



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

QUALITY SERVICE, STRONG OUTCOMES:

IMPROVING MONITORING OF DCF'S CONTRACTED SERVICES

July 7 2021

I. INTRODUCTION

The New Jersey Department of Children and Families was formed in 2006 as New Jersey's first cabinet-level state agency dedicated to the safety and well-being of children, families and communities. In the years since its creation, DCF's mandate has expanded well beyond the protection of children to include: design and delivery of New Jersey's public children's behavioral health care system; provision of public services for children with intellectual and developmental disabilities and their families; provision of public services for children with autism and their families; and the administration of a network of services and coordinated supports aimed at strengthening families, preventing and interrupting child maltreatment, and supporting transition-aged youth as they exit foster care. In July 2012, DCF also proudly became the home of the Division on Women, New Jersey's pioneering state agency dedicated to the development, promotion and expansion of women's rights in the areas of poverty and welfare, employment and wages, work and family, the economic and social aspects of healthcare, prevention of violence against women, and women's civic and political participation in their communities. Over the last 12 years, concurrent with this growth, the Department has stabilized, grown, and developed the infrastructure needed to effectively serve children, women and families in the 21st Century. Today, DCF serves over 100,000 constituents each month through a combination of programs provided directly by its state offices, and programs, via a contracted network of community-based organizations.

In 2019, DCF released its 2019-21 strategic, plan which outlined the major values, strategies and priorities of the Department. Building and maintaining service excellence is included as a major component of the plan. DCF and its providers encounter constituents who are in the midst of some of the most difficult periods in their lives. Many of those with whom we work have experienced threats to their life and safety and are struggling mightily with effects of complex trauma, mental illness, health challenges, substance use disorders, and/or family violence. Our constituents deserve straightforward and non-discriminatory access to services, and the highest caliber of service during their time of need.

In order to ensure that DCF is providing the high caliber service, and in furtherance of the its strategic plan, DCF is launching a restructuring of its monitoring of the contracted service network, so that the Department is better positioned to assess the performance of its network, and to more comprehensively measure aspects of service that are most important to the constituents themselves. The new monitoring practices will be standardized, transparent, use reliable data and sound evaluation methods, incorporate priorities identified by service recipients, , and occur on a regular schedule. This restructuring will change the type, frequency and manner by which providers are monitored. Monitoring practices will be built over the course of several years, and will ultimately include assessment of quality, constituent and referrant experience, adherence to service models, and examination of the outcomes of the service.

This Concept Paper is intended to communicate the Department's goals and initial thoughts about effective monitoring practices for contracted services. Stakeholders and members of the public are invited to submit written comment by emailing DCF.Monitoring@dcf.nj.gov by August 6, 2021.

II. BACKGROUND

DCF provides and oversees an array of public services for children, youth, families and adults throughout the state. The Department directly provides services such as investigations of child maltreatment and institutional abuse, the state's child abuse hotline, child welfare case management, public adoption, and licensing of child care and residential facilities. The remainder of DCF's services, however, are provided via a ~\$900 million network of community-based organizations and vendors operating under contract to the Department to provide:

- Services to prevent child maltreatment by strengthening families, including home visiting, Family Success Centers, Parent Linking Program, and School Based Youth Services
- Services to help families with child protective involvement remain intact and/or to facilitate reunification or other permanency outcomes. These include: Family Preservation Services, In-home case management and clinical supports for child welfare-involved families; Keeping Families Together; Parent-child visitation programs; Forensic clinical services such as medical and psychological evaluation and treatment; CPSAI, Mommy & Me programs, Child Health Units, Peer Recovery Support Services
- The NJ Children's System of Care, which incorporates Care Management, Mobile Response and Stabilization Services, a network of clinical services including out of home treatment services, intensive in-home, intensive in-community services, and Family Support Organizations
- Domestic Violence services including hotlines, shelter, case management, counseling, children's services and advocacy
- Sexual Violence prevention, hotline, crisis intervention, support services, outreach and information/referral
- Displaced Homemaker services
- Services for transition aged-youth including Outreach to At Risk Youth, shelter and transitional housing, mentoring, and case management.

