

Discussion Points

DEPARTMENT OF CHILDREN AND FAMILIES (GENERAL)

1. The Governor's FY 2015 Budget (pages D-38 and D-39) assumes a total of \$30.6 million in FY 2014 supplemental State appropriations across the Department of Children and Families (DCF), representing 1.9 percent of the department-wide FY 2014 adjusted appropriation of \$1.649 billion (gross). The supplemental appropriations are anticipated in the following Grants-in-Aid accounts:

DCF FY 2014 Projected Supplemental Appropriations (\$000)

Grants-in-Aid account	FY 2013 Expended (gross)	FY 2014 Adj. Approp. (gross)	FY 2014 Supplemental Appropriation (State)	FY 2014 Adj. Approp., including supplemental (gross)	FY 2015 Governor's Recommend. (gross)
<i>Division of Child Protection and Permanency</i>					
Independent Living and Shelter Care	13,093	13,815	1,634	15,449	16,548
Family Support Services	84,732	81,591	5,029	86,620	86,412
Subsidized Adoption	129,257	131,639	1,579	133,218	134,902
<i>Division of Children's System of Care</i>					
Care Management Organizations	70,785	69,278	1,944	71,222	70,753
Out-of-Home Treatment Services	234,856	263,207	10,410	273,617	276,351
Mobile Response	23,520	22,757	2,003	24,760	25,662
Intensive In-Home Behavioral Assistance	57,408	49,553	7,975	57,528	56,575

Information from the Executive attributes the above supplemental appropriations to unspecified grant trends for the Divisions of Child Protection and Permanency and Children's System of Care. According to the Governor's FY 2015 Budget (page D-29), FY 2014 supplemental funding for the Division of Children's System of Care is necessary "to serve more individuals through family and community-centric supports" while funding for Child Protection and Permanency is required to "support adoption subsidies, family support services, and independent living programs."

- **Questions:** For each line item with a projected FY 2014 supplemental appropriation, please explain, with reference to the specific services funded by the specific item: i.) the primary factor(s) driving the need for supplemental funding (e.g., increased caseload, service utilization, service costs, new or expanded services, etc.); ii.) why the need for supplemental funding was not anticipated in the original Governor's FY 2014 Budget Recommendation; iii.) whether the Governor's FY 2015 Budget

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Recommendation takes into account the trends that generated the need for FY 2014 supplemental funding; and iv.) whether a need for supplemental funding is anticipated for these accounts in FY 2015.

Response: The need for supplemental funding for all of the above line items are due to both increases in caseload and service utilization with the exception of the Independent Living and Shelter Care line item within the Division of Child Protection and Permanency which has been impacted by the increased costs associated with supporting older adolescents who are residing in Independent Living settings. An additional factor impacting the supplemental need for the Children's System of Care (CSOC) is that the children, youth and adolescents with developmental and intellectual disabilities that were transitioned to DCF are now afforded the opportunity to access the full array of behavioral health services available through the system of care. Further, the phase-in of programs under the Medicaid Comprehensive Waiver contributed to the need for supplemental resources in CSOC.

The original Governor's FY 2014 Budget Recommendation was based upon the trend data from FY 2013 available at the time the recommended budget was prepared which did not indicate a significant growth need. The supplemental need became more evident when trend data from FY 2014 became available. This same trend data was utilized in developing the Governor's FY 2015 Budget Recommendation. The Departments of Children and Families and Treasury continuously monitor and evaluate these trends. At this time, we do not anticipate a supplemental funding need for FY 2015.

2a. The FY 2014 Appropriations Act appropriated \$13.2 million, in Interdepartmental Accounts, for "Community Provider Contract Adjustments." A corresponding language provision (see FY 2014 Appropriations Handbook, page B-205) specifies that funds associated with the appropriation may be transferred to departments and divisions contracting with community care providers in order to provide a one-time upward contract adjustment effective January 1, 2014 for providers in good standing with the State as of January 1, 2014. According to the language provision, "in good standing with the State" means that "the provider owes no outstanding liabilities to the contracting department or division or to the State" as determined by the Director of the Division of Budget and Accounting in consultation with the contracting department or division. The appropriations language also states that: contract adjustments shall be prorated to all such eligible providers in good standing with the State proportional to their contract base; and amounts not disbursed to providers not in good standing with the State shall

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be reallocated and distributed among providers in good standing, subject to the approval of the Director of the Division of Budget and Accounting.

DCF maintains contracts with a number of providers, and presumably many of these providers may qualify for a one-time upward contract adjustment. However, as of March 18, 2014, the applicable interdepartmental account does not indicate any transfers or commitments of funds from the \$13.2 million, including transfers or commitments of funds to DCF providers.

- **Questions:** Does DCF expect an allocation from the \$13.2 million for contract adjustments in FY 2014? If so, how does DCF currently define its “community care providers,” in terms of the specific types of providers and DCF program classifications included within that category? What amounts from the \$13.2 million, in aggregate and disaggregated by DCF division, will be allocated to DCF community care providers? What percentage of DCF community care providers, in aggregate and disaggregated by DCF division, will receive the contract adjustments because they were in good standing with the State as of January 1, 2014? Will any of the one-time contract adjustments for DCF community care providers be continued in FY 2015, as part of the providers’ base contracts?

Response: DCF expects an allocation from the \$13.2 million for contract adjustments in FY 2014. The Department’s defined contract base includes all community care providers in good standing. For the purpose of identifying eligible providers we are applying the budget language to NJ organizations under contract as of January 1, 2014 who deliver direct care or services to clients in the community utilizing state funds. Once the final list of providers has been completed, an analysis of their standing as per the language will be completed, and DCF will provide the final distribution information.

None of the one-time contract adjustments will be continued in FY 2015 as part of the providers’ base contracts.

2b. During the April 30, 2013 Assembly Budget Committee hearing on the Governor's FY 2014 Budget, Commissioner Blake indicated that DCF shared Assemblyman Burzichelli’s concern about providers not receiving a cost-of-living increase for several years. The Commissioner mentioned that the department had conducted an analysis indicating that providing a one percent cost-of-living increase to DCF providers would cost \$6 million.

- **Questions:** Are any cost-of-living adjustments for DCF providers assumed in the department’s FY 2015 recommended appropriations? If so, please provide more information: which providers will receive cost-of-living adjustments, at what percentage increase, effective on what date? Did the estimated cost of \$6 million (shared with the Assembly Budget Committee in April 2013) for providing a one percent cost-of-living increase represent exclusively State costs, on an annualized basis? If not, what amount of the \$6 million cost would be incurred by the State, for a cost-of-living increase over what period of time? What specific types of providers, in which DCF program classifications, were assumed to receive cost-of-living increases in the \$6 million estimate? Please provide an updated estimate for the same

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group of DCF providers: what would be the estimated, annualized State cost of providing a one percent cost-of-living increase to those providers effective July 1, 2014?

Response: There is no cost-of-living adjustment assumed in DCF’s FY 2015 recommended appropriations.

3. In response to an FY 2014 OLS Discussion Point, DCF indicated that it was evaluating the potential impacts of the sequestration of federal funds pursuant to the Budget Control Act of 2011 (Pub.L.112-25) and the American Taxpayer Relief Act of 2012 (Pub.L.112-240) by monitoring programs such as preventive health funding, rape prevention and education funds, child welfare services, family violence prevention, maternal and child health, and educational supports and case management services.

At the time, DCF indicated there were no reductions from sequestration reflected in the department’s FY 2013 adjusted appropriations or in the Governor’s FY 2014 Budget Recommendation. It is noted that the Bipartisan Budget Act of 2013 (Pub.L.113-67) revised the federal sequestration caps for federal fiscal years 2014 and 2015 to allow for increased discretionary spending.

- **Questions:** Please provide an update on the impacts of federal sequestration on funding for DCF programs, as reflected in the Governor’s FY 2015 Budget. What specific reductions in federal funding resulting from sequestration, if any, are reflected in the FY 2014 adjusted appropriations and the FY 2015 recommended appropriations? For each federal reduction, please indicate: the specific line item(s) involved; the amount(s) of the federal reduction; and the source(s) and amount(s) of any non-federal funds applied to offset the federal reduction.

Response: The following chart summarizes the FY 2014 and FY 2015 sequestration impacts:

FY 2014 Adjusted Appropriations:

Grant	Reduction Amount	Line Item
Title IV-B – Child Welfare	\$419,000	Salaries and Wages
Social Services Block Grant	\$1,271,000	Salaries and Wages
Rape Prevention and Education	\$98,000	Salaries and Wages

FY 2015 Recommended Appropriations:

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Grant	Reduction Amount	Line Item
Title IV-B – Safe & Stable Families	\$79,000	Restricted Fed Grants –CP&P
Title IV-B – Caseworker Visitation	\$5,000	Restricted Fed Grants –CP&P
Edu/Training Vouchers (IV-E)	\$46,000	Restricted Fed Grants –CP&P
Natl. Center for Child Abuse & Neglect	\$50,000	Natl. Center for Child Abuse & Neglect
Community Based Child Abuse Prevention	\$400,000	Restricted Fed Grants – F&CP
Rape Prevention and Education	\$66,000	Women’s Services
Family Violence Prevention & Services	\$167,000	Restricted Fed Grants – F&CP
Vocational Education Basic	\$9,000	Materials and Supplies

No non-federal funds are being utilized to offset these federal reductions.

4. Schedule 1 of the Governor’s FY 2014 Budget (page C-3) estimated revenues from DCF contract recoveries at \$17.4 million in FY 2013 and \$17.4 million in FY 2014. The FY 2014 Appropriations Act (see FY 2014 Appropriations Handbook, page A-6) included a revised FY 2014 estimate of \$19.2 million.

The Governor’s FY 2015 Budget indicates that actual revenues from DCF contract recoveries were \$21.6 million in FY 2013, and estimates DCF contract recoveries at \$18.5 million in FY 2014 and \$18.5 million in FY 2015.

