

## Discussion Points

### Department of Children and Families (General)

1. The Governor's FY 2019 Budget includes \$100.0 million for "Expanded Addiction Initiatives" in the Department of Health (page D-169). Related language would direct that this amount "be used to develop, support, and expand programs and services, including providing grants to entities providing such programs and services, that the Commissioner of Health, the Commissioner of Human Services, and the Commissioner of Children and Families determine to be most effective in directly addressing the statewide public health crisis associated with substance use disorders, including opioid use disorder, subject to the approval of the Director of the Division of Budget and Accounting. Such programs and services may include, but shall not be limited to, efforts to improve access to community-based behavioral health care, develop the State's anti-addiction infrastructure, support enhanced integration of care, and address relevant social and economic indicators" (page D-171).

The Governor's FY 2019 Budget also recommends not renewing \$66.2 million in effected and projected FY 2018 supplemental appropriations in the Departments of Children and Families, Corrections, Education, Health, and Treasury that were intended to address the statewide public health crisis associated with substance use disorders, including opioid use disorder. The following affected Department of Children and Families (DCF) supplemental FY 2018 appropriations total \$15.6 million:

- Keeping Families Together, \$12.0 million;
  - Peer Recovery Support Services for Division of Child Protection and Permanency Involved Parents, \$2.5 million;
  - Substance Use Navigators for Youth, \$1.0 million; and
  - Substance Use Disorder Training Certificate Program for Division of Child Protection and Permanency Staff, \$60,000.
- **Questions:**
    - a. **Please explain the reasons for recommending the discontinuation of each of the FY 2018 supplemental appropriations in the DCF for substance use disorder treatment that total \$15.6 million. Have the programs not been effective? Would any of the concerned programs' FY 2018 supplemental funding be renewed in FY 2019 out of the recommended \$100.0 million appropriation for Expanded Addiction Initiatives? If so, please identify the programs and associated amounts.**
    - b. **Does the DCF intend to solicit bids from outside entities to provide goods and services for DCF programs that would receive an allocation out of the recommended \$100.0 million appropriation for Expanded Addiction Initiatives? If so, what is the anticipated timeframe for issuing solicitations, and for what programs and what specific goods and services would the solicitations be issued?**
    - c. **Would the DCF allocation out of the recommended \$100.0 million appropriation be used to hire additional department staff in connection with the expanded addiction initiatives? If so, how many additional staff, by title, would be needed and at what annualized cost? Would the positions be filled by permanent or temporary staff?**

#### DCF Response:

DCF is not recommending discontinuation of the FY 2018 supplemental appropriations for substance use disorder programs and support services. The Murphy Administration has identified \$100 million in funding for its expanded addiction initiatives and those funds are in the FY 2019 recommended budget for

## Discussion Points

the Department of Health (DOH). Contracts for the DCF substance use disorder initiatives that began in FY 2018 will continue in FY 2019 as part of the DOH \$100 million recommended appropriation as follows:

- \$12.0 million - Keeping Families Together, supportive housing for high needs families
- \$2.5 million - Peer Recovery Support Services for Division of Child Protection and Permanency Involved Parents
- \$1.5 million - Substance Use Navigators for Youth

In FY 2018, DCF implemented contract modifications and issued requests for proposals to develop statewide service capacity for these programs. The Substance Use Disorder Training Certificate Program for Division of Child Protection and Permanency Staff will continue in FY 2019 with existing state funds.

None of the funds allocated to DCF will be used to hire additional department staff.

2. In response to FY 2018 OLS Discussion Point #3, the DCF indicated that four programs or program expansions that had previously been funded with Superstorm Sandy-related federal funding were being continued in FY 2018: Displaced Homemakers; Child and Family Health Nursing Support; Monmouth Bayshore Family Success Center; and Human Trafficking Prevention Training. The department noted that the programs' temporary supplemental funding under the federal Social Services Block Grant was to end on September 30, 2017 and that it anticipated continuing the programs out of the department's State appropriations in FY 2018.

- **Questions:**
  - a. Has federal funding ended for these programs? If not, when is federal funding scheduled to end?**
  - b. If any of the programs are continuing in FY 2019, please identify each program and its sources of funding, including the amount of any federal funding the department anticipates receiving for the program.**

### DCF Response:

The federal Superstorm Sandy Social Services Block Grant funding ended September 30, 2017. In state fiscal year 2019, these programs will be funded as noted below:

- Monmouth Bayshore Family Success Center - \$73,833 Community Based Child Abuse Prevention (CBCAP) federal grant and state funds
- The Displaced Homemaker Programs – state funds
- Human Trafficking Prevention Training – \$20,000 CBCAP federal grant and state funds
- The Child and Family Nursing Support Program – state funds

