Center for the Study of Social Policy

Progress of the New Jersey Department of Children and Families

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

January 1 – June 30, 2010

Center for the Study of Social Policy
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Progress of the New Jersey Department of Children and Families

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I. INTRODUCTION

The Center for the Study of Social Policy (CSSP) was appointed in July 2006, by the Honorable Stanley R. Chesler of the United States District Court for the District of New Jersey as Federal Monitor of the class action lawsuit *Charlie and Nadine H. v. Christie*. As Monitor, CSSP is 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 eighth monitoring report under the MSA and the third report that includes Phase II requirements of the Modified Settlement Agreement.

Whereas Phase I focused primarily on foundational elements and the Department of Children and Families (DCF) efforts to implement New Jersey's Case Practice Model developed in January 2007, Phase II assesses 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, 2010.

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 performance. For this report, the Monitor was involved in the following activities:

- ***Caseload Verification***

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

[1] To see the full Agreement, go to http://www.state.nj.us/dcf/home/Modified_Settlement_Agreement_7_17_06.pdf. For previous Monitoring Reports, see respectively, *Progress of the New Jersey Department of Children and Families: Period I Monitoring Report for Charlie and Nadine H. v. Christie—June 2006 through December 31, 2006*, Washington, DC: Center for the Study of Social Policy, February 26, 2007; *Progress of the New Jersey Department of Children and Families: Period II Monitoring Report for Charlie and Nadine H. v. Christie—January 1, 2007 through June 30, 2007*. Washington, DC: Center for the Study of Social Policy, October 26, 2007; *Progress of the New Jersey Department of Children and Families: Period III Monitoring Report for Charlie and Nadine H. v. Christie—July 1, 2007 through December 31, 2007*, Washington, DC: Center for the Study of Social Policy, April 16, 2008; *Progress of the New Jersey Department of Children and Families: Period IV Monitoring Report for Charlie and Nadine H. v. Christie—January 1, 2008 through June 30, 2008*, Washington, DC: Center for the Study of Social Policy, October 30, 2008; *Progress of the New Jersey Department of Children and Families: Period V Monitoring Report for Charlie and Nadine H. v. Christie – July 1, 2008 through December 31, 2008*, Washington DC: Center for the Study of Social Policy, April 27, 2009. *Progress of the New Jersey Department of Children and Families: Period VI Monitoring Report for Charlie and Nadine H. v. Christie*- January 1 – June 30, 2009, Washington, DC: Center for the Study of Social Policy, December 22, 2009. *Progress of the New Jersey Department of Children and Families: Period VI Monitoring Report for Charlie and Nadine H. v. Christie- July 1, 2009 through December 31, 2009*, Washington, DC: Center for the Study of Social Policy, June 1, 2010. Copies of all reports can be found at www.cssp.org.

- ***Adolescent Case Record Review***

  The Monitor conducted a case record review on the status of youth aged 18-21 who had been in foster care at least 60 days and exited care between January 1 and June 30, 2010. The review assessed the educational achievement, employment status, and housing availability of these youth upon their exit. The review also examined any ongoing need for mental health, substance abuse, and other cross system supports. The Monitor will issue a supplemental report in early 2011 which will detail the findings and recommendations from this case record review.

- ***Health Care Case Record Review observation***

  In January 2010, the Monitor participated in DCF's internal Health Care Case Record Review. The Monitor examined the instrument used during the Review and followed reviewers as they analyzed cases. As part of the observation, the Monitor interviewed regional nurse administrators who served as reviewers.

- ***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 (before this office was disbanded). The Monitor conducted several visits to local offices undergoing intensive Case Practice Model training and spoke with workers, supervisors and management. Further, the Monitor conducted limited case record reviews through NJ SPIRIT on selected performance measures such as the placement of youth in shelters.

Structure of the Report

All of the Child and Family Outcomes and Case Practice Performance Benchmarks and ongoing Phase I requirements and new Phase II requirements due this monitoring period are presented in Table 1, *Summary of Settlement Agreement Requirements (January 1 – June 30, 2010)*, at the end of this chapter. New Jersey DCF is responsible for each requirement listed in Table 1.

The remaining sections of the report cover:

- New Jersey child protective services units which receive reports and investigate allegations of alleged child maltreatment;
- Implementation of DCF's Case Practice Model;
- Information regarding New Jersey's placement of children in out-of-home-settings, incidences of maltreatment of children in foster care, and abuse and neglect of children when they reunite with families;
- New Jersey's efforts at creating permanency for children either through reunification with family, legal guardianship, adoption or discharge to independent living situations;
- Improvements in the State's provision of health care and mental health services to children and families;

- Services provided to children, youth and families involved with DYFS and to prevent child welfare system involvement;
- Staff caseloads and training; and
- Accountability through Quality Review the production and use of accurate data.

II. SUMMARY OF PROGRESS AND CHALLENGES

Summary of Accomplishments

The Department of Children and Families (DCF) continued to make progress in meeting many of the MSA requirements during this monitoring period. Data for the period ending June 30, 2010 show that DCF continues to increase access to health care for children in foster care, improve caseworker contact with children in foster care, and was successful in ending the use of shelters as placements for children under the age of 13. DCF met or surpassed expectations in the following areas as set by the Child and Family Outcome and Case Practice Performance Benchmarks:

- ***Access to Health Care***

  Overall, DCF has markedly expanded access to health care for children in New Jersey. For example, the data show that 99 percent of children entering out-of-home care received a pre-placement assessment and that 98 percent of these exams occurred in a setting appropriate for the situation (with the vast majority held in a non-emergency room setting). The data also show continued improvement on increasing the number of children in foster care with access to dental care and immunizations. As of June 2010, 85 percent of children age three or older who have been in out-of-home placement for at least six months received a semi-annual dental visit. Ninety-three percent of all children in out-of-home placement were current with their immunizations. From their internal case record review, DCF reports that 90 percent of children received follow-up care for needs identified during their Comprehensive Medical Exam (CME), exceeding the December 2010 benchmark.[2]

- ***Investigations***

  New Jersey met the July 1, 2009 final target for transmitting abuse and neglect referrals to the field. In June 2010, 98 percent of referrals from the State Central Registry (SCR) were received by the field within a timely manner.

- ***Children Placed in Family-like Settings***

  In June 2010, 86 percent of children were placed with families or in family-like settings, meeting the final target for this outcome. DCF has met this standard for the past three monitoring periods, demonstrating sustained practice change and fidelity to an important principle of the Case Practice Model.

[2] In January 2010, the Monitor participated in DCF's internal Health Care Case Record Review. The Monitor reviewed the protocol and discussed the methodology with DCF staff, but did not independently verify the findings of the review.

- ***Limiting Inappropriate Placements***

  Between January and June 2010, no child under age 13 was placed in a shelter, meeting the final MSA target and demonstrating that DCF has ended the use of shelters for this population of young children. Ninety-two percent of children of any age placed in shelters were in compliance with MSA standards, also meeting the final target for this measure.

- ***Maintaining Resource Homes within Capacity Limits***

  Less than one percent of Resource Family homes had children placed over the capacity standards set by the MSA. DCF has maintained this positive performance for the past three monitoring periods.

- ***Concurrent Planning Practice***

  Statewide, between 87 and 97 percent of five month reviews and between 88 and 97 percent of ten month reviews of children's progress toward permanency were completed timely.

DCF continued to strengthen its infrastructure and move forward to implement important practice reforms in the field.

- ***By June 20, 2010 DCF reached or exceeded all of the expectations in the MSA pertaining to training its workforce.***

  One hundred eighteen new caseworkers (100%) completed the Pre-Service training or participated in the Baccalaureate Child Welfare Education Program (BCWEP)[3] program and passed competency exams. Fifty-nine of 63 (94% eligible) DYFS caseworkers were trained in concurrent planning during this monitoring period. New Jersey also trained 11 new supervisors between January and June 2010, each of whom passed competency exams. In addition, an impressive number of staff were trained on all six Modules of the Case Practice Model.[4]

- ***More than half (25 of 47) DYFS local offices have now completed intensive "immersion" training on the Case Practice Model.***

  Five local offices (Southern Monmouth, Western Essex North, Somerset, Middlesex Central, and Hudson West) completed the immersion training and coaching process in March 2010. Another four local offices (Passaic Central, Union Central, Newark Center City, and Camden Central) completed immersion training in June 2010, bringing the total number of DYFS local offices to have completed immersion training to 25. Three local

[3] The Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Kean University, and Ramapo College) that enables students to earn the Bachelor of Social Work (BSW) degree.
[4] Between January and June 2010, DCF trained an additional 176 staff on Module 1 of the Case Practice Model- 149 staff on Module 2; 560 staff on Module 3; 592 staff on Module 4; 455 staff on Module 5 and 110 staff on Module 6.

offices, Ocean North, Morris East, and Sussex began immersion training in January 2010 and another three offices, Middlesex West, Atlantic East, and Essex Central in April 2010. All six are scheduled to complete immersion training between November 2010 and January 2011, when the total number of local offices to have completed immersion training will be 31. The remaining 16 local offices will have completed immersion training by June 2012, six months behind the previously scheduled completion date.

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

  DCF recruited and licensed 884 new kin and non-kin Resource Family homes from January through June 2010, exceeding its six month target by 120 homes. Forty-nine percent of the 884 Resource Family homes licensed between January and June 2010 are kinship homes.

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

  Between January and June 2010, 81-95 percent of adoptions were finalized within nine months of the child's placement in an adoptive home, meeting the July 1, 2009 final target that at least 80 percent of adoptions be finalized within nine months of placement.

- ***The number of children placed out-of-state for treatment has continued to dramatically decline.***

  As of July 1, 2010, 28 children were placed out-of-state in mental health treatment facilities, down from 44 as of December 2009. Notably, 21 of the 28 children in out-of-state treatment facilities are now residing within 100 miles of their home zip code (the address at which they were living prior to entering protective custody). This positive trend is evidence of the State implementing plans to provide more appropriate mental health treatment options for children within the state and nearer the children's homes.

Organizational and Leadership Changes

On June 24, 2010, the New Jersey Senate confirmed the appointment of Allison Blake to serve as Commissioner of DCF. Since her appointment, the Commissioner has made significant organizational and structural changes at DCF that have the potential to improve its ability to monitor its performance and progress towards lasting reform. First, DCF created the position of Assistant Commissioner to be responsible for a new Office of Continuous Quality Improvement (CQI) and an Office of Information Technology and Reporting. The new Office of CQI is responsible for measuring performance and for quality review initiatives throughout DCF. The federal Child and Family Service Reviews (CFSRs) will be coordinated from the Office of CQI, as well as the coordination of the new statewide Quality Reviews (QRs). DCF staff formerly responsible for quality improvement in various levels of DCF will be reassigned to the Office of CQI.

Second, DCF created an executive level Office of Adolescent Services which will be responsible for coordinating all DCF service delivery to youth aging out of foster care. Elevating these two positions to executive status is an important step towards ensuring that they receive focused attention, support and resources. The new Commissioner also appointed a new Deputy Commissioner, whose office is responsible for the newly created Office of Advocacy, established to address constituent concerns. The Office of Advocacy will have the same toll free number formerly belonging to the Office of the Child Advocate[5] to receive calls from foster parents, parents, youth, service providers, stakeholders and the public regarding questions or concerns.

Finally, the Commissioner appointed new Directors of the Divisions of Youth and Family Services (DYFS), Prevention and Community Partnerships (DPCP), and Child Behavioral Health Services (DCBHS).

In addition to making staffing and organizational changes, DCF has reduced the number of area offices to ten, down from twelve.[6] This change was recommended by the Governor's transition team and designed to reduce costs and improve efficiency while maintaining a sufficient infrastructure for service delivery.

Challenges Ahead

While DCF continues its work to produce lasting practice change, progress in meeting some of the performance benchmarks and outcomes has slowed in the past six months. The MSA consciously structured the Phase II outcome requirements to be staged in over time in recognition of the fact that fully meeting outcome expectations in child welfare can take several years. New Jersey is well into Phase II of the MSA, and continues to confront sizeable challenges in meeting some of its outcome targets, particularly around some of the case practice standards. While this is disappointing, it is not uncommon for jurisdictions to reach a plateau in the overall upward trend of practice change, which requires some rethinking and new strategies to again move forward. In some of those areas, such as carrying out Family Team Meetings, the State is employing innovative strategies and has begun to make mid-course corrections. In other areas, the State must be more aggressive in developing additional strategies to ensure that caseworkers and supervisors meet performance expectations and that DCF's work produces the desired outcomes for children and families. Overall, the State continues to make progress, but the areas highlighted below need heightened and continued attention.

