

**Protecting and  
Preserving Families:  
A New Vision for  
Child Welfare Services**

**April 2003**

# Preface

This research and policy report is issued by the Policy Research Institute (NJPRI) of Legal Services of New Jersey (LSNJ). Through the Institute's research and analysis, LSNJ seeks to advance understanding of the causes, extent and impact of poverty in New Jersey, and offer perspective on possible solutions.

At a time of great stress on New Jersey's child welfare system in the wake of the Faheed Williams tragedy, this NJPRI report seeks to focus on one element of that system which has *not* been the focus of much public attention: families' extensive needs for supportive services and assistance. The report addresses this void, offering specific and detailed recommendations for immediate improvements.

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It is our hope the recommendations will fuel prompt public discussion and positive change.

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# Introduction

The tragic death of Faheem Williams in January 2003 -caused New Jersey to declare a state of “emergency” in the Division of Youth and Family Services (DYFS) and, as a result, the State is engaged at this moment in revamping its child welfare system to protect children and assist families. The key emphasis of the change is on enhancing protective services through a \$14 million funding increase for additional DYFS staff, as well as computers and cell phones. For the most part, details of the new plans have not been finalized, except that child protective services, along with foster care and adoption, will constitute its own division, to ensure that the State’s protective function is strengthened and not compromised by other responsibilities.

An equally pervasive shortcoming, however, also undermines the system – serious deficiencies in the supportive services necessary to help children and families, a well recognized and long standing problem. In February 1998, the Governor’s Blue Ribbon Panel on Child Protective Services recognized that “services for children and families are inadequate across the spectrum, and there is a desperate need for more resources in all service areas.”<sup>1</sup> The Report acknowledged that unless these service needs are addressed, the State cannot adequately protect children; nor can it help children and families stay together and thrive.<sup>2</sup> Unfortunately, New Jersey has not implemented the Panel’s recommendations to improve services for families and achieve better outcomes for children and families.

The majority of children who come into contact with the DYFS system are from families in poverty, whose income is below the Real Cost of Living in New Jersey<sup>3</sup>, the proposed Department of Human Services (DHS) Standard of Need<sup>4</sup> and, for the most part, the extremely low federal poverty line, \$15,260 annually for a family of three. This fact of ubiquitous poverty has several implications for families in the child welfare system:

- They often need assistance in meeting the most basic human needs (housing, food, clothing), and frequently face economic crisis, for which they have no financial reserve and no outside resources to call upon.
- They face multiple challenges that keep them poor and impede them from becoming economically self-sufficient, including physical health problems, mental health problems, often linked with substance abuse, domestic violence, low literacy and limited English proficiency.
- Their poverty and these challenges typically require both economic assistance and other supportive services to help them survive, stay together, and succeed.

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<sup>1</sup> Governor’s Blue Ribbon Panel on Child Protective Services Final Report, 3-1 (1998).

<sup>2</sup> “Without necessary treatment, children carry forward the wounds from their trauma, families lose the opportunity to reunite, and the odds of creating an alternative safe family home for the child diminish.” *Id.*

<sup>3</sup> \$34,898 for one adult with one school age child and one preschool child. Diana Pearce, Legal Services of N.J. Poverty Research Institute, “The Real Cost of Living in 2002: The Self-Sufficiency Standard for New Jersey” at 8 (June 2002).

<sup>4</sup> \$20,712 for a family of three. 34 *N.J.Reg.* 4307-08 (Dec. 16, 2002).

- They are rarely in a position to access economic assistance and other supports on their own.

In addition to the child protection initiatives already announced, New Jersey must invest a portion of its proposed FY2004 DYFS funding increase in services to meet the critical needs of at-risk families. The State's obligation to provide services to help keep families together means much more than referring a substance abusing parent to a treatment program or giving a parent the number of a parent education program. It means working closely with the family to identify their strengths and weaknesses, finding quality services that match their specific needs, helping them secure and coordinate their various services, making sure they have transportation to appointments, following up to make sure the services are effective and adjusting services when necessary.

The State must also examine differences in the types of services available from county to county, and ensure that key services are available statewide, so that the help families receive does not depend on where they live. While providing all the services families need will ultimately require more resources, there are many improvements that can be made without additional money, as outlined in this Report. Increased DYFS staff and reduced caseloads must also be used to maximize services for families.

It is also essential that services be provided at the earliest possible time. Once family problems are identified, timely intervention can help prevent crises from occurring. When children have been placed out of their homes, prompt services are a matter of great urgency. Families must do whatever is necessary to get their children back home within the first year of placement. If they do not address their problems within that time frame, in most cases DYFS will seek to terminate their parental rights, leading to permanent family separation. Despite the critical need for immediate action, families can face delays getting services and receive too little, too late. DYFS must not only expand and improve services; it must accelerate the provision of services for families so that help is given when it can make the biggest difference.

DYFS currently has a caseload of 50,315 children.<sup>5</sup> Approximately 23% of these children, 11,468, have been placed outside of their homes – in foster homes, para foster homes, residential treatment centers, group homes, shelters, or other institutional settings. Two thirds of them, 7,414, are in foster care. The remaining 38,847 children, 77% of the caseload, live at home with their families, and DYFS provides either supervision or services. DYFS officials confirm that the majority of children involved with DYFS come from poor families, with an even higher percentage of poor children in foster care. Forty five percent of children in DYFS' caseload are African-American, 33% are white, 17% are Hispanic, and the remaining 5% include all other races.<sup>6</sup> New Jersey must provide services to these children and their families in order to prevent the need for out-of-home placement and, in cases where placement has occurred, to help them get back together.<sup>7</sup>

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<sup>5</sup> DYFS Caseload Activity Report (February 7, 2003).

