

NEW JERSEY
UNIFIED RESPONSE
TO THE
CITIZEN REVIEW PANELS
RECOMMENDATIONS
ISSUED JULY 2006

Department of Children and Families
Kevin M. Ryan
Commissioner
January 31, 2007

Table of Contents

	Page
I. Introduction	1
II. Human Resources	
• DYFS Staff Training	2
• DYFS Staff Retention	3
III. Safety	
• Statewide Central Registry	5
• Interface with Education	7
• Investigative Practice	8
• County Prosecutor's	10
• Medical Examiner System	10
IV. Permanence	
• Adoption Practice	11
• Kinship Legal Guardianship	12
• Access To Services	13
V. Information, Public Awareness and Accountability	
• DYFS Accountability and Data	15
• Public Awareness Campaigns	15
• Suicide Prevention	16
• Citizen Review Panel Support	17
VI. Summary of State's Proposed and Continuing Efforts	19

INTRODUCTION

The ongoing child welfare reform hinges upon inter-agency collaboration across child protective services, law enforcement, health, mental health, juvenile justice, education, and other public and private partners. The Department of Children and Families is deeply appreciative of the cooperation and support of our partners in the work of establishing and living out our vision for child welfare in New Jersey. The Department of Children and Families acknowledges and thanks Attorney General Stuart Rabner and Commissioner Lucille Davy, Department of Education and their respective staffs for their expertise, contributions and efforts to assure preparation and submission of the State's response to the New Jersey Citizen Review Panels Annual Reports.

The Department of Children and Families is the lead agency responsible to respond to the recommendations of the New Jersey Citizen Review Panels. DCF has reviewed the 2005 Annual Reports of each of the panels and recommendations contained therein with great interest and appreciation. As required by the Keeping Children and Families Safe Act of 2003 (Public Law 108-36), DCF submits this response to the panels' recommendations. DCF will continue to support each of the three panels, and considers them partners in systems reform and improvement in New Jersey.

This report provides a synopsis of the work being done to address the needs identified by the panels. This includes: suicide prevention, permanency, public awareness campaigns, investigation/assessment skills development and protocols, accessible and reliable data, services to birth and resource families, training of child welfare workers and teachers, the infrastructure of the Medical Examiner's office, as well as the budgetary and personnel concerns of the three panels.

In June 2006, DCF issued a turnaround plan, "Child Welfare in New Jersey: Focusing on the Fundamentals" and settled a pending contempt motion brought by Children's Rights in its federal litigation seeking reform of the child welfare system. The plan and the modified settlement agreement delineate the key priorities of DCF through clear strategic articulation of systemic efforts required to effectively address safety, permanence and well-being for children in New Jersey and an information system that will support the work. This plan was provided to the Citizen Review Panels in response to the previous reports issued to the Department of Human Services. While "Child Welfare in New Jersey: Focusing on the Fundamentals" does not specifically address the specific recommendations of the panels, it serves to map the path and trajectory of the work before us.

HUMAN RESOURCES

Several recommendations involved the need for training and retention of DYFS caseworkers and supervisors. In order to provide quality family assessment and services to children and families, DCF recognizes the need to hire, train and retain qualified staff. In addition, DCF seeks to provide opportunities for continued staff development. DCF has made significant advances in expectations and opportunities for staff to continue professional development as an essential element of a thriving child welfare system.

- ***DYFS Staff Training and Retention***

Training

All newly hired staff and recently promoted employees to the Family Service Specialist trainee position now receive 162 hours of training (27 classroom days and 20 field instruction days). Pre-service Family and Community Engagement training now includes the training elements from the First Responders in Child Welfare training program which is designed for DYFS workers responsible for child protective service investigations and child welfare assessments. The development of each employee is supported by close supervision in a field training unit. As of April 2006, all trainees begin pre-service training, "Family and Community Engagement," within 2 weeks of their employment start date. Trainers complete interim and final progress reports on each trainee which are shared with the trainee and the field training unit supervisor. In addition, there are structured case related activities that trainees are expected to complete on the days they are assigned to their respective local office for field training.

Currently, pre-service training for new workers (Family and Community Engagement) includes modules on safety and risk assessment in which a review of the family's previous protective services history is covered, as well as the importance of seeking collateral information regarding the family. In addition, effective September 2006, the curriculum for the First Responders as Child Protective Service Workers is required for each worker responsible for completing child protective service investigations, regardless of how long they have been working for DYFS. These trainings, along with reinforcement in the local office, underscore requirements to gather, fully review and assess the family's previous protective services history information when conducting both safety and risk assessments.

The supervisory curriculum has been revised and includes 16 classroom days (88 hours of training). The design and development of the curriculum included focus groups with DYFS supervisors and field training unit supervisors, consultation with DCF and DYFS leadership, and a review by the child welfare monitor. The curriculum includes 4 domains: self management, people management, casework management, and unit management. As of November 2006, all newly promoted supervisory staff will participate in this mandatory training.

Concurrent planning training commenced January 2006 and thus far, approximately 2500 staff has been trained. This training is delivered in partnership with the School of Social Work at Rutgers University.

The New Jersey Child Welfare Training Academy continues to strengthen its partnerships with institutions of higher learning. The establishment of the New Jersey Partnership for Child Welfare (training consortium) will permit the DCF to meet the learning needs of the organization more efficiently and comprehensively. The New Jersey Partnership for Child Welfare will be responsible for coordinating and delivering training to existing employees of the Department. In addition, DCF has begun its Public Child Welfare Intensive Weekend Master Program that allows existing DYFS employees to obtain their Masters in Social Work (MSW). The Baccalaureate Child Welfare Education Program (BCWEP) has 73 participants who will have legal commitments to work within DYFS upon graduation. Lastly, the Department supports 25 staff that are currently participating in the Certificate in Child Advocacy program (post BA) at Montclair State University.

