Dear Friends,

I am proud to present this Report of the Office of the Child Advocate that reflects our 2006-2007 activities and includes a section on our 2008 agenda.

Thanks to the support of Governor Corzine, the Legislature and the Department of the Public Advocate, 2007 was a year of tremendous growth and renewal for the Office of the Child Advocate.

When I assumed office in November 2006, much had changed since the agency was first created in 2003. The new Department of Children and Families was already working diligently with the Federal Monitor to meet benchmarks for improvement in the child welfare system. The effects of some of the improvements, including reduced caseloads, have been noticeable, as our 2007 monitoring showed.

In addition to keeping a close eye on the progress of child welfare reforms, Child Advocate staff worked in-depth with youth and families in many other settings across the state in order to improve state systems. Our monitoring and investigation of New Jersey residential facilities has led to significant improvement in care and treatment of youth in those individual facilities and presented opportunities to improve the overall system to ensure continued, measurable quality in our state-contracted treatment facilities.

Our review of the status of health care of children placed in out of home care in 2006 helped prompt the creation of the new Office of Child Health Services in the Department of Children and Families. Meeting with youth and administrators involved in the juvenile justice system has presented numerous areas in need of attention to help these youth earn a second chance to become productive citizens. This year we will seek that improvement.

As a pediatrician, improving the healthcare of all children continues to be one of my top priorities. The ongoing expansion of FamilyCare coverage to more New Jersey children and families was a big step toward ensuring every child receives adequate medical care. I will continue to support the concept of universal health insurance for all New Jersey citizens, yet much is left to do to improve the well-being of our children.

Sincerely,

Dr. Elizabeth Hodgson / MD

New Jersey Office of the Child Advocate

PO Box 92 Trenton, NJ 08625 • www.childadvocate.nj.gov • 609-984-1188
MISSION STATEMENT OF THE OFFICE OF THE CHILD ADVOCATE

The Child Advocate’s primary mission is to ensure the provision of effective and timely service for children at risk of abuse and neglect and to monitor the safety and well-being of children who are involved with state systems, including the child protection, mental health and juvenile justice systems. To accomplish this goal, the Child Advocate uses the office’s statutory authority to hold agencies serving children accountable for the care and treatment of children in need of government assistance or guardianship.

The Child Advocate recognizes that all children have the right to be safe, healthy and well educated. Through effective collaboration with policymakers and stakeholders, the Child Advocate works to craft innovative approaches to achieve positive change for New Jersey children.
New Jersey Child Welfare Reforms Taking Hold
Child Advocate works with Department, Federal Monitor to Ensure Reforms’ Success

New Jersey is in the midst of a multi-year effort to reform its child protection system to better protect children and strengthen families. This reform effort grew out of the state’s settlement of a class action lawsuit filed in 1999 on behalf of children in foster care.

The settlement calls for a comprehensive overhaul of New Jersey’s child protection system. In the first two years, efforts focused on reducing workers’ caseloads, increasing the number of available resource homes and boosting adoptions. The state has posted some significant gains in these areas and should be applauded for those improvements.

The Office of the Child Advocate plays a vital role in working with the Department of Children and Families and the federal monitor to ensure these crucial reforms take hold and sustain success. The Child Advocate also plays an important role in evaluating the impact of the reform efforts, as systemic change cannot be achieved overnight and requires extensive commitment from many entities. To fulfill its legislative mandates, the Child Advocate continues to monitor that New Jersey children that are at-risk of abuse and neglect are safely protected, achieve permanence in a timely manner, receive appropriate and effective services to meet their needs and remain with their families whenever possible.

The Child Advocate also continues to work closely with the Department of Children and Families and the court-appointed federal monitor to make recommendations for system improvements based in part on the Child Advocate’s thorough investigations and reports, involvement with families and expertise with systems serving children and families.

Among the areas which the Child Advocate regularly addresses are the following:
Staffing
Overall, DCF is meeting or exceeding case load targets. Throughout 2007, the Child Advocate monitored caseload data and participated on the Staffing and Outcome Review Subcommittee (SORS) to examine the implications of caseload reduction on the provision of services and keeping children safe. True outcome measures of reform are not solely achieved by lowering of caseloads. The quality of services and supports and the extent to which children are protected from harm, have their needs met and achieve timely permanency are also important indicators of how well the child welfare system is working. The Child Advocate will continue to examine the impact of caseload reduction.

DYFS Training
Child Advocate staff continue to monitor the efforts of the Department of Children and Families Training Academy and the University Training Consortia staff training, curriculum development and the creation of competency exams for DYFS local office staff. OCA staff participated as observers in training developed for all DYFS staff on the Case Practice Model. Additional discussions with DCF and a review of the DCF training curriculum for workers and supervisors, DCF Institutional Abuse and DYFS Special Response Unit staff are planned for 2008.

NJ SPIRIT
In July 2007, DCF launched NJ’s new computer system, NJ SPIRIT, which OCA utilizes in both its individual advocacy and policy monitoring. The Child Advocate has been provided limited access to SPIRIT and has become familiar with this automated case management system. The Child Advocate and DCF are working on a Memorandum of Understanding and additional system updates to establish the Child Advocate’s permanent, expanded access to NJ SPIRIT.

Institutional Abuse Investigation Unit (IAIU)
The Child Advocate is statutorily charged with monitoring DCF’s responses to allegations of abuse and neglect in institutional settings. Given that mandate, this office is committed to ongoing monitoring of the Institutional Abuse Investigation Unit (IAIU), the entity within the Department of Children and Families (DCF) responsible for investigating all abuse and neglect allegations involving youth in institutional settings including residential treatment centers, group homes, resource homes, detention centers, schools, and daycare. The Child Advocate monitors IAIU reports and investigations on a daily basis, identifies and addresses issues of immediate concern, and conducts annual audits to further assess IAIU performance. The Child Advocate is working to continue improvements for children at risk of abuse and neglect in out-of-home placement and other institutional facilities.

Case Practice Model
The Case Practice Model is the cornerstone of child welfare reform in New Jersey. It embraces the principles of family centered, strengths-based practice with a commitment and capacity to participate in family meetings, provide flexible, relevant services, and train agency staff on service continuums, rather than single service delivery models.

Child Advocate staff have closely monitored the implementation of the Case Practice Model by thoroughly reviewing the plan, meeting with DCF administrators and the federal monitor to provide input and support of the effort and monitoring the congruence of New Jersey’s plan to those successfully undertaken by other states that have utilized the expertise of the Child Welfare Policy and Practice Group (CWPPG).

