Tuesday | July 25, 2023 | 10:00 a.m. – 12:30 p.m.

- Welcome/Updates – Christine Beyer
- SORS & Pritzker updates – Mary Coogan
- Poverty & Neglect subcommittee – Katherine Stoehr
- Q&A
- Quick Break
- Data Research briefs – Amanda O’Reilly & Pamela Lilleston
- Sibling Bill of Rights implementation – Office of Family Voice/Youth Council members
- NJ4S update – Sanford Starr
- Problematic Sexual Behavior in Youth – Mary Coogan
- Q&A
- Closing – Mary Coogan
Welcome & Updates

Christine Norbut Beyer
Commissioner
FY 2024 State Budget

- $1.4 billion state funds
  - Prevention: NJ4S, UHV, FFA
  - Youth Mental Health: 2nd Floor, FSOs, Mom2Mom, CSOC, CMOs, MRSS
  - CP&P
  - DV: Hotel Aggregator
  - Provider rate increases
Over a quarter of social services workers in NJ are over 55 and likely to retire in the next 5-10 years

Social service employment by age by category in New Jersey, 2022, % of total employment

<table>
<thead>
<tr>
<th>Category</th>
<th>18-24</th>
<th>25-34</th>
<th>35-54</th>
<th>55+</th>
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</thead>
<tbody>
<tr>
<td>Group Care/Shelter Staff</td>
<td>6%</td>
<td>24%</td>
<td>43%</td>
<td>26%</td>
</tr>
<tr>
<td>Clinicians (Field)</td>
<td>5%</td>
<td>26%</td>
<td>43%</td>
<td>26%</td>
</tr>
<tr>
<td>Clinicians (Office-based)</td>
<td>2%</td>
<td>22%</td>
<td>43%</td>
<td>32%</td>
</tr>
<tr>
<td>Caseworkers/Care Managers/Advocates (Field)</td>
<td>5%</td>
<td>26%</td>
<td>43%</td>
<td>26%</td>
</tr>
<tr>
<td>Caseworkers/Care Managers/Advocates (Office-based)</td>
<td>5%</td>
<td>26%</td>
<td>43%</td>
<td>26%</td>
</tr>
<tr>
<td>Home Visitors</td>
<td>6%</td>
<td>24%</td>
<td>43%</td>
<td>26%</td>
</tr>
<tr>
<td>Program Manager</td>
<td>4%</td>
<td>24%</td>
<td>43%</td>
<td>26%</td>
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<tr>
<td>Behavioral Assistants</td>
<td>6%</td>
<td>24%</td>
<td>43%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Share of aging social service workers by geography (ages 55+), 2001-2023, % of total employment

1. Includes 10 unique occupations across Community and Social Service families. In addition, 3 occupations are Counselor, All Other (21-1094), Social Worker, All Other (21-1029), and Community and Social Service Specialist, All Other (21-1099).
2. NY, PA, MD, DE, CT
3. Archetypes noted as "Field" are primarily working in the field or doing home visits, while archetypes noted as "Office-based" primarily work in office, school, group homes, facilities, or remote settings

Source: Lightcast LLC (formerly EMSI/Burning Glass)
Universal Home Visiting

How the Model Works

Nurse connects with family and identifies needs

Nurse connects family to community resources

Parent connects with infant
Family First Prevention Services Act
Exit from Lawsuit

POLITICS

Murphy signs bill to help N.J. end federal court oversight of once-troubled child welfare system

Updated: Dec. 22, 2022, 1:52 a.m. | Published: Dec. 21, 2022, 9:30 a.m.

IN BRIEF:

New law expands child welfare oversight, caps caseloads

by DANA GELFORD - DECEMBER 21, 2022 11:37 AM


STATE AND LOCAL POLITICS AND POLICY

New Jersey Child Welfare System Reform Approaches Finish Line

NEWS

N.J.'s once-broken child welfare system to get out of federal supervision after 2 decades

Updated: Mar. 24, 2022, 7:33 a.m. | Published: Mar. 22, 2022, 6:05 p.m.


