Discussion Points

Department of Children and Families (DCF) – General

1. Governmental agencies often reduce the scope of, terminate, or let expire contracts with third-party service providers in order to prioritize limited financial resources (see, for example, discussion points #2, #17, and #18, below). Such changes may be the result of the end of an experimental program meant to test the practicality of a policy, the expiration of a program with temporary legal authority, a reduction of demand for the service, expiration of federal funding (e.g., disaster aid), or the agency’s judgment that its limited resources would be more efficiently used on another purpose that is better aligned with the agency’s objectives.

   Questions:
   a. Please describe any third-party contracts that were significantly reduced, terminated, or not renewed in FY 2016 (excluding those described in other discussion point responses). In each case, please briefly indicate: (1) the reason for the reduction, termination, or non-renewal; and (2) what program or contract will receive enhanced or new funding as a result of the savings from reducing, terminating, or not renewing the other contracts.

   The Department continually monitors its contracts to ensure they meet or serve the primary DCF constituency; align with a core DCF program model; and/or, align with DCF’s core mission. In FY 2016 we reduced, terminated, or chose not to renew 28 contracts or sub-components of contracts. The contracts varied greatly and most dated back more than twenty years. Many provided general social service support which is now better provided through the Family Success Center model. Others provided supplemental funding to non-DCF related county administered or supported program. Any funds from contracts we may determine are no longer meeting the needs of the families we serve are reallocated to services and supports that align with our core mission. Such decisions are informed by research, DCF’s administrative data, and input from quality review processes. Services that the Department has been investing in, include Keeping Families Together (supportive housing for a subset of high needs child welfare involved families); re-visioning and expansion of substance abuse services and supports; developing the robust network of Family Success Centers; restructuring supportive visitation services for children in out of home placement; and, expanding the access to evidence supported, trauma informed treatment for child victims of sexual abuse and other severe forms of abuse.

   b. Please describe any third-party contracts that are scheduled to expire in FY 2017 and are at risk of not being renewed.

   Any contracts nearing expiration will be reviewed to ensure they still align with the Department’s core mission. As that process relates to FY 2017, no final decisions have yet been made.

2. In response to FY 2016 OLS discussion point #2, the DCF indicated that it had expanded about twenty different programs and services for those affected by Superstorm Sandy with temporary supplemental funding under the federal Social Services Block Grant. The DCF also indicated that many of these vendor contracts were expiring, and that the DCF was evaluating the programs and researching alternative potential funding sources.

   Questions:
   a. What programs or program expansions that were previously funded with temporary Sandy-related federal funding are recommended to continue in FY 2017? The Department of Children and Families has been approved by the federal Administration for Children and Families to continue the following programs in FY 2017:
Discussion Points (Cont’d)

- **Displaced Homemakers** – This extension is the expansion of Displaced Homemaker Program services in the Sandy impacted counties of Cumberland, Ocean, and Union. Displaced Homemaker (DH) programs support individuals who have worked in the home for a number of years and then through the death, disablement, or divorce of a spouse find themselves the primary source of their household income. Through the support of the DH program, a participant may obtain or upgrade her skills for transition into the paid labor market. These expanded services will assist displaced homemakers in Cumberland, Ocean, and Union counties with the educational training funds to successfully complete and pass a short term certificate course program that will lead to employment.

- **Child and Family Health Nursing Support** – This extension continues the partnership between Child Permanency and Protection (CP&P) and the Child Health Program (CHP) to address and promote health and well-being needs of children and families with in-home child welfare cases with CP&P who are considered at high risk of continued child maltreatment, and for whom support in the areas of health might be expected to alleviate that risk.

- **Monmouth Bayshore Family Success Center** - The Bayshore Family Success Center (FSC) serves the families of northern Monmouth County that were impacted by Superstorm Sandy by providing family friendly activities, developmental programming, and resource linkages. FSCs provide support and resources for families to improve their level of functioning, increase resiliency, develop self-sufficiency, and provide an optimal environment for the development of their children.

- **Human Trafficking Prevention Training** - The initiative will continue training with providers and psycho-educational intervention groups to prevent and address sex abuse and human trafficking; specifically the commercial sexual exploitation of children in New Jersey, post Superstorm Sandy.

b. If any programs or program expansions are continuing, what is the source of funding therefor?

The source of funding for all programs which are continuing in FY 2017 is the Social Services Block Grant – Disaster Recovery supplemental provided by the Administration for Children and Families.

3. Many DCF services are provided by third-party vendors, many of which have been operating under contracts that have barely changed for many years. Some contracts, either regularly or intermittently, provide increases in value (or in fee-for-service reimbursement rates) to keep pace with inflationary pressures on the contractors, but many do not. Social services providers, many of which are small nonprofit organizations whose staff receive only modest compensation, often express concern to the Legislature that their staff’s wages have effectively gone down over time as inflation has diminished the spending power of their State funding.

- **Questions:**
  a. What contracts or categories of contract administered by the department are regularly adjusted to reflect inflationary pressures?
  b. What contracts or categories of contract are regularly maintained at the same funding level?

Contracts are regularly maintained at the same funding level unless additional deliverables are identified and the contracts are modified to reflect the increased expectations.

  c. In the past five years, have any vendors with continuously flat-funded contracts voluntarily terminated their contracts, citing inadequate funding?
d. Yes. Vendors terminate their contracts for a variety and combination of reasons. Some express an inability to meet the terms of their contract within the given payment amount.

e. What would it cost to provide a one percent cost-of-living increase to all third-party community providers under DCF contracts?

$8.373 million

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4. Several pieces of legislation have been proposed that would raise the Statewide minimum wage from $8.38 per hour to $15 per hour. If enacted, this would affect many DCF staff and third parties that operate many of DCF’s services and programs.

