Discussion Points

Department of Children and Families (General)

1. On March 16, 2017, the President of the United States released the "America First" preliminary budget proposal for federal FY 2018. The proposal includes many substantial changes to funding levels of federal agencies and programs. If enacted, many of the changes could affect the finances of and programs operated by the State of New Jersey. The Governor's FY 2018 Budget Recommendation includes a total appropriation of approximately $1.79 billion to the Department of Children and Families (DCF). Of that amount, some $596 million (or 33 percent) represents the authorization to use funds anticipated to be received from the federal government.

• ***Questions:***

a. **Please identify each source of federal funding included in the Governor's FY 2018 Budget Recommendation for the DCF that the department concludes would be reduced or increased by ten percent or more if the President of the United States' preliminary budget proposal for federal FY 2018 were to be enacted, and the estimated amount of each increase or decrease.**

b. **Please evaluate the impacts the changes identified in Question a. would have on programs operated by the department absent funding adjustments from other sources. How would the clients served by these programs be affected? To what extent would the department's monitoring, regulatory, and administrative activities, including as measured by performance metrics, be affected? What would be the impact on the department's workforce?**

The impact of federal funding changes cannot be assessed until a federal budget is enacted.

2. Among its total capital assets, the State has considerable land holdings, valued by the FY 2016 Comprehensive Annual Financial Report at about $5.22 billion (Land and Easements, p. 26). Land and easements may be held for future use, restricted as to future uses, or not needed for public purposes and available for sale, lease or other disposition. Knowledge about the extent, location, condition and intended use of these properties and property rights does not appear to be readily available. There could be potentially beneficial uses of some properties, other than those intended by the state agency in control of the properties, depending on the size, location and condition of those properties.

• ***Questions:***

a. **Please list each property under ownership or control of the department comprising unimproved or vacant land one acre or more in size, excluding land comprising all or part of a State park, recreation or wildlife management area, identifying each property by county and municipal location, street address, tax**

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map block and lot number and, if available, Global Positioning System coordinates. Please provide the size of the property, its current use, intended future use within the next five years, and any known or suspected environmental contamination that would impede its future use. Please also describe any deed restrictions affecting current and future use.

We have two vacant properties, Arthur Brisbane Treatment Center and the Plainfield group Home.

b. What are the department's policies and procedures for determining future uses of its land holdings that further the department's mission, and for allowing beneficial uses of its land in ways that are outside the department's traditional mission?

If a DCF owned property becomes vacant an assessment is done to determine if the property can be used by the agency for other DCF purposes. If the property is no longer necessary to the department in meeting its mission, the Department of the Treasury is notified. Current law establishes the procedure for its disposition.

3. In response to FY 2017 OLS discussion point #2, the DCF indicated that four programs for those affected by Superstorm Sandy were being continued with temporary supplemental funding under the federal Social Services Block Grant: Displaced Homemakers; Child and Family Health Nursing Support; Monmouth Bayshore Family Success Center; and Human Trafficking Prevention Training.

- ***Questions:***

a. What programs or program expansions that were previously funded with temporary Sandy-related federal funding are recommended to continue in FY 2018?

During the ongoing review of the Department's service array in order to meet the needs of the children, youth and families we serve, several programs were planned including the Monmouth/Bayshore Family Success Center, a Displaced Homemakers expansion, as well as Human Trafficking Training. The implementation of these programs coincided with Hurricane Sandy. As the needs persist, these programs will be continued.

b. When is federal funding scheduled to end for these programs?

Federal funding is currently scheduled to end on September 30, 2017.

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c. **If any of the programs are continuing in FY 2018, what is the source of funding to support these programs and the amount of any federal funding the department anticipates receiving for each program?**

The programs are funded within DCF's State appropriation.

4. Many DCF services are provided by third-party vendors, many of which have been operating under contracts whose funding level has not been adjusted for inflation for many years. 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. In response to FY 2017 OLS discussion point #3, the DCF indicated that contracts were regularly maintained at the same funding level unless additional deliverables were identified and the contracts were modified to reflect the increased expectations. The DCF further provided a table indicating that a one-percent cost-of-living increase for FY 2017 would cost approximately $8.4 million. Separately, DCF has noted that certain service contracts have transitioned from cost-based reimbursement to fee-for-service reimbursement. Such a change in payment system can improve or damage a contractor's finances, depending upon the details of the contracts and the contractor's business model.

