Discussion Points

Department of Children and Families (General)

1. In August 2018, the Department of Children and Families (DCF) received $16.0 million out of the $100 million originally appropriated to the Department of Health in FY 2019 for “Expanded Addiction Initiatives.” The $100 million is to be used to develop, support, and expand programs and services that are determined to be most effective in directly addressing the statewide public health crisis associated with substance use disorders, including opioid use disorder. According to the DCF’s response to an FY 2019 OLS Discussion Point, the $16.0 million allocated to the department is to fund grants under three opioid-related initiatives: a) $12.0 million for the Keeping Families Together program, which provides supportive housing for high-needs families; b) $2.5 million for peer recovery support services for Division of Child Protection and Permanency involved parents; and c) $1.5 million for substance use navigators for youth. The Governor recommends renewing in FY 2020 the $100 million appropriation for “Expanded Addiction Initiatives” but the allocation of the funding is unspecified.

According to a September 2017 Request for Proposals (RFP) for Keeping Families Together, the program is managed by the DCF’s Division of Child Protection and Permanency and provides housing vouchers and funding to establish supportive housing programs for child welfare-involved families who are confronting homelessness or inadequate housing, and other co-occurring needs such as substance use disorders. The program blends subsidized housing with services that are based on family preservation principles with the goal of supporting family reunification and preventing family separation and homelessness, while also promoting recovery and positive family functioning and self-sufficiency.

• Questions: Does the department anticipate that funding for its three programs that received an allocation out of the FY 2019 appropriation for Expanded Addiction Initiatives will be renewed out of the recommended FY 2020 appropriation for Expanded Addiction Initiatives? If so, in what amounts? If the programs are not intended to receive an allocation out of the recommended FY 2020 appropriation for Expanded Addiction Initiatives, will the programs receive funding from another source? If not, please explain the reasons for the discontinuation of each of the FY 2019 appropriations. Have the programs not been effective?

• Questions: Does the DCF intend to solicit bids from outside entities to provide goods and services in FY 2020 for DCF programs that would receive an allocation out of the recommended $100 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?

• Questions: Please provide performance metrics for the Keeping Families Together program, such as the number of people served, the average cost of the assistance, and any measurements to determine success and effectiveness. Does the program receive any funding in addition to the $12 million Expanded Addiction Initiatives allocation?
DCF Response:

In DCF, each of the existing programs funded through the expanded addiction initiatives in FY 2019 is projected to continue in FY 2020. DCF may have a need to solicit bids for training for KFT providers.

The following performance metrics are being utilized to measure success and effectiveness of the KFT program:

As of March 2019, 621 families are enrolled in the program. The average cost of support services and housing is $40,000 per family per year. Below is a summary of preliminary impact findings based on data across the program.

After one year enrolled in KFT:

- 98% of KFT primary caregivers stabilized their substance use, up from 86% whose substance use was stabilized at enrollment;
- 87% of families enrolled in KFT were living in a safe environment, up from 59% at the time of enrollment;
- 89% of primary caregivers had no health concerns or could manage their health concerns, up from 77% at the time of enrollment;
- 60% of families reported receiving a full range of services to meet their needs, up from 32% at the time of enrollment;
- 64% had adequate parenting skills and a stable parent-child relationship, up from 47% at the time of enrollment; and
- 27% of enrolled caregivers reported having strong support networks, up from 18% at the time of enrollment.

Impact data specifically regarding the experiences of families who were housed through the expanded addiction initiative are not yet available because there has not been a sufficient length of follow-up time to assess these families’ outcomes (most of these families signed leases in Spring/Summer of 2018). An internal evaluation plus a formal evaluation by the Robert Wood Johnson Foundation have been launched and data collection in support of those evaluations is underway.

2. 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 2019 OLS Discussion Point #3, the DCF provided a table indicating that a one-percent cost-of-living increase for FY 2019 would cost approximately $8.8 million. Separately, the 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.

- **Question:** Please update for FY 2020 the table provided last year indicating the cost to the State of a one-percent cost-of-living increase to all third-party community
Discussion Points (Cont’d)

providers under DCF contracts, including the disaggregation by division and reimbursement mechanism.

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

**DCF Response:**

Department of Children and Families
1% COLA Estimate

<table>
<thead>
<tr>
<th>Division/Unit</th>
<th>Non-Medicaid Fee for Service</th>
<th>Medicaid Fee for Service</th>
<th>Cost Reimbursement Contracts</th>
<th>Total by Division</th>
<th>1% Increase</th>
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<tr>
<td>Office of Adolescent Services</td>
<td>$0</td>
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<td>$10,325,258</td>
<td>$10,325,258</td>
<td>$103,253</td>
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<td>$54,688,561</td>
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<td>Child Protection &amp; Permanency</td>
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<td>$172,882,837</td>
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<td>Division on Women</td>
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<td>$26,874,745</td>
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<td>$268,747</td>
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<td>Family &amp; Community Partnerships</td>
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<td>$0</td>
<td>$43,200,000</td>
<td>$43,200,000</td>
<td>$432,000</td>
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<td><strong>TOTAL</strong></td>
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<td>$523,096,925</td>
<td>$307,971,401</td>
<td>$894,697,703</td>
<td>$8,946,977</td>
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DCF Categories of Service:

<table>
<thead>
<tr>
<th>Division</th>
<th>Cost Reimbursement</th>
<th>Fee for Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family &amp; Community Partnerships/Division on Women</td>
<td>Case Management Services</td>
<td>Education Services</td>
</tr>
<tr>
<td></td>
<td>Education Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family/Client Support Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health/Mental Health Services</td>
<td></td>
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<tr>
<td></td>
<td>Initial Crisis/Emergency Services</td>
<td></td>
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<tr>
<td></td>
<td>Social Service Planning</td>
<td></td>
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<tr>
<td></td>
<td>Technical Assistance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shelter Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employment Related Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children's System of Care</td>
<td>Case Management Services</td>
<td>Case Management Services</td>
</tr>
<tr>
<td></td>
<td>Family/Client Support Services</td>
<td>Family/Client Support Services</td>
</tr>
<tr>
<td></td>
<td>Health/Mental Health Services</td>
<td>Health/Mental Health Services</td>
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<tr>
<td></td>
<td>Initial Crisis/Emergency Services</td>
<td>Initial Crisis/Emergency Services</td>
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<tr>
<td></td>
<td>Social Service Planning</td>
<td>Social Service Planning</td>
</tr>
<tr>
<td></td>
<td>Group Home Care</td>
<td>Group Home Care</td>
</tr>
<tr>
<td></td>
<td>Training</td>
<td>Residential Treatment</td>
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<tr>
<td></td>
<td></td>
<td>Treatment Home Care</td>
</tr>
<tr>
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<td>Adoption Case Management</td>
<td>Case Management Services</td>
</tr>
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<td></td>
<td>After Care Services Aging Out</td>
<td>Family/Client Support Services</td>
</tr>
<tr>
<td></td>
<td>Case Management</td>
<td>Health/Mental Health Services</td>
</tr>
<tr>
<td></td>
<td>Permanency Planning</td>
<td>Independent Living</td>
</tr>
<tr>
<td></td>
<td>Education Services</td>
<td>Social Service Planning</td>
</tr>
<tr>
<td></td>
<td>Public Awareness and Information</td>
<td>Group Home Care</td>
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<td></td>
<td>Employment Related Services</td>
<td>Residential Treatment</td>
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<td></td>
<td>Family/Client Support Services</td>
<td>Treatment Home Care</td>
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<td></td>
<td>Health/Mental Health Services</td>
<td>Education Services</td>
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<td></td>
<td>Initial Crisis/Emergency Services</td>
<td>Initial Crisis/Emergency Services</td>
</tr>
<tr>
<td></td>
<td>Social Service Planning</td>
<td>Residential Resource Family</td>
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<td></td>
<td>Independent Living</td>
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<td></td>
<td>Resource Family Care</td>
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</tr>
<tr>
<td></td>
<td>Shelter Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training</td>
<td></td>
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</tbody>
</table>

DCF regularly reviews costs and payment methods to ensure that services provided to children and families are evidence informed and trauma sensitive and delivered in the most cost-efficient manner.
3. 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.

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 2019 OLS Discussion Point #4, the department indicated the ratio at that time was 1:74 (55 child care inspectors for 4,092 child care centers). In addition, the DCF noted that the Department of Human Services (DHS) had agreed to provide $1.94 million annually to fund DCF child care inspections and licensing staff to assist the DCF in maintaining its inspector-to-center ratio.

Effective January 6, 2019, the State provided an across-the-board increase in child care subsidy payment rates for income-eligible families under programs administered by the Department of Human Services. According to the Governor's FY 2020 Budget in Brief, the rate increase is intended to encourage child care providers to expand the number of infant care slots, enhance the quality of child care programs, and improve facilities. Evaluation Data in the Governor's FY 2020 Budget show that child care subsidy payments for income-eligible families from State, dedicated, and federal funds combined are projected to increase by $29.9 million from $286.6 million in FY 2017 to $316.5 million in FY 2020 (page D-214). Simultaneously, the Evaluation Data show a projected 1,885 increase in the number of children for whom subsidies are paid from 57,659 children in FY 2017 to 59,544 children in FY 2020.

- **Question:** What is the current number of filled and vacant inspector positions?

- **Question:** Does the Governor's FY 2020 Budget anticipate any additional positions in the Office of Child Care and Youth Residential Licensing? If so, please identify the positions by title.

- **Questions:** 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?

- **Question:** How many facilities of each type are currently subject to annual inspections?

- **Questions:** Does the DCF anticipate that the projected growth in the number of children for whom child care subsidies are paid will result in an increase in the total number of child care slots and child care centers? If so, how will the Office of Child Care and Youth Residential Licensing be affected? Will the office need additional staff to license and inspect the additional child care centers? Will the Department of Human Services provide additional resources to the DCF so that the office can continue to meet its target ratio of 75 child care centers per child care inspector?
Discussion Points (Cont’d)

DCF Response:

Child Care Licensing (CCL) has 55 inspector positions, 53 of which are case load carrying positions. Currently, there are three vacant positions, of which two are case load carrying. There are no new positions anticipated in the FY2020 Budget. The current ratio of child care inspectors to child care centers is 1:77 with 53 inspectors. Upon filling the vacant positions, the ratio is 1:75 with 55 inspectors.

There are 4,166 licensed child care centers subject to annual inspections. Based on the expansion of funding to 1,885 additional children, there is a potential growth of 62 new child care centers based on an average licensed capacity of 60 children per center. Because the increase is expected to be concentrated in larger programs, DCF does not anticipate a need for additional inspectors. DCF will continue to monitor this situation to ensure staff will meet timely enforcement standards across the state.