- **Questions:** What accounts for the greater than anticipated contract recoveries in FY 2013? Given the greater than anticipated recoveries in FY 2013, what accounts for the Governor’s FY 2015 Budget projecting a downward revision in FY 2014 contract recoveries from the \$19.2 million assumed in the FY 2014 Appropriations Act? Please describe the nature of the contract recoveries realized by the department and provide some specific examples that are representative of recent patterns.

Response: Contract recoveries occur as third party contracts for services are closed-out. The timeframe between the end date of the contract and the receipt of the recovery (if any) can fluctuate, depending, for example, on variables such as when the agency’s audit is completed. There can be many reasons for unexpended funds at the end of a contract such as salary dollars that were accrued due to staff vacancies. Given the variables involved with a case-by-case close-out process, it is difficult to accurately predict the amount of contract recoveries within a given time period.

As additional third party contract providers are moved onto the fee-for-service platform, particularly within the Children’s System of Care, there will be fewer recoveries from cost-related contracts.

5. Information from the Executive indicates that DCF anticipates FY 2014 lapses totaling \$9.4 million due to “additional federal revenues.”

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- **Questions:** Please identify the specific “additional federal revenues” associated with the \$9.4 million in anticipated lapses, indicating the amount of offsetting federal funds contributed by each revenue source. Please also list the specific FY 2014 expenditure accounts from which the corresponding State funds are anticipated to lapse.

Response: The source of the additional federal revenues which total approximately \$17 million is the Title IV-E program. Of the \$17 million, \$8.5 million is an additional amount earned in excess of the \$144.5 million in Title IV-E funds made available to the Department in FY 2013 while the remaining \$8.5 million is the amount of additional Title IV-E funds the Department projects to claim above its FY 2014 Title IV-E appropriation which totals \$147.3 million. These additional federal resources allow for an anticipated State lapse of \$9.4 million in Salaries and Wages within the Division of Child Protection and Permanency.

6. The Center for the Study of Social Policy’s October 2013 Monitoring Report (described in more detail below) indicated that DCF continues to work in collaboration with the New Jersey Office of Information Technology (OIT) to develop a new reporting tool that would incorporate data from NJ SPIRIT (DCF’s case management and financial information system) within OIT’s Electronic Data Warehouse. According to the Monitoring Report, this tool would eventually allow creation of reports that cut across DCF divisions and potentially other State departments (e.g., Department of Health and Department of Education) in order to more effectively monitor child, youth and family outcomes.

- **Questions:** What is the current timeframe for completing this project? What are the total DCF funds budgeted for this technology project over its lifetime, disaggregated by fiscal year and by funding source (i.e., State, federal, other)? What DCF expenditures on the project are anticipated for FY 2015, by funding source (i.e., State, federal, other)?

Response: The Department of Children and Families (DCF) is committed to using data to inform practice and guide decision-making from across its divisions as well as between other state departments. The OIT Electronic Data Warehouse is a multi-state agency project whose goal is to provide a platform for data sharing among different divisions across state government. DCF has completed an initial phase of development of the data warehouse which has led to two large initiatives by the Department. DCF is currently partnering with OIT to share data with the Department of Agriculture using the data warehouse on a routine and ongoing basis to deliver the free and reduced lunch program to children in the Division of Child Protection and Permanency (CP&P) out-of-home placement. DCF has also initiated a project to use the data warehouse to link data across two programmatic divisions, CP&P and CSOC, to better understand the population served by both divisions.

DCF has contracted via MOU with OIT for work on the OIT Data Warehouse. The initial funding in September of 2010 totaled just over \$284,000 and included work to start up the warehouse, identify the NJ SPIRIT (NJS) tables that would be available in the DCF data

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warehouse, and to construct, load, test and set-up the routines to regularly move the NJS data to the DCF data warehouse.

In 2011, DCF again contracted through the MOU process with OIT for \$75,900. This request was for a continuation of the work of the first project request and to begin the match client process between NJ SPIRIT and CYBER data in the DCF data warehouse environment, and then create a usable data set of the matched CP&P and CSOC clients.

The third MOU dated January 2012 was for \$40,260. This request was for the final refining of the CP&P to CSOC match client process and to define the NJS data warehouse data models for some of the key NJS tables that contain data for case participants, assignments, approvals, and services.

DIVISION OF CHILD PROTECTION AND PERMANENCY (CP&P)

7. The Center for the Study of Social Policy (CSSP) serves as the independent Federal Monitor to assess DCF’s compliance with the Modified Settlement Agreement (MSA) requiring improvements to the State’s child welfare system. The CSSP October 2013 Monitoring Report (evaluating the July 2012 – March 2013 period) is available here: <http://www.state.nj.us/dcf/about/welfare/federal/>

The October 2013 Monitoring Report found that, during the July 2012 – March 2013 reporting period, DCF met or partially met 29 out of 53 final performance targets established under the MSA (with performance unable to be assessed on one performance measure). The table below compares this performance to previous reporting periods.

DCF Performance Targets Met, Partially Met, or Not Met Over Recent Reporting Periods

Status of MSA Performance Measures	December 2011 Report (January-June 2011)	December 2012 Report (January-June 2012)	October 2013 Report (July 2012-March 2013)
Met	24 (46%)	21 (42%)	21 (40%)
Partially Met	3 (6%)	3 (6%)	8 (15%)
Not Met	25 (48%)	26 (52%)	23 (44%)
Total assessed	52 (100%)	50 (100%)	52 (100%)
<i>Unable to be assessed</i>	3	4	1

Across the 23 measures that were not met, the October 2013 Monitoring Report highlighted certain areas that needed particular attention, including, but not limited to:

- Investigative practice and implementation of case practice model. The Monitor found that DCF continues to confront challenges in improving the quality of investigative and case practice related to investigations of child abuse and neglect. The Monitor highlighted challenges in areas such as: timeliness of completing investigations, quality of investigative practice, family engagement, effective use of Family Team Meetings, and the quality of case planning with children, youth and families.

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(It is noted that the Monitor found that some of the above challenges are “perhaps affected by caseloads” and that caseloads, although improved during the July 2012 – March 2013 reporting period, were still higher than the acceptable standard under the MSA. In response to an FY 2014 OLS Discussion Point, DCF indicated that it was addressing caseload compliance by hiring 30 additional intake caseworkers and deploying certain Impact Teams throughout the State to assist offices where intakes were unusually high.)

- Repeat maltreatment. The Monitor found that DCF’s performance on measures related to preventing children from experiencing additional abuse and neglect (i.e., “repeat maltreatment”) when receiving in-home services or out-of-home placements were below the acceptable standards and had declined from the previous monitoring period.
- Timely permanency through reunification, adoption or legal guardianship. The Monitor found that, with the exception of performance on finalizing adoptions within nine months of an adoptive placement, DCF’s performance in meeting permanency goals and discharging children to permanency (i.e., reunification with family, legal guardianship, or adoption) has remained the same or declined and does not meet the acceptable standards.
- **Questions:** What specific actions has the department taken to address each of the above areas of concern in the current fiscal year? What specific increases or redeployments of staff, funds, or other resources have been implemented, if any, to address these concerns? What additional actions are planned for FY 2015, with what impact on staff, funds, or other resources? If available, please provide updated performance data for the MSA performance measures associated with each of the above areas.

Response: DCF welcomes the opportunity to discuss areas identified as needing attention from the Monitoring Report issued in October of 2013. The most current data is not yet available for the monitoring period as the department is in the process of providing data to the Federal Monitor for the monitoring period which ended in December 2013.

With regards to each identified area, the DCF plan has been as follows.

For Investigations:

As part of DCF’s ongoing evaluation of performance in particular areas of practice, DCF partnered with staff from the Center for the Study of Social Policy (CSSP) to conduct its second review of the quality of CP&P investigative practice in January of 2013. The report with recommendations and findings was released in July 2013.

The results of the review confirmed many of the themes from prior assessments. In particular, the review once again found that the quality of investigations within CP&P was generally solid. The review found areas of ‘bright spots’ and areas that needed improvement. The ‘bright spots’ provided a glimpse at parts of the investigation process that were working well and could be built upon for greater success.

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Within the report, the recommendation section noted several specific areas where additional focus was needed to improve practice. The recommendation area and the steps CP&P has taken to address the issue are listed below:

- *Conferencing.*

CP&P has taken a number of steps to highlight the importance of conferencing between the caseworker and the supervisor throughout the investigation stage of work with families. Over the past few months a new screen has been launched in Safe Measures, a statewide reporting and performance management tool, which allows leadership to track the frequency of conferencing. CP&P has seen an increase in compliance with pre-conferencing which was also noted in the report. CP&P acknowledges that equally as important as the pre-investigation conference is the post-investigation conference where details and final conclusions about the investigation are shared between caseworker and supervisor.
- *Family History.*

CP&P has continued through its use of the statewide ChildStat, a Continuous Quality Improvement (CQI) process to review both administrative data and a comprehensive randomly selected case review, as well as through local 'mini' ChildStats and the *Focus on Supervision* initiative to emphasize the need to understand a family's history as a way to understand current strengths, challenges and changes in functioning. CP&P has also made a change to NJ SPIRIT (NJS) which was shared at the end of October with a small group of staff and is slated to launch in the next NJS release in May 2014. The change condenses and makes more concise the family history information found in NJS at the end of the screening summary document. This will allow casework staff to quickly and easily assess the basic investigative findings and determine what further steps are necessary as part of the investigation.
- *Collateral Information.*

CP&P understands that some of the confusion about the use of collaterals stems from a lack of clarity around confidentiality issues. Therefore, CP&P has issued clarifying directives to staff regarding when information can be shared and/or gathered during the course of an investigation. Since its inception, practice has evolved to look at the family from a more holistic vantage point, which includes reaching out to more collateral contacts in the initial phase of the investigation thus making the need for investigators to fully understand the parameters of confidentiality more important.
- *Conducting Interviews.*

CP&P acknowledges the need to focus on engaging non-custodial parents, primarily fathers, earlier in their work with the families. In slightly more than two thirds of the cases in the review, fathers were contacted regarding the investigation, so there are 'bright spots' to build upon. Additionally, the agency as a whole has continued to focus on the importance of fathers through training, the use of genograms and ChildStat and the Quality Reviews (QR).

