

**Progress of the New Jersey
Department of Children and Families**

**Period VII Monitoring Report for
*Charlie and Nadine H. v. Christie***

July 1 – December 31, 2009

**Center for the Study of Social Policy
1575 Eye Street, NW, Suite 500
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June 1, 2010

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Progress of the New Jersey Department of Children and Families

Period VII Monitoring Report for Charlie and Nadine H. v. Christie

I. INTRODUCTION

The Center for the Study of Social Policy (CSSP) was appointed in July 2006, by the Honorable Stanley R. Chesler of the United States District Court for the District of New Jersey as Federal Monitor of the class action lawsuit Charlie and Nadine H. v. Christie. As Monitor, CSSP is to assess independently New Jersey's compliance with the goals, principles and outcomes of the Modified Settlement Agreement (MSA) aimed at improving the State's child welfare system.¹

This is the seventh Monitoring Report under the MSA and the second report that includes Phase II requirements of the Modified Settlement Agreement.

Whereas Phase I focused primarily on foundational elements and the Department of Children and Families (DCF) efforts to implement New Jersey's Case Practice Model developed in January 2007, Phase II includes performance benchmarks related to the provision of services to children and families and the results (outcomes) of the State's interventions in the lives of New Jersey's children and families.

This report provides information on the State's progress in meeting MSA requirements in the period between July 1 and December 31, 2009.

¹ To see the full Agreement, go to http://www.state.nj.us/dcf/home/Modified_Settlement_Agreement_7_17_06.pdf. For previous Monitoring Reports, see respectively, *Progress of the New Jersey Department of Children and Families: Period I Monitoring Report for Charlie and Nadine H. v. Christie—June 2006 through December 31, 2006*, Washington, DC: Center for the Study of Social Policy, February 26, 2007; *Progress of the New Jersey Department of Children and Families: Period II Monitoring Report for Charlie and Nadine H. v. Christie—January 1, 2007 through June 30, 2007*. Washington, DC: Center for the Study of Social Policy, October 26, 2007; *Progress of the New Jersey Department of Children and Families: Period III Monitoring Report for Charlie and Nadine H. v. Christie—July 1, 2007 through December 31, 2007*, Washington, DC: Center for the Study of Social Policy, April 16, 2008; *Progress of the New Jersey Department of Children and Families: Period IV Monitoring Report for Charlie and Nadine H. v. Christie—January 1, 2008 through June 30, 2008*, Washington, DC: Center for the Study of Social Policy, October 30, 2008; *Progress of the New Jersey Department of Children and Families: Period V Monitoring Report for Charlie and Nadine H. v. Christie – July 1, 2008 through December 31, 2008*, Washington DC: Center for the Study of Social Policy, April 27, 2009. *Progress of the New Jersey Department of Children and Families: Period VI Monitoring Report for Charlie and Nadine H. v. Christie- January 1 – June 30, 2009*, Washington, DC: Center for the Study of Social Policy, December 22, 2009. Copies of all reports can be found at www.cssp.org.

Methodology

The primary source of information for this Monitoring Report is information provided by DCF and verified by the Monitor. DCF provides the Monitor with extensive aggregate and back-up data as well as access to staff at all levels to enable the Monitor to verify data. For this report, the Monitor was involved in the following activities:

- **Caseload Verification**

The Monitor contacted 300 caseworkers to verify their individual caseloads during this monitoring period.

- **Case Practice Model Review**

For a closer look at New Jersey's implementation of the Case Practice Model, the Monitor developed a qualitative review process to follow a small number of cases in real time from the removal of a child into placement through a Family Team Meeting to the conclusion of the case, including observations of court proceedings. Additionally, the Monitor conducted site visits to Division of Youth and Family Services (DYFS) local offices designated as "immersion sites" for case practice implementation to talk to DYFS workers and supervisors about their experience with the Case Practice Model.

- **Site Visits**

In addition to the immersion site visits, the Monitor conducted site visits to three DYFS local offices to conduct focus groups with staff in the Child Health Units and in the Adolescent units.

- **Other Monitoring Activities**

The Monitor interviewed and/or visited many external stakeholders of New Jersey's child welfare system, including contracted service providers, youth, relatives and birth parents, advocacy organizations, judicial officers, and staff of the Office of the Child Advocate (OCA). Further, the Monitor conducted limited case record reviews through NJ SPIRIT on selected performance measures such as the use of shelters.

Structure of the Report

All of the Child and Family Outcomes and Case Practice Performance Benchmarks and ongoing Phase I requirements and new Phase II requirements due this monitoring period are presented in Table 1, *Summary of Settlement Agreement Requirements (July 1 – December 31, 2009)*, at the end of this chapter. New Jersey DCF is responsible for each requirement listed in Table 1.²

The remaining sections of the report cover:

- New Jersey child protective services units which receive reports and investigate allegations of alleged child maltreatment;
- Implementation of DCF's Case Practice Model;
- Information regarding New Jersey's placement of children in out-of-home-settings, incidences of maltreatment of children in foster care, and abuse and neglect of children when they reunite with families;
- New Jersey's efforts at creating permanency for children either through reunification with family, legal guardianship, adoption or discharge to independent living situations;
- Improvements made to the State's provision of health care and mental health services to children and families;
- Services provided to children, youth and families involved with DYFS and to prevent child welfare system involvement;
- Staff caseloads and training; and
- Accountability through the production and use of accurate data.

² Interim performance benchmarks are not yet due on a few measures such as appropriateness of placement and provision of health passports to parents/caregivers within five days of a child's placement.

II. SUMMARY OF PROGRESS AND CHALLENGES

Summary of Accomplishments

The Department of Children and Families (DCF) continued to make progress in meeting the requirements set in the MSA during this monitoring period. Data for the period ending December 31, 2009 show that DCF continues to increase access to health care for children in foster care, improve caseworker contact with children in foster care, and was successful in keeping children in family-like settings and with their siblings. DCF met or surpassed expectations in the following areas as set by the Child and Family Outcome and Case Practice Benchmarks:

- Access to Healthcare

New Jersey continues to show improvement on tracking and increasing the number of children in foster care with access to health care. DCF can now report on semi-annual dental care and EPSDT exams for all children in out-of-home placement. As of December 2009, 80 percent of children age three or older who have been in out-of-home placement for at least six months received a semi-annual dental visit, exceeding the December 2009 benchmark of 75 percent. Ninety percent of children in out-of-home placement were current with their immunizations, meeting the December 2009 benchmark of 90 percent.

- Monthly Caseworker Visits with Children in State Custody

New Jersey's data show that 89 percent of children in out-of-home placement were visited by their caseworker at least once per month, exceeding the June 30, 2009 interim performance benchmark by four percent. As discussed later in the report, performance on more frequent visits required for newly placed children needs improvement.

- Investigations

New Jersey met the interim performance benchmark for transmitting abuse and neglect referrals to the field. Ninety-seven percent of referrals from the State Central Registry (SCR) were received by the field within a timely manner.

- Children Placed in Family-like Settings

In December 2009, 85 percent of children were placed with families or in family-like settings, meeting the final target for this outcome. DCF has met this standard for the past two monitoring periods, demonstrating fidelity to an important principle of the Case Practice Model.

- **Limiting Inappropriate Placements**

Between July and December 2009, one child under age 13 was placed in a shelter and 90 percent of children placed in shelters were in compliance with MSA standards. This meets the December 2008 and December 2009 final targets respectively.

- **Maintaining Sibling Groups Together**

In calendar year 2009, 74 percent of sibling groups of two or three children entering foster care at the same time (or within 30 days of one another) were placed together, bettering the July 2009 interim performance benchmark by 11 percent. Additionally, DCF met the July 2009 interim performance benchmark for placing 30 percent of sibling groups of four or more children together, with 31 percent of sibling groups of 4 or more children being placed together in calendar year 2009.

- **Maintaining Resource Homes within Capacity Limits**

In this monitoring period, less than one (.0009) percent of Resource Family homes were over the capacity standards set by the MSA. DCF has maintained this performance for the past two monitoring periods.

- **Reducing Abuse and Neglect of Children in Out-of-Home Placement and Repeat Maltreatment**

DCF has continued to reduce the number of children who experience repeat maltreatment, both in out-of-home placement or in their own home when not removed or when reunified. In calendar year 2009, 0.14 percent of children were victims of substantiated abuse or neglect by a resource parent or facility staff member. Additionally, only 3.5 percent of children who remained at home after a substantiation of abuse or neglect in calendar year 2008 had another substantiation within the next twelve months. This performance meets the July 2009 interim performance benchmarks for these measures.

- **Concurrent Planning Practice**

Statewide, between 90 percent and 97 percent of five month reviews and between 92 and 98 percent of ten month reviews of children's progress toward permanency were completed timely between July and December 2009.

DCF continued to strengthen its infrastructure during this monitoring period, and made gains in implementing important practice reforms in the field.

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- **DCF achieved or exceeded the December 31, 2009 targets for average caseloads and met individual caseload standards in all areas except Intake.**

Ninety-five percent of all case-carrying staff had individual caseloads that were at or below the individual caseload standards and DCF achieved or exceeded the MSA's caseload requirements regarding average caseloads per office. When considered by worker function, the State met the individual caseload requirement for Permanency workers, IAIU investigators, and Adoption workers, but did not meet the individual caseload standard for Intake staff.

- **By December 31, 2009 DCF reached or exceeded all of the expectations in the MSA pertaining to training its workforce.**

Eighty-eight new caseworkers (100%) completed the Pre-Service training or participated in the BCWEP³ program and passed competency exams. Fifty-seven of 61 (93% eligible) DYFS caseworkers were trained in concurrent planning during this monitoring period. New Jersey also trained 25 new supervisors between July and December 2009, each of whom passed competency exams. In addition, an impressive number of staff were trained on all six Modules of the Case Practice Model.⁴

- **Twenty-one of 47 DYFS local office have completed intensive "immersion" training on the Case Practice Model.**

The State made important progress in its work to intensively train its workforce on the Case Practice Model. Between July and December 2009 five DYFS local offices newly designated as "immersion sites" received the intensive training involving a rigorous schedule of alternating classroom training, oversight, coaching and mentoring.⁵ The goal of the immersion process is to develop expertise in the core elements of the Case Practice Model: engagement, teaming, assessment and planning, intervention and adjustment. At the end of March 2010 the five DYFS local offices newly designated as "immersion sites" completed the immersion process, bringing the total number of DYFS local offices to have completed immersion training to 21. Four new DYFS local offices began immersion training in October 2009 and are scheduled to complete it in June 2010.⁶ DCF targeted December 2011 to complete the immersion process in each of the 47 DYFS local offices. Completion of the training sets the stage for expectations for improved performance around elements of the Case Practice Model, as discussed later.

³ The Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Kean University, and Ramapo College) that enables students to earn the Bachelor of Social Work (BSW) degree.

⁴ Additionally, between July and December 2009, DCF trained an additional 89 staff on Module 1 of the Case Practice Model, 112 staff on Module 2, an impressive 706 staff on Module 3, 657 staff on Module 4, 868 staff on Module 5 and 207 staff on Module 6.

⁵ Southern Monmouth, Western Essex North, Somerset, Middlesex Central, and Hudson West.

⁶ Passaic Central, Union Central, Newark Center City and Camden Central.

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- **DCF continues to make significant progress in licensing and supporting Resource Family homes.**

DCF recruited and licensed 2,123 new kin and non-kin Resource Family homes in calendar year 2009, 1,089 in this monitoring period. Forty-eight percent of the 1,089 Resource Family homes (528) licensed between July 1 and December 31, 2009 are kinship homes. Further, DCF achieved a net gain of 373 Resource Family homes in the second half of 2009, for a total net gain in calendar year 2009 of 791 homes. DCF's continuing ability to recruit and license Resource Family homes since 2006 has permitted staff to make better, more individualized placement decisions.

- **DCF met the standard for number of adoptions finalized within nine months of placement.**

During the six months of this monitoring, 85 to 95 percent of adoptions each month were finalized within nine months of the child's placement in an adoptive home, meeting the July 1, 2009 final target on the measure of finalizing at least 80 percent of adoptions within nine months of the placement.

- **The number of children placed out-of-state for treatment has declined dramatically since the start of the MSA.**

As of December 1, 2009, 44 children were placed out-of-state in mental health treatment facilities, down from 66 as of July 1, 2009. This positive trend is evidence of the State's focus on moving children home to New Jersey and implementing plans to provide more appropriate mental health treatment options for children within the State.

Challenges Ahead

DCF continues to build on accomplishments made over the course of the past four years. The MSA was consciously structured to allow time for infrastructure service delivery improvements in Phase I before imposing the Phase II performance and outcome measures for children and families. Similarly, the Phase II outcome requirements are staged in over time in recognition of the fact that fully meeting outcome expectations in child welfare can take several years. At the conclusion of this monitoring period, the State is well into Phase II of the MSA, and is confronting significant challenges in meeting some of its outcome targets, particularly around some of the case practice standards. The State must ensure that caseworkers and supervisors meet performance expectations and that the work produces the desired outcomes for children and families. On the whole, during this monitoring period, the State has made solid progress, but the deficiencies highlighted below need heightened and continued attention.

In January 2010, Chris Christie was inaugurated as New Jersey's new Governor. Shortly after his inauguration, Governor Christie nominated Janet Rosenzweig, Ph.D. as the new Commissioner of the Department of Children and Families (DCF), although she subsequently withdrew her nomination for Senate confirmation. In March 2010, the Monitor, Dr. Rosenzweig, staff from the Governor's office and Children's Rights, Inc, the plaintiffs, met to review the

MSA. During that meeting the State officials confirmed Governor Christie's commitment to implementing the Modified Settlement Agreement (MSA) and its principles. On May 13, 2010 Governor Christie nominated Dr. Allison Blake, the Director of the Institute for Families at the Rutgers School of Social Work. She is expected to begin as Acting Commissioner on May 28, 2010. As of this report, hearings on her confirmation have not been scheduled.

The new Governor and the Legislature have been focused on plans for the FY 2011 budget. Despite budget reductions in many areas of State government, the DCF FY2011 budget proposed by Governor Christie appears to maintain sufficient resources to carry out MSA commitments.

During this interim period, throughout the transition, the former DCF Chief of Staff has been serving as Acting Commissioner. The Directors of the Division of Youth and Family Services (DYFS) and the Division of Child Behavioral Health Services (DCBHS) have remained in their positions, providing leadership stability and consistency in implementing the MSA.

The report also identifies several areas of concern related to outcomes to be achieved. Summarized below are targets for this monitoring period set in the Child and Family Outcome and Case Practice Performance Benchmarks that were not met and/or need particular focus and progress in order to meet the final targets. These include:

- **Case Planning**

New Jersey's Case Practice Model requires that a case plan be developed within 30 days of a child entering placement, and updated regularly thereafter. The interim performance benchmark for this monitoring period was that 80 percent of case plans were to be completed within 30 days; as of December 2009, 42 percent of children entering care had case plans developed within 30 days. Quality case planning is a fundamental part of practice and the low level of documented performance is a concern.

Workers must also routinely review and adjust case plans to meet the needs of families. The interim performance benchmark for this monitoring period was that 80 percent of case plans were to be reviewed and modified as necessary or at least every six months. As of December 2009, 69 percent of children in care had their case plans adjusted every six months, up from 64 percent in June 2009. Again, while the December 2009 performance show improvement, it is not sufficient to meet the needs of children and families in New Jersey.

- **Family Team Meetings**

Family Team Meetings (FTMs) are a critical aspect of New Jersey's Case Practice Model. Through Family Team Meetings, workers engage families and partners in a coordinated effort to make change intended to result in safety, permanency and well-being for the family.

By December 31, 2009, DCF was required to hold Family Team Meetings within 30 days of a child entering foster care and at least once per quarter thereafter for 75 percent of

families. The data show that in the third quarter of 2009 in four immersion sites,⁷ DCF completed Family Team Meetings for only six percent of families where a meeting was required. An additional eight percent were held after 30 days and in 86 percent of cases Family Team Meetings were not conducted at all. Further, in the fourth quarter in the four immersion sites and in another ten sites that completed immersion training,⁸ the data show that DCF held Family Team Meetings within 30 days of removal for 12 percent of families. An additional five percent of families had Family Team Meetings after 30 days of removal and Family Team Meetings were not held at all in 76 percent of cases that required them. These data are very concerning given both the importance and the effort being placed on the Case Practice Model. DCF needs to determine the extent to which timely data entry is artificially depressing these results. However, it is also clear that convening Family Team Meetings, a critical element of the overall Case Practice Model, is not yet a routine part of case practice and additional steps toward full implementation may be needed.

The Monitor conducted focus groups with staff to better understand this low performance. It appears that a major challenge, among many, is the time it takes to build the skills necessary to conduct Family Team Meetings. The Monitor will be working closely with DCF to further explore and understand the barriers to better performance around convening FTMs. Based on that assessment, the Monitor will work with DCF to implement needed actions to improve performance. The Monitor urges DCF to continue to focus on building staff capacity and to develop and put in place additional supervisory protocols and practices that reinforce this practice.

- **Visits**

Although New Jersey exceeded the interim performance benchmark for monthly visits, only between 16 and 30 percent of children were visited by their caseworkers twice per month during the first two months of an initial or subsequent placement between July and December 2009, falling short of the December 31, 2009 interim benchmark that 75 percent of children have two visits per month. Given the importance of visitation during the first few months to assess children's and families' needs and to ensure children's stability in these placements, the Monitor is concerned by the low performance on this measure.

In addition, DCF did not meet the benchmark for caseworker visits to parents or other legally responsible family members when the permanency goal is reunification. In December 2009, 24 percent of parents or family members were visited twice monthly, falling short of the benchmark by 36 percent. Also, two percent of children had documented visits with their parents every week as required and an additional nine percent of children had two or three contacts with their parents during the month. This performance does not meet the December 31, 2009 interim benchmark. The Monitor is

⁷ Bergen Central, Burlington East, Gloucester West, and Mercer North.

⁸ Atlantic West, Bergen South, Burlington West, Camden North, Cape May, Cumberland West, Mercer South, Morris West, Passaic North and Union East.

extremely concerned about this level of performance as parent-child visitation is essential to successfully maintaining family connections and assisting in reunification efforts.

Other Areas of Challenge Requiring Attention

There are four other substantive areas of challenge for the State: fully implementing and tracking the effectiveness of PerformCare (the new Contracted System Administrator for the Behavioral Health System) and CYBER (the new Behavioral Health Management Information System) with input from multiple users; ensuring appropriate mental health assessments for children in placement; building internal capacity to grow and maintain the newly developed Quality Review (QR) process; and improving services to older youth aged 18-21. Each is briefly discussed below:

- **Improving functionality of PerformCare, the new Contracted System Administrator for the Behavioral Health System and CYBER, the electronic database and mental health record system**

In the last monitoring period, DCF transitioned to a new Contracted System Administrator (CSA), PerformCare after a competitive procurement process and released a new database (CYBER) for its children's behavioral and mental health System of Care. PerformCare is responsible for screening, authorizing, and tracking cases children and youth across the state accessing behavioral health services through DCF. Each of these was a large and complicated undertaking.

During this period, the Monitor assessed the status of implementation of both the PerformCare and CYBER changes. The Monitor viewed aspects of CYBER which are efficient and productive. The Monitor met with providers, frontline and managerial staff who, while acknowledging recent progress by DCBHS in recognizing and taking steps to resolve issues, expressed concern about functionality issues with both CYBER and PerformCare.

There remain issues of functionality and access that need to be fully addressed to maximize service delivery. It was reported that: clients report waiting for lengthy periods when contacting PerformCare by phone for assistance; providers experience delays in receiving authorization for discharging patients from hospitals; and providers have to engage in daily computer-based checks on the status of requests for children's placement or referral to a Case Management Organization (CMO). Providers have expressed concern that problems with the access/authorization process have resulted in declines in families gaining access to mobile response and other important services that are part of the System of Care. These problems are reported to be slowly improving, but require continued focused attention and collaboration between PerformCare and various levels of staff at provider agencies over the next period. DCF maintains a website to share information and has performed a significant number of outreach and information-sharing efforts. More opportunities for ongoing feedback from and communication with a range of stakeholders across the state, especially directly by CYBER troubleshooters, are needed. Ongoing communication with Directors of provider agencies, as well as staff

who are the end-users of this new system and have direct contact with clients, will be necessary to ensure that the high expectations of DCBHS and stakeholders across the state are fully realized.

- **Ensuring that children receive timely mental health assessments**

Overall, New Jersey has dramatically increased access to health care for children in out-of-home placement. DCF's internal case record review found that as of December 2009, 84 percent of children and youth received the required mental health screen to determine if a more extensive mental health assessment is required.⁹ The review also found that of the 84 percent who received a mental health screen, 59 percent had a suspected mental health need, and that 89 percent of those children with a suspected mental health need received a mental health assessment. The challenge for DCF is to ensure that all children receive a timely mental health screen. In an effort ensure that all children are screened and assessed if necessary, DCF Child Health Unit nurses now conduct mental health screenings during home visits for all children who are not already receiving mental health services.

- **Developing a Statewide Qualitative Review process**

During this period, DCF began to develop and pilot test a process to qualitatively assess a number of outcomes in the Child and Family Outcome and Case Practice Performance Benchmarks using a review process entitled the New Jersey Qualitative Review.¹⁰ DYFS staffed and asked a workgroup consisting of DCF Central Office and DYFS local office staff to edit the State's Qualitative Review protocol, which was first piloted in 2005/2006 and then never fully implemented. DCF's stated primary goal was to align the Qualitative Review protocol to the DYFS Case Practice Model as well as to develop a process that can inform MSA monitoring. The revised New Jersey Qualitative Review was piloted in Monmouth County in March 2010, and DCF will continue pilot reviews, reviewing 10 to 14 cases in eight counties throughout calendar year 2010.

The challenge for DCF is to develop capacity statewide to sustain a high quality Qualitative Review process. Currently the State is relying on consultants from the Child Welfare Policy and Practice Group to train and qualify individuals to serve as Lead Reviewers. The Monitor has shared concerns with DCF about the need for a definitive plan to develop and maintain capacity to continue the Qualitative Reviews after technical assistance ends. DCF also needs a rigorous strategy to certify new reviewers and an operational plan for ongoing central office management of the Qualitative Review process statewide.

⁹ DCF was only able to assess mental health assessments and Health Passport data by conducting a Health Care Case Record Review. The review is of a random sample of children in DYFS out-of-home placement who were removed between July 1 and November 30, 2009 and in care for a minimum of 60 days. A sample of 313 children was selected, with a ± 5 percent margin of error.

¹⁰ A QR is an in-depth case review and practice monitoring effort to find out how children and their families benefit from services received and how well the service system supports positive outcomes for children and families.

-
- **Ensuring that older youth, particularly 18-21 year olds who have not achieved permanency, are adequately prepared to transition from DYFS custody**

DCF must focus increased attention and services on older youth. Required independent living assessments are not regularly being conducted with older youth (as of January 2010, 47 percent of youth ages 14-18 had an independent living assessment, far short of the December 2009 75 percent interim performance benchmark). Further, connecting youth to post secondary education is known to be linked to better lifelong outcomes, yet the number of DYFS involved youth participating in the New Jersey Scholars program has significantly declined over the last several years (from 557 in 2007-2008 school year to 371 in the 2009-2010 school year). In-person outreach to youth and hands-on assistance in gaining access to NJ scholars need to be increased. DCF needs to partner with others to assist youth with applying for and receiving funding for higher education (tuition and living expenses).

III. CHILD AND FAMILY OUTCOME AND CASE PRACTICE PERFORMANCE BENCHMARKS

The MSA required the Monitor, in consultation with the Parties, to identify the methodology to track successful implementation of the Case Practice Model (Section II.A.4). Additionally, Section III of the MSA sets performance outcomes in many areas and requires the Monitor to determine other outcomes and to set interim or final performance targets on key measures. Throughout Phase I, the Monitor worked with Parties to create the Child and Family Outcome and Case Practice Performance Benchmarks (Performance Benchmarks), a set of 55 measures with baselines, interim performance benchmarks and final targets to assess the State's performance on implementing the Case Practice Model and meeting the requirements of the MSA (see Table 1 below). The Performance Benchmarks cover the areas of child safety; permanency; service planning; and child well-being. These benchmarks in addition to ongoing infrastructure requirements pertaining to elements such as caseloads, training and resource family recruitment and retention are the key provisions measured during Phase II of the MSA.

DCF continues to develop the capacity to accurately report on the Performance Benchmarks. Many of the measures are assessed using data from NJ SPIRIT and Safe Measures with validation by the Monitor. Some data are also provided through the Department's work with the Chapin Hall Center at the University of Chicago which assists with analysis for the purposes of reporting on some of the Performance Benchmarks.

Assessing Quality of Practice

As discussed above, a number of outcomes in the Child and Family Outcome and Case Practice Performance Benchmarks will be assessed using the New Jersey Qualitative Review (QR).¹¹ A QR is an in-depth case review and practice monitoring effort to assess how children and their families benefit from services received and how well multiple service systems are organized to support and maintain positive outcomes for children and families.

During last monitoring period, New Jersey began work to design the QR protocol. During this monitoring period the State drafted the QR protocol and developed a methodology and plan for piloting QRs. DCF plans to pilot the Reviews in eight counties during 2010: QRs are scheduled from April to November 2010 in Burlington, Bergen, Gloucester, Hudson, Ocean, Essex, Camden and Passaic counties.

Individuals (field and DCF central office staff as well as external stakeholders) will be trained and mentored by consultant reviewers and Monitoring staff with QR-type expertise to conduct reviews. The Monitor expects that following classroom training, multiple field training opportunities and multiple review experiences, the trained individuals will develop the skill and expertise to train and mentor new reviewers, adding to the States ability to fully internalize the QR for multiple uses. Both the state and the Monitor are focused on ensuring the integrity and reliability of the review process, as well as the data produced.

¹¹ By agreement of the parties, measures 5, 9, 12, 13, 14, 15, 23, 46, 50 and 54 are to be assessed through a qualitative review.

The following table summarizes the outcomes and data for each of the 55 Performance Benchmarks that the State is held accountable for during this and subsequent monitoring periods. Further, ongoing Phase I and II requirements due this monitoring period are included at the end of the table. As indicated, by December 31, 2009, the State was responsible for most, but not all of the Phase II Performance Benchmarks. Individual benchmarks are discussed in more depth in subsequent chapters.

**Table 1: *Charlie and Nadine H. v. Christie* Child and Family Outcome and Case Practice Performance Benchmarks
(Summary of Performance as of December 31, 2009)**

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
<i>State Central Registry, Investigative Practice, and Institutional Abuse Investigations Unit (IAIU)</i>							
CPM V.1	1. State Central Registry Operations – Handling Calls to the SCR	Data on Reports to SCR a. Total number of calls b. Number of abandoned calls c. Time frame for answering calls d. Number of calls screened out e. Number of referrals for CWS	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	a. 13,538 calls b. 402 abandoned calls c. 18 seconds d. 3,816 calls screened out e. 922 CWS referrals	Ongoing Monitoring of Compliance

¹² In some cases where December 2009, performance data are not available, the most recent performance data are cited with applicable timeframes. In other cases, the Monitor provides a range of data over the monitoring period because these data are more illustrative of actual performance. More detailed information on DCF performance on specific measures is provided in subsequent chapters of the report.

¹³ “Yes” indicates that, in the Monitor’s judgment based on presently available information, DCF has substantially fulfilled its obligations regarding the requirement under the Modified Settlement Agreement for the January 1 – December 31, 2009 monitoring period, or is substantially on track to fulfill an obligation expected to have begun during this period and be completed in a subsequent monitoring period. The Monitor has also designated “Yes” for a requirement where DCF is within 1 percentage point of the benchmark or there is a small number (less than 3) of cases causing the failure to meet the benchmark. “Partially” is used when DCF has come very close but has not fully met a requirement. “No” indicates that, in the Monitor’s judgment, DCF has not fulfilled its obligation regarding the requirement. “Improved” indicates that while DCF has not fulfilled its obligation regarding the requirement, the performance shows significant improvement from the last monitoring period.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
CPM V.1	2. State Central Registry Operations – Quality of SCR Response	<p>Quality of Response</p> <p>a. Respond to callers promptly, with respectful, active listening skills</p> <p>b. Essential information gathered – identification of parents and other important family members</p> <p>c. Decision making process based on information gathered and guided by tools and supervision</p>	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	<p>See <i>The New Jersey State Central Registry: An Assessment</i>, CSSP, June 30, 2008.</p> <p>To be reassessed in the future.</p>	Ongoing Monitoring of Compliance
MSA III.B.2 CPM V.1	3. Investigative Practice – Timeliness of Response	Investigations of alleged child abuse and neglect shall be received by the field in a timely manner and commenced within the required response time as identified at SCR, but no later than 24 hours.	<p>a. Between June and August 2008, 90% of investigations were received by the field in a timely manner.</p> <p>b. In October 2008, 53.2% of investigations were commenced within the required response times.</p>	<p>a. By June 30, 2009, 90% of investigations shall be received by the field in a timely manner.</p> <p>b. By June 30, 2009, 75% of investigations commenced within the required response times.</p>	<p>a. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be received by the field in a timely manner.</p> <p>b. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be commenced within the required response time.</p>	<p>a. 97% of investigations were received by the field in a timely manner.</p> <p>b. 83% of investigations commenced within required response time.</p>	<p>a. Yes</p> <p>b. No/Improved</p>

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
CPM V.1 MSA III.B.3	4. Investigative Practice – Timeliness of Completion	Investigations of alleged child abuse and neglect shall be completed within 60 days.	Between January and June 2008, 66-71% of investigations were completed within 60 days.	By June 30, 2009, 80% of all abuse/neglect investigations shall be completed within 60 days. By December 31, 2009, 95% of all abuse/neglect investigations shall be completed within 60 days.	By June 30, 2010, 98% of all abuse/neglect investigations shall be completed within 60 days.	71% of investigations were completed within 60 days.	No/Improved

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
CPM V.1	5. Quality of Investigative Practice	<p>Investigations will meet measures of quality including acceptable performance on:</p> <ul style="list-style-type: none"> ○ Locating and seeing the child and talking with the child outside the presence of the caretaker within 24 hours of receipt by field; ○ Conducting appropriate interviews with caretakers and collaterals; ○ Using appropriate tools for assessment of safety and risk; ○ Analyzing family strengths and needs; ○ Seeking appropriate medical and mental health evaluations; ○ Making appropriate decisions; and ○ Reviewing the family's history with DCF/DYFS 	Not Available	Not Applicable	By December 31, 2009, 90% of investigations shall meet quality standards.	To be assessed in the future. ¹⁴	Not assessed in this report.

¹⁴ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
MSA II.L.3 MSA III.B.4 CPM V.I	6. IAIU Practice for Investigations in Placements	<p>a. Investigations in resource homes and investigations involving group homes, or other congregate care settings shall be completed within 60 days.</p> <p>b. Monitor will review mechanisms that provide timely feedback to other division (e.g., DCBHS, OOL) and implementation of corrective action plans.</p> <p>c. Corrective action plans developed as a result of investigations of allegations re: placements will be implemented.</p>	Between July and August 2007, 83 - 88% of IAIU investigations were completed within 60 days.	By June 2007, the State shall complete 80% of IAIU investigations within 60 days.	By June 2007 and thereafter, 80% of investigations by IAIU shall be completed within 60 days.	79% of IAIU investigations involving group home and other congregate care settings were completed within 60 days.	Yes

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
Implementation of Case Practice Model							
CPM V.3	7. Effective use of Family Teams	<p>Family teams (including critical members of the family [parents, youth, and informal supports], additional supports) will be formed and be involved in planning and decision-making and function throughout a case. Number of family team meetings at key decision points:</p> <p>a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry.</p> <p>b. For all other children in placement, the number/percent who have at least one family team meeting each quarter.</p> <p>c. Quality of FTMs</p>	<p>a. In October 2008, 47% of children newly entering placement had a family team meeting within 30 days of entry.</p> <p>b. Between August and November 2008, 21% of children in placement had at least one family team meeting each quarter.</p> <p>c. Not yet available</p>	<p>For Immersion Sites:</p> <p>a. By December, 31, 2009, family meetings held prior to or within 30 days of entry for 75% of new entries and 75% of pre-placements.</p> <p>b. By December 31, 2009, family meetings held for 75% of children at least once per quarter.</p> <p>c. By December 31, 2009, 75% of cases show evidence in QR of acceptable team formation and functioning.</p>	<p>a. By June 30, 2010, family meetings held prior to or within 30 days of entry for 90% of new entries and 90% of pre-placements.</p> <p>b. By June 30, 2010, family meetings held for 90% of children at least once per quarter.</p> <p>c. By June 30, 2011, 90% of cases show evidence in QR of acceptable team formation and functioning.</p>	<p>For Immersion Sites:</p> <p>a. In the fourth quarter of 2009, 12% of children newly entering placement had a family team meeting within 30 days of entry.</p> <p>b. In the fourth quarter of 2009, 4% of children in placement had at least one family team meeting each quarter.</p> <p>c. To be assessed in the future.¹⁵</p>	<p>a. No</p> <p>b. No</p> <p>c. Not assessed in this report.</p>

¹⁵ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
CPM	8. Safety and Risk Assessment	Number/percent of closed cases where a safety and risk of harm assessment is done prior to case closure.	To Be Determined	By December 31, 2009, 75% of cases will have a safety and risk of harm assessment completed prior to case closure	By December 31, 2010, 98% of cases will have a safety and risk of harm assessment completed prior to case closure.	19% of cases had risk assessments completed within 30 days prior to case closure. 4% of cases had risk re-assessments completed within 30 days prior to case closure and 17% of cases had safety assessment completed within 30 days prior to case closure.	No
CPM V.4	9. Family Involvement	Every reasonable effort will be made to develop case plans in partnership with youth and families, relatives, the families' informal support networks and other formal resources working with or needed by the youth and/or family.	To be determined through pilot QR in immersion sites in the first quarter of 2010.	By December 31, 2009 80% of cases shall be rated as acceptable on family involvement in case planning.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	To be assessed in the future. ¹⁶	Not assessed in this report.

¹⁶ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
CPM V.4, 13.a.	10. Timeliness of Case Planning – Initial Plans	For children entering care, number/percent of case plans developed within 30 days.	In September 2008, 37% of children entering care had case plans developed within 30 days.	By June 30, 2009, 50% of case plans for children and families will be complete within 30 days. By December 31, 2009, 80% of case plans for children and families will be complete within 30 days.	By June 30, 2010, 95% of case plans for children and families are completed within 30 days	42% of children entering care had case plans developed within 30 days.	No
CPM V.4, 13.b.	11. Timeliness of Case Planning – Current Plans	For children entering care, number/percent of case plans shall be reviewed and modified as necessary at least every six months.	In October 2008, 63% of case plans were modified as necessary at least every six months.	By June 30, 2009, 80% of case plans for children and families will be reviewed and modified at least every six months.	By June 30, 2010, 95% of case plans for children and families will be reviewed and modified at least every six months.	69% of case plans were reviewed and modified as necessary at least every six months.	No

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
CPM V.4	12. Quality of Case Planning and Service Plans	The Department, with the family, will develop timely, comprehensive and appropriate case plans with appropriate permanency goals and in compliance with permanency timeframes, which reflect family and children's needs, are updated as family circumstances or needs change and will demonstrate appropriate supervisory review of case plan progress.	To be determined through pilot QR in immersion sites in the first quarter of 2010.	By December 31, 2009, 80% of case plans rated acceptable as measured by the QR.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	To be assessed in the future. ¹⁷	Not assessed in this report.
CPM V.4	13. Service Planning	Case plans will identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.	To be determined through pilot QR in immersion sites in the first quarter of 2010.	By December 31, 2009 80% of case plans rated acceptable as measured by the QR.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	To be assessed in the future. ¹⁸	Not assessed in this report.
CPM V.4	14. Service Planning	Service plans, developed with the family team, will focus on the services and milestones necessary for children and families to promote children's development and meet their educational and physical and mental health needs.	To be determined through pilot QR in immersion sites in the first quarter of 2010.	By December 31, 2009 80% of case plans rated acceptable as measured by the QR.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	To be assessed in the future. ¹⁹	Not assessed in this report.

