

Table of Contents

Introduction.....	ii
Plan Development.....	iii
Definitions.....	iv
Executive Summary.....	v
Highlights of the Plan	viii
New Jersey’s Statewide Child Abuse and Neglect Prevention Plan Critical Elements ...	ix
Glossary of Agencies	x
New Jersey’s Statewide Child Abuse and Neglect Prevention Plan (2005-2008)	1

Appendices

Appendix 1

Plan for Addressing Enforceable Action Item G.3.a.

Appendix 2

Standards for Prevention Programs: Building Success through Family Support

Appendix 3

New Jersey’s Statewide Child Abuse and Neglect Prevention Plan (2002-2005)

Appendix 4

Home Visitation Programs in New Jersey:
A Promising Approach for Preventing Child Abuse and Neglect

Appendix 5

Prevention Accomplishments in 2005

Appendix 6

A Historical Perspective 1909-2005

Appendix 7

New Jersey’s Statewide Child Abuse and Neglect Prevention Plan
Working Group Members

Appendix 8

New Jersey Task Force on Child Abuse and Neglect
Prevention Subcommittee Members

Appendix 9

New Jersey Task Force on Child Abuse and Neglect Members

New Jersey Statewide Child Abuse and Neglect Prevention Plan 2005 - 2008

Introduction

We all play a role in protecting our children from abuse and neglect. Every child deserves a nurturing home environment, a safe place to play, appropriate medical care, and a stimulating educational experience – the essential ingredients for promoting child well-being and healthy child development. While the primary responsibility for children’s health and well being rests with parents and guardians, they cannot do it alone. Families need the help of strong, supportive neighborhoods and communities with culturally competent, evidenced based, outcome measured social services.

Today, our Child Protective Services system is overwhelmed by the sheer number of children and families requiring investigation, intervention, treatment and placement. Prevention programs and services must play a more significant role in the full range of child welfare services. Documented advantages of prevention strategies show improved outcomes in reduced the frequency and severity of maltreatment, enhanced parent-child interactions, more efficient use of health care services, enhanced child development and early detection of developmental delays. Long term outcomes include reduced welfare dependency, decreased delinquency, anti-social and criminal behavior, increased school readiness and significantly reduced cost outlays.

“A New Beginning: The Future of Child Welfare in New Jersey” 2004, targets many of the problems that are associated with child abuse and neglect, including economic duress, substance abuse, inadequate housing, domestic violence, mental and physical health and the lack of community based social services. The Child Welfare Reform Plan makes a powerful commitment to the prevention of child maltreatment. New Jersey is dedicating significant resources and effort to develop an integrated network of support services for children and families throughout the state. The Reform Plan also promises to more fully engage families, schools and educators, relevant state agencies, departments and divisions, community organizations, providers of services, non-profits, and the business and corporate sectors in the promotion of child welfare. The goal is to PREVENT the need for Child Protective Services involvement before abuse or neglect of children ever occurs.

It is the intent of this Plan to particularly address PRIMARY and SECONDARY Prevention programs, activities, messages and services. In the past, public resources have primarily gone into tertiary/treatment programs. The investment in a quality comprehensive community based prevention plan will reduce the need for those services.

Plan Development

The New Jersey Task Force on Child Abuse and Neglect and the Prevention Subcommittee are pleased that many of the goals, objectives and strategies identified in New Jersey's Statewide Child Abuse and Neglect Prevention Plan April 2002-2005, and the *Standards for Prevention Programs: Building Success through Family Support* have been incorporated into the Division of Prevention and Community Partnerships (DPCP). The creation of the Division of Prevention and Community Partnerships reflects the State's commitment to the prevention of child abuse and neglect and its belief that communities are essential to supporting healthy children and families by identifying local solutions to local challenges.

The New Jersey Task Force on Child Abuse and Neglect has been working with the Division of Prevention and Community Partnerships since February 2005 on the development of this Prevention Plan.¹ We would like to thank the many individuals from myriad fields who participated in the creation of this Plan. We have also continually consulted with four groups who are simultaneously involved in statewide systems plan that impact and intersect with the goals and objectives of this plan:

- The Department of Health and Senior Services' State Early Childhood Comprehensive Systems Grant Programs (SECCS) to develop a systematic approach to coordination, collaboration or cooperation cross service sectors, public and private, for early childhood healthy growth
- BUILD NEW JERSEY: Partners for Early Learning lead by ACNJ to develop a blueprint for early learning that supports families and caregivers to effectively move beyond an array of services to an effective early learning system
- Governor's Cabinet for Children, Community Impact Committee a framework for discussion on Child/Family Pathways in Partnership with Communities
- Program Development & Prevention Services of the NJ Juvenile Justice Commission and Governor's Juvenile Justice & Delinquency Prevention Committee

The transparency and coordination of systems is a basic ingredient to the success of any of these initiatives. As many of these involve co-equal agencies and departments, the leadership and support of the Governor's Office is imperative.

With the sustained commitment from the multiple entities involved in its development, this Plan has all of the required elements for success. The Prevention Subcommittee of the New Jersey Task Force on Child Abuse and Neglect is honored to have been asked to create a plan to ensure the safe, nurturing and healthy development of all our children and adolescents. The Prevention Subcommittee accepts the responsibility for supporting and monitoring the implementation of this Plan.

¹ June 30, the Office of Children's Services, Division of Prevention and Community Partnerships submitted June Enforceable G. 3.a, a Plan for providing services and supports to families at high-risk of entering the child welfare system.

Definitions

This Plan uses the definitions of Prevention as stated in *The Standards for Prevention Programs: Building Success through Family Support*. They are stated here for the reader's convenience.

PRIMARY PREVENTION targets the general population and offers services and activities before any signs of undesired behaviors may be present; no screening occurs.

SECONDARY PREVENTION is directed at those who are "at risk" of possibly maltreating or neglecting children. Determining who is at risk is based on etiological studies of why maltreatment may occur. Secondary prevention efforts and services are also provided before child abuse or neglect occurs.

TERTIARY PREVENTION is provided after maltreatment has occurred, to reduce the impact of maltreatment and avoid future abuse. Tertiary prevention is treatment, working with children who have been abused or working with families where abuse has occurred.

UNIVERSAL AVAILABILITY means all parents, guardians and caregivers will have access to primary prevention materials and services without regard to income or identified risk factors.

CORE CONTRIBUTING FACTORS refers to these problems associated with child abuse and neglect; substance abuse, domestic violence, physical health, mental health, inadequate housing, economic duress and lack of community based social services.

The **PRINCIPLES of FAMILY SUPPORT** are integral to every aspect of this Prevention Plan. The focus of family support is to promote the acquisition of knowledge and skills that make the family more competent, thus strengthening family functioning. Family support ensures that parents are engaged in policy and program decisions at every level. It requires providing the knowledge and skills to participate in the policy decisions that impact their children, families and neighborhoods.

FAMILY SUPPORT PRACTICE

- Builds relationships based on equality and respect
- Improves families' ability to access resources they need
- Actively involves families in all aspects of the work
- Builds on strengths to effect change
- Celebrates diversity and affirms cultural, racial, gender and linguistic identity
- Strengthens community
- Advocates for fair, responsive and accountable systems.

Executive Summary

To effect a transformation of the magnitude necessary to meet the goals of the Child Welfare Reform Plan, change is required in the environment, in existing systems, and by individuals and service providers at the state, county and local levels. The New Jersey Statewide Child Abuse and Neglect Prevention Plan is a comprehensive model that is divided into state, county and local spheres of influence. This document articulates action steps for government entities at all levels, for interested and affiliated organizations and for individuals and members of the public. Specific recommended actions, strategies and measurable outcomes in the environmental, systemic and individual/program domains are detailed that will prevent maltreatment and support the healthy development of children and families.

This Prevention Plan incorporates the *Standards for Prevention Programs: Building Success through Family Support*, and the Principles of Family Support. It builds on the work of existing statewide planning entities and is based on a multi-disciplinary consensus. This Plan creates a framework that divides the necessary tasks into component parts, attributing roles, responsibilities and outcomes to each. Many of these components are already in place. Some counties have an existing or newly created Child Abuse Prevention Planning and Coordinating Entity. Some communities are working on local Collaboratives. Implementation of this Plan will integrate a comprehensive statewide network of child abuse and neglect prevention systems, programs and services.

This document details how each community must join in shaping the strategies and services that will lead to successfully preventing child abuse and neglect. The Plan identifies the need to educate the public and families themselves, about effective strategies to strengthen families before child abuse and neglect occurs, and to motivate support for funding for prevention programs that work. It affirms the need to identify and coordinate all existing family strengthening services and develop coordinated plans across systems and agencies. It demonstrates the need to improve the effectiveness of the supports and services provided to children and families through standards, best practices, cultural competency and the involvement of families and communities in evaluating and improving programs.

This Prevention Plan concentrates on PRIMARY and SECONDARY Prevention. The intent is to normalize the provision of family support and create a system that provides universal, strength-based, family focused services accessible to the whole community, not to single out individual parents. This Plan spells out goals and objectives for a comprehensive continuum of services and a prevention strategy that supports individuals, organizations and communities in their efforts to promote safe children, adolescents and healthy families. Working in partnership with families and communities, the public and private sector, across systems, agencies and departments the implementation of this Plan will enable New Jersey to prevent child abuse and neglect before it occurs, ultimately decreasing the number of children requiring the intervention and supervision of Protective Services.

The Prevention Plan has four major goals. The first three are the domains into which the plan is divided, Environmental, Systemic and Individual/Program. The fourth is an overarching requirement that applies to every domain and all three divisions of involvement on the state, county and local level.

1. Creating an Environment that Supports Systemic Change

The prevention of child abuse and neglect requires acknowledgement that family and community strengthening are the most effective means to safeguard children. The general public and policymakers must understand that child abuse prevention is a public health issue, that “vaccination” of families works better than waiting until the “disease” of child maltreatment has occurred and that universally accessible supports for families produce better results and are more cost effective than intervention and treatment.

2. Coordinating and Improving the Systems that Support Children and Families

Numerous public and private agencies, on the federal, state, county and local level have responsibility to provide the policies, procedures, services and funding for communities and families that impact the prevention of child abuse and neglect. These agencies and service providers must coordinate and collaborate to create one transparent system that promotes child well-being and looks at children and families holistically, rather than as fragmented components. Human and financial resources must be brought to bear in organized ways and used to fund the most effective approaches.

3. Strengthening Children, Families and the Programs and Providers that serve them.

Enhancing the capacity of the individual service providers, children and their families participating in prevention programs and processes is essential. To maximize the effectiveness of the resources we allocate to prevention, we must ensure that all services are consistent with best practices and *The New Jersey Standards for Prevention Programs: Building Success through Family Support*. The Prevention Plan identifies the need on an individual and program basis, to promote standards, best practices, competency and the involvement of families and communities in evaluating and improving programs.

4. Involving Stakeholders as Powerful Partners in Change

Family strengthening and the prevention of abuse and neglect must become a priority in every community and the responsibility of every person. The state must provide the infrastructure and funding to help build strong communities, create secure families, and keep children healthy and safe. Families must be involved and share power in all phases of program development and decision-making and should have choices that are consistent with their families’ culture and beliefs. The inherent strengths, power and resources of every community must be recognized and valued in the process of change, so that they are empowered to make and implement decisions consistent with its resources, needs and cultures. Each community must understand the scientific basis of family strengthening and child abuse and neglect prevention. This includes the cornerstones of effective programs, best practices research in primary, secondary and tertiary prevention and the *New Jersey Standards for Prevention Programs*. It also includes the importance of respecting and including the full range of diverse voices especially those who have been marginalized and disenfranchised. With this in mind, together we can ensure the optimal development of all New Jersey’s children and adolescents.

New Jersey Statewide Child Abuse and Neglect Prevention Plan 2005 – 2008

VISION

A Statewide commitment to support and strengthen parents, caregivers and families by engaging communities, organizations and individuals, while integrating systems to ensure the optimal development of all New Jersey children and adolescents.

GOAL

To prevent child abuse and neglect in New Jersey and to ensure the safe, nurturing and healthy development of all children and adolescents.

STATE PREVENTION PLAN IMPLEMENTATION:

Immediate Action Recommended:

Release of grants to a new or existing designated county-level planning entity to develop a primary and secondary child abuse prevention plan for its county, *involving families and communities in all aspects of the planning process. Ensure that planning participants are knowledgeable about and have experience in primary and secondary prevention and family strengthening.* Plans to be submitted for approval by June 30, 2006

Require that the Prevention Plan

1. Incorporate the *Standards for Prevention Programs: Building Success through Family Support*¹
2. Identify and assess existing prevention services and gaps in prevention services for the county
3. Enhance widespread awareness of, support for, and participation in prevention and the *Standards for Prevention Programs: Building Success through Family Support*, and
4. Build capacity and coordinate prevention programs and services to create a network of comprehensive and integrated care.

¹ *The Standards for Prevention Programs: Building Success through Family Support* is available at the following website within the lower publication link at: www.njtaskforcecan.org.

Highlights of the Plan

Philosophical Underpinnings:

- Child maltreatment is a **public health** issue
- Support services for families will be **normalized**
- **Family support** services will be based on evidence based practice and the *Standards for Prevention*
- All programs and services are **culturally competent**
- Preventing child abuse and neglect is a state, county and local government **priority**
- **Every citizen** of this state has a role in preventing the maltreatment of children
- Family and community **leadership and empowerment** are critical
- **Integration and collaboration** across systems will maximize results
- **Research** on the causes of child maltreatment and the efficacy of prevention efforts will be supported and on-going.