The Office of the Child Advocate supports DCF in its partnership with CWPPG and its commitment to a true family engagement model. The true test will come with statewide implementation of the model in each local DYFS office. The OCA has recommended that DCF integrate all aspects of child welfare practice such as Structured Decision Making, health care and
mental health into the overall model so all DYFS staff have a full understanding of these important components. The OCA will continue to work on this crucial area of reform.

Structured Decision Making (SDM)
Structured Decision Making (SDM) is a set of standard tools used by DYFS front-line staff “to provide workers with simple, objective, and reliable methods with which to make the best possible decisions for individual cases, and to provide managers with information for improved planning, evaluation, and resource allocation.”

The Office of the Child Advocate assesses the frequency and quality of completion of Structured Decision-Making instruments through our review of child fatality/near fatality case records, cases under Child Advocate investigation and other projects. Concerns around the completion of the tool on individual cases are brought to the attention of DYFS administrative staff as warranted.

State Central Registry (SCR)
The Office of the Child Advocate recently participated in a joint project with the federal monitor and DCF to assess the state’s child abuse hotline, known as State Central Registry (SCR). Child Advocate staff participated in the development of a review tool and focus group questions for SCR and caseload carrying staff. In addition, the Child Advocate staff reviewed a portion of calls in the sample. With full participation from the Child Advocate, the federal monitor will issue a report in 2008 detailing recommended policy changes to improve the hotline’s operations.

Differential Response (DR)
In September 2007, DCF implemented the Differential Response (DR) pilot initiative in four New Jersey counties as “a new approach to assist families who call or are referred to the New Jersey central hotline when they need social services and no issues of child abuse or neglect are initially identified by the reporter.” The Child Advocate has been actively involved in monitoring the DR Initiative, including participation in regular meetings with DCF and as a member of the DR Steering Committee.

The Child Advocate recognizes that county agencies currently serving families in the pilot areas present a strong commitment to making the initiative work for families. Through our ongoing advocacy efforts, OCA staff have highlighted a number of critical topics to be addressed by DCF, including the need to gather relevant data and using that data to drive important program decisions and policies.

For these reasons, the OCA continues to advocate for DCF’s utilization of research-based methodology as the foundation for DR and all future expansion of this and other pilots. OCA advocacy efforts and recommendations for enhancing the Differential Response initiative continue.

Continuous Quality Improvement (CQI)
An evidence-based, best-practice quality improvement process is vital to the sustainable reform of New Jersey’s child welfare system. The state is currently developing that plan in collaboration with the monitor. The Child Advocate will provide input into the development of a CQI plan. The OCA’s involvement in this area helps ensure key areas for measuring progress are identified.
Foster Care
Child Advocate staff is also working to ensure the overall well-being of children in foster care through additional efforts aimed at improving their health and mental health care. This includes ongoing discussions with DCF administration as well as key stakeholders such as Court-Appointed Special Advocates, Law Guardians, judges, Foster and Adoptive Family Services and individual advocacy organizations.

The Child Advocate issued a report in 2007, after an in-depth review of the Comprehensive Health Evaluation for Children (CHEC) program designed to provide thorough health evaluations to all children newly entering foster care within the first 30 days of placement. The review, discussed later in this report, provided an extensive examination of the implementation of the program and multiple recommendations for improvement.

DCF Health Model
The Child Advocate has been involved with and is carefully monitoring the Department of Children and Families’ implementation of a new “medical model” for children in foster care. This includes expansion of the Comprehensive Health Evaluation for Children (CHEC) and the creation of medical units in each Division of Youth and Family Services local office. Child Advocate staff work collaboratively with the DCF Office of Child Health Services in providing input and recommendations on this key aspect of ensuring overall child health and well-being for children under DCF supervision and custody.

IN卷LEMENTS
To further the mission of the Office of the Child Advocate, staff regularly participates on various task forces, committees and boards including:

- New Jersey Child Fatality and Near Fatality Review Board and Regional Teams
- Juvenile Detention Alternatives Initiative State Steering Committee and county boards
- Fetal Alcohol Spectrum Disorder Task Force
- Interagency Lead Task Force
- Medical Assistance Advisory Council
- Medicaid Coalition for Pregnant Women and Children
- New Jersey Children’s Hospital Council
- New Jersey Task Force on Child Abuse and Neglect
  - Prevention Subcommittee
  - Protection Subcommittee
  - Citizen Review Panel
- Staffing and Outcome Review Subcommittee
- Partners in Justice
- State Interagency Coordinating Council
- Youth Suicide Prevention Advisory Council
- Differential Response Steering Committee
- Access to Pre-natal Care Task Force
- Essex County Model Court Committee
- Children in Court Improvement Committee
The Child Advocate’s Frontline:

Helpline Responds to Calls of Concern for New Jersey Children

The Child Advocate’s Helpline responds to hundreds of calls each year from individuals who are concerned about the safety, education, well-being or welfare of a child they know. Many of the calls involve various state agencies charged with the responsibility of safeguarding, educating and tending to the needs of our most vulnerable citizens.

Through Helpline, trained Child Advocate staff educate caregivers about state and local systems, available services and their rights to receive those services. In many instances, Child Advocate staff intervene and resolve issues to ensure a positive outcome for the children involved.

Who Calls Helpline?

In 2007, Helpline responded to 759 requests for assistance. Helpline receives calls from birth parents whose families are involved with the Division of Youth and Family Services, foster and adoptive parents, children themselves and community members.

Helpline fields calls from all over New Jersey, with a fairly even split among the different regions of the state.

<table>
<thead>
<tr>
<th>Child Advocate Helpline, By Region</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern</td>
<td>134</td>
<td>132</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>150</td>
<td>161</td>
</tr>
<tr>
<td>Central</td>
<td>178</td>
<td>164</td>
</tr>
<tr>
<td>Southern</td>
<td>160</td>
<td>166</td>
</tr>
<tr>
<td>Out of State</td>
<td>28</td>
<td>20</td>
</tr>
<tr>
<td>Unknown</td>
<td>97</td>
<td>116</td>
</tr>
<tr>
<td>Total</td>
<td>747</td>
<td>759</td>
</tr>
</tbody>
</table>

In general, we are unable to offer assistance with private custody or visitation matters for children who are not involved with a state agency, requests for private legal representation and out-of-state concerns that do not have a New Jersey connection. In these situations, we may be able to suggest other resources or agencies that can help. These concerns are generally outside the scope of our mandate and are listed in the chart above as “other.”

What Types of Calls Does Helpline Handle?

Helpline primarily responds to concerns about state agencies that provide children’s services.

Typically, these involve:

- The Department of Children and Families, including the Division of Youth and Family Services and the Division of Child Behavioral Health Services,
- Department of Human Services, including the Division of Developmental Disabilities,
- Department of Health and Senior Services,
- Department of Education,
- The Juvenile Justice Commission, and
- Other local and community agencies.

