

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

**Period VI Monitoring Report for
Charlie and Nadine H. v. Corzine**

X.	MENTAL HEALTH	124
	A. Building the Mental Health Delivery System.....	124
	B. Mental Health Performance Benchmarks	134
XI.	SERVICES TO PREVENT ENTRY INTO FOSTER CARE AND TO SUPPORT REUNIFICATION AND PERMANENCY	136
	A. Needs Assessment.....	137
	B. Services to Families Performance Benchmarks.....	139
	C. Performance Based Contracting	140
XII.	SERVICES TO OLDER YOUTH.....	142
	A. Services for LGBTQI Population	142
	B. Performance Benchmarks Measuring Services to Older Youth	143
XIII.	SUPPORTING A HIGH QUALITY WORKFORCE: CASELOADS AND TRAINING	147
	A. Caseloads	147
	B. Training.....	155
XIV.	ACCOUNTABILITY THROUGH THE PRODUCTION AND USE OF ACCURATE DATA.....	160
XV.	BUDGET	162

LIST OF TABLES

Table

1.	Summary of Settlement Agreement Requirements (January 1 – June 30, 2009).....	12
2.	<i>Charlie and Nadine H. v. Corzine</i> Phase II Child and Family Outcome and Case Practice Performance Benchmarks	24
3.	IAIU Investigative Timeliness: Percent of Investigations Pending Less Than 60 Days As Recorded for the last date of each month, (January – June 2009).....	63
4.	Concurrent Planning Reviews in All 47 Local Offices (January 1, 2009 – June 30, 2009).....	71
5.	Assignment to Adoption Worker Within 5 Days of Goal Change to Adoption.....	72
6.	Manual Count of Family Team Meetings for Children in Home and in Placement, (January 1 – June 30, 2009)	74
7.	Selected Demographics for Children in Out-of-Home Placement As of June 2009	81
8.	Net Gain in Resource Families Licensed, By Type, 2009	86
9.	Net Number of Resource Family Homes Licensed by County (January – June 2009).....	87
10.	Total Number of Resource Family Homes Resolved (July 2008 – November 2008).....	89
11.	Shelter Placements for Youth Over the Age of 13	97
12.	Adoption Finalization – By Local Office Between January 1 – June 20, 2009	106
13.	Progress Towards Performance for 100 Longest Waiting Teens as of June 30, 2009	110
14.	Child Health Unit Staffing (February 2009, October 31, 2009, and Targets).....	113
15.	Out-of-State Placement Authorizations by DCBHS (January 1, 2009 – June 1, 2009).....	125
16.	Youth in DYFS Custody in Juvenile Detention Post-Disposition Awaiting Placement (January 6, 2009 – July 1, 2009).....	127
17.	Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST) Utilization As of June 30, 2009.....	129
18.	Mental Health Services Provided to Birth Parents	130
19.	Families Served by Family Success Centers (January 1, 2009 – June 30, 2009).....	139
20.	Services to Youth Aged 18-21	144
21.	Youth Transitional and Supported Housing	146
22.	DCF/DFYS Individual Caseload Standards	149
23.	Staff Trained (2006 – June 30, 2009).....	156

LIST OF FIGURES

Figure

1. Number of Calls to SCR by Month (January – June 2009)..... 56
- 2.

Progress of the New Jersey Department of Children and Families

Period VI Monitoring Report for Charlie and Nadine H. v. Corzine

I. INTRODUCTION

Purpose of this Report

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. Corzine. As Monitor, CSSP is to assess independently New Jersey's compliance with the goals, principles and outcomes of the Modified Settlement Agreement (MSA) aimed at improving the State's child welfare system.¹

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

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

This report provides information on the State's progress in meeting MSA requirements in the period between January 1 and June 30, 2009.

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

Methodology

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

- **Establishing Child and Family Outcome and Case Practice Model Performance Benchmarks**

The MSA requires the Monitor, in consultation with the Parties, to identify the methodology to be used to track successful implementation of the Case Practice Model (MSA II.A.4). Additionally, Section III of the MSA requires the Monitor to set interim or final performance targets on key measures. After extensive consultation and negotiation with the Parties, the Monitor has now finalized the Child and Family Outcome and Case Practice Performance Benchmarks (Performance Benchmarks), a set of 55 measures with baselines interim, benchmarks and final targets to assess the State's performance on implementing the Case Practice Model and meeting the Phase II requirements of the MSA. The Performance Benchmarks cover the areas of child safety, permanency, service planning, and child well-being. The Monitor and the State, in consultation with the Plaintiffs, have also reached agreement on the methodology for data collection and reporting on almost all of the performance and outcome measures. This is the first report in which the Monitor includes data as to DCF's performance on many of the Performance Benchmark measures.

- **Case Practice Model Review**

For a closer look at the State's implementation of the Case Practice Model, the Monitor developed a qualitative review process to follow a small number of cases in real time from the removal of a child into placement through a Family Team Meeting to the conclusion of the case, including observations of court proceedings.

- **Health Care and Visitation Case Record Review**

In May and June 2009, the Monitor conducted an extensive case record review on the provision of health care services to children entering foster care and on DCF's performance on a range of visitation requireme

- **Institutional Abuse Investigations Unit (IAIU) Review**

In September 2009, the Monitor conducted a review of the corrective action process at the IAIU to determine if corrective action “citations” were included in IAIU’s database and the adequacy of the corrective action process. The Monitor’s findings of this review are also included in this report.

- **Other Monitoring Activities**

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

Structure of the Report

This report shifts to requirements of Phase II of the MSA. Ongoing Phase I requirements and new Phase II requirements due this monitoring period are presented in Table 1, *Summary of Settlement Agreement Requirements (January 1 – June 30, 2009)*, at the end of this chapter. The State is responsible for each requirement listed in Table 1. The next chapter presents all Performance Benchmarks for which the State will be held accountable during this and subsequent monitoring periods. The outcomes and data for each Performance Benchmark are summarized in Table 2, *Charlie and Nadine H. v. Corzine Phase II Child and Family Outcome and Case Practice Performance Benchmarks*, and individual benchmarks are discussed in more depth in subsequent chapters. As indicated, by June 30, 2009 the State was responsible for some, but not all of the Phase II Performance Benchmarks listed in Table 2.

The remaining sections of the report cover:

- The State’s child protective services operations which receive reports and investigate allegations of alleged child maltreatment;
- Implementation of DCF’s Case Practice Model;
- Information regarding New Jersey’s placement of children in out-of-home-settings, incidences of maltreatment of children in foster care, and abuse and neglect of children when they reunite with families;
- The State’s efforts at creating permanency for children either through reunification with family, legal guardianship, adoption or discharge to independent living situations;
- Improvements made to the State’s provision of health case and mental health services to children and families;
- Services provided to children, youth and families involved with DYFS and to prevent child welfare system involvement;
- Staff caseloads and training; and
- Accountability through the production and use of accurate data and DCF’s budget for FY 2010.

II. SUMMARY OF PROGRESS AND CHALLENGES

Summary of Accomplishments

During this monitoring period, the Department of Children and Families (DCF) continued to make progress toward meeting the requirements of the MSA. Data for the period ending June 30, 2009 show that DCF exceeded expectations in improving the safety of children at home and in out-of-home placements, and in keeping children in family-like settings and with their siblings. DCF also surpassed expectations in the following areas as set by the Child and Family Outcome and Case Practice Performance Benchmarks:

- **Repeat maltreatment.**
From January 1 through December 31, 2007, 5.5 percent of children who came to the attention of DYFS and remained with their families experienced another incident of abuse or neglect. This percentage is lower (better) than the June 2009 final MSA target of 7.7 percent. This is an indicator of good case practice in that staff is working with families to make appropriate safety, case planning and discharge decisions.
- **Abuse and neglect in foster care.**
The rate of maltreatment of children in foster care is low. From January 1 through December 31, 2008, 0.15 percent of children who were in a DYFS placement were victimized by a resource parent or facility staff member. The July 2010 final target for this benchmark is 0.49 percent, thus the State's performance in this area is better than the established MSA target.
- **Placing sibling groups together.**
From January 1 through December 31, 2008, 73 percent of sibling groups of two or three children entering foster care at the same time were placed together, bettering the July 2009 interim performance benchmark of 65 percent. Thirty-two percent of sibling groups of four children or more in calendar year 2008 were placed together, exceeding the July 2009 interim performance benchmark by 2 percent. Placing siblings together is an important element of New Jersey's Case Practice Model and, according to these results, is being carried out successfully in the field.
- **Children placed in family-like settings.**
In June 2009, 85 percent of children in foster care were placed with families or in family-like settings, meeting the July 2009 final target for this outcome. This is another indicator of staff putting the values and principles of the Case Practice Model into practice.

During this period, DCF continued to strengthen its infrastructure and make progress in implementing solid practice reforms in DYFS field offices.

- **DCF achieved or exceeded the June 2009 office average caseload targets set for Permanency, Intake and Adoption staff, but did not meet the individual caseload targets for Intake and Adoption staff.**

DCF achieved or exceeded the MSA's caseload requirements regarding average caseloads per office and 90 percent of all DCF's case-carrying staff met the applicable individual caseload standards. When cons

undergoing the immersion process. The State currently relies on the expertise of consultants to jump start the immersion process, but DCF plans to take over all responsibility for the statewide rollout (training and mentoring) of the Case Practice Model by January 2010.

- *DCF successfully transitioned to a new Cont*

Challenges Ahead

DCF has accomplished a lot in this six-month monitoring period and made progressive improvement in many areas of the reform. However, this is a pivotal time for the State and for the child welfare system reform. The monitoring period marks the beginning of Phase II in which the State must translate the infrastructure and service delivery improvements into consistently improved outcomes for children and families. Much work remains to be done. Progress towards

performance benchmark climbs to 80 percent of cases having case plans completed timely.

- **Family Team Meetings**

DCF continues to make substantial progress in implementing its Case Practice Model, but still has a distance to go before practice consistently meets Case Practice Model standards.

Perhaps the most significant challenge ahead in implementing the Case Practice Model is increasing the capacity within the State to sufficiently support and maintain the sweeping practice change underway. In addition to the Assistant Area Directors who play a critical role in supporting this work, the Monitor recommends that DCF deploy staff centrally and in DYFS local offices whose exclusive responsibility is to help support the implementation of the Case Practice Model. DCF will also need to strengthen its effort to fully engage judges, attorneys, and other partners in the values and principles of the Case Practice Model so that work done in the local offices can most affectively make changes in the lives of children and families in New Jersey.

DCF has only just begun to develop a protocol to be used in a statewide Quality Service Review (QSR) process.

This process has been delayed several times although now appears to be on track toward implementation. When complete, the QSR protocol will be used to measure performance on the

Finally, this report is being released as the State is poised to have a new Governor. It is critically important that any transition acknowledge and build on the significant accomplishments of the last four years. The impact of these accomplishm

Table 1: Summary of Settlement Agreement Requirements (January 1 – June 30, 2009)

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) ³
-----------------------------------	----------	------------------------------------

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)³	Comments
II.B.2.d. The State shall implement in-service training on concurrent planning for all existing staff.	Ongoing	Yes	A total of 85 out of 87 DYFS new caseworkers (97%) were trained on concurrent planning between January and June, 2009.
Investigations/Intake Training			
II.B.3.a. All new staff responsible for conducting intake or investigations shall receive specific, quality training on intake and investigations process, policies and investigations techniques and pass competency exams before assuming responsibility for cases.	Ongoing	Partially	A total of 116 out of 123 new investigators (94%) completed First Responders training between 1/1/09 and 6/30/09 and passed competency exams.
Supervisory Training			
II.B.4.b. 100% of all staff newly promoted to supervisory positions shall complete their 40 hours of supervisory training and shall have passed competency exams within 6 months of assuming their supervisory positions.	Ongoing	Yes	All newly appointed supervisors have been trained or are enrolled in training to meet the supervisory training requirements. 63 new supervisors were trained between 1/1/09 and 6/30/09; 50 of whom were hired or promoted in the last monitoring period, 13 in this monitoring period.
Services for Children and Families			
II.C.4 The State will develop a plan for appropriate service delivery for lesbian, gay, bisexual, transgender, and questioning youth, and thereafter begin to implement plan.	Ongoing	Yes/ In progress	A plan was developed by June 2007. Implementation of the plan continues.
II.C.5 The State shall promulgate and implement policies designed to ensure that the State continues to provide services to youth between ages 18-21 similar to services previously available to them.	Ongoing	Yes/ In progress	Policies have been promulgated. Progress continues on the expansion of services as significant needs remain.
Finding Children Appropriate Placements			

II.D.1. The State shall implement an accurate real time bed tracking system to manage the



Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) ³	Comments
II.H.17 The State shall review the Special Home Service Provider (SHSP) resource family board rates to ensure continued availability of these homes and make adjustments as necessary.	January 2009	Review complete/ Change in process	DCF reported it conducted a review of the SHSP rate and it anticipates changes to the SHSP program by the

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) ³	Comments
PHASE II Requirements Due June 30, 2009			
Targeted Performance Levels for Critical Outcomes			
Caseloads			
II.E.20 95% of offices shall have sufficient supervisory staff to maintain a 5 worker to 1 supervisor ratio.	Ongoing	Yes	95% of local offices have sufficient front line supervisors to have ratios of 5 workers to 1 supervisor.

III.B.1.a

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) ³	Comments
III. B.6.a No children under age 13 in a shelter	December 2008/ongoing	Partially	4 children under age 13 (<1%) were placed in a shelter during this period.
III.B.6 80% of children placed in shelters in compliance with MSA standards on appropriate use of shelters to include: as 1) an alternative to detention; 2) a short-term placement of a adolescent in crisis not to extend beyond 30 days; or 3) a basic center for homeless youth.	June 2009/ongoing	Unable to determine	From January through June 2009, a total of 465 youth age 13 years or older were placed in shelters. Of these 465 youth, DCF reports that 423

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) ³	Comments
Other PHASE II Requirements Due June 30, 2009			
<p>III.C.2 The State shall promulgate and implement policies designed to ensure that psychotropic medication is not used as a means of discipline or control and that the use of physical restraint is minimized.</p>	<p>June 2009</p>	<p>Partially/ In Progress</p>	<p>DYFS conducted an analysis of paid Medicaid claims for psychotropic medication during June 1, 2008 – June 30, 2009. The revision ()TJ0 -1.1497 TD-0022 Tc-.007</p> <p>ndDY(FSstaffa)6rec t co/gatewithd t/ n h h(A dr)4.8(lt)427esca2.1h icatsat(n)-1.8S et(n-4.4((a</p> <p>atwo ng mn4.6, thliy mi</p>

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No) ³	Comments
-----------------------------------	----------	------------------------------------	----------

III.C.7 The State shall regularly evaluate the need for additional placements and services to meet the needs of children in custody and

III. CHILD AND FAMILY OUTCOME AND CASE PRACTICE PERFORMANCE BENCHMARKS

The MSA requires the Monitor, in consultation with the Parties, to identify the methodology to track successful implementation of the Case Practice Model (Section II.A.4). Additionally, Section III of the MSA sets performance outcomes to be achieved in many areas and requires the Monitor to determine other outcomes and to set interim or final performance targets on key measures. Throughout Phase I, the Monitor worked with Parties to create the Child and Family Outcome and Case Practice Performance Benchmarks (Performance Benchmarks), a set of 55 measures with baselines, interim benchmarks and final targets to assess the State's performance on implementing the Case Practice Model and meeting the requirements of the MSA (see Table 2 below). The Performance Benchmarks cover the areas of child safety; permanency; service planning; and child well-being. These benchmarks in addition to ongoing infrastructure requirements pertaining to elements such as caseloads, training and resource family recruitment and retention are the key provisions measured during Phase II of the MSA. During this period, the Monitor worked with DCF and Plaintiffs to define the measurement methodology for each area of the MSA's outcomes and benchmarks.