NJ DCF Training Academy
Comparison of Number of Staff Trained
(2005 v. 2006)

COURSE TITLE	2005	2006	DIFFERENCE
			+ / -
Pre Service: Family and Community Engagement Training	249	711	462
Supervisory Practices in Child Welfare Training	1114	*44	-1070
PRIDE (Parent Resources for Information, Development, and Education)	159	222	63
Foundation Courses (Risk Indicators, Sex Abuse Identification & Investigation, Substance Abuse)	2,025	3,765	1740
Resource Family In Service Training	213	618	405
Concurrent Planning	0	2,499	2499
First Responders in Child Welfare	0	150	150
YEARLY TOTAL**	3,760	8009	4,249

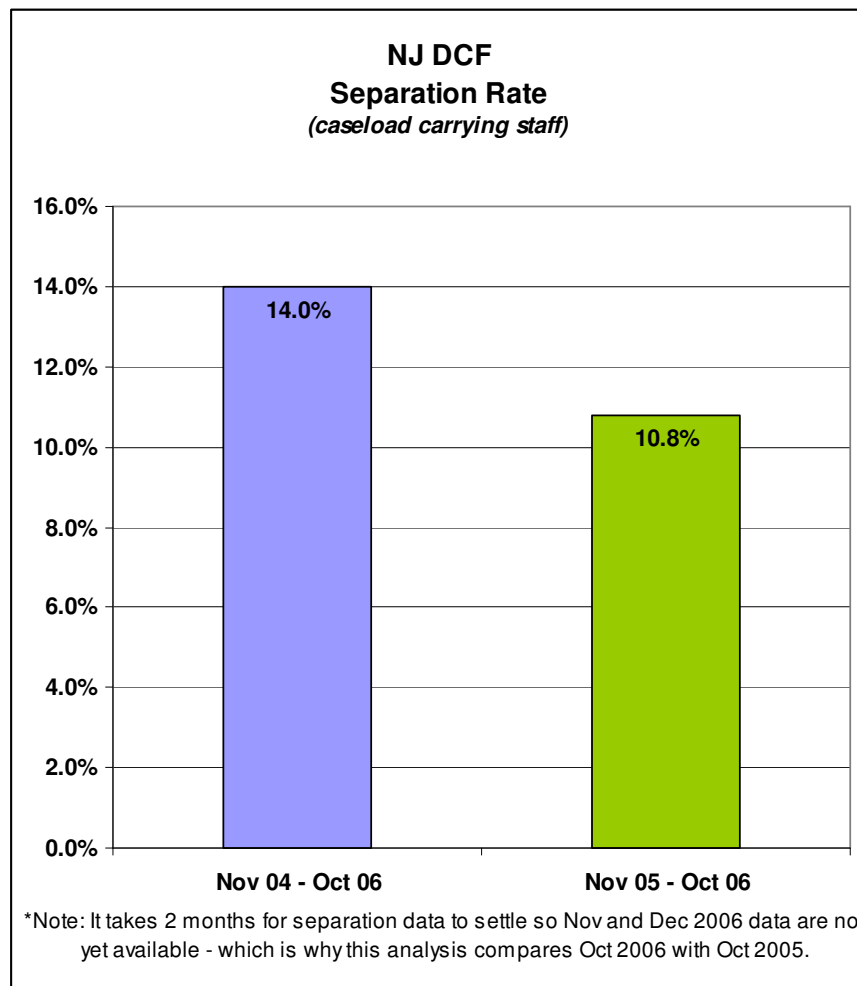
*Supervisory training was re-instituted in Sept 2006 with a revised curriculum.

**Note the data above represents duplicate counts as employees participate in more than one of these trainings.

Retention

The CRP reports included recommendations regarding DYFS staff retention and turnover. The panel specifically requested the use of exit interviews to acquire the data necessary to analyze the reasons workers are leaving their positions and the utilization of that data to develop a staff retention plan.

The attrition rate for DYFS caseload carrying workers was 10.8% as of October 2006 compared to 14% at the same time last year. This is well below the 20% average for state public child welfare agencies as reported by the Child Welfare League of America in its most recent workforce data.



DCF is launching a new and comprehensive staff retention plan that is supported and enforced at the highest levels of the Department. The DCF Office of Human Resources has drafted a retention plan that includes the following options for separating staff:

- Completion of an on-line Exit Survey
- Completion of paper Exit Survey to be mailed to the Office of Human Resources

- A face-to face exit interview with the manager
- A face-to-face exit interview with staff from the Office of Human Resources

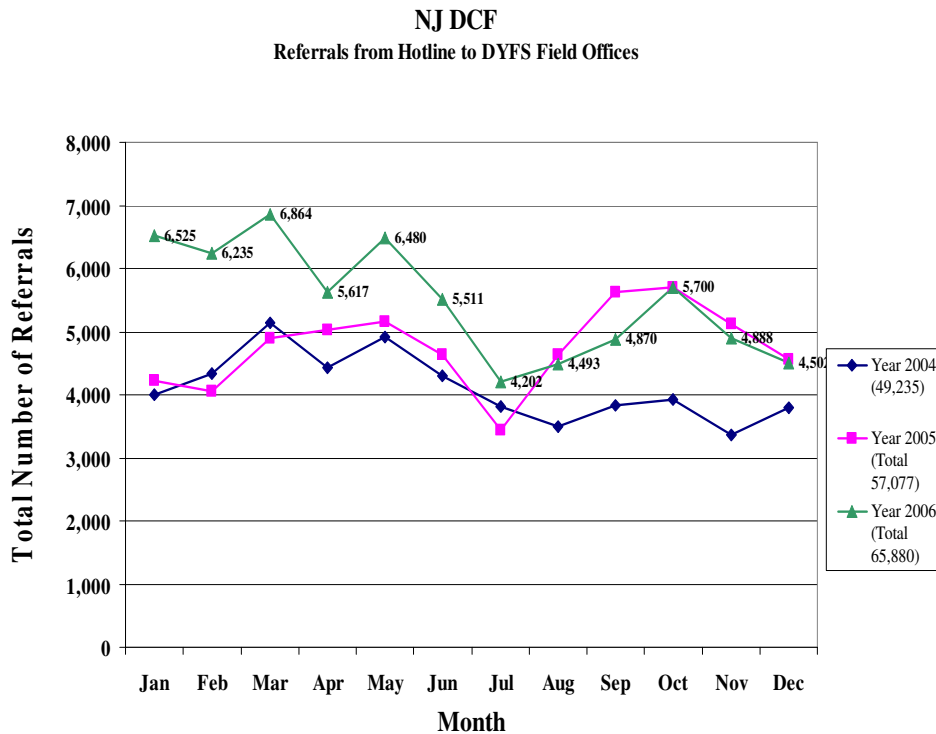
The plan also requires the identification of a liaison for each office and that a separation conference is held with each separating employee. At this conference, the separating employee is advised of the options available. The DCF Separation Checklist has been revised to include exit interview and survey activities.