AGREEMENT REACHED ON NEW JERSEY PLAN TO EXIT DECADES-OLD CHILD WELFARE LAWSUIT
State and Plaintiffs Agree that Children and Families are Well Served by Transformed System

Governor Murphy Signs Legislation Setting the Stage for NJ’s Child Welfare System to Make Long-Awaited Exit from Federal Oversight

N.J. child welfare declared ‘transformed’ 20 years after unspeakable tragedy spurred court oversight

Updated: Apr. 26, 2022 5:51 p.m. | Published: Apr. 25, 2022 6:20 p.m.

NEW JERSEY'S CHILD WELFARE SYSTEM, PREVIOUSLY ONE OF THE WORST IN THE COUNTRY, IS MAKING SIGNIFICANT PROGRESS IN PROTECTING CHILDREN AND PROVIDING SERVICES.
SORS and Pritzker Updates

Mary Coogan
President, CEO
ACNJ
Staffing and Oversight Review Subcommittee (SORS)

- State under a federal court consent order for 20+ years
- SORS established by legislation as part of the initial reform
- Federal judge, monitor and attorney who filed lawsuit agreed that given the significant improvement of New Jersey’s child welfare system, the consent order is no longer needed
- Exit Agreement required legislation making the SORS the entity responsible for continuing the external assessment of DCF’s performance and producing an annual public report for the Governor, and the NJ Legislature.
- Legislation passed and signed by Governor Murphy in December 2022
Changes to SORS

- Membership to include additional external community partners, including one parent with prior DCPP involvement, a currently licensed resource parent, and an alumni of our state foster care system.
- Members will serve 3-year terms and rotate
- SORS can and is engaging help of experts/consultant
- SORS will have access to the results of the new DCF Collaborative Quality Improvement process
- SORS meetings are open to the public; currently virtual
- [https://www.nj.gov/dcf/providers/boards/njtfcan/](https://www.nj.gov/dcf/providers/boards/njtfcan/)
Pritzker Children’s Initiative (2019)

• Pritzker Children’s Initiative (PCI) funded by the Pritzker Foundation

• Provided New Jersey with the opportunity to begin to construct a comprehensive, high-quality system of prenatal-to-three (PN-3) services for infants and toddlers, and their families, to thrive.

• Three key entities that form the PCI initiative in New Jersey
  • ACNJ as the grantee and facilitator
  • Parent Leadership Council to ensure parent voice and leadership, and
  • Pritzker/Think Babies Leadership Team, representing key public/private state and community partners

• The new BIPOC coalition, funded by Pritzker and under the leadership of Melinated Moms, became a key partner.
Significant Policy Successes

• NJ Maternity Action Plan/Nurture NJ
• Extension of Medicaid coverage 12 months post-partum
• Increased Medicaid coverage for doula services
• Enactment of a universal home visiting program
• Thriving by Three
• Enactment of a Young Child Tax Credit
• Increased funding to support PN-3 services
• Transformation of Central Intake into Connecting NJ
Opportunity for a Second PCI grant

• Multi-year system-building grant
• Focus on community-level engagement in 3-4 underserved or marginalized communities
• Planning to be parent led and parent informed
• When done, parents of children prenatal to age 3 that face the most significant barriers to opportunity can access the necessary systems and services to support their families’ well-being
Opportunity for a Second PCI grant

Planning Phase: Parent led and parent informed
• Parents identified PN-3 systems/services needed for young children and their families to thrive
• Parents reviewed data to identify underinvested communities
• Additional focus groups with parents
• Discussions with Leadership Team and community providers to review data and identify initiatives underway that can support the services that parents identified
• What system change, implementation of existing policy or adoption of new policy will allow a community to achieve the identified goals?
• What strategies will help achieve these goals?
• Review with parents and develop implementation plan to submit to Pritzker Foundation
NJ Task Force on Child Abuse and Neglect
Subcommittee on Poverty and Neglect

Katherine Stoehr
First Deputy Commissioner
NJ Task Force on Child Abuse and Neglect
Subcommittee on Poverty and Neglect

- Background
- NJ Four Branch educational series
- Creation of Subcommittee
  - Date of launch
  - Scope of work
Few NJ children interact with the NJ child protection system each year; CPS investigations are the most common experience.