Summarized below are targets for this monitoring period set in the Child and Family Outcome and Case Practice Performance Benchmarks that were not met and/or need particular attention in order to meet the final targets. These include:

[5] In July 2010 the New Jersey Legislature passed a bill eliminating the Office of the Child Advocate, which Governor Chris Christie signed.

[6] The Bergen/Passaic Area Office will be closed, and the Bergen area will become part of a new Bergen/Hudson Area Office. The Passaic area will become part of a new Passaic/Morris/Sussex Area Office. The Mercer/ Burlington Area Office will be closed, and the Mercer area will become part of a new Mercer/Hunterdon/Somerset/ Warren Area Office. The Burlington area will become part of a new Burlington/Atlantic/Cape May Area Office. The plan going forward is that all Area Offices will be co-located with field offices.

- ***Case Planning***

  New Jersey's Case Practice Model requires that a case plan be developed within 30 days of a child entering placement and updated regularly thereafter. The final target for this monitoring period was that 95 percent of case plans be completed within 30 days. In June 2010, 50 percent of children entering care had case plans developed within 30 days. This performance is only slightly better than reported in the previous six months and continues to be a concern. The Case Practice Model depends upon quality case planning practices, and this low level of documented performance must improve.

  Workers are also required to routinely review and adjust case plans to meet the needs of families. The final target for this monitoring period was that 95 percent of case plans were to be reviewed and modified as necessary or at least every six months. From January through June 2010, between 69 and 76 percent of case plans due each month were modified within the six month timeframe. The fact that this measure has not shown improvement since the last monitoring report is a serious deficiency that must be addressed in the next six month cycle.

- ***Family Team Meetings***

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

  By June 30, 2010, DCF was required to hold Family Team Meetings prior to or within 30 days of a child entering foster care and at least once per quarter thereafter for 90 percent of families. In the first quarter of 2010, DCF held FTMs in the 16 completed immersion sites[7] for 21 percent of families where a meeting was required. An additional seven percent were held after 30 days and in 73 percent of cases, no FTMs were held. Further, in the second quarter of 2010, in the 25 sites that had completed immersion training, DCF held FTMs within 30 days of removal for 19 percent of families. An additional five percent of families had FTMs after 30 days of removal, but FTMs were not held at all in 76 percent of cases that required them.

  Given the importance of family teaming to case planning in accordance with New Jersey's Case Practice Model and quality case work generally, these data continue to be alarming to the Monitor and to DCF. As is discussed in detail in the report, DCF began a diagnostic process in September 2010 to analyze by county barriers to conducting timely FTMs. The Monitor will be following this process closely and will report results in the

[7] Atlantic West LO, Bergen Central LO, Bergen South LO, Burlington East LO, Burlington West LO, Camden North LO, Cape May LO, Cumberland East LO, Cumberland West LO, Gloucester West LO, Mercer North LO, Mercer South LO, Morris West LO, Passaic North LO, Salem LO, Union East LO completed immersion training in the first quarter of 2010; Camden Central LO, Essex Central LO, Essex North LO, Hudson North LO, Hudson West LO, Middlesex Central LO, Monmouth South LO, Passaic Central LO, Somerset LO, Union Central LO completed immersion training in the second quarter of 2010.

next monitoring report. The Monitor believes that DCF must place additional emphasis on building staff capacity to make FTMs a routine part of case practice.

- ***Visits***

  According to DYFS policy, caseworkers are to visit with children in foster care twice per month during the first two months of a placement, and thereafter at least once per month. Data from this monitoring period show that of the 543 children who were in an initial or subsequent placement for two full months, 232 (43%) had documented visits by their caseworkers twice per month. While DCF's performance improved by 25 percent over last monitoring period, it did not meet the December 31, 2009 interim performance benchmark for this measure. The Monitor continues to be very concerned by this low performance given the importance of visitation by caseworkers during the first few months of placement to assess children and families' needs and to ensure stability.

  After the first two months of placement, caseworkers are required to visit children in placement once per month. In June 2010, 88 percent of children in out-of-home placement were visited by their caseworker at least once per month, short of the June 2010 final target by ten percent. Data on caseworker visits to parents or other legally responsible family members when the permanency goal is reunification is also troubling. DCF policy requires that caseworkers visit with parents or other legally responsible family members two times per month when the family goal is reunification. In June 2010, 37 percent of parents or other responsible family members were visited by caseworkers twice per month, falling short of the December 31, 2009 performance benchmark by 23 percent.

  Also, in June 2010, 14 percent of children had four documented visits with their parents as required and an additional 18 percent of children had two or three visits with their parents during the month. This performance does not meet the December 31, 2009 interim benchmark. The Monitor remains extremely concerned about this level of performance; parent-child visitation is essential to successful reunification efforts and a core component of the Case Practice Model.

- ***Health Passports***

  Under the MSA, all children entering out-of-home care are to have a Health Passport created for them. Based on its internal review of 335 cases, DCF reports that 32 percent of Health Passports are shared with the child's caregiver within the required timeframe (5 days post-placement). While performance on this measure remains significantly below the June 2010 performance benchmark, DCF data documents that within 30 days of placement, 68 percent of caregivers receive Health Passports. More work remains to ensure that caregivers are receiving Health Passports that are both timely and with meaningful health care information.

Other Areas of Challenge Requiring Attention

There are four other substantive areas of challenge for the State: review of treatment plans and response to requests for treatment from PerformCare (the new Contracted System Administrator for the Behavioral Health System); building internal capacity to grow and maintain the newly developed Quality Review (QR) process; meeting Intake caseload standards; and improving services to older youth aged 18-21. Each is briefly discussed below:

- ***Improving functionality of PerformCare, the new Contracted System Administrator for the Behavioral Health System.***

  During this monitoring period, DCBHS continued to work with both PerformCare, the State's children's mental health Contracted Services Administrator (CSA), and its parent company AmeriHealth on implementing and tracking corrective actions, specifically to improve information technology, the Help Desk and Call Center performance. Several representatives of the provider community who regularly interact with PerformCare have reported recent improvements in these areas. However, expected targets set by DCF for PerformCare's review of treatment plans and the response to requests for authorization for treatments are not being consistently met. DCBHS acknowledges that this is an area of concern which needs to be resolved in order to provide high quality mental health services to the children and families of New Jersey.

- ***Developing a Statewide Qualitative Review process.***

  During this monitoring period, DCF continued to pilot test a process to qualitatively assess a number of outcomes in the Child and Family Outcome and Case Practice Performance Benchmarks using a review process entitled the New Jersey Qualitative Review (QR).[8] As discussed above, this work is now managed by the new DCF-level Office of CQI. The Department views the QR process and results as part of its work to track MSA outcomes but also for internal review of quality practice. Between March and June 2010, the QR was piloted in Monmouth, Burlington, Bergen and Gloucester counties. During each pilot QR, 10 to 12 foster care or in-home service cases are selected for review along with three to four investigations.

  DCF is using the pilot phase to review and revise the QR protocol, train a cadre of local reviewers and establish a baseline of performance based on the quality indicators in the QR. A report of the results of the pilot reviews is to be completed during early 2011 and will be reflected in next monitoring period report.

  Notwithstanding the pilot work, there has been considerable delay in developing the State's overall QR plan (since September 2007 when DCF committed to developing its quality service review capacity). The State's Quality Review plan, which needs to be finalized in consultation with the Court Monitor, must include items such as criteria for selecting cases for review, a statewide sampling plan, training and certification of lead reviewers, protocols to ensure data reliability and processes for attending to both case and

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

systemic issues surfaced during the reviews. In late November 2010 DCF shared broad components of a QR development plan, as well as aspects of a process for implementing that plan. Further discussion with the Monitor on these topics is scheduled to occur in January 2011 and the Monitor has communicated to DCF that agreement on a final plan must occur by the end of January 2011. DCF has agreed to this timetable.

- ***Meeting the caseload standard for Intake.***

  DCF came close or met most of the MSA caseload standards with the notable exception of Intake workers, where 76 percent of workers had caseloads that were at or below the standard. The failure to meet the requirement that 95 percent of Intake workers meet caseloads standards was affected by a spike in the number of reports requiring investigation in January and March 2010 which increased intake caseloads across the State. DCF monitors caseload levels closely and has made adjustments. If intake volume continues to remain high, they may need to identify additional staff for Intake functions.

- ***Improving service delivery to older youth, particularly 18-21 year olds who have not achieved permanency.***

  DCF has made some improvements in services to older youth over the past six months, particularly in the area of required independent living assessments. DCF reports that of the 1,286 youth age 14-18 in out-of-home placement for at least six months, 83 percent had assessments completed, in contrast to one year ago when only two percent of youth had the required assessments. However, DCF has a ways to go to fully meet the service needs of this population. Connecting youth to post secondary education is one such service need. The number of DYFS involved youth participating in the New Jersey Scholars program is declining (from 556 in the 2007-2008 school year to 371 in the 2009-2010 school year). DCF reports developing strategies to increase NJ Scholars participation, including involving contract providers and other partners to assist youth with applying for and receiving funding. While not all of these strategies are in place, DCF reports that 25 completed applications have been received for the 2010-2011 school year as compared to zero at the same time last year. The Monitor will continue to follow the effectiveness of these strategies.

  The MSA requires that youth exiting care without permanency have housing and be employed or in training or educational programs. In an effort to assess DYFS's performance in this area, the Monitor conducted a case record review of all youth ages 18-21 who exited from DYFS custody between January 1 and June 30, 2010. Information from this case review is forthcoming in a supplemental report to be released in early 2011.

III. CHILD AND FAMILY OUTCOME AND CASE PRACTICE PERFORMANCE BENCHMARKS

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

DCF continues to develop the capacity to accurately report on each of 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.

Table 1: *Charlie and Nadine H. v. Christie* Child and Family Outcome and Case Practice Performance Benchmarks (Summary of Performance as of June 30, 2010)

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
State Central Registry, Investigative Practice and Institutional Abuse Investigations Unit (IAIU)						
CPM V.1	1. Responding to Calls to the SCR a. Total number of calls b. Number of abandoned calls c. Time frame for answering calls d. Number of calls screened out e. Number of referrals for CWS	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	a. 13,538 calls b. 402 abandoned calls c. 18 seconds d. 3,816 calls screened out e. 922 CWS referrals	a. 15,785 calls b. 657 abandoned calls c. 28 seconds d. 4,271 calls screened out e. 1,197 CWS referrals[11]	Ongoing Monitoring of Compliance

[9] In some cases where June 2010, performance data are not available, the most recent performance data are cited with applicable timeframes. In other cases, the Monitor provides a range of data over the monitoring period because these data are more illustrative of actual performance. More detailed information on DCF performance on specific measures is provided in subsequent chapters of the report.

[10] "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 to June 30, 2010 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 one percentage point of the benchmark or there is a small number (less than 3) of cases causing the failure to meet the benchmark. "Partially" is used when DCF has come very close but has not fully met a requirement. "No" indicates that, in the Monitor's judgment, DCF has not fulfilled its obligation regarding the requirement. "Improved" indicates that while DCF has not fulfilled its obligation regarding the requirement, the performance shows significant improvement from the last monitoring period.

