Progress of the New Jersey Department of Children and Families

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

January 1 – June 30, 2009

Center for the Study of Social Policy
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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 requirements including the number of visits with children in custody by DYFS caseworkers; caseworker visits with parents of children in custody; visits between children in custody and their parents; and visits among siblings entering state custody and placed in separate residences.

- ***Resource Parent Survey***
  In July 2009, the Monitor conducted a telephone survey of resource parents aimed at examining what information resource parents receive when children are placed in their homes and the accuracy of documentation in NJ SPIRIT. Relevant portions of the Monitor's findings from this survey are reported herein.

- ***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 considered by worker function, the State met the individual caseload requirements for Permanency workers, fell just below the MSA standard for individual Adoption staff, and did not meet the individual caseload standard for Intake staff. Lower worker caseloads have been a hallmark of the State's reform effort and are essential to enabling staff to work with families in a more intensive and meaningful way.

- ***By June 30, 2009, DCF reached or exceeded all of the expectations in the MSA pertaining to training its workforce.***
  Fifty-five new case workers completed the Pre-Service training or comparable training[2] and passed competency exams. Eighty-five out of 87 (97%) DYFS caseworkers were trained in Concurrent Planning as part of the State's work to improve permanency outcomes for children. Thirty-one new Adoption workers completed adoption training in this monitoring period and passed competency exams.

  Additionally, the State trained 63 new supervisors between January 1, 2009 and June 30, 2009, all of whom passed competency exams. Fifty of the 63 were hired or appointed in the previous monitoring period (Period V), and 13 of the 63 new supervisors were hired in this monitoring period. The overhaul of DCF's training has resulted in comprehensive training that is accomplished in a timelier manner and that requires workers to pass competency exams before assuming caseloads or advancing.

- ***DCF made continued progress toward statewide implementation of its Case Practice Model.***
  The State made additional progress in its work to intensively train its workforce on the Case Practice Model. As of July 2009, thirteen out of 47 offices are designated "immersion sites," a form of training that involves a rigorous schedule of alternating weeks of classroom training, oversight, coaching and mentoring. The goal of the immersion process is to develop expertise in the core elements of the Case Practice Model: engagement, teaming, assessment and planning, intervention and adjustment. Supervisors and caseworkers learn a new approach to working with families that entails a partnership with families intended to enhance accountability and achieve more enduring results. According to plan, each of the 13 regions in the State now has at least one office

[2] Eleven of the 55 workers were hired after a year internship at the DYFS in the Baccalaureate Child Welfare Education Program and completed comparable worker readiness training. The Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Kean University, and Ramapo College) that enables students to earn the Bachelor of Social Work (BSW) degree.

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 Contracted System Administrator (CSA) for DCF's Behavioral Health System.***
  After much careful planning and analysis, DCF converted its behavioral health system to a new Contract Systems Administrator (CSA). Prior to this change, children and families, field workers and stakeholders frequently reported difficulty accessing appropriate mental health care for children in New Jersey. In May 2009, PerformCare, LLC was awarded the CSA contract following a competitive procurement process. On September 8, 2009 PerformCare assumed responsibility for screening, authorizing, and tracking the cases of children and youth across the state accessing behavioral health services through DCF. The transition process involves almost every aspect of the Division of Child Behavioral Health Services (DCBHS) including the replacement of its former Management Information System (MIS) with a new and improved system, Cyber. Cyber is reportedly more flexible and user friendly with increased reporting capacity and security. DCF offered on-line and in person training on Cyber to staff in the summer of 2009 and will continue training through the fall of 2009. DCF plans to institute a system of customer satisfaction to help maximize service delivery. DCF anticipates that this new system will afford children and families greater and more expeditious access to mental health services statewide.

- ***DCF continued to support evidence-based therapeutic treatments for children and families.***
  The Department of Children and Families' Division of Child Behavioral Health Services (DCBHS) funds and supports two evidence-based therapies, Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST), through seven providers statewide. DCBHS reports that approximately 350 youth and families have been or are being served by these community-based interventions. These evidence-based interventions permit children to remain in the home or in the community, thus providing them with the least restrictive setting possible during treatment while saving the State money otherwise spent on expensive alternatives like inpatient therapeutic treatment programs.

- ***The State continues its work to improve permanency outcomes for children in care.***
  Adoptions for children in foster care who cannot return home are continuing at a steady pace. From January 1 through June 30, 2009, 487 legally free children had their adoptions finalized. DCF is also making a concerted effort to find permanent families for children and youth who have significant mental health, educational, emotional, and behavioral challenges. Four of the "100 longest waiting teens" had their adoptions finalized in this monitoring period.

- ***DCF continues to make significant progress in licensing and supporting Resource Family homes.***
  DCF recruited and licensed 1,084 new kin and non-kin Resource Family homes in the first six months of 2009, far exceeding its mid-year target of 730 homes. The total number of newly licensed *kinship* homes in this monitoring period increased dramatically; almost 50 percent of the 1,084 Resource Family homes (498) licensed in the past six months were kinship homes. Further, DCF achieved a total net gain of 378 Resource Family homes in the first half of 2009. DCF's ability to continue to recruit and license Resource Family homes since 2006 has permitted staff to make better, more individualized placement decisions.

- ***DCF continued to move youth out of detention facilities to more appropriate placements in a timely manner.***
  None of the 18 youth in DYFS custody who were in juvenile detention from January 6 to July 1, 2009 waited more than 30 days for a placement through DYFS or DCBHS.

- ***More children entering foster care are receiving health care case management.***
  Implementation of the health care plan to deploy health care case managers (nurses) and staff assistants to Child Health Units in each DYFS local office has produced encouraging results, as reflected in the Monitor's *Supplemental Monitoring Report: An Assessment of Provision of Health Care Services for Children in DYFS Custody*, December 1, 2009 (See Appendix E). While the goal of 100 percent health care case management coverage was not reached by the end of June 2009, the hiring of nurses to fill these positions across the state continues. Further, as of June 30, 2009, DCF reports that all children entering resource homes are assigned a nurse from the Child Health Unit to ensure that their basic health care needs are met. The work of the health care case managers includes ensuring that children receive a Comprehensive Medical Examination (CME); any necessary follow-up identified by the CME; EPSDT well-child visits; immunizations; and semi-annual dental care for children age three and older. As of October 31, 2009, 91 percent of all children in out-of-home care (not just those newly entering care) were receiving health care case management, as compared to 24 percent receiving health care case management in December 2008.

- ***The number of children placed out-of-state for treatment continues to decline demonstrating a dramatic improvement since the start of the MSA.***
  As of July 1, 2009, 66 children were placed out-of-state in mental health treatment facilities, down from 98 in January 2009 and from 327 in March 2006. This trend is additional evidence of the State's focus on moving children home and developing and implementing plans to provide more appropriate mental health treatment options for children in New Jersey, thus keeping both the State's children and the funds to serve them within New Jersey.

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 keeping families safely together, safely reunifying children when appropriate, and finding permanent homes for children when they cannot safely return home must continue apace. Phase II of the MSA includes requirements that are staged in over time and, with those requirements, the expectation of progressively improving results between now and 2012. Meeting the Phase II requirements and outcomes will be challenging and made even more so by the fiscal pressures New Jersey is facing. New Jersey policymakers and lawmakers must protect the investments made to date in order to complete and sustain the reforms required by the MSA.

There are several areas of concern related to outcomes to be achieved. Summarized below are the targets for June 2009 set in the Performance Benchmarks that were not met or for which performance as of June 2009 was very far from the December 31, 2009 MSA target, and is therefore unlikely to be met. These include:

- ***Health Care***
  As a result of the new Child Health Units, New Jersey is doing a better job of meeting the health care needs of children in out-of-home placement, but still failed to meet most of the established health care Performance Benchmarks for June 30, 2009. For example, DCF reports, and the Monitor's independent case record review confirmed, that significant work remains regarding receipt of dental care. As of June 2009, DCF reports that 64 percent of children were current with semi-annual dental exams, below the 70 percent interim performance benchmark requirement. Further, the Monitor's survey of resource parents found that 13 percent of caregivers received medical information (Health Passports) on the child within the first five days of the child's placement in their home.

  Finally, as of October 31, 2009, 79 percent of health care case management positions have been filled in the new Child Health Units although the health care plan called for all of them to be filled by now. Of particular concern are Hudson, Essex, and Union counties, which are still not staffed to capacity. Notably, as of October 31, 2009, Essex County needed to fill 16 health care case management positions and Union County needed to fill seven.

- ***Case Planning***
  New Jersey's Case Practice Model requires that a case plan be developed within 30 days of a child entering placement, and then updated regularly thereafter. The State's interim performance benchmark for this monitoring period was to have 50 percent of case plans completed within 30 days; in June, 2009 out of a total of 301 case plans due for children entering care in the prior 30 day period, 126 (42%) were developed within the required time frame. This is troubling data especially given that by December 2009 the interim

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

- ***Family Team Meetings***
  Family Team Meetings are a critical aspect of New Jersey's Case Practice Model. Through Family Team Meetings, workers engage families and partners in a coordinated effort to make changes intended to result in safety, permanency and well-being for the family. The interim performance benchmark on this measure is not due until the next monitoring period. Because of the limitations in two data sets – data collected manually and data from NJ SPIRIT – the Monitor is unable to determine true performance in this area. However, it does not appear that Family Team Meetings have yet become a routine part of practice and the preliminary data suggest that practice is far from the December 31, 2009 interim performance benchmark, even in "immersion sites" that have undergone extensive training on the new Case Practice Model. Given the pivotal role that Family Team Meetings play in the implementation of the Case Practice Model, it is important that DCF focus on this area of case practice.

- ***Visits***
  The Monitor's independent case review examined a range of visitation patterns related to children who had an identified reunification resource and for children separated from their siblings. Although the purpose of the review was to set baseline performance standards, the review found that rates for all types of visits were unacceptably low. Improvement in carrying out and documenting social worker visits with children and their parents and visits between children and their parents and separated siblings is needed by the next monitoring period when interim performance benchmarks for visitation must be met.

- ***Filing Timely Termination Petitions***
  In order to expedite the timely adoption and permanency for children who cannot safely return home, termination of parental rights petitions of children with a permanency goal of adoption are to be filed within six weeks of the goal change. Beginning July 1, 2009, 90 percent of terminations are required to be filed timely. The State is not accountable to meet the Performance Benchmarks for this measure until the next monitoring period; however, as of June 30, 2009, only 43 percent of terminations were filed in a timely manner, a performance level which is substantially below what is required as of July 2009.

Other Areas of Challenge Requiring Attention

There are four other areas of challenge identified in this report: supporting the work to implement the Case Practice Model statewide; developing and staffing the Quality Service Review (QSR) which will allow the State to measure the quality of services provided to children and families; improving services to older youth aged 18-21; and consistently using data on results for management. Each of these challenges is briefly described below.

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 Phase II Child and Family Outcome and Case Practice Performance Benchmarks which evaluate the quality of case practice and service provision. DCF will need to ensure there are sufficient staff resources trained and available to implement the QSR process. Additionally, DCF will need to create a process for ensuring that results of the QSR are used for continuous improvement.

As the Monitor has previously reported, work still remains to be done to ensure that older youth, particularly 18-21 year olds are adequately provided for when they transition from DYFS custody without having achieved permanency.

Despite notable accomplishments in this area, including adding 240 transitional living beds for youth transitioning out of the foster care system, interviews with community stakeholders continually identify that the need for more such housing options and other supports far outstrip current resources and that many youth wait long periods of time for aftercare services upon leaving DYFS custody. Further, despite written policy that permits youth to remain in care and receive services through age 21, there is anecdotal evidence that youth are not consistently prepared to make that decision and informal practice in many areas of the state still encourages some youth to leave custody before they are 21 even when they are not prepared to succeed independently. The Monitor intends to examine this issue in more depth during the next monitoring period and will work with DCF to develop better options for serving older youth.

A principal component to institutionalizing reform is consistent attention to outcome data.

New Jersey's ability to use data to guide practice change has begun to take hold; during this period the State made significant improvements in its ability to collect and analyze data at all levels of the DCF organization. Its challenge now is to improve its capacity to manage to results, particularly important as the State is held accountable to the outcome standards set out in Phase II of the MSA.

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 accomplishments will be lost if the work to translate infrastructure improvements to consistent practice change does not continue. As has been all too evident in other states, reversing course and failing to institutionalize change can quickly destabilize the agency and the progress to date. It is the Monitor's hope that any transition will build on current progress, that the successes of the last several years will be maintained, and that the State will continue to move forward aggressively and with urgency to comply with the Phase II outcomes and requirements of the MSA.

Table 1, which follows, provides a summary of the performance on the requirements of the current monitoring period (January 1- June 30, 2009). As stated previously, ongoing Phase I requirements and new Phase II requirements due for this monitoring period are presented in Table 1. The State is responsible for each requirement listed in this table. 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, *Phase II: Child and Family Outcome and Case Practice Performance Benchmarks*, and individual benchmarks are discussed in more depth in subsequent chapters.

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

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)[3]	Comments
Ongoing Requirements from PHASE I			
New 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/ In Progress	Implementation "immersion sites" have been expanded across the State to 17 new DYFS local offices as of July 2009.
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	55 (35 hired in last monitoring period, 11 BCWEP students, 9 hired in this monitoring period) caseworkers were trained.[4]
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 full caseload. 55 new workers who are now case-carrying workers have been assessed and passed competency exams. See Table 23 for more detail.
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	DCF expects to reach this obligation by December 31, 2009.

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

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

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 number of beds available from the DCBHS and match those with children who need them.	Ongoing	Yes	The State has implemented and utilizes a real time bed tracking system to match children with DCBHS placements.
II.D.2. The State shall create a process to ensure that no child shall be sent to an out-of-state congregate care facility. The process will also ensure that for any child who is sent out-of-state an appropriate plan to maintain contacts with family and return the child in-state as soon as appropriate.	Ongoing	Yes	For DYFS-involved youth, the DCBHS Director reviews case information for each request for an out-of-state placement, making specific recommendations in each case for tracking and follow-up by Team Leads based in DYFS area offices.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)[3]	Comments
II.D.5. The State shall implement an automated system for identifying youth in its custody being held in juvenile detention facilities are placed within 30 days of disposition.	Ongoing	Yes	The State has continued to use an automated system with sufficient oversight and has successfully ensured that all youth in this category leave detention before the 30 day mark. No children remained in detention for more than 30 days.
Provision of Health Care			
II.F.2, 5, &6 100 % of children receive pre-placement assessments upon entering out-of-home care. 95% of children will receive a pre-placement assessment in non-emergency room setting.	June 2008/ ongoing	Yes for pre-placement assessment. Partially for use of non-emergency room settings	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.
II. F.2, 5, & 6 80% of children receive Comprehensive Medical Examinations within 30 days of entering out-of-home placement and at least 85% within 60 days.	June 2008/ ongoing	Yes	From January through June, 2009, 2,060 children were in care for at least 60 days and required a comprehensive medical examination (CME). Of these 2,060 children, DCF reports that 1,650 (80%) received a CME within the first 30 days of placement. An additional 292 children received their CME within 60 days of placement, thus, 94% of children received a CME within 60 days of placement.
II.F.2, 5, & 6 90% of children in out-of-home placement receive regular exams in accordance with EPSDT guidelines.	June 2009/ ongoing	Yes for children age 3+; unable to determine for children under age 3	The State reports that based on the "Child Health Survey Analysis" of 428 children at least three years old who have been in care one year or more, 400 (94%) were current with EPSDT medical examinations.
II.F.5 & 6 90% of children 3 and older in out-of-home placement receive annual dental exams; 70% receive semi-annual exams.	June 2009/ ongoing	No	Based on the "Child Health Survey Analysis" of 428 children, 274 (64%) were current with semi-annual dental exams.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)[3]	Comments
II.F. 5 & 6 85% of children in out-of-home placement with a suspected mental health need receive a mental health assessment	June 2009/ ongoing	Unable to determine	At this time, the Monitor is unable to determine the extent to which children with *suspected* mental health needs received assessment. During Phase II, this measure will be assessed by collecting data through a Quality Service Review (QSR) or other qualitative methodology. The QSR will also measure the receipt of appropriate mental health treatment based on an assessment of child's needs.
II.F. 5 & 6 70% 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.	June 2009/ ongoing	Partially	At this time, the Monitor is unable to determine the extent to which children receive follow up care for all identified needs. During Phase II, this measure will be assessed by collecting data through a Quality Service Review (QSR) or other qualitative methodology. DCF reports that as of June 2009, 80 percent of children who received a CME and needed follow-up care received treatment.
Permanency Planning and Adoption			
II.G.2. The State shall develop and begin implementation of permanency practices that include: five and ten month placement reviews and transfer of cases to adoption worker within 5 days of court approving permanency goal change to adoption.	Ongoing	No	Statewide, 82 percent of families had required five month reviews, and 84 percent had required ten month reviews. 33 percent of cases statewide were transferred to an adoption worker in the required five days after a change of goal to adoption.
II.G.5. The State shall continue to provide paralegal support and case summary writers support for adoption staff in local offices.	Ongoing	Yes	The State funds 135 paralegals and twenty-three child case summary writers. Three part-time adoption expediters help process adoption work in Essex, Union, and Middlesex counties.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)[3]	Comments
II.G.9. The State shall provide adoption training to designated adoption workers for each local office.	Ongoing	Yes	Twenty-seven of 31 new Adoption workers were hired between January 1, 2009 and June 30, 2009 and completed training in this monitoring period. Four new Adoption workers were hired or reappointed in the previous monitoring period (Period 5) and completed training in this monitoring period. Four additional new Adoption workers were hired in this monitoring period (Period 5), two of whom were trained in July, and two of whom are on leave. All of the workers who were trained passed competency exams.
II.G.15. The State shall issue reports based on the adoption process tracking system.	Ongoing	Yes	Adoption tracking data is now collected in NJ SPIRIT and DCF is reporting on all data required in MSA II.G. 4 except appeals of terminations.
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 January and June, 2009 DCF resolved 57 percent of applications within 150 days, as compared with 51 percent 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 the FY 2009 fiscal year, DCF spent $5.3 million in flex funds. For FY2010, the flex fund budget is $5,708,530.

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 end of 2009.
Institutional Abuse Investigations Unit (IAIU)			
II.I.3. The State shall complete 80% of IAIU investigations within 60 days.	Ongoing	Yes	Between January and June 2009, 85-90% of all IAIU investigations were completed within 60 days.
Data			
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 June 2009 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.J.2. The State shall initiate management reporting based on Safe Measures.	Ongoing	Yes	The State currently uses Safe Measures for management reporting.
II.J.6. The State shall annually produce DCF agency performance reports.	Ongoing	Yes	The State released an agency performance report for Fiscal Year 2009 and posted it on the DCF website.
II.J.9. The State shall issue regular, accurate reports from Safe Measures.	Ongoing	Yes	The State has the capacity and is producing reports from Safe Measures.
II.J.10. The State shall produce caseload reporting that tracks caseloads by office and type of worker and, for permanency and adoption workers, that tracks children as well as families.	Ongoing	Yes	The State has provided the Monitor with a report for June 2009 that provides individual worker caseloads of children and families for intake, permanency and adoption workers.

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 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: *permanency workers:* no more than 15 families and no more than ten children in out-of-home care.	June 2009/ongoing	Yes	DCF/DYFS achieved the June 2009 caseload target set for the average permanency caseload by office and also achieved the caseload target set for individual permanency caseloads with 97 percent of permanency workers having caseloads at or below standards.
III.B.1.b 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: *intake workers:* no more than 12 open cases and no more than 8 new case assignments per month.	June 2009/ ongoing	No	DCF/DYFS achieved the caseload requirement for average Intake caseloads in each office, but 78 percent of individual Intake workers had caseloads which met the individual caseload standard.
III.B.1.c 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: *IAIU investigators:* no more than 12 open cases and no more than 8 new cases assignments per month.	June 2009/ongoing	Yes	According to data supplied by the State, all 57 IAIU investigators had caseloads in compliance with the standard at the end of June 2009.
III.B.1.d 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: *adoption workers:* no more than 12 children.	June 2009/ongoing	Partially	DCF/DYFS achieved the caseload target set for office adoption caseloads. However, 91 percent of Adoptions workers met the individual caseload requirement, just shy of the MSA standard.
Targeted Performance Levels for Critical Processes			
Placement Restrictions			
III.A.3.a Of the number of children entering care in a period, the percentage with two or fewer placements during the twelve month period beginning with the date of entry.	June 2009 and ongoing (88%)	Unable to determine until June 2010	Baseline performance: In calendar year 2007, 83 percent of children had two or fewer placements during the twelve months from the date of their entry.[5]

[5] Data for CY2007 is most recent data available.

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 (91%) youth were placed in shelters in accordance with one of the MSA standards deemed appropriate use of a shelters. [6]
III.C.1.a-b Placements of children in resource homes shall conform to the following limitations: no child shall be placed in a resource home if that placement will result in the home having more than four foster children, or more than two foster children under age two, or more than six total children including the resource family's own children. Exceptions to these limitations may be made as follows: (a) no more than 5% of resource home placements may be made into resource homes with 7 or 8 total children including the resource family's own children, but such placements may be made so long as other limitations are adhered to; (b) any of the limitations above may be waived if needed and appropriate to allow a group of siblings to be placed together.	June 2009/ ongoing	Yes	DCF reports that 1.4 percent of placements were "non-conforming placements," or "overcapacity placements," defined as those which exceed the MSA standards, necessitating a waiver from the State.

[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. 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 clear guidance to the field so that we can validate the data about the appropriate use of shelters and the proper use of exceptions.

Settlement Agreement Requirements	Due Date	Fulfilled (Yes/No)[3]	Comments
Other PHASE II Requirements Due June 30, 2009			
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.	June 2009	Partially/ In Progress	DYFS conducted an analysis of paid Medicaid claims for psychotropic medication during June 1, 2008 – June 30, 2009. The review found that 1,429 of the 11,162 children (13%) in out-of-home placement for at least one day during the period under review had a paid Medicaid claim for a psychotropic drug. DYFS reports that both DCBHS and DYFS staff are expected to collaborate with the new Chief Child and Adolescent Psychiatrist in reviewing and revising the current Psychotropic Medication Policy set in September 2005. While that work is ongoing, the 2005 policy remains in effect.
III.C.4 The State shall continue to meet the final standards for pre-licensure and ongoing training of resource families, as described in Phase I.	Ongoing	Yes	DCF conducts pre-licensure training for DYFS resource families and contracts with Foster Family and Adoption Services (FAFS) to conduct ongoing in-service training.
III.C.5 The State shall incorporate into its contracts with service providers performance standards consistent with the Principles of the MSA.	June 2009	Yes	DCF developed a set of performance measures and set baseline performance targets for each service across all DCF contracts.
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.	June 2009	No/ Planning Underway	Recently the Department in consultation with the Monitor, began an intensive effort to design a Quality Service Review, an in-depth case review method and practice appraisal process to find out how children and their families benefit from services received and how well the service system supports positive outcomes for children and families. As the protocol is being completed, the group will also define the process to conduct the reviews. The pilot review that will launch this effort is scheduled to take place in January 2010.

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 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.	June 2009/ ongoing	Partially	The State has begun a needs assessment process that builds upon work already underway at the local level and integrates it into a larger analysis it plans to use to inform contracting and policy decisions. The 3 step needs assessment process includes: (1) Assessing Needs for At Risk Children and Families; (2) Assessing Behavioral Health Needs; and (3) Assessing Placement Needs.
III.C.8 Reimbursement rates for resource families shall equal the median monthly cost per child calculated by the Unites States Department of Agriculture for middle-income, urban families in the northeast.	June 2009/ ongoing	Yes	Resource family board rates were adjusted January 2009.

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.[8] Recently, the Department has engaged in an intensive effort to design a Quality Service Review protocol that will meet New Jersey's need for a vigorous quality assessment of its case practice. A Quality Service Review is an in-depth case review method and practice appraisal process to find out how children and their families benefit from services received and how well the service system supports positive outcomes for children and families. DYFS established a workgroup comprised of field staff, QI staff and Monitor staff who are charged with designing the protocol and tools for the review. As the protocol is being completed, the group will also define the process to conduct the reviews. The pilot review to launch this effort is scheduled to take place in January 2010.

[7] For example, visits by caseworkers to parents will require independent case record review.
[8] By agreement of the Parties, measures 5, 9, 12, 13, 14, 15, 23, 46, 50, and 54 will be assessed through a qualitative review. These measures are included in this report for informational purposes.

This report marks the first Monitoring Report which includes data on DCF's performance on the Performance Benchmark measures.[9] In many instances, the data provided are baseline data so that the Department and others can assess current performance in relation to outcomes that must be achieved in the future and can implement strategies based on an understanding of current performance. For several of the listed performance measures, DCF was not required to produce data as of June 30, 2009 and there are no compliance benchmarks that were to be reached in this monitoring period. In these instances, the information on the Performance Benchmarks is provided for informational purposes only. For ease of presentation, the performance benchmarks are grouped into topic areas that are divided into the sections that follow this chapter. For each performance benchmark measure, when data are available, this report provides:

- Baseline data using the most current and accurate data available;
- Benchmark measure—any interim progress measures and timeframes when they are applicable and have been set;
- Final Target—final performance level on outcome to be achieved and timeframe for outcome achievement;
- Performance as of June 30, 2009 or the most recent date for which data are available—where the Department and the Monitor believe that the data on performance are reliable.

[9] As stated previously, ongoing Phase I requirements and new Phase II requirements due for this monitoring period are presented in Table 1. The State is responsible for each requirement listed in this table. Table 2, *Phase II: Child and Family Outcome and Case Practice Performance Benchmarks,* presents all Performance Benchmarks which the State will be held accountable for during this and subsequent monitoring periods. The outcomes and data for each Performance Benchmark are summarized in Table 2 and individual benchmarks are discussed in more depth in subsequent chapters.