Following is a breakdown of concerns raised by broad issue area. One call can result in multiple concerns, so the number of concerns is higher than the number of actual calls.

<table>
<thead>
<tr>
<th>Helpline Issue Area, by Call, 2007</th>
<th>Total</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>DYFS-related</td>
<td>359</td>
<td>39</td>
</tr>
<tr>
<td>Other</td>
<td>263</td>
<td>28</td>
</tr>
<tr>
<td>Education</td>
<td>131</td>
<td>14</td>
</tr>
<tr>
<td>Mental Health</td>
<td>71</td>
<td>8</td>
</tr>
<tr>
<td>Youth Facilities</td>
<td>40</td>
<td>4</td>
</tr>
<tr>
<td>Health</td>
<td>28</td>
<td>3</td>
</tr>
<tr>
<td>Juvenile Justice</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>Developmental Disabilities</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>926</td>
<td></td>
</tr>
</tbody>
</table>

New Jersey Office of the Child Advocate

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How Does Helpline Respond?
Helpline staff often educate callers about the best way to navigate a particular system, such as the appropriate people to contact, specific questions to ask and other advice that can help them become more effective advocates for a child.

In many instances, we intervene directly and help a child or family access the assistance they require. Helpline identifies staff at the state or local level who have the ability to address a particular concern and work with them to resolve the specific problem.

In some cases, especially those that appear to indicate a more system-wide issue, the Child Advocate brings concerns to the attention of the Commissioner or Agency Director, seeking both a resolution of the specific case and collaboration on how to address the systemic issue.

In some instances, calls to Helpline result in the Child Advocate undertaking broader policy initiatives. For example, when the Helpline began receiving multiple calls about a South Jersey residential program for youth, the Child Advocate initiated an investigation and successfully urged the Department of Children and Families to take action. As a result, significant positive changes were made to the facility through the office’s advocacy and investigation.

In 2007, DYFS-related concerns comprised 39 percent of Helpline calls. Education-related concerns represented the second largest number of issue-specific contacts, comprising 14 percent of all calls in 2007.

To read the full OCA Helpline report go to www.childadvocate.nj.gov

“JANICE AND NICK*”

Janice and Nick are siblings who were living in two different foster homes. Janice was living with an aunt, who was working with DYFS to adopt the child. Nick had been living in a therapeutic foster home for three years, with no permanent, appropriate home in sight. The children’s aunt called the Child Advocate’s Helpline, asking for assistance with several issues.

First, she was having difficulty getting a commitment from DYFS to pay for daycare during the summer, when the service was most needed. She was also worried about the lack of a permanent plan for her nephew, even though his grandmother was interested in adopting Nick. DYFS had not actively taken steps to involve the grandmother as a possible long-term caregiver for Nick.

Helpline was able to contact case practice specialists on behalf of both children. During the course of the Child Advocate’s involvement, DYFS agreed to provide summer daycare for Janice and her adoption was finalized.

Nick’s grandmother was identified as a potential adoptive parent, but some issues needed to be resolved first. The grandmother took parenting classes and was eventually approved to adopt Nick. Helpline’s intervention focused appropriate attention on the case and the outcome for both children was safe, permanent homes with relatives.

*Names have been changed
HEALTH MATTERS:  
**A STUDY OF THE COMPREHENSIVE HEALTH EVALUATION FOR CHILDREN PROGRAM**

Children who must enter foster care often have more urgent and serious healthcare needs than other children. In 2004, the state implemented the Comprehensive Health Evaluation for Children (CHEC) program to provide a thorough health evaluation to all children newly entering foster care within 60 days of entering placement.

The comprehensive, 3-hour evaluation lays out a plan of care that identifies medical, dental and mental health treatment needs and follow-up care to improve the health of children under the state’s care.

To measure the effectiveness of the program and forward solutions for needed change, the Office of the Child Advocate conducted an extensive study of 80 children who received CHEC evaluations in Spring 2007. The OCA also reviewed overall data about the CHEC program.

The study examined a host of issues, including timeliness and thoroughness of CHEC evaluations, the prevalence of follow-up treatment for identified medical issues, the quality of information about children's health histories and systems for sharing that information, as well as the presenting health needs of these children.

The study found the program served roughly one third of eligible children. Most children waited at least four months to receive the evaluation. Even when children received an evaluation, the majority never received all of the required follow-up treatment.

The CHEC program provides a valuable opportunity to assess children’s health needs early on and to formulate a plan to meet those needs. Clearly, these results suggest the state has much work to do to maximize the effectiveness of this valuable program. The Department of Children and Families is working towards creating additional resources.

### Key Findings Included:
- In 2006, just 1,969 children received this essential evaluation. In that same year, 6,966 children entered foster care.
- In 2006, there was a nearly 19 percent “no-show” rate for children in DYFS custody, translating to about 460 missed CHEC appointments.
- Only 11.4 percent of children sampled received all the recommended follow-up treatment and services for physical health issues.

### Change is Underway
The state is in the process of making substantial changes to the way it delivers healthcare services to children in foster care.

The Child Advocate continues to play a key role in ensuring those changes are properly implemented to improve the health of children in care.

A first step toward that goal came just a few weeks after the release of the CHEC report. The Child Advocate convened a symposium of medical professionals who conduct evaluations of children in foster care. State officials also attended, giving the two groups an opportunity to discuss issues around the expansion of the CHEC program and the implementation of the state’s new medical model.

That new model is aimed at improving the delivery and coordination of healthcare for children in out-of-home placement. It includes an expansion of a revised version of the CHEC program and the creation of medical units in each DYFS local office to coordinate the healthcare of children in out-of-home placement.
The Child Advocate is now working closely with the Department of Children and Families so that these initiatives result in achieving our common goal: to ensure that our most vulnerable children – those who are taken from their families and placed in state care – receive quality medical and mental health services that can help them grow into healthy adults.

**Other Health Advocacy**

*Dr. Hodgson has been a practicing pediatrician since 1981 and has extensive experience in the evaluation and treatment of child abuse. As New Jersey’s first pediatrician Child Advocate, Dr. Hodgson has continued her focus on the improvement of children’s health on a statewide scale.*

**Educating Practitioners in their Community - Child Abuse and Neglect (EPIC-CAN)**

Prior to her current role, Dr. Hodgson was instrumental in the development and implementation of a training program to help physicians improve recognition of and response to suspected child abuse and neglect. As Child Advocate, she continues to work with the program to develop curricula and expand knowledge within the medical community regarding the recognition of child abuse and/or neglect.

