Fiscal Year 2021 Revised Budget Proposal

Department of Children and Families
Responses to
FY 21 OLS Discussion Points

Departmentwide

1. **Please identify any Department of Children and Families (DCF) program, service or activity suspended or discontinued upon the issuance of the COVID-19 public health emergency declaration; the status of the program, service or activity; and status for FY 2021. What number of persons, households, business entities or government entities were, are, or will be affected?**

DCF Response: Like all other aspects of life in New Jersey, the child welfare system has been significantly impacted by the public health crisis. The extraordinary circumstances of the present emergency have required DCF's operations to be responsive and evolutionary. We have changed the way that we conduct our work while remaining dutiful to our critical mission of service to New Jersey's children and their families.

In the early weeks of the pandemic, DCF converted the majority of its staff and services to a remote operation. DCF closed 46 local offices, restricted access to 9 area offices, and moved 16 regional schools and 2 DCF-operated, hospital-based satellite schools to remote learning. DCF's Office of Information and Technology provided 6,600 staff members with the technology required to work remotely. DCF altered practices and policies that guide our daily interactions with children, families, our own staff and partner providers. DCF set up COVID-19 response teams to respond to child protective service investigations and complete home visits on select cases. Requirements for in-person visits between parents and children, children and their siblings, and caseworkers and families were temporarily suspended in favor of telephonic and video conferencing communication. Timeframes for critical practices, such as case plans and family team meetings, were similarly temporarily suspended.

The Children's System of Care (CSOC) suspended home visits and receiving visitors within DCF licensed residential treatment programs. New admissions were suspended into out-of-home treatment programs except in the cases of clinical emergency. CSOC suspended in-person treatment and respite services provided in family homes. After the enactment of new legislation permitting telemedicine and telehealth services, DCF authorized the provision of many outpatient, in-home and community-based services via remote technology. DCF learned to operate in a court system that was transitioning from in-person hearings to virtual proceedings.

DCF, through its Office of Childcare Licensing, assisted in the state shut down of licensed child care centers and then worked in partnership with the New Jersey Department of Human Services (DHS) to plan and operationalize emergency childcare for employees designated as essential during the COVID-19 emergency, including the development of health and safety guidelines and on-site inspections of re-opened centers.

DCF's COVID-19 Related Guidance for DCF staff, DCF contracted providers, Licensed Childcare Providers and Families can be found at: https://www.nj.gov/dcf/coronavirus.html

While the majority of DCF staff members continue to work remotely, all suspended operations identified above have been brought back to full operation with protocols and guidelines to ensure

the health and safety of staff and clients. Services are available for all individuals assisted from DCF and its contracted agencies.

2. **Please identify any new DCF program, service and activity funded by non-recurring federal coronavirus pandemic assistance.**

DCF Response: The Department is seeking assistance from the NJ State Police Office of Emergency Management (OEM) to procure supplemental cleaning services for the Child Protection and Permanency (CP&P) local offices. In addition, DCF entered into two third-party provider contracts to operate alternate out-of-home care facilities, to quarantine suspected positive or COVID positive individuals from group care settings, if needed, to avoid a large outbreak.

3. **Please identify and quantify all shifts of costs of existing DCF programs, services and activities to non-recurring federal coronavirus pandemic assistance.**

DCF Response: DCF received an additional 6.2% of Federal Medicaid Assistance Percentage (FMAP) for the Title IV-E and Title XIX/XXI programs. The Title IV-E program has received $4.5 million Year-to-Date (YTD), and the Title XIX/XXI has received $13.2 million YTD in relation to this FMAP increase. Unless modified by the Federal government, this funding is retroactive to January 1, 2020 and will extend through the end of 2020.

4. **Please identify each FY 2021 Department of Children and Families spending reduction from the 12-month FY 2020 level that is non-recurring, i.e., will require an appropriation of State funds in FY 2022 to continue at its FY 2021 annual level.**

DCF Response: The Department offered one-time reductions for the Keeping Families Together (KFT) program and the Child Health Unit (CHU) program. The KFT program will require the FY22 Appropriation Act to have fully restored funding for this program. Additionally, the CHU program will require an additional $2 million above its proposed FY21 appropriation in the FY22 Appropriations Act.

5. **With reference to the spending plan for the Coronavirus Relief Fund, set forth in the "Detailed Table of CRF Allocations" on pages 12-14 of the Governor's FY 2021 Revised Budget Proposal, please describe each program allocated to your department, the process by which funding will be allocated to any intended recipients, the amounts already award and disbursed, respectively, and the timetable for award and disbursement of the balance. Please also indicate the amounts allocated to the department and expended through June 30, 2020; amounts allocated for the period July 1-September 30, 2020; and amounts to be allocated for the period beginning October 1, 2020-June 30, 2021.**

DCF Response: $250 million for childcare capacity will be administered by the Department of Human Services. DCF will work with DHS to allocate the $25 million in funding for community provider agencies and the $25 million for mental health and substance use disorders. DCF may also receive funds from the set-aside for department reimbursements. Coronavirus Relief Fund (CRF) allocations are subject to future statutes that modify the federal CARES Act, new federal

appropriations, confirmation of actual expenditures incurred, the identification of additional unmet COVID-19 needs, and new guidance from the U.S. Treasury.

6. **What processes does the DCF utilize to monitor internal fraud and abuse?**

DCF Response: DCF's Office of Grants, Integrity and Accountability (OGIA) oversees external as well as internal auditing activities, grants management, advertised public procurements and ethics.

Administrative Order I-A-1-4:00 (A.O.) states that "Consistent with federal and state law, DCF strictly prohibits all acts that constitute fraud, waste and abuse." The A.O. also states "It is incumbent upon all Department and provider agency personnel to vigilantly safeguard public resources. Suspected incidences of fraud, waste or abuse must be reported promptly to the Department Audit Manager (dcfauditing@dcf.nj.gov)."

Finally, the A.O. directs DCF employees to make reports of incidents of fraud, waste, and abuse to the Office of the State Comptroller and to report incidences of fraud, waste or abuse in federally funded programs directly to the Inspector General of the U.S Department of Health and Human Services.

How often does the department audit its credit card transactions?

DCF Response: DCF fiscal staff are responsible for the overall administration of the Purchase Card (P-card) program. Fiscal staff carefully evaluate requests for authorization to utilize a P-card, monitor transactions to ensure appropriate use, identify inappropriate card activities, and implement corrective action. The department's procedures include but are not limited to the following:

- Purchasing Unit personnel and all P-Card holders are required to follow Department of Treasury procurement policies & guidelines.
- Maintain a monthly report of P-Card transactions including transaction date, posting date, name of vendor, transaction amount, purchase order number, and purchase order amount. If transaction amount and purchase order amount are not equal, any discrepancies must be resolved. Purchase order or vendor's invoice must be adjusted accordingly.
- Monthly report is downloaded and verified against statement from the bank.
- Report disputed charges to the bank before monthly payment is processed via the P-Card Dispute form.
- Report fraudulent charges immediately to the bank.

How many transactions were identified as fraudulent in each of the last five fiscal years?

DCF Response: DCF has not identified any fraudulent transaction in any of the past five fiscal years.

How much money did the transactions equate to?

DCF Response: Not applicable.

How much money did the department recoup from fraudulent transactions in each of the last five fiscal years?

DCF Response: Not applicable.

7. **How much federal COVID-19 relief funding has the department received since March 2020? Of those new funds, how much has been expended? Please provide a breakdown of the departmental accounts that have received the federal funding and the amount each account received.**

DCF Response: The Department has received the following COVID relief funding:

- Family Violence Prevention Services Act (FVPSA) CARES - $935,733
- Title IV-B CARES - $881,540
- Rape Prevention CARES - $95,840
- Non-Title I Formula Grant CARES - $110,000
- Federal Medicaid Assistance Percentage (FMAP)
  - Title IV-E - $4.5 million
  - Title XIX/XXI - $13.2 million

The FMAP funding for Title XIX/XXI has been expended on Medicaid claims. The Title IV-E FMAP has been utilized partially for DCF operating costs, and the balance is pending a final award letter from the Federal government. In regard to the balance of the new funding, $411,547 from the Title IV-B CARES funding has been expended. Agencies that will receive funding through the FVPSA program have been notified.

8. **Please elaborate on the effects of the over $2 million in de-appropriated opioid and substance use disorder programming funds spanning the following budget lines: Keeping Families Together, Peer Recovery Support Services, and Substance Use Navigator. Does the department plan to restore these funds?**

DCF Response:

The program and service capacity for Keeping Families Together will not change in FY21. Please see DCF's response to Question 23 for additional information.

The Peer Recovery Support Services program expansion was paused during FY 2020 and the awareness campaign was suspended.

The primary purpose of the Substance Use Navigator Program was to conduct a needs assessment in each of 15 identified service areas. The needs assessment process concluded in FY20 and each funded agency provided a final report of their activities to DCF in December of 2019. DCF does not anticipate restoring these funds as the purpose of the initial program has been fulfilled.

9. **How many licensed childcare centers are currently operational in New Jersey? How does this compare to the number in operation prior to March 2020? What is the average capacity at which childcare centers are currently operating? Are the childcare centers meeting current demand? Is the department tracking positive COVID-19 case counts at the licensed childcare centers? Is this information being made publicly available?**

DCF Response: As of September 10, 2020, there are 3,966 licensed childcare centers opened or anticipating reopening before the end of September. Though this represents the substantial majority of 4,200 licensed centers in operation prior to March 2020, nearly all centers continue to operate at or below 44% of licensed capacity. Additionally, more than 1,400 registered family childcare providers continue to provide daily care for children in smaller, home based settings.