DCF has been working diligently over the past year to develop the capacity to accurately report on the Performance Benchmarks. Many of the measures are assessed using data from NJ SPIRIT and Safe Measures with validation by the Monitor. Some data are also provided through the Department's work with the Chapin Hall Center at the University of Chicago which assists with analysis for the purposes of reporting on some of the Performance Benchmarks. For the time being, a handful of the performance measures will require independent case record review in order to produce reliable data to measure DCF's performance, although the plan is the Department will eventually be able to produce automated reports on these measures as well.⁷

Another group of outcomes will be assessed through qualitative review.



Table 2: *Charlie and Nadine H. v. Corzine* Phase II Child and Family Outcome and Case Practice Performance Benchmarks

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance ¹⁰
<i>State Central Registry, Investigative Practice, and IAIU</i>						
CPM V.1	1. State Central Registry Operations – Handling Calls to the SCR	Data on Reports to SCR a. Total number of calls b. Number of abandoned calls c. Time frame for answering calls d. Number of calls screened out e. Number of referrals for CWS	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	a. 15, 197 calls b. 392 abandoned calls c. 17 seconds d. 4,223 calls screened out e. 1,107 CWS referrals
CPM V.1	2. State Central Registry Operations – Quality of SCR Response	Quality of Response a. Respond to callers promptly, with respectful, active listening skills b. Essential information gathered – identification of parents and other important family members c. Decision making process based on information gathered and guided by tools and supervision	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	See <i>The New Jersey State Central Registry: An Assessment</i> , CSSP, June 30, 2008. To be reassessed in the future.

¹⁰ In some cases, where June 2009 performance data are not available, the most recent performance data is cited with applicable timeframes.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance ¹⁰
MSA III.B.2 CPM V.1	3. Investigative Practice – Timeliness of Response	Investigations of alleged child abuse and neglect shall be received by the field in a timely manner and commenced within the required response time as identified at SCR, but no later than 24 hours.	<p>a. Between June and August 2008, 90% of investigations were received by the field in a timely manner.</p> <p>b. In October 2008, 53.2% of investigations were commenced within the required response times.</p>	<p>a. By June 30, 2009, 90% of investigations shall be received by the field in a timely manner.</p> <p>b. By June 30, 2009, 75% of investigations commenced within the required response times.</p>	For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be received by the field in a timely manner and commenced within the required response time.	<p>a. 96% of investigations were received by the field in a timely manner.</p> <p>b. 67% of investigations commenced within required response time.</p>
CPM V.1 MSA III.B.3	4. Investigative Practice – Timeliness of Completion	Investigations of alleged child abuse and neglect shall be completed within 60 days.	Between January and June 2008, 66-71% of investigations were completed within 60 days.	<p>By June 30, 2009, 80% of all abuse/neglect investigations shall be completed within 60 days.</p> <p>By December 31, 2009, 95% of all abuse/neglect investigations shall be completed within 60 days.</p>	By June 30, 2010, 98% of all abuse/neglect investigations shall be completed within 60 days.	68% of investigations were completed within 60 days.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance ¹⁰
CPM V.1	5. Quality of Investigative Practice	<p>Investigations will meet measures of quality including acceptable performance on:</p> <ul style="list-style-type: none"> ○ Locating and seeing the child and talking with the child outside the presence of the caretaker within 24 hours of receipt by field; ○ Conducting appropriate interviews with caretakers and collaterals; ○ Using appropriate tools for assessment of safety and risk; ○ Analyzing family strengths and needs; ○ Seeking appropriate medical and mental health evaluations; ○ Making appropriate decisions; and ○ Reviewing the family's history with DCF/DYFS 	Not Available	Not Applicable	By December 31, 2009, 90% of investigations shall meet quality standards.	To be assessed in the future.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance ¹⁰
MSA III.3 MSA III.B.4 CPM V.I	6. IAIU Practice for Investigations in Placements	<p>a. Investigations in resource homes and investigations involving group homes, or other congregate care settings shall be completed within 60 days.</p> <p>b. Monitor will review mechanisms that provide timely feedback to other division (e.g., DCBHS, OOL) and implementation of corrective action plans.</p> <p>c. Corrective action plans developed as a result of investigations of allegations re: placements will be implemented.</p>	Between July and August 2007, 83 - 88% of IAIU investigations were completed within 60 days.	By June 2007, the State shall complete 80% of IAIU investigations within 60 days.	By June 2007 and thereafter, 80% of investigations by IAIU shall be completed within 60 days.	86% of IAIU investigations involving group home and other congregate care settings were completed within 60 days.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance ¹⁰
<i>Implementation of Case Practice Model</i>						

CPM V.3	7. Effective use of Family Teams	<p>Family teams (including critical members of the family [parents, youth, and informal supports], additional supports) will be formed and be involved in planning and decision-making and function throughout a case. Number of family team meetings at key decision points:</p> <p>a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry.</p> <p>b. For all other children in placement, the number/percent who have at least one family team meeting each quarter.</p> <p>c. Quality of FTMs</p>	<p>a. In October 2008, 47% of children newly entering placement had a family team meeting within 30 days of entry.</p> <p>b. Between August and November 2008, 21% of children in placement had at least one family team meeting within 30 days of entry.</p>			
---------	----------------------------------	---	---	--	--	--

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance ¹⁰
CPM V.4	12. Quality of Case Planning and Service Plans	The Department, with the family, will develop timely, comprehensive and appropriate case plans with appropriate permanency goals and in compliance with permanency timeframes, which reflect family and children's needs, are updated as family circumstances or needs change and will demonstrate appropriate supervisory review of case plan progress.	To be determined through pilot QSR/QA in immersion sites in the first quarter of 2010.	By December 31, 2009, 80% of case plans rated acceptable as measured by the QSR/QA.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QSR/QA.	Not Available
CPM V.4	13. Service Planning	Case plans will identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.	To be determined through pilot QSR/QA in immersion sites in the first quarter of 2010.	By December 31, 2009 80% of case plans rated acceptable as measured by the QSR/QA.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QSR/QA.	Not Available
CPM V.4	14. Service Planning	Service plans, developed with the family team, will focus on the services and milestones necessary for children and families to promote children's development and meet their educational and physical and mental health needs.	To be determined through pilot QSR/QA in immersion sites in the first quarter of 2010.	By December 31, 2009 80% of case plans rated acceptable as measured by the QSR/QA.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QSR/QA.	Not Available
CPM V.4	15. Educational Needs	Children's will be enrolled in school and DCF will have taken appropriate actions to insure that their educational needs will be met.	To be determined through pilot QSR/QA in immersion sites in the first quarter of 2010.	By December 31, 2009 80% of cases score appropriately as measured by QSR/QA.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QSR/QA.	Not Available

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance ¹⁰
MSA III.B 7.a	16. Caseworker Visits with Children in State Custody	Number/percent of children where caseworker has two visits per month (one of which is in the placement) during the first two months of an initial placement or subsequent placement for a children in state custody.	Between July and January 2009, 43% of children had two visits per month during the first two months of an initial placement or subsequent placement. ¹¹	By December 31, 2009, 75% of		

Reference	Area	Quantitative or Qualitative Measure	
-----------	------	-------------------------------------	--

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance ¹⁰
MSA III.A 1.b	31. Outcome: Repeat Maltreatment	Of all children who remain in home after substantiation of abuse or neglect, the percentage who have another substantiation within the next twelve months.	In CY2006, 7.4% of children who remained at home after a substantiation of abuse or neglect had another substantiation within the next twelve months.	Not Applicable ¹³	For the period beginning July 2009 and thereafter, no more than 7.2% of children who remain at home after a substantiation of abuse or neglect will have another substantiation within the next twelve months.	In CY2007, 5.5% of children who remained at home after a substantiation of abuse or neglect had another substantiation within the next twelve months.
MSA III.A 1.c	32. Outcome: Repeat Maltreatment	Of all children who are reunified during a period, the percentage who are victims of substantiated abuse or neglect within one year after the date of reunification.	In CY2006, 5.0% of children who reunified were the victims of substantiated abuse or neglect within one year after the reunification. ¹⁴	Not Applicable ¹⁵	For the period beginning July 2009 and thereafter, no more than 4.8% of children who reunified will be the victims of substantiated abuse or neglect within one year after reunification.	In CY2007, 6% of children who reunified were the victims of substantiated abuse or neglect within one year after the reunification.

¹³ For places where baseline was unavailable prior to due date of final target, benchmarks have been removed.

¹⁴ This baseline has changed from prior versions due to data clean up with Chapin Hall.

¹⁵ For places where baseline was unavailable prior to due date of final target, benchmarks have been removed.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance ¹⁰
<i>Permanency</i>						
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	a. <u>Permanency Outcome 1: Permanency in first 12 months</u> ¹⁶ : Of all children who entered foster care for the first time in the target year and who remained in foster care for 8 days or longer, what percentage was discharged from foster care to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.	In CY2007, 41% of children who entered foster care were discharged to permanency within 12 months from their removal from home.	Of all children who entered foster care for the first time in CY2009, 43% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home. Of all children who entered foster care for the first time in CY2010, 45% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.	Of all children who entered foster care for the first time in CY2011, 50% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.	Not Available

¹⁶ The data for this outcomes will be provided broken out into type of positive permanency (e.g. reunification, permanent relative care, adoption and/or guardianship), but the performance, benchmark and final target will be set on one measure of positive permanency.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance ¹⁰
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	b. <u>Permanency Outcome 2: Adoption:</u> Of all children who became legally free for adoption during the 12 months prior to the target year, what percentage was discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	For the 12 month period ending March 31, 2008, 35% of children who became legally free for adoption were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	Of those children who become legally free in CY2009, 45% will be discharged to a final adoption in less than 12 months from the date of becoming legally free. Of those children who become legally free in CY2010, 55% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.	Of those children who become legally free in CY2011, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.	Not Available :

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance ¹⁰
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	<p>d. <u>Permanency Outcome 4: Permanency for children in care between 13 and 24 months:</u> Of all children who were in foster care on the first day of the target year and had been in care between 13 and 24 months, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21st birthday or by the last day of the year.</p>	Of all children who were in care on the first day of CY2007 and had been in care between 13 and 24 months, 43% discharged to permanency prior to their 21 st birthday or by the last day of year.	<p>Of all children who were in care on the first day of CY2009 and had been in care between 13 and 24 months, 43% will be discharged to permanency prior to their 21st birthday or by the last day of year.</p> <p>Of all children who were in care on the first day of CY2010 and had been in care between 13 and 24 months, 45% will be discharged to permanency prior to their 21st birthday or by the last day of year.</p>	Of all children who were in care on the first day of CY2011 and had been in care between 13 and 24 months, 47% will be discharged to permanency prior to their 21 st birthday or by the last day of year.	Not Available

Progress of

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance ¹⁰
MSA III.B 12.a (ii) CPM	36. Child Specific Adoption Recruitment	Number/percent of children with a permanency goal of adoption needing recruitment who have a child-specific recruitment plan developed within 30 days of the date of the goal change.	In October 2008, 14% of children with a permanency goal of adoption needing recruitment had a child-specific recruitment plan developed within 30 days of the date of the goal change.	Not applicable, final target set by the MSA.	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 90% of those for whom an adoptive home has not been identified at the time of termination of parental rights shall have a child-specific recruitment plan developed within 30 days of the date of the goal change.	Between January and June 2009, 12% of children with a permanency goal of adoption needing recruitment had a child-specific recruitment plan developed within 30 days of the date of the goal change.
MSA III.B 12.a.(iii)	37. Placement in an Adoptive Home	Number/percent of children with a permanency goal of adoption and for whom an adoptive home had not been identified at the time of termination are placed in an adoptive home within nine months of the termination of parental rights.	In June 2009, 63% of children with a permanency goal of adoption for whom an adoptive home had not been identified at the time of the termination were placed in an adoptive home within nine months of termination of parental rights.	Not applicable, final target set by the MSA.	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 75% of the children for whom an adoptive home has not been identified at the time of termination shall be placed in an adoptive home within 9 months of the termination of parental rights.	63% of children with a permanency goal of adoption for whom an adoptive home had not been identified at the time of the termination were placed in an adoptive home within nine months of termination of parental rights.

