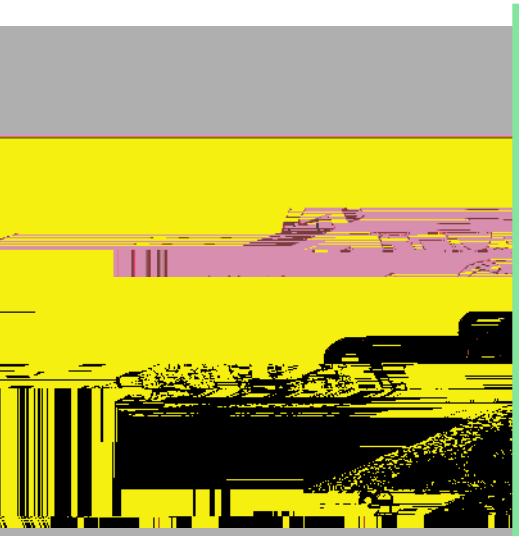

Progress of the New Jersey Department of Children and Families

Center for the Study of Social

Progress of the New Jersey Department of Children and Families

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

April 1 – December 31, 2013

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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 charged with independently assessing 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].

As reported in the previous monitoring period, the impact of Superstorm Sandy was far-reaching. The aftereffects of the storm effected workers and their families, as well as resource families, children, youth and families involved with Department of Children and Family Services (DCF). In recognition of that, and the difficulties Superstorm Sandy created for the state and its ability to provide services in the immediate aftermath of the storm, the parties to this lawsuit agreed and the Court sanctioned extending the previous reporting period—which otherwise would have covered July to December 2012—by three months to March 31, 2013. As a result, the previous report includes nine months of performance data for the period July 1, 2012 to March 31, 2013. In order to resume a schedule of reporting based on six month periods, the parties agreed

The remaining sections of the report provide more detailed data and discussion of performance in the following areas:

- New Jersey child protective services units which receive reports and investigate allegations of alleged child maltreatment (Section IV);
- Implementation of DCF's Case Practice Model (Section V);
- Placement of children in out-of-home settings; incidence of maltreatment of children in foster care, and abuse and neglect of children when they reunite with families (Sections VI and VII);
- New Jersey's efforts to achieve permanency for children either through reunification with family, legal guardianship or adoption (Section VIII);
- Provision of health care and mental health services to children and families (Sections IX and X);
- Services provided to children, youth and families involved with DCF and to prevent child welfare system involvement (Section XI);
- Services to older youth (Section XII);
- Staff caseloads and workforce training (Section XIII); and
- Accountability through the Qualitative Review and the production and use of accurate data (Section XIV).

In order to better understand the progress DCF has made since the start of the reform, the report includes, where appropriate, trend data from the first available data, usually June 2009 through December 2013.[3] In addition, Appendices B-1 through B-6 provide data by Local Office on selected key case practice measures.

[3] For some Performance Measures, December 2013 data are not available. For those areas, the most recent data are cited with applicable timeframes.

needs of children and youth in out-of-home placement and children at risk of entering care. By the end of CY 2014 DCF will have completed its first interim report on the northern region of the state, including Bergen, Essex, Hudson, Morris, Passaic, Sussex and Union counties. (See Appendix C).

During the monitoring period DCF continued to make progress toward meeting the Performance Measures in the Modified Settlement Agreement (MSA). As of December 31, 2013, 23 of the MSA's 53 Performance Measures have been met and seven were partially met.[4] There are additional measures that were not met but where performance improved during the monitoring period.[5]

Three Performance Measures were newly met during this monitoring period:

Timeliness of Response to Investigations (Performance Measure 3)
Timeliness of Initial Case Plans (Performance Measure 10)
Timeliness of Current Case Plans (Performance Measure 11)

families rated acceptable in 90 percent of ca

managers to review individual performance on specific key indicators, including visitation, FTMs and case plan development. Additionally, the CP&P Director continued to hold meetings with Area Directors who were required to submit performance improvement plans for specific measures where performance was low. These approaches, having already demonstrated success, are projected to accelerate the pace of change and lead to additional positive outcomes as measured by the MSA and for children and families in New Jersey.

The Quality Review (QR) ratings for Practice and for System Performance, one indicator of the quality of case practice statewide, have improved overall and not only in a few important areas such as family engagement and effective use of FTMs. However, while improved, the QR ratings remain below levels expected by both DCF leadership and the MSA and underscore the need for DCF to continue its efforts to bolster the quality of supervision and its focus on the quality of timely case plans and the case planning process.

fell from 82 percent in CY 2012—exceeding the MSA standard of 80 percent—to 77 percent in CY 2013, a return to CY 2010 levels. The state's performance on the stability for children in out-of-home care also declined: in CY 2011, 85 percent of children who entered care that year and had two or fewer placements within the next 12 months; in CY 2012, the most recent year for which data are available, performance declined to 82 percent: the MSA standard is that 88 percent of children will have two or fewer placements in the first 12 months of entering care.

Repeat Maltreatment and Re-Entry into Foster Care

The MSA has several Performance Measures related to repeat maltreatment of children who have been served by CP&P through in-home services or in out-of-home placement. The two performance measures that remain to be met are for repeat maltreatment of children within one year of reunification and the percentage of children and youth who re-enter placement within one year of leaving custody.

Timely Permanency through Reunification, Adoption or Legal Guardianship

The state's performance on measures related to timely permanency through reunification, adoption or legal guardianship is based on calendar year data and the most recent data are presented in the report. Overall, DCF's performance in timely meeting permanency goals and discharging children to permanency has improved slightly from the previous monitoring period but does not meet the levels required by the MSA final targets. While performance on adoption measures is generally positive, despite new strategies for improvement, DCF's current performance on timely completion of child specific recruitment plans demonstrates a continued decline as well as an increase in the percentage of child specific recruitment plans never completed. There has also been a decline in performance for the sibling cohort of children without an identified adoptive

where families can access services before falling into crisis. Since Superstorm Sandy in October 2012, these FSCs have become gateways to reach families in the counties that were hardest hit by the storm. In addition to providing families with assistance immediately following the storm, the FSCs offer dependable support and a place to build and restore communities. New Jersey's families have taken advantage of this resource as described in the report, and FSCs continue to be a significant system strength. Additionally, under the MSA, DCF continues to provide a range of post-adoption supports to families and has been working to increase its capacity to effectively identify families affected by domestic violence and link them to appropriate services. An area for continued improvement remains the provision of services to families and youth to support successful transitions and life adjustments which was rated acceptable in just under half of the cases reviewed in recent QRs.

Services to Older Youth

DCF has put significant energy and resources towards improving the provisions of services and supports to adolescents, including to those youth transitioning out of care. The state's comprehensive review of its policies and programs has been one result of the focus on older youth. The Office of Educational Support (OES) moved under the Office of Adolescent Services (OAS) on July 1, 2013. This move has created opportunities for educating staff and resource parents about educational supports youth may need. DCF has also developed new partnerships

are both innovative strategies that promote the increased use of quantitative and qualitative data to better understand and improve system performance and outcomes.

While there remain areas requiring further progress to meet MSA outcomes, the Monitor believes that DCF's continued growth in its robust quality assurance and accountability processes will serve to enhance the quality of case practice and advance positive outcomes for New Jersey's children and families.

III. CHILD AND FAMILY OUTCOME AND CASE PRACTICE PERFORMANCE MEASURES

The Child and Family Outcome and Case Practice Performance Measures (Performance Measures) are 53 measures that assess the state's performance on meeting the requirements of the MSA (see Table 1).[7] These Performance Measures cover the areas of child safety, permanency, service planning, child well-being and ongoing infrastructure requirements pertaining to elements such as caseloads, training and resource family recruitment and retention.

Many of the measures are assessed using data from NJ SPIRIT (the CP&P data management system) and SafeMeasures,[8] reviewed and in many areas independently validated by the Monitor. Some data are also provided through the Department's work with Chapin Hall that assists with data analysis. Data provided in the report are as of December 2013, or the most current data available.

[7] The previous monitoring report references 54 measures; however, performance for Measure 49 (Statewide Implementation of Differential Response, Pending Effectiveness of Pilot Sites) is not currently applicable as the DR pilot concluded June 30, 2012, leaving 53 measures.

[8] SafeMeasures is a data warehouse and analytical tool that allows tracking of critical child welfare indicators by worker, supervisor, Local Office area and statewide. It is used by different levels of staff to track, monitor and analyze trends in case practice and related measures and outcomes.

Table 1: *Charlie and Nadine H. v. Christie* Child and Family Outcome and Case Practice Performance Measures (Summary of Performance as of December 31, 2013)

Reference	Quantitative or Qualitative Measure	Final Target	March 2013

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]	Direction of Change[11]
CPM V.1	5. Quality Investigative Practice: Investigations will meet measures of quality including acceptable performance on: a. Locating and seeing the child and talking with the child outside the presence of the caretaker within 24 hours of receipt by field; b. Conducting appropriate interviews with caretakers and collaterals; c. Using appropriate tools for assessment of safety and risk; d. Analyzing family strengths and needs; e. Seeking appropriate medical and mental health evaluations; f. Making appropriate decisions; and g. Reviewing the family's history with DCF/CP&P	By December 31, 2009, 90% of investigations shall meet quality standards.	Data collected during a			

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance[9]	

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance[9]	

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]	Direction of Change[11]
		By December 31, 2010, (a) 98% of investigations will				
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.					

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]	Direction of Change[11]
CPM V.4, 13.a.	10. Timeliness of Initial Plans: For children entering care, number/ percent of case plans developed within 30 days.	By June 30, 2010, 95% of case plans for children and families are completed within 30 days.	96% of children entering care had case plans developed within 30 days. Between July 2012 and March 2013, monthly performance ranged from 45 to 99%.	97% of children entering care had case plans developed within 30 days. Between April 2013 and December 2013, monthly performance ranged from 92 to 97%.[20]	Yes	↑
CPM V.4, 13.b.	11. Timeliness of Current Plans: For children entering care, number/ percent of case plans shall be reviewed and modified as necessary 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.	99% of case plans were reviewed and modified as necessary at least every six months. From July 2012 through March 2013, monthly performance ranged from 59 to 99%.	98% of case plans were reviewed and modified as necessary at least every six months. From April 2013 through December 2013, monthly performance ranged from 94 to 99%.[21]	Yes	↑

[20] Performance data for the monitoring period are as follows: April 2013, 96%, May 2013, 94%; June 2013, 94%; July 2013, 95%; August 2013, 92%; September 2013, 94%; October 2013, 96%; November 2013, 94%; December 2013, 97%. Because performance meets or is within one percentage point of the standard for all but one month during the monitoring period, the Monitor considers DCF to have met the final target.

[21] Performance data for monitoring period are as follows: April 2013, 99%; May 2013, 99%; June 2013, 98%; July 2013, 98%; August 2013, 97%; September 2013, 95%; October 2013, 96%; November 2013, 94%; December 2013, 98%.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013

Reference	Quantitative or

Reference	Quantitative or

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance[9]	

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]	Direction of Change[11]
MSA III.A 2.b	33. 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.	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.	Of all children who exited in CY 2011, 13% re-entered custody within one year of the date of exit.	Of all children who exited in CY 2012, 13% re-entered custody within one year of the date of exit.[47]	No	↔

[47] DCF has objected to the Monitor's definition of "qualifying exits

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]	Direction of Change[11]
			Permanency			
MSA III.A 2.a	34. a., d., e. Discharged to Permanency: Percentage of children discharged from foster care to permanency (reunification, permanent relative care, adoption and/or guardianship). a. Of all children who entered foster care for the first time in target year and who remained in foster care for eight days or longer, percentage that discharged to permanency within 12 months. d. Of all children who were in foster care on the first day of the target year and had been in care between 13 -24 months, percentage that discharged to permanency prior to 21st birthday or by the last day of the year. e. Of all children who were in foster care for 25 months or longer on the first day of the target year, percentage that discharged to permanency prior to 21st birthday or by the last day of the year.	a. CY 2011: 50% d. CY 2011: 47% e. CY 2011: 47%	a. CY 2011: 45% d. CY 2012: 42% e. CY 2012: 33%	a. CY 2012: 46% d. CY 2013: 46% e. CY 2013: 36%	Partially[48]	↑

[48] The Monitor considers this performance measure to be partially met as performance for sub-part d. of this measure is within 1 percent of the final target.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]	Direction of

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance[9]	

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]	Direction of Change[11]
Health Care for Children in Out-of-Home Placement						

39. Pre-Placement Medical

MSA II.F.5

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]	Direction of Change[11]
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 Early Periodic Screening and Diagnosis Treatment (EPSDT) guidelines.	By June 2010, 98% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.	From July 2012 through March 2013, 93% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 93% of children older than two years were clinically up-to-date on their EPSDT visits.	From April through December 2013, 92% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 92% of children older than two years were clinically up-to-date on their EPSDT visits.	Partially[54]	↔
MSA II.F.2	42. Semi-Annual Dental Examinations: Number/percent of children ages three and older in care six months or more who received semi-annual dental examinations.	a. By December 2011, 98% of children will receive annual dental examinations. b. By December 2011, 90% of children will receive semi-annual dental examinations.	a. 98% of children received an annual dental examination. b. 85% of children were current with their semi-annual dental exam.[55]	a. By December 2013, 99% of children received an annual dental examination. b. By December 2013, 84% of children were current with their semi-annual dental exam.	Partially	↔
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.	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.	95% of children received follow-up care for needs identified in their CME.[56]	95% of children received follow-up care for needs identified in their CME.[57]	Yes	↔

[54] While not yet meeting the final target, performance on EPSDT child exams represents sustained access to health care for this population and is a significant achievement.
[55] Performance is as of December 31, 2012 as dental exams are measured on the calendar year.
[56]

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]	Direction of Change[11]
	44. Immunization: Children in DCF custody are current with immunizations.	By December 31, 2011, 98% of children in custody will be current with immunizations.	From January through March 2013, 95% of children in out-of-home placement were current with their immunizations.	From October through December 2013, 94% of children in out-of-home placement were current with their immunizations.	Partially[58]	↔
MSA II.F.8	45. Health Passports: Children's parents/ caregivers receive current Health Passport within five days of a child's placement.					

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]	Direction of Change[11]
Health Care for Children in Out-of-Home Placement						
MSA II.F.2	46. Mental Health Assessments: Number/percent of children with a suspected mental health need who					

Reference	Quantitative or Qualitative Measure					
CPM	50. Services to Support Transitions: The Department will provide services and supports to families to support and preserve successful transitions.	By December 31,2011, 90% of cases score appropriately as measured by QR.	72% of cases rated at least minimally acceptable on QR indicator 'Transitions and Life Adjustments.'	49% of cases rated acceptable on QR indicator 'Transitions and Life Adjustments.'	No	↓
			DCF administers an Adoption Subsidy Program (G.L. c. 15A,			
CPM	51. Post-Adoption Supports: The Department will make post-adoption services and subsidies available to preserve families who have adopted a child.	Ongoing Monitoring of Compliance				

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]	Direction of Change[11]

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	**December 2013 Performance**	**Fulfilled (Yes/No)**
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.	All Local Offices[68] have completed the immersion process.	Yes
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.	Between April 1, 2013 and December 2013, 122 (100%) new workers (106 hired in the previous monitoring period) were enrolled in Pre-Service Training within two weeks of their start date (25 BCWEP hires).[69]	Yes
II.B.1.c. No case carrying worker shall assume a full caseload until completing Pre-Service Training and passing competency exams.	Between April 1, 2013 and December 31, 2013, 122 (100%) new workers (106 hired in the previous monitoring period) were enrolled in Pre-Service Training within two weeks of their start date and passed competency exams (25 BCWEP hires).	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.	Between April 1, 2013 and December 31, 2013, 2,931 (97%) out of 3,008 case carrying workers and supervisors completed 40 or more hours of training and passed competency exams.[70]	Yes

[68] The Newark Adoption office was phased out as of October 2013. Adoption units were assigned to each Local Office. As of October 2013, there were 46 CP&P offices.
[69] The Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of these New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Century College and Ramapo College) that enables students to earn a Bachelor of Social Work (BSW) degree. The Monitor has previously determined that this course of study together with 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.
[70] The remaining 77 workers completed some In-service training but either on leave or left the agency during the reporting period.

Ongoing Phase I and Phase II Requirements	
The following are additional MSA requirements that DCF must meet:	**December 2013**

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	**December 2013 Performance**	**Fulfilled (Yes/No)**
II.C.6 The state shall provide mental health services to at least 150 birth parents whose families are involved with the child system.	DCF continues to meet this standard by funding both in-home and office-based therapeutic interventions for over 400 birth parents (unduplicated count) in efforts to maintain children in, or return children to, the custody of their parents. The state's approved Medicaid Waiver moves adults into a managed care system which should allow for a more comprehensive approach to patient care and treatment of both physical and mental health needs. This impacts some parents involved with CP&P and could improve access to mental health care.	Yes

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	**December 2013 Performance**	**Fulfilled (Yes/No)**
II.J.9. The state shall issue regular, accurate reports from SafeMeasures.	The state has the capacity and is regularly producing reports from SafeMeasures	Yes
II.J.10. The state shall produce caseload reporting that tracks cases by office and type of worker and, for permanency and adoption workers, that tracks children as well as families.	The state has provided the Monitor with reports that	

IV. DCF'S INVESTIGATIVE PRACTICE

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

New Jersey's State Central Registry (SCR) is charged with receiving calls of 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. The SCR operates 24 hours per day, seven days per week with multiple shifts of staff and supervisors and has a sophisticated call management and recording system. Screeners at SCR determine the nature of each caller's concerns and initiate the appropriate response.

This function also includes receiving calls about and investigating allegations of abuse and/or neglect in institutional settings (e.g., resource homes, schools and residential facilities). CP&P 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.

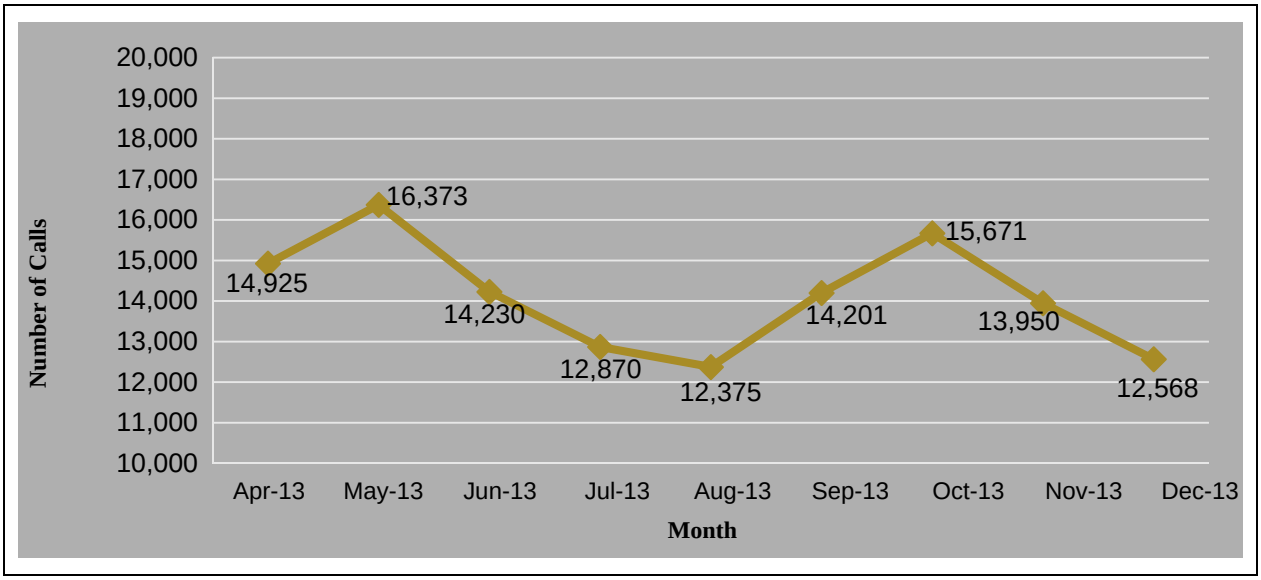
State Central Registry (SCR)

Quantitative or Qualitative Measure	1. Responding to Calls to the 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
Final Target	Ongoing Monitoring of Compliance

Performance as of December 31, 2013:

Between April and December 2013, the SCR received a total of 127,163 calls. Data from the call system show that in December 2013 callers waited approximately 15 seconds for an SCR screener to answer their call. Of all the calls received during this monitoring period, 44,271 (35%) calls[75] related to the possible need for Child Protective Services (CPS) responses. Of those, screeners classified 43,389 (98%) reports for investigation of alleged child abuse or neglect. Another 12,140 (10%) calls related to the possible need for Child Welfare Services (CWS) and assessment of service needs, of which 11,672 (96%) were referred for response. Figure 1 shows a month-by-month breakdown of the call volume at SCR for April through December 2013.