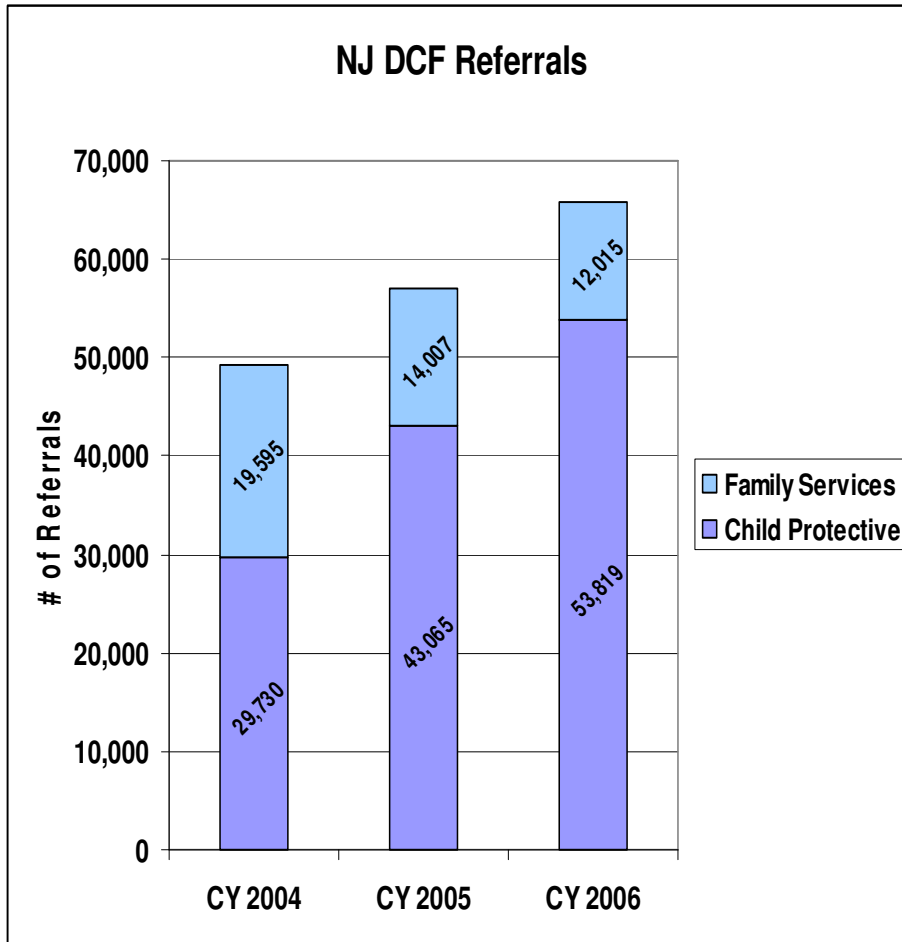
The information gathered through this process will be used to generate regular data reports and will include data analysis and recommendations for staff retention and for improving the quality of the workforce.

SAFETY

• *Statewide Central Registry (SCR)*

The Statewide Central Registry (SCR) is the hotline for all calls of concern regarding child maltreatment. As the central portal of information to the child welfare system, it is essential that SCR exercise diligence in thoroughly interviewing reporters, accurately documenting information and appropriately directing the concerns relayed by the caller. One of the essential elements of child safety is assuring that first responders have as complete a picture of the family as possible to support initial engagement of the family and well-informed investigations.





A major concern involved quality controls and the handling of non abuse/neglect reports. SCR currently employs varying methods of quality review. Each newly appointed SCR screener is trained and supervised by the training supervisor. Training for screeners includes, but is not limited to, education on the Allegations Based System used to categorize allegations of child abuse and neglect, NJ SPIRIT and the telephone system. Experienced screeners closely mentor newly appointed screeners before they are certified to take calls independently. In addition, the following measures are taken to assure continuous quality improvement at SCR:

- NICE computer generated screener evaluations - SCR supervisors evaluate the competency and professionalism of the screeners on a weekly basis. As all telephone calls received at SCR are recorded daily and maintained on record indefinitely, supervisors review randomly selected calls for each of their screeners and then complete and score a computer-generated performance evaluation tool. Supervisors meet weekly with screeners to review these results and prepare a performance improvement plan to address areas of weakness as needed.
- SCR supervisors randomly monitor their screeners by using the AVAYA telephone monitoring function. Supervisors are able to listen in on calls in real

time, and may provide immediate support, guidance and direction to the screener without the caller hearing the supervisor's dialogue.

