Progress of the New Jersey Department of Children and Families

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

July 1 – December 31, 2008

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II. SUMMARY OF PHASE I ACCOMPLISHMENTS

Phase I of the Modified Settlement Agreement covers a two and a half year period July 2006 to December 31, 2008, during which the Department of Children and Families (DCF) was created as a separate Cabinet-level department and the new Department was to establish the necessary institutional supports for significant child welfare reform to occur in New Jersey. From the outset, DCF has been dedicated to reaching all of the goals in the MSA and is to be commended on the substantial progress it has made during Phase I. While the majority of this report is focused on the last six months of 2008 (the current monitoring period), in this Section the Monitor steps back and briefly summarizes some of the State's accomplishments and highlights of progress made during the last two and one half years.

*A. **During Phase I, the Department built necessary infrastructure to create lasting reform. Examples include:***

- On July 11, 2006, Governor Jon S. Corzine signed legislation that created the New Jersey Department of Children and Families (DCF) as a cabinet-level department with responsibilities for child welfare, children's behavioral health and preventive services and community supports for children and families.[3] The Division of Youth and Family Services (DYFS), Division of Child Behavioral Health Services (DCBHS), and the Division of Prevention and Community Partnerships all were transferred from the New Jersey Department of Human Services to the new DCF with the goal of creating unified responsibility and improved coordination of services for New Jersey's children and families.

- In January 2007, DCF published a Case Practice Model (CPM). The CPM includes the agency's mission, a definition of who DCF serves, and the guiding values and principles that undergird how DCF staff is to work with and engage children and families in New Jersey. The CPM articulates the agency's belief that children do best when they have strong families, preferably their own, and when that is not possible, a stable relative, foster or adoptive family. It stresses the importance of planning with families through team meetings, where families and their support systems help develop and carry out plans to ensure the safety, permanency and well-being of children. Family Team Meetings also provide the opportunity for continuous review and adaptation of case progress, the appropriateness of decision making and goals, and whether services are suitable to meet the need(s). DCF is now intensively training staff on the skills needed to carry out the Case Practice Model. They are implementing an ambitious training and mentoring agenda and have deployed Assistant Area Directors and Case Practice Implementation Specialists to the field to support staff in applying learning to daily practice guided by the Case Practice Model.

[3] *N.J.S.A.* 9:3A-3.

- During Phase I, DCF hired hundreds of new workers and as a result appreciably reduced caseload sizes in compliance with the MSA standards. Prior to the current reform effort, high caseloads had plagued New Jersey's child welfare system for years. At the conclusion of Phase I, the State exceeded the MSA requirement that 95 percent of permanency workers serve no more than 15 families and 10 children in out-of-home care. DCF also reached MSA requirements for Intake and Adoption staff caseloads. By all reports, this reduction in caseload size is beginning to make a difference in the quality of practice across the State, has produced greater stability in the workforce, and has created an environment that provides staff the opportunity to follow the principles articulated in the Case Practice Model.

- The State has made notable progress in meeting its Phase I obligation to redesign the delivery of quality health care services to children and youth in out-of-home placement. Its plan, released in May 2007, has as its centerpiece among other things, the creation of new Child Health Units staffed by nurses and staff assistants in each DYFS local office. Initial data suggest that with the support of the Child Health Units, there have been substantial improvements in timely health care for children in out-of-home placement in New Jersey.

- Over the three fiscal years in Phase I, DCF closed the gap (in 25% annual increments) between resource family support rates and the USDA's estimated cost of raising a child.

B. <u>The State added important service resources to support children and families in each year during Phase I.</u>

- During Phase I, DCF funded 64 new intensive outpatient substance abuse treatment slots for parents and children, 30 adult residential treatment slots, and 20 adolescent residential treatment slots. These programs provide a variety of services to treat issues often accompanying substance abuse, such as domestic violence, sexual and physical trauma, and parenting.

- New Jersey's Differential Response pilot initiative responds to voluntary requests for assistance from families experiencing unmet needs prior to an allegation of child abuse or neglect. In April 2007, DCF awarded Differential Response contracts totaling $4.2 million to pilot sites covering Camden, Cumberland, Gloucester and Salem counties. Differential Response case managers meet with families seeking help within 72 hours of referral and family team meetings are held within ten days of referral. The most identified needs include financial assistance for housing, rent, utility, and/or mental health services for children. DCF expanded to two additional counties, Middlesex and Union, during the first quarter of 2009. The plan is to eventually expand this initiative to other areas of the State.

- DCF developed and began implementation of Family Success Centers whose purpose is to strengthen families by providing integrated, locally-based services to families in the communities in which they live. The State is funding 32 Family Success Centers in 16 counties.

- The State's Home Visitation initiative was funded during Phase I. These programs focus on young families who are at risk for child abuse and neglect. They provide primary prevention and early intervention services for pregnant women and children up to age five. The State has funded 30 Home Visitation programs in 18 counties. In fiscal year 2008, over 2,200 families in New Jersey were served by a Home Visitation program.

- DCF increased its services to older youth in Phase I. It created a new state-level unit called the "Adolescent Practice and Permanency Unit" and promoted new policies to provide support services to youth age 18 to 21. The State has also dramatically reduced the use of congregate care, and increased the number of transitional living program slots for this population.

- The State has increased the amount of flexible funding available to families to (1) promote family preservation and reunification, and (2) assist resource families so as to avoid the disruption of otherwise stable placements. Case managers are now better able to support families who need financial assistance with utility bills, rental down payments, respite care, furnishings, tutoring, and other individualized needs and services.

C. There is beginning evidence of improved outcomes for children and families. r

- The State has made significant progress in eliminating the use of shelters as placement for children under the age of 13. During the previous monitoring period, less than one percent of children under the age of 13 in out-of-home placement was placed in a shelter. Infrastructure changes within DCF and the development of new family placement resources appear to have significantly contributed to a reduction in the use of shelters as an initial placement for older youth as well, although some youth are still placed in shelters inappropriately.

- DCF made notable progress in reducing the number of children placed out-of-state. In July 2006, 322 children were placed out-of-state. By Ja

That being said, much of the work to make sure that the improvements in training, caseloads, and services are translated consistently into better outcomes for New Jersey's children and families remains to be accomplished. We fully expect that the State's focused efforts in this work will not diminish in the next few years.

III. SUMMARY OF CURRENT REPORTING PERIOD (July 1 – December 31, 2008)

Table 1: Summary of Settlement Agreement Requirements (July 1 - December 31, 2008)

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)[5]	Comments
PHASE I			
New Case Practice Model			
II.A.4. Identify the methodology used in tracking successful implementation of the Case Practice Model in order to create baseline data that will be available for key case practice elements.	December 2007	Yes	The Monitor, in consultation with the Parties, developed the *Child and Family Outcome and Case Practice Performance Benchmarks*, which set measures and methodology for tracking implementation of the Case Practice Model.
II.A.5. In reporting during Phase I on the State's compliance, the Monitor shall focus on the quality of the case practice model and the actions by the State to implement it.	Ongoing	Yes	Over 4,000 workers trained on Case Practice Model. Implementation "immersion sites" have been expanded across the State to new offices.
Training			
II.B.1.b. 100% of all new case carrying workers shall be enrolled in Pre-Service Training, including training in intake and investigations, within two weeks of their start date.	Ongoing	Yes	149 of 149 new workers trained or enrolled in training; 114 (77%) trained; 35 (23%) enrolled.
II.B.1.c. No case carrying worker shall assume a full caseload until completing pre-service training and passing competency exams.	Ongoing	Yes	All case carrying workers are assessed and pass Trainee Caseload Readiness Assessment and competency exams before assuming a

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)	Comments
In-Service Training			
II.B.2. c. 100% of case carrying workers and supervisors shall take a minimum of 40 hours of annual In-Service Training and shall pass competency exams.	Ongoing Annual Requirement	Yes	Since January 2008, 3,015 out of 3,019 (99%) case carrying workers and supervisors have received 40 or more hours of In-Service training (primarily on the Case Practice Model) and passed competency exams.
II.B.2.d. The State shall implement in-service training on concurrent planning for all existing staff.	Ongoing	Yes	A total of 94 out of 98 new DYFS workers (96%) were trained on concurrent planning between 6/30/08 and 12/31/08. 4 were scheduled to be trained in the next 6 months.
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	Yes	A total of 104 out of 105 new investigators (99%) completed First Responders training between 6/30/08 and 12/31/08 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. 56 supervisors were promoted between 6/30/08 and 12/31/08. 8 were appointed and trained in this monitoring period. The remaining 48 newly appointed supervisors began training in 1/09 and are expected to complete it within the required 6 month time frame.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)	Comments
II.D.7. The State shall not place a child under the age of 13 in a shelter	Ongoing	Yes	99% of children 13 and under were placed with a resource family. 5 children under age 13 were placed in a shelter during this period.
II.D.8. DYFS will eliminate the inappropriate use of shelters as an out-of-home placement for children in custody.	June 2007/ Ongoing	No	Of 421 youth in shelters, 375 (89%) were appropriately placed[6] during this monitoring report, 46 (11%) were not placed appropriately.
II.D.9. The State, in consultation with the Monitor, shall set forth a placement process consistent with the Principles of this Agreement and sufficient to meet the needs and purposes of this Agreement.	December 2008	Yes	DCF, in consultation with the Monitor, has refined its placement process to be consistent with the principles and purposes of the Settlement Agreement.
Caseloads			
II.E.2. The State shall provide on a quarterly basis accurate caseload data to Plaintiffs and the public via the DCF website.	Ongoing	Yes	The State posted Dec. 2008 data in a timely manner.
II.E.4. The State shall make Safe Measures accessible to all staff.	Ongoing	Yes	Safe Measures is accessible to all staff. It is increasingly becoming an effective management tool.
II.E.5. DCF shall train all staff on the use of Safe Measures.	Ongoing	Yes	All staff has received Safe Measures training and continues to receive training on the interface between NJ SPIRIT and Safe Measures.
II.E.18. 95% of offices shall have the average caseload standard for permanency staff of 15 families or less and 10 children in out-of-home care or less.	December 2008	Yes	DCF continues to meet the average caseload standards for Permanency staff with 98% of offices achieving the standard.

[6]"Appropriate" placement is defined by the MSA as an alternative to detention, a short-term placement of an adolescent in crisis not to exceed 45 days (during Phase I of monitoring period), a basic center for homeless youth, pursuant to the NJ Homeless Youth Act, or when there is a court order requiring placement in a shelter.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)	Comments
II.F.5 & 6 65% of children 3 and older in out-of-home placement receive annual dental exams; 50% receive semi-annual exams.	December 2008	Yes[11]	59% of children statewide received semi-annual dental exams and are considered "current" with their dental care.[12] 67% children age 3 or older whose health care is managed by a nurse in a Child Health Unit are considered current on their dental care (873 children out of 1,296 whose health care was managed by a nurse for 3 or more months).
II.F. 5 & 6 80% of children in out-of-home placement with a suspected mental health need receive a mental health assessment	December 2008	Unable to determine pending Monitor case record review	Statewide, 59% of all children entering out-of-home care received a mental health assessment. Until Monitor performs qualitative review, we are unable to determine the extent to which children with *suspected* mental health need received assessment.
II.F. 5 & 6 65% of children in out-of-home placement with medical/mental health issues identified in the Comprehensive Medical Exam (CME) receive timely accessible and appropriate follow-up care.	December 2008	Yes	70% of children who had a CME received follow-up care.[13]
II.F.5 & 6 Children in out-of-home care are current with immunization.	*[14]	No Benchmark for this period	81% of children statewide had current immunizations.[15] Immunizations were current for 87% (1,833 of 2,116) children whose health care is managed by a nurse in the Child Health Unit for 3 months or more.

