

DCF Today

2013-2014



March 2015

Dear Colleagues,

I am pleased to present the New Jersey Department of Children and Families' *DCF Today*, outlining major accomplishments during Fiscal Year 2013-2014. This report is organized around our Strategic Plan's five strategic priorities. The Strategic Plan guides our work and focuses our efforts across the department, prioritizing five key goals:

- Providing ease of access to care for children, youth, and families;
- Ensuring the integrity and quality of our system of care;
- Collaborating with stakeholder and community partners to improve outcomes;
- Ensuring the accuracy and timeliness of our communication with the public; and,
- Continually examining and preparing our organization to make sure our work force and structure are aligned with our mission and strategic priorities.

As an organization committed to continuous learning, we increasingly rely on data to "track and adjust" our work in order to better serve women, children, youth, and families. Many initiatives described in this year's report reflect our increased focus on data to perform our work and achieve our goals. For example, page 14 discusses our strides to become a trauma-informed system of care. Another example is the Keeping Families Together initiative (pages 14-15), which promotes housing stability, a key factor in the well-being of the children and families we serve. These and other initiatives described in this report provide a glimpse into our efforts to address difficult issues and accomplish our goals.

There is, of course, still much to be done to achieve our vision of ensuring a better today and even greater tomorrow for every individual we serve. It is important, however, to take a moment to reflect on the challenges we have faced and to celebrate how, as a department and a community, we successfully met those challenges. In the year ahead, we look forward to continuing our work with committed and compassionate partners to ensure the safety, well-being and success of New Jersey's children, youth and families.

Sincerely,



Allison Blake, LSW, Ph.D.
Commissioner
New Jersey Department of Children and Families



DCF Today

2013-2014

Vision

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

Mission

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

Strategic Priorities



Seamless System of Care

To provide ease of access to care for children, youth and families



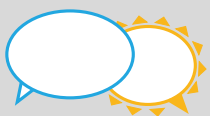
Continuous Quality Improvement

To ensure the integrity and quality of DCF's system of care



Partnerships

To collaborate with stakeholders and community partners to improve outcomes for New Jersey children, youth and families



Communication

To enhance the effectiveness of communication with employees, partners, the media and the general public



Organizational Development

To continually examine and prepare the organization structurally, in alignment with the mission and strategic plan

Values

We value the unique strengths, needs and abilities of all individuals.

We achieve positive outcomes through individualized, family-oriented, child and youth centered services.

We foster healthy relationships that promote safety and well-being for children, youth, adults and families.

We are ethical, fair and transparent in all that we do.

We are culturally aware, informed and responsive; we value and respect diverse traditions, heritages, and experiences.

We work in partnership with individuals, families and the community, as well as with other state departments and within DCF, to build connection, strength and success.

We are professional, highly trained and committed to the communities we serve.

We provide excellent customer service so anyone can easily find and access services when needed.

We provide innovative solutions aligned with community needs.

We are accountable to our partners, ourselves and the communities we serve.

We are good stewards of the resources entrusted to us.

We continually seek to learn and correct ourselves when needed to provide the very best solutions for children, youth, individuals and families.

We recognize and respond to the impact of traumatic stress on those who have contact with our system.

We listen to and communicate openly and honestly with the community and with our partners.





SEAMLESS SYSTEM OF CARE



Human Trafficking

Responding to increased awareness of the link between the human trafficking of children and youth and the child welfare system in the United States, DCF has strategically positioned itself as a leader in both preventing and responding to the trafficking of minors in New Jersey. Our efforts have included strong collaboration with the Office of the Attorney General and other federal, state, and local law enforcement entities to help ensure traffickers are convicted, while survivors receive the critical services they need.

DCF began its efforts by promoting awareness and education on trafficking to our staff, stakeholders, and service providers. Funding has been provided for prevention services for at-risk youth. DCF has linked street-outreach providers with law enforcement. Additionally, we are partnering with the Department of Health and other health care providers to combat trafficking in New Jersey. Our work also helped bring the Safe Shelter Collaborative project to New Jersey, which is assisting domestic violence programs in our State to assist adult survivors of both labor and sex trafficking.