- Supervisors hold weekly meetings to conduct case reviews. The SCR Administrator, Casework Supervisors and Supervisors meet to review some of the more challenging and complicated reports received during the week to ensure that supervisors are all in concert with the appropriate way to code reports.
- SCR has implemented a quality assurance component where all No Action Required and Information and Referral reports received by the State Central Registry are reviewed daily by a rotation of SCR supervisors and their screening units to ensure that all reports have been coded and responded to appropriately. Additionally, this “peers review” process is utilized as a training tool to identify and address training needs and staff development opportunities that can be immediately provided in a small group setting.
- The SCR Administrator also reviews all No Action Required and Information and Referral Reports daily to ensure that no child is left at risk. The Director of Central Operations also performs random reviews of No Action Required and Information and Referral Reports on a weekly basis.
- ***Interface with Education***

The relationship between the educational and child welfare systems is critical to the safety and well-being of New Jersey’s children. The Department of Education and DCF work collaboratively to assure that the safety and well-being of each child is held as paramount. The DOE has committed to continue working with DCF to disseminate information to school districts and participate on relevant committees, task forces and targeted working groups designed specifically for the purpose of information sharing and coalition building. To-date, the DOE has maintained representation on committees such as the New Jersey Task Force on Child Abuse and Neglect and served in multiple capacities on the DYFS Steering Committee.

Reports of alleged abuse and neglect were at an historic high in 2006. DCF data, compiled and analyzed by the DCF Data Analysis Unit (DARU), and available on the Department’s website, reveals that between September 2005 and October 2006 twenty-three percent (23%) of referrals on behalf of children were received from schools throughout the state. As part of DCF’s commitment to transparency, accountability and management by data, this data will continue to be updated and posted on the DCF website at <http://www.state.nj.us/dcf>.

In November 2005, the Task Force Panel conducted a survey of teachers after concerns were raised that school personnel were not receiving child abuse and neglect training. The survey revealed that DOE was out of compliance with N.J.A.C. 16-11.2 (a) (6), which mandates DOE to provide in service child abuse and neglect training to school personnel. The DOE considered amending the regulation to exclude the training

requirement. However, given ongoing discourse between DOE and DCF the current inclination is to readopt the regulations including the training requirement.

Additionally, DOE is actively engaged in discussions with DCF to determine specific content areas to be included in the school districts' efforts to inform staff about child abuse reporting. The DOE reported that school districts are required to ensure that all school staff is aware of all mandated policies and requirements, including the reporting of possible child abuse and neglect to both law enforcement and child welfare authorities as required by the amended N.J.A.C. 6A:16-11. The DOE agrees that the named training video (*A Teacher Saved My Life*) is out of date and has made a recommendation to the NJ Task Force on Child Abuse and Neglect to update the video. DYFS local resource staff will continue to be available to school districts to provide presentations regarding child abuse indicators, reporting requirements and procedures.

The DOE is currently unable to follow-up with over 600 school districts to ensure that each staff person has received training relative to child abuse, and does not collect such data on training efforts. However, the New Jersey Single Accountability Continuum includes an indicator to monitor the school districts' adoption and implementation of policies and procedures designed to report missing and abused children.

- ***Investigative Practice -- First Responders and Protective Service Intervention***

The 2005 Annual Report noted elements of the DYFS investigation or assessment process that may need enhancement. The recommendations addressed the importance of DYFS staff considering prior history of DYFS involvement while conducting child abuse and neglect investigations; completing background checks on all adults living in the home or who frequent the home; referrals of all alleged sexual abuse and near fatality cases to the Regional Diagnostic and Treatment Centers (RDTC); and gathering of information through collateral contacts. The panels also suggested that the Office of the Attorney General and the DCF partner to train and/or reinforce interviewing practices to ensure that during child abuse and neglect investigations, both DYFS workers and police officers interview children separate, alone and outside the presence of their caregivers.

The existing Structured Decision Making (SDM) tools used to assess both safety and risk include information concerning previous child protective services history. Casework staff decision-making is guided by application of the SDM tools. The Safety Assessment identifies factors associated with safety/immediate or impending danger of serious harm. One of the questions does allow workers to consider prior abuse/neglect as a safety factor under "other factors." The Risk Assessment does "score" prior abuse investigations in calculating risk levels. Further review is needed to determine the feasibility of adjusting the tools, to ensure that previous protective service history is properly identified in the safety assessment and given the correct "score" in the risk assessment.

DYFS agrees with the importance of knowing the makeup of the families with whom DYFS works; this is particularly true of adults living in the home. Policy regarding conducting criminal history checks, DYFS history checks and obtaining required information from other databases will be clarified and reinforced with [for] staff.

Gathering collateral information is an essential part of any child protective services investigation, and DYFS will continue to address and reinforce this policy and practice with staff.

The responsibility to investigate allegations of child physical and sexual abuse falls to both DYFS and law enforcement. Each, however, has an overarching goal, which, while interconnected, may be competing. The primary goal for DYFS staff is safeguarding of the child and ultimate reunification of the family, whenever possible. The primary interest of law enforcement is the identification of and prosecution for criminal acts of culpable individuals.

Additionally, the panels reported that first responders to a child death scene (EMT, prosecutor's office investigators and police officers) are inconsistent in their reporting of abuse/neglect and child welfare concerns to DYFS. The panels also expressed concerns regarding first responders and DYFS investigators interviewing techniques utilized during child death investigations in cases where there are surviving siblings or other children in the home. The panels recommended interviewing children separately and alone.

Timely reporting of each child death that is suspicious for child abuse or neglect is a critical component of the state's child protection system. This is of even greater importance to assure the safety of surviving siblings or other children in the home. This provision is addressed by the existing reporting statutes that mandate the reporting to DYFS of all incidents in which there is reasonable belief that a child may have been a victim of child abuse and neglect.