Service Goals:

- Funders/Investors will support programs that meet the *Standards for Prevention*
- Pubic Awareness campaign: **A Person who Cares Can Prevent Child Abuse**
- **Communities are engaged** to support families
- Statewide infrastructure to support **home visitation** services
- **Universal access** to services for all families without regard to income or risk factors
- Services will be directed to social problems identified as **core contributing factors** of child maltreatment including, economic duress, substance abuse, inadequate housing, domestic violence, mental and physical health and the lack of community based social services.
- High quality **professional education** for any professional working with children and families
- Continuous review and **quality** improvement
- Accountability and **measurable outcomes**

Infrastructure:

- **State** Division of Prevention and Community Partnerships with defined roles and responsibilities, fully staffed, trained and funded
- **County** level planning and coordinating entity, existing or newly established, with defined roles and responsibilities
- **Local** Collaboratives and other existing local prevention service providers and community organizations

<p align="center">Environmental (Creating public will and an environment supportive of the work of individuals and programs)</p>	<p align="center">Systemic (Identify, coordinate and improve the functional capacity of existing federal, state, county and local prevention approaches)</p>	<p align="center">Individual/Program (Addresses work done by individuals/programs and promotes standards and competency)</p>
<ul style="list-style-type: none"> • Promote the positioning of child abuse and neglect and its core contributing factors as a critical public health issue • Promote Prevention and family support with universal access • Promote the Cares/Can Campaign • Promote the inclusion of cultural competency in all training, programs and approaches • Promote consistency and coordination at state, county and local levels • Acceptance and promotion of a self selected county based process incorporating an existing or newly formed entity to ensure community involvement in county level planning and coordination of prevention approaches • Acceptance and promotion of a policy to empower communities • Acceptance and promotion of community norms around health and nonviolence • Promote and infuse Family Support values family empowerment and leadership development at all levels using research-based practices 	<ul style="list-style-type: none"> • Garner executive support to promote positioning child abuse and neglect and its core contributing factors as a critical public health issue • Assure consistency, coordination and consolidation of existing federal, state, county and local systems, agencies, departments and divisions that impact child well-being. • Multi-systemic planning and resource allocation to address prevention and the core contributing factors health, mental health, domestic violence, substance abuse, housing and economic duress. Integrate concurrent multi-systemic planning projects (Build New Jersey, State Early Childhood Comprehensive Systems Grant, Governor’s Cabinet for Children Community Impact Committee, Child Welfare Reform Plan, Juvenile Justice Planning, the Statewide Child Abuse and Neglect Prevention Plan) • Institutionalize support for child abuse and neglect prevention and its core contributing factors as a central focus of policy and programming in child welfare and all relevant systems serving children and families. • Facilitate distribution and utilization of PSA’s and other social marketing tools • Maintain systemic focus on primary and secondary prevention • Establish systemic support for family empowerment and leadership development as a key component of prevention and family strengthening approaches • Create a statewide infrastructure to support Home Visiting models that meet the White Paper criteria. • Support systemic involvement in Child Abuse Prevention month activities • Garner legislative support for primary and secondary prevention • Develop and ensure universally available, accessible family strengthening, primary and secondary prevention programs • Garner support from the Governor’s Office and 	<ul style="list-style-type: none"> • Train key leaders, policy makers, funding sources, and other decision makers on prevention and the core contributing factors • Research and disseminate findings for identification and remediation of the co-occurring problems in child maltreatment • Develop curriculum for the training and dissemination of <i>Standards for Prevention</i> of child abuse and neglect and the core contributing factors • Assist individuals in assessing and addressing prevention and the core contributing factors • Quality professional education on primary and secondary prevention • Directory of evidence based prevention programs/services to create a coordinated, integrated and comprehensive network of primary and secondary prevention programs that meet the <i>Standards for Preventions</i> • Train and disseminate the <i>Standards for Prevention</i> • Develop and incorporate a prevention curriculum for higher education and post graduate degrees • Train and promote Home Visiting programs meeting White Paper criteria • Disseminate materials to promote awareness of child abuse and neglect (such as Blue Ribbons, Cares/Can campaign, proclamations, buttons, calendars, etc.) • Enlist high visibility personality in the promotion of prevention as a critical issue • Involve key political and community leaders • Facilitate the integration of cultural competency and family empowerment into all prevention planning and training models

Glossary of Agencies

American Academy of Pediatrics – New Jersey	AAP - NJ
Association for Children of New Jersey	ACNJ
Child Life Protection Commission	CLPC
County Level Planning and Coordinating Entity	CLP&CE
Department of Community Affairs	DCA
Depart of Education	DOE
- Office of Early Childhood	DOE - OEC
Department of Health and Senior Services	DHSS
Department of Human Services	DHS
- Office of Public Affairs	DHS-OPA
- Office of the Legislative Liaison	DHS-OLL
Division of Developmental Disabilities	DDD
Division of Family Development	DFD
Division of Learning and Development	DLD
Division of Prevention and Community Partnerships	DPCP
Governor’s Cabinet for Children	GCC
Governor’s Juvenile Justice and Delinquency Prevention Committee	GJJDPC
Human Services Advisory Commission	HSAC
Office of Child Abuse Prevention	OCAP
Office of the Child Advocate	OCA
Office of Children’s Services	OCS
- Area Offices	OCS – AO
- Division of Youth and Family Services	OCS - DYFS
National Association of Social Workers – New Jersey	NASW - NJ
New Jersey Association on Education for Young Children	NJAEYC
State Early Childhood Comprehensive Systems	SECCS
Task Force of Child Abuse and Neglect	TFCAN
- Communications Subcommittee	TFCAN - CS
- Prevention Subcommittee	TFCAN - PS
Temporary Assistance for Needy Families	TANF
University of Medicine & Dentistry of New Jersey	UMDNJ

<p align="center">Environmental (Creating public will and an environment supportive of the work of individuals and programs)</p>	<p align="center">Systemic (Identify and coordinate existing federal, state, county and local prevention approaches)</p>	<p align="center">Individual/Program (Addresses work done by individuals/programs and promotes standards and competency)</p>
<p align="center">State level</p> <p><u>Recommended Action and Strategies</u> Promote the positioning of child abuse and neglect and its core contributing factors as a critical public health issue:</p> <ol style="list-style-type: none"> 1. Proclamation of support from the Governor’s office 2. State policy established <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • Governor’s Office • Legislature • Task Force on Child Abuse and Neglect (TFCAN) • Div. of Prevention and Community Partnerships (DPCP) • University of Medicine & Dentistry of New Jersey (UMDNJ) – Violence Institute of New Jersey • UMDNJ - Center for Healthy Schools, Families and Communities/Office of Prevention Services & Research • Department of Health & Senior Services (DHSS) 	<p align="center">State level</p> <p><u>Recommended Action and Strategies</u> Garner executive support from the Governor’s Office and legislature to promote the positioning of child abuse and neglect and its core contributing factors as a critical public health issue:</p> <ol style="list-style-type: none"> 1. Consistent, visible and sustained support from the Governor’s Office 2. Establishment of a fully coordinated plan to forward this initiative 3. Visible support from the legislature and all departments of government <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • Governor’s Office • Legislature • Division of Prevention and Community Partnership (DPCP) • Department of Human Services (DHS) • UMDNJ – Center for Healthy Schools, Families and Communities and the Violence Institute of NJ • Prevention Subcommittee • DHSS • Office of the Child Advocate (OCA) 	<p align="center">State level</p> <p><u>Recommended Action and Strategies</u> Train key leaders, policy makers, funding sources, and other decision makers on prevention and the multiple core contributing factors of child abuse and neglect.</p> <ol style="list-style-type: none"> 1. Develop training content 2. Determine target audience (Gov.’s Office rep., Legislators, foundations) 3. Select trainers <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • Prevention Subcommittee • Office of Child Abuse Prevention • DPCP • Division of Learning and Development <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Training content developed 2. Target audience determine 3. Trainers selected 4. Number of trainings completed

<p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Proclamation produced 2. State policy written 	<p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Consistent sustained support from the Governor’s Office with representation and communication 2. Establishment of a plan to put this issue forward that meets objectives and time frames 3. Visible legislative support evidenced by legislation passed and funded <p><u>Recommended Action and Strategies</u></p> <p>Enhanced coordination and consolidation of existing federal, state, county and local systems, agencies, departments and divisions that impact child well-being to better position themselves to address the core factors.</p> <ol style="list-style-type: none"> 1. Establish a methodology for cross system planning 2. Establish coordination benchmarks in all grant standards <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP • Task Force on Child Abuse and Neglect - Prevention Subcommittee (TFCAN – PS) • Governor’s Cabinet for Children (GCC) • TFCAN • Child Life Protection Commission (CLPC) <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Plan established 2. Standards outlined in grant 3. Grant selection criteria based on 	<p><u>Recommended Action and Strategies</u></p> <p>Research and disseminate findings for identification/remediation of co-occurring problems in child maltreatment</p> <ol style="list-style-type: none"> 1. Identify research available 2. Disseminate findings 3. Investigate other necessary research projects 4. Determine steps necessary for remediation 5. Establish protocols for implementing remediation <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DHS • Office of Children’s Services (OCS) • TFCAN <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Available research identified 2. Findings disseminated 3. Other necessary research projects investigated
--	--	--

	<p>coordination standards</p> <p><u>Recommended Action and Strategies:</u></p> <p>Multi-systemic planning and resource allocation to address prevention and these identified core contributing factors: Health, Mental Health, Domestic Violence, Substance Abuse, Housing and Economic Duress. (Health, Mental Health, Education, Early Learning, Childcare, Division of Family Development (DFD), Head Start, Task Force on Child Abuse & Neglect (TFCAN) Safe Child Consortium, Governor’s Cabinet for Children, State Early Childhood Comprehensive Systems (SECCS) Grant, BUILD New Jersey – Partners for Early Learning, Association for Children of New Jersey (ACNJ), Substance Abuse, Domestic Violence, Department of Community Affairs, Housing, Temporary Assistance for Needy Families (TANF), Division of Developmental Disabilities (DDD), Juvenile Justice & Delinquency Prevention Committee, Child Advocate, New Jersey American Academy of Pediatrics (NJ-AAP), Law Enforcement, Governor’s Office)</p> <p><i><u>This list is not meant to be exhaustive or exclusive but list current identified partners</u></i></p> <ol style="list-style-type: none"> 1. Coordination of programs and resources across systems 2. Method of coordination and accountability of resources 3. Quarterly meetings 4. Identification of designated decision 	<ol style="list-style-type: none"> 4. Steps necessary for remediation determined 5. Protocols for implementing remediation established and implemented <p><u>Recommended Action and Strategies</u></p> <p>Develop curriculum for the training and dissemination of <i>Standards for Prevention Programs: Building Success through Family Support (Standards for Prevention)</i> of child abuse and neglect and the core contributing factors</p> <ol style="list-style-type: none"> 1. Implement training 2. Develop evaluation for effectiveness 3. Seek continual improvement 4. Development of talent <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP • Office of Child Abuse Prevention (OCAP) • TFCAN-PS • Division of Learning and Development (DLD) • New Jersey Association for the Education of Young Children (NJAEYC) <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Training implemented 2. Evaluation for effectiveness developed 3. Continual improvement established 4. Number of trainings
--	---	---

	<p>making individual in each department</p> <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • Governor’s Office • DHS • DPCP • Department of Community Affairs (DCA) • TFCAN <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Coordination of programs and resources across systems 2. Method of coordination and accountability of resources 3. Consistent decision making and policies across departments divisions agencies and systems <p><u>Recommended Action and Strategies</u></p> <p>Integrate concurrent multi-systemic planning projects (Build New Jersey, SECCS Grant, Governor’s Cabinet for Children-Community Impact Committee, NJ Juvenile Justice Plan, Child Welfare Reform Plan, the Child Abuse & Neglect Prevention Plan)</p> <ol style="list-style-type: none"> 1. Develop vision 2. Identify partners necessary 3. Produce a process to coordinate exchange of information, collaboration, research and results. <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP 	<ol style="list-style-type: none"> 5. <i>Standards for Prevention</i> included in all training from Division of Learning and Development (DLD) 6. <i>Standards for Prevention</i> utilized in training in all core contributing fields that constitute the multiple causes of child maltreatment
--	--	--

- TFCAN-PS
- BUILD-NJ Core Team
- SECCS Advisory/Planning Team
- DHSS
- ACNJ
- JJDPC
- GCC

Measurable Outcomes:

1. An operational vision in place
2. Partners identified
3. A plan in place

Recommended Actions and Strategies
 Establish systemic support for child abuse and neglect and its core contributing factors as a central focus of all policy and programming affecting childhood health and safety

1. Secure support and endorsement from all levels of
 State Government involved or potentially involved
 with child welfare
2. Assure preventing child abuse and neglect are key
 components of the child welfare system

Responsible Entity(ies):

- Governor’s Office
- DHS, DHSS, DCA etc.
- Office of Child Abuse Prevention
- DPCP
- TFCAN-PS

Recommended Action and Strategies

Assist individuals in assessing and addressing prevention in their families and communities the core contributing factors (health, mental health, housing, substance abuse, domestic violence, economic duress, lack of social services

1. Educate community members on the Family Support Principles
2. Utilize the *Standards for Prevention* to include and empower local community groups and individuals

Responsible Entity(ies):

- DPCP
- DHS
- DHSS
- OCS
- Office of Early Childhood in DOE
- DCA

<p><u>Recommended Action and Strategies</u></p> <p>Promote prevention and family support with universal access to prevention and family support services</p> <ol style="list-style-type: none"> 1. Develop state policy defining and requiring universal access 2. Promote access points 	<p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Governor’s order requiring support and endorsement from all levels of State Government involved or potentially involved with child abuse 2. Child abuse and neglect prevention included as key component of all state department, division and agency plans 3. Consistent directives from leadership across departments, divisions, agencies and systems 4. Consistent and visible messages across systems 5. Mechanisms for communication and collaboration established 	<p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Ability of individuals to utilize <i>Standards for Prevention</i> to assess programs and evaluate their effectiveness <p><u>Recommended Actions and Strategies:</u></p> <p>Quality professional education on primary and secondary prevention</p> <ol style="list-style-type: none"> 1. Define quality education 2. Utilize <i>Standards for Prevention</i> to develop curricula for educational institutions 3. Provide training on <i>Standards for Prevention</i> for educators, individuals involved in child welfare and its related fields 4. Promote certification criteria in prevention training for those working or volunteering in child welfare and core contributing areas <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP • OCAP • TFCAN-PS • DLD <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Quality education defined 2. Prevention curriculum for educational institutions developed and utilized 3. Training on this curriculum provided to
---	--	--

<p>Responsible Entity(ices):</p> <ul style="list-style-type: none"> • Legislature • DPCP • TFCAN-PS <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Policy developed requiring and supporting universal access 2. Acceptance of <i>Standards for Prevention</i> by other state departments 3. Advertisements or Public Service Announcements (PSA's) in media or other outlets 4. Families have access to family support and prevention services in their local communities 	<p><u>Recommended Action and Strategies</u></p> <p>Establish systemic support for family empowerment and leadership development as a key component of prevention and family strengthening approaches. Facilitate families to be effective partners in systems change and prevention efforts at all levels using family support values and research-based family empowerment and leadership development practices</p> <ol style="list-style-type: none"> 1. Development of a compendium of resources for families 2. Facilitation of cross system planning to bring families to the table 3. Establishment of policies for grant dissemination 4. Develop policy for grant recipients <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP • Community based prevention, family empowerment and leadership development organizations 	<p>educators</p> <p><i>Recommended Action and Strategies</i></p> <p>Facilitate the integration of family empowerment into all prevention planning and training models.</p> <ol style="list-style-type: none"> 1. Families and family advocates involved in the determination for criteria for family empowerment and leadership development 2. Develop and disseminate of criteria 3. Assure compliance with criteria in all programming and training models <p>Responsible entities:</p> <ul style="list-style-type: none"> • Child Life Protection Commission (CLPC) • TFCAN-PS • OCAP • Department of Education (DOE)– Office of Early Childhood Education • DLD <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Criteria for family empowerment and leadership development determined 2. Criteria developed and disseminated 3. Compliance with criteria in all programming and training models assured 4. Family focus groups reflect improved perception by involved families of their own effectiveness and the responsiveness
--	--	--