CP&P's current policy requires children who are the subject of an investigation to be interviewed alone. While this is generally the standard practice, documentation within investigation summaries need to clearly reflect that the child(ren) were seen alone.

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Whenever possible, the child should be interviewed at a site outside of the home setting and in a safe environment like the school. Even when the initial interview must occur at the home, subsequent interviews to verify or collect additional information can be conducted at an alternate site like a day care or school.

- *Timeliness of Completion.*

In order to improve the timely completion of investigations, CP&P has instituted a number of accountability measures; most notably the weekly conference calls facilitated by a member of the Commissioner's staff. These 'key performance indicator' calls have helped to improve the timeliness of investigation completion from 65% to 72% in Period 13.

- *Documentation*

Quality documentation remains an area needing improvement; however, CP&P has embarked on a number of steps to address the issue. For example, CP&P is working with DCF Policy to identify examples of what high quality documentation looks like for a range of topics. CP&P has also made several changes in NJS, like the ability of staff to 'multi-select' different activities occurring in one set of interactions with the family, to improve the quality of documentation.

We also expect that the new four-tier investigative finding process naturally encourages staff to look critically at investigatory findings and clearly document any aggravating/mitigating factors demonstrated during the investigation to support the finding. This enhanced documentation will be supported and furthered by the critical discussions occurring between worker and supervisor related to four-tier.

CP&P is pleased that a number of initiatives, in addition to the ones described above are underway to improve the quality of overall practice with families. Namely, discussions at leadership events about the use of qualitative and quantitative data together are reinforcing for staff the need for quality and compliance for best practices with families. CP&P is also working to improve the ability within NJS to scan documents related to the family's case. This will also help staff have all the relevant information within NJS for analysis.

All of these changes to continue to improve investigations have been instituted using current departmental resources and staff. To date, there are no additional funds required to address these issue in the SFY 2015 budget.

Repeat Maltreatment and Delayed Permanency

DCF has taken several steps to understand the increase in repeat maltreatment and delayed permanency from 2011 to 2012. First, DCF is working closely with our partners at Hornby Zeller Associates (HZA) to assemble longitudinal datasets that will allow us to analyze the data to look for trends by CP&P Local Office, by age, allegation type and other variables. Since there is significant variation of these measures across the State, DCF is bringing together local and state leadership from the 10 CP&P areas to review in detail the findings of this analysis.

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These discussions will assist leadership in understanding the trends in their counties to help take action to address it.

Currently, DCF is constructing area and local office level datasets with individual cases of repeat maltreatment within 12 months of exit for children who exited care from January 1, 2012 to June 30, 2012. Local reviews will be conducted to understand the specific circumstances around the reunification and post reunification period that cannot be ascertained from administrative data alone. The goal of this work is to better understand the precipitating factors that lead to the repeat maltreatment and identify case practice themes for targeted improvement.

Another strategy is the consistent use of Safe Measures, a statewide reporting and performance management tool, that allows for the identification of delayed permanency cases for review at a local level to ensure tracking and identify strategies to use to increase the likelihood of a permanent home being identified.

Another commitment that DCF has made is to focus the work of its current cohort of DCF Fellows on the statewide increases in out-of-home placements which includes children re-entering placement after reunification. The diagnostic work of the Fellows will include the use of administrative data and case record reviews to understand the impact of placement type, stability, length of stay, and other system related performance indicators. We believe the focus from the Fellows on placement changes will offer the ability to drill down on the risk factors leading to both initial entry into out-of-home placement but also re-entry into placement following repeat maltreatment.

Beginning in January 2014, DCF has also changed the focus of ChildStat, a Continuous Quality Improvement (CQI) process to review both administrative data and a comprehensive randomly selected case review, to review cases that have recently reunified within three to six months. These monthly case review sessions allow a comprehensive look at case practice after a child reunifies home to better understand our role in supporting families to maintain a successful reunification.

Additionally, DCF is partnered with Rutgers University to conduct a higher level multivariate analysis of repeat maltreatment to better understand which factors are most related to this outcome. For example, the ability to link data about length of stay in placement with repeat maltreatment helps DCF understand which population of children is at the highest risk in order to target interventions.

With all of these efforts currently underway, DCF is still in an investigative and analysis phase to understand the leading factors associated with repeat maltreatment and delayed permanency. As these analyses mature, CP&P leadership will have the information necessary to take action toward reducing the occurrence of these outcomes.

The department has been able to re-prioritize work with its contracted vendors, like Rutgers and Hornby Zeller Associates, in order to address these priority areas within current resources. Additionally, the department is using local resources within CP&P to review cases and design local plans to address the issues raised.

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8a. The October 2013 Monitoring Report also found that DCF faced significant challenges with ensuring that older youth in foster care are appropriately assessed, engaged, and linked to needed resources and supports, and that youth exiting care without permanency have housing, are employed, or are in an educational or training program.

- **Questions:** What actions has the department taken to address these concerns in the current fiscal year? What specific increases or redeployments of staff, funds, or other resources have been implemented, if any, to address the concerns? What additional actions are planned for FY 2015, with what impact on staff, funds, or other resources? If available, please provide updated performance data for the MSA performance measures associated with services for these older youth.

Response: Over the past few years, DCF has made great strides in improving policy, practice, and programming for adolescents. Some of our accomplishments include expanding housing programs, creating a centralized online system to access housing, enhancing the independent living stipend, offering online financial literacy programming, increasing adolescent specific training and restructuring and expanding our Youth Advisory Boards to promote youth leadership and ensure that youth drive important changes.

In an effort to address assessment, engagement and linking to needed resources and supports; the DCF Office of Adolescent Services (OAS) has created the adolescent housing hub, case consultation pilot, as well as several training opportunities for CP&P staff noted below.

- *Got Adolescents? Policy, Practice, and Resource Training-* This training provides resources and tools that will help CP&P staff to advocate for the best interests of an adolescent/young adult by having an increased awareness and understanding of CP&P adolescent policies, practices, and resources while emphasizing the importance and use of teaming in adolescent case practice to include team meetings and utilizing planning documents with the youth. (i.e. independent living assessments, transitional plans, and the case closing agreement).
- *Post-BA Adolescent Advocacy Certificate Program-* This fifteen (15)-credit certificate is focused on adolescent advocacy and case practice. The Adolescent Advocacy certificate is similar in structure to the already existing Post-BA Certificate in Child Advocacy. It has been designed to provide students with a multidisciplinary understanding of the role of the adolescent advocate as seen through the disciplines of law, sociology, and psychology with an emphasis on adolescent development, the impact of trauma, and engaging the youth through motivational interviewing.
- *Adolescent Practice Forums (APFs)-* These Forums are regional half-day trainings designed to provide attendees with quarterly updates regarding changes and improvements to DCF specific adolescent/youth policy, practice, resources, and programming/services.
- *Office of Educational Support and Programs (OESP)* piloted its first training to Education Stability Liaisons in June 2013 regarding the importance of educational planning with youth beginning in 8th grade. This training included

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the review of important benchmarks all workers should be aware of for their youth in middle and high school, the steps to choosing a post-secondary program and the availability of scholarships and supports. In addition, support and technical assistance was provided to CP&P case managers to ensure youth are on target to graduate, receive academic supports such as tutoring (if needed), college preparatory courses and are knowledgeable of Career Technical Education pathways.

- *Adolescent Housing HUB (HUB)* - In April 2012, the OAS partnered with PerformCare to create the Adolescent Housing Hub (HUB), a real-time bed tracking and referral process system. This automated electronic system is housed within PerformCare's CYBER system. The Cyber system allows for the appropriate placement of youth for housing services by accurately matching the needs of the youth, provider information, and program capacity. DCF continues to provide linkages to this system for youth who are in need of housing.
- *Permanency Roundtables (PRT) Case Consultation Pilot* - DCF is also focusing on the importance of permanency for older youth before they age out of care. To that end, the Office of Adolescent Services in conjunction with the Division of Child Protection and Permanency implemented the Permanency Roundtables (PRT) Case Consultation pilot process which looked at 40 youth, ages 14-17 that are in need of permanency to create and implement a plan to assist the youth in achieving permanency.

In addition to the training opportunities, DCF is also working on the following community partnerships/collaboration:

- In partnership with the New Jersey Department of Labor and Workforce Development and the related State Employment and Training Commission and their Shared Youth Vision Council, DCF is identifying strategies to ensure that staff is aware and educated about local employment resources, supports, and training.

Through ongoing and targeted outreach to school districts and piloting cross system educational partnership trainings and trainings with staff in CP&P Local Offices, this will help to secure the necessary supports and services youth need to achieve educational success.

8b. As described in the Governor's FY 2015 Budget, "DCF operates Child Protection and Permanency, Children's System of Care, Family and Community Partnerships, the Office of Education, the Division on Women, and Adolescent Services" (page D-29). The same information also states that "Adolescent Services is responsible for coordinating service delivery to support youth who are aging out of the DCF system and transitioning into adulthood," while information on page D-32 of the Governor's Budget describes Adolescent Services as a key component of the Child Protection and Permanency program classification.

However, with the exception of information regarding Independent Living placements, the Governor's Budget has not routinely provided disaggregated funding and expenditure data related to Adolescent Services in the Division of Child Protection and Permanency (CP&P),

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including such disaggregated data for services provided to older youth who are transitioning away from CP&P supervision.

- **Questions:** As context for the Monitor's findings, please provide the amount of Direct State Services and Grants-in-Aid funding for CP&P Adolescent Services, including funding for services for young adults preparing to transition, or transitioning, out of the system. Please include: i.) the total funding amounts allocated in FY 2014 and anticipated for FY 2015; and ii.) a disaggregation of the FY 2014 and FY 2015 funding amounts by budget line item, with a description of the array of services supported by each disaggregated funding amount.