Every county continues to have excess childcare capacity, but this is a poor measure of current demand. The increased operating costs for center-based childcare have likely reduced demand for the service without abating the need, likely limiting the employment potential of parents and the economic wellbeing of families. The cost of licensed childcare options may also drive increased reliance on unlicensed childcare, which, because it is unmonitored and unregulated, may create particularly serious risks to child safety and health during the pandemic.

DCF is monitoring reported incidents of Covid-19 exposure at childcare centers in so far as those incidents impact the continued operation of the impacted centers. DCF does not track case counts of all persons working at or attending childcare centers. DCF does provide information on operating childcare centers to the New Jersey Department of Health, which oversees tracking of positive cases, and associated contact tracing.

10. The Governor proposes a $236.9 million appropriation to the DCF for salaries and wages in the 12-month FY 2021. This amount is $13.0 million below the $249.9 million adjusted appropriation for the 12-month FY 2020, which is attributed to $10.0 million in salary savings and $3.0 million in overtime savings. In FY 2019, actual salary and wages expenditures totaled $218.8 million.

- ***Questions:*** **Please describe the nature of the salary and wages and overtime savings. Will any DCF employee be laid off? Is the FY 2021 salaries and wages appropriation recommended to be aligned with actual expenditure experience through, for example, the elimination of funded vacancies? If so, how many funded vacancies will be eliminated and in what divisions? To what extent are the cost savings due to policies implemented related to COVID-19?**

DCF Response: Due to factors such as CWA and IFPTE furloughs and delayed hiring due to the COVID-19 Pandemic, along with regular attrition, it is anticipated that the $10 million in salaries and wages will not be needed for FY21. Overtime will be managed and monitored during the State's financial crisis, yielding savings for DCF. No DCF employees will be laid off.

- **Please disaggregate the cost savings by division and program category. Does the department anticipate this cost savings to be unique to FY 2021 or recurring beyond FY 2021?**

DCF Response: These cost savings should be unique to FY 2021, and DCF will continue to work with the Office of Management and Budget on all salary needs.

11. The federal Families First Coronavirus Response Act temporarily increased the State's Federal Medical Assistance Percentage by 6.2 percent under the Medicaid program and 4.34 percent under the State's Children's Health Insurance Program. The temporary increases apply to eligible claims starting on January 1, 2020 through the last day of the calendar quarter in which the public health emergency declared by the United States Secretary of Health and Human Services for COVID-19 terminates. According to the Governor's FY 2021 Revised Budget Proposal, the department anticipates a nonrecurring State appropriation offset of $5.9 million due to the

enhanced federal matching percentages in FY 2021. This amount assumes the availability of the enhanced percentages through December 31, 2020.

- ***Questions:*** **What is the amount in additional federal resources the DCF expects to be allocated from the enhanced Federal Medical Assistance Percentage in all of calendar year 2020? What amount thereof has been used as a State appropriation offset in FY 2020 or is recommended to be used as a State appropriation offset in FY 2021? Please provide an allocation of the additional federal resources by division.**

  DCF Response: The Federal Title IV-E program supporting foster care and adoption has received $4.5 million YTD and anticipates receipt of an additional $4 million of increased FMAP funding through the end of the calendar year. The Title XIX/XXI program in CSOC, has received $13.2 million YTD, and anticipates an additional $11.2 million through the end of the calendar year. For FY 2021, CSOC appropriation has been reduced by $5.941 million as offset to the State appropriation for this FMAP increase.

12. P.L.2019, c.32 established several multiyear schedules for gradually raising the State minimum wage from the current $11 per hour to not less than $15 per hour. In FY 2021, the general State minimum wage will rise to at least $12 per hour on January 1, 2021. The increase may affect DCF staff and third parties that provide services to or on behalf of the department, and programs with means-tested eligibility criteria. February's original FY 2021 Governor's Budget proposed increasing FY 2021 appropriations to the DCF by $24.3 million so that third-party providers under DCF contracts can pay higher wages to their employees.

- ***Questions:*** **Please detail the policy behind the recommended increase in FY 2021 appropriations to raise the wages of employees of third-party DCF community providers. Whose wages would be raised and by how much? Would the increase be limited to front-line, direct care staff? Would the increase be used exclusively to bring wages up to the minimum rates required by law? Please identify, by budget line, the amount recommended to be appropriated to raise the wages of employees of third-party DCF community providers in FY 2021.**

  DCF Response: Throughout the remainder of the calendar year, DCF will be working with our third-party providers to determine if additional funds will be required to support the January 2021 minimum wage increase. As amounts are determined, minimum wage funding will be allocated accordingly.

- **How much additional funding would the department require in FY 2022, FY 2023, and FY 2024, by division, to accommodate the minimum wage increases in those fiscal years? Would the entire impact be attributable to employees of third-party community providers? Are there any DCF employees who currently make under $15 per hour? If so, what amount would be necessary to increase their wage rates to $15 per hour?**

  DCF Response: At this time, DCF does not have estimated minimum wage funding amounts for third party community providers for FY 2022 and beyond. DCF will continue to work with providers during this process to determine if additional funds are required in these outyears. Currently, no DCF employee earns under $15 per hour.

- **Does the department anticipate providing for an emergency wage increase for direct support professionals for the three-month period from October 2020 through December 2020?**

  DCF Response: At this time, DCF does not anticipate providing an emergency wage increase for this time period.

13. The federal Family First Prevention Services Act (FFPSA) became effective on October 1, 2019. This law reforms the federal child welfare funding streams, Title IV-E and Title IV-B of the Social Security Act, newly permitting states to receive federal Title IV-E funding to provide mental health, substance abuse treatment, and other prevention services to keep candidates for foster care in their family homes and out of the child welfare system. The FFPSA also restricts federal government reimbursements for congregate or residential group care to reduce the states' use of congregate care settings in favor of family-based care. In its reply to an FY 2020 OLS Discussion Point, the department noted that it had launched an internal analysis of the impact to the DCF of the reduction in federal Title IV-E reimbursement for certain congregate care programs. New Jersey, along with 38 other states, has chosen to delay implementation of some of the law's requirements.

- ***Questions:*** **Please provide an update on the DCF's progress in meeting FFPSA requirements. What initiatives does the DCF intend to implement by the end of FY 2021 to comply with this act? If the State is not on track to meet the federal deadline to comply with the law's provisions, what is the likely cause for this potential delay? If any mandated reforms are behind schedule, please provide a timetable for completion.**

  DCF Response: NJ has been complying with the Family First Prevention Services Act since its passage in 2018. To date, NJ DCF has:

  - Implemented provisions on model foster home licensing;
  - Received and are using additional funds to bolster the kinship navigator programs;
  - Opted in to participate in the National Electronic Interstate Compact Enterprise (NEICE), and began development activities for NEICE Clearing House and NJSPIRIT integration;
  - Ongoing analysis of data infrastructure modernization needed in order to support Title IV-E prevention claiming and associated federal reporting;
  - Ongoing analysis of financial impact of launching FFPSA Clearinghouse approved programs; and
  - DCF requested a 2-year deferral in the restriction of the ability to draw Title IV-E reimbursement for the cost of IV-E eligible children's care days in certain congregate care programs. That restriction on the ability to draw IV-E funds will now take effect Oct 1, 2021. In the meantime, DCF has begun business process redesign for necessary changes to claiming procedures associated with this change.

- **What will be the impact on federal reimbursements of moving away from congregate care placements as well as increasing federal reimbursements for prevention services for at-risk youth and their families under the FFPSA?**

  DCF Response: The federal legislation was enacted to move states away from using congregate care for children in foster care where no mental health or substance abuse treatment need exists. DCF has been moving away from this practice for years and makes minimal use of congregate care settings that are currently associated with Title IV-E claiming. As such, DCF estimates an extremely

nominal financial loss beginning in FY 2022. DCF anticipates that the opportunity to increase federal reimbursement through Title IV-E prevention funds for eligible families will offset any loss.

- **What expenditures has the DCF incurred in FY 2020 related to meeting the requirements of the FFPSA? What, if any, additional related expenses does the department expect to incur in FY 2021?**

DCF Response: To date, DCF has not incurred any expenditures related to meeting the requirements of FFPSA.

DCF expects to incur expenditures in FY21 & FY22 to modernize electronic record keeping and program data collection in order to be able to submit Title IV-E claims for prevention services and comply with Family First reporting requirements. DCF also expects to incur expenditures for training and other implementation costs associated with programmatic changes. DCF intends to use federal Family First Transition Act funds to support these expenditures.

14. In last year's testimony before the Senate Budget and Appropriations Committee and the Assembly Budget Committee, the Commissioner of Children and Families stated that the department was researching the causes of racial disproportionality and disparity in the child and family serving systems, nationally and locally. The Commissioner noted that a national expert on racial inequities in child welfare assisted the department in this effort. The consultant would help the department implement policies that advance racial equity in its practices and outcomes.

In testimony on July 13, 2020 before the United States District Court for the District of New Jersey, the Commissioner noted that the department's race equity steering committee had reviewed the department's policies and practices to identify areas in which implicit bias may be affecting the department's work, developed a concrete set of goals for the department for the upcoming two years, and created subcommittees and workgroups to advance these goals.

- **Questions: Please set forth the findings of the department's research into the causes of racial disproportionality and disparity in the child and family serving systems, nationally and locally. To what extent does the New Jersey child and family serving system include elements and biases that further racial disproportionality and disparity? Please share any New Jersey metrics that illustrate the racial disproportionality and disparity. Has the national expert's work with the DCF been completed? What policies has the department implemented, or intends to implement, that advance racial equity in its operations, training and programming? Please estimate the impacts of these policy changes on department expenditures and its count of funded positions.**

DCF Response: DCF's current strategic plan includes race equity as one of five core approaches to enhancing the work of our department. DCF is working to advance institutional understanding of racial disproportionality and disparity in the child and family serving systems, both locally and nationally. Racial disparities exist in all child welfare systems in the United States, including in New Jersey. For example:

- The point of entry to the child protection system is the child abuse hotline. In New Jersey, most reports are called in by police, schools, and hospitals. Black children represent 10% of the general population of children, but 30% of the reports called in to the child abuse

hotline. There are less extreme disparities in reporting for Latino/Hispanic children, and Asian and Pacific Islander children are under-reported compared to the general population.