<p><u>Recommended Action and Strategies:</u> Promote and infuse family support values, family</p>	<ul style="list-style-type: none"> • SECCS Advisory Committee • Build-NJ Core Team • Prevention Subcommittee <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Development & dissemination of the compendium of resources 2. Facilitation of cross system planning to bring families to the table 3. Policies developed 4. Concepts consistently established in grant applications 5. Policy standards promulgated 6. Increase in # and diversity of families participating in systems-change activities at all levels 7. Family focus groups reflect improved perception of involved families of their own effectiveness and the responsiveness of state systems to their equal participation <p><u>Recommended Actions and Strategies</u></p>	<p>of programs to their equal participation</p> <p><u>Recommended Actions and Strategies:</u> Directory of evidence based prevention programs/services to create a coordinated, integrated and comprehensive network of primary and secondary prevention programs that meet the <i>Standards for Prevention</i></p> <ol style="list-style-type: none"> 1. Determine criteria for program selection 2. Identification of approved programs and services 3. Develop directory 4. Easy access on and off line <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • OCAP • TFCAN-PS • DPCP <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Criteria for program selection determined 2. Approved programs and services identified 3. Directory developed, updated and sustained <p><u>Recommended Actions and Strategies</u> Dissemination of materials to promote awareness of child abuse and neglect (such as Blue Ribbons, Cares/Can campaign, proclamations, buttons, calendars, etc.)</p>
--	---	---

<p>empowerment, and leadership development at all levels using research-based practices</p> <ol style="list-style-type: none"> 1. Agree to accept the family support values and support family empowerment and leadership development 2. Active promotion of the approach 3. Develop policy for grant recipients <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • TFCAN-PS • DHS-OCS, DHSS • Community based prevention and family empowerment and leadership development organizations <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Agreement in place to accept the family support values and support family empowerment and leadership development through policy and funding 2. Active promotion of research-based approaches to family support, empowerment and leadership development 3. Policies developed 4. Concepts consistently established in grant applications 5. Policy standards promulgated 6. Promotional material developed and disseminate 	<p>Facilitate distribution and utilization of PSA's and other social marketing tools</p> <ol style="list-style-type: none"> 1. Distribution of marketing materials throughout state distribution systems 2. Secure coverage in state sponsored media venues <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DHS-OPA • TFCAN-CS • DPCP <p>Measurable outcomes:</p> <ol style="list-style-type: none"> 1. Identification of media outlets 2. Distribution of PSA's to all media outlets 3. Placement of PSA's on nightly news programming <p><u>Recommended Actions and Strategies</u></p> <p>Maintain systemic focus on primary and secondary prevention of child abuse and neglect</p> <ol style="list-style-type: none"> 1. Develop educational materials on the cost effectiveness of prevention 2. Support the right of all children to a safe, healthy and nurturing childhood 3. Promote universal access to programs and services 	<ol style="list-style-type: none"> 1. Explore concepts 2. Determine messages to be promoted 3. Develop materials 4. Distribute materials 5. Reinforce messages <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP • OCAP • TFCAN-CS • TFCAN-PS <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Concepts defined 2. Messages to be promoted determined 3. Materials developed 4. Materials distributed <p><u>Recommended Actions and Strategies</u></p> <p>Development and incorporation of prevention curriculum for higher education and post graduate degrees</p> <ol style="list-style-type: none"> 1. Determination of elements to be incorporated 2. Development of curriculum 3. Meetings scheduled with institution representatives 4. Commitment sought of inclusion of curriculum materials <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP
---	--	---

<p><u>Recommended Acton and Strategies</u> Promote the public service campaign, “A</p>	<p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP • TFCAN-PS • TFCAN-CS <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Monthly prevention newsletter distributed 2. Ideas for events distributed 3. Increased funding for primary and secondary prevention <p><u>Recommended Actions and Strategies</u> Statewide infrastructure to facilitate and support Home Visiting models meeting the NJ TF CAN and the Governor’s Juvenile Justice and Delinquency Prevention Committee <i>White Paper on Home Visiting</i></p> <p><i><u>Home Visitation Programs in New Jersey: A Promising Approach for Preventing Child Abuse and Neglect prepared by the Joint Workgroup of: The NJ Task Force on Child Abuse and Neglect and The Governor’s Juvenile Justice and Delinquency Prevention Committee (November 30, 2004)</u></i></p> <ol style="list-style-type: none"> 1. Ensure these standards are required in all Home Visiting grant applications 2. Policies in place to monitor compliance 	<ul style="list-style-type: none"> • OCAP • TFCAN-PS <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Elements to be incorporated determined 2. Curriculum developed 3. Meetings held with institution representatives 4. Commitment of inclusion of curriculum materials secured from New Jersey institutions of higher learning 5. Endorsement from the National Association of Social Workers of New Jersey (NASW-NJ) <p><u>Recommended Actions and Strategies</u> Train and promote Home Visiting programs meeting White Paper criteria</p> <ol style="list-style-type: none"> 1. Disseminate criteria for home visitation programs 2. Develop curriculum 3. Develop and facilitate training of trainers 4. Menu of programs <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP • OCAP • TFCAN-PS • JJDPC
---	--	---

<p>Person Who Cares Can Prevent Child Abuse” (Cares/Can Campaign) to engage the general public and inform them as to what every individual can do to prevent child maltreatment</p> <ol style="list-style-type: none"> 1. Develop a marketing plan 2. Develop marketing materials <p>Responsible Entity(ies)</p> <ul style="list-style-type: none"> • TFCAN-PS • Task Force on Child Abuse and Neglect Communication Subcommittee (TFCAN-CS) • OCAP • DHS Office of Public Affairs (DHS-OPA) <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. A marketing plan developed 2. Marketing materials developed 3. Campaign funded and sustained 4. Number of outlets and distributions 	<ol style="list-style-type: none"> 3. Oversight body established to monitor facilitation 4. Home visitation requirements infused into multi-systemic statewide planning <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP • TFCAN-PS • JJDCP • DHSS • DOE <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Criteria written 2. Criteria inserted into state grants 3. Home visiting policies written 4. Home visiting infused into multi-systemic state plans 5. Infrastructure to make Home Visiting available included in DHS and DOE <p><u>Recommended Actions and Strategies</u> Systemic support and involvement in Child Abuse Prevention month activities</p> <ol style="list-style-type: none"> 1. Monthly activities developed 2. Distribution mechanism in place 3. Active promotion and involvement in Blue Ribbon Campaign <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP • TFCAN-PS 	<p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Criteria for Home Visitation programs are clearly articulated 2. Curriculum developed 3. Training of trainers developed and facilitated 4. Number of families served in Home Visitation programs that meet the criteria 5. Effectiveness evaluated <p><u>Recommended Actions and Strategies</u> Enlist high visibility personality as spokesperson for child abuse and neglect prevention</p> <ol style="list-style-type: none"> 1. Determine message to be promoted 2. Determine appropriate individual 3. Develop contact list 4. Determine who has access 5. Make contacts <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP • OCAP • DHS – Office of Public Affairs • TFCAN-CS
--	---	---

	<ul style="list-style-type: none"> • TFCAN-CS • DYFS (Resource Development Specialist) <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Activities descriptions developed 2. Distribution method developed 3. Number of distributions <p><u>Recommended Actions and Strategies</u></p> <p>Garner executive support from the Governor’s Office and legislative commitment to the Cares/Can Campaign</p> <ol style="list-style-type: none"> 1. Support secured from the Governor’s Office 2. Support secured from the Legislature <p>Responsible Entities:</p> <ul style="list-style-type: none"> • TFCAN-CS • DHS-OPA <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Governor’s proclamation in place 2. Legislative mandate secured 3. PSA’s made with Governor and other significant spokespersons <p><u>Recommended Actions and Strategies</u></p> <p>Legislative support established to sponsor necessary legislation</p> <ol style="list-style-type: none"> 1. Governor proclamation established 2. Legislative proclamation established 3. Necessary legislation introduced and 	<p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Message to be promoted determined 2. Individual identified and confirmed 3. Contact list developed 4. Contacts made <p><u>Recommended Actions and Strategies</u></p> <p>Involve key political and community leaders</p> <ol style="list-style-type: none"> 1. Identify who is already committed 2. Determine additional potential supporters 3. Evaluate needs and determine areas that require strategic support 4. Assess who and where power exists and is needed <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • CLPC • TFCAN <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Individuals and key leaders publicly identified 2. Key leaders collaborating to garner additional support 3. Areas of strength and strategic weakness evaluated and addressed
--	--	---

	<p>supported</p> <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • TFCAN • DHS Office of the Legislative Liaison (DHS-OLL) <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Proclamation in place 2. Legislative sponsors identified 3. Legislation passed <p><u>Recommended Action and Strategies</u></p> <p>Ensure that cultural competency is actively assured in all training, programs and approaches:</p> <ol style="list-style-type: none"> 1. Establishment of policies for grant dissemination 2. Develop policy for grant recipients <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP • TFCAN-PS <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Policies developed 2. Concepts consistently established in grant applications 3. Policy regulations promulgated 4. Promotional material developed and disseminated <p><u>Recommended Actions and Strategies</u></p> <p>Develop and ensure processes for universally</p>	<p><u>Recommended Actions and Strategies</u></p> <p>Facilitate the integration of cultural competency in all prevention planning and training models</p> <ol style="list-style-type: none"> 1. Community involved in the determination for 2. guidelines for cultural competency 3. Develop and disseminate these guidelines 4. Assure compliance with these guidelines in all programming and training models <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • CLPC • OCAP • TFCAN-PS • DLD <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Guidelines for cultural competency determined 2. Guidelines developed and disseminated 3. Compliance with guidelines in all programming and training models assured
--	--	--

available, easy access to family strengthening, primary and secondary prevention programs

1. Policies and procedures written to assure access
2. Accountability to those wanting services

Responsible Entity(ies):

- DHS
- TFCAN

Measurable Outcomes:

1. Policies and procedures developed
2. Oversight body in place
3. Programs & services are monitored for universal accessibility

Recommended Actions and Strategies

Ensure consistency, communication and coordination at state, county and local levels

1. Policy and procedures for consistency developed
2. Policy and procedures monitoring system developed
3. Set policy, procedures, roles and responsibility for county level planning and coordinating entity and local collaboratives

Responsible Entity(ies)

- OCS
- DPCP
- TFCAN

Recommended Action and Strategies

Facilitate consistency and coordination at state, county and local levels:

1. Facilitate implementation, encouragement and the enforcement of grant policies
2. Provide technical assistance regarding policies for grant recipients

Responsible Entity(ies):

- DPCP
- TFCAN-PS
- County Level Planning and Coordinating Entity (CLP&CE)
- Human Services Advisory Commission (HSAC)

	<p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Policies and procedures for consistency developed 2. Monitoring system developed 3. Established communication channel between collaboratives and other local entities 4. Communication channels established between state, county and local collaboratives 5. County level planning and coordinating entity and collaboratives understand and implement policy roles and responsibilities <p><u>Recommended Actions and Strategies</u></p> <p>Ensure adherence across prevention systems as indicated in the <i>Standards for Prevention</i></p> <ol style="list-style-type: none"> 1. <i>Standards for Prevention</i> inserted in all grant applications 2. Policies for compliance in place 3. Sanctions clearly stated <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • CLPC • TFCAN • DPCP <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Requirements in place 2. Policies and sanctions in place 3. <i>Standards for Prevention</i> utilized 	<p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Implementation, encouragement and the enforcement of grant policies facilitated 2. Technical assistance (TA) regarding policies for grant recipients provided
--	---	--

Recommended Action and Strategies

Ensure consistency of grant making and coordination at state, county and local levels:

1. Implement, encourage and enforce policies for grant dissemination
2. Disseminate policies for grant recipients

Responsible Entity(ies)

- DPCP
- TFCAN-PS
- CLPC

Measurable Outcomes:

1. Processes for grant dissemination, encouragement and enforcement
2. Policies for grant recipients disseminated
3. Marketing materials distributed to all levels
Consistent planning and program development initiated at all levels

Recommended Action and Strategies

Promote the inclusion of cultural competency in all training, programs and approaches:

1. Establishment of policies for grant dissemination
2. Develop policy for grant recipients

Responsible Entity(ies):

- DPCP
- TFCAN-PS
- TFCAN-CS
- CLPC

Measurable Outcomes:

1. Policies developed
2. Concepts consistently established in grant applications
3. Policy guidelines promulgated
4. Promotional material developed and disseminate

Recommended Action and Strategies

Promote consistency and coordination at state, county and local levels:

1. Establishment of policies for grant dissemination
2. Develop policy for grant recipients

Responsible Entity(ies):

- DPCP
- TFCAN-PS
- TFCAN-CS

Measurable Outcomes:

1. Policies for grant dissemination established
2. Policies developed for grant recipients
3. Marketing materials developed for all levels
4. Promotion of consistent planning and program development at all levels

Environmental (Creating public will and an environment supportive of the work of individuals and programs)	Systemic (Identify and coordinate existing federal, state, county and local prevention approaches)	Individual/Program (Addresses work done by individuals/programs and promotes standards and competency)
<p style="text-align: center;">County level</p> <p><u>Recommended Action and Strategies</u></p> <p>Acceptance and promotion of a self selected county based process incorporating existing or newly formed entity to ensure community involvement in county level planning and coordination of prevention approaches.</p> <p>Establish local voice for prevention</p> <ol style="list-style-type: none"> 1. Establishment of a county vision to guide county based processes 2. Development of county policies to guide county and local efforts 3. Procedures established for guiding processes and program development 4. Policy of share decision making with local entities <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • OCS Area Offices • DPCP Team Leader <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. County vision established 2. County policies developed 	<p style="text-align: center;">County level</p> <p><u>Recommended Action and Strategies</u></p> <p>Establishment of a self selected county based process incorporating existing or newly formed entity to ensure community involvement in county level planning and coordination of prevention approaches.</p> <p>Establish county level voice for prevention</p> <ol style="list-style-type: none"> 1. Selection of a county entity to encourage and facilitate county level planning and coordination 2. Full integration of this process into county wide planning efforts 3. County distribution of materials 4. Assure coordination with existing entities that deal with child welfare and the core contributing factors 5. Administer RFP's for prevention programs 6. Share decision making with local entities 7. Define roles and responsibilities of county based planning entity based on state guidelines 8. Establish knowledge and outcome standards and accountability parameters for county planning efforts and 	<p style="text-align: center;">County level</p> <p><u>Recommended Action and Strategies</u></p> <p>Development of a self selected county based process incorporating existing or newly formed entity to ensure community involvement in county level planning and coordination of prevention approaches.</p> <p>Establish local voice for prevention</p> <ol style="list-style-type: none"> 1. Coordinate and collect asset mapping 2. Provide TA to assist local programs 3. Train neighborhood members on collaborative skills 4. Engage community neighbors 5. Function as a liaison between state and local entities 6. Assure and bridge state and local goals 7. Provide conduit for communication between state and local entities 8. County level primary prevention activities