DCF received over 150 reports of potential trafficking of minors in New Jersey between July 2013 and June 2014. Our data to date indicates that the majority of the cases involve girls, and that the youth (boys, girls, and transgender) primarily are residing with a parent or relative at the time of the report. Consistent with national findings, many of the youth have had adverse childhood experiences along with past involvement with the child welfare system. These youth come from throughout our State, and most are domestic minors. Unfortunately, at the time of the report the youth were described as needing services related to substance abuse, medical injuries and other conditions, as well as mental health services.

Quick Facts*

- 56% of the reports involved youth age 16-17
- 14 reports involved children age 12 or younger
- 9% of the youth were hospitalized at the time the report was received
- 54% of the cases had law enforcement involvement at the time of the report

*Out of 95 youth

In efforts to better capture and report on relevant Human Trafficking data, the Division of Child Protection and Permanency Case Management System (NJ Spirit) was enhanced to incorporate added values within the Intake and Investigation windows. With these refined data and reporting capabilities, DCF is now better equipped to provide more focused allocation of resources/services to these families in need.

Central Intake (CI)

Central Intake is a prevention-oriented system of care that provides a single point of entry and easy access for families to an array of available services and supports that cut across service sectors—Health, Home Visiting, Head Start, Early Intervention, Child Care, Preschool, Family Success Centers, School Linked Services, Child Behavioral Health, and more. Central Intake addresses both care coordination and systems integration by improving communication among families and providers, and providing health and wellness information. CI helps parents/families by streamlining the referral process for screening, eligibility, assessment and linkage to local community-based services. This state and local partnership network ensures that existing resources are appropriately utilized and reduces duplication of service by:

- Bolstering recruitment, enrollment, retention, and family engagement in home visiting and other available early childhood services;
- Connecting families to services that meet their particular needs as identified through a screening and/or assessment process; and
- Supporting integration across the multiple delivery systems important to children's well-being including health, mental health, early learning, and child welfare.

Most importantly these early supports for families are designed to reduce risks for child neglect and abuse by improving prenatal/birth outcomes, early learning, preventive care, and parent/community support.

The concept of Central Intake was piloted by the DCF Division of Family & Community Partnerships in 2007 and began on a small scale in 2008 (seven target counties) when DCF received funds to expand Home Visiting services from pregnancy to age three. Since this time, the CI concept has gained national attention as a core prevention/public health approach. And, the focus in NJ has grown—leading to strong interdepartmental collaborations with Health, Human Services, and Education. In fact, the Department of Health now supports the expansion of CI to eight additional counties in their Improving Pregnancy Outcomes initiative; and the Department of Education designated Race To The Top Early Learning Challenge (RTT-ELC) funds to expand Central Intake to the remaining six counties. DCF-FCP early childhood staff continues to provide close collaboration with DOH as the lead for this expansion.

Housing

In September 2013, Care Plus NJ, Inc. was awarded funding for a female transitional living housing program. The program will provide housing for five females ages 18 – 21; one of the slots is for a pregnant or parenting young adult. The program, Strive for Independence II, provides services to assist young adults in learning the skills necessary for self-sufficiency. The first resident was placed in December 2013 and additional eligible young adults are currently being recruited and interviewed for placement.

NJ Foster Care Scholars (NJFCS) Program

NJFCS celebrated its ten year anniversary in the summer of 2013.

The Department of Children and Families continues to offer the New Jersey Foster Care Scholars Program to provide funding and support to eligible foster, adoptive, kinship, youth living in transitional programs and homeless youth to pursue post-secondary education (including Career Technical education). The NJFCS Program was created in 2003 and is overseen by the Office of Educational Support and Programs (OESP) within the Office of Adolescent Services and is administered by Foster and Adoptive Family Services (FAFS).

Every student enrolled in the NJFCS Program is simultaneously enrolled in Project MYSELF which is administered by Transitions for Youth at the Institute for Families through the Rutgers School of Social Work. This is a multi-service year round mentoring program designed to improve academic performance, increase post-secondary education retention, complete post-secondary education and develop essential life skills and competencies. The NJFCS Program served 367 students, 81% of whom were full time, during the 2013-2014 academic year. Students attended 104 post-secondary institutions throughout the country.