- **Questions:**
  a. Has the DCF considered the financial impact of a $15 minimum wage on its operations, including those provided by third parties?
  Providers’ budgets include individual employee’s salaries but generally do not itemize hourly rates for front-line, direct care per diem staff.
  b. All other things being equal, by what amount would the department’s operating expenses increase if a Statewide $15 minimum wage were in effect?
  DCF has more than 800 separate contracts that would each need to be reviewed to identify the number of salaried employees and per diem staff that fall below the $15 minimum wage. Because DCF is unable to identify the fiscal impact on the third party contractors, DCF would be unable to estimate the impact on the department’s operating expenses. It is likely however that this level of minimum wage would result in significant increases.

5. After the water crisis in Flint, Michigan became a national news story, the local media and the Legislature have significantly increased their focus on the dangers of childhood lead exposure and poisoning. Lead exposure in young children is often associated with disruptions in normal development and can result in impaired educational performance, behavioral health problems, developmental disabilities, and health problems.

- **Questions:**
  a. What data does the DCF track with regard to lead exposure and poisoning in the children it serves?
Discussion Points (Cont’d)

For all children in out-of-home placement through DCF’s Division of Child Protection & Permanency (DCP&P), information about lead screening (date(s) of screening and results) is obtained and recorded as part of the child’s health care case record and electronic case record. This information is obtained from healthcare provider records or from the NJ Immunization Information System (NJ IIS), and is recorded by Child Health (CHU) nurses contracted by DCF specifically to provide health care management for children in placement. Lead screening is a covered benefit under most insurances, as well as an available service to all children in placement (or otherwise on Medicaid) as part of the NJ Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

b. What is the blood lead level at which the DCF considers a child to be lead poisoned?
The New Jersey Department of Health fact sheet on lead defines lead poisoning in children as a blood lead level of 10 micrograms per deciliter (µg/dL) or above.

c. How many (and what percentage of) children receiving services from the DCF have been lead poisoned?

DCF records the information on the child’s individual case medical records. Tracking of lead poisoning is tracked and statistics reported by the Department of Health.

6. In response to FY 2016 OLS discussion point #7, the DCF indicated that the Office of Child Care and Youth Residential Licensing was undertaking an effort to reduce the ratio of child care inspectors to child care centers to 1:75, and to increase the frequency of inspections by filling 20 new recently approved positions.

• Questions:
  a. Have these 20 new positions in the Office of Licensing been filled?
DCF has filled those 20 new positions, however, owing to regular attrition, the Office of Licensing currently has four vacancies for inspector positions.
  b. What is the current ratio of child care inspectors to centers?
The current ratio of centers to inspectors is 82:1 (3934 centers to 48 inspectors). Once current vacancies are filled, DCF expects that ratio to be on target at 75:1 (3934 centers to 52 inspectors). By comparison, at the end of Calendar Year 2014, that ratio stood at 103:1.

Child Protection and Permanency (CP&P)

7. In November 2015, a federal court approved a new “Sustainability and Exit Plan”¹ to replace the former settlement agreement, which has required federal monitoring of the child welfare system in New Jersey since 2006. Under the Exit Plan, the State will be able to end its federal monitoring after 12 months of continuously maintaining certain performance measures specified in the Exit Plan. Several of the performance measures that must be maintained in order to terminate federal monitoring have not been reliably met in recent monitoring periods. (The most recent monitoring report, covering the period July-December 2014 and issued November 2015, found that DCF had fully met only 24 of 53 total performance measures. However, the performance measures applicable for that period are slightly different from those under the Exit Plan.) According to press reports², the DCF expects to meet the criteria for exit within 18 to 24 months of the announcement of the Exit Plan (suggesting that exit may occur in the summer or fall of 2017).

¹ Relevant documentation is available online at [http://www.state.nj.us/dcf/about/welfare/](http://www.state.nj.us/dcf/about/welfare/)
Questions:

a. How will resources be prioritized to improve and maintain performance on metrics that have historically been most challenging to meet?

The new Sustainability and Exit Plan benefited from the Governor and Legislature's investment in an improved child protection case management data system (NJ SPIRIT) and the creation of the Office of Performance Management and Accountability (PMA). Data produced and analyzed from NJ SPIRIT allowed new targets to be set based on meaningful improvement over historical performance within our system and national child welfare system performance, making the new targets both ambitious and achievable. PMA is regularly reviewing the qualitative and quantitative data gathered through our data system, regular qualitative reviews, and at regular ChildStat presentations to provide ongoing support for continuous quality improvement. These efforts have resulted in the Department’s decisions to invest in a wide variety of strategic initiatives aimed at improving outcomes for the children and families we serve such as:

- The Keeping Families Together pilot projects in several counties throughout the state; the expansion of other services, such as the Families Success Centers throughout the state intended to support families before the need for child protective services ever arrives; the enhancement of other services, such as residential substance abuse treatment services for minors and visitation services for parents of children in out-of-home placement; and the reformulation of staffing patterns to ensure appropriate and manageable caseloads for staff throughout the state.

The overall goal of the Sustainability and Exit Plan is for DCF to exit as a transparent, learning organization capable of continuous quality improvement beyond any specific metric.

b. Does the department plan to make any operational or procedural changes to address shortcomings observed in recent monitoring periods?

As articulated above, the Department is engaged in a continuous quality improvement process to monitor and improve upon performance in all areas of the child protective system.