¹⁷ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

¹⁸ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

¹⁹ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
CPM V.4	15. Educational Needs	Children's will be enrolled in school and DCF will have taken appropriate actions to insure that their educational needs will be met.	To be determined through pilot QR in immersion sites in the first quarter of 2010.	By December 31, 2009 80% of cases score appropriately as measured by QR.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	To be assessed in the future. ²⁰	Not assessed in this report.
MSA III.B 7.a	16. Caseworker Visits with Children in State Custody	Number/percent of children where caseworker has two visits per month (one of which is in the placement) during the first two months of an initial placement or subsequent placement for a children in state custody.	Between July and January 2009, 43% of children had two visits per month during the first two months of an initial placement or subsequent placement.	By December 31, 2009, 75% of children will have two visits per month during the first two months of an initial placement or subsequent placement.	By December 31, 2010, during the first two months of an initial placement or subsequent placement, 95% of children had at least two visits per month.	18% of children had two visits per month, one of which was in the placement, during the first two months of an initial or subsequent placement.	No
MSA III.B 7.b	17. Caseworker Visits with Children in State Custody	Number/percent of children where caseworker has at least one caseworker visit per month in the child's placement.	In October 2008, 80% of children had at least one caseworker visit per month in the child's placement.	By June 30, 2009, 85% of children had at least one visit per month.	By June 30, 2010, 98% of children shall have at least one caseworker visit per month during all other parts of a child's time in out-of-home care.	89% of children had at least one caseworker visit per month in his/her placement.	Yes

²⁰ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
CPM MSA III.B 8.a	18. Caseworker Visits with Parents/ Family Members	The caseworker shall have at least two face-to-face visits per month with the parent(s) or other legally responsible family member of children in custody with a goal of reunification.	Between July 2008 and February 2009, an average of 29% of parents or other legally responsible family members of children in custody had at least two face-to-face visits with a caseworker.	By December 31, 2009, 60% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	By December 31, 2010, 95% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	24% of parents or other legally responsible family members of children in custody with a goal of reunification had at least two face-to-face visits with a caseworker.	No
CPM MSA III.B 8.b	19. Caseworker Visits with Parents/ Family Members	The caseworker shall have at least one face-to-face visit per month with the parent(s) or other legally responsible family member of children in custody with goals other than reunification unless parental rights have been terminated.	To Be Determined	December 31, 2009 Benchmark TBD after review of case record review data.	By December 31, 2010, 85% of families shall have at least one face-to-face caseworker contact per month, unless parental rights have been terminated.	29% of parents or other legally responsible family members had at least one face-to-face caseworker contact.	Unable to Determine ²¹

²¹ The Monitor and Parties are in discussion about this measure, in particular the MSA final target. Until the issue is resolved, the Monitor will provide data on performance, but will not determine whether or not performance is sufficient.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
MSA III.B 9a. CPM	20. Visitation between Children in Custody and Their Parents	Number/percent of children who have weekly visits with their parents when the permanency goal is reunification unless clinically inappropriate and approved by the Family Court.	Between July 2008 and February 2009, an average of 17% of children had weekly visits with their parents.	By December 31, 2009, 50% of children will have visits with their parents every other week and 40% of children will have weekly visits.	By December 31, 2010, at least 85% of children in custody shall have in person visits with their parent(s) or other legally responsible family member at least every other week and at least 60% of children in custody shall have such visits at least weekly.	2% of children had weekly visits with their parents. An additional 9% of children had two or three contacts during the month.	No
MSA III.B 10 CPM	21. Visitation Between Children in Custody and Siblings Placed Apart	Number/percent of children in custody, who have siblings with whom they are not residing shall visit with their siblings as appropriate.	Between July 2008 and February 2009, an average of 42% of children had at least monthly visits with their siblings.	By December 31, 2009, 60% of children will have at least monthly visits with their siblings.	By December 31, 2010, at least 85% of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly.	Data Not Available ²²	Data Not Available
CPM; MSA Permanency Outcomes	22. Adequacy of DAsG staffing	Staffing levels at the DAsG office.	As of February 1, 2008, 124 of 142 positions were filled.	95% of allocated positions filled by June 30, 2009.	98% of allocated positions filled plus assessment of adequacy of FTE's to accomplish tasks.	134 (94%) of 142 staff positions filled with 6 staff on full time leave; 128 (90%) available DAsG.	No

²² The Monitor and DCF are working together to refine the methodology for reporting on this measure from NJ SPIRIT and Safe Measures.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
<i>Placements of Children in Out-of-Home Care</i>							
CPM V.4	23. Appropriateness of Placement	Combined assessment of appropriateness of placement based on: a. Placement within appropriate proximity of their parents' residence unless such placement is to otherwise help the child achieve the planning goal. b. Capacity of caregiver/placement to meet child's needs. c. Placement selection has taken into account the location of the child's school.	To be determined through pilot QR in immersion sites in the first quarter of 2010.	To be determined through pilot QR in immersion sites in the first quarter of 2010.	By June 30, 2010, 90% of cases score appropriately as measured by QR Modules.	To be assessed in the future. ²³	Not assessed in this report.
MSA III.A 3.c	24. Outcome: Placing Children w/Families	The percentage of children currently in custody who are placed in a family setting.	As of June 2007, 83% of children were placed in a family setting.	By July 2008, 83% of children will be placed in a family setting.	Beginning July 2009 and thereafter, at least 85% of children will be placed in a family setting.	85% of children were placed in a family setting.	Yes

²³ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
MSA III.A 3.b CPM	25. Outcome: Placing Siblings Together	Of sibling groups of 2 or 3 siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	As of June 2007, 63% of sibling groups were placed together.	For siblings entering custody in the period beginning July 2009, at least 65% will be placed together. For siblings entering custody in the period beginning July 2010, at least 70% will be placed together. For siblings entering custody in the period beginning July 2011, at least 75% will be placed together.	For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.	In CY2009, 74% of sibling groups of 2 or 3 were placed together.	Yes
MSA III.A 3.b	26. Outcome: Placing Siblings Together	Of sibling groups of 4 or more siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	As of June 2007, 30% of sibling groups were placed together.	For siblings entering custody in the period beginning July 2009, at least 30% will be placed together. For siblings entering in the period beginning July 2010, at least 35% will be placed together.	For siblings entering in the period beginning July 2011 and thereafter at least 40% will be placed together.	In CY2009, 31% of sibling groups of 4 or more were placed together.	Yes

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
MSA III.A 3.a	27. Outcome: Stability of Placement	Of the number of children entering care in a period, the percentage with two or fewer placements during the twelve months beginning with the date of entry.	Between 2002 and 2006, an average of 84% children entering care had two or fewer placements during the twelve months beginning with their date of entry.	By December 31, 2008, at least 86% of children entering care will have two or fewer placements during the twelve months from their date of entry.	By June 2009 and thereafter, at least 88% of children entering care will have two or fewer placements during the twelve months from their date of entry.	In CY2008, 85% of children entering care had two or fewer placements during the twelve months beginning with their date of entry.	Yes
MSA III.C	28. Placement Limitations	Number/percent of resource homes in which a child has been placed if that placement will result in the home having more than four foster children, or more than two foster children under age two, or more than six total children including the resource family's own children.	Between April 2009 and June 2009, 1.4% of resource homes had children placed exceeding placement limitations.	Not Applicable ²⁴	By June 2009, no more than 5% of resource home placements may have seven or eight total children including the resource family's own children.	Less than one (.0009) percent of resource home placements are over-capacity.	Yes
MSA III.B.6	29. Outcome: Limiting Inappropriate Placements	a. The number of children under age 13 placed in shelters.	a. As of March 2007, 4 children under age 13 were placed in shelters.	a. By December 2008 and thereafter, no children under age 13 in shelters.	a. By December 2008 and thereafter, no children under age 13 in shelters.	a. Between July and December 2009, 1 child under age 13 was placed in a shelter.	Yes ²⁵

²⁴ For places where baseline was unavailable prior to due date of final target, benchmarks have been removed.

²⁵ Plaintiffs object to the Monitor's designation of this requirement being fulfilled due to the one child under age 13 placed in a shelter.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
MSA III.B.6	29. Outcome: Limiting Inappropriate Placements	b. The number of children over age 13 placed in shelters in compliance with MSA standards on appropriate use of shelters to include: as 1) an alternative to detention; 2) a short-term placement of an adolescent in crisis not to extend beyond 45 days; or 3) a basic center for homeless youth.	b. Between Jan and June 2008, 63% of children placed in shelters were in compliance with MSA standards.	b. By December 31 2008, 75% and by June 30, 2009, 80% of children placed in shelters in compliance with MSA standards on appropriate use of shelters.	b. By December 31, 2009, 90% of children placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 1) an alternative to detention; 2) short-term placement of an adolescent in crisis not to extend beyond 30 days; or 3) a basic center for homeless youth.	b. Between July and December 2009, 90% of children placed in shelters were in compliance with MSA standards.	Yes
<i>Repeat Maltreatment and Re-Entry into Out-of-Home Care</i>							
MSA III.A. 1.a	30. Outcome: Abuse and Neglect of Children in Foster Care	Number of Children in custody in out-of-home placement who were victims of substantiated abuse or neglect by a resource parent or facility staff member during twelve month period, divided by the total number of children who have been in care at any point during the period.	In CY2006, 0.3% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member.	For the period beginning July 2009, no more than 0.53% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	For the period beginning July 2010 and thereafter, no more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	In CY2009, 0.14% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member.	Yes

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
MSA III.A 1.b	31. Outcome: Repeat Maltreatment	Of all children who remain in home after substantiation of abuse or neglect, the percentage who have another substantiation within the next twelve months.	In CY2006, 7.4% of children who remained at home after a substantiation of abuse or neglect had another substantiation within the next twelve months.	Not Applicable ²⁶	For the period beginning July 2009 and thereafter, no more than 7.2% of children who remain at home after a substantiation of abuse or neglect will have another substantiation within the next twelve months.	For children who were the victims of a substantiated allegation of child maltreatment in CY2008 and remained at home, 3.5% had another substantiation within the next twelve months. ²⁷	Yes
MSA III.A 1.c	32. Outcome: Repeat Maltreatment	Of all children who are reunified during a period, the percentage who are victims of substantiated abuse or neglect within one year after the date of reunification.	In CY2006, 5.0% of children who reunified were the victims of substantiated abuse or neglect within one year after the reunification. ²⁸	Not Applicable ²⁹	For the period beginning July 2009 and thereafter, no more than 4.8% of children who reunified will be the victims of substantiated abuse or neglect within one year after reunification.	For children who entered CY2008, 7% of children who reunified were the victims of substantiated abuse or neglect within one year after the reunification. ³⁰	Unable to Determine CY20009 Performance

²⁶ For places where baseline was unavailable prior to due date of final target, benchmarks have been removed.

²⁷ DCF uses entry cohort data to measure this measure; therefore the data lags behind the current year.

²⁸ This baseline has changed from prior versions due to data clean up with Chapin Hall.

²⁹ For places where baseline was unavailable prior to due date of final target, benchmarks have been removed.

³⁰ DCF uses entry cohort data to measure this measure; therefore the data lags behind the current year.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
MSA III.A 2.b	33. Outcome: Re-entry to Placement	Of all children who leave custody during a period, except those whose reason for discharge is that they ran away from their placement, the percentage that re-enter custody within one year of the date of exit.	Of all children who exited in CY2005, 21% re-entered custody within one year of the date of exit.	For the period beginning July 2009, of all children who exit, no more than 14% will re-enter custody within one year of the date of exit. For the period beginning July 2010, of all children who exit, no more than 11.5% will re-enter custody within one year of the date of exit.	For the period beginning July 2011 and thereafter, of all children who exit, no more than 9% will re-enter custody within one year of exit.	15% of children who exited in CY2008 re-entered custody within one year of the date of exit. ³¹	Unable to Determine CY2009 Performance

³¹ DCF uses entry cohort data to measure this measure, therefore the data lags behind the current year.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
Permanency							
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	a. <u>Permanency Outcome 1: Permanency in first 12 months</u> ³² : Of all children who entered foster care for the first time in the target year and who remained in foster care for 8 days or longer, what percentage was discharged from foster care to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.	41% of children who entered foster care in CY2007 were discharged to permanency within 12 months from their removal from home.	Of all children who entered foster care for the first time in CY2009, 43% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home. Of all children who entered foster care for the first time in CY2010, 45% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.	Of all children who entered foster care for the first time in CY2011, 50% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.	43% of children who entered foster care in CY2008 were discharged to permanency within 12 months from their removal from home.	Yes, based on CY2008 performance ³³

³² The data for this outcomes will be provided broken out into type of positive permanency (e.g. reunification, permanent relative care, adoption and/or guardianship), but the performance, benchmark and final target will be set on one measure of positive permanency.

³³ The Monitor is unable to report on CY2009 performance as the children who entered care during CY2009 have not yet experienced 12 months in care.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	b. <u>Permanency Outcome 2: Adoption:</u> Of all children who became legally free for adoption during the 12 months prior to the target year, what percentage was discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	For the 12 month period ending March 31, 2008, 35% of children who became legally free for adoption were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	Of those children who become legally free in CY2009, 45% will be discharged to a final adoption in less than 12 months from the date of becoming legally free. Of those children who become legally free in CY2010, 55% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.	Of those children who become legally free in CY2011, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.	60% of children who became legally free in CY2008 were discharged to a final adoption in less than 12 months from the date of becoming legally free.	Yes, based on CY2008 performance ³⁴

³⁴ The Monitor is unable to report on CY2009 performance as the children who became legally free for adoption during CY2009 have not yet experienced 12 months from the date of becoming legally free.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	c. <u>Permanency Outcome 3: Total time to Adoption:</u> Of all children who exited foster care to adoption in the target year, what percentage was discharged from foster care to adoption within 30 months from removal from home.	Of all children who exited to adoption in CY2007, 37% were discharged from foster care to adoption within 30 months from removal from home.	Of all children who exit to adoption in CY2009, 45% will be discharged from foster care to adoption within 30 months from removal from home. Of all children who exit to adoption in CY2010, 55% will be discharged from foster care to adoption within 30 months from removal from home.	Of all children who exit to adoption in CY2011, 60% will be discharged from foster care to adoption within 30 months from removal from home.	Of all children who exited to adoption in CY2009, 44% were discharged from foster care to adoption within 30 months from removal from home.	Yes

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	d. <u>Permanency Outcome 4: Permanency for children in care between 13 and 24 months</u> ³⁵ : Of all children who were in foster care on the first day of the target year and had been in care between 13 and 24 months, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21 st birthday or by the last day of the year.	Of all children who were in care on the first day of CY2007 and had been in care between 13 and 24 months, 43% discharged to permanency prior to their 21 st birthday or by the last day of year.	Of all children who were in care on the first day of CY2009 and had been in care between 13 and 24 months, 43% will be discharged to permanency prior to their 21 st birthday or by the last day of year. Of all children who were in care on the first day of CY2010 and had been in care between 13 and 24 months, 45% will be discharged to permanency prior to their 21 st birthday or by the last day of year.	Of all children who were in care on the first day of CY2011 and had been in care between 13 and 24 months, 47% will be discharged to permanency prior to their 21 st birthday or by the last day of year.	Of all children who were in care on the first day of CY2009 and had been in care between 13 and 24 months, 43% discharged to permanency prior to their 21 st birthday or the last day of the year.	Yes

³⁵ The data for this outcomes will be provided broken out into type of positive permanency (e.g. reunification, permanent relative care, adoption and/or guardianship), but the performance, benchmark and final target will be set on one measure of positive permanency.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	e. <u>Permanency Outcome 5: Permanency after 25 months</u> ³⁶ : Of all children who were in foster care for 25 months or longer on the first day of the target year, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21 st birthday and by the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2007, 36% discharged to permanency prior to their 21 st birthday and by the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2009, 41% will be discharged to permanency prior to their 21 st birthday and by the last day of the year. Of all children who were in foster care for 25 months or longer on the first day of CY2010, 44% will be discharged to permanency prior to their 21 st birthday and by the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2011, 47% will be discharged to permanency prior to their 21 st birthday and by the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2009, 35% discharged to permanency prior to their 21 st birthday and by the last day of the year.	No

³⁶ The data for this outcomes will be provided broken out into type of positive permanency (e.g. reunification, permanent relative care, adoption and/or guardianship), but the performance, benchmark and final target will be set on one measure of positive permanency.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
MSA III.B 12(i)	35. Progress Toward Adoption	Number/percent of children with a permanency goal of adoption who have a petition to terminate parental rights filed within 6 weeks of the date of the goal change.	In October 2008, 16% of children with a permanency goal of adoption had a petition to terminate parental rights filed within 6 weeks of the date of the goal change.	Not applicable, final target set by the MSA.	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 90% shall have a petition to terminate parental rights filed within 6 weeks of the date of the goal change.	Between July and December 2009, 23-43% of children with a permanency goal of adoption had a petition to terminate parental rights filed within 6 weeks of the date of the goal change.	No
MSA III.B 12.a (ii) CPM	36. Child Specific Adoption Recruitment	Number/percent of children with a permanency goal of adoption needing recruitment who have a child-specific recruitment plan developed within 30 days of the date of the goal change.	In October 2008, 14% of children with a permanency goal of adoption needing recruitment had a child-specific recruitment plan developed within 30 days of the date of the goal change.	Not applicable, final target set by the MSA.	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 90% of those for whom an adoptive home has not been identified at the time of termination of parental rights shall have a child-specific recruitment plan developed within 30 days of the date of the goal change.	18% of children with a permanency goal of adoption needing recruitment had a child-specific recruitment plan developed within 30 days of the date of the goal change.	No

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
MSA III.B 12.a.(iii)	37. Placement in an Adoptive Home	Number/percent of children with a permanency goal of adoption and for whom an adoptive home had not been identified at the time of termination are placed in an adoptive home within nine months of the termination of parental rights.	In June 2009, 63% of children with a permanency goal of adoption for whom an adoptive home had not been identified at the time of the termination were placed in an adoptive home within nine months of termination of parental rights.	Not applicable, final target set by the MSA.	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 75% of the children for whom an adoptive home has not been identified at the time of termination shall be placed in an adoptive home within 9 months of the termination of parental rights.	56% of children with a permanency goal of adoption for whom an adoptive home had not been identified at the time of the termination were placed in an adoptive home within nine months of termination of parental rights.	No
MSA III.B 12.b	38. Final Adoptive Placements	Number/percent of adoptions finalized within 9 months of adoptive placement.	In October 2008, 85% of adoptions were finalized within 9 months of adoptive placement.	Beginning December 31, 2008, of adoptions finalized, at least 80% shall have been finalized within 9 months of adoptive placement.	Beginning July 1, 2009, of adoptions finalized, at least 80% shall have been finalized within 9 months of adoptive placement.	95% of adoptions were finalized within 9 months of adoptive placement.	Yes

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
<i>Health Care for Children in Out-of-Home Placement</i>							
MSA II.F.5	39. Pre-Placement Medical Assessment	Number/percent of children receiving pre-placement medical assessment in a non-emergency room setting.	As of June 2007, 90% of children received a pre-placement medical assessment in a non-emergency room setting.	By June 30, 2008, 95% of children will receive a pre-placement assessment in a non-emergency room setting.	By December 31, 2009, 98% of children will receive a pre-placement assessment in a non-emergency room setting.	99.5% of children entering DYFS custody received a pre-placement assessment (PPA). 87% of children received a PPA in a non-emergency room setting. An additional 11% of PPAs were appropriately received in an ER setting. ³⁷ Thus, in Monitor's assessment, 98% of PPAs occurred in a setting appropriate for the situation.	Yes ³⁸
MSA III.B 11	40. Initial Medical Examinations	Number/percent of children entering out-of-home care receiving full medical examinations within 60 days.	As of June 2007, 27% of children entering out-of-home care received full medical examinations within 60 days.	By June 30, 2008, 80% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 85% within in 60 days.	By January 1, 2009 and thereafter, at least 85% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 98% within 60 days.	From July through December 2009, 84% of children received a CME within the first 30 days of placement and 97% of children received a CME within the first 60 days of placement.	Yes

³⁷ Emergency room pre-placement assessments are considered appropriate when a child needed emergency medical attention or the child was already in the emergency room when DYFS received the referral.

³⁸ Technically, DCF has partially fulfilled this measure, however, the Monitor believes that the measure should be modified to measure both PPAs in a non-ER setting and those PPA's conducted in an ER that are appropriate based on the presenting medical needs of the child or because the child was already in the ER when DYFS received the referral.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
Negotiated Health Outcomes	41. Required medical examinations	Number/Percent of children in care for one year or more who received medical examinations in compliance with EPSDT guidelines.	As of June 2007, 75% of children in care for one year or more received medical examinations in compliance with EPSDT guidelines.	<p>By December 2008, 80% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.</p> <p>By June 2009, 90% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.</p> <p>By December 2009, 95% of children in care for one year or more will receive annual medical examinations in compliance with EPSDT guidelines.</p>	By June 2010, 98% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.	From July through December 2009, 92% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 93% of children older than 2 years were clinically up-to-date on their EPSDT visits.	No/Improved

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
MSA II.F.2	42. Semi-annual dental examinations	Number/Percent of children ages 3 and older in care 6 months or more who received semi-annual dental examinations.	<p>Annual: As of June 2007, 60% of children received annual dental examinations.</p> <p>Semi-annual: As of June 2007, 33% of children received semi-annual dental examinations.</p>	<p>By June 2009, 90% of children will receive annual dental examinations and 70% will receive semi-annual dental examinations.</p> <p>By December 2009, 95% of children will receive annual dental examinations and 75% will receive semi-annual dental examinations.</p> <p>By June 2010, 95% of children will receive annual dental examinations and 80% will receive semi-annual dental examinations.</p> <p>By December 2010, 98% of children will receive annual dental examinations and 85% will receive semi-annual dental examinations.</p> <p>By June 2011, 90% of children will receive semi-annual dental examinations.</p>	<p>By December 2011, 98% of children will receive annual dental examinations.</p> <p>By December 2011, 90% of children will receive semi-annual dental examinations.</p>	80% of children were current with semi-annual dental exams. ³⁹	Yes

³⁹ This benchmark originally measured annual and semi-annual exams. Because the expectation of the field is that children age 3 or older receive semi-annual exams, DCF has been solely measuring whether children receive these exams semi-annually. The Monitor accepts this modification to original benchmark as it is a more stringent goal.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
MSA II.F.2	43. Follow-up Care and Treatment	Number/Percent of children who received timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	As of December 31, 2008, 70% children received timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	<p>By June 2009, 70% of children will receive follow-up care and treatment to meet health care and mental health needs.</p> <p>By December 2009, 75% of children will receive follow-up care and treatment to meet health care and mental health needs.</p> <p>By June 2010, 80% of children will receive follow-up care and treatment to meet health care and mental health needs.</p> <p>By December 2010, 85% of children will receive follow-up care and treatment to meet health care and mental health needs.</p> <p>By June 2011, 90% of children will receive follow-up care and treatment to meet health care and mental health needs.</p>	By December 31, 2011, 90% of children will receive timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	DCF reports that 93% of children received follow-up care for needs identified in their CME. ⁴⁰	Yes, based on available data, measure to be further assessed through QR. ⁴¹

⁴⁰ DCF conducted a Health Care Case Record Review to report on the above indicators for Period VII. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between July 1, 2009 and November 30, 2009 and were in care for a minimum of 60 days—1,060 children were age 2 and over at the time of removal and 547 children were under 2 for a total of 1,607 children. A sample of 313 children was selected. The results have ±5 percent margin of error.

⁴¹ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
	44. Immunization	Children in DCF custody are current with immunizations.	As of December 31, 2008, 81% of children were current with their immunizations.	By December 31, 2009, 90% of children in custody will be current with immunizations. By December 31, 2010, 95% of children in custody will be current with immunizations.	By December 31, 2011, 98% of children in custody will be current with immunizations.	In the fourth quarter of 2009, DCF reports that 90% of children over the age of three were current with their immunizations.	Yes
MSA II.F.8	45. Health Passports	Children's parents/caregivers receive current Health Passport within 5 days of a child's placement.	In Summer 2009, 13% of children's parents/caregivers received a current Health Passport within 5 days of a child's placement.	By June 30, 2010, 75% of caregivers will receive a current Health Passport within 5 days of a child's placement.	By June 30, 2011, 95% of caregivers will receive a current Health Passport within 5 days of a child's placement.	From July through November 2009, 68% of caregivers received Health Passports within 5 days of a child's placement. ⁴²	Not Yet Due

⁴² DCF conducted a Health Care Case Record Review to report on the above indicators for Period VII. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between July 1, 2009 and November 30, 2009 and were in care for a minimum of 60 days—1,060 children were age 2 and over at the time of removal and 547 children were under 2 for a total of 1,607 children. A sample of 313 children was selected. The results have ±5 percent margin of error.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
<i>Mental Health Care for Children in Out-of-Home Placement</i>							
MSA II.F.2	46. Mental Health Assessments	Number/Percent of children with a suspected mental health need who receive mental health assessments.	To be determined through pilot QR in immersion sites in the first quarter of 2010.	<p>By June 2008, 75% of children with a suspected mental health need will receive a mental health assessment.</p> <p>By December 2008, 80% of children with a suspected mental health need will receive a mental health assessment.</p> <p>By June 2009, 85% of children with a suspected mental health need will receive a mental health assessment.</p>	<p>By December 31, 2011, 90% of children with a suspected mental health need will receive a mental health assessment.</p>	<p>From July through November 2009, 89% of children receiving a mental health screening that determined a suspected mental health need received a mental health assessment.⁴³</p>	<p>Yes based on available data, measure to be further assessed through QR.⁴⁴</p>

⁴³ DCF conducted a Health Care Case Record Review to report on the above indicators for Period VII. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between July 1, 2009 and November 30, 2009 and were in care for a minimum of 60 days—1,060 children were age 2 and over at the time of removal and 547 children were under 2 for a total of 1,607 children. A sample of 313 children was selected. The results have ±5 percent margin of error.

⁴⁴ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
CPM	47. Provision of in-home and community-based mental health services for children and their families	DCBHS shall continue to support activities of CMOs, YCMs, FSOs, Mobile Response, evidence-based therapies such as MST and FFT and crisis stabilization Services to assist children and youth and their families involved with DYFS and to prevent children and youth from entering DYFS custody.	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	From July through December 2009, 442 birth parents were served by providers of both home and office-based treatment centers.	Yes
<i>Services to Families</i>							
CPM	48. Continued Support for Family Success Centers	DCF shall continue to support statewide network of Family Success Centers.	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	37 Family Success Centers statewide.	Ongoing Monitoring of Compliance
CPM	49. Statewide Implementation of Differential Response, pending effectiveness of pilot sites.	Progress toward implementation of Differential Response statewide.	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	6 counties with Differential Response sites.	Ongoing Monitoring of Compliance
CPM	50. Services to Support Transitions	The Department will provide services and supports to families to support preserve successful transitions.	To be determined through pilot QR in immersion sites in the first quarter of 2010.	By December 31, 2010, 80% of cases score appropriately as measured by QR.	By December 31, 2011, 90% of cases score appropriately as measured by QR.	To be assessed in the future. ⁴⁵	Not assessed in this report.

⁴⁵ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
CPM	51. Post-Adoption Supports	The Department will make post-adoption services and subsidies available to preserve families who have adopted a child.	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	DCF administers an Adoption Subsidy Program which supports approximately 12,500 adopted children through contracts totaling approximately \$2.5 million and administered through eight private agencies across the State.	Ongoing Monitoring of Compliance
CPM	52. Provision of Domestic Violence Services	DCF shall continue to support Domestic Violence liaisons, PALS and Domestic Violence shelter programs to prevent child maltreatment and assist children and families involved with DYFS.	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	Domestic Violence liaisons now available in each DYFS local office.	Yes

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
<i>Services to Older Youth</i>							
CPM	53. Independent Living Assessments	Number/percent of cases where DCF Independent Living Assessment is complete for youth 14 to 18.	None Established	By December 31, 2009, 75% of youth age 14 to 18 have an Independent Living Assessment. By December 31, 2010, 85% of youth age 14 to 18 have an Independent Living Assessment.	By December 31, 2011, 95% of youth age 14 to 18 have an Independent Living Assessment.	As of January 2010, 47% of youth aged 14 to 18 in out-of-home placement had an Independent Living Assessment.	No
CPM	54. Services to Older Youth	DCF shall provide services to youth between the ages 18 and 21 similar to services previously available to them unless the youth, having been informed of the implications, formally request that DCF close the case.	To be determined through pilot QR in immersion sites in the first quarter of 2010	By December 31, 2009 75% of older youth (18-21) are receiving acceptable services as measured by the QR. By December 31, 2010 75% of older youth (18-21) are receiving acceptable services as measured by the QR.	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the QR.	To be assessed in the future. ⁴⁶	Not assessed in this report.

⁴⁶ Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	December 2009 Performance ¹²	Requirement Fulfilled (Yes/No/Ongoing) ¹³
CPM	55. Youth Exiting Care	Youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	Not Available	By December 31, 2009 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program. By December 31, 2010 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	By December 31, 2011, 95% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	Not Available.	Data Not Available ⁴⁷

⁴⁷ In order to assess this measure, a case record review with comparable methodology is required.

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2009 Performance	Fulfilled (Yes/No) ⁴⁸
II.A.5. In reporting during Phase I on the State’s compliance, the Monitor shall focus on the quality of the case practice model and the actions by the State to implement it.	Implementation “immersion sites” have been expanded across the state. As of March 2010, there are 21 DYFS local offices that are immersion sites.	Yes/ In Progress
II.B.1.b. 100% of all new case carrying workers shall be enrolled in Pre-Service Training, including training in intake and investigations, within two weeks of their start date.	88 (100%) new caseworkers (28 hired in the last monitoring period) were enrolled in Pre-Service training within two weeks of their start date.	Yes
II.B.1.c. No case carrying worker shall assume a full caseload until completing pre-service training and passing competency exams.	88 (100%) new workers who are now case-carrying workers have passed competency exams.	Yes
II.B.2. c. 100% of case carrying workers and supervisors shall take a minimum of 40 hours of annual In-Service Training and shall pass competency exams.	2,846 (100%) caseworkers completed 40 hours and passed competency exams.	Yes

⁴⁸ “Yes” indicates that, in the Monitor’s judgment based on presently available information, DCF has substantially fulfilled its obligations regarding the requirement under the Modified Settlement Agreement for the January 1 – December 31, 2009 monitoring period, or is substantially on track to fulfill an obligation expected to have begun during this period and be completed in a subsequent monitoring period. The Monitor has also designated “Yes” for a requirement where DCF is within 1 percentage point of the benchmark or there is a small number (less than 3) of cases causing the failure to meet the benchmark. “Partially” is used when DCF has come very close but has not fully met a requirement. “No” indicates that, in the Monitor’s judgment, DCF has not fulfilled its obligation regarding the requirement.

Ongoing Phase I and Phase II Requirements

<p>II.B.2.d. The State shall implement in-service training on concurrent planning for all existing staff.</p>	<p>Between July and December 2009, 57 of 61 (93%) eligible DYFS caseworkers trained on concurrent planning.</p>	<p>Yes⁴⁹</p>
<p>II.B.3.a. All new staff responsible for conducting intake or investigations shall receive specific, quality training on intake and investigations process, policies and investigations techniques and pass competency exams before assuming responsibility for cases.</p>	<p>95 of 103 (92%) new investigations and intake staff completed training and passed competency exams.</p>	<p>Yes⁵⁰</p>
<p>II.B.4.b. 100% of all staff newly promoted to supervisory positions shall complete their 40 hours of supervisory training and shall have passed competency exams within 6 months of assuming their supervisory positions.</p>	<p>Between July and December 2009, 25 new supervisors were trained; 6 of whom were hired or promoted in the last monitoring period, 19 in this monitoring period.</p>	<p>Yes</p>
<p>II.C.4 The State will develop a plan for appropriate service delivery for lesbian, gay, bisexual, transgender, and questioning youth, and thereafter begin to implement plan.</p>	<p>A plan was developed by June 2007. Implementation of the plan continues.</p>	<p>Yes/ In progress</p>
<p>II.C.5 The State shall promulgate and implement policies designed to ensure that the State continues to provide services to youth between ages 18-21 similar to services previously available to them.</p>	<p>Policies have been promulgated. Progress continues on the expansion of needed services.</p>	<p>Yes/ In progress</p>

⁴⁹ Plaintiffs object to the Monitor's designation of this requirement being fulfilled.

⁵⁰ Plaintiffs object to the Monitor's designation of this requirement being fulfilled.

Ongoing Phase I and Phase II Requirements

<p>II.D.1. The State shall implement an accurate real time bed tracking system to manage the number of beds available from the DCBHS and match those with children who need them.</p>	<p>The State has implemented and utilizes a real time bed tracking system to match children with DCBHS placements.</p>	<p align="center">Yes</p>
<p>II.D.2. The State shall create a process to ensure that no child shall be sent to an out-of-state congregate care facility. The process will also ensure that for any child who is sent out-of-state an appropriate plan to maintain contacts with family and return the child in-state as soon as appropriate.</p>	<p>For DYFS-involved youth, the DCBHS Director reviews case information for each request for an out-of-state placement, making specific recommendations in each case for tracking and follow-up by Team Leads based in DYFS area offices.</p>	<p align="center">Yes</p>
<p>II.D.5. The State shall implement an automated system for identifying youth in its custody being held in juvenile detention facilities are placed within 30 days of disposition.</p>	<p>The State has continued to use an automated system with sufficient oversight and has successfully ensured that all youth in this category leave detention before the 30 day mark. No children remained in detention for more than 30 days.</p>	<p align="center">Yes</p>

Ongoing Phase I and Phase II Requirements

<p>II.G.9. The State shall provide adoption training to designated adoption workers for each local office.</p>	<p>16 of the 19 new adoption workers hired between July and December 2009 completed training in this monitoring period. 2 new adoption workers hired in the last monitoring period completed training this monitoring period.</p>	<p align="center">Yes</p>
<p>II.G.15. The State shall issue reports based on the adoption process tracking system.</p>	<p>Adoption tracking data is now collected in NJ SPIRIT and DCF is reporting on all data required in MSA II.G.4 except appeals of terminations.</p>	<p align="center">Yes</p>
<p>II.H.4. The period for processing resource family applications through licensure will be 150 days.</p>	<p>The State continued to improve performance on the 150 day timeframe. Between July and December 2009, DCF resolved 67% of applications within 150 days.</p>	<p align="center">No/Improved</p>

Ongoing Phase I and Phase II Requirements

<p>II.H.9 The State shall create an accurate and quality tracking and target setting system for ensuring there is a real time list of current and available resource families.</p>	<p>The Office of Resource Families has partnered with the NJ Training Academy to ensure greater utilization of the NJ SPIRIT automated system.</p>	<p>Yes</p>
<p>II.H.13 The State shall implement the methodology for setting annualized targets for resource family non-kin recruitment.</p>	<p>DCF continues to reach targets for large capacity Resource Family homes and homes targeted for recruitment by County.</p>	<p>Yes</p>
<p>II.H.14 The State shall provide flexible funding at the same level or higher than provided in FY'07.</p>	<p>For FY2010, the flex fund budget is \$5,708,530. From July-December 2009, \$2,222,834 was expended on flex funds.</p>	<p>Yes</p>
<p>II.H.17 The State shall review the Special Home Service Provider (SHSP) resource family board rates to ensure continued availability of these homes and make adjustments as necessary.</p>	<p>New rate assessment tool developed, piloted and scheduled to be in use statewide by June 2010.</p>	<p>Review complete/ Change in process</p>
<p>II.J.2. The State shall initiate management reporting based on Safe Measures.</p>	<p>The State currently uses Safe Measures for management reporting.</p>	<p>Yes</p>
<p>II.J.6. The State shall annually produce DCF agency performance reports.</p>	<p>The State released an agency performance report for Fiscal Year 2009 and posted it on the DCF website.</p>	<p>Yes</p>

Ongoing Phase I and Phase II Requirements

<p>II.J.9. The State shall issue regular, accurate reports from Safe Measures.</p>	<p>The State has the capacity and is regularly producing reports from Safe Measures.</p>	<p style="text-align: center;">Yes</p>
<p>II.J.10. The State shall produce caseload reporting that tracks caseloads by office and type of worker and, for permanency and adoption workers, that tracks children as well as families.</p>	<p>The State has provided the Monitor with a report for December 2009 that provides individual worker caseloads of children and families for intake, permanency and adoption workers.</p>	<p style="text-align: center;">Yes</p>
<p>II.E.20 95% of offices shall have sufficient supervisory staff to maintain a 5 worker to 1 supervisor ratio.</p>	<p>98% of DYFS local offices have sufficient front line supervisors to have ratios of 5 workers to 1 supervisor.</p>	<p style="text-align: center;">Yes</p>
<p>III.B.1.a 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>permanency workers</i>: no more than 15 families and no more than ten children in out-of-home care.</p>	<p>97% of permanency workers had caseloads at or below standards.</p>	<p style="text-align: center;">Yes</p>
<p>III.B.1.b 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>intake workers</i>: no more than 12 open cases and no more than 8 new case assignments per month.</p>	<p>91% of intake caseworkers had caseloads that were at or below the caseload requirements.</p>	<p style="text-align: center;">No</p>

Ongoing Phase I and Phase II Requirements

<p>III.B.1.c 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>IAIU investigators</i>: no more than 12 open cases and no more than 8 new cases assignments per month.</p>	<p>100% of IAIU investigators had caseloads at or below the caseload requirements.</p>	<p>Yes</p>
<p>III.B.1.d 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>adoption workers</i>: no more than 12 children.</p>	<p>96% of adoption caseworkers had caseloads that were at or below the caseload requirements.</p>	<p>Yes</p>
<p>III.C.2 The State shall promulgate and implement policies designed to ensure that psychotropic medication is not used as a means of discipline or control and that the use of physical restraint is minimized.</p>	<p>On January 14, 2010, DCF issued a revised policy expanding on current policy.</p>	<p>Partially/ In Progress</p>
<p>III.C.4 The State shall continue to meet the final standards for pre-licensure and ongoing training of resource families, as described in Phase I.</p>	<p>DCF conducts prelicensure training for DYFS resource families and contracts with Foster Family and Adoption Services (FAFS) to conduct ongoing in-service training.</p>	<p>Yes</p>
<p>III.C.5 The State shall incorporate into its contracts with service providers performance standards consistent with the Principles of the MSA.</p>	<p>DCF developed a set of performance measures and set baseline performance targets for each service across all DCF contracts.</p>	<p>Yes</p>

Ongoing Phase I and Phase II Requirements

<p>III.C.6 In consultation with the Monitor, the State shall develop and implement a well-functioning quality improvement program consistent with the Principles of the MSA and adequate to carry out the reviews of case practice in Phase II.</p>	<p>DCF made progress toward finalizing the Quality Review protocol and the process to be used. A pilot review was held in March 2010.</p>	<p align="center">Partially</p>
<p>III.C.7 The State shall regularly evaluate the need for additional placements and services to meet the needs of children in custody and their families, and to support intact families and prevent the need for out-of-home care. Such needs assessments shall be conducted on an annual, staggered basis that assures that every county is assessed at least once every three years. The State shall develop placements and services consistent with the findings of these needs assessments.</p>	<p>The first set of evaluations (Union, Gloucester, Camden, Middlesex, Essex, Somerset and Hudson Counties) are due in July 2010.</p>	<p align="center">Partially</p>
<p>III.C.8 Reimbursement rates for resource families shall equal the median monthly cost per child calculated by the United States Department of Agriculture for middle-income, urban families in the northeast.</p>	<p>Resource family board rates were adjusted in January 2010 to meet USDA standards.</p>	<p align="center">Yes</p>

IV. DCF’S INVESTIGATIVE PRACTICE: THE STATE CENTRAL REGISTRY OPERATIONS AND THE INSTITUTIONAL ABUSE INVESTIGATIVE UNIT

A. New Jersey’s State Central Registry (SCR)

A critical DYFS function is receiving and screening calls alleging child abuse and/or neglect and appropriately and timely responding to those calls which are screened in as needing a child welfare assessment or an investigation of child maltreatment. This function also includes receiving calls about and investigating allegations of abuse and/or neglect in institutional settings (e.g., resource homes, schools, shelters, detention facilities, etc.). New Jersey has a centralized “hotline” to receive and screen calls from the community that allege abuse and/or neglect in any setting. DYFS local offices employ investigative staff to follow-up on the calls as appropriate and a regionally organized Institutional Abuse Investigation Unit (IAIU) is responsible for investigations in institutional settings.