Furthering Our Support of Children and Youth with Disabilities

During the past year, DCF has worked diligently to develop, implement and enhance services for youth with Developmental/Intellectual Disabilities. The Department has expanded our assessment tools and simplified the referral processes. We have also enhanced our electronic record system to better meet the needs of the youth we serve. In addition, DCF has developed and implemented an electronic application for the determination of eligibility of developmental and intellectual disabilities. The electronic application process has reduced the review time for new applications from an average of 68 days to 22 days.

As part of the transition of youth with Developmental/Intellectual Disabilities (DD/ID), the Children's System of Care (CSOC) was tasked with implementing several components of the NJ Comprehensive Medicaid Waiver. These components included new services specifically designed to meet the needs of youth with DD/ID.



As part of this work, CSOC has developed and implemented a Request for Qualifications to identify providers who were interested and have the identified qualifications to provide the following services:

Intensive In Home (IIH) services for youth with DD/ID. IIH includes three levels of service:

- Clinical – a trained independent clinician with training and experience in working with youth with DD/ID.
- Applied Behavior Analysis (ABA) – an evidenced based practice that has demonstrated outcomes for youth on the autism spectrum. ABA has been available through commercial insurance plans in NJ, but not for youth with Medicaid prior to this pilot within the waiver.
- Behavior support interventions – interventions to address specific behavioral concerns for youth with Developmental/Intellectual Disabilities.

At this time CSOC has authorized 296 assessments for ABA services, 67 youth are receiving ABA, and 43 youth are receiving behavior interventions.

DCF Scholarship

The Department of Children and Families Scholarship is made possible through the Frances Day Training and Geraldine Thompson Fund which was established to provide scholarships to eligible youth who have current or former DCP&P involvement. Scholarships up to \$2500 per academic year are available for current or former foster youth who have a high school diploma or GED and have had at least six cumulative months of DCP&P out-of-home placement after age 12. As of December 31, 2013, 37 scholarships were awarded through the DCF Scholarship Fund for the 2013-2014 academic year.

CONTINUOUS QUALITY IMPROVEMENT



Continuous Quality Improvement (CQI)

Continuous Quality Improvement increases DCF's capacity to leverage data as evidence of areas of strength and areas for improvement, and in effectively identifying and implementing interventions that support the achievement of performance targets, program goals, and staff and service recipient satisfaction. CQI supports the culture of a learning organization, which is self-analyzing and self-correcting. CQI also effectively engages staff and stakeholders in advancing DCF's mission and achieving strategic goals through continuous and integrated evidence-informed efforts to improve service delivery and administrative practice.



In New Jersey, the CQI process is designed to empower staff in leading the agency toward improved quality through three fundamental processes.

1. Building knowledge through data and reports on how each individual's and each group's performance contributes to achieving outcomes for families and children and then creating action plans for improvement.
2. Structuring and leading staff in identifying barriers and best practices, and implementing solutions at the Local, County, Area, or State level that will enhance service delivery and achieve improved outcomes.
3. Implementing a case review process and using the reviews at the local level for coaching and mentoring, and at the Area level to identify trends, best practices, and needs for practice improvements.

During our most recent fiscal year, the CQI process was modified to include a focus on analyzing how well the system works with older youth (ages 18-21). DCF's CQI process also included reviews on older youth who exited care without achieving permanency.

Institutional Abuse Investigation Unit (IAIU)

The Institutional Abuse Investigation Unit (IAIU) is the child protective service unit that investigates allegations of child abuse and neglect in out-of-home settings. These settings include resource homes, residential treatment centers, group homes, child care centers, schools and camps. During the time period of July 1, 2013 through June 30, 2014, the IAIU investigated approximately 3,037 allegations of child abuse and neglect. Of the 3,037 investigations, 891 identified concerns related to policy, licensing, training or other issues. IAIU's Continuous Quality Improvement Unit (CQI) is responsible for following up on remediation by reviewing all plans of correction, ensuring that actions taken directly address the concerns identified and that actions are progressively implemented to reduce reoccurrences. In addition, the IAIU CQI Unit routinely identifies case practice successes and missed opportunities through an investigation audit process. The results of an audit are submitted for review to the IAIU Administrator and then shared with supervisory staff. Actions taken in response to audit findings range from training initiatives in collaboration with the DCF Professional Center to policy and protocol development with system partners. Audit results are shared directly with investigators during routine conferencing. The CQI Unit is an integral component in IAIU's efforts to maintain quality.