Reference	Area	Quantitative or Qualitative Measure	
-----------	------	-------------------------------------	--

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance ¹⁰
MSA II.F.2	43. Follow-up Care and Treatment	Number/Percent of children who received timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	As of December 31, 2008, 70% children received timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	<p>By June 2009, 70% of children will receive follow-up care and treatment to meet health care and mental health needs.</p> <p>By December 2009, 75% of children will receive follow-up care and treatment to meet health care and mental health needs.</p> <p>By June 2010, 80% of children will receive follow-up care and treatment to meet health care and mental health needs.</p> <p>By December 2010, 85% of children will receive follow-up care and treatment to meet health care and mental health needs.</p> <p>By June 2011, 90% of children will receive follow-up care and treatment to meet health care and mental health needs.</p>	By December 31, 2011, 90% of children will receive timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	DCF reports that 80% of children received follow-up care. ²⁰

Reference	Area	Quantitative or Qualitative Measure	Baseline
-----------	------	-------------------------------------	----------

Reference	Area	Quantitative or
-----------	------	-----------------

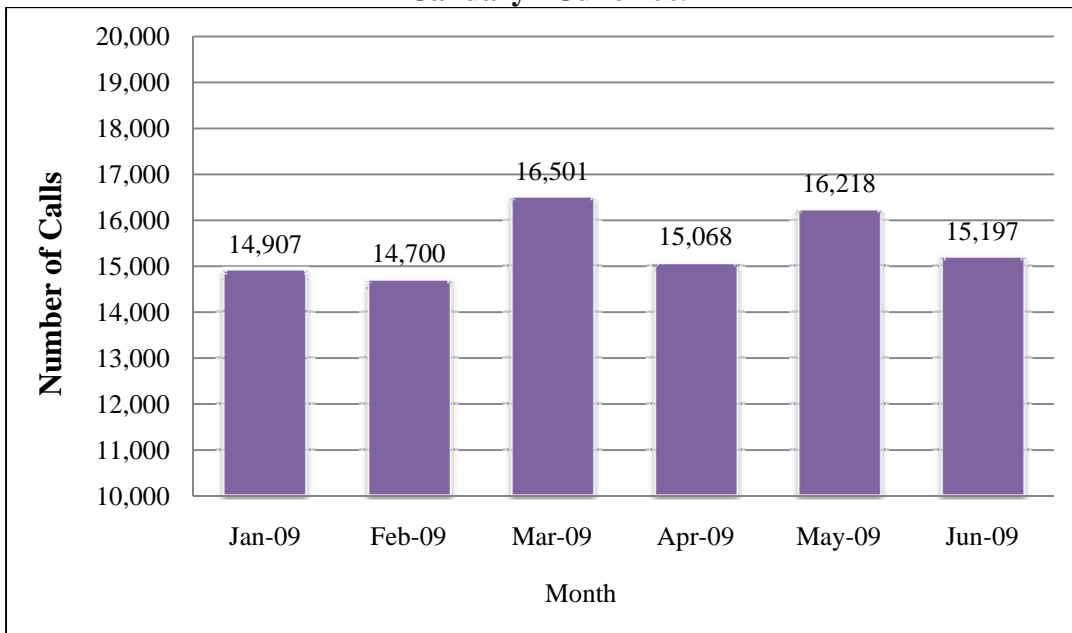
Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance ¹⁰
-----------	------	-------------------------------------	----------	-----------	--------------	-------------------------------------

- **III.C.5** The State shall incorporate into its contracts with service providers performance standards consistent with the Principles of the MSA.
- **III.C.6** In consultation with the Monitor, the State shall develop and implement a well-functioning quality improvement program consistent with the Principles of the MSA and adequate to carry out the reviews of case practice in Phase II.
- **III.C.7** The State shall regularly evaluate the need for additional placements and services to meet the needs of children in custody and their families, and to support intact families and prevent the need for out-of-home care. Such needs assessments shall be conducted on an annual, staggered basis that assures that every county is assessed at least once every three years. The State shall develop placements and services consistent with the findings of these needs assessments.
- **III.C.8**

Performance as of June 30, 2009:

In the first half of calendar year 2009, the SCR received 91,585 calls. On average, the State reports callers waited about 24 seconds for an SCR screener to answer their calls. Of those 91,585 calls, 30,333 (33%) calls²² related to the possible need for Child Protective Services (CPS) responses. Of those, screeners classified 29,185 reports for investigation of alleged child abuse or neglect. Another 6,650 (7%) calls related to the possible need for Child Welfare Services (CWS). In these circumstances, screeners classified 5,854 referrals for assessment of service need. Figure 1 shows a month-by-month breakdown of the call volume at SCR for the first half of 2009 (January through June 2009).

**Figure 1: Number of Calls to SCR by Month
January – June 2009**



Source: DCF NJ SPIRIT Data

²² Calls are differentiated from reports or referrals because SCR can receive several calls related to one incident or in some cases one call can result in several separate reports.

State Central Registry

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

Performance as of June 30, 2009:

In July 2008, the Monitor completed an independent assessment of the SCR.²³ The Monitor was joined in the assessment by representatives of the New Jersey Office of the Child Advocate (OCA) and the Department of Children and Families’ (DCF) Quality Analysis and Information unit. The assessment found that SCR decision-making was sound and that the vast majority of screening decisions were appropriate. The report also included multiple recommendations regarding policy, operations and staff development to further strengthen the operations of the SCR.

Since that report, the Department has responded to the Monitor’s recommendations with the following actions:

- DCF established clear criteria for when a screener may remove him/herself from the pool of available screeners for incoming phone calls in order to complete reports and referrals so as to ensure timely transmittal of reports to the field. As of July 15, 2009 screeners may take themselves out of the call rotation after they have received 1) two reports that require *immediate* field response; 2) three reports that require a field response; or 3) any combination of five reports. There is no time limit as to how long screeners can remain out of the rotation to complete reports and referrals for field transmission.

²³ *The New Jersey State Central Registry: An Assessment*, July 30, 2008. A complete copy of the report is available on CSSP’s website, http://www.cssp.org/uploadFiles/Final_NJ_SCR_Report_%2007%2030%2008.pdf.



Investigative Practice

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	
-----------	------	-------------------------------------	----------	-----------	--

ranged from 67 percent to 75 percent. While DCF has made progress on this measure improving performance by 14 percent since the baseline was set in October 2008 (at 53%), the State did not meet the interim performance benchmark for this measure.

Investigative Practice

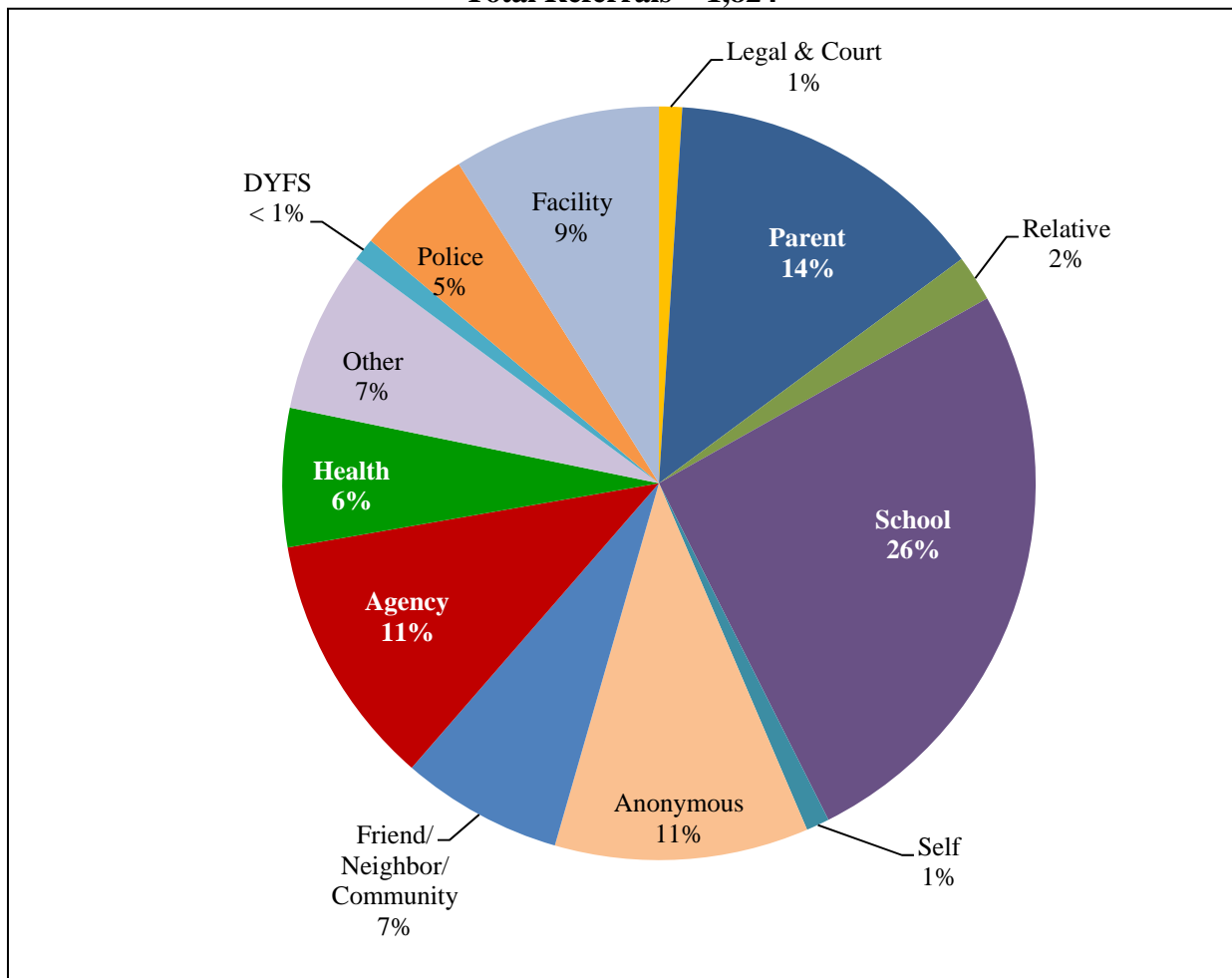
Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
-----------	------	-------------------------------------	----------	-----------	--------------

CPM V.1 MSA III.B.3	4. Investigative Practice – Timeliness of Completion	Investigations of			
------------------------	---	-------------------	--	--	--

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

The Institutional Abuse Investigations Unit (IAIU) is responsible for investigating allegations of child abuse and neglect in settings including correctional facilities, detention facilities, treatment facilities, schools (public or private), residential schools, shelters, hospitals, camps or child care centers that are required to be licensed, Resource Family homes and registered family day care homes.²⁷ In the first half of 2009, IAIU received approximately 1,824 referrals. This is an increase of about 200 referrals over the last half of 2008. Figure 2 illustrates the proportion of IAIU referrals from different sources.

**Figure 2: IAIU Referral Source January 1 – June 30, 2009
Total Referrals = 1,824**



Source: DCF NJ SPIRIT Data

²⁷ DYFS (7-1-1992). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 302.



whom the MSA applies). Therefore, in reviewing IAIU performance, the Monitor tracks data separately on investigations of maltreatment in foster care settings (resource homes and congregate care facilities) from other settings (schools, day care, buses, etc.). Table 3 below displays IAIU's reported overall performance for the dates cited, as well as the timeliness of investigations in resource homes and congregate care facilities. DCF's performance during this monitoring period exceeded the MSA final performance target.

**Table 3: IAIU Investigative Timeliness:
Percent of Investigations Pending Less Than 60 days
As Recorded for the last date of each month, January-June 2009**

Date	All Open Investigations pending less than 60 days	Open Investigations in
------	---	------------------------

-
- “Accepted.” A corrective action is accepted when CQI determines that the action addresses the concern raised.
 - “Denied.” This occurs when CQI has determined that the action is insufficient to meet the concerns.
 - “Pending follow-up.” CQI protocol states that this category includes situations where the “facility may indicate that the plan of correction is being processed, however the outcome will not be achieved for a period of time.”
 - “Outstanding.” This category refers to the non respondents.

The database used by CQI allows for the following analysis:

- Aggregation of required corrective action by facility type, and, within facility type, actual homes and facilities.
- Elapsed time between the date of the findings letter and corrective action received.
- Elapsed time between the dates of the corrective action received and accepted.
- Unaccepted corrective actions—includes corrective actions that have not been submitted as well as those that are not complete and those that have been rejected. These are separately classified as “pending”, “outstanding” or “denied” and require separate record keeping from the database.

In September 2009, the monitor conducted a review of the IAIU corrective action process. This review included assessing 96 randomly selected findings letters to determine if those with a corrective action “citation” were included in the database. The monitor found that the corrective action database appears to be substantially more complete than the Office of the Child Advocate found in its previous study of 2007 IAIU investigations. Among the 96 Findings Letters reviewed by the Monitor, 38 (40%) letters identified concerns for corrective action. All but 2 (5%) of the 38 letters were included in the Corrective Action Database. One letter appeared to be excluded because it was actually issued in late December 2008, prior to the new process implemented in January 2009. However, there was evidence that a corrective action had been requested, provided, and accepted. The other omission was a case for which the findings letter was issued June 30, 2009.

As part of the September 2009 review of the corrective action process, the Monitor reviewed and analyzed 55 randomly selected entries in the Corrective Action Database. Figure 3 displays the six broad categories of concerns requiring corrective action that emerged from the analysis. Figure 4 displays the broad categories into which the Monitor grouped the corrective actions.

**Figure 3: Summary Categories of Concerns Needing Corrective Action Identified in IAIU Investigations: Proportionate Distribution of Cases Reviewed
n=55**

Source: Monitor review and data collection, September 2009

Figure 4: Summary of Accepted

2. IAIU has strengthened corrective action process

The Monitor's September 2009 review found that the accepted corrective actions appeared to adequately address the concerns raised, but the CQI unit did not appear to be consistent in what it accepted as supporting documentation for implementati

V.

As the work with immersion sites has expanded, the State decided it needed to focus more intensively on building skills of frontline supervisors. The Department has developed a new training session entitled *Supervising Case Practice in New Jersey*, intended to enhance supervisory skills in areas that support the Case Practice Model. Approximately 56 supervisors from Mercer South, Cumberland West and Bergen South DYFS local offices took the new supervisory training. In addition to new supervisory training, the DCF has identified the need to create new caseworker and supervisory competencies to better evaluate staff and supervisors' emerging skills learned in the course of immersion training. DYFS staff and the Training Partnership are creating these new tools for workers at all levels of experience.

A major focus of classroom and individualized training in immersion sites is helping staff learn how to facilitate Family Team Meetings (FTMs). FTMs are a fundamental piece of the CPM. Staff uses new skills such as teaming, planning and intervention to engage families and create a

permanency options should reunification efforts fail. DYFS utilizes “enhanced reviews” to carry out this process and to comply with the MSA.³² DCF has grown its concurrent planning practice from 26 DYFS local offices in the previous monitoring period to all 47 DYFS local offices in this monitoring period.

DCF reports efforts in the last six months to more fully integrate concurrent planning with the larger practice reform. This has reportedly been accomplished by revising its concurrent planning training and by efforts to align the two stages of enhanced reviews with FTMs. DCF’s goal is to provide families with the opportunity to combine the ingredients of a FTM into a regular review to reduce duplication of effort and to encourage sharing of information and joint case planning. Future plans include developing a single practice guide that will include DCF’s principles, skills, strategies and tools.

Statewide, 82 percent of families had required five month reviews, and 84 percent had required ten month reviews.

As Table 4 below reflects, statewide 82 percent of five month reviews were completed timely between January and June 2009. Table 4 also shows that statewide 84 percent of ten month reviews were completed timely between January and June 2009.

³² For more information, see Period II Monitoring Report for *Charlie and Nadine H. v. Corzine*, p36.

**Table 4: Concurrent Planning Reviews in All 47 Local Offices
January 1, 2009 – June 30, 2009**

	Fifth Month Review				Ten Month Review			
	Month Entered Placement	Number of Reviews Due During Monitoring Period	Number of Reviews Completed	% Compliant	Month Entered Placement	Number of Reviews Due During Monitoring Period	Number of Reviews Completed	% Compliant

Table 5: Assignment to Adoption Worker within 5 Days of Goal Change to Adoption

	Assignment to Adoption Worker
	Adoption Goal Established

Effective Use of Family Teams

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
-----------	------	-------------------------------------	----------	-----------	--------------

Table 6: Manual Count of Family Team Meetings for Children in Home and in Placement, January 1 – June 30, 2009

Local Office	No. of FTMS - In-Home	No. of FTMs - Placement
Atlantic West	6	29
Bergen Central	5	55
Bergen South	35	32
Burlington East	21	68
Burlington West	10	6
Camden North	33	65
Cape May	20	34
Cumberland West	26	37
Gloucester West	88	42
Mercer North	21	128
Mercer South	8	6
Morris West	22	52
Passaic North	12	41
Union East	21	39
TOTAL	328	634

Source: DYFS Manual Data Tracking

In addition to the manual count, DCF began to collect data through NJ SPIRIT on FTMs held in this monitoring period in four immersion sites.³⁵ DCF reports that NJ SPIRIT inaccurately counts FTMs, and that it is working to correct that issue. Further, staff is only beginning to enter data into the system about FTMs. Therefore, data from NJ SPIRIT undercount performance.