[11] This benchmark originally measured annual and semi-annual exams. Because the expectation of the field is that children age 3 or older receive semi-annual exams, DCF has been solely measuring whether children receive these exams semi-annually. The Monitor accepts this modification to original benchmark as it is a more stringent goal.
[12] See note 10 above.
[13] This is based on a representative sample of children who entered care between July 1-December 31, 2008, received a Comprehensive Medical Examination, and required follow up care. The full universe was 1,504 children; the sample was 306, for a margin of error of ±5 percent.
[14] Monitor has recently set benchmarks and a final target for immunizations which are 90% current by June 30, 2009; 95% current by December 31, 2009; and 98% current by June 30, 2010 and thereafter.
[15] See note 10 above.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)	Comments
II.F.8 Children's caregivers receive an up-to-			

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)	Comments
II.G.19. 95% of offices will have average caseloads for adoption staff of 15 or fewer children.	December 2008	Yes	DCF continues to meet the average caseload standards for Adoption staff with 95% of offices achieving the standard.
Resource Families			
II.H.4. The period for processing resource family applications through licensure will be 150 days.	December 2006/ Ongoing	No	The State continued to improve performance on the 150 day timeframe. Between 7/08 and 12/08, DCF resolved an average of 51% of applications within 150 days, up from 43% in the previous monitoring period.
II.H.9 The State shall create an accurate and quality tracking and target setting system for ensuring there is a real time list of current and available resource families.	Ongoing	Yes	The Office of Resource Families has partnered with the NJ Training Academy to ensure greater utilization of the NJ SPIRIT automated system.
II.H.13 The State shall implement the methodology for setting annualized targets for resource family non-kin recruitment.	January 2008/ Ongoing	Yes	DCF continues to reach targets for large capacity resource family homes and homes targeted for recruitment by County.
II.H.14 The State shall provide flexible funding at the same level or higher than provided in FY'07.	Ongoing	Yes	The State continues to provide flexible funding to support care of children, stability of placements, and family reunification/ preservation. In State Fiscal Year 2007, $2.7 million was allocated to flexible funds. In FY2008, $3.7 million was allocated. In FY 2009, $5.7 million has been allocated.
II.H.15 Continue to close by a final 25% the gap between current resource family support rates and the USDA's estimated cost of raising a child.	January 2009	Yes	New resource family rates became effective January 2009.

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

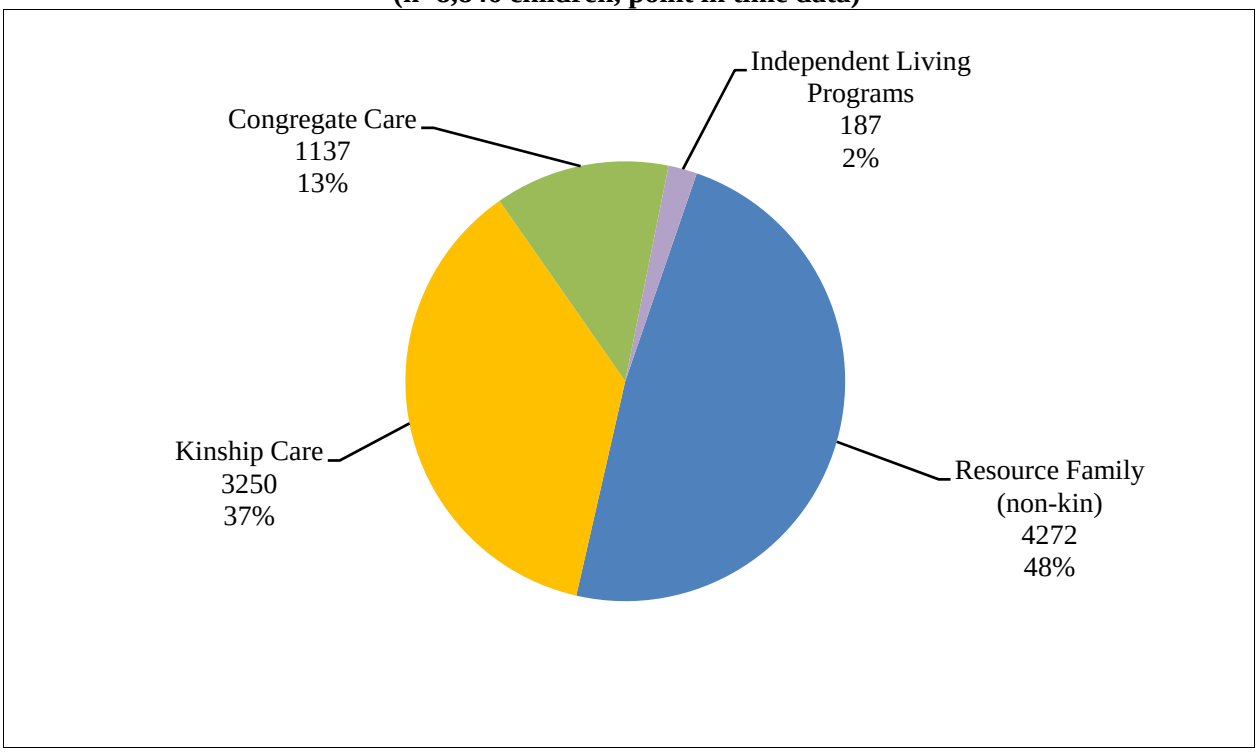
IV. CURRENT STATE OF THE DEPA

Table 3:
Key Areas of Increase and O

B. Demographic Information of Children Served by DYFS

As of December 31, 2008, a total of 47,163 children were receiving DYFS services in placement (8,846) or in their own homes (38,317). Figure 1 shows the type of placement for children in DYFS custody as of December 31, 2008. Of children in placement, 85 percent were in family resource homes (either non-relative or kinship), 13 percent in congregate care facilities, and 2 percent in independent living facilities.

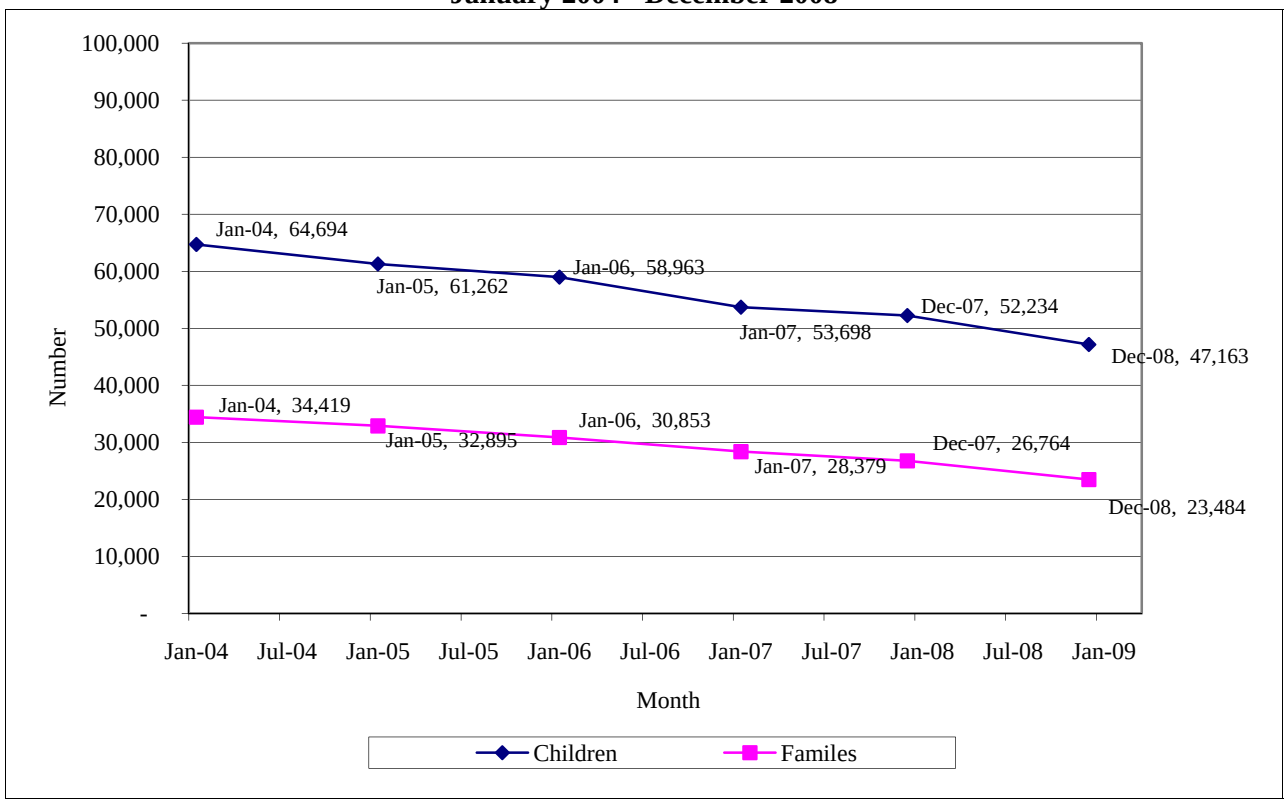
Figure 1: Placement Types for Children in Out-of-Home Placement as of December 31, 2008 (n=8,846 children, point in time data)



Source: DCF NJ SPIRIT Data, March 6, 2009.

The number of children and families under DYFS supervision has been steadily declining in the past few years. As seen in Figure 2 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 December 31, 2008, this had declined to 47,163 children under DYFS supervision and 23,484 families.

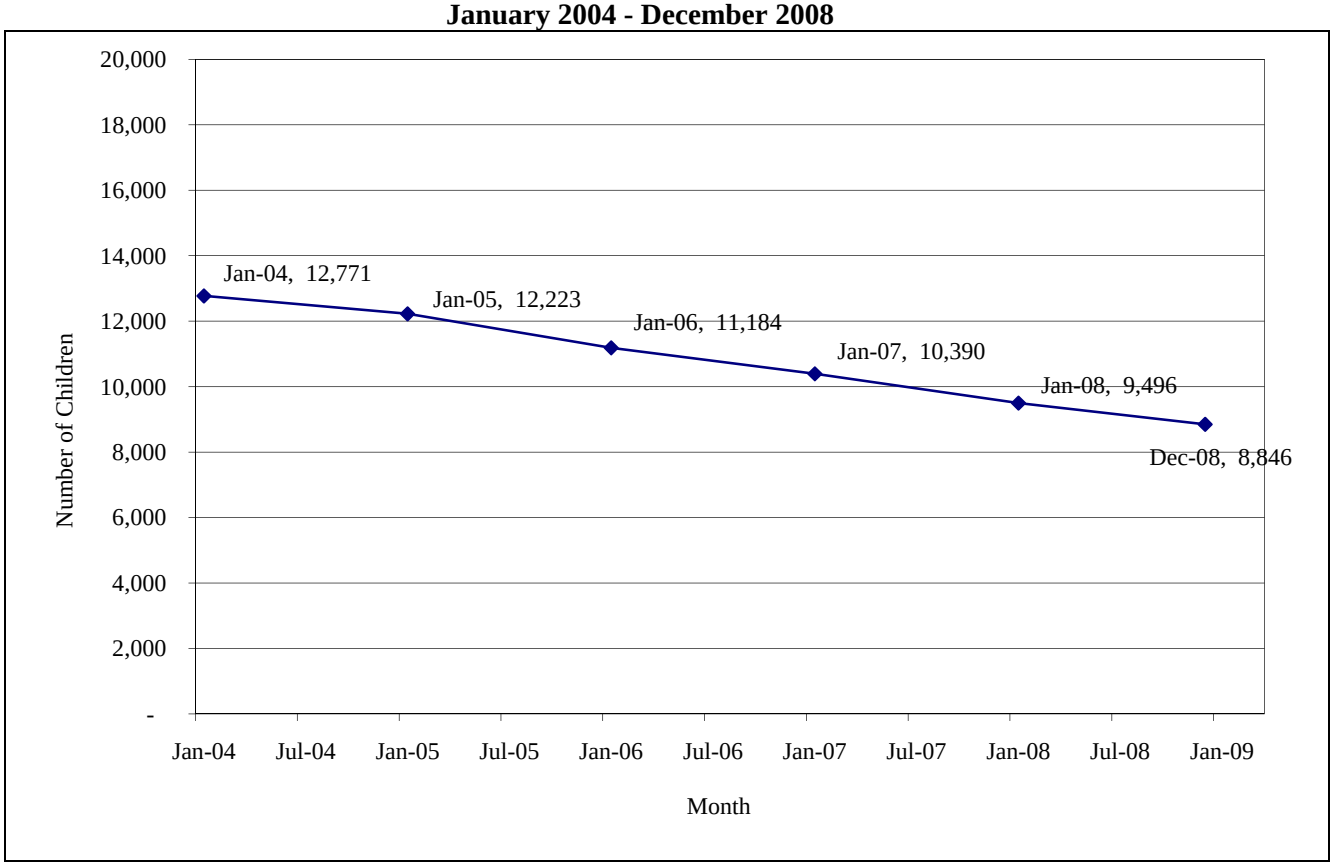
Figure 2: Children and Families Under DYFS Supervision
January 2004 - December 2008



Source: DCF NJ SPIRIT Data, March 6, 2009.