Resource Team Meeting (RTM)

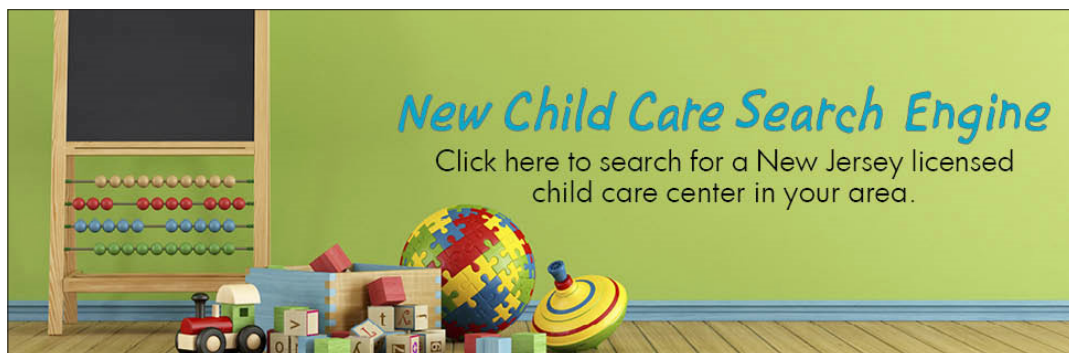
The Resource Team Meeting (RTM) program was developed in 2013-2014 to ensure that resource families have the support needed to care for children placed in their home. It is important that resource families receive support services because it helps reduce the need for children to be placed in multiple resource homes. The RTM gathers professionals and stakeholders who are concerned with the welfare of children in resource homes, based on specific criteria. Together, these individuals become a resource family's support team. The team identifies a resource family's strengths and support needs and then develops a success plan for the family that focuses on the safety, permanency, and well-being of children that are placed, or may be placed, in a resource home.

ChildStat

One of the Continuous Quality Improvement tools DCF uses regularly in order to be a self-reflecting, learning organization is ChildStat. ChildStat uses a case conferencing model where one case is seen as an opportunity to critically analyze practice, policy, and procedures from a systems perspective and identify specific steps that can be taken to enhance practice. In addition, ChildStat can help identify critical decision making elements and themes statewide. This process was revised during 2013-2014 to include a specialized focus on our work with families who were recently reunified. Offices are inviting other stakeholders to co-present, including therapists and other provider agencies. These partners have helped with the Department's decision making and are a part of the measured change in the family. These co-presenters also provide strategies integrated into assisting the family along with an analysis from their own professional perspective. During the fiscal year, a total of 16 case presentations were completed with the new format starting in January of 2014.

Child Care Licensing

DCF's Office of Licensing (OOL) licensed 3,990 child care centers and 2,010 family child care providers during the 2013-2014 fiscal year. The OOL is the licensing and regulatory authority of the Department of Children and Families. The OOL licenses and regulates child care centers, youth and residential programs, resource family homes and adoption agencies. Information on Licensing is currently available at <http://nj.gov/dcf/about/divisions/ol/>.





Establishment of New Office of Strategic Development

In April 2014, the Office of Strategic Development was created as part of DCF's long term strategic planning process and, among other roles, will be focused on working with the Department's divisions, offices and service providers to help DCF become a trauma-informed system of care and transition toward more evidence-based services. The Office of Strategic Development will focus on performance-based contracting and on ensuring DCF's service array is responsive to the changing needs of the women, children, youth, and families we serve.