### Discussion Points

3. 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 2018 OLS Discussion Point #4, the DCF provided a table indicating that a one-percent cost-of-living increase for FY 2018 would cost approximately \$8.6 million. Separately, the DCF noted that certain service contracts had 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 for FY 2019 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.
  - 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.
  - c. Is the department currently transitioning any service categories from one payment

DCF Response:

Division/Unit	Non-Medicaid Fee for Service	Medicaid Fee for Service	Cost Reimbursement Contracts	Total by Division/Unit	1% Increase
Office of Adolescent Services	\$0	\$0	\$11,934,000	\$11,934,000	\$119,340
Children's System of Care	\$0	\$514,276,000	\$54,989,000	\$569,265,000	\$5,692,650
Child Protection & Permanency	\$62,765,000	\$0	\$176,476,000	\$239,241,000	\$2,392,410
Division on Women	\$0	\$0	\$20,860,033	\$20,860,033	\$208,600
Family & Community Partnerships	\$0	\$0	\$42,764,000	\$42,764,000	\$427,640
<b>TOTAL</b>	<b>\$62,765,000</b>	<b>\$514,276,000</b>	<b>\$307,023,033</b>	<b>\$884,064,033</b>	<b>\$8,840,640</b>

## Discussion Points

DCF Categories of Service:

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

Currently, DCF has no plans to transition service categories from one payment system to another. DCF strives to ensure that services provided to children and families are delivered in the most cost-efficient manner.

## Discussion Points

4. 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 FYs 2016 to 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 2018 OLS Discussion Point #5, the department indicated the ratio at that time was 1:74 (53 child care inspectors for 3,900 child care centers). Moreover, the DCF noted that the Department of Human Services had agreed to fund nine additional child care inspector positions and two additional paralegal assistant positions at the DCF to assist the DCF in maintaining its current inspector to-center ratio.

- **Questions:**
  - a. **What is the current number of filled and vacant inspector positions?**
  - b. **Does the Governor's FY 2019 Budget anticipate 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 department 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?**
  - e. **Please indicate the amount of funding the Department of Human Services is providing to the DCF for child care center inspection and licensing staff in each of FY 2018 and FY 2019.**

### DCF Response:

Currently, DCF has 55 child care inspector positions and all positions are filled; there are no vacant positions. There is no plan to add additional inspector positions.

As of April 23, 2018, there are 4,092 child care centers subject to annual inspection by DCF, and a ratio of 1 inspector: 74 licensed centers. In addition, there are 1,916 Registered Family Child Care Homes that are inspected annually by contracted Child Care Resource and Referral Agencies. Family Child Care Homes are not included in DCF's 1:74 ratio.

By MOU, DHS provides \$1.94 million annually to fund child care inspection and licensing staff, inclusive of staff to conduct related and required Child Abuse Record Inquiries.

## Discussion Points

5. Executive Order No. 4 of 2018 directs all State entities that regularly interact with the public to undertake reasonable measures, to the extent permitted by law and budgetary constraints, to provide information to the public regarding the Affordable Care Act marketplace and ways to enroll.

- **Question: What has been the department's response to Executive Order No. 4 of 2018? What related initiatives has the department already implemented and what related initiatives does it intend to implement in FY 2018 and FY 2019? What, if any, related expenditures has the department incurred to date? Will there be any additional expenses the department expects to incur to comply with the executive order in FY 2018 and FY 2019?**

### DCF Response:

As a provision of the healthcare reform laws that became effective on January 1, 2014, former foster youth are now eligible for Medicaid until they reach the age of 26. Youth are auto-enrolled in the Medicaid Extension for Young Adults (MEYA) federally reimbursable program as of their 18th or 21st birthday, depending on when they terminate services with DCP&P. The DCF works closely with external partners and participates in trainings and networking conferences to ensure information about MEYA is accessible to all DCP&P staff and stakeholders working with older adolescents.

6. In his March 13, 2018 Budget Message, the Governor advocated gradually raising the Statewide minimum wage from \$8.60 per hour to \$15 per hour. If enacted, this could affect many DCF staff and third parties that operate many of the DCF's services and programs.

- **Question: All other things being equal, by what amount would the department's operating expenses increase if a Statewide \$15 minimum wage were in effect in FY 2019? Please differentiate between the salaries and wages expenditures for DCF employees and expenditures for services provided by third parties. How many DCF employees would receive higher wages with a \$15 minimum wage? What would be the impact on DCF operating expenses in FY 2019 of, and the number of DCF employees affected by, raising the minimum wage to \$11 per hour, \$12 per hour, \$13 per hour, and \$14 per hour?**

### DCF Response:

Based on a Department wide review, DCF currently has 47 full time staff earning less than \$15.00 per hour. An increase in the statewide minimum wage to \$15 per hour would have a minimal impact on operating expenses of less than \$30,000 annually.

