

Fall Forum | November 10, 2021



Today's Presenters



Ceil Zalkind, ACNJ



Christine Beyer, DCF



Florence Racine, DCF



Joyce James, Consultant



Sanford Starr, DCF



Brian Ross, DCF



Natasha Johnson, DHS



Mollie Green, DCF



Dave Ellis, OOR



Laura Jamet

Agenda

- I. Welcome and kick-off
- II. Election results
- III. Diversity, Equity & Inclusion
- IV. Equal Doesn't Mean Equity
- V. Universal Home Visiting
- VI. Re-engineering School Linked Services
- VII. Short Break**



Welcome & Updates

Ceil Zalkind
Executive Director
ACNJ



PN-3 Policy Impact Center Roadmap 2021

Cecilia Zalkind, President
Advocates for Children of NJ

New Jersey's Ranking

NJ one of only four states to adopt and implement the five effective policies identified in PN-3 Policy Impact Center Roadmap


Roadmap identifies key policies and strategies that foster nurturing environments and promote equity

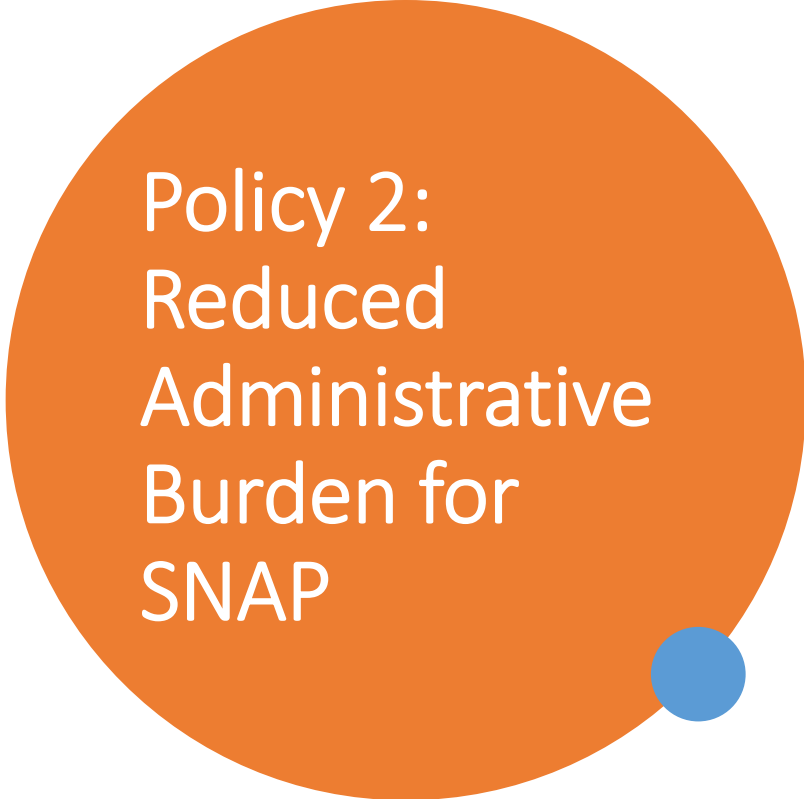
Based on critical importance of the early years, prenatal to age 3, to healthy growth and development



Policy 1: Expanded Eligibility for Health Insurance

- **Effective Policy:** State has adopted and fully implemented the Medicaid expansion under the ACA that includes coverage for most adults with incomes up to 138% of the federal poverty level.
- **NJ Action:** In 2010, New Jersey was one of the first six states to sign up for the early Medicaid expansion option. This year NJ expanded Medicaid coverage for women 12 months post-partum

- 
- **Effective Policy:** State assigns 12-month recertification and simplified reporting to all eligible families with children, and offers online services, including an online application.
 - **NJ Action:** New Jersey is one of 26 states that assign 12-month recertification and simplified reporting to all eligible families with children.





Policy 2:
Reduced
Administrative
Burden for
SNAP



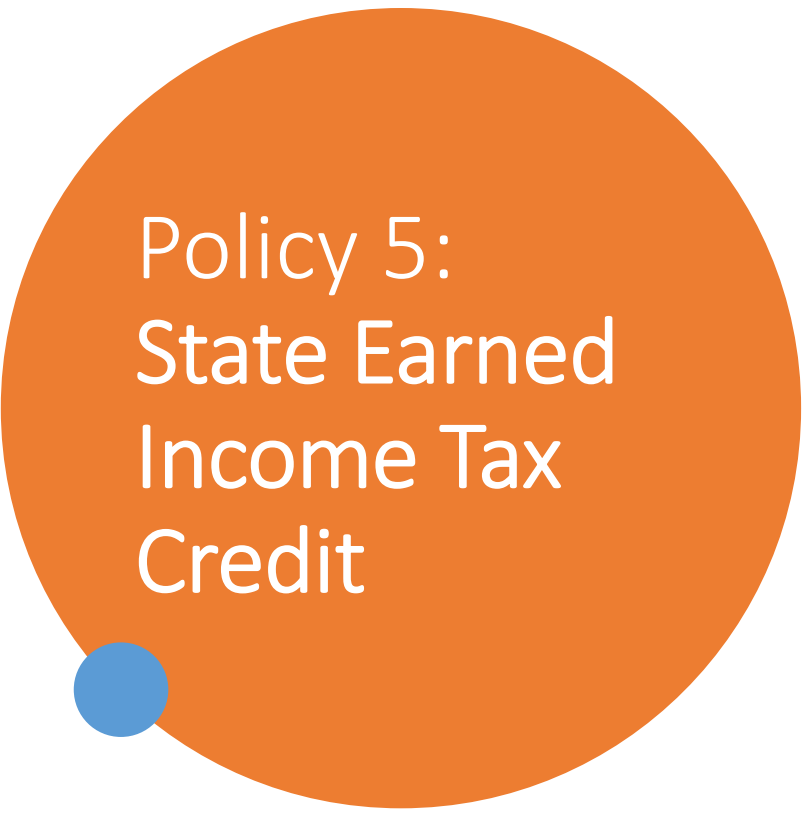
Policy 3: Paid Family Leave

- **Effective Policy:** State has adopted and fully implemented a paid family leave program of a minimum of 6 weeks following the birth, adoption, or the placement of a child into foster care.
- **NJ Action:** New Jersey has a paid family leave program that provides up to 12 weeks of benefits.

- 
- **Effective Policy:** State has adopted and fully implemented a minimum wage of \$10 or greater.
 - **NJ Action:** The current state minimum wage in New Jersey is \$12.00, with scheduled increases until the state minimum wage reaches \$15.00 in 2024.



Policy 4:
State
Minimum
Wage



Policy 5: State Earned Income Tax Credit

- **Effective Policy:** State has adopted and fully implemented a refundable EITC of at least 10% of the federal EITC for all eligible families with any children under age 3.
- **NJ Action:** New Jersey's refundable EITC is set to 40% of the federal EITC. Recent legislation extends eligibility for New Jersey's EITC to workers 18 and older, regardless of dependents.