Youth Advisory Board (YAB)

In 2013 DCF, in partnership with Rutgers University School of Social Work, began development of a new Youth Advisory Board model. This model incorporates feedback received from youth and other stakeholders and enhances support and resources for the YAB membership. The new structure also ensures that youth in all counties have the opportunity to participate in a Youth Advisory Board. Rutgers will create fifteen YABs statewide as well as one Youth Advisory Council, which will be composed of youth from the Division of Child Protection and Permanency, the Division of Children's System of Care, the Division of Family and Community Partnerships, and the DCF-Office of Education.

Youth At Risk of Homelessness (YARH) Federal Planning Grant

In October 2013, DCF was one of 18 jurisdictions to receive a YARH Federal Planning Grant award. This project is led by DCF's Office of Adolescent Services (OAS), working in partnership with three national organizations: the Center for the Study of Social Policy (CSSP), Child Trends, and the Corporation for Supportive Housing (CSH). The YARH grant is being used to fund the development of strategies to reduce and prevent youth in foster care from becoming homeless and to promote education/employment, permanency, and well-being outcomes specifically for young people who have experience in the child welfare system. These strategies aim to make system and practice level improvements in four areas: stable housing, permanent connections, education/employment, and social-emotional well-being. YARH grantees will build upon a preliminary framework for intervening with youth who are in foster care or have experienced some time in care, including youth age 14 and older, and are most likely to have a challenging transition to adulthood, such as homelessness and unstable housing experiences. In the Spring of 2015, DCF will apply for five year implementation funding in order to carry out these strategies and solutions to end homelessness for youth in foster care.

PARTNERSHIPS



Keeping Families Together (KFT)

Family homelessness and parental substance use disorders reap devastating effects on children, including high rates of family dissolution in the short-term. In the long-term, research shows that these challenges and poor outcomes tend to occur across generations. National research shows that, absent of comprehensive intervention, these families often confront out-of-home placements for their children, family dissolution, ongoing substance abuse and mental health disorders, intergenerational poverty, and long-term homelessness. In order to fully address the complex needs of families with

recurring child-welfare-involvement and co-occurring mental illness and substance use disorders, a longer-term comprehensive model (i.e. supportive housing) is needed.

DCF believes the Keeping Families Together (KFT) model will serve as a smart investment in meeting the needs and changing the trajectory of some of our most vulnerable child welfare involved families. KFT is a model of permanent supportive housing designed specifically for child welfare involved families who typically present with an array of co-occurring challenges. To date, KFT has proven to be a promising practice in improving child well-being and decreasing child welfare involvement.

The goal of KFT is to improve outcomes for children by providing a secure place for families to live in an affordable, caring, supportive setting. Families are provided with the necessary support and guidance to manage their lives and improve well-being. Children benefit from supportive and stable communities, positive adult role models, and stronger family units. In supportive housing, parents are able to enhance their capacity to provide a safe and stable home for their children. A growing body of research indicates that stabilizing individuals in supportive housing can reduce their use of expensive public crisis services such as emergency rooms, psychiatric hospitals, and jails. KFT results offer evidence that supportive housing can be an effective alternative to recurring child welfare system involvement and foster care placements among unstably housed families with substance abuse and/or mental health issues.

Keeping Families Together in New Jersey: Essex County Pilot

DCF, in partnership with the Department of Human Services (DHS), worked to identify housing subsidies (DHS) and service dollars (DCF) to support a KFT pilot in Essex County, New Jersey over the course of FY 2015. Through an RFP process, funds (\$200,000 for housing/\$200,000 for services) were awarded to Family Connections, who has developed and begun implementing a supportive housing program, Home Safe. Short term outcomes for Home Safe include locating safe, permanent housing for all 10 families and coordinating services to meet their needs. Long term goals include increased housing stability, decreasing involvement with CP&P, and improvement in caregiver outcomes and child wellbeing.

Healthy Sleep

In 2013-2014, DCF continued to partner with other state Departments to educate the community regarding healthy sleeping practices. As part of this educational campaign the Departments of Health, Education, and Children and Families worked through a grant from the Centers for Disease Control and Prevention to sponsor an art contest for the best depiction of “healthy sleep”. The winning picture was printed on tote bags which were packed with infant Halo sleep sacks, a children’s board book, and healthy sleep materials. Tote bags were then distributed throughout the community

in locations such as Family Success Centers, community health centers and teen parenting programs.