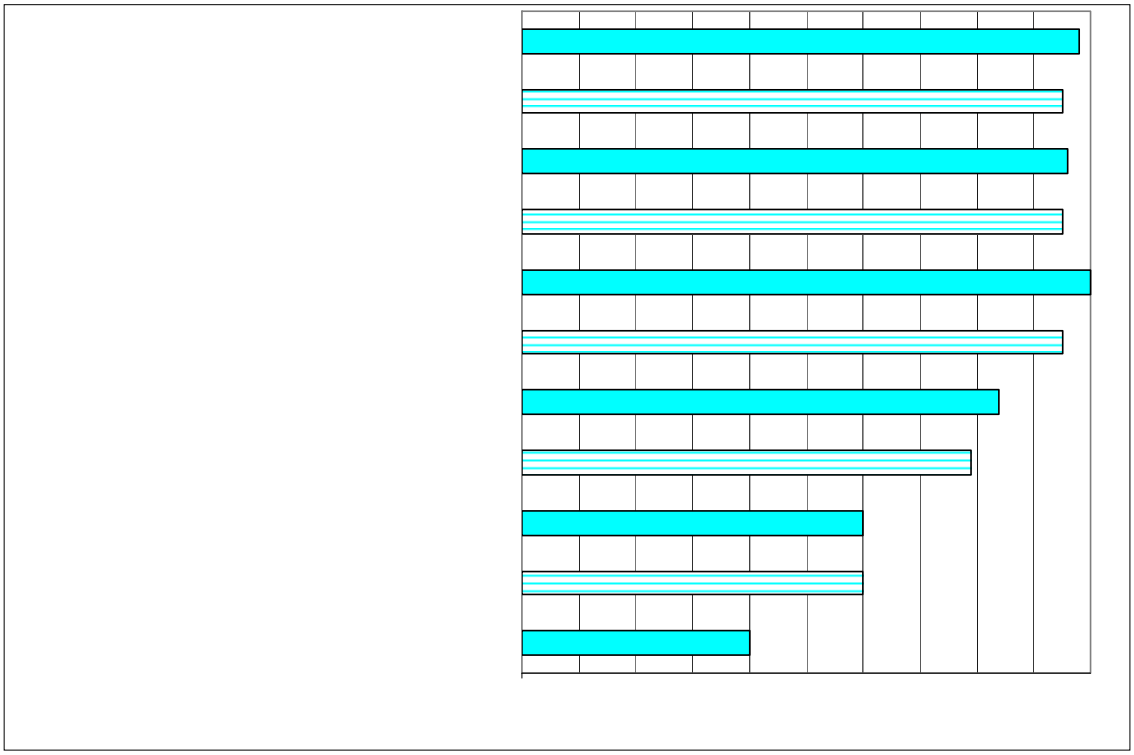
The number of children in out-of-home placement has also been steadily declining. In January 2004, there were 12,771 children in out-of-home placement. As of December 31, 2008, there were 8,846 children in out-of-home placement. (See Figure 3).

Figure 3: Children in Out-of-Home Placement
January 2004 - December 2008



Source: DCF NJ SPIRIT Data, March 6, 2009.

Figure 4: NJ DCF/DYFS Permanency Caseloads



Source: DCF NJ SPIRIT Data
Note: Adoption staff and cases were included in Permanency Caseloads in March 2006 only. After March 2006, they are separately counted.

The State reported that 36 DYFS local offices now have designated "Adolescent Units." As will be described in greater detail later in this report, staff in the Adolescent Units is dedicated to helping adolescents in foster care achieve permanency. These workers are held to the same caseload standard as all other Permanency staff and are included in the caseload calculations for Permanency staff.

DCF/DYFS exceeded the December 2008 caseload target set for Intake staff.

DYFS Intake staff is responsible for responding to community concerns regarding child safety and well-being. They receive referrals from the State Central Registry (SCR) and depending on the nature of the referral, they have between 2 hours and 5 days to visit the home and begin their investigation or assessment. They are to complete their investigation or assessment within 60 days.

The caseload standard for Intake staff also has two components. One component is the number of families under investigation or assessment at any given time and the other component is the number of new referrals assigned to a worker each month. As with the Permanency caseloads, the Phase I standard for Intake caseloads is based on average caseloads in an office and the limits become progressively lower as the MSA implementation proceeds. When fully implemented in December 2008, 95 percent of all offices were to

DCF/DYFS fell just short of the benchmark for the ratio of supervisors to workers, but the vast majority of units appear to have the required level of supervision.

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 standards for supervisory ratios. By June 2008 and for the remaining time in Phase I, 95 percent of all offices should be maintaining a 5 worker to 1 supervisor ratio (MSA Section II.E.17 and Section II.E.20).

As displayed in Figure 6, the State fell just short of the December 2008 target with 94 percent (44) of the DYFS local offices having 5 to 1 supervisory ratios. All three offices not meeting the standards had sufficient supervisory staff to achieve a 6 to 1 ratio. This is an improvement over the previous reporting period when 87 percent of the offices met the supervisory ratio standard. Appendix A, Table A3 contains supporting detail for each office, including the number of

DCF/DYFS achieved the December 2008 caseload targets set for Adoption staff.

Adoption staff members are responsible for finding permanent homes for children who cannot safely return to their parents by developing adoptive resources and performing the work needed to finalize adoptions. The MSA requires the State to move away from generic permanency caseloads and to ensure that children with

B. Training

DCF has made training of its staff a priority in Phase I. It developed a new Case Practice Model (CPM) that emphasizes engagement with families, and proceeded with an aggressive schedule to train staff on the values, principles, and skills necessary to implement the CPM.

As shown in Table 5 below, the State has made noteworthy accomplishments in training its workforce this past year. Particularly significant is DCF's training of over 4,000 case carrying workers on essential elements of its new Case Practice Model, over 3,000 of whom were trained in the past six months.

Training	Settlement Commitment Description	# of Staff Trained in 2006	# of Staff Trained in 1st 6 months 2007	# of Staff Trained in 2nd 6 months 2007	# of Staff Trained in 1st 6 months 2008	# of Staff Trained in 2nd 6 months 2008	Total # of Staff Trained (Cumulative 2006 - 2008)
Adoption Worker	As of December 2006 and ongoing, adoption training for adoption workers.	91	140	44	38	The State hired or reappointed 43 new Adoption workers in the past six months. All staff required to have been trained were trained: 22 new Adoption workers (51%) completed training between 6/30/08 and 12/31/08. 17 of the 43 new Adoption workers were reappointments who had previously been trained. The remaining 4 Adoption workers reappointed in this monitoring period were trained in February 2009.	335

Pre-Service Training
As reflected in Table 5, 149 caseload carrying workers (Family Service Specialist Trainee and Family Service Specialist 2) were hired in this monitoring period. One hundred fourteen (114) workers were trained and 35 are enrolled in training to meet the Pre-Service training requirements. Thirty-five (35) of the 114 workers trained in this monitoring period were hired in the previous monitoring period. In total, 1,495 workers received Pre-Service training from 2006 to 2008. The Monitor reviewed a random sample of 20 percent of staff transcripts and cross-referenced them with Human Resources data to determine that the workers took the training and passed competency exams. The Monitor verified that all newly hired and/or promoted staff enrolled in Pre-Service training within two weeks of their start dates.

Four (4) of the 114 caseload carrying staff members trained in this monitoring period were BCWEP students.[22] BCWEP students are trained through a combination of coursework and DYFS Worker Readiness Training developed by DYFS in conjunction with a committee of faculty from Stockton College, Kean University and Seton Hall University. The committee designed the Worker Readiness Training specifically for BCWEP students to supplement DYFS pre-service training. The Monitor carefully reviewed the Worker Readiness Training and is satisfied that it is comparable to, or more comprehensive than the training non-BCWEP staff receive. All BCWEP students are required to pass the same competency exams that non-BCWEP students take before they are permitted to carry a caseload.

In-Service Training
Beginning in January 2008 the MSA required all case carrying workers and supervisors to take a minimum of 40 hours of annual In-Service training and pass competency exams (MSA Section II.B.2.c). The majority of case carrying workers took 40 hours of In-service training in calendar year 2008 by participating in extensive training on the new Case Practice Model (see below for additional information on CPM training). As reported last monitoring period, the training consists of two training modules, *Developing Trust Based Relationships with Children and Families* Families

Case Practice Model Training

By agreement of all parties, as of December 2008 all case carrying staff and case aides had to be trained on the new Case Practice Model and pass competency exams. Given the size of the DYFS workforce, this was a major undertaking that required a lot of careful organization and planning. In the past year DYFS, with the assistance of the Child Welfare Policy and Practice Group (CWPPG) and consultant teams, the State succeeded in training a total of 4,051 staff in Module 1 of the Case Practice Model training, *Building Trust Based Relationships with Children and Families*. Another 340 staff completed intensive immersion training, where staff is intensively trained on engagement skills and the values and principles of the Case Practice Model in its entirety. Of the 4,051 staff trained on Module 1, 256 were trained in the last six months of 2008.

Two thousand nine hundred twenty-two (2,922) staff received training on Module 2, *Making Visits Matter*, in the last six months of 2008, making a total of 3,633 staff trained on Module 2 since January 2008. The Monitor applauds the State for accomplishing its goal of training almost its entire workforce on the Case Practice Model by the end of 2008 and sees it as an extraordinary achievement that is expected to yield significant improvements in the quality of case practice in New Jersey.

Concurrent Planning Training

Rutgers University School of Social Work continues to take the lead in training DYFS staff on concurrent planning, the practice of simultaneously planning for more than one permanency outcome for a child in care. As reflected in Table 5, 94 out of 98 (96%) DYFS caseworkers were trained in concurrent planning in this monitoring period, for a total of 3,799 trained since January 2006. Ten of the 94 were hired in the previous monitoring period and trained in the last six months. An additional 4 workers hired this monitoring period are scheduled to be trained in the next six months. The Monitor randomly selected and cross-referenced 20 percent of staff transcripts with Human Resource data to verify that the State complied with the MSA (Section II.B.2.d).

DCF continues to work toward aligning the curriculum of its Case Practice Model training and its concurrent planning training. Toward that goal, DYFS plans to revise its *Concurrent Planning Handbook Desk Guide* to better support the values and principles of the Case Practice Model.