<table>
<thead>
<tr>
<th>School age (no fee)</th>
<th>Private</th>
<th>Head Start</th>
<th>Municipal or County</th>
<th>State Agency</th>
<th>Federal Other than Head Start</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>3,672</td>
<td>147</td>
<td>131</td>
<td>107</td>
<td>70</td>
<td>4,166</td>
</tr>
</tbody>
</table>

4. On February 9, 2018, the federal Family First Prevention Services Act was signed into law. The new law reforms the federal child welfare funding streams, Title IV-E and Title IV-B of the Social Security Act, for services to children who are at risk of entering the child welfare system and their families. The law aims to prevent children from entering foster care by allowing for federal reimbursement for mental health services, substance use disorder treatment, and in-home parenting skills programs. The law also creates funding for states to develop kinship navigator programs and provides incentives to states to reduce the placement of children in congregate care. Observers have noted that the law’s new requirements and opportunities for use of Title IV-E and Title IV-B funds have the potential to overhaul child welfare systems in the country. The law will go into effect in October 2019, but states may delay its implementation for two years upon notification of the federal government.

• Questions: Please provide an assessment of the impacts of the federal Family First Prevention Services Act on New Jersey’s child welfare system. Will implementation affect approved Title IV-E waivers and require substantial reforms? Please detail the reform efforts that will be required and provide a timetable for implementation.
• Questions: Has the DCF decided to delay implementation of the Family First Prevention Services Act? What initiatives has the department already implemented and intends to implement by the end of FY 2020 to comply with the federal act? What, if any, related expenditures have the department incurred to date? Will there be any additional related expenses the department expects to incur in FY 2020?
Discussion Points (Cont’d)

DCF Response:
NJ's federal partners recommended it apply for a delay of implementation of some provisions of the Act to ensure adequate time for meeting federal requirements. Most states have done the same. To date, federal guidance needed to support implementation has not been finalized. DCF did not have an existing Title IV-E waiver at the time of the passage of the Family First Act.

To date, DCF has:

- Applied for and secured a federal grant made available through the Family First Act in the amount of $356,184 to support its Kinship Navigator network, and additionally applied for a second grant made available through the Act in March, 2019;
- Complied with requirements related to amendments to the Title IV-E State plan;
- Examined its existing policies and regulations and found them sufficient to satisfy Family First requirements related to procedures for criminal records checks and checks of child abuse and neglect registries to be carried out on any adult working in group care settings where foster children are placed;
- Assessed the Model Foster Home Standards distributed by the US Department of Health and Human Services, Administration for Children and Families (ACF) pursuant to the Act, and concluded that we meet or exceed most of those standards. A regulatory proposal has been published to achieve conformity on some of the smaller requirements, with adoption of that anticipated this summer;
- Opted for participation in the National Electronic Interstate Compact Enterprise (NEICE), and began development activities for NEICE clearinghouse and NJSPIRIT integration;
- Advanced work to take advantage of the potential additional federal Title IV-E support for prevention services by: surveying NJ providers regarding their current use of evidence based mental health treatment, substance abuse treatment, or parenting education programs; analyzing information from prior Needs Assessments, the Commissioner’s 2018 Listening Tour, and Quality Reviews to determine the strengths and challenges in the existing prevention service array; providing information and requesting input from stakeholders in a series of forums throughout the State in Fall, 2018 and seeking further input from stakeholders in another series of regional forums in Spring, 2019;
- Submitted formal commentary to the Administration for Children and Families regarding the construction of the federal Clearinghouse being developed in accordance with the Family First Act;
- Launched an internal analysis of the impact to DCF of the reduction in federal Title IV-E reimbursement for certain congregate care programs.

In FY2020, DCF anticipates:
- Finalizing a data collection and reporting plan to satisfy the requirements of Family First;
- Finalizing a prevention plan in order to maximize federal support for evidence based prevention services;
- Assessing the impact of reduced federal Title IV-E reimbursement for congregate care placements;
- Continuing work to align its network of Kinship Navigator programs with the Family First Act standards to position the program to maximize federal revenue.
To date, implementation of Family First has not resulted in additional expenditures and DCF does not anticipate that it will result in net increases in expenditures in FY2020.

5. P.L.2019, c.32 established several multiyear schedules for gradually raising the State minimum wage from currently $8.85 per hour to not less than $15 per hour. The increase may affect department staff, third parties that provide services to or on behalf of the department, and programs with means-tested eligibility criteria.

In FY 2020, the general State minimum wage will rise as follows: 1) on July 1, 2019 to $10 per hour; and 2) on January 1, 2020, to not less than $11 per hour. The general minimum wage schedule will then increase to at least $12 per hour on January 1, 2021; $13 per hour on January 1, 2022; $14 per hour on January 1, 2023; and $15 per hour on January 1, 2024.

• **Questions:** Please quantify the fiscal impact to the DCF in FY 2020 of the increases in the minimum wage of department employees from $8.85 to $10 per hour on July 1, 2019 and from $10 to $11 per hour on January 1, 2020, and the number of employees who will be impacted by each increase. Relative to current compensation levels, please provide the same information assuming an hourly minimum wage of $12, $13, $14, and $15.