- ***Questions:***

a. **Please update the table provided last year indicating the cost to the State of a one-percent cost-of-living increase to all third-party community providers under DCF contracts, including the disaggregation by division and reimbursement mechanism.**

	Fee for Service	Medicaid	Cost Reimbursement Contracts	Total by Division	1% Increase
Office of Adolescent Services	$0.00	$0.00	$11,879,000.00	$11,879,000.00	**$118,790.00**
Children's System of Care	0	$479,108,000.00	$61,624,000.00	$540,732,000.00	**$5,407,320.00**
Child Protection & Permanency	$40,000,000.00	$0.00	$197,881,000.00	$237,881,000.00	**$2,378,810.00**
Division on Women	$0.00	$0.00	$18,978,000.00	$18,978,000.00	**$189,780.00**
Family & Community Partnerships	$0.00	$0.00	$51,204,000.00	$51,204,000.00	**$512,040.00**
TOTAL	**$40,000,000.00**	**$479,108,000.00**	**$341,566,000.00**	**$860,674,000.00**	**$8,606,740.00**

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b. **Please indicate, for each applicable division, what major categories of service are primarily provided through cost-reimbursement contracts, fee-for-service contracts, and a mix of both.**
   Please see attached chart.

c. **Is the department currently transitioning any service categories from one payment system to another, or planning any such transition?**

   No

5. Under the federal Child Care and Development Block Grant (CCDBG) program states receive grants based on a formula to subsidize child care for low-income families. The program also funds initiatives to improve child care quality. For example, the Child Care and Development Block Grant Act of 2014 requires states to conduct annual unannounced inspections of all child care providers receiving CCDBG funds and to maintain a ratio of licensing inspectors to child care centers at a level sufficient to conduct the annual inspections.

Accordingly, as part of the State's CCDBG plan for federal FY 2016-2018, the DCF is required to conduct annual unannounced inspections of child care providers that accept State subsidies. This requirement also newly applies to previously license-exempt providers accepting CCDBG funds, including public schools, summer camps, and family day care homes. In response to follow-up questions after the Assembly Budget Committee on May 2, 2016, the DCF indicated these providers had been notified that they must become licensed in order to continue to receive CCDBG subsidies, and that it was anticipating approximately 500 additional child care inspections. Further, in response to past OLS discussion points, the DCF indicated that the Office of Child Care and Youth Residential Licensing had a target ratio of child care inspectors to child care centers of 1:75. In response to FY 2017 discussion point #6, the department indicated the ratio at that time was 1:82 (48 inspectors for 3,934 centers).

• ***Questions:***
  a. **What is the current number of filled and vacant inspector positions?**
  b. **Does the Governor's Budget Recommendation anticipate adding any additional positions in the Office of Child Care and Youth Residential Licensing? If so, please identify the positions by title.**
  c. **What is the current ratio of child care inspectors to child care centers? If the ratio does not meet the 1:75 target, please describe the department's plan to achieve the target ratio, including the date by which the departments anticipates compliance. By how much could the department miss the target ratio without risking being penalized by the federal government?**
  d. **How many facilities of each type are currently subject to annual inspections?**

Discussion Points (Cont'd)

There are currently 53 Child Care Inspector positions with no current vacancies and 21 Youth Residential Licensing Inspectors with 1 vacancy. The current ratio satisfies the required target.

There are 3,900 Child Care Centers which are on a triennial licensing cycle but are also subjected to annual monitoring inspections.

As a result of additional requirements associated with the federal Child Care Development Block Grant, which expand the number of child care facilities that require inspections, the Division of Family Development in the Department of Human Services has agreed to fund additional 9 child care inspectors and two paralegal assistant positions at DCF. These additional positions will assist DCF in maintaining its current inspector to center ratio.

Child Protection and Permanency (CP&P)

6. In November 2015, a federal court approved a new "Sustainability and Exit Plan"[1] to replace the former settlement agreement, which had 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. The Period 17 report from the federal monitor (covering Calendar Year 2015) indicates that the DCF continued to maintain acceptable performance on each foundational element of the Exit Plan, and also maintained performance on the 12 measures classified as "to be maintained" (i.e. measures that had been consistently met in prior reporting periods). Of the 36 measures classified as "to be achieved," nine were met throughout CY 2015, and five more were met in the second half of the year. The monitor noted several accomplishments in implementing the case practice model, visiting children in out-of-home placement weekly, and placing sibling groups together. The monitor also highlighted improvement but ongoing challenges in meeting targets regarding maltreatment of children after reunification, and achieving permanency in a child's placement in a timely manner. (The next monitoring report is scheduled to be released in early April, and will likely be available to the public before the DCF's response to this discussion point.)