New Jersey’s State Central Registry (SCR) is charged with receiving calls of both suspected child abuse and neglect as well as calls where reporters believe the well-being of families is at risk and an assessment, support, and/or information and referral is needed, even though there is no allegation of child abuse or neglect. To effectively execute this responsibility, the SCR operates 24 hours per day, 7 days per week with multiple shifts of staff and supervisors and a sophisticated call management and recording system. Screeners at SCR determine the nature of each caller’s concerns and initiate the appropriate response.

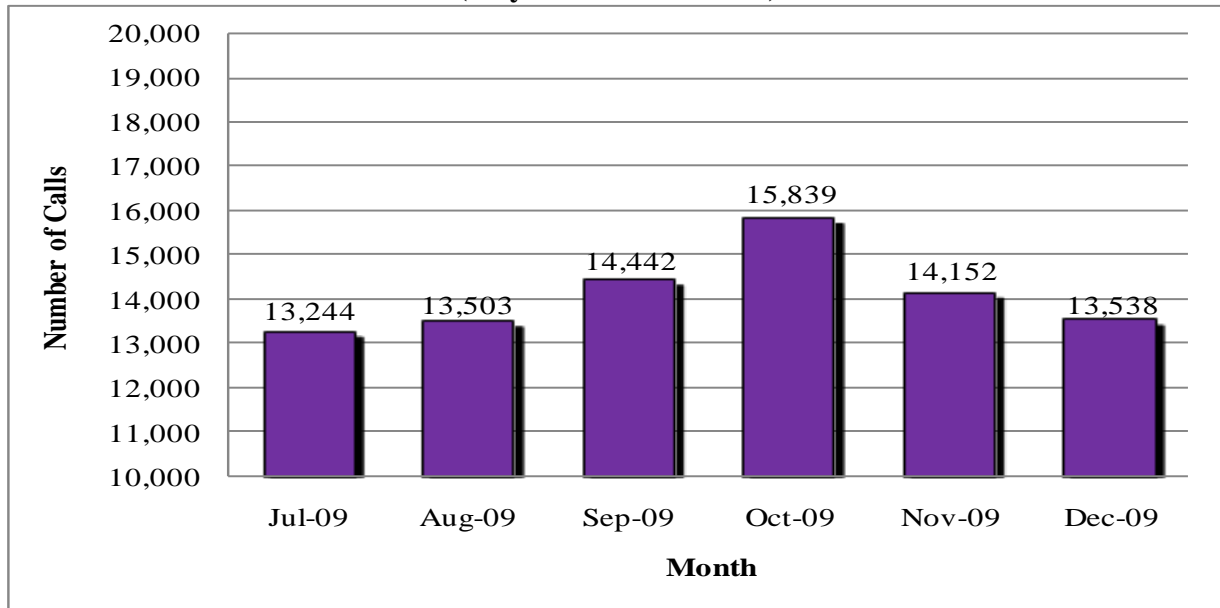
State Central Registry

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM V.1	1. State Central Registry Operations – Handling Calls to the SCR	Data on Reports to SCR a. Total number of calls b. Number of abandoned calls c. Time frame for answering calls d. Number of calls screened out e. Number of referrals for CWS	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance

Performance as of December 31, 2009:

In the last half of calendar year 2009, the SCR received 84,718 calls. On average, the State reports callers waited about 18 seconds for an SCR screener to answer their calls. Of those 84,718 calls, 27,132 (32%) calls⁵¹ related to the possible need for Child Protective Services (CPS) responses. Of those, screeners classified 26,122 reports for investigation of alleged child abuse or neglect. Another 5,663 (7%) calls related to the possible need for Child Welfare Services (CWS). In these circumstances, screeners classified 5,117 referrals for assessment of service need. Figure 1 shows a month-by-month breakdown of the call volume at SCR for the July through December 2009. The data reflect seasonal patterns in reports; October is typically a month with high call volume following children’s return to school in the fall of each year.

**Figure 1: Number of Calls to SCR by Month
(July – December 2009)**



Source: DCF Avaya Data

⁵¹ Calls are differentiated from reports or referrals because SCR can receive several calls related to one incident or in some cases one call can result in several separate reports.

State Central Registry

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM V.1	2. State Central Registry Operations – Quality of SCR Response	Quality of Response a. Respond to callers promptly, with respectful, active listening skills b. Essential information gathered – identification of parents and other important family members c. Decision making process based on information gathered and guided by tools and supervision	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance

Performance as of December 31, 2009:

In July 2008, the Monitor completed an independent assessment of the SCR.⁵² The assessment found that SCR decision-making was sound and that the vast majority of screening decisions were appropriate. The report also included multiple recommendations regarding policy, operations and staff development to further strengthen the operations of the SCR.

Since the last Monitoring Report, DCF reports the following actions in response to the Monitor’s recommendations:

- In October 2009, a new Administrator was hired to focus solely on the SCR. The new Administrator is holding bi-weekly leadership meetings with all Case Work Supervisors, supervisors and executive assistant staff. Agenda time during these meetings is devoted to reviewing and clarifying policies, practices, protocols and memorandums of understanding. The objective of these meetings is to build clarity and consistency among SCR decision-making as well as to augment leadership skills and accountability.
- All supervisors continue to monitor a random sample of calls weekly.
- Case Work Supervisors continue to conduct annual re-certification evaluations on supervisors and screeners.
- The SCR Administrator, IAIU and OOL are in the process of developing a joint training curriculum with the objective of clarifying responsibilities, policies, practices and coding relevant to reports involving children in resource homes and institutional settings in order to have consistency across divisions.

⁵² *The New Jersey State Central Registry: An Assessment*, July 30, 2008. A complete copy of the report is available on CSSP’s website, http://www.cssp.org/uploadFiles/Final_NJ_SCR_Report_%2007%2030%2008.pdf.

- Building on the SCR-specific training developed with the Child Welfare Training Academy, SCR has completed a draft training curriculum for part time staff to ensure all SCR staff have a current understanding of policies and practices.

Investigative Practice

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.B.2 CPM V.1	3. Investigative Practice – Timeliness of Response	Investigations of alleged child abuse and neglect shall be received by the field in a timely manner and commenced within the required response time as identified at SCR, but no later than 24 hours.	a. Between June and August 2008, 90% of investigations were received by the field in a timely manner. b. In October 2008, 53.2% of investigations were commenced within the required response times.	a. By June 30, 2009, 90% of investigations shall be received by the field in a timely manner. b. By July 1, 2009, 98% of investigations commenced within the required response times.	a. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be received by the field in a timely manner. b. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be commenced within the required response time.

Performance as of December 31, 2009:

- a. In December 2009, 97 percent of investigations were received by the field in a timely manner.
- b. In December 2009, 83 percent of investigations were commenced within the required response times.

DCF met the July 1, 2009 final target for transmitting referrals to the field and fell short of the final target for commencing investigations within the required response times. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure.

DYFS policy on timeliness requires receipt by the field of a report within one hour of call completion.⁵³ During the month of December 2009, DCF received 4,451 referrals of child abuse and neglect requiring investigation. Of the 4,451 referrals, 3,537 (80%) referrals were received by the field within one hour or less of call completion. An additional 762 (17%) referrals were received by the field between one and three hours after call completion; for a total of 97 percent of referrals being received by the field within three hours of call completion. Of the remaining 152 referrals, 150 referrals were received by the field within 30 hours. The remaining two referrals were outliers that did not reach the field until somewhere between 30 and 200 hours after receipt at the hotline.

⁵³ The Monitor currently assesses performance on receipt by the field in a timely manner with a three hour standard. DCF considered modifying policy to be in line with this more lenient standard, but decided as a management strategy to keep the one hour standard.

DYFS policy considers an investigation “commenced” when at least one of the alleged victim children has been seen by an investigator. During the month of December 2009, there were 4,304 CPS intakes received applicable to this measure.⁵⁴ Of the 4,304 intakes received, 1,428 intakes were coded for an immediate response and 2,876 intakes were coded for a response within 24 hours. Of the 4,304 intakes received, 3,590 (83%) intakes were commenced within their required response time. Between July and December 2009, the percentage of monthly intakes commenced within their required response time ranged from 75 percent to 86 percent. While DCF has made progress on this measure improving performance by 30 percent since the baseline was set in October 2008 (at 53%), the State did not meet the final target for this measure.

Investigative Practice

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM V.1 MSA III.B.3	4. Investigative Practice – Timeliness of Completion	Investigations of alleged child abuse and neglect shall be completed within 60 days.	Between January and June 2008, 66-71% of investigations were completed within 60 days.	By June 30, 2009, 80% of all abuse/neglect investigations shall be completed within 60 days. By December 31, 2009, 95% of all abuse/neglect investigations shall be completed within 60 days.	By June 30, 2010, 98% of all abuse/neglect investigations shall be completed within 60 days.

Performance as of December 31, 2009:

In December 2009, 71 percent of investigations were completed within 60 days, falling short of the interim performance benchmark of 95 percent.

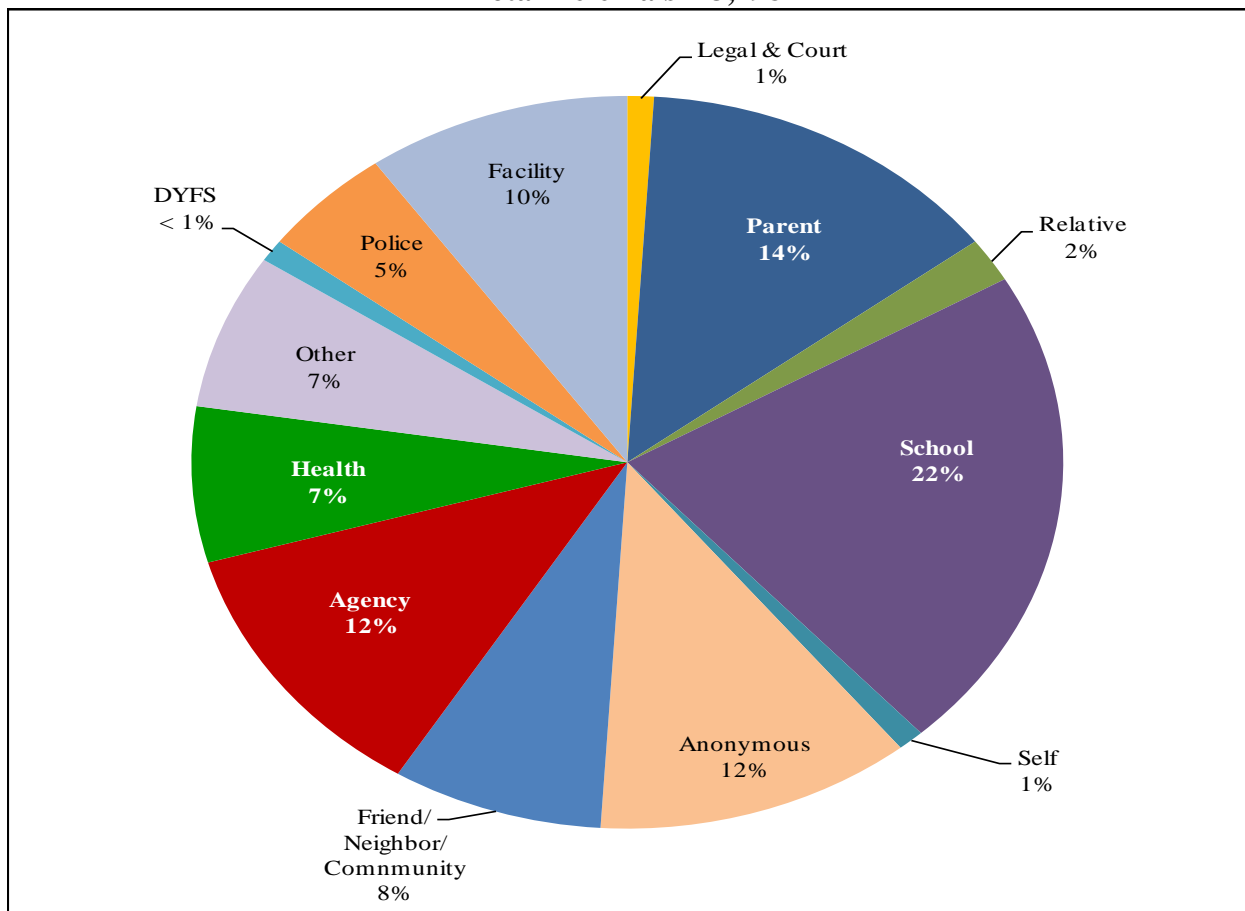
DCF policy and the Performance Benchmarks require that all investigations of alleged child abuse and neglect be completed within 60 days. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure. There were 4,301 intakes received in December 2009 applicable to this measure. Of the 4,301 intakes, investigations were completed within 60 days on 3,033 (71%) intakes. An additional 951 (22%) investigations were completed between 60 and 90 days after receipt. The longest time to completion of an investigation was 114 days, with 317 investigations taking more than 90 days to complete.

⁵⁴ Intakes are differentiated from referrals because SCR can receive several referrals related to one incident or in some cases one referral can result in separate intakes.

B. Institutional Abuse Investigative Unit (IAIU): Investigations of Allegations of Child Maltreatment in Placements

The Institutional Abuse Investigations Unit (IAIU) is responsible for investigating allegations of child abuse and neglect in settings including correctional facilities, detention facilities, treatment facilities, schools (public or private), residential schools, shelters, hospitals, camps or child care centers that are required to be licensed, Resource Family homes and registered family day care homes.⁵⁵ In the last half of 2009, IAIU received approximately 1,474 referrals. This is a decrease of about 350 referrals over the first half of 2009. Figure 2 illustrates the proportion of IAIU referrals from different sources. The referral distribution remained virtually the same as in the first six months of 2009.

**Figure 2: IAIU Referral Source
(January – December 31, 2009)
Total Referrals = 3,298**



Source: DCF NJ SPIRIT Data

⁵⁵ DYFS (7-1-1992). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 302.

1. Performance Benchmarks for IAIU

IAIU Practice for Investigations in Placements

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA II.I.3 MSA III.B.4 CPM V.I	6. IAIU Practice for Investigations in Placements	<p>a. Investigations in resource homes and investigations involving group homes, or other congregate care settings shall be completed within 60 days.</p> <p>b. Monitor will review mechanisms that provide timely feedback to other division (e.g., DCBHS, OOL) and implementation of corrective action plans.</p> <p>c. Corrective action plans developed as a result of investigations of allegations re: placements will be implemented.</p>	Between July and August 2007, 83 - 88% of IAIU investigations were completed within 60 days.	By June 2007, the State shall complete 80% of IAIU investigations within 60 days.	By June 2007 and thereafter, 80% of investigations by IAIU shall be completed within 60 days.

Performance as of December 31, 2009:

Between July and December 2009, the State completed between 79 and 92 percent of IAIU investigations involving Resource Family homes, group homes, and other congregate care settings within 60 days, meeting the MSA final performance target.

The MSA does not make any distinctions about the type of investigations IAIU conducts based on the allegation or location of the alleged abuse. The 60 day completion standard applies to all IAIU investigations. The month-end statistics supplied by DCF and displayed in Table 2 indicate that between July and December 2009, 81 percent to 87 percent of **all** IAIU investigations were open less than 60 days.⁵⁶

Under the MSA, the Monitor’s fundamental concern is the safety and well-being of the children who are in DCF custody (and part of the class of children to whom the MSA applies). Therefore, in assessing IAIU performance, the Monitor requests data separately on investigations of maltreatment in foster care settings (Resource Family homes and congregate care facilities) from

⁵⁶ The monitor has previously verified State reporting of IAIU investigation timeliness, see Period VI report. There was no verification in period VII.

other settings (schools, day care, buses, etc.). Table 2 below displays IAIU’s reported overall performance for the dates cited, as well as the timeliness of investigations in resource homes and congregate care facilities. DCF’s performance during this monitoring period met the MSA final performance target every month except December when it fell just short of the 80 percent target. DCF manages and tracks IAIU performance daily, calculating the proportion of investigations open 60 days or more statewide and within regional offices.

**Table 2: IAIU Investigative Timeliness:
Percent of Investigations Pending Less Than 60 days
As Recorded for the last date of each month, July – December 2009**

Date	<u>All</u> Open Investigations pending less than 60 days	Open Investigations in congregate care and resource homes pending less than 60 days
July 31, 2009	82%	84%
August 31, 2009	82%	91%
September 30, 2009	85%	88%
October 31, 2009	83%	92%
November 30, 2009	83%	92%
December 31, 2009	81%	79%

Source: DCF, IAIU, Daily Workflow Statistics

Corrective Action Monitoring

If the evidence does not support substantiating maltreatment, IAIU investigators must legally conclude that a reported allegation is “unfounded” and enter that as the investigative finding. However, during the course of the investigation, investigators may identify policy, licensing, training or other issues that require attention.⁵⁷ These circumstances often prompt the investigators to conclude that, even though the allegation of abuse or neglect was “unfounded,” there remain concerns that should be addressed. Investigators refer to this as a finding “with concerns.” The concerns generally require some type of corrective action by the facility, home, corporation, etc.

Every IAIU investigation results in a “finding letter” sent to a facility or resource home. These letters cite the investigative conclusion and when applicable, concerns that are separate from the investigative finding. The Office of Licensing (OOL) is copied on every “finding letter.”

⁵⁷ See *Protecting Children: A Review of Investigations of Institutional Child Abuse and Neglect*, New Jersey Office of the Child Advocate, December 2008 for more description of this practice.

IAIU's Continuous Quality Improvement (CQI) staff is responsible for monitoring the development and completion of corrective actions required by concerns raised in IAIU investigations (MSA Section II.I.2).⁵⁸ Between July 1 and December 31, 2009, IAIU issued 193 corrective action requests involving resource families, group homes, and residential facilities where foster children were placed. According to the information reported from the IAIU Corrective Action Database, as of January 31, 2010, CQI staff had accepted documentation of 146 (76%) completed corrective actions and 47 (24%) corrective action requests were outstanding or pending resolution. Of the 47 outstanding corrective action requests, 32 (68%) of them were requested prior to December 1, 2009. As of January 31, 2010, those 32 requests had been outstanding 42 to 171 calendar days since the date of the findings letter.

Ensuring Investigation Quality

During every investigation of alleged maltreatment in Resource Family homes or congregate care facilities where children in State custody are placed, the IAIU investigator is responsible for completing a New Jersey Child Safety Assessment for resource homes or a congregate care questionnaire. In its 2008 review of IAIU investigative quality, the Office of the Child Advocate noted a need for improvement in this area and recommended more vigilant quality assurance including monitoring safety assessment activity.⁵⁹ The State reports that a process for weekly central office review of these documents was fully implemented during this monitoring period. IAIU central office staff maintains a log of all submitted assessments or questionnaires and record whether the assessment was accepted or whether it needs to be revised because it is incomplete or inaccurate (for example the assessment identifies the wrong resource parent). The log also notes when the assessment has been revised. During implementation, IAIU central office staff reportedly identified inconsistencies with regard to format or content across regions. In response, IAIU central office staff met to identify a consistent reporting form, which was sent to the regions. Since the implementation of this review process, IAIU central office staff report improvement in the quality and timeliness of reporting from the field. The Monitor did not verify this process but did review examples of the log and completed safety assessments.

Ensuring Communication Feedback with the Office of Licensing and Resource Home Development

IAIU convenes a monthly meeting of its partners. The meetings usually include representatives from 1) the licensing units responsible for resource homes, congregate care facilities, and day care facilities; 2) resource home development; and 3) the State Central Registry (SCR). The purpose of the meeting is to share information and concerns about Resource Family homes and facilities and to request assistance in obtaining corrective action responses and more complete corrective action. For example, the business covered at a March 2010 meeting observed by the Monitor included:

⁵⁸ See *Period VI Monitoring Report for Charlie and Nadine H. v Christie*, November 2009, pp. 63-67 for a more detailed description of the corrective action process and the verification of the process conducted by the monitoring team.

⁵⁹ See *Protecting Children: A Review of Investigations of Institutional Child Abuse and Neglect*, New Jersey Office of the Child Advocate, December 2008.

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- IAIU corrective action issues:
 - requests for assistance from licensing partners to contact facilities that had not responded to requests for corrective action within 30 days;
 - concerns about corrective actions that had been submitted but not yet accepted by IAIU and requests to the appropriate licensing representatives to review the circumstances and offer guidance to the investigated settings regarding improving the corrective action before IAIU could accept the corrective actions as satisfying the raised concerns;
 - an incident where a Resource Family home's suspension was lifted before the corrective action taken was accepted by IAIU. The meeting participants discussed opportunities for ensuring there is clear understanding among the offices that suspensions cannot be lifted until the corrective action is approved;
 - discussion on appropriate documentation required from a facility under corrective action to demonstrate that corrective action was taken.

 - IAIU training needs regarding licensing requirements and designations of different types of facilities and beds.

 - IAIU regional office feedback regarding interaction with SCR and licensing units and licensing unit responsiveness to IAIU requests.

 - Participants concerns with SCR screening reports, including incompleteness, inaccuracies, and possible upgrades from Information and Referral to CPS-IAIU reports or CPS-Family Reports.

 - Issues for contracting office to review.

From this observation, it appears the meeting can be an effective opportunity for IAIU to provide feedback, request assistance, follow-up on issues with its licensing authority partners, and determine a consistent response to concerns raised. As noted by OCA in its 2008 report, this meeting is a part of the overall quality assurance process and it is important “that all groups participate on a consistent basis.”⁶⁰ When one system partner is not represented, as was the case on the day of the monitor’s observation, the effectiveness of the meeting can be limited.

⁶⁰ See *Protecting Children: A Review of Investigations of Institutional Child Abuse and Neglect*, New Jersey Office of the Child Advocate, December 2008.

V. IMPLEMENTING THE CASE PRACTICE MODEL

Despite challenges, DCF has made progress in implementing a new and more dynamic method of working with children and families in New Jersey. More staff each day are being trained and are beginning to practice according to the Case Practice Model (CPM), a living document designed to guide and support staff towards a strength-based and family-centered practice while ensuring safety, permanency and well-being for children. The focus of this practice involves engaging with children, youth and families by working in teams with families and crafting individualized, meaningful case plans. The Performance Benchmarks discussed below measure progress on some of these activities. Other Performance Benchmarks will be measured as part of the New Jersey's Qualitative Review process.⁶¹

A. *Activities supporting the implementation of the Case Practice Model*

Immersion Sites

Previous Monitoring Reports describe in detail the process New Jersey has undertaken to implement the CPM through intensive training, coaching and mentoring in “immersion sites” across the State. This “immersion” process was carefully designed so that by December 2011 all DYFS local offices will have been trained intensively on the CPM. By that point, all staff will be expected to incorporate the values and principles of the CPM into every facet of their cases, from investigation to case closure.

Between July and December 2009, five offices were newly designated as “immersion sites” (Southern Monmouth, Western Essex North, Somerset, Middlesex Central, and Hudson West) and completed the intensive training and coaching process in March 2010, bringing the total number of DYFS local offices to have completed immersion training to twenty-one. Passaic Central, Union Central, Newark Center City, and Camden Central began immersion training in October 2009 and are scheduled to complete their training in June 2010. By design, every DYFS region now has at least one DYFS local office undergoing the immersion process.

The State originally planned to have all offices complete immersion training by December 2011. After reviewing the training methods and timetables, DCF now believes it will take them until April 2012 to have each of the 47 DYFS local offices undergo the level of intensity and rigorous training the “immersion” method demands. The Monitor urges DCF to add additional resources so that it can adhere to the original timetable and complete immersion training by the end of December 2011. The goal is for every staff member to learn to facilitate his or her own Family Team Meetings, to most effectively maximize the level of engagement each worker has with children and families. The Child Welfare Policy and Practice Group (CWPPG) continues as consultants in immersion sites through the end of 2010 to help DCF coach and mentor, but also to build internal capacity so that staff progress through the coaching process to become facilitators, coaches and master coaches.

⁶¹ By agreement of the parties, measures 5, 9, 12, 13, 14, 15, 23, 46, 50 and 54 are to be assessed through a qualitative review.

The Monitor visited two immersion sites during this monitoring period. There was universal agreement among staff interviewed that holding FTMs helped staff to practice with the principles and values of the CPM. Staff spoke of their increasing ability to place families at the center of the planning process. While challenged by the time and effort it takes to put together a well designed and implemented FTM, in general staff was optimistic about the many ways FTMs will help to better engage with families. Remaining challenges include clarifying timeframes for conducting FTMs, consistently documenting the number of FTMs held, and outreach to partners such as schools and service providers about their role in FTMs. Perhaps DCF's most significant challenge will be building sufficient internal capacity to coach, facilitate and supervise FTMs; currently the two immersion site offices the Monitor visited were in the preliminary stages of building the skills necessary for staff to remain true to the FTM model. This lack of capacity is a real barrier to meeting Performance Benchmarks in this area, as discussed below.

Engaging Partners in CPM Training

The State has a number of community agency representatives who are intended to provide support and expert assistance to staff as they engage families on a deeper level and better assess their underlying needs and strengths. Community agency representatives that are co-located within DYFS local offices include Certified Alcohol Drug Counselors (CADCs) who provide substance abuse expertise to workers, Child Health Unit (CHU) nurses to follow the health and well-being of children in placement, behavioral health clinical liaisons to monitor children's behavioral health needs, and Domestic Violence liaisons.

DCF reports that its efforts to engage its practice partners in this monitoring period included a program about the CPM for the Parental Representation Unit at the Office of the Public Defender and the Law Guardians. The Monitor agrees with the State that more such programs are necessary to reach larger groups of these and other provider partners to assist them in understanding the key role the CPM plays in DCF's work with children and families in New Jersey.

Concurrent Planning Practice

DCF has steadily expanded the quantity of meetings held to address concurrent planning, a practice used throughout the country in which caseworkers work with families with children in out-of-home placement to reunify children as quickly as possible, while simultaneously pursuing alternative permanency options should reunification efforts fail. DYFS conducts "enhanced reviews" after a child has been in placement for five and then ten months to carry out its concurrent planning required by the MSA.⁶² In the last monitoring period (monitoring period VI), DYFS brought the practice of enhanced reviews into all of its 47 DYFS local offices.

⁶² For more information, see Period II Monitoring Report for *Charlie and Nadine H. v. Christie*, p.36

Statewide, in December 2009, 91 percent of families had required five month reviews, and 93 percent had required 10 month reviews.

As Table 3 below reflects, DYFS reports that statewide in December 2009, 91 percent of five month reviews were completed timely. Between July and December 2009 performance on this measure ranged from 90 percent to 97 percent. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the timeliness of five and ten month reviews.

**Table 3: Five Month Enhanced Review
(July – December 2009)**

	July		August		September		October		November		December	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Reviews Completed w/in 5 months	236	90%	300	97%	254	94%	286	93%	223	91%	260	91%
Reviews Not Completed w/in 5 months	27	10%	10	3%	16	6%	22	7%	22	9%	26	9%
Totals	263	100%	310	100%	270	100%	308	100%	245	100%	286	100%

Source: DCF

*Percentages do not equal 100 because of rounding.

Table 4 below shows that statewide in December 2009, 93 percent of ten month reviews were completed timely. Between July and December 2009 performance on this measure ranged from 92 percent and 98 percent.

**Table 4: Ten Month Enhanced Review
(July – December 2009)**

	July		August		September		October		November		December	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Reviews Completed w/in 10 months	264	92%	236	97%	252	97%	161	98%	196	97%	242	93%
Reviews Not Completed w/in 10 months	24	8%	8	3%	8	3%	3	2%	7	3%	18	7%
Totals	263	100%	244	100%	260	100%	164	100%	203	100%	260	100%

Source: DCF

*Percentages do not equal 100 because of rounding.

Statewide, in December 2009 Fifty-three percent of cases were transferred to an Adoption worker in the required five days after a change of goal to adoption.

The MSA requires DYFS to transfer a case to an Adoption worker within five business days after a child’s permanency goal has been changed to adoption (Section II.G.2.c). As Table 5 reflects, statewide in December 2009 53 percent of cases were transferred to an Adoption worker within the required timeframe. Between July and December 2009 performance on this measure ranged

from 27 percent to 53 percent. While performance improved on this measure during this monitoring period, it appears that significant data entry issues remain.⁶³ DCF reports separately that 70 percent of cases were transferred to adoption workers within 15 days of the goal change during this monitoring period. The Monitor suggests addressing practice on this measure with urgency.

Table 5: Assignment to Adoption Worker Within 5 Days of Goal Change to Adoption (July – December 2009)

	July		August		September		October		November		December	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Assignment w/in 5 working days	37	27%	67	53%	62	51%	77	50%	58	48%	52	53%
Not assigned w/in 5 working days	80	58%	50	40%	52	43%	61	39%	38	32%	38	38%
Not Able to Determine (Missing hearing date)	22	16%	9	7%	7	6%	17	11%	24	20%	9	9%
Totals	139	100%	126	100%	121	100%	155	100%	120	100%	99	100%

Source: DCF

*Percentages do not equal 100 because of rounding.

B. Performance Benchmarks on Family Team Meetings and Case Planning

Effective Use of Family Team

Caseworkers are trained and coached to hold Family Team Meetings (FTMs) at key decision points in the life of a case, such as a change of placement and/or as part of adjusting a case plan. Working at optimal capacity, FTMs enable families, providers and formal and informal supports to exchange information that can be critical to coordinating and following-up on services, examining and solving problems, and achieving positive outcomes. Meetings are to be scheduled according to the family’s timetable in an effort to get as many family members and family supports as possible around the table.

As reported in the last Monitoring Report, Monitor staff has been following a small number of cases in real time from the removal of a child into placement, through a FTM, to the conclusion of the case. Using two observation and evaluation protocols developed by the Monitor, Monitor staff followed seven cases where children were newly removed from their homes in Bergen, Mercer and Union counties. The Monitor was looking in particular to evaluate the integration of the Case Practice Model into practice, both at the agency level and in the courts.

Preliminary results reveal progress in the implementation and incorporation of the Case Practice Model into practice with children in out-of-home placement and those being served in their own homes, and their families. The Monitor observed DYFS staff having direct and open conversations with families in and outside of the FTM context. Often, facilitators of FTMs

⁶³ DYFS reports that statewide more than 11 percent of cases were entered into the data system without relevant dates so that timeframes for transfer of cases to Adoption workers could not be accurately determined.

succeeded in developing working teams that led to consensus on family strengths, needs and outcomes. In some cases the size and composition of the family's support network increased during the observation period. Some teams the Monitor followed developed formal supports such as school officials and DYFS Health Care Case Managers, two potentially vital components of a family's network of supports.

At the same time, as expected when more than half the workforce has yet to be trained intensively on the new practice, DYFS staff encounter challenges in conducting successful FTMs. In some cases, staff were unable to hold FTMs because they could not engage the family in the early stages of the case. In other cases, the Monitor observed and some staff reported holding FTMs to meet prescribed timeframes, rather than as dictated by the needs of the family or at a critical juncture in a case. In general, the Monitor observed and workers report that DYFS staff need more guidance on basic facilitation skills and more coaching as to ways in which to follow the FTM model, intended ultimately to lead to overall better case planning. Finally, DYFS staff need more direction as to formation of family teams. More focus is needed on supporting families to involve informal supports in the teaming process, such as neighbors, clergy, relatives, and friends who are often the best source of both emotional support and tangible resources for families.

As part of this project, the Monitor observed DYFS staff involved in Family Court proceedings to get a sense of whether the CPM has been integrated into the court setting. The Monitor will continue to observe court proceedings in subsequent monitoring periods and will be reporting on the results of these observations.

Effective Use of Family Teams

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM V.3	7. Effective use of Family Teams	<p>Family teams (including critical members of the family [parents, youth, and informal supports], additional supports) will be formed and be involved in planning and decision-making and function throughout a case.</p> <p>Number of family team meetings at key decision points:</p> <p>a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry.</p> <p>b. For all other children in placement, the number/percent who have at least one family team meeting each quarter.</p> <p>c. Quality of FTMs</p>	<p>a. In October 2008, 47% of children newly entering placement had a family team meeting within 30 days of entry.</p> <p>b. Between August and November 2008, 21% of children in placement had at least one family team meeting each quarter.</p> <p>c. Not yet available</p>	<p>a. By December, 31, 2009, family meetings held prior to or within 30 days of entry for 75% of new entries and 75% of pre-placements.</p> <p>b. By December 31, 2009, family meetings held for 75% of children at least once per quarter.</p> <p>c. By December 31, 2009, 75% of cases show evidence in QR of acceptable team formation and functioning.</p>	<p>a. By June 30, 2010, family meetings held prior to or within 30 days of entry for 90% of new entries and 90% of pre-placements.</p> <p>b. By June 30, 2010, family meetings held for 90% of children at least once per quarter.</p> <p>c. By June 30, 2011, 90% of cases show evidence in QR of acceptable team formation and functioning.</p>

Performance as of December 31, 2009:

DCF did not meet the December 31, 2009 interim benchmark requiring the State to hold Family Team Meetings for 75 percent of families within 30 days of a child entering foster care and at least once per quarter thereafter. DCF uses NJ SPIRIT data analyzed through Safe Measures to report on the timeliness of FTMs.

Beginning in the previous monitoring period, DCF began to collect data through NJ SPIRIT on FTMs held in four immersion sites, Bergen Central, Burlington East, Gloucester West, and Mercer North. These sites have now completed immersion training, and DCF continues its reporting for this measure based on these four sites. DCF expects to be reporting on this measure statewide by June 2012.

According to NJ SPIRIT data, in the third quarter of 2009, DCF held FTMs in the four completed immersion sites within 30 days of removal in only six percent of cases requiring FTMs. Eight percent were held after 30 days from the date of removal, and in 86 percent of cases

FTMs were not conducted at all. In the fourth quarter of 2009, DCF reported on the four completed immersion sites above in addition to another ten that had completed immersion training at that point in time.⁶⁴ The data from these 14 DYFS local offices show that DCF held FTMs within 30 days of removal in 12 percent of cases requiring FTMs. An additional five percent were held after 30 days from the date of removal, and in 76 percent of cases FTMs were not conducted. DYFS reports that of the 16 offices that completed immersion training by December 31, 2009, 19 percent have held FTMs within 30 days of removal. According to another data set of cases where children remain in their homes but the family is supervised by DYFS, 609 in-home FTMs were held in immersion sites as of December 31, 2009.

NJ SPIRIT data show that the required quarterly meetings were held in three percent of cases in the first four immersion sites in the third quarter of 2009, whereas in the fourth quarter a timely FTM was conducted in the fourteen completed immersion sites with four percent of families.

These data show very weak performance on FTMs. DCF indicates that performance problems are related to data entry and has committed to refining the measurement of FTMs to more accurately reflect work that they believe is actually taking place in the field. The Monitor hopes to see measureable improvement in this area with continued focus on data entry in the next monitoring period.

As discussed, FTMs are foundational to the change in practice in New Jersey. Immersion sites ought to be the locus of where the new case practice is taking hold and should be showing demonstrable progress. It is surprising that the documented progress in the immersion sites is so weak. In the coming months, DCF and the Monitor will be assessing the barriers to more sustained improvement in the area of FTMs and fidelity to the Case Practice Model generally. That assessment will include evaluating to what extent the State has the internal capacity to coach and train staff to facilitate FTMs, or whether some other element of the immersion site strategy needs to be reassessed as DCF expands immersion training into 23 more offices.

FTMs are a critical element of the Case Practice Model, but not the only element necessary for lasting case practice change. The CPM also requires continuous case planning, tracking and adjustment. Workers are required to routinely review case plans and make adjustments according to the strengths and needs of the youth and family. As shown below, performance on some of the case planning performance measures is similarly weak.

⁶⁴ Atlantic West LO, Bergen South LO, Burlington West LO, Camden North LO, Cape May LO, Cumberland West LO, Mercer South LO, Morris West LO, Passaic North LO and Union East LO completed immersion training by December 31, 2009.