<sup>6</sup> DYFS Report, "Race of Children Receiving Case Management Services" (April 3, 2003).

<sup>7</sup> Federal and state law require DYFS, in most cases, to make "reasonable efforts" to prevent placement and to reunify families. (42 U.S.C. 671(a)(15); *N.J.S.A.* 30:4C-11; *N.J.S.A.* 9:6-54; *N.J.S.A.* 9:6B-4.)

This report has three sections:

1. **Core Principles for Improved Services and Supports** sets out requirements that must govern New Jersey's plan for improved services;
2. **Case Examples** describes several cases that illustrate the typical problems and service barriers families face; and
3. **Basic Service Needs** examines the most commonly needed services by discussing their current limitations, highlighting positive service models, recommending specific changes to improve services to vulnerable families and assessing whether additional funds are required to implement improvements and, if so, how much.

The report recommends changes in many service areas. While all of them are important, two are of overriding concern:

- Services must be provided to help families meet their basic needs, such as food and shelter. In particular, no family should be separated because their poverty has caused them to lose their housing.
- Residential and intensive outpatient substance abuse treatment must be expanded and improved, so that they are linked with necessary mental health services, given that substance abuse and mental health problems frequently coexist, and provide comprehensive services to support families.

## **1. Core Principles for Improved Services and Supports**

**New Jersey must expand services for families.** According to the Blue Ribbon Report, New Jersey lacks both a sufficient number and array of services to address the complex problems of families at-risk. Many of these families also face a variety of poverty-related problems, such as the lack of adequate housing and food, which are addressed only very minimally through the child welfare system. More services must be provided to meet families' needs.

**New Jersey must give families the right services.** Typically families are offered generic services, such as parenting education and counseling, driven more by what is available than the specific actual needs of individual families. Service plans must be tailored to, and actually address, families' specific needs.

**New Jersey must provide services immediately after getting involved with a family.** Although a time of crisis can provide the best opportunity for positive intervention, services usually are not provided immediately after the State becomes involved with a family. They may be delayed for months while families undergo psychological or substance abuse assessments and search for available treatment. For families with children in foster care who have only twelve months to address their problems and get their children back, delays may lead to permanent separation. As long as families agree to accept services from DYFS, services must be provided at the earliest possible time.

**New Jersey must help families secure services.** Caseworkers typically simply give families referrals and phone numbers and leave it to them to set up services on their own. DYFS must actually secure services for families rather than merely provide referrals.

**New Jersey must provide services to families through one provider, where possible and appropriate.** In some circumstances, families can benefit from involvement with one agency or service provider that provides quality, comprehensive services to address as many of their needs as possible. To the extent one service provider can effectively address and coordinate a family's multiple service needs, that model should be encouraged in order to eliminate the need for involvement with multiple agencies or providers.

**New Jersey must coordinate family services.** Although families may need to access necessary services through different agencies, services are not usually coordinated. Families must navigate through separate systems on their own, which may lead to conflicting service requirements. DYFS must coordinate its services more effectively with other DHS divisions (especially DFD, as many families are involved with both systems) and other state and county agencies and service providers.

**New Jersey must provide quality services.** Services such as mental health treatment and parenting education are not always provided by adequately trained individuals. All service providers must have sufficient qualifications and training.

## 2. Case Examples

The case examples below, composites of several different actual clients, demonstrate the complex maze of needs and requirements that many families must negotiate while involved with DYFS. The names are fictional, as families in the DYFS system generally will not reveal the actual details of their individual stories, fearful of the consequences. But the circumstances are real.

### **Case Example 1:**

Althea M. is a single mother of two children who suffers from depression. When she tested positive for cocaine use at the time her younger daughter, Tamika, was born in March 2002, DYFS obtained a court order and placed Tamika and her sister in foster care. When her children were removed, Althea lost her welfare benefits through Temporary Assistance for Needy Families (TANF) and had to apply for lower benefits through the General Assistance (GA) program for single adults. Althea was denied visitation with her children until the first court hearing four weeks later, when she was finally permitted to see them for one hour every two weeks. DYFS required Althea to undergo a substance abuse evaluation in order to determine the best course of treatment. The evaluation was not completed until nearly a month later and, in the interim, Althea did not receive treatment. Following the evaluation, DYFS told her to seek in-patient treatment and gave her a list of treatment centers to call. Although she requested a treatment center where her children could live with her, none was available. The treatment centers she called were full and, instead of placing her name on a waiting list, they told her to call back every day to check for openings. Eventually she found an opening. As a recipient of GA, her one potential funding source was through the Division of Family Development's (DFD) Substance Abuse Initiative, which required a separate substance abuse evaluation. While she was waiting for approval from DFD, she lost the available treatment slot. Because of these delays, Althea was not able to start her six-month treatment program until July, four months after losing her children. DYFS never recognized or addressed Althea's depression. It simply required her to attend a weekly parenting class, which conflicted with daily classes to help her obtain employment that which she was required to take as a condition of receiving welfare benefits.