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]
State Central Registry, Investigative Practice, and IAIU						
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 *The New Jersey State Central Registry: An Assessment*, 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.	a. Between June and August 2008, 90% of investigations were received by the field in a timely manner. b. In October 2008, 53.2% of investigations were commenced within the required response times.	a. By June 30, 2009, 90% of investigations shall be received by the field in a timely manner. b. By June 30, 2009, 75% of investigations commenced within the required response times.	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.	a. 96% of investigations were received by the field in a timely manner. b. 67% of investigations commenced within required response time.
CPM V.1 MSA III.B.3	4. Investigative Practice – Timeliness of Completion	Investigations of alleged child abuse and neglect shall be completed within 60 days.	Between January and June 2008, 66-71% of investigations were completed within 60 days.	By June 30, 2009, 80% of all abuse/neglect investigations shall be completed within 60 days. By December 31, 2009, 95% of all abuse/neglect investigations shall be completed within 60 days.	By June 30, 2010, 98% of all abuse/neglect investigations shall be completed within 60 days.	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	Investigations will meet measures of quality including acceptable performance on: o Locating and seeing the child and talking with the child outside the presence of the caretaker within 24 hours of receipt by field; o Conducting appropriate interviews with caretakers and collaterals; o Using appropriate tools for assessment of safety and risk; o Analyzing family strengths and needs; o Seeking appropriate medical and mental health evaluations; o Making appropriate decisions; and o 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 II.I.3 MSA III.B.4 CPM V.I	6. IAIU Practice for Investigations in Placements	a. Investigations in resource homes and investigations involving group homes, or other congregate care settings shall be completed within 60 days. b. Monitor will review mechanisms that provide timely feedback to other division (e.g., DCBHS, OOL) and implementation of corrective action plans. c. Corrective action plans developed as a result of investigations of allegations re: placements will be implemented.	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]
Implementation of Case Practice Model						
CPM V.3	7. Effective use of Family Teams	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: a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry. b. For all other children in placement, the number/percent who have at least one family team meeting each quarter. c. Quality of FTMs	a. In October 2008, 47% of children newly entering placement had a family team meeting within 30 days of entry. b. Between August and November 2008, 21% of children in placement had at least one family team meeting each quarter. c. Not yet available	For Immersion Sites: a. By December, 31, 2009, family meetings held prior to or within 30 days of entry for 75% of new entries and 75% of pre-placements. b. By December 31, 2009, family meetings held for 75% of children at least once per quarter. c. By December 31, 2009, 75% of cases show evidence in QSR/QA of acceptable team formation and functioning.	a. By June 30, 2010, family meetings held prior to or within 30 days of entry for 90% of new entries and 90% of pre-placements. b. By June 30, 2010, family meetings held for 90% of children at least once per quarter. c. By June 30, 2011, 90% of cases show evidence in QSR/QA of acceptable team formation and functioning.	Due to limitations in data collected, the monitor is unable to determine performance.
CPM	8. Safety and Risk Assessment	Number/percent of closed cases where a safety and risk of harm assessment is done prior to case closure.	To Be Determined	By December 31, 2009, 75% of cases will have a safety and risk of harm assessment completed prior to case closure	By December 31, 2010, 98% of cases will have a safety and risk of harm assessment completed prior to case closure.	Not Available

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance[10]
CPM V.4	9. Family Involvement	Every reasonable effort will be made to develop case plans in partnership with youth and families, relatives, the families' informal support networks and other formal resources working with or needed by the youth and/or family.	To be determined through pilot QSR/QA in immersion sites in the first quarter of 2010.	By December 31, 2009 80% of cases shall be rated as acceptable on family involvement in case planning.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QSR/QA.	Not Available
CPM V.4, 13.a.	10. Timeliness of Case Planning – Initial Plans	For children entering care, number/percent of case plans developed within 30 days.	In September 2008, 37% of children entering care had case plans developed within 30 days.	By June 30, 2009, 50% of case plans for children and families will be complete within 30 days. By December 31, 2009, 80% of case plans for children and families will be complete within 30 days.	By June 30, 2010, 95% of case plans for children and families are completed within 30 days	42% of children entering care had case plans developed within 30 days.
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.	64% of case plans were reviewed and modified as necessary at least every six months.

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 children will have two visits per month during the first two months of an initial placement or subsequent placement.	By December 31, 2010, during the first two months of an initial placement or subsequent placement, 95% of children had at least two visits per month.	Not Available
MSA III.B 7.b	17. Caseworker Visits with Children in State Custody	Number/percent of children where caseworker has at least one caseworker visit per month in the child's placement.	In October 2008, 80% of children had at least one caseworker visit per month in the child's placement.	By June 30, 2009, 85% of children had at least one visit per month.	By June 30, 2010, 98% of children shall have at least one caseworker visit per month during all other parts of a child's time in out-of-home care.	82% of children had at least one caseworker visit per month in his/her placement.
CPM MSA III.B 8.a	18. Caseworker Visits with Parents/ Family Members	The caseworker shall have at least two face-to-face visits per month with the parent(s) or other legally responsible family member of children in custody with a goal of reunification.	Between July 2008 and February 2009, an average of 29% of parents or other legally responsible family members of children in custody had at least two face-to-face visits with a caseworker.	By December 31, 2009, 60% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	By December 31, 2010, 95% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	Between July 2008 and February 2009, an average of 29% of parents or other legally responsible family members of children in custody had at least two face-to-face visits with a caseworker.

[11] The baselines for Measures #16-18 and 20-21 were set based on the Monitor's case record review. Please see Appendix D for the full findings.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance[10]
CPM MSA III.B 8.b	19. Caseworker Visits with Parents/ Family Members	The caseworker shall have at least one face-to-face visit per month with the parent(s) or other legally responsible family member of children in custody with goals other than reunification unless parental rights have been terminated.	To Be Determined	December 31, 2009 Benchmark TBD after review of case record review data.	By December 31, 2010, 85% of families shall have at least one face-to-face caseworker contact per month, unless parental rights have been terminated.	Not Available
MSA III.B 9a. CPM	20. Visitation between Children in Custody and Their Parents	Number/percent of children who have weekly visits with their parents when the permanency goal is reunification unless clinically inappropriate and approved by the Family Court.	Between July 2008 and February 2009, an average of 17% of children had weekly visits with their parents.	By December 31, 2009, 50% of children will have visits with their parents every other week and 40% of children will have weekly visits.	By December 31, 2010, at least 85% of children in custody shall have in person visits with their parent(s) or other legally responsible family member at least every other week and at least 60% of children in custody shall have such visits at least weekly.	Between July 2008 and February 2009, an average of 17% of children had weekly visits with their parents.
MSA III.B 10 CPM	21. Visitation Between Children in Custody and Siblings Placed Apart	Number/percent of children in custody, who have siblings with whom they are not residing shall visit with their siblings as appropriate.	Between July 2008 and February 2009, an average of 42% of children had at least monthly visits with their siblings.	By December 31, 2009, 60% of children will have at least monthly visits with their siblings.	By December 31, 2010, at least 85% of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly.	Between July 2008 and February 2009, an average of 42% of children had at least monthly visits with their siblings.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance[10]
CPM; MSA Permanency Outcomes	22. Adequacy of DAsG staffing	Staffing levels at the DAsG office.	As of February 1, 2008, 124 of 142 positions were filled.	95% of allocated positions filled by June 30, 2009.	98% of allocated positions filled plus assessment of adequacy of FTE's to accomplish tasks.	129 of 142 staff positions filled, 2 staff working 80% time.
Placements of Children in Out-of-Home Care						
CPM V.4	23. Appropriateness of Placement	Combined assessment of appropriateness of placement based on: a. Placement within appropriate proximity of their parents' residence unless such placement is to otherwise help the child achieve the planning goal. b. Capacity of caregiver/placement to meet child's needs. c. Placement selection has taken into account the location of the child's school.	To be determined through pilot 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, 90% of cases score appropriately as measured by QSR/QA Modules.	Not Available
MSA III.A 3.c	24. Outcome: Placing Children w/Families	The percentage of children currently in custody who are placed in a family setting.	As of June 2007, 83% of children were placed in a family setting.	By July 2008, 83% of children will be placed in a family setting.	Beginning July 2009 and thereafter, at least 85% of children will be placed in a family setting.	85% of children were placed in a family setting.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance[10]
MSA III.A 3.b CPM	25. Outcome: Placing Siblings Together	Of sibling groups of 2 or 3 siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	As of June 2007, 63% of sibling groups were placed together.	For siblings entering custody in the period beginning July 2009, at least 65% will be placed together. For siblings entering custody in the period beginning July 2010, at least 70% will be placed together. For siblings entering custody in the period beginning July 2011, at least 75% will be placed together.	For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.	In CY2008, 73% of sibling groups of 2 or 3 were placed together.
MSA III.A 3.b	26. Outcome: Placing Siblings Together	Of sibling groups of 4 or more siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	As of June 2007, 30% of sibling groups were placed together.	For siblings entering custody in the period beginning July 2009, at least 30% will be placed together. For siblings entering in the period beginning July 2010, at least 35% will be placed together.	For siblings entering in the period beginning July 2011 and thereafter at least 40% will be placed together.	In CY2008, 32% of sibling groups of 4 or more were placed together.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance[10]
MSA III.A 3.a	27. Outcome: Stability of Placement	Of the number of children entering care in a period, the percentage with two or fewer placements during the twelve months beginning with the date of entry.	Between 2002 and 2006, an average of 84% children entering care had two or fewer placements during the twelve months beginning with their date of entry.	By December 31, 2008, at least 86% of children entering care will have two or fewer placements during the twelve months from their date of entry.	By June 2009 and thereafter, at least 88% of children entering care will have two or fewer placements during the twelve months from their date of entry.	In CY2007, 83% children entering care had two or fewer placements during the twelve months from the date of entry.
MSA III.C	28. Placement Limitations	Number/percent of resource homes in which a child has been placed if that placement will result in the home having more than four foster children, or more than two foster children under age two, or more than six total children including the resource family's own children.	Between April 2009 and June 2009, 1.4% of resource homes had children placed exceeding placement limitations.	Not Applicable[12]	By June 2009, no more than 5% of resource home placements may have seven or eight total children including the resource family's own children.	Between April 2009 and June 2009, 1.4% of resource homes had children placed exceeding placement limitations.
MSA III.B.6	29. Outcome: Limiting Inappropriate Placements	a. The number of children under age 13 placed in shelters.	a. As of March 2007, 4 children under age 13 were placed in shelters.	a. By December 2008 and thereafter, no children under age 13 in shelters.	a. By December 2008 and thereafter, no children under age 13 in shelters.	a. Between January and June 2009, 4 children under age 13 were placed in shelters.

[12] 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]
MSA III.B.6	29. Outcome: Limiting Inappropriate Placements	b. The number of children over age 13 placed in shelters in compliance with MSA standards on appropriate use of shelters to include: as 1) an alternative to detention; 2) a short-term placement of an adolescent in crisis not to extend beyond 45 days; or 3) a basic center for homeless youth.	b. Between Jan and June 2008, 63% of children placed in shelters were in compliance with MSA standards.	b. By December 31 2008, 75% and by June 30, 2009, 80% of children placed in shelters in compliance with MSA standards on appropriate use of shelters.	b. By December 31, 2009, 90% of children placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 1) an alternative to detention; 2) short-term placement of an adolescent in crisis not to extend beyond 30 days; or 3) a basic center for homeless youth.	b. Between January and June 2009, 91% of children placed in shelters were in compliance with MSA standards.
Repeat Maltreatment and Re-Entry into Out-of-Home Care						
MSA III.A. 1.a	30. Outcome: Abuse and Neglect of Children in Foster Care	Number of Children in custody in out-of-home placement who were victims of substantiated abuse or neglect by a resource parent or facility staff member during twelve month period, divided by the total number of children who have been in care at any point during the period.	In CY2006, 0.3% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member.	For the period beginning July 2009, no more than 0.53% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	For the period beginning July 2010 and thereafter, no more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	In CY2008, 0.15% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member.

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]
MSA III.A 2.b	33. Outcome: Re-entry to Placement	Of all children who leave custody during a period, except those whose reason for discharge is that they ran away from their placement, the percentage that re-enter custody within one year of the date of exit.	Of all children who exited in CY2005, 21% re-entered custody within one year of the date of exit.	For the period beginning July 2009, of all children who exit, no more than 14% will re-enter custody within one year of the date of exit. For the period beginning July 2010, of all children who exit, no more than 11.5% will re-enter custody within one year of the date of exit.	For the period beginning July 2011 and thereafter, of all children who exit, no more than 9% will re-enter custody within one year of exit.	Of all children who exited in CY2007, 17% re-entered custody within one year of the date of exit.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance[10]
Permanency						
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	a. ***Permanency Outcome 1: Permanency in first 12 months***[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. ***Permanency Outcome 2: Adoption*:** Of all children who became legally free for adoption during the 12 months prior to the target year, what percentage was discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	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
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	c. ***Permanency Outcome 3: Total time to Adoption*:** Of all children who exited foster care to adoption in the target year, what percentage was discharged from foster care to adoption within 30 months from removal from home.	Of all children who exited to adoption in CY2007, 37% were discharged from foster care to adoption within 30 months from removal from home.	Of all children who exit to adoption in CY2009, 45% will be discharged from foster care to adoption within 30 months from removal from home. Of all children who exit to adoption in CY2010, 55% will be discharged from foster care to adoption within 30 months from removal from home.	Of all children who exit to adoption in CY2011, 60% will be discharged from foster care to adoption within 30 months from removal from home.	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.	d. ***Permanency Outcome 4: Permanency for children in care between 13 and 24 months*:** 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.	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 21st birthday or by the last day of year.	Of all children who were in care on the first day of CY2009 and had been in care between 13 and 24 months, 43% will be discharged to permanency prior to their 21st birthday or by the last day of year. Of all children who were in care on the first day of CY2010 and had been in care between 13 and 24 months, 45% will be discharged to permanency prior to their 21st birthday or by the last day of year.	Of all children who were in care on the first day of CY2011 and had been in care between 13 and 24 months, 47% will be discharged to permanency prior to their 21st birthday or by the last day of year.	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.	e. ***Permanency Outcome 5: Permanency after 25 months*:** Of all children who were in foster care for 25 months or longer on the first day of the target year, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21st birthday and the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2007, 36% discharged to permanency prior to their 21st birthday and the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2009, 41% will be discharged to permanency prior to their 21st birthday and the last day of the year. Of all children who were in foster care for 25 months or longer on the first day of CY2010, 44% will be discharged to permanency prior to their 21st birthday and the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2011, 47% will be discharged to permanency prior to their 21st birthday and the last day of the year.	Not Available
MSA III.B 12(i)	35. Progress Toward Adoption	Number/percent of children with a permanency goal of adoption who have a petition to terminate parental rights filed within 6 weeks of the date of the goal change.	In October 2008, 16% of children with a permanency goal of adoption had a petition to terminate parental rights filed within 6 weeks of the date of the goal change.	Not applicable, final target set by the MSA.	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 90% shall have a petition to terminate parental rights filed within 6 weeks of the date of the goal change.	43% of children with a permanency goal of adoption had a petition to terminate parental rights filed within 6 weeks of the date of the goal change.

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	Baseline	Benchmark	Final Target	June 2009 Performance[10]
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.	89% of adoptions were finalized within 9 months of adoptive placement.
Health Care for Children in Out-of-Home Placement						
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.	From January through June 2009, 92% of children received a pre-placement assessment in a non-emergency room setting.
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.	By January 1, 2009 and thereafter, at least 85% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 98% within 60 days.	From January through June 2009, 94% of children received a CME within the first 60 days of placement.[17]

[17] The Monitor's independent case record review found that between July 1, 2008 and December 31, 2008, 74% of children received a CME within 60 days. The margin of error for the sample in the Monitor's independent case record review was ±5%, thus validating the December 2008 data previously reported.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance[10]
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.	From January through June 2009, DCF reports that 94% of children were current with EPSDT medical examinations.[18]

[18] DCF reports using the same methodology as last monitoring period to measure the health care experience of children entering out-of-home placement. Specifically, DCF reports the sample of 428 children is a random sample of children in placement for at least one day between January and June 2009 who were at least three years old and had been in placement for at least one year. The full cohort was 3991. The results have a margin of error of ±5 percent. This sample was used to determine EPSDT visits, semi-annual dental examinations, and immunizations.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance[10]
MSA II.F.2	42. Semi-annual dental examinations	Number/Percent of children ages 3 and older in care 6 months or more who received semi-annual dental examinations.	Annual: As of June 2007, 60% of children received annual dental examinations. Semi-annual: As of June 2007, 33% of children received semi-annual dental examinations.	By June 2009, 90% of children will receive annual dental examinations and 70% will receive semi-annual dental examinations. By December 2009, 95% of children will receive annual dental examinations and 75% will receive semi-annual dental examinations. By June 2010, 95% of children will receive annual dental examinations and 80% will receive semi-annual dental examinations. . By December 2010, 98% of children will receive annual dental examinations and 85% will receive semi-annual dental examinations By June 2011, 90% of children will receive semi-annual dental examinations.	By December 2011, 98% of children will receive annual dental examinations. By December 2011, 90% of children will receive semi-annual dental examinations.	From January through June 2009, DCF reports that 64% of children were current with semi-annual dental exams.[19]

[19] 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. DCF reports using the same methodology as last monitoring period to measure the health care experience of children entering out-of-placement. Specifically, DCF reports the sample of 428 children is a random sample of children in placement for at least one day between January and June 2009 who were at least three years old and had been in placement for at least one year. The full cohort was 3991. The results have a margin of error of ±5 percent. This sample was used to determine EPSDT visits, semi-annual dental examinations, and immunizations.

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.	By June 2009, 70% of children will receive follow-up care and treatment to meet health care and mental health needs. By December 2009, 75% of children will receive follow-up care and treatment to meet health care and mental health needs. By June 2010, 80% of children will receive follow-up care and treatment to meet health care and mental health needs. By December 2010, 85% of children will receive follow-up care and treatment to meet health care and mental health needs. By June 2011, 90% of children will receive follow-up care and treatment to meet health care and mental health needs.	By December 31, 2011, 90% of children will receive timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	DCF reports that 80% of children received follow-up care.[20]

[20] DCF reports using the same methodology as last monitoring period to measure the follow-up health care experience of children entering out-of-home placement. DCF reports a random sample of 313 children in placement for at least one day between January and June 2009 who were at least three years old, had been in placement for at least one year, had a CME and were determined to require follow-up medical care. The full cohort was 1664. The results have a margin of error of ±5 percent. The Monitor's independent case record review for children entering out-of-home care between July 1 and December 31, 2008 (an earlier timeframe) found that 41% of children received follow-up care for at least one health or mental health need identified in their CME.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance[10]
	44. Immunization	Children in DCF custody are current with immunizations.	As of December 31, 2008, 81% of children were current with their immunizations.	By December 31, 2009, 90% of children in custody will be current with immunizations. By December 31, 2010, 95% of children in custody will be current with immunizations.	By December 31, 2011, 98% of children in custody will be current with immunizations.	From January through June 2009, DCF reports that 86% of children over the age of three were current with their immunizations.[21] Data not available on children age three and younger.
MSA II.F.8	45. Health Passports	Children's parents/caregivers receive current Health Passport within 5 days of a child's placement.	In Summer 2009, 13% of children's parents/caregivers received a current Health Passport within 5 days of a child' placement.	By June 30, 2010, 75% of caregivers will receive a current Health Passport within 5 days of a child's placement.	By June 30, 2011, 95% of caregivers will receive a current Health Passport within 5 days of a child's placement.	Not Available

[21] DCF reports using the same methodology as last monitoring period to measure the health care of children receiving health care case management from the Child Health Units. Specifically, DCF reports the sample of 428 children is a random sample of children in placement for at least one day between January and June 2009 who were at least three years old and had been in placement for at least one year. The full cohort was 3991. The results have a margin of error of ±5 percent. This sample was used to determine EPSDT visits, semi-annual dental examinations, and immunizations.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance[10]
Mental Health Care for Children in Out-of-Home Placement						
MSA II.F.2	46. Mental Health Assessments	Number/Percent of children with a suspected mental health need who receive mental health assessments.	To be determined through pilot QSR/QA in immersion sites in the first quarter of 2010.	By June 2008, 75% of children with a suspected mental health need will receive a mental health assessment. By December 2008, 80% of children with a suspected mental health need will receive a mental health assessment. By June 2009, 85% of children with a suspected mental health need will receive a mental health assessment. By December 2009, 95% of children with a suspected mental health need will receive a mental health assessment.	By December 31, 2011, 90% of children with a suspected mental health need will receive a mental health assessment.	Not Available

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance[10]
CPM	47. Provision of in-home and community-based mental health services for children and their families	DCBHS shall continue to support activities of CMOs, YCMs, FSOs, Mobile Response, evidence-based therapies such as MST and FFT and crisis stabilization Services to assist children and youth and their families involved with DYFS and to prevent children and youth from entering DYFS custody.	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	DCF reports that data will be available as of July 1, 2009.
Services to Families						
CPM	48. Continued Support for Family Success Centers	DCF shall continue to support statewide network of Family Success Centers.	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	37 Family Success Centers statewide
CPM	49. Statewide Implementation of Differential Response, pending effectiveness of pilot sites.	Progress toward implementation of Differential Response statewide.	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	6 counties with Differential Response sites.
CPM	50. Services to Support Transitions	The Department will provide services and supports to families to support preserve successful transitions.	To be determined through pilot QSR/QA in immersion sites in the first quarter of 2010.	By December 31, 2010, 80% of cases score appropriately as measured by QSR/QA.	By December 31, 2011, 90% of cases score appropriately as measured by QSR/QA.	Not Available
CPM	51. Post-Adoption Supports	The Department will make post-adoption services and subsidies available to preserve families who have adopted a child.	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	Not Available

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance[10]
CPM	52. Provision of Domestic Violence Services	DCF shall continue to support Domestic Violence liaisons, PALS and Domestic Violence shelter programs to prevent child maltreatment and assist children and families involved with DYFS.	Not Applicable	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	Not Available
Services to Older Youth						
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.	Not yet due.
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.	Not yet due.

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target	June 2009 Performance[10]
CPM	55. Youth Exiting Care	Youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	Not Available	By December 31, 2009 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program. By December 31, 2010 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	By December 31, 2011, 95% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	Not yet due.

Ongoing Infrastructure Requirements

The following are additional MSA requirements that DCF will continue to be responsible to meet:

- **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.
- **II.B.1.c.** No case carrying worker shall assume a full caseload until completing pre-service training and passing competency exams.
- **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.
- **II.B.2.d.** The State shall implement in-service training on concurrent planning for all existing staff.
- **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.
- **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.
- **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.
- **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.
- **II.D.1.** The State shall implement an accurate real time bed tracking system to manage the number of beds available from the DCBHS and match those with children who need them.

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

- **II.D.2.** The State shall create a process to ensure that no child shall be sent to an out-of-state congregate care facility. The process will also ensure that for any child who is sent out-of-state an appropriate plan to maintain contacts with family and return the child in-state as soon as appropriate.
- **II.D.5.** The State shall implement an automated system for identifying youth in its custody being held in juvenile detention facilities are placed within 30 days of disposition.
- **II.G.2.** The State shall develop and begin implementation of permanency practices that include: five and ten month placement reviews and transfer of cases to adoption worker within 5 days of court approving permanency goal change to adoption.
- **II.G.5.** The State shall continue to provide paralegal support and case summary writers support for adoption staff in local offices.
- **II.G.9.** The State shall provide adoption training to designated adoption workers for each local office.
- **II.G.15.** The State shall issue reports based on the adoption process tracking system.
- **II.H.4.** The period for processing resource family applications through licensure will be 150 days.
- **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.
- **II.H.13** The State shall implement the methodology for setting annualized targets for resource family non-kin recruitment.
- **II.H.14** The State shall provide flexible funding at the same level or higher than provided in FY'07.
- **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.
- **II.E.2.** The State shall provide on a quarterly basis accurate caseload data to Plaintiffs and the public via the DCF website.
- **II.E.4.** The State shall make Safe Measures accessible to all staff.
- **II.E.5.** DCF shall train all staff on the use of Safe Measures.
- **II.J.2.** The State shall initiate management reporting based on Safe Measures.
- **II.J.6.** The State shall annually produce DCF agency performance reports.
- **II.J.9.** The State shall issue regular, accurate reports from Safe Measures.
- **II.J.10.** The State shall produce caseload reporting that tracks caseloads by office and type of worker and, for permanency and adoption workers, that tracks children as well as families.
- **II.E.20** 95% of offices shall have sufficient supervisory staff to maintain a 5 worker to 1 supervisor ratio.
- **III.B.1.a** 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: *permanency workers:* no more than 15 families and no more than ten children in out-of-home care.
- **III.B.1.b** 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: *intake workers:* no more than 12 open cases and no more than 8 new case assignments per month.
- **III.B.1.c** 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: *IAIU investigators:* no more than 12 open cases and no more than 8 new cases assignments per month.
- **III.B.1.d** 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: *adoption workers:* no more than 12 children.
- **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.
- **III.C.4** The State shall continue to meet the final standards for pre-licensure and ongoing training of resource families, as described in Phase I.

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** Reimbursement rates for resource families shall equal the median monthly cost per child calculated by the Unites States Department of Agriculture for middle-income, urban families in the northeast.						

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

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

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

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

During this monitoring period, the State's SCR Administrator resigned. The State recruited for the position and has recently hired a new SCR Administrator.