• **Questions:** Please quantify the fiscal impact to the DCF in FY 2020 of the increases in the minimum wage of employees of third parties that provide services either to the department, including temporary employment services, or on behalf of the department according to contractual agreements. Relative to current compensation levels, please provide the same information assuming an hourly minimum wage of $12, $13, $14, and $15.

• **Questions:** Please quantify the fiscal impact to the DCF in FY 2020 of the increases in the minimum wage of enrollees in programs operated by the department that have means-tested eligibility criteria. Relative to current compensation levels, please provide the same information assuming an hourly minimum wage of $12, $13, $14, and $15. Please list the programs with income-based eligibility criteria that will be affected by P.L.2019, c.32 and for each such program specify the law’s projected effects on enrollment, the benefits provided to enrollees, and the projected cost savings to the department.

**DCF Response:**
The DCF does not have anyone earning below the current minimum wage or below the projected minimum wage on July 1, 2019.

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

The increase in the minimum wage will not impact client participation in DCF programs or services.
6. In testimony before the Assembly Budget Committee and the Senate Budget and Appropriations Committee during the DCF’s FY 2019 budget hearings, the Commissioner of the DCF spoke of the need to create and foster a Culture of Safety in the DCF. The commissioner referred to a statistic by the National Child Traumatic Stress Network that up to 50 percent of child welfare workers were at a high risk of secondary trauma, post-traumatic stress disorder, or vicarious trauma as a result of frequently arriving first on the scene in the event of a tragedy or crisis.

The commissioner reported that she had spoken within the department about the need to create and foster a culture that supported employees’ physical, mental, and emotional well-being. The commissioner asserted that many Culture of Safety strategies could be employed at no added cost to the department, such as training local office leadership to be aware of the signs of vicarious trauma, conducting an internal review of department policies to ensure that they are trauma-informed, or continuing wellness initiatives and employee supports like the department’s Worker-to-Worker hotline.

• **Question:** Please list and describe the Culture of Safety initiatives the department has adopted or plans to adopt and provide an update on the implementation of each initiative.

• **Question:** Please identify each Culture of Safety initiative that the department has either implemented or plans to implement that requires the expenditure of State funds and specify the amount of any start-up or ongoing administrative expenditure.

• **Questions:** Has the department recently conducted a survey or study to identify the prevalence of employment-related traumata among its employees? If so, what have been the findings?

• **Question:** Please provide the number of DCF child welfare workers who resigned in each fiscal year from FY 2015 through FY 2019 because of mental and emotional stresses related to their jobs.

• **Question:** Please provide metrics on the use of the department’s Worker-to-Worker hotline.

• **Question:** How have DCF staff responded to the Culture of Safety initiatives? Have there been measurable improvements in employees’ physical, mental and emotional well-being as a result of the initiatives?

**DCF Response:**

In FY2019, DCF launched two major initiatives related to Culture of Safety. First, with the generous support of Casey Family Programs, Alia Innovations, a national non-profit dedicated to child welfare reform, is providing training to senior leaders and managers throughout the organization regarding trauma and resilience; facilitating 10 monthly workforce well-being groups; and conducting monthly micro-learnings available to all DCF staff.

In December 2018, utilizing federal resources, DCF began working with Collaborative Safety, LLC, a consulting practice that assists human services agencies in using state-of-the-art safety models
like those used in aviation, heavy industry and health care, to promote organizational cultures that use systemic factor analysis to promote safety for children, families, and staff. To date DCF senior leadership have received initial training in human factors and system safety, and DCF is training a team of reviewers to use this approach to manage critical incident review processes, including critical incidents related to staff safety.

DCF has met with CWA leadership and shop stewards about these initiatives. Reactions have been positive and anecdotally staff has shared excitement that DCF leadership is taking affirmative steps to support the health and welfare of the workforce.

The Americans with Disabilities Act of 1990 prohibits employer questions regarding physical or mental illness, therefore the Department has no way to determine what, if any, health condition may cause an employee to resign.

Worker 2 Worker is a confidential peer-counseling support initiative for DCF Division of Child Protection and Permanency employees to help manage the unique stresses of their job. Using “Reciprocal Peer Support”, an award winning national peer counseling model, retired DCP&P staff work as peer counselors in coordination with licensed clinicians. The Worker 2 Worker program offers approximately 5,000 DCP&P staff peer counseling on the Worker 2 Worker helpline including peer outreach & pre-vention and post-vention services, resilience training, in-crisis debriefings and intervention.

In 2018, the total Worker 2 Worker Program contacts were 10,144:

(Breakdown - 7,345 = Worker 2 Worker Peer Counseling/Helpline contacts; Worker Crisis Response/ Debriefing service contacts and 2,799 = Worker 2 Worker Outreach/Resilience face to face contacts)

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
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</thead>
<tbody>
<tr>
<td>Total Calls</td>
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<td>7,550</td>
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<td>Clinical Face-to-Face</td>
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<tr>
<td>Total Contacts</td>
<td>3,092</td>
<td>3,078</td>
<td>11,161</td>
<td>8,300</td>
<td>6,093</td>
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7. General Provision #89 of the FY 2019 Appropriations Act authorizes State agencies to obtain employment and income information from third-party commercial consumer reporting agencies for the purpose of obtaining real-time employment and income information to help determine program eligibility. The intent of the general provision is to achieve cost savings, improve timeliness, and minimize fraud.