- ***Questions:***
  - a. **How will resources be prioritized to improve and maintain performance on metrics that have historically been most challenging to meet?**
  - b. **Does the department plan to make any operational or procedural changes to rectify shortcomings observed in recent monitoring periods?**
  - c. **By what projected date will the federal monitoring of the child welfare system end?**

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

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DCF is pleased to share that as of the monitor's report dated April 5, 2017, seventy-three percent of the Exit Plan's fifty-nine requirements are in compliance. DCF is meeting the caseload standards and standards related to the intake process. With these successes stabilizing our workforce and system, DCF is shifting its focus toward the remaining outcome and quality measures.

Pursuant to the exit clause of the Sustainability and Exit Plan, once all fifty-nine measures are met monitoring remains for an additional twelve months. Pursuant to the most recent report measuring progress through June 2016, forty-three of the fifty-nine measures have been met.

The Department continues its reform efforts by constantly tracking and adjusting our practice, training, and services to meet all of our reform goals and measures.

7. The Governor recommends appropriating $5.0 million for the Child Collaborative Mental Health Care Pilot Program in FY 2018 (page D-39 of the FY 2018 Governor's Budget). The Governor first announced the additional funding in his January 10, 2017 State of the State Address. The program, currently operated as the Pediatric Psychiatry Collaborative Pilot Program at Meridian Health and Cooper University Health System, consists of four telehealth hubs serving 11 counties in southern and central New Jersey, each with a psychiatrist on call for pediatricians to provide quick access to psychiatric consultation and facilitating referrals for child behavioral health services. This grant program received $1.2 million of State funding in FY 2015 and $2.4 million in FY 2016. Although no additional funding was provided in the FY 2017 Appropriations Act, according to the DCF's response to last year's OLS discussion point #12, the grant program was intended to operate in FY 2017 using unexpended carryforward balances from prior fiscal years.

The $5.0 million would be used for the statewide expansion of the program. A request for proposals (RFP) was published on March 3, 2017, advertising approximately $2.8 million in State funding to establish five additional hubs to serve all counties not already served by the program.

- ***Questions:***

a. How many clinicians and patients will benefit from the program in FY 2018?

Statistical data vary by region and depend on several factors, including the population and the number of pediatric practices within each region that may potentially access services.

b. What portion of the total appropriation is intended for ongoing funding of existing programs, and what portion is intended as startup funding for new

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programs? Is it likely that these programs could be sustainable without long-term support from State grants?

Each of the four existing hubs and the five new hubs to be funded under the current RFP will be funded for $555,555 annually. DCF is working with the Department of Human Services to pursue federal reimbursement for a portion of the program costs, the outcome of which will determine the level of state support necessary in future fiscal years.

c. **Has the program been effective in meeting its objectives to date? Please provide metrics, such as the number of mental health consultations provided and the number of referrals for child behavioral health services made, documenting the performance of the program.**

The current programs are effective in meeting objectives. The table below illustrates the level of service for the current four hubs. Phase I hubs are in their second year of operation and Phase II are in their first year of operation.

Mental Health Collaborative Level of Service, July 1 2016 – February 28 2017				
	Monmouth/Ocean (Phase I)	**Burlington/Camden (Phase I)**	**Atlantic/Cape May/Cumberland/ Gloucester/Salem (Phase II)**	**Mercer/Middlesex (Phase II)**
Mental health screenings reported by participating pediatricians	11,836	3,862	1,795	5,140
Consultations provided by the hubs	463	214	24	433
Face to face evaluations conducted by hub clinicians	133	23	0	13

8. The FY 2017 Appropriations Act included $4.8 million for the <u>Child Advocacy Center Competitive Grant Program</u> (FY 2017 Appropriations Handbook page B-16), approximately half of the $10.0 million that the Legislature had included in the Appropriations Act prior to

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the Governor's line-item veto. Requests for proposals (RFP) for the grant program were published in October 2016, including up to $1.8 million for funding improvements for existing centers, and up to $2.2 million for the establishment of new centers in counties previously without a center. A second-round RFP was issued in March 2017 for up to approximately $3.0 million for funding treatment services and infrastructure improvements, with bids due May 9, 2017. The Governor's FY 2018 Budget eliminates the appropriation for the grant program.