1,994,109 children live in NJ

103,143 (5.1%) children* referred to hotline for CPS/CWS

27,114 (1.41%) children being served in-home (as of 12/31/22)

2,744 (0.13%) children in foster care (as of 12/31/23)

*children may be counted more than once
But over the course of a whole childhood, the picture is much different. CPS investigations are very, very common...

“We estimate that **37.4% of all children** experience a child protective services investigation by age 18 years. Consistent with previous literature, we found a higher rate for African American children (**53.0%**) and the lowest rate for Asians/Pacific Islanders (**10.2%**).”

“First, up to 5.91% of all U.S. children were ever placed in foster care between their birth and age 18. Second, Native American (up to 15.44%) and Black (up to 11.53%) children were at far higher risk of placement.”

Most NJ children are not White...

Hispanic or Latino: 29%
Non – Hispanic Black alone: 13%
Non- Hispanic Asian alone: 10%
Non-Hispanic two or more races: 3%

White: 44%

And 40% of NJ children live in an immigrant family
So many, many NJ children are commonly intersecting with the CPS system:

- For Black children, being part of a CPS investigation is more common than breaking a bone in childhood.
- For all US children, being part of a CPS investigation is more common than having asthma, or being employed as a teen.
- For most US children, being placed into foster care before age 18 is more likely than having a food allergy.

<table>
<thead>
<tr>
<th></th>
<th>Black</th>
<th>White</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not live in 2 parent household</td>
<td>62.3%</td>
<td>28.7%</td>
<td>39.1%</td>
</tr>
<tr>
<td>Experience poverty during childhood</td>
<td>77%</td>
<td>30%</td>
<td>Not avail.</td>
</tr>
<tr>
<td>Be named subject of a CPS investigation</td>
<td>53%</td>
<td>28.2%</td>
<td>32%</td>
</tr>
<tr>
<td>Break a bone</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have a job before age 20</td>
<td></td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>Have asthma</td>
<td>16%</td>
<td>7%</td>
<td>Not avail.</td>
</tr>
<tr>
<td>Be placed into foster care</td>
<td>11%</td>
<td>4.9%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Have a food allergy</td>
<td>4.0%</td>
<td>4.1%</td>
<td>3.1%</td>
</tr>
</tbody>
</table>
And most CPS investigations show no evidence of harm to the child.

~90,000 calls alleging CPS each year.

Neglect is alleged ~80% of the time.

But 97% of the situations in which neglect is alleged ultimately result in no finding of neglect.
So, is it neglect...or is it poverty?

- **Increases in TANF caseloads** were associated with significant reductions in numbers of neglect victims and foster care placements.
- **State SNAP policies** that improve and stabilize household resources appear to be associated with reductions in CPS involvement and use of foster care.
- State-level analyses of **EITCs** and child maltreatment reports demonstrate that increased EITC generosity is associated with fewer reports of neglect among children 0-5 years old (−324 per 100,000) and children 6–17 years old (−201 per 100,000).
- A 2022 study found higher expected rates of child maltreatment in states whose policies make it more difficult to qualify for **child care subsidies**.

States that spend more money on housing infrastructure, child care assistance, medical assistance programs, refundable Earned Income Tax Credits (EITC) and cash assistance, on average, experience lower rates of substantiated maltreatments, foster care placements and maltreatment-related child fatalities.
Four Branch Institute

- Convened throughout 2022
- Examined child development research, NJ and national data
- Generated proposed action areas for New Jersey

Administrative Branch
Judicial Branch
Legislative Branch
People directly impacted
Convened June, 2023

Scope: The Subcommittee is convened to examine ways in which the current operation of the child welfare system inappropriately conflates poverty and neglect, and to make recommendations for change.
The child welfare system ≠ DCF!