In order to ensure safety simultaneously with providing the best opportunity to gather accurate information, DYFS policy requires workers to interview children alone and apart from their caregivers. DYFS has learned that on-going cross training at the local level between DYFS, the County Prosecutors, and other law enforcement staff has been proven the most effective method of reinforcing best practice in this regard. The Department of Law and Public Safety and DCF have worked together to develop a draft DYFS/Law Enforcement Model Coordinated Response Protocol that is near final. In the interests of minimizing trauma to child victims and strengthening the joint investigative approach DCF released a Request for Proposals (RFP) for Child Advocacy Center development, and is refining policy and protocols to assure timely and appropriate referrals of child abuse victims to the Regional Diagnostic and Treatment Centers for medical evaluation and services. The commitment to this best practice is clearly reflected in the emerging DCF case practice model and in the New Jersey Child Welfare Training Academy curriculum for new workers, investigators and supervisors.

- ***County Prosecutors: Information Sharing & Investigative Practices***

The CFNFRB made recommendations to improve the systems collection, disclosure and review of information in child fatality cases. Historically obtaining information on child homicide cases from various prosecutors' offices had been challenging for the CFNFRB and precluded meaningful, thorough and timely review of child fatality cases. On

October 20, 2006, the DCF Commissioner convened a meeting of the Attorney General and the CFNFRB Chairman to address issues regarding access to information in these cases. The Attorney General agreed that prosecutors could release information regarding homicide cases after discovery is released to the defendant without jeopardizing the integrity of the criminal investigation. The CFNFRB Chairman addressed this issue during the December 2006 New Jersey Prosecutor's Association meeting and obtained a commitment from the county prosecutors that the homicide cases information would be released to the CFNFRB as agreed.

An essential element of child fatality investigation and review is the identification of the perpetrator. Clearly identifying the perpetrator in part addresses the systemic imperative to protect future children from harm. The CFNFRB chairman noted that (1) in a number of cases reviewed the investigation by the prosecutor did not identify a perpetrator, even when medical evidence supported inflicted trauma and no more than two alleged perpetrators were identified, and (2) there had been some success in prosecuting the perpetrators when the prosecutor was receptive to the CFNFRB's feedback and assistance. The CFNFRB chairman explained that forensic investigative practices vary by county and that interviews may not be conducted per protocol, or evidence properly secured. At the request of the Attorney General, the CFNFRB Chairman will provide information regarding training available through the American Prosecutor's Research Institute (APRI) and related costs.

- ***Medical Examiner System***

The county medical examiner also plays a vital first responder role in the forensic investigation of child fatalities. The CFNFRB has also noted variability in investigative practices among county medical examiners. The inherent problems associated with the lack of clear authority in the Office of the State Medical Examiner (OSME) are compounded by the fact that New Jersey has not had a State Medical Examiner for several years. In order to promote and ensure consistent practice statewide, the CFNFRB recommended strengthening the OSME with enhanced authority over county medical examiners. These issues were also discussed during the above meeting of the DCF Commissioner, Attorney General and CFNFRB Chair.

Legislating significant authority to the OSME over county medical examiners is best accomplished through restructuring the existing county-based medical examiner system. Centralizing the medical examiner system has been explored extensively in the past two decades, and even proposed in the Legislature in 2005. Attempts at creating a statewide system with accountability resting with the State Medical Examiner have thus far been unsuccessful.

The OSME directed all counties to adhere to the American College of Radiology standards for autopsies of children as of October 17, 2000, and the OSME continues to support the probative value of this standard in child death investigations. The OSME will send a notice reiterating this standard to all county and regional offices immediately to ensure that the OSME support of this standard is emphasized.

On November 8, 2006 the first training session for the use of the investigating protocol for evaluation of child deaths under the age of three, recommended by the Death Scene Investigation Subcommittee of the Sudden Child Death Autopsy Protocol Committee, was held in the Regional Medical Examiners Office in Newark. The Death Scene Investigation Subcommittee anticipates that all the training sessions will be completed within the next 6-9 months. Full statewide implementation by first responders and medical examiner investigators is expected by the fall of 2007.

PERMANENCE

- ***Adoption Practice***

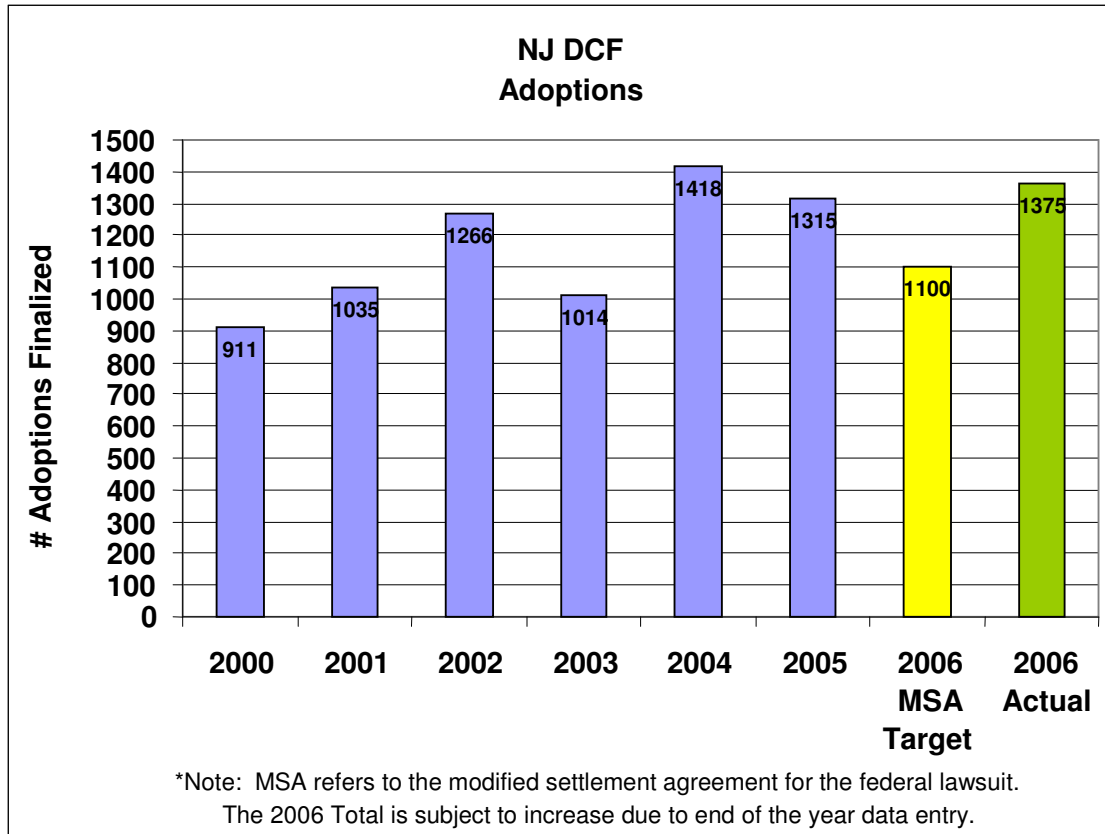
As of the last meeting of the Staffing and Outcomes Review Panel in March 2006, over 2,000 children were awaiting a permanent family through adoption, 470 of whom were children with no identified adoptive home. The SORP was concerned that children moving to permanency through adoption continued to languish in foster care. The SORP recommended specialized adoption caseloads or adoption units in offices responsible for a high number of children in out of home placement.

