

2024 Summer Forum



Agenda

- **OPENING** – NJ DCF Commissioner Christine Norbut Beyer
- **DCF Strategic Plan Update** – NJ DCF Commissioner Christine Norbut Beyer
- **Modernization of NJTFCAN Subcommittees** – NJ DCF Commissioner Christine Norbut Beyer
- **SORS Update** – ACNJ President and CEO / NJTFCAN Co-Chair Mary Coogan
- **Problematic Sexual Behavior Framework** – Director of Statewide Initiatives for the NJ Children’s Alliance, Dr. Nydia Monagas
- **BREAK**
- **Update on the Office Of Resilience** – Executive Director Rebecca Bryan, DNP, APN
- **NJ Language Access Law** – NJ DCF Assistant Commissioner Brian Ross and Noreen Kroslin, Administrative Analyst 3, DCF Office of Policy and Regulatory Development
- **NJ Universal Home Visiting / Family Connects NJ Update** – Dr. Sanjna Shah, Medical Advisor, Family Connects NJ
- **CLOSING** – ACNJ President and CEO / NJTFCAN Co-Chair Mary Coogan



A close-up portrait of Christine Norbut Beyer, a woman with blonde hair, smiling. She is wearing a dark, patterned jacket. The background is a grey wall with a yellow and blue graphic element on the left side, which appears to be a stylized horse or figure. The text is overlaid on the left side of the image.

Evolution of NJ DCF's Strategic Plan, 2019 - Present

Christine Norbut Beyer
Commissioner
DCF

“It began with a vision . . .”

- NJ DCF Strategic Vision:



Structure of the Strategic Plan (2019-2023)



Organizational Values



- Collaboration
- Equity
- Evidence
- Family
- Integrity



Core Approaches



- Race Equity
- Healing Centered Practice
- Protective Factors Framework
- Family Voice
- Culture of Safety

Service Excellence / Transformational Goals



Maintain Excellence:

- Timely Permanency
- Resource Family work
- Promoting empowerment for women and girls
- Promoting integrated health in primary and behavioral healthcare systems
- High quality, community-engaged primary prevention, programs.
- Thriving & Independence

Transformative Goals:

- Primary prevention of maltreatment and maltreatment-related fatalities
- Preserving kinship connections
- Staff health and wellness
- A fully integrated and inclusive Children's System of Care (CSOC)

42 Programmatic Plans – Added in 2022

Family and Community Partnership – 14	Children’s System of Care - 10	Division on Women - 6	Office of Education -3	Child Protection & Permanency – 7
<ul style="list-style-type: none"> • Family Preservation Services • Family Success Centers • Family Support Services • Help Line & Expanded Central Intake • Keeping Families Together • Kinship Navigator Program • Life Skills Youth Thrive • Pathways to Academic and Career Exploration to Success (PACES) • Parent Leadership Curriculum • Peer Mentoring • School-Linked Services • Supportive Visitation Services • Universal Evidence-Based Home Visiting • Youth Housing 	<ul style="list-style-type: none"> • Child & Family Nurse Program • Family Support Organizations • Infant Mental Health • In-Home Recovery • Intellectual and Developmental Disabilities: In-Home Model • Intellectual and Developmental Disabilities: Family Support Services • Intensive In-Home/DIR • Mobile Response • Stabilization Services: Law Enforcement Collaboration • Residential Services for Behavioral Health & Intellectual and Developmental Disabilities • Suicide Prevention 	<ul style="list-style-type: none"> • Address Confidentiality Program • Batterer’s Intervention Program • Domestic Violence Liaison • DV Direct • Culturally Specific DVSV • SV Direct 	<ul style="list-style-type: none"> • English Language Learners • Nurtured Heart Approach • Project TEACH 	<ul style="list-style-type: none"> • Binti • Kinship OKRs • Pre-Adoptive • Lifeset • Residential Services • Resource Care: Redesign Tools and Practice • Solution Based Casework

Strategic Focus and Programmatic Plans

Service Excellence

Strategic Focus	Program Plans
<ul style="list-style-type: none"> • Timely Permanency • Resource Family work • Promoting empowerment for women and girls • Promoting integrated health in primary and behavioral healthcare systems • High quality, community-engaged primary prevention programs • Thriving & Independence 	<ul style="list-style-type: none"> • Binti • English Language Learners • Family Support Organizations • Intellectual and Developmental Disabilities: In-Home Model • Intellectual and Developmental Disabilities: Family Support Services • Intensive Support for Resource Homes • Life Skills Youth Thrive • Nurtured Heart Approach • Peer Mentoring • Pre-Adoption Services • Resource Practice • Solution Based Casework • School Linked Services • Supportive Visitation Services • Youth Housing • Lifeset

Transformative Goals

Strategic Focus	Program Plans
<ul style="list-style-type: none"> • Primary prevention of maltreatment and fatalities • Preserving kinship connections • Staff health and wellness • CSOC Integrated healthcare 	<ul style="list-style-type: none"> • Address Confidentiality Program • Abuse Intervention Program (AIP) • Connecting NJ (formerly Central Intake) • Child & Family Nurse Program • Culturally Specific DV and SV Services • Domestic Violence Liaisons • Domestic Violence Service • Family Preservation Services • Family Support Services • Family Success Centers • Infant Mental Health • In-Home Recovery • Intensive In-Home / DIR • Keeping Families Together • Kinship Navigator Program • Mobile Response and Stabilization Services: Law Enforcement Collaboration • OKRs • PACES • Parent Leadership Curriculum • Project TEACH • Residential Services for Behavioral Health & Intellectual Disabilities • Suicide Prevention • Sexual Violence Direct Services



2024-2025 NJ DCF Strategic Plan

What's different?

Core Approaches to Transformational Initiatives

Family Voice

Healing
Centered

Protective
Factors

Collaborative
Safety

Race Equity

Office of Family
Voice

Office of
Resilience

Office of Staff
Health &
Wellness

Office of
Diversity, Equity
& Belonging

Powerful Families, Powerful Communities NJ

Department-Wide Goals

Build and modernize infrastructure to support and facilitate operations

Partner with communities to ensure child maltreatment, intimate partner violence, and sexual assault prevention programming promotes protective factors and effectively meets the diverse needs of all NJ residents

Embed core approaches / transformational initiatives into all DCF service lines and operations

Deliver, either directly or through contracted providers, excellent services that lead to positive outcomes

Supporting Objectives and Initiatives

GOAL: Build and modernize infrastructure to support and facilitate operations

Implement Departmental Information Management Strategy

Create and Manage Effective Workforce Strategies

- Leadership / Management Development Program
- DCF Workforce Recruitment and Retention Strategy
- Provider Workforce Strategy
- DCF-wide Training Strategy

Create and Manage Sustainable Financing Strategies

- Family First Prevention Services Act Plan
- Effective Procurement Strategies
- Revenue Maximization Strategies

Build Departmental Project Management Capacity

- IT Project Management Office
- Office of Strategic Development Project Management
- Department-wide use of MS Project

GOAL: Partner with communities to ensure child maltreatment, intimate partner violence, and sexual assault prevention programming promotes protective factors and effectively meets the diverse needs of all NJ residents