The EPIC-CAN program is a curriculum that is team-taught by a medical provider with expertise in child abuse and by a DYFS-area specialist. It is provided to physicians’ offices and to emergency room clinicians and staff.

**Expanding FamilyCare Coverage**

Dr. Hodgson continues to demonstrate her commitment to improving child health outcomes through her advocacy efforts regarding renewal and expansion of FamilyCare, a publicly funded health insurance program for lower income children and families. Her legislative testimony, lobbying and efforts to raise awareness have been crucial to New Jersey’s fight to expand this vital program. The Office of the Child Advocate also participated in an Amicus brief in New Jersey’s lawsuit challenging federal changes to the program that threatened the state’s ability to offer health insurance to hundreds of vulnerable children.

Dr. Hodgson also provided critical expertise to support Governor Corzine in selecting how to best utilize additional funds to increase Medicaid fee-for-service rates for health services provided to children. The expansion of these Medicaid rates is a necessary first step in attracting providers to care for New Jersey’s most vulnerable children and is part of an overall state strategy to increase children’s access to health services.

**OCA IS WORKING WITH DCF TO:**

- Develop Quality Assurance measures for the CHEC program
- Ensure all eligible children receive a CHEC
- Monitor no-show rates at CHEC sites
- Identify potential CHEC providers
- Maintain program integrity
Child Advocate Intervention Leads to Improved Care for Troubled Youth

When concerns about children living at a South Jersey residential treatment program were brought to the Child Advocate’s attention, the office launched an investigation that revealed serious problems in the program’s treatment of children there.

Those concerns were so alarming that in April 2007, the Child Advocate called for a halt to admissions until safeguards could be put in place to ensure the safety and well-being of children in the facility.

Since then, the Child Advocate and her staff have worked closely with the Department of Children and Families, an independent expert and the facility administration to create a safer, more stable environment for the children who receive treatment there. The facility has made significant improvements. Youth there are safer and receiving more effective treatment and services.

Helpline Calls Lead to Investigation
Located in Burlington County, VisionQuest serves youth ages 12 to 18 who have serious emotional and mental health needs. Many have been in the foster care system for years and have suffered from abuse and neglect. From July 2006 to June 2007, the Child Advocate received multiple calls from relatives and community professionals concerned about youth at VisionQuest.

In March 2007, the Child Advocate launched an official investigation to ensure that children at the facility were safe and receiving appropriate services. The Child Advocate conducted site visits, met with VisionQuest staff and residents, and reviewed numerous documents, including case files, contracts between VisionQuest and the Department of Children and Families, licensing reports, abuse/neglect investigations and unusual incident reports.

The Child Advocate identified many areas that failed to meet the standards for operation or raised other concerns, including:

- Staffing and supervision,
- Safety violations in resident housing and other areas of the facility,
- Use of restraints,
- Runaway behavior,
- Inconsistent clinical services,
- Delivery of nursing and medical care,
- Reporting and licensing requirements, including reporting unusual incidents and abuse and neglect allegations, and
- State systems problems.

The Office of the Child Advocate, the Department of Children and Families and VisionQuest worked together to develop a set of performance benchmarks to guide meaningful change at VisionQuest.

The facility’s administrators agreed to the benchmarks and to significantly downsize the facility from 110 to 40 youth. In addition, the Child Advocate and the Department jointly identified an Independent Expert to monitor and provide technical assistance to VisionQuest as it implemented the corrective action plan. The monitor began working with VisionQuest administrative staff in November 2007.
The 14-month period of Child Advocate involvement with VisionQuest brought many positive changes to the facility. The VisionQuest campus is cleaner and safer. The children there report a greater sense of security and indicate that staff members are helpful and available. Reports of the use of restraints and allegations of abuse/neglect have declined significantly, as have the rates of runaway behavior, gang-like activity and inadequate staffing.

These changes are credited to the following factors:

- The forging of a 3-way collaborative relationship among the Child Advocate, the Department of Children and Families and VisionQuest to implement needed change;
- The establishment and implementation of a set of benchmark standards to guide and measure VisionQuest's performance;
- The appointment of an independent monitor; and
- Downsizing of the facility.

The Child Advocate’s full VisionQuest report, which also identifies systemic issues, is scheduled for release in summer 2008 and will provide greater detail about the office’s investigation, findings and next steps to ensure that children in similar settings around the state receive the care and treatment they need.

**VISIONQUEST KEY BENCHMARKS**

As part of the VisionQuest agreement, brokered by the Child Advocate and the Department of Children and Families, the South Jersey residential facility agreed to meet certain key benchmarks. Following is a summary of those measures.

- 75% of youth will make sufficient progress in the program to be discharge-ready within nine months. That includes completing certain phases of the program within prescribed time frames.

- 95% of restrictive behavioral management practices such as restraints will be used only when a child presents as an imminent danger to self or others and only after non-restrictive interventions have been attempted.

- 94% of all episodes of restraint, regardless of application or staff involved, will be followed by complete debriefing within 24 hours. This will increase to 98% within eight months of initiation. Other episodes will be reviewed monthly by the safety committee.

- 80% of “off hours” shifts will include a guided, structured, supervised and therapeutic activity for youth.

- 75% of all families will be engaged in VisionQuest activity twice a month.

- 90% of all multi-disciplinary team meetings will include attendance by a member of the placing agency and/or the DYFS case manager, CMO care manager or youth case manager.

- 90% of all treatment team meetings will include full participation of relevant parties.

- 100% of all shifts will be staffed in compliance with licensing regulations and include no more than 3 percent temporary staff.
Child Advocate files Amicus Brief in International Children’s Rights Case

The Child Advocate filed an Amicus brief with the Third Circuit U.S. Court of Appeals in the case of In RE Application of Ariel Adan, Docket No. 07-3233, I.M.O. on November 11, 2007.

The case involved a challenge brought under the Hague Convention to compel the return of an American-born girl to her father’s home country of Argentina.

The Child Advocate’s brief focused on the grave risk of harm to which Arianna would be exposed if returned to Argentina. It argued that the lower court did not sufficiently consider substantial evidence of abuse and the repercussions of its decision to send Arianna back to Argentina. Consequently, the brief argued that the lower court’s decision should be overturned as contrary to established case law and not supported by the weight of evidence.

Additionally, the brief argued for the appointment of a Guardian Ad Litem, who would have represented only Arianna’s interests and could have helped introduce important evidence to better inform the court’s decision.

The Child Advocate contends that this type of advocacy is necessary to protect the independent rights and interests of children such as Arianna who may be subject to grave risk of harm if returned to their country of origin under the Hague Convention.

“By not recognizing the risk Arianna would face if returned to Argentina and her need for individual representation, the court made this child vulnerable to great harm,” said Dr. Hodgson.