Figure 1: Number of Calls to SCR by Month (April–December 2013)



Source: DCF data

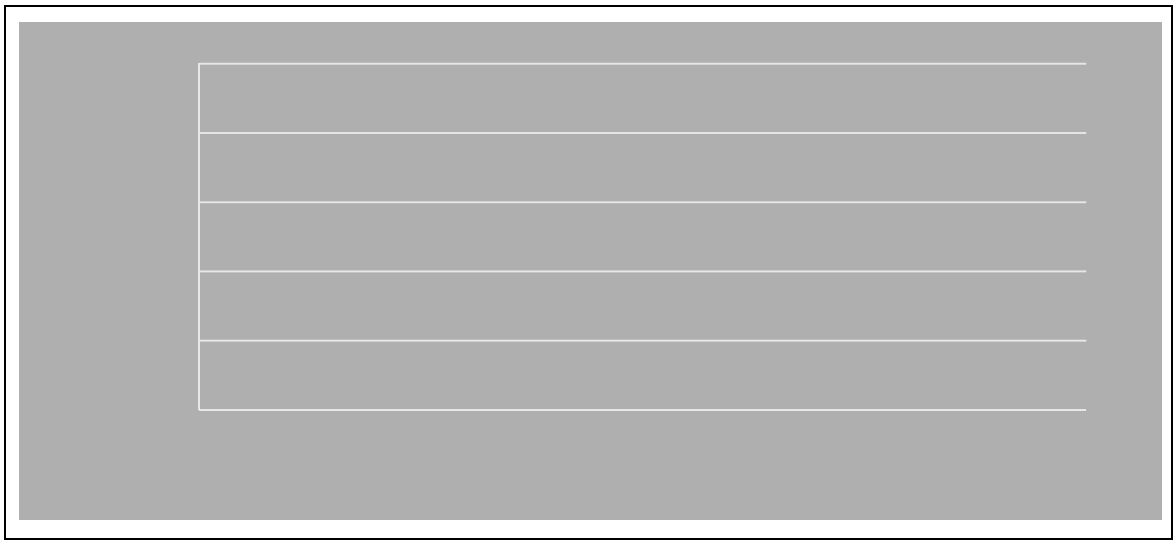
[75] Calls are differentiated from reports or referrals because SCR can receive several calls related to one incident or in some cases one call can result in several separate reports.

daily review of randomly selected reports. CPS supervisors also review and evaluate a prescribed number of calls for their staff in order to continually assess their screeners' performance, identify areas in need of improvement and provide on-going training to strengthen staff skills.

During this monitoring period, work continued to update the call management system to allow screeners access to their own calls at their desktop via email so they can listen to the call as many times as they need as they write their report and to facilitate supervision. This upgrade, scheduled to be completed as of October 2014, will allow for immediate evaluation of screeners' work by supervisors and will enable prompt supervisory feedback to screeners on their performance. In June 2013, NJ SPIRIT was updated allowing SCR to attach screening calls to summary intakes. In July 2013, SCR began attaching calls to CPS and CWS screening summary intakes allowing field staff the opportunity to hear first-hand what the caller reported. The Monitor anticipates that this will further enhance the overall quality of SCR practice.

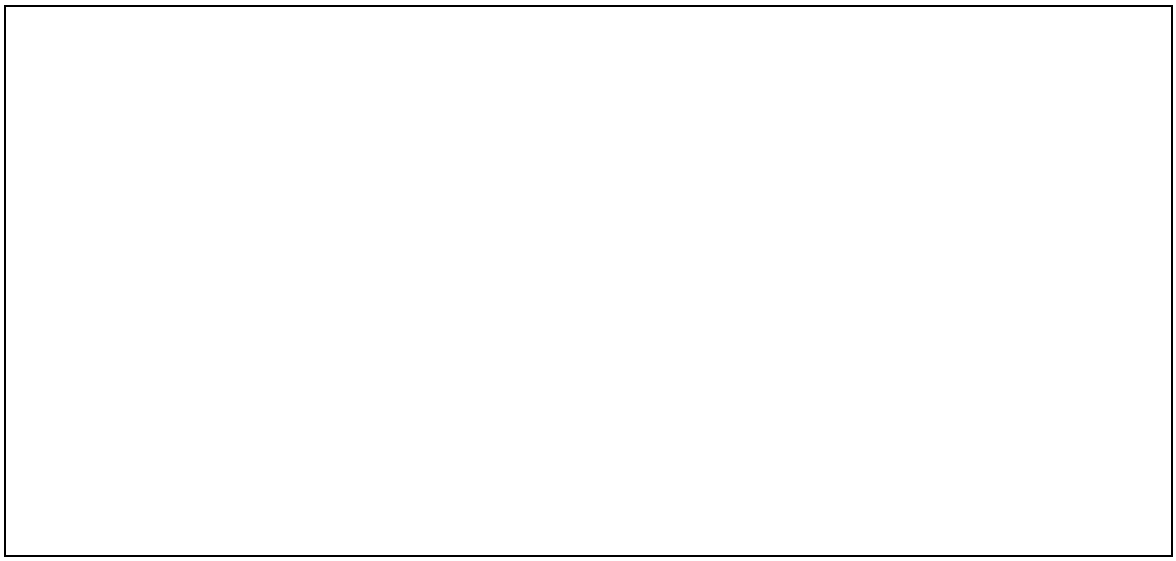
B. Timeliness and Quality of Investigative Practice

Figure 2: Percentage of Investigations Received by the Field in a Timely Manner (June 2009 – December 2013)



Source: DCF data

Figure 3: Percentage of Investigations Commenced within Required Response Time (June 2009 – December 2013)



Source: DCF data

Performance as of December 31, 2013:

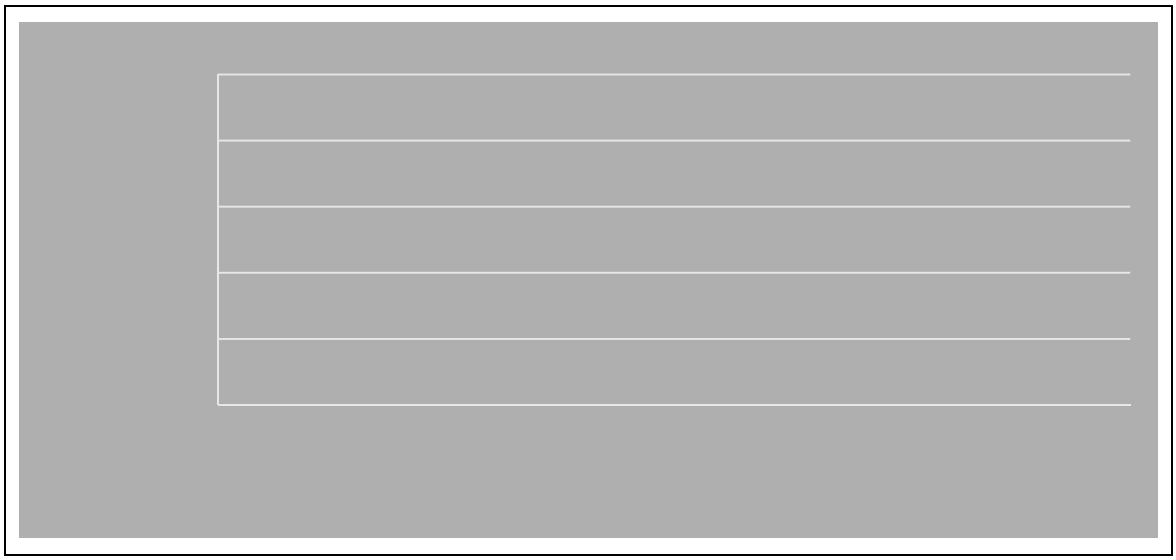
As of December 2013, DCF exceeded the final target by reaching performance of 100 percent for the timely transmittal of referrals to the field (Figure 2). DCF met the final target for commencing investigations within the required response time (Figure 3), for the first time this monitoring period[78].

CP&P policy on timeliness of investigations requires receipt by the field of a report within one hour of call completion[79]. During the month of December 2013, DCF received 4,281 referrals of child abuse and neglect requiring investigation. Of the 4,281 referrals, 3,941 (92%) referrals were received by the field in less than an hour of call completion. An additional 323 (8%) referrals were received by the field between one and three hours after call completion; for a total of 100 percent of referrals received by the field within three hours of call completion. The number of referrals received per month ranged from 5,813 in May 2013 to 4,165 in August 2013. The number of referrals in May and October 2013 (which are typically months of high referral for child protection agencies) were reported by DCF

4,119 CPS intakes applicable to this measure.[80] Of the 4,119 intakes received, 1,031 intakes were coded for an immediate response and 3,088 intakes were coded for a response within 24 hours; 3,999 (97%) intakes were commenced within their required response time. Between April and December 2013, the percentage of monthly intakes commenced within their required response time ranged from 94 to 97 percent. For the first time, DCF has fully met the performance standard for this measure in this monitoring period.

Investigative Practice

Figure 4: Percentage of Abuse/Neglect Investigations Completed within 60 days (June 2009 – December 2013)



Source: DCF data

Performance as of December 31, 2013:

This MSA Performance Measure requires that 98 percent of all abuse and neglect investigations be completed within 60 days. There were 4,135 intakes in December 2013 applicable to this measure. Of the 4,135 intakes, investigations were completed within 60 days on 2,609 (63%) intakes. An additional 1,005 (24%) investigations were completed between 61 and 90 days after receipt, for a total of 87 percent of investigations completed within 90 days. Between April and December 2013, monthly performance on investigation completion ranged between 62 and 71

[80] Intakes are differentiated from referrals because SCR can receive several referrals related to one incident or in other instances, one referral can result in several intakes.

1. Performance Measures for IAIU

Performance as of December 31, 2013:

DCF manages and tracks IAIU performance daily, calculating the proportion of investigations open 60 days or more statewide and within regional offices. Between 79 and 88 percent of all IAIU investigations were open less than 60 days (see Table 2) during the months of April through December 2013.

The MSA does not make any distinction on the type of investigations IAIU conducts based on the allegation or location of the alleged abuse. Instead, the 60 day completion standard applies to all IAIU investigations. In reviewing IAIU performance, the Monitor requests data separately on investigations of maltreatment in foster care settings (resource family homes and congregate care facilities) as well as from other settings (e.g., schools, day care). Table 2 displays IAIU's reported overall performance for the dates cited, in addition to the timeliness of completion of investigations in resource family homes and congregate care facilities. DCF continues to exceed the performance target for this measure.

Table 2: IAIU Investigative Timeliness:
Percent of Investigations Completed within 60 days
(April–December 2013)*

Date	All IAIU investigations completed within 60 days	Investigations in resource family homes and congregate care completed within 60 days
APRIL	82%	88%
MAY	81%	84%
JUNE	81%	85%
JULY	79%	85%
AUGUST	83%	92%
SEPTEMBER	83%	88%
OCTOBER	88%	89%

letter. IAIU's CQI staff did not accept any of the three CAPs as of December 31, 2013 for varying reasons. CAPs in this sample were not accepted because OOL violations remained open and unabated, the CAP did not comprehensively address all concerns identified and documentation verifying that a resource parent completed training was missing. For the two CAPs in the sample that had not been developed and submitted as of December 31, 2013, there was evidence that IAIU staff' had sent letters and emails to supervisors of resource home units to follow up on the CAP.

The CAPs reviewed appeared to adequately address the incidents which prompted the IAIU investigation. There was evidence of appropriate communication between divisions in all cases reviewed, particularly between IAIU and OOL regarding the licensure of resource homes and facilities under investigation. All communication on record occurred via email or inter-office memos. In addition, IAIU hosts monthly "system partners" meetings with OOL and SCR to ensure that concerns identified during IAIU investigations are communicated to all the system partners. The Monitor plans on attending these meetings during the next monitoring period.

V. IMPLEMENTING THE CASE PRACTICE MODEL

DCF continues to train on and reinforce high quality case practice according to New Jersey's Case Practice Model (CPM). The CPM is designed to guide and support staff towards a strength-based and family-centered approach that ensures the safety, permanency and well-being of children. This practice requires engagement with children, youth and families through teamwork and crafting individualized case plans with families and children.

DCF is holding weekly conference calls among DCF leadership, Area Directors and their Local Office manager to review individual performance on specific key indicators, including visitation, Family Team Meetings (FTMs) and case plan development. These weekly calls have led to more consistent use of quantitative and qualitative data to support positive outcomes for children and families.

The Performance Measures discussed below measure progress on some of the CPM activities using data from NJ SPIRIT and data collected during the state's QR process, a case review process led by DCF's Office of Quality discussed in more detail in Section XIV.

A. Activities Supporting the Implementation of the Case Practice Model

A critical component of CP&P's CPM is its focus on coaching, facilitating and supervising Family Team Meetings (FTMs), where families and their formal and informal supports meet to discuss the families' progress. CP&P continues to build its capacity to hold FTMs, primarily through its Implementation Specialists. CP&P has ten Implementation Specialists, one in each area. Their primary responsibility is to provide ongoing assistance to staff to practice according to the CPM. Implementation Specialists train and mentor staff to serve as facilitators, coaches

referral. During the next monitoring period, DCF will shift its focus to include cases involving families whose children have been reunited with them between three and six months prior to the ChildStat meeting. The focus will be on the quality of the case practice and services offered to families in their own home to encourage and promote engagement with service providers in the community, frequently an important feature of successful reunification. DCF has expanded the number of outside stakeholders and partners who now attend its ChildStat meetings. The Monitor continues to regularly attend DCF's ChildStat meetings and supports DCF's progress in promoting self-examination and diagnosis through quality data.

Concurrent Planning Practice

DCF workers hold case reviews at five and ten months into a child's placement for staff to address concurrent planning, a practice used throughout the country in which workers 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. Staff also conduct "enhanced reviews" after a child has been in placement for five and ten months to carry out its concurrent planning required by the MSA. Enhanced reviews occur in all CP&P Local Offices.

Statewide, in December 2013, 99 percent of applicable families had required five month reviews, and 94 percent had required ten month reviews.

As Table 4 reflects, in December 2013, 99 percent of five month reviews due that month were completed timely statewide. Between April and December 2013, monthly performance on this measure ranged from 93 to 100 percent.

Table 4: Five Month Enhanced Review
(April–December 2013)

	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Reviews Completed w/in five months	254	98%	259	100%	289	100%	267	98%	295	99%	288	93%	367	98%	299	99%	273	99%
Reviews Not Completed w/in five months	6	2%	1	0%	1	0%	6	2%	2	1%	23	7%	7	2%	3	1%	4	1%
Totals	**260**	**100%**	**260**	**100%**	**290**	**100%**	**273**	**100%**	**297**	**100%**	**311**	**100%**	**374**	**100%**	**302**	**100%**	**277**	**100%**

Source: DCF data

Table 5 shows that statewide in December 2013, 94 percent of ten month reviews due that month were completed timely. Between April and December 2013, monthly performance on this measure ranged from 90 to 96 percent.

Table 5: Ten Month Enhanced Review
(April–December 2013)

	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%

B. Performance Measures on Family Team Meetings and Case Planning

Family Team Meetings (FTMs) are intended to work in concert with individualized case planning to support improved results for children and families. Workers are trained and coached to hold FTMs at key decision points in the life of a case, such as when a child enters placement, when a child has a change of placement and/or when there is a need to adjust a case plan. Working at optimal capacity, FTMs enable family, service providers, 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 availability in an effort to get as many family members and family supports as possible around the table. Engaging the family, the core of New Jersey's CPM, is a critical component of successful family teaming.

There has been improvement in performance on incorporating FTMs as a consistent part of DCF's case practice. The improvement has been slower than desired despite intensive efforts to train, coach and supervise staff over the past several years. During the monitoring period, DCF focused on diagnosing the root cause of some of these challenges, including how to accurately assess and document those families that do not want or are unavailable to participate in FTMs. Two implementation specialists and 23 Master Coaches conducted an "FTM Focus Pilot" in Hudson and Bergen counties for families requiring FTMs between December 13, 2013 and January 31, 2014. The pilot was designed to explore whether the assignment of a designated facilitator would positively impact the quality, rate of completion and documentation of FTMs. DCF hopes to learn from the FTM Focus Pilot whether to modify its current model of conducting FTMs.

the universe FTMs where the parents were unavailable or declined to participate) has significantly improved from the previous monitoring period.[91]

Table 7: Family Team Meetings Held within 30 days (April – December 2013)

Table 8: Quarterly Family Team Meetings Held (April–December 2013)

Month	

Figure 8: Percentage of Children Entering Care with Case Plans Developed within 30 days (June 2009 – December 2013)

Source: DCF data

Performance as of December 31, 2013:

In December 2013, 289 (97%) out of a total of 297 case plans were completed within 30 days. Additionally, a total of 295 (99%) cases had case plans completed within 60 days.

As shown in Table 9, between April and December 2013, the timely development of case plans ranged from 92 to 97 percent each month. Because performance meets or is within one percentage point of the standard for all but one month during the monitoring period, the Monitor considers DCF to have met the final target of 95 percent for the first time.[95]

95

Table 9: Case Plans Developed within 30 days of Child Entering Placement
(April–December 2013)

	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Case Plans Completed in 30																		

Source: DCF data

Performance as of December 31, 2013:

DCF policy requires that case plans be reviewed and modified at least every six months. From

As Figure 10 indicates, DCF did not meet the target requiring that 90 percent of cases rate as acceptable for case planning and service plans as measured by the QR. Cases rated as acceptable demonstrate evidence that the child and families' needs are addressed in the case plan, the plan directly addresses the needs and risks that brought the child to DCF's attention, appropriate family members were included in the plan and the implementation of the service process is being tracked and adjusted when necessary. DCF's results of 133 cases reviewed from April through December 2013 indicate that 41 percent of cases were rated as

C. Performance Benchmarks Related to Safety and Risk Assessment

Individualized, comprehensive assessment is a process in which information concerning the needs, problems, circumstances and resources of the family, youth and children are collected, evaluated and 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 children or youth's safety, permanence and well-being. An assessment of both safety and risk prior to case closure is necessary to ensure these outcomes have been achieved.

Safety and Risk Assessment

Performance as of December 31, 2013:

Performance during the months of April through December 2013 for both safety and risk assessments completed prior to investigation completion exceeded the 98 percent required by the MSA final target.[100] For example, in December 2013, there were 4,519 applicable investigation cases closed.[101] Of these 4,519 investigations, 4,518 (100%) investigations had a safety assessment completed prior to investigation completion and 4,519 (100%) investigations had a risk assessment completed prior to investigation completion.

Performance on conducting a risk reassessment 30 days prior to non-investigative case closure ranged from 61 to 94 percent (see Figure 12) between the months of April through December 2013. For example, in December 2013, there were 675 applicable cases closed.[102] Of these 675 cases, 623 (92%) cases had a risk reassessment completed within 30 days prior to case closure; 17 (3%) cases had a risk reassessment completed within 31 to 60 days prior to case closure. Data by Local Office for December 2013 reflects performance range between 72 and 100 percent

[100] In order to be consistent with practice expectations, in May 2012, the Parties agreed to revise the final target from, "By December 31, 2010, 98% of cases will have a safety and risk of harm assessment completed prior to case closure" to the language stated above, which allows for separate reporting on investigations and non-investigations cases.

[101] In December 2013, an additional 23 investigations were closed; however, those cases were marked as " a s6.7(rked a)6.7(at

(see Appendix B-3)[103] among offices with many Local Offices meeting the performance required by the final target. DCF added a hard edit to SPIRIT on May 23, 2013 that requires a risk assessmen5 TDOffi

Figure 13: Percentage of Children who had Two Visits per month during

Performance as of December 31, 2013:

Performance data presented below were derived through an internal audit conducted by DCF of all applicable cases in September 2013. The Monitor conducted a secondary review of a small sample of these cases. Performance data for other months during the monitoring period were not fully validated and are not presented in this report.

Performance as of December 31, 2013:

Between April and December 2013, performance ranged monthly from 93 to 95 percent of children in out-of-home placement with at least one caseworker visit per month in his/her placement.[104] For example, in December 2013 there were 6,774 children in out-of-home placement for a full month; 6,382 (94%) were visited by their caseworker at least one time per month in their placement. An additional 310 (5%) children had at least one caseworker visit per month in a location other than their placement, for a total of 99 percent of children with at least one caseworker visit per month regardless of location. The Monitor considers this performance measure to be partially met.

In December, performance on this measure by Local Office ranged from 87 to 99 percent; five Local Offices met the MSA standard and over half of the Local Offices performed at 95 percent or higher (see Appendix B-4).

Caseworker Visits with Parents/Family Members

Quantitative or Qualitative Measure	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.
Final Target	By December 31, 2010, 95% of families shall have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.

[104] Performance data for monitoring period are as follows: April 2013, 95%; May 2013, 94%; June 2013, 94%; July 2013, 94%; August 2013, 95%; September 2013, 94%; October 2013, 94%; November 2013, 93%; December 2013, 94%.