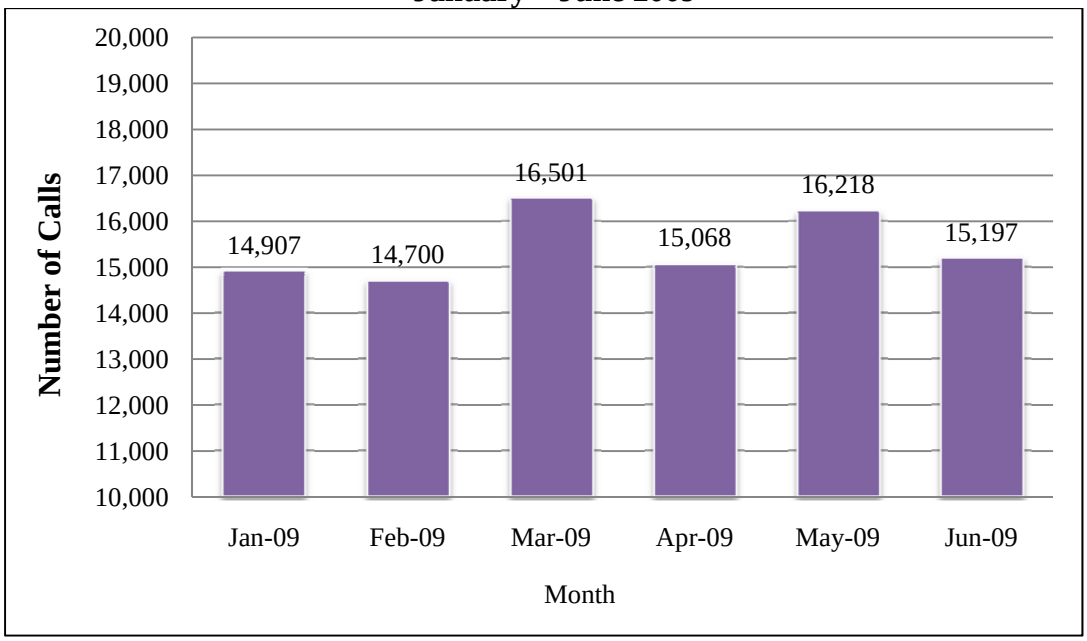
State Central Registry

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

Performance as of 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%) calls[22] 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.

- DCF established an SCR and IAIU workgroup as an initial step in the development of the joint training recommended by the Monitor's July 2008 assessment. DCF reports that the workgroup is meeting monthly to "clarify responsibilities and assess policies and practice relevant to reports involving children in resource homes and institutional settings." The determinations made by the workgroup are to form the basis for the joint training. To the Monitor's knowledge, joint SCR/IAIU training has not yet begun.

- DCF developed SCR-specific training in collaboration with the Child Welfare Training Academy. The duration of the training ranges from two to four weeks depending on the trainee's experience level. The SCR Training Field Guide provides a framework for new SCR staff to become familiar with the SCR office operations and policies, and available technology as well as basic training on the Allegation-Based System, how to receive and document various kinds of calls, and how and when to conference with supervisors. DCF reports that staff is trained at SCR by the SCR training liaison.

- DCF revised supervisory tools for evaluating screeners. Effective September 14, 2009 DCF reports that a revised screener evaluation form is being used to more effectively evaluate screener proficiency. The new form has been substantially revised from the one that was being used at the time of the Monitor's 2008 evaluation and is more tailored to the specific questions and interactions expected of an SCR screener.

- DCF established an annual screener certification review process. Effective July 1, 2009, DCF reports that all certified screeners will be re-evaluated on an annual basis to be re-certified. This re-certification process will be completed by an independent supervisor (not the direct supervisor to the screener) and shall consist of ten random monitoring evaluations encompassing the various report types taken. The evaluations must average 85 percent or higher for the Screener to be re-certified.

- DCF implemented on-going opportunities for manager review of SCR data. DCF reports that the SCR Administrator reviews weekly data reports to "gauge trends, manage staffing issues and identify practice concerns." The SCR Administrator also convenes monthly meetings with the Case Work Supervisors to assess workforce needs and identify trends that may require policy changes.

Investigative Practice

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.B.2 CPM V.1	3. Investigative Practice – Timeliness of Response	Investigations of alleged child abuse and neglect shall be received by the field in a timely manner and commenced within the required response time as identified at SCR, but no later than 24 hours.	a. Between June and August 2008, 90% of investigations were received by the field in a timely manner. b. In October 2008, 53.2% of investigations were commenced within the required response times.	a. By June 30, 2009, 90% of investigations shall be received by the field in a timely manner. b. By June 30, 2009, 75% of investigations commenced within the required response times.	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.

Performance as of June 30, 2009:

a. In June 2009, 96 percent of investigations were received by the field in a timely manner.
b. In June 2009, 67 percent of investigations were commenced within the required response times.

DCF exceeded the June 30, 2009 interim performance benchmark for transmitting referrals to the field, but fell short of the interim performance benchmark for commencing investigations within the required response times.

DCF uses Safe Measures to report on this measure. DYFS policy on "timeliness" for receipt by the field is within one hour of call completion.[24] During the month of June 2009, DCF received 4,685 referrals of child abuse and neglect requiring investigation. Of the 4,685 referrals, 3,743 (80%) referrals were received by the field within one hour or less of call completion. An additional 760 (16%) referrals were received by the field between one and three hours after call completion. Of the remaining 182 referrals, 180 referrals were received by the field within 30 hours. The remaining two referrals were outliers that did not reach the field until somewhere between 30 and 200 hours after receipt at the hotline.

DYFS policy considers an investigation "commenced" when at least one of the alleged victim children has been seen by an investigator. During the month of June 2009, there were 4,502 CPS intakes received.[25] Of the 4,502 intakes received, 1,543 intakes were coded for an immediate response and 2,959 intakes were coded for a response within 24 hours. Of the 4,502 intakes received, 3,010 (67%) intakes were commenced within their required response time. Between January and June 2009, the percentage of intakes commenced within their required response time

[24] DCF reports that in response to the Monitor's recommendations from the July 2008 assessment of SCR, a workgroup has been created to clarify and formalize the policy on timeliness.
[25] Intakes are differentiated from referrals because SCR can receive several referrals related to one incident or in some cases one referral can result in separate intakes.

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 alleged child abuse and neglect shall be completed within 60 days.	Between January and June 2008, 66-71% of investigations were completed within 60 days.	By June 30, 2009, 80% of all abuse/neglect investigations shall be completed within 60 days. By December 31, 2009, 95% of all abuse/neglect investigations shall be completed within 60 days.	By June 30, 2010, 98% of all abuse/ neglect investigations shall be completed within 60 days.

Performance as of June 30, 2009:

In June 2009, 68 percent of investigations were completed within 60 days, falling short of the interim performance benchmark of 80 percent.

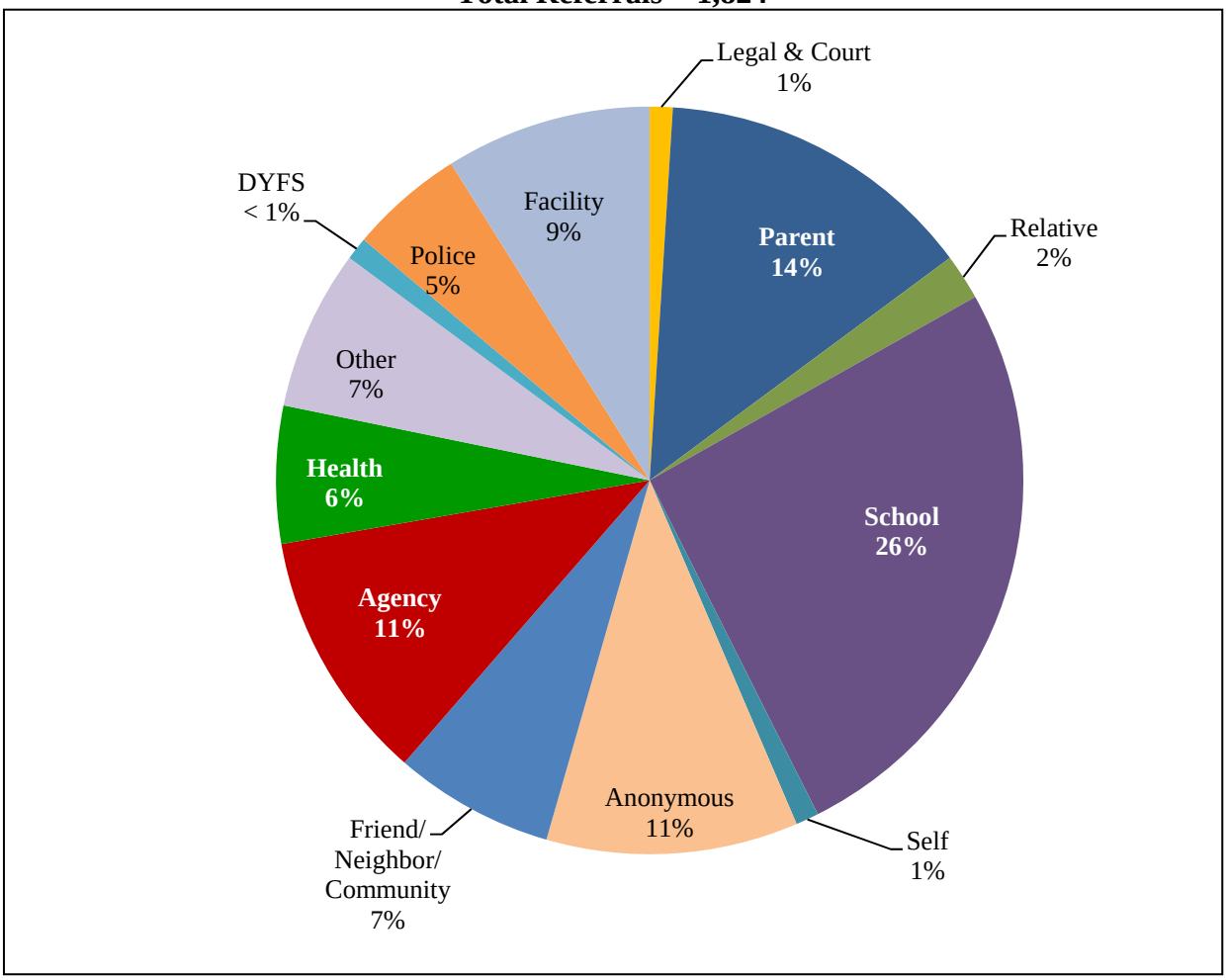
DCF policy and the Child and Family Case Practice and Performance Benchmarks require that all investigations of alleged child abuse and neglect be completed within 60 days. DCF uses Safe Measures to report on this measure. There were 4,503 intakes received in June 2009.[26] Of the 4,503 intakes, investigations were completed within 60 days on 3,076 (68%) intakes. An additional 1,098 (24%) intakes were completed between 60 and 90 days after receipt. The longest time to completion of an investigation was 106 days, with 329 intakes taking more than 90 days to complete.

[26] Monitor asked DCF for clarification as to how an additional intake was recorded in investigation completion data and was not able to receive an answer in time for publication of this report.

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.

1. Performance Benchmarks for IAIU

IAIU Practice for Investigations in Placements

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

Performance as of June 30, 2009:

As of June 30, 2009, the State completed 86 percent of IAIU investigations involving resource homes, group homes, and other congregate care settings within 60 days, meeting the MSA final performance target.

DCF manages and tracks IAIU performance daily, calculating the proportion of investigations open 60 days or more statewide and within regional offices. The month-end statistics supplied by DCF and displayed in Table 3 indicate that between January and June 2009, 85 percent to 93 percent of all IAIU investigations were open less than 60 days. The Monitor verified the timeliness of investigations by reviewing the records of 96 randomly selected investigations completed between January and June 2009. All 96 cases were completed within their reported time frames.

The MSA does not make any distinctions about the type of investigations IAIU conducts based on the allegation or location of the alleged abuse. The 60 day completion standard applies to all IAIU investigations. However, under the MSA, the Monitor's fundamental concern is the safety and well-being of the children who are in DCF custody (and part of the class of children to

whom the MSA applies). Therefore, in 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 congregate care and resource homes pending less than 60 days
January 30, 2009	85%	93%
February 27, 2009	87%	86%
March 31, 2009	89%	85%
April 30, 2009	88%	89%
May 31, 2009	87%	89%
June 30, 2009	84%	86%

Source: DCF, IAIU, Daily Workflow Statistics

Corrective Action Monitoring

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

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

IAIU's Continuous Quality Improvement (CQI) staff is responsible for monitoring the development and completion of corrective actions required by concerns raised in IAIU investigations (MSA Section II.I.2). Between January 1 and June 30, 2009, IAIU issued 1,832 "findings letters" including 254 (14% of all letters) requests for corrective action.[28] Of the 254

[28] The Findings Letters were sent to all types of settings investigated by IAIU, not just family resource homes or congregate care settings.

corrective action requests, 168 (66%) were requests involving resource families, group homes, and residential facilities where foster children were placed. According to the information reported from the IAIU Corrective Action Database, 141 (84%) corrective actions had been accepted and 27 (16%) corrective action requests were outstanding or pending resolution on June 30, 2009. Of the 27 outstanding, 12 (44%) of them were requested prior to June 1, 2009. As of June 30, 2009, those 12 requests had been outstanding 30 to 82 calendar days since the date of the findings letter. Among the 141 accepted corrective actions, 140 (99%) were accepted within 30 days of the findings letter.

In response to a report by the Office of the Child Advocate on the IAIU corrective action process,[29] in December 2008, DCF enhanced existing practice and instituted some new steps for the process and the data collected. According to information provided to the monitor,[30] the practice now includes the following activities:

- Every "finding letter" sent by IAIU to a facility or resource home cites investigator concerns, when applicable, that are separate from the investigative finding. The letter also requests the receiving facility or home to respond to the CQI unit with a corrective action plan within 30 days of receiving the finding letter.

- All Regional IAIU units send the CQI unit a ***copy of each*** IAIU finding letter.

- The CQI unit reviews each finding letter for reference to a concern that requires a corrective action and, for those that do, enters several pieces of information into its tracking database. This includes facility information, allegation type, finding, and date of finding letter.

- When a response is received from the resource home or facility, CQI assesses the action taken and how the actions will address the concern raised. If CQI finds the actions acceptable, it sends an acceptance letter to the facility and records the action taken and the date the letter was sent in its database.

- Where applicable, CQI follows-up with non-responsive facilities after 30 days and continues the follow-up until an acceptable corrective action is received.
- As necessary, CQI informs the Office of Licensing of non-responses.

- A corrective action is not considered accepted (completed) until the facility completes all planned activities and supplies all required supporting documentation and CQI agrees that the action addresses the concerns raised. Facilities are informed when the proposed corrective action is "denied."

As a result of this process, there are four different categories into which a corrective action is classified:

[29] *Protecting Children: A Review of Investigations of Institutional Child Abuse and Neglect, New Jersey Child Advocate, December 2008.*
[30] DCF internal document: IAIU Corrective Action Status Update, July 17, 2009.

- "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.

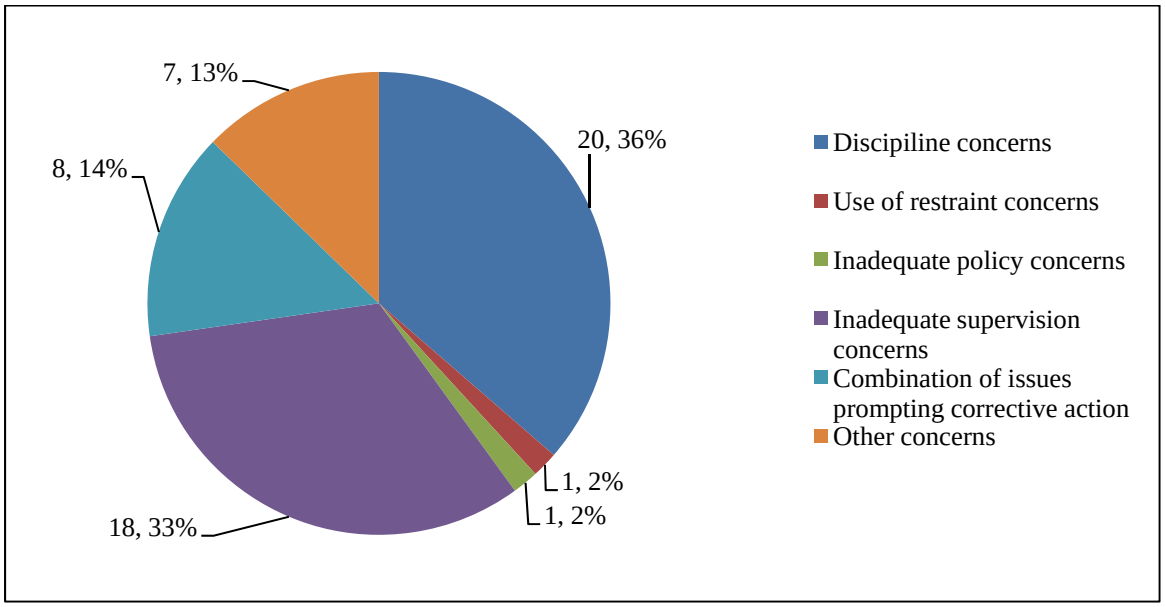
- Elapsed time between the dates of the corrective action received and accepted.

- 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.

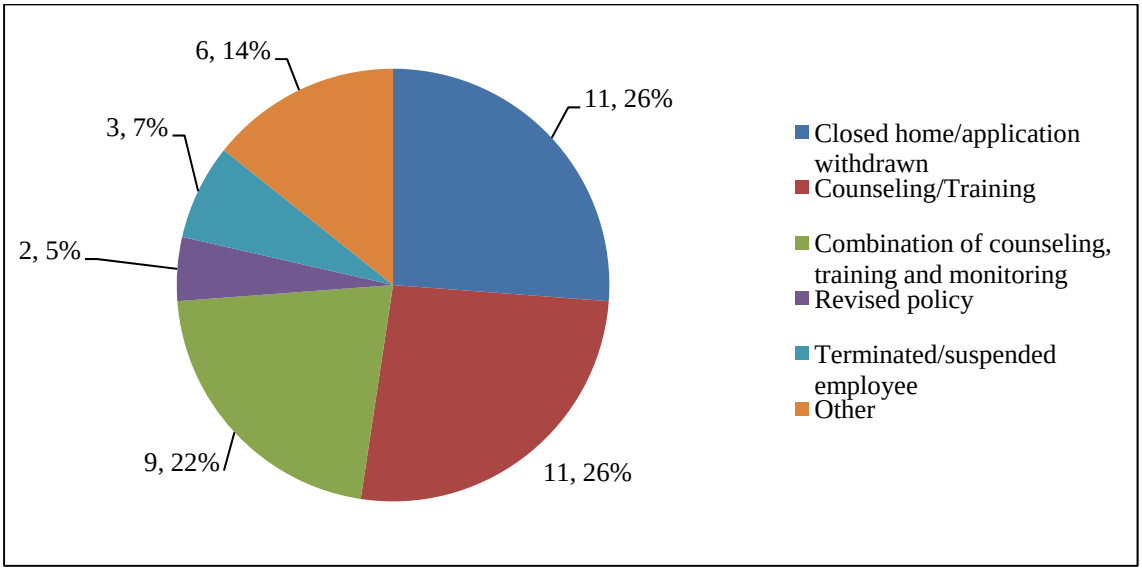
As part of the September 2009 review of the corrective action process, the Monitor reviewed and analyzed 55 randomly selected entries in the Corrective Action Database. Figure 3 displays the six broad categories of concerns requiring corrective action that emerged from the analysis. Figure 4 displays 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 Corrective Actions by Category: Proportionate Distribution of Cases Reviewed
n=53*



Source: Monitor review and data collection, September 2009
*Two of the 55 corrective action entries pertained to the same agency/facility that also had other citations and one corrective action was submitted for all of the citations.

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 implementation of the corrective action. It is an area where improvement is needed.

The inconsistency was most pronounced in corrective action plans regarding counseling around discipline or supervision by resource parents. Corrective actions with and without agreements to abide by the applicable policy signed by resource parents appeared to be equally acceptable.

IAIU is taking steps to improve the consistency of required supporting documentation. It has developed a memorandum template for county resource units to use in responding to a concern regarding one of the county supervised resource homes. This template not only provides the format for how the corrective action should be communicated to IAIU, it also states what specific documentation should accompany the memorandum in support of the corrective action completion. In the example provided to the monitor, the supporting documentation includes the resource parent "*re-training certificate*" and *"receipt signed by the resource parent acknowledging that she was given and would comply with policy."* This guidance should help the counties understand IAIU expectations; however, CQI in turn needs to be consistent in what it accepts as evidence of compliance with corrective actions.

V. IMPLEMENTING THE CASE PRACTICE MODEL

New Jersey's ambitious plan to integrate a new and more dynamic method to work with children and families is beginning to be implemented across the state. The cornerstone is the State's Case Practice Model (the CPM) which was developed to define, guide, and support strength-based and family-centered practice while at the same time achieving safety, permanency and well-being for children. It sets out the principles and values by which staff should operate. Reflective of those values is a set of activities to be routinely applied in practice. This core set of activities emphasizes engaging with children, youth and families in a new, more meaningful way, working in teams with families, and case planning and service provision. The Performance Benchmarks discussed below measure progress made on some of these activities.

A. Activities supporting the implementation of the Case Practice Model

Immersion Sites

The Monitor's previous four Monitoring Reports describe in detail DCF's efforts to implement the CPM through a strategy of training, coaching, and mentoring in select immersion sites across the State. Through intensive direction, guidance, and modeling, staff in immersion sites develop expertise in the CPM and are expected to incorporate its values and principles into everyday practice. The immersion site roll-out is in addition to the statewide training on the Case Practice Model completed in 2008.

The Department plans to have all DYFS local offices trained intensively on the CPM by December 2011. This was adjusted from January 2011 in recognition of the challenges inherent in increasing the number of immersion sites every three months. DYFS local offices in Camden North, Atlantic West, Cape May, Morris West and Union East began immersion training in January 2009. Immersion training in Burlington West, Passaic North and Cumberland East/Salem offices began in April 2009. Immersion training involves alternating weeks of intensive training, oversight, coaching and mentoring.

Another five DYFS local offices, Southern Monmouth, Western Essex North, Somerset, Middlesex Central, and Hudson West began the immersion process in July 2009. As originally planned, every DYFS region has at least one office undergoing the immersion process.

The strength of the DYFS local office leadership and the Assistant Area Directors who are specifically charged with the implementation of the CPM will be increasingly significant in ensuring staff are encouraged to build on the skills developed during intensive training. Without a consistent effort by DYFS local office managers to move the new practice forward and incorporate it into all aspects of operations, there is a real danger even intensive training will not alter practice. It will be up to local leadership to ensure changes in practice. DCF is aware of this challenge and is holding a day long leadership conference in February 2010 for management to review the values and principles of the Case Practice Model and to reaffirm the importance and urgency of the reform. Reinforcing a sense of accountability and urgency in the DYFS local offices on a daily basis is necessary and the work to implement the CPM in every office by the end of 2011 cannot be allowed to slip.

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 team that will make lasting change for children and families. During this monitoring period, Monitor staff followed a small number of cases in immersion site offices (Bergen and Mercer counties) specifically to assess implementation of the CPM. Reviewers followed cases from removal through case planning conferences, meetings, and court proceedings. Preliminary results from this ongoing project reveal progress in the integration of the CPM into daily practice in those offices. The Monitor will be looking to see that FTMs are conducted routinely as the reform takes hold.

Engaging Partners in CPM Implementation

In previous Monitoring Reports, the Monitor expressed concern about the extent to which DCF partner providers and other stakeholders understand and incorporate the CPM into daily operations. During this monitoring period, DCF began to address this issue by holding community meetings in eleven DYFS areas on strength-based practice and on how DYFS can more effectively collaborate with its partners and stakeholders. DCF invited a comprehensive set of stakeholders to these meetings, including birth parents, resource families, school officials, adolescent youth; county human services partners, local law enforcement, and faith-based groups. DCF also held educational programs for judges, CASA volunteers, Child Placement Review Boards and Deputy Attorneys General (DAsG).[31] This important work must continue in an effort to fully engage all critical partners, including those mentioned and others such as the Family Court.

Concurrent Planning Practice

DCF has been methodically expanding its concurrent planning practice, a practice used throughout the country in which caseworkers assist children in out-of-home placement to reunify with their family of origin as quickly as possible, while simultaneously pursuing alternative

[31] Seventy-five stakeholders attended the resource parent training and 150 people were trained at the New Jersey Conference on Abuse and Neglect conference in March 2009. DYFS held training for 150 CASA volunteers in April 2009, a Citizen Panel Review Board (CPRB) training was held for 100 attendees, and 150 officers from the Administrative Office of the Courts (AOC) were trained in June 2009. Finally, In May and June 2009 Case Practice Community Information events were held in every area except Camden, with between 50 and 100 people in attendance at each event.

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
January	8-2008	339	220	65		2-2008	238	167	70
February	9-2008	324	266	82		3-2008	249	219	88
March	10-2008	319	257	81		4-2008	282	238	84
April	11-2008	244	228	93		5-2008	254	226	89
May	12-2008	279	238	85		6-2008	253	222	88
June	1-2009	324	289	89		7-2008	269	229	85
TOTAL		1829	1498	82			1545	1301	84

Source: DYFS

According to the DCF, delays in scheduling reviews are an unintended consequence of the emerging effort to align the five and ten month reviews with FTMs. This is because FTMs highly value parent participation and many joint review/ FTMs are rescheduled to accommodate family schedules. DCF acknowledges that there is a need for greater coordination in this area.

The State also suggests that data entry challenges have created delays in reporting timely information as staff shift to using Safe Measures to monitor timely concurrent planning reviews. The Monitor will keep careful watch on timeliness of completions of five and ten month reviews as improvements are made in data entry and in the integration of reviews into FTMs.

Only one-third (33%) of cases statewide were transferred to an Adoption worker in the required five days after a change of goal to adoption.

The MSA requires DYFS to transfer a case to an Adoption worker five business days after a child's permanency goal has been changed to adoption (Section II.G.2.c). As Table 5 reflects, statewide 33 percent of cases were transferred to an Adoption worker within the required timeframe between January and June 2009. The expansion of concurrent planning into twenty-one new DYFS local offices may have contributed to the low performance on this measure. The Monitor will be looking to see whether DCF's efforts to correct data entry issues will improve these outcomes, or whether there are more serious case practice issues to resolve.