- New Jersey's rate of family separation has decreased significantly over the last ten years, from 2.7 per 1,000 children living in New Jersey to 1.3 per 1,000 in 2019. While the rate of family separation among Black or African American children has also consistently decreased during this time, their rate remains higher than both White and Hispanic children at 3.7 per 1,000 Black children in 2019. Once separated from their families, both Black and Hispanic children in New Jersey are more likely to be placed in a congregate care setting or unrelated resource home, and less likely to be placed with kin than White children. In 2019, only 31% of Black of African American children and 28% of Hispanic children were placed in a kinship resource homes compared to 43% of white children.

In furtherance of its commitment to this practice, DCF took the following actions in furtherance of this work:

- In 2019, DCF formed a Race Equity Steering Committee. DCF senior leaders and the race equity steering committee members received educational training describing the historical and current racial disproportionality and disparity in child welfare. The race equity steering committee examined DCF data by race and began work to propose action steps for priority areas of work.
- In 2019, DCF re-launched its ChildStat process, and began reviewing case practice, outcomes and performance data by race for the Division of Child Protection as well as the Children's System of Care.
- In 2019, DCF formed a Children's System of Care (CSOC) Stakeholder Task Force which met to create recommendations regarding three priority areas, one of which was equitable access to care.
- In 2019, the DCPP changed its policy regarding background checks for prospective kinship foster parents to allow for a more nuanced analysis of prior criminal history and to promote the use of kinship care. In November 2019, DCF's Office of Legal Affairs developed resource materials and delivered a Statewide training for DCPP staff regarding appropriate reading of the PROMIS/Gavel background check. On August 31, 2020, DCF made a number of policy revisions to support placing children with kin and our use of kinship legal guardianship as a permanency plan for children in care. These revisions included requirements to continue exploring potential kinship resources through the life of the case as well as language highlighting the department's priority that children remain with kin when out of home placement is required. Further, a more streamlined approval process for kinship legal guardianship was created along with new forms to document parent visitation plans upon finalization.
- DCF continues to partner with the Administrative Office of the Courts (AOC). In 2018, DCF managers and leadership participated in the Children in Court Race Equity Summit, that included a presentation of DCF's racial disparity data. In addition, DCF is an active member of the Children in Court Improvement Committee's subcommittee on race equity, has representation on local CIC committees, and is a key partner and participant in the CICIC Race Equity Learning Exchange and the resulting Race Equity Learning Teams, which will be formed in regions across the state to provide support and leadership to the county CIC Advisory Committees (CICACs).
- DCF's Office of Training and Professional Development continues to provide cultural competence training within pre-service training for all DCPP caseworkers and caseworkers are provided with ongoing opportunities for advanced cultural competence training throughout their career at DCF. The CSOC also incorporates training on cultural competence into its offerings for system partners throughout the State.

- Through the generosity of Casey Family Programs, DCF continues to be able to receive support in these and related efforts from Dr. Carol Spigner, a leader in national work to address racial inequities in child welfare.

DCF maintains a robust data collection and reporting infrastructure. For more information about community needs, organizational performance and child and family outcomes across the entire DCF service array, by race, see the NJ Child Welfare Data Hub at: https://njchilddata.rutgers.edu/portal.

Family and Community Partnerships

15. The Governor proposes eliminating State General Fund appropriations to the School Linked Services Program in the nine-month FY 2021 after the program received $15.3 million in State General Fund appropriations in the 12-month FY 2020 and $5.0 million in the three-month extension of FY 2020. Allocations of federal funds also routinely support the program. In February, the FY 2021 Governor's Budget estimated that 12-month FY 2020 program expenditures from all funding sources would total $28.1 million.

According to news reports, the proposed elimination of State General Fund appropriations to the School Linked Services Program is connected to a recommended $45 million funding increase for a provider rate rebalancing in the Children's System of Care. The latter also provides services to youth with emotional and behavioral health issues, youth diagnosed with intellectual and developmental disabilities, and youth with substance use disorders. Accordingly, the DCF appears to plan to use the Children's System of Care as an alternative to Office of School Linked Services programs.

The Office of School Linked Services contracts with private non-profit organizations and school districts to furnish a broad array of mental health services for youth in elementary, middle, and high schools across the State**.**

- ***Questions:*** **Is the department terminating the School Linked Services Program? What amount of federal funds does the department anticipate allocating to the program in the three-month extension period and the nine-month FY 2021? For each Office of School Linked Services program that operated in the 12-month FY 2020, please indicate whether the department will continue to operate the program in the nine-month FY 2021 and provide the program's funding level in the 12-month FY 2020, the three-month extension period, and the nine-month FY 2021. Will any program be shifted to other divisions or offices within the department or elsewhere?**

DCF Response: Unless funding is restored to the enacted FY 2021 budget, the School Based Youth Services Program would not be funded beyond September 30, 2020. During the three-month extension period, $2.6 million in federal funds were allocated to these programs. Unless funding is restored to the enacted nine-month FY 2021 budget, no federal funds would support the program.

- **By program, how many children are currently participating in Office of School Linked Services programs? Do these children also receive services under Children's System of Care programs?**

DCF Response: Contracted Levels of Care for School Based Youth Services are generally set at either 100 (select elementary programs), 200 (elementary/middle school programs) or 300 (high

school programs) students, with several programs contracting for fewer students. Each Parent Linking Program Level of Service is 25 per program and Each Adolescent Pregnancy Prevention Programs is 50. Each Family Friendly Center Level of Service is 30 families per program and Prevention of Juvenile Delinquency Program Level of Service is 30 youth per program.

Number of Participants in all School Linked Services statewide for FY 2020:

- For the Parent Linking Program: 217 teen parents and 119 infants/toddlers participated.
- For the Adolescent Pregnancy Prevention Initiative: 1,162 participated in individual and group activities and 3,768 students participated in an event (such as an assembly).
- For School-Based Youth Services Programs: 27,444 students participated. This includes students who were engaged in one-time events as well as on-going service participation.
- For Family Friendly Centers: 1,479 students participated.
- During the last four months of the school year, representing the post-pandemic months of the school year, we can see that students engaged in school-based programs dropped significantly:
    - March: SBYS 10,083 participants/ FFC: 738
    - April: SBYS 5,592 participants/ FFC: 163
    - May: SBYS 7,986 participants/ FFC: 162
    - June: SBYS 3,921 participants/ FFC: 162
- The most recent data available for Prevention of Juvenile Delinquency Programs is for 2019. Participants included: Columbia HS N=65; Eastside HS N=79 and Passaic HS N=81

  It should be noted that the participation counts identified above are **not** mutually exclusive. That is, the same student could receive services in a Parent Linking Program, a Family Friendly Center and a School Based Youth Services Program. If so, that same student would be counted 3 times.

  It is unknown what proportion of students participating in school-based services programs also receive services under CSOC. There is a lack of data points to match school-based participants with students receiving CSOC services. More importantly, CSOC provides treatment services, hence client information through CSOC would be protected and subject to HIPAA and 42 CFR Part 2 (for substance abuse treatment services), posing fundamental challenges to matching the data of school-based participants and CSOC.

  CSOC and the Office of School Linked Services cannot share protected health information of children being served under these separate programs.

- **Please explain how other DCF programs are appropriate substitutes for the services provided by the Office of School Linked Services. How does the recommended $45 million funding increase for the Children's System of Care for provider rate rebalancing prepare the division to provide services currently provided by the Office of School Linked Services? Does the department anticipate that the Children's System of Care can fully absorb the demand for services formerly provided by the Office of School Linked Services? If not, what additional resources would be required? Does the department anticipate the need to adjust Children's System of Care programs to accommodate the needs of the youth previously served by the Office of School Linked Services?**

DCF Response: CSOC provides access to New Jersey's public mental health system for youth through PerformCare, its contracted services administrator. PerformCare is staffed 24/7/365 to

receive requests for services. Children and youth are triaged to clinically appropriate services based on their presenting needs.

The proposed recommended $45 million funding increase for rebalancing CSOC rates will stabilize the current provider network and ensure capacity to meet the demand for services.

16. The Governor recommends discontinuing a language provision that allocated $400,000 out of the School Linked Services Program appropriation to the After-School Reading Initiative, $200,000 to the After-School Start-Up Fund, $400,000 to School Health Clinics, and $530,000 to Positive Youth Development.

- ***Question:*** **Will these programs no longer receive funding?**

DCF Response: Unless funding is restored to the enacted FY 2021 budget, these programs would no longer receive funding.

17. The Home Visitation Initiative is a statewide system of evidence-based home visiting services that target low-income at-risk families during pregnancy, birth, and early childhood. The goal of the initiative is to improve maternal and child health outcomes. The central intake system triages referrals from prenatal care and local service providers to facilitate the enrollment of families in home visiting and other needed support services and programs. The initiative is funded out of the Early Childhood Services account. At $5.9 million, the FY 2021 appropriation to the Early Childhood Services account is recommended to grow by $1.2 million over the 12-month FY 2020 adjusted appropriation of $4.7 million. The increase is intended to enable providers to pay higher wages to their employees in response to the rising State minimum wage.

In August 2019, the federal Centers for Medicare and Medicaid Services accepted the Department of Human Services' amendment to the 1115 NJ FamilyCare Comprehensive Demonstration providing for expenditure authority for the Home Visitation Initiative.