Figure 15: Percentage of Families who have at least Twice per month Face-to-Face Contact with Caseworker when the Goal is Reunification (June 2009 – December 2013)[105]

Source: DCF data

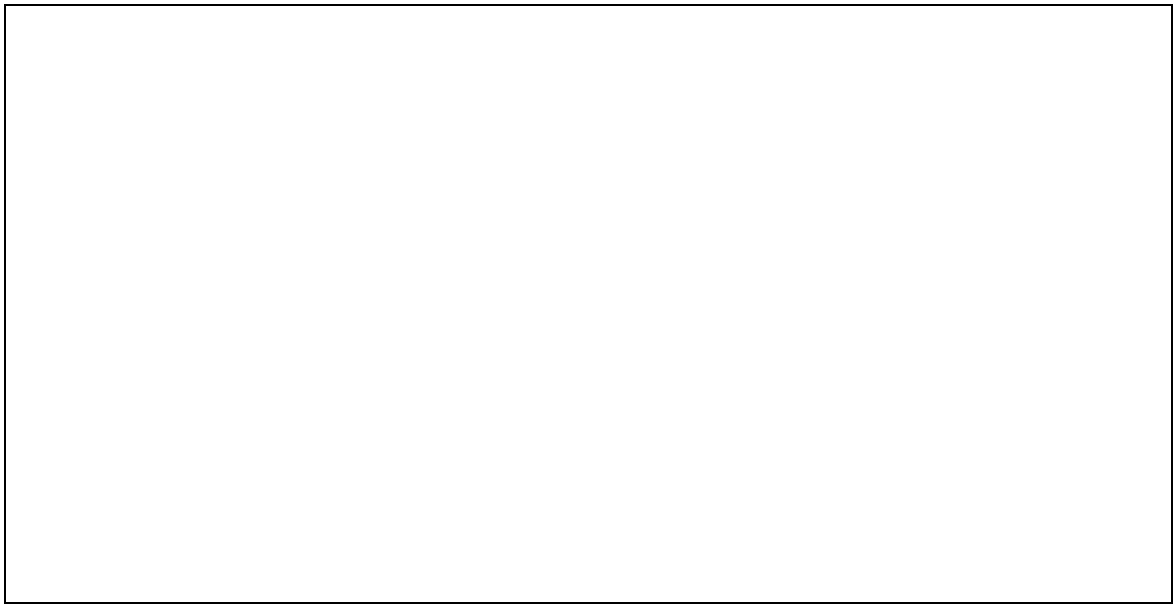
Performance as of December 31, 2013:

Between April and December 2013, monthly performance on this measure ranged from 70 to 77 percent of parents or other legally responsible family members visited two times per month by a caseworker when the family's goal is reunification.[106] For example, in December 2013, there

Caseworker Visits with Parents/Family Members

Figure 16: Percentage of Parents who had at least One Face-to-Face Contact with

Figure 18: Percentage of Children who had at least Two Visits per month with their Parent(s) (December 2009 – December 2013)



Source: DCF data

Performance as of December 31, 2013:

Between April and December 2013, a monthly range of 54 to 61 percent of children had weekly visits with their parents when their permancy goal is reunification[110] and a monthly range of 76 to 80 percent of children had visits at least every other week.[111] For example, in December 2013, there were 3,455 children in placement with a goal of reunification; 1,930 (56%) had four visits with their parents during the month and an additional 772 (22%) children had two or three visits during the month. CP&P reports that 459 children could not have any visits because the visits were not required or the parent was unavailable. Of the 1,035 children who had one, two or three visits during the month, CP&P reports that for 815 (79%) children, the remaining visits did not occur because the visits were not required or the parent was unavailable. Performance during the entire monitoring period did not meet the level required by the MSA, although, it is encouraging that for the first time, DCF met the required level of performance for two months during the monitoring period.

110

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whom they are not residing shall visit with those s

Final Target (85%)

Performance as of December 31, 2013:

Between April and December 2013, a monthly range of 61 to 71 percent of children had monthly visits with their sibling(s) when they were not placed together.[112] For example, in December 2013 there were 2,372 children in placement who had at least one sibling who did not reside in the same household as them; 1,677 (71%) children had a visit with their siblings during the month. Performance on this measure continues to steadily improve but does yet not meet the final target of 85 percent.

[112] Performance data for monitoring period are as follows: April 2013, 61%; May 2013, 64%; June 2013, 65%; July

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

As of December 31, 2013, a total of 52,255 children were receiving CP&P services: 7,330 in out-of-home placement and 44,925 in their own homes. Figure 20 shows the type of placement for

A. Recruitment and Licensure of Resource Family Homes

DCF reports that it maintains a resource family home placement capacity in excess of the current number of children in out-of-home placement, but in order to meet the specific needs of children and youth coming into placement, DCF is seeking to recruit and license more large capacity resource family homes and homes for adolescents.

DCF recruited and licensed 1,449 new kinship and non-kinship resource family homes from January to December 2013, exceeding its target for CY 2013 by 185 families. More than 50 percent of the newly licensed families were relatives of children in care.

Figure 23: Number of Licensed Resource Family Homes Compared to Statewide Target

Table 12: Resource Family Homes Licensed and Closed (January 1 –December 31, 2013)

2013 Monthly Statistics	Non-Kin Resource Homes Licensed	Kin Resource Homes Licensed	Total Resource Homes Licensed	Total Resource Homes Closed	Resource Homes Net Gain
JANUARY	48	57	105	96	9
FEBRUARY	44	56	100	88	12
MARCH	56	56	112	137	-25
Jan – Mar 2013 Totals	**148**	**169**	**317**	**321**	**-4**
APRIL	48	66	114	112	2
MAY	62	60	122	103	19
JUNE	45	56	101	80	21
JULY	70	69	139	105	34
AUGUST	62	57	119	59	60
SEPTEMBER	62	67	129	45	84
OCTOBER	53	65	118	129	-11
NOVEMBER	50	76	126	185	-59
DECEMBER	75	89	164	187	-23
Apr – Dec 2013 Totals (Monitoring Period XIV)	**527**	**605**	**1,132**	**1,005**	**127**
TOTALS	**675**	**774**	**1,449**	**1,326**	**123**

Source: DCF data

As reflected in Figure 25, 44 percent of all resource family homes that were closed between April and December 2013 were due to reunification (20%), kinship legal guardianship (5%) or adoption (19%). Additional reasons for closing resource homes include a provider's personal circumstances, such as the health/age of the provider (26%), a move out-of-state (5%) and lack of room for the placement (6%). Nine percent of the resource family home providers did not disclose their reasons for closing their homes. Additional ten percent of homes were closed for other reasons: abuse or neglect (2%), death of a provider (1%), a provider's negative experiences (1%), a provider's dissatisfaction with CP&P and Office of Licensing (OOL) rules (2%), unmet provider expectations (1%) and violations of licensing rules (3%).

Figure 25: Reasons for Resource Home Closures
(April 1 –December 31, 2013)

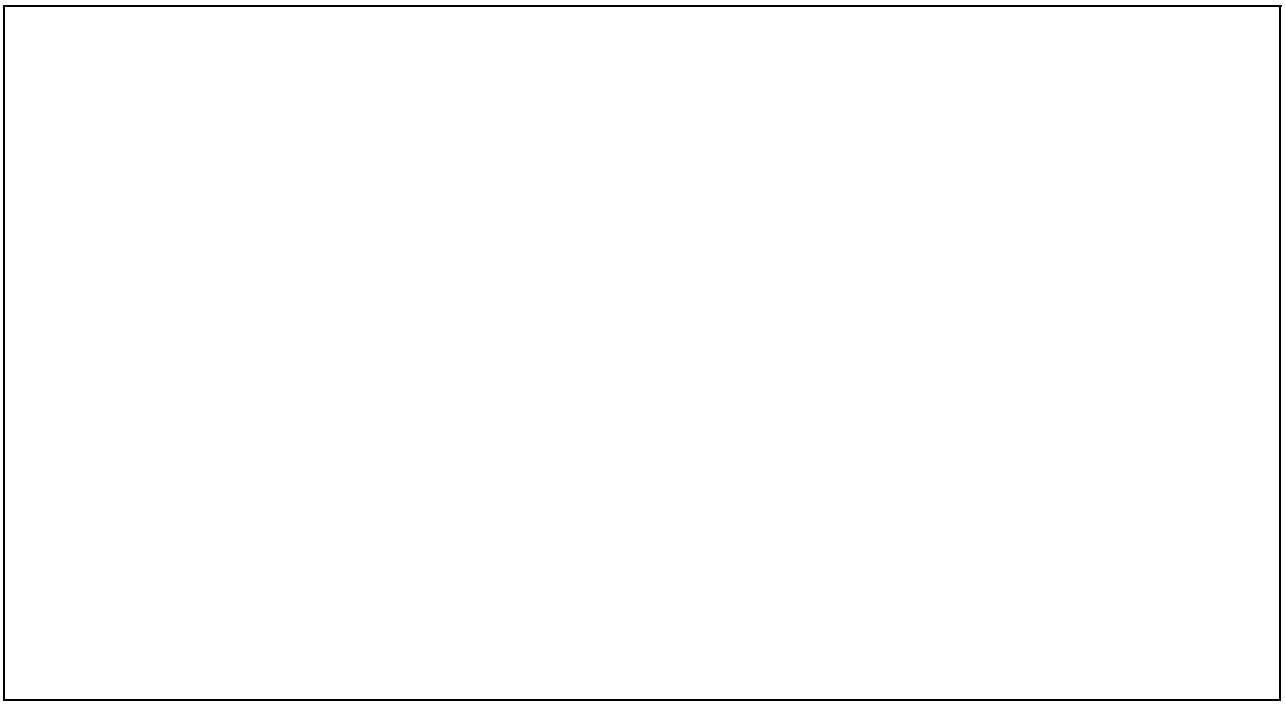


Table 13: Newly Licensed Resource Family Homes Compared to County/State Targets (January–December 2013)

County	Target	Licensed	Performance Against Target
Atlantic	47	56	9
Burlington	64	65	1
Cape May	22	25	3
Camden	115	128	13
Cumberland	32	42	10
Gloucester	48	75	27
Salem	20	27	7
Essex	217	196	-21
Hudson	100	100	0
Bergen	79	99	20
Hunterdon	20	14	

Assistance from the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents (NRCRRFAP)

DCF's work with the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at Adopt US Kids (NRCRRFAP) continued this monitoring period. Eleven counties[115] were identified to participate in NRCRRFAP's "market segmentation" approach using a marketing research tool that helps identify households by geographic area and lifestyle characteristics that are most similar to those in which DCF is currently successful in placing children. Recruiters have used the data obtained from this "market segmentation" approach to inform local recruitment plans and strategies. Recognizing the need to increase the pool of families willing to accept large sibling groups, DCF is requiring all recruiters to identify large sibling groups as a primary objective in their 2014 Local Office Recruitment Plans. The next step planned for the "market segmentation" approach is using the data to determine effective messaging targeted to potential resource families for adolescents and large sibling groups.

Staff Training and Skill Development

Resource family and licensing staff participated in training opportunities during this monitoring period, including:

- PRIDE (Parent Resources for Information, Development and Education) Train the Trainer—this course is a four day training for all resource family trainers.
- PRIDE and Traditions of Caring (TOC) Pre-service training for prospective resource parents.
- Joint OOL and Resource Family Support Workers (RFSWs)—this course is a two day training designed for new OOL and RFSW staff so they understand the practice and processes of their respective departments and what is involved in licensing a home.

Resource Family In-Service Training

Every resource parent is required to complete 30 hours of in-service training to maintain a resource family home license. The training modalities which are offered to resource parents by Foster and Adoptive Family Services (FAFS) are: one-day training, home correspondence courses, county-based workshops and, new this monitoring period, e-live webinars.

Between April and December 2013, 686 resource parents took a total of 1,488 in-service courses. FAFS offers a wide variety of topics, including:

- The Child Health Program,
- The Educational Stability Act,
- Suicide and Depression,
- Discipline, and
- Working with DCF.

[115] Mercer, Sussex, Camden, Monmouth, Morris, Essex,

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

Appropriateness of Placement

Figure 26: Cases Rated Acceptable Appropriateness of Placement (April–December 2013) (n=88)

Source: DCF, QR results
Reported performance based upon QR results from cases reviewed between April and December 2013.

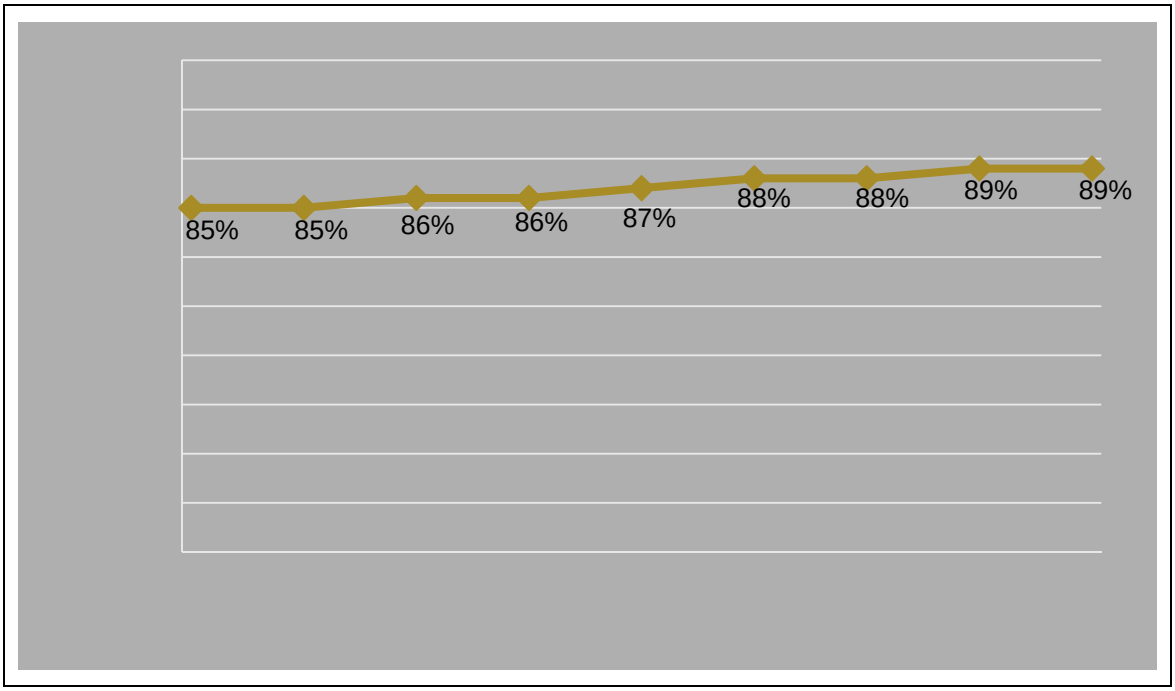
Performance as of December 31, 2013:

From April through December 2013, out of 133 QR cases, 88 cases of children in out-of-home care were reviewed and were assessed for appropriateness of their placement. Almost all (99% / 87 of 88) of the placements were rated acceptable, which meant that the placement met the child's developmental, emotional, behavior

permanency goal. This is a very significant accomplishment and one that DCF has sustained for several years.

Placing Children with Families

Figure 27: Percentage of Children Placed in a Family Setting (June 2009 – December 2013)



Source: DCF data

Performance as of December 31, 2013:

As of December 31, 2013, there were 7,330 children in CP&P out-of-home placement; 6,518 (89%) of whom were placed in resource family placements (non-kinship or kinship). The remaining 812 (11%) were placed in independent living placements (123) or group and residential facilities (689). DCF has met or exceeded the performance target for placing children in a family setting since 2009.

DCF also provides data on children's out-of-home placement type at the time of initial placement. The most recent data are from CY 2013 when 4,313 children entered out-of-home

placement; 3,968 (92%) of these children were placed in family settings for their first placement or within seven days of initial placement, an important accomplishment.[116]

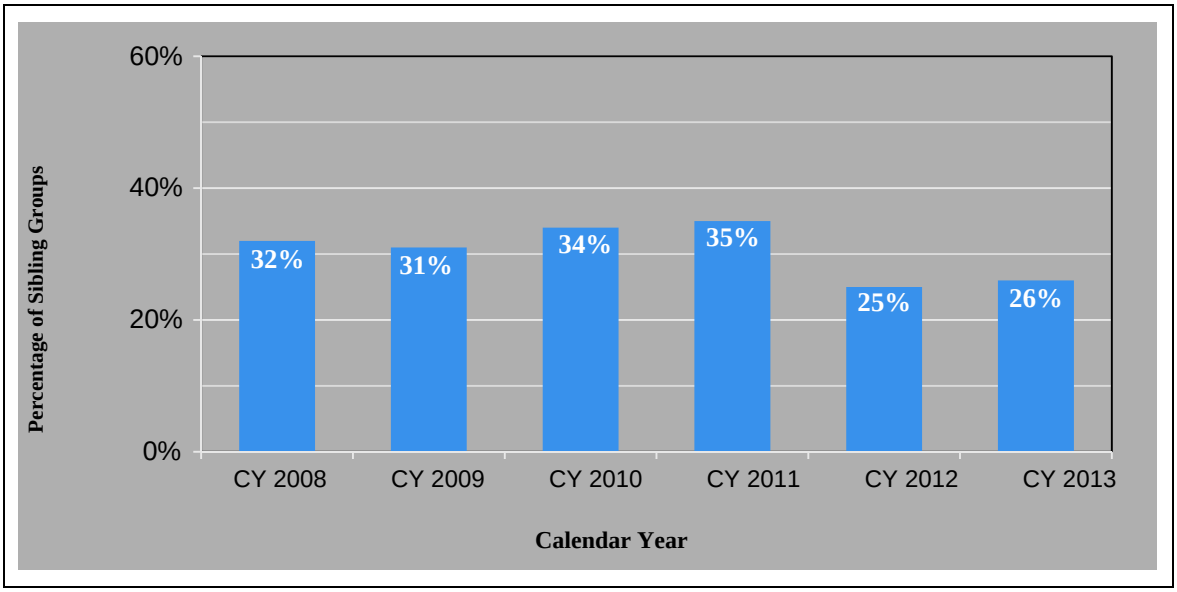
Placing Siblings Together

Figure 28: Percentage of Sibling Groups of Two or Three Placed Together (CY 2008 – 2013)

Placing Large Sibling Groups Together

Quantitative or Qualitative Measure	26. Placing Siblings Together: Of sibling groups of four 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.

Figure 29: Percentage of Sibling Groups of Four or More Placed Together (CY 2008 – 2013)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2006 through 2010. CY 2012 and 2013 data analyzed by Hornby Zeller Associates.

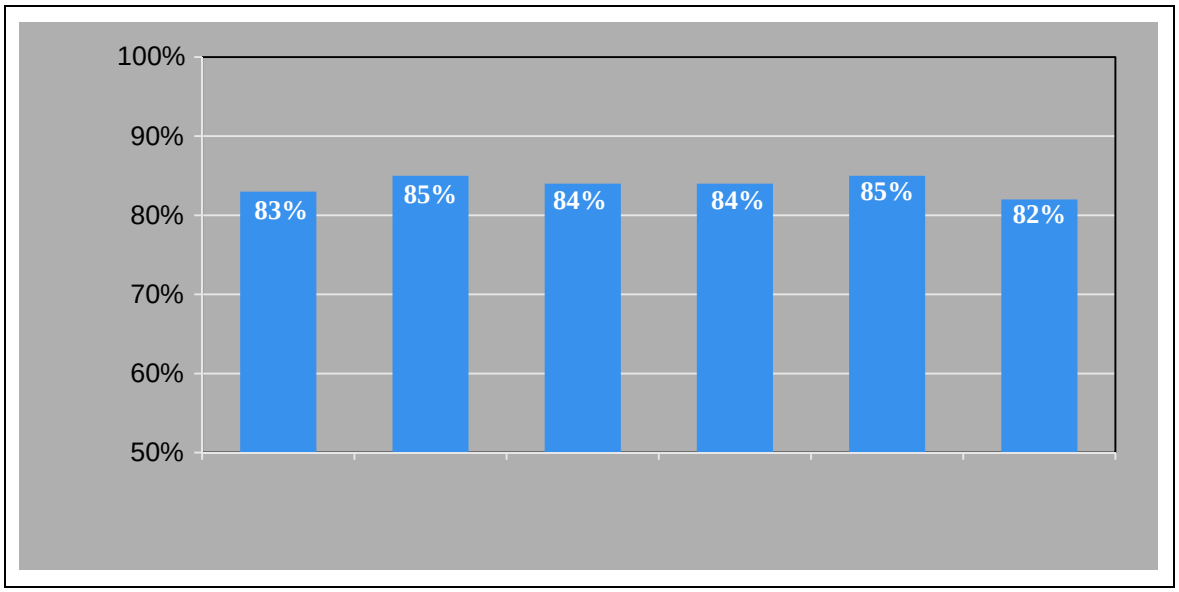
Performance as of CY 2013:

In CY 2013, there were 103 sibling groups that had four or more children who came into custody at the same time or within 30 days of each other.[118] 27 (26%) sibling groups were placed together. While the number of large sibling groups has decreased since CY 2012, performance has remained relatively unchanged and does not meet the level required by the MSA final target. As previously mentioned, recruitment of resources to accommodate large sibling groups is a DCF priority.