Race to the Top Early Learning Challenge Grant

In January 2014, NJ was awarded a Race to the Top Early Learning Challenge (RTT-ELC) Grant to improve program quality and services coordination for infants, young children and their families to maximize children's learning and development. DCF is one of four core New Jersey state departments that are working collaboratively to align and strengthen services for parents/families, infants and young children. Key aspects of NJ's early childhood infrastructure include:

- New Jersey Early Learning Commission and the associated Interdepartmental Planning Group actively working across departments of Education, Human Services, Health and DC to ensure integration and coordination of state-funded services across sectors; and
- New Jersey Council for Young Children (NJCYC) which brings together public and private partners to provide input and make recommendations.

This state-level infrastructure supports NJ's overarching goal and early childhood plan to ensure a well-functioning, statewide system of services that is high quality, coordinated and comprehensive for every infant and young child, their families, providers, and communities in NJ.

County Councils for Young Children (CCYC)

The DCF Division of Family and Community Partnerships (FCP) is leading the development of County Councils for Young Children (CCYC) in all 21 counties. The purpose of the CCYC is to create an environment where parents/families come together at the local level with service providers and other community stakeholders as active partners to identify/discuss the needs, concerns, aspirations and successes regarding issues that affect the health, education and well-being of their children. The County Councils will be linked to New Jersey's early childhood infrastructure that encompasses families, service providers (across sectors), and community stakeholders from pregnancy to age eight. The CCYCs are charged with paying particular attention to children/families in underrepresented and special populations to ensure that children are optimally prepared for school success.





County Councils for Young Children will:

- Build effective relationships between families with children (prenatal to age 8) and child care, preschool, health, home visiting, Head Start, family support, early intervention, and other community service providers, and local stakeholders.
- Implement a shared leadership model that supports parent leadership and promotes their input and active participation as a voice for change at the family, community, and state level.
- Include ongoing outreach to engage and retain hard-to-reach parents/caregivers (e.g. fathers, grandparents, immigrants, migrant workers, military service members, etc.)
- Contribute to the development and implementation of high quality early childhood services, including the development of NJ's quality rating improvement system (QRIS), Grow NJ Kids.
- Identify professional development training needs for the local workforce that best support the proposed policies, priorities, services and/or practices that were developed by the CCYC.

In addition, the CCYC will incorporate the Strengthening Families Protective Factors (PF) Framework. This Framework has been shown to result in a lower incidence of child abuse and neglect. Protective Factors include:

- 1) Nurturing and Attachment / Social-Emotional Well Being of Children;
- 2) Knowledge of Parenting and Child Development;
- 3) Parental Resilience;
- 4) Social Connections; and
- 5) Concrete Supports in Times of Need.

CCYCs will also embrace the NJ Standards for Prevention—found online at <http://www.state.nj.us/dcf/documents/about/commissions/njtfc/StandardsPrevention.pdf>.

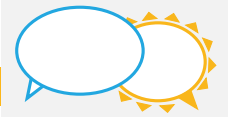
Strengthening Partnerships and Connections

In 2014, DCF continued its role as a core collaborator in several important early childhood partnership initiatives that strengthen collaboration at the state level and extend beyond to impact families at the community level, including:

- Early Childhood Comprehensive Systems - awarded to DCF by the Health Services and Resources Administration (HRSA), incorporating Help Me Grow framework
- Project LAUNCH - awarded to DCF by the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Race To The Top Early Learning Challenge (RTT-ELC) - awarded to Department of Education by the US-Department of Education/ Department of Health and Human Services, with funds allocated to DCF for County Councils, and the Department of Health for Central Intake.

DCF's role in all three of these initiatives is to bring together state and local partners to build a coordinated and integrated system of care that supports families with young children—pregnancy through early childhood (to age 8). They include early connections for screening/risk assessment and early linkages to strengthen parents/families and communities; and improve outcomes for child health and wellbeing (across sectors—health, child welfare, family support, early learning/education).