<p>3. Procedures established</p> <p>4. Policy of shared decision making with local entities in place</p>	<p>community standards</p> <p>9. Increase capacity of local entities to identify and promote local planning processes and strategies that successfully engage communities</p> <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • OCS Area Offices • HSAC • CLP&CE • DPCP Team Leader <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. County entity to encourage and facilitate county level planning and coordination established 2. Full integration of this process into county wide planning efforts 3. Materials distributed 4. Coordination with existing entities that deal with child welfare and the core contributing factors assured 5. RFP for prevention programs administered 6. Decision making shared with local entities 7. Roles and responsibilities of county based planning entity defined 8. Knowledge and outcome standards and accountability parameters for county planning efforts and community standards established 9. Technical assistance in place to increase 	<p>undertaken to provide information to new parents</p> <p>at the time of child birth</p> <p>9. Facilitate evidence based seminars concerning specific parenting and child development issues to be offered at county and local sites</p> <p>10. Secondary prevention to increase public awareness of available services</p> <p>11. Coordination of service planning to reach all populations and neighborhoods</p> <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • County DHS • OCS Area Office • HSAC member organizations • DPCP Team Leader <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Community mapping of assets and needs data coordinated and collected 2. TA to assist local programs provided 3. Neighborhood members trained on collaborative skills 4. Community neighbors engaged 5. Having a functional liaison between state and local entities
--	---	---

<p><u>Recommended Action and Strategies</u></p> <p>Accept and promote an approach that empowers communities</p> <ol style="list-style-type: none"> 1. Investigate models 2. Establish policy to use consistent approaches 3. Determine consistent theme for marketing materials 4. Promote approach with consistent language and models <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • OCS Area Offices • DPCP • County liaison from the TFCAN-PS <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Policy to use consistent approaches established 2. Consistent theme for marketing materials determined 3. Approach with consistent language and models promoted 	<p>capacity of local entities to identify and promote local planning processes and strategies that successfully engage communities</p> <p>10. County plan completed</p> <p><u>Recommended Action and Strategies</u></p> <p>Adopt the philosophy of empowering communities</p> <ol style="list-style-type: none"> 1. Define neighborhoods 2. Actively adopt community empowerment approach 3. Commit to the use of the <i>Standards for Prevention</i> 4. Present a compendium of prevention services for the county and all municipal entities that meet the <i>Standards for Prevention</i>, updated annually <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • TFCAN-PS • CLP&CE • County Government • State funded prevention organizations • County entities currently involved in child abuse prevention <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Neighborhoods defined 2. Community empowerment approach 	<ol style="list-style-type: none"> 6. State and local goals assured and connected 7. Conduit for communication between State and local entities established 8. Annual schedule of county meetings and content established <p><u>Recommended Action and Strategies</u></p> <p>Adopt the philosophy of empowering communities</p> <ol style="list-style-type: none"> 1. Train participants on selected model 2. Undertake community empowerment 3. Utilize <i>Standards for Prevention</i> 4. Evaluate implementation of community empowerment model 5. Determine technical assistance needs to promote community empowerment <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • OCS Area Office • DPCP Team Leader • County entities currently involved in child abuse prevention • State funded prevention organizations
--	--	--

<p><u>Recommended Action and Strategies</u> Promote policy for the inclusion of cultural competency in all training, programs and approaches:</p> <ol style="list-style-type: none"> 1. Endorse state policies for grant dissemination 2. Promote state policy for grant recipients <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP Team Leader • TFCAN-PS • TFCAN-CS • CLP&CE • HSAC <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Policies endorsed 2. Concepts consistently supported in grant applications 3. Policy standards promoted 4. Promotional material supported and disseminated 	<p>identified and actively adopted</p> <ol style="list-style-type: none"> 3. Commitment in place to use the <i>Standards for Prevention</i> <p><u>Recommended Action and Strategies</u> Ensure that cultural competency is actively assured in all training, programs and approaches:</p> <ol style="list-style-type: none"> 1. Dissemination of state policies for grant recipients 2. Policies supported for grant recipients <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP • TFCAN-PS • TFCAN-CS • CLPC <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. State policies for grant recipients disseminated 2. Policies supported for grant recipients 	<p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Participants trained on select model 2. Community acknowledges empowerment 3. <i>Standards for Prevention</i> implemented 4. Implementation of model assessed 5. Technical assistance needs met to promote community empowerment <p><u>Recommended Actions and Strategies:</u> Incorporate cultural competency standards into all prevention planning and training models</p> <ol style="list-style-type: none"> 1. Community involvement in the inclusion of guidelines for cultural competency 2. Disseminate guidelines 3. Assure compliance with guidelines in all programming and training models <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • CLP&CE • DPCP Team Leader • HSAC <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Community involved in the selection and inclusion of guidelines for cultural competency 2. Cultural competency guidelines disseminated <p>Compliance with guidelines in all programming and training models assured</p>
--	--	---

Environmental (Creating public will and an environment supportive of the work of individuals and programs)	Systemic (Identify and coordinate existing federal, state, county and local prevention approaches)	Individual/Program (Addresses work done by individuals/programs and promotes standards and competency)
<p style="text-align: center;">Local level</p> <p><u>Recommended Action and Strategies</u></p> <p>Promote, energize and motivate local individuals, groups and organizations</p> <ol style="list-style-type: none"> 1. Promote collaborative approaches 2. Promote marketing strategies 3. Promote planning processes 4. Adopt county based collaborative concept <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP • HSAC • OCS Area Offices <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Collaborative approaches promoted 2. Marketing strategies promoted 3. Planning processes actively promoted 4. County based planning and coordination entity concept endorsed 5. Local collaboratives and other local programs and services supported 	<p style="text-align: center;">Local level</p> <p><u>Recommended Action and Strategies</u></p> <p>Promote, energize and motivate local individuals, groups and organizations</p> <ol style="list-style-type: none"> 1. Develop focus groups 2. Facilitate development of community collaborations 3. Develop plan to systemically support child focused, family centered collaboratives 4. Develop centralized planning body 5. Actively promote service systems 6. Actively promote and encourage participative volunteerism 7. Assure universal access to individualized family centered programs and services that meet the <i>Standards for Prevention</i> <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP 	<p style="text-align: center;">Local level</p> <p><u>Recommended Action and Strategies</u></p> <p>Promote, energize and motivate local individuals, groups and organizations</p> <ol style="list-style-type: none"> 1. Establish awareness of existing resources 2. Train on collaboration and collaborative planning skills 3. Assure effective engagement families in all aspects of needs assessment, planning, training, implementation, and evaluation 4. Provide adequate training and support for volunteers 5. Engage, equip and empower parents 6. Assure family participation by refocusing the approach and language from “prevention of child abuse” to collaborative community building and family strengthening <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • Municipal Government • State funded prevention organizations • Local entities currently involved in child

<p><u>Recommended Action and Strategies</u></p> <p>Accept and promote strategies that empower communities</p> <ol style="list-style-type: none"> 1. Agreement in place to accept a model for community empowerment 2. Active promotion of the approach <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP • Municipal Government • State funded prevention organizations • Local entities currently involved in child abuse prevention <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Agreement in place to accept the strategy to empower local communities 2. Active promotion of the approach 	<ul style="list-style-type: none"> • Municipal Government • State funded prevention organizations • Local entities currently involved in child abuse prevention <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Focus groups developed 2. Community collaborations developed 3. Plan developed to systemically support child focused, family centered collaboratives 4. Centralized planning body developed 5. Service systems actively promoted 6. Participative volunteerism actively promoted <p><u>Recommended Action and Strategies</u></p> <p>Adopt the philosophy of empowering communities</p> <ol style="list-style-type: none"> 1. Define neighborhoods 2. Actively adopt a community empowerment model 	<p>abuse prevention</p> <ul style="list-style-type: none"> • Collaboratives <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Awareness of existing resources established 2. Training held on collaboration and collaborative planning skills 3. Effective engagement of families in all aspects of needs assessment, planning, training, implementation, and evaluation is assured 4. Adequate training and support for volunteers provided 5. Parents engaged, equipped and empowered 6. Family participation by refocusing the approach and language from “prevention of child abuse” to collaborative community building and family strengthening assured <p><u>Recommended Action and Strategies</u></p> <p>Adopt the philosophy of empowering communities</p> <ol style="list-style-type: none"> 1. Train participants on a model 2. Implement guidelines for community empowerment 3. Assess implementation of program guidelines 4. Determine technical assistance needs to promote community empowerment
---	--	--

<p><u>Recommended Actions and Strategies</u></p> <p>Promotion of a locally based collaborative structure</p> <ol style="list-style-type: none"> 1. Agreement formed to operate consistent with policies of the <i>Standards for Prevention</i> 2. Promote central promotional objectives <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP • Municipal Prevention Entity <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Policy of compliance with <i>Standards for</i> 	<ol style="list-style-type: none"> 3. Commit to the use of the <i>Standards for Prevention</i> <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • TFCAN-PS • Municipal Government • State funded prevention organizations • Local entities currently involved in child abuse prevention <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Neighborhoods defined 2. Approach to community empowerment actively adopted 3. Commitment in place to use the <i>Standards for Prevention</i> <p><u>Recommended Action and Strategies</u></p> <p>Partner with the state and county entity to utilize provided resources and technical assistance to locally based collaboratives</p> <ol style="list-style-type: none"> 1. Assure coordination with state and county entities 2. Develop formal agreements of coordination 3. Develop a coordinated plan of action 	<p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • DPCP • Municipal Government • State funded prevention organizations • Local entities currently involved in child abuse prevention <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Participants trained on the model 2. Community engaged in empowerment 3. <i>Standards for Prevention</i> implemented 4. Implementation of community empowerment guidelines 5. Community empowerment technical assistance needs fulfilled <p><u>Recommended Action and Strategies</u></p> <p>Facilitation of locally based collaborative based on highest local needs</p> <ol style="list-style-type: none"> 1. Initiate plan development based on asset mapping of community resources 2. Facilitate collaboration development around results from community asset mapping 3. Provide programs and services to meet identified gaps <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> •CLP&CE •HSAC
---	--	---

<p><i>Prevention</i> agreed upon</p> <p>2. Central promotional objectives promoted</p> <p><u>Recommended Action and Strategies</u></p> <p>Promote and infuse family support values, family empowerment and leadership development at all levels using research-based practices</p> <ol style="list-style-type: none"> 1. Agree to accept the family support values and <ul style="list-style-type: none"> support family empowerment and leadership development 2. Active promotion of the approach <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • OCS • DPCP • TFCAN-PS • Municipal Government • State funded prevention and family empowerment and leadership development organizations 	<p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> •DPCP •Identified local collaborative <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Assure coordination with state and county entities 2. Develop formal agreements of coordination 3. Develop a coordinated plan of action <p><u>Recommended Action and Strategies</u></p> <p>To facilitate families to be effective partners in systems change and prevention efforts at all levels using family support values</p> <ol style="list-style-type: none"> 1. Utilization of the compendium of resources 2. Facilitation of cross system planning to bring families to the table 	<ul style="list-style-type: none"> •DPCP •Identified local collaborative <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Initiate plan development based on assets and needs assessment from mapping results 2. Facilitate collaboration development around results from the assets and needs assessment 3. Full continuum of primary and secondary prevention program services in every county <p><u>Recommended Action and Strategies</u></p> <p>Empower families to utilize the family support values</p> <ol style="list-style-type: none"> 1. Train family members on strategies for systems change 2. Facilitate focus groups for the development of family dialogue sessions 3. Coach and support family members to learn empowerment skills <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • Local collaboratives • DPCP • TFCAN-PS • Family empowerment and leadership development organizations • CLPC
--	---	--

<ul style="list-style-type: none"> Local entities currently involved in child abuse prevention <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> Agreement in place to accept the family support values and support family empowerment and leadership development through policy and funding Active promotion of research-based approaches to family support, empowerment and leadership development <p><u>Recommended Action and Strategies</u></p> <p>Acceptance and promotion of community norms around health and nonviolence</p> <ol style="list-style-type: none"> Agreement developed on community norms around health and nonviolence Active promotion of community norms around health and nonviolence 	<p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> CLP&CE DPCP TFCAN-PS Family empowerment and leadership development organizations CLPC <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> Utilization of the compendium of resources Facilitation of cross system planning to bring families to the table Increase in active participation of diverse families in local collaboratives <p><u>Recommended Action and Strategies</u></p> <p>Establishment of community norms around health and nonviolence</p> <ol style="list-style-type: none"> Development of interagency affiliation agreements Involvement with faith based communities 	<p>Measurable Outcomes:</p> <ol style="list-style-type: none"> Train family members on strategies for systems change Facilitate focus groups for the development of family dialogue sessions Coach family members to learn empowerment skills Provide ongoing support to family members participating in systems change <p><u>Recommended Action and Strategies</u></p> <p>Development of community norms around health and nonviolence</p> <ol style="list-style-type: none"> Educate families, parents and caregivers on nonviolent interventions Involvement of medical staffs and providers Outreach to identify families for participation Conduct annual parent/family forum Assist families to become more effective partners in systems change/prevention efforts <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> HSAC DPCP
---	---	--

<p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • TFCAN-PS • Municipal entity • State funded prevention organizations • Local entities currently involved in child abuse prevention • UMDNJ <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Agreement in place to develop community norms around health and nonviolence 2. Active promotion of community norms around health and nonviolence established 	<ol style="list-style-type: none"> 3. Provide ongoing support to families to build the capacity of existing programs 4. Develop family leadership opportunities for systems change 5. Conduct advocacy training on prevention and nonviolence 6. Develop and widely disseminate a compendium of resources (in print and web-based) 7. Engage families in identifying needed resources 8. Coordinate dissemination of materials with existing local prevention and family support entities <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> •DPCP •CLP&CE •Local community leaders <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Interagency affiliation agreements developed 2. Faith based communities involved 3. Families have the capacity to utilize prevention programs 4. Family leadership opportunities for systems change developed 5. Advocacy training for prevention and nonviolence conducted 6. A compendium of resources (in print and 	<ul style="list-style-type: none"> • Local health departments • Collaboratives • Existing local prevention entities <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Families, parents and caregivers educated on nonviolent interventions 2. Medical staffs and providers involved 3. Outreach to identify families for participation 4. Conduct annual parent/family forums 5. Families are effective partners in systems change/prevention efforts <p><u>Recommended Actions and Strategies:</u> Require cultural competency guidelines in all prevention planning and training models</p> <ol style="list-style-type: none"> 1. Involvement of the community in
--	---	--