[118] In CY 2012, there were 136 sibling groups with four or more children. In CY 2013, there were 103 sibling groups with four or more children, representing a 24 percent decrease in large sibling groups over the previous calendar year.

Stability of Placement

Figure 30: Percentage of Children Entering Care who had Two or Fewer Placements within 12 months of Entering Care (CY 2007 – 2012)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2006 through 2010. CY 2011 and 2012 data analyzed by Hornby Zeller Associates.

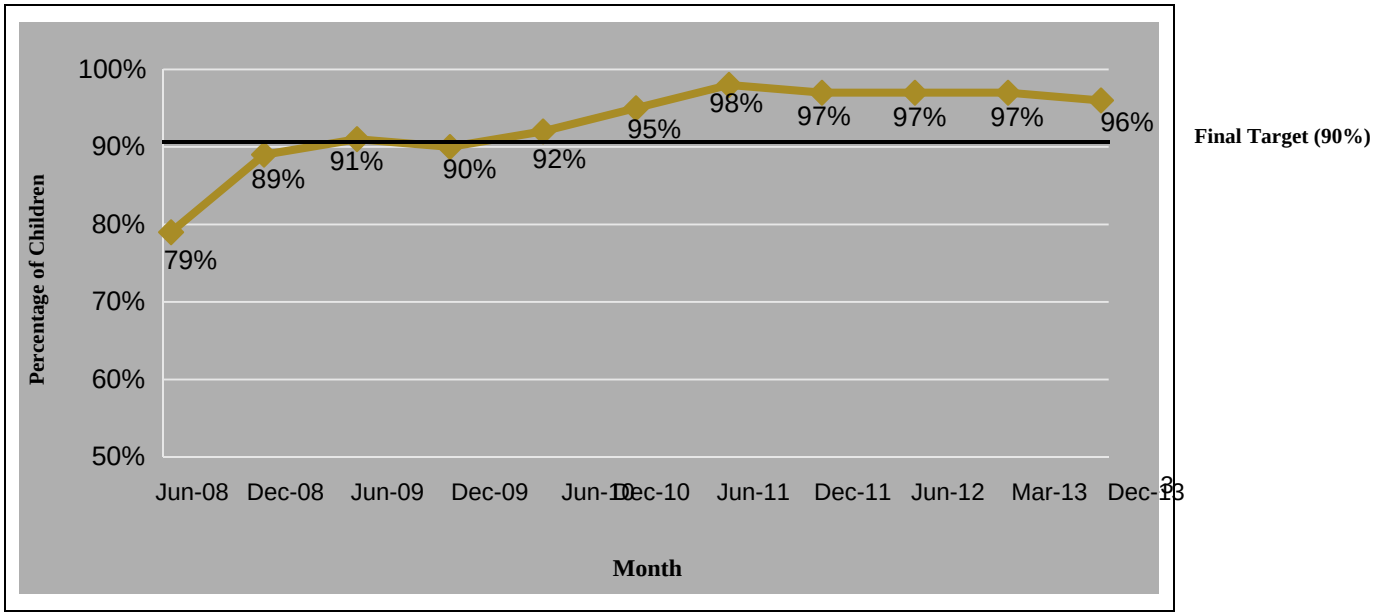
Performance as of Most Recent Calendar Year Available:

The most recent performance data assesses 4,456 children who entered care in CY 2012 and aggregates the number of placements each child experienced. For children entering care in CY 2012, 3,658 (82%) children had two or fewer placements during the 12 months from their date of entry. This performance shows a slight decline from CY 2011 and does not meet the final MSA target.

Limiting Inappropriate Placements

Quantitative or Qualitative Measure	29. Inappropriate Placements: a. The number of children under age 13 placed in shelters. b. The number of children over age 13 placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 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.
Final Target	a. By December 2008 and thereafter, no children under age 13 in 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.

Figure 31: Percentage of Children over Age 13 Placed in Compliance with MSA Standards (June 2008 – December 2013)

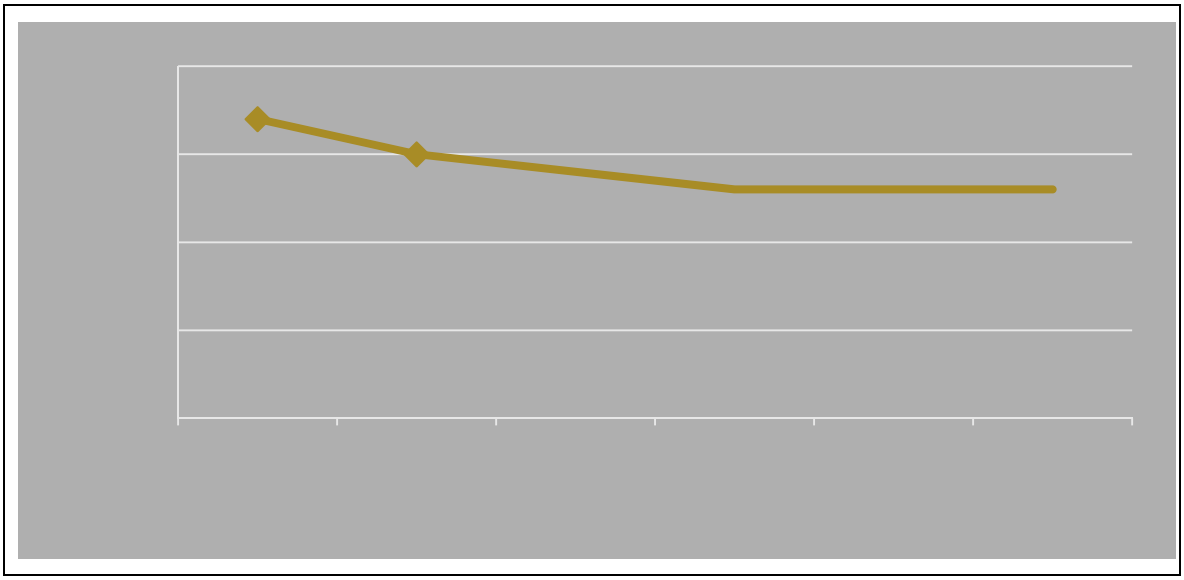


Source: DCF data
Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure.

Table 15: Shelter Placements for Youth Aged 13 or Older (January 2008 – December 2013)

	Jan–Jun 2008	Jul–Dec 2008	Jan–Jun 2009	Jul–Dec 2009	Jan–Jun 2010	Jul–Dec 2010	Jan–Jun 2011	Jul–Dec 2011	Jan-Jun 2012	Jul 2012–Mar 2013	April-Dec 2013
Number of											

Figure 32: Percentage of Children who Re-Entered Custody within One Year of Date of Exit (CY 2007 – 2012)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2007 through 2010. CY 2011 and 2012 data analyzed by Hornby Zeller Associates.

Performance as of CY 2012 (Most Recent Calendar Year Available):

In CY 2012, there were 5,335 children who exited foster care; 3,883 (73%) children exited to qualifying exits (i.e., reunification, guardianship or to a relative placement).[122,123] Of the 3,883 children who exited to qualifying exits, 518 (13%) children re-entered placement as of December 31, 2013. While the percentage of children re-entering care has declined since CY 2007, performance has leveled off at 13 percent since CY 2010 and does not meet the final target of no more than nine percent of children re-entering custody within one year of exit.

[122] Data analyzed by Hornby Zeller Associates.

[123] DCF has objected to the Monitor's definition of "qualifying exits" used to analyze this measure. The Agency believes that due to the specific exclusion cited in 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. Based on the DCF recommended definition, of all children who exited in CY 2012, 10 percent re-entered custody within one year of the date of exit. Using that definition, DCF calculates performance for previous years as follows: CY 2007, 12%; CY 2008, 10%; CY 2009, 10%; CY 2010, 9% CY 2011 9%.

VIII. TIMELY PERMANENCY THROUGH REUNIFICATION, ADOPTION OR LEGAL GUARDIANSHIP

All children—regardless of age, gender, race or ethnicity—need and deserve a safe, nurturing family to protect and guide them. In child welfare work, this is called "permanency." Permanency can be achieved through a number of different avenues; safe family reunification is the preferred choice, but permanency also includes kinship legal guardianship and adoption. The MSA requires that children in custody achieve timely permanency through reunification, adoption or legal guardianship (Section III.A.2.a).

The MSA permanency measures reflect an expectation that children entering custody will attain permanency in a timely manner through whatever is their most appropriate permanency pathway. The measures were designed to avoid creating unintended incentives in favor of one permanency path (e.g., 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 for those children and youth who have been in care for extended periods of time.

The permanency measures discussed below include timeframe to permanency for different cohorts of children—discharged within 12 months of removal, between 13 and 24 months from removal and 25 months or longer from removal. Performance is based on calendar year and the most recent data are presented. This section also includes the state's performance on timely discharge specific to adoption as well as several process measures related to adoption practice including timeliness with 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.

Overall, DCF's performance in discharging children to permanency has improved slightly but does not meet the final targets required by the MSA. While DCF's adoption practice demonstrates strengths, the the G erent

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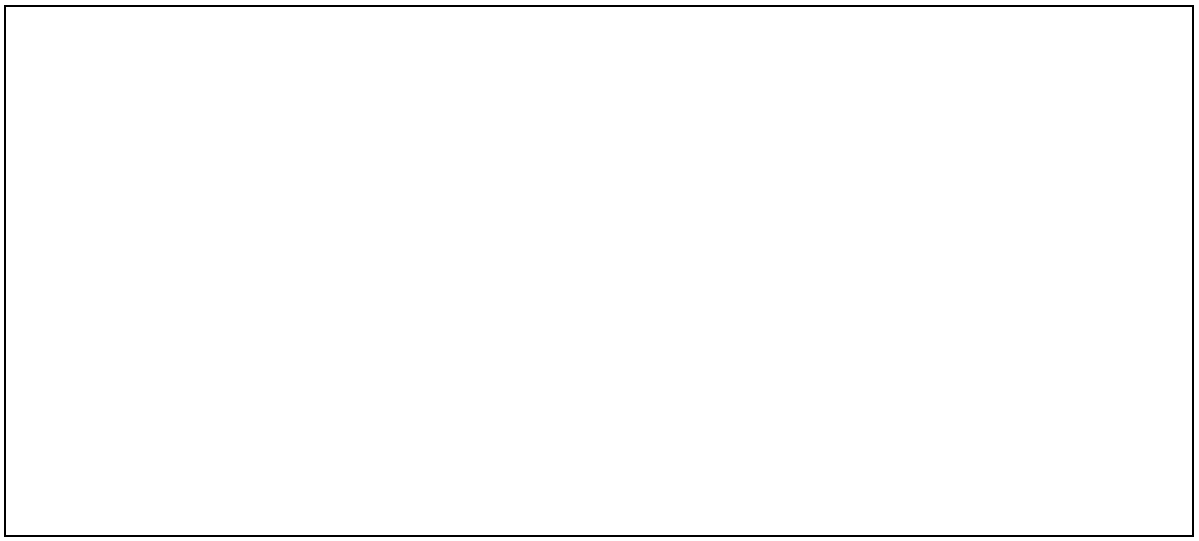
months from their removal from their home.[125] Performance for this sub-part of this permanency outcome does not meet the final target of 50 percent.[126]

Figure 34: Discharge to Permanency for Children in Care between 13 and 24 months (Of all Children in Care on the First Day of CY 2013 and had been in Care between 13-24 months, Percentage of Children who were Discharged to Permanency prior to their 21st Birthday or by the Last Day of the Year)[127] (CY 2006 – 2013)



Source: DCF data analyzed by Chapin Hall for CY 2006 through 2011. CY 2012 and 2013 data analyzed

Performance as of CY 2013:

Of all children who were in care on the first day of CY 2013 and had been in care between 13 and 24 months, 46 percent discharged to permanency prior to their 21st birthday.

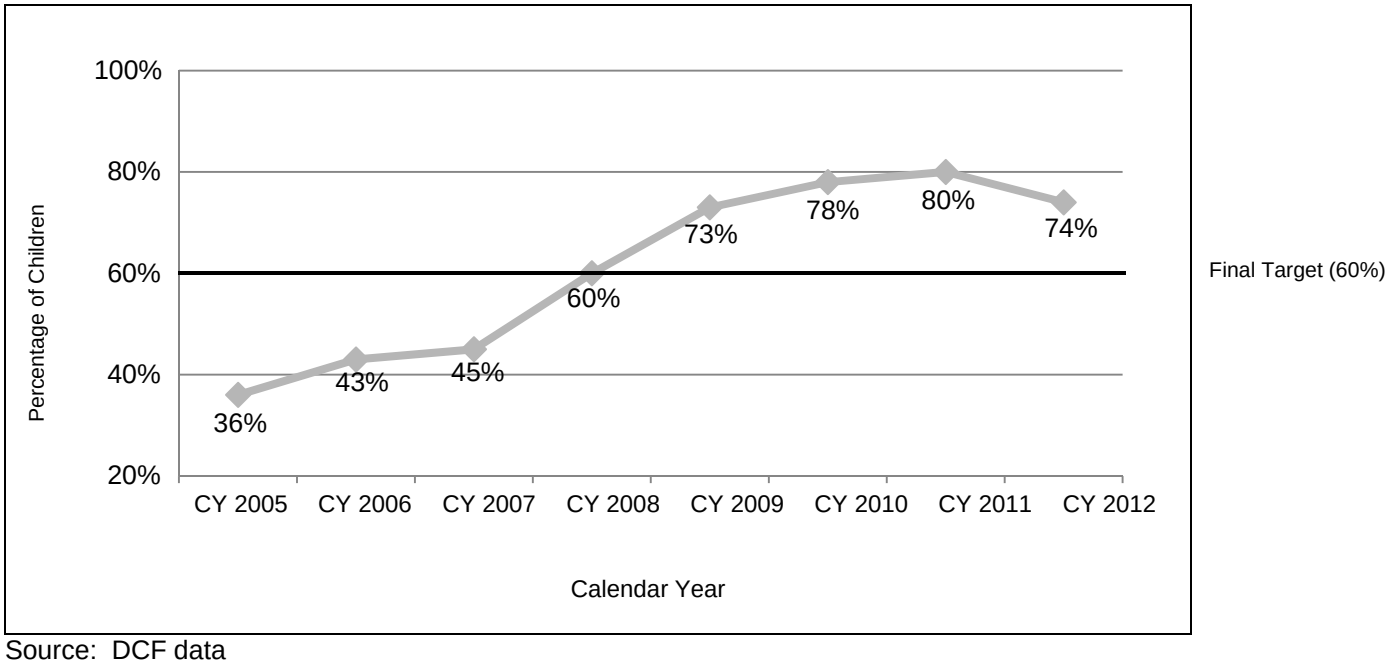
Performance as of CY 2013:

Of all children who were in care on the first day of CY 2013 and had been in care for 25 months or longer, 36 percent discharged prior to their 21st birthday or the last day of the year.[130] Performance for this sub-part of this permanency outcome does not meet the final target of 47 percent.

Permanency Through Adoption

Quantitative or Qualitative Measure	34. b. Adoption: 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.
Final Target	Of those children who become legally free in CY 2011 and annually thereafter, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.

Figure 36: Percentage of Children Discharged to Final Adoption in less than 12 months from the Date of Becoming Legally Free (CY 2005 – 2012)



Source: DCF data

[130] Data analyzed by Hornby Zeller Associates.

Performance as of CY 2012 (Most Recent Calendar Year Available)

The most recent data available are for CY 2012. In CY 2012, 814 children became legally free

had been in care for 36 months or less. The performance does not meet the final target requirement of 60 percent.

Finalized Adoptions

Between January and December 2013, DCF finalized 1,021 adoptions.[132] This is an increase over CY 2012 when 943 adoptions were finalized. As of December 31, 2013, 1,047 children in the state's custody remained legally free for adoption.[133] Table 16 below shows the number of adoption finalizations by CP&P Local Office between January and December 2013.

Table 16: Adoption Finalizations by CP&P Local Office (January–December 2013)

Local Office	Number Finalized		Local Office	Number Finalized
Atlantic West	41		Cumberland	24
Cape May	29		Salem	16
Bergen Central	24		Hudson Central	15
Bergen South	33		Hudson North	10
Passaic Central	23		Hudson South	33
Passaic North	41		Hudson West	25
Burlington East	32		Hunterdon	13
Burlington West	11		Somerset	23
Mercer North	16		Warren	17
Mercer South	36		Middlesex Central	14
Camden Central	24		Middlesex Coastal	16
Camden East	17		Middlesex West	8
Camden North	34		Monmouth North	21
Camden South	27		Monmouth South	15
Essex Central	25		Morris East	17
Essex North	8		Morris West	29
Essex South	31		Sussex	15
Newark Adoption[134]	87		Ocean North	16
Newark Northeast	6		Ocean South	31
Newark Center City	16		Union Central	13
Newark South	22		Union East	13
Gloucester	37		Union West	17
Total-1,021				

Source: DCF data

[132] The number of adoption finalizations is a measure that is monitored on a calendar year basis; the target numbers are based on the number of legally free children and an estimated number of resolved appeals.
[133] Not every legally free child is eligible to move toward adoption as some court decisions that terminate parental rights are appealed.
[134] As of November 1, 2013, the Newark Adoption Office was dismantled and the adoption units transferred into the following three Local Offices: Newark Northeast, Newark Center City and Newark South.

Paralegal Support

As required under the MSA, DCF continues to provide paralegal support to assist with the paperwork necessary to finalize adoptions (Sec. I.G.5). As of December 31, 2013, CP&P had 143 paralegal positions in the Local Offices. 139 (97%) paralegal positions were filled, four were vacant. All four vacant positions were approved for new hires to fill the vacancy. In addition, seven paralegal positions were filled at DCF's central office.

Additionally, DCF continues to contract with Children's Home Society to provide 23 child summary writers statewide and up to six part-time adoption expediters who assist with adoption paperwork in counties throughout the state.

Progress Toward Adoption

Performance as of December 31, 2013:

In December 2013, 74 percent of termination of parental rights (TPR) petitions were filed within 60 days of changing the child's permanency goal to adoption. From April through December 2013, a monthly range of 69 to 83 percent of TPR petitions were filed within 60 days of the child's goal change to adoption (see Table 17). Performance during this monitoring period on filing TPR petitions, while improved,

Table 17: TPR Filing for Children with a Permanency Goal of Adoption (April–December 2013)

Month	Number of Children with an Adoption Goal	TPR Petitions Filed within 60 Days*	% of TPRs Filed within 60 Days*	

Figure 38: Percentage of Child Specifi

Table 18: Child Specific Recruitment Plans Developed within 30 or 60 days of Goal Change for Children without Identified Adoption Resource (April – December 2013) (n=147)

Month in which Plan was Due	Plan developed within 30 days	Plan developed within 31-60 days	Plan developed over 60 days	Not completed*
APRIL	8	6	1	4
MAY	14	8	1	9
JUNE	6	3	0	10
JULY	4	0	3	6
AUGUST	2	2	3	7
SEPTEMBER	1	6	1	4
OCTOBER	7	1	2	6
NOVEMBER	9	3	1	4
DECEMBER	4	0	1	0
Total	**55 (37%)**	**29 (20%)**	**13 (9%)**	**50 (34%)**

Source: DCF data

* Data are pulled on a quarterly basis and these were not complete at the time data were extracted.

DCF reports several strategies for improving performance toward completion of child specific recruitment plans, including:

Regular statewide meetings between adoption operations, area and contracted child specific recruiters to coordinate recruitment efforts and focus on fundamentals of identifying connections through mining case records and partnering with the child, caretakers, community partners and significant adults in the child's life.

In March 2014, DCF increased supervision by assigning responsibilities for area Child Specific Recruiters to central office Adoption Operations who work in collaboration with the area Concurrent Planning Specialists and field support staff to identify children needing recruitment and strategize on recruitment efforts.

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

The provision of appropriate health care services to children in DCF's custody has been a principal focus of the MSA and the DCF's reform agenda. Since June 2011, DCF has maintained or improved performance on nearly all Performance Measures related to health care services.[137] These Performance Measures 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 Early and Periodic Screening, Diagnosis and Treatment (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); and
- Immunizations.

Although not used to directly assess MSA compliance, DCF CQR found that 96 percent of cases[138] scored at least minimally acceptable on the provision of health care services, a very positive finding consistent with performance on the measures discussed below.

This section provides updates of ongoing efforts to improve policies, staffing and access to services, which are necessary to realize and sustain positive health outcomes for children as well as information about the health care needs of children in out-of-home placement.[139] 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 assessed.