### **Case Example 2:**

José and Juana S.'s three school-aged children were removed from their home as a result of domestic violence, the father's alcohol abuse and the poor condition of their housing. DYFS strongly encouraged Juana to get a restraining order against her husband so that she and the children would be safer. However, Juana was not prepared to separate from her husband. The children were placed in separate foster homes, two of them outside of their home county, and none remained in the same school district. The children did not see their parents until more than a month after placement because DYFS did not develop a visitation plan right away. Nor was there any phone contact or sibling contact. Once visitation was established, it was limited to once every two weeks for one hour in the DYFS office under DYFS supervision. The DYFS office was generally crowded with other visiting families, allowing for little privacy. Because visitation could only be scheduled between 9:00 a.m. and 5:00 p.m., Monday through Friday, both parents missed numerous visits due to their work schedules. For the children living out of the county, visitation interrupted the school day. Frequently one of the children missed the visit because no DYFS worker was available to transport him or her. Rarely were missed visits rescheduled. When one of the foster families reported that their foster child was upset after visits, DYFS immediately reduced the frequency of visits, without exploring the reasons for the child's upset. DYFS referred both parents for counseling. Although DYFS told José and Juana that they would need to move to suitable housing to get their children back, DYFS did not offer

any assistance and, with their limited incomes, they could not find better housing. And DYFS gave José the number of several programs for treatment of his alcohol problem.

### **3. Basic Service Needs**

This section will review the most commonly needed services: case management, substance abuse treatment, mental health services, housing and other basic needs, parenting education and support, visitation for families with children in foster care, and transportation. The services are not ranked in order of importance. Recommendations for improvement are made in each area, with estimated costs. Major changes can be made in four of the seven categories without any additional funding. In the other three areas – substance abuse treatment, mental health services and housing and other basic needs – the Report discusses significant changes that can be made with \$3 million in additional funds for each, or a total of \$9 million. It may be that some, if not all, of this funding can be secured from reprogramming within the current DYFS budget.

#### **A. Case Management**

Families need help gaining access to appropriate services and coordinating and complying with different service requirements. Caseworkers must take a more active, hands-on approach to assist families in identifying, securing and coordinating the different services they need.

##### **Discussion:**

Families involved with the child welfare system may have a broad range of psychological, financial, social, educational and other problems. Some are already involved with other State agencies or service providers, and some need to get access to services outside the child welfare system. Most need a caseworker who can not only do a careful and comprehensive assessment of their problems and specific service needs, but can also actively help them identify and secure all the services they need, including those provided through other government and community agencies.

Currently, DYFS caseworkers do not provide direct services to families. They offer services to families through outside providers. Frequently, the services offered are generic in nature, not at all attuned to families' specific needs and situations. The primary services offered are parenting skills classes and counseling, and referrals to substance abuse treatment. Families have only minimal, if any, involvement in the development of their service plan, despite regulations to the contrary,<sup>8</sup> and are simply expected to comply with a plan developed by their caseworker. Developing the plan and actually securing or providing services can take several months, due, at least in part, to the shortage of services. Families are left without any assistance during that period, as was Althea M. when she waited four months, to begin treatment. In

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<sup>8</sup> *N.J.A.C. 10:133D 2.5* requires DYFS to develop a case plan with the child's parents, unless they are unwilling to participate, and with the child, if he or she is willing and able to participate.

addition, numerous families are also involved with other programs or State agencies with separate requirements that are not coordinated, leading, in some instances, to conflicting requirements. For example, some parents have been sanctioned from welfare for not complying with work activities when they had a scheduled visit with their child.

When families need and agree to accept services, DYFS must develop a plan for services immediately after it becomes involved with the family. To do that, the caseworker must conduct a family assessment, identify the full range of the family's needs and develop a plan for services. Service plans must be developed as a collaborative effort with families to achieve the best results. Although DYFS may intend to do all of this, in practice most families have relatively little, if any, involvement in developing their service plan. And, while service plans may address some of the family's problems, they are rarely based on a careful assessment of how to best help the individual family. If services are individually tailored to families' needs, there will be an increase in positive outcomes and greater compliance. The caseworker must play an active role in securing appropriate services, instead of just giving families referrals and sending them off on their own, as in the case examples above. Caseworkers must also ensure that services begin promptly so that family problems do not reach crisis proportion and that families with children in placement have as much time as possible to resolve their problems. And caseworkers must make sure that families have transportation to and from service providers. Caseworkers must also monitor services and family progress so that services can be adjusted as necessary.<sup>9</sup> Of course, in order to succeed, parents must also assume responsibility for addressing their problems and needs by participating in and cooperating with appropriate services.

In order for caseworkers to design comprehensive service plans, DYFS must have staff who are knowledgeable about available community and State resources and how to access them. At an earlier point in time, DYFS designated Resource Development Specialists in each county to assess the availability of services and to develop necessary resources. However, their function has changed over time and they no longer focus exclusively or primarily on resource and service development for clients.

When families are involved with more than one government agency, which they so often are, caseworkers must also coordinate the various agency requirements with which families must comply. Better coordination and communication between DYFS and other agencies and service providers will help ensure that service requirements are not in conflict and that families are working toward consistent goals. Coordination should also facilitate families' access to services, reduce the amount of time they wait to obtain services and increase their success. Lack of coordination can hinder parents' ability to successfully follow through with their case plans.

### **Recommendations:**

1. Each DYFS office must have a Resource Development Specialist Unit that: a) is familiar with the resources available in the community and State, b) knows what services are accessible through other systems, c) coordinates existing resources with community and State service providers to help families secure services, d) helps

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<sup>9</sup> DYFS must review case plans at least every six months. *N.J.A.C. 10:133D 2.4.*

- caseworkers locate, secure and coordinate services for families, and e) develops new resources where needed.
2. Immediately after becoming involved with a family, caseworkers must conduct a comprehensive assessment of the family's needs.
  3. Immediately after completing the assessment, caseworkers must work with the family to design a mutually agreed upon service plan, tailored to the individual family's needs, to help the family resolve its specific problems.
  4. Caseworkers must provide and secure necessary services for families promptly after developing a case plan.
  5. Caseworkers must work in coordination with all other agencies and providers with which the family is involved, to oversee and assist the family in meeting the various agency goals and service requirements for the family and to ensure that they are consistent.
  6. Caseworkers must review and revise case plans periodically as required.
  7. The Department of Human Services must take a lead role in joining with other departments and branches of government as well as service providers and community based agencies to expand the availability of services and facilitate access to services.