[11] Comparisons should not be made between December 2009 and June 2010 performance as the SCR experiences seasonal differences in call volume.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
CPM V.1	1. Quality of SCR 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	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.	See *The New Jersey State Central Registry: An Assessment*, CSSP, June 30, 2008. To be reassessed in the future.	Ongoing Monitoring of Compliance
MSA III.B.2 CPM V.1	3. 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. By June 30, 2009, 90% of investigations shall be received by the field in a timely manner. b. By July 1, 2009, 98% of investigations commenced within the required response times.	a. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be received by the field in a timely manner. b. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be commenced within the required response time.	a. 97% of investigations were received by the field in a timely manner. b. 83% of investigations commenced within required response time.	a. 98% of investigations were received by the field in a timely manner. b. 84% of investigations commenced within required response time.	a. Yes b. No

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
CPM V.1 MSA III.B.3	4. Timeliness of Completion: Investigations of alleged child abuse and neglect shall be completed within 60 days.	a. By June 30, 2009, 80% of all abuse/neglect investigations shall be completed within 60 days. b. By December 31, 2009, 95% of all abuse/neglect investigations shall be completed within 60 days.	By June 30, 2010, 98% of all abuse/ neglect investigations shall be completed within 60 days.	71% of investigations were completed within 60 days.	71% of investigations were completed within 60 days.	No

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
CPM V.1	5. Quality Investigative Practice: Investigations will meet measures of quality including acceptable performance on: a. Locating and seeing the child and talking with the child outside the presence of the caretaker within 24 hours of receipt by field; b. Conducting appropriate interviews with caretakers and collaterals; c. Using appropriate tools for assessment of safety and risk; d. Analyzing family strengths and needs; e. Seeking appropriate medical and mental health evaluations; f. Making appropriate decisions; and g. Reviewing the family's history with DCF/DYFS	Not Applicable	By December 31, 2009, 90% of investigations shall meet quality standards.	To be assessed in the future.[12]	To be assessed in the future.[13]	Not assessed in this report.

[12] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.
[13] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
MSA II.I.3 MSA III.B.4 CPM V.I	6. <u>IAIU Practice for Investigations in Placements</u>: 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.	By June 2007, the State shall complete 80% of IAIU investigations within 60 days.	By June 2007 and thereafter, 80% of investigations by IAIU shall be completed within 60 days.	79% of IAIU investigations involving group home and other congregate care settings were completed within 60 days.	89% of IAIU investigations involving group home and other congregate care settings were completed within 60 days.	Yes

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
Implementation of Case Practice Model						
CPM V.3	7. <u>Effective use of Family Teams</u>: 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. 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 QR 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 QR of acceptable team formation and functioning.	For Immersion Sites: a. In the fourth quarter of 2009, 12% of children newly entering placement had a family team meeting within 30 days of entry. b. In the fourth quarter of 2009, 4% of children in placement had at least one family team meeting each quarter. c. To be assessed in the future.[14]	For Immersion Sites: a. In the second quarter of 2010, 19% of children newly entering placement had a family team meeting within 30 days of entry. b. In the second quarter of 2010, 7% of children in placement had at least one family team meeting each quarter. c. To be assessed in the future.[15]	a. No b. No c. Not assessed in this report.

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

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
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.	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.	23% of cases had risk assessments or re-assessments completed within 30 days prior to case closure and 17% of cases had safety assessment completed within 30 days prior to case closure.	31% of cases had risk assessments or re-assessments completed within 30 days prior to case closure and 24% of cases had safety assessment completed within 30 days prior to case closure.	No
CPM V.4	9. Family Involvement: Every reasonable effort will be made to develop case plans in partnership with youth and families, relatives, the families' informal support networks and other formal resources working with or needed by the youth and/or family.	By December 31, 2009 80% of cases shall be rated as acceptable on family involvement in case planning.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	To be assessed in the future.[16]	To be assessed in the future.[17]	Not assessed in this report.
CPM V.4, 13.a.	10. Timeliness of Initial Plans: For children entering care, number/percent of case plans developed within 30 days.	a. By June 30, 2009, 50% of case plans for children and families will be complete within 30 days. b. 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.	50% of children entering care had case plans developed within 30 days.	No

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

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
CPM V.4, 13.b.	11. Timeliness of Current Plans: For children entering care, number/percent of case plans shall be reviewed and modified as necessary at least every six months.	By June 30, 2009, 80% of case plans for children and families will be reviewed and modified at least every six months.	By June 30, 2010, 95% of case plans for children and families will be reviewed and modified at least every six months.	69% of case plans were reviewed and modified as necessary at least every six months.	69% of case plans were reviewed and modified as necessary at least every six months.	No
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.	By December 31, 2009, 80% of case plans rated acceptable as measured by the QR.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	To be assessed in the future.[18]	To be assessed in the future.[19]	Not assessed in this report.

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

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
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.	By December 31, 2009 80% of case plans rated acceptable as measured by the QR.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	To be assessed in the future.[20]	To be assessed in the future.[21]	Not assessed in this report.
CPM V.4	14. Service Planning: Service plans, developed with the family team, will focus on the services and milestones necessary for children and families to promote children's development and meet their educational and physical and mental health needs.	By December 31, 2009 80% of case plans rated acceptable as measured by the QR.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	To be assessed in the future.[22]	To be assessed in the future.[23]	Not assessed in this report.
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.	By December 31, 2009 80% of cases score appropriately as measured by QR.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	To be assessed in the future.[24]	To be assessed in the future.[25]	Not assessed in this report.

[20] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.
[21] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.
[22] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.
[23] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.
[24] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.
[25] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[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.	By December 31, 2009, 75% of children will have two visits per month during the first two months of an initial placement or subsequent placement.	By December 31, 2010, during the first two months of an initial placement or subsequent placement, 95% of children had at least two visits per month.	18% of children had two visits per month, one of which was in the placement, during the first two months of an initial or subsequent placement.	43% of children had two visits per month, one of which was in the placement, during the first two months of an initial or subsequent placement.	No/Improved
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.	By June 30, 2009, 85% of children had at least one visit per month.	By June 30, 2010, 98% of children shall have at least one caseworker visit per month during all other parts of a child's time in out-of-home care.	89% of children had at least one caseworker visit per month in his/her placement.	88% of children had at least one caseworker visit per month in his/her placement.	No
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.	By December 31, 2009, 60% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	By December 31, 2010, 95% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	24% of parents or other legally responsible family members of children in custody with a goal of reunification had at least two face-to-face visits with a caseworker.	37% of parents or other legally responsible family members of children in custody with a goal of reunification had at least two face-to-face visits with a caseworker.	No/Improved

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[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.	December 31, 2009 Benchmark TBD after review of case record review data	By December 31, 2010, at least 85% of families shall have at least one face-to-face caseworker contact per month, unless parental rights have been terminated.	29% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month.	42% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month.	Unable to Determine[26]
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.	By December 31, 2009, 50% of children will have visits with their parents every other week and 40% of children will have weekly visits.	By December 31, 2010, at least 85% of children in custody shall have in person visits with their parent(s) or other legally responsible family member at least every other week and at least 60% of children in custody shall have such visits at least weekly.	2% of children had weekly visits with their parents. An additional 9% of children had two or three visits during the month.	14% of children had weekly visits with their parents. An additional 18% of children had two or three visits during the month.	No/Improved

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

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
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.	By December 31, 2009, 60% of children will have at least monthly visits with their siblings.	By December 31, 2010, at least 85% of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly.	Data Not Available[27]	Data Not Available[28]	Data Not Available[29]
CPM; MSA Permanency Outcomes	22. Adequacy of DAsG Staffing: Staffing levels at the DAsG office.	95% of allocated positions filled by June 30, 2009.	98% of allocated positions filled plus assessment of adequacy of FTE's to accomplish tasks by June 30, 2012.	134 (94%) of 142 staff positions filled with 6 staff on full time leave; 128 (90%) available DAsG.	131 (92%) of 142 staff positions filled with 7 staff on full time leave; 124 (87%) available DAsG.	No

[27] The Monitor and DCF are working together to refine the methodology for reporting on this measure from NJ SPIRIT and Safe Measures.
[28] The Monitor and DCF are working together to refine the methodology for reporting on this measure from NJ SPIRIT and Safe Measures.
[29] The data currently provided to the Monitor does not yet measure the intended unit of analysis. The Monitor will work with DCF to create a more precise measurement.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
Placements of Children in Out-of-Home Care						
CPM V.4	23. Combined assessment of appropriateness of placement based on: a. Placement within appropriate proximity of their parents' residence unless such placement is to otherwise help the child achieve the planning goal. b. Capacity of caregiver/ placement to meet child's needs. c. Placement selection has taken into account the location of the child's school.	To be determined through pilot QR in immersion sites in the first quarter of 2010	By June 30, 2010, 90% of cases score appropriately as measured by QR Modules.	To be assessed in the future.[30]	To be assessed in the future.[31]	Not assessed in this report.
MSA III.A 3.c	24. Placing Children with Families: The percentage of children currently in custody who are 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.	86% of children were placed in a family setting.	Yes

[30] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.
[31] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
MSA III.A 3.b CPM	25. Placing Siblings Together: Of sibling groups of two or three siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	a. For siblings entering custody in the period beginning July 2009, at least 65% will be placed together. b. For siblings entering custody in the period beginning July 2010, at least 70% will be placed together. c. For siblings entering custody in the period beginning July 2011, at least 75% will be placed together.	For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.	In CY2009, 74% of sibling groups of two or three were placed together.	CY2010 data not yet available.	Yes, based on CY2009 data. CY2010 data not yet available.
MSA III.A 3.b	26. Placing Siblings Together: Of sibling groups of four or more siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	a. For siblings entering custody in the period beginning July 2009, at least 30% will be placed together. b. For siblings entering in the period beginning July 2010, at least 35% will be placed together.	For siblings entering in the period beginning July 2011 and thereafter at least 40% will be placed together.	In CY2009, 31% of sibling groups of four or more were placed together.	CY2010 data not yet available.	Yes, based on CY2009 data. CY2010 data not yet available.
MSA III.A 3.a	27. Stability of Placement: Of the number of children entering care in a period, the percentage with two or fewer placements during the 12 months beginning with the date of entry.	By December 31, 2008, at least 86% of children entering care will have two or fewer placements during the 12 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 12 months from their date of entry.	In CY2008, 85% of children entering care had two or fewer placements during the 12 months beginning with their date of entry.	CY2009 data not yet available.	Yes, based on CY2008 data. CY2009 data not yet available.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
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.	Not Applicable[32]	By June 2009, no more than 5% of resource home placements may have seven or eight total children including the resource family's own children.	Less than one percent of resource home placements are over-capacity.	Less than one percent of resource home placements are over-capacity.	Yes

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

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
MSA III.B.6	29. Inappropriate Placements: a. The number of children under age 13 placed in shelters. b. The number of children over age 13 placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 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.	a. By December 2008 and thereafter, no children under age 13 in shelters. 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.	a. By December 2008 and thereafter, no children under age 13 in shelters. b. By December 31, 2009, 90% of children placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 1) an alternative to detention; 2) short-term placement of an adolescent in crisis not to extend beyond 30 days; or 3) a basic center for homeless youth.	a. Between July and December 2009, 1 child under age 13 was placed in a shelter. b. Between July and December 2009, 90% of children placed in shelters were in compliance with MSA standards.	a. Between January and June 2010, no child under age 13 was placed in a shelter. b. Between January and June 2010, 92% of children placed in shelters were in compliance with MSA standards.	Yes

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
Repeat Maltreatment and Re-Entry into Out-of-Home Care						
MSA III.A. 1.a	30. 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 12 month period, divided by the total number of children who have been in care at any point during the period.	For the period beginning July 2009, no more than 0.53% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	For the period beginning July 2010 and thereafter, no more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	In CY2009, 0.14% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member	CY2010 data not yet available.	Yes, based on CY2009 data. CY2010 data not yet available.
MSA III.A 1.b	31. Repeat Maltreatment: Of all children who remain in home after substantiation of abuse or neglect, the percentage who have another substantiation within the next 12 months.	Not Applicable[33]	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 12 months.	For children who were the victims of a substantiated allegation of child maltreatment in CY2008 and remained at home, 3.5% had another substantiation within the next 12 months.[34]	CY2009 data not yet available.	Yes, based on CY2008 data. CY2009 data not yet available.