DCF regularly carries out a Health Care Case Record Review that analyzes the follow-up care children receive for concerns identified in CMEs; mental health screenings, assessments and follow-up care; and timely delivery of the health passport to resource parents. Because these reviews are labor intensive and consistently cover every six months, the Monitor did not require a special reviewTD .00-.0003( )Tj 1.5 -1.225 TD 0 Tw <007(Earl.inform)8.p(5 0 TD .000ssirm)8e 333

2013. The most recent case record review included a random sample of children in out-of-home placement who were removed between November 1, 2012 and July 31, 2013 and were in care a minimum of 60 days. Thus, for the health care Performance Measures based on case record review findings, performance is reported through July 31, 2013.

A. Health Care Delivery System

Child Health Units

The Child Health Units are a fundamental cornerstone of the provision of health care to children in CP&P custody. These units are in each CP&P 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 (aligned with the Area Offices). DCF worked with University of Medicine and Dentistry of New Jersey's School of Nursing's François-Xavier Bagnoud Center (FXB)[140] and CP&P Local Offices to build these units. As part of their duties, these staff members are responsible for tracking and advocating for the health needs of children who enter into out-of-home care. Since the creation of health care units and assignment of nurses to children in out-of-home care, DCF has achieved and sustained substantial results.

The Child Health Units are operational in all CP&P Local Offices. Staffing levels remain consistent. As of December 31, 2013, there were 163 Health Care Case Managers and 103 staff assistants statewide. DCF works to ensure that the ratio of Health Care Case Managers to children in out-of-home care is 1 to 50 in every Local Office.

B. Health Care Performance Measures

Pre-Placement Medical Assessment

Quantitative or Qualitative Measure	39. Pre-Placement Medical Assessment: Number/percent of children receiving pre-placement medical assessment in a non-emergency room setting or other setting appropriate to the situation.[141]
Final Target	By December 31, 2009, 98% of children will receive a pre-placement assessment either in a non-emergency room setting, or in an emergency room setting if the child needed emergency medical attention or the child was already in the emergency room when CP&P received the referral.

[140] As of July 1, 2013, the University of Medicine and Dentistry merged with Rutgers, The State University of New Jersey. The UMDNJ-School of Nursing is now Rutgers School of Nursing.

[141] By agreement of the Parties, this measure has been redrafted to combine the percentage of PPAs in a non-ER setting and those PPAs conducted in an ER that are appropriate based on the presenting medical needs of the child/youth or because the child/youth was already in the ER when CP&P received the referral.

Figure 41: Percentage of Children who

non-ER setting and an additional 15 percent appropriately received a PPA in an ER setting.[144] DCF continues to meet the MSA standard regarding appropriate settings for PPAs.

Initial Medical Examinations

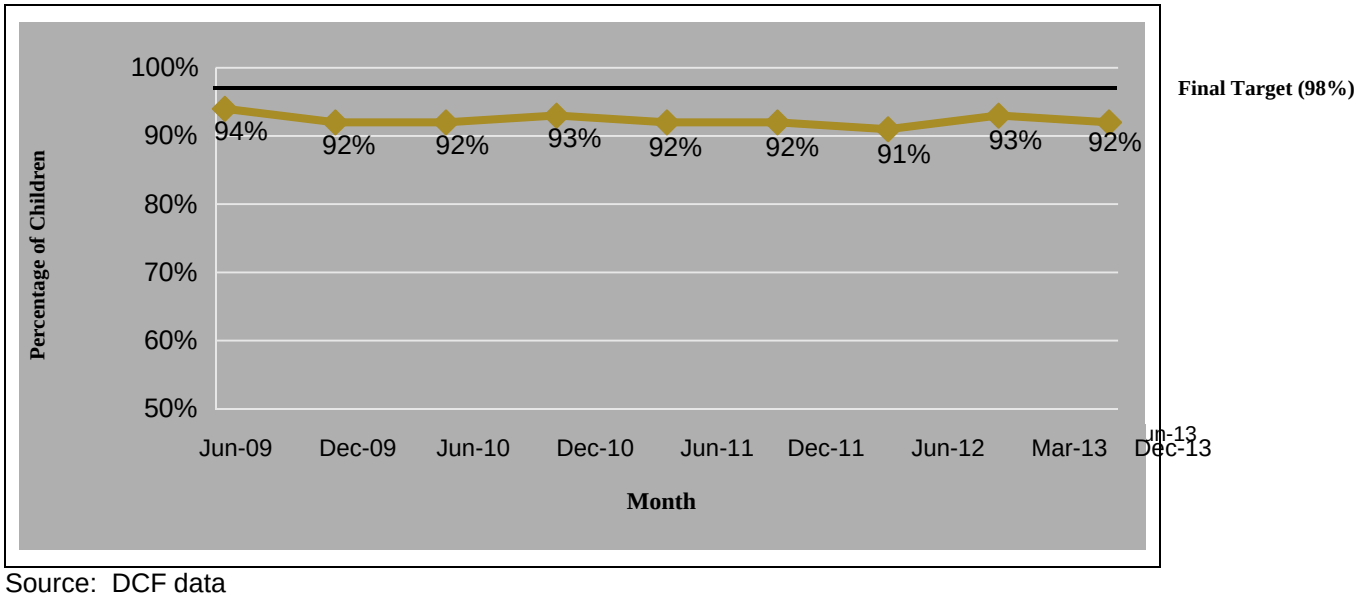
Figure 42: Percentage of Children with Comprehensive Medical Examination (CME) within 30 days of Entering Out-of-Home Care (December 2009 – December 2013)

Source: DCF data

Required Medical Examinations

Quantitative or Qualitative Measure	41. Required Medical Examinations: Number/percent of children in care for one year or more who received medical examinations in compliance with EPSDT guidelines.
Final Target	By June 2010, 98% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.

Figure 44: Percentage of Children Ages 12-24 months Up-to-Date on EPSDT Visits (June 2009 – December 2013)



Source: DCF data
Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure.

current with their EPSDT exams" and found more children were clinically up-to-date on their EPSDT exam than reported in NJ SPIRIT and SafeMeasures.[148]

Table 21: EPSDT for Children Ages 12-24 months (April–December 2013)

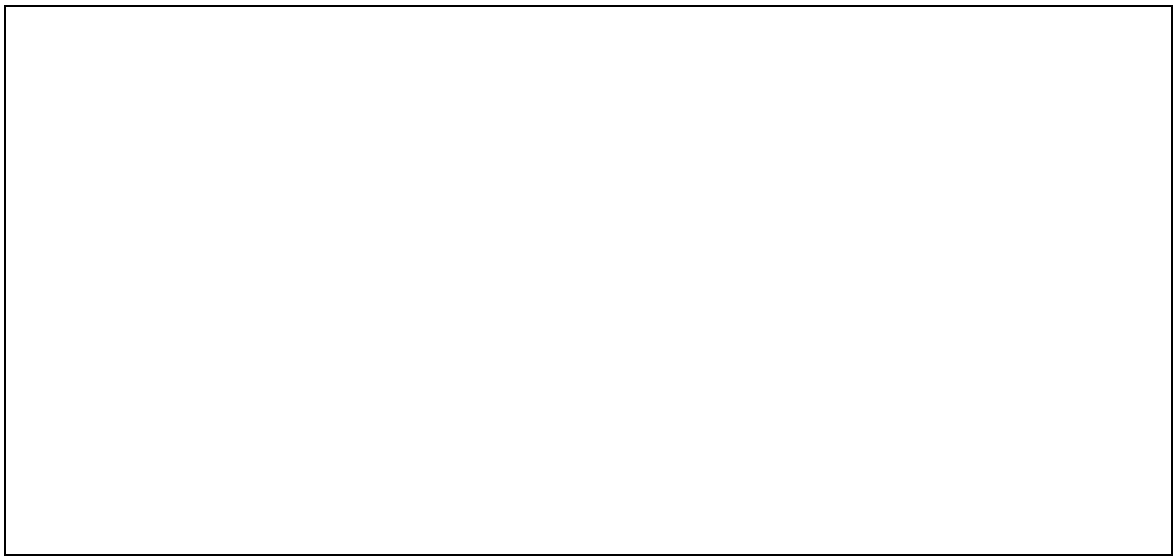
		Children Up-to-Date	% Children Up-to-Date
APRIL	99	90	91%
MAY	89	79	89%
JUNE	118	111	94%
JULY	109	102	94%
AUGUST	102	97	95%
SEPTEMBER	105	97	92%
OCTOBER	100	92	92%
NOVEMBER	101	91	90%
DECEMBER	124	112	90%
Total	**947**	**871**	**92%**

Source: DCF data produced by Child Health Unit

Table 22: EPSDT Ad4e 22
(April–December 2013) Ag3.5567 0 TD.98 0olde001 Tc.32PSDT for Chi

Semi-Annual Dental Examinations

Figure 46: Percentage of Children Current with Semi-Annual Dental Exams (June 2009 – December 2013)



Source: DCF data

Performance as of December 31, 2013:

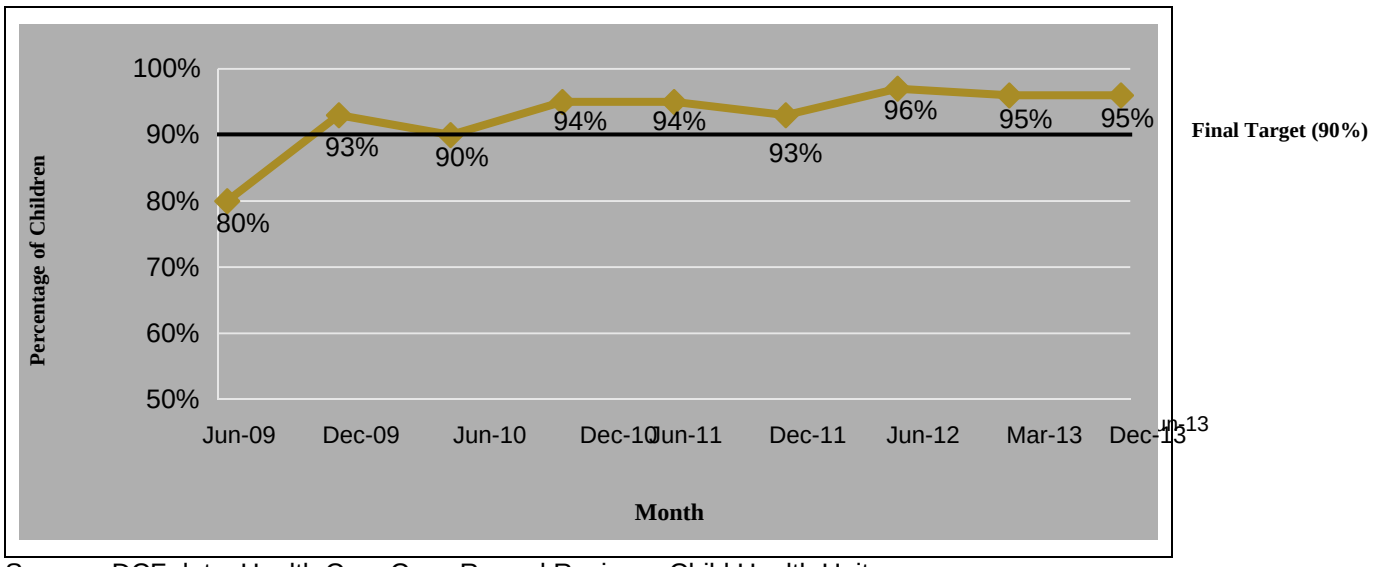
As of December 31, 2013, 84 percent of children age three or older who have been in care for at least six months had evidence of receiving a semi-annual dental exam (within the last six months). DCF's performance remains similar to the previous three monitoring periods and is below the final target by five 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 had been solely measuring whether children receive dental

As of December 31, 2013, DCF reports that there were 4,168 children age three or older who had been in CP&P out-of-home placement for at least six month; 3,484 (84%) had received a dental examination within the previous six months and an additional 627 (15%) had received an annual dental examination, thus there was evidence that 99 percent of children aged three and older had at least an annual dental examination. From April through December 2013, monthly performance on current semi-annual dental examinations ranged from 81 to 87 percent.

Follow-up Care and Treatment

Quantitative or Qualitative Measure	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.
Final Target	By June 2011, 90% of children will receive follow-up care and treatment to meet health care and mental health needs.

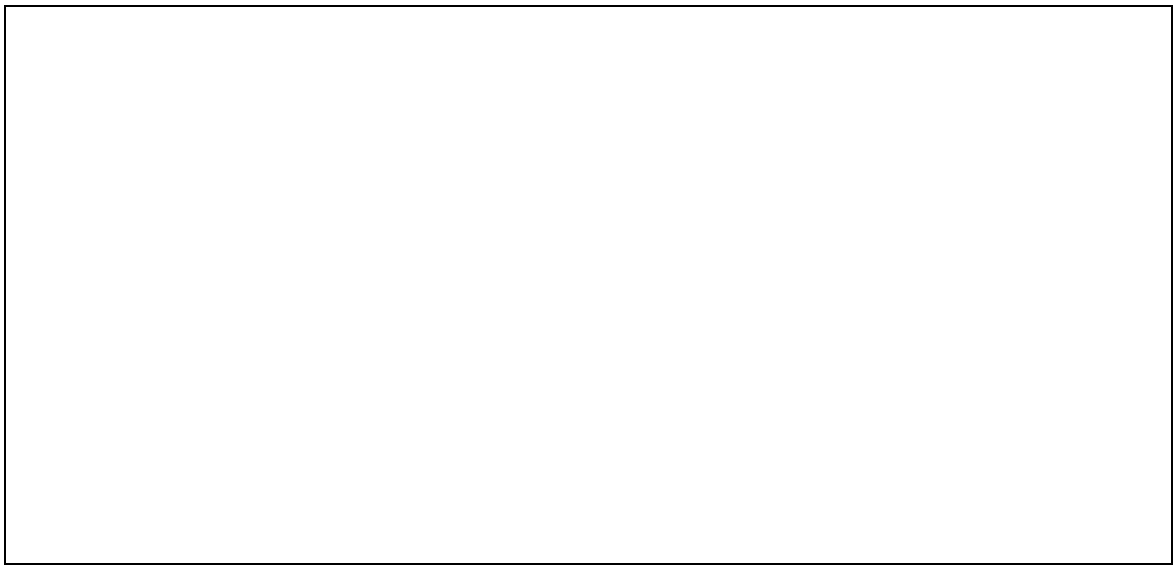
Figure 47: Percentage of Children Who Received Follow-up Care for Needs Identified in CME (June 2009 – December 2013)



Source: DCF data, Health Care Case Record Reviews, Child Health Unit
Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure. Data for December 2013 represents performance for children in out-of-home placement who were removed between November 1, 2012 and July 31, 2013 and were in care for a minimum of 60 days.

Immunizations

Figure 48: Percentage of Children in Custody Current with Immunizations (June 2009 – December 2013)

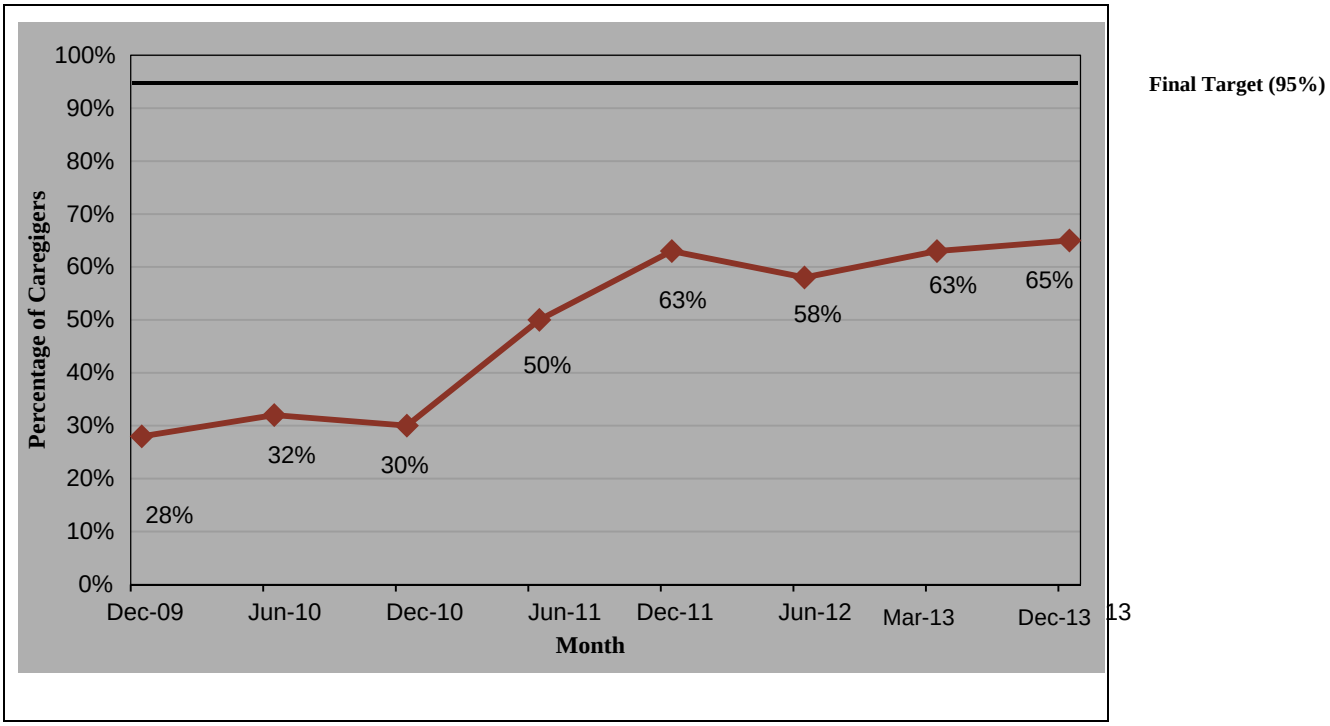


Source: DCF data
Data in this Figure are not point in time for the month but represent performance over the last quarter of the monitoring period which ends in the month indicated in the Figure. Data for December 2013 represents performance from October – December 2013.

Health Passports

Quantitative or Qualitative Measure	45. Health Passports: Children's parents or caregivers receive current Health Passport within five days of a child's placement.[153]
Final Target	By June 30, 2011, 95% of caregivers will receive a current Health Passport within five days of a child's placement.

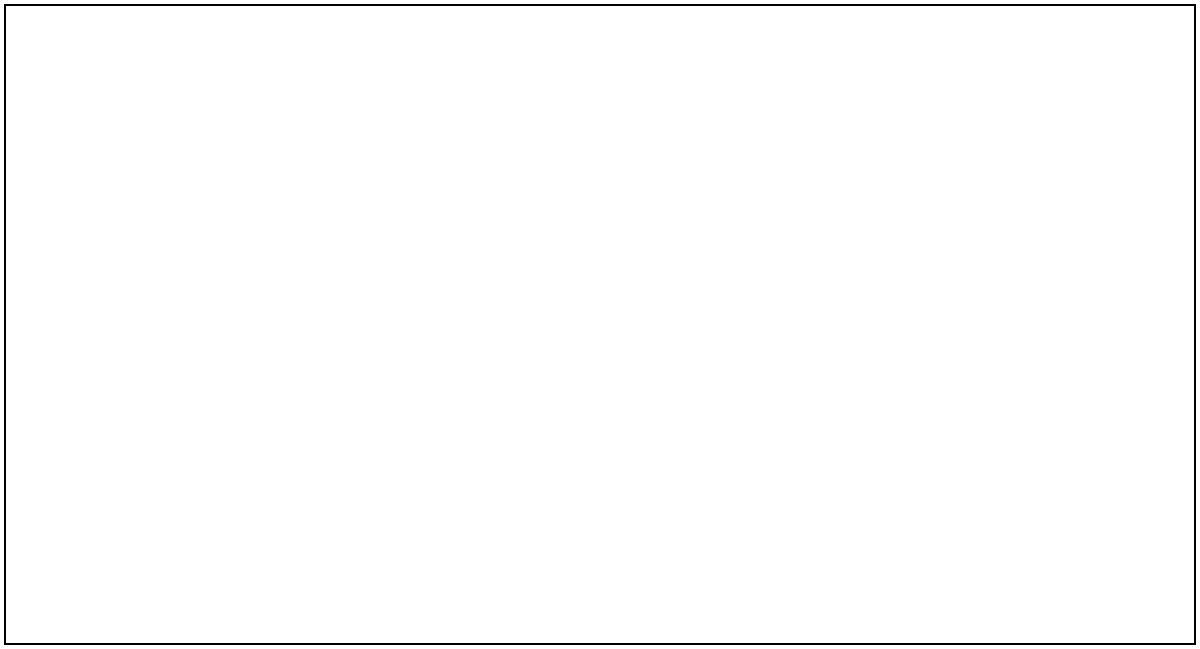
Figure 49: Percentage of Caregivers who Received Health Passports within 5 days of Child's Placement (December 2009 – December 2013)



Source: DCF Health Care Case Record Review
Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure. Data for December 2013 represents performance for children in out-of-home placement who were removed between November 1, 2012 and December 31, 2013 and were in care for a minimum of 60 days.