C. State Central Registry (SCR)

New Jersey's State Central Registry (SCR) is a unit of the DCF Division of Central Operations.

strides in completing investigations of institutional abuse and neglect in a more timely manner."[28]

The MSA does not make any distinctions about the type of investigations IAIU conducts based on the allegation or location of the alleged abuse. The timeliness standard applies to all IAIU investigations. However, the Monitor's fundamental concern is the safety and well-being of the children who are in DCF custody (and part of the class of children to whom the MSA applies). Therefore, in reviewing IAIU performance, it is important to separately consider investigations of maltreatment in foster care settings (resource homes and congregate care facilities) from other settings (schools, day care, buses, etc). Table 6 below displays IAIU's overall performance for the dates cited as well as the timeliness of investigations in foster homes and congregate care facilities.

Table 6: IAIU Investigative Timeliness:
Percent of Investigations Pending Less Than 60 days
As recorded for the last date of each month, July - December 2008

Date	All Investigations pending less than 60 days	Investigations in congregate care and resource homes pending less than 60 days
July 31, 2008	84%	91%
August 29, 2008	83%	87%
September 30, 2008	85%	86%
October 31, 2008	90%	93%
November 30, 2008	87%	91%
December 31, 2008	86%	90%

Source: DCF, IAIU, Daily Workflow Statistics

During the first five months of the monitoring period, DCF achieved the caseload targets set for IAIU Investigation staff. During the sixth and final month of the period, however, DCF did not.

By June 2008, 95 percent of IAIU investigators were to have no more than 8 new cases per month and 12 open cases at a time (MSA Section II.I.5). According to data supplied by the State, all IAIU investigators had caseloads in compliance at the end of July, August, September, October, and November. On December 31, 2008, however, 39 of the 48 investigators (81%) had caseloads in compliance with the standard. The State reported that all nine investigators who

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

IAIU audit findings identified opportunities for improvement.

Despite the high degree of agreement with IAIU's decisions regarding whether to substantiate child abuse or neglect, the audits conducted by both OCA and DCF identified similar opportunities for improvement. OCA concluded that the "Department needs to be more rigorous in the collection of documentation and interpretation of information."[32] This observation was prompted by finding four investigations with insufficient documentation for the OCA team to make a conclusive interpretation and finding another four where the OCA team believed the evidence supported a finding of "substantiation" instead of "unfounded." OCA recommended IAIU continue to develop its Quality Assurance process and strengthen training for investigators and documentation policy. Other OCA recommendations included explicitly defining the range of cases to which the "Unfounded" finding applies; examining the Child Abuse Registry; improving corrective action monitoring; expanding supervisory review to the "unfounded" cases as well as the substantiated cases; and strengthening investigative quality assurance. As of the middle of March 2009, DCF had provided a corrective action plan to OCA which was under review and pending additional discussions based on OCA feedback.

The recommended improvements from the two internal audits were similar to those of the OCA: staff development is needed in the areas of critical thinking, development of assessment skills, interviewing and documentation. To this end, the Child Welfare Training Academy is drafting training modules for IAIU and investigators will receive the Case Practice Model training. DCF is also seeking opportunities for joint training and collaboration with Law Enforcement. DCF has designed a documentation guide that reminds investigators to more clearly record critical elements such as the names, ages and relationships of those interviewed, the date, time, and location of interviews, and the privacy of the interview. DCF is also planning to strengthen its Quality Assurance process by instituting a centralized weekly review of all investigations in resource provider homes and congregate care facilities. According to DCF's plan, a Central IAIU Office Supervisor will review the investigations to "ensure child safety, notification to appropriate offices and monitor the initial investigation process."

Investigations resulting in "Unfounded" allegations of maltreatment may still receive DCF follow-up.

If the evidence does not support substantiating the allegation of maltreatment, the Investigators must legally conclude that the allegation is "Unfounded" and enter that as the investigation finding. However, during the course of the investigation, Investigators may identify policy, licensing, training or other issues that require attention. These circumstances often prompt the Investigators to conclude that, even though the allegation of abuse or neglect was "Unfounded," there are nonetheless concerns that should be addressed. Investigations refer to this as a finding "with concerns." The data reviewed by OCA suggested that about one-third of "unfounded" investigations had identified concerns.

[32] See *Protecting Children, A Review of Investigations of Institutional Child Abuse and Neglect.*

Depending on the setting and the type of concern, the Office of Legal Affairs and Licensing or the Office of Resource Families, Licensing, and Adoptions Operations are notified. These licensing bodies may decide to continue to suspend placement in these settings until the concerns are resolved. These bodies request and oversee the corrective action plans with the targeted settings and notify IAIU's Continuous Quality Improvement (CQI) unit when the corrective action plans have been received and when they have been successfully completed. In circumstances that do not involve licensing or policy issues, IAIU requests a corrective action plan directly from the local office supporting the resource family home or from the facility.

The CQI unit maintains a tracking system to record the progress of all corrective actions requested, including those monitored by the licensing bodies. However, in practice, OCA's audit found that almost 40 percent of the corrective action plans from the 2007 investigations reviewed were never entered into IAIU's monitoring system and therefore were never tracked for subsequent compliance. OCA recommended improving the corrective action process with an electronic tracking system that captures all requested corrective action plans; subsequent receipt, approvals and amendments; and satisfactory timely completion of implementation steps.

DCF acknowledged that the tracking mechanism needs improvement and as of January 2009 has instituted some new steps and plans to redevelop the current electronic data base. The new steps include sending the CQI unit a copy of all IAIU finding letters with the CQI unit sending a request for Corrective Action, where applicable, within 30 days after the findings letter. Subsequent follow-up is required for non-responses. As of December 31, 2008, DCF reports IAIU was tracking 60 corrective action requests from 54 facilities or resource homes. The length of time these corrective actions have been tracked ranged from a few days to nearly a year. DCF believes it has corrected the communication problem identified by OCA. However, the tracking list was supplied too late to the Monitor for it to be verified prior to this Report. The Monitor will work with DCF to verify the tracking system during the next period.

DCF's review of IAIU's substantiations of maltreatment in care reveals a declining trend but suggests increased consistency with legal standards.

As a result of the apparent declining trend in the IAIU substantiation rate over the last few years, DCF undertook an analysis of the IAIU substantiations for calendar years 2003 through 2007 using data from its previous information system and NJ SPIRIT. The purpose of the analysis was to determine what, if any, quality improvements were needed in the IAIU investigative and decision-making process. The analysis looked at substantiations by child victim (rather than by referral or allegation) and was consistent with the manner in which the federal Administration for Children and Families counts substantiations.

Between 2003 and 2007, the annual number of children in investigations with substantiated findings declined from 276 to 168, a drop of 39 percent. Placing this performance in the context of the number of referrals received, the substantiation rate declined from 9.8 percent in 2003 to 3.7 percent in 2007. At the same time, DCF reported that the total number of children in IAIU maltreatment reports increased from 2,817 to 4,544 annually. Thus, the substantiation rate decline reflects both fewer substantiated child victims and an increasing number of child subjects

in allegations of maltreatment. The Monitor has not found comparative information by which to assess the IAIU substantiation rates.

DCF's analysis concluded that the decline in the number of substantiations "is more related to factors regarding the overall administration if IAIU" than to other factors such as the type of alleged maltreatment or the settings. The most significant change in IAIU administration came in the spring of 2006 when new leadership was put into place. According to DCF, the new leadership "refocused and disciplined" IAIU investigative practice to be "consistent with legal standards." This effort included increased focus on "ensuring that a preponderance of evidence" supports the finding through quality supervision at the investigation level and across all investigations at the regional level. Since that time all substantiated findings have been subject to review and approval by IAIU senior staff. In addition, senior staff is expected to "consult with a DAG to determine if additional evidence is required to support the substantiated findings." As reported by DCF, the median number of IAIU substantiations each month was 23 before the April/May 2006 leadership transition and was 13 each month after that transition.

The historical analysis of substantiation data coupled with the recent audit findings regarding the appropriateness and consistency of investigation decisions suggests that IAIU's current number of substantiations and substantiation rate is reasonable. However, DCF should continue to closely monitor the substantiation rate in the future.

Tracking Systemic Issues and Trends from IAIU Data.

IAIU is not responsible for assembling its investigative findings over a period of time to identify patterns among facilities or resource development homes. However, other units of DCF use IAIU investigative findings to help identify issues that require action, both institution-specific and systemic. For example, the Office of Legal Affairs and Licensing reports that they compile facility violation trends for follow-up in on-site licensing inspections. Any individual facilities are targeted for technical assistance and further guidance.

IAIU investigative findings also contribute to the Congregate Care Risk Management process which is coordinated through the Office of Evaluation Support and Special Investigations (ESSI). ESSI convenes a team of representatives from IAIU, Licensing, and the Division of Child Behavioral Health Services monthly to review approximately 60 facilities on a rolling schedule. Any critical incident, however, can cause a facility to be reviewed more immediately than scheduled. At the conclusion of each meeting, DCF reports that the team determines whether the facilities reviewed require ongoing monitoring, "early alert" or "red alert" status.[33] Each of these designations triggers a variety of actions tailored to the specific concerns.

[33] *Congregate Care Risk Management Protocol*, DCF, draft.

E. Accountability through the Production and Use of Accurate Data

NJ SPIRIT

As part of laying a foundation for a solid infr

6,311 tickets within 1 work day and an additional 24 percent of tickets within 7 work days for a total of 82 percent resolved within 7 work days. This is an improvement over last monitoring period's performance of 75 percent of tickets being resolved within 7 work days. DCF reports that many of the tickets remaining open for more than 7 work days require software fixes to NJ SPIRIT or other technical work. These tickets remain open so the Help Desk can follow up with the user once the software fix has been made.

Safe Measures

DCF reports an increased reliance and confidence in Safe Measures as an effective and accurate reporting and management tool. During this monitoring period, DCF has made a number of modifications and enhancements to Safe Measures including building new management screens which are in alignment with the MSA requirements. The new or re-designed Safe Measures screens include:

- Response Priority Timeliness for Investigations
- Timely CPS Investigation Completion
- Monthly Staff Contacts with Children – both In-Home and In Placement
- Contacts with Children Placed Out of State – both Monthly and Quarterly
- Comprehensive Medical Examinations
- Annual Medical Examinations (EPSDT)
- Initial Case Plan Timeliness
- Ongoing Case Plan Timeliness
- Length of Shelter Stays
- Children in a Shelter
- Pre-Placement Conference Timeliness
- Five-Month Enhanced Review Timeliness
- Ten-Month Enhanced Review Timeliness
- Assignment to an Adoption Worker Timeliness
- Recruitment Plan Timeliness
- TPR Petition Timeliness
- Legally Free Children
- Adoption Home Placement Timeliness
- Adoption Finalization Timeliness
- Upcoming Adoption Finalizations
- Finalized Adoptions (By Adoption Home Type)

Caseload Reports and Worker Rosters

DCF continues to generate and provide data to the Monitor with regard to caseloads by DYFS local office and by type of worker. DCF also continues to maintain an accurate worker roster which is the foundation for the caseload reporting.

Key Indicators and Data on DCF Website

The MSA requires that:

1. By August 2006 and continuing thereafter, the State shall identify an initial key set of indicators, ensure the accuracy of such indicators and publish these indicators (MSA II.J.1).
2. By November 2006 and continuing thereafter, the State shall identify and ensure the accuracy of additional key management indicators and shall publish these indicators (MSA II.J.3).
3. By February 2007 and continuing thereafter, the State shall identify additional indicators, ensure their accuracy and shall publish these indicators (MSA II.J.5).

Permanent, Stable Families; Caseworker Contacts & Visits; Child Well-Being, Service Planning, & Resources; Engaging Youth and Families by Working with Family Teams; and Transition from DCF/DYFS Involvement. All Parties have reached agreement on the measures and the methodology for data collection, but a number of benchmarks and final targets still need to be set, pending review of baseline data. The Monitor is working closely with Parties to finalize the benchmarks and final targets in each area.