- ***Questions:***

a. How many applications were received in the first round of procurement? What grants have been awarded?

2 for New Child Advocacy Centers
- Camden County Prosecutor's Office
- Gloucester County Prosecutor's Office

9 for Existing Child Advocacy Centers
- Monmouth County Prosecutor's Office
- Deirdre O'Brien Child Advocacy Center
- Middlesex County Prosecutor's Office
- Ocean County Prosecutor's Office
- Wynona's House Child Advocacy Center
- Burlington County Prosecutor's Office
- Mercer County Prosecutor's Office
- Passaic County Prosecutor's Office
- Sussex County Children's Advocacy Center Inc.

b. Does the DCF anticipate expending the entire $4.8 million appropriation in FY 2017?

There is currently an open Request for Proposals seeking to award the balance of the appropriated funds.

c. After all FY 2017 grants are awarded and grantees commence program operations, which counties will have accredited Child Advocacy Centers?

The information is maintained on the National Children's Alliance website: www.njchildrensalliance.org/cac_locations.html

Children's System of Care (CSOC)

Discussion Points (Cont'd)

9. In his January 10, 2017 State of the State Address, the Governor announced a pending rule change that would newly allow 18- and 19-year old young adults to receive substance use services in DCF facilities. The Governor's FY 2018 Budget Address describes a $12 million investment in FY 2018 in support of the initiative. (Budget documents indicate that this includes $6 million in State funds and $6 million in federal funds.) According to the Governor's Facing Addiction Task Force website,[2] the investment will open up approximately 200 beds for these young adults to obtain help. Absent this initiative, young adults in need of treatment can seek it as adults through the Department of Human Services. Current regulations at N.J.A.C.10:161A require residential substance use disorder facilities to be classified as adolescent-only, adult-only, or both, and define adolescent as a person between the ages of 12 and 17.

- ***Questions:***
  a. **Does the Administration plan to revise current regulations to permit adolescent-only facilities to serve young adults of 18 and 19 years of age, or will these facilities be required to be licensed as adolescent and adult facilities?**
  b. **What is the expected timeframe for any changes in regulations, licenses, or contracts to begin to effectuate the new policy?**
  c. **Does the $12 million in additional funding represent a transfer of funding from the Department of Human Services, or a new State expenditure?**
  d. **To what extent would the $12 million recommendation fund the development of new capacity and payments to utilize existing licensed capacity?**
  e. **How many DCF-funded substance use disorder treatment beds do contracted CSOC providers currently provide?**
  f. **How much underutilized capacity exists among current CSOC providers of substance use disorder treatment services?**

  New state and federal funds are being added to the DCF budget to support this expansion. Contractual modification and licensing waivers have already been made to allow underutilized providers to begin to serve the expanded population. Additionally, CSOC is working to procure additional services. Currently, there are 249 residential substance use beds providing co-occurring services at varying intensities. The current utilization for these beds is approximately 70% but we expect that to increase substantially as older youth are permitted to attend the programs.

10. The FY 2018 Governor's Budget recommends a $4.4 million decrease in the FY 2018 appropriation to the CSOC Family Support Services line item, from $29.8 million in FY 2017 to $25.4 million in FY 2018 (page D-40). The account pays for services provided to families of children with special needs, including emotional and behavioral challenges, substance use disorders, and intellectual and developmental disabilities.

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[2] http://nj.gov/governor/reachnj/home/2017_initiatives.shtml

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The FY 2017 Appropriations Act passed by the Legislature included $2.5 million over the Governor's original $29.8 million program recommendation, but this additional appropriation was vetoed by the Governor (FY 2017 Appropriations Handbook page B-17). In response to OLS FY 2017 discussion point #15, the department indicated that it was in the process of increasing the number of youth and families who receive family support services, increasing the number of providers and implementing a fee-for-service system. The Legislature understands that the transition to fee-for-service is now complete for all CSOC provider contracts.