[153] Parties are determining if a more effective measure can be designed that assesses when meaningful medical information of children can reasonably be shared with their caregivers.

Figure 50: Percentage of Caregivers who Received Health Passports within 30 days of Child's Placement (December 2009 – December 2013)



Source: DCF Health Care Case Record Review
Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure. Data for December 2013 represents performance for children in out-of-home placement who were removed between November 1, 2012 and December 31, 2013 and were in care for a minimum of 60 days.

Table 24: Health Passport: Presence in the Record, Evidence of Sharing Records (n=366) December 31, 2013

	#	%
Health Passport was present in the record	**365**	**100%**
Health Passport not present in the record	**1**	**>1%**
Health Passport in record shared with provider	**364**	**100%**
Evidence of being shared with resource providers		
Within 5 days	237	65%
Between 6- 10 days	73	20%
Between 11- 30 days	47	13%
More than 30 days	7	2%

Source: DCF, Health Care Case Record Review[154]

[154] DCF conducted a Health Care Case Record review in order to report on this measure. The Review examined records of a random sample of children in CP&P out-of-home placement who were removed between November 1,

Performance as of December 31, 2013:

Under the MSA, all children entering out-of-home care are to have a Health Passport created for them (Section II.F.8). This Health Passport records all relevant health history and current health status of the child and is expected to be regularly updated and made available to resource parents, children (if old enough) and their parents.

Based on DCF's internal Health Care Case Record Review of 366 cases, there is evidence that Health Passports are shared with the child's caregiver within the first five days of placement in 65 percent of cases (see Table 27). This performance does not meet the final performance target. However, within 30 days of the placement, DCF data show the Health Passport has been shared with 98 percent of caregivers, consistent with performance from the last two monitoring period.

The Health Passport organizes health information from a range of sources including any findings of the PPA. DCF policy requires that the Health Care Case Manager complete the Health Passport, which is maintained by the CP&P Local Office Child Health Unit, and provide it to the resource parent within 72 hours of the child's placement. This is a more stringent policy than the MSA requirement that the Health Passport be conveyed to the child's caregiver within five days. DCF continues to be unable to consistently meet its internal timeframe or the five day requirement set in the MSA, and there is concern that Health Passports produced within 72 hours, or even five days, frequently cannot contain meaningful medical information. The Monitor and parties have met to discuss this measure and consider whether a more effective measure can be designed that assesses how in what timeframes meaningful medical information about children can reasonably be collected and timely shared with their caregivers. No agreement has been reached as of this time.

X. MENTAL HEALTH CARE

DCF continues to work on improving its mental health delivery system by expanding the services and supports under the Division of Children's System of Care. DCF also has maintained achievement of MSA Performance Measures requiring that children receive timely mental health assessments and children and youth received appropriate, evidence-based mental health services to prevent their entry into CP&P custody.

A. Mental Health Delivery System

DCF's Division of Children's System of Care (CSOC) serves children and adolescents with emotional, behavioral health, developmental and intellectual disabilities and co-occurring conditions. Beginning in 2012, the provision of services to children with developmental and intellectual disabilities, formerly under the purview of the Department of Human Services (DHS), transitioned to CSOC.

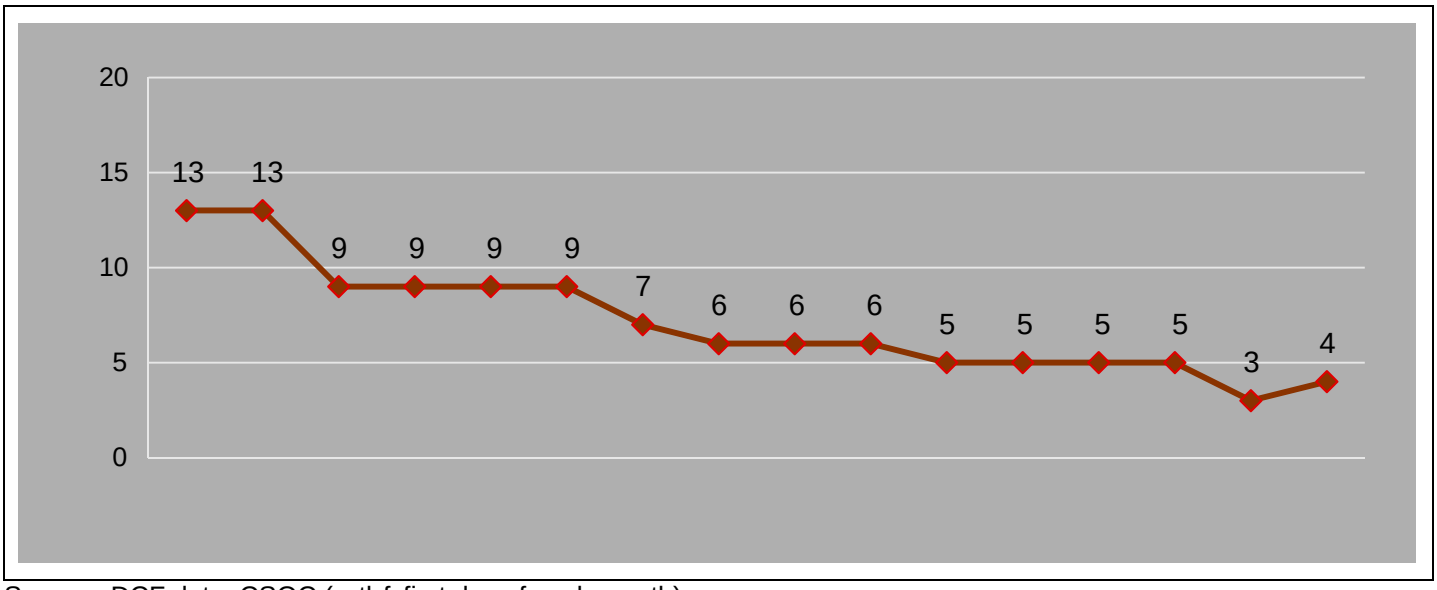
In October 2012 New Jersey received approval from the Centers for Medicare and Medicaid Services (CMS) for a Comprehensive Medicaid Waiver focused, in part, on increasing supports for children and youth who have a risk of hospital care (children/youth considered to be seriously emotionally disturbed). This waiver has two pilot programs—one that focuses on children and youth with Autism Spectrum Disorder and one that focuses on increasing services for youth with a developmental disability and a behavioral health concern. Some aspects of the waiver were implemented in the summer and fall of 2013.

The number of children placed out-of-state for treatment remains low.

DCF is required to minimize the number of children in CP&P custody placed in out-of-state congregate care settings and to work on transitioning these children back to New Jersey (Section II.D.2). As of December 2013, there were four youth out-of-state residential placements. All four youth are in a specialized program for the deaf or hard of hearing. DCF has worked collaboratively with the state Department of Education, primarily with staff of New Jersey's Marie H. Katzenbach School for the Deaf, to develop an in-state program to provide residential mental health treatment for five to eight youth. Program services will be provided by St. Joseph's Hospital and Medical Center. The facility is undergoing updates and renovations and DCF hopes to move the youth from out-of-state to the new facility in the summer of 2014 if the renovations have been completed.

Figure 51 shows the number of children placed out-of-state from June 2011 to December 2013.

Figure 51: Children in Out-of-State Placement
(June 2011 – December 2013)



Source: DCF data, CSOC (as of the first day of each month)

Youth in detention, in CP&P custody and awaiting CSOC placement are moved from detention in a timely manner.

The MSA requires that no youth in CP&P custody should wait longer than 30 days in a detention facility post-disposition for an appropriate placement (Section II.D.5). From April to December 2013, eight youth in CP&P custody, four females and four males ages 13 to 17, were in juvenile detention awaiting a CSOC placement following disposition of their delinquency case. Two youth transitioned from detention within 15 days after disposition. The remaining six youth transitioned between 16 and 30 days following disposition of their case, thereby meeting the MSA requirement. Table 25 provides information on the length of time each of the youth waited for placement.

Table 25: Youth in CP&P Custody in Juvenile Detention Post-Disposition Awaiting CSOC Placement (April–December 2013)

Length of Time to placement while in Detention Post-Disposition	Number of Youth
0-15 Days	2
16-30 Days	6
Over 30 Days	0
Total	**8**

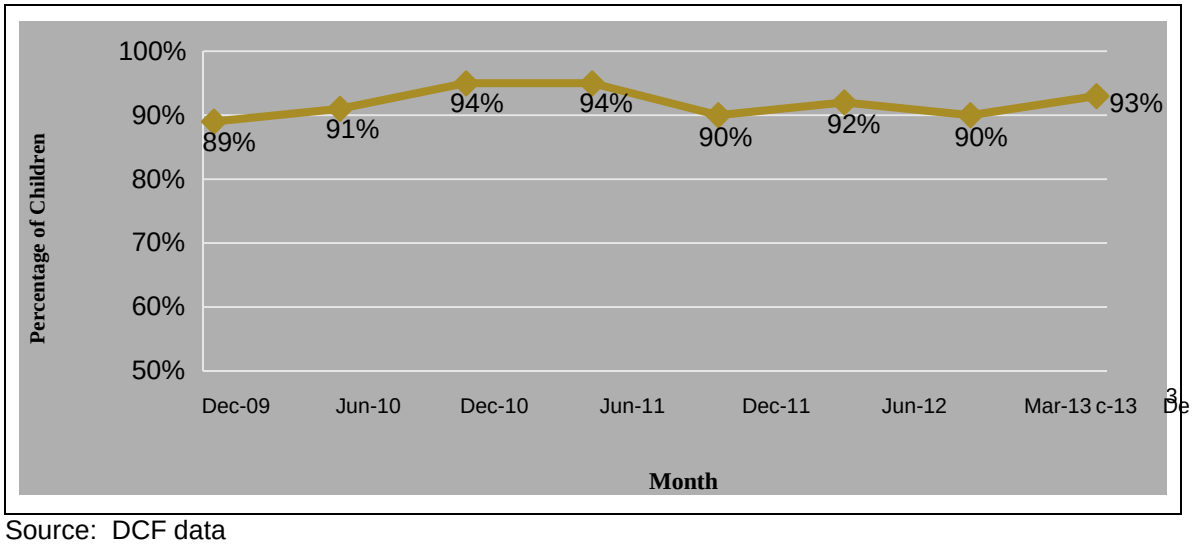
Source: DCF data, CSOC

B. Mental Health Performance Measures

Mental Health Assessments

Quantitative or Qualitative Measure	46. Mental Health Assessments: Number/percent of children with a suspected mental health need who receive mental health assessments.

Figure 52: Percentage of Children with Suspected Mental Health Needs who Received Mental Health Assessment (December 2009 – December 2013)



Source: DCF data

Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure. Data for December 2013 represents performance

for children in out-of-home placement who were removed between November 1, 2012 and July 31, 2013 and were in care for a minimum of 60 days.

Performance as of December 31, 2013:

DCF's internal Health Care Case Record Review found that 99 percent of eligible children and youth received the required mental health screening.[155] Eligible children are over the age of two and not already receiving mental health services. As shown in Table 26, a total of 165 children in the sample required a mental health assessment.

DCF reports that 93 percent (154 of 165) of those 165 children identified as needing a mental health assessment received one by the time of the record review. Performance met the MSA performance requirement.

The data also show that of the 93 percent of youth receiving a mental health assessment, 74 percent (114) were completed in the first 30 days of out-of-home placement and another 13 percent (21) were completed in 60 days.

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Provision of In-Home and Community-Based Mental Health Services for Children and Their Families

Quantitative or Qualitative Measure	47. Provision of in-home and community-based mental health services for children and their families: CSOC 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 CP&P and to prevent children and youth from entering CP&P custody.
Final Target	Ongoing Monitoring of Compliance

Performance as of December 31, 2013:

Section II.C.2 of the MSA requires the state to have a Medicaid structure to reimburse evidence-based, informed or support practices such as Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST). FFT continues to be available in seven counties: Atlantic, Cape May, Burlington, Ocean, Cumberland, Gloucester and Salem. For the last quarter of the monitoring period, each program's average census was 76 percent of the program's capacity. Two FFT programs operated above capacity. MST continues to be available in three counties: Camden, Essex and Hudson. The MST provider for Essex and Hudson counties operated well below capacity (averaging 33% monthly census) due to the departure of a number of therapists.

The FFT and MST programs averaged approximately 22 successful discharges per month during the last quarter (October-December 2013) of this monitoring period.

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

Continued Support for Family Success Centers

Performance as of December 31, 2013:

New Jersey began developing a network of Family Success Centers (FSCs) in 2007, initially with 21 centers. Now, in its sixth year, New Jersey has a total of 51 FSCs, at least one in each of the 21 counties.[157]

FSCs are neighborhood-based places where any community resident can access family support, information and services, and specialized supports that tend to vary depending on the needs and desires of the community in which they are located. Their function is to provide resources and supports before families fall into crisis. FSCs are situated in many types of settings: storefronts, houses, schools, houses of worship and public housing. Services range from life skills training, parent and child activities, advocacy, parent education and housing related activities.

Since Superstorm Sandy in October 2012, New Jersey's FSCs have become gateways to reach families in the counties that were hit the hardest by the storm. In addition to providing families with assistance immediately following the storm, the FSCs offer day to day support and a place to build and restore community.

In September 2013, the Office of Family Support Services (OFSS) redefined the FSC's

Table 27: Unduplicated Number of Families Served by New Jersey's FSCs (April–December 2013)*

FSC Unduplicated Number of Families Served	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13**	Oct-13	Nov-13	Dec-13
	5,539	4,859	4,384	4,703	4,26	3,526	3,581	3,417	3,088

*Unduplicated refers only to the number of families served within each month and not the services received, so a family could access more than one service more than one time.
**OFSS changed its definition of contracted services on September 1, 2013.

Table 28: Ten Contracted Services Provided by FSCs Statewide between April and August 2013[159]

	2013				
Contracted Service	**April**	**May**	**June**	**July**	

Permanency Action Plan and 28 of those plans had recommended goals of adoption, reunification or kinship legal guardianship. DCF intends to create a tracking process to measure progress towards these recommended goals.

On September 26, 2013, the Administration for Children, Youth and Families awarded DCF a two year planning grant to gather and analyze data and develop an intervention framework that will improve educational, employment, permanency and well-being outcomes for older youth involved with CP&P. The intervention framework will be evidence-based and focus on addressing trauma, improving protective and promotive capacities and comprehensive life skills of older youth.

Finally, this monitoring period, OAS began working with the Office of Child and Family Health to provide information to youth and providers on the extension of Medicaid coverage for eligible

five-bed transitional living housing program in Essex County for young women ages 18 to 21, with one bed for a pregnant or parenting youth.

Table 30: Youth Transitional and Supported Housing as of December 31, 2013

County	Current period: Operational Slots	Providers	Ages Accepted

Employment

OAS is working with the New Jersey Department of Labor and Workforce Development and the State Employment and Training Commission (SETC) to identify, evaluate and expand access to employment programs. One component of this partnership includes resource and information sharing with One-Stop Career Centers, Workforce Investment Boards and Youth Investment Councils throughout the state. Another component of the partnership is participation in the SETC's Shared Youth Vision Council which brings together stakeholders to construct a shared vision to guide employment and training services for youth.

Also during this monitoring period, OAS, Casey Family Programs and the Rutgers University School of Social Work partnered together and strategized about best practices and models used by other child welfare systems in supporting youth employment. As a result, OAS in cooperation with these partners and OESP developed and delivered staff training that focused on supporting engagement activities with youth to support employment. Topics included working with youth on employment planning, career assessment, training, job seeking and retention.

Financial literacy

DCF continues to offer EverFi, an online financial literacy program, to provide services to youth in housing and life skills programs.[162] As of August 2013, 86 youth were either actively engaged in or completed the course. An unlimited amount of additional slots are available for more youth

opportunities. Finally, in August 2013, 28 CP&P staff completed the first year of the Adolescent Advocacy program—a post-B.A. 15 credit certificate through Montclair State University focused on adolescent advocacy and case practice. Forty-two students are now participating in the second year of the program.

Services for LGBTQI Population

The MSA required DCF to develop and begin to implement a plan for appropriate service delivery to youth who identify as LGBTQI (MSA Section II.C.4). During this monitoring period, DCF continued to implement strategies and services to meet the needs of this population. The primary vehicle for these services is through the Safe Space Program. This program encourages and promotes a welcoming and inclusive environment within DCF for LGBTQI youth, families and staff through training, activities, resources, community partnerships, collection of LGBTQI data and through developing policies that reflect appropriate case practice with this population. DCF has increased the number of Safe Space liaisons during this monitoring period by adding additional 12 liaisons, now offering a total of 160 for all 47[164] CP&P Local Offices. Liaisons continue to produce LGBTQI inclusive newsletters, make presentations on local and national LGBTQI issues, update the LGBTQI Resource Guide, and collect data on the number of LGBTQI youth and families that they serve. The data are collected by OAS to identify, create and update policy, programming and practice needs to best support these youth and families. To date, DCF reports that these liaisons provided 351 consultations concerning case practice and community resources related to LGBTQI youth and families. Also during this monitoring period, the New Jersey Office of Training and Professional Development changed their Cultural Competency I and II trainings to include a focus on LGBTQ issues in the workforce and key concepts on how best to work with LGBTQI youth and families.

C. Performance Measures Measuring Services to Older Youth

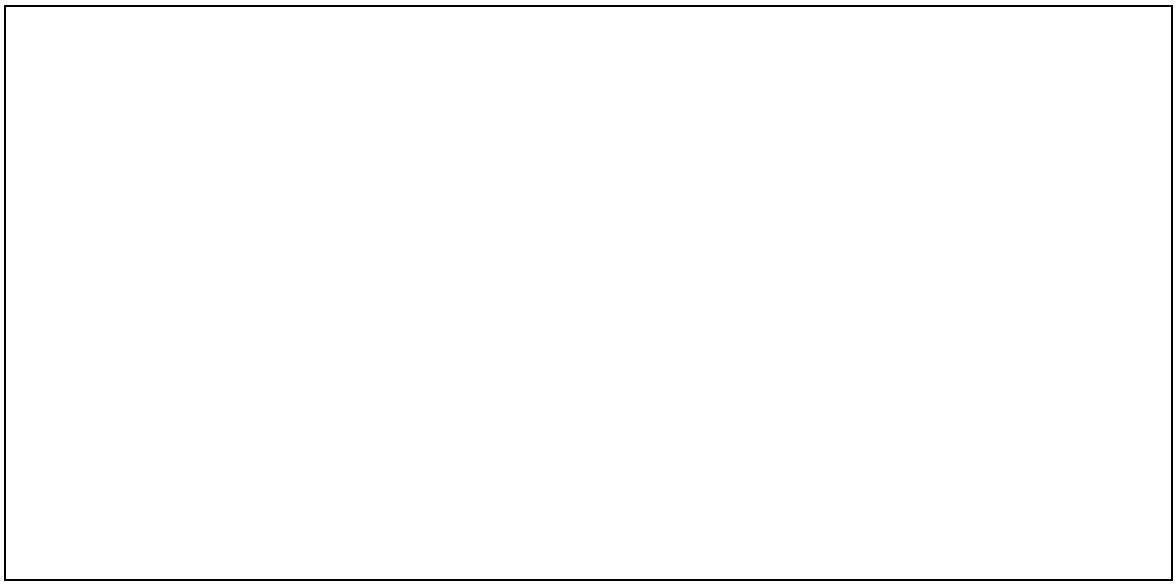
As of December 31, 2013, CP&P served 2,858 young adults aged 18 to 21; current information indicates that 520 (18%) youth were living in a CP&P out-of-home placement; 1,633 (57%) youth were living in their own homes;[165] and 705 (25%) youth were receiving adoption or Kinship Legal Guardianship subsidies.

[164] The Newark Adoption office was phased out as of October 2013 and adoption units were assigned to each Local Office. As of October 2013, there were 46 CP&P offices.

[165] DCF is further analyzing these data to better understand the exact setting(s) indicated for the youth categorized as "living in their own homes."

Independent Living Assessments

Figure 53: Percentage of Youth Aged 14-18 with Independent Living Assessment (December 2009 – December 2013)



Services to Older Youth

Quantitative or Qualitative Measure	54. Services to Older Youth: DCF shall provide services to youth between the ages

Performance as of December 31, 2013:

Performance data for this measure were collected through QR reviews conducted between January 2012 and July 2013 of 44 cases of youth age 18 to 21. The standard NJ protocol was utilized and for the 20 reviews conducted in July 2013, reviewers were given a list of additional considerations to apply in reviewing cases which asked reviewers to consider the youth's overall global well-being and functioning taking into consideration, for example, youth who identify as LGBTQ, are victims of domestic violence, are pregnant or parenting or are developmentally disabled. By agreement between the Monitor and CAP&P, cases were considered acceptable for this measure if the QR ratings were within the acceptable range (4-6) for both the overall Child/Youth and Family Indicator and Practice Performance Indicator.