Timeliness of Case Planning-Initial Plans

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM V.4, 13.a.	10. Timeliness of Case Planning – Initial Plans	For children entering care, number/percent of case plans developed within 30 days.	In September 2008, 37% of children entering care had case plans developed within 30 days.	By June 30, 2009, 50% of case plans for children and families will be complete within 30 days. By December 31, 2009, 80% of case plans for children and families will be complete within 30 days.	By June 30, 2010, 95% of case plans for children and families are completed within 30 days

Performance as of December 31, 2009:

DCF did not meet the standard for this measure. In December 2009, 136 (42%) out of a total of 321 case plans due were completed within 30 days. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure.

DCF policy requires a case plan to be developed within 30 days of a child entering placement. As shown in the table below, between July and December 2009, the timely development of case plans ranged from 44 to 57 percent. While performance improved over the last monitoring period, the December 31, 2009 interim benchmark for this measure was not met. The low performance on this measure indicates a need for directed practice improvement strategies.

Table 6: Case Plan Developed within 30 days of Child Entering Placement (July – December 2009)

	July		August		September		October		November		December	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Case Plans Completed in 30 days	174	52%	160	44%	157	47%	175	49%	178	57%	136	42%
Case Plans Completed in 31-60 days	54	16%	71	20%	66	20%	76	21%	44	14%	74	23%
Case Plans Not Completed	107	32%	130	36%	114	34%	109	30%	88	28%	111	35%
Totals	335	100%	361	100%	337	100%	360	100%	310	100%	321	100%

Source: DCF

*Percentages do not equal 100 because of rounding.

Timeliness of Case Planning-Current Plans

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM V.4, 13.b.	11. Timeliness of Case Planning – Current Plans	For children entering care, number/percent of case plans shall be reviewed and modified as necessary at least every six months.	In October 2008, 63% of case plans were modified as necessary at least every six months.	By June 30, 2009, 80% of case plans for children and families will be reviewed and modified at least every six months.	By June 30, 2010, 95% of case plans for children and families will be reviewed and modified at least every six months.

Performance as of December 31, 2009:

DCF did not meet the June 2009 benchmark for this measure. As of December 2009, 69 percent of case plans had been modified as necessary at least every six months. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure.

DCF policy requires that case plans be reviewed and modified at least every six months. From July through December 2009, between 66 and 77 percent of case plans were modified within six months. DCF did not meet the interim performance benchmark of 80 percent of cases with timely modified plans. DCF improved only marginally from the previous monitoring period on this measure and there is significant work to be done to meet the final target of 95 percent of case plans reviewed and modified every six months by June 30, 2010.

**Table 7: Case Plans Updated Every 6 Months
(July – December 2009)**

	July		August		September		October		November		December	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Case Plans Completed within 6 months	855	66%	804	67%	837	66%	838	65%	851	70%	789	69%
Outstanding	436	34%	389	33%	428	34%	458	35%	363	30%	360	31%
Totals	1,291	100%	1,193	100%	1,265	100%	1,296	100%	1,214	100%	1,149	100%

Source: DCF

*Percentages do not equal 100 because of rounding.

C. Performance Benchmarks Related to Safety and Risk Assessments

Individualized, comprehensive assessment is a process in which information concerning the needs, problems, circumstances and resources of the family, youth and children must be updated at key points of decision-making and whenever major changes in family circumstances occur. The decision to close a case should reflect the achievement of satisfactory outcomes with regard to the child's or youth's safety, permanence, and well-being. An assessment of safety and risk prior to case closure is important to ensure these satisfactory outcomes.

Safety and Risk Assessments

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM	8. Safety and Risk Assessment	Number/percent of closed cases where a safety and risk of harm assessment is done prior to case closure.	To Be Determined	By December 31, 2009, 75% of cases will have a safety and risk of harm assessment completed prior to case closure	By December 31, 2010, 98% of cases will have a safety and risk of harm assessment completed prior to case closure.

Performance as of December 31, 2009:

In December 2009, 17 percent of cases had a safety assessment, 19 percent of cases had risk assessment completed within 30 days prior to case closure and 4 percent of cases had a risk re-assessment completed within 30 days prior to case closure.⁶⁵ This performance does not meet the December 31, 2009 interim performance benchmark.

DCF uses Safe Measure to report on the number of closed cases where a safety and risk of harm assessment is completed prior to case closure. Currently the Safe Measures data cannot disaggregate cases to measure those being closed from the investigative stage with no need for ongoing services from those cases being closed from a permanency worker's caseload. The Monitor will continue to work with DCF to create a more precise measurement for this performance benchmark.

In December 2009, there were 4,567 cases closed. Of these 4,567 cases, 754 (17%) cases had a safety assessment prior to case closure, 879 (19%) cases had a risk assessment within 30 days prior to closure and 176 (4%) cases had a risk re-assessment within 30 days prior to closure.

D. Performance Benchmarks Related to Visits

The visits of children with their caseworkers, with their parents and with their siblings are all important events that can ensure children's safety, maintain and strengthen family connections and increase children's opportunities to achieve permanency. They are also integral to the principles and values of the CPM.

According to DYFS policy, caseworkers are to visit with children in foster care twice per month (at least one of these visits must be in the child's placement) during the first two months of a placement, and thereafter at least once per month. The caseworker must also visit the parent or guardian when the goal is reunification at least twice per month, and once per month if the goal differs from reunification. Children are to be afforded weekly visits with their parents unless inappropriate, and at least monthly visits with their siblings.

⁶⁵ A risk re-assessment is the risk assessment completed prior to case closure on a family who has been receiving in-home services or has a child placed in out-of-home placement.

The following performance benchmarks examine the visitation experience of children in out-of-home placement and also the experience of their parents with caseworker visits. It is important to note that the baselines for these measures were set based on the Monitor's independent case record review of children entering custody between July 1 and December 31, 2008 and remaining in custody for at least 60 days. The performance data as of December 31, 2009 reported below is data from NJ SPIRIT and analyzed by Safe Measures and it is not clear the extent to which data entry errors are deflating actual performance.

Caseworker Visits With Children in State Custody

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.B 7.a	16. Caseworker Visits with Children in State Custody	Number/percent of children where caseworker has two visits per month (one of which is in the placement) during the first two months of an initial placement or subsequent placement for a children in state custody.	Between July and January 2009, 43% of children had two visits per month during the first two months of an initial placement or subsequent placement	By December 31, 2009, 75% of children will have two visits per month during the first two months of an initial placement or subsequent placement.	By December 31, 2010, during the first two months of an initial placement or subsequent placement, 95% of children had at least two visits per month.

Performance as of December 31, 2009:

This measure requires an analysis of the pattern of caseworker visits with children who are in a new initial or subsequent placement and remain in that placement for at least one month. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure. In December 2009, there were 505 children who were in an initial or subsequent placement and remained in the placement for two full months. Of the 505 children, 89 (18%) had documented visits by their caseworkers twice per month.

Between July and December 2009, between 16 percent and 30 percent of children had documented visits by their caseworkers twice per month during the first two months of an initial or subsequent placement. DCF did not meet the December 31, 2009 interim performance benchmark for this measure. Given the importance of visitation during the first few months to assess children and families' needs and to ensure children's stability in these placements, the Monitor is very concerned by the low performance on this measure.

Caseworker Visits With Children in State Custody

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.B 7.b	17. Caseworker Visits with Children in State Custody	Number/percent of children where caseworker has at least one caseworker visit per month in the child's placement.	In October 2008, 80% of children had at least one caseworker visit per month in the child's placement.	By June 30, 2009, 85% of children had at least one visit per month.	By June 30, 2010, 98% of children shall have at least one caseworker visit per month during all other parts of a child's time in out-of-home care.

Performance as of December 31, 2009:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the number of children in out-of-home placement who have at least one caseworker visit per month. In December 2009, there were 6,887 children in out-of-home placement who were not in the first two months of an initial or subsequent placement. Of the 6,887 children, 6,116 (89%) children were visited by their caseworker at least one time per month in their placement. Between July and December 2009 performance on this measure ranged from 87 percent to 89 percent. This performance meets the June 30, 2009 interim performance benchmark.

Caseworker Visits with Parents/Family Members

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM MSA III.B 8.a	18. Caseworker Visits with Parents/Family Members	The caseworker shall have at least two face-to-face visits per month with the parent(s) or other legally responsible family member of children in custody with a goal of reunification.	Between July 2008 and February 2009, an average of 29% of parents or other legally responsible family members of children in custody had at least two face-to-face visits with a caseworker.	By December 31, 2009, 60% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	By December 31, 2010, 95% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.

Performance as of December 31, 2009:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the number of parents or other legally responsible family members who are visited two times per month by a caseworker when the family's goal is reunification. In December 2009, there were 2,967 children in custody with a goal of reunification applicable to this measure. Of the 2,967 children, the parents of 704 (24%) children were visited twice during the month. Between July and December 2009, performance on this measure ranged from 1 percent to 24 percent. This performance does not meet the December, 31, 2009 interim performance benchmark of 60 percent. The Monitor is concerned about this performance.

Caseworker Visits with Parents/Family Members

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.B 8b. CPM	19. Caseworker Visits with Parents/Family Members	The caseworker shall have at least one face-to-face visit per month with the parent(s) or other legally responsible family member of children in custody with goals other than reunification unless parental rights have been terminated.	To Be Determined	December 31, 2009 Benchmark TBD after review of case record review data	By December 31, 2010, at least 85% of families shall have at least one face-to-face caseworker contact per month, unless parental rights have been terminated.

Performance as of December 31, 2009:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the number of parents or other legally responsible family members who are visited monthly by a caseworker when the family's goal is no longer reunification. In December 2009, there were 2,286 children in custody whose goal was not reunification applicable to this measure. Of these 2,286 children, the parents for 661 (29%) children were visited monthly. Between July and December 2009, performance on this measure ranged from 3 percent to 29 percent. The Monitor and Parties are in discussion about this measure, in particular the MSA final target and whether it is an appropriate performance expectation. Until the issue is resolved, the Monitor will provide data on performance, but will not determine whether or not performance is sufficient.

Visitation Between Children in Custody and Their Parents

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.B 9a. CPM	20. Visitation between Children in Custody and Their Parents	Number/percent of children who have weekly visits with their parents when the permanency goal is reunification unless clinically inappropriate and approved by the Family Court.	Between July 2008 and February 2009, an average of 17% of children had weekly visits with their parents.	By December 31, 2009, 50% of children will have visits with their parents every other week and 40% of children will have weekly visits.	By December 31, 2010, at least 85% of children in custody shall have in person visits with their parent(s) or other legally responsible family member at least every other week and at least 60% of children in custody shall have such visits at least weekly.

Performance as of December 31, 2009:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the number of children who have weekly visitation with their parents when their permanency goal is reunification. In December 2009, there were 2,801 children with a goal of reunification applicable to this measure. Of the 2,801 children, 62 (2%) children had four documented visits with their parents or other legally responsible family member during the month. An additional 265 (9%) children had two or three documented visits during the month. This performance does not meet the December 31, 2009 interim benchmark. The Monitor is concerned about this level of performance as parent-child visitation is a cornerstone to successfully maintaining family connections and assisting in reunification efforts.

Visitation Between Children in Custody and Siblings Placed Apart

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.B 10 CPM	21. Visitation Between Children in Custody and Siblings Placed Apart	Number/percent of children in custody, who have siblings with whom they are not residing shall visit with their siblings as appropriate.	Between July 2008 and February 2009, an average of 42% of children had at least monthly visits with their siblings.	By December 31, 2009, 60% of children will have at least monthly visits with their siblings.	By December 31, 2010, at least 85% of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly.

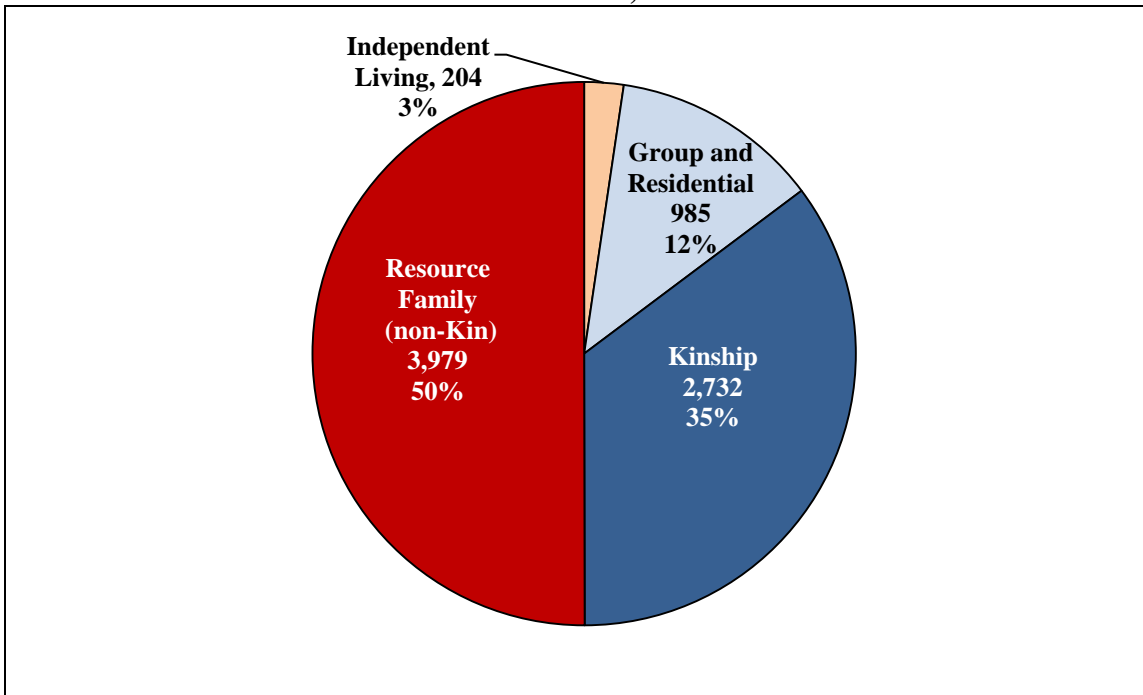
Performance as of December 31, 2009:

DCF is working hard to create the NJ SPIRIT and Safe Measures logic needed to report on this measure, but is currently unable to do so. The Monitor is hopeful that data on this measure will be available for the next Monitoring Report.

VI. THE PLACEMENT OF CHILDREN IN OUT-OF-HOME CARE

As of December 31, 2009, a total of 44,954 children were receiving DYFS services in placement (7,900) or in their own homes (37,054). Figure 3 shows the type of placement for children in DYFS custody as of December 31, 2009: 85 percent were in family resource homes (either non-relative or kinship), 12 percent in group and residential facilities and 3 percent in independent living facilities.

**Figure 3: Children in DYFS Out-of-Home Placement by Type of Placement
As of December 31, 2009
Total = 7,900**



Source: DCF

Table 8 below shows selected demographics for children in out-of-home placement as of December 31, 2009. As seen in Table 8, 42 percent of children in out-of-home care were age 5 or under, with the largest single group (children 2 or younger) comprising 26 percent of the out-of-home placement population. Thirty-three percent of the population was age 13 or older, with 8 percent age 18 or older.

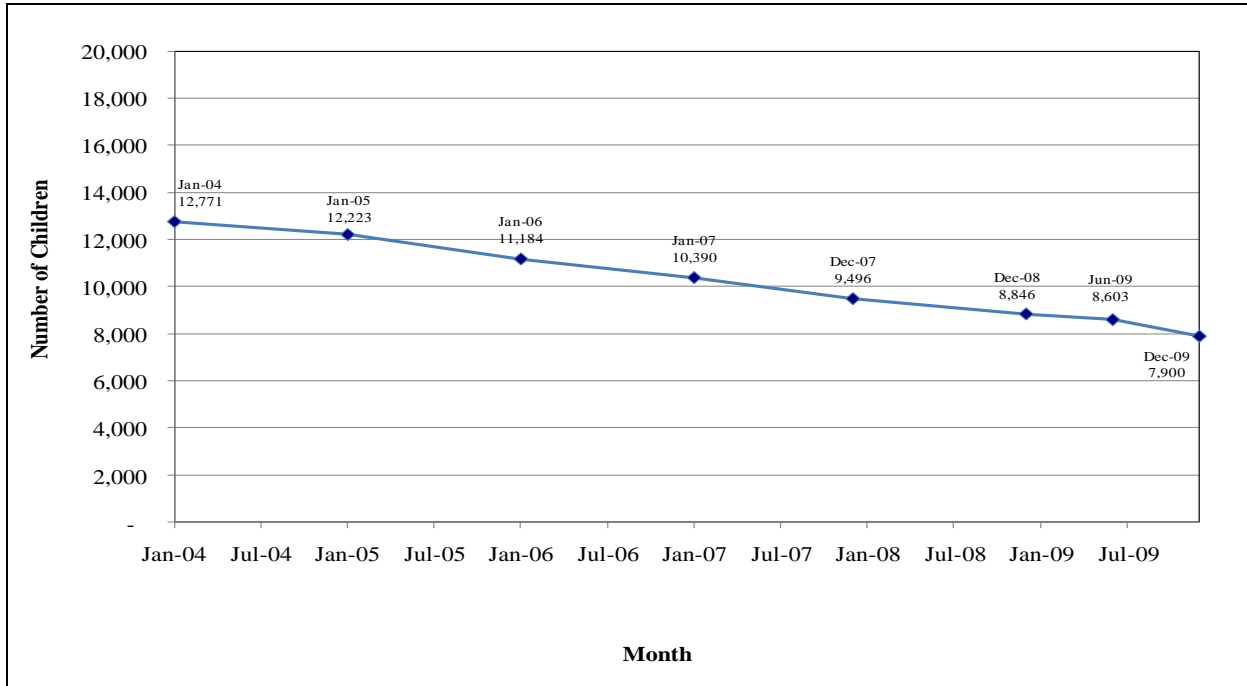
**Table 8: Selected Demographics for Children in Out-of-Home Placement
As of December 2009
(n=7,900 children, point in time data)**

Gender	Percent
Female	48%
Male	52%
Total	100%
Age	Percent
2 years or less	26%
3-5 years	16%
6-9 years	14%
10-12 years	10%
13-15 years	12%
16-17 years	13%
18+ years	8%
Total	100%
Race	Percent
Black or African American	52%
American Indian or Alaska Native	<1%
Asian	<1%
Native Hawaiian or Other Pacific Islander	<1%
White	32%
Multiple Races	2%
Undetermined	14%
Total	100%

Source: DCF, NJ SPIRIT

The number of children in out-of-home placement has continued to significantly decline (See Figure 4). As of December 31, 2009, there were 7,900 children in out-of-home placement.

**Figure 4: Children in Out-of-Home Placement
(January 2004 – December 2009)**

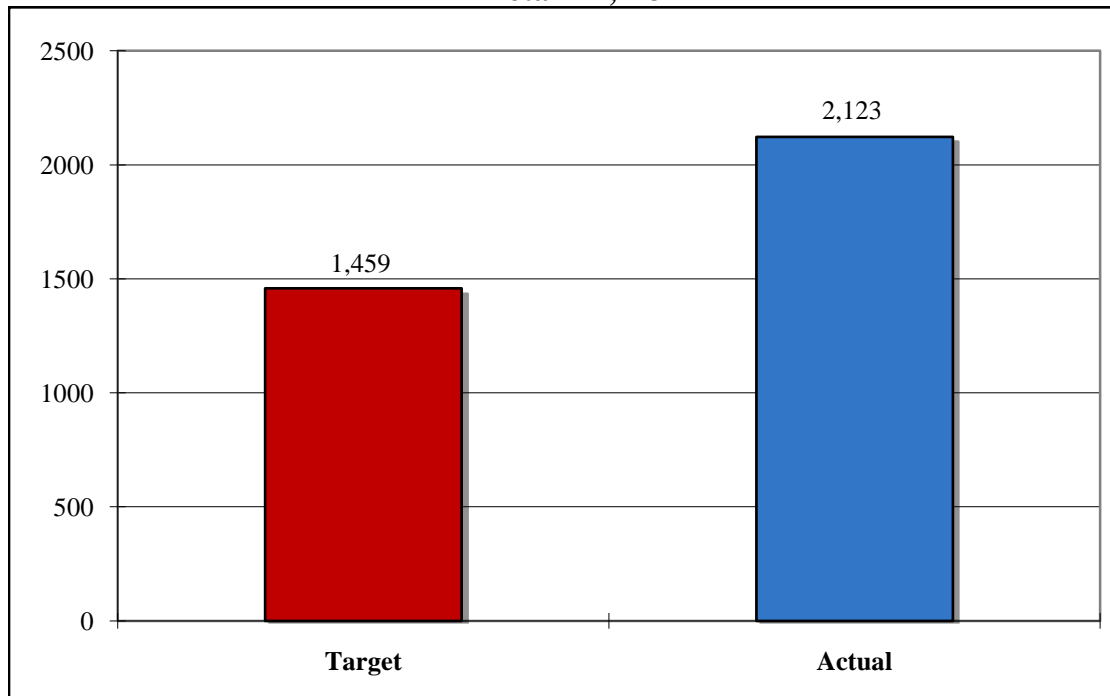


Source: DCF, NJ SPIRIT

A. Recruitment and Licensure of Resource Family Homes

DCF recruited and licensed 2,123 new kin and non-kin Resource Family and treatment homes in calendar year 2009, 664 homes above its calendar year 2009 target.

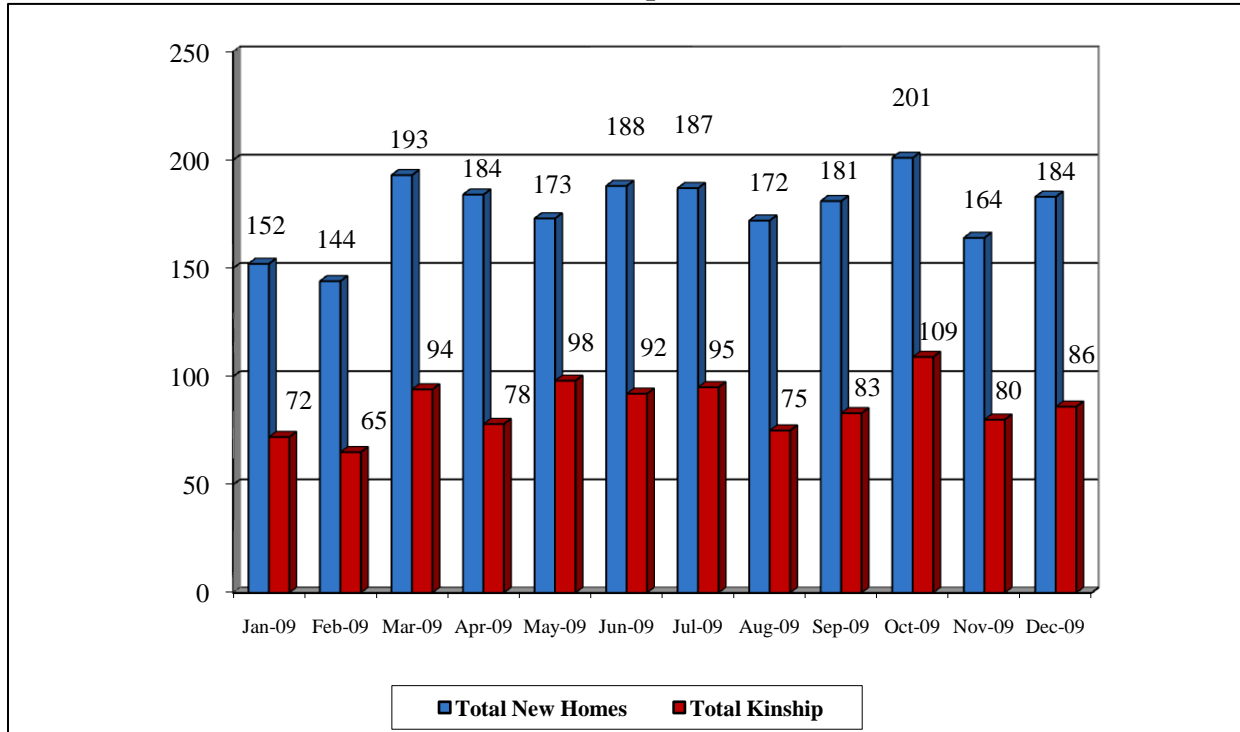
**Figure 5: Number of Newly Licensed Resource Family Homes
(January – December 2009)
Total = 2,123**



Source: DCF

DCF reports that 523 (48%) of the 1,089 newly licensed Resource Family homes during this monitoring period were kinship homes, in contrast to 2007 when 28 percent of the State's resource families were kinship caregivers. These gains represent the enormous effort staff have made to put into practice the tenant of the Case Practice Model that children should remain with family members whenever possible. Figure 6 below reflects the total number of newly licensed Resource (kinship and non-kinship) Family homes by month from January 2009 to December 2009.

Figure 6: Newly Licensed Resource Family Homes⁶⁶
(Kinship and Non-Kinship)
(January 2009 – December 2009)
Total Licensed = 2123
Total Kinship = 1027

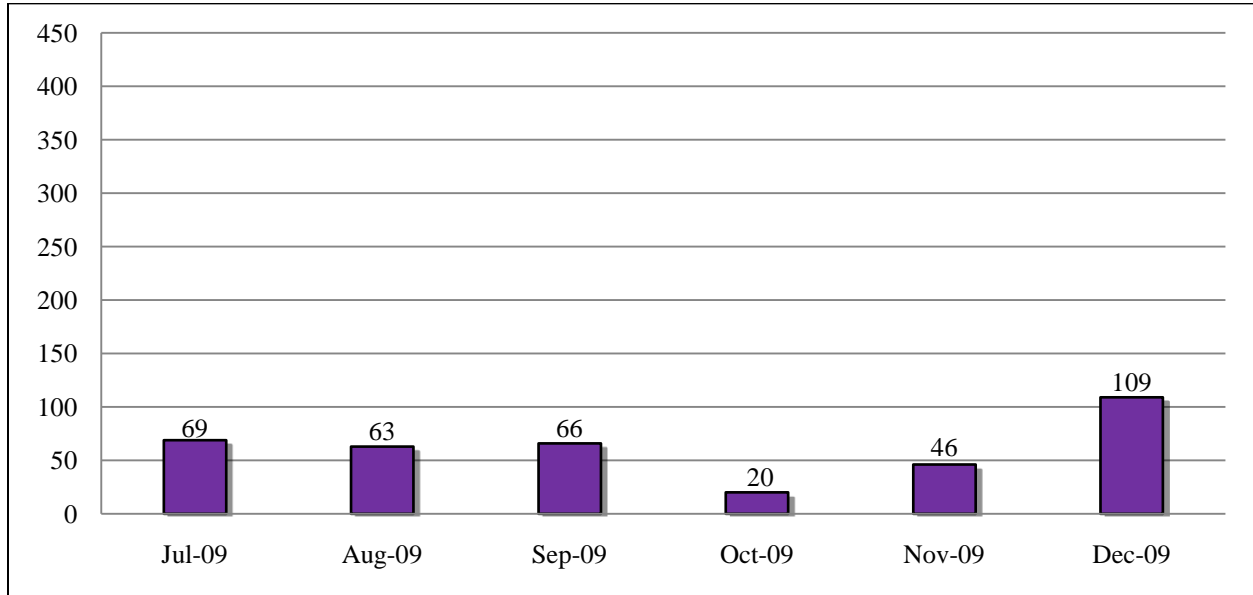


Source: DCF, NJ SPIRIT

New Jersey must consistently sustain a gain of Resource Family homes to ensure there are sufficient family-based settings in which to place children. Between July 1, 2009 and December 31, 2009 DCF had a net gain of 373 new homes (see Figure 7) and a total net increase for calendar year 2009 of 791 homes. DCF far exceeded its calendar year 2009 target of licensing 1,459 new homes. DCF attributes its notable success in this area to creative use of outreach and new opportunities for staff training. Currently there are over 6,500 licensed Resource Family homes statewide. As will be discussed in more detail herein, it will be important for DCF to continue its current level of support for outreach and training efforts to ensure that recruitment and retention of resource parents satisfies New Jersey’s need for quality Resource Family homes.

⁶⁶ This table excludes Resource Family treatment homes.

**Figure 7: Net Gain of Resource Families
(July – December 2009)
Total Net Gain = 373**



Source: DCF

In sum, DCF's Resource Family and Resource Family Licensing units have demonstrated remarkable achievements in the past four years. Table 9 below represents, by calendar year, the number of Resource Family homes licensed and closed for calendar years 2005-2009.

**Table 9: Resource Family Homes Licensed and Closed
Calendar Years 2005 - 2009**

Calendar Year	Total Non-Relative Resource Homes Licensed	Total Relative Resource Homes Licensed	Total Resource Homes Licensed	Total Resource Homes Closed	Resource Homes Net Gain⁶⁷
2005	n/a⁶⁸	n/a⁶²	824	987	-128
2006	930	215	1145	931	214
2007	1215	517	1732	956	776
2008	1104	903	2007	1229	778
2009	1096	1027	2123	1332	791

Source: DCF

Under capable and dedicated leadership DCF’s Resource Family licensing and recruitment work has evolved over the last several years into a well organized and highly functioning operation. Part of this success has been the ability of the State to more strategically target geographic areas that are in need of more resource homes, large capacity homes to help place siblings together, and kinship homes. The Monitor reviewed a random sample of 20 percent of resource family licensing files from July 1, 2009 to December 31, 2009 and verified reported data.

DCF continues to make progress in keeping children entering placement in their home counties and maintaining and recruiting large capacity Resource Family homes to keep large sibling groups together.

As previously reported, the State regularly conducts a geographic analysis comparing capacity of Resource Family homes by county in order to set county-based annualized targets for recruitment. (MSA Section II.H.13). As Table 10 indicates, that process continued to show success in this monitoring period, with all 21 counties reported as having an increase in the net number of licensed Resource Family homes. The three counties identified as needing to substantially increase their numbers in the previous report (Cape May, Hudson, and Salem)

⁶⁷ This table excludes Resource Family treatment homes. Beginning with 2009, DCF is excluding treatment homes from its website report on the net gain of Resources Family homes.

⁶⁸ DCF did not disaggregate by relative and non-relative type of resource home until 2006; therefore data for 2005 is not available.

reportedly all met their goals, with Hudson County exceeding its target by an impressive net gain of 99 homes. Three counties designated as needing a small increase (Camden, Mercer, and Essex) also achieved net gains.

Table 10: Resource Family Targets and Net Number of Existing Resource Family Homes by County (January 2009 – January 2010)

County	2009 Target	2009 Licensed	Existing Homes January 2009	Existing Homes January 2010	Existing Homes Annual Net Gain*
Atlantic	42	55	210	224	14
Bergen	46	115	331	362	31
Burlington	82	91	341	353	12
Camden	151	151	359	392	33
Cape May	30	30	65	83	18
Cumberland	28	53	163	179	16
Essex	347	395	1124	1300	176
Gloucester	51	80	164	211	47
Hudson	81	192	367	466	99
Mercer	58	86	251	281	30
Middlesex	65	117	306	344	38
Monmouth	79	99	277	306	29
Morris	41	59	211	228	17
Ocean	90	124	328	343	15
Passaic	71	122	300	355	55
Salem	29	30	55	68	13
Sussex	20	40	106	114	8
Union	87	174	419	538	119
H/S/W**	61	100	322	345	23

Source: DCF

*Data is based on existing Resource Family homes from 1/22/2009 – 1/29/2010.

** Hunterdon, Somerset and Warren Counties are considered collectively as they have one unit that services all three counties.

DCF sets annualized targets for each county for licensing Resource Family homes. The targets are based on the total number of children in placement, the total number of licensed resource homes, sibling groups, the average number of closed homes, and geographic location, including the county from where the children who need placement come. As reflected in Table 10 above, DCF reports that in this reporting period all of the counties met or exceeded their annualized targets.

Large Capacity Homes

DCF identified recruiting and licensing homes with capacity to accommodate large sibling groups as a priority in the needs assessment it conducted in 2007. As previously reported, the State developed a specialized recruitment strategy to focus attention on identifying, recruiting and licensing these homes, termed “Siblings in Best Settings” or SIBS. DCF ended calendar year 2009 with a total of 35 SIBS families, up from 29 in calendar year 2008. While seven SIBS homes were closed in this monitoring period, the State licensed or upgraded the capacity of 22 additional SIBS homes. Of the seven homes closed, two left the program after achieving permanency through adoption or Kinship Legal Guardianship, three chose to reduce the number of children in the home, and two closed their homes.⁶⁹ In a challenging field, the SIBS program has been remarkably successful, and the State is to be commended for its ingenuity in this area.

DCF has developed new recruitment strategies that have added to its success in recruiting and licensing Resource families.

National experts from Adopt-Us-Kids National Resource Center have been assisting New Jersey in its resource family recruitment efforts. In September, the Resource Center provided a one day seminar for staff from all Area Offices on developing unique local recruitment plans. The Family Resource staff who attended the Center’s training are assisting DYFS local office staff in identifying objectives and strategies for their 2010 recruitment plans based on the needs of each area.

New Jersey piloted its innovative Licensed Resource Parent Adjunct Recruiters program in Salem, Monmouth, Ocean and Cape May counties. This program capitalizes on the knowledge base of local resource parents who convene and conduct outreach events for potential new resource parents. Because local resource parents know the community well, they are uniquely situated to collaborate and network with organizations intrinsic to the local community. The success of this program led New Jersey to expand it statewide; Resource Family staff in each county identified two to three potential Adjunct Recruiters to assist with recruitment in their geographic areas.

DCF is also contracting with Just Babies to recruit and develop resource families⁷⁰. In December 200, DCF held an event with approximately 20 families recruited by Just Babies who are waiting for children. DCF’s Child Specific Recruiters interested some of these families in some of the older legally free children awaiting adoption. Events such as these, in which recruiters take

⁶⁹ One home closed due to a move out of state, and one close because of a reunification.

⁷⁰ Just Babies, L.L.C. is a private agency contracted by DYFS to recruit, train and offer on-going support to help increase the number of quality foster parents.

advantage of opportunities to interest potential resource families in children already in placement, are scheduled to be held on a regular basis in 2010.

New Jersey has also partnered with All Children-All Families, a Human Rights Campaign Family Project initiative. This initiative attempts to expand the pool of qualified resource families by educating the lesbian, gay, bi-sexual and transgender community about becoming foster and/or adoptive parents. The State is working toward achieving 10 benchmarks that will earn it a seal of recognition that will be used as an educational and marketing tool for recruitment of Resource Families. One such benchmark is adding an addendum to New Jersey's non-discrimination policy indicating the State will not preclude a potential resource parent from providing care based on gender identity or expression.

All of these model, creative recruitment programs take resources. Without adequate outreach, recruitment efforts become stagnant and inflexible to New Jersey's changing populations and risk attracting insufficient numbers of sufficiently qualified resource parents for the State's needs. The Monitor urges New Jersey to continue to support DCF's inventive and in some cases pioneering recruitment and retention programs so that New Jersey's children will continue to be placed in safe and appropriate settings.

DCF continues to contract with Foster and Adoptive Services (FAFS) to conduct ongoing in-service training opportunities for DYFS resource families (MSA Section III.C.4).

During 2009, FAFS has developed new in-service training opportunities for resource parents, including on-line training programs. Since July 2009 the following online training opportunities are available:

- The Child Health Program and You
- Visitation Revisited
- Under One Roof: Keeping Siblings Together
- Fetal Alcohol Syndrome: Hard Facts to Swallow
- Preparing Your Home for an Office of Licensing Inspection

In addition, DCF contracts with FAFS to provide six training opportunities in each county each year. It estimates that statewide close to 50 workshops were conducted at FAFS meetings between July and December 2009 on such topics as the Child Placement Review Board, Termination of Parental Rights, the Role of the Law Guardian, Sensory Processing Disorders, Dealing with Difficult Behaviors, and an Overview of the NJ Foster Care Scholar's Program.

The State reports a healthy increase in its performance on processing Resource Family applications within 150 days, improving by 10 percent over the previous monitoring period.

DCF has continued its progress in closing the gap on resolving resource family applications for licenses within 150 days (MSA Section II.H.4). As shown in Table 11 below, for applications received from February through July 2009, 67 percent were resolved in 150 days, up from 57 percent reported in the previous monitoring period for applications received from July through November 2008. Seventy-five percent of applications were resolved within 180 days.

Table 11: Total Number of Resource Family Homes Resolved Between February – July 2009

Month Applied	Total Applications	Applications Resolved in 150 Days		Applications Resolved in 180 Days	
	Number	Number	Percent	Number	Percent
February	235	142	60%	163	69%
March	361	230	64%	262	73%
April	261	179	69%	203	78%
May	221	158	71%	170	77%
June	255	168	66%	187	73%
July	262	196	75%	207	79%
Total	1595	1073	67%	1192	75%

Source: DCF

Overall, since July 2007 the State reports that it has increased its performance in this area by 165 percent. Factors that may have resulted in this improvement are varied.

DCF continues to deploy its Resource Family Impact Teams (Impact Teams) to local Resource Family units where they hold monthly meetings designed to troubleshoot challenges staff confront in meeting the 150 day timeframe. Area Resource Family Specialists are a critical component to the Impact Teams. Their role is to link DCF central office staff and the counties, as well as provide knowledge for training, staffing and contracting needs that relate to resource families. The Resource Family Specialists are responsible to track progress, attempt to resolve barriers to resolution of licensing applications, and work to achieve monthly resource family targets.⁷¹ The State also increased its Impact Team support to Hudson, Salem, Cape May, and Camden counties during this monitoring period, demonstrating positive results.