- ***Questions:*** **What is the department's vision for the Home Visitation Initiative? Does the department intend to expand the program in the future? What share of the recommended $1.2 million increase in the appropriation to the Early Childhood Services account would be allocated to the Home Visitation Initiative?**

DCF Response: DCF's vision for the Home Visitation Initiative is that the service becomes a universal approach offered to all New Jersey families during pregnancy, upon birth and into early childhood. Sustainable funding is critical to this goal and Medicaid reimbursement for home visitation is viewed as a key component of such expansion and sustainability. The current program is largely funded by federal grants. The $1.2 million increase in this appropriation line item is associated with the potential minimum wage increase for third party providers.

- **For FY 2017 through FY 2021, please provide the following actual or projected data, by county, for the Home Visitation Initiative: expenditures segregated by funding source; the number of referrals; and the number of families enrolled in each evidence-based home visiting model.**

DCF Response:

Individuals Served 2017-2020

Home Visitation - All Models/ 21 Counties				
FY	**Healthy Families - TIP (HFA)**	**Parents as Teachers (PAT)**	**Nurse Family Partnership (NFP)**	**Total**
2017	3,229	1,622	2,190	**7,041**
2018	3,333	1,516	2,148	**6,997**
2019	3,203	1,435	2,028	**6,666**
2020	2,869	1,289	2,145	**6,303**

FY2020 Year to Date Referrals/Screens:
HFA: 2,348
PAT: 1,076
NFP: 2,983
Total: 6,407

Home Visitation Funding 2017-2021

	FY 2021	**FY 2020**	**FY 2019**	**FY 2018**	**FY 2017**
State	**$4,040,095**	**$4,040,095**	**$4,040,095**	**$4,040,092**	**$4,040,071**
Federal	**$9,920,000**	**$9,920,000**	**$10,183,818**	**$10,347,568**	**$9,853,726**
Total	**$13,960,095**	**$13,960,095**	**$14,223,913**	**$14,387,660**	**$13,893,797**

Program Information by County

Local Implementing Agency (LIA)	County Communities	Evidence-Based Model	Proposed Caseload FY 2020 (10/1/19-9/30/20)	Proposed Caseload FY 2021 (10/1/20-9/30/21)
HEALTHY FAMILIES MODEL				
Southern NJ Perinatal Coop	Atlantic	HFA	95	95
Care Plus NJ, Inc.	Bergen	HFA	78	78
Burlington County CAP	Burlington	HFA	76	76
Center for Family Services	Camden	HFA	143	143
Holy Redeemer Health	Cape May	HFA	113	113
Robins' Nest	Cumberland	HFA	100	100
Partnership MCH of NNJ	Essex	HFA	147	147
VNACJ - Essex Valley	Essex VNA	HFA	113	113
Robins' Nest	Gloucester	HFA	80	80
Care Plus NJ, Inc.	Hudson	HFA	95	95
Mercer Street Friends	Mercer	HFA	103	103
Central Jersey Family Health	Midd/Somst	HFA	104	104
VNA Health Group	Monmouth	HFA	145	145
Partnership MCH of NNJ	Morris	HFA	61	61
Preferred Children's Services	Ocean	HFA	69	69
Partnership MCH of NNJ	Passaic	HFA	182	182
VNA Health Group	Middlesex	HFA	45	45
Robins' Nest	Salem	HFA	80	80
Project Self-Sufficiency	Sussex	HFA	69	69
Visiting Nurse Health Service	Union	HFA	139	139
NORWESCAP	Warrn/Huntrdn	HFA	70	70
		HF TOTAL	**2107**	**2107**
NURSE-FAMILY PARTNERSHIP				
Robins' Nest	Atlantic	NFP	50	50
Partnership MCH of NNJ	Bergen	NFP	50	50
Southern NJ Perinatal Coop	Burlington	NFP	50	50
Southern NJ Perinatal Coop	Camden	NFP	151	151
Robins' Nest	Cape May	NFP	50	50
Youth Consultation Services	Essex	NFP	155	155
United Way Greater Union	Hudson	NFP	65	65
Children's Futures	Mercer	NFP	125	125
United Way of Central Jersey	Midd/Somst	NFP	163	163
VNA Health Group	Monmouth	NFP	113	113
Youth Consultation Services	Morris	NFP	50	50
VNA Health Group	Ocean	NFP	50	50
Partnership MCH of NNJ	Passaic	NFP	155	155
Project Self-Sufficiency	Suss/War/Hunt	NFP	100	100
Robins' Nest	Cumb/Glou/Salem	NFP	175	175
United Way Greater Union	Union	NFP	65	65
		NFP TOTAL	**1567**	**1567**
PARENTS AS TEACHERS				
Family Service Association	Atlantic	PAT	70	70
Partnership MCH of NNJ	Bergen	PAT	20	20
Burlington County CAP	Burlington	PAT	60	60
Southern NJ Perinatal Coop	Camden	PAT	80	80
Caring for Kids	Cape May	PAT	60	60
FamCare	Cumberland	PAT	88	88
Family Connections	Essex	PAT	60	60
Robins' Nest	Gloucester	PAT	50	50
Youth Consultation Services	Hudson	PAT	60	60
Project Self-Sufficiency	Hunterdon	PAT	10	10
Mercer Street Friends	Mercer	PAT	60	60
Puerto Rican Action Board	Middlesex	PAT	60	60
VNA Health Group	Monmouth	PAT	60	60
Partnership MCH of NNJ	Morris	PAT	40	40
St. Francis Community Center	Ocean	PAT	40	40
Passaic Family Head Start	Passaic	PAT	60	60
Robins' Nest	Salem	PAT	60	60
Project Self-Sufficiency	Sussex	PAT	40	40
Community Hospital Group	Union	PAT	60	60
Partnership MCH of NNJ	Warren	PAT	50	50
		PAT TOTAL	**1088**	**1088**
HIPPY MODEL	**Bergen**	**HIPPY**	**50**	**50**
		NJ-HV Total Contactual for 4 Models	**4762**	**4762**

18. **How have home-based services been affected by the COVID-19 pandemic? Please describe: trends in utilization; the services being rendered; and any adjustment that have been made to provide services remotely.**

DCF Response: All Home Visiting Programs are continuing to operate under guidance put forth by each of the three model developers and all have been able to implement to model fidelity during COVID. Services have shifted to a virtual platform and programs are employing telehealth and/or video conference visits and virtual group meetings. All programs are permitted to facilitate virtual enrollments to support families within their service area. Programs continue to connect families to services in their community and have become more involved in facilitating emerging client needs including safely delivering food, diapers, and developmental age-appropriate activities. Level of service utilization and home visit rates have not been negatively impacted by the pandemic.

Division on Women

19. The Governor recommends maintaining budget language included in the FY 2020 Appropriations Act that directs by reference that at least $1.84 million of the General Fund appropriation to the Division on Women be provided to the lead domestic violence agencies and the New Jersey Coalition to End Domestic Violence (formerly called 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 (NJ CASA), plus an additional $2 million to those agencies, to offset costs. Furthermore, the Governor recommends new language that would appropriate an additional amount not to exceed $6 million to provide a grant to the NJ CASA to "offset potential losses in federal funding and to strengthen and expand sexual violence prevention and response services."

- **Question: Please describe the nature of the potential federal funding loss by the NJ CASA and the programming and services to be supported by the grant of up to $6 million.**

DCF Response: DCF does not anticipate a loss of federal funds for the programs and services in its Division on Women. According to confirmed sources, federal funding through the Crime Victims Fund provided by the Victims of Crime Act (VOCA), administered by the NJ Office of the Attorney General, has been reduced significantly (by 26.5%) from Fiscal Year 2019 to 2020. Sexual violence providers have been notified that this reduction will impact them directly. These additional state dollars will ensure that sexual violence providers are able to maintain the critical services they provide to survivors of sexual violence.

20. **Please describe any changes in service utilization of programs within the Division on Women and the Division of Child Protection and Permanency as they relate domestic abuse since the beginning of the COVID-19 pandemic. How have programs and caseworkers adjusted to maintain their effectiveness throughout the pandemic?**

DCF Response: Call volume to the network of NJ Domestic Violence hotlines has steadily increased throughout the COVID-19 Emergency; up 27% since early May 2020 (e.g., the 4-wk average call volume as of May 10th was 998 compared to 1,264 calls Sept 6th). Shelters adjusted operations to be able to provide shelter at congregate facilities as well as in scatter-site hotel rooms.

Since the beginning of the COVID-19 Emergency, DCPP call volume to the hotline has declined. The subset of referrals specifically related to domestic violence has also declined, although to a lesser degree (e.g., there were 1,408 such calls in January 2020 but 1,065 by August 2020). Domestic Violence (DV) related referrals now make up a greater percentage of DCPP's field response than prior to COVID (e.g., in January 2020 DV related intakes comprised 19% of all DCPP intakes and 24% in August 2020). DCPP caseworkers remain able to access the support of domestic violence liaisons (DVL) during the COVID-19 Emergency. The volume of new client referrals to the DVL program declined somewhat in 2020 (e.g., there were 2,157 such referrals in January 2020 and 1,224 in July 2020) in keeping with overall hotline volume decline.

Child Protection and Permanency

21. DCF's Strategic Plan 2019-2021 includes as a transformational goal the increased placement with extended family or family friends of children whom DCF separates from their families. According to the federal monitor's Period 24 Report for Charlie and Nadine H. v. Murphy covering the period from January 1 through June 30 of 2019, the DCF aspires to place 60 percent of children who enter DCF care with kin within the first seven days of removal from their homes, and 80 percent placed with kin by the first 30 days. The DCF hoped to achieve the kinship placement goals by developing a department-wide strategy to be fully implemented in the second half of 2019.