Why This Matters

- Critical policies to ensure basic support to families with children
- Provide essential foundation to build other strategies and services to improve outcomes
- Critical to state and federal focus on promoting the healthy growth and development of children, prenatal to age 3, and their families
- Essential to goals of supporting families effectively and preventing foster care placement





Welcome & Election Results

Christine Norbut Beyer
Commissioner
DCF

Election

- Governor Murphy won another term
- Senate balance of power 24-15-1 (projected)
 - New members in districts 2, 3, 8, 37
- Assembly balance of power 45-28-7 (projected)
 - New members in districts 2, 3, 8, 11, 13, 16, 21, 26, 31, 37

Leadership positions

Senate*

- Senate President Nick Scutari
- Senate Majority Leader Teresa Ruiz
- Senate Minority Leader Steve Oroho

Assembly

- Assembly Speaker Craig Coughlin
- Assembly Majority Leader Lou Greenwald
- Assembly Minority Leader John DiMaio



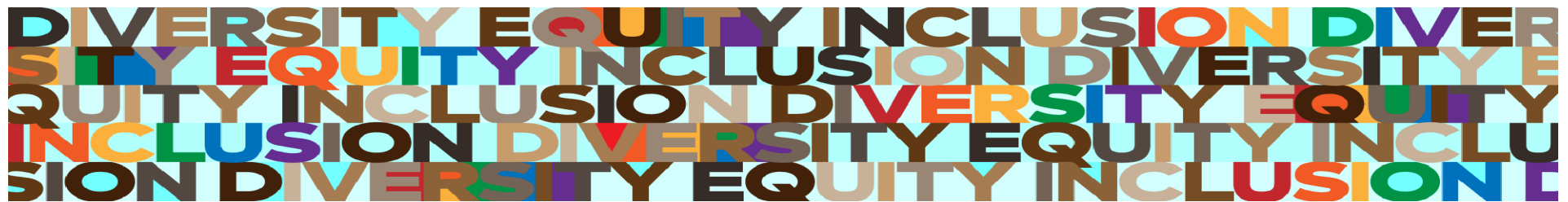
Diversity, Equity & Inclusion

Florence Racine
Director
DCF's Office of DEI

Office of Diversity, Equity & Inclusion

The Office of Diversity, Equity & Inclusion is a new and integral part of the Department of Children and Families core approach to support efforts to:

- ✓ Become an antiracist system by addressing racial bias, disproportionality, disparities, and inequities
- ✓ Diversity and inclusion issues involving African Americans, people of color, women, gender and sexual orientation.



Office of Diversity, Equity & Inclusion

Diversity is defined as the presence of differences that may include race, gender, religion, sexual orientation, ethnicity, nationality, socioeconomic status, language, (dis)ability, age, and religion, etc. Populations that have been and remain underrepresented and are marginalized in the broader society.

Equity is defined as the promotion of justice, impartiality, and fairness within the procedures, processes, and distribution of resources by institutions or systems.

Inclusion is the degree to which diverse individuals can participate fully in the decision-making processes and development opportunities within an organization or group. When those that are diverse are included and feel welcomed. Inclusion outcomes are met when you, your institution, and your program are truly inviting to all.

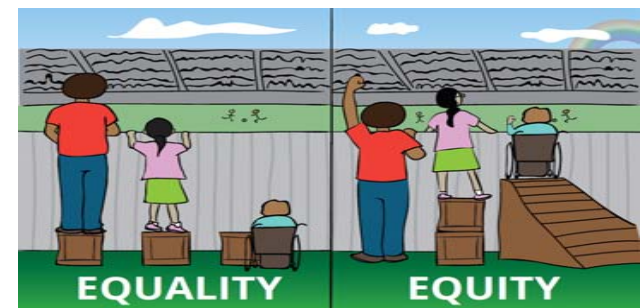
Adapted from dei.extension.org



Office of Diversity, Equity & Inclusion

The Office of DEI will coordinate the work of DCF's Race Equity Steering Committee and develop a program structure to:

- Develop and implement initiatives that promote equitable outcomes for children and families of color
- Build the capacity of staff at all levels of DCF to respond effectively to structural racism and individual and implicit bias
- Promote culturally competent policy and practice within DCF and among our contracted services



DCF Racial Equity Steering Committee (RESC) Structure

- **Data and evaluation:** help understand what is happening and track our efforts.
- **Policy and Practice:** review and critique current and proposed policy with a race equity lens and provide input
- **Training;** examine training needs and work to integrate a racial and cultural equity lens into other training
- **Communications** proactively manage internal and external communications related to race equity issues
- **Resources/contracting(including prevention):** work to achieve the realignment of resources to better serve families and children

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DCF Race Equity Steering Committee

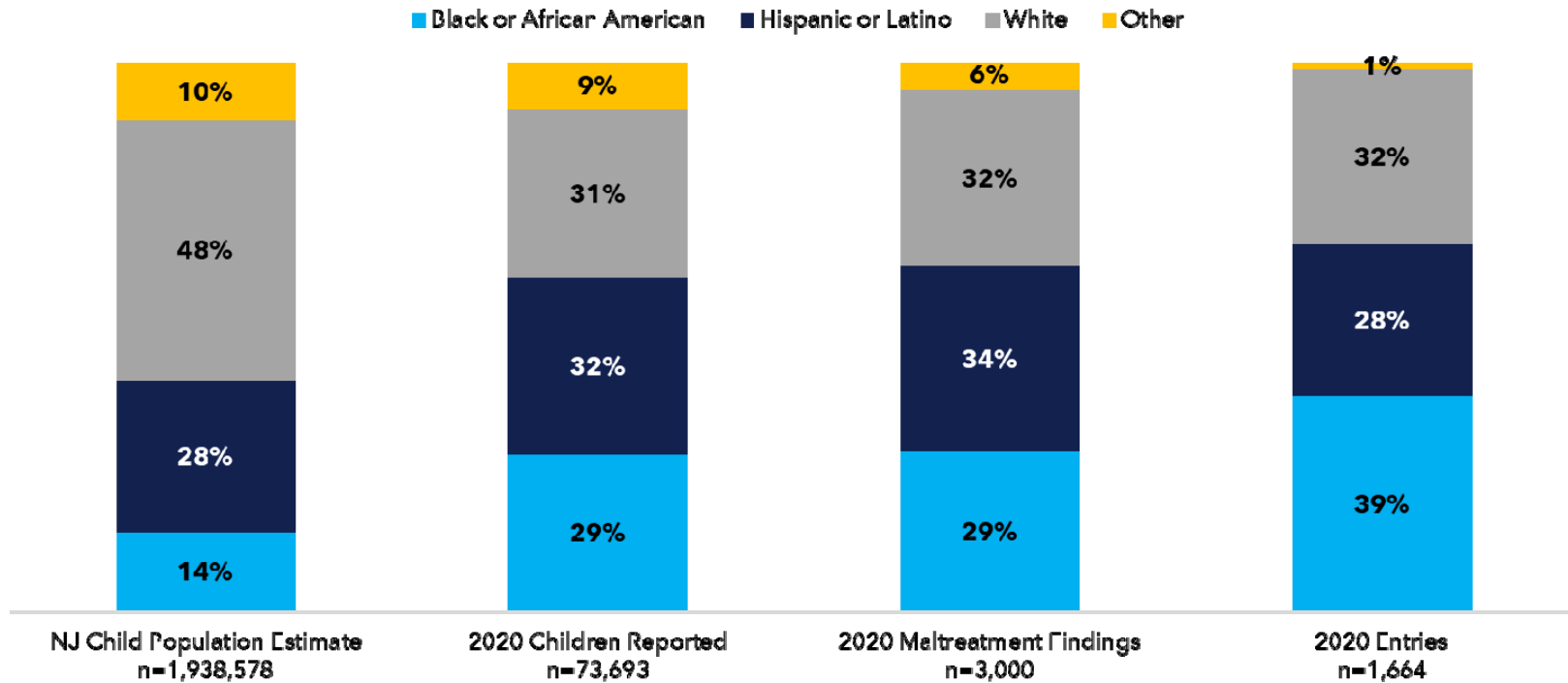
- Over the last four years, DCF has been investing in understanding disproportionality in our child welfare system and the role of structural and institutional racism and how these have led to disparate outcomes for communities of color.
- We began by collecting data to better understand the scope and breadth of the issue.
- The creation of the Race Equity Steering Committee in 2019 increased our efforts to not only understand what the data was highlighting, but to also examine our practices, directives and policies.