- ***Questions:***

  a. **What is the actual or anticipated number of youth and families who receive CSOC family support services in FY 2015, FY 2016, FY 2017, and FY 2018?**

  b. **What is the current status of the added provider capacity? Please quantify the actual or anticipated provider capacity for FY 2015, FY 2016, FY 2017, and FY 2018.**

  c. **What factors explain the recommended $4.4 million reduction in the FY 2018 CSOC Family Support Services appropriation? How would the proposed funding reduction affect: a) the number of families receiving services; b) the quantity and quality of services they receive; and c) the reimbursements service providers receive?**

The actual number of youth and families who received Family Support Services by fiscal year is as follows:

FY	# of Youth and Families
2014	3915
2015	4324
2016	4414

CSOC has issued several RFQ's for provision of respite services to expand capacity. The outcome is as follows:

Respite RFQ	# of Provider Agencies Qualified
1/31/2014	42
10/5/2015	85
8/8/2016	10

The reduction of $4.4 Million is reflective of the shift to fee for service and indicative of the current trend.

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11. In the DCF budget hearing before the Assembly Budget Committee on May 2, 2016, members of the committee expressed concerns that the monthly $550 compensation rate per youth paid to Care Management Organizations under contract with the CSOC may be inadequate, particularly as the population served by care management organizations has grown over the past several years to include youth with more complex needs related to mental health disorders and developmental disabilities. In response to follow-up questions after that meeting, the department indicated that the current rate took effect at different times in different counties, and was in effect Statewide by May 2013. Evaluation data on page D-36 of the Governor's FY 2018 Budget Recommendation show that the total number of youth served by care management organizations has steadily increased over the past several years from 21,090 in FY 2015 to an estimated 22,740 in FY 2018.

- ***Questions:***
  a. **How was the $550 rate originally calculated? Does the analysis that produced the $550 rate still accurately reflect providers' costs in the current environment?**
  b. **Has the current rate proved to be a problem in ensuring that a sufficient number of providers are available to adequately serve those youth and families requiring care management services? Does the department have any evidence of a deterioration in the quality of care management services provided in the last five years?**

DCF/CSOC sought to unify care management activities (previously served by youth case management model for moderate needs youth and care management wraparound model for high needs youth) to reflect evidence based wraparound practice and approach to care management for all children requiring care management. The wraparound model is utilized by Care Management Organizations (CMO). The current rate was established through analysis of expenditures by both Youth Case Management organizations and Care Management Organizations. The $550 rate is based on actual expenditures of three care management organizations that served as the pilot for unification. Market conditions and demographics are constantly in flux. There is anecdotal evidence that the demand for those more intensive services has been somewhat greater recently, particularly after the transition of young people with intellectual and developmental disabilities from the Division of Developmental Disabilities to CSOC.

DCF regularly monitors rates and the needs of the populations we serve to ensure necessary services.

12. In January 2017, New Jersey submitted its application to the federal Centers for Medicare & Medicaid Services (CMS) to renew the State's Comprehensive Medicaid Waiver,

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a five-year demonstration project expiring on June 30, 2016 that authorizes several of New Jersey's strategic innovations in the Medicaid program. The current waiver authorizes three programs administered by the DCF: the Autism Spectrum Disorder pilot, the Individuals with Intellectual and Developmental Disabilities with Co-occurring Mental Illness pilot, and the Serious Emotional Disturbance program. The Waiver renewal application would continue these programs, and would also create a new Medicaid eligibility group for children in low-income households who are in need of these services and who are not otherwise eligible for Medicaid coverage.

- ***Questions:***
  a. **Does the Governor's FY 2018 Budget Recommendation include funding for expanding Medicaid coverage to the proposed new eligibility group? If so, please indicate the budget lines in which the additional funding is located.**
  b. **Does the Governor's FY 2018 Budget Recommendation assume the offset of any CSOC State expenditures by new federal matching funds related to the Comprehensive Medicaid Waiver renewal application? If so, please indicate the budget lines in which the additional federal funding and the reduced State expenditure are located.**
  c. **Does the DCF anticipate any programmatic changes to the Autism Spectrum Disorder pilot, the Individuals with Intellectual and Developmental Disabilities with Co-occurring Mental Illness pilot, and the Serious Emotional Disturbance program as they mature in coming years?**

As the Waiver is managed, and the extension submitted, by DHS, they are in the best position to address questions regarding its potential impact on the State's budget.