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

	Assignment to Adoption Worker		
	Adoption Goal Established During Monitoring Period	**Assignment to Adoption Worker By Fifth Working Day**	**% Compliant**
January	123	32	26
February	120	39	33
March	156	54	35
April	137	47	34
May	119	31	26
June	138	59	43
TOTAL	793	262	33

Source: DYFS

As discussed in the Monitor's previous report (for Period V), better integration of adoption tracking data on a broader scale is required to assist workers. No new evidence has been provided to support that this issue has been addressed in either the original concurrent planning sites or in the expanded 21 sites. It remains unclear, for example, whether the previously reported difficulty that caseworkers had in entering data into NJ SPIRIT on exceptions to ASFA[33] timeframes has been resolved.

B. Performance Benchmarks on Family Team Meetings and Case Planning

Effective Use of Family Teams

DCF uses Safe Measures to report on the timeliness of Family Team Meetings (FTMs), which according to the MSA and New Jersey's Case Practice Model, are to be held for all children within 30 days of removal of a child from his or her home, and at least once per quarter thereafter. Caseworkers are trained and coached to hold FTMs at key decision points in the life of a case and/or as part of adjusting a case plan, such as a change in placement. Caseworkers schedule the meetings according to the family's timetable in an effort to get as many family members and family supports as possible around the table. DCF is only beginning to routinely hold Family Team Meetings, and most are conducted in immersion sites.

[33] The Adoption and Safe Families Act of 1997, Pub. L. No. 105-89, 111 Stat. 2115 (1997)

Effective Use of Family Teams

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
CPM V.3	7. Effective use of Family Teams	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: a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry. b. For all other children in placement, the number/percent who have at least one family team meeting each quarter. c. Quality of FTMs	a. In October 2008, 47% of children newly entering placement had a family team meeting within 30 days of entry. b. Between August and November 2008, 21% of children in placement had at least one family team meeting each quarter. c. Not yet available	For Immersion Sites: a. By December, 31, 2009, family meetings held prior to or within 30 days of entry for 75% of new entries and 75% of pre-placements. b. By December 31, 2009, family meetings held for 75% of children at least once per quarter. c. By December 31, 2009, 75% of cases show evidence in QSR/QA of acceptable team formation and functioning.	a. By June 30, 2010, family meetings held prior to or within 30 days of entry for 90% of new entries and 90% of pre-placements. b. By June 30, 2010, family meetings held for 90% of children at least once per quarter. c. By June 30, 2011, 90% of cases show evidence in QSR/QA of acceptable team formation and functioning.

Performance as of June 30, 2009:

DCF has been manually counting the number of FTMs held in immersion sites in part because NJ SPIRIT is not yet set up to capture the information correctly and because staff are still familiarizing themselves with the process. The manual data collection system does not collect information related to whether the FTMs are held within 30 days of placement or quarterly as required. Table 6 below reflects the number of FTMs held between January 1 and June 30, 2009 by each of the 14 DYFS local offices that have completed immersion training. Data is provided for families supervised by DYFS and for families whose children are in placement.[34]

[34] For in home cases, DYFS manually counts the number of FTMs held per family. For children in placement, DYFS manually counts the number of FTM meetings held per child.

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 cases[36] 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 quarter of 2009.

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

Performance as of June 30, 2009:

In June 2009, 42 percent of children entering care had case plans developed within 30 days.

[37] The New Jersey University Training Partnership is a collaboration of local schools of social work (Montclair State University, Stockton College, Kean University and Rutgers University. that provide staff who train the DYFS workforce.

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 at 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.

Performance as of June 30, 2009:

In June 2009, 64 percent of children in care had their case plans reviewed and modified as necessary at least every six months.

DCF uses Safe Measures to report on this measure. DCF policy is that case plans should be reviewed and modified at least every six (6) months. In June 2009, 774 out of 1,207 case plans due to be reviewed (64%) were reviewed and modified; 36 percent of case plans did not meet the standard. DCF did not meet this interim performance benchmark.

DCF reports that staff challenges to documentation may play a role with the low performance on this measure, and that it has taken steps to improve documentation. DCF leadership believes that in general it is making improvements to its case planning activities, including work with the Department of Education to create a plan for maintaining school stability for children in foster care. Considerable improvement is needed in practice and documentation of work to review and modify case plans on a consistent basis. It is anticipated that as FTMs become more routine, regular monitoring of case plans will be reflected in these measures.

C. Performance Benchmarks Related to Visits

The visits of children with their caseworkers, with their parents, and with their siblings are all important events that can ensure children's safety, maintain and strengthen family connections, and increase children's opportunities to achieve permanency. They are also integral to the principles and values of the CPM. According to DYFS policy, caseworkers are to visit with children in foster care twice per month (at least one of these visits must be in the child's placement) during the first two months of a placement, and thereafter at least once per month.

The caseworker must also visit the parent or guardian when the goal is reunification at least twice 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 review conducted by the Monitor (See Appendix D). The independent review consisted of a statistically valid sample of records of children entering custody between July 1 and December 31, 2008 and remaining in custody for at least 60 days. This review examined a range of visitation patterns related to 262 children who had an identified reunification resource. For the most part, the case record review found that rates for all types of visits were low. Without dramatic improvement in the next monitoring period (when the first benchmark measurements are due), performance will be unacceptable.

Caseworker Visits With Children in State Custody

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.B 7.a	16. Caseworker Visits with Children in State Custody	Number/percent of children where caseworker has two visits per month (one of which is in the placement) during the first two months of an initial placement or subsequent placement for a children in state custody.	Between July and January 2009, 43% of children had two visits per month during the first two months of an initial placement or subsequent placement[38]	By December 31, 2009, 75% of children will have two visits per month during the first two months of an initial placement or subsequent placement.	By December 31, 2010, during the first two months of an initial placement or subsequent placement, 95% of children had at least two visits per month.

Baseline Performance:

This measure requires an analysis of the pattern of caseworker visits with children who are in a new initial or subsequent placement and remain in that placement for at least one month. Results of the Monitor's independent case record review determined that, on average, caseworkers visited with children twice per month during the first two months of an initial placement at a rate of 43 percent. The Monitor's independent review determined the baseline for this measure. The low baseline is concerning as it may have implications for the assessment of children and families' needs and the stability of children in these placements.

[38] The baselines for Measures #16-18 and 20-21 were set based on the Monitor's case record review. Please see Appendix D for the full assessment and all findings.

Caseworker Visits With Children in State Custody

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

Performance between July 2008 and February 2009:

Based on the Monitor's case record review of visitation experiences, an average of 82 percent of children were visited by their caseworker at least monthly for the months of July 2008 through February 2009. This result falls just short of the June 30, 2009 interim performance benchmark of 85 percent.

Caseworker Visits with Parents/Family Members

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

Baseline Performance:

Caseworkers had face-to-face visits with parents or other legally responsible family members at least twice per month at a rate ranging from 15 to 43 percent for the period between July 2008 and February 2009, with an average of 29 percent according the result of the Monitor's case record review. Although the interim performance benchmark is not due until December 31, 2009, the Monitor is concerned about the low baseline performance.

Visitation Between Children in Custody and Their Parents

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

Baseline Performance:

The case records of children in the sample reviewed by the Monitor provided documentation that on average children were visiting with their parent(s) or reunification resource at least weekly in 17 percent of cases with a range from 14 to 20 percent of cases each month between July 2008 and February 2009. Again, the Monitor is concerned about the low baseline performance.

Visitation Between Children in Custody and Siblings Placed Apart

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

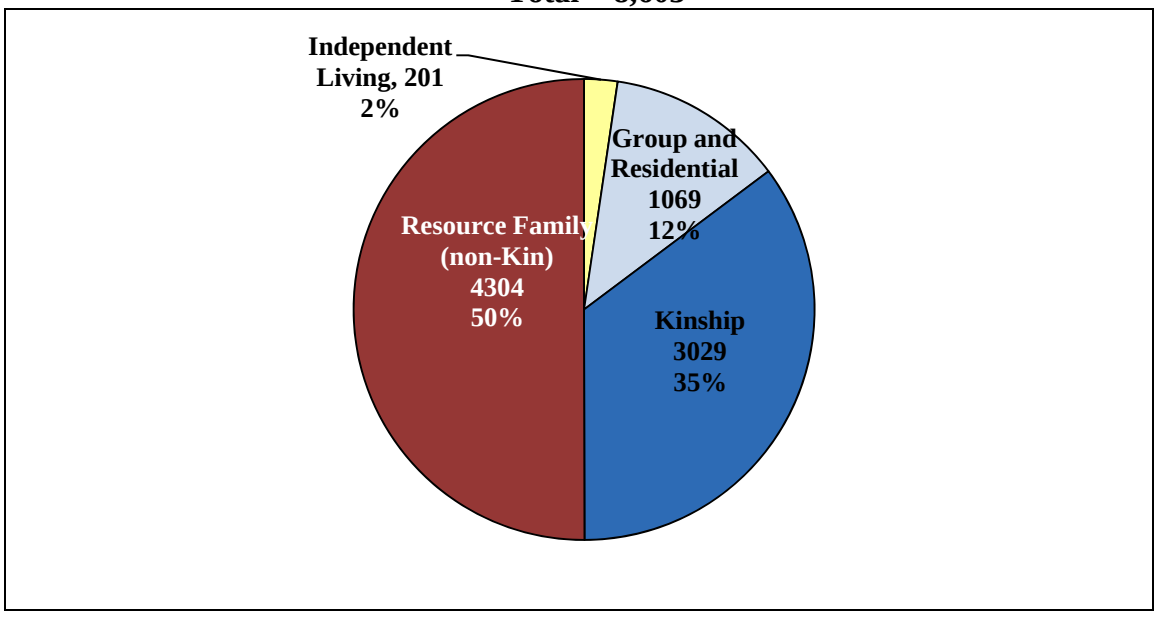
Performance as of June 30, 2009:

During the period between July 2008 and February 2009, on average, 42 percent of children visited with some or all of their siblings at least once per month according to the results of the Monitor's case record review. A monthly range of 37 to 46 percent of children placed apart from their siblings who were are also in DYFS custody visited with some or all of their siblings at least once per month.

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

As of June 2009, a total of 48,450 children were receiving DYFS services in placement (8,603) or in their own homes (39,847). Figure 5 shows the type of placement for children in DYFS custody as of June 2009: 85 percent were in family resource homes (either non-relative or kinship), 12 percent in group and residential facilities, and 2 percent in independent living facilities.

Figure 5: Children in DYFS Out-of-Home Placement by Type of Placement
As of June 30, 2009
Total = 8,603



Source: DCF
*Due to rounding to the nearest whole number, the percentages do not add up to 100.

Table 7 below shows selected demographics for children in out-of-home placement as of June 2009. As seen in Table 7, 40 percent of children in out-of-home care were age 5 or under, with the largest single group (children 2 or younger) compromising 25 percent of the out-of-home placement population. Thirty-four percent of the population was age 13 or older, with 8 percent age 18 or older.

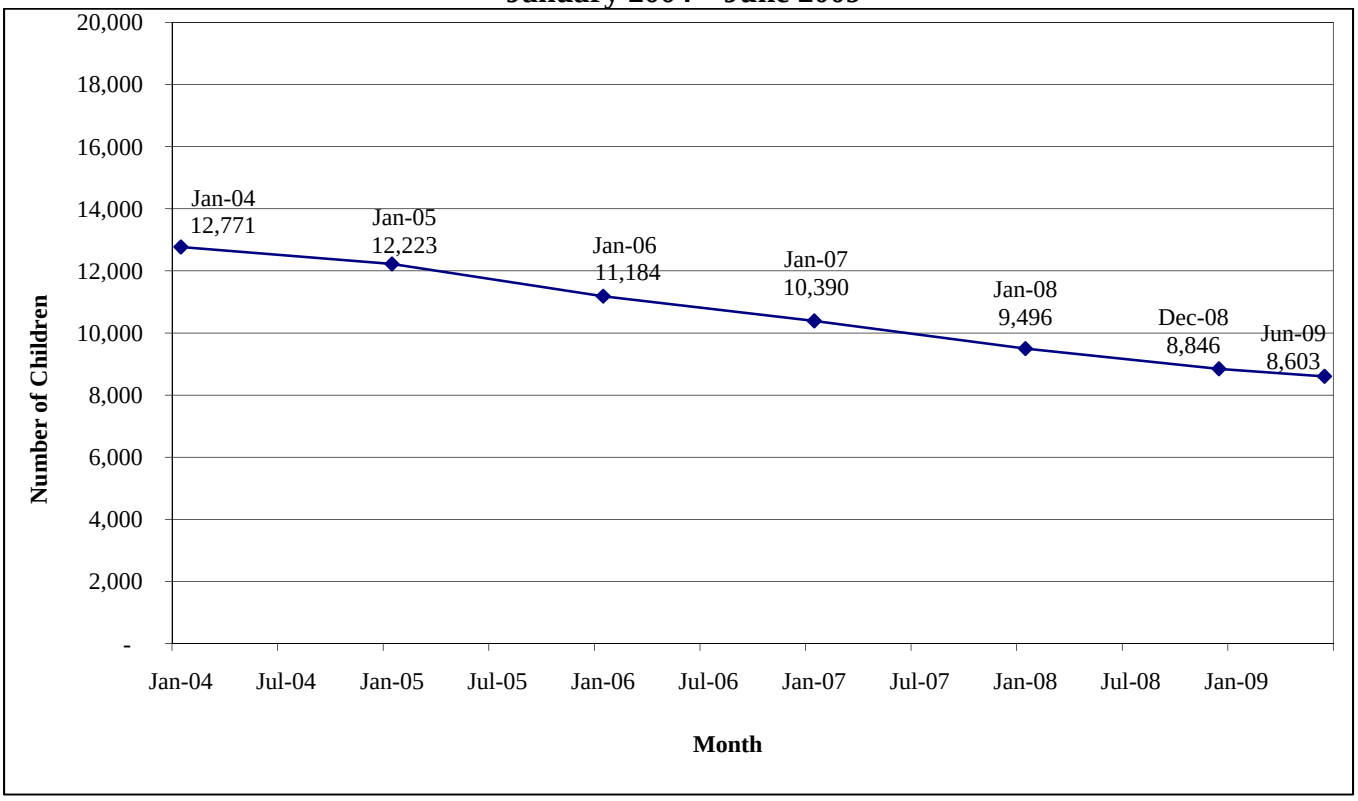
Table 7: Selected Demographics for Children in Out-of-Home Placement
As of June 2009
(n=8,603 children, point in time data)

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



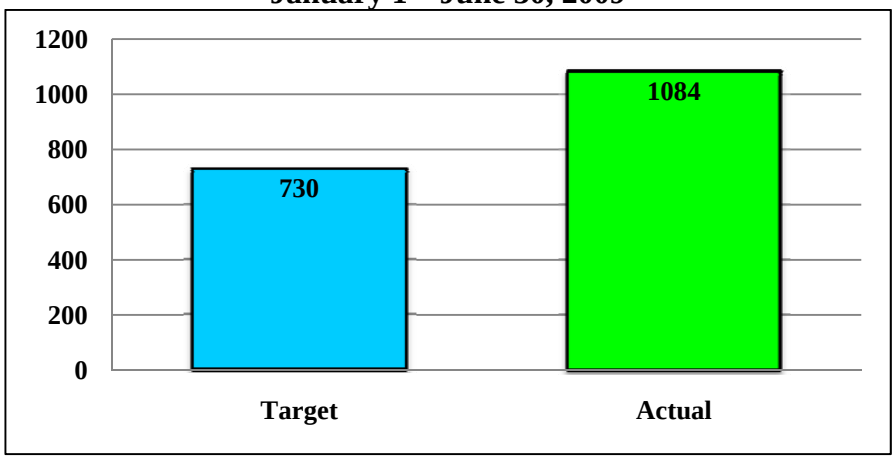
Source: DCF

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

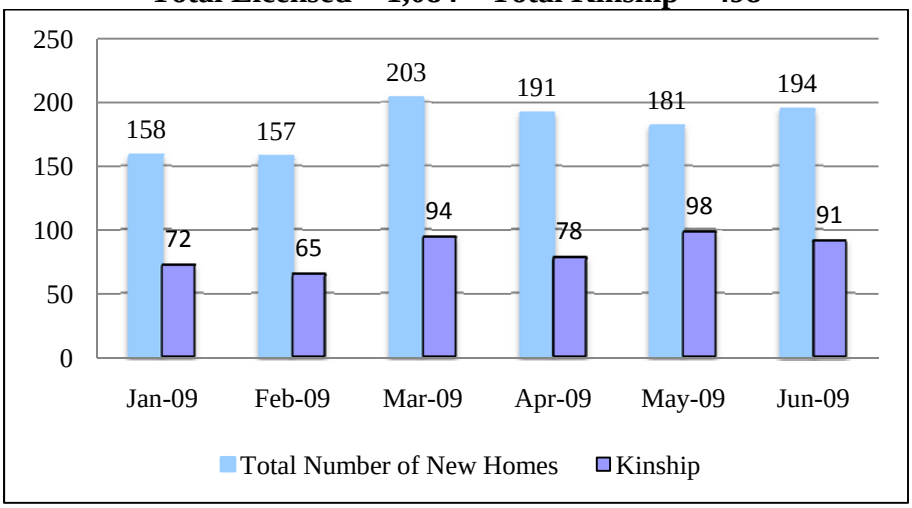


Source: DCF

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.

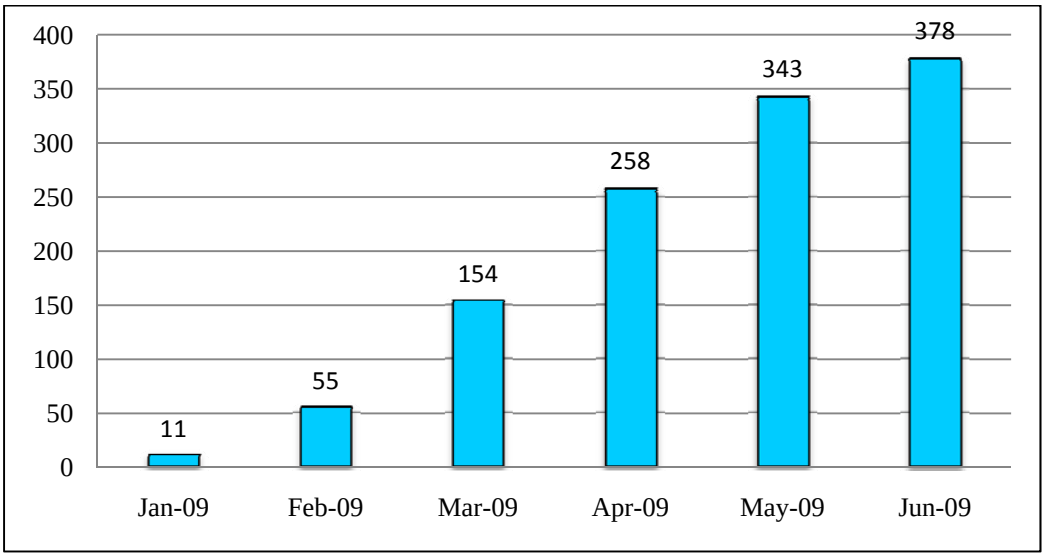
Figure 8: Newly Licensed Resource Family Homes (Kinship and Non-Kinship)
January 2009 – June 2009
Total Licensed = 1,084 Total Kinship = 498



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 toward ensuring that New Jersey has a substantial pool of resource homes in which to place children. Currently there are over 6,000 licensed Resource Family homes statewide.

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	Treatment Homes Licensed	Treatment Homes Closed	Total Resource, Adoption & Treatment Homes Licensed	Total Number Resource & Treatment Homes Closed	Adoption Homes	Resource Homes Net Gain
JANUARY	79	72	151	136	7	11	158	147	0	11
FEBRUARY	79	65	144	98	13	15	157	113	0	44
MARCH	99	94	193	83	10	21	203	104	0	99
APRIL	105	78	183	72	7	15	191	87	1	104
MAY	75	98	173	84	8	12	181	96	0	85
JUNE	92	91	183	148	9	11	194	159	2	35
Totals	**529**	**498**	**1027**	**621**	**54**	**85**	**1084**	**706**	**3**	**378**

In sum, DCF's Resource Family and Resource Family Licensing units continue to achieve notable success. This success has permitted the State to focus on maintaining the homes it has licensed and to more strategically target geographic areas that are in need of more resource homes, large capacity homes to help place siblings together, and kinship homes. The Monitor reviewed a random sample of 25 percent of resource family licensing files from January 1, 2009 to June 30, 2009 and verified reported data.

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

As previously reported, the State regularly conducts a geographic analysis comparing capacity of Resource Family homes by county in order to set county-based annualized targets for recruitment. (MSA Section II.H.13). DCF continued that process this monitoring period. As Table 9 indicates, all of the 21 counties in New Jersey had an increase in the net number of licensed Resource Family homes. The three counties identified as needing to increase their numbers (Cape May, Hudson, and Salem) reportedly all met their goals, with Hudson County achieving an impressive net gain of 57 new Resource Family homes.

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

Two of the three counties with goals for a small increase (Camden and Essex) reflect significant gains. The State reports that it will continue to focus efforts in Cape May and Salem counties, but will change Hudson County's goal to "small increase" due to the State's success in this county during this monitoring period.

Large Capacity Homes

DCF identified recruiting and licensing homes with capacity to accommodate large sibling groups as a priority in the needs assessment it conducted in 2007. The State developed a specialized recruitment strategy to focus attention on identifying, recruiting, and licensing these homes, called SIBS or "Siblings in Best Settings." DCF ended CY2008 with a total of 29 SIBS homes, 5 of which are located in Essex County. Its target for 2009 was to maintain its pool of 29 homes through the end of the year.

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 ways to overcome challenges to resolving them within the required 150 days.

DCF continues to deploy its Resource Family Impact Teams (Impact Teams), comprised of Central Office and Licensing staff, to assist in assessing barriers to making decisions on applications for licenses within 150 days (MSA Section II.H.4). As in previous monitoring periods, the Impact Teams continue the practice of holding monthly conferences with local resource family support units. DCF reports that more intensive work took place in Hudson, Salem and Cape May counties. Salem and Cape May Impact Teams closely monitored recruitment to help boost inquiries from potential resource families. Two strategies were employed: first, DCF called in experts from Adopt-Us-Kids National Resource Center for three days in May to train staff on developing intensive local recruitment action plans. The Department reports success with this effort, and has plans for Adopt-Us-Kids to continue its consultation with the State to monitor the progress of the local recruitment action plans. The second strategy, employed by the Impact Teams in Salem and Cape May Counties, involves using experienced resource parents to help in recruitment. The Impact Teams have identified candidates to undertake this recruitment work who will be deployed where they are most needed, and compensated for their participation in recruitment events.

As a result of the Impact Teams' work, DCF's Office of Licensing determined that a new policy was necessary to reinforce that resource family support units and DYFS local office staff jointly share in the initial assessment of a kinship caregiver. Under this newly articulated policy, once the DYFS local office worker determines that a kinship caregiver is to be considered as a resource parent, it becomes the responsibility of the resource family support unit staff "to ensure that the kinship caregiver is willing and able to be licensed, is informed of the home study and licensing process at the time of the initial placement, and agrees to participate fully in the licensing process."[40] Additionally, DYFS developed new tools for workers to expedite eligibility of kinship caregivers.

[40] DYFS Field Operations Policy and Procedures Manual, 1801 Placing Children with Kinship Caregivers, p.1.

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, new forms were created to accompany the change in policy, including *Local Office Manager 60-Day Review of Home Study* that requires DYFS local office managers to review home studies by day 60 to ensure that they will be completed and sent to the Office of Licensing by Day 100.

Despite ongoing challenges to compliance with the 150 day timeframe, the State continues to improve its performance. As shown below in Table 10, in the first half of 2009 DCF resolved 57 percent of applications within 150 days, as compared with 51 percent in the previous monitoring period. This increase is notable in light of a reported 8 percent increase in new applications. DCF reports that it resolved 67 percent of applications within 180 days, as compared to 65 percent in the previous monitoring period (Period V). The Monitor is continuing to examine this issue, and will follow a select number of cases from application through licensing to investigate success and barriers to the 150 day licensing process.

Table 10: Total Number of Resource Family Home Licenses Resolved Within 150 Days July 2008 – November 2008

Month Applied	Total Applications	Applications Resolved in 150 Days		Applications Resolved in 180 Days	
	Number	Number	Percent	Number	Percent
July	279	150	54%	175	63%
August	289	157	54%	186	64%
September	258	130	50%	162	63%
October	277	173	62%	200	72%
November	250	157	63%	177	71%
Total	1353	767	57%	900	67%

Source: DCF

DYFS has begun training staff on its Automated Resource Family Tracking System.

In prior Monitoring Reports, the Monitor has cited concern with inconsistent use of the DYFS database matching system which identifies with specificity appropriate Resource Family homes for children coming into care (MSA Section II.H.9). The Monitor received reports that a reason staff may not have been taking full advantage of the tracking system is that information in NJ SPIRIT about resource homes was not regularly updated. In the Monitor's survey of resource families conducted in July 2009, of the 117 resource parents to whom the Monitor spoke, 116 resource parents' addresses were found to be accurate in NJ SPIRIT. Of the 158 resource parents, the Monitor attempted to reach, 23 resource parents could not be reached because their phone numbers were incorrect or omitted in NJ SPIRIT. Updating contact information should be prioritized so that workers are able to readily reach resource parents.

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 role of the Law Guardian and the Child Placement Review Board;
- infant CPR
- prescription drug abuse and the accessibility of prescription drugs on the internet;
- general issues related to adoption provided by the New Jersey Adoption Resource Clearing House (NJ ARCH);
- managing and increasing positive behaviors in children;
- lead paint, detection and prevention;
- new licensing requirements;
- coping with the unique stresses of being resource/adoptive parents;
- home inspection issues (online);
- an introduction to the Child Health Units;
- the importance of sibling bonds (correspondence course);
- autism issues (correspondence course); and
- permanency planning for children (correspondence course).