[33] For places where baseline data were unavailable prior to due date of final target, benchmarks have been removed.
[34] DCF uses entry cohort data to measure this measure; therefore the data lags behind the current year.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
MSA III.A 1.c	32. 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.	Not Applicable[35]	For the period beginning July 2009 and thereafter, no more than 4.8% of children who reunified will be the victims of substantiated abuse or neglect within one year after reunification.	For children who entered CY2008, 7% of children who reunified were the victims of substantiated abuse or neglect within one year after the reunification.[36]	CY2009 data not yet available.	CY2009 data not yet available.
MSA III.A 2.b	33. Re-entry to Placement: Of all children who leave custody during a period, except those whose reason for discharge is that they ran away from their placement, the percentage that re-enter custody within one year of the date of exit.	a. 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. b. For the period beginning July 2010, of all children who exit, no more than 11.5% will re-enter custody within one year of the date of exit.	For the period beginning July 2011 and thereafter, of all children who exit, no more than 9% will re-enter custody within one year of exit.	15% of children who exited in CY2008 re-entered custody within one year of the date of exit.[37]	CY2009 data is not yet available.	CY2009 data not yet available.

[35] For places where baseline data were unavailable prior to due date of final target, benchmarks have been removed.
[36] DCF uses entry cohort data to measure this measure; therefore the data lags behind the current year.
[37] DCF uses entry cohort data to measure this measure, therefore the data lags behind the current year. DCF uses entry cohort data to measure this measure, therefore the data lags behind the current year.
[37] DCF has objected to the Monitor's definition of "qualifying exits" used to analyze this measure. The agency believes that due to the language of the MSA, the definition of qualifying exits should only exclude children who run away from placement. The Monitor uses a definition of qualifying exits which excludes from the calculations runaways as well as children who are adopted.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
Permanency						
MSA III.A 2.a	34.a. Permanency Outcome 1: Permanency in first 12 months:[38] 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.	a. 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. b. Of all children who entered foster care for the first time in CY2010, 45% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.	Of all children who entered foster care for the first time in CY2011, 50% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.	43% of children who entered foster care in CY2008 were discharged to permanency within 12 months from their removal from home.	CY2009 data not yet available.	Yes, based on CY2008 performance. CY2009 data not yet available.[39]

[38] 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.
[39] The Monitor is unable to report on CY2009 performance as the children who entered care during CY2009 have not yet experienced 12 months in care.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
MSA III.A 2.a	34.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.	a. 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. b. Of those children who become legally free in CY2010, 55% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.	Of those children who become legally free in CY2011, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.	60% of children who became legally free in CY2008 were discharged to a final adoption in less than 12 months from the date of becoming legally free.	CY2009 data not yet available.	Yes, based on CY2008 performance. CY2009 data not yet available.[40]
MSA III.A 2.a	34. 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.	a. 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. b. 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 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.	Of all children who exited to adoption in CY2009, 44% were discharged from foster care to adoption within 30 months from removal from home.	CY2010 data not yet available.	Yes, based on CY2009 performance. CY2010 data not yet available.

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

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
MSA III.A 2.a	34.d. Permanency Outcome 4: Permanency for children in care between 13 and 24 months:[41] 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.	a. 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. b. 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.	Of all children who were in care on the first day of CY2009 and had been in care between 13 and 24 months, 43% discharged to permanency prior to their 21st birthday or the last day of the year.	CY2010 data not yet available.	Yes, based on CY2009 performance. CY2010 data not yet available.

[41] 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	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
MSA III.A 2.a	34. e. Permanency Outcome 5: Permanency after 25 months:[42] 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 by the last day of the year.	a. 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 by the last day of the year. b. 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 by the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2011, 47% will be discharged to permanency prior to their 21st birthday and by the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2009, 35% discharged to permanency prior to their 21st birthday and by the last day of the year.	CY2010 data not yet available.	No, based on CY2009 data. CY2010 data not yet available.

[42] 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	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
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 six weeks of the date of the goal change.	Not applicable, final target set by the MSA.	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% shall have a petition to terminate parental rights filed within six weeks of the date of the goal change.	Between July and December 2009, 43% of children with a permanency goal of adoption had a petition to terminate parental rights filed within six weeks of the date of the goal change.	Between January and June 2010, 42% to 58% of children with a permanency goal of adoption had a petition to terminate parental rights filed within six weeks of the date of the goal change.[43]	No
MSA III.B 12.a (ii) CPM	36. Child Specific Adoption Recruitment: Number/percent of children with a permanency goal of adoption needing recruitment who have a child-specific recruitment plan developed within 30 days of the date of the goal change.	Not applicable, final target set by the MSA.	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% of those for whom an adoptive home has not been identified at the time of termination of parental rights shall have a child-specific recruitment plan developed within 30 days of the date of the goal change.	18% of children with a permanency goal of adoption needing recruitment had a child-specific recruitment plan developed within 30 days of the date of the goal change.	Between January and June 2010, 0 to 44% 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. [44]	No

[43] Because there is variation in monthly performance and the total number of applicable children is small, the Monitor is including the range of monthly performance.
[44] Because there is variation in monthly performance and the total number of applicable children is small, the Monitor is including the range of monthly performance.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
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.	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 nine months of the termination of parental rights.	56% of children with a permanency goal of adoption for whom an adoptive home had not been identified at the time of the termination were placed in an adoptive home within nine months of termination of parental rights.	64% of children with a permanency goal of adoption for whom an adoptive home had not been identified at the time of the termination were placed in an adoptive home within nine months of termination of parental rights.	No
MSA III.B 12.b	38. Final Adoptive Placements: Number/ percent of adoptions finalized within nine months of adoptive placement.	Beginning December 31, 2008, of adoptions finalized, at least 80% shall have been finalized within nine months of adoptive placement.	Beginning July 1, 2009, of adoptions finalized, at least 80% shall have been finalized within nine months of adoptive placement.	95% of adoptions were finalized within nine months of adoptive placement.	86% of adoptions were finalized within nine months of adoptive placement.	Yes

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
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.	By June 30, 2008, 95% of children will receive a pre-placement assessment in a non-emergency room setting.	By December 31, 2009, 98% of children will receive a pre-placement assessment in a non-emergency room setting.	99.5% of children entering DYFS custody received a pre-placement assessment (PPA). 87% of children received a PPA in a non-emergency room setting. An additional 11% of PPAs were appropriately received in an ER setting.[45] Thus, in Monitor's assessment, 98% of PPAs occurred in a setting appropriate for the situation.	99% of children entering DYFS custody received a pre-placement assessment (PPA). 89% of children received a PPA in a non-emergency room setting. An additional 9% of PPAs were appropriately received in an ER setting.[46] Thus, in Monitor's assessment, 98% of PPAs occurred in a setting appropriate for the situation.	Yes[47]

[45] Emergency room pre-placement assessments are considered appropriate when a child needed emergency medical attention or the child was already in the emergency room when DYFS received the referral.
[46] Emergency room pre-placement assessments are considered appropriate when a child needed emergency medical attention or the child was already in the emergency room when DYFS received the referral.
[47] Technically, DCF has partially fulfilled this measure, however, the Monitor believes that the measure should be modified to measure both PPAs in an non-ER setting and those PPA's conducted in an ER that are appropriate based on the presenting medical needs of the child or because the child was already in the ER when DYFS received the referral.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
MSA III.B 11	40. Initial Medical Examinations: Number/ percent of children entering out-of-home care receiving full medical examinations within 60 days.	By June 30, 2008, 80% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 85% within in 60 days.	By January 1, 2009 and thereafter, at least 85% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 98% within 60 days.	From July through December 2009, 84% of children received a CME within the first 30 days of placement and 97% of children received a CME within the first 60 days of placement.	From January through May 2010, 78% of children received a CME within the first 30 days of placement and 96% of children received a CME within the first 60 days of placement.	Partial[48]
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.	a. By December 2008, 80% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines. b. By June 2009, 90% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines. c. 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 July through December 2009, 92% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 93% of children older than two years were clinically up-to-date on their EPSDT visits.	From January through June 2010, 92% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 94% of children older than two years were clinically up-to-date on their EPSDT visits.	Partial[49]

[48] The Monitor considers DCF to have fulfilled the 60 day standard, but missed the 30 day standard.
[49] The Monitor considers DCF to have fulfilled this requirement for children over the age of 2, but not for those between 12 and 24 months.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
MSA II.F.2	42. Semi-Annual Dental Examinations: Number/ percent of children ages three and older in care six months or more who received semi-annual dental examinations.	a. By June 2009, 90% of children will receive annual dental examinations and 70% will receive semi-annual dental examinations. b. By December 2009, 95% of children will receive annual dental examinations and 75% will receive semi-annual dental examinations. c. By June 2010, 95% of children will receive annual dental examinations and 80% will receive semi-annual dental examinations. d. By December 2010, 98% of children will receive annual dental examinations and 85% will receive semi-annual dental examinations. e. By June 2011, 90% of children will receive semi-annual dental examinations.	a. By December 2011, 98% of children will receive annual dental examinations. b. By December 2011, 90% of children will receive semi-annual dental examinations.	80% of children were current with semi-annual dental exams.[50]	85% of children were current with semi-annual dental exams.[51]	Yes

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

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[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.	a. By June 2009, 70% of children will receive follow-up care and treatment to meet health care and mental health needs. b. By December 2009, 75% of children will receive follow-up care and treatment to meet health care and mental health needs. c. By June 2010, 80% of children will receive follow-up care and treatment to meet health care and mental health needs. d. By December 2010, 85% of children will receive follow-up care and treatment to meet health care and mental health needs. e. 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 93% of children received follow-up care for needs identified in their CME.[52]	DCF reports that 90% of children received follow-up care for needs identified in their CME.[53]	Yes, based on available data; to be further assessed through QR.[54]

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

[53] DCF conducted a Health Care Case Record Review to report on the above indicators for Period VIII. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2009 and April 30, 2010 and were in care for a minimum of 60 days—1,266 children were age two and over at the time of removal and 636 children were under two for a total of 1,902 children. A sample of 335 children was selected. The results have ±5 percent margin of error.

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

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
	44. Immunization: Children in DCF custody are current with immunizations.	a. By December 31, 2009, 90% of children in custody will be current with immunizations. b. By December 31, 2010, 95% of children in custody will be current with immunizations.	By December 31, 2011, 98% of children in custody will be current with immunizations.	In the fourth quarter of 2009, DCF reports that 90% of children over the age of three were current with their immunizations.	In the second quarter of 2010, DCF reports that 93% of all children in out-of-home placement were current with their immunizations.	Yes
MSA II.F.8	45. Health Passports: Children's parents/ caregivers receive current Health Passport within five days of a child's placement.	By June 30, 2010, 75% of caregivers will receive a current Health Passport within five days of a child's placement.	By June 30, 2011, 95% of caregivers will receive a current Health Passport within five days of a child's placement.	From July through November 2009, 28% of caregivers received Health Passports within five days of a child's placement.[55]	From January through June 2010, 32% of caregivers received Health Passports within five days of a child's placement and 68% of caregivers received Health Passports within 30 days of a child's placement.[56]	No

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

[56] DCF conducted a Health Care Case Record Review to report on the above indicators for Period VIII. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2009 and April 30, 2010 and were in care for a minimum of 60 days—1,266 children were age two and over at the time of removal and 636 children were under two for a total of 1,902 children. A sample of 335 children was selected. The results have ±5 percent margin of error.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[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.	a. By June 2008, 75% of children with a suspected mental health need will receive a mental health assessment. b. By December 2008, 80% of children with a suspected mental health need will receive a mental health assessment. c. By June 2009, 85% 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.	From July through November 2009, 89% of children receiving a mental health screening that determined a suspected mental health need received a mental health assessment.[57]	From January through June 2010, 90% of eligible children received a mental health screen. Of those screened, 50% had a suspected mental health need. Of those with a suspected mental health need, 91% received a mental health assessment.[58]	Partially, based on available data, measure to be further assessed through QR.[59]

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

[58] DCF conducted a Health Care Case Record Review to report on the above indicators for Period VIII. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2009 and April 30, 2010 and were in care for a minimum of 60 days—1,266 children were age two and over at the time of removal and 636 children were under two for a total of 1,902 children. A sample of 335 children was selected. The results have ±5 percent margin of error.