Over the past six months, DCF has been working hard to produce data on the Performance Benchmarks. Many of the measures are assessed using data from NJ SPIRIT and Safe Measures with validation by the Monitor. For the time being, a handful of the measures will require independent case record review in order to measure DCF's performance. Another group of measures will be assessed through qualitative review. The Monitor and DCF are currently working to develop the methodology for the qualitative assessment. The Monitor will begin to report on DCF's performance on most of the Performance Benchmark measures in the next Monitoring Report.

VI. CHANGING PRACTICE TO SUPP

Table 7: Case Practice Model Implementation Schedule

#	Office	Immersion Start
1	Bergen Central	January 2008
2	Burlington East	January 2008
3	Gloucester West	January 2008
4	Mercer North	January 2008
5	Mercer South	November 2008
6	Cumberland West	November 2008
7	Bergen South	November 2008
8	Camden .88 590.34 .24002 11.2N eny 2010	

#	Office	Immersion Start
23	Morris East/Sussex	October 2009
24	Camden (Office TBD)	October 2009
25	Atlantic East	January 2010
26	Monmouth/Ocean (Office TBD)	January 2010
27	Middlesex (Office TBD)	January 2010
28	Union Central	January 2010
29	Essex (Office TBD)	January 2010

During the past six months, DCF has been carefully planning to sustain its practice change strategies while simultaneously decreasing its reliance on outside contractors. The State's vision is to build staff capacity to serve not just as facilitators, but also as trainers, coaches and even master coaches. The State anticipates that some of the new capacity will come from the local offices as supervisors and casework supervisors gain expertise and develop in their roles as facilitators and coaches. DCF is targeting its 12 Areas to have at least one master coach per area to serve as the primary person responsible for teaching, mentoring and coaching engagement and teaming skills. The DCF Training Academy and the consortium of social work schools that form the NJPCWP will also play critical roles in building the State's new capacity. These entities will work closely with the State to monitor quality of practice as DCF transitions into its role as the workforce's primary source of training, coaching and mentoring on the Case Practice Model.

During 2009, CWPPG will continue to mentor and coach staff in at least one office in each of DYFS's 12 Area Offices. By April 2009, New Jersey trainers (the Training Academy and NJPCWP) will co-train with CWPPG trainers and subsequently begin training independently, with CWPPG supervision. In October 2009, when at least one office in each area has completed the immersion process, CWPPG's direct involvement with the State will end and DCF will be responsible for the immersion process in the remaining sites. DCF has set numerical targets for this ambitious resource development plan.

The immersion process has been modified based on early lessons learned. Immersion sites now train all management and supervisors at the beginning of the process to assist them in leading staff through immersion training. Intake staff is also trained earlier in the process to teach them the value of the relationship between engagement and teaming and their investigative work. Another lesson learned is the need for early identification and training of potential DCF coaches to assist in ongoing capacity building.

Monitor staff observed Family Team Meetings at offices that have been through immersion traookly plraotafent and t3(e officee)]TJuperviso TD..00mb20.6tnfbPPG supervision. In October .0021 v1dw[(tr

Concurrent Planning Practice

- ***DCF continues to improve its Concurrent Planning Practice.***

Concurrent planning is a practice used throughout the country in which workers assist children in out-of-home placement to reunify with their family of origin safely and quickly, while simultaneously pursuing alternative placements should reunification efforts fail. DYFS employs what it terms "enhanced reviews" to carry out this process and to comply with the MSA.[37] The practice has expanded in 2008 to 26 DYFS local offices, with plans to move the practice to the remaining 21 offices by December 2009.

DCF's ongoing challenge is to integrate its concurrent planning training and practice with the values and principles of the Case Practice Model. The State reports that concurrent planning specialists are "fully disclosing" permanency options and foster care permanency timeframes to families, and using widely DYFS's *Concurrent Planning Handbook: A Caseworker's Desk Guide.* "Full disclosure," New Jersey's term for explaining fully to families all aspects of case planning, is only a portion of good concurrent planning practice. It needs to be paired with equally good engagement, teaming and assessment skills, which are at the heart of the case practice model.

Monitor staff attended five enhanced reviews during this period. The use of concurrent planning Specialists at each review was demonstrably effective. Monitor staff observed good practice, as well as practice that still needs improvement. The Monitor believes that additional work is needed to fully integrate concurrent planning practice with the CPM and will be discussing this integration with the State in the next monitoring period.

- ***DCF continues to hold regular 5 and 10 month reviews in concurrent planning sites and use NJ SPIRIT to better track its adoption process.***

DCF reports that DYFS's 26 local office concurrent planning sites are generally able to conduct timely 5 and 10 month reviews of cases. Data for this monitoring period show that 95 percent of cases had timely five month reviews. DYFS improved timeliness of ten month reviews by 16 percent over last reporting period at the 10 original sites with 98 percent of ten month reviews completed timely during the past six months. In the 16 DYFS local offices that became concurrent planning sites in the first half of 2008, 90 percent of cases had timely five month reviews, up from 81 percent the State reported in the previous reporting period, and 97 percent of offices completed ten month reviews timely, up from 82 percent.

According to data provided by DCF, DYFS has made improvements but is still struggling to transfer cases to Adoption workers within 5 business days of a change of goal (MSA Section II.G.2.c). Site visits by the Monitor confirmed this is an ongoing challenge. Statewide, 55 percent of cases were transfe

Table 8: Expansion of Home Visitation Programs by County (2006 – 2008)

County	Provider	Available Slots/Families		
		Baseline 2006	Net Increase	2008 Capacity
Atlantic	Southern NJ Perinatal Cooperative	60	11	71
Bergen	Care Plus NJ, Inc.	60	0	60
Burlington	Burlington County Comm. Action Prgm.	45	15	60
Camden	Center for Family Services	68	0	68
Camden	Southern NJ Perinatal Cooperative	0	100	100
Cape May	Holy Redeemer Health System	45	15	60
Cumberland	Robin's Nest, Inc.	48	87	135
Cumberland	FamCare, Inc.	0	75	75
Essex	Youth Consultation Service	0	100	100
Essex	Northern NJMCH Consortium	60	30	90
Essex	Essex Valley VNA	43	40	83
Gloucester	Robin's Nest, Inc.	48	37	85
Hudson	Care Plus NJ, Inc.	50	25	75
Hunterdon	NORWESCAP	0	6	6
Mercer	Mercer St. Friends	60	15	75
Mercer	Children's Futures	0	100	100
Middlesex	Central New Jersey MCH Consortium	38	30	68
Middlesex	VNA of Central Jersey	30	0	30
Middlesex	United Way of Central Jersey	0	100	100
Monmouth	VNA of Central Jersey	30	168	198
Morris	Gateway Northwest MCH Network	30	6	36
Ocean	Preferred Children's Services	50	9	59
Passaic	Northern NJMCHC	87	111	198
Salem	Robin's Nest, Inc.	50	35	85
Somerset	Central New Jersey MCH Consortium	0	7	7
Sussex	Project Self Sufficiency	0	36	36
Union	Visiting Nurse and Health Services	60	23	83
Warren	NORWESCAP	0	31	31
TOTAL		**962**	**1,212**	**2,174**

Source: DCF

New Jersey's Home Visitation program focuses on young families at risk of child abuse and neglect and provides primary prevention and early intervention services for pregnant women and

children up to age five. The goal of the program is to promote strong families so that babies and young children will be safe, healthy and school-ready. The State reports that some programs are staffed by nurses, while others are staffed by social workers, child development specialists, and other trained and certified professionals who visit with pregnant women, new parents, and other caregivers with newborns and infants. Staff initially meets weekly with families, and visits can continue until the family is no longer eligible, which is defined differently by each program.

Assistance provided to the family is tailored around the individual needs of the family members. The goal is to support parents and caregivers as they build strong, nurturing relationships with their children. Pregnant women receive linkages to prenatal care, health care, WIC, transportation, and community and social services. Families with newborns and infants receive specialized services, including information on health insurance, pediatric well-child care, growth and development checkups, immunizations and lead screening. New Jersey's home visitation programs are voluntary and include mothers, fathers and other key adults. They are evidenced-based, and use standardized training program materials.

New Jersey has three types of Home Visitation programs:

- Nurse-Family Partnership (NFP)

  These programs are specifically for first-time pregnant women or new mothers. Registered nurses visit new families and provide support to improve health, well-being and self-sufficiency and link families to other community services and supports. Services are provided from pregnancy until the baby is two years old. NFP is based on a research model that has demonstrated proven success in impr

achievement. PAT reports that it has 25 years of research demonstrating its effectiveness in measures such as increased parent knowledge of children's needs, early detection in

DCF has increased overall capacity to provide substance abuse services, but may need to further study geographic need and availability.

As noted in Monitoring Period 4 report[40], by June 2008 DCF was required to increase its capacity to provide substance abuse services to parents and children above the baseline slots available as of June 2006. (MSA Section II.C.12). The State was required to add 30 new residential treatment slots for parents, 50 new intensive outpatient care slots for parents, and 20 new residential treatment slots for youth. Table 9 below shows the number and location of the new slots, and the date each became operational. DCF added eight new intensive outpatient treatment slots for parents and children in November 2008. The new slots for residential treatment for adolescents required by the MSA became operational in March 2009.

[40] *Period IV Monitoring Report for Charlie and Nadine H. v. Corzine.*

Table 9: Increase in Substance Abuse Slots by Geographic Area
(July 2006 - March 2009)

Type of Substance Abuse Program	MSA Required Slots	Number of Slots Added	Provider	Date Operational	Geographic Area
Residential Treatment of Parents and					

C.

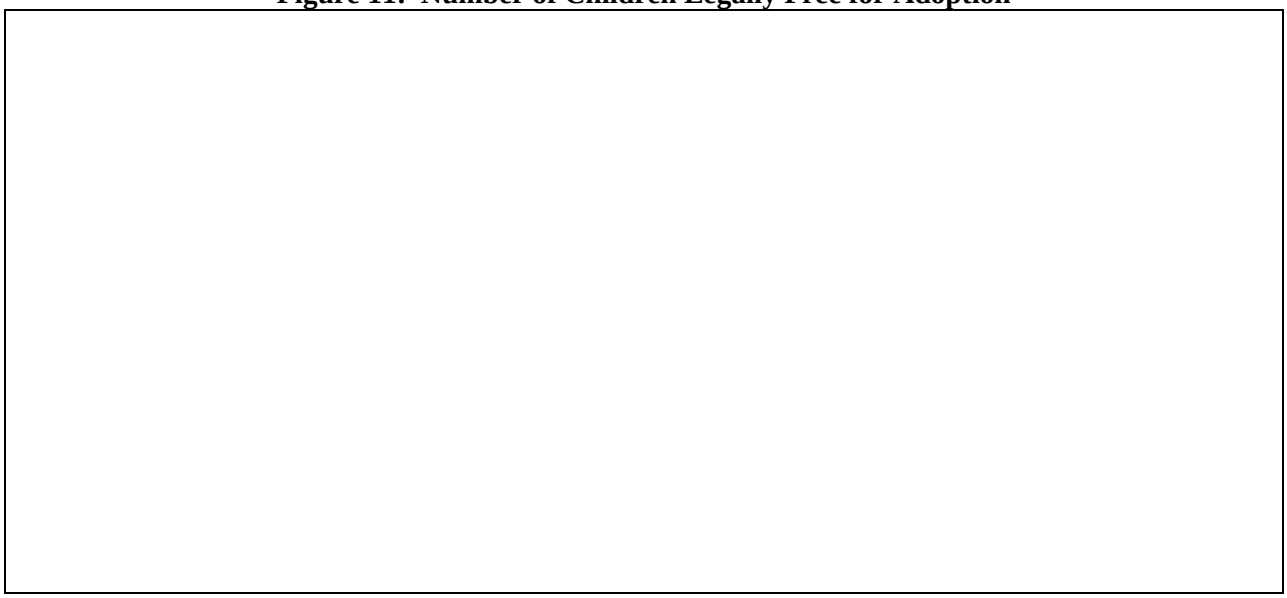
Table 10 below shows the number of adoptions finalized in each local office during the second half of 2008.