The Impact Teams continue to be instrumental in identifying the need for more and better training for Resource Family and Licensing staff. The training, which continued during this monitoring period, includes a two day workshop developed by the Office of Resource Families (ORF) for new staff to encourage collaboration between Resource Family and Licensing staff. These classes include material essential for both groups to perform quality practice, such as child interviewing skills, the Case Practice Model, and the 150 day timeframe and tips to reach that goal. Another training curriculum presented to both Resource Family and Licensing staff focuses on recruitment.

⁷¹ The position of Area Resource Family Specialist in Essex and Camden counties has been vacant for over six months. There are areas of dense population that contain a significant number of local offices in which to support staff; Essex has seven DYFS local offices and Camden has four. The Monitor urges DCF to assess the extent to which these two vacancies will affect future resource family recruitment, retention and operations in these two counties.

Finally, the State reports that all Resource Family staff has been trained to use the Automated Resource Family Tracking System that is part of NJ SPIRIT. The training demonstrates how staff is to use the database to identify available Resource Family homes for a child. DCF has coordinated with the NJ Training Academy to provide regular quarterly sessions to new Resource Family staff as needed.

The Monitor will be following ten Resource Family applications from Burlington and Bergen counties that were approved for processing in March 2010 from application through resolution and will report in the next Monitoring Report on any findings related to successes and barriers to the 150 day licensing process.

The State drafted new policies for establishing Special Home Service Provider (SHSP) resource family board rates and drafted a set of recommendations.

In May 2009, DCF established a workgroup to review its SHSP resource family board rate to ensure the continued availability of SHSP families as resources for children with special needs and to make appropriate rate adjustments (MSA Section II.H.17). The group was comprised of staff from the Office of Resource Families, Child Health Units, local office Resource Family staff, including specialists on SHSP issues within DYFS, a SHSP resource parent, and Policy Unit staff. During this monitoring period the workgroup developed a new rate assessment tool that will assist with establishing the level of care required for each applicable child. The acuity level assigned to the child by the Child Health Units will be one among a number of variables that will assist with determining level of care. The new rate assessment tool has been piloted and DCF leadership is reviewing the tool for possible implementation later this year. The rate assessment tool will replace the flat rate for SHSP homes previously in use in order to provide for more flexibility and to better ensure that the medical needs of children in care are being met. For example, previously when a child's medical needs no longer required the level of care available in a SHSP home, the child was often moved out of the home. The new protocol will permit children to remain in their homes while the rate structure for the home will change.

A set of recommendations for implementing the new rate is also in process, such as a change to the protocol for training foster parents who want to take in children with serious medical needs. In the future, Child Health Unit nurses will be involved in developing individualized plans for SHSP resource parents, who will now be trained together with the general pool of resource parents. In addition, there will no longer be a policy that at least one adult not work more than 10 hours. This relaxing of the work rules for SHSP providers will permit doctors, other health care professionals and kin who were previously excluded to become SHSP providers.

B. Performance Benchmarks on Placement of Children in Out-of-Home Care

The following measures relate to children's placement in out-of-home care. Data are provided on placement outcomes when available.

Appropriateness of Placement

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM V.4	23. Appropriateness of Placement	Combined assessment of appropriateness of placement based on: a. Placement within appropriate proximity of their parents' residence unless such placement is to otherwise help the child achieve the planning goal. b. Capacity of caregiver/placement to meet child's needs. c. Placement selection has taken into account the location of the child's school.	To be determined through pilot QR in immersion sites in the first quarter of 2010	To be determined through pilot QR in immersion sites in the first quarter of 2010	By June 30, 2010, 90% of cases score appropriately as measured by QR Modules.

Performance as of December 31, 2009:

Data on the appropriateness of a child's placement are not currently available. By agreement of the Parties, this will be measured using the qualitative review process. As previously discussed, the tools for this review are currently being piloted and refined.

Placing Children With Families

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.A 3.c	24. Outcome: Placing Children w/Families	The percentage of children currently in custody who are placed in a family setting.	As of June 2007, 83% of children were placed in a family setting.	By July 2008, 83% of children will be placed in a family setting.	Beginning July 2009 and thereafter, at least 85% of children will be placed in a family setting.

Performance as of December 31, 2009:

In December 2009, 85 percent of children were placed in family settings. This level of performance meets the final target for this outcome.

DCF uses NJ SPIRIT to report on the type of placement. As of December 31, 2009, there were 7,900 children in a DYFS out-of-home placement, 6,711 (85%) of whom were placed in resource family (non-kin) or kinship placements. The remaining 1,189 children were placed in independent living placements (204) or group and residential facilities (985).

DCF also provides data on children's out-of-home placement type at the time of initial placement. The most recent data provided on children's placement type at the time of initial placement is from calendar year 2009. In calendar year 2009, 3,984 children entered out-of-home placement. Of the 3,984 children, 3,478 (87%) children were placed in family settings for their first placement or within seven days of initial placement.

Placing Siblings Together

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.A 3.b CPM	25. Outcome: Placing Siblings Together	Of sibling groups of 2 or 3 siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	As of June 2007, 63% of sibling groups were placed together.	For siblings entering custody in the period beginning July 2009, at least 65% will be placed together. For siblings entering custody in the period beginning July 2010, at least 70% will be placed together. For siblings entering custody in the period beginning July 2011, at least 75% will be placed together.	For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.

Performance as of December 31, 2009:

In calendar year 2009, there were 754 sibling groups that came into custody at the same time or within 30 days of one another. Of these 754 sibling groups, 659 sibling groups had two or three children in them; 488 (74%) of these sibling groups were placed together. This meets the 2009 interim performance benchmark.

Placing Siblings Together

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.A 3.b	26. Outcome: Placing Siblings Together	Of sibling groups of 4 or more siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	As of June 2007, 30% of sibling groups were placed together.	For siblings entering custody in the period beginning July 2009, at least 30% will be placed together. For siblings entering in the period beginning July 2010, at least 35% will be placed together.	For siblings entering in the period beginning July 2011 and thereafter at least 40% will be placed together.

Performance as of December 31, 2009:

In calendar year 2009, there were 754 sibling groups that came into custody at the same time or within 30 days of one another. Of these 754 sibling groups, 95 sibling groups had four or more

children in them; 29 (31%) of these sibling groups were placed together. This performance meets the 2009 interim performance benchmark.

Stability of Placement

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.A 3.a	27. Outcome: Stability of Placement	Of the number of children entering care in a period, the percentage with two or fewer placements during the twelve months beginning with the date of entry.	Between 2002 and 2006, an average of 84% children entering care had two or fewer placements during the twelve months beginning with their date of entry.	By December 31, 2008, at least 86% of children entering care will have two or fewer placements during the twelve months from their date of entry.	By June 2009 and thereafter, at least 88% of children entering care will have two or fewer placements during the twelve months from their date of entry.

Performance as of December 31, 2009:

Data on calendar year 2009 performance is not yet available as performance is measured on the stability of placement for the first twelve months of children who entered care anytime in 2009. The most recent performance data assesses children who entered care in 2008. In calendar year 2008, 85 percent of children had two or fewer placements during the twelve months from their date of entry. This performance meets the the December 31, 2008 interim performance benchmark.

The most recent data includes children who entered foster care during calendar year 2008 and aggregates the number of placements each child experienced. There were 4,257 children who entered foster care in calendar year 2008. Of these 4,257 children, 3,632 (85%) children had two or fewer placements in the twelve months after their entry.

Placement Limitations

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.C	28. Placement Limitations	Number/percent of resource homes in which a child has been placed if that placement will result in the home having more than four foster children, or more than two foster children under age two, or more than six total children including the resource family's own children.	Between April 2009 and June 2009, 1.4% of resource homes had children placed exceeding placement limitations.	Not Applicable ⁷²	By June 2009, no more than 5% of resource home placements may have seven or eight total children including the resource family's own children.

Performance as of December 31, 2009:

The MSA sets limits as to how many children can be placed in a Resource Family home at one time: no child should be placed in a resource home if that placement will result in the home having more than four foster children, more than two foster children under the age of two, or more than six total children including the resource family's own children. (Section III.C.1). Exceptions can be made to limits as follows: no more than five percent of Resource Home placements may be made into resource homes with seven or eight total children including the Resource Family's own children, but such placements can be made as long as there is adherence to the other limitations referred to above. Any of the limitations may be waived if needed and appropriate to allow a group of siblings to be placed together.

The Monitor reviewed all six waivers to population limits awarded to Resource Family homes between July 1 and December 31, 2009. One waiver was awarded to keep a sibling group together and five of the waivers involving six children were awarded to Special Home Services Provider (SHSP) homes to ensure the children's medical needs were satisfied by experienced SHSP providers. All five waivers were granted to homes in Atlantic and Cape May counties and were awarded to homes in which Resource parents were caring for three children under the age of two. The waiver materials specify that there is a scarcity of SHSP homes in the Atlantic/Cape May area. DCF believes that the new rate assessment tool and set of recommendations to policy is likely to help increase the pool of available Resource homes statewide and in the area that are able to care for children with medical needs. The Monitor urges DCF to examine the need for more such homes in Atlantic/Cape May in light of new policy and if necessary, either recruit additional homes in that location or consider placing children in appropriate homes in adjoining counties.

⁷² For places where baseline data were not available prior to due date of final target, benchmarks have been removed.

Limiting Inappropriate Placements

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.B.6	29. Outcome: Limiting Inappropriate Placements	a. The number of children under age 13 placed in shelters.	a. As of March 2007, 4 children under age 13 were placed in shelters.	a. By December 2008 and thereafter, no children under age 13 in shelters.	a. By December 2008 and thereafter, no children under age 13 in shelters.
MSA III.B.6	29. Outcome: Limiting Inappropriate Placements	b. The number of children over age 13 placed in shelters in compliance with MSA standards on appropriate use of shelters to include: as 1) an alternative to detention; 2) a short-term placement of an adolescent in crisis not to extend beyond 45 days; or 3) a basic center for homeless youth.	b. Between Jan and June 2008, 63% of children placed in shelters were in compliance with MSA standards.	b. By December 31 2008, 75% and by June 30, 2009, 80% of children placed in shelters in compliance with MSA standards on appropriate use of shelters.	b. By December 31, 2009, 90% of children placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 1) an alternative to detention; 2) short-term placement of an adolescent in crisis not to extend beyond 30 days; or 3) a basic center for homeless youth.

The MSA includes requirements on the placement of children in shelters (Section II.B.6). Specifically, no children under the age of 13 should be placed in shelters and those children over the age of 13 placed in shelters must be placed only as an alternative to detention, as a short term placement of an adolescent in crisis not to extend beyond 30 days, or as a basic center for homeless youth.

Performance as of December 31, 2009:

- a. From July 1 to December 31, 2009, DCF reports that one (1) child out of 7,439 children under the age of 13 was placed in a shelter.

In October 2009, a 12 year old boy was placed in a shelter for six days. Monitor review of NJ SPIRIT confirmed this shelter placement. This boy had been living with his two brothers in a Resource Family home. During a worker's visit, the resource parent requested that the boys be removed from her home immediately. This boy was placed with his older brother in a shelter for six days until another Resource Family home could be located.

- b. From July through December 2009, DCF reports that 393 youth age 13 or older were placed in shelters. Of the 393 youth, 324 (90%) youth were placed in accordance with criteria on appropriate use of shelters.

Previously, the Monitor reviewed data on shelter placements through an independent case review and concluded based on the documentation that there was confusion in the field about appropriate use of shelter placements for youth aged 13 or older. DCF drafted new instructions to the field regarding the MSA standards for shelter placement, which the Monitor believed necessary. These instructions were distributed to the field in spring 2010, not between July 1 and December 31, 2009; therefore, the Monitor is not yet able to assess whether change has taken hold.

The Monitor’s independent review of 10 percent of reported shelter placements, from July 1 through December 31, 2009, found that DCF placed youth in shelters usually upon a sudden removal, such as the foster parent requiring that the youth be removed that day or the youth being at serious risk of abuse or in inflicting abuse on others. Typically, the shelter placement was a short term placement until the worker found another suitable home or residential treatment facility. However, the Monitor’s review also found that courts are frequently ordering the placement of youth into shelters. In three cases reviewed involving a court ordered placement, youth remained in a shelter for longer than 30 days. In one instance a 13 year old youth with significant mental health issues remained in a shelter for 76 days. While technically, a court ordered placement is an exception to the requirements in the MSA, the Monitor is concerned that additional outreach to courts may be needed to ensure judges understand DCF’s policy to limit the use of shelters as placements.

**Table 12: Shelter Placements for Youth over the Age of 13
January 2008 – December 2009**

	January – June 2008	July – December 2008	January – June 2009	July – December 2009
Number of youth over 13 placed in shelters	451	421	465	393
Number of youth appropriately placed	358(79%)	375(89%)	423(91%)	352(90%)
Number of youth inappropriately placed	93(21%)	46(11%)	42(9%)	41 (10%)

Source: DCF

VII. REPEAT MALTREATMENT AND RE-ENTRY INTO CARE

The State is responsible for ensuring the safety of children who are receiving or have received services from DYFS. This responsibility includes ensuring the safety of children who are placed in resource homes or facilities. As detailed below, the MSA includes a number of outcomes on repeat maltreatment, maltreatment while in care and re-entry into care.

Repeat Maltreatment and Re-entry to Placement

Abuse and Neglect of Children in Foster Care

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.A. 1.a	30. Outcome: Abuse and Neglect of Children in Foster Care	Number of Children in custody in out-of-home placement who were victims of substantiated abuse or neglect by a resource parent or facility staff member during twelve month period, divided by the total number of children who have been in care at any point during the period.	In CY2006, 0.3% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member.	For the period beginning July 2009, no more than 0.53% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	For the period beginning July 2010 and thereafter, no more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.

Performance as of December 31, 2009:

In calendar year 2009, 0.14 percent of children in custody in out-of-home placement were the victims of substantiated abuse or neglect by a resource parent or facility member, meeting the July 2009 interim performance benchmark established by the MSA.

Data on maltreatment in out-of-home care come from DCF's work with Chapin Hall. The most recent data analyzed by Chapin Hall is from calendar year 2009. Chapin Hall found that 19 children were the victims of substantiated abuse or neglect by a resource parent or facility staff member. Of the 13,355 children who were in care at any point in calendar year 2009, this equates to 0.14 percent of children were the victims of abuse or neglect in an out-of-home placement.

Repeat Maltreatment

The Performance Benchmarks measure two types of repeat maltreatment. The first is for children who are not removed from their own homes after a substantiation of child abuse or neglect. The second measures repeat maltreatment for children who have been removed and subsequently reunified with their families.

Repeat Maltreatment

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.A 1.b	31. Outcome: Repeat Maltreatment	Of all children who remain in home after substantiation of abuse or neglect, the percentage who have another substantiation within the next twelve months.	In CY2006, 7.4% of children who remained at home after a substantiation of abuse or neglect had another substantiation within the next twelve months.	Not Applicable ⁷³	For the period beginning July 2009 and thereafter, no more than 7.2% of children who remain at home after a substantiation of abuse or neglect will have another substantiation within the next twelve months.

Performance as of December 31, 2009:

Of those children who were victims of a substantiated allegation of abuse or neglect and who did not enter out-of-home care in calendar year 2008, 3.5 percent had another substantiation within the next twelve months.

DFC uses Chapin Hall data to report on repeat maltreatment and the most recent data analyzed by Chapin Hall are for children whose first substantiation occurred in calendar year 2008. In calendar year 2008, there were 5,189 children who were the victims of a substantiated allegation of abuse or neglect and were not placed in out-of-home care. As of December 31, 2009, of the 5,189 children, 183 (3.5%) children were the victims of a substantiated allegation of child abuse or neglect within 12 months of the initial substantiation.

⁷³ For places where baseline data were unavailable prior to due date of final target, benchmarks have been removed.

Repeat Maltreatment

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.A 1.c	32. Outcome: Repeat Maltreatment	Of all children who are reunified during a period, the percentage who are victims of substantiated abuse or neglect within one year after the date of reunification.	In CY2006, 5.0% of children who reunified were the victims of substantiated abuse or neglect within one year after the reunification. ⁷⁴	Not Applicable ⁷⁵	For the period beginning July 2009 and thereafter, no more than 4.8% of children who reunified will be the victims of substantiated abuse or neglect within one year after reunification.

Performance as of December 31, 2009:

In calendar year 2008, seven percent of children who were reunified were victims of substantiated abuse or neglect within one year after the date of reunification.

DCF uses Chapin Hall data to report on repeat maltreatment and the most recent data analyzed by Chapin Hall are from calendar year 2008. In calendar year 2008, there were 3,421 children who were returned home or to a family member after a stay in out-of-home placement. Of the 3,421 children, 239 (7%) were the victims of a substantiated allegation of abuse or neglect within 12 months after their return home.

⁷⁴ This baseline has changed from prior versions due to data clean up with Chapin Hall.

⁷⁵ For places where baseline data were unavailable prior to due date of final target, benchmarks have been removed.

Re-entry to Placement

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.A 2.b	33. Outcome: Re-entry to Placement	Of all children who leave custody during a period, except those whose reason for discharge is that they ran away from their placement, the percentage that re-enter custody within one year of the date of exit.	Of all children who exited in CY2005, 21% re-entered custody within one year of the date of exit.	For the period beginning July 2009, of all children who exit, no more than 14% will re-enter custody within 1 year of the date of exit. For the period beginning July 2010, of all children who exit, no more than 11.5% will re-enter custody within 1 year of the date of exit.	For the period beginning July 2011 and thereafter, of all children who exit, no more than 9% will re-enter custody within 1 year of exit.

Performance as of December 31, 2009:

DCF uses Chapin Hall data to report on re-entry into placement. The most recent data analyzed by Chapin Hall are from calendar year 2008. In calendar year 2008, there were 6,220 children who exited foster care. Of the 6,220 children who exited, 4,207 children exited to qualifying exits (i.e., reunification, guardianship or to a relative placement).⁷⁶ Of the 4,207 children who exited to qualifying exits, 613 (15%) children re-entered placement as of June 30, 2009.

⁷⁶ DCF has objected to the Monitor's definition of "qualifying exits" used to analyze this measure. The agency believes that due to the language of the MSA, the definition of qualifying exits should only exclude children who run away from placement. The Monitor uses a definition of qualifying exits which excludes from the calculations runaways as well as children who are adopted.

VIII. TIMELY PERMANENCY THROUGH REUNIFICATION, ADOPTION OR LEGAL GUARDIANSHIP

All children—regardless of age, race or ethnicity—need and deserve a safe, nurturing family to protect and guide them. In child welfare work, this is called achieving “permanency.” Permanency can be achieved through a number of different avenues: safe family reunification is the preferred choice, but permanency also includes kinship/guardianship and adoption.

As required by the MSA, the Monitor, in consultation with the Parties, developed specific measures and performance benchmarks to determine whether children in custody achieve timely permanency through reunification, adoption or legal guardianship (Section III.A.2.a). These five permanency outcomes and associated performance benchmarks and final targets are shown below and the state’s current performance is discussed in the section that follows.

Timely Permanency through Reunification, Adoption or Legal Guardianship

Reference	Area	Quantitative or Qualitative Measure ⁷⁷	Baseline	Benchmark	Final Target
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	a. <u>Permanency Outcome 1: Permanency in first 12 months:</u> Of all children who entered foster care for the first time in the target year and who remained in foster care for 8 days or longer, what percentage was discharged from foster care to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.	Of all children who entered foster care in CY2007, 41% were discharged from foster care to permanency within 12 months from their removal from home.	Of all children who entered foster care for the first time in CY2009, 43% will have been discharged to permanency within 12 months from their removal from home. Of all children who entered foster care for the first time in CY2010, 45% will have been discharged to permanency within 12 months from their removal from home.	Of all children who entered foster care for the first time in CY2011, 50% will have been discharged to permanency within 12 months from their removal from home.
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	b. <u>Permanency Outcome 2: Adoption:</u> Of all children who became legally free for adoption during the 12 months prior to the target year, what percentage was discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	For the 12 month period ending March 31, 2008, 35% of children who became legally free for adoption were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	Of those children who become legally free in CY2009, 45% will be discharged to a final adoption in less than 12 months from the date of becoming legally free. Of those children who become legally free in CY2010, 55% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.	Of those children who become legally free in CY2011, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	c. <u>Permanency Outcome 3: Total time to Adoption:</u> Of all children who exited foster care to adoption in the target year, what percentage was discharged from foster care to adoption within 30 months from removal from home.	Of all children who exited to adoption in CY2007, 37% were discharged from foster care to adoption within 30 months from removal from home.	Of all children who exit to adoption in CY2009, 45% will be discharged from foster care to adoption within 30 months from removal from home. Of all children who exit to adoption in CY2010, 55% will be discharged from foster care to adoption within 30 months from removal from home.	Of all children who exit to adoption in CY2011, 60% will be discharged from foster care to adoption within 30 months from removal from home.
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	d. <u>Permanency Outcome 4: Permanency for children in care between 13 and 24 months:</u> Of all children who were in foster care on the first day of the target year and had been in care between 13 and 24 months, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21 st birthday or by the last day of the year.	Of all children who were in care on the first day of CY2007 and had been in care between 13 and 24 months, 43% discharged to permanency prior to their 21 st birthday or by the last day of year.	Of all children who were in care on the first day of CY2009 and had been in care between 13 and 24 months, 43% will be discharged to permanency prior to their 21 st birthday or by the last day of year. Of all children who were in care on the first day of CY2010 and had been in care between 13 and 24 months, 45% will be discharged to permanency prior to their 21 st birthday or by the last day of year.	Of all children who were in care on the first day of CY2011 and had been in care between 13 and 24 months, 47% will be discharged to permanency prior to their 21 st birthday or by the last day of year.
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	e. <u>Permanency Outcome 5: Permanency after 25 months:</u> Of all children who were in foster care for 25 months or longer on the first day of the target year, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21 st birthday and by the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2007, 36% discharged to permanency prior to their 21 st birthday and by the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2009, 41% will be discharged to permanency prior to their 21 st birthday and by the last day of the year. Of all children who were in foster care for 25 months or longer on the first day of CY2010, 44% will be discharged to permanency prior to their 21 st birthday and by the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2011, 47% will be discharged to permanency prior to their 21 st birthday and by the last day of the year.

⁷⁷ The data for measures #34 a, d and e will be provided by type of positive permanency (e.g. reunification, permanent relative care, adoption and/or guardianship), but the interim performance benchmarks and final target are set based on achieving permanency through all permanency options.

Together, the five permanency measures established by the Monitor and Parties reflect an expectation that children entering custody will attain permanency in a timely manner through whatever is the most appropriate pathway to meet their situation and needs. The measures were designed to avoid creating unintended incentives in favor of one permanency path (for example reunification or adoption) over another. The measures also seek to examine performance and set realistic permanency expectations and timeframes for children who have newly entered foster care and how long they remain in care as well as those children and youth who have remained in care for extended periods of time. DCF is expected to reunify families safely and as quickly as possible and when that is not feasible, make decisions and take actions, if appropriate, to terminate parental rights and help children achieve permanency through guardianship or adoption in a timely manner.

Performance as of December 31, 2009:

- a. Forty-three percent of children who entered foster care in calendar year 2008 were discharged to permanency within 12 months from their removal from home.

DCF uses NJ SPIRIT data analyzed by Chapin Hall to report on the percentage of children who exit to “permanency” within 12 months of removal from their home within any given calendar year. The most recent outcome data analyzed by Chapin Hall is for children who entered foster care in calendar year 2008. Of the children who entered foster care in calendar year 2008, 43 percent discharged to permanency within 12 months from their removal from their home. The first benchmark due is for children entering care in calendar year 2009. The Monitor is not yet able to determine whether or not DCF has met the calendar year 2009 interim performance benchmark as calendar year 2009 data are not available.⁷⁸ Based on calendar year 2008 performance, DCF has already met the calendar year 2009 interim performance benchmark of 43 percent.

- b. Sixty percent of children who became legally free in calendar year 2008 were discharged to a final adoption in less than 12 months from the date of becoming legally free.

DCF uses NJ SPIRIT data to report on the number of children who are adopted within 12 months of becoming legally free for adoption. The most recent data available are for calendar year 2008. In calendar year 2008, 1,156 children became legally free for adoption.⁷⁹ Of the 1,156 children, 688 (60%) were adopted within 12 months of becoming legally free. An additional 311 (27%) of the children who became legally free in calendar year 2008 have been adopted with their finalizations occurring more than 12 months after they became legally free. Based on calendar year 2008 performance, DCF has already met the calendar year 2009 interim performance benchmark of 45 percent.

⁷⁸ Calendar year 2009 data will not be available until early 2011. Performance on this measure is determined by measuring all children who entered care from January through December 2009 and were in care for 12 months or more. For example, children entering care in December 2009 and remaining in care through December 2010 are part of this measure.

⁷⁹ There were 91 additional children who were not candidates for adoption because they did not have a goal of adoption, the termination of parental rights was being appealed, their legal status changed due to an appeal or a data issue incorrectly reported them as being legally free.

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- c. Of all children who exited to adoption in calendar year 2009, 44 percent were discharged from foster care to adoption within 30 months from their removal from home.

DCF uses NJ SPIRIT data analyzed by Chapin Hall to report on the percentage of children who exit to adoption within 30 months from their removal from their home. The most recent data analyzed by Chapin Hall is from calendar year 2009. Of the children who exited foster care to adoption in calendar year 2009, 44 percent had been in care for 30 months or less. This performance meets the calendar year 2009 interim performance benchmark of 45 percent.

- d. Of all children who were in care on the first day of calendar year 2009 and had been in care between 13 and 24 months, 43 percent discharged to permanency prior to their 21st birthday or by the last day of calendar year 2009.

DCF uses NJ SPIRIT data analyzed by Chapin Hall to report on the percentage of children who were in care on the first day of any given calendar year and had been in care between 13 and 24 months who discharged to permanency prior to their 21st birthday or the last day of the year. The most recent data analyzed by Chapin Hall is from calendar year 2009. Of all the children who were in care on the first day of calendar year 2009 and had been in care between 13 and 24 months, 43 percent discharged to permanency prior to their 21st birthday or the last day of the year. This performance meets the calendar year 2009 interim performance benchmark of 43 percent.

- e. Of all children who were in foster care for 25 months or longer on the first day of calendar year 2009, 35 percent discharged to permanency prior to their 21st birthday and by the last day of calendar year 2009.

DCF uses NJ SPIRIT data analyzed by Chapin Hall to report on the percentage of children who were in foster care for 25 months or longer on the first day of any given calendar year who discharge to permanency prior to their 21st birthday and by the last day of the year. The most recent data analyzed by Chapin Hall is from calendar year 2009. Of all children who were in care on the first day of calendar year 2009 and had been in care for 25 months or longer, 35 percent discharged to permanency prior to their 21st birthday and by the last day of the year. This performance falls short of the calendar year 2009 interim performance benchmark of 41 percent.

Permanency Through Adoption

In addition to the adoption performance measure discussed above, the Monitor, as in previous reports, analyzes DCF's adoption practice by reviewing the number of adoptions finalized and the progress that the State made in finding permanence for the 100 Longest Waiting Teens. This Monitoring Report is the first to provide data on interim performance benchmarks related to adoption case processes such as the timeliness within which petitions to terminate parental rights have been filed, child-specific recruitment plans have been developed, children have been placed in an adoptive home, and an adoptive home placement has been finalized. In examining these measures, the Monitor looked at statewide data and also requested specific data on the performance of the Newark Adoption Office. This office is the only DYFS local office with an exclusive focus on handling cases with a goal of adoption (although workers continue to handle cases if the goal subsequently changes from adoption to legal guardianship or reunification). The Monitor's review of Newark Adoption office data found that this office's performance was comparable to performance of the rest of the state. Further, the Newark office achieved the greatest number of adoptions in calendar year 2009, finalizing 302 adoptions.

DCF finalized 1,418 adoptions in calendar year 2009.

DCF maintained its steady pace of ensuring that children achieve permanency through adoption. From January 1 to December 31, 2009, 1,418 children had their adoptions finalized. DCF reports that 89 percent of children, who were legally free at the start of 2009, had their adoptions completed by the end of 2009. DCF reports that at the end of 2009, 1,302 children are legally free with an active adoption goal (this number represents children who were legally free, but not adopted in 2009 and children newly legally free in 2009).

Table 13: Adoption Finalization - by DYFS Local Office Between January 1 – December 31, 2009

Local Office	Number Finalized	Local Office	Number Finalized
Atlantic East	15	Salem	28
Atlantic West	13	Hudson Central	23
Cape May	25	Hudson North	27
Bergen Central	26	Hudson South	16
Bergen South	54	Hudson West	22
Passaic Central	48	Hunterdon	11
Passaic North	50	Somerset	14
Burlington East	29	Warren	23
Burlington West	16	Middlesex Central	13
Mercer North	25	Middlesex Coastal	33
Mercer South	26	Middlesex West	23
Camden Central	26	Monmouth North	34
Camden North	22	Monmouth South	22
Camden East	20	Morris East	16
Camden South	33	Morris West	34
Essex Central	46	Sussex	9
Essex North	17	Ocean North	55
Essex South	16	Ocean South	38
Newark Adoption	302	Union Central	21
Gloucester	40	Union East	42
Cumberland	29	Union West	36
Total – 1418			

Source: DCF

DCF continues to support paralegals and child summary writers to assist in processing adoption cases.

As required under the MSA, DCF continues to provide paralegal support to assist with the necessary adoption paperwork (Section II.G.5). According to DCF, at the end of this monitoring period, the State employed a total of 147 paralegals, and had approval to fill three more positions. Additionally, 23 child summary writers are employed statewide. Also, five part-time adoption expeditors help process adoption work in Essex, Union, and Middlesex counties.

DCF continues to maintain a focus on finding permanent homes and connections for older youth.

DCF has focused on finding permanent homes for older youth in care for an extended period of time, with particular attention to youth known as the 100 Longest Waiting Teens. Since the last Monitoring Report, DCF continues to make slow and steady progress at finding permanent connections for these youth. Between July and December 31, 2009, DCF reports an additional three youth achieved adoption finalization, so that since December 2006, 23 youth who were identified by DYFS as waiting the longest in foster care have now successfully achieved a permanent, legal family. Another 21 youth have achieved permanency (or are about to achieve permanency)—eight youth are living in an adoptive home awaiting finalization by the court, one is in a kinship legal guardianship, eight youth have returned to their birth family, and four are able to remain permanently with their Resource Family.

For 21 youth, DCF has stated that there are permanency plans in development. This means that previous focused efforts have not resulted in permanent family connections. A consultant through the National Resource Center for Permanency Planning and Family Connections (a federal support center) will provide technical assistance focused on these 21 youth. This technical assistance will take place in the next monitoring period (January through June 2010). See Table 14 below for a description of the permanency status for all 100 youth.

**Table 14: Progress Towards Achieving Permanent Connections
for 100 Longest Waiting Teens
As of December 31, 2009**

Status of Permanent Plan	Number of Teens
1. <u>Permanent Plan Achieved</u>	
a) Adoption Finalized/Case Closed	23
b) Placed in an Adoptive Home, pending court finalization	8
c) Kinship Legal Guardianship/Case Closed	1
d) Placed with Relative/Kin, pending court finalization	0
e) Returned to Birth Family	8
f) Teen remaining with Resource Family*	4
Subtotal	44
2. <u>Permanent Placement Underway</u>	
a) Visiting an Interested Adoptive Family	4
b) Case being processed for Foster Family Adoption	0
c) Family Home Study in process	0
Subtotal	4
3. <u>Permanency Plan in Development</u>	
a) Working on Specific Family Lead	2
b) Family Development tasks ongoing	19
Subtotal	21
4. <u>Other Outcomes</u>	
a) Re-Connected with Family**	24
b) Teen achieved Independence	7
Subtotal	31
TOTAL	100

Source: DCF Office of Adoption Operations

* As part of the Independent Living Plan for some youth, permanent stay with a resource parent is the goal.

**DCF reports that although the teens are not living with family members, they visit frequently and maintain contact. These family contacts include connecting youth with their birth parents, previous resource family home, siblings, grandmothers, aunts, uncles and even a former therapist.

Adoptions outcomes for older youth, in general, have steadily improved in the last six years (see Table 15 below). In 2003, DCF finalized adoptive placements for 35 youth ages 14-17 as compared to 139 adoptions for older youth in 2009.

**Table 15: Older Youth Exits to Adoption
2003-2009**

Youth Exits to Adoption age at exit...	2003	2004	2005	2006	2007	2008	2009
14	12	22	29	28	44	37	45
15	13	20	23	22	33	30	34
16	7	8	15	17	27	25	34
17	3	4	15	15	19	20	26
Total	35	54	82	82	123	112	139

Source: Chapin Hall Data

Adoption Performance Benchmarks

Progress Toward Adoption

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.B 12(i)	35. Progress Toward Adoption	Number/percent of children with a permanency goal of adoption who have a petition to terminate parental rights filed within 6 weeks of the date of the goal change.	In October 2008, 16% of children with a permanency goal of adoption had a petition to terminate parental rights filed within 6 weeks of the date of the goal change.	Not applicable, final target set by the MSA.	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 90% shall have a petition to terminate parental rights filed within 6 weeks of the date of the goal change.

Performance as of December 31, 2009:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the percent of children who have termination of parental rights petitions filed within six weeks of their goal change to adoption. From July through December 2009, termination of parental rights (TPR) petitions were filed in 23 to 43 percent of cases within six weeks of the child’s goal change to adoption. DCF did not meet the July 2009 final target requiring that 90 percent of cases of eligible children have a timely TPR filed. Monthly performance on filing TPR petitions within six weeks is shown in Table 16 below.

**Table 16: TPR Filing for Children with a Permanency Goal of Adoption
(July – December 2009)**

Month of goal change	TPR filed with 6 weeks		TPR filed after 6 weeks		TPR not filed As of 12/31/2009	
July	30	26%	80	69%	42	5%
August	36	33%	67	61%	59	6%
September	42	37%	59	52%	12	11%
October	57	43%	44	33%	31	24%
November	21	23%	26	29%	43	48%
December	26	28%	49	53%	18	19%

Source: DCF

Child Specific Adoption Recruitment

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.B 12.a (ii) CPM	36. Child Specific Adoption Recruitment	Number/percent of children with a permanency goal of adoption needing recruitment who have a child-specific recruitment plan developed within 30 days of the date of the goal change.	In October 2008, 14% of children with a permanency goal of adoption needing recruitment had a child-specific recruitment plan developed within 30 days of the date of the goal change.	Not applicable, final target set by the MSA.	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 90% of those for whom an adoptive home has not been identified at the time of termination of parental rights shall have a child-specific recruitment plan developed within 30 days of the date of the goal change.

Performance as of December 31, 2009:

DCF policy requires that a child-specific recruitment plan be developed for those children with a permanency goal of adoption for whom an adoptive home has not been identified at the time of termination of parental rights. This plan should be developed within 30 days of the change to an adoption goal.

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this outcome. In December 2009, 18 percent of select home adoption cases had a child-specific recruitment plan developed

in 30 days of the goal change.⁸⁰ DCF did not meet the final target of developing such child-specific recruitment plan in 90 percent of eligible cases. See Table 17 below:

Table 17: Child-Specific Recruitment Plans Developed Within 30 days of Goal Change for Children without Identified Adoption Resource (July 1- December 31, 2009)

Month in which Plan was Due	Plan developed within 30 days	Plan not developed within 30 days
July	3(17%)	15 (83%)
August	0(0%)	12 (100%)
September	1(11%)	8(89%)
October	4(13%)	28(87%)
November	6(24%)	19(76%)
December	2(18%)	9(82%)

Source: DCF

⁸⁰ Select home adoption cases are situations where no adoptive home has already been identified for the child.

Placement in an Adoptive Home

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.B 12.a.(iii)	37. Placement in an Adoptive Home	Number/percent of children with a permanency goal of adoption and for whom an adoptive home had not been identified at the time of termination are placed in an adoptive home within nine months of the termination of parental rights.	In June 2009, 63% of children with a permanency goal of adoption for whom an adoptive home had not been identified at the time of the termination were placed in an adoptive home within nine months of termination of parental rights.	Not applicable, final target set by the MSA.	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 75% of the children for whom an adoptive home has not been identified at the time of termination shall be placed in an adoptive home within 9 months of the termination of parental rights.

Performance as of December 31, 2009:

DCF policy is that a child should be placed in an adoptive home within nine months of the termination of parental rights.

DCF reports that between January and March 2009, 16 children had a permanency goal of adoption but did not have an adoptive home identified at the time of termination of parental rights. Nine (56%) children were placed in an adoptive home within nine months of the termination of parental rights. This percentage falls short of the July 2009 final target of at least 75 percent of these children placed in an adoptive home. DCF uses NJ SPIRIT to report on this measure.

Final Adoptive Placement

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.B 12.b	38. Final Adoptive Placements	Number/percent of adoptions finalized within 9 months of adoptive placement.	In October 2008, 85% of adoptions were finalized within 9 months of adoptive placement.	Beginning December 31, 2008, of adoptions finalized, at least 80% shall have been finalized within 9 months of adoptive placement.	Beginning July 1, 2009, of adoptions finalized, at least 80% shall have been finalized within 9 months of adoptive placement.