The child welfare system includes:

- those who report suspicions of child maltreatment to the state child abuse hotline (most commonly law enforcement officers, doctors/nurses, and teachers/school counselors),
- the criminal justice system, adult MH/SUD systems, and other major public systems impacting adults, especially given that these systems also separate parents from their children
- the Department of Children and Families and its contracted providers;
- the Dept of Human Services & associated services, and school, health, and other public policies/family supports
- the Administrative Office of the Courts, judges, attorneys and advocates involved in family court proceedings on child protection matters,
- Those who fund the above: the NJ legislature, US Congress, US Department of Health and Human Services, etc.
Short Break
DCF Analytics & Systems Improvement

Data Management & Reporting
- Performance & Outcome Measurement
- Dashboard Design & Production
- Federal Reporting
- Data Collection Tools
- Enterprise Data Warehouse
- Data Governance

Quality
- Evaluate Case Practice
- Fatality & Critical Incident Reviews
- Collaborative Safety
- Collaborative Quality Improvement
- Child & Family Service Review

Applied Research & Evaluation
- Research & Analytics
- Program Evaluation
- Communication & Dissemination
- Scientific Advising
Applied research and evaluation work to solve practical, real-world problems in service to the users.
An Opportunity

• Increased evidence-based decision-making at all levels of DCF

• Increased recognition of DCF as a data leader and innovator in child welfare research

Improved safety, health and wellbeing for children and families in NJ and nationally
NJ Department of Children and Families @NIDCF · Apr 29

Sexual violence can have numerous psychological, emotional, social, and physical health effects on a survivor’s well-being.

#TeamDCF’s Division on Women is dedicated to doing the work necessary to believe and support victims and survivors.

SEXUAL ASSAULT AWARENESS MONTH

Disparities Among Survivors

New Jersey women were two times more likely than men to experience sexual violence within the previous 12 months.

Sexual assault

- Black (Non-Hispanic): 1.94
- Hispanics: 1.03

Other risk factors include:

- Women under 18
- Women with lower education levels
- Women in poverty

Sources:

- National Intimate Partner and Sexual Violence Survey (NISVS)
- National Violence Against Women Survey (NVAVS)
Dissemination Packages

✓ Research and data briefs
✓ DCF “Data-Bites” micro-learning sessions
✓ Internal and external presentations
✓ Scientific journal articles
✓ Social media post(s)
Where will this get us?

2022
Organized and cohesive body of internal research that speaks to key findings related to advancement of DCF’s strategic priorities.

2023
Workforce, funders, providers and practitioners regularly engage with DCF’s research, evaluation and data through research briefs, informal sharing and presentations.

2024
NJ residents access DCF research and evaluation findings through agency website and social media.

2025
DCF’s position as a leader among child welfare agencies in research, evaluation and use of data cemented through scientific publications and presentations.
Sibling Bill of Rights Update

Deanna Lescouflair
Jack Auzinger
Tawanna Brown
Asia Panzino
OFV Youth Engagement Advisor
Clarence Whittaker
Deputy Chief of Staff
The Office of Family Voice uses innovative approaches to organize and elevate the voice of constituents, ensuring that policy, operations and practice throughout the Department of Children and Families are infused with the voices of those who have lived experience.
Youth council members work in partnership with DCF to achieve shared leadership, with the intent to accomplish a common vision and collaborative goals. The Youth Council helps to transform DCF policy and practice and, at the same time, empower youth to take action and make decisions on critical issues.
The Siblings’ Bill of Rights: From Idea to Law

DCF Youth Council Envision a Siblings’ Bill of Rights

Recommendation to Commissioner Beyer and Executive Management

Researched Other States

Proposed NJ Siblings’ Bill of Rights

Worked with DCF Legal Team on Bill Text

Met with Senate and Assembly Members for Sponsorship

Created Promotional Video for NJ Senate and Assembly

Passed by the NJ Senate and Assembly

January 12, 2023 Signed by Governor Murphy

Envision a Siblings’ Bill of Rights

January 12, 2023
Signed by Governor Murphy

Recommendation to Commissioner Beyer and Executive Management

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The Siblings’ Bill of Rights Provisions

To the best efforts of DCF, children should be placed in the same setting as their sibling, including resource family and congregate care settings.

Reference C.9:6B-2.2 e.
The Siblings’ Bill of Rights Provisions

If placement together is not possible or if some siblings are not in out-of-home placement, siblings should be placed in the closest proximity possible to other siblings.

Reference C.9:6B-4 q.
The Siblings’ Bill of Rights Provisions

Siblings will have access to a phone or computer for virtual visits between face-to-face visits.