Response: The following chart disaggregates the FY 2014 funding that supports services to adolescents. The funding amount will remain the same for FY 2015.

NJ DCF Funding to Support Adolescent Services Fiscal Year 2014 and 2015

Program	APU	State Funds	Federal Funds	Service Description
TANF Independent Living	1610-048		\$5,500,000	Mentoring, life skills, after care and supportive housing
Title IV-E Chafee Independent Living	1610-057		\$2,298,000	Mentoring, life skills, after care and supportive housing
New Jersey Homeless Youth Act	1610-036	\$1,556,000		Transitional living, shelter care and case management to homeless youth
Purchase of Services (Reform Plan)	1610-039	\$7,570,000		Expansion of services via the Welfare Reform Plan (including NJ Scholars and Youth Corps)
Independent Living (State)	1610-021	\$7,105,000		Transitional living, supportive housing, independent living support (stipends, rent, food, clothing)
Residential Placements (State)	1610-022	\$1,132,000		Transitional living and supportive housing
Education and Training Vouchers	1610-066		\$673,000	Federal restricted grant that funds a portion of the NJ Scholars Program
Second Chance Homes	1610-039	\$97,000		Supportive living for parent minors (DFD provides funding via MOU)
Outreach to At Risk Youth (TANF)	1630-035		\$1,000,000	Crime/Juvenile delinquency and gang prevention program
Outreach to At Risk Youth (State)	1630-024	\$1,100,000		Crime/Juvenile delinquency and gang prevention program
Connecting Youth to Achieve	1610-122		\$360,000	Federal restricted grant to address housing and employment issues for youth aging out of foster care
TOTALS		\$18,560,000	\$9,831,000	\$28,391,000

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9. Evaluation data in the Governor's FY 2014 Budget Recommendation (page D-36) originally estimated FY 2014 expenditures for emergency placements of \$6.1 million, with an average per-child cost of \$6,467 (for 940 children served).

Evaluation data in the Governor's FY 2015 Budget (page D-34) revises the FY 2014 estimated expenditures to \$7.4 million, with an average per-child cost of \$7,416 (for 1,000 children served). The revised estimate represents a 14.7 percent increase in per-child costs over the original FY 2014 estimate. The Governor's FY 2015 Budget further estimates FY 2015 expenditures of \$7.7 million, with an average per-child cost of \$7,435 (for 1,035 children served). The same data show that the actual average annual per-child costs in FY 2012 (for 1,035 children served) and FY 2013 (for 1,020 children served) were significantly lower, at \$6,225 and \$6,222 respectively.

The Governor's FY 2015 Budget recommends an FY 2015 appropriation of \$16.5 million (State) for Independent Living and Shelter Care (page D-38), which includes the \$7.7 million for FY 2015 emergency placement expenditures.

- **Questions: What specific trends account for the upward revision in the per-child costs of emergency placements in FY 2014 and similar per-child costs in FY 2015? As similar numbers of emergency placements were provided at lower per-child costs in FY 2012 and FY 2013, could the FY 2015 Independent Living and Shelter Care appropriation be reduced if lower per-child costs are assumed for emergency placements?**

Response: Upon reviewing the contracted services for FY 2014, DCF identified that some contracts providing shelter service were being credited to the Out-of-Home Placement account instead of the Independent Living and Shelter Care account. A review of client placements confirmed that the clients were listed as being in a shelter, not an out of home type of service. The revision was made in the FY 2015 Evaluation Data Report for FY 2014. DCF did not change the FY 2012 and the FY 2013 actual data as previously reported. The total amount of the services identified was approximately \$1.0 million. If amounts were retroactively applied to the FY 2012 and 2013, the average cost per child would have been \$7,190 and \$7,201 respectively.

10a. In February 2013, the Office of the State Auditor (OSA) issued findings from an audit of CP&P contracted foster care and related services conducted between July 2009 and August 2012. The audit examined average annual expenditures of approximately \$40 million associated with 20 non-profit organizations contracting with CP&P to provide case management and care coordination for 522 children in foster care placements. These children represented

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roughly nine percent of the 5,751 children in foster care placements at the time (as of FY 2011), with the remainder under the direct supervision of CP&P.

- **Questions:** How many children in DCF foster care placements are projected to receive contracted foster care services (i.e., those covered by the OSA audit) in FY 2014, and in FY 2015? What is the projected per-child cost of such services in FY 2014, and in FY 2015? What are the department's projected total annual expenditures on such services in FY 2014, and in FY 2015?

Response: At this time, approximately 525 children are in contracted foster care placements at an estimated cost of \$12.5 million for FY 2014. This represents an annualized cost of \$23,852 per client.

Contracted foster homes (the caregivers) are supported and managed by employees of the provider agencies with which DCF contracts. "DCF" foster homes are supported and managed by CP&P resource units. Please note that all children who are living in foster care remain under the direct supervision and case management of CP&P caseworkers. DCF does not anticipate a significant increase or reduction to the percentage of children placed with contracted foster care homes during FY 2014. DCF anticipates its utilization of contracted foster care homes will decrease during FY 2015.

10b. The February 2013 OSA report (referenced above) found that at least \$1.8 million in unrealized annual State savings could be achieved if CP&P properly monitored provider contracts and enforced standardized board rate payments to foster care families. In response to an FY 2014 OLS Discussion Point, DCF indicated that it had initiated a review of the applicable contracted services, and that the department could not yet quantify any savings. DCF also indicated that it would review child board rates with providers and resource parents during FY 2014.

- **Questions:** What additional steps has DCF taken to address the above opportunities for unrealized savings identified in the OSA audit? Please quantify the amount of State savings from initiatives related to the OSA recommendations that the department will realize in FY 2014 and FY 2015.

Response: Many of the contracted foster care programs began at a time when the department did not have the capacity to recruit or manage additional foster homes. These agencies have provided services and foster care rates that, in many cases differed from DCF's rate schedule. DCF's base board rates are tied to the USDA Rate based on the USDA's Annual Report 'Expenditures on Children by Families' using the table 'Estimated Annual Expenditures on a Child by Husband-Wife Families, Urban Northeast'. Additionally, the department factors in a child's age, overall health, and the level of care required to care for the child beyond the developmental norms. In the Fall of 2011, the OSA audit team identified a group of contracted providers' with board rates that fell below DCF's minimum board rates. In response, effective October, 2011, DCF required providers to pay caregivers in their foster home networks per diem rates consistent with DCF's base board rate. DCF's board rates have increased in Calendar Years 2013 and 2014 and DCF's contracted foster care agencies have been required

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to ensure their rates are no less than DCF's base board rates. Therefore, DCF does not foresee any savings from normalization of the board rates.

DCF has been working diligently to collect any funds that were proven to require reimbursement. This effort has resulted in recouping some funds that are automatically deducted from provider's monthly fees. Trainings have occurred with contract staff concerning the need to review audits and reconcile contracts and close out information. DCF sent electronic notification to its providers in December 2012 that full budgets are required when general and administrative costs are to be charged to a DCF contract and DCF posted a contract bulletin to its website, which referenced this requirement. This is great work that has improved our staff knowledge and the expectations of our providers.

10c. The OSA report also found approximately \$8.7 million in inappropriate provider charges, unspent funds, and overpayments, some of which may have been subject to recovery by DCF. In response to an FY 2014 OLS Discussion Point, DCF indicated that it had collected \$438,625 from one provider, who had agreed to a repayment plan for the balance of the funds due. DCF also indicated that it was reviewing applicable expenses to determine "allowability" and where expenses were unallowable, to collect funds that were incorrectly charged to DCF contracts.

- **Questions: Beyond those steps identified in response to the FY 2014 OLS Discussion Point, what additional steps has DCF taken to address the opportunities for potential recoveries identified in the OSA audit? What additional amounts, beyond the \$438,625, have been recovered to date? How much in additional, related recoveries is the department anticipating for the remainder of FY 2014? In FY 2015?**

Response: Of the amounts alleged in the OLS audit as potentially inappropriate charges, unspent funds or overpayments, DCF verified that approximately \$2.6 million was actually owed to DCF. Through its regular contract close-out practice, DCF identified approximately \$2 million in recoupments due back to DCF and repayment schedules have been implemented. Of that amount, \$375,855 is owed by an agency that entered bankruptcy and the recoupment is pending. Nearly \$500,000 has been recouped from the contract close out process.

In addition, an internal review by the DCF Office of Accounting determined that of the \$630,394.30 originally identified by OSA as potential overpayments, \$198,534.16 was verified as overpayments and recouped by DCF. All internal supporting documentation was provided to the OSA staff.

In addition, DCF's Office of Auditing and Grants Management performed a secondary review of certain contract closeouts to ensure the proper amounts were used during the contract closeout and reported accurately. DCF has completed its closeouts for the contracts that fell within the time period of the OAS audit and DCF does not anticipate any additional recoveries will be identified.

10d. The OSA report also indicated that DCF originally developed the contracted foster care program to supplement its recruitment and retention of foster homes during periods in which

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CP&P was unable to recruit sufficient providers to serve youth requiring out-of-home placements. However, the OSA noted that, at the time of its report, CP&P maintained a capacity to serve more than twice the number of children currently in out-of-home placements.

The OSA recommended that CP&P evaluate whether there was a continued need for all of the contracted foster care providers, as: CP&P provides such services directly to more than 90 percent of children in out-of-home placements; and, by providing services directly, the division may be able to better monitor and control service delivery. In response to an FY 2014 OLS Discussion Point, DCF indicated that a review of the contracted foster care program had been initiated and was anticipated to continue for at least the balance of FY 2013. DCF also indicated that, in modifying any of its contracted foster care services, its primary concern would be to prevent placement disruptions for children.