Twenty-nine (66%) of the 44 cases reviewed were rated acceptable on both the Child/Youth and Family Indicator and Practice Performance Indicator. This is the first time performance data has been available on this measure and findings from these reviews identify areas of strength to build upon as well as areas needing improvement to support provision of services to older youth.

Below are QR indicators within each overall domain where acceptable ratings were provided by reviewers for the majority of cases:

- Safety of the youth in their home setting (98% acceptable),
- Safety of the youth in other settings (98% acceptable),
- Living arrangement (98% acceptable),
- Physical health of the youth (93% acceptable),
- Emotional well-being (82% acceptable),
- Learning and development (87% acceptable),
- Provision of health care services (91% acceptable) and
- Resource availability (93% acceptable).

Overall acceptable ratings for the following QR indicators identify areas needing improvement:

- Progress toward permanency (68% acceptable),
- Family teamwork – formation (57% acceptable),
- Family teamwork – functioning (52% acceptable),
- Case planning process (66% acceptable),
- Plan implementation (66% acceptable),

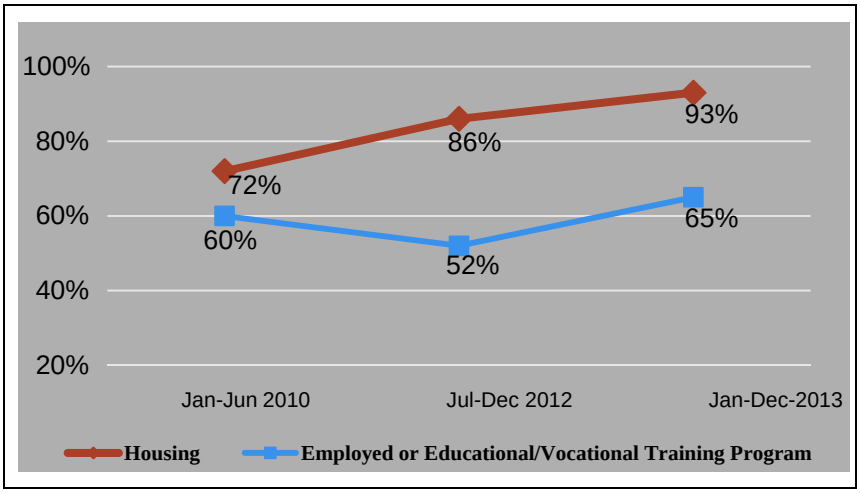
Long term view (57% acceptable) and
Transitions and life adjustments (55% acceptable).

DCF has analyzed the data collected through these reviews and is in the process of compiling a report with further detail of the findings. Data will continue to be collected during scheduled QRs of older youth moving forward and will be compiled and presented for this performance measure in future reports.

Youth Exiting Care

Quantitative or Qualitative Measure	55. Youth Exiting Care: Youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.
Final Target	By December 31, 2011, 95% of youth exiting care without achie

Figure 54: Youth Exiting Care with Housing and Employed or Enrolled in Educational or Vocational Training Program
January 2010 – December 2013



Source: Data from DCF and CSSP Case Record Reviews

Performance as of December 31, 2013:

The Monitor and DCF conducted a case record review of the 106 youth who exited care without achieving permanency between January and December 2013 and found that 93 percent of these youth had documentation of a housing plan upon exiting CP&P care and 65 percent of applicable youth were either employed or enrolled in educational or vocational training programs. Current performance demonstrates an improvement on this measure since the last case record review which assessed youth who exited care without permanency between July and December 2012. That review found that 86 percent of these youth had housing and 52 percent were either employed or enrolled in educational or vocational training programs.

Data collected in the current review of youth exiting in 2013 identified the following pertaining to planning and service provision:

Planning and Assessment:

- The reason for case closure for 42 percent of youth reviewed was the youth turned 21 years old and 28 percent of youth reviewed declined further services.
- 51 percent of youth signed an adolescent closure agreement at the time their case closed.
- 77 percent of youth had an Independent Living Assessment completed, and of those with a completed assessment, 54 percent were completed within 12 months of case closure and 46 percent were completed over 12 months prior to case closure.
- All youth (100%) had a case plan.
- 42 percent of youth had a Transitional Living Plan completed and included in their record.

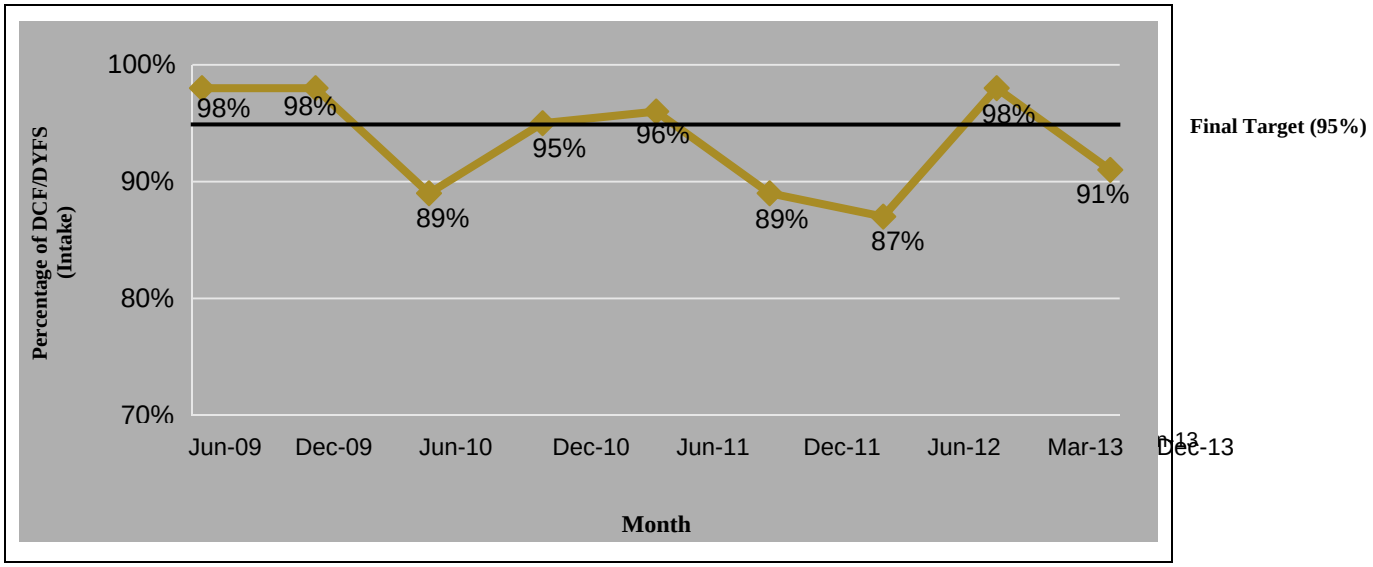
Housing:

- All but one youth (99%) had documented housing prior to case closure.
- Documentation in the case record indicated that 81 percent of youth had worked with their caseworker prior to case close in order to secure housing.
- Reviewers were asked to identify strengths and areas needing improvement with DCF's casework around housing. Some of the more commonly identified strengths included: engagement with youth and family (80 cases), identification of resources and programs for the youth (71 cases) and caseworker-supervisory conferences were held (52 cases). Areas needing improvement included: more community resources needed to achieve the goal (35 cases), assessments not completed or only partially completed (36 cases), plans not completed or only partially completed (34 cases) and improvements needed in caseworker-supervisory conferencing (36 cases).

***Education and Employment*:**

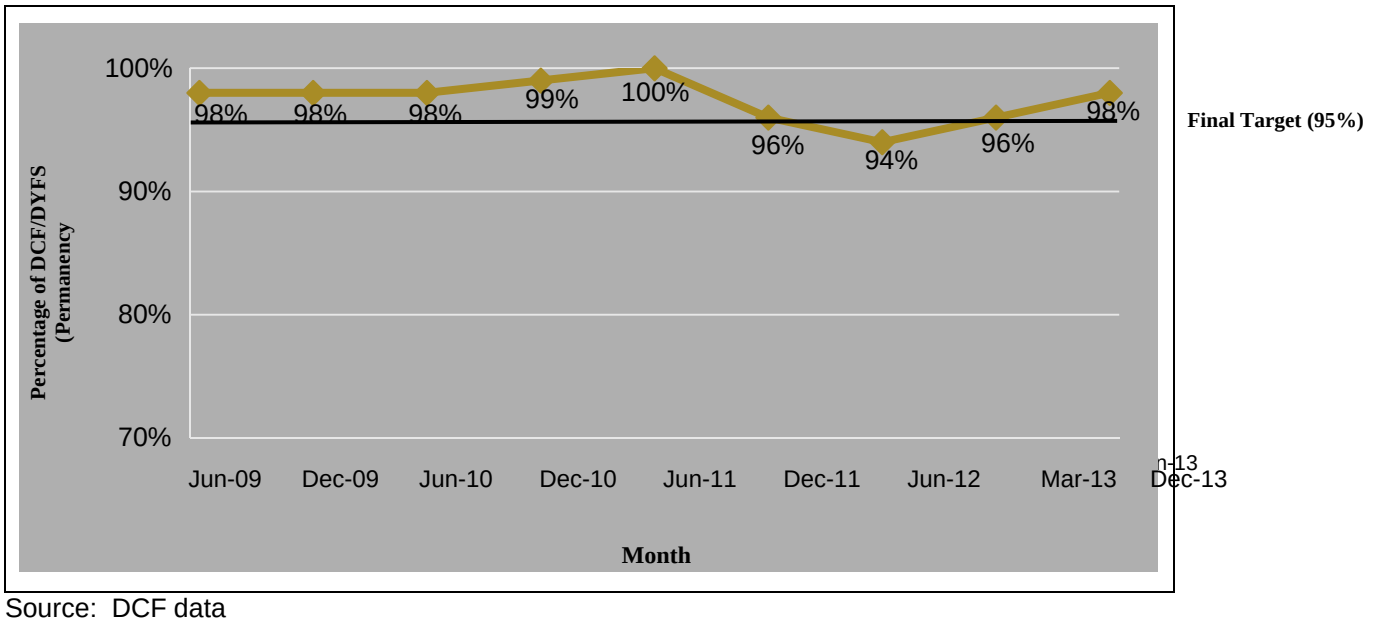
- At the time of case closure, 50 percent of the youth had at least completed a high school level of education.
- 87 percent of applicable youth had undergone case planning specific to their educational or vocational needs; 77 percent of applicable youth had undergone planning related to employment.
- Reviewers were asked to identify strengths and areas needing improvement with DCF's casework around education and employment. Some of the more commonly identified strengths included: engagement of youth and family (75 cases), resources and programs identified for the youth (60 cases) and caseworker-supervisory conferences were held (43 cases). Areas needing improvement included: assessments not completed or only partially completed (38 cases), plans not completed or only partially completed (38 cases), improvements needed in caseworker-supervisory conferencing (35 cases) and

Figure 55: Percentage of DCF/CP&P Local Offices Meeting Average Caseload Standards for Intake Workers (June 2009 – December 2013)



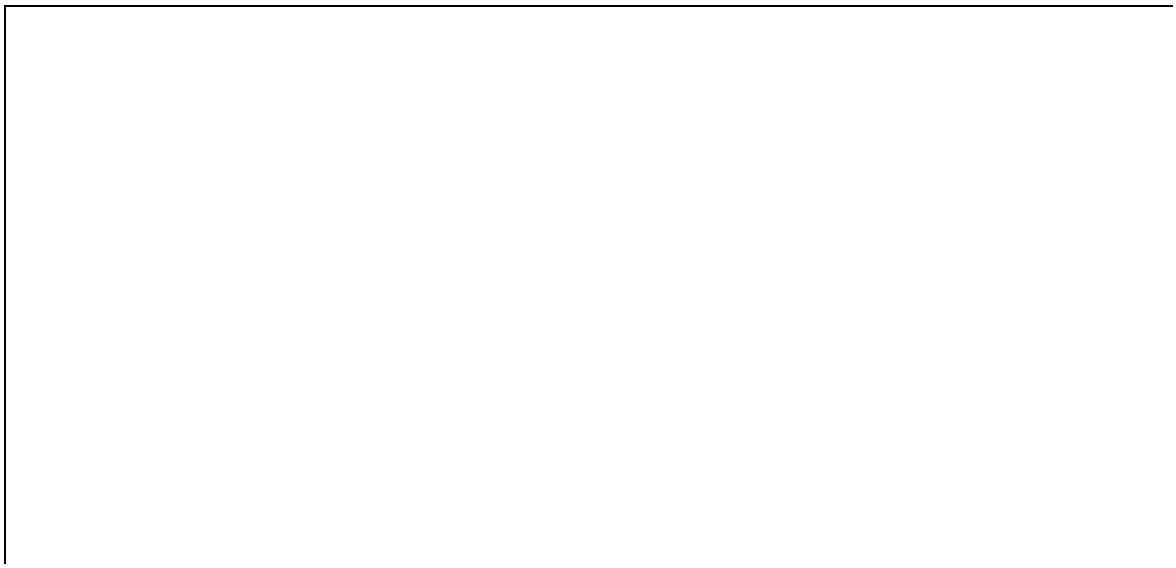
Source: DCF data

Figure 56: Percentage of DCF/CP&P Local Offices Meeting Average Caseload Standards for Permanency Workers (June 2009 – December 2013)



Source: DCF data

Figure 57: Percentage of DCF/CP&P Local Offices Meeting Average Caseload Standards for Adoption Workers (June 2009 – December 2013)



DCF has continued to implement efforts to improve Intake caseload compliance through the Ready Work Pool (RWP) initiative and deployment of "impact teams." The RWP initiative was developed to enhance DCF's capacity to quickly deploy staffing resources to designated Local Offices experiencing increases in referrals and caseloads in the aftermath of Superstorm Sandy by hiring individuals with previous child protective services experience with CP&P. As of

Workers Report "Shared" Cases as a Common Occurrence

As described in the Period XIII monitoring report, Intake and Permanency workers sometimes share responsibility for families with open permanency cases where there are new allegations of abuse or neglect. According to DCF procedure, all CPS Family Reports and CWS Family Referrals are assigned to Intake workers to investigate and these reports are reflected in caseload reporting as one of the eight referrals in the month of the report and as one of the Intake worker's 12 open families for that month. However, when circumstances indicate that a family with an already open permanency case is the subject of a new CPS Family Report, the work with the family becomes the shared responsibility of both Intake and Permanency workers until the investigation is completed.

Intake workers are assigned a secondary worker designation in NJ SPIRIT on a shared case for a family who had been previously assigned to a Permanency worker. According to DCF, this arrangement emphasizes the primary role of the Permanency worker in securing placement, facilitating visits, supporting the family to implement the case plan and coordinating services. It also reflects the Permanency worker's responsibility to provide information to the Intake worker and to link the family to appropriate services and supports identified during the course of the new investigation, thus relieving the Intake worker of the case management responsibility for the case. Intake workers continue to be responsible for the work required to complete investigative tasks and to reach and document an investigative finding. The designation as a secondary worker is not reflected as an open family for the Intake worker's caseload and is not categorized as an open family in monthly caseload reports. Thus, these secondary assignments are counted as one of the Intake workers' eight new referrals assigned in a month, but are not counted as part of their 12 open families in a month.

DCF reports that Intake supervisors in CP&P Local Offices are expected to appropriately manage the workload of staff in their units and consider an Intake worker's primary and secondary responsibilities when assigning new referrals. The following table provides the reported number of secondary assignments to Intake workers by month for this monitoring period.

Table 32: Number of DCF/DCP&P Investigations and Secondary Intake Assignments by Month (April – December 2013)

ke

Assignment of Investigations

The individual worker caseload standard for Adoption workers of no more than 15 children was not met as of December 31, 2013. The state reported an average of 207 active Adoption workers between April and December 2013. Of the active Adoption workers, an average of 180 (87%)

The standard for the ratio of supervisors to workers was met for the period ending December 31, 2013.

Supervision holds a critical role in child welfare; therefore, the MSA established a standard for supervisory ratios that 95 percent of all offices should have sufficient supervisory staff to maintain a ratio of five workers to one supervisor (Section II.E.20).

As shown in Figure 62, DCF reports that between April and December 2013, 97 percent of CP&P Local Offices had sufficient supervisors to meet ratios of five workers to one supervisor. The Monitor verified the state's reported information about supervision by asking all 125 workers interviewed the size of their units for the month of September 2013 and 117 (94%) workers reported being in units of five or fewer workers with a supervisor.

Figure 61: New Jersey CP&P Supervisor to Caseload Staff Ratios (June 2009 – December 2013)*

Adequacy of DAsG Staffing

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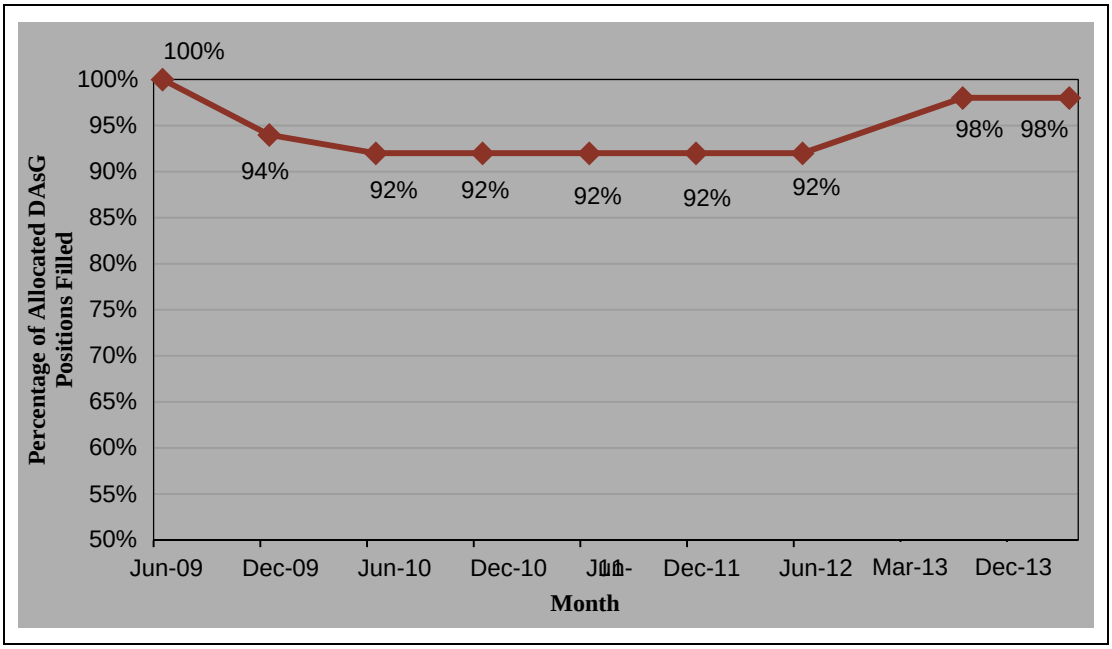
Figure 62: Percentage of Allocated DAsG Positions Filled (June 2009 – December 2013)



Source: DCF data

Performance as of December 31, 2013:

As of December 31, 2013, 131 (98%) of 134 Deputy Attorneys General (DAsG) staff positions assigned to work with DCF are filled. Of those eight DAsG are on full-time leave. Thus, there are a total of 123 (92%) available DAsG. DCF reports that in addition to these positions, they have assigned two full time law assistants to their Practice Group as well as 5.4 DAsG outside of the DCF Practice Group who dedicate their time to DCF matters. DCF met the final target in this monitoring period.

B. Training

Between April and December 2013, DCF fulfilled all of its training obligations required by the MSA, as shown in Table 34.[171]

[171] In any monitoring month period there is not an exact correlation between number of staff trained and number of staff hired because of different points of entry, as reflected, for example, in the number of staff hired in the previous

Table 34: DCF Staff Trained
(January 1, 2006 – December 31, 2013)

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	# of Staff Trained in 1st 6 months 2010	# of Staff Trained in 2nd 6 months 2010	# of Staff Trained in 1st 6 months 2011	# of Staff Trained in 2nd 6 months 2011	# of Staff Trained 1st 6 months of 2012	# of Staff Trained (July 1, 2012 – March 31, 2013)	# Staff trained (April 1, 2013 – Dec. 31, 2103)
Pre-Service	Ongoing: New workers 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														

Pre-service Training

One hundred and sixty-two caseload carrying staff (Family Service Specialist Trainees and Family Service Specialists) were hired between April and December 2013. CP&P trained 122 workers during this monitoring period, 106 of whom were hired in the previous monitoring period. Twenty-five of the 122 workers were trained through the Baccalaureate Child Welfare Education Program (BCWEP).[172]

The Monitor verified that the state complied with the MSA (Section II.B.1.b).