Analysis of CP&P decision points shows disparities between children reported as maltreatment victims and entries.

2020 Decision Point Analysis

Source: NJ Spirit

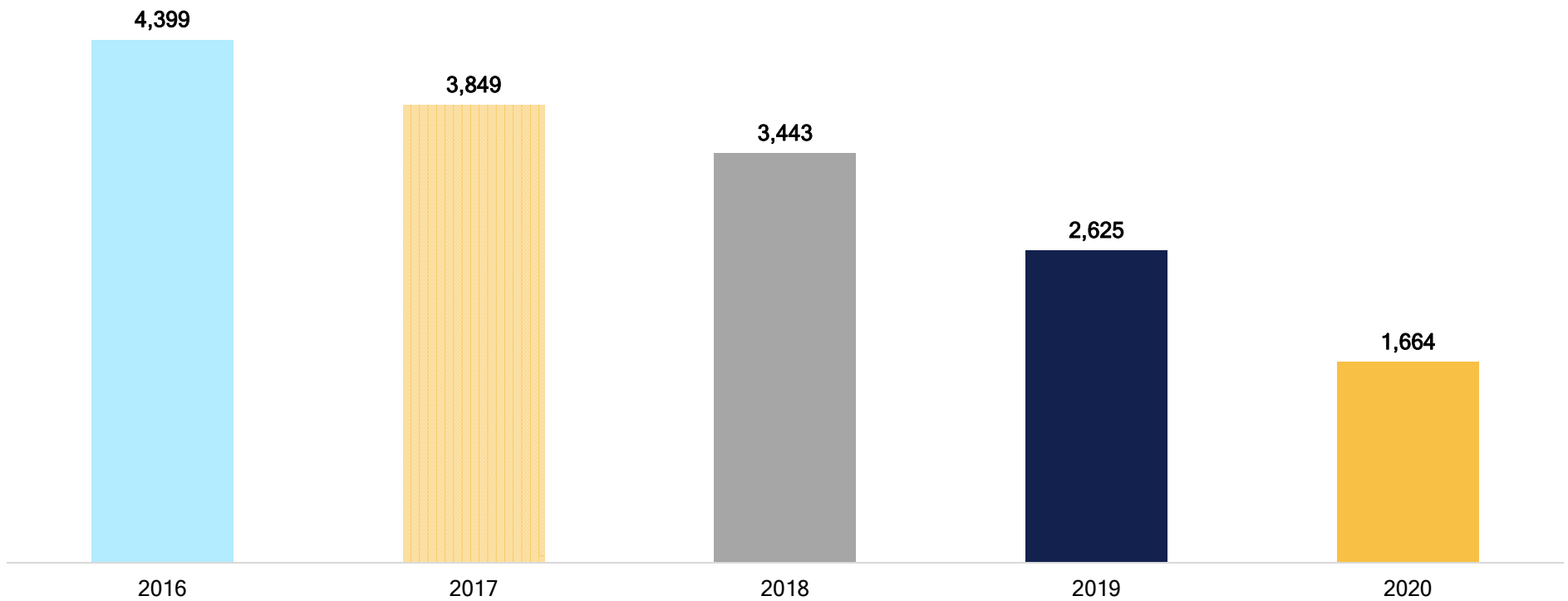


* Children may have multiple allegation types within a single intake. An intake may involve multiple children.

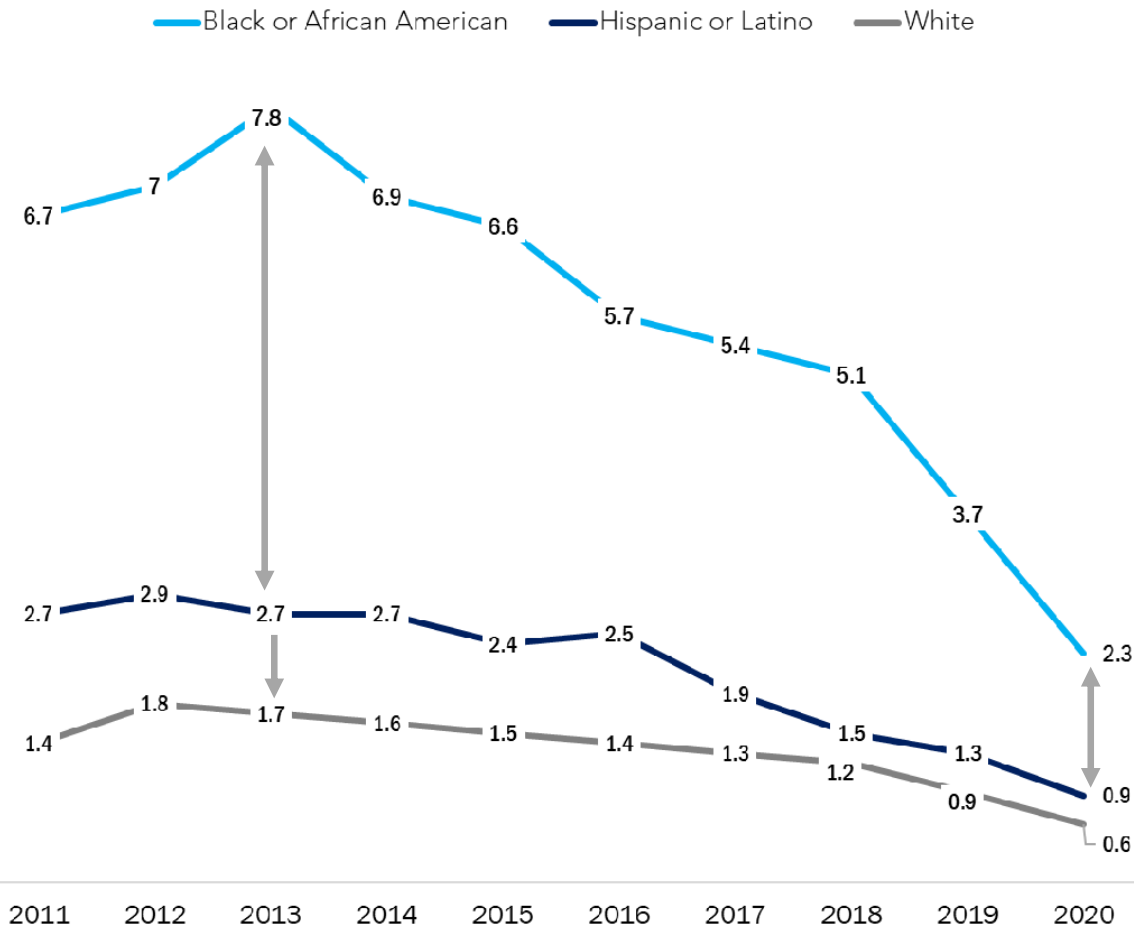


Family separation for child safety reasons is at an all-time low.

