

Discussion Points

Department-wide Questions

1. In July 2006, the State reached a settlement agreement in a class action lawsuit regarding reforms to the State’s child welfare system. Under the terms of the agreement, the Center for the Study of Social Policy was appointed by the U.S. District Court of New Jersey as the independent federal monitor to assess the department’s compliance with the terms and conditions of the agreement. In March of this year, the Governor announced that federal oversight of the Division of Child Protection and Permanency could end as early as December 30, 2022, if the U.S. District Court of New Jersey approves a joint motion to this effect by the State and attorneys representing the plaintiffs. If the federal court approves the motion, federal oversight of the division could conclude after a six-month transition period.

The table below shows metrics that illustrate the changes in the operations of the State’s child welfare system since FY2006. In summary, more children receive division services now than in FY2005. But the services are provided while keeping more children in their families and removing fewer children from their families.

Operational Metrics	FY2005	FY2022 Revised
Number of Children Receiving Services	121,568	168,905
Average Daily Population in Foster Care	10,466	4,098
Average Daily Population in Other Residential Placements	2,013	1,560
Average Daily Population in Out-of-Home Placements	500	178

- **Questions:** Please provide information on the six-month transition period following the State’s exit from federal oversight. Specifically, what are the obligations that the Division of Child Protection and Permanency is required to fulfill during this period? What entity, if any, will provide oversight of the division’s activities during this transition period?

Under the pending Exit Plan and Agreement, there exists a six-month transition period, during which the Center for the Study of Social Policy (CSSP) will maintain the ability to review data and retain access to the data and case records stored on the New Jersey Statewide Protective Investigation, Reporting, and Information Tool (NJ SPIRIT). DCF will also continue to publish Commissioner’s Monthly Reports to its website and publish data to the NJ Child Welfare Data Portal in partnership with Rutgers. CSSP will issue an addendum report describing DCF’s progress in carrying out these commitments.

- Please comment on the sustainability of the reforms the division has undertaken while under federal monitoring. Has the division changed its policies and operations in such a manner that it is unlikely that the outcomes of the federal oversight period will be eroded over time? What are the most significant challenges long-term to maintaining and building on the reforms implemented during the federal monitoring period? Is the department concerned that the lack of federal oversight might reduce the attention and support the division will receive as it strives to operate a model child welfare system?

DCF has built and sustained a reformed system for two decades. It is worth noting that most of the reforms were achieved within the first 10 years of federal oversight and have subsequently been maintained and further advanced for another decade. In addition, the level of oversight provided at the federal level through the efforts of the Administration for Children and Families (ACF) is much

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more comprehensive than it was at the time the lawsuit was initiated. So, while federal judicial oversight may end, federal executive oversight will continue in perpetuity. DCF is confident that the regularly occurring ACF federal oversight, combined with the transparency the Department provides through publication of its data, will keep attention and focus on the need to sustain the reforms essential to ensuring the safety and well-being of New Jersey's children.

- **Have the reforms during the federal monitoring period resulted in budgetary savings to the State? If the department has conducted any cost-benefit analyses regarding its reforms, please provide the high-level results.**

The Department has not conducted any cost-benefit analysis specific to the overall reform efforts.

2. During FY2021 and FY2022, the department utilized various federal COVID-19 relief funds for the purchase of technology and related equipment for its employees and clients in order to facilitate the provision of remote services, enable remote work for certain employees, enable distance learning by youth involved with the child welfare system through the Office of Education, provide internet service to client families, and reimburse provider agencies for technology purchases, among other activities.

- **Questions: As the department returns to in-person client services and welfare-involved youth return to the classroom, how does the department plan to utilize these electronic devices and related equipment?**

Families are able to continue to use the devices until they are no longer needed. Staff are continuing to utilize the devices and equipment when working in the field and will be able to utilize them as DCF institutes its telework policy.

- **Will any clients or service providers be allowed to keep department-owned devices? If so, which categories of clients, or which service providers, and for what uses?**

Throughout the early months of the COVID 19 pandemic, portable computer devices were provided to biological families and resource families to help children with remote learning and parents with activities like participating in court hearings and attending telehealth appointments. At the time of delivery, the families were notified that the loaned devices were to be returned when no longer needed.

- **Does the department plan to continue providing any client services on a remote basis once the federal Public Health Emergency ends? If yes, which services might continue on a remote basis, and for which clients?**

Division of Family and Community Partnerships programs have already or are anticipated to return to in-person service. Remote services may be utilized at client/family request (i.e., for home visiting) in circumstances for which the family relays a preference for remote service. In addition, remote services may be offered as an adjunct/expansion of the existing service array, but not as a replacement to in-person services. We have learned during the pandemic that in some instances, program-reach expanded due to virtual program delivery. Therefore, to continue to make programs available virtually in addition to in-person service is of benefit.

The Division of Children's System of Care will continue to offer in-community services through telehealth, in alignment with current state telehealth regulations and Medicaid state plan

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requirements, with a strong emphasis on family choice of service delivery (telehealth or in-person) and in accordance with standards of care.

The Division of Child Protection and Permanency has returned to full in-person work except in very limited circumstances. Caseworker visits to children, youth, biological families, and resource parents, as well as all parent-child visitations must be conducted in-person unless the parents or the children are ill. In addition, the courts continue to schedule remote hearings and both caseworkers and parents will participate remotely unless otherwise directed.

The Division on Women's funded providers continue to offer both remote services as well as in-person services to accommodate the needs of the clients. This includes the sexual violence and domestic violence programs, the Displaced Homemaker Program, and the Women's Hispanic Resource Centers.

- **Has the department realized any savings associated with the provision of client services on a remote basis? If so, for which types of programs? How much savings, if any, has the department realized to date?**

The Department has not been able to identify any measured cost savings specifically related to services being provided remotely, because most of our services remained in-person throughout COVID or have returned to in-person delivery.

- **Questions: How has the current job market impacted the department's hiring and retention of employees? Has there been an increase in employee turnover at the department relative to historical levels? What strategies has the department adopted to attract qualified new hires? Have these strategies been successful?**

The Department's child welfare staff retention success was recently highlighted in a February 2022 Casey Family Program's Strategy Brief of Health Organizations. Nationally, annual child welfare turnover rates have averaged between 20 percent and 40 percent over the past 15 years. In New Jersey, DCF's Division of Child Protection and Permanency (DCPP) has maintained a turnover rate between 6 percent and 10 percent since 2006. DCPP staff account for 75 percent of the total department staff. Elsewhere in the department however, we are noticing higher turnover among our administrative positions due to retirement and the attrition of non-vested staff.

- **What strategies has the department adopted to attract qualified new hires?**

Over the last 15 years, DCF leaders have implemented a comprehensive set of strategies to support the staff's professional satisfaction, which, according to our retention data, have been successful strategies thus far. The most recent key strategies DCF has implemented to support its workforce include:

- The creation of a department-wide Office of Staff Health and Wellness.
- Positive organizational culture and peer support initiatives.
- Concrete resources, such as manageable caseloads, salary, benefits, and equipment.
- Opportunities for education, training, and professional development.
- Deliberate recruitment and selection processes.
- Connecting to community.

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- Communication and transparency.
- Change to DCF's core work hours to promote work/ life balance.
- Permanent Flextime Policy.
- **Have any of the department's contracted service providers closed their doors during FY2021 and FY2022 and, if so, how many have gone out of business during this period? Has the department found other contractors to replace those who have gone out of business during the pandemic?**

In Spring of 2021, a single provider closed its doors, but another provider acquired its contract, which allowed for a continuation of services.

During FY2022 only one Family Friendly Center, a component of School Linked Services, in South Brunswick, discontinued its contract with the department. DCF reallocated those funds (\$45,463) to another active provider, which allowed that program to hire a part time employee to forge connections between the agency's School Linked Services and community support services program. While only one program closed, many of the School Linked Services programs were unable to retain staff to assist with student learning, support programming, and daily programmatic operations during FY2020, FY2021, and FY2022. To date, 31 percent of the program network's providers have reported that they are not operating at capacity and will be returning funds to the department at the end of the fiscal year.

- **How has the current job market impacted service capacity of providers contracted with the department? By division, program, and provider type, have there been any service disruptions in FY2022, and are there any concerns for disruption in FY2023, due to challenges in hiring and retaining employees? How is the department supporting providers to ensure adequate staffing levels during the pandemic?**

Division of Children's System of Care:

Agencies contracted with the Children's System of Care are reporting staffing shortages in in-community and residential treatment programs. These shortages, at a time when we are seeing an increase in service demand, are in some instances causing a delay in initiation of community services or admission to residential treatment. The department has met with providers across all service lines to discuss and recommend recruitment and retention strategies and will support providers by sharing job postings through our academic partners and social media. We anticipate that workforce shortages may continue to impact service lines as these providers struggle to recruit and retain staff.

Division of Family and Community Partnerships:

Within School Based Youth Services many programs were unable to maintain a fully staffed program. In an attempt to assist these providers, the department has allowed programs to use their unspent and additional funds to provide onboarding bonuses while posting position vacancies, as well as staff retention bonuses. Programs that were unable to staff their School Based Program were encouraged to provide telehealth supports to students in the school while they continue their hiring efforts.

As mentioned above, the Family Friendly Centers network of programming, within School Linked Services, struggled to pivot service delivery during the pandemic. Many programs were unable to retain staff to assist with student learning, support programming and daily programmatic operations during FY2020, FY2021, and FY2022. To date, 31 percent of the program network's providers have

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reported that they are not operating at capacity and will be returning funds to the department at the end of the fiscal year.

Division on Women:

DOW's provider network has reported challenges with hiring and retention in the areas of sexual violence, domestic violence, its Displaced Homemaker Program and Women's Hispanic Resource Centers. As the pandemic enters its third year, pandemic-related stressors have continued to take a toll – not only on survivors, but on the staff who provide around the clock care and support. The New Jersey Coalition to End Domestic Violence released a staffing survey, and 18 out of 20 providers reported staffing challenges. Staff in positions such as hotline workers, shelter staff, clinicians, case managers, advocates, and volunteers are leaving the field due to health reasons, burnout, career changes, and fear of COVID exposure. A decrease in staff and volunteers means remaining staff responds around the clock, causing even more turnover, which translates into fewer services for survivors.

To help stem the turnover, DOW is using over \$8 million in American Rescue Plan Family Violence Prevention and Services Act (FVSPA) funding for workforce development and capacity-building in its provider network. Providers will be given the opportunity to consider flexible ways to retain staff like salary increases, retention bonuses, child care assistance, paid sick leave, and other benefits as well as activities to increase the health and wellness of staff. DOW also allocated funding towards mobile advocacy and increasing technology for remote and telehealth options.