[41] Period II and III Report for *Charlie and Nadine H. v. Corzine*, pp. 61 and 73, respectively.

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: 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, 90% of cases score appropriately as measured by QSR/QA Modules.

Performance as of June 30, 2009:

Data on the appropriateness of a child's placement are not currently available. By agreement of the Parties, this will be measured using the qualitative review process. The tools for this review are currently under development. However, DCF will continue to report on the proximity of a child's placement to the home from which the child was removed as it is one component of a judgment about appropriateness. In order to report on proximity, DCF uses data analyzed by

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 placement. In calendar year 2008, 4,255 children entered out-of-home placement. Of the 4,255 children, 3,692 (87%) children were placed in family settings for their first placement or within seven days of initial placement. These data are in line with the findings from the Monitor's 2009, "*Supplemental Monitoring Report: An Assessment of Provision of Health Care Services for Children in DYFS Custody,"* which found that 81 percent of children were placed in family settings when initially placed into out-of-home care.[42]

[42] See Appendix E.

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.

Performance as of June 30, 2009

In calendar year 2008, 32 percent of sibling groups of four or more children were placed together. This meets the July 2009 interim performance benchmark.

In calendar year 2008, there were 841 sibling groups that came into custody, 102 of which sibling groups had four or more children in them. Of these 102 sibling groups with four or more children, 33 (32%) sibling groups were placed together.

Stability of Placement

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

Performance as of June 30, 2009:

In calendar year 2007, 83 percent of children had two or fewer placements during the twelve months from the date of their entry.[43] Performance on the 2008 interim performance benchmark and the June 2009 final target cannot be assessed at this time as the data for 2008 will not be available until 2010.

DCF uses NJ SPIRIT to report on stability of placement data. The most recent data includes children who entered foster care during calendar year 2007 and aggregates the number of placements each child experienced. There were 4,390 children who entered foster care in calendar year 2007. Of those 4,390 children, 3,645 (83%) children had two or fewer placements in the twelve months after their entry.

[43] Data for CY2007 is most recent data available.

Placement Limitations

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.C	28. Placement Limitations	Number/percent of resource homes in which a child has been placed if that placement will result in the home having more than four foster children, or more than two foster children under age two, or more than six total children including the resource family's own children.	Between April 2009 and June 2009, 1.4% of resource homes had children placed exceeding placement limitations.	Not Applicable[44]	By June 2009, no more than 5% of resource home placements may have seven or eight total children including the resource family's own children.

Performance as of June 30, 2009:

The MSA sets limits as to how many children can be placed in a Resource Family home at one time (Section III.C.1). The State can waive these limits for appropriate reasons or to allow a sibling group to be placed together. The State uses NJ SPIRIT to monitor this measure.

Between April 1, 2009 and June 30, 2009, DCF reports that 1.4 percent of placements were "non-conforming placements," or "overcapacity placements," defined as those which exceed the MSA standards defined above, necessitating a waiver from the State. Large sibling groups are excluded. According to NJ SPIRIT data, thirty-one of 2,141 placements (1.4%) in this monitoring period were non-conforming.

The Monitor reviewed all twenty-eight[45] waivers to population limits awarded to Resource Family homes in this monitoring period and determined that DCF continues to appropriately use exception to population waivers. Monitor staff reviewed 12 waivers that were awarded to homes with five (5) or more siblings in order to keep them together. The remaining 16 waivers were awarded to homes that were overcapacity for other reasons, such as to keep sibling groups of less than five together.[46]

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

[45] As reflected above, NJ SPIRIT indicates DCF granted waivers for 31 overcapacity homes. The Monitor reviewed a total of 28 waivers as the sum total of all waivers granted in this monitoring period. DCF explains the discrepancy as a data error in NJ SPIRIT. DCF is in the process of automating the waiver process in NJ SPIRIT and it currently counts licenses for some over capacity homes as needing waivers when those homes may actually be short term stays, such as vacations or respite placements. When NJ SPIRIT counts those overcapacity homes as requiring waivers, it fails to close out those service lines once the short term stay has ended, thus creating an over-count of homes requiring waivers.

[46] The waivers were given for the following situations: more than four children in placement (7); more than six total children in the household (8); more than four total children under six years old (2); more than two children under two years old (4); and more than two SHPS children in the home (3). Note: totals do not add to sixteen because children may fall into more than one category. For those waivers that fall into duplicate categories, the license specifies the dual nature of the waivers.

Limiting Inappropriate Placements

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

The MSA includes requirements on the placement of children in shelters (Section II.B.6). Specifically, no children under the age of 13 should be placed in shelters and those children over the age of 13 placed in shelters must be placed only as an alternative to detention, as a short-term placement of an adolescent in crisis not to extend beyond 45 days or as a basic center for homeless youth.

Performance as of June 30, 2009:

a. From January 1 through June 30, 2009, four children under the age of 13 were placed in a shelter.

DCF reports that from January through June 2009, four children under 13 were placed in a shelter. These four children represent 0.04 percent of all children under age 13 in placement during the monitoring period (9,646 youth under 13 were in placement). During the prior monitoring period, five children under the age of 13 were placed in shelters. Although DCF has almost completely eliminated the use of shelters as a placement option for this population, shelter placements are not appropriate for any young children including children with significant mental health needs.

Of the four children placed in a shelter, three were 12 years old and one was 11 years old at the time of placement; three were male and one was female. An 11 year old boy was reportedly placed with his three older siblings in the shelter for six days. A 12 year old girl was placed with her sibling in a shelter and both she and her sister appeared to have significant behavioral and

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.

Repeat Maltreatment

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA III.A 1.c	32. Outcome: Repeat Maltreatment	Of all children who are reunified during a period, the percentage who are victims of substantiated abuse or neglect within one year after the date of reunification.	In CY2006, 5.0% of children who reunified were the victims of substantiated abuse or neglect within one year after the reunification.[49]	Not Applicable[50]	For the period beginning July 2009 and thereafter, no more than 4.8% of children who reunified will be the victims of substantiated abuse or neglect within one year after reunification.

Performance as of June 30, 2009:

In calendar year 2007, six percent of children who were reunified were victims of substantiated abuse or neglect within one year after the date of reunification.

DCF uses Chapin Hall data to report on repeat maltreatment and the most recent data analyzed by Chapin Hall are from calendar year 2007. In calendar year 2007, there were 3,474 children who were returned home or to a family member after a stay in out-of-home placement. Of the 3,474 children, 219 (6%) children were the victims of a substantiated allegation of abuse or neglect within 12 months after their return home.

[49] This baseline has changed from prior versions due to data clean up with Chapin Hall.
[50] 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.

VIII. TIMELY PERMANENCY THROUGH REUNIFICATION, ADOPTION OR LEGAL GUARDIANSHIP

Permanency is a term of art in child welfare, and is defined as developing a permanent living arrangement that will provide children and youth the support and guidance any family gives to their own children. In most cases, there is a presumption that a permanency plan will result in reunification with parents, but when that is not possible, another family to fill the need, or, when that cannot be accomplished, a plan for a youth to successfully live independently of foster care services. Legal permanency can be achieved though reunification, legal guardianship, or adoption.

The MSA required the Monitor, in consultation with the Parties, to develop specific measures to determine whether children in custody achieve timely permanency through reunification, adoption or legal guardianship (Section III.A.2.a). The Monitor and Parties worked intensively to create five permanency outcomes with final target levels that reflect an expectation that children entering custody will attain permanency in a timely manner, and with interim performance benchmarks set at a level designed to promote a significant but realistic amount of annual progress towards the final outcome. The data reported below are the most recent available. For some measures there is a lag in time from data collection to reporting.

Timely Permanency through Reunification, Adoption or Legal Guardianship

Reference	Area	Quantitative or Qualitative Measure[51]	Baseline	Benchmark	Final Target
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	a. ***Permanency Outcome 1: Permanency in first 12 months*:** Of all children who entered foster care for the first time in the target year and who remained in foster care for 8 days or longer, what percentage was discharged from foster care to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.	Of all children who entered foster care in CY2007, 41% were discharged from foster care to permanency within 12 months from their removal from home.	Of all children who entered foster care for the first time in CY2009, 43% will have been discharged to permanency within 12 months from their removal from home. Of all children who entered foster care for the first time in CY2010, 45% will have been discharged to permanency within 12 months from their removal from home.	Of all children who entered foster care for the first time in CY2011, 50% will have been discharged to permanency within 12 months from their removal from home.
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	b. ***Permanency Outcome 2: Adoption*:** Of all children who became legally free for adoption during the 12 months prior to the target year, what percentage was discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	For the 12 month period ending March 31, 2008, 35% of children who became legally free for adoption were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	Of those children who become legally free in CY2009, 45% will be discharged to a final adoption in less than 12 months from the date of becoming legally free. Of those children who become legally free in CY2010, 55% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.	Of those children who become legally free in CY2011, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	c. ***Permanency Outcome 3: Total time to Adoption*:** Of all children who exited foster care to adoption in the target year, what percentage was discharged from foster care to adoption within 30 months from removal from home.	Of all children who exited to adoption in CY2007, 37% were discharged from foster care to adoption within 30 months from removal from home.	Of all children who exit to adoption in CY2009, 45% will be discharged from foster care to adoption within 30 months from removal from home. Of all children who exit to adoption in CY2010, 55% will be discharged from foster care to adoption within 30 months from removal from home.	Of all children who exit to adoption in CY2011, 60% will be discharged from foster care to adoption within 30 months from removal from home.
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	d. ***Permanency Outcome 4: Permanency for children in care between 13 and 24 months*:** 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.	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 21st birthday or by the last day of year.	Of all children who were in care on the first day of CY2009 and had been in care between 13 and 24 months, 43% will be discharged to permanency prior to their 21st birthday or by the last day of year. Of all children who were in care on the first day of CY2010 and had been in care between 13 and 24 months, 45% will be discharged to permanency prior to their 21st birthday or by the last day of year.	Of all children who were in care on the first day of CY2011 and had been in care between 13 and 24 months, 47% will be discharged to permanency prior to their 21st birthday or by the last day of year.
MSA III.A 2.a	34. Outcome: Timely permanency through reunification, adoption or legal guardianship.	e. ***Permanency Outcome 5: Permanency after 25 months*:** Of all children who were in foster care for 25 months or longer on the first day of the target year, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21st birthday and the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2007, 36% discharged to permanency prior to their 21st birthday and the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2009, 41% will be discharged to permanency prior to their 21st birthday and the last day of the year. Of all children who were in foster care for 25 months or longer on the first day of CY2010, 44% will be discharged to permanency prior to their 21st birthday and the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2011, 47% will be discharged to permanency prior to their 21st birthday and the last day of the year.

[51] The data for these outcomes will be provided by type of positive permanency (e.g. reunification, permanent relative care, adoption and/or guardianship), but the interim performance benchmarks and final target are set based on achieving permanency through all permanency options.

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 monitoring period. However, data on current performance are included below for informational purposes.

DCF finalized a solid number of adoptions during this monitoring period.

From January 1, 2009 to June 30, 2009 DCF finalized 487 adoptions, placing it on track to finalize a significant number of adoptions in CY2009. As of November 30, 2009 there were 1,289 children legally free for adoption in New Jersey.[52]

[52] This does not reflect the total number of adoption finalizations that occurred in November 2009. Once all finalizations are counted, DCF anticipates that this number will be closer to 1,250 children legally free for adoption.

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**
Gloucester	**12**		Union East	**12**
Cumberland	**8**		Union West	**8**
Total – 487				

Source: DCF

Progress Toward Adoption

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

Performance as of June 30, 2009:

DCF uses Safe Measures to report on this measure. DCF policy on timeliness of filing termination of parental rights petitions is that the petitions are expected to be filed within six weeks of the date of the goal change to adoption. In June 2009, 43 percent of children whose permanency goal changed to adoption had a petition to terminate parental rights filed within 6 weeks of the date of their goal change.[53]

Child Specific Adoption Recruitment

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

Performance as of June 30, 2009:

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

[53] As of June 1, 2009, 108 children had a goal of adoption for six weeks.

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 expediters 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 Impact Teams, now called "Teen Recruitment Impact Teams," with 100 of the "Longest Waiting Teens." These recruiters mine the teen's files and work with Adoption workers to identify permanency options that have not yet been considered. Table 13 below summarizes the progress to date made by the Teen Recruitment Impact Teams in finding permanent homes for the "100 Longest Waiting Teens." Progress remains slow but steady for this most challenging work. Four adoptions were completed during this monitoring period; and one youth was scheduled to be reunited with his birth mother in September 2009.

To assist the Impact Teams with those teens for whom individualized recruitment has not resulted in family support, the Office of Adoption Operations will be working with the National Resource Centers (NRC) for both Permanency Planning and for Adoption to contract with a

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. Permanent Plan Achieved	
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. Permanent Placement Underway	
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. Permanency Plan in Development	
a) Working on Specific Family Lead	8
b) Family Development tasks ongoing	16
Subtotal	24
4. Other Outcomes	
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.
**DCF reports that although the teens are not living with these family members, they visit frequently and maintain contact.

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

DCF continues to make significant progress on improving the delivery of health care services to children in its custody. However, as discussed below, significant work remains regarding receipt of dental care and mental health care and the conveyance of medical information (Health Passports) to caregivers. During Phase I of the MSA, DCF redesigned the health care delivery system for children and youth in out-of-home care (as required by MSA Section II.F.8). The Phase II Performance Benchmarks measure the progress the State is making in ensuring that children in out-of-home placement receive:

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

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

In order to assess performance on health care outcomes, in spring 2009, the Monitor conducted an independent case record review of a statistically significant number of children who entered into out-of-home care between July 1 and December 31, 2008 and remained in care at least 60 days.[55] As part of this review, the Monitor looked at the provision of timely health and mental health care for children in out-of-home care. Further, the Monitor conducted a telephone survey in July and August 2009 of resource parents to assess in part the information resource parents received from DYFS at the time a child was placed in their home, particularly any medical information (Health Passport). Information about the methodology of the survey is attached as Appendix C to this report.

This section provides updates of ongoing efforts to improve the infrastructure—policies, staffing, and access to services – necessary to realize and sustain positive health outcomes for children. The section also provides information about the health care received by children in out-of-home placement. For some of these Phase II health care measures, the State is not yet required to have achieved the interim performance benchmarks or final target; the data are provided to assess progress only.

[55] The final sample analyzed 292 children. This sample was of children involved in DYFS during the previously reported Monitoring Period (Period V). See methodology section in full report in Appendix E.

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 Targets[56])

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	21	34	50	68%	26	29	29	100%
Gloucester	4	7	8	88%	4	3	4	75%
Hudson	4	9	18	50%	8	8	9	89%
Hunterdon	1	0	1	0%	1	1	1	100%
Mercer	5	10	12	83%	4	5	5	100%
Middlesex	10	14	15	93%	7	7	7	100%
Monmouth	10	13	13	100%	7	6	6	100%
Morris	5	5	5	100%	4	4	4	100%
Ocean	10	12	14	86%	6	7	7	100%
Passaic	9	9	12	75%	5	6	6	100%
Salem	4	4	4	100%	2	2	2	100%
Somerset	3	4	4	100%	2	2	2	100%
Sussex	3	3	3	100%	1	2	2	100%
Union	6	11	18	61%	8	8	8	100%
Warren	3	5	5	100%	2	2	2	100%
Total	121	191	243	79%	115	121	123	98%

Source: DCF

2. Informed Medical Consent Protocol

In March 2009, DYFS issued an Informed Consent and Medical Consultation Protocol for staff reference. The protocol impacts the provision of mental health and health care services to children in DYFS custody. The document reminds staff to communicate with health care case managers of the DYFS local office Child Health Unit (CHU) in a timely manner about children's health issues and to ensure that proper consents for a child's medical treatment are in place prior to medical appointments. DCF's medical doctors are also available for consultation with either with DYFS or CHU staff who have first consulted with the casework supervisor. Processes presented in the protocol apply both to children who are and are not yet receiving CHU case management. While DYFS policy permits Child Health Unit nurses and Office of Child Health Services doctors to assist DYFS staff in understanding a child's medical conditions and needs,

[56] DCF reports adjusting targets based on geographic distribution of children in out-of-home placement. Overall, the target number for nurses remains 243.

those professionals are prohibited from providing consent for treatment of any kind for children in DYFS custody. According to the Protocol, informed parental consent must be sought as the first step for both routine and non-routine medical care in almost all cases, unless a court has ordered otherwise. Informed consent must be given for children in protective custody to receive both routine and non-routine medical care and the child's parents and/or caseworker (as appropriate) should accompany the child to appointments.

In general, routine care includes well-child visits, annual physical exams, dental check-ups, regular therapy sessions, taking antibiotics for acute illnesses, vitamins, and re-filling prescription medication that is part of a previously approved treatment plan. Non-routine care includes medical/surgical procedures and obtaining psychotropic medications for a child.

If written consent is needed for a child's either routine or non-routine care and the parent is unavailable or uncooperative in giving such consent, DYFS staff may provide written consent for children for whom:

- DFYS has guardianship or legal custody;
- An emergency removal without parental consent has taken place;
- DYFS has a signed placement agreement for residential placement or independent living; or
- There is court order granting DYFS the authority to make a protective services investigation and provide medical care and treatment.

Protocol directs staff to consult with a DAG to discuss proper steps for providing consent for a medical procedure for a child in DYFS custody not meeting any of the above four criteria and whose parent is unable or unwilling to consent. Resource parents are allowed to provide verbal consent for routine medical, dental, and therapeutic services, or to fill prescriptions for non-psychotropic medications for a child.

During after-hours and in emergent situations,[57] resource parents must notify DYFS immediately (SCR after hours) for consent. SCR or SPRU staff are authorized to consent for a child to receive proper medical care or treatment. DCF's Office of Child Health Services doctors are also available to SCR and SPRU staff for consultation. If there is no time for the resource parent to notify DYFS staff without risk to the child and when absolutely necessary, resource parents may give written consent for emergency medical care on behalf of a child and must notify DYFS personnel as quickly as time and circumstances permit.

As permitted by New Jersey law, circumstances in which neither parental or DYFS consent is needed and youth may solely consent include those where a youth under the age of 18 is seeking treatment related to pregnancy, for a sexually transmitted disease, or substance abuse. State law also permits minors ages 14 and older to seek and consent to mental health services if involved in civil commitment proceedings and voluntarily seeking mental health services.

[57] DYFS defines emergent situations as when the medical provider has advised that best medical practice requires that the medical treatment/surgical procedure should not be delayed until the next business day.

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.

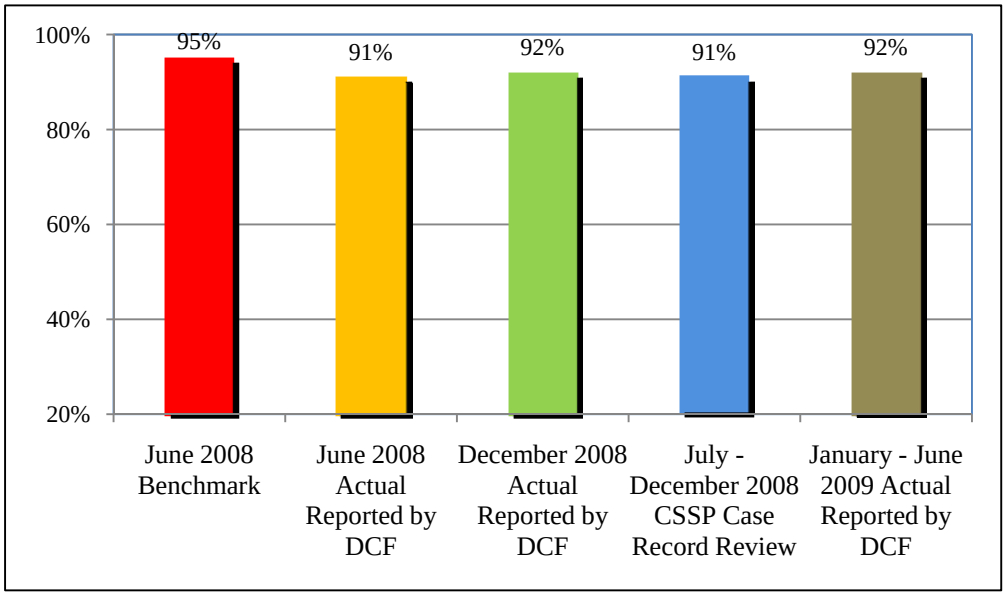
Performance as of June 30, 2009:

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 ±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.	By January 1, 2009 and thereafter, at least 85% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 98% within 60 days.

Performance as of June 30, 2009:

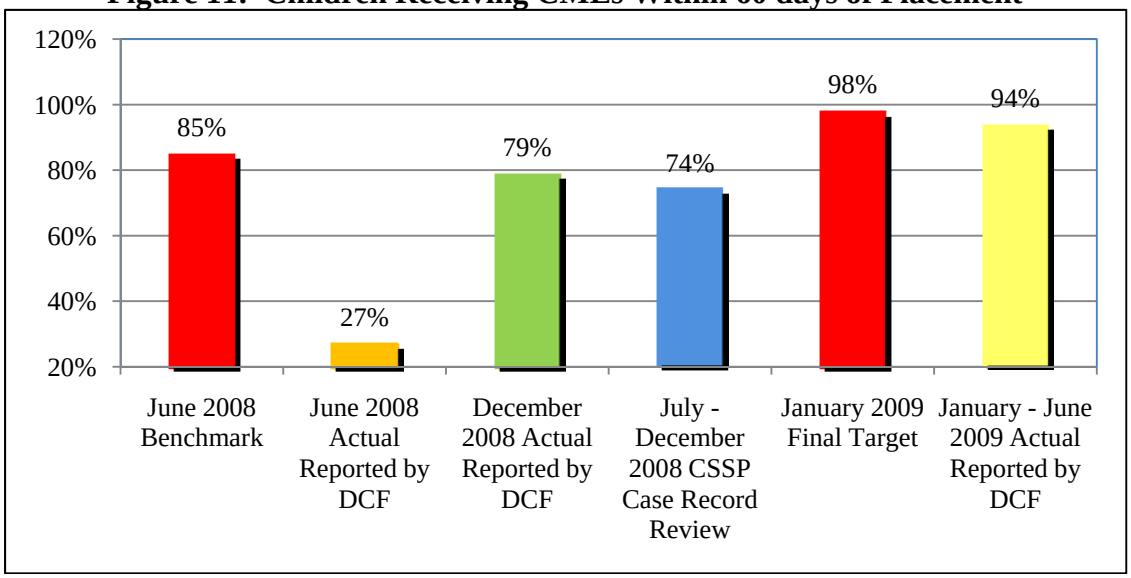
From January through June 2009, 94 percent of children received a CME within the first 60 days of placement.

Children entering out-of-home placement must receive a Comprehensive Medical Examination (CME) within 60 days of entering placement (MSA Section II.F.2.ii). Previously, the State relied on the Comprehensive Health Evaluation for Children (CHEC) model as the sole vehicle to comprehensively assess the health care needs of these children. CHEC examinations require a three part examination – medical, neurodevelopmental, and mental health assessments. CHEC examinations still take place, and are considered a type of CME. CMEs are now also provided through other community-based medical providers, in some instances a child's own pediatrician. A CME involves a comprehensive physical, including a developmental history and evaluation, and an initial mental health screening. Should a child be found to have a mental health need, a full mental health evaluation is then expected to be conducted.

From January through June 2009, 2,060 children were in care for at least 60 days and required a comprehensive medical examination (CME). Of these 2,060 children, DCF reports that 1,650 (80%) received a CME within the first 30 days of placement. An additional 292 children received their CME within 60 days of placement, thus, 94 percent of children received a CME within 60 days of placement. Figure 11 below shows the progress the State has made in increasing access to full medical examinations for children entering out-of-home care in the past year. The Monitor's independent case record review found that 74 percent of children entering out-of-home care between July 1 and December 31, 2008 received a CME within 60 days.[58] The margin of error for this sample was ±5 percent, thus verifying the December 2008 data reported by DCF.

[58] See Appendix E.

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.

Performance as of June 30, 2009:

The State reports that based on the "Child Health Survey Analysis" of 428 children at least three years old who have been in care one year or more, 400 (94%) were current with EPSDT medical examinations.[59] As in past Monitoring Reports, the State is only able to report on this measure through a statistically significant sample. To compare, in December 2008, 77 percent of children in placement for one year and who were at least three years old were found to be current with their EPSDT examinations. Thus, the State made significant improvement in this area. However, the performance data from this survey are limited in that the health care experiences of children under the age of three were not covered in the review and these youngest children are in fact required to have more frequent EPSDT visits than older children. Capturing data on their experiences should be a high priority for DCF.

Additionally, DCF conducted a review of children who received health care case management service from the Child Health Units from 37 of the 47 DYFS local offices. As of June 30, 2009, data show that of the 3,910 children reviewed, 91 percent of those children were current with their required EPSDT schedule.

[59] DCF reports using the same methodology as last monitoring period to measure health care of children entering out-of-home placement. Specifically, DCF reports the sample of 428 children is a random sample of children in placement for at least one day between January and June 2009 who were at least three years old and had been in placement for at least one year. The full cohort was 3991. The results have a margin of error of ±5 percent. This sample was used to determine EPSDT visits, semi-annual dental examinations, and immunizations.

Semi-annual Dental Examinations

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

Performance as of June 30, 2009:

The dental care measure includes targets for annual and semi-annual dental exams. Because the expectation of the field is that children age three or older receive semi-annual dental exams, DCF has been solely measuring whether children receive dental exams semi-annually. Based on a statewide sample of 428 children, 274 (64%) were current with semi-annual dental exams. This is an increase from the last monitoring period, where the statewide sample determined that 58 percent of children were current with semi-annual exams.

DCF's internal report from 37 of the 47 DYFS local offices of 3,910 children who received health care case management services found that as of June 30, 2009, 73 percent of children older than three were current with their semi-annual dental exams. These data show the promise of the Child Health Units to help meet the health needs of children in DYFS custody and the critical need to continue to build fully staffed units.