When DCF examined the feedback from the Commissioner’s Listening Tour¹, the federal Child and Family Service Review², and needs assessments undertaken throughout the Department over the last several years³, clear service challenges were noted. These include challenges with the quantity and type of services available (e.g., more of a specific service may be needed in a given community or across the entire State) in addition to concerns about the quality, cultural competence, and constituent experience. DCF shared this information with providers and other stakeholders during the Spring, 2019 Regional Forums. In those same forums, DCF also announced its intent to develop its use of routine data collection and performance and quality monitoring.

Throughout the remainder of 2019, DCF initiated preparatory efforts to this end, including an internal assessment of the purchased service inventory, the overhaul of DCF’s statewide Needs Assessment, and an examination of the Department’s existing data infrastructure.

In 2020, the COVID-19 Emergency temporarily interrupted the development of DCF’s work in this area as the Department pivoted to manage the emergency at hand. However, the Emergency served to highlight the need for this work to move forward. As we prepare for exit from the COVID 19 Emergency, DCF has recognized the need for comprehensive reform of its monitoring practices to that constituents are able to receive the help they need from the Department and the providers operating on its behalf.

III. GOALS

DCF’s efforts to improve monitoring of its network of contracted services will focus on the following four goals: ensuring that there are clear performance standards; building sound, participatory, and transparent monitoring methods; creating and maintaining consistent feedback loops with providers, constituents and communities; and effectively deploying Departmental resources.

CLEAR PROGRAM MODELS AND PROGRAM PERFORMANCE STANDARDS

In order to monitor the extent to which a given program is operating efficiently, and to ensure uniformity of services within a network of providers, it is necessary to have clearly articulated program standards. In addition to expectations related to level of service, the service model must also be clearly established. DCF will work to ensure that contracted scopes of service are consistent and describe clear, measurable service delivery expectations according to an articulated service model.

SOUND, PARTICIPATORY AND TRANSPARENT METHODS AND TOOLS

As clear performance standards are established, DCF will review findings from its Needs Assessment and academic literature, and will work with model developers, providers, constituents, and other stakeholders to develop monitoring methods and tools. DCF’s intention is to utilize mixed-methods approaches including, as applicable to the service, client interview, referrant interview, staff interview, site visits, record review, analysis of programmatic and performance metrics, and reviews of administrative records (e.g. personnel files, fiscal audits).

¹ <https://www.nj.gov/dcf/news/reportsnewsletters/dcfreportsnewsletters/ListeningTourReport.pdf>

² https://www.nj.gov/dcf/childdata/njfederal/NJ_CFSR_FinalReport_2017.pdf

³ <https://www.nj.gov/dcf/childdata/njfederal/New%20Jersey%202020-2024%20CFSP.pdf>

DCF plans to publish written monitoring methodologies for comment in advance of using them, and to implement them in a two-phase process as they are developed. Phase I is a pilot year, in which DCF and providers carry out the monitoring activities according to the methodology. During Phase I, participation in monitoring activities will be contractually required, but poor performance would not trigger significant impact on provider contracts unless severe health or life safety issues are exposed. Toward the end of Phase I, DCF would seek input from providers, constituents and others regarding any needed changes in methodology or process. Phase II represents full utilization, in which the monitoring process is embedded in contracts and performance may trigger contractual consequences. DCF will publish procedures applicable to each phase, such as procedures for safety alerts and intervention when monitoring uncovers a risk to health or life safety of a constituent, processes for implementing intake or referral freeze as a result of poor performance, Corrective Action Plan formats and processes, and other actions.

Lastly, DCF will work with providers, licensing and accrediting bodies to find the most effective approaches to issues such as the extent to which accreditation standards and processes may be incorporated to reduce duplication of effort, the frequency and scheduling of DCF monitoring, licensing and audit activities.