4. The State minimum wage will rise to at least \$14 per hour on January 1, 2023, and \$15 per hour on January 1, 2024. According to the FY2023 Budget in Brief, the proposed budget includes \$97 million for increased provider payments across departments because of the rising minimum wage.

- **Questions: Is any of the proposed \$97 million increase due to the rising minimum wage in FY2023 allocated to the department? If so, please identify the division and budget line. Whose wages would be increased, by provider type, and by how much?**
- **Would the funds allocated to the department be used exclusively to bring hourly wages in line with the \$13 per hour statutory minimum wage for 2022 and the \$14 per hour statutory minimum wage for 2023? Alternatively, would the funds increase wages of non-minimum wage employees to maintain a differential to the minimum wage?**

The Department of Children and Families is not allocated any of the proposed \$97M.

5. Adverse childhood experiences are traumatic events that occur in childhood but can have a lifelong impact on the physical and emotional health not only of the affected child, but also the child's family, and the community as a whole. Examples include family violence, addiction, parental unemployment, or food insecurity. In response to an FY2022 OLS Discussion Point, the department stated that funding from the Burke Foundation and The Nicholson Foundation was used to establish the Office of Resilience, which would address the impacts of adverse childhood experiences. At that time, the department noted that these two funding sources would support the office's Executive position for two years.

In addition, the department has received an annual \$3 million federal grant, for each of four years, ending in 2023, that would be used to educate department staff, certain contracted service providers, and licensed foster and kinship care families about the impact of adverse childhood experiences on children and youth.

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- **Questions: Have the Burke Foundation and The Nicholson Foundation renewed their financial support for the Office of Resilience and the retention of the office's Executive? If not, why? If funding from these two foundations has ended, will the department use State resources or outside funding sources to support this position?**

Funding for the Executive on Loan ends May 31, 2022. The Nicholson Foundation has sunset and is no longer in operation. The Burke Foundation has shifted their funding priorities to support maternal and infant health.

DCF has every intention of maintaining an Office of Resilience, which is currently operating and supported by 5 existing DCF staff who assist with the development and execution of the Office's initiatives.

If the \$3 million annual grant referenced in the question, refers to the federal Promising Path to Success 2.0 grant from SAMHSA, then that was awarded to the Children's System of Care. That grant is designed to enhance trauma informed, healing centered, youth and family-driven systems of care by providing trauma informed evidence-based interventions, technical support, and training to in-community system partners, the Office of Education and Out-of-home Treatment schools, DCF staff, and resource/kinship families.

- **What percentage of the department staff, contracted service providers, and licensed foster and kinship care families has been educated about the impact of adverse childhood experiences on children and youth?**

As of April 15, 2022, 736 DCF staff have received training on ACEs with an additional 814 staff enrolled in an upcoming training. DCF anticipates that all department staff will complete ACEs training by June 30, 2023.

Through the Office of Resilience, close to 200 provider and community members have been developed as trainers and to date 2,300 individuals have been trained. The goal is to continue to develop presenters throughout all NJ communities and counties, to spread ACE awareness and understanding in all populations. As an example, the NJ Court Appointed Special Advocates (CASA) are developing 30 trainers with the goal of providing ACE training to all their volunteers statewide.

- **Please describe the FY2022 activities of the Office of Resilience and its anticipated FY2023 activities. Please provide information on the office's expenditures in FY2022 to date, and anticipated expenditures for FY2023. Has the department identified and secured any new funding sources, to date, for the work of the office?**

Over FY2022, OOR activities have included:

1. Completion and rollout of the NJ Statewide ACES Action Plan to address adverse childhood experiences (ACEs) with the assistance of the Center for Healthcare Strategies, funded by the ACE Funders Collaborative.
2. Participated in the creation of the Actions4ACES statewide awareness campaign targeting law enforcement and educators, funded by the Burke Foundation.
3. Created a trauma-informed/healing-centered Technical Assistance Center, Healing NJ Together, to support state and community agencies and individuals who want to become trauma-informed. This included reviewing and making recommendations on all available

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- trauma-informed assessments and aiding in the implementation of an organizational readiness assessment.
4. Designed and created an online portal to support over 200 ACE Interface curriculum presenters and trainers across the state of NJ.
 5. Conducted multiple keynote and panel presentations locally and nationally on ACEs and the unique model that NJ has used to establish the Office of Resilience and its connection to communities across the state.
 6. Is on target for June 30, 2022, to complete a strategic plan for the Office of Resilience on developing self-healing communities across NJ.
 7. Developed an innovative community microgrant process to award \$3m to community resilience projects over a two-year period. Initial grant awards were made to 3 nonprofits (CUMACECHO, ACENDA and NORWESCAP) to create 3 regional ACE collaboratives to facilitate the community grants.

Proposed FY2023 goals and activities:

1. Host the 1st Annual People's Gathering as described in the Statewide ACES Action Plan.
2. Secure a permanent "home" for the Healing NJ Together education and technical assistance center.
3. Continue to support other state and local agencies on their journey to become trauma-informed.
4. Begin implementation of the OOR strategic plan.
5. Develop sustainable funding streams.
6. Continue to develop trainers and provide public ACEs training.

DCF has expended \$273,319.47 year to date for staff assigned to the Office of Resilience. This does not include the Executive on Loan or consultant costs which were funded by the NJ ACE Funders Collaborative.

6. In July 2021, the department released a concept paper concerning its plans to restructure its monitoring of contracted service providers in order to better measure and evaluate their performance.

In moving to improve monitoring of its network of contracted service providers, the department aims to: 1) establish clear service models and performance standards for its programs, utilizing an iterative process that includes feedback from service providers and clients; 2) develop transparent monitoring methods and tools, which will eventually be embedded in service contracts; 3) share information gleaned from departmental monitoring activities through a provider-specific performance dashboard, as well as a program-specific performance dashboard; 4) utilize information gathered from monitoring activities to inform contracting decisions and inform the department's continuous quality improvement activities; and, 5) streamline and improve the department's information collection and management activities. As part of this process, in 2021, the department planned to undertake an internal reorganization to establish an Office of Monitoring and an Office of Contract Administration, separate from the department's program offices.

- **Questions: Please provide a status update on the department's initiative to enhance the monitoring of its provider network. Have elements of the initiative already been implemented? If not, when will the new monitoring practices begin? When does the department estimate that the new monitoring practices will be fully implemented?**

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The Department is not creating a new Office of Contract Administration. DCF has launched the Office of Monitoring. Monitoring practices will be built over the course of several years and will ultimately include assessment of quality; constituent and referent experience; adherence to service models; and examination of the outcomes of services. DCF released the concept paper and held a webinar with providers and DCF staff in July 2021. Since that time, the Office of Monitoring has been on-boarding, training its staff, and establishing the protocols it will use to develop monitoring tools and practices. Earlier this year, DCF notified a subset of its provider network that they have been selected to comprise the first wave of services to be monitored using the newly established protocols. Participatory workgroups will design the monitoring instruments this spring and summer, and staff will be trained to begin using those tools to carry out monitoring practices beginning in January 2023.

- **Does the department anticipate any cost savings following full implementation of the new network monitoring practices? What is the estimate of annual cost savings accruing to the department once the initiative is fully implemented and operational?**

At this time, it is not anticipated that these monitoring practices will result in cost savings. The purpose and intention of the monitoring is to ensure that the programs and services procured by the department are delivering a high quality, responsive product to NJ's children and families. Additionally, this type of oversight is frequently required of the Department as part of its obligations under various federal funding streams.

- **Has the department completed its internal restructuring to strengthen its contractor oversight? If not, when will the internal reorganization be completed? What changes have resulted from restructuring? What has been the cost, to date, for the internal restructuring? How many full-time equivalent positions are allocated to the Office of Monitoring and an Office of Contract Administration? Please specify the composition of the office's personnel by salary and job title.**

The Office of Monitoring was approved to fill positions in stages. The first stage includes 37 positions, with 19 staff currently on board, and the rest in various stages of on-boarding. Salaries for this Office have totaled \$361,777.63 to date.

Office of Monitoring			
CC#	Office	Title	Salary
962	MONITORING	DIV DIR HS/CHLDRN & FMLS	\$138,000.00
962	MONITORING	ASST DIV DIR	\$120,000.00
962	MONITORING	PROG SPCLST 4	\$116,912.67
962	MONITORING	QUAL ASURNC COORDR	\$116,912.67
962	MONITORING	SPVG PROG SPVRT SPCLST ASSTC PROGS	\$116,912.67
962	MONITORING	SPVG PROG SPVRT SPCLST ASSTC PROGS	\$116,912.67
962	MONITORING	PGM SPVRT SPCLST 1 ASSTC PGMS	\$106,450.60
962	MONITORING	PGM SPVRT SPCLST 1 ASSTC PGMS	\$106,450.60
962	MONITORING	RSRCH SCINTST 3	\$96,960.49
962	MONITORING	PGM SPVRT SPCLST 1 ASSTC PGMS	\$95,887.75
962	MONITORING	PGM SPVRT SPCLST 2 ASSTC PGMS	\$92,525.88
962	MONITORING	PGM SPVRT SPCLST 2 ASSTC PGMS	\$86,448.10
962	MONITORING	PGM SPVRT SPCLST 1 ASSTC PGMS	\$85,324.90
962	MONITORING	PGM SPVRT SPCLST 2 ASSTC PGMS	\$83,409.21

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962	MONITORING	PGM SPPRT SPCLST 2 ASSTC PGMS	\$77,331.43
962	MONITORING	PGM SPPRT SPCLST 2 ASSTC PGMS	\$71,253.65
962	MONITORING	PGM SPPRT SPCLST 2 ASSTC PGMS	\$65,175.87
962	MONITORING	PGM SPPRT SPCLST 2 ASSTC PGMS	\$65,175.87
962	MONITORING	SEC ASST 2 NON-STENO	\$51,905.40

7. In FY2020, the department recorded \$15.3 million in revenues from contract recoveries. Contract recoveries declined by 48.7 percent in FY2021, to \$7.9 million, and are anticipated to bounce back to \$11.0 million in FY2022 and FY2023.

- **Questions:** Why does the department anticipate that FY2023 contract recoveries will still fall below the amount collected in FY2020? Are there specific reasons that recoveries may not return to their pre-pandemic levels?