<p><u>Recommended Action and Strategies</u> Promote policy for the inclusion of cultural competency in all training, programs and approaches:</p> <ol style="list-style-type: none"> 1. Endorse state policies for grant dissemination 2. Promote state policy for grant recipients <p>Responsible Entity(ies)</p> <ul style="list-style-type: none"> • DPCP • CLP&CE • HSAC • Local planning and coordinating entity <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Policies endorsed 2. Concepts consistently supported in grant applications 3. Policy guidelines promoted 4. Promotional material supported and disseminate 	<p>web-based) developed and widely disseminated</p> <ol style="list-style-type: none"> 7. Families obtained needed resources 8. Dissemination of materials with existing local prevention and family support entities coordinated and updated annually <p><u>Recommended Action and Strategies</u> Ensure that cultural competency is actively assured in all training, programs and approaches:</p> <ol style="list-style-type: none"> 1. Adherence to state policies for grant applications 2. Policies supported for grant applications <p>Responsible Entity(ies)</p> <ul style="list-style-type: none"> • DPCP • HSAC • Local planning and coordinating entity <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Dissemination of state policies for grant recipients Policies supported for grant recipients 2. Training provided on cultural competency for grant recipients 3. All grant request demonstrate cultural competency 	<p>guidelines for cultural competency</p> <ol style="list-style-type: none"> 2. Disseminate standards 3. Assure compliance with guidelines in all programming and training models <p>Responsible Entity(ies):</p> <ul style="list-style-type: none"> • Local planning and coordinating entities • DPCP • HSAC <p>Measurable Outcomes:</p> <ol style="list-style-type: none"> 1. Community involved in the inclusion of guidelines for cultural competency 2. Guidelines disseminated 3. Compliance with guidelines in all programming and training models assured
--	---	---

APPENDICES

APPENDIX 1

**Plan for Addressing Enforceable Action
Item G. 3.a.**

**Division of Prevention and Community Partnerships
Plan for Addressing Enforceable Action Item G.3.a.**

Enforceable Reform Area:

Partnering with Communities and Expanding Necessary Services

Enforceable Reform Strategy:

Provide services and supports to families at high-risk of involvement with the child welfare system.

Enforceable Reform Action:

By June 30, 2005, in conjunction with New Jersey's Task Force on Child Abuse and Neglect, develop a plan to carry out this strategy. Thereafter take all reasonable steps to implement the plan.

Lead Agency:

Division of Prevention and Community Partnerships

Lead Staff Person:

Dr. Carla Cooke-Harris, Assistant Commissioner
Jennifer Fahey, Director of Policy and Planning

Other Major Contributors:

Members of the New Jersey Task Force on Child Abuse and Neglect

Date Due to the Panel:

June 30, 2005

Office of Children's Services
Division of Prevention and Community Partnerships

June Enforceable G. 3. a.

Introduction:

The Office of Children's Services, Division of Prevention and Community Partnerships, submits this Plan outlining the two primary vehicles for providing services and supports to families at high-risk of entering the child welfare system. This Plan will be supplemented within the next ninety days to include the modified Prevention Plan of the New Jersey Task Force on Child Abuse and Neglect.

Defining High Risk:

The Division of Youth and Family Services (DYFS) utilizes structured decision making tools in conducting safety and risk assessment of families who are the subject of an investigation as a result of a report made to the State Centralized Registry, the "hotline" for child abuse and neglect reporting. These tools look at various risk factors such as prior reports, investigations, or substantiations of abuse and neglect; sexual abuse and/or injury to the child; and issues contributing to family disruption. Each of these factors is given a score which, when totaled, reflect the risk level of the family. A score of 5 or greater indicates high or very high risk.

The Child Welfare Reform Plan identifies 5 core areas that lead to family disruption, thereby serving as precipitating factors to child abuse and neglect. Those 5 areas include physical health, mental health, substance abuse, domestic violence, and lack of adequate housing. Families facing any of these issues are more likely to be at high risk of involvement with the child welfare system. Additionally, factors contributing to abuse and neglect include isolation and lack of sufficient support systems, making it less likely that families in need of help will know where to find it or feel safe in accessing it. Identifying high risk families, in the general population, requires data analysis.

What the Statistics Say – Making Data Driven Decisions:

While it is difficult to accurately determine how many families in New Jersey are at high-risk for involvement with the system, we can look to numerical data in areas that contribute to family disruption, as well as DYFS data on the number of families served by DYFS assessors and the number of cases of substantiated abuse and neglect cases.

Physical Health: As of March 2005, 23,748 children in New Jersey were receiving Medicaid services. Children living in low income families are eligible to receive

Medicaid benefits. The counties serving the greatest number of children were Essex, Warren, Camden, Burlington, and Union, listed in descending order. New Jersey Family Care, a federal and state funded health insurance program created to help uninsured children receive affordable coverage, was serving 316,051 children as of March 2005. The counties serving the greatest number of children were Essex, Hudson, Passaic, Middlesex, and Ocean, listed in descending order.²

Mental Health: In 2003, according to the client registry of the New Jersey Department of Human Services, Division of Mental Health Services, 27,834 children and 105,387 adults were admitted to inpatient and outpatient mental health facilities. (These numbers exclude state and county hospital admissions, and include some out of state residents.) The counties with the ten highest rates of child admissions include, in descending order: Monmouth, Hudson, Essex, Camden, Bergen, Passaic, Middlesex, Union, Cumberland, and Burlington. The counties with the ten highest rates of adult admissions include, in descending order: Essex, Union, Hudson, Monmouth, Bergen, Middlesex, Camden, Mercer, Passaic, and Atlantic.³

Substance Abuse: In 2003, the Department of Human Services, Division of Addiction Services (DAS) reported 53,908 substance abuse admissions in New Jersey. The ten municipalities with the highest number of residents seeking treatment were Newark, Jersey City, Paterson, Elizabeth, East Orange, Camden, Trenton, Atlantic City, Irvington, and Plainfield, listed in descending order.⁴

Domestic Violence: In 2003 there were 77,567 reported incidents of domestic violence in New Jersey. The cities of Camden, Newark, Paterson, Jersey City, Trenton and Vineland had the six highest number of domestic violence incidents, listed in descending order.⁵

Lack of Adequate Housing: On January 27, 2005 a point in time (PIT) statewide homeless count was conducted by the Corporation for Supportive Housing (CSH) in partnership with the New Jersey Department of Human Services and Department of Community Affairs. The survey recorded 8,079 homeless individuals and 2,634 homeless families (7,699 family members) statewide. The average number of children per family was 2.1. (CSH estimates that the annual number of homeless persons is approximately 20,000.) Mercer County had the highest number of homeless families, accounting for nearly 15% of the state total. The following counties had the next highest number of homeless families, listed in descending order: Union, Monmouth, Middlesex, Bergen, Essex, Burlington, Camden, Passaic, and Hudson.⁶

Number of Abuse and Neglect Substantiations: In 2003, there were 8,813 substantiated abuse and neglect cases in the State of New Jersey. Newark, Patterson, Camden, and

² NJ Department of Human Services Division of Medical Assistance and Health Services, March 2004

³ NJ Department of Human Services, Division of Mental Health Services, 2003

⁴ 2004 Substance Abuse Overview, NJ Department of Human Services, Division of Addictions Services

⁵ NJ Uniform Crime Report, NJ State Police, 2004 (Data for 2003)

⁶ The Corporation for Supportive Housing, January 27, 2005

Trenton cities had the highest numbers respectively; East Orange was the sixth highest statewide, Irvington was thirteenth, and Vineland, Milleville, and Bridgeton were tenth, sixteenth, and twentieth respectively.⁷

Number of Families Served by DYFS Assessors – No Current Substantiation of Abuse/Neglect: According to DYFS data from April 2005, there were 3,302 families being served statewide that were at risk for abuse or neglect but did not reach the level of substantiation for abuse or neglect. Over 38% of these families reside in Essex, Camden, Mercer, and Passaic counties.⁸

Please see the attached table, which summarizes the data referenced above.

Services and Supports:

Community case management together with community collaboratives will provide the foundation of the continuum of care for families at the local level. In the areas where child welfare planning councils exist, collaboratives will communicate identified needs and service gaps to the councils for planning purposes, integration of services, and the identification of funding sources. This continuum of care will specifically, but not exclusively, include families at high-risk of involvement with the child welfare system.

Community Case Management: Community case management will be part of a continuum of care and service, at the local level, to effectively address the safety and well-being of children and families and proactively strive to prevent child abuse and neglect. The DPCP has adopted a combination of best practices models for community case management including: 1) a systems of care approach, 2) creating reclaiming environments, and 3) paired case management. The services and supports provided will include a definable planning process, involving the child and family, resulting in a unique set of community services and natural supports, individualized for that child and family, to achieve a positive outcome.

The DPCP is in the process on drafting an RFP for community case management services in high need areas. Initially, cases will be referred through the SCR and be assigned to a DYFS child welfare assessor to conduct an assessment of the family. If the family is found to be at moderate risk, based on the results of the safety and risk assessments, and no abuse or neglect is identified, they will be referred to a community case management agency. Once the DPCP and the community case management agencies have gained experience, cases are being appropriately and timely referred, families are actively engaged, and performance measures are being achieved, then the DPCP will work with DYFS to begin referring high risk cases to community case management agencies, when appropriate.

Community case management will be evolutionary in its development. Initially, as described above, calls will come in through the SCR, referred to DYFS for assessment,

⁷ DYFS Data Analysis and Reporting Unit. 2003 Abuse Neglect substantiations

⁸ DYFS Data Analysis and Reporting Unit, April 2005 Worker Caseload: Assessors

and transferred to community case management if appropriate. The DPCP is currently identifying alternative pathways for referrals, so that families in need of support services, that are not engaged in abusive or neglectful behavior, do not have to access these supports through the State protective service agency. Alternative pathways will include self and third party referrals made to community collaboratives and the SCR, which will be able to refer families immediately to case management agencies for assessment, without the need for DYFS involvement. Implementation of community case management will begin in Camden, Essex, Mercer, Middlesex, and Passaic counties.

Community Collaboratives:

Another critical initiative in serving high-risk families is the development of neighborhood community collaboratives. Community collaboratives will have the authority to select community case management service provider agencies. As collaboratives develop and assume full responsibilities, they (collaboratives) will review RFPs, convene a selection committee to score applications and decide what agency will be awarded the grant.

Collaboratives and community case managers will work together to ensure that the needs of local families are met and that a network of both formal and informal supports will be available to families. Members of the collaboratives will work with case managers through the paired case management model referred to above, to allow the case manager to provide the clinical services and the collaborative representative to provide the communal support. Collaboratives will be involved with families throughout the case management process, especially important once community case management services terminate and the family is connected with community resources.

Community collaboratives currently provide services for families that may be considered high risk, including facilitating community support groups for parents, victims of domestic violence, and individuals experiencing mental health issues. Collaboratives also provide transportation for residents to and from medical and/or counseling appointments; provide respite services for birth and resources families; and provide employment preparedness services for members of the community. Community collaboratives will expand additional services to all families, including high-risk families, as needs are identified and more funding becomes available.

Community collaboratives have been, and will be, located in areas of highest need as determined by the data identified above as well as by community strengths. Community collaboratives will be safe, accessible, locally based, culturally competent, and will provide needed services or appropriate referrals to support all families, including those at high risk of involvement with the system. Because collaboratives will be located in and operated by residents who live in high-risk neighborhoods, families who may be distrustful of state agencies or traditional service providers may feel more comfortable taking advantage of services provided by the collaboratives.

Community collaboratives will provide a wide range of services and supports to families at high risk. Collaboratives will be responsible for community engagement, working to ensure that families are not isolated and do not feel alone, as they struggle with the challenges put in their path. Collaboratives will be welcoming, friendly, and non-judgmental, encouraging families to take positive steps toward getting the help they need. Collaboratives will provide services based on the identified, unique needs of each individual community. While a great deal of community collaborative activity will include primary and secondary prevention efforts, these efforts will likely result in identifying families at high-risk and providing necessary formal and informal supports.

The DPCP is currently providing technical assistance and training to a total of fourteen community collaboratives and two child welfare planning councils. There are three collaboratives located in Cumberland County, four in Monmouth County, and seven in Essex County; there are councils in both Essex and Passaic counties. The DPCP is also working with our community partners in establishing collaboratives in Paterson, Trenton, and Camden cities, which should all be operational by the end of 2005.

Data, Services, and Supports – Connecting the Dots:

While certain families will be identified as high risk through formal assessment tools, outreach to other high risk families will be provided through the development of services and supports, primarily through community collaboratives, in geographical areas identified as having a prevalence of issues that lead to family disruption. In looking at the data provided above, Essex County has the highest number of children enrolled in Medicaid and NJ Family Care, has the highest number of adults receiving mental health services, has the highest incidence of substance abuse, has the second highest number of domestic violence incidents, has the sixth highest incidence of homelessness, and has the highest number of abuse and neglect substantiations and the highest number of families receiving child welfare services from DYFS assessors. Clearly, Essex County has families at high risk of involvement with the child welfare system. Essex County also has seven developing community collaboratives and a newly created child welfare planning council, which will provide necessary supports and services to these families.

Again, looking at the data, Monmouth County has the highest number of children enrolled in mental health services, and ranks in the top five for lack of adequate housing and abuse and neglect substantiations. The DPCP is providing technical assistance and training to four collaboratives in Monmouth County. Camden County ranks the highest in the state for incidents of domestic violence and ranks in the top ten for all the other factors identified. Passaic also ranks in the top ten for all seven identified factors, while Mercer ranks in the top ten for six identified factors and Middlesex ranks in the top ten for five identified factors. Camden, Passaic, and Mercer are counties in which the DPCP is focusing its attention in development of the next community collaboratives, in addition to the roll out of community case management.

In Conjunction with the New Jersey Task Force:

The New Jersey Task Force on Child Abuse and Neglect has been supportive of the DPCP's initiatives. Members of the Prevention Sub Committee have agreed to serve as liaisons for each of the State's twenty-one counties to provide assistance in understanding and promoting prevention efforts and in serving on planning committees and work groups.