Prevent unnecessary involvement in the child protection system

- NJTFCAN Subcommittee on Race, Poverty and Neglect
- PFPC Co-Design
- Predict, Align, Prevent (PAP)
- NJ 211

Ensure constituent safety and wellbeing in DCF-affiliated out-of-home settings

- CSOC Collaborative Safety
- Resource Care Redesign
- Institutional Abuse Investigations Unit (IAIU) Right-sizing
- Licensing

Identify service network reforms needed to effectively meet constituent need

- 42 Program Plans
- Ending the need for group placement

Supporting Objectives and Initiatives

GOAL: Embed core approaches / transformational initiatives into all DCF service lines and operations

Race Equity / Office of Diversity, Equity & Belonging

Healing Centered / Office of Resilience

Constituent Voice / Office of Family Voice

Collaborative Safety / Office of Staff Health & Wellness and Office of Applied Research and Evaluation (ARE)

Supporting Objectives and Initiatives

GOAL: Deliver, either directly or through contracted providers, excellent services that lead to positive outcomes

Implement Collaborative Quality Improvement across all DCF Services

- DCP&P CoQI Plan
- Purchased Services CoQI Plan

Ensure that there is a defined service model, implementation supports, monitoring approach and measurement strategy for all programs and service lines

- Incorporate into program plans
- Monitoring Strategy

Implement constituent service framework and DCF Quality Standards in provider-operated services

- Embedded into DCF contracts

Effectively support every young person receiving DCF services in transition to adulthood

- Youth Villages LifeSet
- Youth Thrive
- My First Place
- Peer-to-Peer Mentoring / EnlightenMENT
- OOE Program Plans
- CSOC Transition Plan for Youth

Structure of the Strategic Plan (2024-2025)



Modernization of NJTFCAN Subcommittees

- Protection Subcommittee
- Prevention Subcommittee
- Communications Subcommittee
- Staffing and Oversight Review Subcommittee (SORS)



- Subcommittee on the Safety of Children
- Family and Child Wellbeing Subcommittee
- Marketing, Development and Fundraising Subcommittee
- Subcommittee on Race, Poverty and Neglect
- Staffing and Oversight Review Subcommittee (SORS)

SORS Update

Mary Coogan
Executive Director
Advocates for Children
of NJ



Update on Staffing Oversight Review Subcommittee (SORS)

- Statutorily created subcommittee of the New Jersey Task Force on Child Abuse and Neglect
- Statute amended in December 2022 as part of New Jersey's exit from federal court monitoring
 - Membership restructured
 - Responsibilities expanded



➤ SORS membership expanded to include representation of other stakeholder groups

- Parent who had prior involvement with DCP&P
- Alumni of NJ's resource family care system
- Currently licensed resource parent
- County human services director
- Attorney who represents children in out of home care
- Attorney who represents the indigent
- Attorney who represents parents in child protection matters

➤ Staggered 3-year terms



- Responsibilities of SORS expanded from a focus on staffing to reviewing the performance of the Division of Child Protection and Permanency (DCP&P) in specific areas outlined in the statute in order to develop recommendations regarding the department's performance, as well as staffing.
- Work of SORS different from the prior court monitor in that the monitor was looking for DCP&P compliance with the federal court ordered settlement agreement. That monitoring ended in 2023.



Understanding Data and Practices

- SORS engaged the Camden Coalition to assist its work
 - Colleen McCauley is the Project Director
 - Review of data from a variety of sources
 - Helping members of SORS understand the data
 - Identifying trends
 - Writing report

- SORS is assisted by DCF staff
 - Attending meetings to explain and discuss relevant policy, practice and related data



Areas of Focus for SORS in 2024

➤ Collaborative Quality Improvement (CoQI)

Purpose: to leverage collaborative problem solving between DCP&P leadership and frontline staff with support from quality improvement experts from DCF's Office of Quality

Goal: to develop and manage improvement plans to address self-identified priority areas of improvement

Implementation: all 46 local office, area offices and central office levels



Collaborative Quality Improvement (CoQI) cont.

- The Youth and Family Interview Team, Rutgers School of Social Work
 - Conducts interviews with families and youth who have received DCP&P services about their experience
 - Goal is to elevate family voice in DCF's continuous quality improvement efforts by helping to identify strengths and areas needing improvement
 - Members of SORS are participating in the analysis of the family and youth interview process being conducted by Rutgers and believe it will provide excellent feedback to the local offices about their practice and influence DCF policy overall.



Areas of Focus for SORS in 2024

- **Solutions-Based Casework** – integrated into case practice in 2022
 - Solution based casework (SBC) is a research-informed casework practice model aimed at promoting enhanced family engagement and improved outcomes, including child safety and permanency.
 - SBC is solution-focused, and is comprised of **three basic elements**:
(1) developing partnerships with families, (2) focusing on family’s daily routines to help identify threats to safety and (3) targeting specific prevention skills designed to address and reduce the identified safety threats.
- SORS members received in-depth presentation and have discussed implementation of SBC with DCF staff
 - Short video: <https://vimeo.com/136861716>



Areas of Focus for SORS in 2024

➤ **Permanency**

- Reunification
 - Placement with Relatives or Kin (Kinship legal guardianship)
 - Adoption
 - Youth aging out of foster care
- Examining data for each outcome and timeliness
- Engaged in discussion with DCF staff to understand data and related issues



Areas of Focus for SORS in 2024

- **Staffing** (topic for upcoming SORS meeting)
 - Staffing levels included in the 2022 amendments to the statute
 - Retention
 - Training



Meeting Dates and Minutes

- SORS Annual Reports to be released in December
- For more information about the NJ Task Force on Child Abuse and Neglect and its Subcommittees, visit <https://www.nj.gov/dcf/providers/boards/njtfcn/>
- Mary Coogan, mcoogan@acnj.org for other questions and comments



PSB in Children Update

Dr. Nydia Monagas
Director, Statewide
Initiatives
NJ Children's Alliance





NEW JERSEY'S PSB PROGRAM:

IMPROVING ACCESS TO SPECIALIZED SERVICES

[HTTPS://NJCAINC.ORG](https://njcainc.org)

@NJCAINC ON FACEBOOK AND INSTAGRAM

WHAT IS PROBLEMATIC SEXUAL BEHAVIOR (PSB)?

- ✓ Youth-initiated behaviors involving sexual body parts (i.e., genitals, anus, buttocks, or breasts) that are developmentally inappropriate and/or potentially harmful to themselves or others
- ✓ Problematic sexual behaviors in youth are not limited to an age range, cultural background, socioeconomic level, or family structure

JUST THE STATS...