The reduction in recovery estimates for FY2020 resulted from fiscal staff working with providers to assist with COVID-related costs/strategies to retain employees. In addition, Treasury’s single audit policy required DCF to change the timeframes for contract closeouts and for providers to return unexpended funds. With these matters resolved, more than \$14 million has been recovered through March 31, in FY2022 and we expect that amount to increase.

8. The FY2023 Budget in Brief states that “[t]he Governor is committed to ensuring that New Jersey remains a leader in combating climate change, preparing for its impact, and mitigating environmental harms.”

- **Questions:** What initiatives is the department undertaking to combat climate change, prepare for its impacts, and mitigate environmental harms? What is the anticipated cost to the department of each initiative?

The Department continues to work with the US EPA, NJDOH, and NJDEP to prepare for the distribution of funds under the Water Infrastructure Improvements for the Nation (WIIN) Act Grant. The Department anticipates testing to begin within the 3rd quarter of 2022. All licensed childcare facilities will have an opportunity to have water analysis provided by the NJDOH, at no cost to the center, under their next licensing cycle. All licensed child care centers are required by regulation to have their water tested for the presence of lead with their initial and subsequent license renewal applications. The Department anticipates offering lead testing to 4,000+ child care centers.

The Department is further collaborating with DEP to make the lead testing data publicly accessible. Ongoing discussions with DEP, DCF, DOH, and DOE have taken place over the past months to ensure complete and compatible data on lead testing in childcare centers and schools. The Department is also working to update the vendor website for the licensed child care centers to allow for a separate section with lead test results.

Finally, through an agreement coordinated by the Department between DHS and DOH, copper testing will be provided at no cost to the child care centers separate from the WIIN Grant requirements.

In addition, DCF intends to purchase hybrid or fully electric vehicles when replacing retired vehicles in our fleet.

Division of Child Protection and Permanency

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9. In the span of two years, the number of filled positions in the Division of Child Protection and Permanency fell by 9.2 percent. As of January 2022, the division had 5,234 filled positions, which is 529 positions fewer than the FY2020 headcount of 5,763.

- **Questions:** Please explain the reasons for the decline of 529 filled positions, or 9.2 percent, in the Division of Child Protection and Permanency from FY2020 through FY2022. Is the reduction deliberate in consideration of caseloads? Is the decrease the outcome of growth in the number of departures or difficulties in hiring? Is the decline concentrated in certain job titles?
- How does the loss of 9.2 percent in filled positions affect the operations of the division? Is it able to maintain its caseworker to client target ratio? Could the division maintain its operational accomplishments during the federal monitoring period with current staffing levels? Is the division concerned that its current count of filled positions might not be sufficient to maintain its operational accomplishments during the federal monitoring period in the long term? What staffing level is needed to hold on to the accomplishments?

It is important to review and consider three concepts of Separation Rates: Retention, Turnover and Attrition. At DCF, we define each as follows:

- Retention = Total # of workers kept during the year
- Turnover = Total # of workers gained and lost during the year
- Attrition = Total change in staff counts

DCF's retention numbers did go up drastically during the pandemic, and then leveled off in 2021 to pre-pandemic rates. It is important to note that the number of new hires decreased due to the hiring freeze imposed during the pandemic as well as the fact that DCF maintained a stable workforce and did not need to hire any additional staff.

In addition, the number of reports of abuse and neglect called in to the child abuse hotline decreased by 37 percent as of January 2022, thereby decreasing the average caseload. The Division was therefore able to maintain caseworker to family ratios and able to meet the operational requirements without replacing all vacated positions.

10. In recent years, the Division of Child Protection and Permanency routinely has had millions in unused spending authority remaining at the end of the fiscal year. For FY2022, the Executive anticipates \$9.7 million will be returned to the General Fund.

- **Questions:** Please explain the factors contributing to routine year-end surplus balances accumulating in Division of Child Protection and Permanency accounts. Please describe the model the division uses in developing its expenditure forecasts for the upcoming year. What assumptions, biases, and variables are built into the forecasts?

The DCP surplus is in accounts that provide trend services to children. For the forecast, DCF uses rolling twelve-month actual expenditures and projects future needs on that information. This method assumes that prior expenditures will predict future needs. As changes in fee-for-service demand changes, utilization can change the projection. These declines in fee-for-service demand are a result of DCF's increasing focus on supporting families to prevent child abuse and neglect and prioritizing family preservation.

11. The New Jersey Child Welfare Data Hub shows a decrease in the number of the division's child abuse and neglect reports and child welfare services referrals from 80,632 in calendar year 2019 to 56,965 in calendar year 2020. The Commissioner of Children and Families previously attributed the

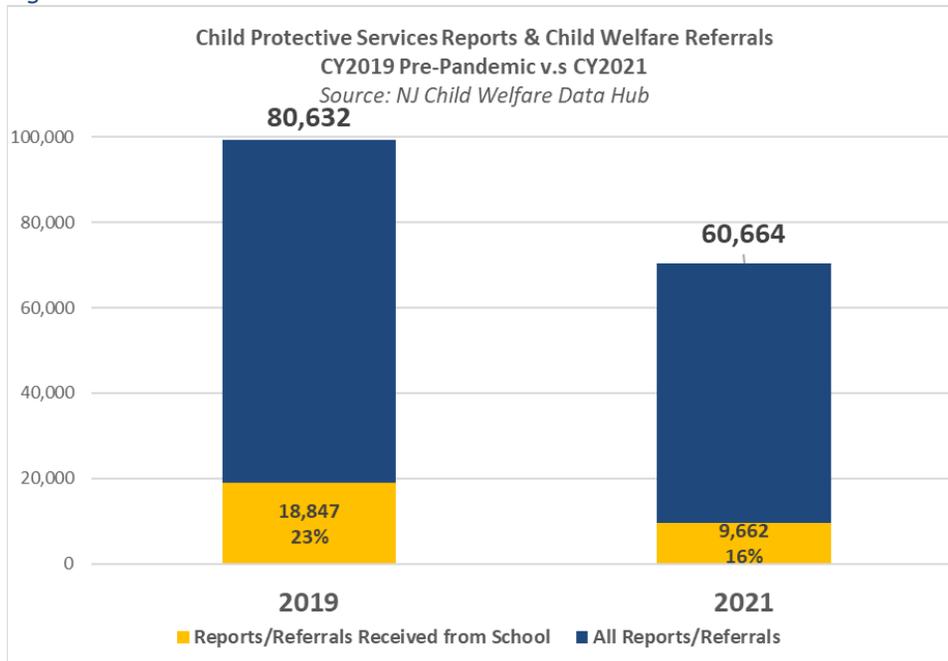
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decline to school closures as a result of the COVID-19 pandemic, considering that schools report a significant number of suspected child abuse and neglect cases. The New Jersey Child Welfare Data Hub is a collaboration between the Department of Children and Families and the Institute for Families at the Rutgers University School of Social Work.

- Questions:** What was the number of child abuse and neglect reports and child welfare services referrals in calendar year 2021? As schools reopened, has the number returned to pre-pandemic levels? Is the calendar year 2021 number higher than pre-pandemic levels, indicating a delay in the reporting of cases? If there was a spike in reported child abuse and neglect cases, does the division have sufficient capacity to provide quality services to children who are suspected victims of abuse and neglect? If the number of reported cases remained subdued in calendar year 2021, is the division concerned about the persistence of a higher rate of unreported cases than occurred before the pandemic?

In CY2021, there were 52,964 CPS reports and 7,700 Child Welfare referrals totaling 60,664 (see Figure 1). In CY2021, the number of CPS reports and CWS referrals remained lower than 2019 (80,632) by 25 percent. There were fewer CPS and CWS reports from schools in CY2021 (9,662) compared to CY2019 (18,847).

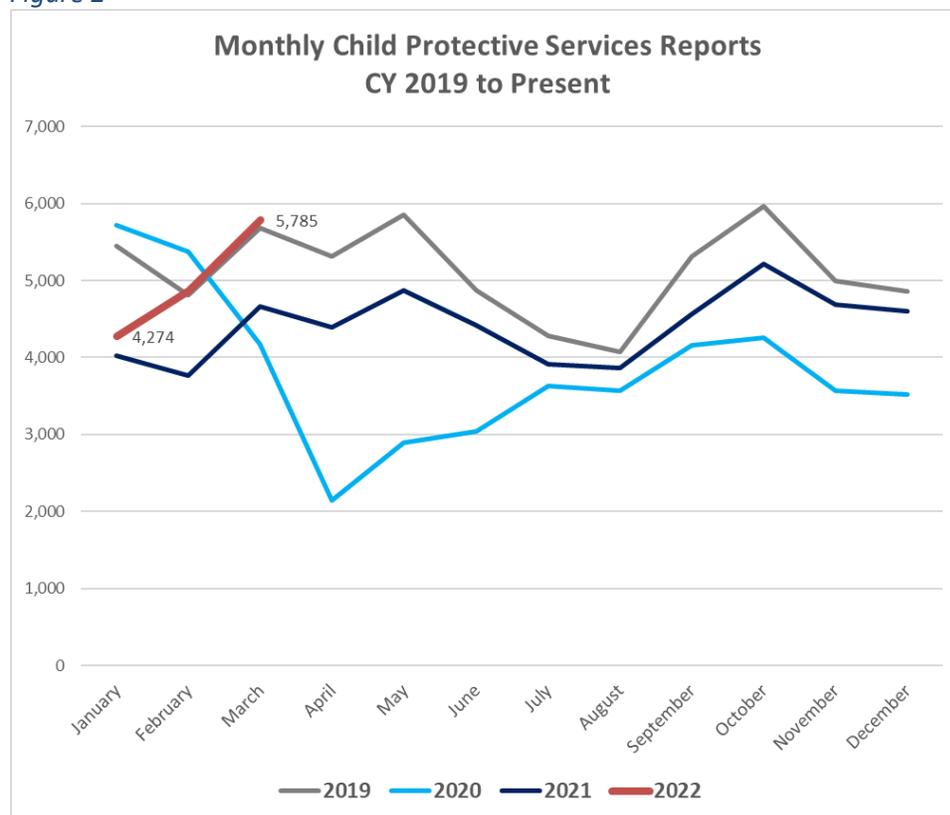
Figure 1



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In February and March 2022, CPS reports are beginning to return to their pre-pandemic levels (see Figure 2).

Figure 2



12. In recent years, the Division of Child Protection and Permanency has shifted its focus from family separation to the provision of supportive services designed to keep families intact whenever safe and feasible. Although Evaluation Data indicate that the unduplicated number of children receiving services through the division is projected to increase by 6.4 percent between FY2020 and FY2023, total funding for Family Support Services programs is projected to decrease by 12.8 percent over that timeframe.