Family and Community Partnerships and
Division of Women

13. The Governor's FY 2018 Budget recommends reducing the appropriation for Women's Services by \$2.24 million, to \$20.2 million, and eliminating the \$2.8 million appropriation for Sexual Violence Prevention and Intervention Services (page D-40), in both cases eliminating Legislative additions to the FY 2017 Appropriations Act. The Governor also proposes to delete language associated with the incremental \$2.24 million FY 2017 Women's Services appropriation that directed by reference that at least \$1.84 million be provided to the lead domestic violence agencies and the New Jersey Coalition for Battered Women; and at least \$400,000 to the 21 county-based sexual violence services organizations and the New Jersey Coalition Against Sexual Assault to offset their costs. The DCF provided information on the FY 2016 uses of these additional funds in response to OLS discussion points #16 and #17 last year.

- ***Questions:***

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a. **Please provide a disaggregation of appropriations in these two line items by program, displaying FY 2016 gross expenditures, FY 2017 adjusted appropriations, and FY 2018 recommended appropriations, disaggregating the funding amounts by category and funding source.**
b. **Please provide a disaggregation of grant funding for domestic and sexual violence prevention programs by county, displaying FY 2016 gross expenditures, FY 2017 adjusted appropriations, and FY 2018 recommended appropriations.**

Please see the attached chart.

14. The FY 2017 Appropriations Act included $250,000 for the Latino Action Network Hispanic Women's Resource Centers (FY 2017 Appropriations Handbook page B-18), half of what the Legislature had included in the Appropriations Act prior to the Governor's line-item veto. The Governor's FY 2018 Budget recommends eliminating the appropriation (page D-40).

• ***Question:***
What services are supported with the FY 2017 appropriation?

DCF executed a $250,000 contract with the Latino Action Network Foundation (LAN Foundation) to administer the Hispanic Women's Resource Center initiative that then entered into sub-contracts with three (3) agencies to provide direct services to enhance employability of the target population, women of Spanish or Latino American origins:

1) Community Affairs and Resource Center, located in Asbury Park, Monmouth County
2) Hispanic Family Center of Southern New Jersey, located in Camden, Camden County
3) La Casa de Don Pedro, located in Newark, Essex County

These agencies indicate the funds support staff and other program related expenses, such as materials and supplies and facility related expenses; workshops focused on job development skills in areas including: literacy and language development, resume preparation, and basic computer skills; and access to job counseling services.

15. Evaluation data on page D-37 of the Governor's FY 2018 Budget indicate that the number of School Linked Service program sites went from 164 in FY 2015, to 189 in FY 2016, down to 126 in FY 2017, and is projected to increase again to 178 in FY 2018. The total

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program cost has remained relatively flat, at approximately $28 million to $29 million per year.

- *Questions:*
  a. **What has caused the fluctuation in the number of program sites, in particular the decline in FY 2017 and the expected recovery in FY 2018?**
  b. **Is the smaller number of program sites in FY 2017 likely to lead to underspending and the availability of part of the FY 2017 appropriation for a year-end lapse into the General Fund?**

  The Department originally intended to shift funding for the Family Friendly Centers to other emerging needs of our target population. Upon continued review it was determined the current programming best met the identified needs.

Education Services

16. In response to FY 2017 OLS discussion point #19, the DCF provided 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. Most notably, the DCF indicated that, effective July 1, 2016, the Hudson Campus was to be consolidated with the Essex Campus and the Hudson Campus was to close.

- *Questions:*
  a. **Please provide updated enrollment and capacity information for 2017.**

DCF Regional School	County	Student Enrollment (March 2017)	Maximum Capacity (March 2017)
Atlantic Campus	Atlantic	49	50
Bergen Campus	Bergen	45	50
Burlington Campus	Burlington	22	30
Cape May Campus	Cape May	30	36
Cherry Hill Campus	Camden	49	60
Cumberland Campus	Cumberland	14	20
Essex Campus	Essex	27	35
Mercer Campus	Mercer	29	38
Monmouth Campus	Monmouth	17	26
Morris Campus	Morris	18	25
Ocean Campus	Ocean	25	30

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Passaic Campus	Passaic	28	40
Union Campus	Union	28	30
Warren Campus	Warren	20	25
Wanaque Campus	Wanaque	70	70
Total		**471**	**565**

b. Are any substantial changes expected for FY 2018?

Transitional Services will be offered to all of the students in our schools in the upcoming school year. Students will be planning for post-secondary careers or school options as appropriate. The Office of Education is using grant funds to align with Career and Technical Education Clusters to match student interest to allow for successful transition into adulthood.