- ✓ Many children in our communities have engaged in problematic sexual behaviors (PSB)
- ✓ More than one-third of sexual offenses against child victims are committed by minors
- ✓ The National Children Alliance (NCA) estimates 25% of child sexual abuse (CSA) cases seen at Child Advocacy Centers (CACs) are youth initiated
- ✓ In NJ, our CACs and Regional Diagnostic and Treatment Centers (RDTCs) reported that between 15% and 30% of CSA cases were youth initiated

WHAT RESEARCH TELLS US

- ✓ Youth who engage in PSB can be safely treated and remain in their homes, communities, and schools
- ✓ Most youth who engage in PSB will not engage in harmful/illegal sexual behaviors again
- ✓ Treatment works
- ✓ There is a significant cost savings when youth are engaged in services

NEW JERSEY'S COORDINATED RESPONSE TO PSB

Referrals

- Specialized screening team in SCR
- CMO-based Specialized Care Coordinators (SCCs)
- County Prosecutor's Office

Training

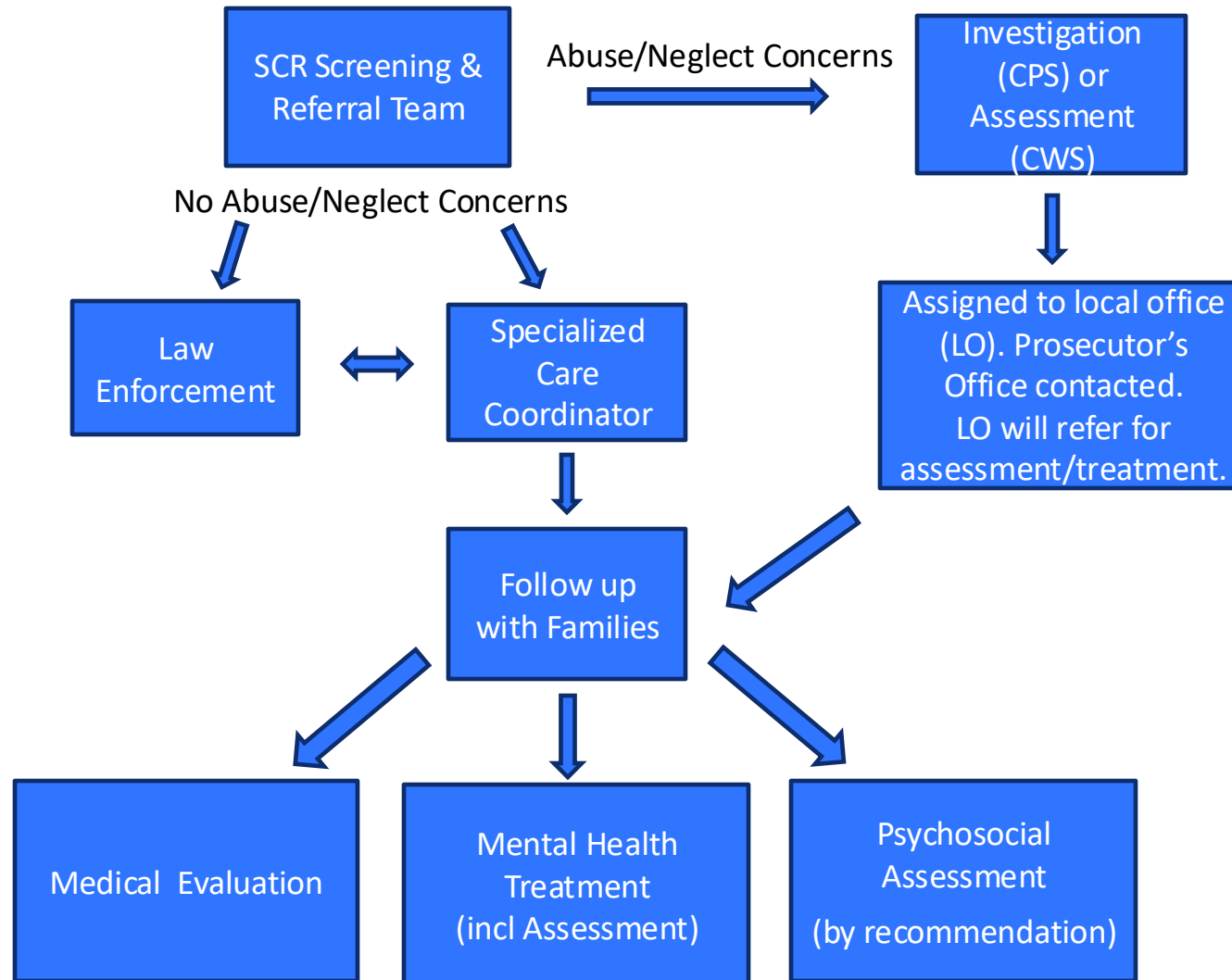
- Mental health clinicians
- Stakeholders
- Partner agencies
- SCCs and supervisors

Funding

- Direct services for youth and families
- SCC positions
- PSB Program
- Training

Oversight & Quality Assurance

- Program oversight
- Data collection, analysis and dissemination
- Feedback loop
- PSB Program Advisory Board



PSB Program Referral Flow Chart

TRAINING

- ✓ Providers
 - ✓ Over 60 clinicians across the state trained/training in evidence-based treatment models for youth who engage in PSB (PSB-CBT, TF-CBT for PSB)
 - ✓ 36 trainees in TF-CBT
- ✓ SCCs
 - ✓ 21 SCCs and 15 SCC supervisors participate in regular training throughout the year
- ✓ Stakeholders
 - ✓ Over 2,000 professionals and community members have received training regarding PSB and related resources

FUNDING

- ✓ The Department of Children and Families provides funding for all components of the PSB Program:
 - ✓ SCC Positions
 - ✓ Child Treatment Assistance Fund
 - ✓ PSB Program staff and related program expenses
 - ✓ Training

OVERSIGHT AND QUALITY ASSURANCE

- ✓ Program oversight
- ✓ Data collection, analysis and dissemination
- ✓ PSB Advisory Board

REFERRALS, FIRST QUARTER

Month	# CMOs	# SCR Referrals	% Youth Exhibited PSB	% Youth Impacted by PSB
March	8	40	41%	59%
April	13	84		
May	14	124		
TOTAL		248		

ENGAGEMENT, FIRST QUARTER

#SCR Referrals	SCC Contacts w/ Caregivers		Intakes Completed	
248	154	63%	101	65%

# Youth Connected to Medical Services		# Youth Connected to Mental Health Services	
32	31%	47	46%

PRESENTATIONS, FIRST QUARTER

# SCC Presentations	# Trained
85	2039

NEXT STEPS

- ✓ Implement PlanStreet data management system
- ✓ Hire a Data Analyst
- ✓ Continue to track program outcomes
- ✓ Use data to inform program improvements
- ✓ Provide ongoing training and technical assistance to SCCs
- ✓ Provide ongoing training for providers, stakeholders and community organizations

QUESTIONS?