• Questions: Please describe the extent to which the DCF uses the services of third-party commercial consumer reporting agencies for the purpose of obtaining real-time
Discussion Points (Cont’d)

employment and income information to help determine program eligibility. What cost savings does the department attribute to the use of commercial consumer reporting agencies in the eligibility determination process? If the department does not use such services, please provide the reason(s) for not doing so.

DCF Response:
DCF services are delivered to all income populations.

8. The Governor’s FY 2020 Budget in Brief indicates that State cost savings were achieved by maximizing federal revenues, including in the DCF (page 11). Related initiatives reportedly netted an increase in federal revenue totaling almost $250 million. The Governor’s FY 2020 Budget includes $626.6 million in DCF federal funds appropriations, which exceeds adjusted FY 2019 appropriations of $613.4 million by $13.2 million. Almost the entire increase in DCF federal funds appropriations would occur in Children’s System of Care ($8.1 million) and Child Protection and Permanency ($5.0 million).

- Questions: Please list and describe the initiatives the DCF either implemented or plans to implement in FY 2018, FY 2019 and FY 2020 to maximize federal revenues. For each initiative, please provide the amount of additional federal revenue generated in each of FY 2018, FY 2019 and FY 2020.

- Question: Please detail the DCF’s share of the almost $250 million in federal revenue maximization alluded to in the Governor’s FY 2020 Budget in Brief.

DCF Response:

<table>
<thead>
<tr>
<th>Program</th>
<th>FY18</th>
<th>FY19</th>
<th>Difference FY18 vs FY19</th>
<th>FY20</th>
<th>Difference FY19 vs FY20</th>
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<td>$174,699,000</td>
<td>$1,251,000</td>
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<td>CSOC</td>
<td>$218,537,000</td>
<td>$226,326,000</td>
<td>$7,789,000</td>
<td>$234,392,000</td>
<td>$8,066,000</td>
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The additional DCP&P revenue is earned through claiming. The additional CSOC revenue is based on a higher federal share earned on services billed by provider agencies that met federal accreditation standards.

In the Governor’s FY2020 Budget in Brief, DCF’s share of the $250 million in Federal revenue is $37 million. This revenue is part of the department’s cost reimbursement funding earned in FY2019 and FY2020.
Discussion Points (Cont’d)

Child Protection and Permanency (CP&P)

9. 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 22 report from the federal monitor (covering January 1 to June 30 of Calendar Year 2018) indicates that the DCF continued to maintain acceptable performance on each foundational element of the Exit Plan, and ended the monitoring period having met 41 of 48 performance measures. Of the seven remaining measures classified as “to be achieved,” five were not assessed in the report because they are based on data that are collected and reported annually. The monitor noted the DCF’s efforts to better understand the barriers to quality case practice and improving permanency outcomes. The monitor also highlighted that the DCF’s work to improve the consistency of quality case practice is expected to directly influence the remaining outcomes classified as “to be achieved,” all of which are core elements of child welfare case practice.

- Questions: How will resources be prioritized to improve and maintain performance on metrics that have historically been most challenging to meet? Does the department plan to make any operational or procedural changes to improve and maintain performance on the remaining metrics that are classified as “to be achieved?” How will the implementation of the federal Family First Prevention Services Act affect the DCF’s efforts to end federal monitoring? By what projected date will the federal monitoring of the child welfare system end?

DCF Response:

DCF uses its robust quality management, data analysis, personnel, training and management infrastructure to manage its work to protect children from abuse and neglect, preserve family connections, and ensure that those children who had to be separated from families in order to protect them from harm are able to quickly and safely exit foster care to permanent families. As of the last monitoring report, DCF has achieved compliance with 88% of the terms of the Sustainability and Exit Plan. In order to meet the remaining measures, DCF will use its data management and quality assurance systems to identify practice trends and tailor managerial plans as needed. DCF continues to work to meet the outstanding measures, but is unable to predict when the federal oversight of DCF will end. The ultimate decision regarding the date by which the Sustainability and Exit Plan will conclude rests with the federal judge charged with overseeing the settlement agreement.

DCF anticipates that the Department’s work regarding the Family First Act is unlikely to impact DCF’s efforts to end federal monitoring.

10. The Governor recommends appropriating an unchanged $5.0 million for the Child Collaborative Mental Health Care Pilot Program in FY 2020 (page D-38). The program, known as the Pediatric Psychiatry Collaborative, consists of nine regional telehealth hubs operated by

\(^1\) Relevant documentation is available online at [http://www.state.nj.us/dcf/about/welfare/](http://www.state.nj.us/dcf/about/welfare/)
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, including substance use disorder services.

In January 2019, the Department of Health announced that the Health Resources and Services Administration in the U.S. Department of Health and Human Services awarded $2.3 million over five years, $445,000 annually, to the Department of Health to add telehealth services to the Pediatric Psychiatry Collaborative. The funds would be used to provide technical assistance and training to 1,800 primary care providers on screening, early identification, diagnosis, referral and treatment of children and adolescents with mental and behavioral health disorders using telehealth. The funds would also go toward provider recruitment and enrollment in the network, training and technical assistance to hubs and participating providers, and the creation of an online referral database and virtual communications.

- Questions: For each of FY 2019 and FY 2020, please indicate the DCF’s cost of administering the program as well as the amount of each regional telehealth hub’s grant funding.

- Questions: 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 2020?