According to NJ SPIRIT data, in the first quarter of this monitoring period, DCF held FTMs in the four immersion sites within 30 days of removal in only 10 percent of cases requiring FTMs. Three percent of FTMs were held after 30 days from the date of removal, and in 87 percent of cases FTMs were not conducted at all. In the second quarter, in the same immersion sites, DCF held FTMs in 11 percent of cases within 30 days of removal, and 5 percent were held after 30 days. In 85 percent of case, no FTMs were held.

NJ SPIRIT data shows that the required quarterly meetings were held in thirteen percent of cases³⁶ in the first quarter of this monitoring period in the four immersion sites, whereas in the second quarter a timely quarterly FTM was conducted in the same immersion sites for only 4 percent of families.

³⁵ NJ SPIRIT can only report on data from the four original immersion sites only: Burlington East Bergen Central LO, Gloucester West LO and Mercer North LO.

³⁶ Includes all families in the above four immersion sites who had a quarterly team meeting due in the referenced

Because of the limitations in both data sets—manual and NJ SPIRIT—the Monitor is unable to determine true performance in this area. However, both data sets show weak performance on FTMs. The State has a long way to go before FTMs, a hallmark of the Case Practice Model and the MSA requirement, become a routine part of case practice.

A key component to the intensive immersion site training on the Case Practice Model is for those staff who coach facilitators of FTMs (termed “master coaches”) to teach other staff to become coaches. There are currently twenty-one master coaches statewide. In recognition of the fact that twenty-one master coaches provides insufficient internal capacity to support the continued expansion of immersion sites, DCF is working with its external consultant, the Child Welfare Policy and Practice Group (CWPPG), to provide master coach support to each DYFS local office that goes through immersion training in 2010.

As planned, the capacity for training and mentoring the Case Practice Model is shifting from CWPPG to New Jersey’s University Training Partnership (the Training Partnership).³⁷ The State’s goal is to reposition responsibility for all training and mentoring of the Case Practice Model with the Training Partnership by January 2010.

FTMs alone are not sufficient to change practice. The CPM also requires continuous case planning, tracking and adjustment. As shown below, workers are required to routinely review case plans and make adjustments according to the strengths and needs of the youth and family.

Timeliness of Case Planning

Reference		
------------------	--	--

DCF uses Safe Measures to report on this measure. According to DCF policy, a case plan must be developed within 30 days of a child entering placement. In June 2009, out of a total of 301 case plans due for children entering care in the prior 30 day period, 126 (42%) case plans were developed within the required time frame. DCF took between 31 and 60 days to complete case plans in 11 percent of cases. The June 30, 2009 interim performance benchmark for this measure was not met. The DCF reports that data entry issues and challenges to proper documentation contribute to these low compliance rates.

Timeliness of Case Planning

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

The caseworker must also visit the parent or guardian when the goal is reunification at least twice a month, and once a month if the goal differs from reunification. Children are to be afforded weekly visits with their parents unless inappropriate, and at least monthly visits with siblings.

The following performance benchmarks examine the visitation experience of children in out-of-home placement and also the experience of their parents with caseworker visits. Unless otherwise indicated, data on baseline performance is from the recent independent case record

Caseworker Visits With Children in State Custody

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	
-----------	------	-------------------------------------	----------	-----------	--

Visitation Between Children in Custody and Their Parents

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
-----------	------	-------------------------------------	----------	-----------	--------------

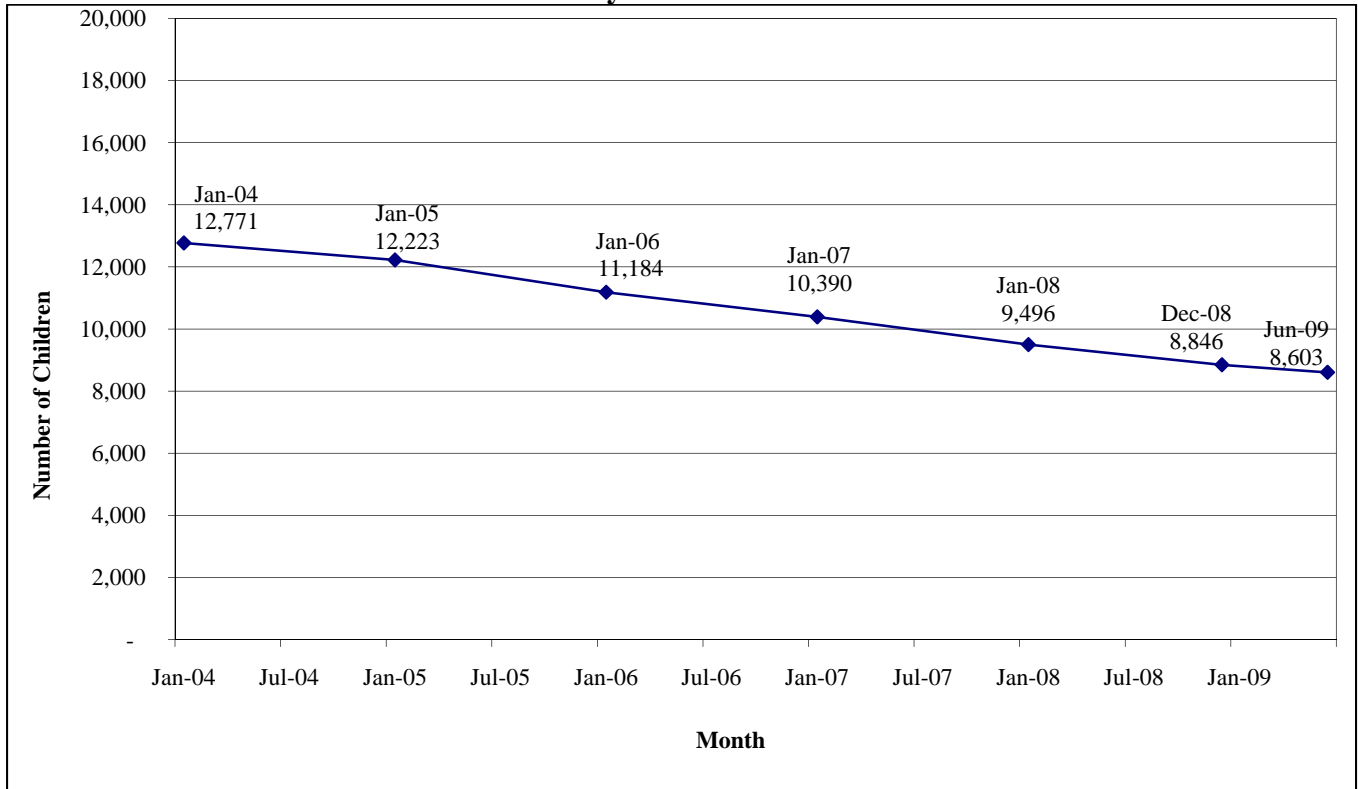
**Table 7: Selected Demographics for Children in Out-of-Home Placement
As of June 2009
(n=8,603 children, point in time data)**

Gender	Percent
Female	48%
Male	52%
Total	100%
Age	Percent
2 years or less	25%
3-5 years	15%
6-9 years	15%
10-12 years	11%
13-15 years	13%
16-17 years	13%
18+ years	8%
Total	100%
Race	Percent
Black or African American	52%
American Indian or Alaska Native	<1%
Asian	<1%
Native Hawaiian or Other Pacific Islander	<1%
White	31%
Multiple Races	2%
Undetermined	15%
Total	100%

Source: DCF, NJ SPIRIT.

The number of children in out-of home placement has been steadily and significantly declining. (See Figure 6). In January 2004, there were 12,771 children in out-of home placement. As of June 2009, there were 8,603 in out-of-home placement, a decline of 33 percent.

**Figure 6: Children in Out-of-Home Placement
January 2004 – June 2009**



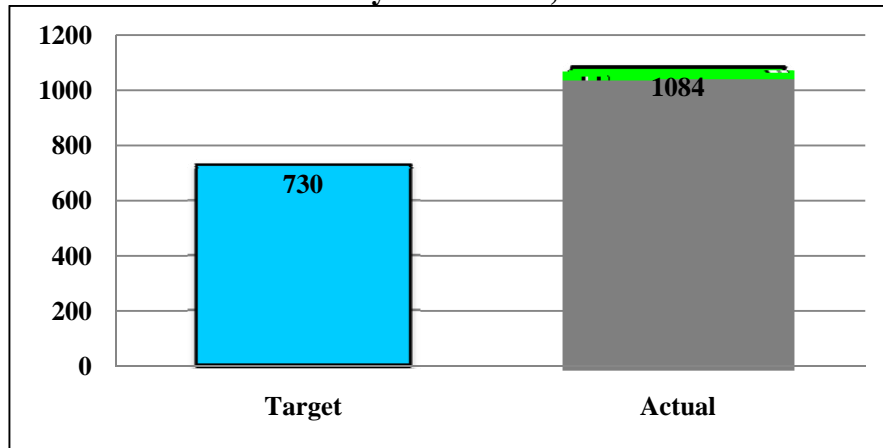
Source: DCF

A. Recruitment and Licensure of Resource Family Homes

DCF recruited and licensed 1,084 new kin and non-kin Resource Family and treatment homes in the first six months of 2009.³⁹

As shown in Figure 7 below, the State licensed 354 more homes than its mid-year target of 730. Its target for CY2009 is 1,459 homes.

**Figure 7: Number of Newly Licensed Resource Family Homes
January 1 – June 30, 2009**



Source: DCF

DCF reports that almost 50 percent (498) of the newly licensed resource homes during this period were kinship homes, in contrast to 2007 when 28 percent of the State’s resource families were kinship caregivers. The State attributes its success in licensing a higher rate of kinship homes to regulatory changes (as discussed in more detail later in this report), eliminating disincentives for kinship caregivers, and developing new targets for DYFS local offices related to kinship placements. These gains demonstrate that the State continues to make progress in putting into practice a fundamental tenet of its Case Practice Model: that children should remain with family members whenever possible. Figure 8 below reflects the total number of newly licensed resource kinship and non-kinship family homes by month from January 1, 2009 to June 30, 2009.

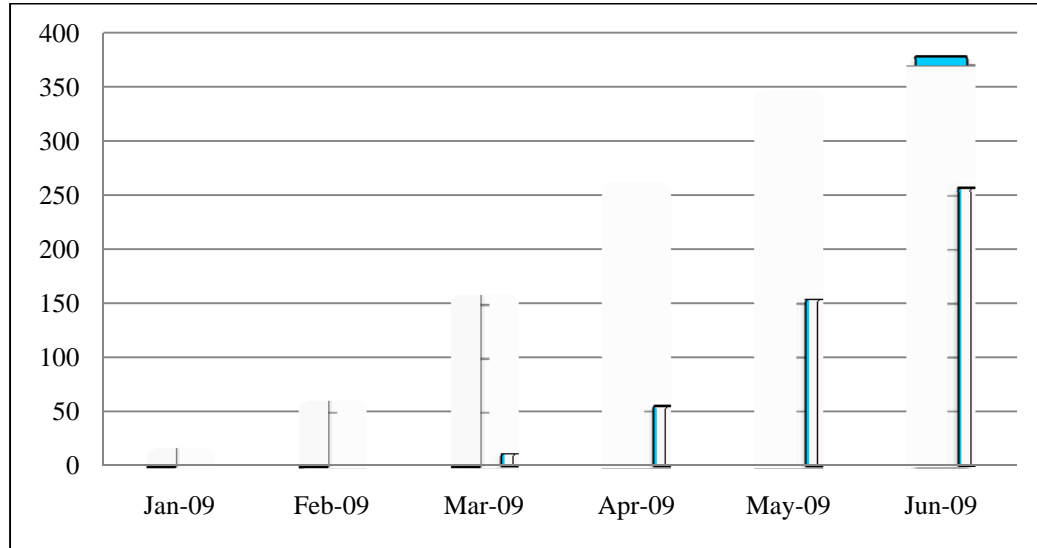
³⁹ The 1,084 resource homes includes 1,029 new Resource Family homes and 55 new family treatment homes. The Monitor reviewed licenses of new Resource Family homes only.

Figure 8: Newly Licensed Resource Family Homes (Kinship and Non-Kinship)
January 2009 – June 2009
Total Licensed = 1,084 Total Kinship = 498

Source: DCF

The State must consistently sustain a net gain of Resource Family homes to ensure there are sufficient family-based settings in which to place children. During the first half of 2009, DCF had a net gain of 378 new homes (Figure 9). This increase, together with DCF's net increase in calendar year 2008 of 802 homes demonstrates the State's sustained and sizeable progress

**Figure 9: Net Gain of Resource Families
January – June 2009
Total Net Gain = 378**



Source: DCF

Table 8 below represents, by month, the number of resource, adoption and treatment homes licensed and closed for kin and non-kinship homes, and the net gain achieved in 2009 for each type of resource home.

Table 8: Net Gain by Type of Resource Families Licensed, 2009

2009 MONTHLY STATS.	Non-Kin Resource Homes Licensed	Kin Resource Homes Licensed	Resource Homes Licensed	Resource Homes Closed	
---------------------------	--	--------------------------------------	-------------------------------	-----------------------------	--

**Table 9: Net Number of Resource Family Homes Licensed by County
January – June 2009**

County	January 2009 Goal	Net Gain*	July 2009 Goal
Atlantic	Maintain	2	Maintain
Bergen	Maintain	23	Maintain
Burlington	Maintain	1	Maintain
Camden	Small Increase	19	Small Increase
Cape May	Increase	4	Increase
Cumberland	Maintain	1	Maintain
Essex	Small Increase	77	Small Increase
Gloucester	Maintain	26	Maintain
Hudson	Increase	57	Small Increase
Mercer	Small Increase	8	Small Increase
Middlesex	Maintain	15	Maintain
Monmouth	Maintain	22	Maintain
Morris	Maintain	13	Maintain
Ocean	Maintain	33	Maintain
Passaic	Maintain	31	Maintain
Salem	Increase	7	Increase
Sussex	Maintain	4	Maintain
Union	Maintain	45	Maintain
Hunterdon / Somerset / Warren **	Maintain	18	Maintain

Source: DCF

*Data is based on existing Resource Family Homes from January 22, 2009 through July 8, 2009.

**41.318s i998 re203.e 15 re .4 56 154nntal

During this monitoring period, DCF increased its net pool of large capacity homes by one, to 30. Ten large capacity homes were closed during this monitoring period, four for personal family reasons, three because the resource parents were awarded kinship legal guardianship, and three due to successful adoptions. However, seven new homes were licensed and four existing Resource Family homes were upgraded to become SIBS homes. Two of the four upgraded homes are located in Monmouth and Ocean counties, areas which were specifically designated as in need of large capacity resource homes. In an effort to support these homes, DCF has modified two of its contracts with Catholic Charities to provide recruitment, retention, and support for the families. One program is called the Sibling Experience Program, which serves up to 28 siblings placed in SIBS homes in Middlesex, Essex, and Union counties by providing structured recreational activities geared towards encouraging sibling bonds. Activities are coordinated on a monthly basis during the school year, and weekly during the summer months. The program coordinates transportation and supervision. Siblings participate in normalized activities together, such as trips to the local zoo, amusement parks, and cookouts. DCF reports that the Foster and Adoptive Family Services' Peer-to-Peer staff also supports its SIBS resource homes.