[59] This requirement is considered partially fulfilled because ten percent of eligible children did not receive a mental health screen. Therefore, it cannot be determined if those children required a mental health assessment. Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[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.	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	From July through December 2009, 442 birth parents were served by providers of both home and office-based treatment centers.	DCF continues to support CMO, YCMs FSOs, mobile response, MST, FFT and community-based services to prevent children being removed from and reunify children with their parents.	Yes
Services to Families						
CPM	48. Continued Support for Family Success Centers: DCF shall continue to support statewide network of Family Success Centers	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	37 Family Success Centers statewide.	37 Family Success Centers statewide.	Ongoing Monitoring of Compliance

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
CPM	49. Statewide Implementation of Differential Response, Pending Effectiveness of Pilot Sites: Progress toward implementation of Differential Response statewide.	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	Six counties with Differential Response sites.	Six counties with Differential Response sites.	Ongoing Monitoring of Compliance[60]
CPM	50. Services to Support Transitions: The Department will provide services and supports to families to support preserve successful transitions.	By December 31, 2010, 80% of cases score appropriately as measured by QR.	By December 31, 2011, 90% of cases score appropriately as measured by QR.	To be assessed in the future.[61]	To be assessed in the future.[62]	Not assessed in this report.
CPM	51. Post-Adoption Supports: The Department will make post-adoption services and subsidies available to preserve families who have adopted a child.	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	DCF administers an Adoption Subsidy Program which supports approximately 12,500 adopted children through contracts totaling approximately $2.5 million and administered through eight private agencies across the state.	DCF administers an Adoption Subsidy Program which supports approximately 13,368 adopted children. DCF provides post-adoption supports through contracts totaling approximately $2.5 million and administered through eight private agencies across the state.	Ongoing Monitoring of Compliance

[60] DCF is currently undertaking an effort to gather information, evaluate and assess the Differential Response model as currently being implemented and will adjust the model as necessary to expand the program implementation statewide.
[61] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.
[62] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[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.	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	Domestic Violence liaisons now available in each DYFS local office.	Domestic Violence liaisons now available in each DYFS local office.	Yes
Services to Older Youth						
CPM	53. Independent Living Assessments: Number/ percent of cases where DCF Independent Living Assessment is complete for youth 14-18.	. a. By December 31, 2009, 75% of youth age 14-18 have an Independent Living Assessment. b. By December 31, 2010, 85% of youth age 14-18 have an Independent Living Assessment.	By December 31, 2011, 95% of youth age 14-18 have an Independent Living Assessment.	As of January 2010, 47% of youth aged 14-18 in out-of-home placement had an Independent Living Assessment.	As of June 30, 2010, 83% of youth aged 14 to 18 in out-of-home placement for at least six months had an Independent Living Assessment.	Yes

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
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.	a. By December 31, 2009 75% of older youth (18-21) are receiving acceptable services as measured by the QR. b. By December 31, 2010 75%of older youth (18-21) are receiving acceptable services as measured by the QR.	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the QR.	To be assessed in the future.[63]	To be assessed in the future.[64]	Data Not Available. [65]
CPM	55. Youth Exiting Care: Youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	a. 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. b. By December 31, 2010 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	By December 31, 2011, 95% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	Not Available	Not Available	Not assessed in this report[66]

[63] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.
[64] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.
[65] Monitor assessed performance through a case record review of adolescent cases. Report to be released in the winter of 2011.
[66] Monitor assessed performance through a case record review of adolescent cases. Report to be released in early 2011.

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	**June 2010 Performance**	**Fulfilled (Yes/No)[67]**
II.A.5. In reporting during Phase I on the State's compliance, the Monitor shall focus on the quality of the case practice model and the actions by the State to implement it.	Implementation "immersion sites" have been expanded across the state. As of April 2010, there are 31 DYFS local offices that are immersion sites.	Yes/ In Progress
II.B.1.b. 100% of all new case carrying workers shall be enrolled in Pre-Service Training, including training in intake and investigations, within two weeks of their start date.	118 (100%) new caseworkers (36 hired in the last monitoring period) were enrolled in Pre-Service training within two weeks of their start date.	Yes
II.B.1.c. No case carrying worker shall assume a full caseload until completing pre-service training and passing competency exams.	118 (100%) new workers who are now case-carrying workers have passed competency exams.	Yes
II.B.2. c. 100% of case carrying workers and supervisors shall take a minimum of 40 hours of annual In-Service Training and shall pass competency exams.	DCF expects to reach this obligation by December 31, 2010.	Yes

[67] "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 to June 30, 2010 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 one percentage point of the benchmark or there is a small number (less than three) 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.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
II.B.2.d. The State shall implement in-service training on concurrent planning for all existing staff.					Between Jan. and June 2010, 59 of 63 (94%)[68] eligible DYFS caseworkers trained on concurrent planning.	Yes
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.					231 (225 out of 225 or 100% plus additional six from previous monitoring period) new investigations and intake staff completed training and passed competency exams.	Yes
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.					Between January and June 2010, 11 supervisors were trained; ten of whom were hired or promoted in the last monitoring period, one out of a total of 11 hired or appointed in this monitoring period. The remaining ten hired in this period are scheduled for training in next monitoring period.	Yes
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.					A plan was developed by June 2007. Implementation of the plan continues.	Yes

[68] Of the remaining four staff, two completed training in July, 2010, one is on leave, and one completed training in September 2010.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
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.					Policies have been promulgated and DCF continues its work to expand services to this population.	Yes
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.					The State has implemented and utilizes a real time bed tracking system to match children with DCBHS placements.	Yes
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.					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.	Yes
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.					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.	Yes

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
II.G.9. The State shall provide adoption training to designated adoption workers for each local office.					43 new adoption workers hired between January and June 2010 completed training in this monitoring period. Three new adoption workers hired in the last monitoring period completed training this monitoring period.	Yes
II.G.15. The State shall issue reports based on the adoption process tracking system.					Adoption tracking data is now collected in NJ SPIRIT and DCF is reporting on all data required in MSA II.G.4.	Yes
II.H.4. The period for processing resource family applications through licensure will be 150 days.					The State continued to improve performance on the 150 day timeframe. Between January and June 2010, DCF resolved 69% of applications within 150 days.	No
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.					The Office of Resource Families has partnered with the NJ Training Academy to ensure greater utilization of the NJ SPIRIT automated system.	Yes

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
II.H.13 The State shall implement the methodology for setting annualized targets for resource family non-kin recruitment.					DCF continues to set targets for large capacity Resource Family homes and homes targeted for recruitment by County.	Yes
II.H.14 The State shall provide flexible funding at the same level or higher than provided in FY'07.					For FY2010, the flex fund budget is $5,708,530.	Yes
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.					New rate assessment tool in use; new policies implemented.	Yes
II.J.2. The State shall initiate management reporting based on Safe Measures.					The State currently uses Safe Measures for management reporting.	Yes
II.J.6. The State shall annually produce DCF agency performance reports.					The State released an agency performance report for Fiscal Year 2009 and posted it on the DCF website.	Yes
II.J.9. The State shall issue regular, accurate reports from Safe Measures.					The State has the capacity and is regularly producing reports from Safe Measures.	Yes
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.					The State has provided the Monitor with a report for June 2010 that provides individual worker caseloads of children and families for intake, permanency and adoption workers.	Yes

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
II.E.20 95% of offices shall have sufficient supervisory staff to maintain a five worker to one supervisor ratio.					100% of DYFS local offices have sufficient front line supervisors to have ratios of five workers to one supervisor.	Yes
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.					96% of permanency workers had caseloads at or below standards.	Yes
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 eight new case assignments per month.					76% of intake caseworkers had caseloads that were at or below the caseload requirements.	No
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 eight new cases assignments per month.					100% of IAIU investigators had caseloads at or below the caseload requirements.	Yes
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.					94% of adoption caseworkers had caseloads that were at or below the caseload requirements.	Partial[69]
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.					On January 14, 2010, DCF issued a revised policy expanding on current policy and has been training staff statewide.	Yes I

[69] DCF met the individual worker caseload standard for Adoption workers. DCF did not meet the office standard for Adoption workers.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance[9]	Requirement Fulfilled (Yes/No/Ongoing)[10]
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.					DCF conducts prelicensure training for DYFS resource families and contracts with Foster Family and Adoption Services (FAFS) to conduct ongoing in-service training.	Yes
III.C.5 The State shall incorporate into its contracts with service providers performance standards consistent with the Principles of the MSA.					DCF developed a set of performance measures and set baseline performance targets for each service across all DCF contracts.	Yes
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.					DCF continues to pilot the Quality Review protocol and the process.	Partially
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.					The first set of evaluations (Union, Gloucester, Camden, Middlesex, Essex, Somerset and Hudson Counties) submitted in July 2010.	Yes/Ongoing[70]
III.C.8 Reimbursement rates for resource families shall equal the median monthly cost per child calculated by the United States Department of Agriculture for middle-income, urban families in the northeast.					Resource family board rates were adjusted in January 2010 to meet USDA standards.	Yes

[70] The monitor recently received the reports from the first set of evaluations and is assessing the quality.

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

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

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

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

State Central Registry

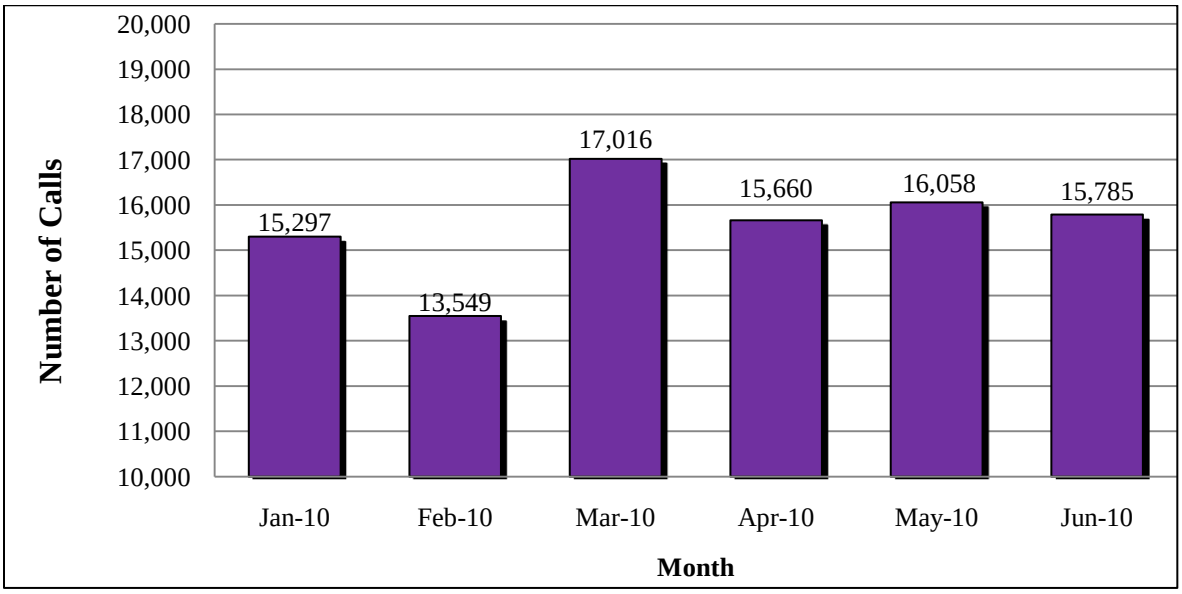
Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
1. Responding to Calls to the SCR: a. Total number of calls b. Number of abandoned calls c. Time frame for answering calls d. Number of calls screened out e. Number of referrals for CWS	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	a. 13,538 calls b. 402 abandoned calls c. 18 seconds d. 3,816 calls screened out e. 922 CWS referrals	a. 15,785 calls b. 657 abandoned calls c. 28 seconds d. 4,271 calls screened out e. 1,197 CWS referrals[71]	Ongoing Monitoring of Compliance

[71] Comparisons should not be made between December 2009 and June 2010 performance as the SCR experiences seasonal differences in call volume.

Performance as of June 30, 2010:

Between January and June 2010, the SCR received 93,365 calls. This is an increase of 8,647 calls as compared to the last monitoring period (July-December 2009) and of 1,790 calls as compared to the same six month period in 2009 (January-June). In New Jersey, as elsewhere in the nation, calls to the child abuse hotline have seasonal variations. On average, the State reports callers waited about 26 seconds for an SCR screener to answer their calls. Of those 93,365 calls, 32,843 (35%) calls[72] related to the possible need for Child Protective Services (CPS) responses. Of those, screeners classified 31,740 reports for investigation of alleged child abuse or neglect. Another 6,456 (7%) calls related to the possible need for Child Welfare Services (CWS). In these circumstances, screeners classified 5,911 referrals for assessment of service need. Figure 1 shows a month-by-month breakdown of the call volume at SCR for January through June 2010. The data reflect a spike in calls in March 2010 which is consistent with a similar seasonal spike in March 2009.