- ***Questions:*** **Please indicate the kinship placement rate at the end of calendar years 2018 and 2019. Please detail the department-wide strategy that is intended to achieve the goals of having 60 percent of children who enter DCF care placed with kin within the first seven days of removal from their homes, and 80 percent placed with kin by the first 30 days. What is the timeline for implementation? Will the department need additional staff or financial resources to fulfill the kinship placement goals? Will successful implementation of this strategy help the department achieve any of its outstanding Charlie and Nadine H. v. Murphy performance measures?**

DCF Response:
The Kinship Placement Rates requested are:
2018 - point in time, last day of the year - 37% of children were placed with kin
2019 - point in time, last day of the year - 40% of children were placed with kin
Source: NJ Child Welfare Data Hub

In April 2019, DCF leadership began the process of identifying strategies to support the transformational goal of increasing kinship connections. While the work of resource care sits in DCPP, all DCF offices play a role in achieving or supporting the goal. Some are working very directly on the plans and progress, while other areas are facilitating the advances with legal/regulatory support, research, technology assistance, training and communication. DCF believes we have the personnel required to accomplish this goal. This work, although slowed during our current state of emergency, will continue through 2021.

The fulfillment of the goal is a collaborative effort that requires the support of concrete resources. Presently our ability to identify and locate relatives is reliant on the information we obtain from parents. We recognize we need a supportive tool to assist us in locating extended family when they are not readily available. Presently our family finding technology is very limited. We are looking to expand that, so every local office has Family Finding search technology to use when at last resort a child must be removed from their home and throughout the life of placement. The

ability to equip all staff at the local level with **Thomson Reuters CLEAR**, a research platform that contains a collection of public and proprietary records and provides a streamlined, efficient search is vital to achieving the goal.

We recognize that kinship caregivers often come to their roles amid a family crisis and require a licensure process that is supportive and streamlined. A key component to this support involves a one stop approach. Presently, the fingerprinting process required for licensure is completed off site and often difficult for families to get to. We hope to simplify and streamline the process by being able to support the purchase **of Live Scan mobile fingerprinting equipment.** This will allow families to be fingerprinted during their existing visits to DCPP offices or in their homes during family visits. Not only will it provide convenience for families but will expedite what can often be a lengthy licensing process. This combined with the support of a more modern, mobile friendly platform that allows families the convenience of an online application process is a necessity.

The successful implementation of the above strategies will support the Department's need for compliance with performance measures for Charlie and Nadine H. v. Murphy. These include but are not limited to placement stability, timely permanency, and re-entry into resource care.

22. The Governor recommends reducing the State funds appropriation to the division's Family Support Services account by 11.3 percent, or $9.8 million, from $87.0 million in the traditional FY 2020 to $77.2 million in FY 2021. Family support services include a wide variety of assistive services, such as parenting skills training, counseling, childcare, and other therapeutic services, designed to preservice and strengthen families or to help families in crisis.

- ***Questions:*** **What is the rationale behind the recommended $9.8 million reduction in the State funds appropriation to the Family Support Services account in the Division of Child Protection and Permanency? Is the total program budget intended to be cut or are federal funds intended to offset the recommended reduction in State funds appropriations? Please provide the size of the Family Support Services budget from all funding sources for each of FY 2020 and FY 2021.**

- **If the recommended reduction in the State funds appropriation is not intended to be backfilled by federal funds appropriations, please outline the services whose budget would be cut and by what amount. How many people currently receive services under these programs and how will any cut in the respective program budget affect those numbers?**

DCF Response: The total Family Support Services budget from all funding sources is $83 million for FY 2021, down from $92.8 million in FY 2020. The reductions offered in this account were tied to overall reduction in caseload, trends in service utilization, and services offered by other department resources.

As the number of families receiving services from the Division of Child Protection and Permanency (DCP&P) and the number of children experiencing family separation through removal into foster care continues to decline, DCF is projecting a decrease in utilization for both its fee for service and cost reimbursement programs. The child welfare reform effort fundamentally shifted the way services are provided to NJ families and transition age youth by developing primary prevention services through Family and Community Partnerships (FCP) and mental health, substance abuse and crisis intervention services through the Children's System of Care (CSOC), without requiring

an open case with DCP&P. These services are available outside of DCP&P through FCP, the Division on Women, and CSOC utilizing federal Medicaid, Family Violence Prevention Act (FVPSA) and Maternal Infant Early Childhood Home Visiting (MIECHV) funding and/or other State funded programs.

The proposed reductions eliminate the step-down component of Family Preservation Services ($688k) which has been extremely under-utilized and certain mentoring/companionship programs being replaced with evidence-based life skills and permanency programming ($2.4m). The proposed reductions in this account also eliminate DCF funding for Post-Adoption Counseling Services ($2.1m) with planned inclusion of this service into the CSOC Intensive In-Community (IIC) network, which matches the state share with federal Medicaid reimbursement. The proposed reductions eliminate cost reimbursement contracting for various other under-utilized services ($420k) and other parent support/training services ($786k) available through a variety of other DCF contracts. An anticipated decrease in need for psychological evaluations and various other services is projected due to the reduction in the number of children/youth served by the department. Finally, DCF staff will take back responsibility for adoption/court reports/case management that were contracted out many years ago when the volume of children in care was at an all-time high.

23. The Division of Child Protection and Permanency operates the Keeping Families Together program, which 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. The Governor recommends decreasing the program's State funds appropriation by $5.0 million, from an adjusted FY 2020 appropriation of $20.7 million to a proposed appropriation of $15.7 million for FY 2021. However, the Office of Management and Budget indicates that $22.3 million in State funds appropriations for opioid programs, possibly including the cut to the Keeping Families Together program, will be offset with appropriations from other resources.

In its reply to an FY 2020 OLS Discussion Point, the department noted that, as of March 2019, some 621 families were enrolled in the program at a cost of $40,000 per family per year. The department also shared several performance metrics that showed positive outcomes among program participants. The DCF added that both the department and the Robert Wood Johnson Foundation were in the process of evaluating additional data regarding the experiences of families who were housed through the Keeping Families Together program.

- ***Questions:*** **What is the rationale behind the recommended $5 million decrease in the State funds appropriation to the Keeping Families Together program? Are program resources intended to be cut or are federal or other funds intended to offset the recommended reduction in the State funds appropriation? For each of FY 2020 and FY 2021, please provide the size of the Keeping Families Together program budget from all funding sources, as well as the actual or estimated number of families participating in the program, and the average cost per family.**

DCF Response: The decrease was a combination of contract reductions, a one-time carry forward from the FY20 account caused by underutilization, and other balances identified within the rental assistance component of the program.

The allocation for FY20 was built on estimated costs for housing vouchers and wraparound social services. As the fiscal year closed, the actual net cost of vouchers was less than the projected cost calculations. This generated a savings, and also reduces the ongoing budget for the program. In addition, the FY20 budget supported a program expansion and many newly enrolled families incurred move-in costs. Now that the program operates near capacity, new enrollment will only occur as existing participants leave the program (e.g., turnover) and the allocation for new family move-in costs has been reduced accordingly.

There is no federal offset anticipated for this program in the FY21 budget

In FY 2020 the KFT budget was funded through State funds at a total of $24.8 million.
In FY 2021 the proposed KFT budget is funded through State funds at a total of $22.3 million.

We estimate 623 families will participate, at an average cost of $35,864 per family. No family will lose housing or services during FY21 as a result of the reductions described above.

- **If the recommended reduction in the State funds appropriation is not intended to be backfilled by federal or other funds appropriations, please outline the Keeping Families Together program services that would be cut and by what amount. How does the department anticipate the reduction in funding to affect the delivery of services? How many people currently receive services under Keeping Families Together programs to be cut and how will any cut in the respective program budget affect those numbers?**

DCF Response: As described above, the KFT specific assistance to client amount attributable to the costs associated with moving was reduced by $1,037,844. The additional reductions reflect right sizing the allocated funds for housing voucher payments commensurate with actual housing costs.

There is no anticipated effect on delivery of service.

The KFT program currently serves 623 families. The reduction in the program budget does not affect the number of families served.

- **Please provide updated performance metrics for the Keeping Families Together program, such as any measurements to determine success and effectiveness. Have the department and the Robert Wood Johnson Foundation completed the additional evaluations of the experiences of families who were housed through the Keeping Families Together program? If yes, what are the key takeaways from these studies? Please provide any outcomes data resulting from these evaluations. If no, when does the department expect that the results will be released?**

DCF Response: DCF uses a mixed-methods evaluation and Continuous Quality Improvement process for the KFT Program that examines practice across sites, housing stability, changes in participants' well-being, and long-term child welfare outcomes among KFT families. In addition to collaboratively examining process metrics with KFT providers quarterly (including families' time to housing, engagement in services, and current needs), an annual evaluation examines outcomes among KFT families. Evaluation results have shown that:

- **Participants are successfully engaging in supportive services**. On average, KFT families participate in over 5 case management sessions per quarter from the time they are enrolled

in the program to 15 months post-enrollment. Participation in clinical therapy increases overtime with caregivers engaging in, on average, 1 clinical therapy session per quarter in the 0-3 months post-enrollment compared to 4 per quarter in the 6-15 months post-enrollment. Analyses show that families' participation in group sessions is also high, increasing from less than 10% of families in the 0-3 months post-enrollment to approximately 50% in the 12-15 months post-enrollment.