The State continues to improve performance on timely processing of resource home applications, while identifying new m003 Tt impr-.0TJ-10ome 18.85 eappl0 TD.0004ne hchis cimp3(ngtinues)

The Impact Teams also played a role in identifying the need for a new policy which more clearly explains to staff the home study and licensing process, and articulates all changes that have been recently made to the licensing process. Again, ne

DCF reports that since April 2009, 30 percent of staff has taken the computer lab-based training on the tracking system developed by the DYFS Training Academy and NJ SPIRIT staff. The balance of staff was expected to complete training by fall 2009.

New regulations to remove barriers to licensing Resource Family homes in New Jersey became operative April 1, 2009.

As reported previously,⁴¹ New Jersey's new licensing regulations address, among other things, space specifications for Resource Family homes and modify requirements that were potential barriers to licensing kinship homes. Chapter 122C in The Manual of Requirements for Resource Family Parents removes some of the rigidity related to requirements such as room size and home construction that stood in the way of relatives becoming licensed kinship caregivers. For example, the new regulations have relaxed mandated ceiling heights and certain sleeping accommodations while still ensuring child safety. DCF reports that the Office of Resource Families trained 541 staff on the new regulations throughout February, March and April 2009. DYFS and contract staff were trained together, as were licensing and field staff in order to purposefully emphasize the new team approach to licensing. The Office of Resource Families has plans to create a simulated inspection site to be used to train licensing and field staff to spot violations and potential licensing issues.

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

DCF's contract with FAFS requires it to conduct eight meetings a year with resource families, six of which are intended to provide in-service training opportunities. Training opportunities in this monitoring period included:

-

The State is in the process of reviewing its Special Home Service Provider (SHSP) resource family board rates.

The MSA requires the State in this monitoring period to review its SHSP resource family board rates to ensure the continued availability of SHSP families as resources for children with special needs and to make appropriate rate adjustments (Section II.H.17). In May 2009, the Office of Resource Families formed a workgroup to review the SHSP rates and the “medically fragile” designation. The workgroup is comprised of staff from the Office of Resource Families, Child Health Units, and Resource Family field staff, including a specialist on SHSP issues within DYFS, a SHSP Resource Parent, and Policy Unit staff. DCF reports that it anticipates changes to the SHSP program by the end of 2009. The Monitor will continue to follow changes made to the SHSP program and include information on it in the next Monitoring Report.

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

The following measures relate to placement data and are provided on placement outcomes when available.

Appropriateness of Placement

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM V.4	23. Appropriateness of Placement	Combined assessment of appropriateness of placement based on: <ol style="list-style-type: none"> a. Placement within appropriate proximity of their parents’ residence unless such placement is to otherwise help the child achieve the planning goal. b. Capacity of caregiver/placement to meet child’s needs. c. Placement selection has taken into account the location of the child’s school. 	To be determined through pilot QSR/QA in immersion sites in the first quarter of 2010	To be determined through pilot QSR/QA in immersion sites in the first quarter of 2010	By June 30, 2010,

Chapin Hall. The most recent data analyzed by Chapin Hall is for children who entered foster care between January and June 2008. Of the 2,079 children who initially entered foster care between January 1 and June 30, 2008, there were 1,854 children for whom Chapin Hall was given both a home and placement address. Of the 1,854 children with addresses, Chapin Hall was able to geocode both of the addresses for 1,202 children. Eight hundred and twelve children (68%) were placed within 10 miles of the home from which they were removed.

Placing Children With Families

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

Performance as of June 30, 2009:

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

DCF's uses NJ SPIRIT to report on type of placement. As of June 30, 2009, there were 8,603 children in a DYFS out-of-home placement, 7,333 (85%) of whom were placed in resource family (non-kin) or kinship placements. The remaining 1,270 children were placed in independent living placements (201) or group and residential facilities (1,069).

DCF also provides data on children's out-of-home placement type at the time of initial

Placing Siblings Together

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

Performance as of June 30, 2009

In calendar year 2008, 73 percent of sibling groups of two or three children entering custody at the same time were placed together. This meets the July 2009 interim performance benchmark.

In calendar year 2008, there were 841 sibling groups that came into custody at the same time. Of these 841 sibling groups, 739 sibling groups had two or three children in them; 540 (73%) of these sibling groups were placed together.

Placing Siblings Together

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

Placement Limitations

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
-----------	------	-------------------------------------	----------	-----------	--------------



mental health problems. She remained in the shelter for 28 days. One of the 12 year old boys was released from detention and placed in shelter for 13 days. He was subsequently placed with a relative and remained on “house arrest.” Another 12 year old boy was in shelter for 30 days. He was living in this shelter for some period of time before DYFS obtained custody and formally placed him in that same shelter. This boy also is believed to have significant mental health needs.

- b. From January through June 2009, of the 465 youth age 13 or older placed in shelters, DCF reports that 91 percent were placed in accordance with criteria on appropriate use of shelters.

From January through June 2009, a total of 465 youth aged 13 years or older were placed in shelters. DCF reports that 423 (91%) youth were placed in shelters in accordance with one of the MSA standards described above that are deemed appropriate use of a shelter. The Monitor did not confirm these youth were placed appropriately. During the last monitoring period, the Monitor reviewed these data through an independent case review and concluded based on the documentation that there was confusion in the field about appropriate use of shelter placements for youth aged 13 or older.⁴⁷ DCF is in the process of issuing new instructions to the field regarding the MSA standards for shelter placement, which the Monitor believes are necessary. Consequently, the Monitor did not conduct an independent evaluation of data during this period, but will do so once DCF issues new guidance to the field. At that time, the Monitor will validate the data about the appropriate use of shelters and the proper use of exceptions.

Table 11: Shelter Placements for Youth Over the Age of 13

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

Source: DCF

DCF requires that shelter placement requests be made through a small number of placement liaisons (DYFS workers who find available shelter beds) and receive DYFS local officer manager approval. DCF reviewed information on all 421 youth aged 13 and older placed in shelters between July and December 2008 and found that 181 (43%) youth were served by DCBHS either before or after the shelter placement. Based on this information, DCF developed a new protocol that requires DYFS Team Leads to facilitate access to the children’s behavioral health system for youth placed in shelters. The goal is to connect quickly these youth to appropriate behavioral health resources and treat any unmet mental health or behavioral needs.

⁴⁷ For example, the Monitor found that in many instances workers went to court after placing a child in a shelter and specifically requested a court order for that placement. The Monitor believes that the case practice model and MSA principles do not support workers requesting such placement directives from the court.

DCF reportedly plans to work with shelter providers to transition some shelter beds to services for older youth that would include independent and transitional living housing. In this way, DCF hopes to accomplish two goals—1) reduce shelter options so that youth are placed in other more appropriate family settings and 2) increase the capacity DCF to serve older youth.

VII. REPEAT MALTREATMENT AND RE-ENTRY INTO CARE

The State is responsible for ensuring the safety of children who are receiving or have received services from DYFS. This responsibility includes ensuring the safety of children who are placed in resource homes or facilities. In order to monitor children's safety, the MSA set an outcome standard on maltreatment of children in foster care (Section III.A.1.a). DCF is also responsible for ensuring that families receive the services and supports required to prevent additional substantiated allegations of abuse or neglect when children remain in their own homes after a substantiation (Section III.A.1.b). The MSA includes an outcome on the experience of children who are the subjects of a substantiated allegation of abuse or neglect to determine whether they have been the victim in a subsequent substantiated investigation (Section III.A.1.c). Additionally, once a child has been reunified from foster care with his/her family of origin, DCF provides services and supports to ensure the child is not maltreated and does not subsequently enter foster care again. Therefore, the MSA has an outcome on the repeat maltreatment of children within one year of reunification (Section III.A.2.b).

Repeat Maltreatment and Re-entry to Placement

Abuse and Neglect of Children in Foster Care

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

Performance as of June 30, 2009:

In calendar year 2008, 0.15 percent of children in custody in out-of-home placement were the victims of substantiated abuse or neglect by a resource parent or facility member, meeting the July 2009 interim performance benchmark established by the MSA.

Data on maltreatment in out-of-home care come from DCF's work with Chapin Hall. The most recent data analyzed by Chapin Hall is from calendar year 2008 and Chapin Hall found that 17 children were the victims of substantiated abuse or neglect by a resource parent or facility staff member. Through subsequent DCF internal review, four additional children were found to be the victims of abuse or neglect in out-of-home placement for a total of 21 children. Of the 14,294 children who were in care at any point in time in calendar year 2008, this equates to 0.15 percent of children were the victims of abuse or neglect in an out-of-home placement.

Repeat Maltreatment

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

Repeat Maltreatment

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.A 1.b	31. Outcome: Repeat Maltreatment	Of all children who remain in home after substantiation of abuse or neglect, the percentage who have another substantiation within the next twelve months.	In CY2006, 7.4% of children who remained at home after a substantiation of abuse or neglect had another substantiation within the next twelve months.	Not Applicable ⁴⁸	For the period beginning July 2009 and thereafter, no more than 7.2% of children who remain at home after a substantiation of abuse or neglect will have another substantiation within the next twelve months.

Performance as of June 30, 2009:

In calendar year 2007, 5.5 percent of children who remained in their own home after a substantiation of abuse or neglect had another substantiation within the next 12 months.

DCF uses Chapin Hall data to report on repeat maltreatment and the most recent data analyzed by Chapin Hall are from calendar year 2007. In calendar year 2007, there were 4,847 children who had a substantiated allegation of abuse or neglect and were not placed in out-of-home care. Of the 4,847 children, 265 (5.5%) children were the victims of a substantiated allegation of child abuse or neglect within 12 months of the initial substantiation.

⁴⁸ For places where baseline data were unavailable prior to due date of final target, benchmarks have been removed.

Re-entry to Placement

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

Performance as of June 30, 2009:

DCF uses Chapin Hall data to report on re-entry into placement and the most recent data analyzed by Chapin Hall are from calendar year 2007. In calendar year 2007, there were 6,933 children who exited foster care. Of the 6,933 children who exited, 4,680 children exited to qualifying exits (i.e. reunification, guardianship, or to a relative's placement). Of the 4,680 children who exited to qualifying exits, 775 (17%) children re-entered placement within one year of their date of exit. This is an improvement from calendar year 2005 when the baseline data showed that 21 percent of children re-entered custody within a year of exit.



Timely Permanency through Reunification, Adoption or Legal Guardianship

Reference	Area	Quantitative or Qualitative Measure ⁵¹	Baseline	Benchmark	Final Target
-----------	------	---	----------	-----------	--------------

MSA III.A
2.a

Performance as of June 30, 2009:

The baselines set above were developed using the most recent data available from Chapin Hall and DCF. Data on June 30, 2009 performance is not available and will not be available for some time as it is measured prospectively from annual foster care entry cohorts.

Permanency Through Adoption

In previous Monitoring Reports, the Monitor has reported on DCF's adoption practice by reviewing the number of adoptions finalized and the progress that the State made in finding permanence for the 100 Longest Waiting Teens. As mentioned above, adoption is a critical permanency outcome.

Phase II requires the Monitor to report on additional adoption performance measures included below. These measures have interim performance benchmarks due in the next.w5(221c5 rded)]TJ6J

Table 12: Adoption Finalization - by DYFS Local Office Between January 1 – June 30, 2009

Local Office	YTD 06/30/09	Local Office	YTD 06/30/09
Atlantic East	6	Salem	8
Atlantic West	9	Hudson Central	6
Cape May	6	Hudson North	12
Bergen Central	9	Hudson South	3
Bergen South	30	Hudson West	8
Passaic Central	19	Hunterdon	6
Passaic North	16	Somerset	8
Burlington East	11	Warren	6
Burlington West	4	Middlesex Central	3
Mercer North	4	Middlesex Coasal	9
Mercer South	7	Middlesex West	9
Camden Central	13	Monmouth North	11
Camden North	7	Monmouth South	15
Camden East	1	Morris East	3
Camden South	18	Morris West	17
Essex Central	20	Sussex	4
Essex North	0*	Ocean North	21
Essex South	1	Ocean South	13
Newark Adoption	96	Union Central	8

Progress Toward Adoption

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.B 12(i)	35. Progress Toward Adoption	Number/percent of children with a permanency goal of adoption who have a petition to terminate parental rights filed within 6 weeks of the date of the goal change.	In October 2008, 16% of children with a permanency goal of adoption had a petition to terminate parental rights filed within 6 weeks of the date of the goal change.		

Measures to report on this measure. Between January and June 2009, 12 percent of children with a permanency goal of adoption needing recruitment had a child-specific recruitment plan developed within 30 days of the date of the goal change.

Placement in an Adoptive Home

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

Performance as of June 30, 2009:

DCF uses NJ SPIRIT to report on this measure. DCF policy is that a child should be placed in an adoptive home within nine months of the termination of parental rights. DCF reports that between April and June 2009, of the eight children with a goal of adoption with a select-home goal or “undetermined” at the time the termination of parental rights was granted, five children (63%) were placed in an adoptive home within nine months.⁵⁴

⁵⁴ DCF did not disaggregate data by month due to low numbers.

Final Adoptive Placement

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

Performance as of June 30, 2009:

DCF uses NJ SPIRIT to report on this measure. DCF's policy on finalizing adoptions is that a child's adoption should be finalized within nine months of the adoptive placement. In June 2009, 92 of 103 (89%) of adoptions were finalized within 9 months of adoptive placement. Five adoptions (5%) were not finalized within 9 months of adoptive placement. Missing data did not permit a determination of timeliness for six adoptions (6%). This level of performance exceeds the final outcome target established for July 2009.

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

As required under the MSA, DCF continues to provide paralegal support to assist with the necessary adoption paperwork (Section II.G.5). According to DCF, at the end of this monitoring period, the State employed a total of 135 paralegals. Additionally, 23 child case summary writers are provided statewide. Also, three part-time adoption expeditors help process adoption work in Essex, Union, and Middlesex counties.

DCF made progress in finding permanent homes and connections for older youth.

The Office of Adoption Operation has been working intensively since December 2006, through

national expert to provide the State with specialized technical assistance on recruiting adoptive homes for teens.