- **Questions:** Please provide an update on DCF's review of its contracted foster care program. What were the review's findings? Could DCF feasibly discontinue most or all of its foster care contracts? What net State savings or net State costs might be expected if most or all contracts were eventually discontinued? Is DCF currently planning to discontinue any of its foster care contracts in FY 2014 or FY 2015? If so, how many contracts in each year, representing what value?

Response: DCF is still in the process of an intensive review of the entire contracted foster care program to ascertain whether the program and the contracts align with DCF's ongoing foster care needs. This process will not result in any savings during FY 2014. However, DCF did determine that its' needs for targeted foster home recruitment has changed and subsequently DCF ended referrals to two recruitment contracts in FY 2013. There are no savings as a result of these contracts as they were paid on a fee for service basis.

DCF does not anticipate any savings by ending its contracted foster care programs. Foster families, regardless of whether they are "contracted foster homes" or "DCF foster homes", receive a board rate when they are caring for a child who has been placed in their home. If contracted foster care ends, DCF will continue to pay board rates for all children in placement, the only difference is DCF will issue payments directly to all foster parents and no longer pay some board rates via contracts. Additionally, each child served by a contracted foster care agency may be receiving support services that need to be identified, understood, and potentially replicated when the homes move into DCF's system. Until evaluations of each child's needs are completed, we cannot assess what savings, if any, may be realized.

DIVISION OF CHILDREN'S SYSTEM OF CARE (CSOC)

11. The Governor's FY 2014 Budget (page D-161) had indicated that, as part of the Statewide reorganization of programs initiated in FY 2013, addiction services for adolescents under age 18 would be transferred to DCF from the Division of Mental Health and Addiction Services (DMHAS) in the Department of Human Services (DHS).

In response to an FY 2014 OLS Discussion Point, DCF indicated that the transfer was to take effect July 1, 2013 and involve the realignment of approximately \$8 million in federal Substance Abuse Block Grant funds from DHS to DCF to support outpatient, partial care, residential long term, residential short term and fee-for-service programs.

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- **Questions:** What additional funds associated with these addiction services, beyond the funds identified above, have been transferred from DHS to DCF in FY 2014? What number of staff has been transferred, if any, in FY 2014? What additional funds and staff, if any, will be transferred in FY 2015? To clarify, what addiction services for adolescents under age 18, if any, currently remain administered by DMHAS? Are there any plans to transfer such services, if applicable, to DCF in the future?

Response: There were no additional funds transferred to DCF in FY 2014 above the original \$8 million in Substance Abuse Block Grant funding. One staff person transitioned to DCF in FY 2014. The FY 2015 Governor's Recommended Budget does not reflect the transfer of any additional substance abuse funds or staffing to DCF. The FY 2015 budget contains language to permit the transfer of funds to support this transition, if needed.

12. The Governor's FY 2014 Budget had also indicated that "mental health services for adolescents up to age 18 would be transferred to DCF during fiscal year 2014" (page D-161). Based on available information and DCF's response to the FY 2014 OLS Discussion Points, it is unclear which mental health services for adolescents under age 18 are included in this portion of the reorganization.

- **Questions:** To clarify, what mental health services for adolescents under age 18 have been transferred in FY 2014? What funds and staff associated with these services have been transferred to DCF in FY 2014? What additional funds and staff, if any, will be transferred in FY 2015? What mental health services for adolescents under age 18, if any, currently remain administered by DMHAS? Are there any plans to transfer such services, if applicable, to DCF in the future?

Response: DHS and DCF have had planning sessions to review the scope of outpatient services that may be transferred and to identify the relevant resources; these discussions will continue during FY 2015. However, to date, no mental health services or associated funding and staffing has been transferred to DCF. The FY 2015 Governor's Recommended Budget does not reflect the transfer of any adolescent mental health services, the related funding or staffing to DCF. The FY 2015 budget contains language to permit the transfer of funds to support this transition, if needed.

13. In response to an FY 2014 OLS Discussion Point, DCF indicated that the following mental health and addiction services for individuals age 18-20 were expected to be transferred from DMHAS to DCF during FY 2014:

- Outpatient services
- Intensive Outpatient Treatment and Support Services (IOTSS)
- Early Intervention and Support Services
- Partial Care/Hospitalization
- Integrated Case Management Services (ICMS)

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- Supported employment
- Justice involved services
- Legal services
- All substance abuse treatment services supported by State funds and federal block grant dollars for the 18-20 age group except Medication Assisted Treatment

However, page D-157 of the Governor's FY 2015 Budget states that "While addiction services for children up to age 18 were transferred to the Department of Children and Families (DCF) during fiscal year 2013, DMHAS will continue to serve 18-20 year olds, with the exception of outpatient services."

- **Questions:** To clarify, were all of the above mental health and addiction services for adolescents ages 18-20 actually transferred to DCF in FY 2014? Which of the above services, if any, were not transferred, and why? Are there any plans to transfer such services, if applicable, to DCF in the future?

Response: Addiction services for youth under 18 were transitioned to DCF in FY 2014. At this time, however, no mental health and addiction services or associated funding and staffing has been transferred to DCF in FY 2014 for adolescents ages 18-20. The FY 2015 Governor's Recommended Budget does not reflect the transfer of any adolescent mental health and addiction services for adolescents ages 18-20, the related funding or staffing to DCF.

14. In response to an FY 2014 OLS Discussion Point, DCF stated that DHS was in the process of quantifying the funding dedicated to the 18-20 year old population so that funding and services could transfer to DCF during FY 2014. DCF also noted that specific funding levels involved in such a transfer had not yet been determined because the affected services were in contracts where details regarding the allocable portion of cost, revenue and DHS funding for the 18-20 year old population were not routinely determined.

- **Questions:** For mental health and addiction services for adolescents ages 18-20 that were actually transferred from DHS to DCF in FY 2014, what were the specific funding amounts that were transferred, and which specific DCF accounts were affected? What number of staff was transferred, if any? What additional funds and staff, if any, will be transferred in FY 2015?

Response: At this time, no mental health and addiction services or associated funding and staffing has been transferred to DCF in FY 2014 for adolescents ages 18-20. The FY 2015 Governor's Recommended Budget does not reflect the transfer of any adolescent mental health and addiction services for adolescents ages 18-20, the related funding or staffing to DCF.

15a. In response to an FY 2014 OLS Discussion Point, DCF provided information regarding the implementation of new programs under New Jersey's Comprehensive Medicaid Waiver, which received federal approval in October 2012. The information included estimates of FY 2014 State savings from additional, offsetting federal Medicaid revenues associated with the following programs:

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- *Intellectual Disabilities/Developmental Disabilities with Co-Occurring Mental Health Diagnoses (ID/DD-MI) Pilot*: DCF was to phase-in this program serving approximately 50 children during Fiscal Year 2014. The FY 2014 State savings were estimated to be \$3.6 million.
- *Program for Children Diagnosed with Serious Emotional Disturbance (SED)*: DCF was to begin implementing this program during FY 2013 in order to maximize federal reimbursement for approximately 6,000 youth currently being served with State-only funding. The FY 2014 State savings were estimated to be \$15.9 million.
- *Pervasive Developmental Disorders (PDD) Pilot Program*: DCF anticipated the phase-in of this program in 2014. The program, also referred to as the Autism Spectrum Disorder Pilot Program, is ultimately expected to serve approximately 200 children.
- **Questions:** Please provide an update regarding the implementation of these programs. When did, or when will, each of the Comprehensive Waiver-related programs above (ID/DD-MI, SED, and PDD) become operational, and what is the current timeframe for full implementation of each program? How many children will be served by each of the programs in FY 2014 and in FY 2015? How many total children will eventually be served by ID/DD-MI and SED? For each program, what State savings due to offsetting federal Medicaid revenues are currently expected in FY 2014, and in FY 2015?

Response: The Intellectual and Developmental Disabilities with Dual Mental Health Diagnosis (IDD/MI) program is intended to provide intensive in-home and out-of-home services for children and youth between the ages of 5 and 21 who meet an institutional level of care. As a condition of the waiver, DCF will provide a menu of seven service components through a verified Medicaid provider network: care management, individual supports, natural supports, clinical behavioral supports, respite for caregivers, non-medical transportation, and interpreter services.

DCF plans to begin offering four of the seven services to upwards of 100 eligible youth through Medicaid approved providers by August, 2014 at which point they would begin to claim a 50% federal match on those services. The remaining three services (non-medical transportation, interpreter services, and natural support services) will need to be procured through a public bidding process and it may be up to eight months to generate and award a request for proposals and qualify providers as Medicaid eligible for some of these components.

Given the delays in developing the Medicaid approved provider network for the seven services, the FY 2014 projected savings will not be realized. DCF's base budget in FY 2014 was reduced by the projected savings of \$3.6 million and as the waiver initiatives are phased-in, the projected savings will be realized. No additional savings will be realized in FY 2015 as DCF's budget has already been reduced to reflect the

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projected savings. As the waiver initiatives are phased-in, the expenditures will become part of the trend analysis.

The Autism Spectrum Disorder (ASD) Pilot Program (previously identified as the PDD program) is designed to provide 200 Medicaid and CHIP eligible children under 13 years of age who have been assessed and diagnosed with Autism with two new services: behavioral consultative supports and individual behavior supports. Existing limits on occupational therapy, physical therapy, and speech and language therapy will also be removed. Medicaid does not currently cover these two new services while private insurance does. DCF has identified 100 eligible children for whom they will begin authorizing services in April. The remaining 100 children will be phased in as they are identified as eligible.

There are no projected savings in the DCF budget for this particular initiative. Any costs associated with this initiative would impact the Division of Medical Assistance and Health Services budget within the Department of Human Services.

Previous to implementation of Children with Serious Emotional Disturbance (SED) program within the Comprehensive Waiver, behavioral services for SED population were 100% state funded. DCF is now claiming 50% federal match on these services. As condition of the waiver, clients meet medically necessary criteria for covered rehabilitation services and are at-risk of hospitalization. DCF also plans to begin claiming on three additional services provided to eligible SED clients during FY 2015.