Budgets of third party providers include individual employee salaries, but providers do not itemize hourly rates for front-line, direct care staff.

## Discussion Points

### Child Protection and Permanency (CP&P)

7. In November 2015, a federal court approved a new “Sustainability and Exit Plan” 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 20 report from the federal monitor (covering January 1 to June 30 of Calendar Year 2017) indicates that the DCF continued to maintain acceptable performance on each foundational element of the Exit Plan, and ended the monitoring period having met 36 of 48 performance measures. Of the 12 remaining measures classified as “to be achieved,” eight have not been assessed in the report because they are based on data that are collected and reported annually. 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 family team meetings within 12 months and initial case plans.

- **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?**

#### DCF Response:

DCF is pleased to share that as of the monitor’s report dated January 11, 2018, seventy-five percent of the Exit Plan’s 48 performance measures are in compliance. Through its continuous quality improvement process, DCF consistently assesses and adjusts its practice, trainings and services to meet the reform goals. The new administration is assessing the current operations related to improving practice and meeting the outcomes outlined in the Sustainability and Exit Plan.

DCF is committed to working toward exit of the lawsuit. Pursuant to the exit clause of the Sustainability and Exit Plan, once all forty-eight measures are met, monitoring remains for an additional twelve months. In the most recent report measuring progress through June 30, 2017, 36 of the 48 measures have been met.

---

<sup>1</sup> Relevant documentation is available online at <http://www.state.nj.us/dcf/about/welfare/>

## Discussion Points

8. The Governor recommends appropriating \$5.0 million for the Child Collaborative Mental Health Care Pilot Program in FY 2019, the same amount as was appropriated in FY 2018 (page D-38). The program was expanded in FY 2018 to serve all the State's counties. It consists of nine regional telehealth hubs operated by grantee health systems, each with a psychiatrist on call for pediatricians to provide quick access to psychiatric consultation and facilitating referrals for child behavioral health services.

- **Questions:**
  - a. **For each of FY 2018 and FY 2019, please indicate the DCF's cost of administering the program as well as the amount of each regional telehealth hub's grant funding.**
  - b. **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. How many clinicians and patients will benefit from the program in FY 2019?**

### DCF Response:

The statewide Child Collaborative Behavioral Health Care Program includes nine regional telehealth Hubs. Each Hub was funded in FY 2018 at \$555,000 per Hub. DCF anticipates renewing contracts for FY 2019 with the existing Hub providers at the FY 2018 level of funding.

The program has been effective in meeting its objectives to date. For the period July 1, 2017 to February 28, 2018, 450 participating pediatricians screened 19,633 children and youth for mental health and substance use disorders, resulting in 1,191 referrals to the Hubs for consultation and additional services. DCF anticipates an estimated 1200 pediatricians will participate in the program in FY 2019, screening 50,000 children and youth and referring 7500-8000 of these to the Hubs for consultation and additional services.

## Discussion Points

### Children's System of Care (CSOC)

9. In FY 2018, the DCF newly allowed 18- and 19-year-old young adults to receive substance use treatment services in DCF-funded facilities and potentially opened up approximately 250 residential substance use disorder treatment beds for these young adults. The FY 2018 Appropriations Act included \$12.0 million in State and federal funds for the expansion effort. 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. In response to FY 2018 OLS Discussion Point #9, the department stated that it had already modified contracts with and granted license waivers to providers to effect the expansion of substance use treatment services in DCF-funded facilities.

- **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 on a permanent regulatory basis? If there is a plan to revise current regulations and licenses, what is the expected timeframe for these changes to take effect?**
  - b. **To what extent has the \$12 million FY 2018 appropriation funded the development of new capacity as opposed to payments to utilize existing licensed capacity? Will the full \$12 million appropriation be depleted in FY 2018?**
  - c. **How many DCF-funded substance use disorder treatment beds do contracted CSOC providers currently provide?**
  - d. **How much underutilized capacity exists among current CSOC providers of substance use disorder treatment services?**

#### DCF Response:

DCF has no plan to amend the underlying regulations. The majority of providers serving 18-19 year olds are licensed by the Department of Health and subject to applicable regulations under NJAC 10:161A. Since the transition of these services, DCF has issued licenses to these programs subject to the requirements in those regulations.

The Children's System of Care has been able to serve the youth that come to its attention within current capacity. There are 230 co-occurring beds and utilization is approximately 70%. DCF monitors and assesses actual utilization and availability to ensure system accessibility and to mitigate operational challenges. DCF continues to work with its sister state agencies and community partners to address service needs.

CSOC issued a request for proposal (RFP) for residential beds designed specifically for this age group. The department did not award a contract because it determined the proposals were insufficient to meet the needs of the program.