**Additional Costs:** None beyond the proposal in the FY 2004 proposed budget.

With the addition of more than one hundred new caseworkers and supervisors, DYFS workers will be able to reduce their caseloads, which should enable them to provide a higher level of service to the families they serve. This must include developing comprehensive assessments in collaboration with families, more hands-on assistance securing services, helping families coordinate their various services and other requirements and, in some instances, providing services directly. With additional staff, DYFS will also be able to designate specific staff members to serve as Resource Development Specialists.

## **B. Substance Abuse**

In spite of the prevalence of substance abuse among families involved with DYFS, there are simply not enough residential or intensive outpatient treatment programs to assist them, especially programs that accommodate pregnant women and single parents with their children. Substance abuse treatment has also been provided separately from mental health treatment, despite the considerable correlation of addiction and mental health problems. The State must expand the availability of substance abuse treatment for low-income individuals, ensure that they are able to secure it when needed and, when mental health problems co-occur, provide integrated services for both problems.

## Discussion:

A significant number of parents involved with DYFS have substance abuse problems. DFD's Substance Abuse Initiative has expanded the availability of treatment for low-income people. Still, there are limited residential and intensive outpatient treatment programs for individuals dependent on public funding – through Medicaid, the Substance Abuse Initiative or other State funding. There may be a sufficient amount of outpatient treatment available, but very few programs provide the intensive services so many parents need, which address related mental health problems and a wider range of family issues, including parenting education, visitation, day care and case management.

The need to simultaneously treat related mental health problems is particularly acute. According to the U.S. Surgeon General, 41 to 65% of individuals with a substance abuse disorder also have a history of at least one mental health disorder.<sup>10</sup> Yet, DYFS' evaluation process generally fails to recognize this strong link, as it did with Althea M., and the two problems are rarely identified and treated in an integrated way. Integrated treatment has been recognized as a far more effective approach, which both improves outcomes and appears to be cost-effective.<sup>11</sup>

In-patient programs that accommodate pregnant women and mothers with their children are also sorely lacking. Allowing mothers to enter treatment with their children avoids not only unnecessary separation, but the cost of foster care as well. Statewide there are only ten programs available to these women and two additional programs open only to pregnant women.<sup>12</sup> A few of these programs are specifically designated for special populations, such as victims of domestic violence or women with HIV/AIDS. There is only one program south of Monmouth County available to pregnant women, and one for women and children together, with room for 13 families. Residential treatment is provided through both short-term 28-day programs and longer-term programs with a minimum stay of six months. There are no short-term programs for mothers with their children and these programs may not be a viable option for families. However, short-term treatment is needed for pregnant women and there are only three programs, with a total of 14 slots, accepting pregnant women. The few longer-term residential programs that do accommodate families limit the number and ages of children that can stay with their mother.

Before families can even begin to seek treatment, they are required to complete a substance abuse assessment process that can take several weeks and delay the treatment process. When DFD's Substance Abuse Initiative funds treatment, individuals must then undergo a separate and duplicative evaluation, which creates further delays. After the evaluation process, DYFS merely provides the client with a list of programs to call. No one helps them secure treatment. Because there is such a shortage of treatment programs, families have great difficulty

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<sup>10</sup> U.S. Dept. of Health and Human Services, "Mental health: a report of the Surgeon General" (1999); cited in U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, "Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Health Disorders" (2002).

<sup>11</sup> *Id.* U.S. Dept. of Health and Human Services, "Report to Congress."

<sup>12</sup> This figure is based on LSNJ's phone calls to all programs listed through the Division of Addiction Services or under contract with the DFD Substance Abuse Initiative as well as several additional programs known to our office.

securing services on their own and often must wait months before getting into a program. Many programs do not even keep waiting lists and simply instruct clients to call back every day to check for openings, as Althea M. experienced. It is not uncommon for clients to approach treatment with ambivalence, even resistance. Many times, it is a symptom of depression or a measure of the depth of their addiction. Delays and other barriers to accessing treatment may deter them altogether.

The State must not only expand substance abuse treatment for low-income individuals, but also provide families with far greater assistance in securing treatment. Delays must be eliminated so that individuals needing help can get it on a timely basis. It is also essential to increase in-patient services for pregnant women so that they can get help at the earliest possible point in time. Women also need more treatment programs where they can bring their children, so that they are not faced with the Hobson's choice of placing their children in foster homes or foregoing necessary treatment. Moreover, substance abuse treatment must be coordinated with mental health treatment for individuals needing both services.

There are several excellent residential substance abuse programs for mothers and their children that provide a range of necessary services and are good models for new programs. For example, Sunrise House in Sussex County is a one-year program that, in addition to residential substance abuse treatment, offers families a wide range of other services to meet their individual needs, such as education, job training, mental health treatment and parenting education. Epiphany House in Monmouth County is a similar program, which also offers transitional housing as a second phase to treatment. Project Home in Hudson County and PARTS in Middlesex County provide multiple services along with substance abuse treatment as well. Seabrook House in Cumberland County, under contract with DYFS, is a very small program that helps families work toward reunification while providing treatment.