While Arianna’s case is still pending, she remains in New Jersey in the care of her mother.

“John*”

John is a 19-year-old boy who was residing in a transitional living facility. The youth had been involved with DYFS since he was six years old and had opted to stay in the system to receive services after turning 18. Despite numerous attempts to contact his caseworker and the caseworker’s supervisor, John was unable to access the services he had been promised, including a clothing allowance and Medicaid coverage.

The Child Advocate’s Helpline first advised John how to navigate the chain of command at DYFS and how to contact the case practice specialist in the local office that was handling his case. Helpline staff then contacted the case practice specialist in the DYFS central office on his behalf, as well as staff in charge of the DYFS’s aging out unit. Through these calls, John was connected with the county planner for the region, who helped ensure that John received the supports he needed to successfully transition into adulthood.

*Name has been changed

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Ensuring the Health, Safety and Well-Being of Youth in Detention

Young offenders deserve the chance to change direction and get on the right track to a productive, healthy life. In order to achieve these goals, the Child Advocate regularly works with individual facilities and on a statewide scale to ensure that the needs of this population are met while they are incarcerated and to ensure these youths are provided with the supports and services they need to return to their communities to become productive citizens.

In 2007, Office of the Child Advocate staff visited each of the 17 county juvenile detention centers (JDC’s) and the four secure state-run facilities to assess and identify unmet needs of this population.

In addition, the Child Advocate worked with the Juvenile Justice Commission and each of the centers to evaluate programs and processes and implement paths for improvement.

Initial assessments looked at:

- Intake and admissions processes,
- Services provided for substance, abuse and mental health treatment,
- Staff screening, qualifications and training,
- Assessment and treatment protocols for health and mental health needs, and
- Educational and vocational programming.

On any given day, there are approximately 1,200 youth being held in county juvenile detention facilities and incarcerated in secure care facilities.

Initial Concerns about Youth in Detention

Among other center-specific issues, visits to the detention centers identified several areas of concern:

- Whether JDCs can formally collaborate with community based services to benefit detained youth,
- Inability to re-enroll detained children in Medicaid upon release, where applicable,
- Limited availability of mental health services for detained youth,
- A need for enhanced educational and vocational training programs for youth, including GED programming,
- A need for uniformity and better understanding of suicide watch and prevention techniques, and
- More consistent adherence to the mandatory reporting statute for abuse and neglect.

To address these issues the Child Advocate has begun work on a project to identify improvements in educational and vocational programming in the secure facilities that will ensure detained youth are better prepared to re-enter society as educated, well-prepared adults.

Reports and policy updates on these topics and others are expected in 2008.
Child Advocate Concludes Bancroft Monitoring

Roughly two years after the Child Advocate began monitoring Bancroft NeuroHealth, the facility has shown considerable improvement in its care and treatment of children with disabilities who reside at the South Jersey facility.

In August 2007, the Child Advocate issued a final report detailing that progress, but warned that should further concerns arise, the office would address those issues.

The Child Advocate first learned of problems at Bancroft in 2004 when the office received numerous calls to Helpline, a Child Advocate service that responds to calls from people who have specific concerns about a child. Callers were worried about the safety and care of children residing in and receiving care from Bancroft’s pediatric programs. The Child Advocate began an inquiry into the program.

On June 30, 2005, the Child Advocate and Bancroft NeuroHealth entered into a settlement agreement, which called for the appointment of an independent expert to provide technical assistance and monitor compliance with the terms of the agreement. On Nov. 15, 2006, the expert, Steven M. Eidelman, MSW, MBA, released a report finding Bancroft in substantial compliance with the settlement’s requirements.

Eidelman recommended, however, that the Child Advocate continue oversight of the pediatric programs to ensure gains were sustained and areas still in need of improvement were brought into compliance. The parties agreed the Child Advocate would continue monitoring those programs from January 2007 to June 2007.

The Child Advocate’s August 2007 report, “The New Jersey Office of the Child Advocate Final Monitoring Report: Oversight of the 2005 Bancroft NeuroHealth Settlement Agreement,” outlined the office’s findings in several broad areas. In addition, the report examined Bancroft’s efforts to improve relationships with family members of children served in its pediatric programs.

Based on the monitor’s findings, Bancroft’s compliance with the settlement agreement and the Child Advocate’s ongoing oversight in August 2007, the Child Advocate made the considered judgment that the office’s intensive monitoring was no longer required. From a legal standpoint, Bancroft had met the obligations of the Settlement Agreement. In some instances, it significantly exceeded those standards. Should change occur at the facility or should problems emerge, the Child Advocate will take appropriate steps to safeguard children.

The full Bancroft report is available on the Child Advocate’s website, www.childadvocate.nj.gov.
Since its inception, the Office of the Child Advocate has reviewed child deaths that have resulted from abuse and neglect. These reviews typically include recommendations stemming from the facts of each case, with the goal of identifying areas that need improvement to prevent future tragedies.

Since December 2006, the Child Advocate has also held a seat on the statewide Child Fatality and Near Fatality Review Board, which reviews the cases of all suspicious child deaths in the State of New Jersey.

Additionally, members of the Child Advocate’s staff sit on each of the four Regional Fatality Review Teams and are involved in those in-depth reviews.

While the fatality review board and teams examine hundreds of cases each year, the resulting annual report often does not go into great detail about the circumstances that surrounded these children’s deaths.

In 2007, the Child Advocate examined the cases of four children – Xavier J., Melanie and Scott M. and Sean F. - who died in 2006 while under the supervision of the Department of Children and Families (DCF). Their stories were detailed in two separate reports, released in May and October.

The Child Advocate identified key areas of concerns in the handling of these individual cases. From these reviews, it is impossible to say how widespread these issues are but the Child Advocate uses the information gleaned from these cases to inform broader, systemic inquiries that can help to answer questions raised in the reports.

In 2007, 23 children died and 6 children nearly died in New Jersey from confirmed abuse and neglect. Eleven of these children had current or prior involvement with the state Division of Youth and Family Services.

The Child Advocate will soon release a report about these children, their involvement, if any, with state systems and other factors that contributed to their early deaths, with the goal of identifying areas for further study, preventing future tragedies and improve systems that serve children in New Jersey.

To read the full reports visit the Office of the Child Advocate website at www.childadvocate.nj.gov
THE CHILD ADVOCATE:  
_A Champion for Children_

The Child Advocate’s primary mission is to ensure the provision of effective and timely services for children at risk of abuse and neglect and to monitor the safety and well-being of children who are involved with state systems, including the child protection, behavioral health and juvenile justice systems. To accomplish this goal, the Child Advocate uses the office’s statutory authority to hold these agencies accountable for the care and treatment of children in need of government assistance or guardianship.

