet to the OSA through NEICE. Staff in DCF's Office of Interstate Services report that New Jersey has seen a vast improvement in communication and document sharing with other States since the inception of the NEICE, including quicker and more secure information sharing.

- The receiving state's Compact Administrator forwards the request to the appropriate local agency for review and response. The local agency reviews the information and conducts a preliminary home study on the prospective resource or adoptive family. OSA processes and time frames vary based on their unique standards, requirements, and circumstances.

- The receiving state's Compact Administrator provides the Interstate Services Unit with the completed and signed OSA evaluation report (ICPC 100A form), which includes the receiving state's recommendation on placement. with recommendation along with the ICPC 100A. By signing the ICPC 100A form, both the social and financial planning responsibility of CP&P for the child and the out-of-

state agency's responsibility to provide casework services is established. If approved, the receiving state completes the home study and provides supervision.

- DCF's Interstate Services Unit forwards the OSA evaluation report to the CP&P local office. The local office thereafter notifies the Interstate Unit of whether the approved placement resource will or will not be utilized. If the out-of-state placement is utilized, DCF facilitates placement in the out-of-state resource or adoptive home, continues to provide services to the family in New Jersey, and, in situations where a child is free for adoption, completes the process to finalize the adoption. The receiving State supervises the placement and provides supportive services to the resource or adoptive family and the children. Interstate staff report that challenges most commonly arise in securing timely services for children when the children are not Title IV-E eligible.

A summary of New Jersey's processes for placement of out-of-state children in New Jersey follows.

- An OSA submits a request through NIECE for a home study assessment in New Jersey. This request is made to DCF's Interstate Services Unit. The Interstate Services Unit screens the request to ensure all required information and documentation was provided and documents intake of the assessment. After screening, the Interstate Services Unit assigns the Interstate Home Study Assessment Request to the appropriate CP&P local office.

- The assigned CP&P local office assigns the out-of-state assessment request to a RFSU caseworker to create a record. Within sixty days, the RFSU caseworker conducts a home study assessment of the potential resource home and completes a Resource Parent Interstate Home Study Assessment Status Sheet and Interstate Home Study Assessment and reviews the Resource Home Licensure Requirements Notification and Agreement to Comply with the prospective resource or adoptive home.[250] The caseworker completes the New Jersey SAFE Resource Family Home Study Report, to determine the suitability of the placement. During this process, the RFSU caseworker evaluates specific concerns noted by the out-of-state agency in the referral packet, if any. Upon completion of the New Jersey SAFE Resource Family Home Study Report, the Resource Parent Interstate Home Study Assessment Status Sheet, the Resource Home Licensure Requirements Notification, and Agreement to Comply to the Interstate Services Unit.

- The Interstate Services Unit reviews the documents and forwards the documents and the approval or denial determination to the OSA. If, after conducting the home study assessment, CP&P determines that the placement is suitable, the Interstate Services Unit advises the OSA of its responsibility to retain jurisdiction of the child. The Interstate Services Unit notifies the OSA that placement, before the home is licensed, does not qualify for ICPC approval for foster care or adoption. If the OSA is seeking ICPC approval, an ICPC 100A is required, with an appropriate financial and medical plan. The sending agency retains financial and social planning responsibility for the child and CP&P agrees to provide supervision and periodic reports. The ICPC 100A is in effect when both the sending and receiving states have signed it. The Interstate Services Unit sends a copy of the signed ICPC 100A to the Local Office for their information and filing. If CP&P determines that the placement plan in New Jersey is not suitable, the Interstate Services Unit forwards the New Jersey SAFE Resource Family Home Study Report and Resource Parent Interstate Home Study Assessment Status Sheet, to the out-of-state agency, advising them of the recommendation and denial of the placement.

[250] P.L. 109-239

Table 54. Timeliness of Completion of ICPC Requests Made to New Jersey for Resource or Adoptive Home Studies, CY 2023, Source: NJ SPIRIT

[Category]	Number of Requests
Requests to DCF for Home Studies via ICPC	202
Requests Completed within 60 Calendar Days	108 (53%)

Search and Matching Tools. New Jersey uses the National Adoption Exchange, an online platform that allows child welfare agencies to share information about children available for adoption across state lines and enables potential adoptive families to search for matches. New Jersey also has child specific contracts with private out-of-state adoption agencies to achieve permanency for special needs waiting children. These resources are used when a child has a select home adoption goal and may be included in child-specific recruitment plans.

International Social Services. Through a contract with ISS, the following permanency services are available in other countries and Puerto Rico: including document and person tracing, searches for missing parents, home studies of parents and relatives for reunification, transfer of custody, or placement, child welfare check and other assessments, resource applicant criminal background check, post placement follow-up, obtaining birth certificates, other sharing of court documents, DNA testing, various assessments, and virtual court attendance. ISS completes home studies for the return of children to family and can complete adoptive home studies in countries that are not members of the Hague Convention. ISS makes available In addition to this contract, New Jersey has developed relationships with different government consulates and has a Memorandum of Understanding with the Mexican Consulate to provide services, including home studies and assistance attaining documents.

New Jersey-New York Border Agreement. In November 2020, a border agreement was executed between DCF, the New York Office of Child and Family Services, and the New York City Administration for Children's Services. The agreement applies to temporary emergency placements of children between the five counties of New York City and the five New Jersey counties that border New York City, pending completion of a full home study under the ICPC. If the temporary placement is approved per provisions of the Border Agreement, the ICPC request must be submitted within ten business days from the date the child is placed. These types of ICPC requests are used for foster care placements and, when appropriate, progress to adoptive placements. If placed per the Border Agreement provisions, the child remains in the home, under supervision, throughout the foster certification period. In 2023, the Border Agreement was invoked for twelve New Jersey children and thirty-five New York children. Of those requests, placement was expedited for thirty children for the year. The remaining seventeen requests were deferred, not resubmitted, or approved as ICPC requests.

Summary of Evidence Reviewed throughout Item 36, *State Use of Cross-Jurisdictional Resources for Permanent Placements*:
- State statutes and DCF regulations, policies, and guidance documents
- 2020-2024 CFSP, 2025-2029 CFSP, Final APSR to the 2020-2024 CFSP, 2026 APSR
- Administrative Data, including data from NJ SPIRIT, SafeMeasures, Cyber
- Qualitative Data, including internal staff narratives, internal and external focus groups, CoQI case reviews, family interviews, monitoring process, staff and resource parent survey.