Several one-year transitional housing programs across the State, which provide a full complement of family services geared toward helping families achieve self-sufficiency, coordinate outpatient substance abuse treatment for individuals who do not require inpatient treatment. In addition, several model intensive outpatient programs – UMDNJ-CARRI Family Center in Middlesex County and Northern Community Access Program in Bergen County – provide substance abuse treatment in conjunction with counseling, parenting education, visitation, day care and case management.

### **Recommendations:**

1. The State must expand the availability of in-patient and intensive outpatient substance abuse treatment programs as well as transitional housing programs that help individuals attend outpatient substance abuse programs.
2. The State must place particular emphasis on expanding treatment for pregnant women as well as mothers with their children.
3. Substance abuse treatment must be provided in conjunction with mental health treatment, whenever appropriate.

4. When a family has an identified substance abuse problem and agrees to accept help, substance abuse assessments must be done at the outset of DYFS' involvement with a family.
5. The State must play an active role in helping families secure treatment.
6. The State must secure treatment for the family immediately after determining that treatment is needed and the family agrees to accept it.
7. DYFS and DFD must coordinate their assessment requirements and services so that clients do not have to undergo two separate assessment processes and navigate two separate systems to get help.
8. The State must develop a system for monitoring the availability of treatment slots to ensure that individuals get help promptly.
9. There must be adequate state funding to ensure that all individuals required by DYFS to get substance abuse treatment are able to get appropriate treatment promptly (including those who are not eligible for welfare).

**Additional Costs: \$3 million**

It is impossible to estimate the precise level of additional substance abuse treatment that is necessary. There are approximately 26,000 families involved with the DYFS system, and a substantial number have substance abuse problems. The number of families who are currently served by existing outpatient treatment and who await such treatment or other types of treatment – residential or intensive outpatient treatment – cannot be determined. What is clear is the paucity of residential treatment for families and pregnant women and intensive outpatient treatment. An investment in these three areas would be an important start.

Currently there are less than 150 residential beds for pregnant women and mothers with children. An analysis of costs from existing programs reveals that it costs \$30,000 to provide residential treatment for a mother with one child for one year. The cost for an individual, including a pregnant woman, is \$16,800 per year. Additional intensive outpatient treatment could also be provided at approximately \$16,900 per person for a year. The addition of 50 residential slots for families, 45 residential slots for pregnant women and 45 intensive outpatient slots would cost the State roughly \$3 million annually. As not everyone needs a full year of residential or intensive treatment, this funding could serve more than 200 families or individuals every year. While this would certainly not provide services for all who need them, it would substantially increase treatment for the most underserved.

## **C. Mental Health Services**

There is a dearth of quality mental health services for individuals involved in the DYFS system. The State must expand and improve publicly funded mental health treatment.

### **Discussion:**

The available State-funded options for mental health treatment – community mental health centers, which have lost funding over the years, and service providers under contract with DYFS – do not have the resources to assist all the people needing help. Generally, families are placed on a waiting list to get services, which, of course, delays the provision of services. While DYFS has reached out to and trained mental health providers to expand their availability to conduct psychological evaluations for litigation purposes, DYFS and the mental health community have not developed an effective partnership to increase the availability of treatment. When mental health services are available, they often do not accommodate the schedules of working parents.

Mental health services must also be linked to substance abuse treatment, when an individual needs both services, so that related problems are not treated in isolation from one another. In addition, some mental health professionals working under contract with DYFS lack sufficient qualifications and training.

Frequently, DYFS awaits the results of a psychological evaluation before scheduling counseling or therapy. If the evaluation takes many weeks to schedule and complete, valuable time is lost. DYFS must provide immediate evaluations for parents, where necessary and agreed upon, so that informed treatment plans can be implemented at the earliest possible time. It must also make sure that treatment is arranged to accommodate individuals' schedules for work, education and other necessary appointments.

The UMDNJ-CARRI Program in Middlesex County, a model program for mental health treatment, uses only licensed master's level professionals, offers therapy in families' homes when appropriate, and provides transportation as needed.

### **Recommendations:**

1. All mental health providers must have adequate qualifications and training.
2. The State must expand the availability of mental health services for low-income individuals.
3. The State must require state-funded mental health providers, including community mental health centers, which are funded in part by the State, to give priority treatment to families involved with DYFS.

4. The State must develop services that combine mental health and substance abuse treatment.
5. The State must require state-funded mental health providers to develop services specifically geared to the needs of families involved in the child welfare system.
6. Mental health services must be available to accommodate parents' work and school schedules and children's school schedules.
7. When DYFS determines that a psychological evaluation is necessary, and the family agrees to an evaluation, it must be conducted immediately.
8. Whenever DYFS believes that psychological counseling will be necessary, and the family agrees to accept counseling, it must be started without delay, even if a psychological evaluation has not been completed.

**Additional Costs:** \$3 million

The number of individuals and families needing more and better mental health services is impossible to calculate, though undoubtedly it is high. DYFS' estimated budget for 2004 includes nearly \$18 million for 4,116 treatment slots.<sup>13</sup> Given the total of 26,000 families involved with DYFS, the need appears substantially greater. The budget figure allots approximately \$4,400 per slot, although it is not clear how that is spent. Our estimate for expanding services is based on the rate developed for New Jersey's Children's Initiative, which provides therapy through qualified, licensed professionals at \$115 per hour. It is impossible to determine the cost of serving any one person given the wide range of individual needs. However, based on the assumption that an individual benefits from two sessions per week over a period of six months, the State could provide effective treatment for just under \$6,000 per person. With \$3 million, the State could serve approximately 500 additional people each year.