**Table 13: Progress Towards Performance for 100 Longest Waiting Teens
As of June 30, 2009**

Status of Permanent Plan	Number of Teens
1. <u>Permanent Plan Achieved</u>	
a) Adoption Finalized/Case Closed	20
b) Placed in an Adoptive Home, pending court finalization	6
c) Kinship Legal Guardianship/Case Closed	1
d) Placed with Relative/Kin, pending court finalization	5
e) Returned to Birth Family	3
f) Teen remaining with Resource Family*	7
Subtotal	42
2. <u>Permanent Placement Underway</u>	
a) Visiting an Interested Adoptive Family	11
b) Case being processed for Foster Family Adoption	1
c) Family Home Study in process	3
Subtotal	15
3. <u>Permanency Plan in Development</u>	
a) Working on Specific Family Lead	8
b) Family Development tasks ongoing	16
Subtotal	24
4. <u>Other Outcomes</u>	
a) Re-Connected with Family**	16
b) Teen achieved Independence	3
Subtotal	19
TOTAL	100

Source: DCF Office of Adoption Operations

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

IX. HEALTH CARE FOR CHILDREN

A. *Health Care Delivery System*

1. Child Health Units

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

As of October 31, 2009, DCF has filled all 13 positions for the regional nurse administrators, 46 out of 47 clinical nurse coordinator positions, and 121 of 123 staff assistant positions. One hundred ninety-one (79%) of the 243 health care case manager positions (nurses) have been filled. Although the level of health care case management staffing is below expectation, the value of having these nurses is evident. Particularly troubling are counties that are not staffed at full capacity, such as Union County which is short seven nurses; Hudson County which needs nine nurses; and Essex County which needs 16 nurses. From the Monitor's case record review, children who are receiving health care case management have health care records that are better organized and tracked than those who are not receiving this service. Further, as noted in the Monitor's review, health care case managers are visiting with children and providing guidance to parents, resource parents, and caseworkers about the health care needs and treatment for children in DYFS custody. The Monitor urges the Department to quickly fill all remaining positions.

DCF reports that as of October 31, 2009, the number of children being case managed by health care case manager, is 7,598 (91% of 8,327 children in out-of-home care). This is as compared to 2,116 children (24%) receiving health care case management in December 2008 and 3,572 children (42%) in the first quarter of 2009. The Monitor will continue to track the effectiveness of these units through health outcomes for children in DYFS custody. Table 14 below presents the staffing of the Child Health Units by county.

**Table 14: Child Health Unit Staffing
(February 2009, October 31, 2009, and Targets⁵⁶)**

County	Health Care Case Managers (HCCM)				Staff Assistants (SA)			
	As of 2/28/09	As of 10/31/09	Target	% Filled	As of 2/28/09	As of 10/31/09	Target	% Filled
Atlantic	5	8	8	100%	4	4	4	100%
Bergen	8	6	9	67%	5	5	5	100%
Burlington	4	10	10	100%	5	5	5	100%
Camden	4	16	20	80%	8	9	9	100%
Cape May	2	3	4	75%	2	2	2	100%
Cumberland	0	8	10	80%	4	4	4	100%
Essex			0	8	4	71715.8	100%	881(

)694(4

B. Health Care Performance Benchmarks

Pre-Placement Medical Assessment

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

Performance as of June 30, 2009:

From January through June 2009, 92 percent of children received pre-placement assessments in a non-emergency room setting.

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

From January through June 2009, 2,382 children entered out-of-home care and 2,373 (99.6%) children received a pre-placement assessment (PPA). Of those 2,373 children, 2,174 (92%) received the PPA in a non-emergency room setting. The Monitor’s case record review of children entering out-of-home placement between July and December 2008 had a similar finding (the margin of error for review sample was $\pm 5\%$). Figure 10 below show the State’s progress in obtaining non-ER PPAs for children entering out-of-home placement.

Figure 10: Non-Emergency Room Pre-Placement Assessments

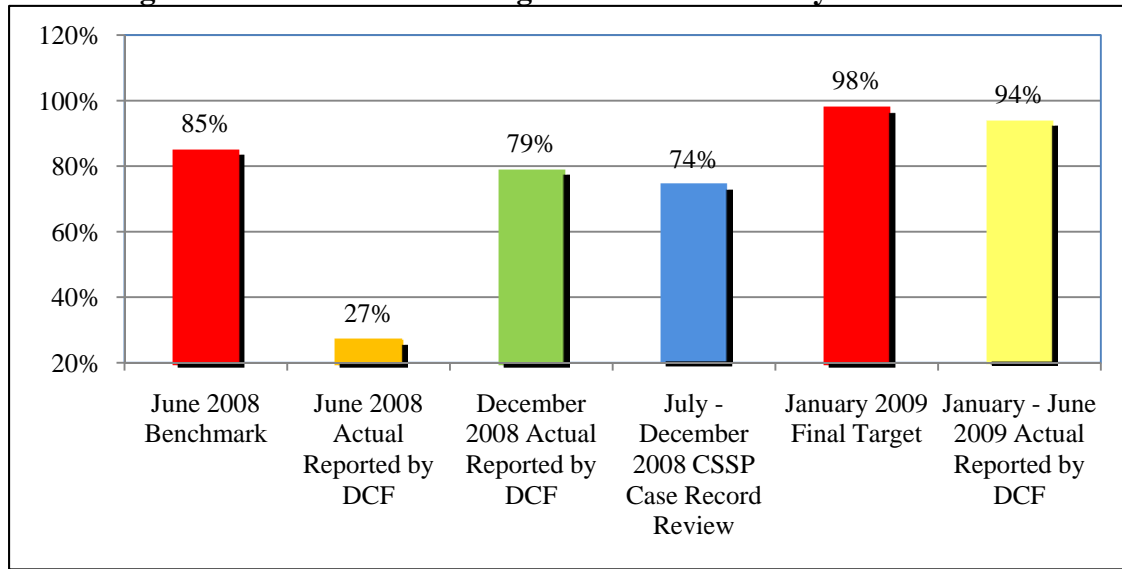
Source: DCF and CSSP Case Record Review.

DCF reports that a case-by-case examination of the 199 children who had PPAs in a hospital Emergency Room (ER) found that for 141 (71%) of the children the use of the ER was appropriate. That is, the child needed emergency medical attention or the child was already in the emergency room when DYFS received the referral.

Medical Care

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.B 11	40. Medical Care	Number/percent of children entering out-of-home care receiving full medical examinations within 60 days.	As of June 2007, 27% of children entering out-of-home care received full medical examinations within 60 days.	By June 30, 2008, 80% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 85% within in 60 days.	y437 TD(it03 Tc.0017 Tw[(hom)

Figure 11: Children Receiving CMEs Within 60 days of Placement



Source: DCF and CSSP Case Record Review

Required Medical Examinations

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

Semi-annual Dental Examinations

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
-----------	------	-------------------------------------	----------	-----------	--------------

MSA II.F.2 42. Semi-
annual d-.04902 6.2874 1.ETjETw(e92)-.0Tnv32666.ns

Performance as of June 30, 2009:

During Phase II of the MSA, performance in appropriate follow-up care and treatment for medical and mental health needs will be assessed through a Quality Service Review or other qualitative methodology. Currently the State is able to provide some preliminary quantitative data on children receiving some type of follow-up care. DCF reports that from the Child Health Survey Analysis, 80 percent of children in out-of-home care received follow-up for health care needs.⁶⁰

The Monitor's independent case record review found that documentation of follow-up care in case files needs significant improvement. However, reviewers found documentation that 41 percent of children received follow-up care for at least one health or mental health need identified in their CME. Many children received follow-up care with their primary care physicians for immunizations and well-child checkups. The needs most likely to be unaddressed were dental care and mental health services, followed by eye appointments.

Immunization

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM	44. Immunization	Children in DCF custody are current with immunizations.			

Health Passports

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
-----------	------	-------------------------------------	----------	-----------	--------------

X. MENTAL HEALTH CARE

DCF's Division of Child Behavioral Health Services (DCBHS) continued its work during this monitoring period to implement its goal of providing treatment to children and youth in or close to their homes and families in the least restrictive environment possible. A major accomplishment was the successful transition of its statewide contract for screening, authorizing, and tracking cases of children and youth accessing behavioral and mental health services from the former Contracted System Administrator (Val

0095Tntra

month period, a total of six children were newly placed out-of-state, only one of those children was in DYFS.oustody.

Table 17: Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST)







Regulations regarding the use of restraints on children existed prior to the MSA. They state that licensed residential facilities may not use restrictive behavior management practices, to include physical and mechanical restraints, without approval of DCF. Situations in which restraint is allowable includes to protect children from self-harm, to protect other children or staff, or to prevent destruction to property when the child fails to respond to non-restrictive behavior management interventions. Any licensed facility engaged in restrictive behavior management practices must develop policies setting forth the acceptable restraint use and must train staff in the appropriate use of restraint techniques.

There are reporting and documentation requirements which facilities must follow when restraint is used. Facilities must document every restraint incident and the documentation must be reviewed by a supervisor within one working day. The facility must also track each use of restraint, maintain this information and make it available to DCF upon request. DCF's Office of Licensing is charged with enforcing regulations regarding restraints during initial and ongoing licensing of facilities as well as complaint investigations. Facilities within DCF's authority are also required to report unusual incidents which occur within the facility. Facilities and other providers must report to DCF any restraint resulting in a moderate to major injury to a child on the next business day. IAIU receives and investigates allegations of child abuse which arise from the improper use of restraints and, even when the investigation concludes that the alleged actions do not rise to the level of abuse, IAIU may partner with the Office of Licensing to require the provider to implement a corrective action plan.

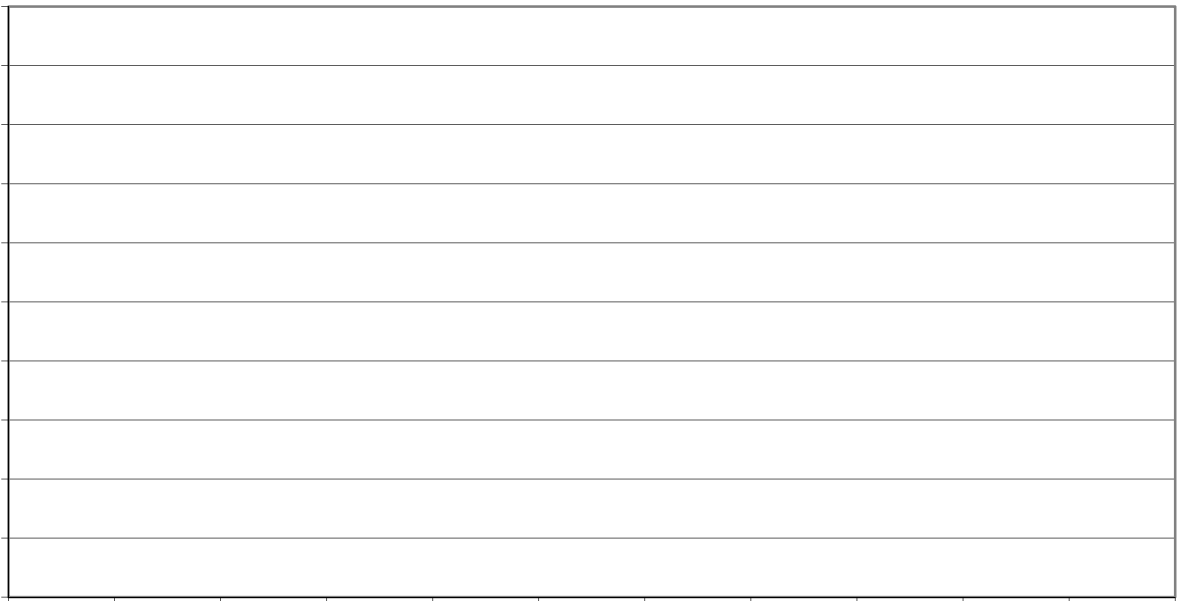
DCF's Congregate Care Risk Assessment Team comprised of staff from across the DCF, conducts ongoing reviews and assessments of residential providers, taking a comprehensive view of a facility and identifying trends such as consistently higher than average use of restraints. DCF reports that the tasks of the Congregate Case Risk Assessment Team are currently being reviewed to identify ways to make the Team more effective.

In addition to identification that occurs during a CME, DCF reports efforts to systematically and continually identify children with a suspected mental health need who are in need of a full mental health assessment. Although plans are not yet operational, DCF reports training Child Health Unit health care case managers on the Pediatric Symptoms Checklist. The plan is for health care case managers to use this checklist to screen children over the age of two who have not had a mental health need previously identified.

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

The number of children and families under DYFS supervision has been steadily declining since 2004. As seen in Figure 14 below, in January 2004, there were 64,694 children under DYFS supervision both in out-of-home care and at home with their families and there were 34,419 families under DYFS supervision. As of June 2009, the number has declined by 25 percent to 48,450 children under DYFS supervision.

**Figure 14: Children and Families under DYFS Supervision
January 2004-June 2009**



Source: DCF

As the number of children and families under DYFS supervision declines, the need for in-home and community-based services grows. In a comprehensive effort to better assess this need and meaningfully respond to the results of its assessment, DCF has developed quality initiatives that model best practice.

A. Needs Assessment

MSA Section III.C.7 requires that by June 2009 and annually thereafter, DCF “regularly evaluate the need for additional placements and services to meet the needs of children in custody and their families, and to support intact families and prevent the need for out-of-home care.” Every county is required to be assessed at least once every three years, and the State must “develop placements and services consistent with the findings of the needs assessments (MSA Section III.C.7).”

A needs assessment of this scale is a broad undertaking. The State’s methodology builds upon work already underway at the local level and integrates it into a larger analysis to inform contracting and policy decisions. DCF’s needs assessment work has three components: (1) Assessing Needs for At Risk Children and Families; (2) Assessing Behavioral Health Needs; and (3) Assessing Placement Needs.

1. Assessing Needs for At Risk Children and Families

The purpose behind consistent and timely needs assessments is to ensure that DCF and its partner agencies and systems have the appropriate array of services to best meet the needs of children and families in New Jersey.

In the past, DCF has informally assessed needs through its frontline workers and resource development specialists. More recently, DCF has begun to augment this approach by working with county Human Services Advisory Councils (HSACs) to develop a statewide county-based needs assessment process. HSACs are the groups that coordinate human services delivery in each county and regularly conduct needs assessments for services to select populations, such as individuals with substance abuse issues, the elderly, or children with behavioral needs. For the first time, HSACs are being asked to conduct formal needs assessments statewide for at-risk children and families. This strategy, developed and negotiated with county HSACs during this monitoring period, has the benefit of providing DCF with regular county-based needs assessments that will include input from local stakeholders. DCF has asked the HSACs to evaluate service delivery needs in the areas of basic needs, substance abuse treatment, mental health services for parents, and transitional services for adolescents exiting foster care. All counties will use the same set of guidelines. This process will be conducted on a rotating basis for all 21 counties, seven counties a year every three years. It will begin first in Union, Somerset, Gloucester, Camden, Middlesex, Hudson and Essex counties. At the conclusion of the needs assessment, each county will submit a report to DCF. The first set of reports from HSACs in these seven counties is due to DCF in July 2010. The Monitor will analyze the first round of reports to ensure consistent methodology and to determine if this process provides New Jersey with a high quality and thorough needs assessment. The Monitor will use the data obtained from this analysis to assess the DCF’s progress on resource development efforts.