Table 10: Adoption Finalizations for July - December 2008

Local Office	Finalizations		Local Office	Finalizations
Atlantic East	17		Salem	17
Atlantic West	8		Hudson Central	13
Cape May	23		Hudson North	21
Bergen Central	9		Hudson South	6
Bergen South	34		Hudson West	13
Passaic Central	36		Hunterdon	2
Passaic North	24		Somerset	5
Burlington East	15		Warren	16
Burlington West	23		Middlesex Central	3
Mercer North	14		Middlesex Coastal	18
Mercer South	25		Middlesex West	9

practice. The importance of timely adoptions cannot be understated, of course, and this is one of the key outcome indicators that the Monitor will measure during Phase II.

Figure 11: Number of Children Legally Free for Adoption



Source: DCF

DCF provided DYFS local offices with support to address backlog issues.

During Phase I, the State assessed barriers for cases in which a child was legally free for

D. Permanency for Older Youth

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

Specific attention has been paid during Phase I to finding permanent homes for older youth in the foster care system. In December 2006, DYFS created Adoption Impact Teams to find permanent

VII. APPROPRIATE PLACEMENTS AND SERVICES FOR CHILDREN

A. Resource Families

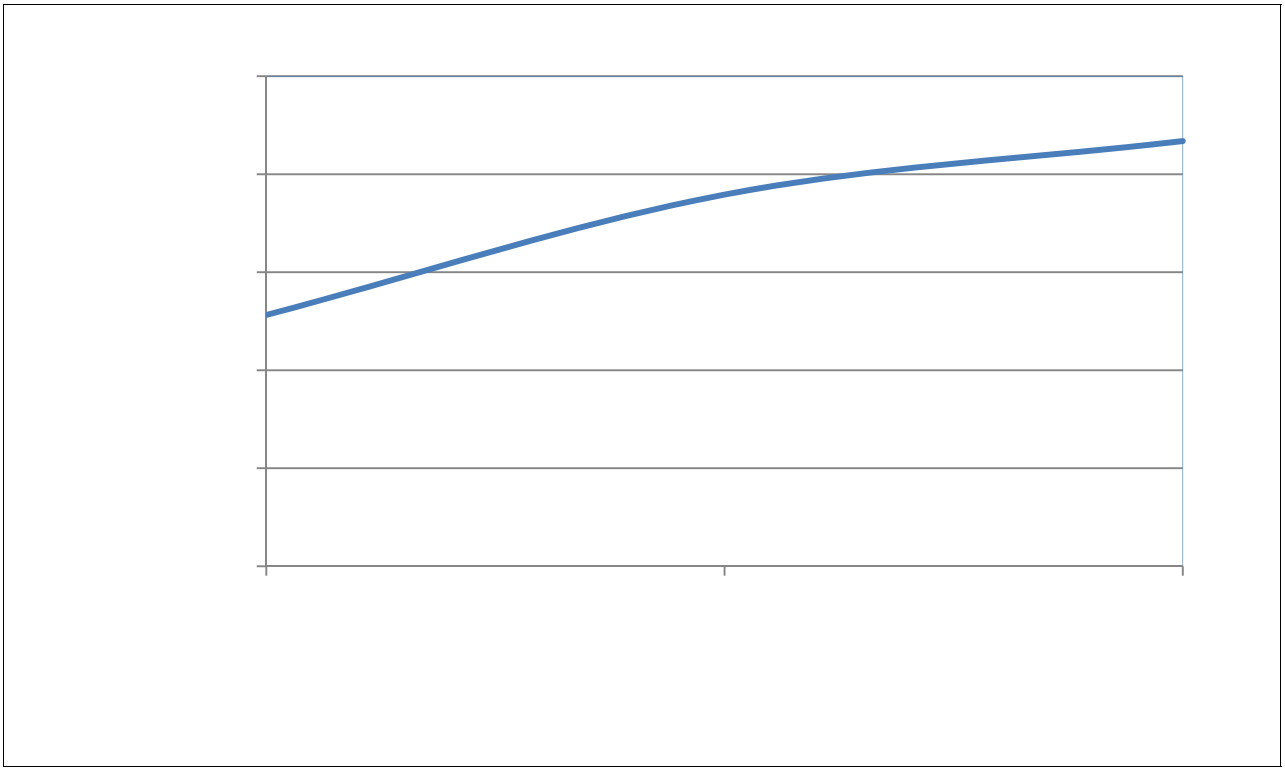
In three years, DCF has moved from an agency with consistent net losses of resource family homes to one that reliably demonstrates important net gains in recruitment and licensure of new homes for children in out-of-home placement. (MSA Section II.H.11). In the past two years, DCF has had a net gain of more than 1,600 new homes – more than 800 each year. DCF continued this upward trend in the second half of 2008.

DCF recruited and licensed 1,162 new kin and non-kin Resource Families in the second six months of 2008, for a total of 2,169 homes licensed in calendar year 2008.

As shown in Figure 12, the State licensed a total of 1,162 new resource family homes in the last six months of 2008, almost 400 homes above its target. In calendar year 2008 the State licensed a total of 2,169 homes, far exceeding its target of 1,528 new homes. This notable accomplishment continues a trend: in each of the last three years DCF has improved significantly upon the number of resource homes licensed in the preceding year: 1,282 in 2006, 1,896 in 2007, and 2,169 in 2008 (See Figure 13).

Figure 12: Number of Newly Licensed Family Homes – Actual and Targeted

Figure 13: Number of Newly Licensed Resource Family Homes
2006 – 2008



Source: DCF, Office of Resource Families

DCF's target for 2009 is to recruit and license 1,459 new resource family homes. It reports that Cape May, Hudson and Salem counties are most in need of new homes and that staff will focus recruitment activities in those areas in the coming year. DCF has also targeted Essex, Camden and Mercer counties as needing a small increase in the number of new homes.

DCF must consistently sustain a net gain of resource family homes to ensure there are sufficient family-based settings in which to place children. The State therefore semi-annually measures the net gain it achieves in the number of new kinship and non-kinship homes licensed. During the second half of 2008 DCF had a net gain of 399 homes licensed[42], and a calendar year net gain of 802 new homes (Table 12). This increase, combined with DCF's 2007 net gain of 829 homes, demonstrates the State's sustained and sizeable progress toward ensuring that New Jersey has a substantial pool of homes in which to place children.

[42] DCF closed 763 homes for a variety of routine reasons including adoption, a change in family circumstances, or a move out of state.

As shown in Figure 14, in 2007 DCF licensed a total of 517 kinship family homes, or 27 percent of the total number of licensed homes. In the fi

Table 13: Net Number of Resource Family Homes Licensed by County

The State reports that seven of the eight counties that DCF had identified[43] as needing a significant net increase in available homes – Cape May, Cumberland, Essex, Hudson, Mercer, Monmouth, and Ocean – increased their numbers in 2008. Salem County, also identified in the previous reporting period as needing a significant increase, has a shortfall of three resource homes. Going forward, DCF has identified Cape May, Hudson and Salem counties as most in need of new homes. DCF is also targeting Essex County – which achieved a notable net gain of 169 new homes – along with Camden and Mercer as needing small increases in the number of available resource family homes. The Monitor will continue to follow the extent to which the increase in homes in the six counties satisfies the State's need for new resource family homes, and urges the State to continue to focus its recruitment efforts in the counties moTJ1ew[(incm)8rn

The Impact Teams were also involved in:

- *Identifying the need for an office in the northern part of the State.* In November 2008

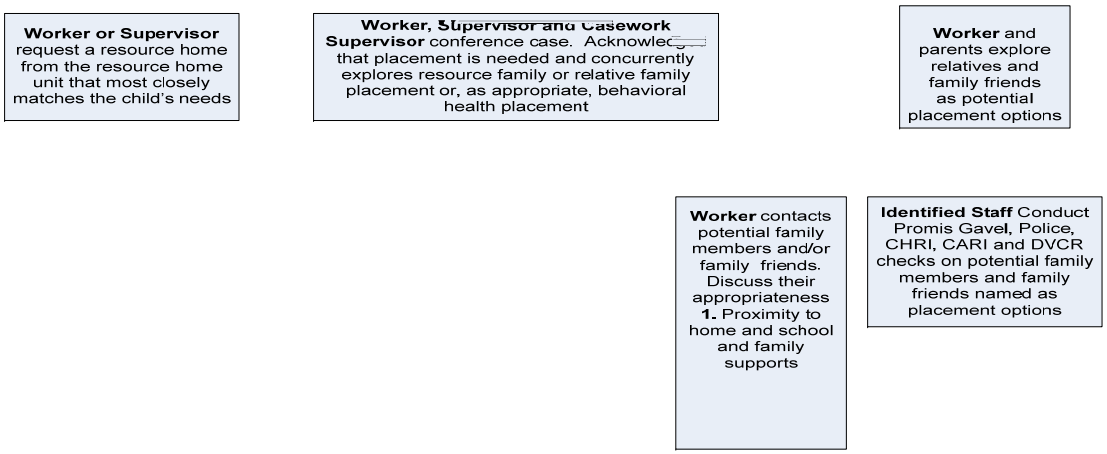
DCF further closed the gap by 25 percent between current resource family support rates and the USDA's estimated cost of raising a child.

The MSA requires the State to close the gap between current resource family support rates (foster care, kinship care, and adoption subsidy) and the United States Department of Agriculture's estimated cost of raising a child (MSA II.H.15). As shown in Table 15 below, new rates sufficient to close the gap by 25 percent became effective January 1, 2009. The new rate tables have been added to NJ SPIRIT and updated in policy.

Table 15: DCF/DYFS Approved Resource Family Rates, Effective January 1, 2009

Age of Child	DYFS Rate 12/31/07 (STEP 0)	USDA Rate CY 2007 (published April 2008)	Difference between USDA 2007 Rate and DYFS Rate 12/31/07	Percentage of gap to be closed by 1/1/09	Overall Increase to Monthly Rate	New DYFS Rate 1/1/09
0-5	$553	$713	$160	100%	$160	$713
6-9	$595	$765	$170	100%	$170	$765
10-12	$618	$790	$172	100%	$172	$790

Figure 15: Placement Process



B. Shelters

DCF continues to work to prevent the inappropriate use of shelters for children entering foster care and has been successful in restricting shelter use for children under the age of 13.

The MSA requires the State to eliminate the inappropriate use of shelters for youth entering foster care. The only appropriate uses of shelters are: "(i) as an alternative to detention, or (ii) a short-term placement of an adolescent in crisis which shall not extend beyond 45 days; or (iii) a basic center for homeless youth" or when there is a court order (MSA, Section II.D.8). Further, beginning in July 2007, shelters were not to be used as a placement option for children under the age of 13 (MSA, Section II.D.7). DCF developed policy to support these placement restrictions in the late spring of 2007. Memos outlining these restrictions were sent to Area Directors and local office managers on May 2, 2007 with reminders sent on June 6, 2007.

In the past, DCF had significant challenges in reporting on this requirement to the Monitor. DCF has made significant progress in tracking this measure through SPIRIT and Safe Measures, however, a verification process with local offices is still required to ensure that youth who are placed in shelters meet one of the exceptions listed above. DCF also can now identify the length of stay for these youth in a shelter. Such reporting capacity is critical as commencing with Phase II, youth considered to be "in crisis" will only be allowed to stay appropriately in shelters for 30 days.

DCF/DYFS placed 421 youth ages 13-18 in shelters during this monitoring period.[47] Of those youth, 375 (89%) were appropriately placed, 46 (11%) were not appropriate placements. As compared to the last monitoring period, this reflects similar overall use of shelters for this population, but higher compliance rate in ensuring appropriate placements. Through a random case review in NJ SPIRIT, the Monitor independently verified the appropriateness of placement for these youth. The review found that DCF data accurately captured when and where youth were placed, however, further qualitative work is necessary to verify that some of the placements were appropriate in accordance with the MSA standard.