- **Questions:** Has service capacity for Family Support Services programs kept pace with demand, given the decrease in total funding for these programs over the past three years? Do any Family Support Services programs currently have a waiting list? If yes, please disaggregate these data by program, number of families, and the average length of time on the wait list.

There are no waiting lists for Family Support Services through DCP&P. Demand for family support services varies based on the needs and the number of families that DCF serves. Expenditures from this account are tied to those needs and DCF is committed to retaining a robust network of providers to ensure our families have the supports required to succeed.

Office of Licensing

13. The department licenses and regulates the State’s childcare facilities, youth summer camps, residential treatment centers for children and youth, resource family homes, and adoption agencies. P.L.2021, c.144 appropriated \$15.5 million out of the State’s largely discretionary \$6.24 billion federal Coronavirus State Fiscal Recovery Fund grant under the American Rescue Plan Act of 2021 to the

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department for childcare workforce development supports and a child care landscape study. The appropriation appears to be earmarked for childcare licensing reform.

- **Questions:** Please describe the anticipated uses of the \$15.5 million federal funds appropriation the department received out of the Coronavirus State Fiscal Recovery Fund for childcare workforce development supports and a childcare landscape study, indicating the amount to be used for each initiative as well as the implementation timeline.
- Please provide specifics on the childcare licensing reform that is funded out of the Coronavirus State Fiscal Recovery Fund. What does the reform entail? What are the project's objectives? How would the licensing process be changed and what would be the benefits to stakeholders? What is the timeline for implementing the reform? Please provide a cost estimate for the initiative, delineated by project phase and component. Is the reform expected to lower administrative costs and staffing needs, once implemented?

Approximately \$5 million will be devoted to research. We are anticipating two major studies, the first focused on assessing the state's child care needs and supply. The second study will be devoted to assessing the child care work force, identifying incentives and motivating factors for recruiting and retaining entrepreneurs and staff in this very critical field. The child care licensing reform effort will seek to strengthen the child care workforce. The reform efforts will be phased in over time.

14. As New Jersey families and the State's economy recover from the COVID-19 pandemic, some parents have experienced a lack of affordable, accessible, and reliable child care services for their young children. As a result of pandemic-related enrollment reductions, combined with increased personnel and operating costs due to pandemic-related protocols, the State's child care industry has struggled to recover from the pandemic.

In response to questions posed during the FY2022 budget hearings regarding the impact of the COVID-19 pandemic on the child care industry, the commissioner stated that, by March 2021, New Jersey had suffered a 23 percent reduction in licensed child care providers, when compared with the number of licensed providers operating in March 2020. The commissioner noted that 395 licensed child care providers had permanently closed during the pandemic, while another 908 providers were closed in March 2021, but planned to reopen in the future.

- **Questions:** Please provide updated figures on the number of licensed child care providers in business prior to March 2020 that are still operating today. Please disaggregate these data by type of childcare provider. How many of these licensed childcare providers have permanently closed due to the pandemic? Are any licensed child care providers still temporarily closed but planning to reopen in the future?
- How many new child care providers has the State licensed or certified in FY2021 and FY2022, to date? Please disaggregate these data by type of provider.
- What is the service capacity for the State's operating licensed child care providers? How does this capacity compare with available capacity prior to March 2020?

On March 1, 2020, there were 4,124 licensed child care centers in the state. Today, there 3,982, representing a reduction of 142, or 3.4 percent. In total, over the course of the pandemic, 663 licensed centers ceased operating, but those losses have been offset to a large extent by the opening of 521 new centers over the same period.

The licensed capacity of currently licensed centers is now 383,613. That is down from 388,266 in March of 2020, a reduction of 1.2 percent.

Discussion Points (Cont'd)

- **To what extent have the support of the State and the federal government for the child care industry during the COVID-19 pandemic affected the number of licensed child care providers currently operating in the State?**

It's difficult to say how directly that funding, or any funding, impacted the state's child care capacity. A multitude of factors impact whether a center can remain open or not. Our child care industry has recovered more fully than experts predicted at the outset of the pandemic. New Jersey was also the only state to dedicate CARES Act Coronavirus Relief Funds to support child care providers, which also likely contributed to supporting providers to remain solvent.

Division of Children's System of Care

15. In July 2021, the federal Centers for Medicare and Medicaid Services approved the department's request to rebalance Division of the Children's System of Care provider rates between in-community and out-of-home service providers. The federal government, moreover, approved these new rates retroactive to January 1, 2021. The Governor's FY2022 Budget included an additional \$62.9 million to annualize rate rebalancing costs between in-community and out-of-home service providers for the Children's System of Care.

- **Questions: By how much have Children's System of Care provider reimbursement rates, on average, increased under the revised reimbursement rate structure? Please provide a table showing the revised reimbursement rates for out-of-home and in-community services.**

Children's System of Care provider reimbursement rates were rebalanced, on average, 43 percent. The rate changes varied from no increase to more than doubling existing rates. The Children's System of Care used an equitable and consistent methodology to ensure that the new rates are more reflective of service level expectations, utilizing national and local market salary and benefits data to determine competitive rates for delivered services.

Children's System of Care Revised Reimbursement Rates			
Service Name	Service Increment	Old Rate	New Rate
In-community			
Behavioral Assistance (BA)	15 minutes	\$ 9.75	\$ 18.19
BA Group of 2	15 minutes	\$ 5.62	\$ 11.10
BA Group of 3	15 minutes	\$ 4.25	\$ 8.74
IIC Master's	15 minutes	\$ 21.25	\$ 28.74
IIC Master's Group of 2	15 minutes	\$ 13.75	\$ 18.45
IIC Master's Group of 3	15 minutes	\$ 11.25	\$ 15.02
IIC Clinical	15 minutes	\$ 28.25	\$ 30.83
IIC Clinical Group of 2	15 minutes	\$ 19.00	\$ 20.17
IIC Clinical Group of 3	15 minutes	\$ 15.91	\$ 16.62
IIC BPS Assessment	Hourly	\$ 113.00	\$ 159.99
ISS Level 1-Supervisor	15 minutes	\$ 18.75	\$ 19.11
ISS Level 2	15 minutes	\$ 11.25	\$ 15.67
ISS Level 3	15 minutes	\$ 6.25	\$ 12.77
IIH Clinical Master's Licensed	15 minutes	\$ 28.25	\$ 30.83
IIH BCaBa (Bach)	15 minutes	\$ 18.75	\$ 27.11
Behavior Tech 2	15 minutes	\$ 11.25	\$ 15.67

Discussion Points (Cont'd)

Behavior Tech 3	15 minutes	\$ 6.25	\$ 12.77
IIH BCBA	15 minutes	\$ 21.25	\$ 28.42
IIH Clinical Master's non-licensed	15 minutes	\$ 21.25	\$ 28.74
CMO BH	Monthly	\$ 775.00	\$ 958.97
CMO IDD	Monthly	\$ 775.00	\$ 958.97
CMO + Behavioral Health Home	Monthly	\$ 1,185.00	\$ 1,418.77
Agency Hired Respite	15 minutes	\$ 6.25	\$ 10.43
Self Hired Respite	15 minutes	\$ 4.00	\$ 6.89
Afterschool Respite	15 minutes	\$ 6.25	\$ 7.22
Afterschool Respite - Non-Licensed	15 minutes	\$ 3.50	\$ 7.22
Weekend Respite	15 minutes	\$ 6.25	\$ 6.91
Weekend Respite - Non-Licensed	15 minutes	\$ 4.00	\$ 6.91
Out-of-Home			
CSAP-IDD	Daily	\$ 708.00	\$ 944.16
DAP-RTC	Daily	\$ 415.90	\$ 607.15
DAP-TH	Daily	\$ 211.18	\$ 300.19
GH1-IDD	Daily	\$ 416.00	\$ 649.30
GH2-IDD	Daily	\$ 512.00	\$ 785.67
Group Home BH	Daily	\$ 257.50	\$ 370.41
Group Home Infants	Daily	\$ 404.50	\$ 699.96
Group Home Medical	Daily	\$ 350.00	\$ 608.47
I-IDD	Daily	\$ 882.00	\$ 1,167.19
IPCH-IDD	Daily	\$ 1,059.06	\$ 1,348.38
IRTS	Daily	\$ 882.00	\$ 1,116.36
IRTS BHDD	Daily	\$ 780.00	\$ 1,116.36
OOS IDD - Mollie Woods	Daily	\$ 364.69	\$ 667.42
OOS IDD - Mollie Woods IS	Daily	\$ 624.20	\$ 847.40
OOS IDD - Woods START	Daily	\$ 714.11	\$ 860.55
OOS IDD - Woods Woodlands	Daily	\$ 365.92	\$ 655.95
OOS IDD - Woods Woodlands IS	Daily	\$ 630.00	\$ 859.19
PCH	Daily	\$ 532.00	\$ 687.43
PCH BHDD	Daily	\$ 532.00	\$ 687.43
PCH-IDD Campus	Daily	\$ 550.00	\$ 799.64
PCH-IDD Cove	Daily	\$ 665.00	\$ 994.08
PCH-IDD Sawtelle	Daily	\$ 665.00	\$ 837.31
RTC	Daily	\$ 350.00	\$ 611.13
RTC BHDD	Daily	\$ 385.00	\$ 681.69
RTC BHSU	Daily	\$ 407.00	\$ 614.72
RTC with Infants	Daily	\$ 497.00	\$ 758.13
RTC-LT-SA	Daily	\$ 287.00	\$ 563.20
RTC-ST-SA	Daily	\$ 287.00	\$ 661.18
SPEC	Daily	\$ 430.00	\$ 670.70
SPEC-IDD TH Model	Daily	\$ 338.79	\$ 352.24
SSH 1	Daily	\$ 183.51	\$ 244.05

Discussion Points (Cont'd)

SSH 2	Daily	\$ 235.00	\$ 273.51
STAS	Daily	\$ 665.00	\$ 688.90
TH BHDD	Daily	\$ 200.00	\$ 259.55
IDD Respite - Medical	Daily	\$ 253.00	\$ 626.93
RTC BH Hub	Daily	\$ 365.00	\$ 600.94
PCH Plus	Daily	\$ 680.00	\$ 734.93
Group Home with Nursing	Daily	\$ 257.50	\$ 376.22
IDD Group Home - Medical	Daily	\$ 253.00	\$ 626.93

- **Was the rate rebalancing successful in retaining current Children’s System of Care service providers as well as attracting new ones? How has the division monitored any improvements in access to, and quality of, care since the rate rebalancing?**

Many current providers have reported that without the rate increases they would have closed or consolidated existing programs. The division has issued requests for proposals for additional high-demand services and received limited responses to these requests. Providers have advised the division that staffing challenges and other impacts of COVID are limiting their ability to respond. The Department will continue to issue and re-issue these requests for proposals. The division is working closely with the Department’s Office of Monitoring to develop tools and processes for monitoring of services and performance metrics; residential services are among the first programs that will be monitored by the department.