8. The “Sustainability and Exit Plan” indicates that the federal monitor, in collaboration with the DCF, will develop a plan to transfer the primary child welfare system monitoring function to DCF’s Office of Performance Management and Accountability upon the termination of federal monitoring. The Office of Performance Management and Accountability is responsible for several data collection and analysis, review, and performance monitoring functions.

Question Please describe the current functions, organizational structure, number of employees in each job title, and budget of the Office of Performance Management and Accountability.

Office of Performance Management and Accountability (PMA) - 4 staff

1) Assistant Commissioner: Direct oversight of PMA, which includes all quality assurance and program evaluation activities, data analysis and reporting, and child fatality and near fatality case practice reviews. Member of the department's executive management team. Responsible for providing leadership to the development and implementation of performance improvement and accountability work throughout the department. Responsible for ongoing management of department-wide Continuous Quality Improvement (CQI) and producing annual reports on the department's work and progress.
Discussion Points (Cont’d)

(1) Executive Assistant to the Assistant Commissioner (Administrative Analyst 1): Provides assistance as needed to the Assistant Commissioner. Assists with planning, organizing and assigning work within PMA. Analyses operational systems and compiles and interprets data. Prepares and directs preparation of clear and accurate informative reports. Participates in administrative planning and may assist in developing new systems that improve department wide performance.

(1) QR/CQI Program Manager (Supervising Program Support Specialist): Integrates Qualitative Reviews (QR) and CQI into all DCF training curriculums. Assist local offices in the integration of QR/CQI into their everyday practice with Frontline staff. Develop tools for CP&P staff to improve their overall work with children and families. Continued support of QR/CQI activities.

(1) Sec Assistant 1: Provides clerical support for staff within all the units.

Executive Reviews, Domestic Violence Fatality Review, Unusual Incident Reports and Child Fatality Reviews - 8 staff

(1) Supervising Administrative Analyst 1: Provides supervision and oversight of all day to day functions of operations.

(3) Child Fatality Reviewer support staff (Program Support Specialist 3): Job duties include identifying all cases reviewable under statute including cases that are ruled undetermined including Sudden Unexplained Infant Deaths, obtaining and reviewing records on identified child, presenting summary of case to multi-disciplinary team and documenting said cases in an annual report with recommendations.

(1) Domestic Violence Fatality Review support staff (County Service Specialist): Job duties include identifying all cases reviewable under statute, obtaining and reviewing records on identified victim, presenting summary of case to multi-disciplinary team and documenting said cases in an annual report with recommendations.

(1) Executive Directed Case Reviewer (County Service Specialist): Responsibilities include completing a comprehensive qualitative review of all cases that meet the Administrative Order. Cases are presented monthly to the Executive Management staff.

(1) Unusual Incident Reporting/ Fatality/Near Fatality Reports Coordinator and preparer (Research Scientist): Monitors all Unusual Incidents in contracted programs for CSOC and alerts executive management to high concern incidents. Also, provides technical assistance and training to users of electronic system.

(1) Principal Clerk Typist: Provides clerical support for staff within the unit.

Federal Reporting – 2 staff

(1) Federal Reporting Coordinator (Supervising Program Support Specialist - Assistance Programs): Responsible for coordinating DCF’s federal reporting including the collection and submission of Child and Family Services Plan and Annual Progress and Services Reports. Assists with the collection and submission of information for the Child and Family Services Review (CFSR) plans and processes. Coordinates activities and deliverables of the Staffing Oversight Review Subcommittee of the NJ Task Force on Child Abuse and Neglect. Serves as the liaison between DCF and the monitor.

(1) Performance Management and Reporting Specialist (County Service Specialist): Assist in coordinating activities for the collection and submission of the Child and Family Services Plan and Annual Progress and Services Reports as needed. Participate in activities to support PMA including but not limited to Qualitative Reviews, Child Stat, targeted reviews, Executive Directed Case Reviews and follow up monitoring activities.

Office of Quality (OQ) – 18 staff
Discussion Points (Cont’d)

(1) Director: (vacant) Oversees the day to day functions of the OQ. Job duties include (but not limited to) attendance at all Leadership Activities, QR Exit Conferences, DCF Needs Assessment, Continuous Quality Improvement (CQI) Plan, ChildStat Oversight, Federal Child and Family Service Review (CFSR) planning, Communication with Monitor as it pertains to measurements and targeted reviews.

(1) Assistant Director: Attends and organizes ChildStat, CQI Plan Workgroup, CFSR planning, attends QR exits, Assist in the supervision of OQ staff, attendance at leadership meetings, enhanced Program Improvement Plan (PIP) planning with CP&P, Collaboration with Monitor for targeted reviews.

(1) Quality Assurance Coordinator: State Administrator of Survey Monkey. Inputs Quality Review (QR) data for Info Path and use in the Sustainability and Exit Plan (SEP). Assists Area Offices and Local Offices in formatting reviews to be entered into Survey Monkey, Resource and Retention Task force workgroup, construction of tools for targeted reviews, written briefs as needed for measurements within the SEP. Family Team Meeting Survey report quarterly.

(2) Administrative Analysts 1: Member of the CQI planning workgroup (implementation of same in future), works with CP&P Local Office’s for Program Improvement Plan (PIP) enhancement, ChildStat, SEP measurement reports as needed, CFSR planning, QR reviewer, Targeted reviews, data input for QR’s, RFP reviews, Permanency Roundtable attendance.

(2) Qualitative Review Administrator (Supervising Program Support Specialist): Supervises the Team Leads, mentoring and coaching multiple team lead positions, attendance in QR’s and assures compliance in reviewers, training of the QR protocol, scheduling for the QR, maintenance of the QR reviewer pool list, review of QR (county) reports, QR reviewers, attendance at local PIP meetings, Implementation of the CQI plan.