Case Practice Model Training

DCF continues to train its workforce on the Case Practice Model (CPM), which represents the fundamental change in practice in New Jersey that is at the stage in the implementation of the CPM, the only staff who receive CPM training are staff who did not receive CPM training at an earlier date because they were not yet on staff, were on leave when the training was conducted, or not yet appointed as supervisors in the case of Module 6.

As reflected in Table 35, between April and December 2013, the New Jersey Office of Training and Special Development (Training Academy) trained 225 staff on Module 1 of the CPM. The Training Academy also trained 215 staff on Module 2. These are the first two training modules in the six part series.

Modules 3 through 6 of the series take place within the CP&P Local Offices and is conducted by the New Jersey Child Welfare Training Partnership.[173] Between April and December 2013, 256 staff were trained in Module 3, 200 were trained in Module 4, and 196 were trained in Module 5. A total of seven staff were trained in Module 6.[174]

As reflected in Table 33, between April and December 2013, 174 (100%) out of 174 new CP&P workers were trained in concurrent planning and passed competency exams.

The Monitor verified that the state complied with the MSA (Section II.B.2.d).

Investigation (or First Responder) Training

In September 2013 First Responder training was expanded into three separate modules covering six days of training. Between April and December 2013, 304 (100%) staff completed one or more modules of the revised First Responder training. DCF reports that 262 staff completed Module 1, Building Rapport with Families; 210 staff completed Module 2, Assessment of Families; and 220 staff completed Module 3, Planning and Intervening with Families.[175]

The Monitor verified that the state complied with the MSA (Section II.B.3.a).

Supervisory Training

As reflected in Table 34, a total of 10 supervisors were trained and passed competency exams between April and December 2013. Two more supervisors were appointed during the monitoring period: one is on leave and one began supervisory training in January 2014 and is scheduled to complete it in the next monitoring period.

The Monitor verified that the state complied with the MSA (Section II.B.4.b).

New Adoption Worker Training

Fifty newly appointed Adoption workers were trained between April and December 2013.

The Monitor verified that the state complied with MSA (Section II.G.9).

In-Service Training

Beginning in January 2008, the MSA required all caseworkers and supervisors to take a minimum of 40 hours of annual In-Service training and pass competency exams (Section II.B.2.c). Between January and December 2013,[176] 2,931 out of 3,008 (97%) caseload carrying staff completed 40 hours or more of In-Service training and passed applicable competency exams. The remaining 77 completed some In-service training but were either on leave or left the agency during the reporting period.

The Monitor verified that the state complied with the MSA (Section II.B.2.c).

[175] Numbers are not totaled because staff complete one or more modules within the reporting period.
[176] The Monitor reported In-Service training in monitoring period XIII for January 1, 2012 through March 31, 2013. The parties agreed to return to reporting In-service training annually for monitoring period XIV.

IAIU Training

Eighty-three investigators completed one or more IAIU training modules between April and December 2013.

The Monitor verified that the state complied with MSA (Section II.I.4).

XIV. ACCOUNTABILITY THROUGH QUALITATIVE REVIEW AND THE PRODUCTION AND USE OF ACCURATE DATA

QUALITATIVE REVIEW

DCF's Office of Performance Management and Accountability continues to facilitate statewide Qualitative Reviews (QRs), led by the Office of Quality. During this monitoring period, DCF reviewed 133 cases from eleven counties[177], typically reviewing 12 cases from each county. The reviews focus on the status of children, the status of practice and the functioning of systems in each of the counties. For children under 18, the child's legal guardian is asked to give informed consent for participation in the QR. Trained review teams of two persons that include DCF staff, community stakeholders and Monitor staff review CP&P case records and interview as many people as possible who are involved with the child and family. Following the QR in each county, areas of accomplishment and challenges for the system are identified and discussed to inform continued case practice improvement efforts. Stated QR results are also used to report on several MSA requirements and are included in this report.

Of the 133 children whose cases were reviewed between April and December 2013, 66 were male and 67 were female. They ranged in age from less than one year old to 20 years old, with the majority (42%) being infants nts nts nestic3 nPQold to 3 n19.655 8 TD .0001 Tc .0028 Tw (people

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DCF reports that across the state, 1,257 people were interviewed to inform the QR data for this reporting period. Those informants included CP&P and Child Health Unit staff, biological parents, others who the youth or parent identified as supportive, kin and non-relative resource parents, education providers, mental health and legal professionals, substance abuse treatment providers, and children/youth.[179] Reviewers evaluated the child and family's status and rated whether the status was acceptable or unacceptable.[180] See Table 37 for the results on each Child and Family Status indicators and overall Child Status ratings for all cases.

As shown in Table 37, the current status of children was rated as acceptable in the majority of cases in most key areas measured including safety, living arrangement, learning and development and physical health of the child. The QR scores regarding Family Functioning and Resourcefulness and Progress towards Permanency remain low, indicating a need for attention to these areas of practice.

Table 37: Qualitative Review Child and Family Status Results (April–December 2013)

Child & Family Status Indicators	# Cases Applicable	# Cases Acceptable	% Acceptable
Safety at Home	133	128	96%
Safety in other Settings	133	130	98%
Stability at Home	133	105	79%
Stability in School	67	57	85%
Living Arrangement	88	87	99%
Family Functioning & Resourcefulness	127	79	62%
Progress towards Permanency	133	74	56%
Physical Health of the Child	133	129	97%
Emotional Well-Being	133	112	84%
Learning & Development, Under Age 5	58	55	95%
Learning & Development, Age 5 & older	52	42	81%
OVERALL Child & Family Status	**133**	**120**	**90%**

Source: DCF, QR results April 2013 – December 2013

[179] Interviews are usually conducted individually, either by phone or in person. All efforts are made to see children/youth in the setting in which they reside.

[180] In previous monitoring reports, under the heading of acceptable, status was further described as either "optimal," "good," or "fair." Unacceptable status was further defined as either "marginal," "poor," or "worsening." Beginning this monitoring period, under the heading of acceptable, status is changed to be further described as either "refine" or "maintain." Unacceptable status is changed to be further described as either "refine" or "improve." By agreement between the Monitor and CP&P, cases were considered acceptable if the QR ratings were within 4 – 6 and unacceptable if ratings were within 1 – 3.

The QR also includes an evaluation of system and practice performance on behalf of the child and family and looks for the extent to which aspects of the state's CPM are being implemented. Table 38 represents the results for cases reviewed between April and December 2013. As with the status indicators, reviewers evaluated whether performance was acceptable or unacceptable.[181]

With the exception of Provision of Health Care Services and Supports to Resource Families, the QR results demonstrate that continuing work is needed to fully implement the CPM with fidelity and emphasizes areas where further skill development is needed. Overall, 59 percent of cases scored acceptably on Practice Performance.

Table 38: Qualitative Review Practice/System Performance Results (April–December 2013)

Practice Performance Indicators		# Cases Applicable	# Cases Acceptable	% Acceptable
Engagement	Overall	132	75	57%
	Child/Youth	71	53	75%
	Parents	111	40	36%
	Resource Family	78	65	83%
Family Teamwork	Formation	133	62	47%
	Functioning	133	50	38%
Assessment & Understanding	Overall	133	85	64%
	Child/Youth	133	101	76%
	Parents	112	51	46%
	Resource Family	78	73	94%
Case Planning Process		133	62	47%
Plan Implementation		133	77	58%
Tracking & Adjusting		133	79	59%
Provision of Health Care Services		133	127	96%
Resource Availability		133	109	82%
Family & Community Connections	Overall	79	56	71%
	Mother	64	51	80%
	Father	57	29	51%
	Siblings	56	38	68%
Family Supports	Overall	127	103	81%
	Parents	112	76	68%
	Resource Family	76	56	74%
Long Term View		133	65	49%
Transitions & Life Adjustments		133	65	49%
OVERALL Practice Performance		**133**	**78**	**59%**

Source: DCF April 2013 – December 2013 QR results

[181] Ibid.

QR scores that are clear indicators of CPM standards such as Engagement and Case Planning remain low, though others show an improvement from the previous monitoring period. For example, Family Team formation showed a 13 percent improvement and Family Team functioning improved by 12 percent from the previous monitoring period. Following the QR and based on results, each county develops a plan to focus on improving practice in particular areas. The statewide QR process has become a routine part of quality improvement practice in New Jersey and QR data continue to be used to inform policy and practice changes.

DCF is expected to release its annual report on findings from 2013 QRs in the fall of 2014.

NJ SPIRIT

DCF continues to work to improve data systems, 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 agreed upon by the Monitor and to post these reports on the DCF website for public viewing (MSA II.J.6).[182]

NJ SPIRIT functionality was again enhanced during this monitoring period. In June 2013, a new feature was added to NJ SPIRIT that provided all field staff responsible for investigating allegations the ability to listen to the audio of the report to the SCR. Additionally, changes were made to NJ SPIRIT requiring that workers complete a family risk re-assessment 30 days before closing an in-home case to reinforce policy.

The NJ SPIRIT Help Desk has continued to support workers in resolving issues. Between April and December 2013 the Help Desk closed 21,456 tickets requesting help or NJ SPIRIT fixes. The Help Desk resolved 12,659 (59%) of the 21,456 closed tickets within one work day and an additional 5,364 (25%) tickets within seven work days for a total of 84 percent resolved within seven work days.

SafeMeasures

SafeMeasures continues to be used by DCF staff at all levels of the organization to help them track, monitor and analyze trends in case practice in their own local areas. SafeMeasures allows staff to analyze data by Area Office, county, Local Office, unit supervisor and by case and provides the staff with quantitative data they can use to identify strengths and diagnose needs to improve outcomes.

DCF continues to work with the Children's Research Center (CRC) to develop new SafeMeasures screens as well as refine the reporting data. During this monitoring period, CRC has upgraded SafeMeasures application to a new release: version five. This version has more functionality with customizable views and menus to meet the continuing needs of users. DCF has seen a sustained increase in SafeMeasures usage by staff. According to DCF, while this increase occurred among all users, supervisors were the highest group of users followed by

[182] See http://www.state.nj.us/dcf/childdata/

office managers. DCF continues to develop new reports in Safe Measures to help staff better manage caseloads and work responsibilities.

APPENDIX: B-1
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

Measure #7a
Initial Family Team Meeting Held within 30 days from the Removal
SafeMeasures Screen "Initial Family Team Meeting Timeliness"

December 2013						
Local Office	**Total**	**Not Held Within 30 Days**	**Initial FTM Declined**	**Initial FTM Not Held - Parent Unavailable**	**Held Within 30 Days**	**% Compliance**
Atlantic East LO	15	0	1	2	12	80%
Atlantic West LO	11	0	7	0	4	36%
Bergen Central LO	6	0	0	0	6	100%
Bergen South LO	9	0	0	0	9	100%
Burlington East LO	14	0	1	2	11	79%
Burlington West LO	11	0	3	0	8	73%
Camden Central LO	9	1	1	2	5	56%
Camden East LO	2	0	0	0	2	100%
Camden North LO	4	0	0	2	2	50%
Camden South LO	15	2	0	4	9	60%
Cape May LO	6	0	0	0	6	100%
Cumberland East LO	3	0	0	1	2	67%
Cumberland West LO	12	0	0	0	12	100%
Essex Central LO	17	0	12	2	3	18%
Essex North LO	6	0	0	3	3	50%
Essex South LO	3	0	2	0	1	33%
Gloucester East LO	10	0	3	0	7	70%
Gloucester West LO	7	0	2	5	0	0%
Hudson Central LO	7	0	0	1	6	86%
Hudson North LO	1	0	0	0	1	100%
Hudson South LO	5	0	0	1	4	80%
Hudson West LO	5	0	0	2	3	60%
Hunterdon LO	7	0	0	4	3	43%
Mercer North LO	8	0	0	0	8	100%
Mercer South LO	9	0	0	2	7	78%
Middlesex Central LO	2	0	0	1	1	50%
Middlesex Coastal LO	8	0	1	2	5	63%
Middlesex West LO	7	0	0	0	7	100%
Monmouth North LO	3	0	2	0	1	33%
Monmouth South LO	1	0	1	0	0	0%
Morris East LO	1	1	0	0	0	0%
Morris West LO	4	0	1	0	3	75%
Newark Center City LO	1	0	0	0	1	100%
Newark Northeast LO	6	0	0	2	4	67%
Newark South LO	7	0	0	0	7	100%
Ocean North LO	9	0	0	1	8	89%
Ocean South LO	10	0	0	5	5	50%
Passaic Central LO	3	1	0	0	2	67%
Passaic North LO	5	0	1	1	3	60%
Salem LO	2	0	0	1	1	50%
Somerset LO	1	0	0	0	1	100%
Sussex LO	2	0	0	0	2	100%
Union Central LO	10	0	3	1	6	60%
Union East LO	6	0	0	0	6	100%
Union West LO	2	0	0	0	2	100%
Warren LO	3	0	0	0	3	100%
Total	**295**	**5**	**41**	**47**	**202**	**69%**

SafeMeasures Extract: 3/23/2014

APPENDIX: B-2
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

Measure #7b
Quarterly Family Team Meetings Must be Held every 3 months during the Child's Time in Placement
SafeMeasures Screen "Quarterly Family Team Meeting Timeliness"

December 2013						
Local Office	**Total**	**Outstanding**	**FTM Declined**	**FTM Not Held - Parent Unavailable**	**Completed**	**% Compliance**
Atlantic East LO	33	1	2	2	28	85%
Atlantic West LO	54	6	9	11	28	52%
Bergen Central LO	27	0	0	0	27	100%
Bergen South LO	70	0	0	12	58	83%
Burlington East LO	66	0	2	21	43	65%
Burlington West LO	45	2	6	11	26	58%
Camden Central LO	35	4	4	12	15	43%
Camden East LO	29	3	7	6	13	45%

APPENDIX: B-3
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

Measure #8c

APPENDIX: B-4
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

Measure #17
Caseworker Visits With Children in Placement

December 2013		
Local Office	**Total # of Children in Placement (In State & Out-of-State)**	**# Contacts Completed in Placement**

APPENDIX: B-5
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

Measure #18
Caseworker Visits with Parent(s) - Goal of Reunification

December 2013			
Local Office	**Total Children**	**# Completed**	**% Completed**
Atlantic East LO	140	102	73%
Atlantic West LO	75	57	76%
Bergen Central LO	49	42	86%
Bergen South LO	91	76	84%
Burlington East LO	155	113	73%
Burlington West LO	92	79	86%
Camden Central LO	91	70	77%
Camden East LO	61	53	87%
Camden North LO	94	75	80%
Camden South LO	122	75	62%
Cape May LO	51	42	82%
Cumberland East LO	41	24	59%
Cumberland West LO	95	55	58%
Essex Central LO	137	97	71%
Essex North LO	29	19	66%
Essex South LO	69	48	70%
Gloucester East LO	68	53	78%
Gloucester West LO	128	91	71%
Hudson Central LO	75	69	92%
Hudson North LO	36	31	86%
Hudson South LO	138	102	74%
Hudson West LO	74	57	77%
Hunterdon LO	20	20	100%
Mercer North LO	89	64	72%
Mercer South LO	72	66	92%
Middlesex Central LO	34	21	62%
Middlesex Coastal LO	80	50	63%
Middlesex West LO	73	49	67%
Monmouth North LO	102	73	72%

APPE B-6

LOCAL E PERFORMA N SELECTE ES

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Visits with Ch l of Reunif n

Dece 3

Local Office	Total	Th Con	Two Contacts	On Con	No tacts	No	No Contacts – Parent Unavailable	%
tic East LO	132		7		0	1	14	60
tic West LO	66		8		4	1	5	49
en Central LO	49		3		0	2	1	74
en South LO	83		10		0	1	3	6
gton East LO	144		8		0	0	18	6
gton West LO	88		3		0	1	8	
den Central LO	88		16				8	
den East LO	56		4			3	7	
den North LO	86		12			3	12	
den South LO	110		13				19	
May LO	47		4			1	1	
berland East LO	39		4			1	6	
berland West LO	93		12			1	7	
x Central LO	132		13				26	
x North LO	25		0			1	4	
x South LO	63							
cester East LO	62		7				3	
cester West LO	125		18				13	
on Central LO	70		5			4	0	
on North LO	36		0			1	4	
on South LO	137						8	
on West LO	30							

assist DCF with better understanding the placement and service needs children and families are encountering. Providers will be chosen based on their presence in the community (i.e. they serve a wide variety of DCP&P families in their region) as well as through discussions with local DCP&P leadership to ensure that key information is received from the most knowledgeable individuals who are deeply engaged in providing children, youth and their families with quality care. Once completed, interview responses will be analyzed in order to identify themes and trends. These responses will inform the development of questions for the population-based survey as well as to inform the structured interview guide for focus group.

DCF will conduct focus groups with approximately four target groups: provider agencies, youth, families, and DCP&P staff. Each group will consist of 6-10 individuals invited through a formal process and meetings will last approximately 45-90 minutes. Utilizing 8-10 targeted open-ended questions, DCF will lead discussions in an opportunity to identify broad and sweeping issues affecting youth in out-of-home placements and families with children at risk of placement and the type of services needed to address these issues. Focus group meetings will take place in an area that is convenient for members in the relevant region to help enable consistent attendance. Once completed, focus group responses will be analyzed in order to identify themes and trends. These responses will also inform the development of questions for the population-based survey.

Surveys are a key component to any needs assessment as they allow us to target a larger population than focus groups and informational interviews. Three parallel surveys will be created to capture the responses of providers, youth/families, and DCP&P staff members. All will be similar but adapted to respondent's roles.

Each survey will focus on understanding the placement and service needs of the target population, as well as the current services available to address those needs. The questions will be constructed based on the information gathered during the informational interviews and focus groups to ask specific questions that focus not only on the service needs, but also on the availability, effectiveness, and accessibility of services in the designated area. Broad areas of services will be defined as opposed to individual service agencies. For example, substance abuse screening, case management services, and therapeutic services may be part of a broad array of service needs analyzed.

DCF will conduct approximately 25 surveys within each target group (i.e. provider agencies, youth, families, and DCP&P staff) that contain a mix of open and closed ended questions. This will allow opportunities for individuals to leave more substantial comments. Key questions include: What are the most used services? How do you use this service? How helpful are these services? The majority of the questions will be close-ended allowing individuals to rate each question to the best of their abilities using a Likert scale. Additional surveys of up to 200 per target group that are entirely closed-ended will be conducted using a similar question format. All surveys will be available both online and in paper format to accommodate families who do not have internet access.

After all data is collected, DCF staff will analyze all data from both existing data sources and newly collected data to identify and prioritize placement and service needs as well as service demands as outlined by the stakeholders. The analysis will focus on understanding the needs

among the entire population but also on targeted subpopulations when possible as there will likely be variation in need across various subgroups (e.g. geography, age, placement type, stakeholder type, etc.). The ultimate goal of the analysis is to develop a prioritized list of needs for review. Each identified need will be ranked using the priority ranking process as outlined by McKenzie et al. This process allows each identified need to be ranked across four different components to generate a priority score. These components are as follows:

A. size of the problem (0 to 10)

B. seriousness of the problem (0 to 20)

C. effectiveness of the possible interventions (0 to 10)

D. feasibility or the ability to conduct an intervention based on economics, resources, and legality (0 or 1)

Basic priority rating (BPR) = [(A + B) * C] / 3 * D

DCF in consultation with the external stakeholder board will assign a priority score to each need identified. These priority ratings will serve as a guide for DCF and its partners to make decisions on where to invest resources. There are likely to be many needs that arise from this process and the priority rating will provide some quantitative metric by which to make decisions based on the volume and seriousness of the need. Ultimately, decisions will be made based on the totality of the needs assessment, but the priority score will inform the decision making.

There will likely be a myriad of needs identified from this needs assessments across a variety of topic areas. With limited available resources, DCF must prioritize the needs of the children and families of the State based on the charge of the Department. A priority score would be given a "0" if the need falls outside DCF's scope of work. This need would still be reported out in the regional and final reports, however, DCF would work with the external stakeholder group to identify appropriate State and community partners that would be better suited to address these needs directly. For example, should community or gang violence be identified as a high priority need from our focus group and survey data collection, that is an important piece of actionable information. However, DCF may do a "warm transfer" of this knowledge to another State agency or community provider to focus on this need as it more squarely fits within their strategic priorities. A priority score of "0" would never be given based solely on the availability of DCF resources, especially if the need falls within the mission and scope of work of the Department.

At the conclusion of Phase II, the following deliverables will be available to the workgroups for review:

Results and summary of themes from informational interviews and focus groups

Summary of findings from population-based survey outlining both general needs and needs of specific subpopulations, and;

Summary of the highest priority of needs.

Phase III: Identify and Evaluate Current Services

Once needs are defined and prioritized for gaps, DCF will identify the existing landscape and utilization levels of contract