Follow-up Care and Treatment

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

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.	As of December 31, 2008, 81% of children were current with their immunizations.	By December 31, 2009, 90% of children in custody will be current with immunizations. By December 31, 2010, 95% of children in custody will be current with immunizations.	By December 31, 2011, 98% of children in custody will be current with immunizations.

Performance as of June 30, 2009:

Based on information from statewide surveys and the Monitor's case record review, the majority of children in out-of-home placement are up-to-date on their immunizations. The most recent Child Health Survey Analysis found that 86 percent of children over the age of three in out-of-home care for one year are current with their immunizations, an improvement from 81 percent of children reported from the December 2008 survey. The Monitor's case record review found evidence that 83 percent of children of all ages were current with their immunizations after their CME. DCF's internal report from 37 of the 47 DYFS local offices of 3,910 children who received health care case management services from the Child Health Units also lends insight into the progress DCF is making on this measure. The DCF report found that as of June 30, 2009, 89 percent of children were current with their immunizations.

[60] DCF reports using the same methodology as last monitoring period to measure the follow-up health care experience of children entering out-of-home placement. These data are based on a random sample of 313 children in placement for at least one day between January and June 2009 who were at least three years old, had been in placement for at least one year, had a CME and were determined to require follow-up medical care. The full cohort was 1664. The results have a margin of error of ±5 percent.

Health Passports

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

Performance as of June 30, 2009:

Under the MSA, all children entering out-of-home care are to have a Health Passport created for them (Section II.F.8). This Passport gathers all relevant medical information in a single place and is expected to be made available to resource parents, children (if old enough) and their parents. DYFS uses a form, known as the 11-2A, to collect health information from parents and other sources and the findings of the PPA and then provides this form to the provider. DCF policy requires that the health care case manager complete the form, which is maintained by the DYFS local office Child Health Unit, and is supposed to be provided to the resource parent within 72 hours of the child's placement. This policy is relatively new and Child Health Units are not yet fully staffed across the state.

The Monitor's case record review and resource parent survey provide information about the percentage of caregivers receiving medical information about the child placed with them. Current practice in providing relevant health care information to resource parents in required timeframes is not adequate; the case record review found evidence in 13 percent of cases that Health Passports were conveyed to caregivers within five days of a child's placement. The resource parent survey found that 10 percent of caregivers had received the Health Passport soon after the child was placed with them. From this survey, however, half of the resource parents stated that the Health Passport was sent to them without any medical information recorded.

X. MENTAL HEALTH CARE

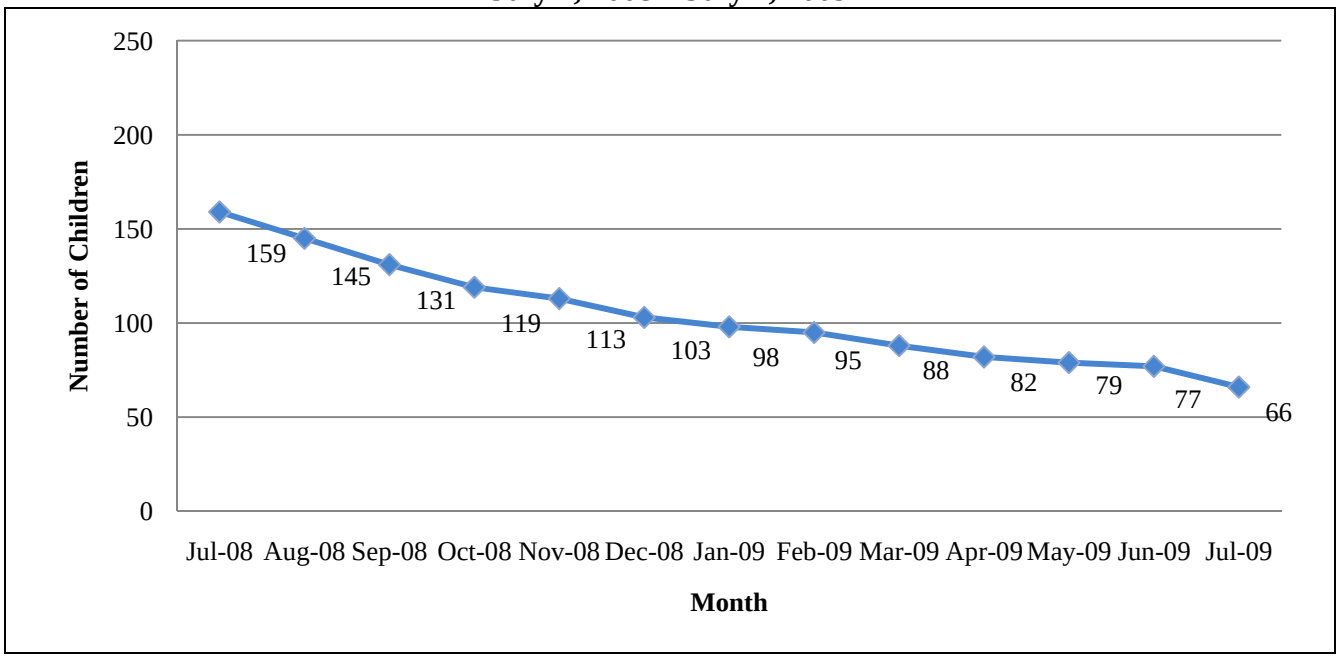
DCF's Division of Child Behavioral Health Services (DCBHS) continued its work during this monitoring period to implement its goal of providing treatment to children and youth in or close to their homes and families in the least restrictive environment possible. A major accomplishment was the successful 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 (Value Options) to a new provider, PerformCare.

A. Building the Mental Health Delivery System

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

Under the MSA, DCF is required to minimize the number of children in DYFS custody placed in out-of-state congregate care settings and to work on transitioning these children back to New Jersey (Section II.D.2). DCF reports that as of July 1, 2009, 66 children were placed out-of-state in mental health treatment facilities. As illustrated in Figure 12 below, the number of children placed out-of-state has declined dramatically since July 2008 and continues to decline.

Figure 12: Children in Out-of-State Placement
July 1, 2008 – July 1, 2009



Source: DCF, DCBHS

The decline reflects DCBHS' efforts to transition children already out-of-state back to appropriate in-state alternatives and to control the number of new out-of-state placements each month. Table 15 below reflects January through June 2009 data on the number of children for whom DCBHS granted new authorization for treatment in an out-of-state facility. Over the six

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

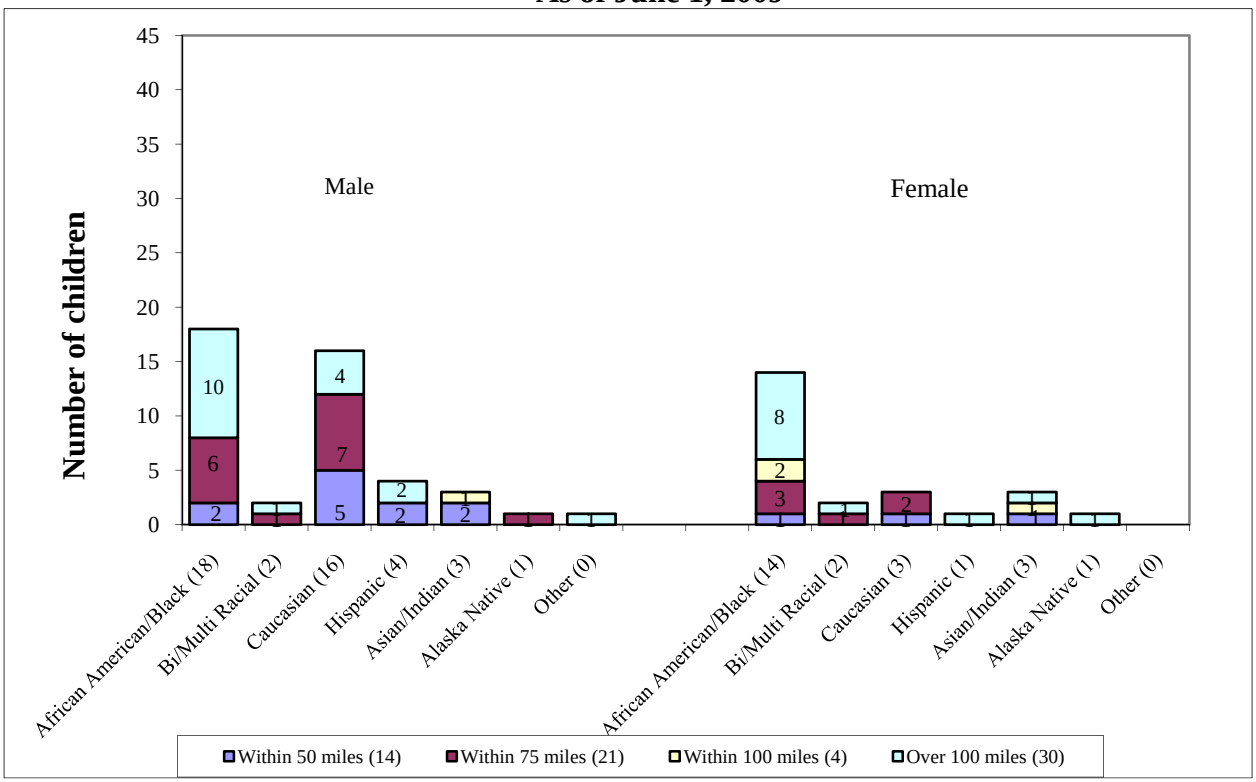
Table 15: Out-of-State Placement Authorizations by DCBHS
January 1, 2009 – June 1, 2009

Month	Number of Authorizations for Youth in DYFS Custody (Total Number of Authorizations)
January 2009	0 (0)
February 2009	0 (2)
March 2009	0 (0)
April 2009	0 (1)
May 2009	1 (2)
June 2009	0 (1)
Total	1 (6)

Source: DCF, DCBHS

Figure 13 below provides demographic information on the 66 children and youth, ages 10-21, most of whom are ages 16-19, placed out-of-state as of June 1, 2009. Notably, African-American/Black males continue to be disproportionately represented among all youth placed out-of-state for treatment while African-American/Black females, who represent over half of all females in the "out-of state for treatment" population, are more likely than their peers to be placed more than 100 miles away from their home zip code. DCF reports efforts to understand and to address the issue of the disproportionate representation of children/youth of color in the child welfare system compared to the rate at which those children are represented in the overall state population. This work is in partnership with Casey Family Programs and other entities such as the Administrative Office of the Courts. These efforts will likely include addressing the related issue of disparate outcomes for children of color in out-of-state placement compared to their peers.

Figure 13: Demographic Data on Youth Placed Out-of-State
As of June 1, 2009



Source: DCF, DCBHS

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

Under the MSA, no youth in DYFS custody should wait longer than 30 days in a detention facility post-disposition for an appropriate placement (Section II.D.5). DCF reports that 18 youth in DYFS custody, 13 males and five females, were in detention from January 6 to July 1, 2009 and were awaiting placement post-disposition. The youth ranged in age from 14 to 17 and none of them waited more than 30 days for placement. Half of the youth were released within 15 days and half in 30 days or less after the disposition of their delinquency case. Table 16 below provides information on the length of time each of the youth waited for placement.

Table 16: Youth in DYFS Custody in Juvenile Detention Post-Disposition Awaiting Placement January 6, 2009 – July 1, 2009

Length of Time in Detention Post Disposition	Number of Youth
0-15 Days	9
16-30 Days	9
Over 30 Days	0
Total	18

Source: DCF, DCBHS

DCBHS converted to a new Contract Systems Administrator.

DCF released a Request for Proposals (RFP) in October 2008 and received four bids in January 2009. In late May 2009, DCF announced the award of the Contracted System Administrator (CSA) to PerformCare, LLC. Following a four month transition period, PerformCare assumed CSA operations on September 8, 2009 to screen, authorize, and track the cases of children and youth accessing behavioral and mental health services through DCF. The company's contract with DCF is for five years with the option for two one-year renewals.

Replacement of DCBHS' Management Information System (MIS) ABSolute was another major undertaking of the transition to the new CSA. DCF reports that the new MIS, Cyber, is more flexible and user-friendly with increased reporting capacity and security. DCBHS tested the new system, providing opportunities for PerformCare to identify and rectify problems. DCBHS invited volunteers from the provider community to experience the new system while serving as "testers" and offered both on-line and in-person training in the summer of 2009. DCBHS reported continuing training in fall 2009.

Throughout the RFP and transition periods DCF's website provided information which included a link to a "CSA Corner." The expectation is that service delivery will become more efficient as provider focus on data entry decreases, allowing more time for focus on the needs of client.

DCF continues to support evidence-based therapeutic treatments.

Through seven providers across the state, DCBHS continues to fund and support two evidence-based therapies, Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST). DCBHS reports that approximately 350 youth and families have been or are being served by these intensive, short term, home and community-based interventions.[61] Notably 110 youth and families have been successfully discharged as defined below:

1. The youth and family have met and sustained a majority of the overarching treatment goals.
2. The standard Needs Assessment Tool and other relevant information indicate that the youth no longer needs the particular therapy.
3. The youth has few significant behavioral problems and the family is able to effectively manage any recurring problems.
4. The youth and the family have functioned reasonably well for at least three to four weeks. The youth is making reasonable educational/vocational efforts. The youth is involved with peers considered to be pro-social peers and is not (or is minimally) involved with peers considered to be problematic. The therapist and supervisor believe that the caregivers have the knowledge, skills, resources and support needed to handle subsequent problems.

DCBHS reports that by early 2010, there should be sufficient data to analyze the long-term effectiveness of these therapies for families and youth. Two of the programs which offer FFT currently have more unsuccessful discharges than DCBHS desires. Both of these programs have a corrective action plan to both fill positions and increase service utilization. As well, DCBHS reports that according to FFT, Inc., the national overseeing organization responsible for monitoring the program for fidelity and for providing technical assistance, issues with premature discharges are common for programs at this stage of development. FFT, Inc has worked with DCBHS to implement steps to address concerns about discharges. Table 17 below presents the average census for programs as well as the capacity for services.

[61]These data include families who have completed a full therapy cycle; families who were still receiving therapy; and families who began therapy but discontinued before completing a full therapy cycle.

Table 17: Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST) Utilization As of June 30, 2009

Provider	Program	County	Average Census/ Program capacity
Robin's Nest	FFT	Cumberland	**41/41**
		Gloucester	
		Salem	
University Behavioral HealthCare	FFT	Middlesex Expanding to parts of Union and Somerset	**25/68**
Community Treatment Solutions	FFT	Burlington	**22/30**
Cape Counseling	FFT	Atlantic	**37/42**
		Cape May	
Mercer Street Friends	FFT	Mercer	**33/72**
Center for Family Services	MST	Camden	**25/30**
Community Solutions	MST	Hudson	**34/40** (capacity of 20 per county)
		Essex	
Total			**217/323**

Source: DCBHS

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

The MSA requires DCF to provide mental health services to at least 150 birth parents whose families are involved with DYFS (Section II.C.6). DCF previously reported that providers of both home and office-based treatment served over 550 for birth parents from July to December 2008. During the period January to June 2009, DCF reports over 550 birth parents were provided with the opportunity to benefit from services intended to ensure that children safely remain or return to their custody. Table 18 reflects the contracted providers across the state as well as a description of the services provided.

Table 18: Mental Health Services Provided to Birth Parents January 2009 – June 2009

Program	Service Description	Birth parents served
Ocean Mental Health – CAFS	Intensive in-home mental health services to ensure the prevention foster care placement.	25
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.	8
Ocean Mental Health – FPS	Treatment with the primary goal of improving family functioning. The expected outcome is to enable the family to remain safely intact.	12
Mental Health Association of Monmouth County	Intensive case management to families at risk of losing custody of children due to abuse/neglect.	8
Community YMCS - Family Support	In-home therapy to families to prevent a child's out-of-home placement.	60
Children's Home Society - Intensive Service Program	Therapeutic treatment program for parents who have had their child(ren) removed as a result of abuse, neglect, or abandonment.	59
Preferred Behavioral Health - Family Support Program	Intensive family therapy and/or individual therapy for families with child(ren) at risk for out-of-home placement and for families whose children are in foster care with a goal of reunification.	117
Drenk Behavioral Health Center	Therapeutic skills development for parents whose children have been removed from their custody and for whom reunification is planned. Services include weekly peer support groups, parenting classes, and visitation services.	21
Catholic Charities - Therapeutic Visitation	Hands-on individualized parenting education in preparation for reunification with children.	49
UMDNJ – CARRI Program	For parents with children under four (4) years of age, through home visits: supportive counseling, parent education, infant assessment, and other assistance aimed at improving the parents' capacity to provide a nurturing, safe, and appropriately stimulating environment.	*
Catholic Charities of Newark - Family Resource Center	In-home clinical and supportive services to prevent out-of-home placements or reunify and maintain children in their own home.	81
Family Connections - Reunity House 1	Services to parents and children in foster care with the goal of reunification: weekly supervised visitation, parenting skills/support group, and individual and/or family treatment.	51
Newark Beth Israel Medical Center – FLEC	Services to parents when there is a risk of out-of-home placement or when children have been removed from home.	40
Catholic Charities of Metuchen	In-home therapy with focus on stabilizing families and reducing risk of abuse/neglect so children may remain or return to home.	7
Catholic Charities of Metuchen	In-home therapy for parents of infants through 18 year olds in foster care with the goal of reunifying children with parents.	13
Cape Counseling Services	Individual, group, couples, and family therapy in clients' homes to assist families in reducing risk of harm to children.	8
Total		**559**

Source: DCF

*Data on the number of participants at this program are not clear.

DCF clarified and plans to further revise policies regarding the use of psychotropic medication for children in placement.

The MSA states that by "June 2009, the State shall promulgate and implement policies designed to ensure that psychotropic medication is not used as a means of discipline or control and that the use of physical restraints is minimized" (Section III.C.2). DYFS reports conducting an analysis of paid Medicaid claims for psychotropic medication between June 1, 2008 and June 30, 2009. The review found that 1,429 (13%) of the 11,162 children in out-of-home placement for at least one day during the period under review had a paid Medicaid claim for a psychotropic drug.

In December 2008, DYFS announced the hiring of a Chief Child and Adolescent Psychiatrist for DCF's Office of Child Health Services who will be assisted by a Child Health Services advanced practice psychiatric nurse to monitor the use of psychotropic medication by children and youth in state custody. The advanced practice psychiatric nurse will also provide support to the Child Health Units.

DYFS reports that both DCBHS and DYFS staff are expected to collaborate with the Chief Child and Adolescent Psychiatrist and the advanced practice psychiatric nurse in reviewing and revising the current Psychotropic Medication Policy set in September 2006. While that work is ongoing, the 2006 policy remains in effect. In summary, the 2006 policy requires prior parental or DYFS consent for children in resource homes to receive prescription medication for emotional behavioral issues. The policy states that for children receiving a prescription for psychotropic medication from a community mental health/family services agency or from a licensed psychiatrist, those medications must be a part of the child's written treatment plan and the DYFS caseworker must review that plan for verification. If the psychotropic prescription is from a pediatrician or family doctor who is not part of a community mental health/family services agency, the DYFS caseworker must ensure that, prior to beginning psychotropic treatment, a child behavioral health specialist has evaluated the child and supports the prescribed psychotropic treatment.

DCF's Office of Licensing requires that caretakers in resource homes have an understanding of the intent of the medication of a child for whom they are caring receives, ensure that the medication is stored as directed and in an area inaccessible to children, monitor children for side effects and work in partnership with DYFS to have the child's progress reviewed by the prescribing psychiatrist or mental health specialist every 30 days or as indicated. Children in residential treatment are to receive a medical assessment prior to treatment, be monitored by staff for side effects, and have their case reviewed every 30 days by their treating physician.

Children in hospital-based psychiatric settings where DYFS has consented to their admission may be prescribed medication as part of the treatment plan developed by their treatment team. In these instances, the DYFS caseworker is expected to consult with Child Health Unit staff as needed. In addition, the caseworker, as part of treatment and discharge planning, is expected to review information concerning medication prescribed for the child and ensure that the subsequent caregiver is aware of this information upon the child's discharge. The ongoing need for medication for a child must be part of the child's approved treatment plan.

In order to enhance policies and procedures based on "best practice guidelines," DCF is developing a comprehensive policy which incorporates best practices consistent with other states and informed by recommendations of the American Academy of Child and Adolescent Psychiatrists, the Child Welfare League of America, and the Annie E. Casey Foundation guidelines. According to DCF, the revised policy on the use of psychotropic medication by children in custody will address: assessment, medication monitoring and safety guidelines, treatment plan requirements, informed consent procedures, a review process of those children receiving medication, and quality assurance. The Chief Child and Adolescent Psychiatrist will provide leadership, guidance and support as new policies and procedures are implemented and the Child Health Unit nurses are expected to play a critical role and work closely with casework staff, health care providers, mental and behavioral health professionals, and resource families to make sure new policies and guidelines are followed.

While the work to enhance policy is ongoing, the tasks of building literacy among staff about the current policy and of monitoring and enforcing compliance with the current policy also continue. To that end, in December 2008, DCF required each local office to review a list of children in out-of-home placement who, according to Medicaid records, received psychotropic medications during the period between June 1, 2007 and November 6, 2008.

Review of the list was meant to ensure that medications are being provided in a manner that reflects the current policy and to identify children whose medication usage appears inconsistent with best practice guidelines. DCF reports that these reviews are now done quarterly. Several cases met the criteria for direct review by the Chief Psychiatrist including those of children under age five prescribed one or more psychotropics; children on one or more medications in the same class; children on more than three psychotropics, and children prescribed Clozopine due to the possibility of serious side effects and complication when used by children and adolescents.

In addition to the quarterly reviews and in line with the DYFS' case practice model, DYFS caseworkers are responsible for ensuring that during periodic reviews, the child's current medical, emotional and behavioral status, and all prescribed medication and usage are discussed.

Caseworkers, as managers of the child's case, are required to ensure that discussions are held with the child's treatment team, caregiver, child (when appropriate), the prescribing physician and the psychotherapist about the indications for use of the medication(s), alternatives, and any safety concerns. The child's primary care physician and nurse of the CHU, when the child's case is also being managed by the CHU, should also receive this information.

The DYFS director encourages DYFS and CHU staff to contact DCF's Chief Child and Adolescent Psychiatrist with any questions or issued related to psychotropic medication.

DCF tracks adherence to state policy on the use of restraints on children in custody

As stated above, the MSA requires DCF "to promulgate and implement policies designed to ensure...that the use of physical restraint is minimized (Section III.C.2)."

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.

B. Mental Health Performance Benchmarks

Mental Health Assessments

Reference	Area	Quantitative or Qualitative Measure	Baseline	Benchmark	Final Target
MSA II.F.2	46. Mental Health Assessments	Number/Percent of children with a suspected mental health need who receive mental health assessments.	To be determined through pilot QSR/QA in CPM immersion sites in the first quarter of 2010	By June 2008, 75% of children with a suspected mental health need will receive a mental health assessment. By December 2008, 80% of children with a suspected mental health need will receive a mental health assessment. By June 2009, 85% of children with a suspected mental health need will receive a mental health assessment. By December 2009, 95% of children with a suspected mental health need will receive a mental health assessment.	By December 31, 2011, 90% of children with a suspected mental health need will receive a mental health assessment.

Performance as of June 30, 2009:

At this time, DCF is not able to report on the number of children in out-of-home care who have a suspected mental health need and receive a mental health assessment. During Phase II of the MSA, this measure will be assessed by collecting data through a Quality Service Review or other qualitative methodology. The QSR will also measure the receipt of appropriate mental health treatment based on an assessment of child's needs.

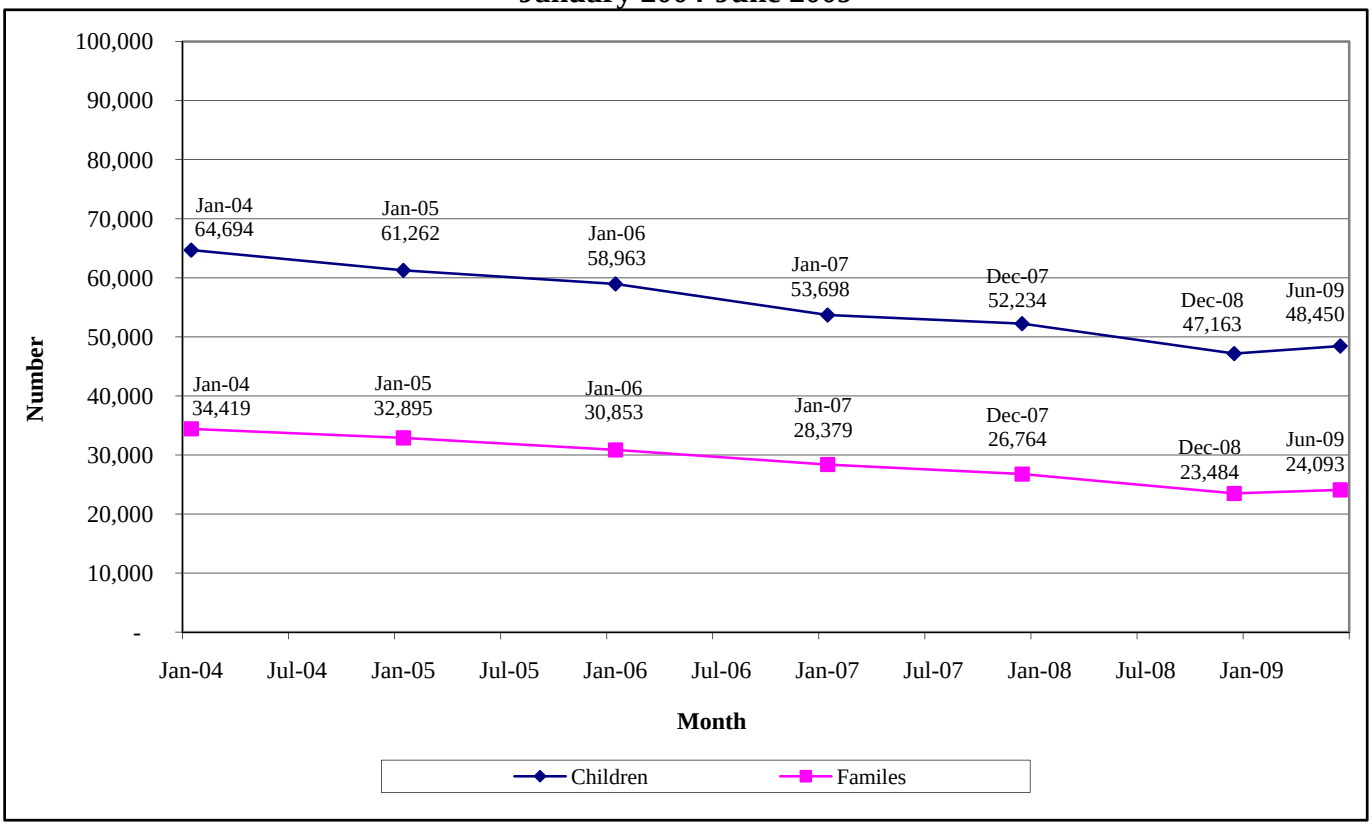
DCF reports that 6,785 (61%) of the 11,162 total children in out-of-home care for any period of time between January 1 and June 30, 2009 received a mental health assessment. This quantitative measure does not distinguish whether children with a suspected mental health need were the ones who received mental health assessments. Through the independent case record review, the Monitor looked at mental health assessments for children over the age of three who had a CME and had not already been identified with behavioral or mental health needs. The case record review found evidence that only 46 percent of the children received the required mental health screen. However, all of those children with a suspected mental health need as determined by the screen received a subsequent mental health assessment.