- Questions: Please detail the spending plan, by regional telehealth hub, for the grant awarded to the Department of Health for the Pediatric Psychiatry Collaborative that was announced in January 2019. What specific projects will be financed? Please indicate the budget line that includes the grant award.

**DCF Response:**

The statewide Child Collaborative Behavioral Health Care Program is comprised of nine regional telehealth Hubs operated by contracted health systems. Each Hub was funded in FY 2019 in the amount of $555,555. Assuming enactment of the funding in the Governor’s proposed budget, DCF anticipates renewing contracts for FY 2020 at the FY 2019 funding level.

The Child Collaborative Mental Health Care Pilot Program has been effective in meeting its objectives. For the period July 1, 2018 – February 28, 2019, 560 participating pediatricians screened 16,451 children and youth for mental health and substance use disorders, resulting in 2,141 referrals to the Hubs for consultation and additional services. DCF anticipates an estimated 1,200 pediatricians will participate in the program in FY 2020, screening 50,000 children and youth and referring 7,500-8,000 of these to the Hubs for consultation and additional services.

The HRSA telehealth grant and spending plan are administered by the Department of Health. Those funds are not included in the DCF budget.

11. Evaluation Data show that the Governor recommends appropriating $73.0 million in State, dedicated, and federal funds combined to the Foster Care program in FY 2020 (page D-36). This amount continues the steady decline in program expenditures, which stood at $86.9 million in FY 2017, $83.5 million in FY 2018, and are projected at $78.1 million in FY 2019. The steady
Discussion Points (Cont’d)

decrease in program expenditures mirrors a decrease in the population served by the program from an average daily population of 7,737 in FY 2017 to a projected average daily population of 6,251 in FY 2020.

- **Questions:** Please explain the reason(s) for the decline in the average daily population served by the Foster Care program. Does the decrease reflect policy changes on the part of the DCF to keep children with their families as opposed to having the children enter the foster care system? If so, please detail the DCF’s efforts.

**DCF Response:**

Yes, as a matter of fact, The Annie E. Casey Foundation, a national non-profit dedicated to child welfare reform, recently recognized NJ as a leader in keeping kids in families. [https://www.aecf.org/m/resourcedoc/aecf-keepingkidsinfamilies-2019.pdf](https://www.aecf.org/m/resourcedoc/aecf-keepingkidsinfamilies-2019.pdf) It has always been the mission of DCF to prevent maltreatment and to preserve families. In the last several years, CP&P has increased its work to strengthen families. These efforts include training and educating local leadership on the value of identifying underlying needs, so that appropriate interventions can be identified and implemented to allow children to safely remain in the home. DCF has long maintained a strong investment in programming to prevent child maltreatment and prevent the need for family separations due to child protection concerns.

**Children’s System of Care (CSOC)**

12. In FY 2018, the DCF newly allowed 18- and 19-year-old young adults to receive substance use disorder treatment services in DCF-funded facilities. The FY 2018 Appropriations Act included $12.0 million in State and federal funds for the expansion efforts. Absent this initiative, young adults could seek treatment as adults through the Department of Human Services.

In response to FY 2019 OLS Discussion Point #9, the department stated that the CSOC provided 230 co-occurring treatment beds, of which 70 percent was utilized. Furthermore, the DCF stated that in order to effect the expansion of substance use treatment services in DCF-funded facilities, it had issued a request for proposal (RFP) for residential treatment beds specifically designed for 18- and 19-year-olds but a contract was not awarded because the proposals did not meet the needs of the program.

- **Questions:** To what extent did the $12 million FY 2018 appropriation fund the development of new capacity as opposed to payments to utilize existing licensed capacity? Was the $12 million appropriation renewed in FY 2019 and is it recommended to be renewed in FY 2020?

- **Question:** How many DCF-funded substance use disorder treatment beds do contracted CSOC providers currently provide? How much underutilized capacity exists among current CSOC providers of substance use disorder treatment services?
Discussion Points (Cont’d)

- **Questions:** Has the DCF issued another RFP for residential treatment beds specifically designed for 18- and 19-year-olds? If so, how many treatment beds will be created to meet the needs of this age group in FY 2020?

**DCF Response:**

The $12 million FY2018 appropriation was used to fund services in existing licensed capacity. A total of $6 million was appropriated in FY 2019. In order to advance the expansion of substance use treatment services in DCF-funded facilities, DCF issued a request for proposals (RFP) for residential treatment beds designated for 18- and 19-year-olds. However, the proposals did not meet the needs of the program, so no contracts were awarded. DCF currently funds 182 substance use disorder treatment beds. Prior to the issuance of another RFP, DCF continues to explore the development of a best practice model for out-of-home treatment for this population.

13. 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 waiver was amended in February 2019. The amended waiver continues the three waiver-related programs administered by the DCF: the Autism Spectrum Disorder (ASD) program, the Children’s Support Services program for youth with intellectual or developmental disabilities or co-occurring mental health diagnoses (I/DD), and the Children’s Support Services Serious Emotional Disturbance program (SED). The amended waiver also continues the 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:** For FY 2018 and FY 2019 to date, please indicate the number of children served by the ASD program, the I/DD program, and the SED 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 amended Comprehensive Medicaid Waiver.

- **Questions:** Please specify for each of these programs, delineated by funding source, actual FY 2018 expenditures as well as anticipated FY 2019 and FY 2020 expenditures. In which budget lines are the expenditures budgeted?