The Child Advocate recognizes that all children have the right to be safe, healthy and well educated. Through effective collaboration with policymakers and stakeholders, the Child Advocate works to craft innovative approaches to achieve positive change for New Jersey children.

**TOP PRIORITIES**

In 2008, the Child Advocate will work toward achieving these goals:

- Ensuring the safety of children at risk for abuse/neglect.
- Advancing the safety, permanency and well-being of children in out-of-home placement.
- Improving healthcare for all children, especially those under state supervision.
- Improving the care of children with mental health needs and developmental disabilities.
- Achieving better outcomes for juveniles involved with the legal system.
- Strengthening children’s legal rights.
- Preventing child abuse.

**MONITORING CHILD WELFARE REFORMS**

The Child Advocate monitors court-mandated reforms to the child protection system. In the first two years of reform, the state has lowered worker caseloads, recruited more resource homes and increased adoptions. Now, in its third year, the state will focus on improving efforts to engage families, implementing a new case practice model, providing relevant services to keep families together and ensuring that children in foster care are moved more quickly and appropriately into permanent homes. The Child Advocate will monitor and report on these efforts, with specific attention paid to case handling, child and family assessments, training and quality assurance and efforts to find children permanent homes.
ENSURING THE SAFETY OF CHILDREN AT RISK FOR ABUSE/NEGLECT

Examining Child Fatalities
The Child Advocate examines the deaths of children who die from abuse and neglect, particularly fatalities of children who died while under state care or custody. The Child Advocate’s independent child fatality reviews result in specific recommendations for system improvements and identify areas that require further investigation. Sadly, some children will die from abuse and neglect. However, no child should die from abuse and neglect because a state system designed to protect children has failed.

Responding to Reports of Child Abuse
The state’s child abuse hotline is the “front door” for people who suspect a child is being abused or neglected. The Child Advocate assisted the court-appointed federal monitor in examining the functioning of the hotline. This will result in a report that provides recommendations for improving the hotline. The Child Advocate is committed to re-examining any identified issues in subsequent years to measure and ensure sustained progress and improvements.

Investigating Reports of Child Abuse/Neglect
Thorough investigation and assessment of reports of child abuse and neglect is essential to ensuring children’s safety. The Child Advocate will examine the state’s involvement with families in the crucial first months to determine whether investigations are leading to good decisions for children at risk of abuse and neglect and whether improvements can be made.

ADVANCING THE SAFETY, PERMANENCY AND WELL-BEING OF CHILDREN IN OUT-OF-HOME PLACEMENT

Monitoring Institutional Abuse
Adhering to its statutory mandate, the Child Advocate routinely reviews every report of abuse or neglect of children living in state placements, such as foster homes or treatment facilities, as well as suspected abuse in schools, daycare centers and other institutional settings. When incidents are identified that the Child Advocate believes warrant further action, the office intervenes directly with the Department of Children and Families.

In addition, the Child Advocate annually releases a report that provides an in-depth review of the institutional abuse review process and examines any systemic issues that must be addressed to ensure an efficient response to reports of institutional abuse, helping to ensure the safety of New Jersey children.

Protecting Older Youth
New Jersey now routinely provides services to youth ages 18 to 21 transitioning out of the foster care system to help them become productive adults. If, however, these same youth become victims of abuse or neglect while living in a state placement or attending a state program, state law prohibits these incidents from being considered child abuse or neglect, and so the state cannot investigate these allegations.
The Child Advocate, with support from DCF and other advocates, is working with Legislators and community stakeholders to amend state law to give the state authority to investigate and respond to reports of abuse and neglect of certain youth 18 to 21 who are still under the care and supervision of the Department of Children and Families.

**IMPROVING THE HEALTHCARE OF CHILDREN, ESPECIALLY THOSE INVOLVED WITH STATE SYSTEMS**

**Ensuring Quality Healthcare for Children in Foster Care**
In 2005 and 2007 the Child Advocate reported on the status of health and mental healthcare for children entering out-of-home placement. The 2007 report outlined significant opportunities for improvement.

New Jersey is currently implementing a new “medical model” for children in foster care. This includes expansion of the Comprehensive Health Evaluation for Children (CHEC) and the creation of medical units in each Division of Youth and Family Services local office. The Child Advocate will closely monitor the development of these new services to ensure sustained improvement in the state’s provision of physical and behavioral health and dental care to children in the out-of-home placement system.

**Advocating for Expansion of Health Insurance Coverage to Children**
The Child Advocate monitors federal funding and rules changes that affect the publicly-funded health insurance programs FamilyCare and Medicaid. In 2008, the Office will continue advocacy efforts to help expand health insurance coverage so that all children have access to quality medical care.

**Monitoring the Delivery of Early Intervention Services**
Early intervention services provide an important opportunity to address the developmental needs of very young children to improve their chances for success and positive outcomes. The Child Advocate works closely with the departments of Children and Families and Health and Senior Services to improve the efficiency of this system so it reaches more children and families, thus maximizing the state’s investment in this important service.

**Preventing Childhood Lead Poisoning**
Exposure to lead toxins in peeling paint and in other sources is one of the most serious – yet preventable – health threats confronting New Jersey children. The Child Advocate is assisting the Public Advocate with the Department’s substantial effort to protect children from lead poisoning, which can cause neurological deficits, with an eye toward improving those systems to safeguard the health of all New Jersey children.
**Ensuring Safety and Quality Treatment for Children in Residential Treatment Facilities**

In 2007, the Child Advocate investigated safety and treatment concerns at a South Jersey residential program and helped facilitate improved conditions at the center. This year, the Child Advocate will continue to monitor this facility, working with the independent expert appointed to oversee continued critical changes.

That investigation also uncovered systemic issues that must be addressed to improve safety and quality treatment of children with severe behavioral and mental health needs.

The Child Advocate will work closely with the Department of Children and Families on implementation of systems changes designed to prevent, identify and address similar problems that may arise at other residential treatment facilities.

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**Ensuring Children are Placed in the Least Restrictive Settings**

Like many states, New Jersey is still developing a comprehensive continuum of care that provides treatment levels based on each child’s individual needs. As a result, children may inappropriately spend time living in restrictive settings when they could be appropriately treated closer to home in community-based programs. This year, the Child Advocate will work with the Department of Children and Families to advance efforts to increase community-based treatment options for these children.

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**Improving Outcomes for Youth Involved with the Juvenile Justice System**

**Improving Education/Employment Opportunities for Youth in Detention**

Currently, youth in the state’s secure facilities attend school, but most are unable to earn their GED while in state custody. Additionally, while the state provides certain vocational training, no mechanisms currently exist to consistently connect these youth with employers upon their release. The Child Advocate will work closely with the Juvenile Justice Commission to improve these educational and employment opportunities to give these youth opportunities to forge a productive life in their communities.