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 hasthree 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 childrens' 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.

DCF reports that all local recruitment plans and targets are reviewed and modified as needed, and the review process – which involves data review and a validation of a sample number of the DYFS local office recruitment plans – is conducted twice a year for all counties.

B. Services to Families Performance Benchmarks

Continued Support for Family Success Centers

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

Performance as of June 30, 2009:

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

As shown in Table 19 below, DCF served 12,352 families in this monitoring period through the Family Success Centers, an 18 percent increase from the prior six months. DCF reports that services most requested include health care services, educational services, self-sufficiency/employment services and parenting skills/extracurricular activities.[63]

Table 19: Families Served By Family Success Centers: January 1, 2009 – June 30, 2009

Family Success Centers	
Month	**Number of Families Served (Unduplicated)**
January	1,964
February	1,997
March	2,095
April	2,120
May	2,287
June	1,889
Total	**12,352**

Source: DCF

[63] The State's FY 2010 budget for its 37 Family Success Centers totals $7,837,000: $6,336,000 in state funding, $1,501,000 in federal funding.

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 data collection method to be used across similar programs;

- 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 aged 18-21 to whom it provides supports and services either in their own homes or in out-of-home placement. However, discussion with stakeholders and DCF's own data reflect an ongoing need to support and counsel youth as to the benefits of remaining involved with DYFS. Reportedly, significant numbers of youth emancipate each year from DYFS out-of-home placement, particularly residential treatment homes. These reports are troubling as youth in residential treatment homes are moving from fairly restrictive, highly structured environments to complete independence. DCF states that it is committed to understanding which youth are emancipating from DYFS custody at 18 without permanent connections to caring adults and what work can be done to support these youth in continuing to receive services from DYFS or some other entity.

DCF reports that 46 local offices have either an adolescent unit or designated adolescent workers (this includes all offices but the Newark Adoption Office). Each of these offices have at least one caseworker, one supervisor, and one casework supervisor dedicated to working with adolescents. Some offices have as many as five adolescent workers. Adolescent workers and units have primary responsibility for serving this population of older youth. It appears that DYFS local offices have considerable discretion in designing these units and in deciding which youth will be served by adolescent workers. In the next monitoring period, the Monitor will be assessing the policies that guide these units to ensure that the policies are effective in supporting older youth and that workers are provided adequate guidance.

A. Services for LGBTQI Population

Phase I of the MSA required DCF to develop and begin to implement a plan for appropriate services to be delivered to youth who identify as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI) (Section II.C.4). The Monitor continues to follow DCF's efforts to work with this population of youth. DCF reports that efforts to address the needs of these youth include: creating a Safe Space initiative; developing a LGBTQI competency training for all field staff; providing training to some adolescent unit workers, and creating a LBGTQI resource guide for workers.

The Safe Space initiative creates safe zones that LBGTQI youth can easily recognize. A Safe Space liaison has been identified for 46 of 47 DYFS local offices and initial orientation meetings were held over the summer. These liaisons will reportedly receive further training during the next monitoring period.

The LBGTQI competency training has been developed and reportedly is half of the content of a 12 hour cultural competency in-service training for field staff. According to DCF, 65 adolescent unit staff attended a different six hour training entitled "Competent Practice with Sexual and Gender Minority Youth in Care."

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 on their 18th birthday and have decided to close their DYFS cases.

[65] DCF reports that 75 youth have Medicaid through Chafee but believes that more youth aged 18-21 may have Medicaid coverage through DYFS (because they are maintaining open DYFS cases), through county welfare and family care, for youth who have dependents, or supplemental security income and general assistance programming for youth with no dependents.

[66] The NJ Scholars program participants reported here receive funding assistance for tuition, books, and related school expenses. According to DCF, other youth were enrolled in higher education but did not require financial assistance through the NJ Scholars program. Some of these youth continue to access funds through other DYFS programs or federal aid to cover in full all tuition, room and board, and living expenses, and did not require additional assistance through the programs. For the 2007-2008 school year, there were 556 participants in the NJ Scholars Program, 443 received funding for tuition, books, and related school expenses. For the 2008-2009 school year, there were 398 participants, 305 received funding. For the 2009-2010 school year, there were 371 participants with 325 receiving funding.

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	By December 31, 2009 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program. By December 31, 2010 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	By December 31, 2011, 95% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.

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	Operational Slots	Providers
Bergen	9	9	Bergen County Community Action Program
			Children's Aid and Family Services
Burlington	14	14	Crossroads
			The Children's Home
Camden	25	25	Center For Family Services
			Vision Quest
Cape May	4	4	CAPE Counseling
Essex	47	47	Covenant House
			Corinthian Homes
			Tri-City Peoples
			Care Plus
Gloucester	30	30	Robin's Nest
Hudson	10	10	Catholic Charities Diocese of Newark - Strong Futures
			Volunteers of America
Mercer	12	11	Lifeties
			Anchorage
Middlesex	11	11	Middlesex Interfaith Partners with the Homeless (MIPH)
			Garden State Homes
Monmouth	22	22	IEP
			Catholic Charities
			Collier Services
Ocean	8	8	Ocean Harbor House
Passaic	23	23	Paterson Coalition
			NJ Development Corporation
Somerset	10	10	Somerset Home for Temporarily Displaced Children
Union	15	15	Community Access
Total	**240**	**239**	

Source: DCF
*Eight new slots were added in Period VI (all in Essex county).

XIII. SUPPORTING A HIGH QUALITY WORKFORCE: CASELOADS AND TRAINING

In the monitoring period DCF has continued to maintain key infrastructure improvements that were the focus of Phase I investments. The State met or exceeded average caseload targets and came close to meeting all individual caseload targets. It also met or exceeded all MSA requirements related to training the workforce. It did not meet the requirement to fill allocated DAsG positions.

A. Caseloads

Monitoring Period VI Caseload Reporting

Prior to 2009, in Phase I of the MSA caseload standard were based on the percentage of DYFS local offices with average caseloads meeting the limits in three functional areas: Intake, Permanency, and Adoption. Starting in 2009, Phase II MSA caseload compliance is measured by individual caseworker caseloads in each of the functional areas as well as a standard for DYFS local offices. Investigators in the Institutional Abuse Investigations Unit (IAIU) have had an individual caseload standard since Period IV (June 2008). Table 22 summarizes the caseload expectations for individual workers.

By December 2008 and thereafter, office-wide average caseloads were to comply with the applicable functional area caseload standards in 95 percent of all DYFS local offices. In Phase II, by June 2009 and thereafter, at least 95 percent of workers in each of the functional areas were to have individual caseloads meeting the designated standard (MSA Section III.B.1).

Performance measurement using these two different approaches will and did produce some differences. That is, an office can have an average caseload that complies with the standard, even though a proportion of individual caseloads in the office may not be in compliance with the standard. The difference can be attributed to the variation among individual caseload sizes within DYFS local offices. Specifically, a portion of caseworkers in some offices can have caseloads low enough to counter balance the portion with higher caseloads when the number of new intakes and the number of families are aggregated for the entire office. Such variation may occur because newly trained workers emerging from their initial six months of field observation and classroom training do not immediately assume a full caseload. In addition, those caseworkers who have an anticipated extended leave approaching (such as Family Medical Leave) may be in the process of reducing their caseloads. The following example from one of the offices illustrates how this result occurs:

> *Office A has 21 Intake Caseworkers. As a group, they had 171 new intakes in June and 202 open family cases. The average number of new intakes equals eight (8), the maximum allowed per worker and the average number of families equals 10, slightly below the maximum allowed.*
>
> *However, 12 of the 21 caseworkers actually received more than 8 new intakes in June or had more than 12 open family cases during the month, or both. In fact,*

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 mangers 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/DFYS Individual Caseload Standards

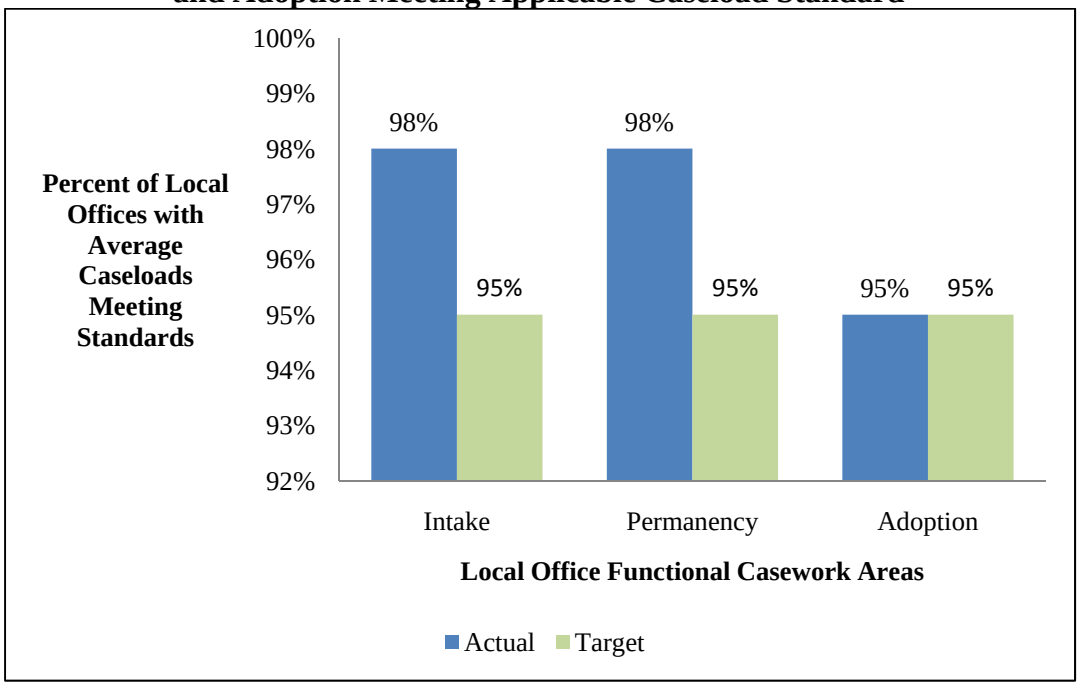
Caseworker Function	Responsibility	Individual Caseload Standard
Intake	Respond to community concerns regarding child safety and well-being. Specifically, receive referrals from the State Central Registry (SCR) and depending on the nature of the referral, respond between 2 hours and 5 days with a visit to the home and begin investigation or assessment. Complete investigation or assessment within 60 days.	Intake caseworkers are to have no more than 12 open cases at any one time and no more than 8 new referrals assigned in a month. (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] DYFS (7-1-1992). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 302.

Figure 15: Percent of DCF/DYFS Local Office Average Caseloads for Intake, Permanency, and Adoption Meeting Applicable Caseload Standard

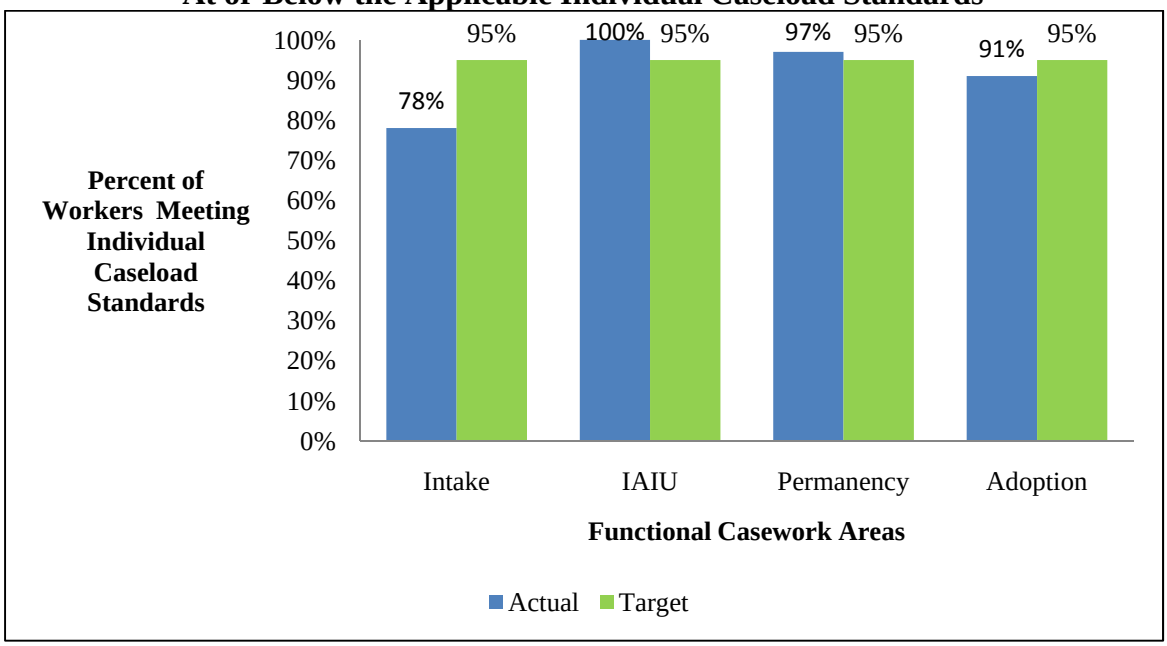


Source: DCF NJ SPIRIT Data

On June 30, 2009, 90 percent of the DCF/DYFS caseworkers had individual caseloads that were at or below the individual caseload standards.

Individual caseloads in Permanency and IAIU complied with individual caseload standards. Adoption caseload compliance fell short by four percent with 91 percent of the caseloads meeting the standards. Among Intake workers, 78 percent of the caseworkers had caseloads that were at or below the caseload standard. The lower compliance with the standard for Intake workers brought down the overall performance. Figure 16 provides an overview of the Period VI performance.

Figure 16: Percent of DCF/DYFS Caseworkers With Individual Caseloads At or Below the Applicable Individual Caseload Standards



Source: DCF NJ SPIRIT Data

Over all in June 2009, there were six caseworkers with caseloads greater than 20. This represents less than one percent of the total available caseworkers. Three Intake caseworkers had caseloads of 21-23 families and three adoption caseworkers had 21 children.

Additional details on individual caseload findings are as follows:

- **Intake**

The individual worker caseload standard for Intake workers as of June 30, 2009 was not met. There were 827 active Intake caseworkers in June 2009. Among the 827, 645 (78%) caseworkers had caseloads that were at or below the caseload requirements. Among the 182 (22%) caseworkers that had caseloads over one or both of the caseload component caps, the number of new intakes in the month of June ranged from 9 to 13 and the number of open cases in the month ranged from 13 to 23 families.

As context for the Intake caseload performance, it should be noted that during the January to June 2009 period, the referrals to DYFS local offices from the State Central Registry were significantly higher than in the same time frame in 2008. This increase in referrals has created a significant challenge to managing individual Intake caseloads. DCF attributes, in part, the increased call volume and subsequent referral increase to the impacts of the global economic crises.
Among the 203 caseworkers interviewed for caseload verification, 67 were Intake caseworkers. Thirty-five (52%) had experienced fluctuating caseloads between January and June 2009. The lowest number of cases ranged from one (1) to 16 and the highest number of cases ranged from

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 interviews with seven randomly selected IAIU investigators as part of the verification of all caseload compliance. All investigators reported caseloads that were under or at the standard.

- **Permanency**

The individual worker caseload standard for Permanency workers as of June 30, 2009 was met. There were 1,251 active Permanency caseworkers in June 2009. Of the 1,251 caseworkers, 1,213 (97%) caseworkers had caseloads that were at or below the caseload requirements.[69] Among the 38 (3%) permanency caseworkers that had caseloads over one or both of the caseload component caps, 21 had 16-18 families but fewer than 10 children in placement; 15 had 11 to 14 children in placement but fewer than 15 families, and two (2) had 16 families with 12 and 13 children in placement, respectively.

The fact that the State's performance on both measures—local office caseload average and individual caseloads—is so similar indicates a much more consistent caseload distribution than reflected in the Intake caseload performance. However, this should not be surprising given the nature of the work. Intake can, and does, receive a new case at "a moment's notice" and cases should be closed within 60 days, creating an environment of rapid case turnover. In contrast, permanency caseload assignments typically occur with more lead time and are more stable.

The State reported that 36 DYFS local offices now have designated "Adolescent Units." As described earlier in this report, staff in the Adolescent Units are 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.

Among the 203 caseworkers interviewed for caseload verification, 116 were in Permanency units. Forty-seven of those interviewed reported fluctuating caseloads between January and June 2009. The lowest number of families ranged from three (3) to 16 and the highest number of families ranged from eight (8) to 23 in the six-month period. As with the Intake caseworkers

[69] This performance may be slightly overstated as some portion of the permanency caseworkers actually "share responsibility" for some families with intake caseworkers. Shared responsibility occurs when a child is removed from home or an in-home services case is opened during an investigation and a permanency worker is assigned as the "secondary" worker to the family while the intake caseworker retains the "primary" worker assignment until the investigation is completed. In these circumstances, the family is part of the Intake caseload count. Shared responsibility could also occur when an investigation is initiated as the result of a reported allegation family with an open DYFS case. The Monitor has requested DCF determine the extent to which this occurs and what, if any responsibilities are shared by the two caseworkers (for example visits to children.) The Monitor intends to follow-up on this issue in the next monitoring period.

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. OFthe 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.

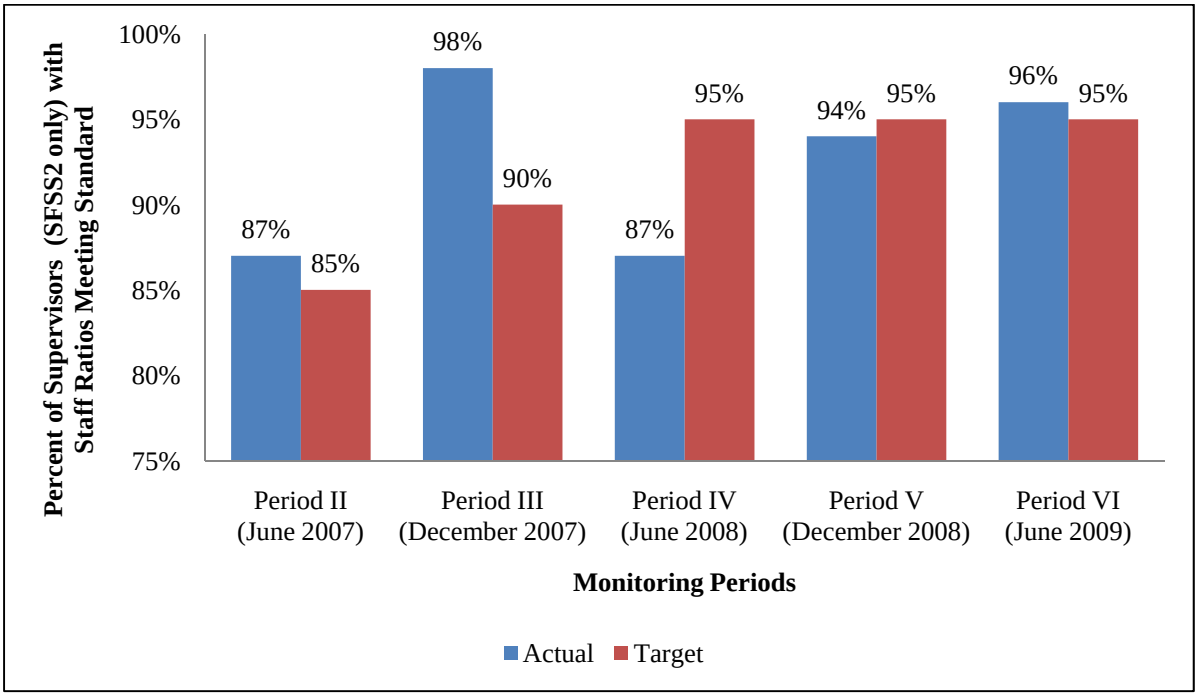
Among the 203 caseworkers interviewed for caseload verification, 20 were Adoption workers. Four (20%) had experienced fluctuating caseloads between January and June 2009. The lowest number of children ranged from six (6) to 14 and the highest number of children ranged from 11 to 22 in the six-month period.

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

DCF continued its steady progress in training its workforce during this monitoring period. It provided intensive training on its Case Practice Model, while at the same time fulfilling all of the training obligations required by the MSA, as shown in Table 23 below.

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%)
Case Practice Model Module 1	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	3595	256	110
Case Practice Model Module 2	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	711	2,922	89
Investigations & Intake: New Staff	Ongoing: New staff conducting intake or investigations shall have investigations training and pass competency exams before assuming cases.	127	104	116 out of 123 (94%)
Supervisory: New Supervisors	As of December 2006 and ongoing, newly promoted supervisors to complete 40 hours of supervisory training; pass competency exams within 3 months of assuming position.	35	16	63 (50 hired in last monitoring period; 13 in this monitoring period).
Adoption Worker	As of December 2006 and ongoing, adoption training for adoption workers.	38	22	31

Source: DCF Training Academy

[70] Numbers differ from Monitoring Period V Report because DYFS added two new BCWEP students to the total number trained.

Pre-Service Training

As reflected in Table 23, 55 case-carrying workers (Family Service Specialist Trainee and Family Service Specialist 2) were trained between January 1, 2009 and June 30, 2009. Thirty-five staff were hired in the prior monitoring period (Period V) but trained in this monitoring period. Eleven (11) were BCWEP students[71] and nine (9) were hired and trained in the current monitoring period.

Thirty caseworkers were hired at the end of this monitoring period. They are currently enrolled in training and will complete it during the next monitoring period.

The Monitor reviewed a random sample of 40 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 the newly hired and/or promoted staff were enrolled in Pre-Service training within two weeks of their start dates and passed competency exams.

In-Service Training

Beginning in January 2008, the MSA required all case carrying workers and supervisors to take a minimum of 40 hours of annual In-Service training and pass competency exams (Section II.B.2.c). The Monitor will continue to follow the progress of this training closely and report on the numbers of staff trained annually on In-Service in the next report.

Case Practice Model

The State continues to train impressive numbers of staff on its Case Practice Model. As shown in Table 23 above, the State trained 110 staff on Module 1, "**Engaging Families and Building Trust-Based Relationships"** during this monitoring period. DCF began training staff on Module 2, "**Making Visits Matter**" in January 2008. This monitoring period, the State has trained 89 staff members on Module 2.

Concurrent Planning

DCF continues to contract with Rutgers University School of Social Work to provide concurrent planning training to staff, which has been defined as the practice of simultaneously planning for more than one permanency outcome for a child in care. As reflected in Table 23, 85 out of 87

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

(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 completed it on September 16, 2009 and the other is on sick leave. All staff trained in concurrent planning passed competency exams.

The Monitor reviewed 40 percent of staff transcripts and cross-referenced them with Human Resources data to verify that the State complied with the MSA (Section II.B.2.d).

Investigations (or First Responders) Training

One hundred and sixteen out of a total of 123 (94 %) investigators appointed in this monitoring period completed First Responders training and passed competency exams (see Table 23). Of these 116, two are IAIU investigators. Four new investigators completed training in July 2009, one in August 2009, and another completed investigations training at the end of September 2009. All passed competency exams. One of the 123 new investigators remains on leave.

The Monitor reviewed 40 percent of staff transcripts and cross-referenced them with Human Resources data to verify that the State complied with MSA (II.B.3.a).

Supervisory

Sixty-three supervisors were trained between January 1, 2009 and June 30, 2009 including fifty supervisors who were hired or appointed in the previous monitoring period (Period V). A total of 19 supervisors were hired in this monitoring period. Thirteen of the 19 supervisors hired in this monitoring period competed training. Six supervisors appointed at the end of this monitoring period began their training in July, 2009 but have not completed it. All of the supervisors who were trained passed competency exams.

The State provided the Monitor with a Human Resources roster that includes promotion and training dates. The Monitor cross-referenced 40 percent of supervisors' transcripts who had been trained during the past six months with the Human Resources rosters and concluded that the State complied with the MSA (Section II.B.4.b.).

New Adoption Worker Training

As reflected in Table 23, the State reports that it trained 31 new Adoption workers in the past six months. Twenty-seven of the 31 new Adoption workers (87%) were hired between January 1, 2009 and June 30, 2009 and completed training in this monitoring period. Four new Adoption workers were hired or reappointed in the previous monitoring period (Period V) and completed training in this monitoring period. Four additional new Adoption workers were hired in this

monitoring period (Period V), two of whom were trained in July, and two of whom are on leave. All of the workers who were trained passed competency exams. The Monitor reviewed 40 percent of the Human Resources records and transcripts of the Adoption workers trained in this monitoring period and concluded that the State complied with the MSA (Section II.G.9).