On May 16, 2005, the Task Force and the DPCP partnered in hosting New Jersey's first state wide Prevention Conference in East Brunswick. This conference was organized around each of the twenty-one counties in the State, with the DPCP team leader and approximately ten community stakeholders from each county attending. White papers on best practices were submitted prior to the conference and panel presentations covered a variety of prevention topics. Conference participants were able to network with both members of their own communities, as well as learn what prevention activities other communities were engaged in across the state.

In specific reference to high-risk families, the Task Force has provided research demonstrating that "home visiting can be an effective way to prevent child maltreatment in high-risk populations."⁹ (White paper available upon request.) The Task Force and the DPCP are working together to ensure that home visitation is adequately funded and appropriately utilized by families. A Home Visiting Forum was held, in Trenton, on April 29, 2005; the speaker panel consisted of leadership from the following state agencies: Office of Children's Services, Office of the Child Advocate, Juvenile Justice Commission, Department of Health, and Department of Education. This is just one example of how the Task Force, in partnership with the DPCP, is working to collaborate with many state agencies and departments to support prevention efforts.

Members of the Task Force and representatives from the DPCP have been working since February on modifying, expanding, and implementing the New Jersey Statewide Child Abuse and Neglect Prevention Plan. While the Plan is still in draft form, and not yet ready for distribution, many of the strategies identified in that Plan are appropriate to prevent high risk families from entering the child welfare system. Examples of some of these strategies include reframing and marketing the issue of child abuse as a public health issue; establishing a model framework that ensures integrated, coordinated, and multi-system services for families; and developing and coordinating quality professional education in prevention. The DPCP will supplement this document with the Statewide Prevention Plan, authored in partnership between the New Jersey Task Force and the Division of Prevention and Community Partnerships, within the next ninety days.

⁹ *Home Visitation Programs in New Jersey: A Promising Approach for Preventing Child Abuse and Neglect*

New Jersey Data, by County, in the Five Core Areas that Lead to Family Disruption, the Number of Abuse and Neglect Substantiations and the Number of Families Served by DYFS Assessors

Number of Incidents in Descending Order	Physical Health ¹⁰		Mental Health ¹¹		Substance Abuse ¹²	Domestic Violence ¹³	Lack of Adequate Housing ¹⁴	Number of Abuse and Neglect Substantiations ¹⁵	Number of Families Served by DYFS Assessors- No Current Substantiation of Abuse/Neglect ¹⁶
	Medicaid (Children)	NJ Family Care (Children)	Children	Adults			(family/family members)		
1	Essex (4399)	Essex (42,552)	Monmouth (2224)	Essex (6696)	Newark – Essex (5305)	Camden – Camden (2672)	Mercer (394/1131)	Essex (2520)	Essex (516)
2	Warren (2159)	Hudson (41,101)	Hudson (1877)	Union (6596)	Jersey City – Hudson (2698)	Newark - Essex (2525)	Union (349/1044)	Union (715)	Middlesex (328)
3	Camden (1894)	Passaic (32,544)	Essex (1717)	Hudson (6235)	Paterson – Passaic (1985)	Paterson -Passaic (2441)	Monmouth (285/799)	Hudson (666)	Mercer (318)
4	Burlington (1464)	Middlesex (25,886)	Camden (1509)	Monmouth (5915)	Elizabeth – Union (1638)	Jersey City – Hudson (2140)	Middlesex (238/677)	Camden (620)	Camden (286)
5	Union (1433)	Ocean (25,067)	Bergen (1477)	Bergen (5560)	E. Orange – Essex (1416)	Trenton – Mercer (1818)	Bergen (237/632)	Monmouth (515)	Hudson (254)
6			Passaic (1389)	Middlesex (5352)	Camden – Camden (1378)	Vineland- Cumberland 1648)	Essex (220/687)	Middlesex (509)	Bergen (262)
7			Middlesex (1275)	Camden (5277)	Trenton – Mercer (1280)	Atlantic City- Atlantic (1581)	Burlington (151/432)	Ocean (413)	Gloucester (252)
8			Union (1180)	Mercer (4984)	Atlantic City – Atlantic (863)	Lakewood- Ocean (936)	Camden (114/366)	Mercer (394)	Ocean (181)
9			Cumberland (1032)	Passaic (4399)	Irvington – Essex (623)	Plainfield – Union (930)	Passaic (107/326)	Passaic (327)	Burlington (174)
10			Burlington (929)	Atlantic (4152)	Plainfield – Union (604)	Elizabeth- Union (882)	Hudson (106/295)	Cumberland (313)	Passaic (153)

¹⁰ NJ Department of Human Services, Division of Medical Assistance and Health Services, March 2004

¹¹ NJ Department of Human Services, Division of Mental Health Services, 2003

¹² 2004 Substance Abuse Overview, NJ Department of Human Services, Division of Addictions Services

¹³ NJ Uniform Crime Report, NJ State Police, 2004 (Data for 2003)

¹⁴ The Corporation for Supportive Housing, January 27, 2005

¹⁵ DYFS Data Analysis and Reporting Unit, 2003 Abuse Neglect Substantiations

¹⁶ DYFS Data Analysis and Reporting Unit, April 2005 Worker Caseload: Assessors

APPENDIX 2

Standards for Prevention Programs: Building Success through Family Support

Refer to Standards for Prevention

APPENDIX 3

New Jersey's Statewide Child Abuse and Neglect Prevention Plan (2002-2005)

(See executive summary)

APPENDIX 4

Home Visitation Programs in New Jersey: A Promising Approach for Preventing Child Abuse and Neglect

See attached white paper on Home Visitation

APPENDIX 5

Prevention Accomplishments in 2005

Prevention Accomplishments in 2005

- Child Welfare Planning Councils are developed in Essex, Camden and Passaic Counties.
- The New Jersey Task Force on Child Abuse and Neglect and the Governor's Juvenile Justice and Delinquency Prevention Committee hold a forum on home visitation for policy makers, funders, and key stakeholders.
- Prevent Child Abuse-New Jersey, the NJ Task Force on Child Abuse and Neglect, the Division of Prevention and Community Partnerships, and other state and community organizations hold a conference on prevention, highlighting model prevention programs.
- The NJ Task Force on Child Abuse and Neglect holds a "Train the Trainers" seminar on *Standards for Prevention: Building Success through Family Support*.
- The Division of Prevention and Community Partnerships funds 12 community collaboratives.

APPENDIX 6

A Historical Perspective 1909-2005

A Historical Perspective 1909-2004

The following is a summary of historical events, which have greatly affected children and families on both a national and state level. National and federal events are italicized.

1909

A report from the 1909 White House Conference on the Care of Dependent Children outlines a preliminary set of rights for every American child. These rights include health and dental exams, education, a place to stay, and protection against labor that deprives them of their other rights. It acknowledges community responsibility by requiring “proper provision for and supervision of recreation and entertainment.”

1912

The U.S. Children’s Bureau was established. The Bureau evolved from that of research and promotion agency to an administrator that worked on reducing infant and maternal mortality, improving child health, abolishing child labor, and advocating care for children with special needs.

1920

The U.S. Congress passes the Shepherdtowner Maternity Infancy Act, which becomes the model for much of the social welfare legislation of the 20th century.

1935

Congress enacts Title V of the Social Security Act, which authorized the maternal and child health services programs and provided a foundation and structure for assuring the health of American mothers and children.

1962

The *Journal of the American Medical Association* publishes the Battered Child Syndrome article authored by a group of physicians, headed by C. Henry Kempe. The article documents that significant numbers of parents and caretakers batter their children. This article establishes child abuse as a distinct field of study.

The New Jersey State Board of Children’s Guardians becomes the New Jersey Bureau of Children’s Services (BCS), with the authority to provide protective services for neglected, exploited, abandoned, and abused children. BCS’ legal authority is extended to conduct child abuse/neglect investigations and to invoke the power of the court to protect a child whenever necessary.

1964

The Federal Government asks a panel of child development experts to draw up a program to help communities meet the needs of disadvantaged preschool children. The panel report becomes the blueprint for Project Head Start.

A new Physicians Reporting Law, the first reporting law specifically related to child abuse, provides a basic definition of child abuse and specifies the conditions under which a physician must make a report to a county prosecutor pending a criminal investigation.

1965

Through the NJ Office of Economic Opportunity, Project Head Start launches an eight-week summer program designed to help break the cycle of poverty. The program provides a comprehensive program to help preschool children of low-income families meet their emotional, social, health, nutritional, and psychological needs. Education, child development specialists, community leaders, and parents enthusiastically receive Head Start, serving children age three to school age, across the nation.

1967

Fifty-four states adopt mandatory reporting laws and six adopt voluntary laws, requiring physicians to report reasonable suspicion of child abuse.

1969

Parents Anonymous is founded nationally through the efforts of mothers seeking help to create a safe and caring home for their families.

1970

New Jersey Assembly Bill A86 creates a Commission to Study Child Abuse and Other Aspects of Child Welfare.

1972

Dr. C. Henry Kempe establishes the National Center for the Prevention and Treatment of Child Abuse and Neglect, providing parent training, education, and research for all forms of child abuse and neglect.

Donna Stone founds the National Committee to Prevent Child Abuse to create a nationwide movement to raise public awareness of the devastation of child abuse and neglect and the need for prevention. Ms. Stone worked closely with Dr. C. Henry Kempe and Dr. Karl Menninger.

The New Jersey Bureau of Children's Services (BCS) becomes the New Jersey Division of Youth and Family Services (DYFS) with expanded authority to provide services through contracted community-based programs.

New Jersey's Title 9 law (N.J.S.A. 9:6) is amended to increase the identification and protection of children who have been, or are at risk of, being abused or neglected. The amendments expand the definition of child abuse to require all persons to report suspected child abuse, to provide immunity for persons making such reports, and to establish penalties for the failure to report child abuse.

1973

NCPA convenes the first national conference on child abuse prevention.

New Jersey's Title 9 law (N.J.S.A. 9:6) is further expanded to authorize a physician or administrator of a medical facility to take a seriously injured child into protective custody, if the person suspected of having inflicted the injuries is the person to whom the child would normally be discharged (commonly known as the Hospital Hold).

1974

The Federal Child Abuse Prevention and Treatment Act (CAPTA) is enacted, providing federal funds to states for preventing and intervening in child abuse and neglect cases.

CAPTA establishes the National Center on Child Abuse & Neglect, which aids states in recognizing and conquering the problem of child abuse.

New Jersey's Title 9 law (N.J.S.A. 9:6) is further expanded to permit the emergency removal of a child from his/her home without a court order, if there is imminent danger to the child's life or health (commonly known as the Dodd Law).

1975

The Federal Social Security Act is amended to provide federal funds (Title XX) for social service programs, including child protection.

1976

Recognizing that a strong statewide, as well as national presence is essential for effective child abuse prevention efforts, NCPA establishes the first state chapter in Kansas.

NCPA and the Advertising Council launch the first national public awareness campaign on child abuse.

1977

A Seattle Family Court Judge establishes the first Court Appointed Special Advocate (CASA) program.

Volunteers found Parents Anonymous of NJ, Inc. with a grant from Robert Wood Johnson Medical School.

A group of people concerned about the lack of services available to battered women in an emergency organizes the NJ Coalition for Battered Women.

NJ's first shelter for domestic violence victims is established.

1978

Child Assault Prevention (CAP) Project begins in Columbus, Ohio. This is the first school-based, community-focused primary prevention program with an intervention component and extensive workshops for school staff and parents.

New Jersey's Title 9 law (N.J.S.A. 9:6) is amended to establish procedures to ensure that out-of-home placements serve the best interests of children. This Child Placement Review Act requires administrative and judicial reviews by the courts and child placement review boards comprised of community representatives.

1979

Ray E. Helfer, a Michigan pediatrician and then Vice President of the National Committee for the Prevention of Child Abuse, proposes a nationwide network of state trust funds dedicated to the prevention of child abuse and neglect.

The National Exchange Club Foundation votes to adopt child abuse prevention as its national project. The Foundation counters child abuse through its parent aide program, which makes a difference in the lives of children, families, and our communities.

The Shelters for Victims of Domestic Violence Act, which set standards for domestic violence shelters, is enacted.

Prevent Child Abuse-NJ (PCA-NJ) is founded with a grant provided by Johnson & Johnson Baby Products.

1980

Congress further amends the Social Security Act with the passage of the Adoption Assistance and Child Welfare Act (P.L. 96-272). This Act lessens the emphasis on foster care placements and encourages greater efforts to achieve permanency for children, either through rehabilitation and reunification with their parents or through adoption. The law increases funding for state child welfare services and refocuses federal oversight of child welfare services.

Prevent Child Abuse America lobbies Congress to establish Children's Trust Funds in each state; Kansas establishes the nation's first Children's Trust Fund.

First state Children's Trust Fund established through the efforts of Ray Helfer, then vice president of the NCPA Board of Directors.

PCA-NJ establishes the Parent Linking Project (PLP) to provide a comprehensive school based childcare and parenting education program for teen parents.

1981

Title XX is amended to include the Social Services Block Grant (SSBG). SSBG provides child protective services funding to states, becoming the major source of state social service funding.

NCPCA and other national partners establish the National Child Abuse to advocate for children's rights and for the resources required to sustain prevention efforts.

1982

Childhelp USA establishes the first national toll-free, 24 hours a day, child abuse hotline ([1-800-4-A-CHILD](tel:1-800-4-A-CHILD)).

Harris Poll indicates that public awareness of the existence of the problem of child maltreatment has increased from 10% in 1976 to 90% in 1982.

NJ's Prevention of Domestic Violence Act becomes law, providing added relief to a victim of domestic violence. The NJ Legislature finds that children, even if they are not physically assaulted, suffer deep and lasting emotional effects from exposure to domestic violence.

1983

The United States seeks to prohibit the use of corporal punishment in the schools.

Governor Thomas H. Kean establishes the NJ Governor's Task Force on Child Abuse & Neglect with the goal of establishing a coordinated statewide effort to solve the problem of child abuse and neglect.

Governor Thomas H. Kean also establishes the NJ Governor's Council on the Prevention of Mental Retardation by Executive Order.

1984

Lenore Walker, an American feminist psychologist and researcher, advances the Battered Women's Syndrome.

PCA-NJ introduces the Parent Education and Technical Assistance (PETA), which provides training in child abuse prevention issues for professionals, paraprofessionals, and the public.

1985

Governor Thomas H. Kean signs legislation to establish the New Jersey Children's Trust Fund. The Child Life Protection Commission is also established to oversee the Children's Trust Fund.

The Governor's Task Force on Child Abuse & Neglect develops a 24-hour statewide Family Helpline, 1-800-THE-KIDS, administered by Parents Anonymous.

NJ Public Law establishes the County Commission on Child Abuse and Missing Children.