## Discussion Points

10. The Governor's FY 2019 Budget recommends a \$2.5 million decrease in the CSOC Family Support Services appropriation, from \$27.9 million in FY 2018 to \$25.4 million in FY 2019 (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. The Legislature added the \$2.5 million to the FY 2018 Appropriations Act to provide support to uncompensated caregivers.

In response to FY 2018 OLS Discussion Point #10, the department indicated that the proposed FY 2018 reduction of the appropriation to CSOC Family Support Services to \$25.4 million was reflective of the shift to a fee-for-service system and current spending trends. 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 2017, FY 2018, and FY 2019?**
  - b. **Please quantify the actual or anticipated provider capacity and the number of service providers for FY 2016, FY 2017, FY 2018, and FY 2019.**
  - c. **What factors explain the recommended \$2.5 million reduction in the FY 2019 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?**

### DCF Response:

Family Support Services (FSS) are a coordinated system of on-going public and private supports, services, resources, and other assistance, designed to maintain and enhance the quality of life of a young person with an intellectual/developmental disability and his or her family. Family Support Services are designed to strengthen and promote families that provide care at home for a child or young adult. These services are critical for families of children with intellectual/developmental disabilities to stabilize family functioning. Currently, there are 90 Family Support Service providers. CSOC was able to add 13 new providers in 2016 through a Request for Qualification (RFQ) process.

The reimbursement to providers will not change. CSOC anticipates a 5% growth in services during 2018 and 2019. Each month, DCF shares expenditure and Medicaid claim data with OMB. Together we monitor resources and if needed, adjustments may be requested.

Calendar Year	FSS Services	FSS Growth%
2015	4667	5%
2016	4859	4%
2017	5163	6%

## Discussion Points

11. The Governor's FY 2019 Budget recommends reducing the appropriation to Care Management Organizations under contract with the CSOC by \$13.2 million from \$114.0 million in FY 2018 to \$100.8 million in FY 2019. Included in the recommended reduction is the elimination of \$7.0 million the Legislature added to the FY 2018 Appropriations Act to increase the monthly compensation rate that care management organizations receive per youth served from \$550 in FY 2017 to \$650 in FY 2018.

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 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 Statewide by May 2013. Evaluation Data on page D-36 of the Governor's FY 2019 Budget show that the total number of youth served by care management organizations has increased from 22,180 in FY 2016 to an estimated 22,740 in FY 2019.

- **Questions:**
  - a. **How would the proposed reduction in the monthly compensation rate for care management organizations affect: a) the number of families receiving services; and b) the quantity and quality of services they receive?**
  - b. **Would the \$550 rate pose 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 years prior to FY 2018?**
  - c. **What would the cost be to the State and the federal government if the proposed \$550 rate were increased by \$100?**

DCF Response:

Care management organizations provide intensive care coordination services to children under 21 with emotional and behavioral health challenges, substance use challenges and children with intellectual/developmental disabilities.

DCF does not foresee a reduction in the number of providers or number of children served. DCF has no evidence to suggest a deterioration in quality of care in prior years and is committed to continuing its work with these agencies and other stakeholders to maintain appropriate levels of service and quality of care.

## Discussion Points

12. In July 2017, the federal Centers for Medicare & Medicaid Services (CMS) extended the State's Comprehensive Medicaid Waiver for an additional five-year period expiring on June 30, 2022. The initial waiver authorized several of New Jersey's strategic innovations in the Medicaid program. The renewal continues the three waiver-related 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 also created 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 2019 Budget assume the offset of any CSOC State expenditures by new federal matching funds related to the renewal of the Comprehensive Medicaid Waiver? If so, please indicate the budget lines in which the additional federal funding and the reduced State expenditures are located. Please provide the same information for FY 2018.**
  - b. **For FY 2017 and FY 2018 to date, please indicate the number of children served by the Autism Spectrum Disorder pilot, the Individuals with Intellectual and Developmental Disabilities with Co-occurring Mental Illness pilot, and the Serious Emotional Disturbance program. Please specify the number of children the DCF currently serves in each of the programs because of the expansion of Medicaid eligibility under the renewed Comprehensive Medicaid Waiver.**
  - c. **Please specify for each of these programs, delineated by funding source, actual FY 2017 expenditures as well as anticipated FY 2018 and FY 2019 expenditures. In which budget lines are the expenditures budgeted?**
  - d. **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?**

### DCF Response:

The waiver does not assume offset but rather seeks to avert the use of higher cost (residential) services by providing an array of supports/services that can help the youth stay at home and in their own communities. A continuum of care assures that more intensive (residential) care is provided for those youth because they need it, and not because it is the only other option available to families. There are currently 141 youth enrolled in the Autism waiver, 902 youth enrolled in the I/DD waiver and 3,780 youth enrolled in the SED waiver.