16. In response to a FY2021 legislative budget question, the department noted that the Children’s System of Care rates, prior to the rate rebalancing, were insufficient to support the actual costs of providing services, leading some providers to close their doors. According to the department, the resultant provider shortages led to longer wait lists for programs for youth with complex needs and insufficient capacity in programs for youth with intellectual and developmental disabilities and co-occurring mental health conditions.

- **Questions: Are there still waiting lists for Children’s System of Care programs as of April 2022? If so, please provide information on each program for which there is a wait list, the number of youth on the wait list, and the average length of time spent on the wait list.**

The Children’s System of Care continues to maintain waiting lists for residential services, with increased demand for higher-intensity services for youth with high-acuity needs. Intermittent suspensions of admissions due to COVID protocols and ongoing staffing challenges have contributed to the waiting lists.

CSOC Residential Wait List as of 4/19/2022		
Program Type	Total Youth on Waitlist	Average Days on Waitlist
Group Home	8	35
Psychiatric Community Home	88	115
Residential Treatment Center	90	73
Specialty Program	50	56
Treatment Home	26	58
Group Home/Level 1 for I/DD	31	116

Discussion Points (Cont'd)

Group Home/Level 2 for I/DD	17	122
Intensive PCH for I/DD	18	309
Psychiatric Community Homes for I/DD	25	245
Special Skill Homes for I/DD	7	131
Intensive-IDD	8	198
Residential Treatment Center for BH/DD	21	151
Residential Treatment Center Behavioral Health/Substance Use	11	23

- **Have the provider rate increases had an effect on wait lists for Children’s System of Care programs? What strategies will the department employ to further reduce the wait for these behavioral health services?**

As noted above, the Department continues to issue requests for proposals for high-demand services and to explore opportunities to convert low-demand beds to high-demand beds in an effort to sustain existing provider capacity to meet emerging needs.

- **Are youth with intellectual and developmental disabilities who also have co-occurring mental health conditions or substance use disorders better able to access Children’s System of Care services following the rate rebalancing?**

The rate rebalancing has pre-empted a loss of service providers for youth with intellectual and developmental disabilities who also have co-occurring mental health conditions or substance use disorders. However, workforce challenges coupled with the effects of COVID are impacting provider capacity across all services lines at a time of unprecedented service demand.

17. Since 2020, mental health professionals, medical providers, and the media have warned that the COVID-19 pandemic was causing a nationwide child and adolescent mental health crisis. In October 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and Children’s Hospital Association jointly declared a National Emergency in Children’s Mental Health and called for a series of State and federal actions, including: increased federal funding for behavioral health services, additional funding for school-based behavioral health services, and accelerated adoption of integrated pediatric behavioral health service models. According to the Centers for Disease Control and Prevention, between April and October 2020, the proportion of mental health-related emergency room visits rose by 24 percent in children ages five through eleven years and increased by 31 percent in adolescents aged 12 through 17 years, when compared with 2019.

Despite these warnings and statistics, demand for the services of the Division of Children’s System of Care appears to be relatively level between FY2020 and FY2022. According to the Children’s InterAgency Coordinating Council Summary of Activities report for February 2022, PerformCare received nearly 14,700 calls concerning 8,300 youth during the month, and newly enrolled more than 3,550 youth in the division’s services. These utilization data are not significantly higher than in February 2020, just prior to the start of the COVID-19 pandemic. The February 2020 Children’s InterAgency Coordinating Council report shows that PerformCare received over 14,500 calls regarding 8,400 youth in the month, and newly registered 3,200 youth for the division’s programs.

- **Questions: Do the service utilization data presented in the Children’s InterAgency Coordinating Council reports accurately reflect current demand for youth behavioral health services**

Discussion Points (Cont'd)

in New Jersey? Does the division have the capacity to provide services to additional youth, given current funding levels?

The service utilization data presented in the Children's Interagency Coordinating Council reports reflect services authorized through the Children's System of Care. These data do not display unmet demand for services – i.e., youth waiting for admission to residential treatment and youth in the community who do not meet clinical acuity criteria for CSOC services and may be served in traditional outpatient settings or hospital settings. After a decline in demand for services in the early months of the pandemic, the CSOC is presently experiencing historic demand for services. In March 2022 there were 16,170 calls to PerformCare – 70 percent of the calls from families who had previously never sought services through CSOC. We have seen growth each year since the inception of Mobile Response Stabilization Services (MRSS), with the exception of 2020, when we saw a significant decline in dispatch during the early months of the pandemic. Since then, demand has continued to increase. In 2021, we dispatched MRSS nearly 29,000 times – the highest number in any year since the inception of Mobile Services. MRSS dispatched 3,495 times in February of 2022, and 4,042 times in March, each month exceeding the total number of monthly dispatches in any prior month. More youth are entering than exiting Care Management Organization (CMO) Services. As of April 1, over 16,235 youth were enrolled in CMO services – higher than in any prior month in almost 20 years. The increase in demand coupled with workforce challenges has stretched current capacity but CSOC continues to connect youth and families to services.

- **Does the division engage in professional and public awareness campaigns regarding its services? Please provide details on these campaigns. Are division staff responsible for this work, or does the department contract with an outside vendor? What are the annual costs and funding sources for any awareness campaigns?**

During the COVID public health emergency, the Children's System of Care worked in partnership with the New Jersey Department of Education (DOE) to raise awareness of service availability with parents and educators and worked collaboratively with DOE on their Mental Health Resource Guide to ensure that educators have information to guide families on how to access CSOC services. Division staff presented Town Halls for educators with support from DOE in the fall and spring of 2020-2021, and another is scheduled for the fall of 2022. The Department distributed messaging through the DOE and school superintendents about the importance of emotional wellness during the pandemic and emphasized that "Social Distancing Shouldn't Mean Social Isolation" through social media graphics and messaging. The Department developed resources for teachers to use in their virtual classrooms, to allow students to scan a QR code and access information about resources that are available to assist, whether the concern is physical safety or emotional safety. The Department used grant money to create and circulate a public service announcement through social media channels and streaming media services – this \$100,000 campaign was developed utilizing Department Communications staff and external vendors. The initial campaign ran from June 2021 through September 2021; the second iteration of the campaign launched in April 2022 and is projected to extend through June 2022. We also published articles about CSOC in trade magazines – twenty-one in total over the span of two years, including the NJ State Nurses, School Counselors, NJEA, and others.

Family and Community Partnerships

18. Pursuant to P.L.2021, c.187, the department will launch the Statewide Universal Newborn Home Nurse Visitation program in 2022. The law included an FY2022 supplemental appropriation of \$2.75 million for this purpose. The Governor's FY2023 Budget recommends appropriating \$17.0

Discussion Points (Cont'd)

million for the new program, composed of \$8.5 million in State and federal funds each. According to the FY2023 Budget in Brief, the program would provide registered nurses to conduct home visits for all mothers and newborns within two weeks of birth. The funding would be used in FY2023 to create Statewide programming infrastructure, hire Community Engagement Specialists and increase reimbursement rates in the State’s existing home visiting program models.

Currently, the State offers the Nurse Family Partnership, Healthy Families America, and Parents as Teachers programs through the existing home visiting program; these initiatives which will no longer be funded in their current form after FY2022.

- **Questions:** Please indicate the month in which the department plans to roll out the Statewide Universal Newborn Home Nurse Visitation program and in which all new mothers in the State can expect to receive a home visit by a nurse. Will the department phase in the program in stages? What would be the full annualized cost of the program?

The Universal Home Visiting program will roll out in stages, with the community alignment portion starting in the first quarter of FY2023. First home visits will occur pending the identification of participating agencies and onboarding and training of nurses as well as readiness of payment mechanisms as stipulated in the legislation through Medicaid, the State Health Benefits Plan, and DOBI-covered insurance plans. While this work is in the early stages, preliminarily, we are targeting the last quarter of FY2023 as the timeframe for the initial nurse visits. Expansion of the number of families enrolled per year will be dependent upon provider and payer capacity.

It is important to note that the statute covers only Medicaid, DOBI-regulated, and SHBP insurance plans. Discussions and analyses are underway to determine what the full costs would be when operating at 100% capacity.

- Does the department intend to issue a request for proposal for additional service providers in FY2022 or FY2023, or does it intend to keep current service providers? If the department will issue a request for proposal, when will it be issued and when does the department anticipates making additional contract awards?

DCF anticipates issuing a request for proposals for providers under the universal home visiting program. The goal is to have initial providers selected by the second quarter of FY2023 to allow them to participate in training, preparation, and other collaborative work with Department prior to seeing families.

- How many additional families does the department anticipate will receive services under the Statewide Universal Newborn Home Nurse Visitation program in FY2023, when compared with the current home visiting programs? Please provide projected enrollment data for the next three years.

While there are a number of factors that will continue to influence the rollout of the program, below are anticipated potential targets as of April 2022 for families seen.

Fiscal Year	Existing Home Visiting Expected Families Seen	Universal Home Visiting Target for Families Seen
FY2023	5,534	1,000
FY2024	6,034	7,750
FY2025	6,034	17,500

Discussion Points (Cont'd)

Existing home visiting figures include additional 500 families authorized under the Medicaid 1115 Waiver, starting in FY2024.

- **Is there a sufficient number of registered nurses and licensed practical nurses available to visit every new mother and newborn in the State? If not, what are the plans to ensure that there is a sufficient supply of professionals to provide home visits?**

Nursing availability is one of the key factors in determining the pace at which the program can ramp up to full operation. The law requires the services be provided by a registered nurse or a licensed advanced practice nurse. Based on analysis by the US Department of Health and Human Services National Center for Health Workforce Analysis through calendar year 2030, New Jersey is projected to have the third largest shortage of nurses in the country, and the highest in the Northeast portion of the country. DCF has established a Nursing Pipeline workgroup focused on identifying strategies for building nursing capacity and encouraging nurses to select home visiting as the venue for their nursing career.

- **At what rates will service providers be paid? What are current hourly reimbursement rates for contracted service providers for the home visiting program? Does the department anticipate any offsetting savings to the State from the new program?**

The current home visiting programs are funded on a cost reimbursement basis and do not have hourly reimbursement rates for the contracted service providers. For the new Universal Newborn Home Visiting Program, rates will be negotiated between private insurers and providers. The Medicaid rate for Universal Home Visiting has not yet been finalized.