**Strengthening Children’s Legal Rights**

**Helpline**

The Child Advocate’s Helpline responds to hundreds of calls each year from individuals who are concerned about the safety, education, health or welfare of a child they know. Many calls involve problems with various state agencies charged with the responsibility of safeguarding, educating and tending to the needs of our most vulnerable citizens.
Through Helpline, trained Child Advocate staff educate caregivers about state systems, available services and their rights to receive those services. In many instances Child Advocate staff intervene to resolve problems and ensure a positive outcome for the children involved.

Legal Action
Some cases come to the attention of the Child Advocate that require specific legal intervention. For example, in 2007, the Child Advocate filed an Amicus brief in the Third Circuit Court of Appeals arguing that returning a child to a parent in another country, despite evidence of abuse, failed to protect the child from a grave risk of harm under the provisions of the Hague Convention, which applies to cases of international issues involving custody of or access to a child. The Child Advocate further argued for the appointment of a Guardian Ad Litem for all children upon evidence of grave risk.

Strengthening Juvenile Rights in Court Proceedings
New Jersey has no clear policy or statute that governs the use of handcuffs and other restraints for juveniles appearing in court. As a result, youth are routinely shackled, often without regard to whether they are a risk to themselves or others, which can infringe the rights of these youth and unnecessarily create psychological and emotional trauma. The Child Advocate is looking at practices statewide in order to find a better balance between the need for safety and security and the negative and possibly unlawful aspects of unnecessary shackling of juveniles in court.

“Kayla”
At 13, Kayla had been in a special education program for most of her childhood. She had been adopted at age three and diagnosed with Auditory Processing Disorder. Speech therapy was recommended, as well as periodic re-evaluations. When Kayla’s family moved from one New Jersey school district to another, her mother requested a re-evaluation. School officials refused, saying the child was making good academic progress and no longer required many of the special education services she had been receiving, including speech therapy.

Kayla’s mother contacted the Child Advocate. Helpline staff assisted the mother in navigating the system in several ways. First, Helpline advised the mother of her child’s educational rights. Next, staff conducted specific research into state law based on the school district’s reason for denial of services and were able to arm the mother with specific information with which to respond to the district’s decision. The Helpline also guided the mother to another agency that was able to provide direct advocacy for her and her daughter.

The result was that the child received both a re-evaluation and subsequent services to support her continued academic success.
The New Jersey Office of the Child Advocate was statutorily created in 2003 and is currently led by New Jersey’s second Child Advocate.

Dr. E. Susan Hodgson, M.D., FAAP, Child Advocate
Dr. Hodgson has been a practicing Pediatrician since 1981. Known as Dr. Sooze to her patients, she has dedicated her life to the health and wellbeing of children.

Prior to her appointment as Child Advocate in November 2006, Dr. Hodgson served as the co-medical director of the Dorothy B. Hersh Regional Child Protection Center in New Brunswick, where she worked extensively with children under the supervision of the Division of Youth and Family Services (DYFS). She was also an attending physician and on the teaching faculty in General Pediatrics at Saint Peter’s University Hospital and at the University of Medicine and Dentistry in New Jersey. Dr. Hodgson remains on the teaching faculty at the Drexel School of Medicine and sees patients at Saint Peter’s University Hospital clinic one evening a week.

Throughout Dr. Hodgson’s entire medical career she has devoted her efforts to helping children who have been abused or neglected. As a resident physician in 1981, she served as the liaison to Yale-New Haven Hospital Diagnosis Assessment Referral and Treatment (DART) Team for Child Abuse and went on to become a medical examiner for child abuse at Wake County Medical Center in Raleigh, NC.

Dr. Hodgson is Board Certified by the American Board of Pediatrics. She holds medical licenses in New Jersey and New Hampshire and holds a Bachelors degree in Biology from Mount Holyoke College, a Masters in Biochemistry from Mount Holyoke College and a medical degree from Yale University School of Medicine. Dr. Hodgson is an elected fellow of the American Academy of Pediatrics and is active in national American Academy of Pediatrics activities.

Joseph Suozzo, Esq., 1st Assistant Child Advocate
Joe comes to the Child Advocate with more than 25 years of experience advocating on behalf of children. Before coming to the Child Advocate, Joe worked in the N.J. Public Defender’s Office of Law Guardian as the Managing Deputy in charge of the Essex Regional Office. There, Joe supervised both trial and appellate work focused exclusively on the interests of child clients. Joe also served in the former Department of the Public Advocate where he was involved in both litigation and policy development. One of those cases, Slocum v. Perselay, resulted in a series of court-ordered reforms that overhauled New Jersey’s child mental health system.

Marianne Aiello, Helpline Coordinator
Marianne Aiello, CSW has many years of experience working with families and their children, particularly in Mental Health services and Pediatric Rehabilitation services while at Children’s Specialized Hospital. Marianne was a Youth Mental Health Case Manager for nearly 10 years, providing comprehensive case management services to children and their families in Union County.

Teri Appelson, Esq., Chief Counsel and Director of Policy
Teri comes to the Child Advocate with more than 20 years of child advocacy experience from the New Jersey Office of the Law Guardian of the Public Defender’s office. Teri also served as a Deputy Attorney General in the Department of Law and Public Safety, where she represented individual regional offices of the Division of Youth and Family Services in court proceedings pertaining to the welfare of children, and previously worked as a litigation associate in private practice.

Catherine Ashman, Assistant Child Advocate, Helpline
Catherine has more than 30 years in the field of social work. For ten years she ran a shelter for abandoned and abused infants at the Newark Day Center. Immediately prior to coming to the Office of the Child Advocate, she retired from Covenant House where she spent more than twenty years developing and implementing programs across the country for homeless and runaway youth.

Katherine Bierwas, Esq., Senior Assistant Child Advocate
Prior to coming to the Child Advocate, Katherine was Deputy Attorney General and represented DYFS in abuse and neglect litigation, and also worked as an Assistant Prosecutor with the Essex County Prosecutor’s Office; she also clerked for the Honorable Donald Reenstra in Passaic County. Before becoming an attorney, Katherine spent many years in corporate management positions. She was also instrumental in bringing FindingWords NJ, a forensic interview protocol for interviewing children that may have been sexually abused, to New Jersey.
Gianine Christiano, Senior Assistant Child Advocate
Gianine Christiano, LCSW, has several years experience in mental health services for youth. Before joining the Office of the Child Advocate, she served for seven years as Director of Union County Youth Mental Health Case Management at Children’s Specialized Hospital in Fanwood, New Jersey. Before Gianine was director of the program, she was a youth case manager for five years in that very program.