- **Question:** Does the DCF anticipate any programmatic changes to the ASD, I/DD, and SED programs as they mature in coming years?

- **Question:** Does the DCF anticipate any programmatic changes to the ASD, I/DD, and SED programs as they mature in coming years?
Discussion Points (Cont’d)

DCF Response:

FY2018 Number of Youth:
- ASD (233)
- I/DD (1,387)
- SED (10,332)
  - SED expansion of Medicaid eligibility (439)

FY2019 Number of Youth:
- ASD (239)
- I/DD (1,293)
- SED (5,461)
  - SED expansion of Medicaid eligibility (390)

CSOC FY 2018 expenditures and anticipated FY 2019 and 2020 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 (BAIIC/IIH) and Out-of-Home (residential) services.

<table>
<thead>
<tr>
<th>Waiver</th>
<th>FY2018 Total Claims</th>
<th>FY18 Percent Federal</th>
<th>FY19 Projected Total Claims</th>
<th>FY19 Projected Percent Federal</th>
<th>FY20 Projected Total Claims</th>
<th>FY20 Projected Percent Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>SED</td>
<td>$70,789,222</td>
<td>50%</td>
<td>$63,431,287</td>
<td>50%</td>
<td>$64,665,329</td>
<td>50%</td>
</tr>
<tr>
<td>IDD/MI</td>
<td>$14,512,862</td>
<td>55%</td>
<td>$14,950,173</td>
<td>55%</td>
<td>$15,249,177</td>
<td>55%</td>
</tr>
<tr>
<td>ASD</td>
<td>$2,514,297</td>
<td>54%</td>
<td>$3,008,774</td>
<td>56%</td>
<td>$3,068,949</td>
<td>56%</td>
</tr>
<tr>
<td>Total</td>
<td>$87,816,380</td>
<td></td>
<td>$81,390,234</td>
<td></td>
<td>$82,983,455</td>
<td></td>
</tr>
</tbody>
</table>

ASD

In partnership with the New Jersey’s Department of Human Services (DHS), Division of Medical Assistance and Health Services (DMAHS), the Department of Children and Families’ (DCF) Division of Children’s System of Care (CSOC) provided input with external stakeholders to the DHS’ State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS)

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2 Assumes 68% for claims this year (YTD)
3 Flat 2% growth on all waivers
Discussion Points (Cont’d)

requesting coverage for Autism services. This is the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit for youth under the age of 21.

Once approved by CMS, ASD services will be available to NJ FamilyCare (NJFC) enrolled youth as an entitlement and the ASD component of the waiver will no longer be needed. DMAHS and CSOC are currently working on the transition plan for NJFC enrolled youth in need of these services. Additionally, we are discussing the potential to include respite, assisted technology, and non-medical transportation under the 1115 Comprehensive Waiver for youth with Autism since these are not State Plan benefits.

I/DD
There are no scheduled programmatic changes anticipated to the I/DD component of the waiver. There is discussion that DCF-CSOC will collaborate with DHS-Division of Developmental Disabilities (DDD) to utilize their existing network of supportive employment providers and will incorporate this program into CSOC’s service array for DD eligible youth under 21 who are transitioning to adulthood.

SED
There are no scheduled programmatic changes anticipated to the SED component of the waiver. DCF, CSOC has the authority to apply for NJFC Plan A coverage for SED youth in the community.

Family and Community Partnerships and Division on Women

14. The Governor recommends appropriating an unchanged $23.3 million in State, dedicated and federal funds combined to the Division on Women in FY 2020 (page D-37). According to the department’s response to an FY 2019 OLS Discussion Point, the FY 2019 appropriation had three components: a) $16.8 million for services for victims of domestic violence; b) $3.3 million for the Displaced Homemaker Program; and c) $3.1 million for services for sexual assault victims and sexual violence prevention programs. According to language in the FY 2019 Appropriations Act, which the Governor recommends continuing in FY 2020, at least $1.84 million of the amount appropriated for services for victims of domestic violence is allocated 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.

- **Question:** Please provide a disaggregation by program category and funding source of the funds allocated to the Division on Women, displaying FY 2018 gross expenditures, FY 2019 adjusted appropriations, and FY 2020 recommended appropriations.

- **Question:** Please provide a disaggregation by county of grant funding for domestic violence-related programs, sexual violence-related programs, and displaced homemaker programs; displaying FY 2018 gross expenditures, FY 2019 adjusted appropriations, and FY 2020 recommended appropriations.
Discussion Points (Cont’d)

DCF Response:

Please see chart below for disaggregated information:
15. The FY 2019 Appropriations Act funds the Displaced Homemaker Program at $3.3 million, which represents a $750,000 increase over the FY 2018 adjusted appropriation. The department replied to an FY 2019 OLS Discussion Point that the $3.3 million would be used for grants to displaced homemaker programs in every county with the additional $750,000 intended for an expansion of the program into the five counties that were without such a program: Camden, Cape May, Mercer, Salem and Somerset. The Governor’s FY 2020 Budget recommends the renewal of the $3.3 million appropriation in FY 2020.

On March 1, 2019, the department issued a Request for Proposals (RFP) announcing the availability of $750,000 in grants to establish displaced homemaker programs in each of the five aforementioned counties. The department expects to issue five awards of $150,000 each. Bids are due by April 17, 2019.

Displaced homemaker programs 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 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 or be unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment. There are currently 17 displaced homemaker programs in 16 counties.