## **D. Housing and Other Basic Needs**

Low-income families sometimes lack the resources to provide adequate housing and other basic needs for their children. The State must assist poor families in securing housing and financial assistance for other essentials so that they are not separated unnecessarily.

### **Discussion:**

For many families whose children are placed in foster care, poverty is an overriding factor in the family's instability. The State has a fundamental obligation to ensure that its low-income residents' most basic survival needs, such as food and shelter, are met.<sup>14</sup> Yet, the child

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<sup>13</sup> State of New Jersey Budget (Fiscal Year 2003-2004) at D-271.

<sup>14</sup> This obligation derives from both essential constitutional protections and from New Jersey's Child Placement Bill of Rights, *N.J.S.A.* 9:6B-4(a), which requires DYFS to make "every reasonable effort, including the provision or

welfare system provides only very limited assistance directly related to alleviating poverty, including funding for housing assistance and other critical needs, and consequently, poverty may lead to family separation. If families' basic needs are not met, it is also difficult for them to benefit from other necessary services, such as therapy, substance abuse treatment and parenting education.

Currently, the best available housing assistance available through DYFS is the federal Family Unification Program (FUP), which provides Section 8 rent subsidies when families need housing to avert placement or to reunify. Unfortunately, there are very few subsidies and they are only available in certain counties. In a few counties, DYFS has established a short-term rental assistance program, providing up to \$100 per month for no more than three to six months. Although this is an excellent idea, the limited funds will not help many families pay fair market rent. DYFS can also help families who receive or are eligible for welfare get emergency housing assistance through DFD if a family's lack of adequate shelter may necessitate foster care placement. Unfortunately, DYFS does not help families access emergency assistance on a consistent basis. DYFS does have a small protective services fund, allowing it to spend up to \$600 a year to help a family with emergency needs, such as rent, security deposits, food, clothing or furniture. The fund is extremely limited and most counties offer it only in rare circumstances. The combined resources of these programs help only a small percentage of the people who need help.

There is an acute shortage of affordable housing in New Jersey. Low-income families who lack adequate housing or become homeless may face temporary separation from their children. Their inability to secure housing can also pose a barrier to family reunification, as with José and Juana S. While housing requires an investment of resources, that investment must be measured against the human and financial costs of removing children from their families.<sup>15</sup> DYFS needs to be actively engaged in securing housing for families that need it, both those whose children are still at home and those working towards reunification. Sometimes, securing housing will mean helping parents navigate the other agencies and systems that directly provide housing assistance, such as the DFD and the Department of Community Affairs (DCA). When families cannot get immediate help from other sources, DYFS must provide direct assistance until the family is able to secure other housing.

In addition to housing, families often require assistance in obtaining other basic necessities of life for their children, such as food and clothing. DYFS must play the same active role in helping families meet these basic needs.

### **Recommendations:**

1. DYFS must coordinate with existing agencies and service providers that assist families in securing housing or other shelter, including DFD and the DCA, so that all possible resources are used to secure housing for families.

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arrangement of *financial or other assistance* and services as necessary, to enable the child to remain in his home," consistent with the child's safety. (emphasis supplied.)

<sup>15</sup> The basic foster care board rate is at least \$406 - \$508 per month, depending on the age of the child, with a supplemental monthly clothing allowance of \$184 - \$238.

2. DYFS must coordinate with existing agencies and service providers that provide food, clothing, health care and other essentials, so that all possible resources are used to meet families' basic needs.
3. The Department of Human Services must take a lead role in joining with other departments and branches of government, as well as service providers and community-based agencies, to address the serious lack of affordable housing in New Jersey.
4. DYFS must provide or secure through other agencies emergency transitional housing to shelter homeless families until they secure more permanent housing.
5. DYFS must have more flexible emergency funding to provide housing or rental assistance for families while they wait for rental assistance slots to become available through other agencies.
6. DYFS must have more flexible emergency funding to provide for families' basic needs when no other resources are available.
7. DYFS should provide or secure credit counseling for families whose poor credit is a barrier to housing.

**Additional Costs: \$3 million**

There are approximately 3,900 New Jersey families with children in foster care.<sup>16</sup> While the exact number who need adequate housing in order to reunify cannot be ascertained, it is imperative that the State develop a rental subsidy program with an initial goal of serving as many as possible of the families who are ineligible for any other type of housing assistance, including emergency assistance through DFD. Families that are not eligible for welfare may need housing assistance to prevent placement as well. If \$600 monthly subsidies were provided, consistent with the average level of federal Section 8 assistance, a subsidy would cost \$7,200 per year for a family. Serving 275 families, 7% of all families with children in foster care, would cost \$2 million. (Alternatively, a \$500 monthly subsidy at \$6,000 per year could serve about 330 families, 8% of families with children in foster care, with the same funding.) Additional funds are also needed for other unmet emergency needs, such as food, clothing, security deposits and necessary health care. With an additional \$1 million, the total cost for housing and emergencies would be \$3 million.

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<sup>16</sup> This is based on the assumption that the number of families is approximately 53% of the number of children, extrapolating from the ratio of children to families in the overall DYFS caseload.

## **E. In-Home and Other Support for Parents**

Although a significant number of parents involved with DYFS need help improving their parenting skills, most of the services DYFS currently offers to enhance parenting skills have limited utility. The State must provide more individually focused in-home mentoring to help families more effectively.