(9) Team Leads Program (Support Specialist 1): (2 vacant positions) Team Leads for QR process, introduces CP&P staff to the QR and coordinates the week long activities, facilitates the QR debriefs, pairs the review teams prior to the QR, reviews fact sheets and case detail sheets both during and after QR’S, serves as QR reviewers, writes QR reports, assists CP&P with creating and implementing PIPs, assists with Implementation of the CQI Plan.

(1) Research Scientist 3: Oversight of the QR Reviewer Certification Process, QR Reviewer, provides RFP assistance as needed, Research Committee member, back up for data input for QR.

(1) Secretary (Principal Clerk Typist): Performs secretarial duties as needed.

Office of Research, Evaluation & Reporting (RER) – 19 staff

(1) Director: Provides supervision and oversight of all day to day functions of operations. RER provides DCF with quantitative and qualitative information necessary to measure and support organizational performance; reports on the outcomes of service delivery to children and families; provides evaluation and technical assistance to program operations; and complies with state and federal reporting requirements. RER strives to engage stakeholders to produce information that can be used effectively by front-line staff, management, administration, and community partners.

(1) Manage by Data Fellows Coordinator (Standards & Procedures Technician 4): Manages and implements the DCF Manage by Data Fellows program to teach mid-level staff how data can improve outcomes for children and families. The Manage by Data Fellows program is at the center of DCF’s commitment to operate as a learning organization.

(1) Sec Assistant 1: Provides clerical support for staff within all the units.
Discussion Points (Cont’d)

Functional Unit:
(1) Project Manager, Data Processing
(1) Program Specialist 3
(1) Administrative Analyst 3
(1) Head Clerk
Produces quantitative reports and analysis of CP&P performance measures mandated by the SEP. Provides technical assistance to CP&P managers and area directors in several areas of SEP compliance and data analysis. Produces the Commissioner’s Monthly Report which provides a Department wide look at performance and population level data by all DCF programmatic divisions. Manages federally mandated reporting requirements for DCF for the National Youth in Transition Database (NYTD) and Monthly Caseworker Visits (MCV). Manages the contract for Hornby Zeller Associates to produce semi-annual statewide and county level longitudinal child welfare outcomes. Manages the SafeMeasures performance management system which provides every CP&P staff person with over 100 reports on their desktop updated daily. Manages data production for ChildStat. Provides technical assistance in the development of the DCF Data Portal. Produces ad hoc quantitative reports for media, legislative, and other inquires.

Functional Unit:
(1) Project Manager, Data Processing
(2) Software Development Specialist 3
(2) Software Development Specialist 2 (1 vacant)
(1) Administrative Analyst 3
(1) Program Specialist 3
Monitors NJ Spirit application updates to remain current on functionality, data structures, and operational impacts in order to perform accurate data analysis. Produces quantitative reports and analysis of CP&P performance measures mandated by the SEP. Manages federally mandated reporting requirements for DCF including: the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS). Produces data used by the Office of Performance, Management and Accountability as part of DCF’s CQI processes to evaluate case practice. Maintains the web based report request application for DCF staff. Maintains and submits quarterly reports for Social Service Block Grant for Disaster Recovery per federal reporting guidelines. Facilitates data sharing with NJ Department of Agriculture and Camden City Schools. Maintains data for the Governor’s Transparency website. Collects, maintains and analyzes data for Family Preservation Services annual reporting. Provides technical assistance in the development of the DCF Data Portal. Produces ad hoc quantitative reports for media, legislative, and other inquires.

Functional Unit:
(1) Assistant Director
(1) Research Scientist 1
(1) Research Scientist 2
(1) GIS Specialist 1
(1) Program Specialist Trainee
Manages DCF process and outcome evaluations of programs and initiatives throughout CP&P, Family and Community Partnerships (FCP) and the Division on Women (DOW). Builds capacity throughout DCF to design and implement program evaluations. Conducts research to answer critical questions related to New Jersey’s children and families. Manages all DCF data requests requiring Geographic Information System (GIS) technology. Conducts multivariate outcome analysis to understand the risk and protective factors that predict child
welfare outcomes. Leads the development and implementation of DCF CQI plan. Partners with Rutgers University School of Social work to conduct a statewide needs assessment for CP&P. Manages the DCF research review committee. Provides technical assistance for the procurement and development of a data system for FCP and DOW.

a. How are these likely to change once monitoring functions are fully transferred to the State?

The expectation has always been that DCF would take over the reporting and quality control functions currently conducted by the Monitor. As such, the Office of Performance Management and Accountability has been maturing since the inception of the agreement. With the implementation of the Sustainability and Exit Plan, DCF believes that the organization is properly structured and staffed to meet the obligations the plan places on DCF.

9. The “Sustainability and Exit Plan” requires that, after the State is released from federal monitoring, the DCF must continue to publish accountability data and make additional data available to the federal monitor upon request for an additional six months. After that time, the State will no longer be required to maintain specified levels of performance on the metrics subject to federal monitoring. In effect, this may allow the DCF to shift some of its priorities to areas of performance which may be important, but are not subject to federal monitoring.

• Question:

What areas of performance that are not currently monitored does the DCF expect will become higher priorities once the State is released from federal monitoring?

The Sustainability and Exit Plan is designed to incorporate the current best thinking about how to measure the safety, permanency, and well-being of children and families involved in the child welfare system. At this time, the Department foresees no higher priorities than the safety, permanency, and well-being of the children and families we serve. However, as we learned through the development of the new Sustainability and Exit Plan, social science in this area has been rapidly developing, and DCF’s data collection, analysis, and improvement efforts as well as program design and case practice must continue to change accordingly.