CSOC FY 2017 expenditures and anticipated FY 2018 and 2019 expenditures for these waiver programs are outlined in the chart below. These expenditures are budgeted in four service areas: Care Management Organizations (CMO), Mobile Response Stabilization Services (MRSS), Behavioral Assistance Intensive in Community/Intensive in Home (BAIC/IIH) and Out-of-Home Treatment services

**Discussion Points**

Waiver Type	FY17 Total Claims	FY17 Percent Federal	FY18 Projected Total Claims	FY18 Projected Percent Federal	FY19 Projected Total Claims	FY19 Projected Total Claims
SED	\$ 55,076,726.70	50%	\$ 63,798,311.18	50%	\$ 66,899,344.51	50%
IDD/MI	\$ 5,991,075.53	54%	\$ 13,300,187.68	54%	\$ 14,630,206.44	54%
ASD	\$ 2,588,613.75	43%	\$ 2,432,321.89	42%	\$ 2,675,554.08	42%
<b>Total All Waivers</b>	<b>\$ 63,656,415.98</b>		<b>\$ 79,530,820.75</b>		<b>\$ 84,205,105.04</b>	

The renewal of the Autism waiver component, effective August 2017, was approved with the contingency that services for Medicaid eligible children with Autism are included as part of the EPSDT benefit. The FY 2019 Governor’s Recommended Budget includes provision for services to Medicaid eligible children with Autism. CSOC and DMAHS have been working together towards defining a comprehensive benefit that is most advantageous to children and families, and can assure State resources are utilized effectively over the lifespan. Services would be covered through State plan amendment (therapeutic interventions such as DIR/Floortime, ABA, naturalistic) and through waivers (respite, community inclusion) and in concert with DDD (supported employment).

CSOC’s Children’s Support Services Program (CSSP) for SED and I/DD populations includes services as outlined in the chart below to help youth remain in their own home and community. CSOC is working to operationalize all service components. A brief description of the waiver component’s purpose is outlined below.

**SED Waiver** -The Children’s Support Services Program SED provides behavioral health, home and community-based services for youth under age 21 who have a serious emotional disturbance (SED) which places them at risk for hospitalization, out of home treatment or at hospital level of care. For youth not eligible for Medicaid, this provides federal support for behavioral health services under the State Plan amendment and home and community-based services that are authorized through the children’s CSA (Contracted System Administrator, aka ASO (Administrative Service Organization). The program also allows for Medicaid eligibility based on SED determination and who have a plan of care through Care Management Organization, irrespective of parental income and includes services that have been found to be critical for the success of youth.

**I/DD Waiver**-The Children’s Support Services program for youth with intellectual/developmental disabilities (I/DD) provides home and community-based services and supports to individuals under the age of 21 that meet Department of Children and Families (DCF)/ Children’s System of Care’s (CSOC) functional eligibility for youth with I/DD as defined by state and federal law. Youth may also have co-occurring I/DD and Mental Health Diagnosis (I/DD-MI). For youth not eligible for Medicaid, this provides federal support for home and community-based services that are authorized through the children’s CSA. The program also allows for Medicaid eligibility for youth based on functional eligibility and who have a plan of care through Care Management Organization, irrespective of parental income and adds new services that have been found to be critical for the success of youth.

## Discussion Points

Services Approved Under the Children’s Supports Services Program	Populations
Plan A Benefit	SED and I/DD
Social Emotional Learning	SED and I/DD
Interpreter Services	SED and I/DD
Non- Medical Transportation	SED and I/DD
Individual Support	I/DD Only
Natural Supports Training	I/DD Only
Intensive In Community/In Home Clinical and Therapeutic Services	I/DD Only
Intensive In Community/In Home Behavioral Services	I/DD Only
Respite	I/DD Only
Assistive Technology and Home/Vehicle Modifications	I/DD Only
Community Inclusion	I/DD Only
Career Planning (in coordination with DDD)	I/DD Only
Supported Employment (in coordination with DDD)	I/DD Only

## Discussion Points

### Family and Community Partnerships and Division on Women

13. The Governor’s FY 2019 Budget recommends increasing the appropriation for Women’s Services by \$750,000 from \$22.5 million to \$23.2 million (page D-40). The entire increase reflects growth in the allocation to displaced homemaker programs, which provide short-term educational and training grants to individuals who, after having served as unpaid homemakers for many years, are forced to join the paid workforce due to the separation, divorce, disability, or death of a spouse or significant other. To be eligible, a displaced homemaker must either be receiving public assistance because of dependent children in the home but is within one year of exhausting the assistance; or be unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment; or be at least 40 years of age. In addition to recommending an increase in the program appropriation from \$1.8 million in FY 2018 to \$2.6 million in FY 2019, the Governor proposes shifting the funding source for the program from the General Fund to the dedicated Workforce Development Partnership Fund.