2. Assessing Behavioral Health Needs

DCF’s Division of Child Behavioral Health Services (DCBHS) assesses the need for behavioral health services for children in the following two ways:

-
- A County Needs Assessment (CAN) is conducted annually in each county through the Children’s Interagency Coordinating Council (CIACC). These assessments examine the local service delivery system and identify gaps and needs. A committee comprised of county, service provider and family representatives conduct the process. On the basis of the information the committee gathers, the CIACC makes recommendations for improvements to services.
 - DCF Central Office identifies specific challenges to service delivery, collects data on the area identified for improvement, and analyzes the data to determine how to address the need.

As the process for assessing the needs of at-risk children and families progresses and deepens in scope, the DCF should routinely integrate the process with its ongoing assessment of the behavioral health needs of children in NJ. For example, if HSACs are already making recommendations regarding children’s behavioral health needs in the counties, those recommendations should be incorporated into the process described above. Similarly, DCF should take advantage of the expertise or frontline workers and resource development specialists provide in evaluating the needs of at-risk children in its assessment of New Jersey’s children’s behavioral health needs. DCF should be working towards a single process for assessing the totality of its resource development needs.

3. Assessing Placement Needs

Much of DCF’s approach to evaluate need in the area of Resource Family homes was addressed in the previous monitoring report (Period V).⁶² The approach involves setting targets in an attempt to ensure geographical capacity and placement needs, as determined by local office and supporting data. Targets for recruiting and licensing Resource Family homes are developed primarily in two ways:

- County targets are derived from the following measures:
 - the resource home replacement rate (the number of homes closed, historical and current data);
 - an analysis of demographic factors relating to geographic placement needs;
 - an assessment of Resource Family home capacity compared to the number of families and size of sibling groups placed.
- DYFS local office recruitment plans are developed by taking into account:
 - data comparisons regarding the communities of origin for children being placed;
 - local data analysis on the need for subgroups such as sibling groups, adolescents, and children with medical needs; and
 - Central Office support to local office recruitment efforts, including providing local offices with statewide data, and ensuring local recruiters have supports they need for successful recruitment efforts.

⁶² *Period V Monitoring Report for Charlie and Nadine H. v. Corzine*, p. 68.

Statewide Implementation of Differential Response

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

Performance as of June 30, 2009:

In April 2007, DCF awarded contracts under its Differential Response Pilot Initiative to sites covering Camden, Cumberland, Gloucester, and Salem counties to engage vulnerable families and provide prevention services to promote healthy family functioning. During this monitoring period, the Differential Response program was expanded to two new counties, Union and Middlesex. The organizations contracted to provide Differential Response services in Union and Middlesex Counties are using the same approach to case management as the previously implemented programs that is consistent with the Case Practice Model. DCF reports that it is currently engaging in a two phase review of the Differential Response programs. The first phase includes a review of the screening process to ensure cases are appropriately sent to Differential Response providers or to DYFS. The second phase includes evaluating the Differential Response programs' outcomes.

According to DCF, between January 1 and June 30, 2009, there were 668 referrals from SCR to the four Differential Response sites. Of those 668 referrals, 447 (67%) referrals resulted in open cases. The remaining 221 referrals were not opened because the family declined the services, the referral was withdrawn or the family was still in the initial engagement phase prior to the case opening.

C. Performance Based Contracting

MSA Section II.C.5 requires the State to incorporate performance standards into its contracts with service providers that are consistent with the principles of the MSA, namely child safety, permanency, and well-being. DCF has met this requirement by:

- Revising and implementing a new form for providers that requires each provider to include in performance and outcome measures in each DCF contract. This new system was used for all July 2009 contract renewals;
- Developing a set of performance outcome measures that identify major groupings of services and set baseline performance targets for each service across all DCF contracts, including child welfare, child behavioral health and prevention. These performance outcomes will not only measure agency performance but will also provide a uniform dat9onrs;

-
- Informing all providers of the performance outcome measures and posting them on the DCF website. For all contracts that renew in January 2010 and thereafter, providers will be expected to include these performance measures;
 - Convening a work group with provider representation to address issues related to the implementation of performance based contracting. DCF may modify the performance measures over time depending on the work of this group and/or to better assess performance.

XII. SERVICES TO OLDER YOUTH

During Phase I of the MSA, DCF created and promoted policies to provide support services to youth aged 18 to 21. Currently, DCF reports that it continues to increase the number of youth

B. Performance Benchmarks Measuring Services to Older Youth

Services to older youth involved with DYFS will be carefully examined by the Monitor during the next monitoring period. Although the following measures involving older youth are not due to be assessed until the next monitoring period, the Monitor begun to has gather data from DCF and stakeholders to understand the current needs and issues faced by this population. It is clear that older youth, especially those exiting the system without a legal connection to a caring adult, are vulnerable to not completing high school, to homelessness, to becoming involved in the adult criminal justice system and to other poor outcomes. The following measures will assess how well the State supports youth who have been in their care so that they are situated to live independently and attain higher education and/or employment, have a place to live, and have adequate services and supports such as health care to assist them through their young adulthood.

Independent Living Assessments

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

Performance as of June 30, 2009:

The measure is not due for reporting during this monitoring period.

Services to Older Youth

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

Performance as of June 30, 2009:

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

Although this measure is not due for reporting during this monitoring period, see Table 20 for information about services to this population and the number of older youth receiving some type of DYFS and/or state service.

Table 20: Services to Youth Aged 18-21

	Jan-June 2008	July – Dec 2008	Jan-June 2009
In home services	521	823	884
Out-of-home services	885	950	967
Chafee Medicaid ⁶⁴	107	92	75 ⁶⁵
NJ Scholars program ⁶⁶	443	305	325

Source: DCF

Two of the transition and supported housing programs specifically serve youth who identify as LBGTQI. Two other programs serve youth with significant mental health needs and JJC (exiting from detention)

The Monitor remains concerned by the small number of youth participating in Chafee Medicaid and the NJ Scholars program. The Monitor will continue to investigate the availability and accessibility of these services with DCF, stakeholders, and youth.

⁶⁴ Chafee Medicaid and the Medicaid Extension for Young Adults (MEYA) are different names for the same health insurance program covering eligible youth who were in foster care.

Youth Exiting Care

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

Performance as of June 30, 2009:

This measure is not due for reporting during this monitoring period. However, the Monitor considers this measure to be closely linked to the supportive services available to youth aged 18-21.

During Phase I, the sole MSA requirement regarding Transitional Living Housing was for DCF to establish 18 beds for youth transitioning out of the foster care system by June 2008 (Section II.C.11). The State far exceeded this requirement by contracting for 240 beds, all but one of which is operational. These transitional living beds are located in apartments or buildings, some of which were built specifically to support transitioning youth. While an important accomplishment, interviews with community stakeholders repeatedly stress that the need for transitional living beds and other supports far exceeds the current offerings of the State and that in some instances, youth are on waiting lists for services they urgently need before voluntarily or involuntarily leaving DYFS custody. In particular, youth with significant mental health and behavioral needs may require more specialized transitional living services, including housing.

In October 2009, DCF sent out a Request for Proposals to provide additional transitional living supports and housing to youth in Essex County as this county has such a high demand for transitional living supports.

Table 21: Youth Transitional and Supported Housing

County	Contracted Slots	
--------	------------------	--

seven (7) caseworkers had 9-11 new intakes in the month, but had fewer than 12 families; three (3) caseworkers received 8 or fewer new intakes in June, but had 16 to 20 families; and two (2) caseworkers received 9-10 new intakes in June and had 14-15 families.

Among the remaining nine (9) caseworkers whose caseloads were at or below the caps for each component, some had relatively low numbers for one or both component. One caseworker received only two (2) new intakes in June and had six (6) families. Eight (8) caseworkers had 6-8 new intakes in June and five (5) to 11 families.

The lower overall caseloads of the nine caseworkers and the variation among the 12 that have individual caseloads with one or both components exceeding one or both caps counter balanced each other when taken as a whole office.

The Monitor verified the caseload data supplied by the State by conducting telephone interviews with randomly selected caseworkers across the state. Three hundred caseworkers were selected from those active in May 2009. The 300 were located in 46 of the 47 DYFS local offices.⁶⁷ The interviews were conducted from June 10 through July 31, 2009. All 300 caseworkers were called. Information was collected from 203 (68% of the sample), located in 45 offices. A few of the remaining 97 caseworkers were no longer employed by DCF or were on extended leave during the period of the calls. The vast majority, however, were active and contact was attempted at least three times.

In the interviews, caseworkers were asked about their caseload sizes on the day of the call and their responses were compared to the information in Safe Measures for that day. Identified discrepancies were discussed with the caseworkers. In most interviews, the discrepancies were the result of Safe Measures not being current because it is only periodically updated from NJ SPIRIT. However, caseworkers did believe that NJ SPIRIT generally accurately reflects their caseloads. In addition, the interviews collected information about any caseload fluctuation between January and June 2009 and the range caseworkers had experienced – the highest number of cases and the lowest number of cases. Although not all 300 selected caseworkers responded, the Monitor believes sufficient information was gathered from the 203 case managers to verify the accuracy of the State caseload reporting.

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

⁶⁷ The 47 local offices include the Newark Adoption Office. No workers from the Hunterdon local office were randomly selected. There were workers randomly selected from the Newark Adoption Office.

Table 22: DCF/DYFS Individual Caseload Standards

Caseworker Function	Responsibility	Individual Caseload Standard
Intake	Respond to community concerns regarding child safety and well-being. Specifically, receive referrals from the State Central Registry (SCR) and depending on the nature of the referral, respond between 2 hours and 5 days with a visit to the home and begin investigation or assessment. Complete investigation or assessment within 60 days.	Intake caseworkers are to have no more than 12 open cases at any one time and no more than 8 new referrals assigned in a month. (Section II.E and Section III.B.1).
Institutional Abuse Investigations Unit (IAIU)	Respond to allegations of child abuse and neglect in settings including correctional facilities, detention facilities, treatment facilities, schools (public or private), residential schools, shelters, hospitals, camps or child care centers that are required to be licensed, Resource Family homes and registered family day care homes. ⁶⁸	IAIU staff workers are to have no more than 12 open cases at any one time and no more than 8 new referrals assigned in a month. (Section II.E and Section III.B.1).
Permanency	Provide services to families whose children remain at home under the protective supervision of DYFS and those families whose children are removed from home due to safety concerns.	Permanency caseworkers are to serve no more than 15 families and 10 children in out-of-home care at any one time. (Section II.E and Section III.B.1).
Adoption	Find permanent homes for children who cannot safely return to their parents by preparing children for adoption, developing adoptive resources and performing the work needed to finalize adoptions.	Adoption caseworkers are to serve no more than 15 children at any one time. (Section II.E and Section III.B.1).

DCF/DYFS continued to meet the office average caseload standards established in Phase I.

For the sixth consecutive monitoring period, DCF/DYFS met the average office caseload standards in all three functional areas. Figure 15 summarizes the Period VI performance. Appendix B, Tables B1-6 provide caseload averages for each office.

⁶⁸



10 to 25 in the six-month period. The interviewed Intake caseworkers who had experienced the larger caseloads tended to be in the DYFS local offices where the State reported individual caseloads fell short of the required caps.

- **Institutional Abuse Investigation Unit**

The individual worker caseload standard for IAIU investigators as of June 30, 2009 was met. According to the data supplied by the State, all 57 investigators had caseloads in compliance with the standard. The Monitor verified the IAIU caseload compliance through brief telephone

interviewed, the Permanency caseworkers who had experienced the larger caseloads tended to be in the offices where the State reported individual caseloads fell short of the required caps.

- **Adoption**

Of the 47 DYFS local offices, one office is dedicated solely to Adoption work and 45 local offices have Adoption workers or full Adoption units.

The individual worker caseload standard for Adoption workers as of June 30, 2009 was not met. There were 271 active Adoption caseworkers in June 2009. Of the 271, 246 (91%) workers had caseloads that were at or below the caseload requirement. Among the 25 (8%) caseworkers with caseloads over 15 children, 10 had 16 children, seven (7) had 17 children, and eight (8) had 18-21 children.

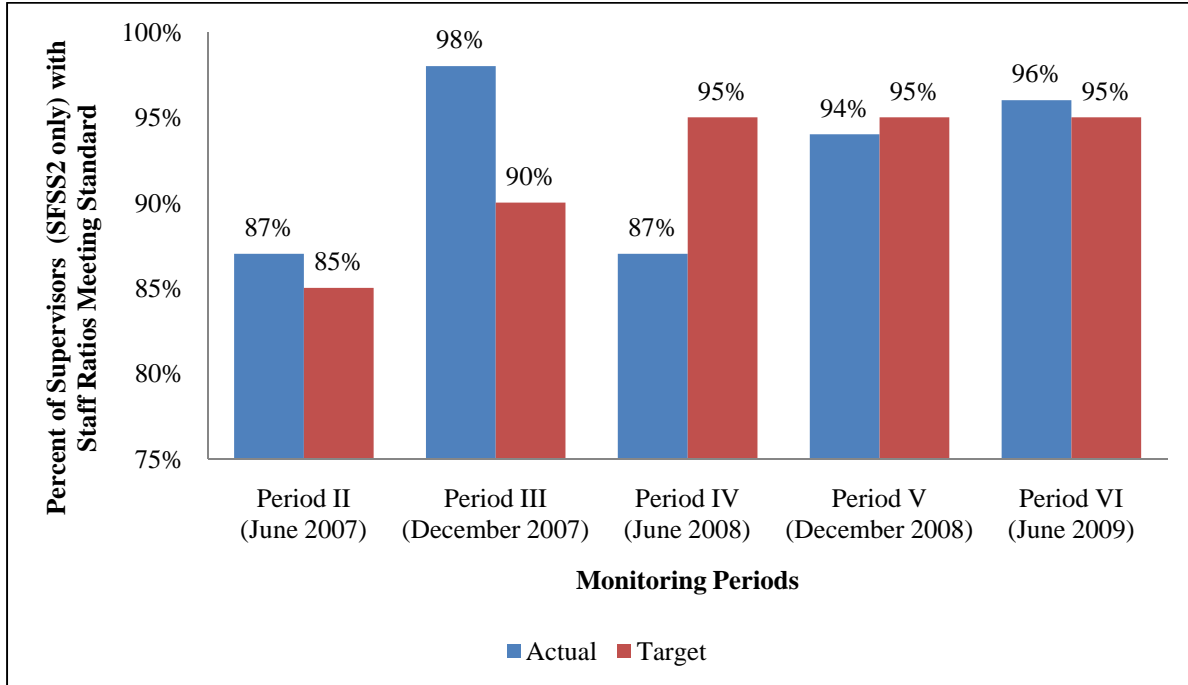
Among the 203 caseworkers interviewed for caseload verification, 20 were Adoption workers. Four (20%) had experienced fluctuating caseloads between January and June 2009. The lowest number of children ranged from six (6) to 14 and the highest number of children ranged from 11 to 22 in the six-month period.

The standard for the ratio of supervisors to workers was met for the period ending June 30, 2009.

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

As displayed in Figure 17, 95 percent of DYFS local offices have sufficient supervisors to have ratios of 5 workers to 1 supervisor. Appendix B, Table B-3 contains supporting detail for each office, including the number of supervisors at each level. The Monitor did not verify the State reported information about supervision during this monitoring period.