- ✓ Nydia Y. Monagas, Director of Training & Statewide Initiatives: nydia@njcainc.org
- ✓ Stephanie Bailey, PSB Program Manager: stephanie@njcainc.org



OOR Update

Dr. Rebecca Bryan
Executive Director
DCF Office of Resilience



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Office of Resilience Technical Assistance Center

Rebecca Bryan

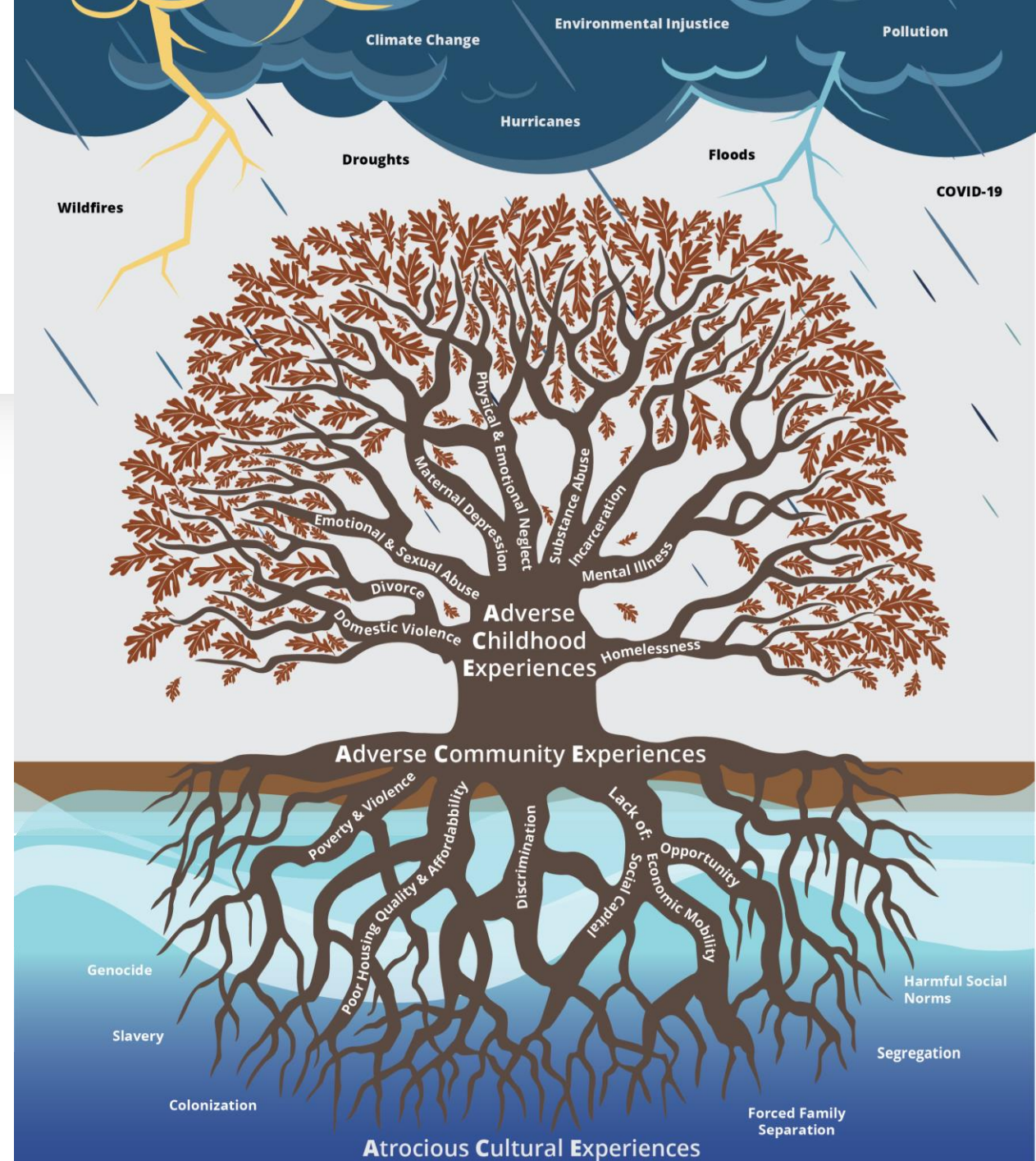
July 24, 2024



Vision: New Jersey is a trauma-informed and healing-centered state, creating opportunities to prevent, and empower healing from, individual, transgenerational, and community trauma.

Trauma is not what happens to you, but what happens inside you as a result of what happened to you.

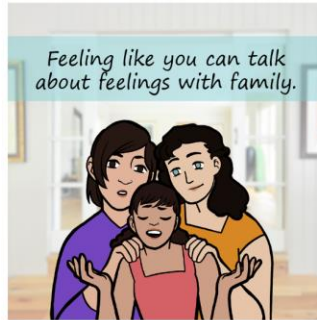
-- Gabor Maté



Identifying Positive Childhood Experiences



Feeling like you can talk about feelings with family.



Positive childhood experiences (PCEs) are protective and compensatory encounters that increase resilience and shield against risk for mental and physical illness.

Research shows that adults reporting high numbers of PCEs were 72% less likely to experience depression and/or poor mental health and were 3.5 times more likely to get the social and emotional support they needed as an adult.

Feeling supported by family during difficult times.



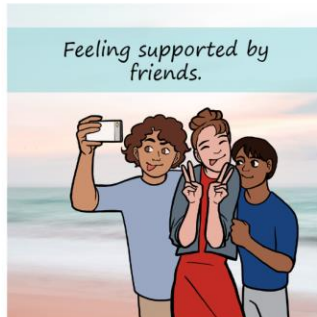
Enjoying participation in community traditions.



A feeling of belonging in high school.



Feeling supported by friends.



Having at least two non-parent adults who take genuine interest in you.



Feeling safe and protected by an adult in the home.



Bethell, C., Jones, J., Gombajav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental health and relational health in a statewide sample. *JAMA Pediatr.*, 173(11), e193007. <https://doi.org/10.1001/jamapediatrics.2019.3007>

Why Trauma Informed Approaches?

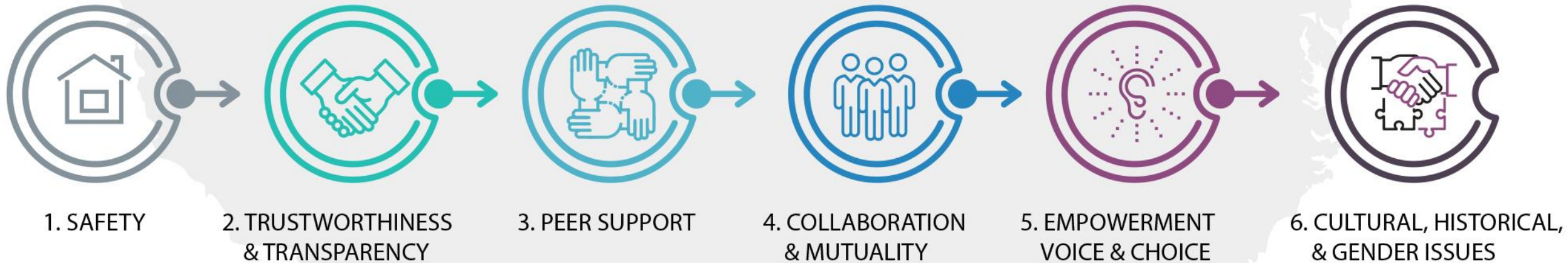
Trauma informed approaches are gaining momentum across society – in healthcare, education, the legal system, journalism, and more – because they utilize the best scientific evidence...to help prevent avoidable harm, build resilience, and promote healing, engagement, and empowerment.



6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's [Center for Preparedness and Response \(CPR\)](#), in collaboration with SAMHSA's [National Center for Trauma-Informed Care \(NCTIC\)](#), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.

Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by [CPR](#) and [NCTIC](#) was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.



CULTURE

The values and norms that connect us to a shared identity.



AGENCY

The individual and collective power to act, create and change personal conditions and external systems.