DCF is working on the logistics of enrolling 799 eligible children and youth in Medicaid Plan A with start date of July, 2014. CSOC is working on establishing the Medicaid approved provider network for the three additional services that are to be claimed for the SED population. DCF plans to have provider network in place by August, 2014.

Therefore, the projected FY 2014 savings has been revised to \$14.8 million. DCF is claiming a 50% federal match on 4,200 clients receiving behavioral services who were previously 100% state funded. Since OMB reduced DCF's base budget in FY 2014 by the projected savings, there are no additional savings anticipated in FY 2015.

15b. Information provided by the Division of Children's System of Care at the January 13, 2014 meeting of the Medical Assistance Advisory Council (which was constituted to advise the State Medicaid program regarding health and medical care services on behalf of Medicaid beneficiaries) indicated that the SED and ID/DD-MI components of the Comprehensive Waiver would be operationalized by the end of State Fiscal Year 2014 (June 2014).

- **Questions: How is the above information regarding the operationalizing of SED and ID/DD-MI by late FY 2014 reconciled with prior assumptions of State savings for these programs in the Governor's FY 2014 Budget (as referenced in question 14a.)? Was implementation of these programs delayed, and what accounts for any delays? What are the amounts of any shortfalls in anticipated FY 2014 State savings due to delays in realizing additional federal Medicaid revenues, if applicable?**

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Response: As mentioned above, given the delays in developing the Medicaid approved provider network for the seven services associated with the Intellectual and Developmental Disabilities with Dual Mental Health Diagnosis (IDD/MI) program the FY 2014 projected savings will not be realized.

15c. Information provided by the division at the January 2014 Medical Assistance Advisory Council meeting also indicated that the PDD Program would be operational by the end of the first quarter of 2014.

- **Questions:** How many children is the PDD program anticipated to serve in FY 2014, and in FY 2015? For FY 2014 and FY 2015, what is the projected gross cost of the PDD program, and what are the projected State and federal shares of the cost?

Response: DCF has identified 100 eligible children for whom they will begin authorizing services in April 2014. The remaining 100 children will be phased in as they are identified as eligible. The total gross FY 2015 cost is projected to be approximately \$7.5 million with \$2.0 million being the federal share.

16. Each year, the Executive submits to the Legislature a request for supplemental appropriations to be included in an "omnibus" year-end supplemental appropriations bill. The FY 2013 omnibus supplemental appropriation act, P.L.2013, c.76, approved June 28, 2013, included an Executive request, through the Office of Management and Budget, for a \$6.0 million State Grant-in-Aid appropriation for "Out-of-Home Treatment Services under Child Integrated System of Care Services programs due to higher than expected caseloads."

Available information indicates a subsequent July 8, 2013 transfer of \$6.0 million in State funds from the Out-of-Home Treatment Services account in DCF to a Group Homes account in DDD. The transfer report received by the Legislative Budget and Finance Officer indicated a transfer of the "\$6,000,000 supplemental to DDD for DDD/DCF restructuring." The funds appeared to transfer pursuant to a general language provision, related to the FY 2013 Statewide reorganization of programs, that was included within the FY 2013 Appropriations Act (see FY 2013 Appropriations Handbook, page E-9) and that did not require legislative approval for applicable transfers of funds.

Notwithstanding this transfer of funds and the justification cited in the transfer document, the department ended FY 2013 with an unexpended balance in the Out-of-Home Treatment Services account of about \$6.1 million, of which \$6.0 million was re-appropriated to FY 2014.

- **Questions:** Please explain the use of the \$6.0 million. What specific DDD/DCF restructuring costs were associated with the transferred funds? What higher than expected caseloads were specifically associated with the supplemental appropriation, and how were those caseloads related to the DDD/DCF restructuring? Was the department aware when the supplemental appropriation was requested that it would

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have a surplus of \$6 million from the original FY 2013 appropriation, even after transferring funds to DDD, that would remain available to offset FY 2014 spending needs? If so, why instead was an increase in FY 2014 funding not requested? If not, what circumstances changed in such a short period of time to result in lower than projected FY 2013 expenditures? Given that a supplemental appropriation of \$10.4 million is projected for Out-of-Home Treatment Services in FY 2014, what assurances can the department provide that the Legislature will not be asked to overfund the program again in FY 2014?

Response: The transition of the developmentally disabled child population along with the related service programs and funding from the Department of Human Services (DHS) to the Department of Children and Families (DCF) which began in FY 2013 presented many challenges. The transactions completed at the end of FY 2013 were based upon the best financial data and programmatic information available at that time as DHS and DCF worked towards a final reconciliation concerning the transfer of these clients and programs to DCF. The FY 2014 supplemental appropriation is driven by more recent trend data than what was available at the end of FY 2013 and thus provide a more accurate projection of the FY 2014 need which DCF believes is the amount necessary to provide the appropriate level of services and care to this most vulnerable population.

17a. As a result of the FY 2013 reorganization into DCF of services for children with developmental disabilities, approximately \$0.55 million (State) in Direct State Services funding and 11 staff were transferred into the Division of Children's System of Care (CSOC) in DCF from the Division of Developmental Disabilities (DDD) in DHS.

Effective January 1, 2013, the Contracted Systems Administrator for the Children's System of Care (PerformCare Behavioral Health Solutions) assumed responsibility for coordinating services for children with developmental disabilities whose services had been transferred into DCF from DDD. PerformCare provides a range of care coordination and case management functions, and some of these functions may resemble the functions previously performed by DDD or CSOC staff. Further, effective July 1, 2013, PerformCare assumed responsibility for coordinating certain substance abuse services for adolescents whose services had been transferred into DCF from the Division of Mental Health and Addiction Services (DMHAS) in DHS.

PerformCare's contract was amended during FY 2013, resulting in a \$5.6 million (gross) appropriations increase for the Contracted Systems Administrator account in FY 2014. The increased funding supports expanded intake and care coordination services for the populations of children with developmental disabilities and youth receiving substance abuse services through DCF following the FY 2013 reorganization of those services from DHS.

- **Questions:** To what extent does PerformCare currently provide care coordination, case management, or other functions that were previously performed by State employees in DDD, DMHAS, or CSOC? While PerformCare's contract was expanded in FY 2013 to account for its new responsibilities, were any offsetting State savings realized in FY 2013 or FY 2014 from shifting such responsibilities from State staff to PerformCare? How were any affected State staff reassigned, if applicable?

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Response: DCF, through its Contracted Systems Administrator, PerformCare, has provided families with 24/7 access since the transition, previously unavailable at DDD. PerformCare is also able to provide utilization management and care coordination not previously provided by State employees. PerformCare through its electronic record, is able to quantify the requests and provide for a more systematic Statewide allocation of finite resources. The State is able to analyze and map gaps in available resources and trend service requests.

17b. The Request for Proposal for PerformCare's contract as the Contracted Systems Administrator specified a five-year contract period from September 7, 2009 through September 6, 2014, with two contract extensions, not to exceed one year each, potentially extending the contract through September 6, 2016. Accordingly, the Notice of Award for PerformCare's contract indicates an initial contract period of May 27, 2009 through September 6, 2014. As noted above (see Question 17a), PerformCare's contract was amended during FY 2013 to reflect new responsibilities involving children with developmental disabilities and youth receiving substance abuse services.

- **Questions:** Is the initial five-year contract period described above still valid for PerformCare's amended contract? If so, has PerformCare been provided with a contract extension through FY 2015? What criteria were used in the decision to award any contract extension?

Response: DCF is in discussion with the Department of Treasury, Division of Purchase and Property, to re-procure the contract. The proposed RFP is in the review process by the Division of Purchase and Property and other state entities. It is our intent to allow a contractual extension appropriate to provide adequate time for the posting, review and evaluation as part of the public bidding process; however, we anticipate awarding a new contract before September 6, 2016.

18. Children under age 18 with developmental disabilities are required to complete an eligibility determination process through the Division of Children's System of Care (CSOC) prior to receiving developmental disability services. Available information indicates that these children are also required to complete a separate intake and eligibility determination process through the Division of Developmental Disabilities (DDD) in the Department of Human Services (DHS) between the ages of 18-21 if they wish to be determined functionally eligible for adult DDD services (through DHS) beginning at age 21.

- **Questions:** Please explain the DDD intake and eligibility determination process for children with developmental disabilities who are transitioning from CSOC to DDD. How does the DDD eligibility determination process differ from the eligibility determination process for children when they first apply for services through CSOC? Except for instances when obtaining updated information regarding the person's condition is necessary, could the two divisions' processes be consolidated into a one-

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time process? What amount of State savings might be realized from efficiencies resulting from such consolidation?

Response: The Division of Developmental Disabilities' intake and eligibility process is set forth at N.J.A.C. 10:46 and further information regarding that process is best provided by DDD. That said; it is important to note that CSOC will provide information to DDD regarding young adults receiving developmental disability services through the CSOC relevant to the DDD's determination of eligibility, such as any available recent evaluations and progress reports, as well as the initial CSOC application and supporting documentation.

It is also important to note that there is a one-time process for young adults between the ages of 18 and 21 seeking developmental disabilities services from the CSOC. Those applicants need only submit a single application for eligibility to DDD. If DDD finds that the individual meets the eligibility criteria; that determination is binding on CSOC with respect to the provision of services pursuant to N.J.S.A. 30:4C-4.4(a) until the individual is 21 years old and on DDD with respect to the provision of services thereafter. N.J.A.C. 10:46-2.1(i); N.J.A.C. 10:196-1.2. The need to obtain updated clinical and demographic information regarding other applicants for DDD would be the rule rather than the exception.

In that regard, it should be noted that the Legislature recognized the potential for improvement in an individual's functional limitations between childhood and early adulthood by allowing DDD to re-determine eligibility without a presumption of eligibility based on CSOC's prior determination. N.J.S.A. 30:4C-4.4. It is unlikely that use of a single application beyond that already permitted under DDD's and CSOC's regulations would result in any savings; on the contrary, it more likely would result in erroneously providing developmental disability services to adults who no longer meet the statutory eligibility criteria because of DDD's reliance on outdated information.