Sibling visits, including phone calls and virtual visits, will not be denied as a result of behavioral consequences in a resource or congregate home.

Siblings will be provided contact information for all siblings at least annually, including phone number, address, and email address.

The Siblings’ Bill of Rights Provisions

Siblings will be actively involved in the lives of their siblings, including planning and attending celebrations, birthdays, holidays, graduations and other meaningful milestones.

Reference C.9:6B-4 u.
Siblings are allowed to participate in their siblings’ permanency planning and to have their recommendations and wishes documented in the DCPP case record and provided to the court.

Reference C.9:6B-4 r.
The Siblings’ Bill of Rights Provisions

Siblings will be promptly informed about changes in their sibling’s placement or permanency plan goals.

Siblings will know the expectations for continued contact with their siblings after an adoption or transfer of permanent physical and legal custody to a caregiver.

Reference C.9:6B-4 t., C.9:6B-4 s.
What Comes Next?

• Updating DCF policies and practice
• Educating stakeholders:
  • Young people in care
  • DCPP, CSOC, and system partners
  • Resource parents
  • Judges and court partners
• Assessing and addressing resource needs
• Ongoing implementation and assessment

Improved Sibling Connections!
"This Bill represents the power of shared leadership and the importance of having individuals with lived experience in a meaningful role at the table. I am so very proud of our Youth Council members who worked tirelessly to move this initiative forward."

- Commissioner Beyer
NJ Statewide Student Support Services Network
NJ4S Update

Sanford Starr
Assistant Commissioner
Family & Community Partnerships
NJ4S Update

- Recap: What is NJ4S
  - A Multi-Pronged Approach: Prevention and Early Intervention Services
  - A Statewide Network of Supports
  - A Three-Tiered Approach to Services

- Status of Hubs
  - Division of Family and Community Partnership Support
  - Hub Awardees
  - Hub Advisory Groups
  - Hiring
  - Outreach to Communities and School Districts

- NJ4S Information System
- FAQs and DCF NJ4S Webpage
Multi-pronged approach needed for complex public health crisis

**Prevention & Surveillance**
- Pediatric psychiatry collaborative
  - NJ4S
  - DREAMS
- Crisis and behavioral health toolkits
- Training on suicide prevention
- Development and deployment of risk messaging
- Harassment, intimidation and bullying laws
- Social/emotional health curriculum

**Treatment**
- **Expanding BH workforce**: e.g., HESSA loan redemption, NJ DOE school based MH services grant program
- **Expanding access to care**: e.g., Cover All Kids, 1115 “carve in” of BH benefit
- **Additional services**: e.g., Assertive Community Treatment, IDD in-community services
- **NJ Children’s System of Care**

**Crisis Intervention and Support**
- Mobile Response and Stabilization Service
- 2nd Floor crisis line
- Family Help Line
- 988
- DHS-funded CCIS units
NJ4S is...

- A statewide network of supports for students and their families
- Centered around the voice, experience and needs of students and their families
- A standard set of supports and services, with local adaptations, that leverage the best approaches the field has to offer
- Designed to offer support to the whole family in addition to individual students, impacting students’ academic achievement as well as emotional well being
Statewide network of supports

- **15 hubs** will be established throughout the state
- Hubs will deliver services at **spokes** where youth and families are most comfortable
- **NO ONE WILL NEED TO TRAVEL TO A HUB TO ACCESS HELP**
- Hubs will be **integrated** with other formal support systems serving youth and families:
  - NJ Children’s System of Care
  - Pediatric Psychiatric Collaborative
  - Family Success Center network
A standard set of tiered supports and services

- Tier 1: Available to all K-12 (no application)
- Tier 2: Middle and high schools apply for evidence-based prevention programs
- Tier 3: Middle and high schools apply for brief counseling intervention services
Division of Family and Community Partnerships – Implementation Support

- Statewide Implementation Team
- Weekly contact with hub agencies
- Biweekly Virtual Hub Meetings
  - Support NJ4S agencies by creating a space for learning and sharing which include discussions about:
    - implementation/operational facilitators and barriers
    - themes in implementation
    - trends
    - resource sharing, etc.
Hub Awardees