No offset savings have been calculated, but evidence-based universal home visiting programs have been found to reduce infant emergency room visits, child abuse and neglect, and maternal mental and physical health challenges, all of which can lead to costs borne by the state.

- **Please provide information on the department's plan to conduct public outreach about this new initiative. How much will the public information campaign cost in FY2023?**

Through a public-private partnership with the Burke Foundation, a communications consultant firm has been hired to conduct research regarding public outreach mechanisms and messages, and to develop a communications plan. Once their findings are submitted, DCF will work collaboratively with stakeholders to determine the most effective public information plan and the associated cost. DCF has also established a Communications workgroup that engages diverse communities to ensure widespread and effective outreach.

- **Are the Community Engagement Specialists that the department plans to hire part of the public outreach initiative, or will they play a different role in establishing the Statewide Universal Newborn Home Nurse Visiting program? How many Community Engagement Specialists does the department anticipate will be hired in FY2023? What will be the average salary for these positions?**

The primary role for the Community Engagement Specialists will be to serve the community alignment function required by the home visiting model that was selected to conform with the parameters of the statute. Given the mature state of the early childhood system in New Jersey, we anticipate that these individuals will also have bandwidth to be engaged in public outreach as well. We anticipate

Discussion Points (Cont'd)

one specialist per hub, for a total of 21. Each hub will be awarded \$100,000 (total of \$2.1M statewide) to cover salary, benefits, and non-personnel costs associated with the position.

- For FY2018 through FY2022, please provide the following actual or projected data by county: the number of referrals and the number of families enrolled in each evidence-based home visiting model.

Home Visitation Program Funding As of 12/31/2021							
County	# Referrals	# Families Served	# Referrals	# Families Served	# Referrals	# Families Served	
Atlantic	28	107	30	59	16	33	
Bergen	27	95	10	16	18	70	
Burlington	96	77	64	69	26	59	
Camden	101	121	82	91	46	128	
Cape May	23	136	22	69	9	25	
Cumberland	103	122	127	79	45	69	
Essex (Partnership)	164	288	123	36	170	191	
Essex (VNA)	69		*	*	*	*	
Gloucester	65	50	42	58	34	36	
Hudson	41	100	26	48	71	72	
Hunterdon	6	30	4	11	7	9	
Mercer	14	59	5	65	136	95	
Middlesex	45	158	39	66	152	181	
Middlesex (Perth)	28		*	*	*	*	
Monmouth	44	156	20	73	27	126	
Morris	38	67	10	23	51	56	
Ocean	40	51	29	31	105	71	
Passaic	61	131	46	48	45	168	
Salem	40	53	22	41	19	14	
Somerset	10	26	*	0	33	17	
Sussex	92	63	21	23	33	55	
Union	52	57	23	66	60	82	
Warren	6	27	32	49	33	32	
Bergen	Home Instruction for Parents of Pre-school Youngsters (HIPPY)						
Totals	1,193	1,974	777	1,021	1136	1,589	

19. In FY2022, total expenditures for the school linked services program increased by \$9.3 million from \$26.6 million in FY2021 to \$35.9 million in FY2022. The Governor’s FY2023 Budget recommends maintaining that funding level. There are currently 151 program sites throughout the State that link schools and social services, including assistance for students struggling with anxiety due to in-person schooling during the COVID-19 pandemic.

According to a press release issued by the Governor’s office, each contracted School Linked Services provider would receive a one-time, 18 percent increase in the provider’s annualized total funding in FY2022. Service providers were directed to use these additional funds to improve programs and supports for students enrolled in the programs.

Discussion Points (Cont'd)

In 2021, the department formed a School-Linked Stakeholder Group to review the current array of services provided through the program and re-engineer the program so that it meets the needs of today's students. The group was expected to complete its work in March 2022.

- **Questions: Please provide information on the types of programmatic improvements and enhanced client supports offered by School Linked Services contractors using the additional FY2022 funding.**

School Based Youth Service Programs utilized their additional funds to enhance students' supports with staffing bonuses and salaries, materials and supplies, client assistance and programming. This can include wellness classes, college preparation, academic tutoring, and funds to cover testing or uniforms as well as gift cards for formula and groceries.

- **Please provide information, disaggregated by year and program, on the various School Based Youth Services programs offered in FY2022 and anticipated to be offered in FY2023, the number of school districts in which each program is offered, the number of students served by each program, the number of contracted service providers, and the funding allocation for each program. Will there be any changes in the program in FY2023?**

The network of School Based Youth Service Programs served a total of 27,366 students out of New Jersey's 1.28 million students (2.1 percent of all NJ students) to date. School Based Youth Service Programs operate in 90 out of 2,500 schools (3.6 percent of all NJ schools), in 64 of New Jersey's 686 school districts (9 percent of all NJ districts). The same programs listed below will continue to receive contract renewals for FY2023. ***Please see additional attachments for a Level of Service Report with data for a full fiscal year, FY2021, as well as the funding allocation for each School Based Youth Service Program.***

School Based Youth Services Programs Level of Service Report: 7/1/2021 - 4/18/2022	
Site Name	Students Served
Acenda Integrated Health - Cape May County Technical School	522
Acenda Integrated Health - Lower Cape May Regional High School	415
AtlantiCare Behavioral Health - Atlantic City High School (PJD)	117
AtlantiCare Behavioral Health - Buena Regional High School	311
AtlantiCare Behavioral Health - Buena Regional Middle School	260
AtlantiCare Behavioral Health - Oakcrest High School	185
Bayonne Board of Education - Bayonne High School	747
Bergen Family Center - Dwight Morrow High School and Academies @ Englewood	381
Camden Board of Education - Coopers Poynt Family School	133
Camden Board of Education - Davis Family School	286
Camden Board of Education - Morganville Middle School	160
Camden Board of Education - Thomas Dudley School	382
Camden Board of Education - Woodrow Wilson High School (PLP)	183
Carteret Board of Education - Carteret High School	446
Center for Family Guidance Residential - Penns Grove High School	266
Center for Family Guidance Residential - Willingboro High School	189
Center for Family Services - Egg Harbor Township High School	411

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Center for Family Services - H. B. Wilson Family School	212
Children's Hospital of NJ-Newark Beth Israel Medical Center - Barringer High School (APPI)	418
City of Paterson Department of Health & Human Services - John F. Kennedy High School	186
Clayton Board of Education - Clayton Middle School	163
Community Health Care, Inc. - Bridgeton Broad Street School	326
Community Health Care, Inc. - Bridgeton High School (APPI)	280
Community Health Care, Inc. - Cumberland Regional High School	166
Community Health Care, Inc. - Downe Township Elementary School	124
Dover Township Board of Education - Dover High School	213
Family Connections, Inc. - Bloomfield High School	254
Family Connections, Inc. - Columbia High School	238
Family Connections, Inc. - Maplewood Middle School	124
Family Connections, Inc. - Orange High School	284
Family Connections, Inc. - Orange Preparatory Academy	149
Family Guidance Center of Warren County - Warren Hills Regional High School	234
Family Guidance Center of Warren County - Warren Hills Regional Middle School	137
Gloucester County Special Services School District - Gloucester County Institute of Technology	417
Hackensack Board of Education - Hackensack High School	478
Harrison Board of Education - Harrison High School	373
Highland Park Public Schools - Highland Park High School	368
Hoboken Public Schools - Hoboken High School	140
Hunterdon Medical Center Hunterdon Behavioral Health - Hunterdon Central Regional High School	207
INSPIRA - Millville Senior High School	386
INSPIRA - Thomas W. Wallace Intermediate School	255
INSPIRA - Vineland High School South (PLP)	356
Jewish Renaissance Foundation - Perth Amboy High School	296
Keansburg BOE - Keansburg High School	175
Kearny Board of Education - Kearny High School	636
Legacy Treatment Services - Pemberton High School	425
Long Branch Board of Education - Long Branch High School	472
Manchester Regional Board of Education - Manchester Regional High School	555
Mental Health Clinic of Passaic - Passaic High School	259
Mental Health Clinic of Passaic - Passaic Preparatory Academy	188
Mercer Council on Alcoholism & Drug Addiction - Ewing Township High School	129
New Brunswick Tomorrow - Lord Stirling Community School	94
New Brunswick Tomorrow - McKinley Community School	104
New Brunswick Tomorrow - New Brunswick High School (PLP)	216
New Brunswick Tomorrow - Roosevelt Elementary School	258
NJ Community Development Corporation - Clifton High School	236
NJ Community Development Corporation - Passaic County Vo-Tech	310

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NJ Community Development Corporation - Passaic Valley High School	321
Phillipsburg Board of Education - Phillipsburg High School	565
Phillipsburg Board of Education - Phillipsburg Middle School - APPI	242
Pinelands Board of Education - Pinelands Middle School	208
Pinelands Board of Education - Pinelands Regional High School	316
Plainfield Board of Education - Hubbard Middle School	322
Plainfield Board of Education - Maxson Middle School	618
Plainfield Board of Education - Plainfield High School (APPI)	186
Preferred Behavioral Health - Brick Memorial High School	301
Preferred Behavioral Health - Brick Township High School	293
Preferred Behavioral Health - Brick Veterans Memorial Middle School	358
Preferred Behavioral Health - Lakewood High School (APPI, FFC)	239
Red Bank Regional Board of Education - Red Bank Regional High School	1288
Rutgers - University Behavioral Health Care - Crossroads Middle School South	170
Rutgers - University Behavioral Health Care - South Brunswick High School	470
RWJBarnabas Health Jersey City Medical Center - Henry Snyder High School	271
Salem City School District - Salem City High School	236
Somerset County Vocational Technical School Board of Education - Somerset County Vocational Technical High School	228
Sussex County Technical School Board of Education - Sussex County Technical School (APPI)	355
Teaneck Public Schools - Teaneck High School	576
The Bridge, Inc. - Irvington High School	337
The Bridge, Inc. - Irvington Middle School	359
Trenton Board of Education - Trenton Central High School (PLP)	755
Trinitas Regional Medical Center - Abraham Clark High School	141
Trinitas Regional Medical Center - Elizabeth High School (William S. Halsey House)	247
Trinitas Regional Medical Center - Elizabeth H.S. Jefferson HS	167
Union City Board of Education - Union City High School East	334
Union City Board of Education - Union City High School West (PLP)	273
Union City Board of Education - Union City Middle School	147
Visiting Nurse Association of Central Jersey (VNA) - Asbury Park High School	179
Winslow Township Board of Education - Winslow Township High School	161
Winslow Township Board of Education - Winslow Township Middle School	134
Youth Consultation Service - Paterson East Side High School (PLP)	334
Total	27,366

- **During the current academic year, are there any wait lists for School-Linked Services programs that provide behavioral health services, such as counseling, to school-aged youth? If so, please provide these data disaggregated by program, number of youth on the wait list, and the average length of time on the wait list.**

Please see *Attachment 1* and *Attachment 2 - SBYSP Service Category Reports* that show service categories for each School Based Youth Service Program. There is no waitlist for students to

Discussion Points (Cont'd)

participate in the program and to receive brief crisis counseling. Please note that the data provided for FY2022 has quarters 1 through 3 (a date range of July 1, 2021 to April 18, 2022). FY2021 data was also provided.