Performance as of December 31, 2009:

DCF uses NJ SPIRIT to report on this measure. DCF reports that between July and December 2009, 85 to 95 percent of adoptions were finalized within nine months of the child’s placement in an adoptive home (See Table 18 below). DCF met the July 1, 2009 final target of finalizing at least 80 percent of adoptions within the prescribed time period for all months of this monitoring period.

Table 18: Adoptions Finalized Within 9 months of Child’s Placement in an Adoptive Home (July – December 2009)

Month	Number finalized (total number eligible to be finalized)	Finalized with 9 months
July	100 (118)	85%
August	103 (119)	93%
September	92 (121)	89%
October	100 (120)	83%
November	271 (302)	90%
December	106 (112)	95%

Source: DCF

IX. HEALTH CARE FOR CHILDREN IN OUT-OF-HOME PLACEMENT

DCF continues to make progress on improving the delivery of health care services to children in its custody and to tracking this data through NJ SPIRIT. In the past six months, DCF has increased the number of children receiving a comprehensive medical examination within the first 30 days of being in out-of-home placement and increased the number of children up-to-date on semi-annual dental care. Through NJ SPIRIT and Safe Measures, DCF can now report on timeliness of EPSDT exams, dental care, and immunizations for all children in out-of-home care.

The Phase II Performance Benchmarks track DCF's progress in ensuring that children in out-of-home placement receive:

- Pre-placement medical assessments (MSA Section II.F.5)
- Full medical examinations (known as Comprehensive Medical Examinations or CMEs) (MSA Section II.B.11)
- Medical examinations in compliance with EPSDT guidelines
- Semi-annual dental examinations for children ages three and older (MSA Section II.F.2)
- Mental health assessments of children with suspected mental health needs (MSA Section II.F.2)
- Timely, accessible, and appropriate follow-up and treatment (MSA Section II.F.2)
- Immunizations

The delivery of a child's medical information (through the Health Passport) to a new caregiver within five days of placement in his/her home is also measured during Phase II.

This chapter provides updates of ongoing efforts to improve the infrastructure—policies, staffing, and access to services—necessary to realize and sustain positive health outcomes for children. This section also provides information about the health care received by children in out-of-home placement. The Monitor has previously verified health care outcomes through a case record review.⁸¹

A. *Health Care Delivery System*

Child Health Units

The Child Health Units are a fundamental cornerstone of the overall efforts to reform the provision of health care to children in DYFS custody. These units are in each DYFS local office and are staffed with a clinical nurse coordinator, Health Care Case Managers (nurses), and staff assistants based on the projected number of children in out-of-home placement. A regional nurse administrator supervises local units for a particular region (aligning with the division of Area Offices). DCF worked with University of Medicine and Dentistry of New Jersey's Francois-Xavier Bagnound Center (FXB) and DYFS local offices to build these units. As part of their

⁸¹ See Appendix C of *Progress of the New Jersey Department of Children and Families: Period VI Monitoring Report for Charlie and Nadine H. v. Christie*- January 1 – June 30, 2009, Washington, DC: Center for the Study of Social Policy, December 22, 2009.

duties, these units are responsible for tracking and advocating for the health needs of children who come into out-of-home care. Since the creation of these units and assignment of nurses to children in out-of-home care, substantial results have been achieved.

During this monitoring period, the Monitor visited three Child Health Units in different areas of the state. In addition to coordinating the health care for children in out-of-home placement, Health Care Case Managers (nurses) are monitoring medications for chronic health care conditions and providing education and guidance to resource providers(resource parents, group home providers, etc.). For example, a Health Care Case Manager educated both the resource parent and the birth parent on the correct use of a child's inhaler and nebulizer for his asthma. More recently, a protocol has been developed to facilitate nurses supporting children and youth with behavioral health care needs.

The Child Health Units are operational in all DYFS local offices. As of December 31, 2009, DCF employed 203 Health Care Case Managers and 122 staff assistants. DCF ensured that the ratio of Health Care Case Managers to children in out-of-home care was less than 1 to 50 in all offices, but the Hudson County local office (see Table 19 below). The Monitor also confirmed caseloads of Health Care Case Managers during site visits to Child Health Units. DCF reports working closely with Child Health Unit leadership to evaluate and reallocate staffing resources as needed to ensure all children in out-of-home placement are receiving health care case management by a Health Care Case Manager.

Table 19: Childs Health Unit Staffing As of December 31, 2009

County	Staff Assistant	Health Care Case Manager (HCCM)	Number of Children In Out-of-home Care*	Ratio of HCCMs to Children
Atlantic	4	8	278	1 to 35
Bergen	5	7	272	1 to 39
Burlington	5	10	336	1 to 34
Camden	9	18	730	1 to 41
Cape May	2	4	165	1 to 41
Cumberland	4	9	292	1 to 32
Essex	28	32	1,522	1 to 48
Gloucester	4	8	298	1 to 37
Hudson	9	11	621	1 to 56
Hunterdon	1	1	38	1 to 38
Mercer	5	10	417	1 to 42
Middlesex	7	14	439	1 to 31
Monmouth	6	13	405	1 to 31
Morris	4	5	169	1 to 34
Ocean	7	13	397	1 to 31
Passaic	6	11	407	1 to 37
Salem	2	4	109	1 to 24
Somerset	2	4	139	1 to 34
Sussex	2	3	90	1 to 30
Union	8	13	530	1 to 41
Warren	2	5	189	1 to 39
TOTAL	122	203	7,843	1 to 39

Source: DCF

*Note: DCF December 31, 2009 caseload activity report has 7,843 children in out-of-home care receiving case management services. This is a slight deviation from 7,900 children in DYFS out-of-home placement, see Figure 3 above. The Monitor was not able to reconcile the data based on information provided by DCF.

B. Health Care Performance Benchmarks

Pre-Placement Medical Assessment

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA II.F.5	39. Pre-Placement Medical Assessment	Number/percent of children receiving pre-placement medical assessment in a non-emergency room setting.	As of June 2007, 90% of children received a pre-placement medical assessment in a non-emergency room setting.	By June 30, 2008, 95% of children will receive a pre-placement assessment in a non-emergency room setting.	By December 31, 2009, 98% of children will receive a pre-placement assessment in a non-emergency room setting.

Performance as of December 31, 2009:

Under the MSA, all children entering out-of-home care are required to have a pre-placement assessment and the vast majority of these assessments should be in a non-emergency room setting (Section II.F.5). Health Care Case Managers in the Child Health Units, clinics, and sometimes the child's own pediatrician provide these assessments.

From July through December 2009, 2,229 children entered out-of-home placement and 2,217 (99.5%) received a pre-placement assessment (PPA).⁸² Of those 2,217 children, 1,938 (87%) received the PPA in an non-emergency room setting. Technically, DCF did not meet the December 2009 final target that 98 percent of PPAs occur in a non-ER setting. However, based on the Monitor's independent case record review and DCF's internal review, the Monitor believes that this measure should account for ER placements that are appropriate to the medical needs and situation of the child. If that standard is used, DCF met the final target.

DCF conducted an internal review of all 279 PPAs that occurred in an emergency room and determined that 81 percent were appropriate for the situation, that is, the child needed emergency medical attention or the child was already in the emergency room when DYFS received the referral. Thus, 98 percent of children received a PPA in a setting appropriate to the situation—87 percent received PPAs in a non-ER setting and an additional 11 percent in an appropriate ER setting.

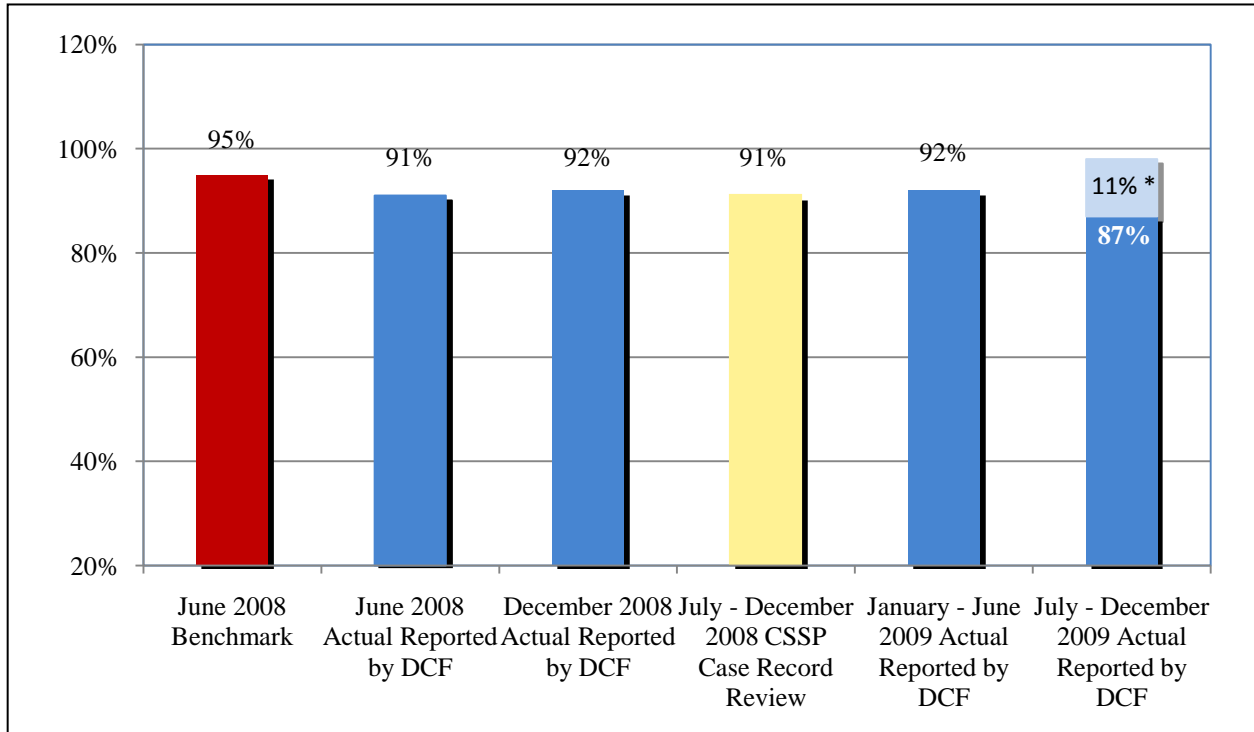
The Monitor reviewed the backup data provided by DCF regarding the PPAs occurring in an emergency room(ER) during the month of September 2009. Of the 42 ER based PPAs in September 2009, two were determined to be an inappropriate use of the ER. Those two ER-PPAs were conducted for youth entering shelter placement. The Monitor agreed with DCF's determination of inappropriate use of ER. The 40 other ER-PPAs that DCF determined to be an appropriate use of the ER involved children who were brought to the ER by caregivers or medical providers, referred from a non-ER PPA provider because they needed immediate medical attention, children in need of medication, children with injuries, children with allegations of physical or sexual abuse, or siblings of those children. All of these reasons appear

⁸² DCF reports 12 children did not receive a PPA. Of those 12, nine were over the age of 18.

to be appropriate for an emergency room visit. The Monitor in a previous independent case record review also found that the many of the PPAs occurring in an emergency room were because the child had been brought to the hospital by the police or other service provider or the child's health condition required assessment in an emergency room.⁸³

Figure 8 below shows the State's progress in obtaining non-emergency room PPAs for children entering out-of-home placement.

Figure 8: Non-Emergency Room Pre-Placement Assessments



Source: DCF and CSSP Case Record Review

*An additional eleven percent of PPAs were appropriate emergency room PPAs.

⁸³ See *Period VI Monitoring Report*, Supplemental Health Care report appendix.

Initial Medical Examinations

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.B 11	40. Initial Medical Examinations	Number/percent of children entering out-of-home care receiving full medical examinations within 60 days.	As of June 2007, 27% of children entering out-of-home care received full medical examinations within 60 days.	By June 30, 2008, 80% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 85% within in 60 days.	By January 1, 2009 and thereafter, at least 85% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 98% within 60 days.

Performance as of December 31, 2009:

From July through December 2009, 84 percent of children received a Comprehensive Medical Examination (CME) within the first 30 days of placement and 97 percent of children received a CME within 60 days of placement. DCF met the January 2009 final target.⁸⁴

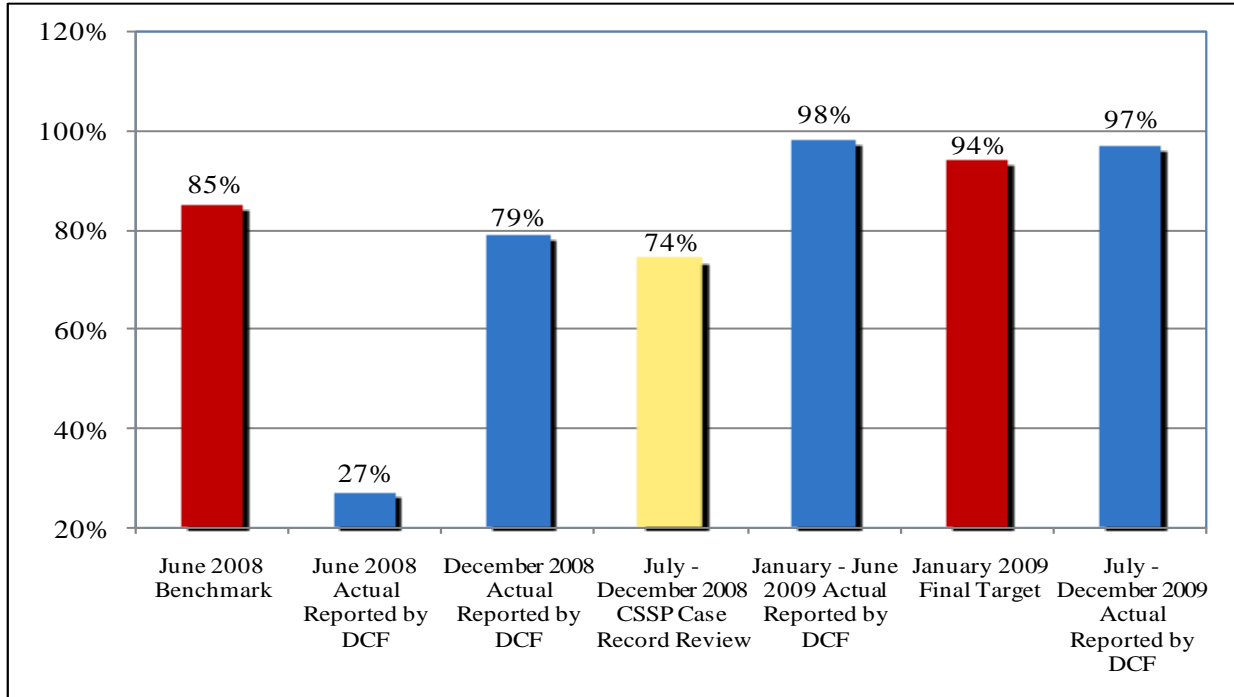
Children entering out-of-home placement must receive a CME within 60 days of entering placement (MSA Section II.F.2.ii). Previously, the State relied on the Comprehensive Health Evaluation for Children (CHEC) model as the sole vehicle to comprehensively assess the health care needs of these children. CHEC examinations require a three part examination—medical, neurodevelopmental, and mental health assessments—and are administered by a limited number of medical providers in New Jersey. CHEC examinations still take place, and are considered a type of CME. CMEs are now also provided through other community-based medical providers. A CME involves a comprehensive physical, including a developmental history and evaluation, and an initial mental health screening. Mental health screenings determine if a child has a suspected mental health need. If a child is suspected to have a mental health need, a full mental health evaluation is then expected to be conducted.

As part of DCF’s efforts to ensure that all children with a suspected mental health need receive a mental health assessment, Health Care Case Managers conduct mental health screens with children in out-of-home placements who are old enough and not already receiving mental health services. Some Health Care Case Managers conduct these screenings within the first month of a child’s placement; others are just beginning to use the screens on all of children they case manage. DCF expects nurses will be regularly conducting mental health screenings within the first month of placement for eligible children. The Monitor remains concerned about reports and the findings from DCF’s own Health Care Case Record review that these initial mental health screenings are not routinely occurring at the CME (see discussion under performance benchmark # 46 for more detail).

⁸⁴ Because DCF was within one percentage point of the final target, the Monitor considers DCF to have met the final target.

From July through December 2009, 2,010 children required a CME. Of these 2,010 children, 1,683 (84%) received a CME within the first 30 days of placement. An additional 273 children received their CME within 60 days of placement, thus 97 percent of children received a CME within 60 days of placement. Figure 9 below shows the progress the State has made in increasing access to full medical examinations for children entering out-of-home care in the past year.

Figure 9: Children Receiving CMEs within 60 days of Placement



Source: DCF and CSSP Case Record Review

Required Medical Examinations

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
Negotiated Health Outcomes	41. Required medical examinations	Number/Percent of children in care for one year or more who received medical examinations in compliance with EPSDT guidelines.	As of June 2007, 75% of children in care for one year or more received medical examinations in compliance with EPSDT guidelines.	<p>By December 2008, 80% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.</p> <p>By June 2009, 90% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.</p> <p>By December 2009, 95% of children in care for one year or more will receive annual medical examinations in compliance with EPSDT guidelines.</p>	By June 2010, 98% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.

Performance as of December 31, 2009:

DCF reports that between July 1 and December 31, 2009, 92 percent of children 12 to 24 months received EPSDT well-child examinations as required. Ninety-three percent of children age two and above received EPSDT well-child examinations as required. (See Tables 20 and 21 below). DCF falls slightly short of the December benchmark (95%) for both age groups. This is the first monitoring period for which DCF is able to provide information about children aged 12 to 24 months, an age group that requires more frequent EPSDT visits. (Note: as the measure involves children in out-of-home placement for one year or more, performance for children under the age of 12 months is not measured by the Monitor). DCF reports that NJ SPIRIT and Safe Measures can report on when a child receives an EPSDT examination, but neither have the ability to determine whether or not a child is clinically up-to-date with these exams.

A child may be noted in NJ SPIRIT as not up-to-date if at the EPSDT visit the child was sick (children must be well for such visits to be considered EPSDT visits) or the visit was missed, but rescheduled within a close time period. Also, especially for younger children, once a child is off schedule, they will remain off schedule within DCF's data system for all subsequent EPSDT exams. Therefore, in an effort to determine the actual receipt of an EPSDT exam, DCF conducted a secondary review of the records of children noted as "not current with their EPSDT exams" and included this information in the data presented. The Monitor intends to examine in more depth DCF's secondary analysis and EPSDT exams in future monitoring activities.

**Table 20: EPSDT for Children ages 12-24 months
(July – December 2009)**

Month	Children Requiring EPSDT	Children Up-to-Date	% Children Up-to-Date
July	126	115	91%
August	118	112	95%
September	131	122	93%
October	125	116	93%
November	114	105	92%
December	113	100	89%
Totals	727	670	92%

Source: DCF

**Table 21: EPSDT Annual Medical Exams for Children age 25 months and older
(July – December 2009)**

Month	Total Due	Completed by Due Date		Completed by 12/31/09	
July	304	277	91%	287	94%
August	361	309	86%	325	90%
September	289	263	91%	274	95%
October	343	312	91%	328	96%
November	237	205	87%	215	91%
December	240	224	93%	226	94%
Total	1774	1590	90%	1655	93%

Source: DCF

Semi-annual Dental Examinations

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA II.F.2	42. Semi-annual dental examinations	Number/Percent of children ages 3 and older in care 6 months or more who received semi-annual dental examinations.	<p>Annual: As of June 2007, 60% of children received annual dental examinations.</p> <p>Semi-annual: As of June 2007, 33% of children received semi-annual dental examinations.</p>	<p>By June 2009, 90% of children will receive annual dental examinations and 70% will receive semi-annual dental examinations.</p> <p>By December 2009, 95% of children will receive annual dental examinations and 75% will receive semi-annual dental examinations.</p> <p>By June 2010, 95% of children will receive annual dental examinations and 80% will receive semi-annual dental examinations.</p> <p>By December 2010, 98% of children will receive annual dental examinations and 85% will receive semi-annual dental examinations.</p> <p>By June 2011, 90% of children will receive semi-annual dental examinations.</p>	<p>By December 2011, 98% of children will receive annual dental examinations.</p> <p>By December 2011, 90% of children will receive semi-annual dental examinations.</p>

Performance as of December 31, 2009:

As of December 31, 2009, 80 percent of children age three or older who have been in care for at least six months had evidence of receiving a semi-annual dental exam (within the last 6 months), exceeding the December 2009 benchmark of 75 percent. The dental care measure includes targets for annual and semi-annual dental exams. Because the performance expectation for field staff is to ensure that children age three or older receive semi-annual dental exams, DCF has been solely measuring whether children receive dental exams semi-annually—a modification accepted by the Monitor. New this reporting period, DCF is able to report on dental care from NJ SPIRIT for all children in out-of-home placement.

As of December 31, 2009, there were 5,417 children age three or older who had been in DYFS out-of-home placement for at least six months. Of the 5,417 children, 4,325 (80%) had received a dental examination within the previous six months. This improvement is noteworthy given that in the previous monitoring period, a statewide sample determined that 58 percent of children were current with semi-annual dental exams. The Monitor believes that this accomplishment is due in large part to the work of the Child Health Units and the DCF central office staff in identifying, supporting, and recruiting dentists willing to accept Medicaid as well as efforts to contact and urge resource parents to ensure children are up-to-date on dental exams.

Follow-up Care and Treatment

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA II.F.2	43. Follow-up Care and Treatment	Number/Percent of children who received timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	As of December 31, 2008, 70% children received timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	<p>By June 2009, 70% of children will receive follow-up care and treatment to meet health care and mental health needs.</p> <p>By December 2009, 75% of children will receive follow-up care and treatment to meet health care and mental health needs.</p> <p>By June 2010, 80% of children will receive follow-up care and treatment to meet health care and mental health needs.</p> <p>By December 2010, 85% of children will receive follow-up care and treatment to meet health care and mental health needs.</p> <p>By June 2011, 90% of children will receive follow-up care and treatment to meet health care and mental health needs.</p>	By December 31, 2011, 90% of children will receive timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.

Performance as of December 31, 2009:

During Phase II of the MSA, performance in appropriate follow-up care and treatment for medical and mental health needs will be assessed through a Qualitative Review or other

qualitative methodology. Currently, the State is able to provide some preliminary quantitative data on children receiving follow-up care. DCF conducted an internal Health Care Case Record review of a random sample of children in out-of-home placement who were removed between July 1 and November 30, 2009 and who were in care for a minimum of 60 days.⁸⁵ A sample of 313 children was selected and the results have a five percent margin of error. From this Review, DCF reports of those children identified as needing follow-up care after their Comprehensive Medical Examinations, 93 percent received follow-up care. As stated previously, the Monitor remains concerned about reports and the findings from DCF's own Health Care Case Record review that initial mental health screenings are not routinely occurring at the CME (see discussion under performance benchmark #46). Therefore, the Monitor considers this follow-up care data with the caveat that mental health needs requiring follow up may not have been identified as part of the CME. Finally, this case record review found evidence that of the 292 children who had received a CME, 71 percent of these cases had documentation that resource providers received information regarding the CME findings.

**Table 22: Provision of Required Follow-up Medical Care
N=313 children**

No CME data in record	21	7%
CME Records	292	93%
No follow-up care needed	43 (out of 292)	15%
Follow-up care required	249 (out of 292)	85%
• Received follow-up	232(out of 249)	93%
• No evidence in record	17(out of 249)	7%

Sharing of CME Findings with Resource Provider		
Evidence CME shared	207 (out of 292)	71%

Source: DCF Health Care Case Record Review

*The Health Care Case Record Review conducted by DCF to report on the above indicators for Period VII was done by reviewing records of a random sample of children in DYFS out-of-home placement who were removed between 7/1/09-11/30/09 and were in care for a minimum of 60 days. 1,060 children were age 2 and over at the time of removal and 547 were under 2 for a total of 1,607 children. A sample of 313 children was selected. The results have a ± 5 percent margin of error.

⁸⁵ The Monitor did not independently verify the findings of DCF's Health Care Case Record Review. However, the Monitor did review the protocol and discuss the methodology with DCF staff. The methodology and analysis are comparable to the Health Care Case Record review conducted by the Monitor in spring 2009.

Immunization

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM	44. Immunization	Children in DCF custody are current with immunizations.	As of December 31, 2008, 81% of children were current with their immunizations.	By December 31, 2009, 90% of children in custody will be current with immunizations. By December 31, 2010, 95% of children in custody will be current with immunizations.	By December 31, 2011, 98% of children in custody will be current with immunizations.

Performance as of December 31, 2009:

DCF reports that from October through December 2009, of the 7,618 children in out-of-home placement, 6,856 (90%) were current with their immunizations, meeting the December 2009 interim performance benchmark. This is the first time that DCF has been able to report on immunization status from NJ SPIRIT.

Health Passports

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA II.F.8	45. Health Passports	Children's parents/caregivers receive current Health Passport within 5 days of a child's placement.	In Summer 2009, 13% of children's parents/caregivers received a current Health Passport within 5 days of a child's placement.	By June 30, 2010, 75% of caregivers will receive a current Health Passport within 5 days of a child's placement.	By June 30, 2011, 95% of caregivers will receive a current Health Passport within 5 days of a child's placement.

Performance as of December 31, 2009:

Based on DCF's internal Health Care Case Record Review of 313 cases, DCF reports that 68 percent of Health Passports are shared with the child's caregiver within the first five days of placement (See Table 23). The interim performance benchmark for this measure is due June 30, 2010. Under the MSA, all children entering out-of-home care are to have a Health Passport created for them (Section II.F.8). This Passport gathers all relevant medical information in a single place and is expected to be made available to resource parents, children (if old enough) and their parents. DYFS uses a form, known as the 11-2A, to collect health information from parents and other sources and the findings of the PPA and then provides this form to the provider.

DCF policy requires that the Health Care Case Manager complete the form, which is maintained by the DYFS local office Child Health Unit, and is supposed to be provided to the resource parent within 72 hours of the child's placement. This policy is under review by DCF to determine whether 72 hours is sufficient to complete the Health Passport or if another timeline could ensure that resource providers receive passports with more complete health information. Such a review is encouraged by the Monitor. Based on the Monitor's case record review, there is concern that a significant number of Health Passports provided to caregivers within five days were provided without any meaningful medical information (demographic information only).

Table 23: Health Passport: Presence in the Record, Evidence of Sharing Records Reviewed (313)

Health Passport in Record	296	95%
Evidence of being shared with resource providers		
• Within 5 days	82	28%
• Within 10 days	54	18%
• Within 30 days	64	22%
Total within 30 days	200	68%

Source: DCF Health Care Case Record Review

X. MENTAL HEALTH CARE

DCF's Division of Child Behavioral Health Services (DCBHS) continued to demonstrate progress in providing treatment to children and youth in or close to their homes and families in the least restrictive environment possible to meet the child's/youth's and family's needs. During this monitoring period, DCBHS continued efforts to use psychiatric residential and acute care services only for those children most in need, while also reducing lengths of stay. As may be expected, following the major transition to a new Contracted System Administrator (PerformCare), in order to improve processes for screening, authorizing, and tracking cases of children and youth accessing behavioral and mental health services, DCBHS is challenged to ensure that the new provider and electronic data system (CYBER) meet its own needs as well as those of a range of child and youth service providers. Improving the delivery and effectiveness of community-based services, providing seamless access to a range of services and tracking outcomes, such as behavioral and emotional functioning, continue to drive the Division's work as well as those of its partners and stakeholders.

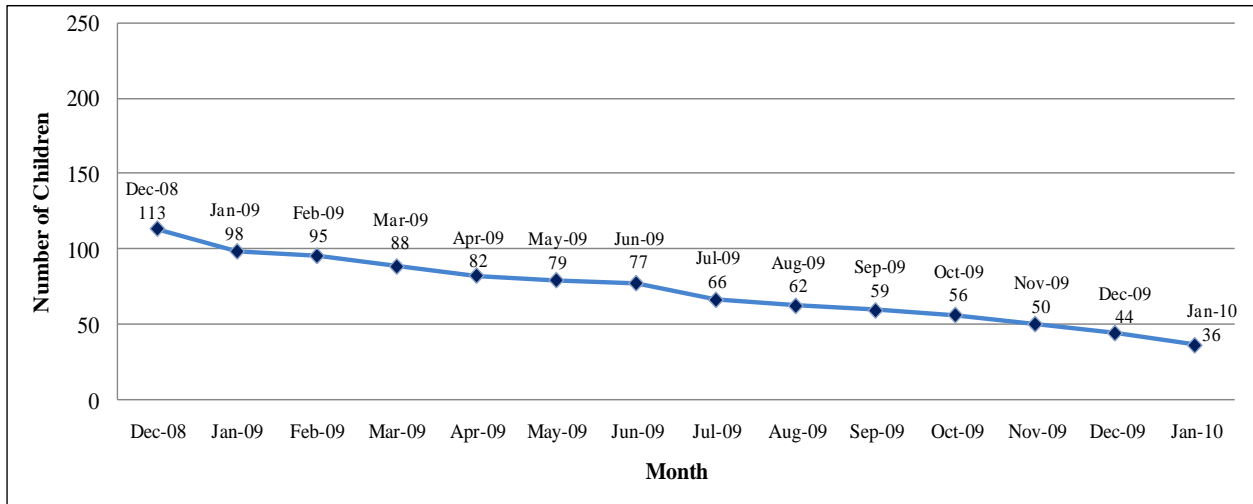
A. Building the Mental Health Delivery System

The number of children placed out-of-state for treatment continues to decline.

Under the MSA, DCF is required to minimize the number of children in DYFS custody placed in out-of-state congregate care settings and to work on transitioning these children back to New Jersey (Section II.D.2).

DCF reports that as of December 1, 2009, 44 children were placed out-of-state in mental health treatment facilities. As illustrated in Figure 10 below, the number of children placed out-of-state continues to decline.

**Figure 10: Children in Out-of-State Placement
December 1, 2008 – January 1, 2010⁸⁶**



Source: DCF, DCBHS

Children are returning to the New Jersey and each month fewer children are being placed out-of-state for mental health treatment. Table 24 below provides July to December 2009 data on the number of children for whom DCBHS granted new authorization for treatment in an out-of-state facility. Over the six month period, a total of four children were newly placed out-of-state, three of those children were in DYFS custody.

**Table 24: Out-of-State Placement Authorizations by DCBHS
(July 1, 2009 – December 1, 2009)**

Month	Number of Authorizations for Youth in DYFS Custody (Total Number of Authorizations)
July 2009	0 (0)
August 2009	0 (0)
September 2009	3 (3)
October 2009	0 (0)
November 2009	0 (0)
December 2009	0 (1)
Total	3 (4)

Source: DCF, DCBHS

⁸⁶ Counts previously reported for January, February, and April of 2009: 103, 98, and 92 respectively, differ from the above since DCBHS is now reporting data for the 1st day of each month.

In order to answer questions about the success of services and placements when children and youth return to New Jersey, DCBHS conducted a brief review of its efforts to return children in out-of-state programs to New Jersey. The focus of the review was to determine stability in/or successful discharge from the in-state placement to which the child/youth was returned during calendar year 2008. In 2008, 155 children/youth returned from an out-of-state treatment facility. The majority of those children returned to their own home, a foster home (50%) or a Specialty Residence (24%).⁸⁷ DCBHS analysis concluded that 85 percent of the children/youth made a successful transition to New Jersey. Upon review of DCBHS' report of the review, the Monitor agrees with the conclusion. Of note, the children/youth that transitioned to New Jersey tended to present with more significant mental and behavioral health issues. The population of children who returned from out-of-state placement in 2008 experienced subsequent admissions to treatment facilities at a rate higher than that of their peers who were discharged from DCBHS-funded residential programs in New Jersey.

DCF continues to work to transition detained DYFS youth in a timely manner.

Under the MSA, no youth in DYFS custody should wait longer than 30 days in a detention facility post-disposition for an appropriate placement (Section II.D.5). DCF reports that 14 youth in DYFS custody, 12 males and two females, were in a juvenile detention facility during periods from July 1 to December 31, 2009 and were awaiting a DCBHS placement post-disposition of their delinquency case. As of December 31, 2009, two of the youth had been waiting for placement for 20 and 21 days respectively and among those who were placed, none waited more than 30 days for placement. The youth placed ranged in age from 13 to 17. Five of the youth were released within 15 days or less and seven within 16-30 days after the disposition of their delinquency case. Table 25 below provides information on the length of time each of the youth waited for placement.

⁸⁷ Other placements included group home, therapeutic foster home, residential treatment center and placement with the NJ Division of Developmental Disabilities.

Table 25: Youth in DYFS Custody in Juvenile Detention Post-Disposition Awaiting Placement (July 1, 2009 – December 31, 2009)

Length of Time to placement while in Detention Post-Disposition	Number of Youth⁸⁸
0-15 Days	5
16-30 Days	7
Over 30 Days	0
Total	12

Source: DCF, DCBHS

DCBHS has been challenged in resolving early implementation problems related to the new management information system and Contracted System Administrator.

CYBER, the new electronic case record and management information system, was designed to be more user-friendly, flexible, and secure than the prior behavioral health information system. CYBER increases the Division’s capacity to develop reports for multiple purposes, which reflect aspects of service system delivery including providing data to inform gaps in services. As well, PerformCare, LLC, the new Contracted System Administrator is expected to function in ways which meet the needs of caretakers, youth and children accessing behavioral and mental health services and the providers who serve them.

⁸⁸As of December 31, 2009 there were an additional two youth in DYFS custody who had been in detention 20 and 21 days post-disposition respectively, continuing to await DCBHS placement.

DCBHS transitioned to PerformCare in September 2009, creating a new electronic case record and management information system (CYBER). This transition included: installing new staff charged with triaging and responding to calls requesting service authorizations and implementing new authorization and billing protocols for providers. This was a significant undertaking.

Soon after the transition DCBHS formally notified the parent company and guarantor of PerformCare, AmeriHealth, of concerns regarding implementation. DCF reports, since that time, AmeriHealth, has increased resources for PerformCare. The parent company continues to be very closely involved in corrective action planning with DCBHS.

Mental health service providers participated in the design of CYBER and while they recognize the positive aspects of this new system, they report that early implementation problems have been significant. Concerns have been raised regarding, for example, the State's decision to revise a policy and practice of the previous CSA, Value Options . DCBHS' new policy adopts a "first-come, first-served" model for referrals to the higher level of service provided by Case Management Organizations (CMO's) and discontinued wait lists. The children recommended for this higher level of service are often re-directed to or maintained at a level of service which providers conclude do not meet the child's or family's need. The referral source now has to resubmit requests, often multiple times when a slot is not readily available upon referral. Several other glitches in the new system have been reported by providers which in their view have contributed to the decreased access to services for families in the short term and increased complexity and aggravation for providers.

DCBHS is aware of reported problems, some have been addressed and others are slated to be fixed by an improved version of CYBER to be implemented in June 2010. DCBHS senior staff meets frequently with senior staff of provider agencies to hear about and address concerns. Frontline staff who most frequently interact with PerformCare want to establish and maintain ongoing dialogue with both DCBHS and PerformCare regarding systems functionality, client access to services, and record-keeping.

During the last monitoring period, DCBHS reported planning to institute a system of customer satisfaction regarding CYBER to help maximize service delivery. One of the mechanisms instituted to provide what DCBHS calls a "rough gauge" of customer satisfaction, is successful closure of requests of the CYBER Help Desk. The Monitor believes that as implementation of this important work of DCBHS to improve the infrastructure of the State's children's mental health system continues, it is crucial that mechanisms for continuous feedback and input from frontline staff of provider agencies, caretakers and youth be supported and used to meet common goals.

DCF continues to support evidence-based therapeutic treatments.

DCBHS is funding and tracking particular outcomes for Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST). Seven provider agencies have been funded across the state to offer FFT and MST services. In the last monitoring period, DCBHS reported that 110 youth/families had been successfully discharged from these treatments. During this monitoring period, some programs experienced staffing problems, which affected utilization levels. DCBHS

continues to work to preserve and develop these programs. The Department reports that program data is reviewed on a weekly basis by the national organizations. The combined contracted capacity can serve over 323 families, although average daily census has been below contract maximums at most sites. As of December 31, 2009, two programs were implementing corrective action plans with goals of being fully staffed and increasing capacity to meet contract requirements.

In addition to staffing and maintaining a high census, providers of these evidence-based programs are confronting funding issues. DCF transitioned from full funding to a mix of Medicaid reimbursement and State funds at rates of 67 percent and 33 percent respectively. As is the experience of many other states which are implementing these types of services, funding ratios have to be monitored by the both the state and contractors to preserve the integrity of the programs. Both MST and FFT require some crucial clinician activities with families and youth, as well as with supervising clinicians which are not eligible for Medicaid funding. DCBHS is committed to sustaining the programs and service delivery while preserving fidelity to the models and is engaged in ongoing consultations with both the providers and a national organization with experience in MST and FTT.

DCF maintains access to mental health services to preserve and reunify families.

The MSA requires DCF to provide mental health services to at least 150 birth parents whose families are involved with DYFS (Section II.C.6). DCF has contracted with 16 agencies statewide for these services. DYFS staff refers parents directly to those contracted agencies. DCF continues to exceed the MSA requirement, providing both in-home and office-based interventions to over 400 birth parents (unduplicated count) in efforts to maintain children in, or return children to the custody of their parents.

DCF further revised policy regarding the use of psychotropic medication for children in placement.