- **The vast majority of KFT families remain stably housed**. Among 326 families enrolled in KFT between July 2016 and June 2018, 100% had remained stably housed at 6 months post-enrollment, 92% at 12 months post-enrollment and 86% at 24 months post-enrollment.
- **Despite the complex needs of KFT families, most do not experience recidivism within the child welfare system and the vast majority stay together**. Among 101 families who had been enrolled in the program for a minimum of 12 months, 6% experienced a removal, 37% experienced any CPS report and only 5% were considered Frequently Encountered Families (had 3 or more CPS+CWS referrals) during the 12 months post-enrollment. By comparison, New Jersey's KFT Program had a lower removal rate at 12 months post-enrollment than most of the national Supportive Housing for Families in the Child Welfare system demonstration sites (Cedar Rapids: 43%, Broward: 13%, San Francisco: 11%, Connecticut, 5%, Memphis, 2%).

DCF has been partnering with the Urban Institute, with support from the Robert Wood Johnson Foundation, to explore the experiences of families enrolled in the Keeping Families Together (KFT) Program and to improve implementation of the KFT model. DCF expects to receive the results of this work in December 2021.

24. In testimony on July 13, 2020 before the United States District Court for the District of New Jersey, the Commissioner reported that subsequent to the issuance of the COVID-19 stay-at-home order calls to the State's child abuse and neglect hotline were at the lowest monthly volume since the hotline was established in 2004. The number of hotline calls received in April 2020 were 63 percent below the number of calls logged in April 2019. Moreover, the Commissioner noted that the number of families served by the Division of Child Protection and Permanency in their own homes had dropped by 40 percent between February and May 2020.

- ***Questions:*** **What actions has the department taken to ensure the safety and well-being of at-risk children who may be spending additional time at home with abusive family members?**

DCF Response: DCF rapidly responded to ensure the safety and well-being of children and youth during the COVID-19 pandemic by implementing a targeted communication strategy to encourage youth and families to seek assistance, developing new policies and guidance for DCF staff and provider agencies, and leveraging new and existing partnerships with private not for profit and government agencies.

Communications:

- Promoted de-escalation techniques for families with video and posters to reduce family stress that could lead to child abuse and family violence
- Developed a QR code with hotline numbers for at-risk youth for teachers and professionals working with youth to use as virtual background or email signature
- Created 'Social Distancing Shouldn't Mean Social Isolation' social media and press campaign
- Participated in press conferences with Governor
- Participated in virtual town halls with legislators and NGOs

Guidance:

- Implemented the COVID19 Response Teams for DCPP investigations and home visits
- Developed new health and safety policies and guidance documents for DCF staff working in the field and remotely
- Developed guidance documents for contracted provider agencies

Partnerships:

- Partnered with Baby2Baby (California non-profit) for infant and child goods distribution
- Supported and promoted Family Success Centers as community resources for food and services
- Worked in partnership with DHS to launch/provide guidance for emergency childcare
- In partnership with NJ OEM, posted on NextDoor, a social networking platform for neighborhoods and communities
- Partnered with NJAC, NJEA, NJAAP (pediatricians) to distribute child abuse prevention materials
- Procured PPE for staff safety in the field
- Addressed over 600 chiefs and directors of police departments with NJSP Colonel Callahan on signs of child abuse and engaging families
- Held weekly/biweekly calls with community providers
- Created outreach poster/promoted supports for LGBTQ+ youth at home
- Promoted Safe Haven during COVID19 emergency
- Worked with DV providers to support services for at-risk families
- Worked in partnership with DHS to provide guidance for childcare facilities to reopen with limited capacity
- Developed health and safety guidance for childcare providers

Does the department have sufficient personnel to conduct welfare checks on at-risk children and families and provide them with essential services to divert them from the child welfare system?

DCF Response: DCF has sufficient personnel to respond to allegations of abuse and neglect and provide the necessary supports and services to families involved with CP&P.

Questions: **Has the department utilized distance-based communications platforms and devices as part of its child abuse and neglect programs and investigations? By program, please specify the costs associated with utilization of distance-based communications platforms and devices.**

DCF Response: DCF deployed new and existing hardware, including tablets and smartphones to staff throughout the department and provided universal access to video conferencing applications including, Microsoft Teams, Skype, Whatsapp, and Zoom.

The department purchased 135 Lenovo think pad/laptops at a cost of $143,369 at the start of the pandemic for emergency distribution to central office and training staff. Additional purchases were not required as the department was able to leverage existing hardware and new hardware that had been ordered prior to the pandemic.

The following enhancements were made to the department's child welfare information system (CCWIS); NJ SPRIT (NJS),

- Updated contact notes to include contacts and visits made via video conferencing
- Updated/enhanced the medical windows to include COVID diagnosis
- Updated/enhanced NJS placement lines to include placements for COVID

The Department worked with state OIT to have NJS published through the My NJ portal thus allowing DCF staff to access the application without being on the DCF network

The Department requested its application vendor publish information obtained through the safe measures reporting tool on the web so it is accessible to all DCF staff while working remotely.

DCF purchased 82 chrome books for resource parents who indicated not having the needed technology to facilitate virtual parent child visits at a cost of $16,318. DCF also partnered with the AOC to purchase 100 chrome books for families with active Children in Court cases who lack the technology and resources to participate in remote court hearings during the COVID-19 public health crisis. The AOC provided the funding for this initiative.

The Department has allocated an additional $555,000 for the purchase of 3,000 chrome books for birth families open with DCP&P to facilitate virtual visits and court appearances. To date these devices have not been received.

25. The Governor recommends decreasing the appropriation for the Child Collaborative Behavioral Health Care Program by $3 million, from $5 million in the traditional FY 2020 to $2 million from FY 2021. The DCF has operated the program since FY 2015, when it began as a pilot program with a $1.2 million appropriation. The program provides universal behavioral health screenings for children, youth and young adults; timely psychiatric consultation services for primary care physicians; and expedited patient access to psychiatric services. Initially, the program involved two behavioral health care hubs, and 40 pediatric primary care practices screening roughly 240,000 children with known or suspected behavioral health issues. By FY 2017, the program expanded to four telehealth behavioral health hubs that served 11 counties. With a $5 million appropriation in FY 2018, the program operated nine telehealth hubs that covered all 21 counties in the State.

In response to an FY 2020 OLS Discussion Point, the DCF reported that, between July 1, 2018 and February 28, 2019, 560 participating pediatricians screened 16,451 children and youth for behavioral health issues, resulting in over 2,000 referrals to the telehealth behavioral health hubs for psychiatric consultation and related services. Moreover, the department projected that, in FY 2020, the program would expand to 1,200 pediatricians, who would screen 50,000 children and youth, and refer 7,500 to 8,000 patients to the telehealth hubs for consultations and other behavioral health services.

• ***Questions:*** **What is the rationale behind the recommended $3 million decrease in the State funds appropriation to the Child Collaborative Behavioral Health Care Program? Given the increases in provider participation, patient screenings, and referrals for behavioral health services in recent years, is $2 million adequate funding to support high-quality services? What service disruptions does the department anticipate due to the recommended funding reduction? Does the department anticipate that requests for participation and services may be denied due to a shortage of funds or capacity limitations? How many people are projected to not receive services in FY 2021 because of the cut who otherwise would receive services? Will all nine telehealth behavioral health hubs continue to operate? How will the $3 million cut be**

allocated to the nine telehealth behavioral health hubs? Will funding for any hub be eliminated?

DCF Response: Funding for the Child Collaborative Behavioral Health Program was not included in the one-quarter budget enacted for the period July-September 2020. The Governor's proposed FY21 budget includes $2 million in anticipated annualized funding. DCF anticipates restructuring the program to redesign the service delivery model to promote access to services to the maximum capacity possible with the available funding. Given the uncertainty of the continued impact of the pandemic on the healthcare system, DCF is unable to project at this time the number of children and youth who will receive routine preventive healthcare services in FY 21.

- **In FY 2020, how many pediatric primary care practitioners participated in the program? How many children and youth were screened for behavioral health issues and how many of these individuals were referred for consultation and related behavioral health services? What was the average cost per encounter for children and youth participating in the program? What participation, screening, and referral numbers does the department anticipate for FY 2021?**

DCF Response: For the period July 1, 2019 – April 30, 2020, approximately 594 participating pediatricians screened 36,334 children and youth for mental health and substance use disorders, resulting in 2,977 referrals to the Hubs for consultation and additional services. DCF does not capture cost data by encounter type. Given the proposed reduced funding for FY 21 and the uncertainty of utilization of pediatric preventive healthcare services during the pandemic, DCF is unable to forecast a level of service for FY 21.

- **Has the department gathered any data indicating that this program has helped reduce the wait times for access to behavioral health care among the State's children and youth? If so, by how much? Is there any evidence that this program has reduced the number of children and youth involved with the Children's System of Care? Please provide any outcomes data the DCF may have for this program.**

DCF Response: The Child Collaborative Behavioral Health Program supports behavioral health screening in pediatric primary healthcare settings and access to psychiatric consultation for pediatricians to facilitate management of behavioral health conditions in the primary care setting. The department does not have additional data at this time.

26. The Governor recommends decreasing the appropriation for the Peer Recovery Support Services (PRSS) program by $1.2 million, from $4.6 million in the traditional FY 2020 to $3.4 million from FY 2021. However, the Office of Management and Budget indicates that $22.3 million in State funds appropriations for opioid programs, possibly including the cut to the PRSS program, will be offset with appropriations from other resources.

The PRSS program assists parents with a substance use disorder who are involved in the child protection system. According to the DCF contract for PRSS service providers, the program's short-term goals include increasing rates of treatment engagement, treatment completion, and recovery stability among Child Protection and Permanency involved parents and caregivers. The program's long-term goals include harm reduction for families affected by parental substance use disorders, improved child welfare outcomes, and reduced reengagement with the child welfare system. Specifically, PRSS Specialists, each of whom is in recovery, work individually with parents and caregivers for nine to 12 months to provide peer mentoring, connections to recovery

resources, and support in initiating or maintaining recovery; including assisting parents and caregivers in setting and attaining specific goals relating to the client's children, home, work, and recovery.