According to the RFP, the DCF will establish performance metrics to inform service delivery, enhance program management, and support the coordinated delivery of services by all displaced homemaker programs.

Lastly, Evaluation Data for the Displaced Homemaker Program show that 5,650 clients were served by funded displaced homemaker programs in FY 2017. In FY 2018, that number fell to 2,557 clients, which is also the projected number for FY 2019 and FY 2020.

• Questions: By what date does the department anticipate awarding and disbursing the $750,000 in additional Displaced Homemaker Program grants? If the department does not anticipate doing so in FY 2019, what plans does the department have for the $750,000? Could it be carried forward and used to reduce the appropriation of new resources to the program in FY 2020?

• Question: What factor(s) account for the delay in the issuance of the RFP?

• Questions: By what date does the DCF anticipate to have performance metrics established for the Displaced Homemaker Program? Please share the performance metrics if they have already been established.

• Questions: What factor(s) account for the decline in the number of clients served by funded displaced homemaker programs from 5,650 clients in FY 2017 to 2,557 clients in FY 2018? Why does the planned program expansion to five additional counties not result in an increase in the projected number of clients in FY 2019 and FY 2020?
DCF Response:

The Department anticipates awarding the $750,000 in Spring 2019. Our Office of Contracting will initiate the process by issuing grant awards letters and contracts documentation. Disbursements to the awarded agencies will begin once the contracts are fully executed.

Prior to the issuance of the RFP, the Department released a public Request for Information (RFI) in November 2018 for planning purposes. We received feedback from numerous stakeholders, including the Displaced Homemakers Network. To be responsive and inclusive, Department staff considered and thoroughly researched the recommendations to ensure incorporation into the released RFP, as applicable.

Short term, long term and process-type performance metrics have been developed, and proposed for implementation in FY 2020. They are as follows:

Participant-Short Term

- 75% of participants will receive on-site services or be connected to off-site services relevant to their initial concerns.
  - A participant is considered to have received a service when they have an individual or group service with a topic discussed in the same category as an initial concern listed on their intake.
- 70% of participants who scored 7 or less on the initial Employment Hope Scale will increase their scores at post-test.
- 70% of participants who score an 8 or above will either increase or stay the same at post-test.
- 25% of participants will complete at least one goal on their goal plan at short-term interim follow up date.

Participant-Long Term

- 50% of participants will complete at least one goal on their goal plan at long-term completion follow up date.
- 75% of participants who begin an education program while enrolled in Displaced Homemakers will complete the program.
- 40% of participants who were unemployed at intake will be employed at deactivation (for any deactivation reason).
- 35% of participants who were employed at intake will increase their annual salary by program completion.
- 70% of participants with an average score of 4 or less on the initial Self-Sufficiency Matrix will increase their score at post-test.

Agency - Process (Minimum levels of service)

- 90 new participants
- Six (6) workshops per year
- One (1) structured career and job readiness classroom series, which may include, but is not limited to, Adkins Life Skills and/or GOALS
- 20% of agency’s contracted level of service for participants must receive short term educational/training grants.
DCF is committed to accurate data collection and metrics. The FY 2017 total of 5,650 included participants that were active across more than one quarter, in every quarter that they were active. Therefore, there are duplications and it does not represent unique clients.

The planned program expansion does result in an increase of the projected number of clients. Based on the FY 2018 average for current programs, the DOW anticipates serving an additional 800 individuals per year, which would bring the projected total to approximately 3,500 clients served. Since FY 2019 is a start-up year, we do not anticipate similarly increased numbers until outreach is developed.

Education Services

16. The Governor recommends appropriating an unchanged $59.7 million in State, dedicated, and federal funds combined for Education Services in FY 2020. 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 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 2019 OLS Discussion Point #14, the DCF provided enrollment and capacity data for each of its Regional Schools for 2018.

- Questions: Please provide updated enrollment and capacity information for 2019. Are any substantial changes expected for FY 2020?

DCF Response:

We don’t anticipate substantial changes to overall enrollment.

See chart below for enrollment and capacity information for 2019:
### OOE School

<table>
<thead>
<tr>
<th>OOE School</th>
<th>Students</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>63*</td>
<td>60</td>
</tr>
<tr>
<td>Bergen</td>
<td>27</td>
<td>30</td>
</tr>
<tr>
<td>Burlington</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Cape May</td>
<td>27</td>
<td>30</td>
</tr>
<tr>
<td>Cumberland</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Essex</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>Mercer</td>
<td>41*</td>
<td>40</td>
</tr>
<tr>
<td>Monmouth</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>Morris</td>
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<td>25</td>
</tr>
<tr>
<td>Ocean</td>
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<td>30</td>
</tr>
<tr>
<td>Passaic</td>
<td>21</td>
<td>30</td>
</tr>
<tr>
<td>Union</td>
<td>22</td>
<td>25</td>
</tr>
<tr>
<td>Warren</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td>Wanaque</td>
<td>44</td>
<td>50</td>
</tr>
<tr>
<td>Ancora</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>Ann Klein</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>Greystone</td>
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<td>NA</td>
</tr>
<tr>
<td>Trenton Psychiatric</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>Rutgers UBHC</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Capital Academy</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Camden Virtua</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>492</td>
<td>541</td>
</tr>
</tbody>
</table>

*Enrollment is higher than capacity where students are receiving home instruction.