10. The State’s claiming of federal funds under Title IV-E of the Social Security Act for foster care and adoption assistance increased from approximately $129 million in FY 2010 (excluding federal stimulus funds) to $167 million in FY 2015. The Governor’s FY 2017 Budget anticipates the total to reach $168 million in FY 2017. This growth is largely due to better documentation demonstrating that individual children and services are eligible to receive federal funding, which to a large extent has been enabled by the development and implementation of NJ SPIRIT, a computerized case management and financial system. According to the State Child Welfare Policy Database, the percentage of children in out-of-home placements for which the State received federal reimbursement in FY 2010 was only 40 percent, the 11th lowest percentage of any state.3

• Questions:

a. What is the current percentage of children in out-of-home placement for which the State receives Title IV-E funds?

3 http://www.childwelfarepolicy.org/maps/single?id=310

Discussion Points (Cont’d)
Discussion Points (Cont’d)

There are three kinds of claims from which the State currently receives IV-E funding: Foster Care 50.04%, Adoption 63.27%, and Kinship Legal Guardianship (KLG) because some children are still in the care of a relative but out of their original homes 53.46%.

b. What are the most common factors that prevent the State from claiming federal funding for out-of-home placements?

Title IV-E of the Social Security Act requires children in placement to meet several criteria to permit the associated costs of that child to be claimed from the federal government. Experience has demonstrated that the most common reasons the child doesn’t qualify is due to being placed in unlicensed placements by the courts, or that they don’t qualify as a result of the family’s income failing to meet the Aid to Families with Dependent Children (AFDC) standards.

c. Does the department plan, or would it recommend, any future investments to improve federal claiming?

DCF constantly monitors changes (or potential changes) in Federal Law’s, programs, etc. to ensure that we capture all Departmental costs appropriately. When necessary, we research our cost structure for opportunities that exist to enhance claiming. For example, with the advent of PL.113.183, we are now able to claim administrative costs associated with “Human Sex Trafficking”. We are currently looking into revising our Cost Allocation Methodologies. If we can identify any direct administrative costs associated with this particular area, we can direct charge and realize an increase in IV-E federal financial participation (FFP) over our current methodology. NJ DCF currently has a mature SACWIS (State Automated Child Welfare Information System) and claiming methodologies through whose evolution (technological and programmatic) we can attribute much of the trend increase in revenue that we have realized since 2010. With the advent of the Fostering Connections Act, Kinship Legal Guardianship was added to IV-E claiming and our revenues increased from $262k in 2012 to $1.7M in 2015.

11. Federal law generally prohibits the spending of Title IV-E funds on any activities other than subsidized foster care, guardianship, and adoption – meaning that children must be removed from their homes before the State can receive federal financial assistance in providing services for the child. Congress amended the law in 2011⁴ to allow the U.S. Department of Health and Human Services to grant 10 new demonstration waivers each year to allow states more flexibility in spending their Title IV-E funds. These waivers allow states to spend federal Title IV-E funds for in-home family support services and other services intended to prevent out-of-home placement. In exchange, the states accept a ceiling on the total amount of federal Title IV-E funds that they receive, calculated based on pre-waiver spending trends. More than half of the states are now operating under approved waivers. Although the DCF has been focusing its efforts on preventative services, consistent with its case practice model and its objective of keeping families together, it currently claims federal reimbursement under traditional rules rather than a waiver.

Questions:

Has the department applied for a Title IV-E waiver, or is it seeking one? Please describe the department’s reasoning in seeking or not seeking a waiver, as appropriate.

New Jersey did not participate in the Title IV-E Waiver Program because terms of participation capped the total amount New Jersey could claim under the program. As DCF has continued to improve our Cost Allocation Plan, and found additional claiming opportunities over the years, we have continued to increase our yearly claims to the program. Consequently, participation in

the program would have disadvantaged New Jersey and would have limited our cost recovery significantly.

12. The FY 2016 Appropriations Act included $2.4 million for the *Child Collaborative Mental Health Care Pilot Program*, added by a Legislative budget resolution (FY 2016 Appropriations Handbook page B-16). The program was first established and funded in the FY 2015 Appropriations Act. The Governor’s FY 2017 Budget recommends no funding for the program (page D-39). As of March 2016, no funds have been encumbered or expended from the account in FY 2016.

**Questions:**

a. **Please describe the Child Collaborative Mental Health Care Pilot Program currently in operation.**

The Child Collaborative Mental Health Care Pilot Program was initially funded with a $1.2 M appropriation in FY 2015. DCF issued an RFP for the program on October 3, 2014. The RFP included a program evaluation requirement, with up to twenty percent of the available resources ($240,000) dedicated to program evaluation activities. The contract was awarded to Meridian Hospitals Corporation with a contract start date of May 1, 2015. With approval from OMB, DCF encumbered funding to support the project for its first twelve months. Meridian Hospitals Corporation, working in partnership with Cooper University Health Care and the NJ Chapter of the Academy of American Pediatrics, established a “hub” behavioral health team in two regions in New Jersey: Monmouth/Ocean Counties and Camden/Burlington Counties (Phase I). Each team includes a child and adolescent psychiatrist, a licensed clinical social worker care coordinator, and an administrative coordinator.