**Figure 17: NJ DCF/DYFS Supervisor to Caseload Staff Ratios
June 2007 – June 2009**



Source: DCF

Ninety-one percent of Deputy Attorneys General positions are filled.

DAsG are a critical link to achieving permanency for children in out-of-home care. In New Jersey, the Division of Law represents the Department in all DYFS matters. DAsG file the necessary papers for all DYFS proceedings, including child abuse and neglect and termination of parental rights (TPR) complaints. It is important not just that they fully understand the CPM, but also that they are staffed adequately to process the high volume of abuse and neglect cases that flow through Family Court. Historically, this office has been understaffed. Consequently, the Parties established performance measures for adequately staffing the Division of Law.

Adequacy of DAsG Staffing

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

Performance as of June 30, 2009:

Out of a total of 142 DAsG positions, as of July 15, 2009 there are a total of 129 (91%) that are full time with two staff working 80 percent time and an additional 11 staff on leave.

The State failed to meet the benchmark on this measure. The Monitor will continue to assess staffing needs for DAsG, and is concerned about the high number of staff on leave and whether this is resulting in case processing delays for children and their families.

B. Training

(-1.14j-tmoC3chi3) dePractic to d19.52 00247g

Table 23: Staff Trained January 2008 – June 30, 2009

Training	Settlement Commitment Description	# of Staff Trained in 1st 6 months 2008	# of Staff Trained in 2nd 6 months 2008	# of Staff Trained in 1st 6 months 2009
Pre-Service	Ongoing: New caseworkers shall have 160 class hours, including intake and investigations training; be enrolled within two weeks of start date; complete training and pass competency exams before assuming a full caseload.	90	114	55 (35 hired in last monitoring period, 11 BCWEP students, 9 hired in this monitoring period).
In-Service Training	Ongoing: Staff shall have taken a minimum of 40 hours of in-service training.	3015 have 40+ Hours		N/A
Concurrent Planning	Ongoing: Training on concurrent planning; may be part of 20 hours in-service training by December 2007.	87	96 ⁷⁰	85 out of 87 (97%)

(97%) DYFS caseworkers were trained in concurrent planning in this monitoring period. These caseworkers are newly hired staff who have already completed Pre-Service training or staff who recently became case-carrying staff and are in need of concurrent planning training. A total of 3,810 staff have been trained in concurrent planning since January 2006. Of the two eligible workers who had not completed concurrent planning training during this monitoring period, one

XIV. ACCOUNTABILITY THROUGH THE PRODUCTION AND USE OF ACCURATE DATA

NJ SPIRIT

DCF fully implemented NJ SPIRIT statewide in August 2007 and continues its work to improve data entry, data quality, and data reporting through NJ SPIRIT. In addition, DCF continues to fulfill the MSA requirement to produce DCF agency performance reports with a set of measures approved by the Monitor and to post these reports on the DCF website for public viewing (MSA II.J.6).⁷²

DYFS management has been focusing on the performance improvements required by Phase II of the MSA and the ability to report on the quantitative measures through a combination of NJ SPIRIT, Safe Measures, and data analyzed by Chapin Hall. Currently, DCF and DYFS leadership have targeted 10 specific key indicators, encouraging the field to focus on accountability, and address barriers to improved performance. This effort has included work with caseworkers and supervisors to ensure data are entered into NJ SPIRIT timely and accurately.

The work with the DYFS Area Offices on the 10 key indicators is a priority for a project on which DCF developed with the Northeast and Caribbean Implementation Center (NCIC). The technical assistance provided by the Implementation Center will provide training, coaching, and mentoring to all supervisory and management staff to help them understand and use the data to drive improvements in performance.

DCF reports continued effort to provide ongoing support for field workers as they use NJ SPIRIT and as DCF begins to use NJ SPIRIT to report on measures from the Phase II Child and Family Outcome and Case Practice Performance Benchmarks. The Help Desk also worked with the Training Academy to develop a curriculum for both NJ SPIRIT and Safe Measures refresher and enhanced training. The goal of these additional training sessions was to help workers understand how to enter data in NJ SPIRIT so that it is captured accurately by Safe Measures reporting. DCF and the Training Academy began providing this training to workers and supervisors in June 2009 and completed the training statewide in October 2009. The training will be offered continuously as part of the Child Welfare Training Academy's catalogue of courses.

NJ SPIRIT functionality was again enhanced during this monitoring period. These enhancements include giving workers the ability to create and merge adoption and kinship legal guardianship subsidy cases with multiple children involved; providing templates for court orders and improving the merge functionality for duplicate resource records to maintain a provider's full history including placements, services provided, payments, referrals, and investigations.

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

⁷² See <http://www.state.nj.us/DCF>

XV. BUDGET

The Department's fiscal year (FY) 2010 budget maintains the State's commitments to reforming New Jersey's child welfare system and specifically provides funds to continue to meet the MSA requirements. The FY 2010 budget reflects the difficulty of creating a balanced budget in a time of reduced state and local revenue. The budget includes a reduction in state dollars that are largely offset by federal funds (Title IV-E and Medicaid funds) for essential child welfare functions.

It is critically important that DCF continue to sustain progress that has been made possible by the State's careful investments since 2006. Given the immense fiscal pressures in New Jersey as in most other states in the nation, the Governor and the Legislature's continued FY2010 investment in targeted child welfare reforms is noteworthy. These investments have already demonstrated measurable results in the lives of children and families across the state. The Monitor will continue to carefully assess the allocation of budget resources to maintain commitments and further improve outcomes in accordance with the MSA.

APPENDIX A:
Glossary of Acronyms Used in the Monitoring Report

APPU:	Adolescent Practice and Permanency Unit
BCWEP:	Baccalaureate Child Welfare Education Program
CHEC:	Comprehensive Health Evaluation for Children
CIACC:	Children's Interagency Coordinating Council
CHU:	Child Health Unit
CME:	Comprehensive Medical Examination
CMO:	Care Management Organization
CPM:	Case Practice Model
CQI:	Continuous Quality Improvement
CSA:	Contracted System Administrator
CSSP:	Center for the Study of Social Policy
CWPPG:	Child Welfare Policy and Practice Group
CWTA:	Child Welfare Training Academy
CWS:	Child Welfare Services
DAG:	Deputy Attorney General
DCBHS:	Division of Child Behavioral Health Services
DCF:	Department of Children and Families
DPCP:	Division of Prevention and Community Partnerships
DYFS:	Division of Youth and Family Services
EPSDT:	Early and Periodic Screening, Diagnosis and Treatment
FFT:	Functional Family Therapy
FQHC:	Federally Qualified Health Center
FSC:	Family Success Centers
FSS:	Family Service Specialist
FTM:	Family Team Meeting
FXB:	Francois-Xavier Bagnoud Center
HSAC:	Human Services Advisory Council
IAIU:	Institutional Abuse Investigations Unit
LGBTQI:	Lesbian, Gay, Bisexual, Transgender,

**APPENDIX B:
Caseload Data**

Table B-1: Caseloads - Intake (June 2009)						
Local Office	Intake Workers	Assignments	Average Number of Assignments (Std=8)	Families	Average Number of Families (Std=12)	Office Meets Criteria
Atlantic East	21	171	8	202	10	Yes

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

Local Office	Intake Workers	Assignments	Average Number of Assignments (Std=8)	Families	Average Number of Families (Std=12)	Office Meets Criteria
Passaic Central	26	174	7	238	9	Yes
Passaic North	24	176	7	239	10	Yes
Salem	14	70	5	92	7	Yes
Somerset	29	122	4	250	9	Yes
Sussex	16	114	7	129	8	Yes

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

Local Office
**Number of
Permanency**

Table B-5: Caseloads - IAIU Caseloads (June 2009) – Continued			
	Open Cases	New Assignments	Compliance
<i>Investigator #39</i>	10	7	Yes
<i>Investigator #40</i>	2	0	Yes
<i>Investigator #41</i>	0	0	Yes
<i>Investigator #42</i>	0	0	Yes
<i>Investigator #43</i>	0	0	Yes
<i>Investigator #44</i>	4	8	Yes
<i>Investigator #45</i>	1	6	Yes
<i>Investigator #46</i>	8	7	Yes
<i>Investigator #47</i>	2	0	Yes
<i>Investigator #48</i>	5	8	Yes
<i>Investigator #49</i>	8	8	Yes
<i>Investigator #50</i>	3	2	Yes
<i>Investigator #51</i>	5	8	Yes
<i>Investigator #52</i>	6	8	Yes
<i>Investigator #53</i>	8	8	Yes
<i>Investigator #54</i>	7	8	Yes
<i>Investigator #55</i>	6	8	Yes
<i>Investigator #56</i>	6	8	Yes
<i>Investigator #57</i>	6	8	Yes
Total			100%

instrument was designed in collaboration with Troy Blanchard, Ph.D. of Louisiana State University. Drafts of the instrument were reviewed by DYFS staff and staff of the Office of Child Advocate. Three CSSP staff pilot tested the instrument in early May and made adjustments as necessary. On-site data collection took place May 26 – June 5, 2009 in a central location in Trenton, New Jersey.

3. Reviewer Training

Each reviewer participated in a half-day training facilitated by a senior staff member of the Federal Court Monitor (the Center for the Study of Social Policy). The training included: reviewing the tool, learning to navigate NJ SPIRIT, and reviewing an example case record. The results of the test case record were discussed in-depth to ensure uniformity in decision making.

4. Quality Control and Assurance

All available auxiliary DYFS paper and health case record files were brought to a central review site in Trenton, NJ. Child Health Unit representatives and DCF staff assisted reviewers in understanding medical records and DYFS case notations. During the two week review, three Monitor staff checked data collection instruments for completeness and internal consistency prior to data entry and analysis. For the first two days of the Review, each record received a full second review by Monitor staff to ensure consistency and inter-rater reliability among the reviewers. Subsequently and throughout the data collection period, Monitor staff conducted random second reviews of cases for consistency and completeness.

5. Data Analysis

The data collection instruments were coded into a format that allowed statistical analysis using the SPSS (Statistical Package for the Social Sciences) computer program. Review Team comments were also captured and reviewed to gain a greater understanding of each case reviewed.

6. Limitations of Case Record Review

The case record review of visitation patterns relied exclusively on documentation in NJ SPIRIT and the DYFS paper case file. There were many instances of incomplete documentation in these sources of information.

III. VISITATION

DYFS's policies regarding the quantity of caseworker face-to-face contact with parents of children in custody, children in custody and those children's face-to-face contact with their parents and their siblings in custody from whom they are living separately are designed to ensure children's safety, maintain and strengthen family connections, and increase children's opportunities to achieve permanency. Tracking caseworker performance on the range of visitation requirements is challenging and requires that caseworkers not only carry out visits but properly document those visits in the child and family's record. Ultimately, DCF plans to

measure and track progress on visitation requirements with data produced from NJ SPIRIT. In the interim, this case record review was done to determine baseline levels of performance.

Rate of Caseworker – Child Visits in the First Two Months Following the Child’s Initial Placement

By December 31, 2010, for 95 percent of children, caseworkers are required to have two visits per month (one of which is in the child’s placement) during the first two months of the child’s initial placement or subsequent placement for a child already in state custody. (MSA III.B.7a).

Regardless of the reason for removal or placement move, placement and re-placement represent

and the number/percentage of those children who had at least a weekly visit with their parent or reunification resource. The rate of weekly parent—child visits for children in this sample ranges from 14 to 20 percent, with an average of 17 percent.⁷⁸

**Table 3: Weekly Visits Between Children and Their Reunification Resource
July 2008 – February 2009**

Month⁷⁹	# of applicable children	#/% of children with weekly visits with a reunification resource
July	37	7 (19%) ⁸⁰
August	77	15 (19%) ⁸¹
September	113	22 (19%) ⁸²
October	147	23 (16%) ⁸³
November	180	36 (20%) ⁸⁴

caseworker—parent contact ranged from 14 to 41 percent with an average of 32 percent. The rate of cases with no documentation of a face-to-face caseworker-parent contact as well as no documented barrier to the caseworker’s contacts with parents in those cases ranged from 30 to 44 percent with an average of 41 percent.

**Table 4: Caseworker’s Face-to-Face Contact with Parents/Reunification Resource
When the Child’s Permanency Goal is Reunification
July 2008 – February 2009⁸⁸**

Month	Applicable Parents ⁸⁹	Caseworker – Parent Visit At Least Twice Monthly ⁹⁰	Caseworker – Parent Visit Once Monthly ⁹¹	No Caseworker – Parent Visit ⁹²
July	35	15 (43%)	5 (14%)	15 (43%)
August	74	27 (36%)	25 (34%)	22 (30%)
September	116	37 (32%)	33 (28%)	46 (40%)
October	150	48 (32%)	50 (33%)	52 (35%)
November	187	53 (28%)	66 (35%)	68 (37%)
December	215	48 (22%)	74 (35%)	93 (43%)
January	211	51 (24%)	68 (32%)	92 (44%)
February	199	31 (16%)	81 (41%)	87 (44%)
Average Monthly Performance		29%	32%	40%

Source: CSSP case record review, June 2009

⁸⁸ Excludes cases in which the caseworker documented unsuccessful multiple and various efforts to see a parent(s) and parents who were out of state.

⁸⁹ Documentation of caseworker – parent contact was found to be clearer than the documentation of caseworker – child visits previously presented in this report. This documentation discrepancy accounts for the disparity between the reported number of applicable children for caseworker – child visits and the reported number of parents applicable for caseworker – parent visits in several of the reported months.

⁹⁰ This includes parents of children entering DYFS custody from the 15th to the 25th of the reported month who had at least one face to face visit with their caseworker.

⁹¹ This applies to parents of children entering DYFS custody from the 1st to the 14th of the reported month and anytime during the previous month, except for July which applies to parents of children entering DYFS custody from the 1st to the 14th of July.

⁹² This applies to parents of children entering DYFS custody from the 1st to the 25th of the reported month as well as those children entering DYFS custody during the previous month, except for July which applies only to children entering DYFS custody from July 1st to July 25th.

Visits among siblings in DYFS custody who are placed apart

In cases of children in DFYS custody who reside separately from a sibling(s) who is also in DYFS custody, the MSA (III.B.10) requires that they visit each other at least monthly in 98 percent of cases by June 30, 2010. Best practice requires efforts to maintain sibling connections and in the majority of cases, there is inherent value in maintaining and strengthening the relationship among siblings who are living apart, often for the first time in their lives. Reviewers looked for documentation of whether children visited each month with all or some of their siblings. Table 5 below shows, the percentage of cases of children visiting with their siblings monthly ranged from 37 to 46 percent with an average of 42 percent.⁹³

⁹³ This excludes the month of July when only 18% of applicable children visited with some or all of their siblings.

**Table 5: Monthly Visits Between Siblings in DYFS Custody
August 2008 – February 2009***

Month	# of Applicable Children	Sibling Visit Pattern	# of
--------------	-------------------------------------	------------------------------	-------------

APPENDIX E:
Charlie and Nadine H. v. Corzine
**Supplemental Monitoring Report: An Assessment of Provision of Health
Care Services for Children in DYFS Custody**

(See Separate Document)