CREATING AND MAINTAINING CONSISTENT FEEDBACK LOOPS

DCF's intention is that information gathered through the monitoring activities described above will be incorporated into a provider-specific Program Performance Dashboard, comprising summaries of quantitative and qualitative measures of performance and quality specific to the program. The Dashboard will display the individual provider's performance as well as the network average performance for the service under review. Providers will be given the opportunity to review their Dashboard with the monitoring team and the relevant program office. Poor performance may warrant the imposition of a Corrective Action Plan or other interventions.

DCF will also create network level performance Dashboards, displaying the average performance of networks of service (e.g., all Mobile Response and Stabilization Services; all Family Success Centers) which will be shared with the relevant program office (e.g., Children's System of Care, Division on Women, Office of Family and Community Partnerships, etc.), providers, and posted to the DCF website for the general public.

As DCF builds its monitoring practice, the Department will seek regular input regarding the provider and constituent experience with monitoring practices as they are implemented.

USE OF INFORMATION GATHERED THROUGH MONITORING ACTIVITIES

Information gathered through monitoring will be shared with DCF program leads and providers, and will be incorporated into Departmental CQI processes. Program offices will be responsible for using the information obtained via monitoring to determine needed changes to the service network – changes in provider contracts, training, technical assistance, brokerage of partnerships with other government agencies, and the like. DCF will also publish network-level performance results on its website, and share the same with Human Services Advisory Councils, Children's Inter-Agency Coordinating Councils, and other external bodies, so that communities have more information available to them to hold the Department and its service network accountable for

high quality service delivery. Ultimately, information obtained through monitoring activities will come to inform contracting decisions, including eligibility for RFP awards, referral/intake suspensions, and contract terminations.

EFFECTIVELY DEPLOYING DEPARTMENTAL RESOURCES

In 2021, DCF will undergo an internal reorganization that will clarify roles and responsibilities of DCF staff with respect to provider relations, network management and monitoring. The resulting roles will be:

- **Program Offices** – The Children’s System of Care, Division of Family and Community Partnerships, and Division on Women will be the ongoing program offices within the Department that are responsible for management of purchased services. Program Offices will remain primarily responsible for the overall management of the network of service, including
 - management of the network community of practice (e.g., communications, learning forums, training and technical assistance);
 - oversight of day to day management issues such as waitlists, gate-keeping, and critical case interventions;
 - management of the quality of the network including imposition of corrective actions, and work to enhance or change program models; and
 - management of partnerships with other public services such as income assistance, FQHCs, housing supports, etc.

- **Office of Monitoring** – The newly created DCF Office of Monitoring will be the sole DCF office responsible for carrying out program monitoring activities. The Office will function independently of - but in partnership with - program offices. The Office will be responsible for developing and implementing monitoring protocols and methodologies, and overseeing the day-to-day work of the monitors.

- **Office of Contract Administration**– The OCA’s business offices will be the sole DCF office responsible, in collaboration with DCF Program Offices and the Office of Monitoring for administering Third Party Social Service contracts between DCF and providers; monitoring providers’ compliance with State and Federal administrative requirements; and compliance with contractual requirements such as expenditure reports, completion of fiscal audits, maintenance of required staffing patterns, etc.

In addition to organizing internal resources to support this work, DCF is working to streamline and improve its collection and management of information. DCF operates two large administrative data systems – Cyber and NJ SPIRIT – but has additionally, over the last decade or more, come to rely on a constellation of methods and tools to collect information from providers including Excel spreadsheets, NJ CONNEX, Survey Monkey tools, and monthly Provider Service Report to name a few. DCF will be investing in efforts to make data collection and electronic records management more efficient and effective over the next several years.

IV. CONCLUSION

Building a comprehensive network monitoring practice will be a multi-year process. This practice will be new for providers, constituents, DCF and other stakeholders. DCF welcomes written comments on this paper via email at DCF.Monitoring@dcf.nj.gov by August 6, 2021.