The program provides the following services:

- Universal screening of children, youth, and young adults for behavioral health disorders
- Timely access to psychiatric consultation for primary care physicians
- Timely patient access to direct psychiatric services, when indicated
- Care coordination to support fluidity of referral, engagement with specialty care at the appropriate levels of care, and collaborative treatment planning
- Practitioner enrollment and support, including best practice education and a web portal to support program implementation and operation
- Collaboration with systems partners, including CSOC Contracted Systems Administrator (CSA) and Care Management Organizations (CMOs), as well as private third-party payers and treatment/service providers
- Data collection and reporting
- Program evaluation

The Child Collaborative Mental Health Care Pilot Program was funded with a 2.4 M appropriation in FY 2016. DCF issued an RFP in September of 2015 to establish two additional hubs in two new regions. Meridian Hospitals Corporation was the successful applicant for this second (Phase II) RFP and will be establishing hubs in two additional regions: Mercer/Middlesex and Atlantic/Cape May/Cumberland/Salem/ Gloucester counties with a contract start date of May 1, 2016. DCF has also asked Meridian Hospitals Corporation to continue to provide the Phase I program for an additional year.

b. **How does the DCF view the role of the program within the context of the department’s larger mission?**

The Child Collaborative Mental Health Care Pilot Program is consistent with the Department’s system of care priority to provide ease of access to care for children, youth, and families.
c. Has it been successful in meeting its objectives?
   We are awaiting evaluation reports.

d. Will appropriated funds for FY 2016 be expended?
   The 2.4 M appropriation will be encumbered to fund Phase II year one and Phase I year two.

e. How would elimination of the line item affect the program?
   Authority to carry forward the appropriation through May of 2017 is required to continue
these contracts. Continuation after that date is contingent upon additional funds being
appropriated for the program.

13. The FY 2016 Appropriations Act included $2.0 million for Court Appointed Special
Advocates, of which $1.15 million was originally recommended by the Governor and $850,000
was added by a Legislative budget resolution (FY 2016 Appropriations Handbook page B-16). The
Governor’s recommended funding level for FY 2017, $1.15 million, does not renew the legislative
addition (Governor’s FY 2017 Budget, page D-40). In testimony before the Assembly Budget
Committee on March 9, 2016, representatives of Court Appointed Special Advocates (CASA) of
New Jersey claimed that the additional funding allowed them to provide volunteer advocacy for
650 additional children, and helped the State save $3.5 million in costs associated with placing
children with families. As of March 2016, approximately $1.8 million of the FY 2016
appropriation has been expended, and $200,000 is encumbered.

• Questions:
  a. How does DCF view the role of CASA within the context of the department’s larger
mission?
     The Court Appointed Special Advocates (CASA) serve at will and pursuant to the directives
of the Administrative Office of the Courts (AOC). They provide information to the Family
Court judges at their behest. Questions regarding their overall contribution and utility should
be directed to the AOC.
  b. How was the $850,000 in additional FY 2016 appropriations spent?
     DCF’s contract with CASA supports two programs, 1) Advocacy and 2) Training. Within the
Advocacy program, CASA budgeted $118,350 of the $850,000 (14%) to cover additional
salary and fringe for the five staff who work for CASA of NJ. $70,000 of that amount covered
additional salary for the Executive Director and Associated Executive Director. It also
charged additional facility costs and costs for materials and supplies against the
appropriation. CASA distributed $722,500 to the county CASA chapters.
  c. How will the proposed funding reduction affect the services provided by CASA in FY
2017?
     CASA serves at the will of and pursuant to the directives of the AOC All inquiries should be
referred to the AOC. Does the DCF have any data to support or dispute CASA’s claim that the
$850,000 appropriation saved the State $3.5 million?
     No, the AOC would be in the best position to address this question.

Children’s System of Care (CSOC)

14. Mental health and substance use disorder treatment services for children under age 18 were
shifted from the Department of Human Services (DHS) to DCF during FY 2013 and FY 2014. The
DHS and DCF had also planned to transition most of these services for youth aged 18 to 20 from
DHS to DCF. In response to FY 2016 OLS discussion point #20, the DCF indicated that outpatient
and intensive outpatient services for youth aged 18 to 20 would be transitioned to CSOC in
January 2016, and that residential treatment would move to DCF after DHS transitions to a fee-for-service reimbursement model. The DHS now plans to begin the transition of most of its mental health and substance use disorder treatment services to a fee-for-service system in FY 2017.

- **Questions:**
  a. Which mental health and substance use disorder services for youth aged 18 to 20 are currently administered by DCF, and which are administered by DHS?
  CSOC provides behavioral health services up to the age of 21 which includes:
  - Mobile Response and Stabilization
  - Care Management
  - Family Support
  - Some out of home treatment
  - Intensive In Community services
  CSOC does not provide substance use services for individuals over the age 18 with the exception of youth who are still in high school. If they are in high school and require out of home treatment, CSOC supports their treatment within a CSOC funded program.
  b. Were outpatient and intensive outpatient services transitioned to DCF in January 2016 as previously planned?
  No
  c. What is the anticipated schedule for shifting service administration from DHS to DCF?
  CSOC is not able to administer these programs until the contract for the CSA currently operated by PerformCare is resolved. The Request For Proposals is set to be posted by Treasury imminently.
  d. Does the Governor’s FY 2017 Budget reflect the shift of service administration from DHS to DCF?
  No

15. The FY 2016 Appropriations Act included $2.5 million over the Governor’s recommendation, added by Legislative budget resolution, in the Family Support Services line item (FY 2016 Appropriations Handbook page B-17). The Legislature intended the additional money to support families of children with developmental disabilities. This funding is not recommended to be renewed for FY 2017 (Governor’s FY 2017 Budget page D-40).