The Governor's Task Force adopts the Child Assault Prevention (CAP) project for K- 6 children in New Jersey's 21 counties. A preschool curriculum follows in the spring of 1985.

1986

NCPA establishes its National Center on Child Abuse Prevention Research.

The Child Abuse Victims' Rights Act is enacted, providing civil damage claim to child victims of violations of federal sexual exploitation law.

The Association for Sexual Abuse Prevention (ASAP) becomes the first formal, national organization to address the primary prevention of sexual abuse on an individual, systemic, and societal level.

ARC of New Jersey (formerly the Association of Retarded Citizens of New Jersey) receives a special purpose grant from the Department of Human Services, Division of Developmental Disabilities, to begin mobilizing community efforts.

The New Jersey CAP project institutes a Teen Child Assault Prevention program in all New Jersey counties.

A Domestic Violence Hotline is established by Public Law, providing a 24-hour, toll free, statewide hotline.

1987

Morris and Essex counties establish New Jersey's first two Court Appointed Special Advocates (CASA) programs.

Statewide Parent Advocacy Network of New Jersey (SPAN) founded to provide support to families experiencing the frustrations and stresses of raising children with special needs. SPAN contracts with Multilingual Center of Catholic Family & Community Services to provide support to Spanish-speaking families.

The New Jersey Governor's Council on the Prevention of Mental Retardation and Developmental Disabilities is established by law, and an administrative arm, the Office for Prevention of Mental Retardation and Developmental Disabilities, is created.

New Jersey's Title 9 law (N.J.S.A. 9:6) is expanded to require the reporting and investigation of suspected child abuse or neglect incidents occurring in institutional settings, such as day care centers and residential facilities. The law is also amended to mandate that all persons report suspected abuse to DYFS "immediately" instead of "promptly."

1988

The New Jersey Department of Human Services establishes the NJ School Based Youth Services Program, funding 29 high school sites to provide teens with prevention services in the areas of health, mental health, substance abuse, employment, and life skills.

1989

PCA-NJ pilots Every Person Influences Children (EPIC), a comprehensive program targeting all aspects of a child's life, including the home, school, and community.

Pediatric HIV/AIDS is added to the list of prevention areas to be addressed by the NJ Governor's Council on the Prevention of Mental Retardation and Developmental Disabilities.

A Specialized Child & Family Counseling Unit is established by NJ Public Law, requiring the Violent Crimes Compensation Board to establish a specialized child and family counseling unit in addition to its victim counseling services.

1990

Congress encourages the expansion of the Court Appointed Special Advocate (CASA) program with the passage of the Victims of Child Abuse Act.

1991

Congress recognizes the effectiveness of the CASA model for preventing juvenile delinquency.

The Victims of Child Abuse Act of 1990 is enacted to improve the investigation and prosecution of child abuse cases.

PCA-NJ establishes Healthy Families, funded by the Department of Human Services, to provide a home visitation program that supports at-risk parents.

New Jersey's Title 9 law (N.J.S.A. 9:6) is amended to increase permanency planning for children. For children with a goal of "return home," the amendment emphasizes the Division of Youth and Family Services' responsibility to provide "diligent efforts" to assist parents in solving the problems that led to their child's placement. For children unable to return to their own homes, the amendment clarifies the circumstances under which DYFS can seek to terminate parental rights.

Prevention Network of NJ, Inc. is created to, among other things, facilitate the communication and coordination between disciplines, agencies, and departments, providing a forum for information sharing about prevention efforts.

1992

Healthy Families America is launched with support from Ronald McDonald House Charities.

N.J.S.A. 30:4C (Title 30) is amended to prevent unnecessary out-of-home placements of children within and outside of New Jersey. This Bring Our Children Home Act sets up county-based Case Assessment Resource Teams (CARTS) and County Inter-Agency Coordinating Councils (CIACCs) to review the needs of children in targeted populations and recommend service plans to meet the needs of children and their families.

N.J.S.A.37:1-12 is amended to increase marriage license fees and to dedicate additional the revenues generated to support programs for domestic violence victims.

New Jersey child protection experts testify before the United States Advisory Board on Child Abuse and Neglect, proposing a strategy to shift the emphasis from investigating families to helping them to become more functional.

The Department of Human Service creates the New Jersey Office of Child Abuse Prevention to provide staffing for the Child Life Protection Commission and the Task Force on Child Abuse and Neglect.

1993

The National Assault Prevention Center in Columbus, Ohio, selects New Jersey as the model state for the Child Assault Prevention program and becomes the headquarters for CAP projects worldwide.

The Family Preservation and Support Act amends the Social Security Act to provide limited funds for prevention and crisis intervention services for families in their homes and communities.

1994

The Violence against Women Act is enacted, assisting the nation's criminal justice system in responding to the needs and concerns of women who have been, or potentially could be, victimized by violence.

1995

NCPCA establishes the toll-free number – 1-800-CHILDREN – to increase public awareness about child abuse prevention.

N.J.S.A. 9:3-54.2 requires the use of Child Abuse Record Information (CARI) checks in the screening of potential adoptive applicants.

N.J.S.A.30:5B-25.3 requires the use of CARI checks for registered family and day care providers.

PCA-NJ adds Parents as Teachers (PAT) to its programs, providing a program to enhance child development and school achievement through parent education.

With funding appropriated by the Legislature to the Governor's Council on the Prevention of Mental Retardation and Developmental Disabilities, the NJ Interagency Lead Poisoning Prevention Task Force implements a statewide public education program on preventing lead poisoning.

Using the NJ program as a model, CAP Projects are initiated in England, New Zealand, Croatia, and Moldova as well as Kentucky, Maryland, Oregon, and Mississippi.

NJ Project RAP (Relationships & Power) is implemented, providing a school-based curriculum for grades 6-8 on the various forms of abuse and violence in interpersonal relationships.

1996

The Personal Responsibility and Work Opportunity Reconciliation Act replaces Aid to Families with Dependent Children (AFDC) with Temporary Assistance to Needy Families (TANF), removing the entitlement for families with incomes below a certain level to receive federal financial assistance. It directly and indirectly affects child welfare services by changing programs upon which child welfare services used to rely.

The New Jersey Task Force on Child Abuse and Neglect is established by statute to continue the work of the Governor's Task Force. Its mandate expands to study and develop recommendations regarding the most effective means of improving the quality and scope of child protective services provided or supported by State government, including Division of Youth and Family Services' (DYFS) practices and policies.

Prevent Child Abuse-New Jersey expands and establishes a New Brunswick office, currently its state headquarters, enabling them to bring prevention programs to more communities in New Jersey.

SPAN starts *NJ Statewide Parent to Parent*, to match parents experiencing significant stress or crises with other parents who have been trained to be “support parents.”

SPAN, in collaboration with the Association for Children of New Jersey, the New Jersey Mental Health Association, and the New Jersey Parents’ Caucus, founds the *Children and Family Initiative*, a grassroots effort seeking coordinated, comprehensive, and culturally competent services for New Jersey’s children and families. The Children and Family Initiative leads to the development of the New Jersey Partnership for Children/ Children’s System of Care for children with mental health needs.

NJ Child Assault Prevention provides information to adult and child residents of domestic violence shelters in New Jersey.

1997

The Adoption and Safe Families Act of 1997 (ASFA) includes provisions for legal representation, state funding of child welfare and adoption, and state performance requirements, and is intended to promote the primacy of child safety and timely decisions while clarifying “reasonable efforts” and continuing family preservation. ASFA also includes continuation funding for court improvement.

The Comprehensive Child Abuse Prevention and Treatment Act is enacted, bringing New Jersey into compliance with the federal CAPTA. The Act establishes the Fatality and Near Fatality Review Board to review child fatalities and near fatalities, risk factors to children, and the response of governmental systems to these incidents. The Act also establishes stringent confidentiality requirements on disclosure of confidential DYFS case record information, creates three citizen review panels to oversee the DYFS operations, defines sexual abuse, and authorizes terminating parental rights when consistent with the “best interests” of the child.

NJ’s Child Fatality and Near Fatality Review Board (CFNFRB) is established by legislation. The CFNFRB team reviews the deaths of children 18 years of age and younger who are active child protection cases or have been active cases within the year of their deaths.

The NJ Department of Human Services introduces its Adolescent Pregnancy Prevention Initiative (APPI), a high-risk teen pregnancy prevention program.

1998

The NJ DYFS Blue Ribbon Report is released, exposing numerous problems faced by DYFS and its caseworkers. The report addresses problems in foster care, permanency planning, prevention strategies, working with clients and the community, professionalizing the child welfare workforce, accountability, and organizational and professional relationships. The Blue Ribbon Report recommends solutions to these problems.

The New Jersey Supreme Court adopts a special court rule sanctioning the appointment of a CASA volunteer in any case involving the welfare of a child.

SPAN starts its Family Strengthening/Violence Prevention project with funding from the U.S. Department of Education to serve as New Jersey's Parent Information & Resource Center. Provides subcontract to Prevent Child Abuse-NJ to expand Parents as Teachers programs. The project offers research-based prevention programs, Strengthening Families and Strengthening Multi-Ethnic Families & Communities, and workshops such as Effective Discipline Practices for Families, Positive Behavior Supports, and Creating Positive School Environments, to New Jersey families.

The Office for Prevention of Mental Retardation and Developmental Disabilities sponsors a New Jersey Fetal Alcohol Syndrome (FAS) Task Force. The Task Force becomes a standing committee of the Governor's Council on Prevention.

New Jersey launches the "Not Even for a Minute" campaign with the message that children should not be left alone in a vehicle for any amount of time.

NJ Catholic Charities' Providence House's Peace: A Learned Solution (PALS) program is designed to help children who have witnessed and/or experienced domestic violence in their home.

1999

NCPCA changes its name to Prevent Child Abuse America and the chapters adopt Prevent Child Abuse (State Name).

National Call to Action is formed. The organization, comprised of more than 25 national organizations, is dedicated to developing a plan to eliminate child abuse by 2020.

The Adoption and Safe Families Act (ASFA) is enacted. The Act declares that the safety and health of children is of paramount concern. It establishes exceptions to the requirement to make "reasonable efforts" to prevent placement of a child, or to reunify a child with a parent; stipulates that any hearing before the Family Court could serve as a Permanency Hearing; sets standards for the termination of parental rights; authorizes the State to enter into interstate compacts to enhance the protection and permanency of children; requires notification of relatives when a child's placement is being reviewed; and requires criminal history record information checks of prospective foster and adoptive parents.

CASA of NJ is created with the support of six existing local programs and leaders from the Court, DYFS, and the community.

Children's Rights, Inc. files a class action lawsuit against the State of New Jersey and the Department of Human Services. [WHY?]

The NJ Division of Addiction Services supports the Strengthening Families program model, which provides evidence-based parenting programs through community and faith-based providers.

2000

Trafficking Victims Protection Act is enacted, which seeks to combat trafficking in persons, especially related to slavery, the sex trade, and involuntary servitude

New Jersey enacts the Safe Haven Infant Protection Act, allowing a distressed parent who is unable or unwilling to care for an infant to give up custody of a baby less than 30 days old safely, legally, and anonymously, without fear of prosecution.

A Symposium on Prevention sponsored by the NJ Task Force, APSAC, Rutgers, and the Department of Human Services brings the Prevention Community together for education and planning.

CASA of NJ becomes operational.

The first statewide, school-based curriculum of “No More Bullies, No More Victims” is provided to seven counties by NJ CAP, which developed the pilot program through a grant from the NJ Federation of Women’s Clubs.

The NJ Domestic Violence Fatality Review Board is established under executive order. The Board is charged with reviewing circumstances surrounding domestic violence related fatalities. Through this review the Board will identify trends, patterns and risk factors and develop a process for change in policies, procedures and protocols that can lead to the prevention of domestic violence fatalities.

2001

Childhelp USA dedicates the first children's mobile advocacy center in the United States.

The NJ Kinship Legal Guardianship Act is enacted, allowing individuals who wish to care for a child with whom they have a biological, legal, extended, or committed emotional relationship to become the child’s legal guardian. The parents must be unable or unfit to care for the child, and the legal guardian becomes responsible for the child’s daily care, health, and education until the child reaches 18 years of age.

New Jersey enacts the Foster Parent Licensing Act, establishing stringent standards for foster parents.

The New Jersey Regional Fetal Alcohol Syndrome (FAS) Task Force submits a report to Acting Governor Donald DiFrancesco on the status of FAS prevention and treatment in New Jersey, leading to an appropriation of \$450,000 to the Department of Health and Senior Services to support FAS Diagnostic Centers throughout the state.

The NJ Department of Human Services develops the Family Outreach Project (FOP) to provide support to families with pre-schoolers in the high needs “Abbott” school districts. PCA-NJ provides leadership and management and more than 500 child care center staff are trained in the Parents as Teachers parent support model.

2002

The New Jersey Task Force on Child Abuse & Neglect releases New Jersey's Statewide Child Abuse and Neglect Prevention Plan.

2003

The Keeping Children and Families Safe Act amends and reauthorizes CAPTA.

The National Center on Child Abuse and Neglect honors NJ CAP as one of the nation's model prevention programs. The honor is cited in the US Department of Health & Human Services publication, "Emerging Practices in the Prevention of Child Abuse & Neglect."

NJ Governor James E. McGreevey settles the Children's Rights, Inc. lawsuit.

The NJ Department of Human Services, in collaboration with the New Jersey Task Force on Child Abuse and Neglect and Family Support America, releases *Standards for Prevention Programs: Building Success through Family Support*.

SPAN starts its Healthy Adolescent Partnership project, a school district collaboration, focused on substance abuse and violence prevention.

The 30th Anniversary FAS Conference, sponsored by the NJ FAS Task Force, the Centers for Disease Control and Prevention, and the Office for Prevention of Mental Retardation and Developmental Disabilities, draws 350 participants from the U.S. and other countries.

New Jersey launches the Swim Safety campaign to teach safety for infants and children around water.

2004

New Jersey enacts legislation to implement a five-year child welfare reform plan entitled "A New Beginning: The Future of Child Welfare in New Jersey."

The NJ Division of Prevention and Community Partnership is created within the Office of Children Services, Department of Human Services

The Home Visiting White Paper is released to the public.

New Jersey begins its Safe Sleep campaign to encourage parents to place infants on their backs to sleep.

New Jersey launches the Shaken Baby campaign to stress alternative disciplinary techniques for frustrated parents.

