



How does **New Jersey** provide **voluntary services**?

Overview

When an allegation of maltreatment has been substantiated, caseworkers with the New Jersey Department of Children and Families (DCF), Division of Child Protection and Permanency, carefully examine the strengths and protective capacity of the family to explore if placement in out-of-home care is necessary or if the child can safely remain in the home. While DCF can ultimately decide whether to open the case on a voluntary basis or involve the court, the willingness of the family to participate in services is a sizeable factor in these decisions. In New Jersey, voluntary services are focused on connecting families with services and resources that fit their specific needs. The goal is for a family to build enough formal and informal supports, as well as access the resources needed, to keep the child safe without further agency involvement.

Initiation of voluntary services

In New Jersey, voluntary services can be initiated after an investigation has been conducted. An investigation consists of in-person contact with the family and the child(ren) and completion of the following: a Safety Assessment to assess child safety in the home, a Family Risk Assessment to assess risk, and any other Structured Decision-Making (SDM) tools that may be appropriate.¹



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During the investigation process, the intake worker offers the family a Family Team Meeting and, if accepted, will prepare families for participation. The intake worker also is responsible for assessing the family's existing and needed supports, such as close friends and family, in an effort to examine the strengths of the family to help prevent placement. Upon completion of assessments and exploratory conversations, the [intake worker will discuss linkages to services and any other activities or resources](#) that the family believes would best support the changes it desires.

According to DCF,² there is no specific type of case that is more or less likely to be handled voluntarily. In opening a voluntary case, staff examine the protective ability of the family, needs, issues, and any history of previous open cases. Opening a case on a voluntary basis also depends how receptive the family is to receiving services; if the family is willing to participate in services, the agency is more likely to open the case on a voluntary basis.

Once the case is substantiated, the intake worker, the supervisor, and the supervisor's supervisor conference the case and decide as a team whether it is appropriate for voluntary services. Following a decision to open a case for voluntary services, it is transferred

from intake to the agency's permanency unit via transfer conference, in which intake and permanency caseworkers and supervisors participate.

Ongoing provision of voluntary services

Permanency units handle all cases that are opened. This means that workers have voluntary cases, in-home cases with court supervision, and out-of-home cases on their caseload. In the past, DCF experimented with having in-home only units; however, the agency found this separate approach resulted in reduced knowledge and experience of the workforce, and that providing ongoing opportunities for staff to manage a mixed caseload ultimately made them more versatile and better able to help families throughout the life of a case.

Upon transfer from intake, the permanency worker reviews all available case materials and meets with the family to discuss the original reason the family came to the attention of the agency, any challenges it is experiencing, as well as any progress. Permanency workers continue using SDM tools to determine how often to visit with a family. Low-risk families are usually seen once a month, while higher risk families are seen more frequently. The table below provides more detail regarding the frequency of worker visitation.



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WORKER MINIMUM VISITATION REQUIREMENTS FOR IN-HOME SERVICE CASES		
RISK LEVEL	OVERALL VISITATION REQUIREMENT	GUIDELINES
Low	<ul style="list-style-type: none"> • One face-to-face visit per month by the worker with the child(ren) and parent(s) or caregiver(s); and • One collateral contact per month by the worker. 	<ul style="list-style-type: none"> • The worker must have a face-to-face visit with all children and parents/caregivers at least once a month in the family home. The child(ren) and parent(s)/caregiver(s) must be seen together at least once a month.
Moderate	<ul style="list-style-type: none"> • One face-to-face visit per month by the worker with the child(ren) and parent(s) or caregiver(s); and • Two collateral contacts per month by the worker. 	<ul style="list-style-type: none"> • The worker must have a face-to-face visit with all children and parents/caregivers at least once a month in the family home. The child(ren) and parent(s)/caregiver(s) must be seen together at least once a month.
High	<ul style="list-style-type: none"> • Two face-to-face visits per month with the child(ren) and parent(s) or caregiver(s) by the worker or a service provider acting on behalf of DCF; and • Three collateral contacts per month by the worker. 	<ul style="list-style-type: none"> • The worker must have a face-to-face visit with all children and parents/caregivers at least once a month in the family home. The child(ren) and parent(s)/caregiver(s) must be seen together at least once a month. • Up to one face-to-face visit by a service provider may be applied to the overall visitation requirement. All visits by a service provider must be documented by a written narrative and provided to the worker who files it in the case record and documents it in a Contact Activity Note in NJ SPIRIT (the state's automated case management tool).
Very High	<ul style="list-style-type: none"> • Three face-to-face visits per month with child(ren) and parent(s)/caregiver(s) by the worker or a service provider acting on behalf of DCF; and • Three collateral contacts per month by the worker. 	<ul style="list-style-type: none"> • The worker must have a face-to-face visit with all children and parents/caregivers at least twice a month. At least one of these visits must be in the family home. The child(ren) and parent(s)/caregiver(s) must be seen together at least once a month. • Up to one face-to-face visit by a service provider may be applied to the overall visitation requirement. All visits by a service provider must be documented by a written narrative and provided to the worker who files it in the case record and documents it in a Contact Activity Note in NJ SPIRIT.