- **Questions:**
  a. Please describe the current activities funded under the Family Support Services line item.
  Family Support Services include all respite services for families of children who have a developmental/intellectual disability and have been determined eligible for services. These services include multiple types of respite services. Family Support also includes assistive technologies to assist families of children with developmental/intellectual disabilities. Assistive technologies include support around renovation to vehicles and homes and communication tools.
  b. How was the $2.5 million in additional funds spent?
  CSOC is currently in the process of increasing the number of youth and families who are receiving family support services. CSOC first had to increase the number of providers through a Request for Qualification process and worked to implement a fee for service model. The shift in the service delivery system took some time to implement. The additional funding goes directly to the services provided.
  c. How would the proposed funding reduction affect the services that were made available with the additional funding?
Discussion Points (Cont’d)

The need to sustain the expansion of respite and other family support services is reflected in the budget proposal. Respite and other family support services are essential services for caregivers of children with Intellectual/Developmental Disabilities. These critical services allow caregivers much needed support and relief, thereby promoting family stability and preventing the utilization of more costly services, such as out of home care.

Family and Community Partnerships (F&CP) and Division on Women (DOW)

16. The FY 2015 and FY 2016 Appropriations Acts each included $2.24 million over the Governor’s original recommendations, added by Legislative budget resolution, in the Women’s Services line item. Associated language directed that $1.84 million of these additional funds be provided to the lead domestic violence agencies and the New Jersey Coalition for Battered Women; and $400,000 to the 21 county-based sexual violence services organizations and the New Jersey Coalition Against Sexual Assault to offset their costs. The Governor’s FY 2017 Budget recommends reducing the FY 2017 Women’s Services appropriation by $2.24 million (page D-41) and discontinues the language provision.

• Questions:
  a. Did the additional FY 2015 and FY 2016 funding allow these programs to expand services or make other improvements?

The legislative budget resolution language stipulated that $1.84 million dollars should be directed to domestic violence (DV) agencies and the New Jersey Coalition to End Domestic Violence (formerly the New Jersey Coalition for Battered Women) to offset their costs. As a result, each individual DV agency had the opportunity to utilize the funding based on their distinct needs, including but not limited to, expansion of staff levels, supporting increasing overhead costs of the programs, and increasing staff salaries.

b. How would the proposed FY 2017 funding reduction affect the services offered by these programs?

DV agencies would provide services up to the level of funding.

17. The FY 2016 Appropriations Act included $2.8 million for Sexual Violence Prevention and Intervention Services, added by a Legislative budget resolution (FY 2016 Appropriations Handbook page B-18). The Legislature intended this funding to continue services that were being provided by the New Jersey Coalition Against Sexual Assault and were previously funded under the now-expired Superstorm Sandy supplemental to the Social Services Block Grant. The Governor’s FY 2017 Budget proposes discontinuing the appropriation (page D-41).

• Questions:
  a. Please describe the activities funded with the FY 2016 Sexual Violence Prevention and Intervention Services appropriation.

Sexual Violence Crisis Intervention Services Expansion - The expansion of the Sexual Assault, Abuse and Rape Care (SAARC) Program afforded all 21 (1 in each county) DCF-DOW funded Sexual Violence Providers (SVPs) the opportunity to expand victim-centered services to sexual violence victims. Each provider had the opportunity to:

  • Hire a minimum of (1) licensed mental health professional such as an LSW, LCSW, LPC, LMFT able to provide crisis counseling services in an effort to meet the needs of each
15. This individual could also enhance supervision of other mental health clinicians within the agency.

- Hire a part-time equivalent Outreach Coordinator to provide outreach, awareness, and educational events on sexual violence;
- Minimally add one (1) Confidential Sexual Violence Advocacy Training group which will recruit and train a minimum of 10 new advocates. This will increase each provider’s capacity to accompany victims of

**Sexual Violence Primary Prevention Expansion** - The expansion of the Rape Prevention and Education (RPE) Program afforded 20 (out of 21) DCF-DOW funded Sexual Violence Providers (SVPs), and the Rutgers University Office for Violence Prevention and Victim Assistance provided the opportunity to hire a half-time equivalent Prevention Coordinator to expand their ability to implement sexual violence primary prevention programs and to provide outreach to the community. In addition, the New Jersey Coalition Against Sexual Assault (NJCASA) received funds to train the newly hired prevention coordinators, provide technical assistance, and provide subject matter expertise in support of the development of the new staff at the local SV agencies, as needed.

The $400,000 appropriated to off-set the costs for SV providers have been utilized in various ways. Including but not limited to expansion of staff levels and supporting increasing overhead costs of the programs.

b. **How has demand for these services changed in Sandy-affected regions since the storm?**

Demand for these types of services was great before Superstorm Sandy, and that remains the case.

c. **How would the proposed elimination of funding for FY 2017 affect available services?**

The services would be provided according to available resources. Private or federal grant funding sources may be available to provider organizations to maintain the current level of service.

18. In October 2015, the department notified the 35 entities that operate Family Friendly Centers in 57 schools and one day care center throughout the State that their contracts would be terminated as of January 1, 2016. According to sources, since Family Friendly Centers provide after school care, and January is in the middle of the school year, the contracted entities requested that the funding be continued through the remainder of the school year. The department agreed to the extension through June 2016. However, after July 1, 2016 the Family Friendly Center program will be discontinued.

The Family Friendly Center program grantees received $1.9 million in grants to provide after school programming for elementary and middle school students and their families in FY 2016. Funding is part of the School Linked Services Program line item, which the Governor’s FY 2017 Budget proposes to fund at an unchanged $30.3 million in FY 2017 (page D-40).

According to informal information provided by the department to the OLS, the termination of the grants is part of a multi-year initiative to focus DCF funding on providing child protection services and assisting individuals in foster care or families at risk of entering the foster care system. Accordingly, Family Friendly Center funding would be shifted, at least in part, to two other programs: “Keeping Families Together” – an initiative which assists families who are at-risk of entering the foster care system; and “Enhanced Mental Health Assistance Counseling” – for individuals who are receiving substance use disorder treatment.