By early 2006, it became clear that the decline in adoptions resulted from the radical changes to the adoption infrastructure that occurred when DYFS restructured its adoption operations from specialized Adoption Resource Centers (ARC) to a “One Worker One Family” model of practice. After consulting with experts in adoption practices, a hybrid model was created to combine the best aspects of both the ARC model and strategies to improve timeliness of permanency.

DYFS has made significant investments in staff and other resources to move children to permanency more expeditiously. These investments include contracting with agencies to complete home studies, paralegals to provide legal assistance, and skilled writers to prepare child histories for adoptive families that may eventually be shared with the adoptee.

DYFS has made progress on the transfer of adoption cases into specialty practice units in every office, a key strategy to achieving the goal for 1,100 children to be adopted by December 31, 2006. DYFS has surpassed its goal with 1375 children being adopted by December 31, 2006.

Beginning January 1, 2007 five adoption home recruiters within the Adoption Operations Office will be assigned to the 100 youth waiting the longest for a permanent home. The DYFS goal for calendar year 2007 is to finalize 1400 adoptions.



- ***Kinship Legal Guardianship Program (KLG)***

On October 11, 2001, the Kinship Legal Guardianship Act, N.J.S.A. 3B:12A-1 et seq. and 30:4C-84 et seq., was enacted to create a permanent placement option for children who had been living with a caregiver, for at least 12 consecutive months, because of parental incapacity which prevented the parent from providing care and support for the child. The caregiver granted kinship legal guardianship is responsible for the child's health, education, and maintenance until the child reaches adulthood.

In January of 2002, Federal funds were used to establish the DYFS Legal Guardianship Subsidy Program to assist income-eligible children placed by DYFS with relatives or family friends, who subsequently obtain legal guardianship through the Kinship Legal Guardianship Act. Caregivers must meet standards required for the child's protection and permanency. The child can not have income that exceeds 500% of the State Median Income. The DYFS Legal Guardianship Subsidy Program provides a monthly subsidy payment per child and ensures that the child has health care coverage. The program also provides ongoing clothing allowance if guardianship is awarded on or after July 1, 2004.

KLG recipients finalized before July 1, 2004 receive \$ 250.00 a month per child and no clothing allowance while those finalized after July 1, 2004 receive stipends ranging from

\$ 442.00 to \$ 753.00 depending on the age of the child and the level of care required. The July 1, 2004 demarcation for the increased stipend was established when legislation was passed to increase the KLG benefits to the same levels as those of DYFS foster parents. The panel was concerned about the inherent inequities of the July 2004 cut-off date in support of KLG providers.

DCF is committed to pursuing a budgetary solution to address this KLG policy issue. There were 478 KLG providers approved prior to July 1, 2004. DCF has determined the fiscal impact for the 2008 budget to equalize the stipends of KLG providers (by increasing the stipend to these 478 families to the post-July 2004 level) to be approximately \$1.842 million. DYFS will continue to close the gap between the current resource family board rates and the USDA's estimated cost of raising a child in a two parent, middle-income family in the urban northeast. Their goal is to reduce the gap by 25% each year for three years beginning in January 2007. This goal does not apply to KLG providers.

- *Access to Services*

DCF recognizes the importance and necessity of partnerships with neighborhoods and communities, and other stakeholders to support and strengthen families. Access to services is essential to keeping children safe in their own homes, facilitating reunification when appropriate for children in out-of-home placement, and providing support to other permanency placements. To this end, DCF will involve its community partners where appropriate to achieve the shared goal of improving outcomes for children.

DYFS has made significant progress in the expansion of adolescent services, specifically addressing the needs of youth transitioning out of substitute care to independence. Case management assistance in securing housing and employment has doubled, post-secondary scholarships have increased fivefold, and supported housing for homeless and aging out youth and mentoring programs have nearly tripled. In addition, DYFS has established Youth Advisory Boards for all but four counties, and is in the process of creating a certified training program so that youth will receive life skills training from certified agencies. Included in this training will be the students attending schools operated by the Office of Education, the Juvenile Justice Commission and DYFS residential treatment facilities. Rutgers University School of Social Work developed a database that enables agencies to report on the work they are doing with youth as required by the federal government.