Regular visits are used to assess the continued safety and well-being of the family and the child, including the family's living situation, the educational status of the child, and the family's physical and mental health status. During these regular meetings with the family, the permanency worker discusses the current Case Plan/

Family Agreement, the functioning of the family team, and the services in place and whether they are meeting the needs of the family. The worker also discusses any [changes that need to be made to the provided services](#), such as frequency and intensity, and whether the right supports are in place.

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New Jersey implemented a case conference initiative that pairs staff with a contracted provider to conduct a comprehensive case conference to determine what additional services can be provided. The provider's role is to view the family through a clinical lens, in addition to the agency's safety lens, enabling the agency to view the family holistically and determine an array of services to best fit the needs of the family. The contracted provider also considers other elements, such as mental health needs or domestic violence issues, to ensure all needs are being addressed.

The family's involvement with the agency is terminated once all protective services concerns are addressed. If there is a need for multiple services, the family and the permanency worker together decide which services to prioritize, so as not to overwhelm the family. Frequent communication between the permanency worker and all involved service providers is essential to knowing whether the family is attending services and, more importantly, whether a family is participating and engaged in the services. If a family has agreed to receive services but is not complying with them, the agency has the option of asking for court-ordered supervision, resulting in court-ordered attendance at services instead of voluntary participation.

New Jersey also offers resource development specialists in each local office to help workers identify service providers and make appropriate referrals. If there are issues with the services provided, the workers provide that feedback to the resource development specialist, who in turn shares that information with the local office manager and the Office of Contract Administration. This feedback loop ensures that any issues that may arise pertaining to the quality or capacity of community-based services are handled in real time, and that frontline staff feel their input is taken seriously and have the resources they need to support the families on their caseloads.

Family Preservation Services

If, during intake or regular visits, the worker determines the existing supports and services are not working for the family and there is a need for more intensive intervention, the worker can initiate Family Preservation Services (FPS). FPS is an intensive family education program that is offered in the home by contracted, trained professionals, in an effort to keep children with their families. An FPS counselor must have at least [five hours a week of face-to-face contact with the family](#) and be available to the family 24 hours a day for a period of four to eight weeks.

Once the family is stabilized and the conditions causing the child to be at risk of placement have been addressed, the family [transitions to services through other community-based providers](#). Throughout the family's involvement with FPS, the permanency worker must see the family at least monthly. After FPS has been discontinued, the permanency worker will continue [monitoring the family](#) to ensure that the family remains engaged in services. The permanency worker also will see all family members on a monthly basis during that time and secure progress updates from the family's service providers.

Oversight and supervision

DCF has [prioritized strengthening the skills and abilities of staff and supervisors](#) across the state, placing a special emphasis on building protective factors and effectively delivering in-home services to keep children safe and out of foster care. DCF believes that by investing time and resources in developing the capacity of its supervisors, the agency ultimately is helping staff conduct better assessments to keep children safe and support families. DCF believes that supervision is key to developing a workforce that has the right kind of expertise and skills to meet the needs of children and families. In order to do this, supervisors meet regularly with their casework supervisors and engage in regular training

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and professional development opportunities to support consistent decision-making across the state.

Supervisors oversee establishing and monitoring the minimum visitation requirement and reviewing and approving contact activity notes, and provide strong support on all decision-making related to the family. They [meet weekly with new workers](#) (reviewing a quarter of the worker's caseload each week so each case is conferenced monthly) and meet monthly with experienced workers (reviewing every case at each meeting).

Closing voluntary services

Thirty days prior to scheduled closing of a voluntary case, permanency staff are required to complete the Structured Decision Making Risk Re-Assessment to help determine whether to close a case. Staff may consider closing cases when the risk level has been reduced to "low." In cases where the risk remains or is reduced to "moderate," staff discuss whether the remaining risk factors are being managed, and therefore whether the case can be safely closed. In addition,

staff are encouraged to hold a Family Team Meeting to explore the formal and informal supports in place for a family. By holding a meeting prior to closing the case, everyone involved is aware of their respective roles and families are knowledgeable about the services and resources they can receive without involvement of the agency. Case closure of higher risk levels requires the approval of a higher-level supervisor to ensure closure is appropriate and in a child's best interests.

Relevant case data

New Jersey DCF reports that the number of children receiving in-home services (both voluntary and court-ordered) at any point in time is about 85% of all cases served by the department. Recent data indicates that of the 48,783 children served during October 2018, 42,842 were in-home and 5,941 were in out-of-home settings (the latter of which includes kin and non-kin resource families, group and residential placements, and independent living). These children represent [24,389 families](#) served by New Jersey permanency services.

1 Casey Family Programs. (2018). *Information Packet: How do other jurisdictions structure in-home services to ensure effective provision of supports?* Seattle, WA: Author.

2 Information throughout this brief was obtained through an interview with staff from the Division of Child Protection and Permanency, New Jersey Department of Children and Families, January 14, 2019.

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