RELATIONSHIPS

The capacity to create, sustain and grow healthy connections with others.

MEANING

The profound discovery of who we are, why we are, and what purpose we were born to serve.

ASPIRATIONS

The capacity to imagine, set and accomplish goals for personal and collective livelihood and advancement, and the exploration of possibilities for our lives and the process of accomplishing goals for personal and collective livelihood.

TI Organizations Increase Trust and Transparency

- Organizations where team members reported trusting their management enjoyed
 - 74% less stress
 - 106% more energy at work
 - 50% higher productivity
 - 13% fewer sick days
 - 76% more engagement
 - 29% more life satisfaction
 - 40% less burnout

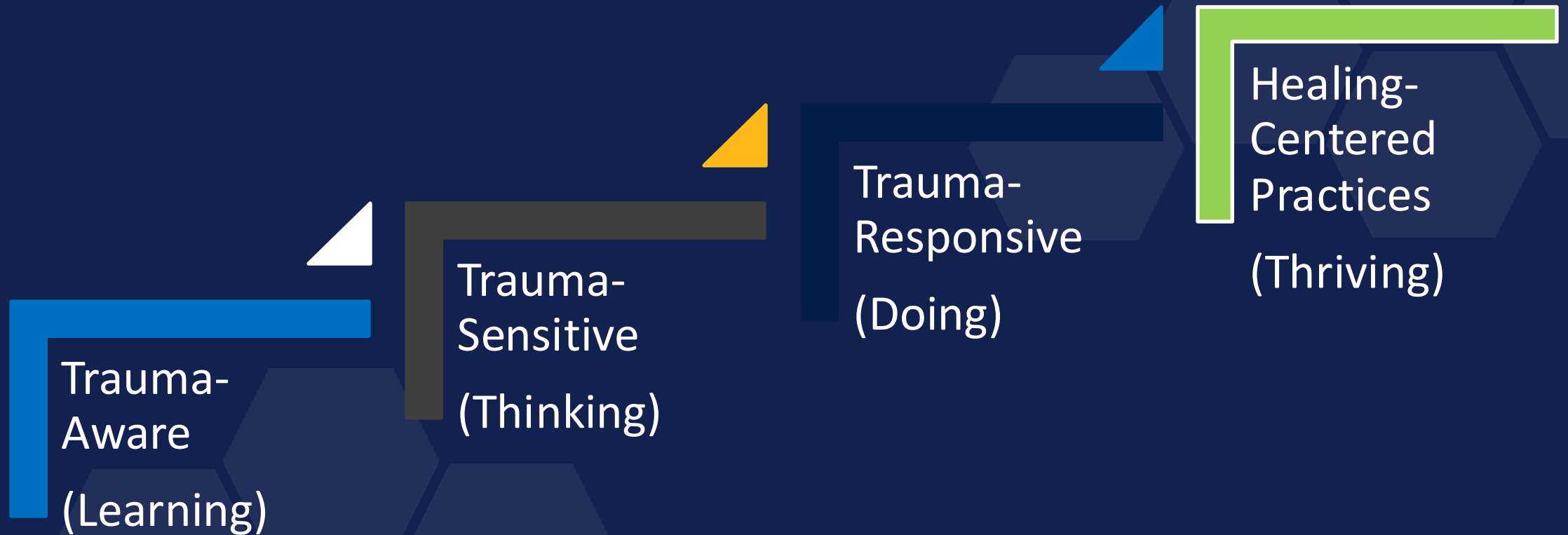


Healing NJ Together Technical Assistance Center

- Trauma-Informed → Healing-Centered Continuum Definitions
- TRUST Organizational Assessment Tool
- Foundational Training with Trainer Network
- Organization Coaching
- Trauma-Informed Organization Resource Guide



Steps to Healing-Centered Practice



TRUST Assessment Tool

SAMHSA's 10 Domains



Slide 37



Foundations of Trauma, Resilience and Healing-Centered Environments

- Types of Trauma
- NEAR Science
- Positive Childhood Experiences
- Toxic Stress
- Translating Science into Practice:
 - Regulation/Co-regulation
 - Vicarious trauma
 - SAMHSA's Model of Trauma-Informed Approaches
 - Healing-Centered Strategies
 - Ways to Build Resilient Communities



Coaching

- Organizations that demonstrate readiness and commitments
- CCSI mentoring OOR team into coaching roles
- 10 organizations year one



Trauma-Informed Organizations Resource Guide

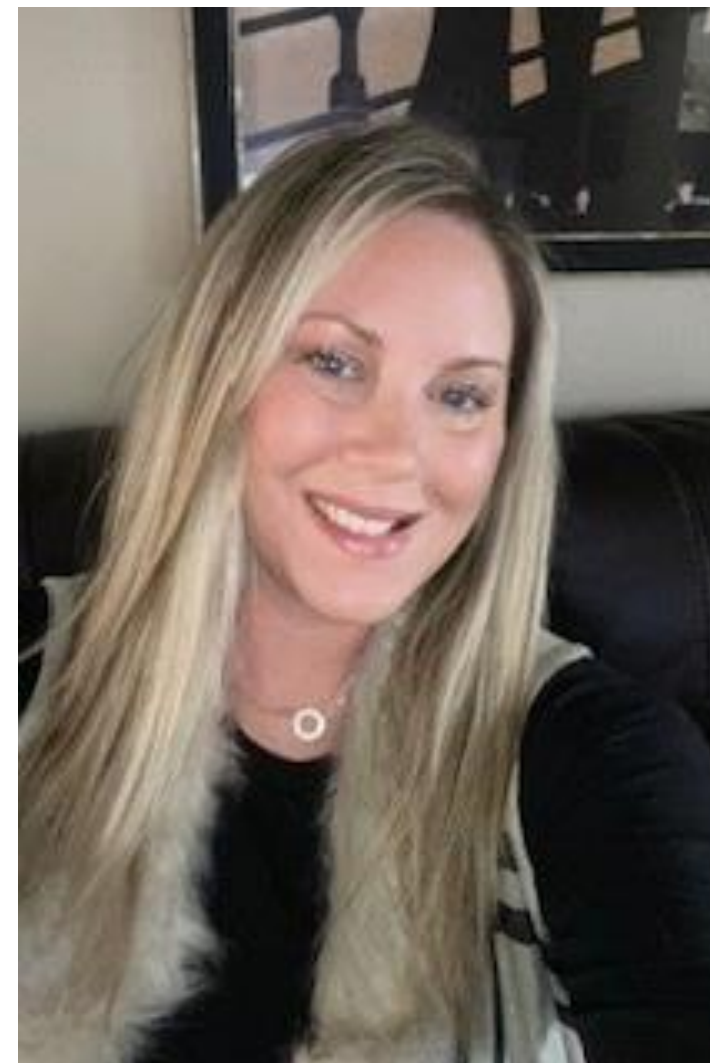
- DCF strategic planning teaming structure to determine qualifications of organizations to be listed on website:
 - Leadership buy-in
 - TRUST tool-demonstrated progression, foundational training participation
 - Integration of community voice



Language Access

Brian Ross
Assistant
Commissioner

Noreen Kroslin
Administrative Analyst
3



EXECUTIVE SUMMARY

WHAT IS THE LAW?