DYFS will continue to provide services to resource families through Resource Family Rehabilitation funds, which is a program designed to expand the capacity of an existing resource family or to create new resource family homes, by providing funding to applicants to make home repairs in order to meet licensing requirements. DYFS has identified several issues with the eligibility requirements of this program that stand in the way of maximizing its full potential, and is actively working toward their resolution. In addition, DYFS will continue to provide Flexible Funding; a source of funding that was established to be accessible to casework staff at the local office level, to meet the unique needs of children placed with resource families.

DCF has undertaken several measures to improve the foster home licensing process and to strengthen communications with providers. Staff from the Office of Licensing and Resource Family Units is working in partnership with local office staff in a team approach to identify and correct obstacles in the resource family licensing process, and to diminish the length of time to license a resource home without forsaking the integrity of the process. The Directors of DYFS and DCF Policy and Planning publish a quarterly letter to licensed resource families to enhance communication, create a supportive atmosphere and reinforce the vital role of resource families in the child welfare system.

DYFS made several recent policy changes that will provide a strong positive impact on resource family retention. These include the increase in the rate provided to resource families who serve as pre-service training co-trainers and an increase in the childcare reimbursement rate that resource families receive. In addition, Foster Parent Recognition events will be hosted yearly at a local level, in the month of May, in honor of National Foster Parent month. This will encourage local office staff to publicly celebrate the invaluable service resource families provide to New Jersey's children.

DYFS recently purchased and mailed to all licensed resource families a set of laminated, informational cards entitled, "Fostering Healthy Children, A Guide to Meeting the Health Needs of Children in Foster Care." These guides were designed specifically for foster parents and DYFS staff to assist in understanding and meeting the health needs of children in substitute care.

Service availability, access and quality are a paramount concern to all those involved in child welfare. The FY 2007 DYFS Budget included a \$5.6 million increase in Family Support Services to allow DYFS Local Offices to continue to meet the growing service needs of both the birth families and resource families they serve. Family Support Services include homemaker, psychological and /therapeutic services, respite care, parent education, crisis care etc. In addition, birth families continue to have access to Flex Funds that have been made available via the Child Welfare Reform Plan. These funds are made available to address unique service needs of both birth and resource families and in the case of birth families can address emergency situations that may prevent a child's placement out-of-home. Also, as part of the Child Welfare Reform Plan, birth families have access to emergency child care services that again can assist in stabilizing a family and prevent out-of-home placement.

Further expansion of services important to families in the near future is anticipated in response to recently published Requests for Proposals to expand home visitation programs that will teach safety and parenting skills to expectant mothers. DYFS will also provide support for new supervised parent-child visitation programs that will offer permanency assessment, reunification counseling and preservation services in homelike settings.

INFORMATION, PUBLIC EDUCATION AND ACCOUNTABILITY

- ***DYFS Accountability and Data***

DYFS has demonstrated its commitment to provide accessible, accurate, reliable data to both external and internal stakeholders. DYFS began posting data on its website in the spring of 2006 and continues to update the data regularly. Currently there are data reports posted in each of the following categories:

- DYFS Demographics
- Hotline Referrals
- Children's Behavioral Health
- Workforce & Caseload Data
- Outcome Data
- New Jersey Federal Child and Family Services Review

The DCF Commissioner's Legislative Update presented on October 23, 2006, is also accessible on the website and contains data regarding the number of reports received, reporting sources, compliance with caseload standards and foster home licensure.

Internally, the implementation of DYFS' statewide automated child welfare information system, the New Jersey Statewide Protective Investigation, Reporting and Information Tool (NJ SPIRIT) is almost complete (two of the three phases have been rolled out). NJ SPIRIT provides DCF immediate access to information from the initial report to DYFS through case closing. NJ SPIRIT has met federal requirements for an automated system that provides service, fiscal, provider and staff management tools. Direct and frontline supervisors as well as administrative staff may retrieve such information as details of the face-to-face contacts workers have with children and their caregivers, what transpired during a case conference, litigation proceedings, and all Structured Decision Making tools. Provider information available through NJ SPIRIT includes a directory of providers, recruitment efforts, contract management, and licensure information. The system also interfaces with other state databases as well as with the federal child welfare reporting system.

- ***Public Awareness Campaigns***

The panel reports included several recommendations relative to public awareness campaigns. The areas included expanding substance abuse education programs to include information on the correlation between substance abuse, depression and suicidal behavior, fire arms in the home and effective measures to secure them, Safe Sleep, Water Safety, supporting/expanding EPIC SCAN and Practicing Safety efforts programs, the dangers (such as fires) of leaving children home alone, the dangers of leaving children alone in a locked car during the hot summer months, and broadening the campaign to address the dangers of children being allowed to enter into or remain unattended in cars or other similar places which they may not be able to evacuate in an emergency, on account of immaturity, disability, etc.

In April 2004, then DHS Commissioner Davy unveiled a plan to distribute pamphlets in English and Spanish to various health care professionals in an effort to educate parents on Safe Sleep practices. This initiative was a part of the larger prevention efforts under the previous iteration of the Child Welfare Reform Plan. DCF will consider options for disseminating this information (via the hundreds of colorful brochures that were printed in 2004) in the context of other public education efforts in the interest of improving child safety in the home. The Strengthening Families through Early Care and Education Initiative is an inter-departmental effort to promote “*core protective factors*” to twenty-one day-care centers in eight Abbot school districts. Interaction with these twenty-one centers presents a great venue to disseminate “Safe Sleep” information. This information may also be disseminated through the Parent Linking Programs and Adolescent Pregnancy Prevention Programs that operate on school-campuses throughout the state to prevent second-time and first-time pregnancies respectively. Funding for the Strengthening Families through Early Care and Education initiative was funneled through the NJ Task Force on Child Abuse and Neglect (NJTFCAN). The (NJTFCAN) supports the recommendation regarding “Safe Sleep” and will take whatever steps possible to support DCF efforts regarding Safe Sleep campaigns.

