



**Protection Committee**  
**Richard Stagliano, Chair**  
**Liza Kirschenbaum, Esq, Vice-Chair**  
**June 10, 2020**  
**Virtual Meeting**  
**Minutes**

**In Attendance:**

Greta Anderson	NJ DCF – Institutional Abuse Investigation Unit (IAIU)
Liza Kirschenbaum	CASA of New Jersey
Sonia Moticha	Department of Education
Judy Spinney	Therapist
Richard Stagliano	Center for Family Services
Nora Pearce	Trainer/Consultant
Tara Rizzolo	Embrella
Kathy Haggerty	Administrative Office of the Courts
Jennifer Underwood	NJ Department of Community Affairs
Marilyn Gorney-Daley	NJ Department of Health
Esther East	Jewish Family Services
Martin Finkel	CARES Institute
Debbie Riveros	Monmouth County Child Advocacy Center
Eileen Caraker	Gloucester County Prosecutor's Office
Jane Reynolds	Mercer County Prosecutor's Office
Joyce Applegate	Catholic Charities
Lisa Landsman	Trainer/Consultant
Lorene Wilkerson	NJ Child Placement Advisory Council
Nydia Monagas	NJ Children's Alliance
Clinton Page	NJ Department of Children & Families

**Guests**

Nancy Carre-Lee	NJ Department of Children & Families
Charyl Yarborough	NJ Department of Children & Families

**Staff:**

Daniel Yale	NJ Department of Children & Families
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**Introduction and Welcome**

The meeting was called to order and the Open Public Meetings notice was read. A brief welcome was provided by Richard Stagliano.

**Review and Approve December 4, 2019 Minutes**

The December 4, 2019 minutes were approved without edit.



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**Update on DCPD COVID-19 response, Nancy Carre-Lee, Deputy Director, DCPD**

Nancy Carre-Lee spoke to the Committee about how the pandemic has impacted DCPD and DCPD's overall operation. During the pandemic, there has been a stark decline in the amount of calls received to the State Central Registry (SCR). DCF's SCR receives allegations of child abuse and neglect and distributes the referrals to the proper DCPD local office. The SCR operates 24 hours a day, 7 days a week. Traditionally, the top 3 referral sources to the SCR are schools, law enforcement, and medical personnel. As schools are not in operation, that portion of referrals is not occurring. Prior to the pandemic, the SCR received between 14,000 – 15,000 calls monthly.

On March 19, 2020, a contingency plan was created to address the pandemic. DCPD reduced the number of staff conducting investigations and families to 24 "COVID-19 response teams". That number was increased to 20 per area for a total of 44 per area. The SCR prioritized calls for each response. Priority 1 and 2 are referrals in which the perpetrator has access to the victim. These referrals were investigated by a member of the "COVID-19 response team". Priority 3 referrals are cases where the perpetrator might not have access to the victim, so the response might be delayed. The "COVID-19 response teams" are also responsible for visiting with families that already have an open case with DCPD. Those families that were visited were those that either have a high or very high-risk assessment using DCPD's Structured Decision Making (SDM) tools as well as families that have children under the age of three. Any family that has a history of domestic violence or Safety Protection Plans in place will also be visited.

The DCPD local offices were closed to the public but remained open to staff that needed access to conduct business that they could not otherwise carry out. The 9 Area Offices throughout the state remained open with minimal staff. All other staff are working remotely from their homes. These staff are responsible for contacting each of their families through remote technology a minimum of once per week. Staff must also have two video conference per month, per family. DCPD staff are responsible for scheduling meetings with providers who are already servicing DCPD families through remote technology. Staff has access to NJSpirit to document all of their contacts and are responsible for attending court hearings via remote technology. Supervisors and Casework Supervisors have weekly conference calls with their staff and hold unit meetings throughout the month.

Nancy explained that visitation between parents and children that reside outside of their home are occurring via remote technology. If a child is ready for reunification with their families, there are no safety concerns, and it is approved by the Court, DCPD is facilitating reunification. Guidance has been issued to DCPD staff and providers around visitation and other work that can be accomplished via telehealth. This information is also posted on the DCPD website. Nancy also informed the Committee that young adults who are in care and are nearing the age of 21, can continue to receive services beyond their 21<sup>st</sup> birthday and until the end of December 2020.



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Richard asked about the use of PPEs for staff. Nancy stated that each staff member was provided with an ample amount of PPEs so that they will be safe. Lisa asked about training for staff during the pandemic. Nancy stated that they are working to put trainings online. The Committee thanked Nancy and DCPD for their efforts to continue services while keeping staff safe.