WHAT IS DCF REQUIRED TO DO UNDER THE LAW?

WHAT ARE VITAL DOCUMENTS UNDER THE LAW?

WHAT IS DCF'S PLAN TO IMPLEMENT THE CURRENT LAW?



WHAT IS THE LAW?

All State Agencies are required to provide translation services for all “Vital Documents” in the seven (7) most commonly spoken languages in New Jersey.

The first five (5) languages shall be available by the end of CY 2024.

The remaining (2) languages shall be available by the end of CY 2025.



WHAT IS A VITAL DOCUMENT?

Documents Required for Translation:

“**Vital documents**” means documents that affect or provide legal information about access to, retention of, termination of, or exclusion from program services or benefits; which are required by law; or which explain legal rights.

“Vital documents” **include, but are not limited to:**

- applications;
- consent forms;
- complaint forms;
- intake forms;
- letters or notices pertaining to eligibility for services or benefits; and
- letters or notices pertaining to rights or to the reduction, denial, or termination of services or benefits or that require a response from the person who has limited English proficiency.

“Vital documents” **shall not include:**

- vital records or certified copies thereof,
 - such as birth certificates, death certificates, or marriage licenses, or government-issued forms of identification, such as driver’s licenses or non-driver identification cards; or
- newsletters,
- data reports, and
- releases when such newsletters, data reports, and releases are unrelated to program services or benefits.



WHAT IS DCF REQUIRED TO DO?

- DCF has:
 - Identified the seven (7) languages required for translation.
 - Undertaken review of Policy Manual Forms.
 - Engaged Divisions and Offices to review forms.
 - Compiled a list of forms to translate.



WHAT IS DCF'S PLAN?

- DCF will begin the procurement process to translate documents in August/September.
- DCF will continue to work with Divisions and Offices to translate new policy forms and documents.



PROJECT CONTACTS

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Universal Home Visiting

**Dr. Sanjna Shah,
Medical Advisor
Family Connects NJ**





**FAMILY
CONNECTS** **NJ**

NURSE VISITS SUPPORTING PARENTS & NEWBORNS AT HOME

DCF/ACNJ Summer Forum

July 24th, 2024

What is Family Connects NJ?

New Jersey is the second state in the nation to legislate statewide universal newborn home visitation.

- Part of First Lady Tammy Murphy's **Nurture NJ** Strategic Plan
- July 2021 –signed into law by Governor Phil Murphy

Eligibility for FCNJ Services

- Available to birth parents, resource families, adoptive families, families experiencing a stillbirth or neonatal loss
- Free and voluntary for **all families** residing in NJ
- Requires service by an RN or APN **within 2 weeks of birth**
- Must be an evidence-based model approved by US DHHS
- Selected Family Connects International model – branded as FCNJ

Components of Family Connects NJ



Nurse Home Visits



Community Alignment



Monitoring and Evaluation

Oversight and Guidance from DCF and FCI

What to Expect at a Nurse Home Visit

■ Support for Health Care

- Maternal Health
- Infant Health
- Health Care Plan

■ Support for Caring for Infant

- Child Care Plans
- Parent-Child Relationship
- Management of Infant Crying

■ Support for a Safe Home

- Household Safety/Material Supports
- Family and Community Safety
- History with Parenting Difficulties

■ Support for Parent(s)

- Parent Well Being
- Substance Abuse
- Parent Emotional Support

FCNJ Nurses refer families to community resources during the visit, and FCNJ follows up with the family by phone after the visit to make sure referrals were successful.

How Do Families Sign Up?

- **How do families learn about FCNJ?**
 - Paid ad campaign, with focus on digital media
 - Organic media (op-eds/articles)
 - From medical staff - Outreach presentations conducted with staff at multiple levels at all birthing hospitals
 - Outreach materials distributed in community
- **How do families get referred?**
 - Families can sign up through the FCNJ website, or by calling or emailing the FCNJ team
 - Additional processes vary by hospital:
 - Direct referral process
 - Flag in Electronic Health Record system
 - Bedside recruitment
 - Integration with the Connecting NJ self-interest form and Perinatal Risk Assessment

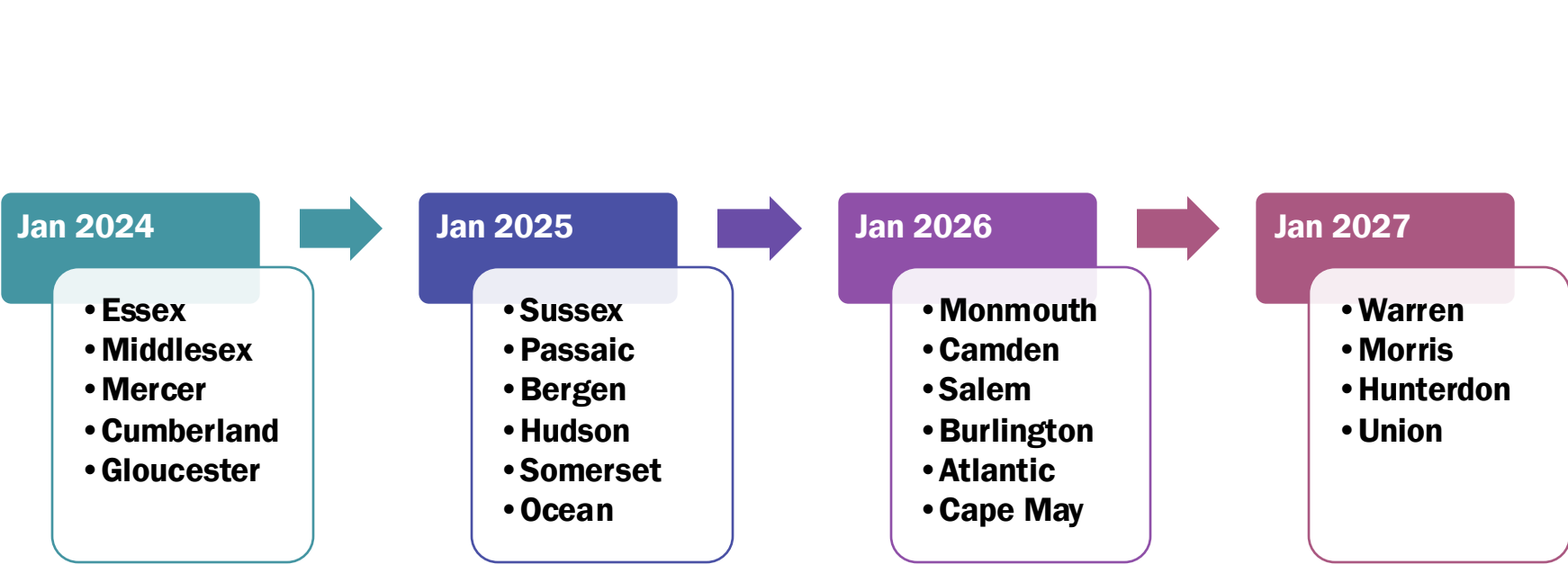


New parents need lots of support.
A free nurse visit at home is a great start.