IAIU Training

DCF has long identified the need for specialized training for investigators. In addition both the Office of the Child Advocate and the Monitor have recommended that IAIU investigators receive the same Case Practice Model training as all other DCF caseworkers and supervisors. During the period between January and June in 2009, IAIU worked with the NJ Child Welfare Training Academy to design training modules for IAIU investigators. The draft training design document provided to the Monitor proposes a three-day training program that will provide an overview of IAIU responsibilities and policies; how to conduct safety assessments; focus on learning and practicing interviewing skills, observation skills and evidence collection and analysis; and, finally, quality documentation requirements and standards.

DCF also reports that 36 (49%) of 73 investigative and supervisory IAIU staff have completed the first part of the Case Practice Model training (Module 1). One of 73 has completed both Module 1 and Module 2 of the CPM training. Another 28 staff members (38%) are scheduled to attend Module 1 by the end of 2009 and 21 of the 36 who have attended Module 1 training will complete the Module 2 by the end of the year. It appears that it will be well into 2010 before all IAIU staff will have completed the Case Practice Model training.

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/home/childdata/index.html.

In this monitoring period, the Help Desk opened 8,104 tickets requesting help or NJ SPIRIT fixes. Of the 8,104 tickets open, 7,701 (95%) tickets were closed by June 30, 2009. The Help Desk resolved 4,775 (62%) of the 7,701 tickets within one work day and an additional 1540 (20%) of tickets within seven work days for a total of 82 percent resolved within seven work days.

Safe Measures

DCF reports an increased reliance and confidence in Safe Measures as an effective and accurate reporting and management tool. Safe Measures is now being updated with data from NJ SPIRIT on a daily basis allowing for a real time view of NJ SPIRIT case data.

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

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, Questioning or Intersex
MSA:	Modified Settlement Agreement
NJ SPIRIT:	New Jersey Spirit
OCA:	Office of the Child Advocate
PPA:	Pre-placement Assessment
QA:	Quality Assurance
QSR:	Quality Service Review
RDTC:	Regional Diagnostic and Treatment Center
RFP:	Request for Proposal
SCR:	State Central Registry
SHSP:	Special Home Service Providers
SIBS:	Siblings in Best Settings
SPRU:	Special Response Unit
TPR:	Termination of Parental Rights
UMDNJ:	University of Medicine and Dentistry of New Jersey
USDA:	United States Department of Agriculture
WIC:	Women, Infants, and Children
YCM:	Youth Case Management

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
Atlantic West	15	101	7	161	11	Yes
Bergen Central	19	131	7	208	11	Yes
Bergen South	23	155	7	234	10	Yes
Burlington East	20	129	6	178	9	Yes
Burlington West	19	141	7	217	11	Yes
Camden Central	25	153	6	218	9	Yes
Camden East	13	62	5	113	9	Yes
Camden North	17	123	7	236	14	No
Camden South	15	124	8	161	11	Yes
Cape May	13	91	7	126	10	Yes
Cumberland East	14	71	5	93	7	Yes
Cumberland West	22	119	5	204	9	Yes
Essex Central	19	108	6	123	6	Yes
Essex North	11	69	6	109	10	Yes
Essex South	17	65	4	127	7	Yes
Gloucester East	14	89	6	127	9	Yes
Gloucester West	15	105	7	143	10	Yes
Hudson Central	19	79	4	182	10	Yes
Hudson North	20	101	5	193	10	Yes
Hudson South	20	116	6	135	7	Yes
Hudson West	14	77	6	98	7	Yes
Hunterdon	8	30	4	54	7	Yes
Mercer North	19	120	6	185	10	Yes
Mercer South	16	105	7	193	12	Yes
Middlesex Central	14	74	5	151	11	Yes
Middlesex Coastal	20	159	8	138	7	Yes
Middlesex West	23	148	6	210	9	Yes
Monmouth North	23	168	7	236	10	Yes
Monmouth South	25	152	6	245	10	Yes
Morris East	15	109	7	154	10	Yes
Morris West	19	131	7	192	10	Yes
Newark Center City	16	91	6	116	7	Yes
Newark Northeast	19	102	5	234	12	Yes
Newark South	10	71	7	81	8	Yes
Ocean North	21	153	7	147	7	Yes
Ocean South	25	187	7	291	12	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
Union Central	15	76	5	116	8	Yes
Union East	17	85	5	139	8	Yes
Union West	14	85	6	109	8	Yes
Warren	14	89	6	122	9	Yes
Total	**827**	**5,171**	**6**	**7,649**	**9**	**98%**

Table B-2: Caseloads - Permanency (June 2009)						
Local Office	**Number of Permanency Workers**	**Families**	**Average Number of Families (Std=15)**	**Children Placed**	**Average Number of Children Placed (Std=10)**	**Office Meets Criteria**
Atlantic East	19	234	12	83	4	Yes
Atlantic West	18	206	11	120	7	Yes
Bergen Central	29	258	9	69	2	Yes
Bergen South	35	383	11	108	3	Yes
Burlington East	32	337	11	132	4	Yes
Burlington West	25	232	9	79	3	Yes
Camden Central	41	494	12	146	4	Yes
Camden East	36	326	9	109	3	Yes
Camden North	32	359	11	111	3	Yes
Camden South	34	397	12	143	4	Yes
Cape May	19	280	15	95	5	Yes
Cumberland East	14	139	10	68	5	Yes
Cumberland West	25	262	10	133	5	Yes
Essex Central	37	280	8	165	4	Yes
Essex North	25	230	9	65	3	Yes
Essex South	25	232	9	142	6	Yes
Gloucester East	22	208	9	83	4	Yes
Gloucester West	21	222	11	104	5	Yes
Hudson Central	32	367	11	214	7	Yes
Hudson North	39	338	9	95	2	Yes
Hudson South	26	296	11	150	6	Yes
Hudson West	18	207	12	74	4	Yes
Hunterdon	10	74	7	14	1	Yes
Mercer North	25	237	9	135	5	Yes
Mercer South	29	272	9	87	3	Yes
Middlesex Central	21	218	10	73	3	Yes
Middlesex Coastal	39	456	12	125	3	Yes
Middlesex West	33	256	8	91	3	Yes
Monmouth North	32	343	11	178	6	Yes
Monmouth South	23	156	7	104	5	Yes
Morris East	11	125	11	44	4	Yes
Morris West	15	191	13	56	4	Yes
Newark Center City	41	488	12	196	5	Yes
Newark Northeast	32	378	12	261	8	Yes
Newark South	47	397	8	202	4	Yes
Ocean North	36	370	10	166	5	Yes
Ocean South	33	316	10	121	4	Yes
Passaic Central	37	340	9	147	4	Yes

Table B-2: Caseloads - Permanency (June 2009) – *Continued*						
Local Office	**Number of Permanency Workers**	**Families**	**Average Number of Families (Std=15)**	**Children Placed**	**Average Number of Children Placed (Std=10)**	**Office Meets Criteria**
Passaic North	22	347	16	133	6	No
Salem	19	208	11	65	3	Yes
Somerset	25	312	12	108	4	Yes
Sussex	19	136	7	44	2	Yes
Union Central	29	289	10	149	5	Yes
Union East	24	205	9	106	4	Yes
Union West	25	187	7	114	5	Yes
Warren	20	232	12	99	5	Yes
Total	**1,251**	**12,820**	**10**	**5,306**	**4**	**98%**

Table B-3: Caseloads - Adoption (June 2009)				
Local Office	**Number of Adoption Workers**	**Children**	**Average Number of Children**	**Office Met Standard (15 or fewer)**
Atlantic East	5	57	11	Yes
Atlantic West	1	15	15	Yes
Bergen Central	5	52	10	Yes
Bergen South	8	92	12	Yes
Burlington East	4	61	15	Yes
Burlington West	5	41	8	Yes
Camden Central	4	50	13	Yes
Camden East	5	63	13	Yes
Camden North	4	56	14	Yes
Camden South	4	48	12	Yes
Cape May	5	70	14	Yes
Cumberland East	6	60	10	Yes
Essex Central	9	127	14	Yes
Essex North	5	62	12	Yes
Essex South	4	43	11	Yes
Gloucester West	9	113	13	Yes
Hudson Central	4	41	10	Yes
Hudson North	5	65	13	Yes
Hudson South	4	41	10	Yes
Hudson West	3	28	9	Yes
Hunterdon	2	21	11	Yes
Mercer North	9	124	14	Yes
Mercer South	6	98	16	No
Middlesex Central	2	26	13	Yes
Middlesex Coastal	7	76	11	Yes
Middlesex West	4	51	13	Yes
Monmouth North	6	73	12	Yes
Monmouth South	5	53	11	Yes
Morris East	2	27	14	Yes
Morris West	5	54	11	Yes
Newark Adoption	57	705	12	Yes
Ocean North	10	137	14	Yes
Ocean South	7	87	12	Yes
Passaic Central	7	90	13	Yes
Passaic North	6	100	17	No
Salem	6	57	10	Yes
Somerset	4	58	15	Yes
Sussex	3	37	12	Yes
Union Central	5	48	10	Yes
Union East	8	109	14	Yes
Union West	4	61	15	Yes
Warren	7	88	13	Yes
Total	**271**	**3,365**	**12**	**95%**

Table B-4: Caseloads - DYFS Supervisor/Caseload Carrying Staff Ratios (June 2009)						
	Supervisors		Case Work Supervisors			
Local Office	CLC Workers	Supervisors	CLC Workers	Supervisors	Ratio	Office Meets Criteria
Atlantic East	46	10	0	0	5	Yes
Atlantic West	38	8	0	0	5	Yes
Bergen Central	54	11	0	0	5	Yes
Bergen South	68	15	0	0	5	Yes
Burlington East	58	12	0	0	5	Yes
Burlington West	49	11	0	0	4	Yes
Camden Central	65	12	5	1	6	No
Camden East	54	12	0	0	5	Yes
Camden North	55	12	0	0	5	Yes
Camden South	53	13	0	0	4	Yes
Cape May	37	8	3	1	5	Yes
Cumberland East	35	8	0	0	4	Yes
Cumberland West	47	10	0	0	5	Yes
Essex Central	65	14	0	0	5	Yes
Essex North	41	10	0	0	4	Yes
Essex South	46	11	0	0	4	Yes
Gloucester East	36	8	0	0	5	Yes
Gloucester West	49	10	0	0	5	Yes
Hudson Central	59	12	0	0	5	Yes
Hudson North	66	13	0	0	5	Yes
Hudson South	51	12	0	0	4	Yes
Hudson West	35	8	0	0	4	Yes
Hunterdon	20	4	0	0	5	Yes
Mercer North	53	11	0	0	5	Yes
Mercer South	47	10	4	1	5	Yes
Middlesex Central	38	8	0	0	5	Yes
Middlesex Coastal	67	15	0	0	4	Yes
Middlesex West	60	13	0	0	5	Yes
Monmouth North	65	14	0	0	5	Yes
Monmouth South	51	11	3	1	5	Yes
Morris East	24	5	4	1	6	No
Morris West	41	10	0	0	4	Yes
Newark Adoption Office	57	12	0	0	5	Yes
Newark Center City	58	12	0	0	5	Yes
Newark Northeast	51	11	0	0	5	Yes
Newark South	58	12	0	0	5	Yes
Ocean North	67	15	0	0	4	Yes
Ocean South	65	13	0	0	5	Yes
Passaic Central	70	14	0	0	5	Yes
Passaic North	52	10	0	0	5	Yes
Salem	40	9	0	0	4	Yes
Somerset	59	13	0	0	5	Yes

Table B-4: Caseloads - DYFS Supervisor/Caseload Carrying Staff Ratios (June 2009) – *Continued*						
	Supervisors		**Case Work Supervisors**			
Local Office	**CLC Workers**	**Supervisors**	**CLC Workers**	**Supervisors**	**Ratio**	**Office Meets Criteria**
Sussex	39	8	0	0	5	Yes
Union Central	44	10	5	2	5	Yes
Union East	48	10	1	1	5	Yes
Union West	43	9	0	0	5	Yes
Warren	42	10	0	0	4	Yes
Total	2,366	509	25	8	5	96%

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

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

APPENDIX C:
Resource Parent Survey: Description of Methodology and Sample, July and August 2009

Purpose

During the summer of 2009, the Center for the Study of Social Policy (CSSP), in its role as Federal Court-appointed Monitor for the *Charlie and Nadine H. v. Corzine* lawsuit, conducted a phone survey of resource parents for children newly placed in foster care in order to assess the information caregivers received from DYFS at the time a child was placed in their home and validate the accuracy of selected demographic information in NJ SPIRIT on the placement.

Methodology

During July and August 2009, CSSP surveyed resource parents who had a child newly placed in their home during the two week period between July 12 and July 28, 2009. The telephone surveys, conducted with a structured survey instrument, occurred between 5 and 30 days after the child was initially placed and self-report elicited information from the caregivers that in some cases was then compared with documentation in the NJ SPIRIT case record.

Using the information provided by NJ SPIRIT and Safe Measures on children who were newly placed between July 12 and July 28, 2009, CSSP contacted the caregivers for these children by telephone to ask a number of structured survey questions about a range of issues related to the child's initial placement, the information provided to the caregiver at the times of and immediately after placement and the licensing status of the caregiver's home.

Conversations with caregivers were generally about ten minutes long. Caregivers were forthcoming in their responses to the surveyor's questions and the information they provided was then compared with the documentation in the NJ SPIRIT record.

The questions included:

Questions on Particular Child's Placement

1. Is it correct that (name of the child) was placed in your home on (date of placement)?
2. If yes, is the child still in your home?
3. If no, do you know why the child left your home and where the child was placed upon removal from your home?
4. What information did you receive when (the name of the child) was placed in your home? Who provided that information to you? Did the child's worker accompany the child to your house? How much contact have you had with the worker since the child's placement?
5. Beyond what was told to you when the child was placed in your home, what additional information have you received since the child was placed in your home (e.g., 11-2a or placement passport)? And when and how was this information provided to you? By mail?

6. If the parent knows what an 11-2A is and has received it, was the form filled in with information or was it blank?
7. Since the child was placed in your home, have you needed to contact his or her worker for information or assistance? Were you able to get the information or assistance you needed?

Questions on Licensing Status of the Home

1. Can you tell me if you are a licensed resource home? Are you the child's relative?
2. If so, can you tell me how many children are allowed to be placed in your home based on your license?
3. How many foster children are currently placed with you?
4. How many of your own biological children are in the home?
5. For how long have you been a resource parent?

Sample

Between July 12 and July 28, 2009, 195 children were initially placed in New Jersey foster care system. Of the 195 children, 158 children (81%) were placed with kinship or resource family caregivers. The remaining 37 children (19%) children were placed in shelters, by a private agency or in hospitals. These 37 children were excluded from the universe for the caregiver survey.

Phone calls were made to the caregivers of the 158 children in applicable placements. Of the 158 children whose caregivers CSSP attempted to contact, 117 (74%) children's caregivers were reached and surveyed using the structured instrument. Of the 117 children, 33 children were not in the initial placement by the time CSSP was able to speak to the caregiver. The caregivers for these 33 children (28% of the sample) were asked an abbreviated version of the survey questions and were included in the findings of the survey for those questions which applied.
The resource parents 41 could not be reached by telephone. The Monitor attempted to contact these resource parents three times each, leaving messages at different times of day.

The findings of this survey are incorporated where appropriate throughout the monitoring report.

APPENDIX D:
A Baseline Assessment of DYFS Performance on Visitation Requirements for Children in DYFS Custody
Charlie and Nadine H. v. Corzine

I. INTRODUCTION AND SUMMARY

Purpose of this Report

In July 2006, the Center for the Study of Social Policy (CSSP) was appointed 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*.[73] As Monitor, CSSP is charged with independently assessing the State's progress in meeting the requirements and outcomes established in the Modified Settlement Agreement (MSA), approved by the Court in July 2006, and directed to correcting longstanding problems in the performance of the State's child welfare system.

This supplemental report to the Period VI Monitoring Report is focused on the Department of Children and Families' Division of Youth and Family Services' (DCF/DYFS) performance on the MSA's visitation requirements (e.g., social work visits with children and their parents and with separated siblings).

To understand visitation patterns, the Monitor examined the number of visits with children in custody by DYFS caseworkers; caseworker visits with parents of children in custody; visits between children in custody and their parents; and visits among separated siblings entering state custody and placed in separate residences. The Review focused on those children who entered out-of-home care between July 1 and December 31, 2008 and who remained in care at least 60 days. The Review also examined the provision of timely health and mental health care.[74]

The Monitor and DCF decided to assess performance on visitation requirements through an independent case record review of a statistically valid sample of cases. The State is working to accurately report on these requirements through NJ SPIRIT, their management information system, but is not yet able to accurately report on these measures through NJ SPIRIT. Therefore, this report provides baseline information on some requirements not previously available.

Staff and consultants of the Federal Court Monitor were joined in conducting the Review by representatives of the New Jersey Office of the Child Advocate (OCA), staff of the Division of Youth and Family Services (DYFS), and nurses from DYFS Child Health Units. The data analysis and preparation of findings and recommendations are the product of the Federal Court Monitor.

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[73] *Charlie and Nadine H. et al. v. Corzine*, Modified Settlement Agreement, United States District Court for the District of New Jersey, Civ. Action No. 99-3678 (SRC), July 18, 2006.

[74] See Appendix E for the findings of the *Supplemental Monitoring Report: An Assessment of Provision of Health Care Services for Children in DYFS Custody*.

During Phase II, the MSA imposes new requirements for increased visitation when children are placed into foster care. The Monitor's look at visitation patterns when children enter state custody is designed to provide information to DCF and DYFS on the challenges of meeting and documenting worker performance on those requirements.

II. METHODOLOGY

The case record review was conducted from May 26 – June 5, 2009. The Review Team consisted of staff of the *Charlie and Nadine H. v. Corzine* Federal Court Monitor (The Center for the Study of Social Policy), consultants hired by the Monitor, nurses employed by the Francois Xavier Bagnoud Center (FXB) located within the University of Medicine and Dentistry of New Jersey (UMDNJ) who are contracted to work in DYFS Child Health Units, employees from New Jersey's Department of Children and Families, and staff from New Jersey's Office of the Child Advocate (OCA). The total pool of available reviewers was 18, although approximately 10-12 individuals reviewed cases each day during the two week review period.

The CSSP case Review Team designed a sampling plan, developed a structured data collection instrument, trained the Review Team, employed a quality assurance approach to ensure inter-rater reliability, and utilized SPSS for data analysis. These activities were accomplished as follows:

1. Sample Plan and Implementation

The universe of children for the case record review was every child who entered state custody between July 1 and December 30, 2008 and remained in custody for at least 60 days. From this group, a random, statistically valid sample of cases were chosen, designed to produce a $\pm$ 5 percent margin of error with 95 percent confidence in its results.

Three hundred (300) cases were randomly selected from the total universe of 2,020 children meeting the aforementioned criteria. Eight cases were eliminated from the sample because upon review of the case file they failed to meet the criteria (the cases eliminated involved children who were not in DYFS custody at all or not in care for the full 60 days). The total number of cases included in the analysis was 292 children; the reduction from 300 to 292 did not affect the statistical margin of error.

The Review Team used a structured instrument for data collection.[75] Each team member had access to NJ SPIRIT (New Jersey's computer based child welfare information management system) and the auxiliary paper files from DYFS workers, when available, to confirm and gather data needed to complete each case record review.

2. Data Collection

The structured data collection instrument used to review the case records was produced using Survey Monkey, an online software tool used for creating surveys and questionnaires. This

[75] A copy of the instrument can be found at the end of Appendix E: *Supplemental Monitoring Report: An Assessment of Provision of Health Care Services for Children in DYFS Custody.*

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 transitions which may be traumatic for a child. Maintaining contact with children during this period, especially in the place in which the child now resides, gives caseworkers an opportunity to assess the child's adjustment and need for clinical or other intervention, and to assist the caretaker in meeting the child's needs. Reviewers were asked to record the number of visits between the child and his/her caseworker as well as whether or not the visits occurred in the child's placement. (There were instances of documented caseworker-child contact but in a location other than the child's placement.) On average 43 percent of applicable children in the sample were seen at least twice monthly by their caseworker (with at least one of those visits in the child's placement) during the months included in the Review. The rate of visits ranged from a high of 49 percent in August 2008 to a low of 39 percent in November 2008.[76] Table 1 below reports the outcome for this measure.

Table 1: Caseworker – Child Visitation During Child's First Two Months of Initial Placement July 2008 –January 2009

Month	# of Applicable Children	#/% of Children With Twice Monthly Caseworker Visits With at Least One Visit in Placement	
July	45	20	44%
August	94	46	49%
September	113	44	39%
October	109	49	45%
November	110	43	39%
December	112	49	44%
January	61	25	41%
Average Monthly Performance			43%

Source: CSSP case record review, June 2009

[76] This analysis excludes the month of February 2009, during which this measure applied to an outlier number of children (n=18).

Caseworker – Child Visits Beyond the First Two Months of the Child's Initial Placement
For children who remain in protective custody beyond two months, the MSA (III.B.7.b) requires that their caseworker visit them at least once a month in the child's placement. It is expected that these monthly visits will occur in 95 percent of cases by December 31, 2010.

Reviewers measured the rate of caseworker—child visits for children in this sample who remained in protective custody for more than two months. Notably, some children had one or more face-to-face contacts with their caseworker but none of those contacts were in the child's placement. As previously stated, visits with children in their residence provides a range of assessment opportunities, including observing interactions between the child and other persons in the household in a natural environment. There was documentation that on average 82 percent of children received a monthly visit from their caseworker in the child's placement. The range of caseworker—child visits from the third month of the child's placement and beyond was between 77 and 86 percent. (See Table 2 below).

Table 2: Caseworker – Child Visitation Pattern Children With At Least Monthly Caseworker Visits in the Child's Placement

Month	# of Applicable Children	#/% of Cases Meeting Standard	
September	26	20	77%
October	76	64	84%
November	121	94	78%
December	160	129	81%
January	206	178	86%
February	246	207	84%
Average Monthly Performance			82%

Source: CSSP case record review, June 2009

Children's Visits with Parents or Reunification Resource
Regular visits between children in out-of-home placement and their parents have been shown to contribute to timelier reunification and are critically important in maintaining the parent—child relationship while they are living apart. As well, monitoring some of these visits provides the caseworker with the opportunity to observe the quality of the parent-child interaction and plan interventions to improve the interaction if needed.

The MSA requires that by December 31, 2010 there be weekly visits between a child and his or her reunification resource unless clinically inappropriate and approved by the Family Court (MSA III.B.9a) for 60 percent of children, and twice monthly visits for 85 percent of children. Reunification was the permanency goal for 262 (90%) of the children in the Review sample.[77] Table 3 below reports the number of children each month for whom this measure was applicable

[77] For 253 of those children, the reunification resource was a parent; for six children the reunification resource was a relative and for the remaining three children the reunification resource was a legal custodian, a family friend, and a guardian.

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

Month[79]	# 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]
December	216	33 (15%)[85]
January	209	30 (14%)[86]
February	202	29 (14%)[87]
Average Monthly Performance		17%

Source: CSSP case record review, June 2009

Caseworker's Face-to-Face Contact with Parents/Reunification Resource

The MSA (III.B.8.a) requires that by December 31, 2010, for 95 percent of children in custody with a goal of reunification, caseworkers will have at least two face-to-face visits per month with the parent(s) or other legally responsible family member of children in custody with a goal of reunification in 95 percent of cases. In keeping with the tenets of the Case Practice Model, these face-to-face visits are to be used to establish and maintain a working relationship with parents; assess and discuss progress towards meeting jointly identified and agreed upon goals; and to address other concerns related to reunifying the family for 95 percent of children.

As reported in Table 4 below, the rate of at least twice monthly face-to-face contacts between the caseworker and the parent/resource to which the child would be reunified ranged from 15 percent to 43 percent with an average of 29 percent. The rate of at least once monthly face-to-face

[78] There were instances of children placed with relatives and parents allowed to visit their children in the relative's home but there was no clear documentation of whether parent – child visits were occurring. Also, when there was documentation of those visits occurring, the number of visits, when the visit occurred, who was present for the visit and often the quality of the visits was not documented. Those cases were included in the analysis given that this review is based on documentation.
[79] Excludes cases where either a parent or child refused to visit.
[80] There were 10 cases with no clear documentation in the case record.
[81] There were 17 cases with no clear documentation in the case record.
[82] There were 25 cases with no clear documentation in the case record.
[83] There were 32 cases with no clear documentation in the case record.
[84] There were 36 cases with no clear documentation in the case record.
[85] There were 48 cases with no clear documentation in the case record.
[86] There were 44 cases with no clear documentation in the case record.
[87] There were 43 cases with no clear documentation in the case record.

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 2009[88]

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 children	% of Children
August	30	Visits with *all* siblings	8	37%
		Visits with *some* siblings	3	
		No visit with a sibling(s)	19	63%
September	45	Visits with *all* siblings	16	40%
		Visits with *some* siblings	2	
		No visit with a sibling(s)	27	60%
October	48	Visits with *all* siblings	18	44%
		Visits with *some* siblings	3	
		No visit with a sibling(s)	27	56%
November	56	Visits with *all* siblings	24	45%
		Visits with *some* siblings	1	
		No visit with a sibling(s)	31	55%
December	67	Visits with *all* siblings	27	46%
		Visits with *some* siblings	4	
		No visit with a sibling(s)	36	54%
January	68	Visits with *all* siblings	25	41%
		Visits with *some* siblings	3	
		No visit with a sibling(s)	40	59%
February	61	Visits with *all* siblings	22	41%
		Visits with *some* siblings	3	
		No visit with a sibling(s)	36	59%
Average Monthly Performance				46%

Source: CSSP case record review, June 200
* Data on sibling visits for July 2008 were eliminated due to a small number of applicable children.

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)