Figure 1: Number of Calls to SCR by Month (January – June 2010)



Source: DCF Avaya Data

[72] 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

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
2. 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	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.	See *The New Jersey State Central Registry: An Assessment*, CSSP, June 30, 2008. To be reassessed in the future.	Ongoing Monitoring of Compliance

Performance as of June 30, 2010:

Leadership at SCR continues to make improvements to the certification and training of SCR screeners and supervisors. During the monitoring period, SCR supervisors continued to certify and re-certify screeners. As previously described, the certification process involves random evaluations of calls to the SCR by the supervisor and the casework supervisor. All SCR screeners are re-certified annually. Also, on a weekly basis, supervisors are required to listen to three random calls for un-certified screeners and two random calls for certified screeners. This method of supervision extends to both full and part-time staff. Additionally, supervisors are listening to calls in real-time as needed to integrate day-to-day supervision.

As of October 19, 2010, SCR has 105 full-time and 68 part-time positions, with five vacancies that are in the process of being filled. SCR leadership reports that this is adequate staffing, though they are monitoring the call volume regularly to ensure the staffing ratio remains sufficient.

In July 2008, the Monitor completed an independent assessment of SCR.[73] In the report, the monitor recommended that DCF clarify policies and criteria for reports of alleged abuse or neglect involving resource parents and other institutional providers. In response to this

[73] *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/publications/child-welfare/class-action-reform/11-18-class-action-reform-new-ones/charlie-and-nadine-h-v-corzine-the-new-jersey-state-central-registry-an-assessment-july-2008.pdf.

recommendation, DCF established an SCR and IAIU workgroup that created a joint training for SCR and IAIU staff. In July 2010, SCR and IAIU held the first joint training. In total, 23 staff members (19 from SCR and 4 from IAIU) were in attendance.

Work has also begun to ensure that SCR screeners and supervisors are trained on the Case Practice Model over the next 18-24 months. As of October 19, 2010, 95 SCR staff had received the first module of CPM training and 69 SCR staff had received the second module. This is especially impressive given that only two SCR screeners and one supervisor can be in training on any given day in order to maintain adequate support to answer the hotline calls. In addition to CPM training, SCR leadership has also committed to training SCR staff on structured decision making and critical thinking, documentation, cultural competency and the DYFS domestic violence protocol. This training has begun and SCR leadership anticipates the entire SCR staff will be trained within the next twenty-four months.

Investigative Practice

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
3. 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. By June 30, 2009, 90% of investigations shall be received by the field in a timely manner. b. By July 1, 2009, 98% of investigations commenced within the required response times.	a. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be received by the field in a timely manner. b. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be commenced within the required response time.	a. 97% of investigations were received by the field in a timely manner. b. 83% of investigations commenced within required response time.	a. 98% of investigations were received by the field in a timely manner. b. 84% of investigations commenced within required response time.	a. Yes b. No

Performance as of June 30, 2010:

DCF continued to meet the final target for transmitting referrals to the field. Performance continued to fall short of the final target for commencing investigations within the required response times. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure.

DYFS policy on timeliness requires receipt by the field of a report within one hour of call completion.[74] During the month of June 2010, DCF received 5,530 referrals of child abuse and neglect requiring investigation. Of the 5,530 referrals, 4,568 (83%) referrals were received by the field within one hour or less of call completion. An additional 803 (15%) referrals were received by the field between one and three hours after call completion; for a total of 98 percent of referrals being received by the field within three hours of call completion. Of the remaining 159 referrals, 158 referrals were received by the field within 30 hours. The remaining referral was an outlier that did not reach the field until somewhere between 30 and 200 hours after receipt at the hotline.[75]

The number of referrals received per month ranged from 4,323 in February 2010 to 6,161 in March 2010. Between 96 percent and 98 percent of referrals were received by the field within three hours of call completion during the entire monitoring period. Even with the spike in calls to the hotline in March 2010, DCF data show that 97 percent of investigations were received by the field in a timely manner during that month.

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 2010, there were 5,251 CPS intakes received applicable to this measure.[76] Of the 5,251 intakes received, 1,765 intakes were coded for an immediate response and 3,536 intakes were coded for a response within 24 hours. Of the 5,251 intakes received, 4,416 (84%) intakes were commenced within their required response time. Between January and June 2010, the percentage of monthly intakes commenced within their required response time ranged from 83-86 percent. While DCF continues to make progress in responding to intakes within required timeframes, the final target for this measure was not met.

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

[75] DCF has provided the Monitor with information as to why this referral and seven others were outliers and not received by the field until 30-200 hours after receipt at the hotline. The eight referrals fall into three categories: referrals that were received at SCR as an information and referral and were later upgraded to a CPS report once more information was obtained; reports where the response time was appropriate, but there were issues with linking the report to the correct case; and reports where the response time was appropriate, however the report was not linked to the correct case causing assignment time data to be incorrect in NJ SPIRIT. All eight cases were assigned and responded to within the required response time.

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

Investigative Practice

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
4. Timeliness of Completion: Investigations of alleged child abuse and neglect shall be completed within 60 days.	a. By June 30, 2009, 80% of all abuse/neglect investigations shall be completed within 60 days. b. By December 31, 2009, 95% of all abuse/neglect investigations shall be completed within 60 days.	By June 30, 2010, 98% of all abuse/ neglect investigations shall be completed within 60 days.	71% of investigations were completed within 60 days.	71% of investigations were completed within 60 days.	No

Performance as of June 30, 2010:

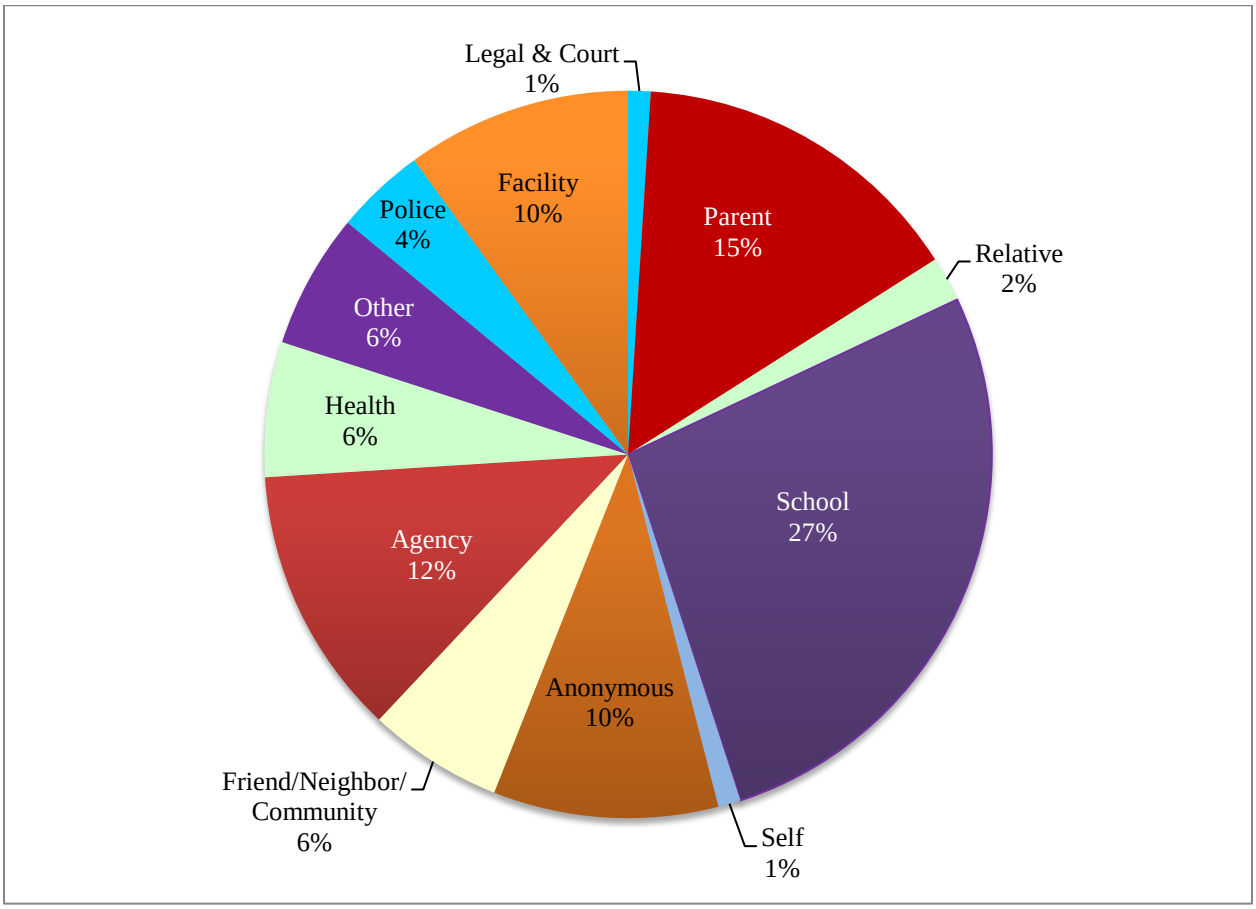
DCF policy and the Performance Benchmarks require that all investigations of alleged child abuse and neglect be completed within 60 days. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure. There were 5,327 intakes received in June 2010 applicable to this measure. Of the 5,327 intakes, investigations were completed within 60 days on 3,787 (71%) intakes. An additional 1,024 (19%) investigations were completed between 61 and 90 days after receipt. The longest time to completion of an investigation for intakes received in June 2010 was 142 days, with 315 (6%) investigations taking more than 90 days to complete and 201 (4%) investigations not complete as of September 13, 2010. Between January and June 2010, performance on investigation completion ranged between 71 percent and 75 percent.

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.[77] In the first half of 2010, IAIU received approximately 2,108 referrals. This is an increase of 634 referrals over the last half of 2009. Figure 2 illustrates the proportion of IAIU referrals from different sources. The referral distribution remained similar to the last six months of 2009, other than a five percentage increase in reports from schools.

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

Figure 2: IAIU Referral Source
(January – June 2010)
Total Referrals = 2,108



Source: DCF NJ SPIRIT Data

1. Performance Benchmarks for IAIU

IAIU Practice for Investigations in Placements

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
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.	By June 2007, the State shall complete 80% of IAIU investigations within 60 days.	By June 2007 and thereafter, 80% of investigations by IAIU shall be completed within 60 days.	79% of IAIU investigations involving group home and other congregate care settings were completed within 60 days.	89% of IAIU investigations involving group home and other congregate care settings were completed within 60 days.	Yes

Performance as of June 30, 2010:

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 2 indicate that between January and June 2010, 83-89 percent of all IAIU investigations were open less than 60 days.

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 requests data

separately on investigations of maltreatment in foster care settings (Resource Family homes and congregate care facilities) from other settings (schools, day care, buses, etc). Table 2 below displays IAIU's reported overall performance for the dates cited, as well as the timeliness of investigations in resource homes and congregate care facilities. The Monitor considers DCF to have met this measure.

Table 2: IAIU Investigative Timeliness:
Percent of Investigations Pending Less Than 60 days
As Recorded for the last date of each month, January – June 2010

Date	All Open Investigations pending less than 60 days	Open Investigations in congregate care and resource homes pending less than 60 days
January 31, 2010	84%	79%
February 28, 2010	83%	82%
March 31, 2010	85%	84%
April 30, 2010	89%	86%
May 31, 2010	89%	88%
June 30, 2010	86%	89%

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. Once the corrective action is complete, it is considered "accepted" in the corrective action database.

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

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, 2010, IAIU issued 137

corrective action requests involving resource families, group homes, and residential facilities where foster children were placed. According to the information reported from the IAIU Corrective Action Database, 78 (56%) corrective actions had been successfully completed (accepted) and 59 (44%) corrective action requests were outstanding or pending resolution on June 30, 2010. Of the 59 outstanding, 56 (94%) corrective actions were requested prior to June 1, 2010. As of June 30, 2010, those 56 requests had been outstanding 34-146 calendar days since the date of the findings letter.