- ***Questions:*** **What is the rationale behind the recommended $1.2 million decrease in the State funds appropriation to the Peer Recovery Support Services program? Are program resources intended to be cut or are federal or other funds intended to offset the recommended reduction in the State funds appropriation? For each of FY 2020 and FY 2021, please provide the size of the Peer Recovery Support Services budget from all funding sources.**

  DCF Response: The Peer Recovery Support Services Program was created in FY 2018. The Program was implemented in two Phases. Phase I was implemented in FY 2018 within 22 of the 46 DCPP local offices; Phase II was implemented in FY 2020 in the remaining 24 local offices. The program was phased in to prioritize the highest-need areas in Phase I, with one Peer Recovery Specialist budgeted for each local office. A review of the Phase II implementation has indicated that the program can meet the demand for services in Phase II with eight Peer Recovery Specialists assigned to two local offices.

  The Peer Recovery Support Services program was budgeted at $4.6 million in FY 20 and $3.4 million in FY 21.

- **What were the actual FY 2018, FY 2019, and FY 2020 expenditures of the Peer Recovery Support Services program? Please provide performance metrics for the program in FY 2020, and anticipated in FY 2021, such as the number of people served, the average cost of the assistance, and any measurements to determine success and effectiveness. Does the department anticipate any reductions in service due to a lack of funding?**

  DCF Response:

  The Peer Recovery Support Services program expended the following amounts: FY 2018 $2.4 million; FY 2019 $1.9 million; and FY 2020 $4.1 million.

  The total number of individuals referred to the program from July 1 through May 31 is 838. As of May 31, a total of 177 individuals were actively receiving services.

  The DCF Office of Research, Evaluation and Reporting is supporting program evaluation efforts. Preliminary evaluation findings demonstrate that the majority of those referred to the program have a DCP&P case goal of family stabilization. DCF has also learned that parents and caregivers report to their substance use treatment providers and DCP&P that the services have been beneficial to their families and that the Peer Recovery Specialists have been effective in helping parents to make progress in recovery and connect to other supports.

  With full implementation of the current Phase II staffing plan, DCF expects the program to maintain an average census of 360 unique individuals receiving services at any one time.

27. The Division of Child Protection and Permanency operates the Substance Use Navigators for Youth program. According to the May 2017 Request for Proposals for Substance Use Navigator, the DCF would make $1.5 million available annually to fifteen grantees that would receive $100,000 each

to create a full-time substance use navigator position. The navigator is to be knowledgeable of the continuum of care within the DCF as well as substance use treatment services, providers, and advocacy agencies within the navigator's defined service area. Based on this inter-entity knowledge the navigator is to provide consultation services to the community that are intended to facilitate the seamless access to services for youth under 21 years of age with substance use challenges who reside in the navigator's defined service area. In FY 2018, a one-time $1.5 million supplemental appropriation doubled the resources available for the program to $3.0 million.

- ***Questions:*** **What were the actual FY 2018, FY 2019, and FY 2020 expenditures of the Substance Use Navigators for Youth program? What is the recommended FY 2021 program appropriation? Please provide performance metrics for the program in FY 2020, and anticipated in FY 2021, such as the number of people served, the average cost of the assistance, and any measurements to determine success and effectiveness.**

DCF Response: The primary purpose of the Substance Use Navigator Program was to conduct a needs assessment in each of the 15 identified service areas related to identifying the unmet substance use treatment needs of youth. The needs assessment process concluded in FY20 and each funded agency provided a final report of their activities to DCF in December of 2019. The information provided in these reports will be used to inform future efforts to address substance use needs of youth. DCF does not anticipate restoring these funds as the purpose of the initial program has been fulfilled.

The Substance Use Navigators program expended the following amounts: FY18 $2.25 million; FY 19 $3 million; and FY20 $1.4 million. This program will not receive an FY 2021 appropriation, as it ended in December 2019.

28. **Please elaborate on the effects of the over $13 million in de-appropriated funding across the Foster Care, Out-of-home Placements, Family Support Services, and Independent Living and Shelter Care budget lines. Each de-appropriation was justified as the result of actual program expenditures being less than projected. What insight can the Department share on the change in trends for these programs?**

DCF Response: The services provided through the funds in these accounts are paid based on actual utilization. The expenditure trend for these services is declining as a result of the reduction of children and youth in out-of-home care. The reduction in family separations means there are fewer youth entering foster care and fewer children involved with DCF overall resulting in a cost reduction for the support services funded through these accounts.

29. **What is the rationale behind the recommended $4.5 million decrease in the State funds appropriation to the Child Advocacy Center Multidisciplinary Team Fund? Are program resources intended to be cut or are federal or other funds intended to offset the recommended reduction in the State funds appropriation**

DCF Response: The $4.5 million decrease eliminates capital funding to support building improvements and the development of new child advocacy centers. As a result of two years of this funding, all 21 counties now have a physical CAC under development or have made improvements to an existing CAC.

$500,000 in funding for training and technical assistance provided by the NJ Children's Alliance is retained.

30. **What is the rationale behind the recommended $4.3 million decrease in the State funds appropriation to the Child Health Units? Are program resources intended to be cut or are federal or other funds intended to offset the recommended reduction in the State funds appropriation?**

DCF Response: The Child Health Units have been staffed to maintain a nurse health care case manager to child in foster care ratio of 50:1. With the steady decline of the number of youth in foster care, DCF is able to reduce the number of nurses and administrative support staff needed to provide these services. The $4.3 million decrease reflects the amount that can be reduced while still maintaining the required care ratio.

The Child Health Units program reduction will right-size the number of nurses to the foster care census. In addition to programmatic realignment, a one-time federal resource of $2 million will offset this reduction.

31. **What is the rationale behind the recommended $7.4 million decrease in the State funds appropriation to the Purchase of Social Services account relative to February's FY 2021 Governor's Budget? Are program resources intended to be cut or are federal or other funds intended to offset the recommended reduction in the State funds appropriation? If the recommended reduction in the State funds appropriation is not intended to be backfilled by federal or other funds appropriations, please specify the social services, including the program under which the services are typically provided, that will no longer be purchased or will be reduced.**

DCF Response: The decrease to the Purchase of Social Services account eliminates cost reimbursement funding for underutilized social services, treatment, and other programs that are also available through CSOC, other Medicaid programs, or other State funded programs. It rebalances programs and services to align with the actual census of children in child protection/foster care.

32. **What is the rationale behind the recommended $15.2 million decrease in the State funds appropriation to the Foster Care budget line? Please elaborate on any trend that may provide an opportunity to reduce the program appropriation.**

DCF Response: The reduction is based on the trend of fewer youth entering foster care. See table below:

Annual Changes in Volume of Children Entering Placement and Point In Time Volume of Children in Placement, 2012-2019
Source: NJ Child Welfare Data Hub

Year	Children Entering Placement	% Reduction in Child Placements Per Year	Children In Placement, Last Day of Year	% Reduction, Children In Placement Per Year
2012	5,525		7,361	
2013	5,504	*-0.4%*	7,330	*-0.4%*
2014	5,099	*-7.4%*	7,322	*-0.1%*
2015	4,736	*-7.1%*	6,955	*-5.0%*
2016	4,399	*-7.1%*	6,663	*-4.2%*
2017	3,849	*-12.5%*	6,191	*-7.1%*
2018	3,443	*-10.5%*	5,543	*-10.5%*
2019	2,625	*-23.8%*	4,458	*-19.6%*

33. **What is the rationale behind the recommended $4.9 million reduction in the State funds appropriation to the Out-of-Home Placements budget line? Please elaborate on any trend that may provide an opportunity to reduce the program appropriation.**

DCF Response: The expenditure trend for these services is decreasing due to a reduction of youth in out-of-home care.

<u>Children's System of Care (CSOC)</u>

34. The Executive proposes reallocating at least $45 million in the CSOC in FY 2021 to rebalance out-of-home and in-community service rates for providers effective January 1, 2021. The amount would be allocated among several budget lines. According to the FY 2021 Budget in Brief, this would mark the first-rate rebalancing in 15 years. The Governor also recommends new budget language that appropriates additional funds to the CSOC "equal to the proportional cost associated with the early implementation prior to January 1, 2021 for the stabilization and rebalancing of the State's providers rates."

Questions: **What additional funds, by budget line, does the department anticipate needing for any implementation of the rate rebalancing prior to January 1, 2021? Would the full-annualized cost of the rebalancing equal $90 million?**

DCF Response: DCF does not anticipate needing any funding for the rate rebalancing prior to January 1, 2021. The full annualized cost of CSOC's rate rebalancing has not been determined as the Department is still finalizing the new rate structure and has not yet completed the updated rates.

- **Please outline the division's plans and timeline to develop and implement a new CSOC rate structure. Does the division anticipate contracting with a third-party entity to conduct any portion of the rate restructuring? If yes, please explain and provide information on the funding source to support such a contract.**

DCF Response: DCF anticipates the submission of the revised rate schedule to the Federal Centers for Medicare and Medicaid Services in October 2020. CSOC has engaged the services of a rate setting consultant to work in conjunction with Department staff to provide oversight for this initiative. A combination of support from Casey Family Programs and DCF resources were utilized to procure this service.

- **What is the rationale for rebalancing the rates? Please explain how, and to what extent, the rate restructuring will coincide and support the department's priority to implement an integrated and inclusive CSOC. Does the department anticipate utilizing the rate rebalancing to address concerns regarding past or pending minimum wage increases and direct support staff wages? Please explain. Is the rate balancing related to the federal Family First Prevention Services Act? Please explain.**

  DCF Response: Current CSOC rates do not support the true costs of providing services. Many providers have closed programs and/or given their capacity to other states that are able to pay a more competitive rate. There has been no market analysis of rates for CSOC services for over 15 years. Admission wait lists for youth with the most complex needs are increasing. Capacity to serve youth with intellectual and developmental disabilities, particularly those with co-occurring mental health conditions, is insufficient. A market-based rate schedule will promote service quality, reduce safety risks, and ensure that youth with the most acute needs are able to access care. The rate methodology accounts for direct support staff wages. The rate rebalancing is not related to the federal Families First Prevention and Services Act. CSOC services are authorized in New Jersey's Medicaid State Plan and 1115 waiver, which allows for Federal Financial Participation (FFP).