During the last monitoring, DCF clarified policy regarding the use of psychotropic medication for children in placement and reported plans to further strengthen policy in this area, as needed. The MSA states that by “June 2009, the State shall promulgate and implement policies designed to ensure that psychotropic medication is not used as a means of discipline or control....” (Section III.C.2). In January 2010, DCF adopted a policy on prescription, use and monitoring of psychotropic medication for children in placement and planned to disseminate it to DYFS Local Office Managers in March 2010. This document specifically states that “under no circumstances shall psychotropic medication be utilized for purposes of discipline or restraint or the convenience of staff members or resource parents.” This new Psychotropic Policy incorporates existing policy requirements on consent, treatment plan requirements and on-going review. Existing policy is discussed in the Monitor’s more recent report covering the period January – June 2009.

The Psychotropic Policy specifically addresses the role and components of the treatment plan, informed consent processes, prescribing parameters and medication monitoring guidelines. These new documents are clearly written and appear more user-friendly for the field. DCF plans

to update this policy as needed and will be engaged in operationalizing and implementing the policy during the remainder of the calendar year.

Since December 2008, DCF has required each DYFS local office to review a list of children in out-of-home placement who, according to Medicaid records, received psychotropic medications. This case review activity is to be conducted quarterly by Caseworkers and Child Health Unit nurses to ensure proper consents are in place and that medications are part of the child’s approved treatment plan. At the same time, Child Health Unit staff identifies children on their caseload who are prescribed psychotropic medication to ensure usage is in line with policy and practice. The DCF child/adolescent psychiatrist continues to be available to the field for consultation, participation in team meetings and case conferences.

B. Mental Health Performance Benchmarks

Mental Health Assessments

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA II.F.2	46. Mental Health Assessments	Number/Percent of children with a suspected mental health need who receive mental health assessments.	To be determined through pilot QR in CPM immersion sites in the first quarter of 2010	<p>By June 2008, 75% of children with a suspected mental health need will receive a mental health assessment.</p> <p>By December 2008, 80% of children with a suspected mental health need will receive a mental health assessment.</p> <p>By June 2009, 85% of children with a suspected mental health need will receive a mental health assessment.</p>	By December 31, 2011, 90% of children with a suspected mental health need will receive a mental health assessment.

Performance as of December 31, 2009:

During Phase II of the MSA, this measure is to be assessed by collecting data through a Quality Review or other qualitative methodology. The QR will also measure the receipt of appropriate mental health treatment based on an assessment of a child’s needs.

DCF’s internal Health Care Case Record Review found that 84 percent of children or youth received the required mental health screen.⁸⁹ Of those screened, 59 percent were determined to have a suspected mental health need, and 89 percent of those children or youth received a mental health assessment by the time of the record review. Using DCF’s case record review data, the June 2009 benchmark that 85 percent of children with suspected mental health needs receive an assessment was met. However, the Monitor is concerned that 16 percent of children did not receive the required mental health screen (See Table 26 below for information from the Health Care Case Record Review). DCF reports addressing this gap in screening by having Child Health Unit Health Care Case Managers (nurses) conduct mental health screens during their first home visits to children who are not already receiving mental health services. The Health Care Case Managers confirmed that they are now conducting these screenings.

**Table 26: Mental Health Screening and Assessments for Children age 2 and older
N=313 records**

Not reviewed, children under 2	102	
Records Reviewed	211	
	Number (Total)	Percent
Children screened	177(211)	84%
MH need identified	104(177)	59%
Referred for MH evaluation	96(104)	92%
MH evaluation completed	85(96)	89%

Source: DCF Health Care Case Record Review

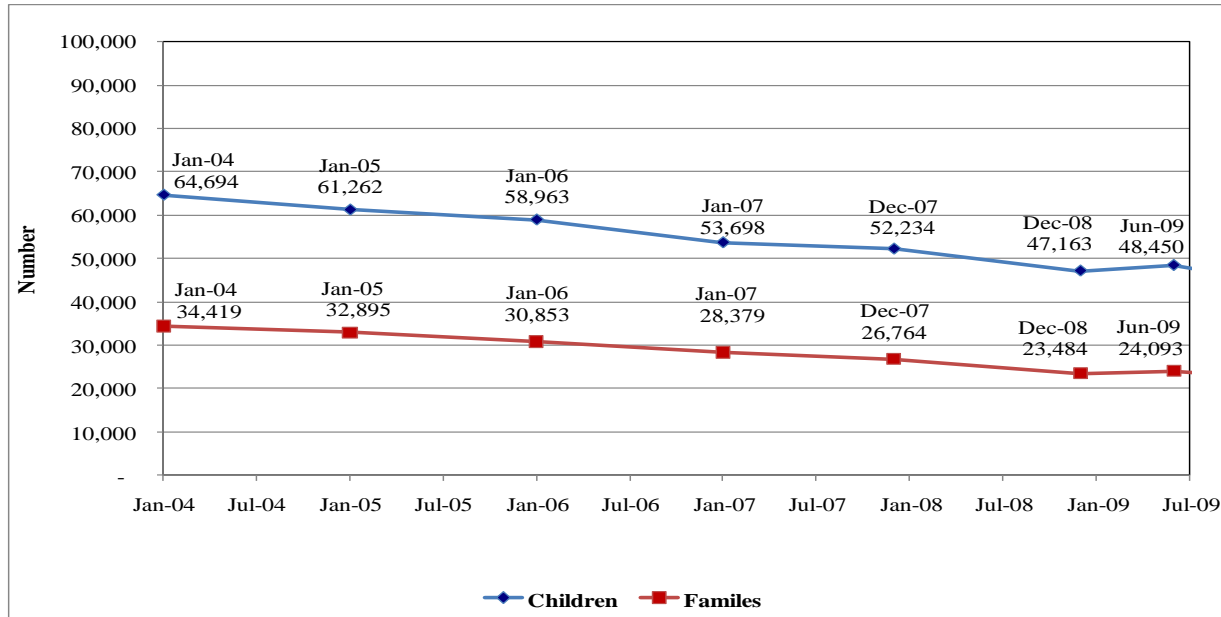
*The Health Care Case Record Review conducted by DCF to report on the above indicators for Period VII was done by reviewing records of a random sample of children in DYFS out-of-home placement who were removed between 7/1/09-11/30/09 and were in care for a minimum of 60 days. 1060 children were age 2 and over at the time of removal and 547 were under 2 for a total of 1,607 children. A sample of 313 children was selected. The results have a ± 5 percent margin of error.

⁸⁹ The Monitor did not independently verify the findings of DCF’s Health Care Case Record Review. However, the Monitor did review the protocol and discuss the methodology with DCF staff. The methodology and analysis are comparable to the Health Care Case Record review conducted by the Monitor in spring 2009.

XI. SERVICES TO PREVENT ENTRY INTO FOSTER CARE AND TO SUPPORT REUNIFICATION AND PERMANENCY

The need for accessible in-home and community-based services for children and families becomes more critical as the number of children and families under DYFS supervision declines. As shown in Figure 11, the number of families under DYFS supervision has declined from 34,419 in 2004 to about 24,000 in June 2009. These families include over 48,000 children.

**Figure 11: Children and Families Under DYFS Supervision
(January 2004 – June 2009)**



Source: DCF

A. Needs Assessment

The MSA requires that by June 2009 and annually thereafter, DCF “regularly evaluate the need for additional placements and services to meet the needs of children in custody and their families, and to support intact families and prevent the need for out-of-home care.” (MSA Section III.C.7). Every county is required to be assessed at least once every three years, and the State must “develop placements and services consistent with the findings of the needs assessments” (MSA Section III.C.7). DCF’s efforts to evaluate service delivery needs and behavioral health service needs are set forth in detail in two previous Monitoring Reports.⁹⁰ Briefly stated, DCF has asked Human Services Advisory Councils (HSACs) in each county to evaluate service delivery needs in the area of basic needs, substance abuse treatment, mental health services for parents, and transitional services for adolescents exiting foster care. HSACs in each county will be evaluating these service delivery needs on a rotating basis for all 21

⁹⁰ For a more detailed description of this process, see *Period VI Monitoring Report Charlie and Nadine H. v. Christie* p. 137 – 139. For information specifically on DCF’s approach to evaluating needs in the area of Resource Family homes, see *Period V Monitoring Report for Charlie and Nadine H. v. Christie* p. 68.

counties, seven counties a year every three years using the same set of guidelines. The first set of evaluations from Union, Somerset, Gloucester, Camden, Middlesex, Hudson and Essex counties are due to DCF in July 2010.

DCF’s Division of Behavioral Health (DCBHS) assesses needs for behavioral health services for children by annual County Needs Assessments (CANs) conducted by the Children’s Interagency Coordinating Council (CIACC). The CANs examine the local service delivery system and identify gaps and needs and make recommendations for improvement to services. The Monitor has a summary of CIACC’s recommendation for 2009 specifically targeted to counties’ needs for clinical evidence-based services. In order to be of maximum use, these recommendations will need to be evaluated in relation to available resources and extent of need so that DCF can prioritize its response and take appropriate action.

B. Services to Families Performance Benchmarks

Continued Support for Family Success Centers

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM	48. Continued Support for Family Success Centers	DCF shall continue to support statewide network of Family Success Centers.	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance

Performance as of December 31, 2009:

As previously reported, in 2007 New Jersey began developing a network of Family Success Centers (FSCs), initially with 21 centers. FSCs are intended to be neighborhood-based places where any community resident can access family support and services. New Jersey now has a total of 37 FSCs in 16 counties. FSCs are situated in many types of settings: storefronts, houses, schools, houses of worship, or housing projects. Services range from life skills training, parent and child activities, advocacy, parent education and housing related activities. These services are available to any family in the community with no prerequisites.

As shown in Table 27 below, DCF served 24,492 families in this monitoring period through the Family Success Centers, a 98 percent increase from the prior six months, bringing the total number of families served in 2009 to 36,844. DCF speculates that the dramatic increase reflects the country's and the State's economic downturn: DCF reports that FSCs served more families seeking housing and employment services in this monitoring period, and provided more services to middle class families than in the past. As the table indicates, the most requested services are general information and referral services⁹¹ (21,690), child and maternal health (13,300), and parent/child activities (8,834).

**Table 27: Families Served By Family Success Centers by Types of Service Provided⁹²
(July – December 2009)**

Families served (unduplicated)	July-09	Aug-09	Sept-09	Oct-09	Nov-09	Dec-09	Total
	2,258	2,663	4,768	5,622	3,937	5,244	24,492
Core Services	July-09	Aug-09	Sept-09	Oct-09	Nov-09	Dec-09	Total
Access to child, maternal and family health information	1,205	1,361	1,520	3,538	2,370	3,306	13,300
Development of "Family Success" plans	395	406	474	441	332	249	2,297
Self-sufficiency/employment related services	460	692	801	974	893	607	4,427
Information and referral services	2,323	1,788	4,288	6,140	3,409	3,742	21,690
Life Skills	489	724	1,084	1,294	1,440	1,091	6,122
Housing-related services	413	523	794	833	706	516	3,785
Parent education	501	532	539	956	897	785	4,210
Parent-child activities	1,306	1,833	946	1,682	1,351	1,716	8,834
Advocacy	541	683	966	1,293	1,323	1,086	5,892
Home visits	125	123	172	377	716	618	2,131
Total (service count; families can receive more than one service)	7,758	8,665	11,584	17,528	13,437	13,716	72,688

⁹¹ Information and referral services mean that FSC staff gave information to families about an agency they requested or needed help from either on the phone, in person, or via email. FSC also assists families in this category to access agencies who could assist the families.

⁹² Unduplicated refers only to the number of families served and not the services received, so a family could access more than one service more than one time.

Statewide Implementation of Differential Response

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM	49. Statewide Implementation of Differential Response, pending effectiveness of pilot sites	Progress toward implementation of Differential Response statewide.	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance

Performance as of December 31, 2009:

As previously reported, in April 2007, DCF awarded contracts under its Differential Response Pilot Initiative and in early 2009, DCF expanded its Differential Response Program. Currently, Differential Response is fully operational in six counties (Camden, Cumberland, Gloucester, Salem, Middlesex and Union). All six sites use a case management approach in line with DCF's Case Practice Model. According to DCF, between July 1 and December 31, 2009, there were 853 referrals from SCR to the six Differential Response sites. DCF did not provide the Monitor with data on how many of the referrals resulted in open cases for services and supports.

DCF was able to provide data on the primary reasons given for differential response reports as assessed by SCR in calendar year 2009. The top two reasons were financial/emergency assistance and medical/psychiatric/behavioral assistance.

The original Differential Response pilot plan called for an evaluation of its effectiveness. DCF has formed a workgroup to evaluate the Differential Response Program to assess the effectiveness of the current program design and achievement of desired goals and outcomes. In addition, the workgroup will consider the referral and screening criteria currently used at SCR. DCF anticipates that the recommendations from the workgroup will include improved data collection methods on the part of the provider agencies to assess performance and outcome achievement going forward.

XII. SERVICES TO OLDER YOUTH

During Phase I of the MSA, DCF created and promoted policies to provide support services to youth aged 18 to 21.

DCF reports that 46 DYFS local offices now have either an adolescent unit or designated adolescent workers (this includes all offices but the Newark Adoption Office). Each of these offices has at least one caseworker, one supervisor, and one casework supervisor dedicated to working with adolescents. As part of evaluating performance, the Monitor met with adolescent workers in three different DYFS local offices during this period.

In addition, between May and December 2009, 125 DYFS workers and supervisors completed the Adolescent Training. This training involves four modules, including addressing positive youth development and life skills development.

A. Services for GLBTQI Population

Phase I of the MSA required DCF to develop and begin to implement a plan for appropriate services to be delivered to youth who identify as Gay, Lesbian, Bisexual, Transgender, Questioning, or Intersex (GLBTQI) (Section II.C.4). The Monitor continues to follow DCF's efforts to work with this population of youth. DCF efforts include: creating a Safe Space initiative; developing and delivering a GLBTQI competency training for all field staff; and creating a comprehensive GLBTQI Resource Guide. In interviewing adolescent workers in the field, workers reported knowing about GLBTQI services in the community and about the Safe Space liaison.

The Safe Space initiative creates "safe zones" that GLBTQI youth can easily recognize. This strategy provides environments where GLBTQI youth can feel supported in accessing resources and talking about their needs. There are a total of 130 Safe Space liaisons (and back up liaisons) identified for all 47 DYFS local offices. One hundred eleven (85%) liaisons received a full day training in the fall 2009 by two GLBTQI community providers.

In August 2009, DCF report that GLBTQI competency training was included in a two day cultural competence training for all field staff. DCF reports that between August and December 2009, 816 staff completed training on this module.

Finally, identifying and updating community based responses for GLBTQI youth is part of the role of Safe Space liaisons. DCF created a web-based environment (on the Child Welfare Training Academy website) to share existing GLBTQI resources.

B. Performance Benchmarks Measuring Services to Older Youth

Independent Living Assessments

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM	53. Independent Living Assessments	Number/percent of cases where DCF Independent Living Assessment is complete for youth 14 to 18.	To Be Determined	By December 31, 2009, 75% of youth age 14 to 18 have an Independent Living Assessment. By December 31, 2010, 85% of youth age 14 to 18 have an Independent Living Assessment.	By December 31, 2011, 95% of youth age 14 to 18 have an Independent Living Assessment.

Performance as of December 31, 2009:

As of January 24, 2010, DCF reports that 47 percent of youth aged 14 to 18 in out-of-home placement for at least six months had an Independent Living Assessment completed.

On January 24, 2010, there were 1,333 youth aged 14 to 18 in out-of-home placement for at least six months. Of the 1,333 youth, 625 (47%) had assessments completed, 708 (53%) did not. The State failed to meet the interim performance benchmark of 75 percent of youth 14 to 18 with a completed Independent Living Assessment.

DCF reportedly addressed the low completion of Independent Living Assessments by training workers in February and March 2010. Independent Living Assessments are available online and completed by the youth or their caregiver, results are then emailed to the caseworker and others identified by the youth. This two step process requires workers to ensure the youth or their caregiver has access to the Assessment and understands the importance and value of this tool in supporting and planning with a youth.

Services to Older Youth

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM	54. Services to Older Youth	DCF shall provide services to youth between the ages 18 and 21 similar to services previously available to them unless the youth, having been informed of the implications, formally request that DCF close the case.	To be determined through pilot QR in immersion sites in the first quarter of 2010	By December 31, 2009 75% of older youth (18-21) are receiving acceptable services as measured by the QR. By December 31, 2010 75% of older youth (18-21) are receiving acceptable services as measured by the QR.	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the QR.

Performance as of December 31, 2009:

Performance on the provision of services to youth between the ages of 18 and 21 will be measured through a Qualitative Review or other quality assessment process. The Monitor is unable to assess performance on this measure as the Qualitative Review process is currently in the pilot phase.

DCF reports that between October and December 31, 2009, DYFS served 1,251 youth aged 18 to 21. Of the 1,251 youth, 812 (65%) were living in out-of-home placement and 439 (35%) were living in their own homes. An additional 668 youth aged 18 to 21 were receiving adoption or Kinship Legal Guardianship subsidies.

During Phase I, DCF created policy allowing youth aged 18 to 21 to continue to receive similar services from DYFS that were available to them when they were under the age of 18 (MSA Section II.C.5). By policy, these services shall continue to be provided to youth unless they formally request that their case be closed. There has been an increase in the number of youth aged 18 to 21 receiving services, but providers in New Jersey continue to report concerns that youth are not sufficiently supported to keep their cases open and that a significant number of youth leave the foster care system from specialized placements in a residential or treatment facility without any continued support from DCF/DYFS.

DCF reports that 96 percent of youth leaving DYFS custody have some form of Medicaid health insurance for at least one month after placement. In 2009, 452 youth age 17.8 to 20.9 were discharged from DYFS custody. Of the 452, 65 (14%) had received at least one month of Chafee Medicaid and 367 (81%)⁹³ had at least one month of Medicaid through DYFS or through other programs such as TANF or SSI. In March 2009, DCF sent a memo to the field clarifying that it is the responsibility of the caseworker, not the youth, as was the previous practice, to contact the DCF central office staff coordinating Chafee Medicaid enrollment.

⁹³ Percentages do not add up to 96 percent due to rounding.

The NJ Scholars program is another service the Monitor has tracked for youth involved with DYFS. Through the NJ Scholars program, participants can receive funding assistance for tuition, books, and related school expenses. According to DCF, 315 youth were a part of the NJ Scholars program between July and December 2009. Of the 315 youth, 265(84%) received scholarship funds during that time period. DCF reports that 50 (16%) youth were not eligible to receive financial support under federal law but received other supports, such as coaching and mentoring.⁹⁴ Over the last three years, the participation of youth in the NJ Scholars Program has dramatically declined. For the 2007-2008 school year, there were 556 participants in the NJ Scholars Program, 443 (80%) received funding. For the 2008-2009 school year, there were 398 participants, 305 (76%) of whom received funding. At the beginning of the 2009-2010 school year, there were 371 participants with 325 (88%) receiving funding. The steady decline in participants is concerning and speaks to the urgent need for DCF to develop sound strategies to ensure sufficient outreach to youth, resource parents, and DYFS staff about the NJ Scholars program and to support youth in their high school education and in transitioning and remaining in college (and the NJ Scholars Program).

In the Monitor's meetings with adolescent units, workers felt that multiple placement moves negatively affected a youth's education experience. Workers also noted that the application process for federal financial aid (which must be filled out to access NJ Scholars supports) is a confusing and time consuming process. For the most part, youth are on their own to fill out these forms. Further, workers noted that for youth not going on to college, other supports are still necessary, but missing, to assist these youth with vocational education and job training.

Based on all of these data and interviews with community stakeholders, the Monitor remains concerned about outcomes for older youth involved with DYFS. The Monitor will continue to closely track performance in this area, particularly as measured by the Qualitative Review.

⁹⁴ DCF reports that an ineligible youth might be someone already receiving full funding for college or a youth whose grade point average fell below 2.0 for two semesters in a row.

Youth Exiting Care

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM	55. Youth Exiting Care	Youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	Not Available	<p>By December 31, 2009 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.</p> <p>By December 31, 2010 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.</p>	<p>By December 31, 2011, 95% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.</p>

Performance as of December 31, 2009:

The Monitor has not received any data on this measure from DCF. The following information describes DCF's efforts to ensure housing for older youth.

During Phase I, the sole MSA requirement regarding Transitional Living Housing was for DCF to establish 18 beds for youth transitioning out of the foster care system by June 2008 (Section II.C.11). The State far exceeded this requirement by contracting for 240 beds. Further, during in October 2009, DCF sent out a Request for Proposals (RFP) to provide additional transitional living supports and housing to youth in Essex County as this county has such a high demand for transitional living supports.⁹⁵

In the Monitor's meetings with the adolescent units, workers identified the difficulty of getting youth into Independent Living Programs and Transitional Living Housing. Only a few programs will take youth with significant mental and behavioral health needs or history. Workers also expressed frustration with continued waiting lists for these services. Workers noted that many youth over the age of 18 who come back for services have few to no housing options. Similarly, advocates for older youth emphasized that there were not enough transitional living beds for youth with significant mental health and behavioral health needs. Advocates also reported that youth are required to take life skills classes to get aftercare or wraparound supports, yet accessing life skills programs is difficult and youth are often placed for months on waiting lists.

As a result of the qualifications to get into transitional housing programs and the limited capacity, workers stated that youth end up in adult homeless shelters while they seek other

⁹⁵ At the time of this report, these new beds had not yet been funded. The Monitor will report on the status of these beds in the next monitoring report.

placements. The Monitor contacted eight of providers of transitional housing programs to assess the types of services provided in relationship to the demand. Five programs responded to Monitor’s inquiries. Of these five, all accept youth who identify as GLBTQI, but not all have specific services for this population. All, but one of the providers, maintained a waiting list for placement that range from 1 to 6 months. Some of the programs accept youth with juvenile justice histories and only one had specialized services for youth with significant mental health and behavioral issues. The Monitor will continue to track any new transitional living supports and housing that are developed. Further, the Monitor will conduct a limited case record review focusing on older youth who have exited, or aged out, of the foster care system in summer 2010.

Table 28: Youth Transitional and Supported Housing

County	Contracted Slots	Providers
Bergen	9	Bergen County Community Action Program
		Children's Aid and Family Services
Burlington	14	Crossroads
		The Children’s Home
Camden	25	Center For Family Services
		Vision Quest
Cape May	4	CAPE Counseling
Essex	47	Covenant House
		Corinthian Homes
		Tri-City Peoples
		Care Plus
Gloucester	30	Robin’s Nest
Hudson	10	Catholic Charities Diocese of Newark - Strong Futures
		Volunteers of America
Mercer	12	Lifeties
		Anchorage
Middlesex	11	Middlesex Interfaith Partners with the Homeless (MIPH)
		Garden State Homes
Monmouth	22	IEP
		Catholic Charities
		Collier Services
Ocean	8	Ocean Harbor House
Passaic	23	Paterson Coalition
		NJ Development Corporation
Somerset	10	Somerset Home for Temporarily Displaced Children
Union	15	Community Access
Total	240	

Source: DCF

XIII. SUPPORTING A HIGH QUALITY WORKFORCE: CASELOADS AND TRAINING

DCF has continued to maintain key infrastructure improvements that were the focus of Phase I investments. The State met or exceeded average caseload targets and came close to meeting all individual caseload targets. It also met or exceeded all MSA requirements related to training the workforce.

A. Caseloads

Monitoring Period VI Caseload Reporting

Caseload compliance is measured by individual caseworker caseloads in each of the functional areas (Intake, Permanency, and Adoption) as well as a standard for DYFS local offices. Investigators in the Institutional Abuse Investigations Unit (IAIU) have had an individual caseload standard since Period IV (June 2008). Table 29 summarizes the caseload expectations for individual workers. Office-wide average caseloads are to comply with the applicable functional area caseload standards in 95 percent of all DYFS local offices and at least 95 percent of workers in each of the functional areas are to have individual caseloads meeting the designated standard (MSA Section III.B.1).

The Monitor verified the caseload data supplied by the State by conducting telephone interviews with randomly selected caseworkers across the state. Three hundred caseworkers were selected from those active in December 2009. All 47 DYFS local offices were represented in the sample.⁹⁶ The interviews were conducted from January 25 through March 12, 2010. All 300 caseworkers were called. Information was collected from 226 (75% of the sample), located in 46 offices.⁹⁷ Approximately 12 of the remaining 74 caseworkers were no longer employed by DCF or were on extended leave during the period of the calls. Contact was attempted at least three times for all those who were not interviewed.

In the interviews, caseworkers were asked about their caseload sizes in December 2009 and their responses were compared to the caseload information the state supplied for December 31, 2009 from NJ SPIRIT. They were also asked about their caseload size on the day of the call. Identified discrepancies were discussed with the caseworkers. The Monitor found that NJ SPIRIT generally accurately reflects their caseloads. In addition, the interviews collected information about any caseload fluctuation between January and June 2009 and the range caseworkers had experienced—the highest number of cases and the lowest number of cases. Although not all 300 selected caseworkers responded, the Monitor believes sufficient information was gathered from the 226 case managers to verify the accuracy of the State caseload reporting.

The following discussion describes the State's performance in meeting the office caseload standards and the individual caseload standards. DCF's performance on supervisory ratios is at the end of the caseload discussion.

⁹⁶ The 47 DYFS local offices include the Newark Adoption Office.

⁹⁷ None of the three sampled caseworkers in Middlesex Central Office responded to the survey.

Table 29: DCF/DFYS Individual Caseload Standards

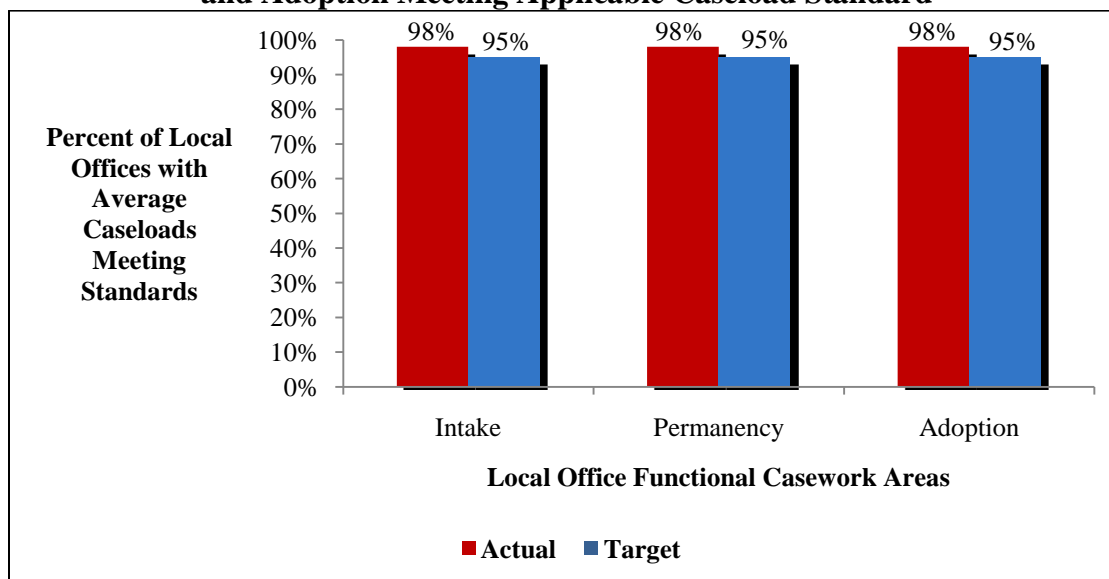
Caseworker Function	Responsibility	Individual Caseload Standard
Intake	Respond to community concerns regarding child safety and well-being. Specifically, receive referrals from the State Central Registry (SCR) and depending on the nature of the referral, respond between 2 hours and 5 days with a visit to the home and begin investigation or assessment. Complete investigation or assessment within 60 days.	Intake caseworkers are to have no more than 12 open cases at any one time and no more than 8 new referrals assigned in a month. (MSA Section II.E and Section III.B.1).
Institutional Abuse Investigations Unit (IAIU)	Respond to allegations of child abuse and neglect in settings including correctional facilities, detention facilities, treatment facilities, schools (public or private), residential schools, shelters, hospitals, camps or child care centers that are required to be licensed, Resource Family homes and registered family day care homes. ⁹⁸	IAIU staff workers are to have no more than 12 open cases at any one time and no more than 8 new referrals assigned in a month. (MSA Section II.E and Section III.B.1).
Permanency	Provide services to families whose children remain at home under the protective supervision of DYFS and those families whose children are removed from home due to safety concerns.	Permanency caseworkers are to serve no more than 15 families and 10 children in out-of-home care at any one time. (MSA Section II.E and Section III.B.1).
Adoption	Find permanent homes for children who cannot safely return to their parents by preparing children for adoption, developing adoptive resources and performing the work needed to finalize adoptions.	Adoption caseworkers are to serve no more than 15 children at any one time. (MSA Section II.E and Section III.B.1).

DCF/DYFS continued to meet the office average caseload standards.

For the seventh consecutive monitoring period, DCF/DYFS met the average office caseload standards in all three functional areas. Figure 12 summarizes the Period VII performance. Appendix B, Tables B1-6 provide caseload averages for each DYFS local office.

⁹⁸ DYFS (7-1-1992). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 302.

Figure 12: Percent of DCF/DYFS Local Office Average Caseloads for Intake, Permanency, and Adoption Meeting Applicable Caseload Standard



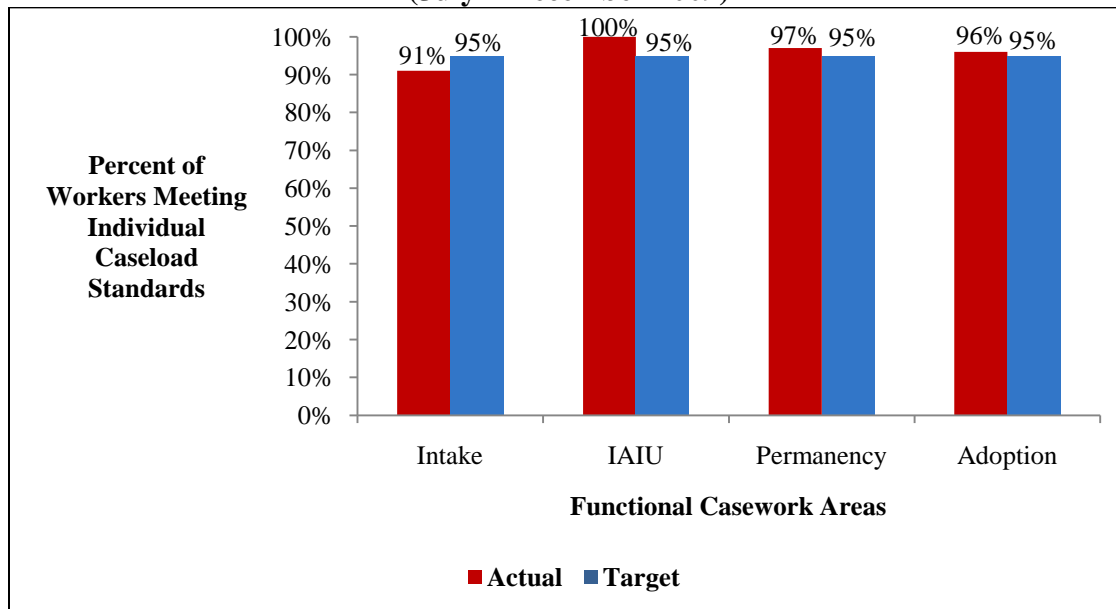
Source: DCF NJ SPIRIT Data

On December 31, 2009, 95 percent of the DCF/DYFS caseworkers had individual caseloads that were at or below the individual caseload standards.

Individual caseloads complied with individual caseload standards in all areas except Intake. Among Intake workers, 91 percent of the caseworkers had caseloads that were at or below the caseload standard. Figure 12 provides an overview of the Period VII performance. As described in the discussion of individual caseload performance, the caseloads appear to be stabilizing in all functional areas with 25 percent or fewer of caseworkers interviewed reporting any fluctuation in caseload size.

Over all in December 2009, there were three caseworkers with caseloads greater than 20 families, they were Intake workers with caseloads of 28-33 families. This represents less than one percent of the total available caseworkers.

Figure 13: Percent of DCF/DYFS Caseworkers With Individual Caseloads At or Below the Applicable Individual Caseload Standards (July – December 2009)



Source: DCF NJ SPIRIT Data

Additional details on individual caseload findings are as follows:

- **Intake**

The individual worker caseload standard for Intake workers as of December 31, 2009 was not met, but there was significant improvement over the June 30, 2009 performance. The state reported there were 831 active Intake caseworkers in December 2009. Among the 831, 757 (91%) caseworkers had caseloads that were at or below the caseload requirements. Among the 74 (9%) caseworkers that had caseloads over one or both of the caseload component caps, the number of new intakes in the month of June ranged from 9 to 12 and the number of open cases in the month ranged from 13 to 33 families.

Among the 226 caseworkers interviewed for caseload verification, 91 were Intake caseworkers. Twenty-two of 90 (24%) the workers who responded to the question had experienced fluctuating caseloads between July and December 2009. This compares favorably to the Period VI survey results when 52 percent of Intake workers surveyed had experienced fluctuation. This suggests that the Intake caseloads are stabilizing.

The percentage of Intake caseworkers meeting the case count component of the performance standard may be modestly overstated as some portion of Intake and Permanency caseworkers actually share responsibility for some cases (families). This circumstance was raised by Intake workers in interviews and discussed further with DCF. According to DCF, all CPS-Family reports are assigned to Intake workers to investigate and these reports are reflected in caseload reporting as “new assignments” in the month of the report and as one of the “open cases” for the

month. When circumstances indicate that a permanency case needs to be opened before the investigation is complete or a family with an open permanency case is the subject of a CPS-Family report, the family becomes the focus of both Intake and Permanency workers until the investigation is completed.

Intake workers are considered “secondary” when families are assigned to Permanency workers who are designated as “primary” workers. DCF believes this arrangement emphasizes the primary role of the Permanency worker to be the “one worker” with whom the family interacts and reflects the Permanency worker’s responsibility for providing information to Intake and linking the family to appropriate services and supports identified during the course of the investigation, thus relieving the Intake worker of some, but not all, responsibility with the case. Intake workers are still responsible for the work related to completing the investigative tasks and reaching a conclusion. The secondary designation, however, is not reflected in the caseload counts of “open cases” for Intake workers in SafeMeasures or in the SPIRIT reports provided to the Monitor.

DCF reports that Intake supervisors in DYFS local offices are expected to appropriately manage the workload of their units and consider an Intake worker’s primary and secondary responsibilities when assigning new referrals. DCF is continuing to determine the number of case (families) shared by Permanency and Intake Workers and it currently estimates that about 100 new referrals each month become shared cases until the investigations are complete. DCF has determined that 500-700 families with open permanency cases also become the subject of an investigation in any month. In July 2009, there were 532 cases of this nature, and in December 2009, there were 544.

- **Institutional Abuse Investigation Unit (IAIU)**

The individual worker caseload standard for IAIU investigators as of December 31, 2009 was met. According to the data supplied by the State, all 56 investigators had caseloads in compliance with the standard. The Monitor verified the IAIU caseload compliance through brief telephone interviews with ten (18%) randomly selected IAIU investigators as part of the verification of all caseload compliance. All investigators reported caseloads that were under or at the standard.

- **Permanency**

The individual worker caseload standard for Permanency workers as of December 31, 2009 was met. DCF reported there were 1,178 active Permanency caseworkers in December 2009. Of the 1,178 caseworkers, 1,142 (97%) caseworkers had caseloads that were at or below the caseload requirements. Among the 36 (3%) permanency caseworkers that had caseloads over one or both of the caseload component caps, 32 had 16-20 families but fewer than 10 children in placement and 4 had 11-12 children in placement but fewer than 15 families. None of the caseloads exceeded both component caps.

The State reported that 46 DYFS local offices now have designated “Adolescent Units” or identified adolescent workers and supervisors. As described earlier in this report, staff in the Adolescent Units is dedicated to helping adolescents in foster care achieve permanency. These workers are held to the same caseload standard as all other Permanency staff and are included in the caseload calculations for Permanency staff. On-site conversations and telephone interviews with Adolescent caseworkers confirmed caseloads are within the standards.

Among the 226 caseworkers interviewed for caseload verification, 110 were in Permanency units. Fifteen of those interviewed (14%) reported fluctuating caseloads between July and December 2009. This compares to 47 caseworkers (41%) who reported fluctuating caseloads between January and June 2009. The lowest number of families was five and the highest number of families did not exceed 17 in the six-month period.

- **Adoption**

Of the 47 DYFS local offices, one office is dedicated solely to Adoption work and 41 DYFS local offices have Adoption workers or full Adoption units.

The individual worker caseload standard for Adoption workers as of December 31, 2009 was met. DCF reported there were 259 active Adoption caseworkers in December 2009. Of the 259, 249 (96%) workers had caseloads that were at or below the caseload requirement. Among the 10 (4%) caseworkers with caseloads over 15 children, six had 16 children, one had 17 children, and two had 18 children and one had 19 children.