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

IAIU schedules a monthly meeting of its systems partners called the Congregate Care Risk Management Team (CCRMT). The meetings usually include representatives from the licensing units responsible for resource homes, congregate care facilities, and day care facilities; Resource Family home development; and the State Central Registry (SCR). The purpose of the meeting is to share information and concerns about Resource Family homes and facilities and to request assistance. For example, the topics covered at a March 2010 meeting observed by the Monitor included:

1. IAIU corrective action issues:

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

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

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

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

5. Issues for the contracting office to review.

Bsed on this observation, it appears the CCRMT meeting can be an effective opportunity for IAIU to provide feedback, request assistance, follow-up on issues with its licensing authority partners, and determine a consistent response to concerns raised. As noted by OCA in its 2008 report, this meeting is a part of the overall quality assurance process and it is important "that all groups participate on a consistent basis."[78] When one system partner is not represented, as was the case on the day of the Monitor's observation, the effectiveness of the meeting can be limited. CCRMT meetings are planned as a monthly occurance, but were often postponed during this monitoring period. In addition to the March 2010 meeting, during this monitoring period, CCRMT meetings were held during January, April, and June 2010.

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

V. IMPLEMENTING THE CASE PRACTICE MODEL

DCF has continued its work in implementing a new and more dynamic method of working with children and families in New Jersey. DCF's deliberative roll-out of the intensive on-site training on the Case Practice Model (CPM) continues. During this monitoring period, additional staff were trained and are expected to practice according to the CPM, which is designed to guide and support staff towards a strength-based and family-centered practice while ensuring safety, permanency and well-being for children. The focus of this practice involves engaging with children, youth and families by working in teams with families and crafting individualized, meaningful case plans. The Performance Benchmarks discussed below measure progress on some of these activities. Other Performance Benchmarks on case practice will be measured as part of the New Jersey's Qualitative Review process (see discussion on page 161).[79]

A. Activities Supporting the Implementation of the Case Practice Model

Immersion Sites

Previous monitoring reports describe in detail the process New Jersey has undertaken to implement the CPM through intensive training, coaching and mentoring in "immersion sites" across the state. This immersion process was carefully designed and refined. The State's goal is that by April 2012, each of the 47 DYFS local offices will have been trained intensively on the CPM. By that point, all staff will be expected to incorporate the values and principles of the CPM into every facet of their cases, from investigation to case closure.

Five offices (Southern Monmouth, Western Essex North, Somerset, Middlesex Central, and Hudson West) completed the immersion training and coaching process in March 2010. Another four offices (Passaic Central, Union Central, Newark Center City, and Camden Central) completed immersion training in June 2010, bringing the total number of DFYS local offices to have completed immersion training to 25. Three offices, Ocean North, Morris East, and Sussex began immersion training in January 2010 and another three offices, Middlesex West, Atlantic East, and Essex Central in April 2010. All six are scheduled to complete training between November 2010 and January 2011, when the total number of offices to have completed immersion training will be 31. The remaining 16 offices will have completed immersion by June 2012, six months behind the previously scheduled completion date. Each region continues to have at least one DYFS local office undergoing the immersion process.

DYFS has placed additional emphasis on training coaches and master coaches, identifying staff from all levels of the agency that have particular skills in this area and building on those skills. The Child Welfare Policy and Practice Group (CWPPG) will continue as consultants in immersion sites through the end of 2010 to help to build internal capacity.

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

Anecdotal reports from DYFS partners and stakeholders highlight positive experiences with DYFS staff practicing according to the CPM as well as reports of considerable variation in practice across sites and workers. DCF continues to struggle to build sufficient capacity to coach, facilitate and supervise FTMs, a critical element of the CPM. The Monitor recognizes that it takes time to develop the requisite skills to effectively facilitate and coach the new methods, and that DCF is working hard to develop skilled coaches and master coaches. The Monitor urges the State to place a high priority on accelerating this process.

Strategic Planning, Staff Development, and Partnering

In this monitoring period DYFS formed a work group to address what it terms "integration" issues, or areas in need of a practice shift that cut across all aspects of good casework, such as the importance of complete documentation, regular reviews, and supervisory oversight. This group's task is to coordinate workers' demands and responsibilities to achieve more individualized case planning for children and families. The plan is for this group to develop strategies that will improve practice as well as help to meet the MSA requirements.

At the same time, as the immersion work continues and expands, DYFS has recognized the need for more localized planning that incorporates the particular needs of individual areas. This new emphasis will encourage the use of data from Quality Reviews (QRs) and other area specific data to create and adjust plans to enhance and maintain the desired changes in case practice. In June 2010, DYFS leadership, staff responsible for implementing the CPM, area staff and university partners met with representatives from the American Public Human Services Association to strategize and develop time frames and action steps related to the goal of sustaining practice improvements over time.

DYFS reports that between January and June 2010, more than 130 agencies—including providers of reunification services, domestic violence services and substance abuse treatment services—participated in community provider forums about DCF's practice model and improvement goals. Effective and sustainable implementation of the CPM will require continued outreach by DYFS to assist its practice partners, including judges, lawyers and other stakeholders in understanding the key role the CPM plays in effectively meeting the needs of children and families of New Jersey.

Concurrent Planning Practice

DCF has steadily expanded the quantity of meetings held five and ten months into a child's placement to address concurrent planning, a practice used throughout the country in which caseworkers work with families with children in out-of-home placement to reunify children as quickly as possible, while simultaneously pursuing alternative permanency options should reunification efforts fail. DYFS conducts "enhanced reviews" after a child has been in placement for five and then ten months to carry out its concurrent planning required by the MSA.[80] As of 2009, enhanced reviews are occurring in all 47 DYFS local offices.

[80] For more information, see Period II Monitoring Report for *Charlie and Nadine H. v. Christie, pg.36*

Statewide, in June 2010, 97 percent of families had required five month reviews, and 92 percent had required ten month reviews.

As Table 3 below reflects, in June 2010, 97 percent of five month reviews due that month were completed timely. Between January and June 2010, performance on this measure ranged from 87-97 percent. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the timeliness of five and ten month reviews.

Table 3: Five Month Enhanced Review
(January – June 2010)

	January		February		March		April		May		June	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Reviews Completed w/in five months	271	87%	250	94%	254	90%	244	96%	263	96%	272	97%
Reviews Not Completed w/in five months	42	13%	16	6%	27	10%	11	4%	12	4%	10	4%
Totals	313	100%	266	100%	281	100%	255	100%	275	100%	282	100%*

Source: DCF
*Percentage is greater than 100 due to rounding.

Table 4 below shows that statewide in June 2010, 92 percent of ten month reviews due that month were completed timely. Between January and June 2010, performance on this measure ranged from 88-97 percent.

Table 4: Ten Month Enhanced Review
(January – June 2010)

	January		February		March		April		May		June	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Reviews Completed w/in ten months	185	95%	220	94%	187	90%	214	97%	167	88%	191	92%
Reviews Not Completed w/in ten months	10	5%	15	6%	20	10%	7	3%	25	13%	17	8%
Totals	195	100%	235	100%	207	100%	221	100%	192	100%*	208	100%

Source: DCF
*Percentage is greater than 100 due to rounding.

Statewide, in June 2010, 56 percent of cases were transferred to an Adoption worker in the required five days after a change of goal to adoption.

The MSA requires DYFS to transfer a case to an Adoption worker within five business days after a child's permanency goal has been changed to adoption (Section II.G.2.c). As Table 5 reflects, statewide in June 2010, 56 percent of cases were transferred to an Adoption worker within the required timeframe. Between January and June 2010, monthly performance on this measure ranged from 50-58 percent. Performance levels did not improve from the last monitoring period. If performance levels on this measure continue to remain low, the Monitor, with DYFS, will investigate barriers to improved performance.

Table 5: Assignment to Adoption Worker within 5 days of Goal Change to Adoption (January – June 2010)

	January		February		March		April		May		June	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Assignment within five working days	57	50%	59	57%	61	54%	64	51%	45	58%	63	56%
Not assigned within five working days	54	47%	41	39%	48	43%	51	41%	29	38%	45	40%
Not Able to Determine (Missing hearing date)	4	4%	4	4%	4	4%	11	9%	3	4%	5	4%
Totals	115	100%*	104	100%	113	100%*	126	100%	77	100%	113	100%

Source: DCF
*Percentage is greater than 100 due to rounding.

B. Performance Benchmarks on Family Team Meetings and Case Planning

Effective Use of Family Team

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

As reported in the last monitoring report, DCF has faced significant challenges getting FTMs to be a routine part of practice, even in the offices that have been trained intensively in the Case Practice Model.

Effective Use of Family Teams

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
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. 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 QR 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 QR of acceptable team formation and functioning.	For Immersion Sites: a. In the fourth quarter of 2009, 12% of children newly entering placement had a family team meeting within 30 days of entry. b. In the fourth quarter of 2009, 4% of children in placement had at least one family team meeting each quarter. c. To be assessed in the future.[81]	For Immersion Sites: a. In the second quarter of 2010, 19% of children newly entering placement had a family team meeting within 30 days of entry. b. In the second quarter of 2010, 7% of children in placement had at least one family team meeting each quarter. c. To be assessed in the future.[82]	a. No b. No c. Not assessed in this report.

[81] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.
[82] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Performance as of June 30, 2010:

DCF did not meet the June 30, 2010 performance target requiring Family Team Meetings for 90 percent of families prior to or within 30 days of a child entering foster care, for pre-placements, and at least once per quarter thereafter. DCF uses NJ SPIRIT data analyzed Safe Measures to report on the timeliness of FTMs.

DCF currently reports data on FTMs held in all offices that completed immersion training as of the end of the quarter: 16 sites in the first quarter of 2010, 25 sites by the end of the second quarter.[83] According to NJ SPIRIT data, in the first quarter of 2010, DCF held FTMs in the 16 completed immersion sites within 30 days of removal in 21 percent of cases requiring FTMs. Seven percent were held after 30 days from the date of removal, and in 73 percent of cases FTMs were not conducted at all. In the second quarter of 2010, DCF reported that it held FTMs in the 25 completed immersion sites within 30 days of removal in 19 percent of cases requiring FTMs. An additional five percent were held after 30 days from the date of removal, and in 76 percent of cases FTMs were not conducted.

NJ SPIRIT data show that the required quarterly meetings were held in four percent of cases in the 16 immersion sites in the first quarter of 2010, and in the second quarter of 2010 a timely FTM was conducted in the 25 completed immersion sites in seven percent of cases.

This level of performance on FTMs is disappointingly low and in response, DCF has taken action. The organizational changes DCF made during this monitoring period, particularly the creation of the Office of CQI, made the scope of its response possible. First, understanding that different regions may have differing challenges to meeting FTM targets, DCF leadership instructed counties to analyze their local FTM data. Counties discovered that the problem was not one of data entry, as previously suspected. Borrowing from jurisdictions like New York and Philadelphia that have experimented with different methods of quality assurance, DCF looked to ChildStat, a diagnostic process wherein organizations use data from multiple contexts to understand and attempt to improve service delivery, to help determine where the challenges lie to improve FTM performance. ChildStat is a process of investigation and analysis where at a large meeting local and managerial staff present local and statewide data about designated topics to leadership at a large meeting. Leadership poses questions and seeks more information in real time with critical staff present. Through this process there is an expectation that state and local barriers to good practice will be examined and solutions identified. Following the ChildStat presentation, counties are to develop corrective action plans. DCF began this process in September 2010 with two counties that scored well in their QRs (discussed herein on page 161), yet had low performance on FTMs compared to the rest of the state. The second ChildStat meeting was held in November 2010, in which another set of counties presented data on FTM performance. DCF will continue this process with each Area to identify and tackle the various challenges to improving FTM performance.

[83] Atlantic West LO, Bergen Central LO, Bergen South LO, Burlington East LO, Burlington West LO, Camden North LO, Cape May LO, Cumberland East LO, Cumberland West LO, Gloucester West LO, Mercer North LO, Mercer South LO, Morris West LO, Passaic North LO, Salem LO, Union East LO completed immersion training in the first quarter, Camden Central LO, Essex Central LO, Essex North LO, Hudson West LO, Middlesex Central LO, Monmouth South LO, Passaic Central LO, Somerset LO, Union Central LO completed in the second quarter.