The Governor also recommends continuing language in the FY 2019 Appropriations Act that directs by reference that at least \$1.84 million out of the Women’s Services appropriation 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 Governor’s FY 2019 Budget also includes an unchanged \$2.8 million for Sexual Violence Prevention and Intervention Services (page D-40).

- **Questions:**
  - a. **Please provide a disaggregation of appropriations in these two line items by program, displaying FY 2017 gross expenditures, FY 2018 adjusted appropriations, and FY 2019 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 2017 gross expenditures, FY 2018 adjusted appropriations, and FY 2019 recommended appropriations.**
  - c. **Please provide a disaggregation of grant funding for displaced homemaker programs by county, displaying FY 2017 gross expenditures, FY 2018 adjusted appropriations, and FY 2019 recommended appropriations.**

DCF Response:

Please see the following four charts in response to Question 13a,b,c.

Women's Services	
FY 2019 Recommended	
Source	Amount
State	\$ 17,736
Federal	\$ 1,791
Other	\$ 3,703
<b>Total</b>	<b>\$ 23,230</b>

	Domestic Violence			Sexual Violence Sexual Violence Direct/Operations			Displaced Homemakers			Total		
	FY17	FY18	FY19	FY17	FY18	FY19	FY17	FY18	FY19	FY17	FY18	FY19
	Expended	AdjApprop	Recomm	Expended	AdjApprop	Recomm	Expended	AdjApprop	Recomm	Expended	AdjApprop	Recomm
<b>Atlantic</b>	\$1,142,098	\$1,089,598	\$1,089,598	\$179,873	\$93,992	\$93,992	\$114,170	\$150,000	\$150,000	\$1,436,141	\$1,333,590	\$1,333,590
<b>Bergen</b>	\$1,398,840	\$1,398,840	\$1,398,840	\$133,363	\$129,057	\$129,057	\$263,450	\$300,000	\$300,000	\$1,795,653	\$1,827,897	\$1,827,897
<b>Burlington</b>	\$985,017	\$951,267	\$951,267	\$130,028	\$119,264	\$119,264	\$143,875	\$150,000	\$150,000	\$1,258,919	\$1,220,531	\$1,220,531
<b>Camden</b>	\$1,283,342	\$1,283,342	\$1,283,342	\$100,331	\$123,196	\$123,196	\$0	\$0	\$150,000	\$1,383,673	\$1,406,538	\$1,556,538
<b>Cape May</b>	\$438,584	\$411,140	\$411,140	\$76,441	\$65,677	\$65,677	\$0	\$0	\$150,000	\$515,025	\$476,817	\$626,817
<b>Cumberland</b>	\$368,062	\$447,366	\$447,366	\$182,189	\$116,896	\$116,896	\$8,000	\$169,999	\$169,999	\$558,251	\$734,261	\$734,261
<b>Essex</b>	\$914,523	\$1,112,462	\$1,112,462	\$110,688	\$105,306	\$105,306	\$118,675	\$150,000	\$150,000	\$1,143,886	\$1,367,767	\$1,367,767
<b>Gloucester</b>	\$382,491	\$303,187	\$303,187	\$78,573	\$104,073	\$104,073	\$131,280	\$150,000	\$150,000	\$592,344	\$557,260	\$557,260
<b>Hudson</b>	\$447,440	\$419,995	\$419,995	\$149,429	\$133,131	\$133,131	\$121,365	\$150,000	\$150,000	\$718,234	\$703,126	\$703,126
<b>Hunterdon</b>	\$904,192	\$876,747	\$876,747	\$95,223	\$90,917	\$90,917	\$129,478	\$150,000	\$150,000	\$1,128,893	\$1,117,664	\$1,117,664
<b>Mercer</b>	\$800,431	\$766,681	\$766,681	\$222,175	\$184,038	\$184,038	\$0	\$0	\$150,000	\$1,022,606	\$950,719	\$1,100,719
<b>Middlesex</b>	\$1,011,648	\$1,011,634	\$1,011,634	\$65,926	\$142,119	\$142,119	\$114,180	\$150,000	\$150,000	\$1,191,754	\$1,303,753	\$1,303,753
<b>Monmouth</b>	\$1,368,327	\$1,340,883	\$1,090,883	\$116,381	\$110,999	\$110,999	\$128,575	\$150,000	\$150,000	\$1,613,283	\$1,601,882	\$1,351,882
<b>Morris</b>	\$633,890	\$633,890	\$633,890	\$199,252	\$162,432	\$162,432	\$138,475	\$150,000	\$150,000	\$971,617	\$946,322	\$946,322
<b>Ocean</b>	\$391,032	\$841,032	\$841,032	\$149,825	\$110,409	\$110,409	\$78,170	\$150,000	\$150,000	\$619,027	\$1,101,441	\$1,101,441
<b>Passaic</b>	\$1,040,036	\$1,012,591	\$1,012,591	\$18,181	\$36,770	\$36,770	\$124,080	\$150,000	\$150,000	\$1,182,297	\$1,199,361	\$1,199,361
<b>Salem</b>	\$469,093	\$441,648	\$441,648	\$79,042	\$70,430	\$70,430	\$0	\$0	\$150,000	\$548,135	\$512,078	\$662,078
<b>Somerset</b>	\$385,450	\$389,050	\$389,050	\$18,181	\$45,313	\$45,313	\$0	\$0	\$150,000	\$403,631	\$434,363	\$584,363
<b>Sussex</b>	\$633,173	\$605,729	\$605,729	\$103,101	\$92,337	\$92,337	\$151,075	\$150,000	\$150,000	\$887,349	\$848,066	\$848,066
<b>Union</b>	\$899,900	\$899,900	\$899,900	\$93,162	\$49,040	\$49,040	\$8,000	\$169,999	\$169,999	\$1,001,062	\$1,118,939	\$1,118,939
<b>Warren</b>	\$405,877	\$378,432	\$378,432	\$106,448	\$145,188	\$145,188	\$139,375	\$150,000	\$150,000	\$651,700	\$673,620	\$673,620
<b>Multi-County</b>	\$487,341	\$435,162	\$435,162	\$302,779	\$390,708	\$390,708	\$0	\$0	\$0	\$790,120	\$825,870	\$825,870
<b>Adj. Fed Awd.</b>	\$0	\$0	\$0	\$203,421	\$203,426	\$203,426	\$0	\$0	\$0	\$203,421	\$203,426	\$203,426
<b>Pend Awards</b>	\$0	\$0	\$0	\$0	\$266,280	\$266,280	\$0	\$0	\$0	\$0	\$266,280	\$266,280
<b>Total</b>	\$16,790,787	\$17,050,576	\$16,800,576	\$2,914,011	\$3,091,000	\$3,091,000	\$1,912,222	\$2,589,998	\$3,339,998	\$21,617,020	\$22,731,573	<b>\$23,231,573</b>