Table 16: Shelter placements for youth over the age of 13

	January - June 2008	July - December 2008
Number of youth over 13 placed in shelters	451	421
Number of youth appropriately placed		

The State improved policies to support youth aged 18 to 21.

By policy and as required under the MSA, youth ages 18 - 21 can continue to receive similar services available to them when they were under the age of 18 (Section II.C.5). These services shall continue to be provided to them unless the youth formally requests that their case be closed. Originally, there was an operating presumption in policy and practice of closing the DYFS case when a youth turned 18, unless there was a proactive request by the worker and youth to keep the case open. DCF corrected this presumption through policy and amended the supporting computer system. However, interviews with youth and community-based service providers suggest that work remains to ensure that workers commit to the practice of keeping cases open for older youth who lack an adequate permanent connection and for youth who may not be cooperative with the case plan yet require significant supports due to developmental, behavioral, or psychological needs.

Table 18 below provides data from DCF on services and supports provided to youth ages 18-21.

Table 18: Services to Youth Aged 18 – 21

	Jan - Jun 2008	Jul – Dec 2008

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vulnerability to a break in health insurance coverage. Youth enrollment in Chafee Medicaid will continue to be followed in Phase ii of the MSA.

The State created a plan to support youth who identify as LGBTQI.

DCF has made initial efforts to improve services for youth who identify as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI). First, as part of their Adolescent Services resource guide for staff, resources that support the LGBTQI population have been identified. Services included in this guide are: housing for LGBTQI youth, community-based LGBTQI associations, school-based resources, as well as statewide resources. DCF has also begun training and education for caseworkers on issues relevant to LGBTQI issues through an in-service, ongoing seminar series. Additional training has been scheduled or is under consideration, specifically directed at Adolescent and Resource caseworkers. Finally, the concept of "safe zones" for LGBTQI youth in local offices has been presented. Safe zones are places LBGTQI youth can easily recognize (such as through symbols, posters, flyers, etc.) as free from discrimination and safe to discuss their sexual identity. DCF reports that a local office in Ocean County has identified the need for and created a "safe zone" for youth and families.

DCF has become involved in the Human Rights Campaign All Children, All Families program in an effort to welcome all families as potential resource and adoptive parents. This program directs New Jersey DCF to sign a pledge about their willingness to work with all families and conduct an assessment of their laws, policies, and practices that might have a discriminatory effect on children or families who identify as LBGTQI.

DCF has laid a beginning framework to promote better policies and practices for working with this population of youth and families. The Monitor will examine the results of these efforts in future qualitative evaluations of DYFS-involved youth and families.

DCF has reduced the use of congregate care for youth.

DCF continues to build its capacity to place youth with families, rather than group home settings, in keeping with DCF's Case Practice Model. There were 1,552 youth (15% of the 10,390 youth in out-of-home placement) in congregate care

DCF continued to increase service beds available to youth transitioning out-of-care. At the end of Phase I, DCF had 231 operational beds, with an additional 9 under contract.[49] These beds are located in apartments or buildings, some of which were built specifically to support transitioning youth. These programs offer services including case management, life skills, and employment readiness, and they have varying levels of available supervision.

This highly commendable increase still does not meet the needs of the significant number of youth aging out of the foster care system. The Monitor has receive

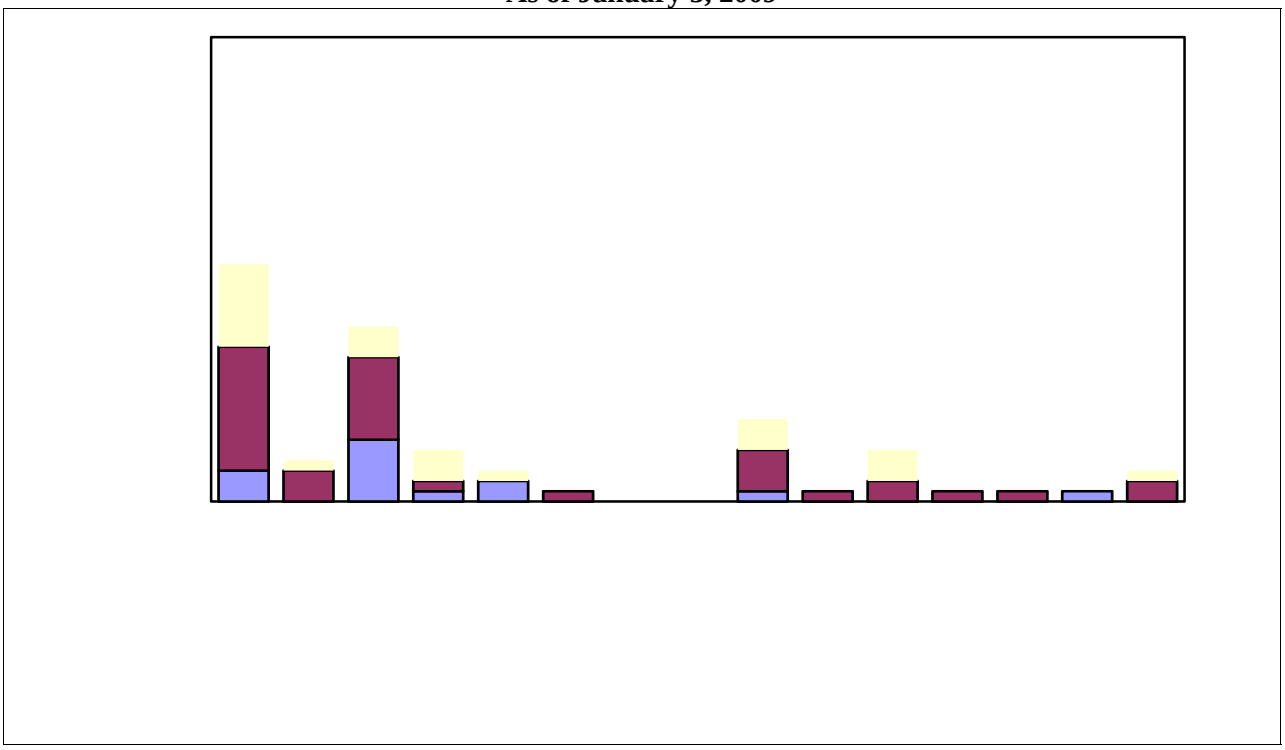
VIII. MEETING THE HEALTH AND MENTAL HEALTH NEEDS OF CHLDREN

Table 20 below reflects July 2008 – December 2008 data on the number of children, both DYFS involved and not, where DCBHS authorization was granted for an out-of-state placement. Figure 17 provides demographic information on the 98 children and youth, ages 9-21 and most of whom are ages 15-18, placed out-of-state as of January 1, 2009.

Table 20: Out-of-State Placement Authorizations by DCBHS
July 1, 2008 – December 31, 2008

Month	Number of Authorizations for Youth in DYFS Custody (Total Number of Authorizations)
July 2008	2 (1)

Figure 17: Demographic Data on Youth Placed Out-of-State
As of January 5, 2009



Source: DCF, DCBHS

DCF and partners continue collaboration on finding placements for detained DYFS youth.

Under the MSA, no youth in DYFS custody should wait longer than 30 days in detention post-disposition for an appropriate placement (Section II.D.5). DCF reports that 10 youth in DYFS custody, two females and eight males, were in detention and awaiting placement post-disposition during this monitoring period. Nine of the youth were placed within 30 days in a range of residential treatment and alternative to detention settings. The stay of one of the youth exceeded the 30 day requirement; he was not placed until 37 days post-disposition since the Court ordered that the youth remain in detention until pending the youth's transfer to a specific alternative to detention placement. The 10 youth ranged in age from 15 to17 at the time of disposition. Table 21 below provides information on the length of time each of these youth waited for placement.

Table 22: Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST) Utilization as of JanusTherapy3'tmic Therapy (MST)

Table 23: Mental Health Services Provided to Birth Parents
July 1 – December 31, 2008

Program	Service Description	Birth parents served
Ocean Mental Health – CAFS	Intensive in-home mental health services to ensure the prevention foster care placement.	43
Ocean Mental Health - Family Focus	Intensive out-patient mental health services to decrease incidence of abuse and neglect and increase family's level of functioning.	23
Ocean Mental Health – FPS	Treatment with the primary goal of improving family functioning.	

B. Health Care

Over the last two years, DCF redesigned the health care delivery system for children and youth in out-of-home care (in accordance with MSA Section II.F.8). Under the MSA, the State is required to provide all children entering out-of-home care with comprehensive medical care. Services the State has committed to provide include:

- A pre-placement assessment for children entering out-of-home care,
- A Comprehensive Medical Examination(CME) within the first 60 days of placement,
- Periodic medical exams in accordance with federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) guidelines,
- x

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within the first 30 days of a child entering out-of-home care—the best practice standard promoted by the Child Welfare League of America and the American Academy of Pediatrics.[52]

DCF still faces many challenges in ensuring that children receive timely and quality care. The Child Health Units are not fully staffed so not all eligible children's care is being managed by a nurse. DCF continues to work to build a sufficient pool of health care providers for children. In many locations in New Jersey, caseworkers are challenged to connect children with dentists who will accept Medicaid reimbursement rates. Additionally, DYFS workers and nurses have reported that New Jersey, like many other states, lacks sufficient pediatric specialists such as child psychiatrists, cardiologists, pulmonologists, etc. DCF continues to work with Medicaid to identify pediatric sub-specialists as needed to provide appropriate follow up care.

As previously reported in the October 2007 Monitoring Report, the DCF Office of Child Health Services staff conducted two studies of DYFS and Medicaid data to assess the current status of health care delivery and inform the setting of health care baselines and targets.[53] The studies were of a small, but significant sample size. Based on this information and after discussions with the Monitor, health care baselines and targets were agreed upon for almost all items. DCF is now able to report out information on all of the indicators. However, as noted below a couple of the indicators require a qualitative assessment to measure more definitively if children received a particular service. For example, DCF is required to provide mental health assessments to children with mental health needs and can provide data about how many children in total receive such an assessment. However, it will take a qualitative review to directly measure the number of children with a suspected mental health need who received appropriate assessment.

Table 24 below presents the State's progress in meeting these health care indicators.

[52] *Health Care of Young Children in Foster Care***,**

Table 24: Health Care Baseline, Target and Performance
(June 2007 – December 2008)

Indicator	Baseline as of June 2007	June 2008 Benchmark	June 2008 Actual	Dec 2008 Benchmark	Dec 2008 Actual
1. Pre-placement assessments completed in a non-emergency room setting	90%	95%	91%	95%	92%
2. Children receiving Comprehensive Medical Exams completed within 60 days of child's entry into care	75%	75%	344 of 1282 (27%) statewide (January-April 2008) 118 of 154 (77%) of children in fully staffed health units	80%	79%
3. Medical examinations in compliance with EPSDT guidelines for children in care for one year or more	75%	75%	No Data Available Statewide 151 of 157 (96%) of children in fully staffed health units	80%	77% (statewide sample*) 90% of 2,116 children receiving health care case management for at least one quarter

* Two separate statewide samples were conducted to evaluate the delivery of health care services to children in out-of-home placement. Sample One was a representative, random sample of 358 children in placement for at least one day between July 1 – December 31, 2008 who were at least three years old and had been in placement for at least one year. The full cohort was 5,033. The results have a margin of error of ±5 percent. This sample was used to determine EPSDT visits, semi-annual dental examinations, and immunizations. Sample Two was a representative sample of 306 children who entered care between July 1- December 31, 2008, received a Comprehensive Medical Examination, and required follow up care. The full cohort was 1,504 children. The results have a margin of error of ±5 percent. This sample was used only to examine follow up care.