COMMUNICATION



Website/Publicly Accessible Information

DCF is committed to ensuring accountability to the people of New Jersey. Complete transparency on DCF outcome measures, policies and procedures is a key component of accountability efforts.

DCF publishes monthly data reports on its website at <http://nj.gov/dcf/childdata/continuous/index.html>. This data represents a point-in-time snapshot of the information DCF leadership uses to help ensure the integrity and quality of DCF's system of care.

Continuous Quality Improvement

Seamless System of Care

Partnerships

Communication

Organizational Development

Safe Haven


Federal Child and Family Service Review

Other Federal Performance Measures

DCF Research Protocol

Home > Data > Continuous Quality Improvement

Continuous Quality Improvement

The three reports below represent a point-in-time snapshot of the data DCF leadership uses each month to help ensure the integrity and quality of DCF's system of care.

Related Links

DCF Today (Accomplishments Report)

Commissioner's Dashboard

The Commissioner's Dashboard is a monthly report of selected data points that helps us understand who we are serving and how we are doing. It reflects our work across the department. The Commissioner's Dashboard helps guide our efforts as we strive daily to fulfill our department-wide vision and mission.

January 2015 - Commissioner's Dashboard (PDF)

December 2014 - Commissioner's Dashboard (PDF)

November 2014 - Commissioner's Dashboard (PDF)

October 2014 - Commissioner's Dashboard (PDF)

September 2014 - Commissioner's Dashboard (PDF)

August 2014 - Commissioner's Dashboard (PDF)

July 2014 - Commissioner's Dashboard (PDF)

June 2014 - Commissioner's Dashboard (PDF)

May 2014 - Commissioner's Dashboard (PDF)

April 2014 - Commissioner's Dashboard (PDF)

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In addition, in June, DCF unveiled a new, publicly accessible internet portal for the publication of its policies, forms and regulations. The site, reachable at http://www.nj.gov/dcf/policy_manuals/, includes Administrative Orders issued by the Commissioner, policies and procedures for the Division of Child Protection and Permanency, the Division of Children's System of Care and the Office of Education, as well as policy manuals related to contracting and procurement.

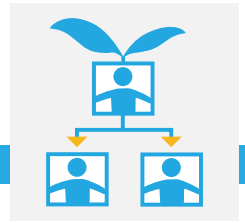
This year, DCF also made it easier for the public to receive department news and other information by email. The department's website now features a subscription page where members of the general public can join DCF's email communication database. Participants can elect to receive news releases, messages from the Commissioner, requests for proposals, and regulatory notices. This new email messaging system also makes it possible for subscribers to easily edit their contact information and/or remove themselves from the email database.



Adolescent Practice Forums

Adolescent Practice Forums continue to bring together staff from Child Protection and Permanency (CP&P), the DCF Office of Education and the staff of the Children's System of Care, and Care Management Organizations (CMO) for cross/system networking opportunities. Presentations at the Forums include topics such as the Medicaid Extension to 26, the role out of the new Youth Advisory Boards, permanency initiatives, educational initiatives, employment resources and other pertinent practices/resources. These forums also serve as a platform for feedback about policies and for brainstorming initiatives that will improve services, resources and case practice tools.

ORGANIZATIONAL DEVELOPMENT



In the 2013-2014 fiscal year, DCF demonstrated its commitment to continuously improving the knowledge base of DCF employees by holding 1,659 training classes attended by 28,639 staff and stakeholders. Training opportunities were offered through a catalog including over 100 courses designed to meet the specific needs of DCF staff. Training satisfaction surveys were administered to all who attended. The results showed a workforce that was highly satisfied with both content and delivery. For example, 3.7 (out of a 4.0) of participants felt the training was useful and would help them with their work with families.

Case Planning Training

In 2013-2014, DCF sought to improve the ability of caseworkers to successfully partner with families on the development of a case plan. Active family participation in the case planning is critical to the change process that needs to occur in families. However, skill levels in this particular area vary widely and do not lend themselves to a “one size fits all” training approach.