**DCF Office of Quality, Charyl Yarborough**

Charyl explained that the Office of Quality conducts reviews to understand practices and how practices are implemented. The services that are offered to families have a big impact on outcomes in the short and long-term. Many times the analyses of these programs show differences across the state in the degree to which families have access to quality services. As DCF began to look at what they could do better going forward in terms of our strategic plan, they began to focus in on contracted services to understand the services that are being provided as well as the quality of the services that are provided. We understand that there must be a shared understanding of the expectations of DCF and how to adapt those expectations over time. Part of DCF's Strategic Plan is to develop quality standards for contracted services. There must also be a shared language to build these standards.

The steps that DCF is looking to take are as follows:

- Engage in discussions with various stakeholders
- Draft quality standards
- Internal review
- Disseminating the standards to stakeholders to obtain comments and feedback.

Charyl explained that with COVID-19, DCF's perspective has changed from the initial vision. Due to these changes, DCF remains on a preliminary conversation around this work.

Charyl stated that there are two main questions to ask the Committee:

- What are the most common barriers that people see that are impacting the quality of services that are rendered to families?
  - Often times, when we receive feedback there are concerns related to certain types of services and barriers to services.
    - What barriers do you typically see around availability and are you seeing differences in certain areas or certain populations?
      - lack of community services. However, during the pandemic, the surge of telehealth and communications alleviated some of the transportation issues. The state moving towards evidence-based, evidence-supported is also excellent.
      - Specialized sexual abuse treatment and child on child inappropriate touching behavior are needed statewide.
      - Technology for telemedicine and teletherapy is needed.
      - Concerns about their immigration status.



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- Transportation issues and availability of services in certain geographic areas (i.e. Cumberland County)
- Language barriers
- Funds to purchase evidence-based materials
- Culturally sensitive psychologists
- Internet access for higher needs families

**Accessibility**

- Telehealth improves access to services
- Will relaxed regulations regarding telehealth continue?

**Acceptability**

- Culturally appropriate? DCF contracted psychologists are not always culturally sensitive.
- Not enough black and Hispanic psychologists throughout the state.

If there is something that is really important that you prioritize when you serve, that if you could make it a standard that everyone would be held accountable to, what would that be?

- Providers being able to help each other with cultural and race competency
- Utilizing evidence-based material and programming

Looking forward, after the quality standards have been developed, what does DCF need to do to ensure that they are implemented well? What do we need from provider organizations, DCF, and judicial partners to implement standards and services across contracts? What would provider organizations need to do to be able to adhere to systematic, consistent standards?

- Funding
- Training
- Supervision – the contract providers don't always have a clear understanding from the Division as to what they want them to do. Language in the contract needs to be clear and explicit. Reports need to be evaluated to ensure that the contract is being upheld.
- Standards need to be a framework for service provision and not a set of rigid regulations that retraumatize staff and clients
- Need additional funding to purchase material and hire competent staff
- Flexibility with funding
- There needs to be a very individualized decision process regarding teleservices. It should depend on the child and the family.



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**Committee Initiatives**

**The Digital Realm of Child Abuse Workgroup**

The Digital Realm of Child Abuse Workgroup is looking to expand on certain areas from the results of the survey. The areas that they will be expanding are: to develop and/or identify curricula or programming that relates to online safety for students and/or parents made available to all districts. All districts should follow the same curricula. The workgroup also discussed ensuring that there is an internet safety piece included that explains how digital platforms can increase vulnerability to digital exploitation. Sonia advised that the NJ Department of Education (DOE) cannot require districts to follow a designated curriculum, but can make recommendations.

The workgroup also discussed developing a publication regarding online safety to be provided to parents at the beginning of the school year. The workgroup recommends that there needs to be increased programming and education for elementary grades and to address differences in programming in the regions of the states and strive for consistency across the state. The workgroup will be developing a list of recommendations to be submitted to the NJ Department of Education.

**Juveniles with Sexually Inappropriate Behaviors Workgroup**

The Juveniles with Sexually Inappropriate Behaviors Workgroup has not been active as the head of the workgroup has retired. Richard stated that the workgroup will begin to meet again. Dr. Finkel stated that this is still a priority as children with sexual behavior problems, in great part, are related to exposure to online pornography. There are limited resources and clinicians who are comfortable with these issues. Dr. Finkel felt that once the state reopens, there will be a surge in sexual victimization cases and physical abuse cases, but particularly child on child sexual behavior problems. It is a challenging area that people are uncomfortable with and uncomfortable responding to, particularly regarding kids who have developed repetitive and compulsive behaviors.

Richard stated that the workgroup needs to start meeting again and asked for more volunteers. Nora Pearce, Judy Spinney, Lisa Landsman, and Nydia Monagas volunteered. Nydia also informed the Committee that the New Jersey Children's Alliance funded a training to train clinicians in five different counties in NJ. The clinicians were trained in Problematic Sexual Behavior – Cognitive Behavioral Therapy (PSB-CBT) which involves children ages 6 – 12. Nydia informed the Committee that they had a very difficult time getting referrals for the program and were not able to meet fidelity requirements.

**Announcements**

**Meeting adjourned – Next Meeting September 23, 2020.**