Indicator	Baseline as of June 2007	June 2008 Benchmark	June 2008 Actual	Dec 2008 Benchmark	Dec 2008 Actual

4.

Indicator	Baseline as of June 2007	June 2008 Benchmark	June 2008 Actual	Dec 2008 Benchmark	Dec 2008 Actual
6. Receipt of timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs	Not Set	60%	No Data Available	65%	70% (statewide sample*)
7. Children are current with immunizations	Not Set	Not Set	No Data Available Statewide 149 of 157 (95%) of children in fully staffed health units	Not Set	81% (statewide sample*) 87% of 2,116 children receiving health care case management for at least one quarter
8. Children's caregivers receive an up-to-date health passport within 5 days of placement	Not Set	Not Set	Data will be collected through an upcoming survey of foster parents	Not set	Data will be collected through a survey of foster parents

Source: DCF

DCF has worked impressively to have data about pre-placement assessments and CMEs entered into NJ SPIRIT. Currently, DCF is able to determine all health care indicators for all children who are managed by a nurse in a Child Health Unit. In order to measure the health care experience of children statewide, DCF conducted a statistically significant survey of children in out-of-home care during the monitoring period. In Spring 2009, the Monitor plans to conduct an independent case record review to verify the health care experience of children in out-of-home placement.

Much work remains to be done in building and improving the health care system for children in out-of-home placement. Having said this, the strong attention to health care in this past year has resulted in significant improvements in delivery of services statewide and even more encouraging results from counties with well developed Child Health Units (where nurses have actively managed the health care for children in out-of-home placement for at least three months).

Should a child be found to have a mental health need, a full mental health assessment will then be conducted. The CHEC includes a full mental health assessment for children four years of age and older.

In this monitoring period, 79 percent of children entering out-of-home care received a CME within 60 days of placement as compared to only 27 percent of children during the last reporting

The Child Health Units continue to be an important addition to the support of children in placement, however, work remains to fully staff these units statewide.

Staffing

During the course of Phase I, DCF has worked with University of Medicine and Dentistry of New Jersey's Francois-Xavier Bagnound Center (FXB) and DYFS local offices to build Child Health Units. These units consist of a clinical nurse coordinator, health care case managers, and staff assistants. A regional nurse administrator supervises local units for a particular region (aligning with the division of Area Offices). Under a Memorandum of Understanding (MOU) that began on July 1, 2007, DCF and FXB worked collaboratively to hire appropriate nurses and staff assistants. When fully staffed, there will be 47 clinical nurse coordinators (for the 47 DYFS local offices) and 13 regional nurse administrators (one more than the 12 Area Offices). As of February 2009, all Regional Nurse Administrator positions and 36 out of 47 Clinical Nurse Coordinator positions were filled.

Nurses, who are health care case managers, are available for conducting pre-placement

Table 26: Child Health Unit Staffing
(December 31, 2007 – February 2009)

County	Health Care Case Managers (HCCM)			Staff Assistants (SA)
	As of 12/31/07	As of 8/14/08	As of 2/28/09	

The Monitor will separately verify the health care experience of children in out-of-home placement through an independent case record review later this Spring.

APPENDIX A
Caseload Data

Table A-1: Caseloads - Permanency (December 2008)

Local Office	No. of Permanency Workers	Families	Average No. of Families (Std = 15)	Children Placed	Average No. of Children Placed (Std=10)	Office Meets Criteria
Atlantic East	19	197	10	89	5	Yes
Atlantic West	14	196	14	75	5	Yes
Bergen Central	18	247	14	74	4	Yes
Bergen South	30	413	14	138	5	Yes
Burlington East	32	371	12	135	4	Yes
Burlington West	28	244	9	96	3	Yes
Camden Central	37	437	12	125	3	Yes
Camden East	45	318	7	100	2	Yes
Camden North	38	373	10	110	3	Yes
Camden South	37	353	10	119	3	Yes
Cape May	20	257	13	90	5	Yes
Cumberland East	13	145	11	58	4	Yes
Cumberland West	30	259	9	131	4	Yes
Essex Central	41	330	8	227	6	Yes
Essex North	26	212	8	61	2	Yes
Essex South	25	216	9	125	5	Yes
Gloucester East	21	213	10	88	4	Yes
Gloucester West	21	218	10	85	4	Yes

Table A-2: Caseloads - Intake (December 2008)						
Local Office	**Intake Workers**	**Assignments**	**Avg. No. of Assignments (Std=8)**	**Families**	**Avg. No. of Families (Std=12)**	**Office Meets Criteria**
Atlantic East	22	137	6	156	7	Yes
Atlantic West	11	91	8	103	9	Yes
Bergen Central	18	116	6	184	10	Yes
Bergen South	23	149	6	195	8	Yes
Burlington East	18	106	6	222	12	Yes
Burlington West	17	136	8	130	8	Yes
Camden Central	21	136	6	159	8	Yes
Camden East	14	69	5	87	6	Yes
Camden North	14	100	7	147	11	Yes
Camden South	20	98	5	87	4	Yes
Cape May	10	61	6	69	7	Yes
Cumberland East	12	77	6	113	9	Yes
Cumberland West	23	117	5	164	7	Yes
Essex Central	16	103	6	118	7	Yes
Essex North	12	51	4	74	6	Yes
Essex South	17	68	4	140	8	Yes
Gloucester East	15	95	6	128	9	Yes
Gloucester West	18	105	6	128	7	Yes
Hudson Central	18	93	5	177	10	Yes
Hudson North	15	73	5	116	8	Yes
Hudson South	16	99	6	117	7	Yes
Hudson West	13	89	7	122	9	Yes
Hunterdon	7	50	7	56	8	Yes
Mercer North	19	108	6	194	10	Yes
Mercer South	15	87	6	142	9	Yes
Middlesex Central	15	97	6	125	8	Yes
Middlesex Coastal	20	113	6	137	7	Yes
Middlesex West	16	129	8	103	6	Yes
Monmouth North	25	142	6	233	9	Yes
Monmouth South	25	140	6	240	10	Yes
Morris East	13	69	5	69	5	Yes
Morris West	16	117	7	164	10	Yes
Newark Center City	17	114	7	201	12	Yes
Newark Northeast	19	110	6	204	11	Yes
Newark South	14	82	6	112	8	Yes
Ocean North	19	134	7	132	7	Yes
Ocean South	25	139	6	214	9	Yes
Passaic Central	22	136	6	214	10	Yes

Table A-3: DYFS Supervisor/Caseload Carrying Staff Ratios-No CWS (December 2008)

Local Office	Supervisors		Case Work Supervisors		Ratio	Office Meets Criteria
	CLC Workers	Supervisors	CLC Workers	Supervisors		
Atlantic East	45	9	0	0	5	Yes
Atlantic West	26	6	4	1	5	Yes
Bergen Central	39	9	3	1	5	Yes
Bergen South	60	12	5	1	5	Yes
Burlington East	57	11	0	0	5	Yes
Burlington West	54	10	0	0	5	Yes
Camden Central	64	13	0	0	5	Yes
Camden East	71	13	0	0	5	Yes

Table A-4: Caseloads - Adoption (December 2008)				
Local Office	**No. of Adoption Workers**	**No. of Children**	**Average No. of Children**	**Office Met Standard**
Atlantic East	4	55	14	Yes
Atlantic West	2	30	15	Yes
Bergen Central	4	59	15	Yes
Bergen South	8	109	14	Yes

Table A-4: Caseloads - Adoption (December 2008) – *Continued*				
Local Office	**No. of Adoption Workers**	**No. of Children**	**Average No. of Children**	**Office Met Standard**
Union East	9	102	11	Yes
Union West	8	78	10	Yes
Warren	6	82	14	Yes
Total	263	3,399	13	**95%**
				41 offices

Table A-5: IAIU Caseloads (December 2008) - *Continued*			
	Open Cases	**New Assignments**	**Compliance**
Investigator #40	5	7	Yes
Investigator #41	11	7	Yes
Investigator #42	8	6	Yes
Investigator #43	7	6	Yes
Investigator #44	9	7	Yes

APPENDIX B:
Indicators Published on the DCF Website

1. Division of Child Behavioral Health Services (DCBHS): Out of State Placements
2. Initial Response: Initial Response Referrals (Child Protective Services [CPS] and Family Service)
3. Initial Response: Source of CPS Referrals
4. Initial Response: Source of Requests for Family Services
5. Caseloads: intake Caseload Compliance
6. Caseloads: Permanency Caseload Compliance
7. Resource Families: Newly-Licensed Resource Families
8. Adoptions: Legally Free Children Awaiting Adoption
9. Adoptions: Adoptions Finalized
10. DYFS: Families Involved with DYFS
11. DYFS: Children in DYFS Out-of-Home Placement (OOHP)
12. DYFS: Children in DYFS OOHP by Placement Type
13. DYFS: Children in DYFS OOHP by Age
14. DYFS: Children in DYFS OOHP by Race
15. DYFS: Subsidized Adoption Placements
16. DYFS: Kinship Legal Guardianship (KLG) Placements
17. Caseloads: Permanency Caseload Office Detail
18. Caseloads: Adoption Caseload Compliance
19. Caseloads: Adoption Caseload Office Detail
20. Caseloads: Supervisor Caseload Compliance
21. Caseloads: Supervisor Caseload Office Detail
22. Caseloads: Statewide Worker Detail by Office
23. Caseloads: Caseload Carrying Staff Separation Rate
24. Training: Pre-Service
25. Training: Supervisory
26. Training: PRIDE
27. Training: Foundation Courses
28. Training: Resource Family In-Service
29. Training: Concurrent Planning
30. Training: First Responders
31. Resource Families: Resource Families Non-Kin
32. Resource Families: Resource Families Net Gain
33. DYFS: Children Under DYFS Supervision

48. DCBHS: Children Served by Care Management Organizations CMOs by Age;
49. DCBHS: Children Served by CMOs by Race/Ethnicity;
50. DCBHS: Children Served by CMOs by Gender;
51. DCBHS: Authorized Services for CMO youth;
52. DCBHS: Child Crises Addressed by Mobile Response Stabilization Services (MRSS);
53. DCBHS: Child Crises Addressed by MRSS (County Detail);
54. DCBHU Child Crises Stabilized at Home;
55. Initial Response: Referrals (CPS & Family Service) by Source;
56. Initial Response: CPS Referrals;
57. Initial Response: Requests for Family Service;
58. Initial Response: Institutional Abuse Investigation Unit (IAIU) Referrals;
59. Initial Response: IAIU Referral Sources;
60. Initial Response: Substantiations (by County);
61. Caseloads: Intake Caseload Office Detail;
62. Caseloads: Intake Caseload Detail;
63. Caseloads: Caseload Targets (All);
64. Caseloads: Caseload Compliance Overview (All);
65. Caseloads: Worker Detail;
66. Caseloads: Average Caseloads;
67. Caseloads: Staff with more than 30 Families;
68. Adoptions: Adoptions Finalized Within 24 Months of Placement;
69. Healthcare: Preplacement Assessments;
70. Healthcare: Preplacement Assessments - ER/Non-ER;
71. Healthcare: Preplacement Assessments - Non-ER by Time of Day;
72. Outcomes: Substantiated /TT4 lNte14 0 TD0 Tc(l4c.0017 Tw[(Healthcar)-6.1(e: P)-7(c0 Tw(67.)Tj/TT8 1 Tf1.25

APPENDIX C:

Requests for Proposal Issued by New Jersey Department of Children and Families during Phase I

Name of RFP	RFP Issue Date
Training and Technical Assistance	9/20/06
Creation of the NJ Partnership for Child Welfare	12/8/06
Child Advocacy Services	1/23/07
Out-of-Home Specialty Services for Youth	3/2/07
Differential Response Pilot Initiative	3/16/07
Youth Supported Housing	3/20/07

Name of RFP	RFP Issue Date

APPENDIX D:
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
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:	