**Questions:**
Discussion Points (Cont’d)

a. Please provide the amount of funding that is recommended to be shifted in FY 2017 from the Family Friendly Centers to alternate programs which better fit the mission of the department.

b. Please name the programs that are to receive enhanced funding and the amount of enhanced funding for each program.

DCF will be renewing the Family Friendly Center contracts in FY 2017.

Education Services

19. In response to FY 2016 OLS discussion point #28, the DCF provided the following data regarding the department’s Regional Schools, locations, and enrollments. Students in the DCF Regional Schools include those with severe cognitive, emotional, and behavioral disabilities, as well as teen parents and other “at risk” youth.

<table>
<thead>
<tr>
<th>DCF Regional School</th>
<th>County</th>
<th>Student Enrollment (March 2015)</th>
<th>Infant/Toddler Enrollment (March 2015)</th>
<th>Maximum Student Capacity (March 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic Campus</td>
<td>Atlantic</td>
<td>39</td>
<td>15</td>
<td>42</td>
</tr>
<tr>
<td>Bergen Campus</td>
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<td>50</td>
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<td>Burlington Campus</td>
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<td>23</td>
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<td>35</td>
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<td>Cape May Campus</td>
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<td>Hudson Campus</td>
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<tr>
<td>Mercer Campus</td>
<td>Mercer</td>
<td>22</td>
<td>15</td>
<td>38</td>
</tr>
<tr>
<td>Monmouth Campus</td>
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<td>12</td>
<td>10</td>
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<tr>
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<tr>
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<tr>
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<td>4</td>
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<tr>
<td>Wanaque Campus</td>
<td>Passaic</td>
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<td>65</td>
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<tr>
<td>TOTAL:</td>
<td></td>
<td>461</td>
<td>71</td>
<td>561</td>
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</tbody>
</table>

- Questions:
  a. Please provide updated enrollment and capacity information for 2016.

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Discussion Points (Cont’d)

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<th>Staff</th>
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<th>Total</th>
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<td>35</td>
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<td>N/A</td>
<td>70</td>
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<tr>
<td><strong>TOTAL:</strong></td>
<td></td>
<td><strong>465</strong></td>
<td><strong>70</strong></td>
<td><strong>557</strong></td>
</tr>
</tbody>
</table>

b. Are any substantial changes expected for FY 2017?

Effective 7/1/16, the Hudson Campus will be consolidated with the Essex Campus and will be moving to the Essex Campus location. As a result of this consolidation, the Hudson Campus location will be closed.

Safety and Security Services

20. In November 2014 the Human Services Police department, which provides security for DCF child welfare workers, was reorganized and a new central dispatch system was created. Prior to the reorganization, officers were located in certain offices to assist case workers on field assignments as needed from 10 am to 6 pm every day. After 6 pm, overtime officers were called if needed. Child welfare workers also called local law enforcement for support in the field as necessary. After the reorganization, Human Services Police officers are now assigned to three central dispatch locations at the State psychiatric hospitals (in Morris Plains, Trenton, and Ancora), and are on call for 24 hours a day, seven days a week. The new organization is intended to provide more offices with improved coverage and to reduce the amount of overtime paid to the officers providing coverage to DCF offices. In addition, DCF case workers continue to seek the assistance of local law enforcement agencies for some field visits.

Shortly after the reorganization, a stabbing incident occurred in a DCF office in Camden. Soon thereafter, the DCF implemented several steps to improve the safety of all DCF offices, including: modifying the State’s contract with Universal Protection Services to provide armed security guards and metal detectors at DCF offices (where previously the contract had provided for unarmed security guards); distribution of panic button lanyards to office staff; installation of security mirrors in at least one conference room in each DCF office; and several other modifications to procedures and policies.

At the end of 2015 the Legislature approved Assembly Bill No. 4638, which would have required the department to take several steps to improve security in the DCF offices, including the assignment of Human Services Police officers to each DCF office to provide on-site building security and immediate availability to escort child welfare workers in the field. The Governor pocket vetoed the legislation in January 2016.

Questions:
a. Please indicate, segregated by provider, anticipated FY 2016 and FY 2017 expenditures for security services provided to DCF by private-sector contractors and Human Services Police.

We are projecting $4.758 million in both armed and unarmed Universal Protection guards in FY16. Projecting the same in FY17 however it probably will be lower since we are very close to eliminating about $350 - 400K in Camden. We are projecting $2,697 million in Human Services Police guards in both FY16 and FY17.

b. Please provide, for the last three completed fiscal years and FY 2016 to date, the number of security incidents: (1) reported by DCF employees as having occurred at DCF offices or during field visits; and (2) having occurred at DCF offices or during field visits that required the intervention of law enforcement or security professionals.

DCF Policy requires that CP&P Local Offices must report any crime, including a violent act or a threat of violence, against a CP&P employee or group of employees during the course of work and complete a critical incident report. As we reviewed security related practices and protocols following the attack of our colleague in Camden in November 2014, we recognized that incidents were not being consistently reported. Since November 2014 we emphasized the urgency of reporting and documenting such incidents and have required that all incidents, regardless of the perceived severity in the Local Office, be reported. Since November 2014 there have been 45 reported incidents.

Incident location:
- 31 of the incidents occurred in CP&P offices;
- 14 of the incidents occurred in the field;

Incident Type:
- 35 of the incidents were threats of violence of which 20 were directed at individuals and 15 were directed at entire offices/facilities;
- 8 of the incidents involved a physical altercation; and
- 2 of the incidents involved property damage.