APPENDIX 7

New Jersey Statewide Child Abuse and Neglect Prevention Plan Working Group Members

**Statewide Child Abuse and Neglect Prevention Plan
Working Group Members**

Diana Autin, Esq.
Statewide Parent Advocacy Network –
Subcommittee Member
Melanie Boston, MPA
Department of Corrections, Office of Victim
Services
Sharon Budka, MSW
NJ Task Force on Child Abuse & Neglect –
Subcommittee Member
Carla Cooke-Harris, Ed.D.
Division of Prevention & Community
Partnerships
Maura Somers Dughi, Esq.
NJ Task Force on Child Abuse & Neglect –
Subcommittee Chair
Jennifer Fahey, Esq.
Division of Prevention & Community
Partnerships
Rita Gulden, MSW
CASA of NJ
Judith Hall, MS, RN, CS
Department of Health, Child Health Program –
Subcommittee Member
Grace Hamilton, MSW
Department of Community Affairs, Division on
Women
Paulette Moore-Hines, Ph.D.
UMDNJ-UBHC – Subcommittee Member
Aldina Hovde, MSW
Division of Prevention & Community
Partnerships,
Policy & Planning – Subcommittee Member
Lucy Keating, MS
Division of Child Behavioral Health

Roberta Knowlton, MSW, LCSW
NJ School Based Youth Services –
Subcommittee Member
John Kriger
Kriger Consulting, Inc.
Debora Litvitinczuk
Division of Prevention & Community
Partnerships, Policy & Planning
Frances Miceli
Division of Addiction Services
Kathy Mulrooney
Youth Consultation Service
Donna Pincavage, MPA, MSW
NJ Task Force on Child Abuse &
Neglect/CTF – Subcommittee Member
Janet Rosenzweig, Ph.D.
Prevent Child Abuse NJ – Subcommittee
Member
Pat Stanislaski
New Jersey/National Child Assault
Prevention Project – Subcommittee Member
Terri Taggart
Division of Developmental Disabilities
Tanya E. Velazquez, JD
Division of Prevention & Community
Partnerships, Policy & Planning –
Subcommittee Member
Lisa von Pier
Division of Prevention &
Community Partnerships, Operations –
Subcommittee Member

APPENDIX 8

New Jersey Task Force on Child Abuse and Neglect – Prevention Subcommittee Members

**New Jersey Task Force on Child Abuse & Neglect
Prevention Subcommittee
Membership List**

Chair

Maura Somers Dughi, Esq.
Task Force
525 Valley Road
Watchung, NJ 07060
msdchild@aol.com

Vice Chair

Roy Perham, Ph.D.
NJ Governor's Juvenile Justice
and Delinquency Prevention Committee
269 Raymond Street
Hasbrouck Heights, NJ 07604
rgperham@cs.com

Diane Autin, Esq
Executive Director
Statewide Parent Advocacy Network
Or
Sh'Corah Yehudah
Violence Prevention/Family Strengthening Coordinator
35 Halsey Street, 4th Floor
Newark, NJ 07102
Diana.autin@spannj.org
vpc@spannj.org

Helen Archontou, MSW, LSW
Program Administrator
Saint Claire's Hospital
Center for the Protection of Children
130 Powerville Road
Boonton Township, NJ 07005-8701
harchontou@saintclares.org

Jan Bidwell, MSW, LCSW
140 W. Crescent Avenue
Mahwah, NJ 07430
mahwahjan@aol.com

Sharon Budka, MSW
Grant Manager
NJ Task Force on Child Abuse & Neglect
50 East State Street, 4th Floor
P.O. Box 711
Trenton, NJ 08625-0711

Sharon.Budka@dhs.state.nj.us
Suzanne Conrad
Exchange Club Family Center
Caring For Kids
302 North Main Street
Cape May Court House, NJ 08210
swconrad@comcast.net

Sharon Copeland, MSW, LSW
Executive Director
Enable, Inc.
"Community Services for Individuals with Disabilities"
13 B Roszel Road
Princeton, NJ 08540
scopeland@enablenj.org

Mark Ferrante
Juvenile Justice Commission
Or
Maria Rivera Brown
1001 Spruce Street
P.O. Box 107
Suite 202
Trenton, NJ 08625-0107
Mark.Ferrante@njjc.org
Maria.Rivera-Brown@njjc.org

Ruth S. Gubernick, MPH
EPIC SCAN
American Academy of Pediatrics NJ/PCORE
5 Woodbury Drive
Cherry Hill, NJ 08003
gubernrs@hln.com

Judith Hall, MS, RN, CS
Public Health Consultant, Nursing
NJ Department of Health
Child Health Program
50 East State Street, 6th Floor
P.O. Box 364
Trenton, NJ 08625-0364
Judith.Hall@doh.state.nj.us

Peter Herbst, MSW, LCSW
Executive Director

Hudson County Child Abuse Prevention Center
880 Bergen Avenue, Room 302
Jersey City, NJ 07306
Hcchildabuseprev@aol.com

Paulette Moore Hines, Ph.D.
Director, Office of Prevention Services & Research
UMDNJ-University Behavioral HealthCare
P.O. Box 1392
Piscataway, NJ 08855-1392
Hinespa@cmhc.umdj.edu

Roberta Knowlton, MSW, LCSW
Director
NJDHS, DFD
NJ School Based Youth Services
50 East State Street, 4th Floor
P.O. Box 716
Trenton, 08625-0716
Roberta.Knowlton@dhs.state.nj.us

Joan Krier, Executive Director
New Jersey Prevention Network
150 Airport Road, Suite 1400
Lakewood, NJ 08701
Joan@njpn.org

Mary McManus, Esq
Legal Services of New Jersey
100 Metroplex Drive, Suite 402
Edison, NJ 08817
mmcmanus@lsnj.org

Donna Pincavage, LSW, MPA
Executive Director
NJ Task Force on Child Abuse & Neglect
50 East State Street, 4th Floor
P.O. Box 711
Trenton, NJ 08625-0711
Donna.Pincavage@dhs.state.nj.us

Peggy Rauscher
Program Director
La Vida Child Care Center
Straight & Narrow, Inc.
396 Straight Street
Paterson, NJ 07501
peggyr4@yahoo.com

Eve Robinson, MS
Executive Director
Montclair Community Pre-K
509 Orange Road
Montclair, NJ 07042
erobinson@montclairprek.com
Madhuri Rodriguez, MSS
Communications Specialist
NJ Task Force on Child Abuse & Neglect
50 East State Street, 4th Floor
P.O. Box 711
Trenton, NJ 08625-0711
609-292-0888 Work
609-633-2926 Fax
Madhuri.Rodriguez@dhs.state.nj.us

Kathleen Roe
Executive Director
Parents Anonymous
127 Route 206 South
Hamilton, NJ 08610
609-585-7666 Work
609-585-0619 Fax
kroepanj@aol.com

Janet Rosenzweig, Ph.D.
Executive Director
Prevent Child Abuse NJ
103 Church Street, Suite 210
New Brunswick, NJ 08901
732-246-8060 Work
732-246-1776 Fax
jrosenzweig@preventchildabusej.org

Pat Stanislaski
Executive Director
NJ NCAP
1216 Orchard Drive
Hillsborough, NJ 08844
patstan1@patmedia.net

Sharon Surette, MSW, LSW
Asst. Executive Director

NJ Task Force on Child Abuse & Neglect
50 East State Street, 4th Floor
P.O. Box 711
Trenton, NJ 08625-0711
sharon.surette@dhs.state.nj.us

Terri Lynn Taggart, MA, CSW
Administrative Analyst 1
Department of Human Services
Division of Developmental Disabilities
P. O. Box 726
Trenton, NJ 08625-0726
Terri.Taggart@dhs.state.nj.us

Marianna Thompson
Director of Communications
Catholic Charities, Diocese of Paterson
597 Valley Road
Clifton, NJ 07013
diocom@patersondiocese.org

Tanya E. Velazquez, J.D.
Program Support Specialist
Division of Prevention & Community Partnerships
50 East State Street, 4th Floor
P. O. Box 700
Trenton, NJ 08625-0700
Tanya.Velazquez@dhs.state.nj.us

Lisa von Pier
Division of Prevention & Community Partnerships
Operations – Supervisor
50 East State Street, 4th Floor
P. O. Box 700
Trenton, NJ 08625-0700
Lisa.vonPier@dhs.state.nj.us

Patricia Warren
DYFS
50 East State Street, 5th Floor
P.O. Box 717
Trenton, NJ 8625
Patricia.F.Warren@dhs.state.nj.us

Charlene Womack, CSW, MSW
Division of Prevention and Community Partnerships

Policy & Planning – Supervisor
50 East State Street, 4th Floor
P. O. Box 700
Trenton, NJ 08625-0700
Charlene.Womack@dhs.state.nj.us

Cecilia Zalkind, Esq.
Executive Director
Association for Children of New Jersey
35 Halsey Street
Newark, NJ 07102
czalkind@acnj.org

APPENDIX 9



New Jersey Task Force on Child Abuse and Neglect Members

THE NEW JERSEY TASK FORCE ON CHILD ABUSE AND NEGLECT MEMBERSHIP

CO-CHAIRPERSONS

Hon. James M. Davy, *Commissioner*
Department of Human Services
PO Box 700
Trenton, NJ 08625

Martin A. Finkel, *Professor of Pediatrics*
University of Medicine and Dentistry of NJ
42 E. Laurel Rd., Suite 1100
Stratford, NJ 08084
finkelma@umdnj.edu

STATE GOVERNMENT MEMBERS

Department of Community Affairs
Hon. Charles A. Richman, *Acting Commissioner*
101 So. Broad St., PO Box 801
Trenton, NJ 08625
Designee: Eric Honeycutt
crichman@dca.state.nj.us

Department of Corrections
Hon. Devon Brown, *Commissioner*
Designee: Melanie Boston, Coordinator
Office of Victims Services
PO Box 863, Whittlesey Road
Trenton, NJ 08625-0863
melanie.boston@doc.state.nj.us

Department of Education
Lucille Davy, *Acting Commissioner*
Designee: Lovell Pugh-Bassett, Coordinator
School Health and Social Services
100 Riverview Plaza
PO Box 500
Trenton, NJ 08625
lovell.pugh-bassett@doe.state.nj.us

Department of Health & Senior Services
Hon. Fred M. Jacobs, MD, JD *Commissioner*
Designee: Celeste Andriot Wood
Assistant Commissioner
Division of Family Health Services
PO Box 364, 50 E. State Street, 6th Floor

Trenton, NJ 08625-0362
celeste.andriot-wood@doh.state.nj.us
Department of Law & Public Safety
Peter Harvey, *Attorney General*
Designee: Jessica Oppenheim
Assistant Attorney General
Chief, Prosecutors and Policy Bureau
Division of Criminal Justice
PO Box 085, 25 Market Street
Trenton, NJ 08625-0085
oppenheimj@njdcj.org

New Jersey State Police
Colonel Joseph R. Fuentes, *Superintendent*
Designee: Sgt. David Jones
Division of State Police
PO Box 7068, 1 River Road
West Trenton, NJ 08628
lpp4396@gw.njsp.org

New Jersey Supreme Court Judge
Hon. Deborah Poritz, *Chief Justice*
Designee: Kimberly Jenkins
Family Practice Division
Administrative Office of the Courts
PO Box 983 – 7 North
Trenton, NJ 08625
[Kimberly Jenkins@judiciary.state.nj.us](mailto:Kimberly.Jenkins@judiciary.state.nj.us)

Office of the Public Defender
Yvonne Smith Segars, *Public Defender*
Designee: James Louis, Esq.
Deputy Public Defender
Office of Law Guardian
Mountain View Office Park
840 Bear Tavern Rd., Suite 200
Ewing Twp., NJ 08628
james.louis@opd.state.nj.us

ASSEMBLY MEMBERS

Hon. Eric Munoz, Assemblyman – District 21
57 Union Place, Suite 310
Summit, NJ 07901
asmmunoz@njleg.org

Hon. Nellie Pou, Assemblywoman - District 35
Suite 1405, Hamilton Plaza
Paterson, NJ 07505
aswpou@njleg.org

SENATE MEMBERS

Hon. Shirley Turner, Senator - District 15
Designee: Meredith Rivera
1440 Pennington Rd.
Ewing, NJ 08618
senturner@njleg.org

PUBLIC MEMBERS

Helen Archontou, Director
Saint Clare's Hospital
Child Abuse Treatment Program
130 Powerville Rd.
Boonton, NJ 07005
harchontou@sbhcs.com

Jan Bidwell, MSW, LCSW
Clinical Social Worker
140 West Crescent Ave.
Mahwah, NJ 07430
mahwahjan@aol.com

Hon. Jeffrey S. Blitz, Prosecutor
Atlantic County Prosecutor's Office
4997 Unami Blvd., PO Box 2002
Mays Landing, NJ 08330
prosecutor@acpo.org
jgn856@yahoo.com

Maura Somers Dughi, Esq.
Prevent Child Abuse – America
525 Valley Rd.
Watchung, NJ 07060
msdchild@aol.com

Debra A. Gise Jennings
Executive Co-Director
Statewide Parent Advocacy Network
88 Willowdale Ave.
Montclair, NJ
debra.jennings@verizon.net

Eric M. Joice, Executive Director
Family Resource Network
429 River View Plaza
Trenton, NJ 08611
ejoice@efnj.com

Liza M. Kirschenbaum
New Jersey CASA
844 West State Street
Trenton, NJ 08618
liza@casafnj.org

Katherine Roe
Executive Director
Parents Anonymous
127 Route 206, Suite 10
Hamilton Twp, NJ 08610
Kroepanj@aol.com

David P. Swearingen, Director
Corporate Communications
Johnson & Johnson Health Care System
1 Johnson & Johnson Plaza. WT-03
New Brunswick, NJ 08933
dsweari@corus.jnj.com
Pat Carolan – Assistant

STAFF

Donna M. Pincavage, *Executive Director*
New Jersey Task Force on Child Abuse and Neglect
50 East State Street.
PO Box 711
Trenton, NJ 08625-0700
donna.pincavage@dhs.state.nj.us

Sharon Surette, *Assistant Director*
New Jersey Task Force on Child Abuse and Neglect
50 East State Street
PO Box 711
Trenton, NJ 08625-0700
sharon.surette@dhs.state.nj.us

Madhuri Rodriguez, *Program Development Specialist*
New Jersey Task Force on Child Abuse and Neglect
50 East State Street
PO Box 711
Trenton, NJ 08625-0700
madhuri.rodriquez@dhs.state.nj.us

Sharon Budka, *Program Development Specialist*
New Jersey Task Force on Child Abuse and Neglect
50 East State Street
PO Box 711
Trenton, NJ 08625-0700
sharon.budka@dhs.state.nj.us

Peggy A. Olynyk, *Secretary*
New Jersey Task Force on Child Abuse and Neglect
50 East State Street
PO Box 711
Trenton, NJ 08625-0700
peggy.olynyk@dhs.state.nj.us