Adam DiBella, Senior Assistant Child Advocate
Adam has an M.S.C.E., concentrating in treatment and remediation processes, that is complemented by an M.S. in education, specializing in design and implementation of intervention programs to bolster resiliency during childhood and adolescence. Adam’s recent experience is highlighted by two years as a caseworker within NJ’s child protective services followed by two years in the agency’s central operations, including family preservation services, home visitation and early childhood services, and services for young adults transitioning to self-sufficiency.

Tiffany Ellis, Chief of Staff
Prior to coming to the Office of the Child Advocate, Tiffany worked as a political advocate, journalist, and communications consultant. The various positions she has held on political campaigns and in state government include campaign manager, communications director, field director and community organizer.

Tasya Gonzalez-Beck, Assistant Child Advocate, Helpline
Prior to coming to the Office of the Child Advocate, Tasya worked at the Healthy Families Department and TANF Initiative for Parents (TIP) Program through the Burlington County Community Action Program (BCCAP) as a Family Support Worker, where she worked with families to prevent child abuse and to promote positive parenting before, being promoted to Program Supervisor. Tasya has also spent time as a Program Manager at Bancroft Neurohealth in Haddonfield before joining BCCAP.

Nicole Hellriegel, Assistant Child Advocate, Helpline
Nicole Hellriegel graduated from The College of New Jersey with a Bachelor of Arts Degree in political science. There, Nicole conducted in-depth policy research on federal legislation governing the foster care system and investigated how this affected New Jersey directly. Nicole also received her Masters in Public Policy & Administration from Rutgers University, where she focused much of her coursework on child welfare policy and management.

Rachel Klein, Assistant Child Advocate
Rachel Klein, LSW worked as a social work intern at the Treatment Research Center at the University of Pennsylvania in Philadelphia, Pennsylvania before coming to the Office of the Child Advocate. Rachel also has also worked as a Mental Health Associate at the Lourdes Medical Center of Burlington County in Willingboro, New Jersey, working on discharge planning and group and individual counseling.

Christopher Jackson, Esq., Assistant Child Advocate
Christopher Jackson joins the Office of the Child Advocate from the Office of Law Guardian. He also spent a total of 13 years in military service, in the U.S. Air Force and U.S. Air Force Reserve.

Maria McGowan, Director of Welfare and Health Policy Monitoring
Maria brings over 20 years of experience in child protection and child health and human services to the Office of the Child Advocate. Previous to her position here, Maria was the supervisor for the Office of the Medical Director at the Office of Children’s Services in the Department of Human Services. She has also served as a DYFS caseworker where she worked in screening and intake and generic units and the adoption resource center. She was also a foster care specialist and a supervisor at the Division of Youth and Family Services.

Rachel Modiano, Director, Children's Behavioral Health
Rachel comes to the Child Advocate’s Office with more than 25 years of experience in the areas of developmental disabilities as well as mental health assessment and treatment. Rachel began her career as a special education teacher and went on to complete a doctoral degree in psychology. For the past 13 years, Rachel served as the supervising psychologist at the Dorothy B. Hersh Child Protection Center.
Audrey Nicastro, Executive Secretarial Assistant
Audrey has over 20 years of service with the State of New Jersey. She spent almost 22 years at the Department of Human Services as a secretary in Employee Relations, the Catastrophic Illness in Children Relief Fund Commission, and the Division of Youth and Family Services.

Denise Palermo, Assistant Child Advocate
Denise comes to the Child Advocate with ten years experience working in local government and the non-profit sector. From 1998 through 2006 Denise worked in various positions at The Arc of New Jersey, Developmentally Disabled Offenders Program In addition to her work at The Arc of New Jersey, Denise acted as a consultant on special projects for the New Jersey Museum of Agriculture including grant writing, events, marketing and school programs.

Nancy Parello, Manager of Communications and Policy
Nancy Parello comes to the Office of the Child Advocate from the Department of the Public Advocate, where she served as communications director. Prior to that, Nancy was the communications director for the Association for Children of New Jersey, a statewide child advocacy organization. Before becoming an advocate, Nancy was a reporter for 16 years, with the last six spent in the Statehouse, writing for the Associated Press and The Record of Hackensack.

Marion Rogers-Lewis, Esq., Senior Assistant Child Advocate
Marion D. Rogers-Lewis, Esq., comes to the OCA from the Office of the Public Defender, Office of Parental Rights. In that position, Marion provided legal representation to defend parents in cases of alleged neglect or abuse of a child filed by the DYFS. Previously, Marion was a juvenile defense attorney in Trenton and created and taught a law-related education program to youth incarcerated in juvenile justice system.

Lou Taranto, Investigator
Lou Taranto is a thirty year veteran of law enforcement. Prior to arriving at the Office of the Child Advocate, Lou served for over 26 years in the New Jersey State Police, retiring with the rank of Captain in 2004. Most of his State Police experience is in the field of criminal investigations. Lou also spent over three years as an investigator for the New Jersey Office of the Attorney General, where some of his duties included investigation of juvenile justice matters.

Vinette Tate, Senior Child Advocate
Vinette Tate comes to the Office of the Child Advocate with more than 25 years of experience in child protection and social services. Prior to joining the Office of the Child Advocate, Vinette held various positions at the New Jersey Division of Youth and Family Services including Assistant Director of Policy, Planning, and Program Support. She also served in a number of other administrative positions at DYFS with leadership responsibilities for areas including substance abuse, domestic violence, and family preservation services; foster parent support and recruitment and family team meetings. Vinette also served as a caseworker early in her career with DYFS.

Lissette Villegas, Receptionist
Prior to coming to the Office of the Child Advocate, Lissette spent over a year at the Office of the Public Defender as a secretary for social services.

Elizabeth Wood, Assistant Child Advocate
Elizabeth earned her Master of Public Affairs and Politics from the Edward J. Bloustein School of Planning and Public Policy at Rutgers University in 2006. While at Bloustein, she focused on issues in health care finance and health resource distribution. During her study of health policy at the Bloustein School, she performed research for Rutgers Center for State Health Policy (CSHP) on access to care for low-income populations. She recently served as a consultant to CSHP on an investigation of emergency surge capacity among the nation’s hospitals.

Alison Zuvich, Assistant Child Advocate
During her undergraduate studies at the University of Delaware, Alison spent two years as a research assistant for a National Institute of Mental Health-funded study investigating how parents’ own experience of loss and trauma increase their children’s exposure to attachment disruptions. Alison has also interned for the Monmouth County Division of Mental Health and the Howell Township Division of Youth and Family Services.