**FAMILY CONNECTS NJ**
NURSE VISITS SUPPORTING PARENTS & NEWBORNS AT HOME

Prenatal enrollment is encouraged!
Individuals at less than 36 weeks gestation are “pre-enrolled”.

Anticipated Roll Out Schedule



Rollout schedule details are subject to change. Refer to www.FamilyConnectsNJ.org for most current information.

Statewide FCNJ Progress

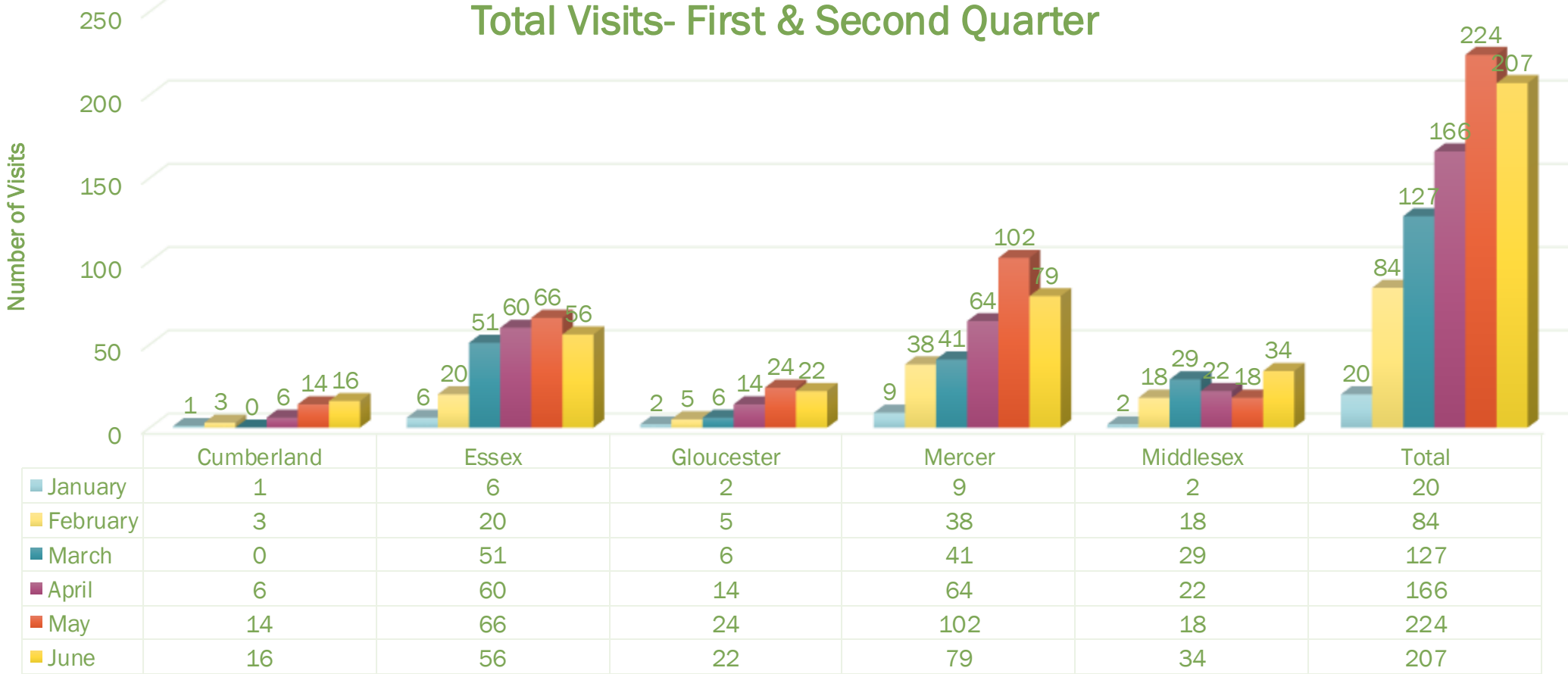
The Nurse Provider Team



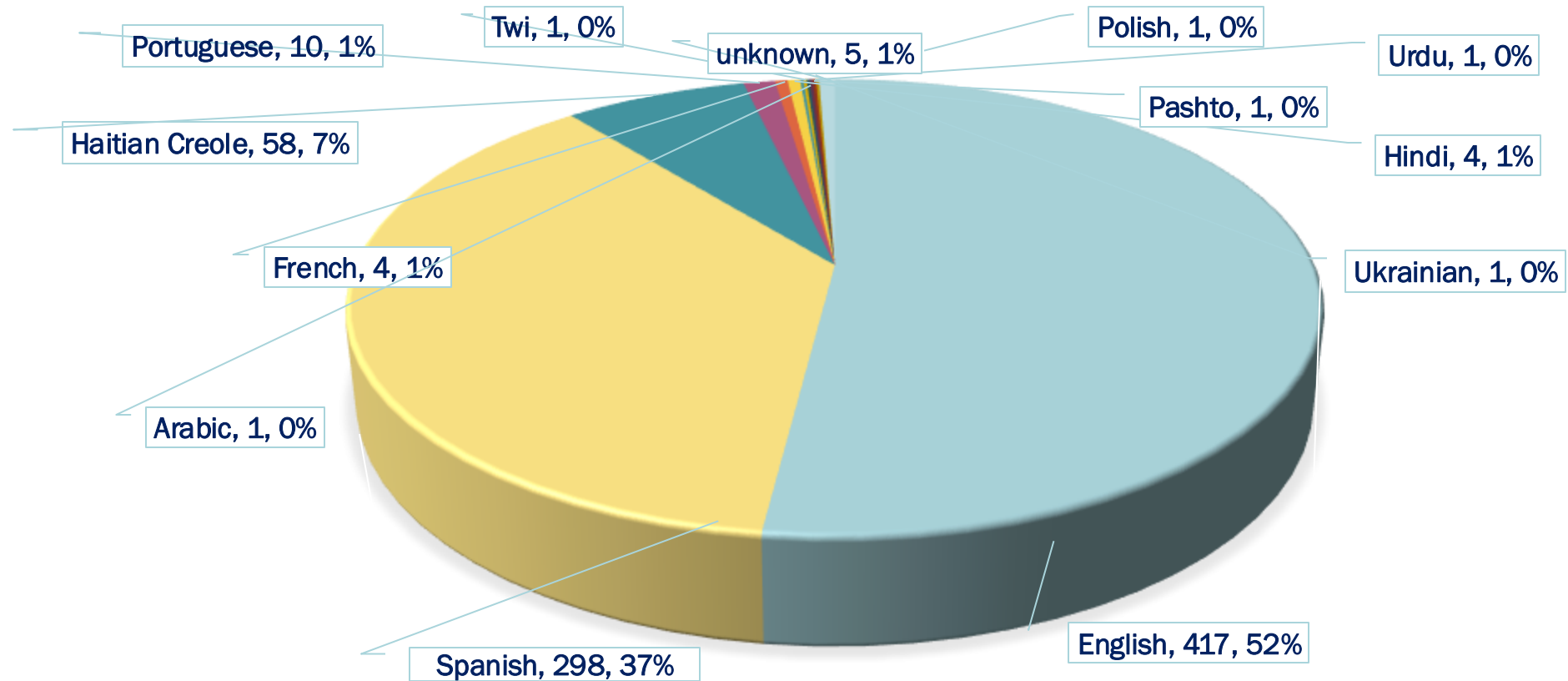
The Community Alignment Specialist Team



Statewide Visit Data



Visits Completed By Language



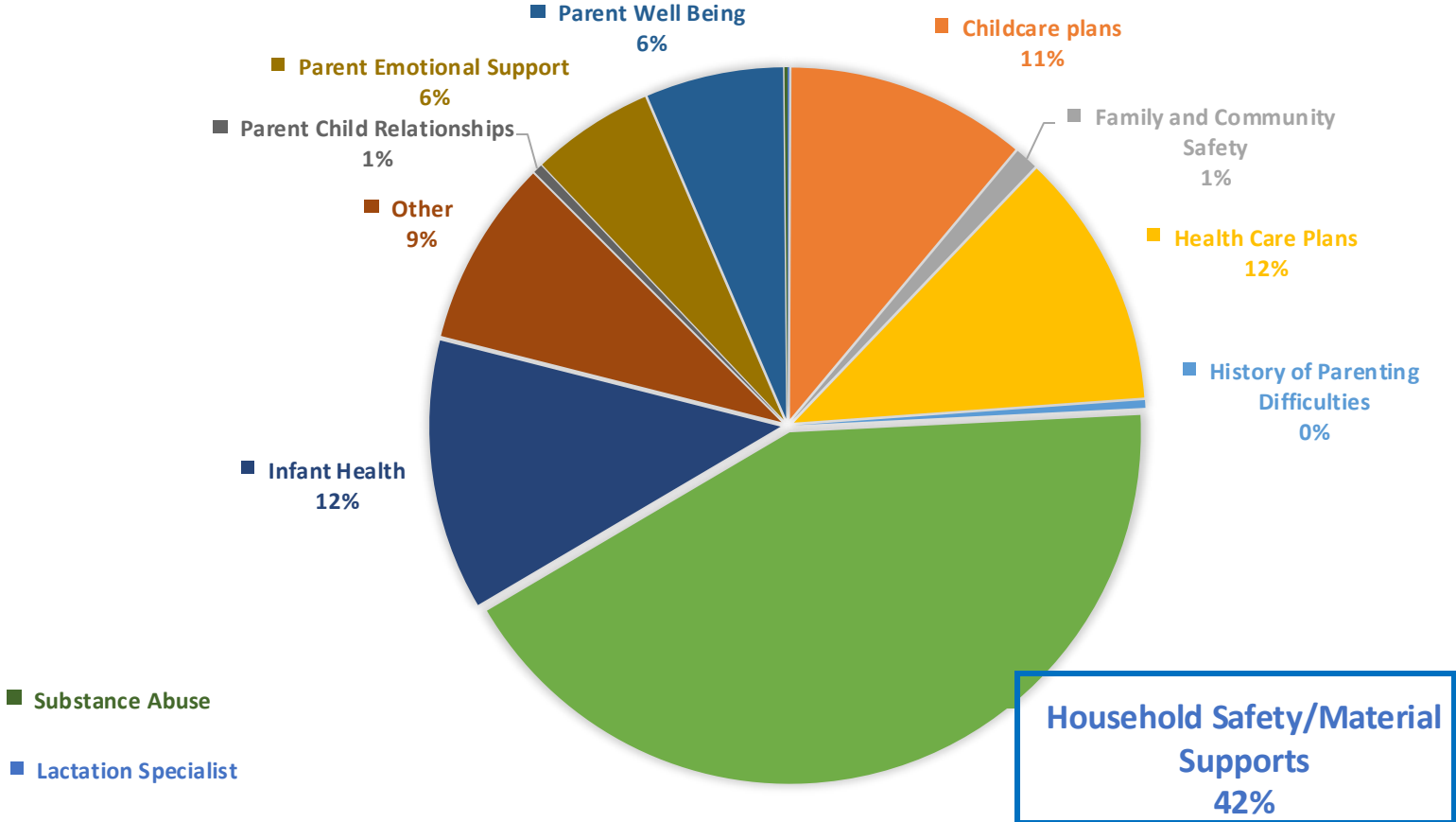
Who is FCNJ Serving?

- Who is being served?
 - Parents giving birth at 15 birthing hospitals within the initial counties
 - Participating families most commonly identify as “Hispanic or Latino/a/x/e”, followed by “Black and African-American”
 - Languages of families served: English, Spanish, Haitian Creole, Portuguese, French, Twi and others
 - 46% of visits occurred in a language other than English
 - 6 bereavement visits

What do FCNJ Families Need?

14.5% of the visits conducted so far statewide have resulted in the nurse identifying a symptom or issue that needed referrals back to their prenatal or pediatric providers or the ED, such as signs and symptoms of preeclampsia, post-cesarean infections, and infant feeding concerns.

FCNJ REFERRALS



Can You Help Spread the Word?



Proteja la salud de su bebé, y la suya.

Tenga un comienzo saludable con una visita de enfermería gratuita en su hogar.



Ready or not, your baby has arrived.

Get a healthy start with a free nurse visit at home.

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Visitas de Enfermería a Domicilio

Family Connects NJ es un programa gratuito que ofrece visitas de enfermería a domicilio de calidad para familias que están desahucadas de tener a un bebé cuando recién se programó una visita de enfermería para todos los bebés de Nueva Jersey.

Cómo inscribirse