Safety and Security Services

17. A stabbing incident that occurred in a DCF office in Camden in November 2014 triggered significant media attention and Legislative activity around the security of New Jersey's child welfare workers. In response, 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 both armed and unarmed security guards and metal detectors at DCF offices (where previously the contract had provided only 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. In addition, DCF case workers continue to seek the assistance of local law enforcement agencies for some field visits.

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.

In response to FY 2017 OLS discussion point #20, the DCF projected $4.8 million in costs for Universal Protection security guards and $2.7 million for Human Services Police guards for FY 2016, and again in FY 2017. The Governor's FY 2018 Budget proposes an unchanged $7.5 million appropriation for DCF safety and security services (page D-39). In last year's discussion point response, the DCF also indicated that, since November 2014, there had been 45 reported incidents of violence or threats of violence involving Child Protection and Permanency Local Offices staff.

- ***Questions:***

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a. **Please provide an overview of the current security apparatus and procedures at DCF Local Offices.**

In order to ensure the efficacy of the security steps taken we will not provide specific details. However, several programs have been implemented to address the security concerns for our staff. Generally, they include: the posting of armed guards at the entrance to all DCF Local Offices who ensure visitors are properly screened and identified so as to prevent any threat to our staff; the installation of Lobby Guard, a visitor management system, which enables both local and central office staff to monitor non-employee visits to our offices and permits quick communication to our offices of visitors who may pose a threat to staff; the provision of wireless "panic buttons" to staff when they are conducting interviews and visits in the office to ensure immediate access to assistance if needed; the posting of warning signs advising visitors of the criminal consequences of threatening or assaulting DCF staff as well as that their persons and bags are subject to search; the addition of two security professionals to assist in planning as well as to liaison with local law enforcement to support Local Office security needs; and the provision of Active Shooter Training to both existing and newly hired staff.

b. **Please summarize DCF policies regarding worker safety when workers are in the field, both generally and when removing a child from a home.**

DCF's policy entitled "Teamed Field Response (Buddy System)" specifies those circumstances in which caseworkers are to respond to situations as a team as well as those discretionary situations in which caseworkers may request a teamed response based on the specific circumstances of the case. The policy can be located at http://www.nj.gov/dcf/policy_manuals/CPP-IX-A-1-150_issuance.shtml.

c. **Please update spending estimates for FY 2017 and FY 2018 for contracted security guards and Human Services Police protection.**

Based on costs through Q2, we anticipate DHS police to cost $2.6 million for both FY17 and FY18. This cost includes regular time, OT, dispatch, as well as non-salary costs. We estimate $5.5M in contracted guard services for FY17 and FY18.

d. **Please update the number of reported incidents of violence or threats of violence involving staff at DCF offices or during DCF field visits.**

Since April, 2016 there have been 85 reported safety incidents:

- 13 physical assaults, 7 of those in the field, 6 in a local office
- 56 threats made, 32 against a whole office and 24 against individual workers

Discussion Points (Cont'd)

- 16 other forms of safety concerns. These include violence outside of a local office, not involving staff or clients, derogatory remarks on social media regarding staff or an office, and strangers in the field approaching staff.