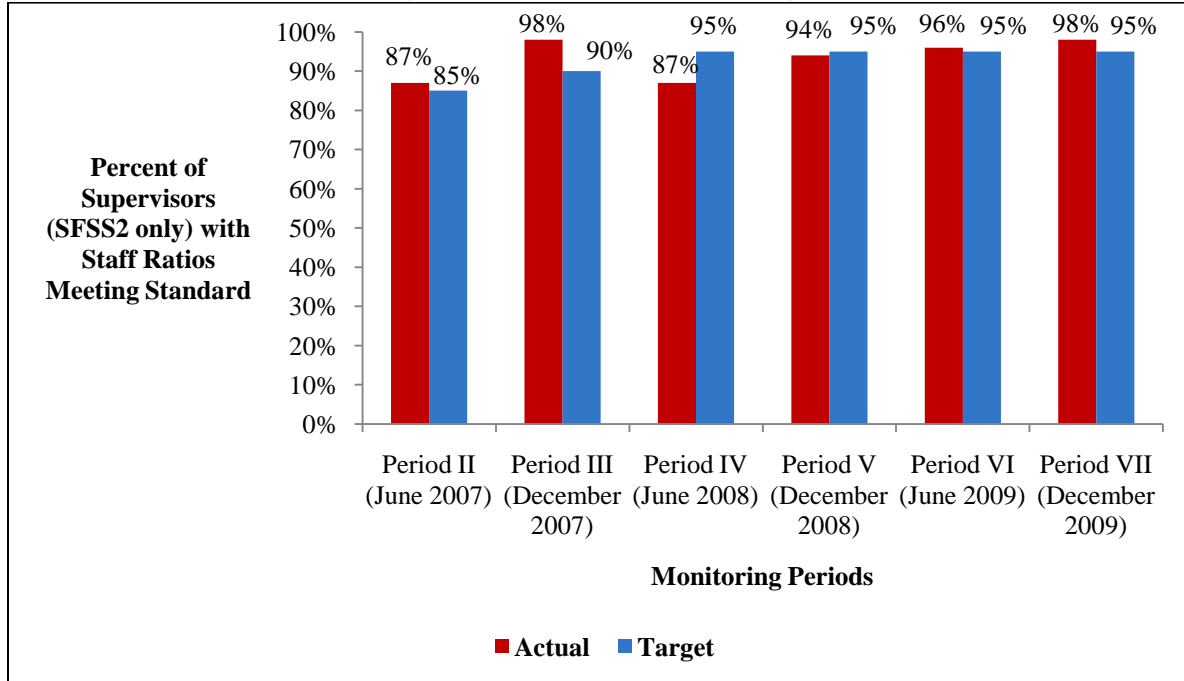
Among the 226 caseworkers interviewed for caseload verification, 25 were Adoption workers. Two (8%) had experienced fluctuating caseloads between July and December 2009 compared to 20 percent of those previously interviewed about monitoring period six caseloads (January – June 2009). The caseloads ranged from seven to 17 in the six-month period.

The standard for the ratio of supervisors to workers was met for the period ending December 31, 2009.

Supervision is a critical role in child welfare and the span of supervisor responsibility should be limited to allow more effective individualized supervision. Therefore, the MSA established a standard for supervisory ratios that by December 2008 and thereafter, 95 percent of all offices should have sufficient supervisory staff to maintain a 5 worker to 1 supervisor ratio (Section II.E.20).

As displayed in Figure 17, the state reported that 98 percent of DYFS local offices have sufficient supervisors to have ratios of 5 workers to 1 supervisor. Appendix B, Table B-3 contains supporting detail for each office, including the number of supervisors at each level. The Monitor verified the State reported information about supervision by asking all 226 case managers interviewed the size of their units and 96 percent reported having units of 5 or fewer caseworkers.

**Figure 14: NJ DCF/DYFS Supervisor to Caseload Staff Ratios
(June 2007 – December 2009)**



Source: DCF

Adequacy of DAsG Staffing

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM; MSA Permanency Outcomes	22. Adequacy of DAsG Staffing	Staffing levels at the DAsG office.	As of February 1, 2008, 124 of 142 positions were filled.	By June 30, 2009, 95% of allocated positions will be filled	98% of allocated positions will be filled plus assessment of adequacy of FTE's to accomplish tasks.

Performance as of December 31, 2009:

DCF reports that as of December 31, 2009, 134 (94%) of 142 DAsG staff positions are filled, of those six are on fulltime leave. Thus, there are a total of 128(90%) available DAsG. Although DCF is technically within one percentage point of the interim benchmark, the number of staff on full-time leave is considerable, thus the Monitor does not consider the June benchmark to be met. Further, the Monitor has received reports from the field about DAsG staffing levels being inadequate in some areas contributing to case processing delays for children and their families.

B. Training

Regular and timely training of DCF staff has become a solid part of DCF practice. Intensive training on New Jersey's Case Practice Model continues while the State fulfilled all of its training obligations required by the MSA, as shown in Table 30 below.

**Table 30: Staff Trained
(July 1, 2006 – December 31, 2009)**

Training	Settlement Commitment Description	# of Staff Trained in 2006	# of Staff Trained in 1st 6 months 2007	# of Staff Trained in 2nd 6 months 2007	# of Staff Trained in 1st 6 months 2008	# of Staff Trained in 2nd 6 months 2008	# of Staff Trained in 1st 6 months 2009	# of Staff Trained in 2nd 6 months 2009	Total # of Staff Trained (Cumulative)
Pre-Service	Ongoing: New caseworkers shall have 160 class hours, including intake and investigations training; be enrolled within two weeks of start date; complete training and pass competency exams before assuming a full caseload.	711	412	168	90	114	55	88	1,638
In-Service Training	Ongoing: Staff shall have taken a minimum of 40 hours of in-service training	N/A	3,001		3,015		2,846		8,862*
Concurrent Planning	Ongoing: Training on concurrent planning; may be part of 20 hours in-service training by December 2007.	2,522	729	387	87	96	85	57 out of 61 (93%)	3,963
Investigations & Intake: New Staff	Ongoing: New staff conducting intake or investigations shall have investigations training and pass competency exams before assuming cases.	N/A	650	62	127	104	114	95 out of 103 (92%)	1,152
Supervisory: New Supervisors	As of December 2006 and ongoing, newly promoted supervisors to complete 40 hours of supervisory training; pass competency exams within 3 months of assuming position.	N/A	114	65	35	16	61	25	316
Adoption Worker	As of December 2006 and ongoing, adoption training for adoption workers.	91	140	44	38	22	31	18	384

* The In-Service cumulative number reflects the same population (duplicates counts) each period, as all caseload carrying staff are required to receive 40 hours of in-service training each year.

Pre-Service Training

One hundred trainees (Family Service Trainee and Family Service Specialists) were hired between July 1, 2006 and December 31, 2009. As reflected in Table 30, DYFS trained 88 workers between July 1, 2006 and December 31, 2009. Twenty-eight of the 88 trained in this monitoring period were hired in the prior monitoring period (Period VI), seven of whom were BCWEP students.⁹⁹ Twenty-two of the one hundred trainees hired in the monitoring period were BCWEP students, four of whom were trained between July and December 2009, for a total of 11 BCWEP students trained by the Child Welfare Training Academy during this monitoring period.

The Monitor reviewed a random sample of 20 percent of staff transcripts and cross-referenced them with Human Resources data to determine that the Family Service Trainees and Family Service Specialists took the training and passed competency exams. The Monitor verified that all the newly hired and/or promoted staff were enrolled in Pre-Service training within two weeks of their start dates and passed competency exams as required by MSA (Section II.B.1.b).

In-Service Training

Beginning in January 2008, the MSA required all case carrying workers and supervisors to take a minimum of 40 hours of annual In-Service training and pass competency exams (Section II.B.2.c).

As reflected in Table 30, between July 1, 2006 and December 31, 2009, 2,846 case carrying workers and supervisors completed 40 or more hours of training, fulfilling the MSA requirement. Some, but not all of the training consisted of training on the Case Practice Model described below. Workers took classes on other topics such as domestic violence, substance abuse, or NJ SPIRIT.

The Monitor reviewed a statistically valid random sample of staff transcripts and cross-referenced them with Human Resources data to determine that staff took a minimum of 40 hours In-Service training and passed competency exams.¹⁰⁰

Case Practice Model

The State is continuing to train its workforce on the Case Practice Model, the foundation of the change in practice in New Jersey. Training on the Case Practice Model is divided into six modules as follows:

⁹⁹ The Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Kean University and Ramapo College) that enables students to earn the Bachelor of Social Work (BSW) degree. As discussed on pg. 34 of Monitoring Report V, the Monitor has previously determined that this course of study together with the Worker Readiness Training designed by the DCF Child Welfare Training Academy satisfies the MSA requirements. All BCWEP students are required to pass the same competency exams that non-BCWEP students take before they are permitted to carry a caseload.

¹⁰⁰ Staff transcripts for Case Practice Model and Immersion Site training were pulled using the Random Integer Generator located on www.random.org.

- Module 1: Engaging Families and Building Trust-Based Relationships
- Module 2: Making Visits Matter
- Module 3: Teaming with Families
- Module 4: Assessment
- Module 5: Planning and Intervention
- Module 6: Supervising Case Practice in New Jersey

As reflected in Table 31 below between July 1, 2009 and December 31, 2009 DCF trained 89 staff on Module 1 of the Case Practice Model and 112 staff on Module 2, the first two trainings that staff take in the six part series. Overall, staff reports Case Practice Model training to be helpful in their day to day practice. In focus groups, staff continue to report excitement that in their work with families they are using skills they had left behind in social work school.

Modules 3 through 6 take place on site and are part of the “immersion training” previously described in this report. In these “immersion” sites, between July and December 2009, 706 staff were trained in Module 3, 657 staff were trained in Module 4, 868 staff were trained in Module 5 and 207 were trained in Module 6 in this monitoring period. This effort represents a significant accomplishment and the engine that, if it continues apace, will drive the rest of the State’s reforms forward.

The Monitor reviewed staff transcripts from Case Practice Model training as part of its review of In-Service training transcripts discussed above.

**Table 31: Staff Trained on Case Practice Model Modules
(January 2008 – December 2009)**

Training	# of Staff Trained in 1st 6 months 2008	# of Staff Trained in 2nd 6 months 2008	# of Staff Trained in 1st 6 months 2009	# of Staff Trained in 2nd 6 months 2009	Total Staff Trained CY2009
Module 1 - Engaging Families and Building Trust-Based Relationships	3595	256	110	89	199
Module 2-Making Visits Matter	711	2,922	89	112	201
Module 3 - Teaming with Families	N/A	N/A	876	706	1582
Module 4- Assessment	N/A	N/A	632	657	1289
Module 5- Planning and Intervention	N/A	N/A	377	868	1245
Module 6- Supervising Case Practice in NJ	N/A	N/A	56	207	263

Concurrent Planning

Rutgers School of Social Work continues to provide concurrent planning training to all staff who complete Pre-Service training or to staff who recently became case-carrying staff and are in need of concurrent planning training. Concurrent planning is the practice of simultaneously planning for more than one permanency outcome for a child in care. As reflected in Table 30, 57 of 61 (93%) DYFS caseworkers were trained in concurrent planning between July 1, 2009 and December 31, 2009. Of the remaining four, one has left DYFS, one is on leave, one was involved in Case Practice Model immersion training at the time concurrent planning training was offered and is scheduled to take concurrent planning training in March 2010. The fourth worker completed training on January 14, 2010. All passed competency exams.

The Monitor reviewed 20 percent of staff transcripts and cross-referenced them with Human Resources data to verify that the State complied with MSA (Section II.B.2.d).

Investigation (or First Responders) Training

Ninety-five out of a total of 103 (92%) investigators and intake staff appointed in this monitoring period completed First Responders training and passed competency exams (See Table 30). Of the remaining 8, one remains on leave of absence, one has moved to another unit, five completed investigations training in January 2010, and one is scheduled to be trained in monitoring period VIII. All workers who completed the training passed competency exams.

The Monitor reviewed 20 percent of staff transcripts and cross-referenced them with Human Resources data to verify that the State complied with MSA (Section II.B.3.a).

Supervisory

Thirty-one supervisors were appointed between July 1, 2009 and December 31, 2009, nineteen of whom completed training in this monitoring period. Another six supervisors were appointed at the end of last monitoring period (Period VI) and trained during the past six months. Twelve of the 31 were appointed at the end of the monitoring period and will commence training in February 2010.

The State provided the Monitor with a Human Resources roster that includes promotion and training dates. The Monitor cross-referenced 20 percent of supervisors' transcripts who had been trained during the past six months with the Human Resources rosters and concluded that the State complied with the MSA (Section II.B.4.b).

New Adoption Worker Training

Nineteen Adoption workers were appointed in this monitoring period. As reflected in Table 30, the State reports that it trained 18 new Adoption workers in the past six months, 16 who were hired between July 1, 2009 and December 31, 2009 and two who were appointed in Period 6 but trained in this monitoring period. Of five Adoption workers appointed in the previous monitoring

period, two are no longer Adoption workers, two are scheduled to complete training in March 2010, and one completed training in January 2010.

IAIU Training

DCF has been working on providing specialized training for investigators. The Office of the Child Advocate and the Monitor recommended that IAIU investigators receive the same Case Practice Model training as all other DCF workers and supervisors. During the previous monitoring period, IAIU worked with the NJ Child Welfare Training Academy to design a three day training for IAIU investigators. Areas that the training will cover include the IAIU investigatory process, investigatory interviewing skills, observation and gathering evidence, critical thinking, and documentation skills. Beginning next monitoring period, training will be provided to all investigators and supervisory staff, and new hires will be required to complete the training.

DCF report that 29 of 73 investigators and supervisory IAIU staff completed Module 1 of the Case Practice Model during this monitoring period, making a total of 65 (90%) IAIU staff having completed Module 1 of the Case Practice Module in 2009. DCF also reports that 27 IAIU staff of 73 have completed Module 2 in this monitoring period, making a total of 29 (40%) IAIU staff to have completed Module 2 in this calendar year. Another 2 IAIU workers (3%) are scheduled to attend Module 1, and 32 (53%) are scheduled to attend Module 2.

The State provided the Monitor with a roster of IAIU workers. The Monitor cross-referenced all of the IAIU workers' transcripts who had been trained during the past six months with the IAIU rosters and concluded that the State complied with the MSA training requirements.

XIV. ACCOUNTABILITY THROUGH THE PRODUCTION AND USE OF ACCURATE DATA

NJ SPIRIT

DCF continues to work to improve data entry, data quality and data reporting through NJ SPIRIT. Additionally, DCF continues to fulfill the MSA requirement to produce agency performance reports with a set of measures approved by the Monitor and to post these reports on the DCF website for public viewing (MSA II.J.6).¹⁰¹

NJ SPIRIT functionality was again enhanced during this monitoring period. The enhancements include improving the search and case merge functions.

The NJ SPIRIT Help Desk has continued to publish an electronic newsletter to communicate changes and enhancements to NJ SPIRIT to the DYFS local offices. The monthly newsletter is emailed to field staff and posted on the intranet and it notifies them of recent changes and planned future NJ SPIRIT enhancements.

In this monitoring period, the Help Desk opened 10,592 tickets requesting help or NJ SPIRIT fixes. Of the 10,592 tickets open, 10,113 (95%) tickets were closed by December 31, 2009. The Help Desk resolved 5,360 (53%) of the 10,113 closed tickets within one work day and an additional 2,528 (25%) tickets within seven work days for a total of 78 percent resolved within seven work days.¹⁰²

Safe Measures

DCF reports continued refinement to reporting on data from Safe Measures. DCF added several enhancements to Safe Measures based on requests from the field to include developing new screens, designing new features and making revisions to some screens.

Additionally, DCF has added a number of new reports to Safe Measures to help staff better manage caseloads and worker responsibilities.

As is evident in this Monitoring Report, there has been considerable progress in producing data on a range of MSA requirements although there are still some practice elements for which reliable reporting from NJ SPIRIT is not yet available. DCF continues to work with frontline staff and managers to ensure timely and accurate data entry. At the same time, DCF has continued analytic work to ensure that reports accurately measure what is intended.

To assist in improving supervisors' and managers' use of data to drive improved performance, DCF sought and was awarded a federal grant through the Northeast and Caribbean Implementation Center (NCIC). In late 2009, DCF and the NCIC agreed to spend January

¹⁰¹ See <http://www.state.nj.us/dcf/home/childdata/index.html>.

¹⁰² This performance is slightly lower than last monitoring period due to DCF's migration from Netscape to Outlook email. Tickets involving the migration typically require more than one day to resolve and thus impacted overall turnaround times.

through June 2010 researching the best practices of “managing by data” by child welfare agencies throughout the country. As a result of this work, NCIC and DCF have scheduled individual calls with a number of states to learn about their work. At the present time, NCIC and DCF are developing a report based on what they have learned. Once the final report is completed, NCIC expects to obtain a commitment from a new DCF Commissioner to proceed with the original grant design of training supervisors in managing by data.

XV. BUDGET

Governor Christie's proposed state fiscal year (FY) 2011 budget for DCF was crafted to maintain the State's commitments to the child welfare reform effort, with few reductions to service delivery to children and families. As is true across the nation, New Jersey has been struggling with budgetary constraints. The proposed FY2011 DCF budget includes a reduction in state funding that is to be largely offset by federal revenue. Budget hearings will be held in May and the Monitor hopes that the Legislature will reinforce the Governor's budget priority of DCF's reform work.

APPENDIX A: Glossary of Acronyms Used in the Monitoring Report

APPU:	Adolescent Practice and Permanency Unit	GLBTQI:	Gay, Lesbian, Bisexual, Transgender, Questioning or Intersex
BCWEP:	Baccalaureate Child Welfare Education Program	HSAC:	Human Services Advisory Council
CAN:	County Needs Assessment	IAIU:	Institutional Abuse Investigations Unit
CHEC:	Comprehensive Health Evaluation for Children	KLG:	Kinship Legal Guardian
CIACC:	Children's Interagency Coordinating Council	MSA:	Modified Settlement Agreement
CHU:	Child Health Unit	NJ SPIRIT:	New Jersey Spirit
CME:	Comprehensive Medical Examination	OCA:	Office of the Child Advocate
CMO:	Care Management Organization	OOL:	Office of Licensing
CPM:	Case Practice Model	ORF:	Office of Resource Families
CQI:	Continuous Quality Improvement	PPA:	Pre-placement Assessment
CSA:	Contracted System Administrator	QA:	Quality Assurance
CSSP:	Center for the Study of Social Policy	QR:	Qualitative Review
CWPPG:	Child Welfare Policy and Practice Group	RDTCC:	Regional Diagnostic and Treatment Center
CWTA:	Child Welfare Training Academy	RFP:	Request for Proposal
CWS:	Child Welfare Services	SCR:	State Central Registry
CYBER:	Child Youth Behavioral Electronic Health Record	SHSP:	Special Home Service Providers
DAG:	Deputy Attorney General	SIBS:	Siblings in Best Settings
DCBHS:	Division of Child Behavioral Health Services	SPRU:	Special Response Unit
DCF:	Department of Children and Families	TPR:	Termination of Parental Rights
DPCP:	Division of Prevention and Community Partnerships	UMDNJ:	University of Medicine and Dentistry of New Jersey
DYFS:	Division of Youth and Family Services	USDA:	United States Department of Agriculture
EPSDT:	Early and Periodic Screening, Diagnosis and Treatment	WIC:	Women, Infants, and Children
FFT:	Functional Family Therapy	YCM:	Youth Case Management
FQHC:	Federally Qualified Health Center		
FSC:	Family Success Centers		
FSS:	Family Service Specialist		
FTM:	Family Team Meeting		
FXB:	Francois-Xavier Bagnoud Center		

**APPENDIX B:
Caseload Data**

Table B-1: Caseloads - Intake (December 2009)						
Local Office	Intake Workers	Assignments	Average Number of Assignments (Std=8)	Families	Average Number of Families (Std=12)	Office Meets Criteria
Atlantic East	21	153	7	159	8	Yes
Atlantic West	15	78	5	107	7	Yes
Bergen Central	23	114	5	205	9	Yes
Bergen South	28	156	6	191	7	Yes
Burlington East	23	144	6	196	9	Yes
Burlington West	17	110	6	133	8	Yes
Camden Central	22	141	6	207	9	Yes
Camden East	12	87	7	149	12	Yes
Camden North	13	108	8	256	20	No
Camden South	17	98	6	163	10	Yes
Cape May	12	84	7	94	8	Yes
Cumberland East	14	57	4	80	6	Yes
Cumberland West	22	127	6	188	9	Yes
Essex Central	16	101	6	104	7	Yes
Essex North	12	80	7	86	7	Yes
Essex South	15	51	3	89	6	Yes
Gloucester East	14	91	7	112	8	Yes
Gloucester West	15	104	7	122	8	Yes
Hudson Central	19	74	4	118	6	Yes
Hudson North	20	78	4	145	7	Yes
Hudson South	19	110	6	145	8	Yes
Hudson West	15	101	7	127	8	Yes
Hunterdon	8	52	7	69	9	Yes
Mercer North	20	99	5	150	8	Yes
Mercer South	17	84	5	141	8	Yes
Middlesex Central	14	89	6	129	9	Yes
Middlesex Coastal	16	119	7	85	5	Yes
Middlesex West	21	109	5	144	7	Yes
Monmouth North	25	137	5	198	8	Yes
Monmouth South	26	144	6	230	9	Yes
Morris East	14	90	6	122	9	Yes
Morris West	19	116	6	166	9	Yes
Newark Center City	17	82	5	140	8	Yes
Newark Northeast	16	81	5	84	5	Yes
Newark South	14	71	5	96	7	Yes
Ocean North	21	167	8	155	7	Yes
Ocean South	29	187	6	252	9	Yes

Table B-1: Caseloads - Intake (December 2009) – Continued

Local Office	Intake Workers	Assignments	Average Number of Assignments (Std=8)	Families	Average Number of Families (Std=12)	Office Meets Criteria
Passaic Central	28	173	6	194	7	Yes
Passaic North	24	179	7	214	9	Yes
Salem	13	66	5	103	8	Yes
Somerset	27	141	5	259	10	Yes
Sussex	16	85	5	104	7	Yes
Union Central	16	74	5	121	8	Yes
Union East	15	84	6	136	9	Yes
Union West	15	81	5	122	8	Yes
Warren	16	76	5	117	7	Yes
Total	831	4,833	6	6,707	8	Yes
Percentage of offices that meet the 8 new investigation and 12 family standard (Standard = 95%)						98%

*Data Extracts on January 5, 2010.

Table B-2: Caseloads - Permanency (December 2009)

Local Office	Number of Permanency Workers	Families	Average Number of Families (Std=15)	Children Placed	Average Number of Children Placed (Std=10)	Office Meets Criteria
Atlantic East	21	281	13	99	5	Yes
Atlantic West	13	176	14	78	6	Yes
Bergen Central	21	230	11	51	2	Yes
Bergen South	28	332	12	96	3	Yes
Burlington East	33	336	10	145	4	Yes
Burlington West	25	245	10	97	4	Yes
Camden Central	41	492	12	152	4	Yes
Camden East	28	313	11	116	4	Yes
Camden North	34	419	12	122	4	Yes
Camden South	31	415	13	126	4	Yes
Cape May	20	254	13	75	4	Yes
Cumberland East	15	135	9	66	4	Yes
Cumberland West	22	282	13	160	7	Yes
Essex Central	36	265	7	133	4	Yes
Essex North	21	245	12	63	3	Yes
Essex South	27	221	8	106	4	Yes
Gloucester East	21	208	10	92	4	Yes
Gloucester West	19	231	12	104	5	Yes
Hudson Central	32	293	9	144	5	Yes
Hudson North	29	221	8	63	2	Yes
Hudson South	22	242	11	142	6	Yes
Hudson West	27	222	8	64	2	Yes
Hunterdon	7	56	8	22	3	Yes
Mercer North	25	219	9	127	5	Yes
Mercer South	24	228	10	93	4	Yes
Middlesex Central	19	192	10	68	4	Yes
Middlesex Coastal	37	452	12	130	4	Yes
Middlesex West	34	280	8	110	3	Yes
Monmouth North	31	307	10	140	5	Yes
Monmouth South	22	142	6	116	5	Yes
Morris East	9	101	11	37	4	Yes
Morris West	18	244	14	65	4	Yes
Newark Center City	40	439	11	150	4	Yes
Newark Northeast	32	393	12	205	6	Yes
Newark South	48	342	7	165	3	Yes
Ocean North	31	299	10	142	5	Yes
Ocean South	30	311	10	103	3	Yes
Passaic Central	29	307	11	128	4	Yes
Passaic North	21	357	17	135	6	No
Salem	20	206	10	76	4	Yes

Table B-2: Caseloads - Permanency (December 2009) – Continued

Local Office	Local Office	Local Office	Local Office	Local Office	Local Office	Local Office
Somerset	21	275	13	90	4	Yes
Sussex	17	110	6	50	3	Yes
Union Central	28	279	10	122	4	Yes
Union East	24	191	8	106	4	Yes
Union West	24	199	8	105	4	Yes
Warren	21	215	10	92	4	Yes
Total	1,178	12,202	10	4,871	4	Yes
Percentage of offices that meet the 15 family and 10 children in placement standard (Standard = 95%)						98%

*Data Extracts on January 5, 2010.

Table B-3: Caseloads - Adoption (December 2009)

Local Office	Number of Adoption Workers	Children	Average Number of Children	Office Met Standard (15 or fewer)
Atlantic East	5	71	14	Yes
Atlantic West	2	29	15	Yes
Bergen Central	5	41	8	Yes
Bergen South	4	59	15	Yes
Burlington East	4	56	14	Yes
Burlington West	4	33	8	Yes
Camden Central	4	51	13	Yes
Camden East	4	56	14	Yes
Camden North	5	63	13	Yes
Camden South	4	47	12	Yes
Cape May	5	80	16	No
Cumberland East	6	62	10	Yes
Essex Central	9	100	11	Yes
Essex North	5	57	11	Yes
Essex South	4	51	13	Yes
Gloucester West	10	109	11	Yes
Hudson Central	4	56	14	Yes
Hudson North	5	51	10	Yes
Hudson South	4	51	13	Yes
Hudson West	3	27	9	Yes
Hunterdon	2	15	8	Yes
Mercer North	9	118	13	Yes
Mercer South	6	75	13	Yes
Middlesex Central	3	37	12	Yes
Middlesex Coastal	6	57	10	Yes
Middlesex West	3	43	14	Yes
Monmouth North	6	58	10	Yes
Monmouth South	5	54	11	Yes
Morris East	2	22	11	Yes
Morris West	4	32	8	Yes
Newark Adoption	52	552	11	Yes
Ocean North	9	96	11	Yes
Ocean South	5	60	12	Yes
Passaic Central	7	66	9	Yes
Passaic North	6	66	11	Yes
Salem	5	35	7	Yes
Somerset	4	54	14	Yes

Table B-3: Caseloads - Adoption (December 2009) – Continued				
Local Office	Number of Adoption Workers	Children	Average Number of Children	Office Met Standard (15 or fewer)
Sussex	3	39	13	Yes
Union Central	5	64	13	Yes
Union East	9	90	10	Yes
Union West	5	37	7	Yes
Warren	7	90	13	Yes
Total	259	2,910	11	Yes
Percentage of offices that meet the 15 or fewer children standard (Standard = 95%)				98%

*Data Extracts on January 5, 2010.

Table B-4: Caseloads - DYFS Supervisor/Caseload Carrying Staff Ratios (December 2009)

Local Office	Supervisors		Case Work Supervisors		Ratio	Office Meets Criteria
	CLC Workers	Supervisors	CLC Workers	Supervisors		
Atlantic East	47	10	0	0	5	Yes
Atlantic West	32	8	0	0	4	Yes
Bergen Central	51	12	0	0	4	Yes
Bergen South	71	15	0	0	5	Yes
Burlington East	61	14	0	0	4	Yes
Burlington West	46	11	0	0	4	Yes
Camden Central	63	13	5	1	5	Yes
Camden East	44	12	1	1	4	Yes
Camden North	54	13	0	0	4	Yes
Camden South	56	12	0	0	5	Yes
Cape May	36	9	4	1	4	Yes
Cumberland East	32	7	3	1	5	Yes
Cumberland West	44	11	0	0	4	Yes
Essex Central	61	15	0	0	4	Yes
Essex North	34	8	5	1	5	Yes
Essex South	46	11	0	0	4	Yes
Gloucester East	35	8	0	0	4	Yes
Gloucester West	45	10	0	0	5	Yes
Hudson Central	57	12	0	0	5	Yes
Hudson North	49	10	5	1	5	Yes
Hudson South	50	11	0	0	5	Yes
Hudson West	46	10	0	0	5	Yes
Hunterdon	14	3	3	1	6	No
Mercer North	54	12	0	0	5	Yes
Mercer South	47	11	0	0	4	Yes
Middlesex Central	38	9	0	0	4	Yes
Middlesex Coastal	59	15	0	0	4	Yes
Middlesex West	53	12	5	1	5	Yes
Monmouth North	68	14	0	0	5	Yes
Monmouth South	54	12	0	0	5	Yes
Morris East	28	6	0	0	5	Yes
Morris West	43	11	0	0	4	Yes
Newark Adoption Office	56	12	0	0	5	Yes
Newark Center City	59	12	1	1	5	Yes
Newark Northeast	51	11	1	1	5	Yes
Newark South	59	13	3	1	5	Yes
Ocean North	61	15	0	0	4	Yes
Ocean South	69	13	0	0	5	Yes
Passaic Central	69	14	0	0	5	Yes
Passaic North	56	11	2	2	5	Yes

Table B-4: Caseloads - DYFS Supervisor/Caseload Carrying Staff Ratios (December 2009) – Continued

Local Office	Supervisors		Case Work Supervisors		Ratio	Office Meets Criteria
	CLC Workers	Supervisors	CLC Workers	Supervisors		
Salem	38	9	0	0	4	Yes
Somerset	57	13	0	0	4	Yes
Sussex	39	9	0	0	4	Yes
Union Central	48	11	1	1	4	Yes
Union East	47	10	1	1	5	Yes
Union West	44	9	0	0	5	Yes
Warren	41	9	5	1	5	Yes
Total	2,312	518	45	16	5	Yes
<p>Percentage of offices that meet the 5 or less Workers to Supervisor ratio standard (Standard = 95%).</p> <p>Ratio includes workers supervised by Case Work Supervisors but excludes Case Work Supervisor counts (2,357/518). Worker Counts excludes Support, On-leave and Essex Advocacy Unit Workers.</p>						98%

*Prepared by the Data Analysis and Reporting Unit - January 7, 2010

*Data Extracts on January 5, 2010.

Table B-5: Caseloads - IAIU Caseloads (December 2009)			
	Open Cases	New Assignments	Compliance
<i>Investigator #1</i>	10	5	Yes
<i>Investigator #2</i>	7	7	Yes
<i>Investigator #3</i>	8	5	Yes
<i>Investigator #4</i>	11	6	Yes
<i>Investigator #5</i>	8	6	Yes
<i>Investigator #6</i>	7	5	Yes
<i>Investigator #7</i>	8	7	Yes
<i>Investigator #8</i>	10	7	Yes
<i>Investigator #9</i>	9	5	Yes
<i>Investigator #10</i>	5	4	Yes
<i>Investigator #11</i>	10	6	Yes
<i>Investigator #12</i>	7	7	Yes
<i>Investigator #13</i>	10	6	Yes
<i>Investigator #14</i>	10	6	Yes
<i>Investigator #15</i>	11	5	Yes
<i>Investigator #16</i>	2	0	Yes
<i>Investigator #17</i>	11	6	Yes
<i>Investigator #18</i>	9	6	Yes
<i>Investigator #19</i>	0	0	Yes
<i>Investigator #20</i>	4	6	Yes
<i>Investigator #21</i>	10	5	Yes
<i>Investigator #22</i>	5	0	Yes
<i>Investigator #23</i>	11	6	Yes
<i>Investigator #24</i>	6	6	Yes
<i>Investigator #25</i>	5	0	Yes
<i>Investigator #26</i>	5	0	Yes
<i>Investigator #27</i>	2	1	Yes
<i>Investigator #28</i>	10	6	Yes
<i>Investigator #29</i>	9	6	Yes
<i>Investigator #30</i>	7	5	Yes
<i>Investigator #31</i>	7	4	Yes
<i>Investigator #32</i>	8	6	Yes
<i>Investigator #33</i>	6	6	Yes
<i>Investigator #34</i>	8	7	Yes
<i>Investigator #35</i>	9	6	Yes
<i>Investigator #36</i>	2	5	Yes
<i>Investigator #37</i>	2	6	Yes
<i>Investigator #38</i>	9	5	Yes
<i>Investigator #39</i>	0	1	Yes

Table B-5: Caseloads - IAIU Caseloads (December 2009) – Continued			
	Open Cases	New Assignments	Compliance
<i>Investigator #40</i>	0	0	Yes
<i>Investigator #41</i>	0	0	Yes
<i>Investigator #42</i>	0	0	Yes
<i>Investigator #43</i>	6	4	Yes
<i>Investigator #44</i>	2	1	Yes
<i>Investigator #45</i>	2	4	Yes
<i>Investigator #46</i>	7	5	Yes
<i>Investigator #47</i>	6	5	Yes
<i>Investigator #48</i>	3	5	Yes
<i>Investigator #49</i>	8	5	Yes
<i>Investigator #50</i>	7	4	Yes
<i>Investigator #51</i>	8	4	Yes
<i>Investigator #52</i>	9	5	Yes
<i>Investigator #53</i>	8	5	Yes
<i>Investigator #54</i>	7	5	Yes
<i>Investigator #55</i>	4	4	Yes
<i>Investigator #56</i>	8	4	Yes
Total			100%

Table B-6: Caseloads - Workers in Compliance With Caseload Requirements by Office (December 2009)

Local Office	Intake			Permanency			Adoption		
	Total Workers	Workers In Compliance	Percent in Compliance	Total Workers	Workers In Compliance	Percent in Compliance	Total Workers	Workers In Compliance	Percent in Compliance
Atlantic East	21	17	81%	21	18	86%	5	5	100%
Atlantic West	15	15	100%	13	13	100%	2	2	100%
Bergen Central	23	23	100%	21	20	95%	5	5	100%
Bergen South	28	28	100%	28	28	100%	4	4	100%
Burlington East	23	21	91%	33	32	97%	4	4	100%
Burlington West	17	16	94%	25	24	96%	4	4	100%
Camden Central	22	18	82%	41	40	98%	4	4	100%
Camden East	12	3	25%	28	28	100%	4	3	75%
Camden North	13	1	8%	34	32	94%	5	4	80%
Camden South	17	16	94%	31	26	84%	4	4	100%
Cape May	12	11	92%	20	19	95%	5	2	40%
Cumberland East	14	14	100%	15	15	100%	6	6	100%
Cumberland West	22	22	100%	22	22	100%			
Essex Central	16	15	94%	36	36	100%	9	9	100%
Essex North	12	9	75%	21	21	100%	5	5	100%
Essex South	15	14	93%	27	26	96%	4	4	100%
Gloucester East	14	11	79%	21	21	100%			
Gloucester West	15	13	87%	19	19	100%	10	10	100%
Hudson Central	19	19	100%	32	32	100%	4	4	100%
Hudson North	20	20	100%	29	29	100%	5	5	100%
Hudson South	19	18	95%	22	22	100%	4	4	100%
Hudson West	15	13	87%	27	27	100%	3	3	100%
Hunterdon	8	8	100%	7	7	100%	2	2	100%
Mercer North	20	19	95%	25	25	100%	9	7	78%
Mercer South	17	16	94%	24	23	96%	6	6	100%
Middlesex Central	14	9	64%	19	19	100%	3	3	100%
Middlesex Coastal	16	15	94%	37	37	100%	6	6	100%
Middlesex West	21	20	95%	34	34	100%	3	2	67%
Monmouth North	25	25	100%	31	31	100%	6	6	100%
Monmouth South	26	26	100%	22	22	100%	5	5	100%
Morris East	14	14	100%	9	9	100%	2	2	100%
Morris West	19	18	95%	18	17	94%	4	4	100%
Newark Adoption Office							52	49	94%
Newark Center City	17	17	100%	40	40	100%			
Newark Northeast	16	15	94%	32	32	100%			
Newark South	14	14	100%	48	48	100%			
Ocean North	21	16	76%	31	31	100%	9	9	100%
Ocean South	29	27	93%	30	30	100%	5	5	100%
Passaic Central	28	26	93%	29	29	100%	7	7	100%
Passaic North	24	22	92%	21	4	19%	6	6	100%
Salem	13	12	92%	20	20	100%	5	5	100%
Somerset	27	26	96%	21	20	95%	4	3	75%

Table B-6: Caseloads - Workers in Compliance With Caseload Requirements by Office (December 2009) – Continued

Local Office	Intake			Permanency			Adoption		
	Total Workers	Workers In Compliance	Percent in Compliance	Total Workers	Workers In Compliance	Percent in Compliance	Total Workers	Workers In Compliance	Percent in Compliance
Sussex	16	16	100%	17	17	100%	3	3	100%
Union Central	16	16	100%	28	28	100%	5	5	100%
Union East	15	13	87%	24	24	100%	9	9	100%
Union West	15	14	93%	24	24	100%	5	5	100%
Warren	16	16	100%	21	21	100%	7	7	100%
Total	831	757	91%	1,178	1,142	97%	259	247	95%
Statewide Total	Total Workers			Workers In Compliance			Percent in Compliance		
	2,268			2,146			95%		

*Intake Standard - Percentage of workers that meet the 8 new investigation and 12 family standard (Standard = 95%)

*Permanency Standard - Percentage of workers that meet the 15 family and 10 children in placement standard (Standard = 95%)

*Adoption Standard - Percentage of workers that meet the 15 or fewer children standard (Standard = 95%)

*Excludes On-Leave Workers.

*Prepared by the Data Analysis and Reporting Unit - January 7, 2010

*Data Extracts on January 5, 2010.