All Children Entering CP&P OOH Placement
Source: NJ Spirit



Rate of Family Separation by Race and Ethnicity



Black children continue to be more likely to enter out of home placement than Hispanic or White children:

In 2013, Black children were **2.8x** as likely as Hispanic children and **4.6x** as likely as White children.

In 2020, Black children were **2.6x** as likely as Hispanic children and almost **4x** as likely as White children.

DCF RESC Activities

- Provided varied learning environments to examine the history of racism in child welfare, impact of systemic racism and implicit bias to develop a fluency about race and racism by contracting with subject matter experts who are leaders in the field.
- Presented DCF data highlighting racial disparity in short stays and time to permanency.
- Discussed language and definitions related to race equity, including culture, disparate outcomes, equality vs. equity, implicit bias, institutional racism, structural racism and intersectionality
- Reviewing how DCF's policies and practice work to exacerbate or eliminate racial bias with the families we serve.
- Reviewing how DCF's contracts with providers inhibit or support race equity with the families we serve.
- Built linkage with judicial disproportionality work: participated in CIC Conference and the judicial learning exchange

DCF Racial Equity Steering Committee

- In March 2021, our entire workforce, which represent diverse areas such as behavioral health, child protection, gender-based violence, family and community partnerships, the business offices, adolescent services and other offices have been receiving training to increase our efforts towards understanding race equity.
- To have a greater impact, we engaged our community partners and stakeholders to also participate in the trainings
- We also plan to engage the communities that have been affected such as parents and older youth to ensure we capture their voices and lived experiences.



DCF Racial Equity Steering Committee

Phase 1: All DCF staff engaged in a 4-module series which aimed to raise awareness of our implicit biases and its consequences offered by the Kirwan Institute ([http://kirwaninstitute.osu.edu/implicit-bias-training/.](http://kirwaninstitute.osu.edu/implicit-bias-training/))

Phase 2: Dr. Jessica Pryce, a national leader and expert in providing trainings on the role of race equity in child welfare, designed a 4-part virtual training series (<https://jessicaprycephd.com.>) The training entitled “Transforming Child Welfare Services through Anti-Racism.” was also attended by all DCF staff and offered to providers and stakeholders.

- Module 1: History, Policy, Data, Evolutionary Change vs. Revolutionary Change
- Module 2: Power and Privilege and Protective Factors in Child Welfare
- Module 3: Mindset Shifting | Courageous Leadership | Systemic Change
- Module 4: Anti-Racist Community Framework for Child and Family Wellbeing

Phase 3: Joyce James, LMSW-AP, a national child welfare and racial equity expert.





A Groundwater Analysis of Racial Inequities

*"Equal Treatment Does Not
Lead To Equity"*

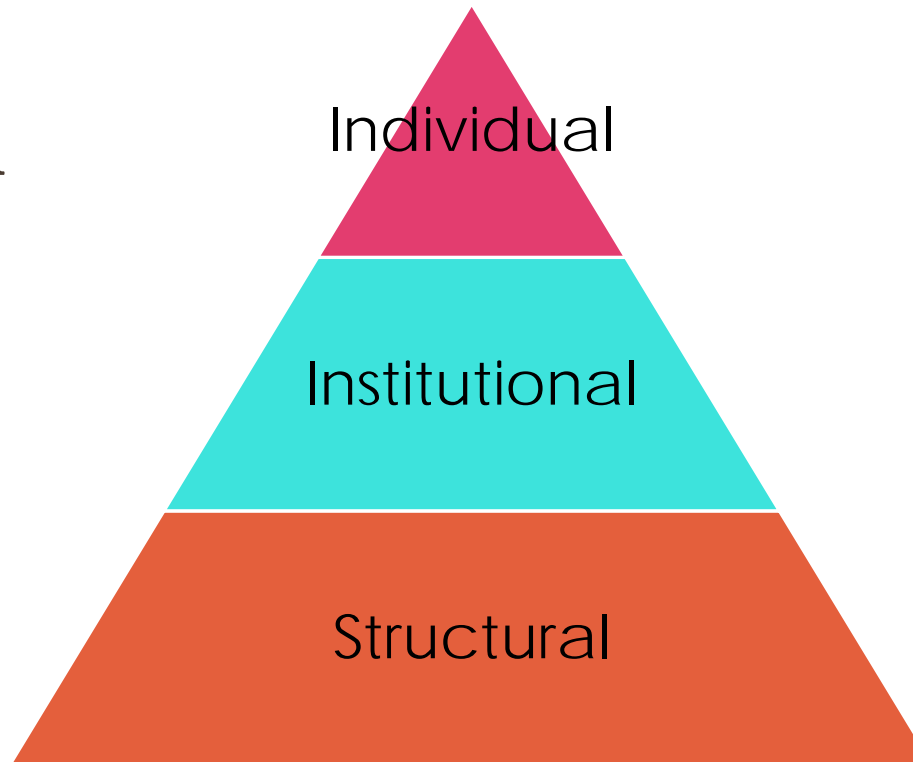
Joyce James

Using an Equity Lens

...allows us to uncover the policies, practices, and behaviors that sustain unequal outcomes

Forms of Racism

- *Individual*
- *Institutional*
- *Structural*





Individual Racism

- Individual racism can include face-to-face or covert actions toward a person that intentionally express prejudice, hate or bias based on race.

Institutional Racism

- Institutional racism refers to the policies and practices within and across institutions that, **intentionally or not**, produce outcomes that chronically favor, or put a racial group at a disadvantage.

Structural Racism

- A system in which public policies, institutional practices, cultural representations, and other norms work in ways to perpetuate racial group inequity.
- It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time.

Structural Racism

- Structural racism is not something that a few people or institutions choose to practice.
- Instead it has been a feature of the social, economic and political systems in which we all exist.

Structural Racialization

- A different way of understanding inequitable conditions, the policies and practices that created disparate racialized outcomes in our communities, and the cultural norms and institutional arrangements that maintain these racialized outcomes.
- Structures unevenly distribute benefits, burdens, and racialized meaning.



A “Groundwater Analysis” is Based on Several Key Observations about Racial Inequities

1. Racial inequity looks the same across systems
2. Systems contribute significantly to disparities
3. The systems-level disparities cannot be explained by a few “bad apples”
4. Poor outcomes are concentrated in certain geographic communities; usually poor communities and communities of color
5. Systemic interventions and training works to change thinking, reduce disparities, and improve outcomes for all populations



How systemic interventions and anti racist training work to change thinking, reduce racial disproportionality and disparities, and improve outcomes for all populations

Opportunity and Structures



“Success is not a random act. It arises out of a predictable and powerful set of circumstances and opportunities.”

Malcolm Gladwell, *Outliers*



Joyce James Consulting
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Planning for Universal Home Visiting

Sanford Starr
Assistant Commissioner
Family & Community
Partnerships

Current landscape and integration opportunities

INVESTING EARLY: A FULL CONTINUUM OF SUPPORT FOR FAMILIES OF NEW JERSEY'S YOUNGEST RESIDENTS

NJ DCF September 2021

Goal: Decrease maternal and infant morbidity and mortality; promote parent skill; promote parent and family connection to peers & community; reduce child maltreatment and increase family success in health, social and other domains, by investing in strategies proven to work.