DCF initiated a new program in 2013-2014 designed to tailor training delivery to the particular case planning needs of each DCF Local Office as identified by CQI evaluations, local leadership, families and line staff. Evaluation components at the start and conclusion of the training serve to inform DCF of training success, knowledge gain and attitude change.

Overall the training has had a remarkable effect on staff’s commitment to the case planning process, as reflected in the following quotes from training participants:

“The Trainer was very engaging and presented the information in a way that not only impacted me intellectually but also touched my core. I plan to implement everything that I learned.”

“Training was informative and educational and will help me in my case work and help me improve case planning with the families I serve.”

“I learned a lot about the importance of engagement in the case planning process.”

“The training was a great experience for me! I now know how to do a good case plan!”

“People are highly receptive to the case planning process and want to capture the voice of families in that process” – Marvin Ford- TOL Manager



Adolescent Advocacy Program and Post BA Certificate Program

The first year of the Adolescent Advocacy Program ended in August 2013 with twenty-eight (28) of DCF's Child Protection and Permanency staff completing the program. A Best Practice Tips booklet was created utilizing comments and insight from participants captured over the course of the program. The second year began in September 2013 with forty (40) students either taking the courses online or in person at Montclair State University.

The Post BA Certificate Program in Adolescent Advocacy at Montclair State University is a fifteen (15)-credit certificate focused on adolescent advocacy and case practice. The Adolescent Advocacy certificate is similar in structure to the already existing Post-BA Certificate in Child Advocacy. It has been designed to provide students with a multidisciplinary understanding of the role of the adolescent advocate as seen through the disciplines of law, sociology, and psychology. Two Youth Workers have been hired to help ensure the program is youth driven. Youth workers will assist in presentations to classes and with curriculum development and review.

New Jersey Spirit Disaster Recovery Environment and Exercise

To better prepare for an unexpected state of emergency or disaster, DCF in conjunction with the Department of Human Services and the State Office of Information Technology, deployed new hardware and software to develop a comprehensive NJ SPIRIT Disaster Recovery (DR) Environment. This environment was configured to mirror NJ SPIRIT production and have the ability to provide a seamless transition for end users in addition to supporting all aspects of the NJ SPIRIT application. Preparations to complete a full Disaster Recovery exercise on this newly upgraded NJ SPIRIT environment began in January 2014 and culminated with a successful week long DR exercise in April 2014. This test involved coordination with multiple agencies and was transparent to the user population.

Organizational Trauma Readiness Assessment

During 2013-2014 DCF kicked off a "Series on Trauma Informed Care," in collaboration with Rutgers University. At its first event, DCF hosted Dr. Victoria Kelly, who presented on the impact of secondary trauma and the importance of self-care as well as how stakeholders can work together to become a more trauma-informed system of care.

In addition, as part of DCF's commitment to becoming a trauma-informed system of care and to recognizing and reducing trauma's impact among our children, families, staff, and community partners, DCF has partnered with Rutgers Behavioral Health Care to conduct an organizational Trauma Readiness Assessment for the Division of Child Protection and Permanency (CP&P) and our provider and cross-system partners.

This assessment will occur during fiscal year 2015 and will identify DCF's strengths and guide improvements to policies and practices. It will include interviews with child welfare leadership and staff; focus group discussions with child welfare staff, youth, families, and provider and cross-system partners; and a CP&P staff and provider and cross-system partner's survey. To support the work of our Rutgers partners, an internal advisory panel was formed to assist in the process of conducting the organizational Trauma Readiness Assessment.

Direct Deposit / Debit Card NJ SPIRIT Enhancement

With the advent of electronic banking, DCF took steps to become more environmentally conscious while improving the fiscal reimbursement experience for those providing out of home placement and adoption for DCF children. In January 2014 DCF began the process of replacing paper checks for all Foster, Adoptive, and Kinship families. These families now have the choice of having their monthly payments directly deposited into their bank account or provided via a debit card.

This enhancement was designed to deliver a more secure, reliable, and convenient payment method for those that provide such a vital service to our children and families.





Contact Us

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Have any concerns or questions? Call the DCF Office of Advocacy at 1-877-543-7864, Monday through Friday between 8:30 a.m. and 4:30 p.m.