## Discussion Points

---

<b>Division on Women</b>			
<b>Sexual Violence Prevention and Intervention Services</b>			
<b>(state funds)</b>			
<b>County</b>	<b>State FY17 Expended</b>	<b>FY18 State Adj Appropriation</b>	<b>FY19 State Recommended</b>
Atlantic	\$127,272	\$127,272	\$127,272
Bergen	\$127,272	\$127,272	\$127,272
Burlington	\$127,272	\$127,272	\$127,272
Camden	\$127,272	\$127,272	\$127,272
Cape May	\$69,751	\$69,750	\$69,750
Cumberland	\$127,272	\$127,272	\$127,272
Essex	\$127,272	\$127,272	\$127,272
Gloucester	\$127,272	\$127,272	\$127,272
Hudson	\$127,272	\$127,272	\$127,272
Hunterdon	\$127,272	\$127,272	\$127,272
Mercer	\$127,272	\$127,272	\$127,272
Middlesex	\$127,272	\$127,272	\$127,272
Monmouth	\$127,272	\$127,272	\$127,272
Morris	\$127,272	\$127,272	\$127,272
Ocean	\$127,272	\$127,272	\$127,272
Passaic	\$127,272	\$127,272	\$127,272
Salem	\$127,272	\$127,272	\$127,272
Somerset	\$100,849	\$127,272	\$127,272
Sussex	\$127,272	\$127,272	\$127,272
Union	\$8,071	\$127,272	\$127,272
Warren	\$127,272	\$127,272	\$127,272
Multi-County	\$184,810	\$184,810	\$184,810
	<b>\$2,654,377</b>	<b>\$2,800,000</b>	<b>\$2,800,000</b>