	Basic healthcare	Community Supports	Additional health support	Light touch additional social service support	Moderate/intensive additional support
Optimal availability:	Universal	Targeted Universal	Targeted Universal	Targeted Universal	Targeted Universal
Pre-natal	Pre-natal health care via insurance	DOH birth centering	DOH Doula Program		DCF/DOH Nurse Family Partnership (1561 slots) MWRAP-Promote maternal health & reduce risks of prenatal substance exposure
Post-partum (0-6 wks)	Universal Newborn Home Visiting		DOH Doula Program	Family Connects (L,Ph)	DCF/DOH Nurse Family Partnership
Early childhood (0-3)	Routine pediatric care	WIC DCF Family Success Centers	Early Intervention CSOC Infant Mental Health services/ intervention Early Childhood Specialist-Developmental Screening	Parent Linking Program (L) Healthy Steps (L,Ph)	Early Head Start Healthy Steps (L, Ph) DCF/DOH Nurse Family Partnership (1561 slots) DCF/DOH Parents as Teachers (1088 slots) DCF/DOH Healthy Families America (2055 slots)

L = limited geographic reach/not Statewide; Ph = philanthropic investment

Referral sources

- OB/GYN, L&D provider, Pediatrician, Social Service, or other referral
- Self-referral
- DOH Community Health Workers

Access Infrastructure

- Central Intake/HMG/ECS
- Health insurance plans
- NJ Parent Link

Planning Infrastructure

- CCYCs
- NJ Task Force on Child Abuse & Neglect
- Nurture NJ
- Interdepartmental Planning Group/PDGB-5
- ECCS/Infant Child Health Committee
- Pritzker/Think Babies Coalition
- Pew Calling All Sectors
- **NJ Universal HV Advisory Group**



Overview of NJ Universal Newborn Home Visiting Law

- Statewide, voluntary program
- Culturally competent
- Offer home nurse visitation services
 - in every community in the State
 - for all newborn infants and all parents of a newborn infant residing in the community in which the program operates, including resource family parents, adoptive parents, and parents experiencing a stillbirth;
 - include at least one home nurse visit in the participating newborn infant's home within two weeks after the birth of an infant
 - Requires the visit be conducted by a registered nurse or advance practice nurse



Overview of NJ Universal Newborn Home Visiting Law

The model must:

- Be based on criteria established by US Department of Health and Human Services for an evidence-based early childhood home visiting service delivery model
- Include evidence-based evaluation of physical, emotional and social factors affecting parent(s) including health and wellness check of the newborn and assessment of physical and mental health of a person who has given birth
- Provide support services to parent(s) of newborn infant
- Coordinate with each hospital and birthing center



Overview of NJ Universal Newborn Home Visiting Law

Coverage requirements:

- Specific stipulations for coverage under
 - Group or individual hospital service corporation contracts
 - Group or individual medical service corporation contracts
 - Group or individual health service corporation contracts
 - Individual health insurance policies
 - Group health insurance policies
 - Small business health benefits plans
 - Health maintenance organizations
- Department of Human Services to provide Medicaid coverage
- State Health Benefits Commission to provide benefits under the SHBP
- Commissioner of Human Services to apply for State plan amendments or waivers to implement through State Medicaid



Overview of NJ Universal Newborn Home Visiting Law

DCF shall

- Appoint advisory committee; consult, coordinate, and collaborate with the advisory group in the development of the program
- Have the authority to develop a plan for the managed rollout of the program
- In consultation with the Departments of Banking and Insurance and Human Services, establish criteria for the coverage of services provided under the newborn home nurse visitation program by insurance carriers offering a health benefits plan in the State; and ensure that the program meets the needs of the residents in the communities in which the program operates



Overview of NJ Universal Newborn Home Visiting Law

DCF shall (cont.)

- In consultation with the Department of Health, prepare a resource guide that provides information on the newborn home nurse visitation program and the services available to pregnant persons, persons who have recently given birth and the parent(s) of a newborn infant born in the State.
 - The resource guide shall be distributed at the time parents of a newborn infant are informed of the program and their right to schedule a home nurse visit.



Overview of NJ Universal Newborn Home Visiting Law

DCF shall (cont):

- Evaluate, measure and improve the effectiveness of the program
- Work with other state departments and agencies, health insurance carriers, birthing facilities, local public health authorities, maternal health consortia, home visitation programs, community-based organizations and social service providers to develop protocols for data sharing
- Including data sharing with primary care providers
- DCF can contract with a third-party vendor to assist with evaluation

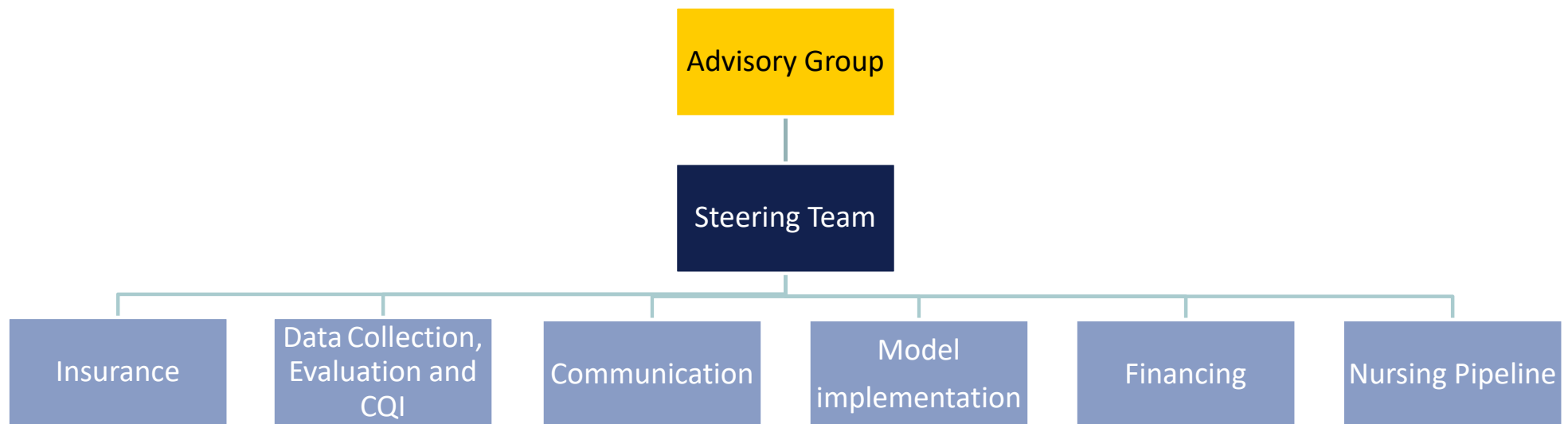


Planned approach

- Our planned approach
 - Model selection
 - Teaming structure
 - Anticipated challenges
 - Integration of Universal Home Visiting with existing programming & planning efforts



Proposed Teaming Structure



Anticipated challenges/drivers of pace

- Personnel/labor supply for RN's
- Messaging – early and often – to prevent stigma: home visiting for all SES groups, all communities
- Timeframes for State procurement processes
 - Programmatic & training contracts
 - Data infrastructure
- Timeframe for finalizing data sharing agreements
 - Encounter data
 - Insurance claims data
- Financing

Registered Nurse Shortages by State (Projected)
Difference between supply and demand expected by 2030

Most Severe Shortages

Rank	State	Supply (2030)	Demand (2030)	Difference
1	California	343,400	387,900	-44,500
2	Texas	253,400	269,300	-15,900
3	New Jersey	90,800	102,200	-11,400
4	South Carolina	52,100	62,500	-10,400
5	Alaska	18,400	23,800	-5,400
6	Georgia	98,800	101,000	-2,200
7	South Dakota	11,700	13,600	-1,900
8	Montana	12,300	12,100	200
9	North Dakota	9,900	9,200	700
10	New Hampshire	21,300	20,200	1,100

Source: U.S. Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis, "Supply and Demand Projections of the Nursing Workforce: 2014-2030," 2017.