19. Evaluation Data in the Governor's FY 2014 Budget (page D-36) originally estimated FY 2014 expenditures of \$14.2 million for Outpatient/Partial Care/Partial Hospitalization services, to serve 15,500 youth.

Evaluation Data in the Governor's FY 2015 Budget (page D-34) revises the FY 2014 estimate for the number of youth served to 20,700 (an increase of 33.5 percent from the original FY 2014 estimate) but indicates revised FY 2014 expenditures of \$14.1 million, which is nearly the same as the original FY 2014 estimate. The FY 2015 projections for the number of youth served (20,600) and program expenditures (\$14.1 million) are nearly identical to the revised FY 2014 estimates.

The FY 2014 adjusted appropriation (\$14.1 million) and FY 2015 recommendation (\$14.1 million) for the relevant Outpatient appropriation are displayed on page D-39 of the Governor's FY 2015 Budget.

- **Questions: What accounts for the significant upward revision in the number of youth anticipated to receive these services in FY 2014? Why has the number of youth**

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increased significantly while projected expenditures are expected to remain flat for both FY 2014 and FY 2015?

Response: It is important to note that the funding provided by DCF to these programs represent only a portion of these agencies funding sources. These community programs have several sources of revenues such as Medicaid, self-pay, third party payments, county/other state grants, fund raising, other state grants etc. The DCF supports the sustainability to maintain program operations in the community as part of a continuum of community based mental health services. This investment seeks to avoid further penetration into the public system. Therefore these programs are able to sustain themselves with additional youth, without seeking increased funding from DCF to offset the costs of these important programs.

DIVISION OF FAMILY AND COMMUNITY PARTNERSHIPS (FCP) AND DIVISION ON WOMEN

20a. Information from DCF describes Family Success Centers as a Statewide network of “one-stop” shops that: provide wrap-around resources and supports for families before they find themselves in crisis; offer primary and secondary child abuse prevention services to families; and bring together community residents, leaders, and community agencies to improve the safety and stability of families and the community. As the Governor’s FY 2015 Budget Summary (Budget in Brief) notes on page 26, the number of Family Success Centers in New Jersey has increased from 36 centers in FY 2010 to 51 centers in FY 2015.

- **Question:** Please describe the process and criteria that have been used to identify locations for new Family Success Centers since FY 2010.

Response: DCF utilizes various criteria to determine possible locations for new Family Success Centers (FSC). Most of the factors in this process can be tied directly to the child abuse and neglect data available through DCF, however, United States Census Bureau data is also utilized in this process. DCF envisions a State-wide system of Family Success Centers and is committed to have at least one Family Success Center in every County.

When identifying the location of a FSC, DCF posts a Request for Proposal (RFP) identifying the county, community or the area where the FSC will be located and notifies providers of availability of funds. A bidders’ conference is scheduled and proposals are submitted in response to the funding opportunity. DCF selects a committee of professionals charged with the responsibility of evaluating and identifying the best proposal according to the parameters established in the RFP.

DCF utilizes the following criteria in order to determine locations for new Family Success Centers.

Discussion Points (Cont'd)

1. Use of data and Geo mapping systems to identify the needs of the counties and communities. The following data is commonly used when determining a location for a FSC.
 - Child abuse and neglect (DCF CAN data) data available through DCF.
 - United States Census Bureau data from the most current census.
 - Needs assessment of communities gathered through request for proposal
 - Assessment of formal and informal resources in the community, gathered through request for proposal
2. DCF decided to have at least one FSC in each county. As part of our State-wide network of Family Success Centers In 2012, Cape May, Hunterdon and Somerset were the last counties to have a FSC.
3. In 2012, DCF's ongoing collaboration with County DHS partners helped us identify locations in Camden County (Winslow and Camden FSC), Union County (Bayway FSC), and Gloucester County (Woodbury FSC).
4. In 2013, the Meadowlands FSC located in Little Ferry, Bergen County and the Bayshore FSC located Union Beach, Monmouth County were created in order to minimize the effects of the aftermath caused by Superstorm Sandy.

20b. According to reports available via the Governor's Performance (Transparency) Center (see: <http://nj.gov/transparency/performance/DCF/>), the average number of families served by the Family Success Centers, when averaging across four quarters, increased from 13,401 when first reported (September 2011) to 14,810 in the most recently available data (from September 2013).

- **Questions: What other performance indicators are currently used to assess the effectiveness of Family Success Centers, in addition to number of families served? If available, please provide any other available aggregate performance data for Family Success Centers gathered within the current fiscal year.**

Response: DCF uses several factors when assessing a Family Success Center's effectiveness and uses the amount of people served by a FSC only as one of the factors in its assessment. DCF has recently revised its data collection methods in order to get better information on the FSCs in the State-funded network. This new reporting tool makes it easier for the DCF staff to understand how any particular FSC operates and also allows it to drill down on certain data points. Some of the other factors it uses are, but not limited to:

Registrations – As a part of the recent revision to the monthly reporting, every FSC now provides data as to how many registered community participants they serve versus how many non-registered participants they serve.

People served v. service delivery – DCF tracks in what manner the FSC delivered any particular service (family, individual or group setting), how many times it was

Discussion Points (Cont'd)

offered, and how many people took advantage of it. DCF utilizes this new capability to first find out exactly how the FSC is delivering the core services and in-turn to see if there is the right balance of different engagement methods as well as to determine if there are any core services that the FSC is not delivering.

Expanded services – Expanded services are services that a particular Family Success Center chooses to offer. DCF tracks every expanded service that is offered by the State-funded network of Family Success Centers.

Linkages –DCF tracks connections made by FSCs of families to resources already available in the community.

Success stories – Qualitative data in the form of success stories is collected from the FSCs on a monthly basis. DCF monitors the trends in success stories but is especially aware of the activities undertaken by FSC staff to help a family in order to ascertain how close the FSC is operating to the FSC Model.

20c. The annual program cost per Family Success Center has increased since FY 2010, as indicated in evaluation data from the Governor’s Budgets for FY 2013, FY 2014, and FY 2015 and as displayed in the chart below.

Family Success Centers: Per-Program Costs, FY 2010 to FY 2015

	FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2014 Revised	FY 2015 Budget Estimate
Number of centers	36	36	42	51	51	51
Cost per program	\$212,111	\$212,111	\$196,095	\$239,686	\$239,686	\$242,039

The Family Success Centers are funded through the FCP Family Support Services appropriation, which the Governor's FY 2015 Budget recommends to be \$17.9 million (gross) in FY 2015 (page D-39). Projected Family Success Center expenditures within this appropriation are \$12.3 million (page D-35).

- **Questions:** What accounts for the growth in per-center costs since FY 2010? As lower per-center costs were achieved in previous years, could the FY 2015 appropriation for Family Support Services be reduced if lower per-center costs are assumed?

Response: In FY 2013, DCF eliminated the Differential Response Program and redirected these funds in order to enhance/expand the services provided by the Family Success Centers statewide. This initiative increased operating costs of the Family Success Centers to a more uniform amount of \$240,000 per site. Reducing to average operating costs to the prior year lower averages would result in the reduction of services.

The specific program enhancement/expansion involved the addition of a staff member to each of the Family Success Centers, a Community Volunteer and Partnership Coordinator (VCPC). The FSC Model in New Jersey relies heavily on volunteerism and

Discussion Points (Cont'd)

creating collaborations with other agencies to better serve the communities where they are located. As the network of State-funded FSCs obtained a brand identity, community involvement increased. Only having three staff members per FSC simply was not enough to adequately serve the amount of people coming to the centers.

One of the charges for this recently created staff position is enlisting and then coordinating the volunteers who take part in many activities for the FSC from answering phones to conducting workshops and support groups. Even though creating this position certainly added to the cost for operating the network, it also is a cost saving measure as the FSCs can operate with much smaller budgets due to not paying providers for the workshops and support groups they run on a regular basis. Another major charge of the VCPC lies with the marketing of the FSC, not only to garner more collaboration with other agencies, businesses, faith-based organizations, and the government sector, but also to market the center to the community in order to engage every segment of the population from young children to senior citizens. This additional position made it possible for the network to undertake initiatives such as the Fatherhood initiatives and pilot programs such as the Workforce 55+ program in collaboration with our partners at the Department of Labor.

21. Funding for the Division of Women is contained within the Governor's Budget Recommendation for the Family and Community Partnerships program class. In response to an FY 2014 request from the Senate Budget and Appropriations Committee, DCF provided the following chart with disaggregated funding information for the Division on Women showing FY 2012 expenditures, FY 2013 adjusted appropriations, and FY 2014 recommended funding:

Discussion Points (Cont'd)