- **Please report on the status of the School-Linked Stakeholder Group. Has the group completed its work? What are its findings and recommendations for modernizing the program? Which recommendations does the department intend to implement and what are the timeline for, and cost of, implementation?**

In August of 2021, the Center for Health Care Services (CHCS) facilitated an inaugural meeting with a stakeholder workgroup identified by DCF to participate in the Re-Engineering of School-Linked Services (SLS) effort. The stakeholder workgroup included representation from legislators, school administrators, school linked services providers, social service agencies and the New Jersey Task Force for Child Abuse and Neglect Prevention Committee. The charge was to provide key insights, guidance, and recommendations for the SLS portfolio. The August convening was the first of four convenings conducted. During that initial meeting, participants were provided an overview of engagement, the impetus for re-engineering SLS, DCF's engagement with CHCS, and DCF's core values that will guide the re-engineering process. CHCS provided an overview of the environmental scan, incorporation of youth and family voice, roles of stakeholder collaboration and input, and anticipated project timelines.

This group reconvened three additional times – once in January 2022 and twice in March 2022 – and the findings from each phase of the work were shared with the group for consideration and reflection. This group was also asked to provide recommendations regarding program components, workforce development, system collaborations, and funding. The group completed its work March 30, 2022, and a report with recommendations is being drafted by CHCS and will be made public after review.

Division on Women

20. From the earliest days of the COVID-19 pandemic, experts on domestic and sexual violence expressed concerns that victims would be isolated at home with their abusers. In fact, evaluation data show an 80 percent increase in the number of clients served by the division's domestic violence hotline from 3,210 clients in FY2020 to 5,792 clients in FY2021. The number is projected to remain flat in FY2022 and FY2023.

Evaluation data show that the total domestic violence prevention program cost is anticipated to increase by 48.8 percent from \$20.2 million in FY2021 to \$30.1 million in FY2022. The amount is estimated to fall back to \$25.0 million in FY2023. These amounts include program funding from all sources, including federal funds. The American Rescue Plan Act of 2021 provided \$15.7 million in non-recurring grant funding to the State for domestic violence shelter and prevention services and for family violence prevention services.

- **Questions: Have there been any changes in the recorded incidence of domestic and sexual violence in fiscal years 2020 through 2022, when compared with pre-pandemic levels? Have State-supported programs for victims of domestic and sexual violence seen an increase in requests for services, beyond calls to the hotlines?**

DOW does not collect information on the recorded incidences of domestic or sexual violence, but it does gather information on the number of victims/survivors seeking services and served by DCF-funded providers.

Discussion Points (Cont'd)

DOW assesses needs of victims and survivors through a variety of mechanisms, which include, but are not limited to provider surveys; monthly program data and reports; technical assistance with providers; stakeholder meetings and task forces; internal assessment programs; and community engagement and ongoing outreach efforts. DOW collects and analyzes this information and uses it to inform its priority areas for resource allocation.

Throughout 2020-2021, DCF also collected a weekly survey from sexual violence and domestic violence providers to capture emergency needs during the pandemic. Much of the data from 2020 during the height of the pandemic showed victims and survivors struggled with basic needs like food, shelter, clothing and PPE. As unemployment surged across the country, victims and survivors also reported financial and employment challenges. Providers directed their efforts to assist survivors with these urgent needs.

In 2021, the top needs for domestic violence survivors continued to be shelter, housing and financial assistance, but also included counseling, legal advocacy, language and interpretation. DOW data from 2020 to 2021 shows a marked increase in services like counseling, victim advocacy and crisis intervention. In 2020, domestic violence agencies provided approximately 23,000 victims/survivors with counseling services, almost 10,000 with victim advocacy and over 5,200 with crisis intervention. In 2021, the numbers increased to about 28,000, 17,580, and 8,200 respectively.

Shelter and housing, a long-time necessity for domestic violence survivors, has only intensified with the pandemic. DOW data shows survivors staying in shelter longer during the pandemic as housing options remain limited. The length of stay in shelter extended by 21 percent and stays in hotel have extended by 92 percent in 2020. During the pandemic, NJCEDV and DOW facilitated the use of a hotel/motel placement model to augment shelter capacity. This model increased placements in hotels/motels from 2 in 2019 to 1,047 in 2020 and then to 2,822 in 2021.

While this hotel expansion greatly assisted more survivors with housing, decreased staffing has made it more difficult for advocates to provide in-person care to survivors in these placements. DOW has allocated funding to support mobile advocacy, which will increase access and supportive services for all survivors regardless of whether they are residing in shelter or hotel/motels.

Sexual violence providers' most pressing issues in 2020 included moving services to online and onto virtual platforms, increasing technology to support remote work, ensuring proper PPE, and assisting survivors with basic needs. In 2021, the highest needs reported by sexual violence providers included staffing, housing and shelter, legal advocacy, counseling (bilingual and grief), health and medical advocacy, financial and employment assistance, and language translation and assistance. DOW continues to work with providers to expand capacity and allocate funding to ensure survivors receive assistance they need.

- **Are available State-supported resources for victims of domestic and sexual violence adequate for the level of demand for services?**

While it is difficult to anticipate the statewide need for services, it is expected that the state-supported resources will be adequate for the level of demand. The struggles expressed by providers have centered around the difficulty in retaining staff. The New Jersey domestic violence field, and across the country, has experienced significant staffing issues during the pandemic due to burnout, health

Discussion Points (Cont'd)

concerns, and dependent care. Domestic violence providers are concerned about housing availability for victims and survivors.

- **What will be the impact on services provided by domestic violence prevention programs of the anticipated \$5.1 million reduction in total domestic violence prevention program cost in FY2023?**

There is no reduction in Domestic Violence funding in FY 2023. In fact, both the state funding included in the Governor's proposed budget and federal funding provided by Health and Human Services Family Violence and Prevention Services Act (FVPSA) through the American Rescue Plan have increased for FY2023. What may appear to be a reduction is the result of the backing out of the FY 2022 supplemental, which is appropriated per budget language. The language exists in the FY 2023 Governor's recommended Budget, as well, and new supplemental will be generated in FY 2023. The FVPSA ARP funding has a 3-year programmatic period ending September 30, 2025. Most providers are opting to stretch this funding over the next three years.

- **How has the Division on Women used, or intends to use, the \$15.4 million the State has received under the American Rescue Plan Act for domestic violence shelter and prevention services and for family violence prevention services? Please specify the programs supported by the \$15.4 million, and the amounts allocated to each program in FY2022 and FY2023. Were any of these funds used to support new initiatives to support victims of domestic and sexual violence? Please provide details on funding allocations for any new initiatives supported with federal funds.**

New Jersey was awarded two rounds of Family Violence Prevention and Services Act (FVPSA) funding through the American Rescue Plan to help support survivors of domestic violence. The first round, \$3,126,511 was distributed in 2 separate allocations. First, \$1,490,169 was provided in August 2021 to 31 recipients: 22 county-based providers (two in Bergen) and 9 culturally-specific organizations. The funding to county-based providers was determined through a population-based formula.

FVPSA funds can be used to support the operation and administration of shelter and supportive services, such as staffing, utilities, rent, transportation and counseling. Another portion of this first round of ARP funding, a total of \$1.5M, was dedicated to supporting seven providers that were previously not a part of the DOW-funded domestic violence provider network. The intention was to expand DOW's provider network to reach more survivors. These providers vary in scope but include a focus on LGBTQ, Black and African American, and immigrant communities.

The second round of FVPSA ARP funding for domestic violence for \$8,630,086 will be distributed in FY2023. Twenty county-based and 10 culturally-specific providers will receive \$225,000 to be used before September 30, 2025. The emphasis for this funding is for staff retention and hiring. A portion of the funds has been reserved for emergent needs of survivors.

Another FVPSA ARP allocation, \$3,987,650, was provided to New Jersey to support survivors of sexual violence. This funding will be distributed early in FY2023 to the county-based sexual violence provider network and culturally-specific providers. This funding will be used to support organizational capacity both in terms of human resources and technology as well as to ensure a continuation of supportive services.

Discussion Points (Cont'd)

- Please provide information, disaggregated by program and funding source, on FY2023 recommended appropriations for the Division on Women. What were the FY2021 gross expenditures and FY2022 adjusted appropriations for these programs?
- Please provide a disaggregation, by county, of grant funding for domestic violence-related programs, sexual violence-related programs, and displaced homemaker programs, displaying FY2021 gross expenditures, FY2022 adjusted appropriations, and FY2023 recommended appropriations.

Please see *Attachment 3 - NJDCF DOW FY2021 - 2023*.

21. In FY2019, the Division on Women served 4,607 rape victims. That number fell to 3,522 in FY2020. Last year, in the evaluation data section of the Governor's FY2022 Budget, the division projected an increase in the number of rape victims served to 4,500 in FY2021 and 4,700 in FY2022. This year, the division reports that the number of rape victims served in FY2021 was 3,041, substantially fewer than the estimate from a year earlier. In addition, the division now estimates that it would serve 3,600 rape victims in each of FY2022 and FY2023.

- **Questions:** Please provide context that explains the reasons for the decline in the number of rape victims served by the division in FY2020, FY2021, and FY2022 estimated relative to FY2019. Does the decline reflect a decrease in the demand for or supply of available services? Please elaborate on the factors behind the decline in either the demand for or supply of services. Does the division expect the number of rape victims served to rise to pre-pandemic levels once behavior changes that have caused individuals to spend more time at home during the COVID-19 pandemic fade?