Next Steps/Underway

- Bi-monthly Advisory Group Meetings
- Convening workgroups
- Procure an external entity to support the work necessary for a successful planned roll-out



R-engineering School Linked Services

Sanford Starr
Assistant Commissioner
Family & Community
Partnerships

School Linked Services Include.....

- School Based Youth Services Programs
- Family Friendly Centers
- Prevention of Juvenile Delinquency Programs
- Health Centers
- Parent Linking Program
- Adolescent Pregnancy Prevention Initiative

Formation of Stakeholders Group

- Key Questions to Guide Stakeholders Group
 - How can access to school linked services be improved? What service delivery strategies can be employed to reach more students?
 - How can linkage of students to community programs be improved?
 - To what extent are services grounded in a risk and protective factors model (prevention-oriented), emphasize service delivery strategies that are evidence-based, are located in the communities that need them most, are not duplicative of other public services and address the needs of students.
 - What are school linked services trying to achieve? What outcomes and with what target populations? Based on the desired outcomes and target populations, what staffing is required and with what qualifications?



Creation of an Action Plan That will.....

- Identify student needs and priorities;
- Identify parent supports to aid in student school success;
- Support the development of an operational definition of success reflecting parent and student priorities and DCF requirements;
- Identify barriers, facilitators, and opportunities to achieving DCF's stated goals; and
- Promote evidence-based prevention strategies that facilitate youth success in school.



Timeframe

- Stakeholders Group Initial Meeting - August
- Phase I: Information/Data Gathering (Aug. – Nov.)
 - Environmental Scan of state-level school-linked services/program initiatives
 - Focus Groups
- Phase II: Stakeholder Group Re-convening (Nov - Jan.)
- Phase III: Draft and finalize report/recommendations (Jan. – Feb.)
- Phase IV: Implementation of report recommendations (Feb. – Jun.)

Time for a quick break!

5:00

Agenda

- I. Childcare initiatives
- II. CSOC rates
- III. ACEs innovation grants
- IV. SBC update
- V. Closing statement



Child Care Licensing Initiatives

Brian Ross

*Assistant Commissioner
Policy, Oversight and
Regulatory Affairs*

Child Care in New Jersey

- DCF licenses 4,100+ child care centers, and 1,300+ family child care homes.
- More than 400,000 children attend on a daily basis.
- Licensed centers employ approximately 90,000 workers, an estimated 90% of which are women. That represents 5% of **all** working women in the state.

The Challenge in a Nutshell



The New York Times, Sunday, October 10, 2021

The Child Care Paradox Democrats Aim to Fix

By JASON DePARLE

Crippling Expenditure for Families, Yet Low Pay for Teachers

GREENSBORO, N.C. — To understand the problems Democrats hope to solve with their super-sized plan to make child care better and more affordable, consider this small Southern city where many parents spend more for care than they do for mortgages, yet teachers get paid like fast food workers and centers cannot hire enough staff.

With its white pillars and soaring steeple, the Friendly Avenue Baptist Church evokes an illusory past when fathers left for work, mothers stayed home to mother, and education began when children turned 5. But its sought-after preschool illuminates the dilemma: raise wages, but has little room to pass along costs to parents who are already stretched. She has been trying since February to replace a teacher who quit without warning; four applicants accepted the job in turn, but none showed up.

"I've been an administrator for 30 years, and I've never seen anything like this," said the director, Sandy Johnson. "It's very difficult to maintain a level of quality. Directors are at the point where they're willing to hire anyone who walks through the door. The children deserve far more than that, and the families deserve far more than that."

Democrats describe the problem as a fundamental market failure.

Up Front: New Jersey Child Care is Already Great

- New Jersey has some of the most stringent child care standards in the country. When ranked, we're second only to Massachusetts.
- New Jersey's child care is also relatively affordable at approximately \$13,000/year. For reference, Massachusetts averages \$20,000/year.
- Through DHS's Division of Family Development, NJ provides one of the most generous subsidy programs in the nation.

Our Goals

Increase wages for child care staff...

- Without increasing the cost of care;
- Without sacrificing quality; and
- Without displacing the core of the existing workforce

Create flexibility in order to:

- Better meet the needs of all New Jersey families; and
- Better position the field to meet the unpredictable challenges of future crises.



How We Propose to Do It

A Combination of
Occupational Licensing
Coupled with
Regulatory Relief

Child Care Occupational Licensing System

- The system we envision will be examination based and similar in many respects to the system already in place for elementary and secondary school teachers.
- In order to ensure the continued accessibility of the profession, licensure will focus on demonstrated skills and knowledge, as well as tenure and specific experiences. Formal Education requirements will be minimized.
- As with many other license professions, licensed child care staff will be subject to a professional code of conduct, and continuing education requirements.
- Graduated licensure for child care teachers, as well as specialized licenses (e.g. for infant/toddler teachers, school aged teachers, special needs teachers), and licenses for center directors and operators will allow more highly credentialed providers to assume greater responsibility under the licensing regulations.
- As they currently are, all licensed staff will be subject to both State/Federal Criminal History Checks, and to Child Abuse Registry checks.
- Licensure information, including active/suspended/revoked status, will be publicly available on the internet.

Why Occupational Licensing?

Will Increase Wages

- Meaningful occupational licensure can be correlated to average **wage increases of as much as 18%**.
- Even more significant differences for hourly workers, with the median unlicensed worker earning \$18.80 per hour, versus \$25.00 for the median licensed worker.

Will Increase Tenure

- Increases employee tenure significantly, with at least one study finding an **average increase of 19%** across its studied sample, and another finding that tenure durations in its sample increased by 0.8 years.

Will Improve Representation and Equity

- The wage gap between licensed and unlicensed workers in the same profession is greatest for women, and for African American and Hispanic workers across occupations.
- As the license mitigates reliance on subjective judgments effected by implicit bias, at least one study has found a meaningful reduction in racial and ethnic discrimination in hiring practices.



NJ Licensed Occupations Relative to Child Care

Occupation	Avg Annual Salary (Salary.com)
Private School Teacher	\$30,029.00
Milk Sampler	\$32,797.00
Beautician	\$37,022.00
Jockey	\$39,745.00
Public School Teacher	\$39,833.00
Tree Expert	\$47,664.00
Interior Designer	\$48,878.00
Landscape Architect	\$57,156.00
Child Care Worker	\$21,067.00

New Jersey currently requires licensure for **209** different professions.

As the small sample here suggests, the majority of those command a higher average wage than those earned by child care workers.

Other Benefits of Occupational Licensing:

- A long term career track makes the sector more attractive to potential employees
- Publicly verifiable occupational licenses will have a spillover effect into the unregulated child care market (e.g. nannies, babysitters)
- Better Enforcement Options
- Flexibility to meet the unpredictable needs of future crises while still being assured that providers have the requisite skills and credentials.

The Trade Offs

- The risk inherent in any effort to increase staff wages is that those higher wages will lead to increased operating costs and in turn to higher consumer costs and a decrease in available care options.
- To guard against this, it is critical to provide for cost savings in other areas of the operation. In child care, unlike some other fields, this must also be done without sacrificing child safety or program quality.
- To achieve the necessary savings, DCF is evaluating options for regulatory relief.