Las visitas pueden obtener más información y recibir una visita de enfermería en el sitio web de Family Connects NJ. Si no ha sido posible registrarse por teléfono, en el sitio web también se encuentran los números telefónicos de los proveedores de servicios de enfermería de Family Connects NJ en su condado de residencia.

Para obtener más información y registrarse, visite FamilyConnectsNJ.org o llame al 800-368-7262.



Beneficios del programa

- La atención es proporcionada de manera gratuita en la comodidad del hogar familiar y en un momento oportuno.
- Las visitas están disponibles para familias con un recién nacido biológico, adoptivo o de crianza temprana, así como para padres que están embarazados o en caso de muerte fetal o pérdida de un recién nacido.
- Las visitas de enfermería están disponibles únicamente para los residentes de los condados de Essex, Hudson, Mercer, Camden y Gloucester a partir de enero de 2024.*
- El personal de enfermería que está especialmente capacitado para este programa evaluar la salud de la familia, responder a las posibles preocupaciones, proporcionar apoyo y brindar apoyo emocional que ocurre en los días después de las primeras dos semanas después del parto.
- El personal también contacta a las familias con recursos dentro de sus comunidades en función de sus circunstancias específicas.

Lots of Resources Are Available on our Website
www.familyconnectsnj.org/spreadtheword

- Images in varied sizes/shapes appropriate for different social media platforms, and suggested social media copy
- Family focused videos in English and Spanish
- Printable factsheets for families in multiple languages
- Video and factsheet for medical audience also available

Thank You!

- Andrea Jackson, Deputy Director, Division of Family and Community Partnerships:

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- Dr. Sanjna Shah, Medical Advisor, Family Connects NJ:

sanjna.shah@dcf.nj.gov

Please reach out!

- Questions
- Feedback
- Schedule a presentation to your team

Closing

Mary Coogan



Q&A



Thank you!