### **Discussion:**

Currently, parents are routinely required to attend parenting classes to improve their parenting skills. Parenting skills classes may be appropriate for a small number of parents, but they do not always meet the needs of parents in the DYFS system and do not specifically address their individual problems. Many of the parent educators, while well intended, are inexperienced and inadequately trained. The classes contain a cross section of parents with a variety of problems that cannot all be addressed in the same class. In some situations, DYFS provides homemakers who may assist with limited household tasks or may, in fact, simply monitor families, but serve no therapeutic function.

The limited resources provided for in-home services are directed primarily to the state-run Family Preservation Services program,<sup>17</sup> which offers intensive services to families in their homes over a short time period (four to eight weeks). While this model of in-home individualized assistance and mentoring is an ideal service, the program is far too limited. First, many families have long-term complex problems that cannot be resolved within the two-month limit on assistance. Second, very limited funding for the program prevents it from serving the many families who could benefit from this type of service. And since workers can carry only two cases at a time, very few families can be served.

In-home therapeutic services designed for individual families are the most useful services for families in this area. The state-run Family Preservation Services provides a good model, but must be expanded both to treat many more families and to eliminate minimum and maximum time constraints. Expanding individually tailored, in-home parenting services and redirecting existing parenting skills and homemaker service money to flexible in-home services would be far more effective.

There are several additional programs across the State that provide individual parent mentoring along with a variety of other supports, rather than in isolation from other family needs. For example, the UMDNJ-CARRI Program in Middlesex County offers in-home parent mentoring, as well as transportation, help locating housing and visitation services. The Puerto Rican Family Institute in Hudson County provides individual parent mentoring and counseling and also assists families in addressing various practical issues, such as budgeting, housekeeping and locating community resources.

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<sup>17</sup> *N.J.S.A. 30:4C-74 et seq.*

## **Recommendations:**

1. DYFS must minimize the use of parenting skills classes and homemaker services and redirect existing funds for therapeutic, individual in-home services.
2. DYFS must provide a broader array of flexible in-home services that can serve a greater number of families without minimum or maximum time constraints.
3. DYFS must increase the availability of programs that provide individual parent mentoring and support along with a range of family services.

## **Additional Costs:** None

If DYFS redirected the funds it currently uses for parenting skills classes and homemaker services, it could expand the availability of more essential in-home services for families without investing additional funds. DYFS' estimated budget for 2004 does not indicate the cost of parenting education, but does include approximately \$7.5 million for homemakers and health,<sup>18</sup> although how much of that allotment is reserved for homemaker services is not specified. Assuming that \$3 million of that money could be redirected from homemaker services and adding a conservative estimate of \$1 million from parenting education funds, the State would have \$4 million to enhance parent mentoring and support. The cost of providing intensive in-home services for eight hours each week, including counseling, case management, parent mentoring and various other services as needed, is estimated at \$9,000 annually per family. At this rate, the State could provide comprehensive services to 445 additional families.

## **F. Visitation**

Visits between foster children and their families are far too limited in frequency and duration, and hindered by DYFS' general regimen of holding most visits in the DYFS office under caseworker supervision. Visits must be expanded to provide meaningful contact between parents and children and to facilitate family reunification.

## **Discussion:**

It is traumatic for children to be removed from their families. Everything in their world changes: their caretakers, the house they live in, the bed they sleep in, playmates, school, community, and place of worship. Contact with their families in familiar settings is important to reassure them. Visitation is also essential so that parents and children can maintain and improve their relationship while their children are in foster care. Research studies show that adequate visitation is the single most predictive indicator of whether children will return home.

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<sup>18</sup> State of New Jersey Budget (Fiscal Year 2003-2004) at D-271.

New Jersey's own visitation regulations recognize that frequent and lengthy family visits are "beneficial for most children" and help facilitate family reunification when that is the case goal.<sup>19</sup> They establish guidelines to ensure adequate visitation for families consistent with any safety concerns. Among other things, the regulations establish a goal of lengthy weekly visits and require that they take place in the most comfortable setting possible and be unsupervised unless DYFS determines that supervision is necessary in a specific case. When supervision is necessary, it is to be provided by family, friends or others familiar to the family, not DYFS workers, except in limited situations.

In reality, DYFS typically limits family visits to only one hour every other week, as it did in both case examples. If no visits are cancelled, a rare occurrence, children see their parents a mere 26 hours every year. DYFS claims that it does not have enough resources to do more. Plainly, this deprives families of a meaningful opportunity to relate to one another, without any regard for the particular family's needs. Often no "special consideration" is given to more frequent visits for infants and toddlers, as required.<sup>20</sup> Although children are entitled to visit with their parents immediately after placement,<sup>21</sup> the majority of families in the child welfare system wait several weeks to see each other after separation, or longer, as in the case of José and Juana S. Visits do not always accommodate parents' work schedules, and parents are not always provided with necessary means for transportation, as required.<sup>22</sup>

Instead of being held in the most comfortable setting possible, visits are held routinely in the DYFS office. Visits are virtually always supervised by a DYFS caseworker or a program under contract with DYFS, regardless of whether supervision is actually necessary. The current visitation structure unnecessarily relies on DYFS resources in at least some cases; these resources could be used instead to expand family visitation.

Rather than holding visits in the DYFS office, DYFS could use community settings, such as churches or community centers. These would not cost anything and would make a world of difference to the quality of visitation. DYFS should also explore the feasibility of providing visits at the homes from which the children were removed, or at the homes of friends or family. If supervision is necessary, DYFS should consider all possible friends or relatives suggested by the family.