- ATLANTIC & CAPE MAY
- BERGEN
- BURLINGTON
- CAMDEN
- ESSEX
- HUDSON
- MERCER
- MIDDLESEX
- MONMOUTH
- MORRIS & SUSSEX
- PASSAIC
- UNION
- SOMERSET, HUNTERDON, & WARREN
- OCEAN
- GLOUCESTER, CUMBERLAND, & SALEM

- Acenda, Inc.
- Children’s Aid and Family Services, Inc. (CAFS)
- Legacy Treatment Services
- Center for Family Services, Inc. (CFS)
- Family Connections, Inc.
- Partners in Prevention
- Catholic Charities, Diocese of Trenton
- Rutgers University Behavioral Health Care (UBHC)
- Preferred Behavioral Health Group
- Mental Health Association of Essex and Morris, Inc.
- New Jersey Community Development Corporation
- Prevention Links
- Center for Family Services, Inc.
- Preferred Behavioral Health Group
- Acenda, Inc.
NJ4S Initial Implementation: Hub Advisory Boards

- An **Advisory Board** will support each hub
  - Students, parents
  - Community leaders
  - Educators
  - Service providers

- Committee:
  - Shares knowledge of existing youth and family support services in the region
  - Helps develop key referral relationships & partnership with child and family systems at local level (e.g., CSOC, Family Success Center network)
  - Informs hub service array (which specific models are most needed/fit best in our community?)
  - Suggests locations of NJ4S service delivery

- **All hubs are recruiting, and most have either scheduled or already had an initial Advisory Board meeting**
NJ4S Initial Implementation: Hub Workforce

- **Hiring Staff**
  - 15 Hub Directors
  - 15 Hub Assistant Directors
  - 38 Support Staff/Scheduling Coordinators
  - 199 Prevention Consultants
  - 37 Prevention Consultant Supervisors
  - 64 Licensed Counselors

- **Staffing varies by hub, based on the number of students in high need districts**
## NJ4S Initial Implementation: Initial School and Community Outreach

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<tr>
<th>Organization</th>
<th>Description</th>
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<td>County Children’s Interagency Coordinating Councils (CIACC)</td>
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<tr>
<td>Gay, Lesbian, Straight Education Network</td>
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<tr>
<td>Human Service Advisory Councils (HSAC)</td>
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<tr>
<td>Local Health Departments</td>
<td></td>
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<tr>
<td>County Youth Services Commission</td>
<td></td>
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<tr>
<td>School Districts</td>
<td></td>
</tr>
<tr>
<td>County Superintendents (Entrée to Districts)</td>
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</tr>
<tr>
<td>Federally Qualified Health Centers (FQHC)</td>
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<tr>
<td>Local YMCA</td>
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<tr>
<td>Family Support Organizations (FSO)</td>
<td></td>
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<tr>
<td>Mobile Response and Stabilization Services (MRSS)</td>
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<tr>
<td>Family Success Centers</td>
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<tr>
<td>Care Management Organizations (CMO’s)</td>
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</tbody>
</table>
NJ4S Information System

- Application for Services
  - Engaging Hubs and School Staff in build
- Public Facing Page
  - What is NJ4S
  - Tier 1 Services Identified
- Service Tracking
- Training and Communication Plan
FAQs:

Won’t it be too hard for students to travel to a hub to get services?

No one will need to travel to a hub to receive services.

Services will be “pushed out” to spoke locations in the community: schools, community centers and other places identified through hub advisory board input.
My school/district already has similar programming. Will our existing programming be taken away?

- Participation in NJ4S is optional
- Tier 1 services will be available for any student/family who wants to participate
- School districts may opt to apply for NJ4S Tier 2 or Tier 3 support
- Existing DCF School Based Youth Services contracts remain in place
FAQs, cont:

My school district is in a more rural part of the state/county. All the resources typically go to the urban/more densely populated parts of the region. Will NJ4S do the same?

NJ4S directs hubs to provide Tier 1 programming universally in the region.