- **Please provide a table showing the current reimbursement rates for CSOC-funded out-of-home and in-community services and the rates that would be paid after the rate rebalancing.**

  DCF Response: As the rate rebalancing initiative is still in process and not yet approved by the federal Centers for Medicare and Medicaid Services (CMS), the revised rates are not available for review.

- **Please provide a table identifying the number of current CSOC providers, as well as the anticipated number of CSOC providers upon implementation of the rate rebalancing, disaggregated by provider county and budget line.**

  DCF Response: Many agencies provide programs/services in multiple counties and serve children across the state. Please see table below:

Out of Home Residential Programs	# of Program Sites
Crisis Stabilization & Assessment Program-Intellectual/Developmental Disability	11
Detention Alternative Program	2
Detox	1
Emergency Diagnostic Reception Unit/Crisis Stabilization Assessment Programs	5
Group Home	13
Group Home Level 1-Intellectual/Developmental Disability	28
Group Home Level 2-Intellectual/Developmental Disability	14
Intensive Intellectual/Developmental Disability	1
Intensive Psychiatric Community Home-Intellectual/Developmental Disability	1
Intensive Residential Treatment Service	7
Other Residential Treatment-Intellectual/Developmental Disability	7
Psychiatric Community Home	25
Psychiatric Community Home-Intellectual/Developmental Disability	7
Respite for Intellectual/Developmental Disability	3
Residential Treatment Center	19
Residential Treatment Center-Behavioral Health/Developmental Disability	3
Residential Treatment Center-Behavioral Health/Substance Use	5
Residential Treatment Center-Short Term Substance Abuse	1
Residential Treatment Center	1
Specialty Residential Services	28
Specialty-Intellectual/Developmental Disability	1
Special Skills Home, Level 1/Level2-Intellectual/Developmental Disability	2*
Treatment Home	14*
Total	**199**
* contract components with multiple individual homes	
Family Support Services (Respite)	**# of Program Sites**
Agency After School	75
Agency Hired Respite	81*
Agency Weekend Recreation	59
Self-Hired Respite	49*
Overnight Respite	3
Total FSS	**267**
* individual respite service providers delivering in-home services	
Intensive In- Home Individual Support Services	**# of Provider Agencies**
Intensive In-Home Behavioral	30
Intensive In-Home Clinical	37
Individual Support Services	31
Total IIH-ISS	**98**
Care Management Organizations	**# of Provider Agencies**
Total CMOs	15
Mobile Response Stabilization Services	**# of Provider Agencies**
Total MRSS	13*
* two agencies are each contracted for 2 service areas	
Behavioral Assistance/Intensive In-Community Services	**# of Providers Agencies**
Total BA/IICS	662*
*each enrolled provider may have more than one clinician rendering services	

- **Please describe the department's rationale for preserving this CSOC initiative over other programmatic funding in the department. To what extent will rebalancing CSOC rates affect other programming offered by the department?**

  DCF Response: The New Jersey Children's System of Care is nationally recognized as a leader in providing comprehensive mental health services to all children in the state without the need for an open case with child protective services or a requirement for parents to relinquish custody in order for their children to receive out-of-home mental health or substance abuse treatment. This is the hallmark of NJ CSOC and is unique in the nation.

  CSOC is built on the Medicaid platform and is funded via a fee for service structure. Market rate analysis has not been completed in over 15 years. Failure to invest in these vital services has left many providers no choice but to close programs or reduce capacity. Low reimbursement has also deteriorated program infrastructures and crippled provider ability to hire and retain skilled candidates, placing children at risk. The rate rebalancing will stabilize the children's public mental health system. Failure to provide the rate increase could lead to the complete collapse of CSOC which is likely to cost the state more money as children would then have to be sent out of state for treatment at much higher costs. Additionally, the state would incur travel costs for staff and family to visit the youth and because DCF does not license those programs DCF does not have oversight of the quality of programs or services.

  CSOC provides multiple levels of service and also offers a statewide comprehensive and accessible infrastructure for families that are navigating behavioral health, substance abuse, I/DD and other challenges.

- **How will the rate rebalancing affect the wages of direct support professionals working for providers whose rates will be rebalanced?**

  DCF Response: Rates are being developed using current market rate information. Many providers of CSOC services employ direct care professionals supporting youth in CSOC-funded services. The wages paid to these professionals would be at the discretion of those providers.

35. On February 7, 2020, the division issued a request for information from providers, specifically asking nine questions regarding the current capacity and best practices for eligible youth receiving services at residential treatment centers or specialty services centers.

    The division subsequently issued two requests for proposals (RFPs): 1) $2.3 million for residential treatment center services provided to youth ages 14 through 18 with co-occurring mental health and substance use needs due June 10, 2020; and 2) $2.4 million for specialty services to youth ages 15 through 19 who manifest significant emotional and behavioral challenges due September 23, 2020. The per diem rate per youth under the first RFP would be $407, or $422 if the provider is accredited by certain agencies. The per diem rate under the second RFP would be $430, or $445 if the provider is accredited by certain agencies. The per diem rates are all inclusive.
    In response to an FY 2020 OLS Discussion Point, the department indicated that it funded 182 substance use disorder treatment beds.

- ***Questions:*** **Please present the data gathered via the request for information. By service provided (i.e.: behavioral health services, developmental disabilities services, and substance**

use disorder services) what is the current capacity and utilization within CSOC-funded residential treatment centers and specialty services centers, disaggregated by the center's county? Does the division have any concerns regarding the capacity or provider access of residential treatment or specialty services center services in the State and, if so, how does the department anticipate addressing those concerns? How does the department anticipate the rebalance of CSOC rates to impact access to care regarding residential treatment centers and specialty service centers?

DCF Response: In January 2020, CSOC was notified that one of its contracted providers would be closing 50 beds as the agency could not sustain operations with the current reimbursement rates. DCF issued a request for information (RFI) in February 2020 to solicit information from provider agencies in a position to rapidly implement residential treatment services to replace this capacity under exigent circumstances. DCF did not receive any RFI responses that demonstrated readiness to enter into a contract negotiation; several indicated that they were not able to provide services at the current rates. With a rebalanced rate structure, CSOC anticipates a more robust response to future requests for proposals to ensure adequate capacity for specific program types. The table below displays the current capacity, utilization, and wait list for residential treatment center and specialty treatment program services. Not all beds are filled as the age, gender, and clinical needs of youth on the waiting list may not align with the available programs; admissions for some youth in the queue are in process.

Program Type	CSOC Contracted Beds	Actively Admitted Children	Occupancy Percentage	Open Beds	Youth in Queue
Residential Treatment Center	272	221	81%	51	65
Specialty Program	288	227	79%	61	42

- **Please provide information on any providers awarded funds under the residential treatment center RFP. Will the per diem rates listed in the RFP be adjusted to reflect the CSOC rate rebalancing proposed by the Governor? Please explain. Does the department anticipate issuing any additional RFPs, and for how many additional beds, in FY 2021?**

DCF Response: DCF awarded one five-bed program under the recent residential treatment center-behavioral health-substance use disorders RFP. The rate for this program will be adjusted through a contract modification at such time as rates are adjusted for all like programs. The department issued an RFP for specialty services with proposals due on September 23, 2020 and anticipates additional RFPs will be issued in FY 2021.

36. **How have CSOC care management services been affected by the COVID-19 pandemic? Please describe: trends in utilization; the services being rendered; and any adjustments that have been made to provide services remotely.**

DCF Response: CSOC care management services have continued to be made available throughout the pandemic. There was an increase in the caseload in the early months of the public health emergency, which is attributed to some families delaying transition from services in March and April. Since that time, the caseload trend has been consistent with prior year seasonal fluctuations. The rapid transition to telehealth service delivery made possible with the

declaration of the public health emergency has minimized disruption in youth and family engagement. As of August, over 16,000 unique youth had accessed CMO services through telehealth.

37. **How have intensive in-home behavioral assistance services been affected by the COVID-19 pandemic? Please describe: trends in utilization; the services being rendered; and any adjustment that have been made to provide services remotely.**

DCF Response: CSOC intensive in-community and behavioral assistance (IIC/BA) services have continued to be made available throughout the pandemic. As in previous years, CSOC saw an increase in utilization in February and March of 2020, however, there was a decline in utilization in April as new referrals to CSOC decreased overall. Since that time there has been an increase in utilization consistent with prior year trends for the summer months. The rapid transition to telehealth service delivery made possible with the declaration of the public health emergency has minimized disruption in access to care. As of August, over 13,000 unique youth had accessed IIC/BA services through telehealth.

38. **Please justify the recommended $31.6 million increase in the State funds appropriation to the Out-of-Home Treatment Services budget line. Please elaborate on any trend that may necessitate the appropriation increase.**

DCF Response: The recommended increase is a result of the pending rate increase projected to take effect on January 1, 2021, reduced by enhanced Medicaid Federal match (FMAP) provided as part of the COVID emergency.

39. **Please justify the recommended $4.0 million increase in the State funds appropriation to the Youth Incentive Program budget line. Please provide background on the program and the entities that are responsible for its operations.**

DCF Response: This increase to the Youth Incentive Program budget line item is solely for the potential impact of the minimum wage increase to take effect January 1, 2021.