A few model visitation programs exist for families that do need supervision. MultiCultural Community Services in Middlesex County provides supervised visitation in the families' home or at its office and transports parents when necessary. Prevention Education, Inc. in Mercer County also has a supervised visitation program offering weekend and evening hours as well as transportation. Babyland Services in Essex County provides frequent visits for infants and their parents.

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<sup>19</sup> *N.J.A.C. 10:122D-1.1.*

<sup>20</sup> *N.J.A.C. 10:122D-1.14(a)3* (young children's "sense of time is different than that for older children or adults").

<sup>21</sup> *N.J.S.A. 9:6B-4(e); N.J.A.C. 10:122D1.14(a)1.*

<sup>22</sup> *N.J.A.C. 10:122D-1.13(b).*

Finally, DYFS must not restrict or terminate visits merely because children have negative reactions. Family visits can be upsetting to children due to the trauma of separation and the children's desire to go home. Or children may be at risk of emotional trauma from exposure to parents whom they have not seen for long periods of time or with whom they may have had difficult relationships in the past. Visits should never be stopped due to the child's upset without a careful assessment of the situation, consistent with established reasons for limiting them.<sup>23</sup>

### **Recommendations:**

1. DYFS must establish a plan for family visitation immediately upon removing children from their families.
2. The first visit must be held immediately after removal.
3. DYFS must provide visits with siblings as well as grandparents and other relatives who are close to the children.
4. DYFS must provide at least weekly visitation for as many hours as possible unless DYFS documents a reason why such frequent visitation would be detrimental to the child.
5. DYFS must establish regular phone contact for children and their families between visits.
6. DYFS must provide weekend and evening visitation options for parents who work, attend school or participate in work activities required by DFD during regular weekday hours.
7. DYFS must increase and expand visitation when a family is approaching reunification.
8. DYFS must explore and identify community sites for visitation, such as churches, community centers and other public places, so that visits can take place in more comfortable settings than the DYFS office.
9. DYFS must conduct a review of all out-of-home placements with supervised visitation to assess whether supervision is necessary and, where it is not, to eliminate supervision.
10. In all new cases, DYFS must ensure that supervision is provided only where there is a documented need for supervision.
11. DYFS must conduct a review of all out-of-home placements with DYFS supervised visitation to assess whether DYFS supervision is necessary and, where it is not, to find alternative supervisors, such as family or friends.

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<sup>23</sup> N.J.A.C. 10:122D-1.15.

12. In all new cases requiring supervision, DYFS must try to find alternative supervisors.
13. DYFS must expand the availability of programs offering supervised visits and transportation for families who need supervision.
14. DYFS must utilize transportation aides to transport children to and from visits so that caseworkers do not need to do this themselves.
15. Whenever necessary, DYFS must provide or pay for parents' transportation to and from visits.
16. DYFS must, in appropriate cases, use family visits as an opportunity to provide parent mentoring.
17. Visits must never be canceled or reduced because a child is upset by visitation without a careful assessment of the situation and a determination by DYFS that visits are detrimental to the child's welfare.
18. DYFS must review visitation plans at regular intervals to determine whether changes are indicated.

**Additional Costs:** None

Changing the way family visits take place will allow DYFS to save resources. Limiting supervision to cases where there is a documented need and relying more on family and community resources for supervision, as well as moving visits outside the DYFS office, will greatly reduce the time caseworkers spend on visits. Increasing the number of transportation aides to drive children and parents to visits, where necessary, will also free up caseworker time. When DYFS is not involved in overseeing each visit, families will be able to have longer, more frequent visits. Caseworkers will have more time to devote to cases where its supervision or other involvement is necessary, increasing visits for those families as well. In addition, the designated Resource Development Units could devote time to identifying community locations and other resources to facilitate more comfortable family visits.

## **G. Transportation**

Many families have little access to transportation because they live far from bus or train routes and cannot afford cars. The State must do more to help these families gain access to necessary services.

### **Discussion:**

Lack of transportation makes it difficult for families to get to needed services and other appointments. In many communities across the State, public transportation is not available.

While families on welfare are eligible for transportation to medical appointments, including mental health services, those not receiving public assistance are not. Parents' ability to visit with their children can also be limited by insufficient transportation, as DYFS generally does not provide transportation for them.

DYFS has addressed transportation problems in some instances by providing bus cards and limited transportation funds, and through contracts with a few model programs that provide transportation for certain purposes. For example, MultiCultural Community Services in Middlesex County provides transportation to help families look for housing. Prevention Education, Inc. in Mercer County has a visitation program that provides transportation for parents who need it.

**Recommendations:**

1. DYFS must increase the availability of transportation aides to drive families to visits and other services.
2. DYFS must provide an increased amount of bus cards and other transportation funds, where public transportation is not available, so that families can get to visits, services and other appointments.
3. The State must explore how to reduce public transportation costs for low-income people.

**Additional Costs:** None beyond the proposal in the FY 2004 proposed budget.

Without any additional costs, DYFS can provide more transportation for families through its added transportation aides. Ultimately, however, the State may need to address the lack of public transportation, as well as affordability of transportation, through increased vouchers and bus or train passes.

## Conclusion

The State must use the current crisis at DYFS as an opportunity to renew its vital obligation and commitment to strengthening families. It must harness the energy and resources being expended to recreate the child welfare system to improve and expand the types of services it provides to families and the way it provides them. In most instances, children want to stay with their families, however imperfect. As long as they can do so safely, that is the best outcome for children, their families and the State of New Jersey. Of course, it will not be possible to keep all families together safely, but when services – financial or otherwise – may preserve the family, they simply must be provided.