Areas of Potential Regulatory Relief

- **Child to Staff Ratios:**

- The most comprehensive study on the topic found that easing staff-to-child ratios by one child across all age groups reduces center-based care prices by 9–20%.
- Multiple studies have found no impact on safety or program quality.

- **Educational Requirements**

- New Jersey is the first and only state to require a four-year college degree for center directors
- Each additional year of formal education required for center directors and teachers reduces the number of centers in a given market by as much as 3.8%.
- Multiple studies have found no impact on safety or program quality.



Other Cost Savings

- Occupational licensing of staff will potentially decrease staffing costs, even before regulatory relief figures in, by as much as 20%.
 - Under the current system, staff are subject to background checks only upon hire. Until these process, a period which may stretch up to 45 days, staff cannot work with children unless under line of sight supervision by a person already cleared to work.
 - This necessitates overstaffing, and precludes reliance on temporary staff, substitutes, and new hires to alleviate staffing shortages.
- Additional regulatory relief is being evaluated.



Research

Using ARP funds, DCF is pursuing extensive research to help better understand the child care landscape across the state. This research is focused on:

- an assessment of child care availability across the state,
- the child care needs and preferences of the state's working families, and
- the demographics, motivations, and needs of the state's child care workforce, including both providers and staff.

Taken together, the first two studies will allow the state to better understand where the current child care market is able to meet the needs of families and where it is not. Simply assessing the availability of care is not enough; we want to know if the care that is available actually meets the needs and preferences of families.

The third study will focus on ensuring awareness of what motivates providers and workers to engage in critical child care employment, and thus allow the state to better ensure that a ready workforce remains available to provide these services





Child Care Initiatives through COVID and into the future

Natasha Johnson
Assistant Commissioner
DHS Division of Family Development

COVID-19 Child Care Initiatives for Parents

Emergency Child Care Assistance Program (ECCAP)

- ECCAP supported child care costs for families of essential workers, regardless of their income.

Child Care Subsidy Program - Expanded Care

- For families already receiving a subsidy, expanded care provided care during the day for school-age children traditionally receiving only before- and after-school care to cover remote learning schedules.

School-Age Tuition Assistance Program (CCTAP)

- CCTAP paid for care for non-subsidy school-age children in need of child care as a result of COVID-19 remote learning schools schedules. Available for families with incomes up to \$150,000.

COVID-19 Child Care Initiatives for Providers

Enrollment-Based Payments

- Continued to pay child care providers based on the number of enrolled children who received state assistance, rather than attendance.

Supplemental Payment for Subsidy Providers

- Providers serving state child care subsidy children received supplemental payment for each subsidy child, each month.

Health and Safety Cleaning and Sanitizing Grants

- Emphasis on cleaning and sanitizing beyond routine cleaning to reduce spread of infectious diseases, such as the COVID-19 virus.

Child Care Stabilization Grant

- Provided funds that were used to obtain necessary supplies, materials and/or funds to help with additional costs due to COVID-19.

Addressing the Impact of the Public Health Crisis

As significant changes in the work place occurred during the pandemic, there was a corresponding ripple effect to all of the many players in the world of child care:

- businesses that provide child care,
- parents who need child care,
- child care staff who care for children, and ultimately,
- employers who have staff who need child care.

This package of child care initiatives includes something to benefit every segment of the child care community.

Providers Who Accept Subsidy

November 2021 Rate Increase

- Increased child care subsidy rate on November 1, 2021 by an average of 25%, including funds to help child care providers implement January 2022 minimum wage increase.

Improving the quality of child care in New Jersey

- Family Child Care - financial incentive joining Grow NJ Kids, the state's five-star rating system to improve the quality of child care programs
- Family Child Care – state will pay more for child care to programs that have a three, four or five-star rating in Grow NJ Kids.

All Child Care Providers

Two rounds of stabilizations grants for programs that can show they have financial loss due to the pandemic.

For licensed child care centers this can range from \$20,000 to \$80,000 in the first round, depending on the number of children.

For registered family child care programs the grants amount is \$2,000 for the first round.

Summer Youth Camps Providers

Grants for next two years

Two grants available to eligible summer youth camps to cover COVID-related costs and to assist families with paying for summer camp.

Parents

COVID Stabilization Rate - \$300 per child, per month. This replaces the COVID-19 Family Differential Payments, which ends in December 31, 2021, but has the same provisions. Child care providers must apply the \$300 to:

- Help to pay the difference between what a child care center charges and what the state pay for child care
- Applications costs or other administrative costs of child care

Waive co-pays - beginning in November 2021

Non-traditional hours - Increase the supply of child care programs with non-traditional hours with an incentive to programs that provide those hours.

Workforce

To help child care programs to hire and encourage existing staff to stay in their jobs, the state will be offering:

- \$1,000 hiring grants;
- \$1,000 retention bonus grants in December for staff already working in child care programs; and,
- a second retention bonus grant in summer of 2022 for staff working in child care programs.

Building Back Stronger – Quality Initiatives

- Incentive grants for current enrollees in Grow NJ Kids
- Incentive grants for providers who choose to enroll in Grow NJ Kids



Thank you!



Children's System of Care Rates update

Mollie Greene
Assistant Commissioner
CSOC

CSOC Fiscal Initiatives

- Comprehensive rate rebalancing for all CSOC Medicaid state plan and waiver service rates
- Project management team – program, fiscal, and contracting staff
- Review contract requirements, assessment of market rates, and application of activity-based methodology to establish market rates for services
- Approval of Medicaid State Plan Amendment
- Release of \$87M in retroactive payments





Adverse Childhood Experiences - Updates

Dave Ellis
Executive Director
Office of Resilience



OFFICE of RESILIENCE
Healing the heart from Adverse Childhood Experiences (ACEs)

Office of Resilience

Timeline of Activity:

- Executive Director hired June 1, 2020
- State Plan released February 4, 2021 – NJ as a Building Self-Healing Communities Model State
- Start of the Actions4Aces Statewide Awareness Campaign April 2021:
www.Actions4Aces.com
- Release of ACEs Screening Position Paper, October 2021
- Release of \$3M Innovation Microgrant RFP, October 2021