COUNTY	Domestic Violence: Domestic Violence			Sexual Violence: Sexual Violence Prevention			Sexual Violence: Sexual Violence Direct			Sexual Violence: Sexual Violence Operations	Sexual Violence: Sexual Violence Total by County	
	State FY16	FY17 special state	**FY17 total** (FY16 + FY17 special state)	State FY16	FY17 special state	**FY17 Total** (Fy16 + fy17 special state	State FY16	FY17 special state	**FY17 total** (FY16 + fy17 special state	FY17 special state	FY16	FY17
Atlantic	$425,294	$79,304	$504,598	$0	$57,522	$57,522	$ 41,447	$69,750	$ 111,197	$18,181	$41,447	$186,900
Bergen*	$405,654	$158,608	$564,262	$0	$57,522	$57,522	$ 53,225	$69,750	$ 122,975	$18,181	$53,225	$198,678
Burlington	$381,243	$79,304	$460,547	$0	$57,522	$57,522	$ 44,508	$69,750	$ 114,258	$18,181	$44,508	$189,961
Camden	$535,057	$79,304	$614,361	$0	$57,522	$57,522	$ 48,961	$69,750	$ 118,711	$18,181	$48,961	$194,414
Cape May	$401,836	$79,304	$481,140	$0	$0	$0	$ 39,961	$69,750	$ 109,711	$18,181	$39,961	$127,892
Cumberland	$317,225	$79,304	$396,529	$0	$57,522	$57,522	$ 42,661	$69,750	$ 112,411	$18,181	$42,661	$188,114
Essex	$552,000	$79,304	$631,304	$0	$57,522	$57,522	$ 52,761	$69,750	$ 122,511	$18,181	$52,761	$198,214
Gloucester	$289,863	$79,304	$369,167	$0	$57,522	$57,522	$ 39,235	$69,750	$ 108,985	$18,181	$39,235	$184,688
Hudson	$340,692	$79,304	$419,996	$0	$57,522	$57,522	$ 46,983	$69,750	$ 116,733	$18,181	$46,983	$192,436
Hunterdon	$462,996	$79,304	$542,300	$0	$57,522	$57,522	$ 37,296	$69,750	$ 107,046	$18,181	$37,296	$182,749
Mercer	$537,104	$79,304	$616,408	$0	$57,522	$57,522	$ 32,301	$69,750	$ 102,051	$18,181	$32,301	$177,754
Middlesex	$402,437	$79,304	$481,741	$0	$57,522	$57,522	$ 62,318	$69,750	$ 132,068	$18,181	$62,318	$207,771
Monmouth	$421,836	$79,304	$501,140	$0	$57,522	$57,522	$ 49,911	$69,750	$ 119,661	$18,181	$49,911	$195,364
Morris	$411,804	$79,304	$491,108	$0	$57,522	$57,522	$ 44,337	$69,750	$ 114,087	$18,181	$44,337	$189,790
Ocean	$296,165	$79,304	$375,469	$0	$57,522	$57,522	$ 48,397	$69,750	$ 118,147	$18,181	$48,397	$193,850
Passaic	$465,152	$79,304	$544,456	$0	$57,522	$57,522	$ 44,479	$69,750	$ 114,229	$18,181	$44,479	$189,932
Salem	$362,343	$79,304	$441,647	$0	$57,522	$57,522	$ 25,352	$69,750	$ 95,102	$18,181	$25,352	$170,805
Somerset	$304,746	$79,304	$384,050	$0	$57,522	$57,522	$ 40,156	$69,750	$ 109,906	$18,181	$40,156	$185,609
Sussex	$375,682	$79,304	$454,986	$0	$57,522	$57,522	$ 39,792	$69,750	$ 109,542	$18,181	$39,792	$185,245
Union	$370,596	$79,304	$449,900	$0	$57,522	$57,522	$ 25,941	$69,750	$ 95,691	$18,181	$25,941	$171,394
Warren	$299,128	$79,304	$378,432	$0	$57,522	$57,522	$ 39,978	$69,750	$ 109,728	$18,181	$39,978	$185,431
Multi-County	$0	$95,312	$95,312	$0	$115,014	$115,014	$0	$69,750	$ 69,750	$18,199	$0	$202,963
	$8,358,853	$1,840,000	$10,198,853	$0	$1,265,454	$1,265,454	$ 900,000	$1,534,500	$2,434,500	$400,000	$900,000	$4,099,954
*two providers in Bergen				SV-Prevention funded with federal funds								

Division	Cost Reimbursement	Fee for Service
Family Community Partnerships/Division on Women	Case Management Services	Education Services
	Education Services	
	Family/Client Support Services	
	Health/Mental Health Services	
	Initial Crisis/Emergency Services	
	Social Service Planning	
	Technical Assistance	
	Shelter Care	
	Employment Related Services	
Children's System of Care	Case Management Services	Case Management Services
	Family/Client Suport Services	Family/Client Suport Services
	Health/Mental Health Services	Health/Mental Health Services
	Initial Crisis/Emergency Services	Independent Living
	Social Service Planning	Social Service Planning
	Group Home Care	Group Home Care
	Training	Residential Treatment
		Treatment Home Care
Child Proection and Permanency/Office of Adolescent Services	Adoption Case Management	Case Management Services
	After Care Services Aging Out	Family/Client Suport Services
	Case Management	Health/Mental Health Services
	Permanency Planning	Independent Living
	Education Services	Social Service Planning
	Public Awareness and Information	Group Home Care
	Employment Related Services	Residential Treatment
	Family/Client Support Services	Treatment Home Care
	Health/Mental Health Services	Education Services
	Initial Crisis/Emergency Services	Initial Crisis/Emergency Services
	Social Service Planning	Residential Resource Family
	Group Home Care	Training
	Independent Living	
	Resource Family Care	