The DCF Office of Communications and Legislation will continue to highlight key messages about child safety and child abuse prevention including all the important safety messages recommended for statewide campaigns: hot cars; the dangers of leaving children home alone; baby safe sleep; gun safety; as well as water safety and other parenting tips. These messages currently exist in the “Survival Guide for Parents, Now What Do I Do?” and other materials published by or available through DCF. DCF is currently in the process of updating and consolidating these two publications to include all aspects of child safety. DCF will continue to issue press releases stressing summer safety for children, as done this year, before the summer season begins.

The NJTFCAN supports EPIC SCAN and Practicing Safety efforts programs. These programs are a priority for the NJTFCAN and DCF. The NJTFCAN is fully committed to the central importance of training NJ physicians. DCF is actively re-starting the EPIC SCAN initiative. Once re-started, NJTFCAN hopes to expand EPIC SCAN to as many parts of New Jersey as possible.

- ***Suicide Prevention***

While suicide rates in New Jersey are among the lowest in the nation, suicide remains a significant cause of preventable mortality. It is estimated that more than 40% of suicide attempts by minors are second or subsequent attempts. Nationally, suicide ranks as the third leading cause of death for young people ages 10 to 24.

The Traumatic Loss Coalition for Youth (TLC) has been identified as a needed infrastructure in New Jersey communities to address crisis intervention. In collaboration with the Department of Human Services, Department of Children and Families and the University of Medicine and Dentistry of New Jersey (UMDNJ), the TLC offers county, regional and statewide training, information, technical assistance and trauma response capability. Each county in New Jersey has a TLC, whose membership consists of mental

health professionals, educators, law enforcement, members of faith based organizations and community agencies serving youth. The TLC is funded through a federal block grant issued to the DHS Division of Mental Health Services (DMHS) and receives administrative support from UMDNJ.

The DMHS provides the most centralized source of suicide prevention resources and is the most appropriate agency for creating awareness of the services of the TLCs. The Department of Education, however, will continue to work with DHS/DMHS as well as the New Jersey Youth Suicide Advisory Task Force to remain abreast of issues related to suicide prevention, and provide information to schools, as appropriate.

The DCF has communicated with the DHS/DMHS and with the TLC Coordinator regarding the need to ensure awareness of the presence and availability of the TLC to the local school community. The TLC will work in partnership with the DHS/DMHS Disaster and Terrorism Branch and the Department of Education to inform all school districts of the availability of this resource and to ensure there is a coordinated response to an incident as it affects a school community.

In coordination with the DHS and the New Jersey Youth Suicide Prevention Advisory Council (NJYSPAC), in August 2006 the Commissioner of Education disseminated appropriate guidance to all public school districts on the standards and cumulative progress indicators that address suicide and related mental health issues (e.g., substance abuse) in the context of the Core Curriculum Content Standards, as well as an explanation of suggested content for addressing suicide prevention. Staff was advised of a new law requiring all public school teaching staff members to complete at least two hours of instruction in suicide prevention as part of the required 100 clock hours of professional development. This guidance can be found at the following web locations:

- <http://www.nj.gov/njded/aps/info/suicide.htm>
- <http://www.nj.gov/njded/aps/info/suicidefaq.pdf>

In addition, the New Jersey Department of Health and Senior Services supported the printing and distribution of “Managing Sudden Traumatic Loss in the Schools” to more than 13, 000 schools and communities in the state.

- ***Citizen Review Panel Support***

DCF will continue to provide staff support for each of the three Citizen Review Panels. Staff will continue to provide full administrative support to the panels and the process of citizen review. The support staff for the panels primarily reports to the Office of Evaluation, Support and Special Investigations (ESSI) in the DCF Division of Central Operations. Staff support to the Staffing and Outcome Review Subcommittee of the New Jersey Task Force on Child Abuse and Neglect will be provided through the DCF Office of Policy and Planning. The CCAPTA support team is currently seeking to fill a vacancy created by a retirement in the summer. The model of staff support will be for each member of the CCAPTA support team and the ESSI Administrator to attend meetings on a regular basis. While each member of the CCAPTA support team has primary

responsibility for a panel/team, each will have cross- exposure and the ability to cover for one another as needed.

On November 9, 2006, the Director of Central Operations met with current panel leadership to establish a basis for working together prospectively and address ongoing or emerging issues and concerns. The Director of Central Operations and Panel Chairs have agreed to quarterly meetings to coordinate citizen review activities and assure the full mission of citizen review is accomplished.

Summary of State's Proposed and Continuing Efforts

- Developing information-gathering skills among DYFS staff.
- Emphasizing history of child protective service intervention when assessing child safety and risk.
- Collaborating with higher education schools in re-designing the DYFS training program.
- Enhancing the State Central Registry by creating a differential response system.
- Developing protocols for referrals to the Regional Diagnostic and Treatment Centers.
- Restructuring the Office of the State Medical Examiner (OSME).
- Improving adoption services.
- Including intergovernmental stakeholders in the child welfare reform process.
- Increasing services to aging out youth.
- Providing flexible funding to resource families to meet the individual needs of the children placed in their homes.
- Improving resource home retention.
- Increasing in-home services
- Providing reliable data to internal and external stakeholders.
- Conducting statewide public awareness campaigns (Safe Sleep, leaving children alone at home or in cars, water safety).
- Increasing resources to prevent youth suicide and violence.
- Increasing resources to prevent youth suicide and violence.
- Providing ongoing support to the CFNFRB and Citizen Review Panels.
- Improving DCF response time to the Child Fatality and Near Fatality Review Board and Citizen Review Panel.