Community Capacity Development

Leadership Expansion

Coming Together

Shared Learning

Results-Oriented Decisions

Leadership Expansion

Coming Together

Shared Learning

Results-Oriented Decisions



ACEInterface © 2015



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CORE STRATEGIES



CORE STRATEGY 1

Achieve Trauma-Informed and Healing-Centered State Designation



CORE STRATEGY 2

Conduct an ACEs Public Awareness and Mobilization Campaign



CORE STRATEGY 3

Maintain Community-Driven Policy and Funding Priorities



CORE STRATEGY 4

Provide Cross-Sector ACEs Training

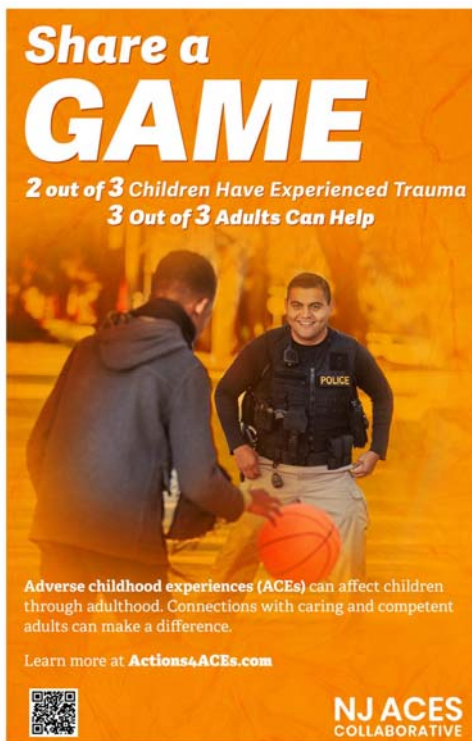


CORE STRATEGY 5

Promote Trauma-Informed/Healing-Centered Services and Supports

Statewide Public Awareness Campaign

Specifically targeting law enforcement & educators




**Share a
GAME**

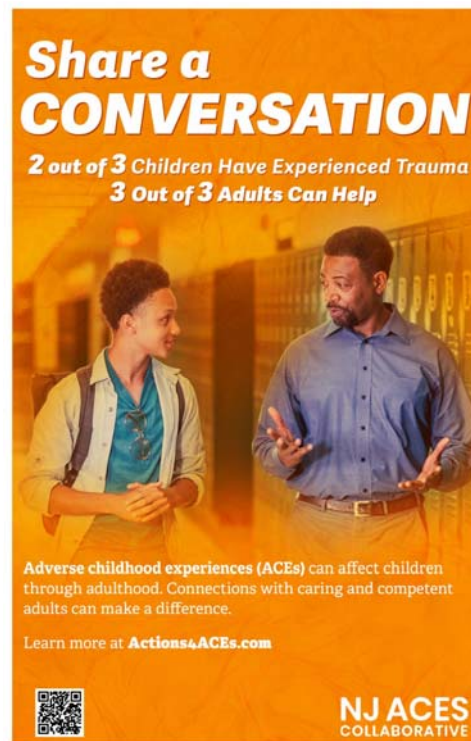
**2 out of 3 Children Have Experienced Trauma
3 Out of 3 Adults Can Help**

Adverse childhood experiences (ACEs) can affect children through adulthood. Connections with caring and competent adults can make a difference.

Learn more at Actions4ACEs.com



**NJ ACES
COLLABORATIVE**




**Share a
CONVERSATION**

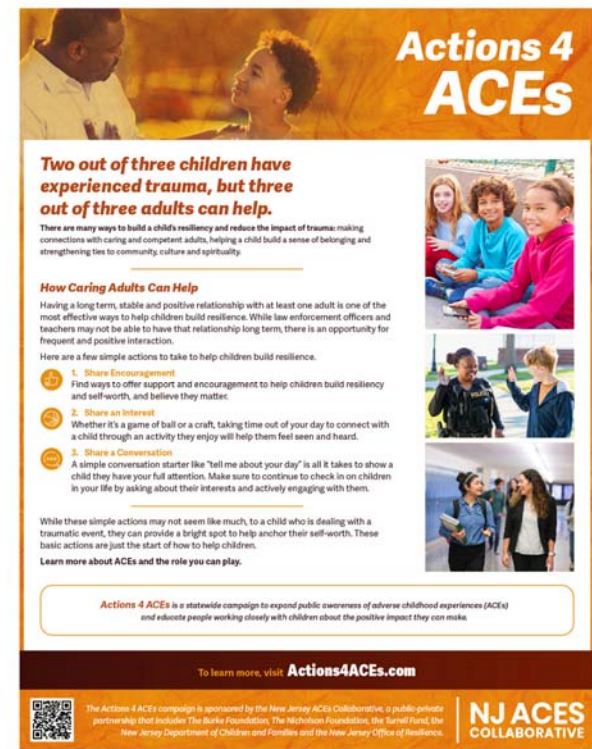
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Adverse childhood experiences (ACEs) can affect children through adulthood. Connections with caring and competent adults can make a difference.

Learn more at Actions4ACEs.com



**NJ ACES
COLLABORATIVE**



**Actions 4
ACEs**

Two out of three children have experienced trauma, but three out of three adults can help.

There are many ways to build a child's resiliency and reduce the impact of trauma: making connections with caring and competent adults, helping a child build a sense of belonging and strengthening ties to community, culture and spirituality.

How Caring Adults Can Help

Having a long term, stable and positive relationship with at least one adult is one of the most effective ways to help children build resiliency. While law enforcement officers and teachers may not be able to have that relationship long term, there is an opportunity for frequent and positive interaction.

Here are a few simple actions to take to help children build resiliency.


- 1. Share Encouragement**
Find ways to offer support and encouragement to help children build resiliency and self-worth, and believe they matter.
- 2. Share an Interest**
Whether it's a game of ball or a craft, taking time out of your day to connect with a child through an activity they enjoy will help them feel seen and heard.
- 3. Share a Conversation**
A simple conversation starter like "tell me about your day" is all it takes to show a child they have your full attention. Make sure to continue to check in on children in your life by asking about their interests and actively engaging with them.

While these simple actions may not seem like much, to a child who is dealing with a traumatic event, they can provide a bright spot to help anchor their self-worth. These basic actions are just the start of how to help children.

Learn more about ACEs and the role you can play.

Actions 4 ACEs is a statewide campaign to expand public awareness of adverse childhood experiences (ACEs) and educate people working closely with children about the positive impact they can make.

To learn more, visit Actions4ACEs.com



The Actions 4 ACEs campaign is sponsored by the New Jersey ACEs Collaborative, a public-private partnership that includes The Banker's Foundation, The Nicholson Foundation, The Terrell Fund, the New Jersey Department of Children and Families and the New Jersey Office of Resilience.

**NJ ACES
COLLABORATIVE**

Healing New Jersey Together Project

- Creation of a “partnership designed” technical assistance center
- Training of over 150 Presenters in the ACE Interface curriculum to host cross-sector ACEs presentations across NJ.
- Assessment portal for resources to become trauma-informed & healing-centered
- Creation of a NJ specific PACES Connection page at: <https://www.acesconnection.com/g/NJ-Resiliency-Coalition>



Maintain Community-Driven Policy and Funding Priorities

DCF/OOR Innovation Microgrant Process

- On October 8, 2021, the New Jersey Department of Children and Families' (DCF) Office of Resilience (OOR) announced the availability of up to \$3,000,000 over 2 years to create 3 Regional ACES Collaboratives (RACs).
- The RFP and Questions and answers from the Informational Bidder's conference are available at: <https://www.nj.gov/dcf/providers/notices/requests/>
- Technical questions can be answered by emailing us at: DCF.ASKRFP@dcf.nj.gov



THANK YOU



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OFFICE of RESILIENCE
Healing the heart from Adverse Childhood Experiences (ACEs)



Solution-Based Casework

Laura Jamet
Assistant Director
DCP&P

Solution Based Casework Overview

-  Milestone 1
-  Milestone 2
-  Milestone 3
-  Milestone 4



Solution Based Casework Training

SBC Champions prepared to deliver training across the state

- SBC Train the Trainer: February to June 2021

Training Phase of Implementation

- June 28, 2021 to November 19, 2021



Solution Based Casework Training

Initial SBC Training: 5 weeks



Supervisor Training: 5 weeks



Case Consultation Training: 4 weeks

Who has been trained?



How will SBC benefit families?



Partnership



Solutions



Celebrate Success



What is next?



**Case consultation
Phase of
Implementation**



**Certification Phase
of Implementation**





Closing & Q&A

Ceil Zalkind
Executive Director
ACNJ



For Follow-Up Questions

For follow-up questions from today's presentation, please send emails to the following:

- NJ DCF Feedback Account: DCF.Feedback@dcf.nj.gov
- ACNJ Advocates Account: advocates@acnj.org