The change in victims and survivors served by sexual violence providers do not reflect a decrease in supply, but rather a decrease in accessibility. During the Spring of 2020, many victims and survivors were cut off from many of the access points typically used to connect with services. These typical access points include hospitals and medical providers, law enforcement, courts, schools/universities, and outreach events, which were all greatly affected by the pandemic. In 2020 through 2021, hospitals were prioritizing COVID-19 patients during the various surges and did not allow accompanying adults. Many advocates reported trouble accompanying victims in-person for forensic exams or victims were reluctant to go to the hospital for fear of becoming ill. DOW data shows a 45 percent decrease in accompaniments to hospitals during 2020. This decline was reflected across the country as the ABA Journal reported that forensic nurse examiners in Washington, D.C., also saw a 43 percent decrease in patients from 2019 to 2020.

Additionally, courts in New Jersey were operating remotely for a prolonged period of time, with some continuing to operate in that modality. In 2020, DOW data shows accompaniments to courts and law enforcement dropped 50 percent. As in-person events were put on hold during this time, outreach activities dropped 83 percent.

Many victims/survivors were quarantining with their abusers, or their children were attending school from home. This greatly affected the ability of victims/survivors to reach out for assistance, especially those from marginalized and underserved communities.

Sexual violence providers are now offering services both remotely and in-person. This flexibility has allowed providers to connect with more individuals and provide them with services in the modality that best fits their needs. Increases in funding allowed providers the ability to advance technology for

Discussion Points (Cont'd)

remote capabilities and employ creative ways to ensure clients also had access to technology such as through lending libraries. It also allowed DOW to fund more providers and specifically connect with the harder-to-reach populations by funding culturally specific providers. With the addition of new providers, easing COVID restrictions and more technology, the providers were able to reach out to even more individuals in 2021. Data for calendar year 2021 shows that approximately 76,500 individuals attended outreach events. As outreach usually leads to more victims and survivors connecting with services, DOW expects service numbers to continue to grow.

- **Please explain the factors that caused the division last year to overestimate the number of rape victims it would serve in FY2021 and FY2022. What is the division's confidence level with its current estimate for FY2023? What variables were considered, and assumptions made in generating the FY2023 estimate?**

DOW incorrectly reported 2021 total rape victims to be 3,041, when in fact it was 4,132. The reason for this discrepancy is due to confusion over definitions of total unduplicated victims served within the year. Sexual violence providers serve primary victims of sexual violence as well as secondary victims like family members or significant others. These individuals also seek supportive services to treat the collateral trauma caused by the violence. In the past, DOW has included both primary and secondary victims of sexual violence. However, the 2021 report included only primary victims from FY2021. If both unduplicated primary and secondary victims are to be totaled as in the past, this figure would be 4,132. This number would provide a basis for an accurate comparison across fiscal years.

When the DOW estimates the number of victims to be served the following year, it uses the previous years as a starting point and considers other relevant factors affecting services. In its 2021 projection, DOW believed mitigating strategies like testing, PPE, vaccines and the transition to remote services would bring the number of victims served back to the level of pre-pandemic years. However, many of the factors explained above were still affecting the population. DOW was unable to predict the surges caused by new COVID variants and the continuous strains on the health, social and legal systems for the next year. The digital divide would also prevent large numbers of victims and survivors from connecting with services.

In making projections for FY2023, DOW is taking increased vaccinations, testing, and the general easing of COVID restrictions into account. It is also considering the drastic transition the sexual violence field has already made from in-person to both in-person and remote services. This hybrid model seems to work best as it reaches the most victims and provides options and flexibility. As described above, the addition of 9 new providers has already shown an increase in individuals served. With the increases in resources, training and workforce development, DOW is confident its funded providers are more equipped to tackle these unpredictable events.

D
Division on Women

	Domestic Violence			Sexual Violence Direct/Operations			Displaced Homemakers			Total		
	FY21	FY22 Adj	FY23	FY21	FY22 Adj	FY23	FY21	FY22 Adj	FY23	FY21	FY22 Adj	FY23
	Expended	Appropriation	Recommended	Expended	Appropriation	Recommended	Expended	Appropriation	FY23 Recommended	Expended	Appropriation	Recommended
Atlantic	\$1,089,232	\$1,204,974	\$1,089,239	\$424,024	\$444,562	\$444,562	\$150,000	\$150,000	\$150,000	\$1,663,256	\$1,799,536	\$1,683,801
Bergen	\$1,398,478	\$1,892,846	\$1,398,476	\$450,814	\$456,331	\$456,331	\$300,000	\$300,000	\$300,000	\$2,149,292	\$2,649,177	\$2,154,807
Burlington	\$1,085,906	\$1,201,636	\$1,085,901	\$422,097	\$447,614	\$447,614	\$150,000	\$150,000	\$150,000	\$1,658,003	\$1,799,250	\$1,683,515
Camden	\$1,282,976	\$1,398,711	\$1,282,976	\$671,550	\$508,823	\$508,823	\$150,000	\$150,000	\$150,000	\$2,104,526	\$2,057,534	\$1,941,799
Cape May	\$410,773	\$589,043	\$410,773	\$362,029	\$448,081	\$448,081	\$150,000	\$150,000	\$150,000	\$922,802	\$1,187,124	\$1,008,854
Cumberland	\$367,696	\$483,431	\$367,696	\$425,250	\$445,767	\$445,767	\$169,999	\$169,999	\$169,999	\$962,945	\$1,099,197	\$983,462
Essex	\$1,071,053	\$1,186,793	\$1,071,058	\$550,351	\$455,867	\$455,867	\$150,000	\$150,000	\$150,000	\$1,771,404	\$1,792,660	\$1,676,925
Gloucester	\$382,125	\$497,860	\$382,125	\$421,824	\$442,341	\$442,341	\$150,000	\$150,000	\$150,000	\$953,949	\$1,090,201	\$974,466
Hudson	\$419,630	\$535,365	\$419,630	\$519,573	\$641,275	\$641,275	\$150,000	\$150,000	\$150,000	\$1,089,203	\$1,326,640	\$1,210,905
Hunterdon*	\$107,062	\$567,848	\$247,511	\$108,155	\$645,008	\$645,008	\$150,000	\$150,000	\$150,000	\$365,217	\$1,362,856	\$1,042,519
Mercer	\$766,315	\$937,340	\$766,315	\$519,890	\$623,803	\$623,803	\$150,000	\$150,000	\$150,000	\$1,436,205	\$1,711,143	\$1,540,118
Middlesex	\$1,011,282	\$1,127,017	\$1,011,282	\$476,885	\$445,294	\$445,294	\$150,000	\$150,000	\$150,000	\$1,638,167	\$1,722,311	\$1,606,576
Monmouth	\$1,234,922	\$1,340,657	\$1,224,922	\$540,623	\$453,017	\$453,017	\$150,000	\$150,000	\$150,000	\$1,925,545	\$1,943,674	\$1,827,939
Morris	\$633,532	\$1,149,798	\$633,524	\$321,638	\$447,443	\$447,443	\$150,000	\$150,000	\$150,000	\$1,105,170	\$1,747,241	\$1,230,967
Ocean	\$975,663	\$1,091,401	\$975,666	\$620,986	\$508,259	\$508,259	\$150,000	\$150,000	\$150,000	\$1,746,649	\$1,749,660	\$1,633,925
Passaic	\$1,022,225	\$1,127,960	\$1,012,225	\$512,068	\$427,455	\$427,455	\$150,000	\$150,000	\$150,000	\$1,684,293	\$1,705,415	\$1,589,680
Salem	\$441,283	\$756,559	\$441,283	\$402,941	\$552,990	\$552,990	\$150,000	\$150,000	\$150,000	\$994,224	\$1,459,549	\$1,144,273
Somerset	\$383,684	\$499,419	\$383,684	\$382,861	\$452,731	\$452,731	\$150,000	\$150,000	\$150,000	\$916,545	\$1,102,150	\$986,415
Sussex	\$605,373	\$921,159	\$605,373	\$422,371	\$512,095	\$512,095	\$150,000	\$150,000	\$150,000	\$1,177,744	\$1,583,254	\$1,267,468
Union	\$899,543	\$1,015,269	\$899,534	\$403,523	\$408,917	\$408,917	\$169,999	\$169,999	\$169,999	\$1,473,065	\$1,594,185	\$1,478,450
Warren	\$416,941	\$493,801	\$378,066	\$441,190	\$443,084	\$443,084	\$150,000	\$150,000	\$150,000	\$1,008,131	\$1,086,885	\$971,150
Multi-County	\$441,160	\$2,564,681	\$496,319	\$1,377,697	\$3,570,536	\$3,570,536	\$0	\$0	\$0	\$1,818,857	\$6,135,217	\$4,066,855
Services - Morris County	\$0	\$100,000	\$100,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,000	\$100,000
Essex County Family Justice C	\$0	\$250,000	\$250,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$250,000	\$250,000
My Sister's Lighthouse	\$0	\$100,000	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,000	\$200,000
Latino Action Network	\$750,000	\$1,000,000	\$2,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$750,000	\$1,000,000	\$2,000,000
Project SARAH	\$150,000	\$200,000	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0	\$150,000	\$200,000	\$200,000
Projected Award**	\$0	\$0	\$6,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,000,000
	\$17,346,854	\$24,233,568	\$25,333,578	\$10,778,340	\$13,781,293	\$13,781,293	\$3,339,998	\$3,339,998	\$3,339,998	\$31,465,192	\$41,354,859	\$42,454,869
Funding Sources												
State	\$17,035,313	\$23,933,568	\$25,033,578	\$9,802,473	\$12,601,911	\$12,601,911	\$125,098	\$119,998	\$119,998	\$26,962,884	\$36,655,477	\$37,755,487
Dedicated	\$311,541	\$300,000	\$300,000	\$0	\$0	\$0	\$3,214,900	\$3,220,000	\$3,220,000	\$3,526,441	\$3,520,000	\$3,520,000
Federal	\$0	\$0	\$0	\$975,887	\$1,179,382	\$1,179,382	\$0	\$0	\$0	\$975,887	\$1,179,382	\$1,179,382
Total Funding	\$17,346,854	\$24,233,568	\$25,333,578	\$10,778,360	\$13,781,293	\$13,781,293	\$3,339,998	\$3,339,998	\$3,339,998	\$31,465,212	\$41,354,859	\$42,454,869

This chart is inclusive of additional line items not found in the Women's Services budget display.

*Safe in Hunterdon closed in March 2020; under new administration, reopened in May 2021; DASACC (of Warren county) was awarded supplemental funds as needed to serve Hunterdon County

**\$6M is included in line items by county for DV services in FY 22, but not included in FY 23 because budget language permits up to \$6M to be awarded in FY23; amount per county TBD.