New Jersey Department of Children and Families						
Division on Women						
FY 2012 - 2014						
Division on Women: Funding Transferred from DCA to DCF in FY 2013						
<i>Direct State Services</i>						
Program	Transferred From DCA	FY2012 Expended	DCF		Source	Comments
			FY2013 Adjusted	FY2014 Recommended		
Address Confidentiality Program	\$93,000	\$93,000	\$93,000	\$93,000	State	
Empower II	\$37,000	\$0	\$37,000	\$0	Federal	Grant ended prior to FY 13
Expenses of the New Jersey Commission on Women	\$7,000	\$0	\$7,000	\$7,000	State	
Grants to Displaced Homemaker Centers	\$75,000	\$75,000	\$0	\$0	Other	\$75,000 moved to Grants-in-Aid for services.
Office on the Prevention of Violence Against Women	\$252,000	\$252,000	\$252,000	\$252,000	State	
Rape Prevention and Education	\$100,000	\$89,728	\$100,000	\$100,000	Federal	
Women's Programs (primarily Salaries and Wages)	\$470,000	\$470,000	\$470,000	\$470,000	State	
TOTAL DSS	\$1,034,000	\$979,728	\$959,000	\$922,000		
<i>Grants-in-Aid</i>						
Program	Transferred From DCA	FY2012 Expended	DCF		Source	Comments
			FY2013 Adjusted	FY2014 Recommended		
Empower II	\$63,000	\$0	\$63,000	\$0	Federal	Grant ended prior to FY 13
Grants to Displaced Homemaker Centers	\$1,130,000	\$1,130,000	\$1,130,000	\$1,130,000	State	
Grants to Displaced Homemaker Centers	\$613,000	\$646,000	\$688,000	\$688,000	Other	FY 14 reflects shift of \$75,000 DSS to GIA
Grants to Women's Shelters	\$25,000	\$25,000	\$25,000	\$25,000	State	
Office on the Prevention of Violence Against Women	\$56,000	\$51,295	\$56,000	\$56,000	State	
Rape Prevention	\$900,000	\$450,000	\$900,000	\$900,000	State	
Rape Prevention	\$210,000	\$94,299	\$210,000	\$210,000	Federal	Federal appropriation will change based on actual grant award notification.
Rape Prevention and Education	\$980,000	\$920,663	\$980,000	\$980,000	Federal	Federal appropriation will change based on actual grant award notification.
Violence Against Women Act Sexual Assault Services Grant	\$325,000	\$214,583	\$325,000	\$325,000	Federal	Federal appropriation will change based on actual grant award notification.
Women's Referral Central	\$25,000	\$25,000	\$25,000	\$25,000	State	
TOTAL GIA	\$4,327,000	\$3,556,840	\$4,402,000	\$4,339,000		
GRAND TOTAL DSS and GIA	\$5,361,000	\$4,536,568	\$5,361,000	\$5,261,000		The difference between FY13-FY14 is \$100,000 due to the Federal Empower II grant that ended prior to FY13.

Discussion Points (Cont'd)

- Questions:** Please provide an updated chart displaying total gross FY 2013 expenditures, FY 2014 adjusted appropriations, and FY 2015 recommended funding for the Division on Women. As with the previously provided chart, please also disaggregate the funding amounts for each fiscal year by funding category (Direct State Services or Grants-in-Aid) and by funding source (State, federal, other).

Response: See updated chart below:

New Jersey Department of Children and Families Division on Women FY 2013 - 2014						
Division on Women Funding Transferred from DCA to DCF in FY 2013						
Direct State Services						
Program	Transferred From DCA	FY2013 Expended	FY2014 Adjusted	DCF FY2015 Recommended	Source	Comments
Address Confidentiality Program	\$93,000	\$93,000	\$93,000	\$93,000	State	
Empower II	\$37,000	\$0	\$0	\$0	Federal	State funds FY 13
Expenses of the New Jersey Commission on Women	\$7,000	\$7,000	\$7,000	\$7,000	State	
Grants to Displaced Homemaker Centers	\$75,000	\$0	\$0	\$0	Other	FY 2013 moved to Grants-in-Aid for services
Office on the Prevention of Violence Against Women	\$252,000	\$252,000	\$252,000	\$252,000	State	
Rape Prevention and Education	\$100,000	\$2,000	\$2,000	\$2,000	Federal	Only \$2,000 is utilized for award costs - remainder is in other FY 13 for services
Women's Programs (primarily Salaries and Wages)	\$470,000	\$470,000	\$470,000	\$470,000	State	
TOTAL DSS	\$1,034,000	\$824,000	\$824,000	\$824,000		
Grants-in-Aid						
Program	Transferred From DCA	FY2013 Expended	FY2014 Adjusted	DCF FY2015 Recommended	Source	Comments
Empower II	\$63,000	\$0	\$0	\$0	Federal	State funds FY 13
Grants to Displaced Homemaker Centers	\$1,130,000	\$1,130,000	\$1,130,000	\$1,130,000	State	
Grants to Displaced Homemaker Centers	\$613,000	\$646,000	\$688,000	\$688,000	Other	FY 14 others with of \$1,000 DCF and DCA
Grants to Women's Shelters	\$25,000	\$25,000	\$25,000	\$25,000	State	
Office on the Prevention of Violence Against Women	\$56,000	\$56,000	\$56,000	\$56,000	State	
Rape Prevention	\$900,000	\$900,000	\$900,000	\$900,000	State	
Rape Prevention	\$210,000	\$196,579	\$197,000	\$197,000	Federal	FY 14 grant award has not yet been received. This is an anticipated amount for FY 13
Rape Prevention and Education	\$980,000	\$915,772	\$916,000	\$916,000	Federal	FY 14 grant award has not yet been received. This is an anticipated amount for FY 13
Violence Against Women Act Sexual Assault Services Grant	\$325,000	\$326,215	\$334,250	\$335,000	Federal	Without FY 14 grant award
Women's Referral Central	\$25,000	\$25,000	\$25,000	\$25,000	State	
TOTAL GIA	\$4,327,000	\$4,220,566	\$4,271,250	\$4,272,000		
GRAND TOTAL DSS and GIA	\$5,361,000	\$5,044,566	\$5,095,250	\$5,096,000		Differences from the original DCA transfer amounts is due to changes in the various federal awarded programs and all change from DCF to the original grant award allocations.

EDUCATION SERVICES

Discussion Points (Cont'd)

22a. In response to past inquiries from OLS and the Assembly Budget Committee, DCF provided the following data regarding the department's State-operated Regional Schools, locations and enrollments. Students in the department-operated Regional Schools include those with severe cognitive, emotional and behavioral disabilities, as well as teen parents and other "at risk" youth.

DCF Regional School	County	Student Enrollment (April 2012)	Student Enrollment (April 2013)	Maximum Capacity (April 2013)
Atlantic Campus	Atlantic	32	41	45
Bergen Campus	Bergen	54	47	50
Burlington Campus	Burlington	21	30	36
Cape May Campus	Cape May	35	32	42
Cherry Hill Campus	Camden	62	53	60
Cumberland Campus	Cumberland	19	18	22
Essex Campus	Essex	35	32	45
Gloucester Campus	Gloucester	N/A (Southern Region Child Study Team Office)	N/A	N/A
Hudson Campus	Hudson	15	10	18
Mercer Campus	Mercer	23	33	38
Middlesex Campus (closed in FY 2013)	Middlesex	15	---	---
Monmouth Campus	Monmouth	16	12	25
Morris Campus	Morris	16	19	25
Ocean Campus	Ocean	30	31	35
Passaic Campus	Passaic	50	45	50
Union Campus	Union	28	25	33
Warren Campus	Warren	15	20	25
Wanaque Campus	Passaic	65	62	65
TOTAL:		531	510	614

- **Questions:** Please provide an updated list of current enrollments for each of the department's Regional Schools. Please also provide updated data on each Regional School's current maximum capacity.

Response: The chart below provides updated enrollment information for March 2014. Maximum student capacity is a current estimate based on building size, current staffing levels, age range requirements, transportation capacity, nursery capacity and typical student needs for each population. These numbers are subject to variation depending on the specific requirements of individual children whose level of service may be driven by an IEP (Individualized Education Program). For example, a student with severe cognitive disabilities must have a 1:3 staff-to-student ratio based on special education regulations. Behavioral health students may need intensive 1:1 behavioral or academic support. A school with a Project

Discussion Points (Cont'd)

TEACH program must be able to accommodate the needs of both the school aged teen mom and her infant/toddler. Nurseries require a 1:4 staff-to-child ratio based on licensing requirements. All of these factors impact the maximum student capacity.

DCF Regional School	County	Student Enrollment (March 2014)	Infant/Toddler Enrollment (March 2014)	Maximum Student Capacity (March 2014)
Atlantic Campus	Atlantic	29	21	42
Bergen Campus	Bergen	47	N/A	50
Burlington Campus	Burlington	29	24	35
Cape May Campus	Cape May	25	11	36
Cherry Hill Campus	Camden	61	N/A	61
Cumberland Campus	Cumberland	18	N/A	22
Essex Campus	Essex	29	N/A	40
Hudson Campus	Hudson	10	N/A	15
Mercer Campus	Mercer	34	22	38
Monmouth Campus	Monmouth	18	14	23
Morris Campus	Morris	12	N/A	23
Ocean Campus	Ocean	30	N/A	35
Passaic Campus	Passaic	46	N/A	50
Union Campus	Union	25	N/A	30
Warren Campus	Warren	28	6	28
Wanaque Campus	Passaic	63	N/A	65
TOTAL:		504	98	593

22b. DCF closed the Middlesex Campus Regional School as of FY 2013. This Regional School had served 15 children from two group homes providing DCF behavioral health services. During the FY 2013 Assembly Budget Committee hearing, Commissioner Blake stated that the closure was due to a declining census and due to the department's broader efforts to transition children into their communities' school districts.

In response to an FY 2014 OLS Discussion Point, the department indicated that no additional Regional School closures were planned for FY 2014.

- **Questions:** Are any Regional School closures anticipated through the end of FY 2015? If so, please indicate the rationale for each closure and any State savings anticipated.

Discussion Points (Cont'd)

Response: No Regional School closures are planned for FY 2015.

SAFETY AND SECURITY SERVICES

23. In previous years, there were concerns regarding overtime expenditures incurred by the Department of Human Services (DHS) Police for escort and intervention services provided to the Department of Children and Families. In response to an FY 2011 Assembly Budget Committee question and subsequent OLS Discussion Points, the department has provided the following expenditure information:

FY	Human Services Police Overtime
2007	\$1,530,758
2008	\$1,382,928
2009	\$1,025,234
2010	\$888,769
2011	\$778,180
2012	\$776,285
2013	\$695,202 (est.)

- **Questions:** What were final overtime expenditures for FY 2013? What are anticipated overtime expenditures for FY 2014, and projected overtime expenditures for FY 2015?

Response: The FY 2013 overtime expenditures for the Human Services Police assigned to DCF totaled \$795,414. For FY 2014, the overtime expenditures are projected to be \$716,117. It is anticipated that the FY 2015 overtime expenditures will be at the FY 2014 levels.