Discussion Points

Division on Women			
Women's Services			
Displaced Homemakers			
County	State FY17 Expended	FY18 State Adj Appropriation	FY19 State Recommended
Atlantic	\$114,170	\$150,000	\$150,000
Bergen*	\$263,450	\$300,000	\$300,000
Burlington	\$143,875	\$150,000	\$150,000
Camden	\$0	\$0	\$150,000
Cape May	\$0	\$0	\$150,000
Cumberland	\$8,000	\$169,999	\$169,999
Essex	\$118,675	\$150,000	\$150,000
Gloucester	\$131,280	\$150,000	\$150,000
Hudson	\$121,365	\$150,000	\$150,000
Hunterdon	\$129,478	\$150,000	\$150,000
Mercer	\$0	\$0	\$150,000
Middlesex	\$114,180	\$150,000	\$150,000
Monmouth	\$128,575	\$150,000	\$150,000
Morris	\$138,475	\$150,000	\$150,000
Ocean	\$78,170	\$150,000	\$150,000
Passaic	\$124,080	\$150,000	\$150,000
Salem	\$0	\$0	\$150,000
Somerset	\$0	\$0	\$150,000
Sussex	\$151,075	\$150,000	\$150,000
Union	\$8,000	\$169,999	\$169,999
Warren	\$139,375	\$150,000	\$150,000
	<b>\$1,912,222</b>	<b>\$2,589,998</b>	<b>\$3,339,998</b>
<i>*two providers in Bergen</i>			
Funding Source	State FY17 Expended	FY18 State Adj Appropriation	FY19 State Recommended
State	\$1,089,271	\$1,901,998	\$101,998
Divorce Filing Fees	\$822,951	\$688,000	\$688,000
Workforce Development Partnership Fund	\$0	\$0	\$2,550,000
	<b>\$1,912,222</b>	<b>\$2,589,998</b>	<b>\$3,339,998</b>

**Discussion Points**

**Education Services**

14. The Governor’s FY 2019 Budget proposes reducing the gross appropriation from all funding sources for Education Services by \$1.1 million from \$60.8 million in FY 2018 to \$59.7 million in FY 2019. The entire decrease reflects a reduction in federal funds.

The Office of Education (OOE) administers and delivers 12-month educational programs and services to students in 15 DCF Regional Schools as well as other DCF- and Department of Human Services-operated and -contracted facilities. Students in the DCF Regional Schools include those with disabilities or behavioral challenges, as well as teen parents and other “at-risk” youth. OOE also maintains school district responsibility for providing educational funding and services to students with no New Jersey District of Residence, as determined by the Department of Education. In response to FY 2018 OLS Discussion Point #16, the DCF provided data regarding the department’s Regional Schools, locations, and enrollments for 2017.

- **Questions:**
  - a. **Please provide updated enrollment and capacity information for 2018.**
  - b. **Are any substantial changes expected for FY 2019?**

DCF Response:

**Department of Children and Families  
Office of Education  
Enrollment and Capacity**

<b>DCF Regional School</b>	<b>County</b>	<b>Student Enrollment (March 2018)</b>	<b>Infant/Toddler Enrollment (March 2018)</b>	<b>Maximum Student Capacity (March 2018)</b>
Atlantic Campus	Atlantic	58	15	55
Bergen Campus	Bergen	35	N/A	45
Burlington Campus	Burlington	20	15	24
Cape May Campus	Cape May	32	5	36
Cherry Hill Campus	Camden	50	N/A	60
Cumberland Campus	Cumberland	14	N/A	15
Essex Campus	Essex	23	N/A	32
Mercer Campus	Mercer	27	18	40
Monmouth Campus	Monmouth	33	17	36
Morris Campus	Morris	19	N/A	20
Ocean Campus	Ocean	24	N/A	30
Passaic Campus	Passaic	23	N/A	30
Union Campus	Union	23	N/A	24
Warren Campus	Warren	24	3	24
Wanaque Campus	Passaic	58	N/A	65
<b>TOTAL:</b>		<b>463</b>	<b>42</b>	<b>536</b>

DCF does not anticipate substantial changes in FY2019.

## Discussion Points

### Safety and Security Services

15. 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 2018 OLS Discussion Point #17, the DCF projected \$2.6 million in costs for Human Services Police guards and \$5.5 million for contracted guard services for FY 2017, and again in FY 2018. The Governor's FY 2019 Budget proposes an unchanged \$7.5 million appropriation for DCF Safety and Security Services (page D-38). In last year's discussion point response, the DCF also indicated that, since April 2016, there had been 85 reported incidents of violence or threats of violence involving Child Protection and Permanency Local Offices staff.

- **Questions:**
  - a. **Please update spending estimates for FY 2018 and FY 2019 for contracted security guards and Human Services Police protection.**
  - b. **Please update the number of reported incidents of violence or threats of violence involving staff at DCF offices or during DCF field visits.**

#### DCF Response:

It is anticipated that DHS police costs will total approximately \$3 million in FY 2018 and in FY 2019. These costs include regular time, OT, dispatch, as well as non-salary costs. Also, it is estimated that contracted security guard services will total \$6 million in FY 2018 and in FY 2019. Thus, total security costs are estimated at \$9 million per year.

From April 23, 2017 to April 23, 2018, there were 88 reported worker safety incidents that included: harassment, verbal altercation, physical altercation, and threats to staff.