Tier 2 and 3 support will be provided to districts that request it based on need, as identified in the DCF Student Need Index created in response to P.L. 2021, Chapter 323. This index controls for population size.
NJ4S Web Page

- Linked from the department landing page carousel
- [www.nj.gov/dcf/nj4sconcept.html](http://www.nj.gov/dcf/nj4sconcept.html) (or just google NJ4S)
  - Bidders Conference PowerPoint
  - NJ4S FAQs
  - School-Based United Survey
  - NJ4S Concept Paper
  - Center for Health Care Strategies (CHCS) working group materials and recommendations
  - Testimony to Joint Committee on Public Schools on NJ4S
  - Link to the NJ4S Hub RFP
  - School District Needs Index, Methodology and Map
Problematic Sexual Behaviors in Children/Youth and Closing

Mary Coogan
President, CEO
ACNJ
Problematic Sexual Behavior (PSB) Work Group

Established in February 2022 to create a statewide coordinated response to PSB cases. The overarching goal is to ensure that all child victims and child initiators of sexual abuse and their families have access to specialized medical and mental health services. Why?

• In the U.S., 25% to 30% of child sexual abuses cases involve an initiator/actor who is a minor

• NJ Child Advocacy Centers (CACs) and Regional Diagnostic and Treatment Centers (RDTCs) reported that between 15% and 30% of cases they were seeing involved an initiator/actor who is a minor

• New Jersey previously did not have coordinated system in place
Why Develop a Statewide Approach?

There is treatment that works.

• In New Jersey, Children's Aid and Family Services was awarded an OJJDP grant in 2010 to provide Problematic Sexual Behavior-Cognitive Behavioral Therapy, an evidence-based treatment model developed by researchers at the University of Oklahoma. Over more than a decade, caregivers reported that 98% of youth who completed the Wraparound Intensive Services (WISE) Families Program cease their sexual acting out behaviors.

• WISE Families Program finds that the program: (1) decreases problematic sexual behaviors; (2) decreases general behavioral problems; (3) improves relationship quality between youth and caregiver; (4) and improves communication between youth and caregiver.
PSB Work Group Members

Department of Children and Families, including DCF Commissioner and representation from the Division of Child Protection & Permanency, the Children’s System of Care, and the State Central Registry

• New Jersey Children’s Alliance
• County Prosecutors Association of New Jersey, Inc.
• Chiefs of County Detectives Association
• NJ Division of Criminal Justice
• Child Advocacy Center/Multidisciplinary Team, including Law Enforcement, Prosecution, Victim Advocacy, MDT Coordinator and CAC Director
• Regional Diagnostic and Treatment Centers, including Medical Director & Clinical Director
• NJ Task Force on Child Abuse and Neglect
• Care Management Organizations
Sources of Data to Develop a Coordinated Plan

• Surveys of NJ’s Child Advocacy Center (CAC) and multidisciplinary team partners
• Surveys of caregivers affected by problematic sexual behaviors in children/youth
• Information from other states about how they respond to and fund services for PSB cases
• Data about the availability of providers trained in evidence-based treatments
• Information obtained from stakeholders at Work Group meetings
Problematic Sexual Behaviors Between Minors: A Coordinated, Comprehensive Statewide Response Framework

<table>
<thead>
<tr>
<th>Referrals</th>
<th>Training</th>
<th>Funding</th>
<th>Data</th>
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</thead>
<tbody>
<tr>
<td>Specialized screening team in SCR</td>
<td>Mental health clinicians</td>
<td>Child Treatment Assistance Fund</td>
<td>Demographics</td>
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<tr>
<td>CMO-based Specialized Care Coordinators (SCCs)</td>
<td>Stakeholders</td>
<td>Contract with RDTCs and mental health providers</td>
<td>Referrals</td>
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<td>Partner agencies</td>
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<td>Service utilization</td>
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<td>SCCs and supervisors</td>
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<td>Feedback loop</td>
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Status of Implementation

• Framework approved by the Work Group
• CMOs have funding to hire Special Care Coordinators and many have started interviewing candidates
• DCF made funding available for non-DCPP cases
• Training has begun and clinicians are available to take referrals. If you need to refer a family and are not familiar with trained clinicians in your area, contact Nydia Y. Monagas at the New Jersey Children’s Alliance: nydia@njcainc.org
Q&A
Thank you for joining!