A sign of a healthy child welfare system is one that is able to identify problems, use data to analyze and isolate those problems, and make meaningful course corrections. Over the next six months the Monitor will observe DCF's ChildStat presentations on FTMs, learn about and report on barriers to holding them, and follow DCF's progress towards improving FTM performance.

As previously discussed, the CPM also requires continuous case planning, tracking and adjustment. Workers are required to routinely review case plans and make adjustments according to the strengths and needs of the youth and family. As shown below, performance on some of the case planning performance measures is also in need of significant improvement.

Timeliness of Case Planning-Initial Plans

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
10. Timeliness of Initial Plans: For children entering care, number/percent of case plans developed within 30 days.	a. By June 30, 2009, 50% of case plans for children and families will be complete within 30 days. b. 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.	50% of children entering care had case plans developed within 30 days.	No

Performance as of June 30, 2010:

DCF policy requires a case plan to be developed within 30 days of a child entering placement. In June 2010, 177 (50%) out of a total of 355 case plans due were completed within 30 days. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure.

As shown in the table below, between January and June 2010, the timely development of case plans ranged from 46-56 percent. The June 30, 2010 performance target for this measure was not met. The consistently low performance on this measure is troubling and requires immediate directed practice improvement strategies. As shown in Table 6 below, performance is also low when looking at case plans completed within 31 and 60 days.

Table 6: Case Plan Developed within 30 days of Child Entering Placement (January – June 2010)

	January		February		March		April		May		June	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Case Plans Completed in 30 days	162	46%	145	48%	191	47%	168	53%	187	56%	177	50%
Case Plans Completed in 31-60 days	102	29%	69	23%	100	25%	59	18%	54	16%	70	20%
Case Plans Not Completed after 60 days	87	25%	91	30%	117	29%	93	29%	91	27%	108	30%
Totals	351	100%	305	100%*	408	100%*	320	100%	332	100%*	355	100%

Source: DCF
*Percentage is greater than 100 due to rounding.

Timeliness of Case Planning-Current Plans

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
11. Timeliness of Current Plans: For children entering care, number/percent of case plans shall be reviewed and modified as necessary at least every six months.	By June 30, 2009, 80% of case plans for children and families will be reviewed and modified at least every six months.	By June 30, 2010, 95% of case plans for children and families will be reviewed and modified at least every six months.	69% of case plans were reviewed and modified as necessary at least every six months.	69% of case plans were reviewed and modified as necessary at least every six months.	No

Performance as of June 30, 2010:

DCF policy requires that case plans be reviewed and modified at least every six months. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure. From January through June 2010, between 69 and 76 percent of case plans each were modified within a six month timeframe. In June 2010, 69 percent of case plans had been modified as necessary within six months. DCF did not meet the final target of 95 percent of cases with timely modified plans.

Table 7: Case Plans Updated Every 6 Months (January – June 2010)

	January		February		March		April		May		June	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Case Plans Completed within six months	962	72%	941	72%	957	76%	900	73%	822	76%	756	69%
Outstanding	381	28%	371	28%	295	24%	337	27%	266	24%	341	31%
Totals	1,343	100%	1,312	100%	1,252	100%	1,237	100%	1,088	100%	1,097	100%

Source: DCF
*Percentage is greater than 100 due to rounding.

C. Performance Benchmarks Related to Safety and Risk Assessments

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

Safety and Risk Assessments

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
8. Safety and Risk Assessment: Number/percent of closed cases where a safety and risk of harm assessment is done prior to case closure.	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.	23% of cases had risk assessments or re-assessments completed within 30 days prior to case closure and 17% of cases had safety assessment completed within 30 days prior to case closure.	31% of cases had risk assessments or re-assessments completed within 30 days prior to case closure and 24% of cases had safety assessment completed within 30 days prior to case closure.	No

Performance as of June 30, 2010:

In June 2010, 24 percent of cases had a safety assessment and 31 percent of cases had a risk assessment or re-assessment completed within 30 days prior to case closure.[84] In June 2010, there were 5,196 cases closed. Of these 5,196 cases, 1,233 (24%) cases had a safety assessment prior to case closure, 1,379 (27%) cases had a risk assessment within 30 days prior to closure and 182 (4%) cases had a risk re-assessment within 30 days prior to closure. This performance does not meet the December 31, 2009 interim performance benchmark.

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

It is not clear to the Monitor why performance on completion of these critical assessments is so low. The Monitor is hopeful that a more precise measurement will show improved performance. DCF has established workgroup to analyze this issue. The DYFS Director also intends to send out a clarifying directive to the field highlighting the importance of these tools with regard to decision-making.

D. Performance Benchmarks Related to Visits

The visits of children with their caseworkers, with their parents and with their siblings are 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.[85]

According to DYFS policy, caseworkers are to visit with children in foster care twice per month (at least one of these visits must be in the child's placement) during the first two months of a placement, and thereafter at least once per month. The caseworker must also visit the parent or guardian when the goal is reunification at least twice per month, and once per month if the goal differs from reunification. Children are to be afforded weekly visits with their parents unless inappropriate, and at least monthly visits with their siblings.[86]

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

[85] In June 2010, the Office of the Child Advocate (OCA) released a report, *Protecting and Healing Vulnerable Connections: Improving the Quality of Family Visits for children in Foster Care*. This report provides guidance from birth parents, resource parents, DYFS staff, attorneys and volunteers as to how DCF can improve the quality of visitation. Recommendations include creation of clearly delineated visitation plans, better assessment of children and parents as it relates to visitation and supportive services to address visitation needs, including the provision of therapeutic visitation services.

[86] The New Jersey Supreme Court has affirmed the importance of parent-child and sibling visitation through two recent rulings. *See*, N.J. Div. of Youth & Family Servs. v. C.M., 202 N.J. 145 (2010) (holding that DYFS's inadequate visitation plans…standing alone, should have caused the rejection of any application asking for termination of…parental rights) and In Re D.C.__ N.J. __(2010); 2010 WL 3769130 (holding that siblings can petition for visitation with their brothers and sisters who have been adopted by non-relatives).

Caseworker Visits With Children in State Custody

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
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.	By December 31, 2009, 75% of children will have two visits per month during the first two months of an initial placement or subsequent placement.	By December 31, 2010, during the first two months of an initial placement or subsequent placement, 95% of children had at least two visits per month.	18% of children had two visits per month, one of which was in the placement, during the first two months of an initial or subsequent placement.	43% of children had two visits per month, one of which was in the placement, during the first two months of an initial or subsequent placement.	No/Improved

Performance as of June 30, 2010:

This measure requires an analysis of the pattern of caseworker visits with children who are in a new initial or subsequent placement and remain in that placement for at least one month. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure.[87] In June 2010, there were 543 children who were in an initial or subsequent placement and remained in the placement for two full months. Of the 543 children, 232 (43%) had documented visits by their caseworkers twice per month with at least one visit occurring in the placement setting.

Between January and June 2010, between 21 and 43 percent of children had documented visits by their caseworkers twice per month during the first two months of an initial or subsequent placement. While DCF performance on caseworker visits has substantially improved, DCF did not meet the December 31, 2009 interim performance benchmark for this measure. It is not clear the extent to which data entry is deflating actual performance. However, given the importance of visitation during the first few months to assess children and families' needs and to ensure children's stability in these placements, the Monitor continues to be very concerned by the low performance on this measure.

[87] It is important to note that the baselines for these measures were set based on the Monitor's independent case record review of children entering custody between July 1 and December 31, 2008 and remaining in custody for at least 60 days. The performance data as of June 30, 2010 reported below is data from NJ SPIRIT and analyzed by Safe Measures.

Caseworker Visits With Children in State Custody

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
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.	By June 30, 2009, 85% of children had at least one visit per month.	By June 30, 2010, 98% of children shall have at least one caseworker visit per month during all other parts of a child's time in out-of-home care.	89% of children had at least one caseworker visit per month in his/her placement.	88% of children had at least one caseworker visit per month in his/her placement.	No

Performance as of June 30, 2010:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the number of children in out-of-home placement who have at least one caseworker visit per month. In June 2010, there were 7,118 children in out-of-home placement who were not in the first two months of an initial or subsequent placement. Of the 7,118 children, 6,289 (88%) were visited by their caseworker at least one time per month in their placement. Between January and June 2010, performance on this measure ranged from 83-91 percent. This performance does not meet the June 30, 2010 final target.

Caseworker Visits with Parents/Family Members

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
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.	By December 31, 2009, 60% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	By December 31, 2010, 95% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	24% of parents or other legally responsible family members of children in custody with a goal of reunification had at least two face-to-face visits with a caseworker.	37% of parents or other legally responsible family members of children in custody with a goal of reunification had at least two face-to-face visits with a caseworker.	No/Improved

Performance as of June 30, 2010:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the number of parents or other legally responsible family members who are visited two times per month by a caseworker when the family's goal is reunification. In June 2010, there were 2,927 children in custody with a goal of reunification applicable to this measure. Of the 2,927 children, the parents of 1,095 (37%) children were visited twice during the month. Between January and June 2010, performance on this measure ranged from 22-37 percent. This performance does not meet the December 31, 2009 interim performance benchmark of 60 percent. The Monitor remains concerned about this performance.

Caseworker Visits with Parents/Family Members

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
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.	December 31, 2009 Benchmark TBD after review of case record review data.	By December 31, 2010, at least 85% of families shall have at least one face-to-face caseworker contact per month, unless parental rights have been terminated.	29% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month.	42% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month.	Unable to Determine[88]

Performance as of June 30, 2010:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the number of parents or other legally responsible family members who are visited monthly by a caseworker when the family's goal is no longer reunification. In June 2010, there were 2,236 children in custody whose goal was not reunification applicable to this measure. Of these 2,236 children, the parents for 948 (42%) children were visited monthly. Between January and June 2010, performance on this measure ranged from 28-42 percent. The Monitor and Parties are in discussion about this

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

measure, in particular the MSA final target and whether it is an appropriate performance expectation. Until the issue is resolved, the Monitor will provide data on performance, but will not determine whether or not performance is sufficient.

Visitation Between Children in Custody and Their Parents

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
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.	By December 31, 2009, 50% of children will have visits with their parents every other week and 40% of children will have weekly visits.	By December 31, 2010, at least 85% of children in custody shall have in person visits with their parent(s) or other legally responsible family member at least every other week and at least 60% of children in custody shall have such visits at least weekly.	2% of children had weekly visits with their parents. An additional 9% of children had two or three visits during the month.	14% of children had weekly visits with their parents. An additional 18% of children had two or three visits during the month.	No/Improved

Performance as of June 30, 2010:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the number of children who have weekly visitation with their parents when their permanency goal is reunification. In June 2010, there were 2,957 children with a goal of reunification applicable to this measure. Of the 2,957 children, 418 (14%) children had four documented visits with their parents or other legally responsible family member during the month. An additional 521 (18%) children had two or three documented visits during the month. This performance does not meet the December 31, 2009 interim benchmark. Despite improvement on this measure, the Monitor remains concerned about this level of performance as parent-child visitation is a cornerstone to successfully maintaining family connections and assisting in reunification efforts.

In most cases, DCF utilizes contract providers to supervise parent-child visits. In the past, these providers have not been able to document these visits directly into NJ SPIRIT and therefore, DCF was unable to effectively track the occurrence.

For the period between January and June 2010, DCF staff collected basic information on these visits from contract providers and entered it into NJ SPIRIT. Going forward, DCF has developed a mechanism for providers to document their visits directly into NJ SPIRIT. DCF hopes that this solution will result in more accurate data entry on parent-child visitation. For the next monitoring period, the Monitor expects DCF to better understand whether this is a data entry issue or whether the data accurately reflects poor performance.

Visitation Between Children in Custody and Siblings Placed Apart

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
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.	By December 31, 2009, 60% of children will have at least monthly visits with their siblings.	By December 31, 2010, at least 85% of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly.	Data Not Available[89]	Data Not Available[90]	Data Not Available[91]

Performance as of June 30, 2010:

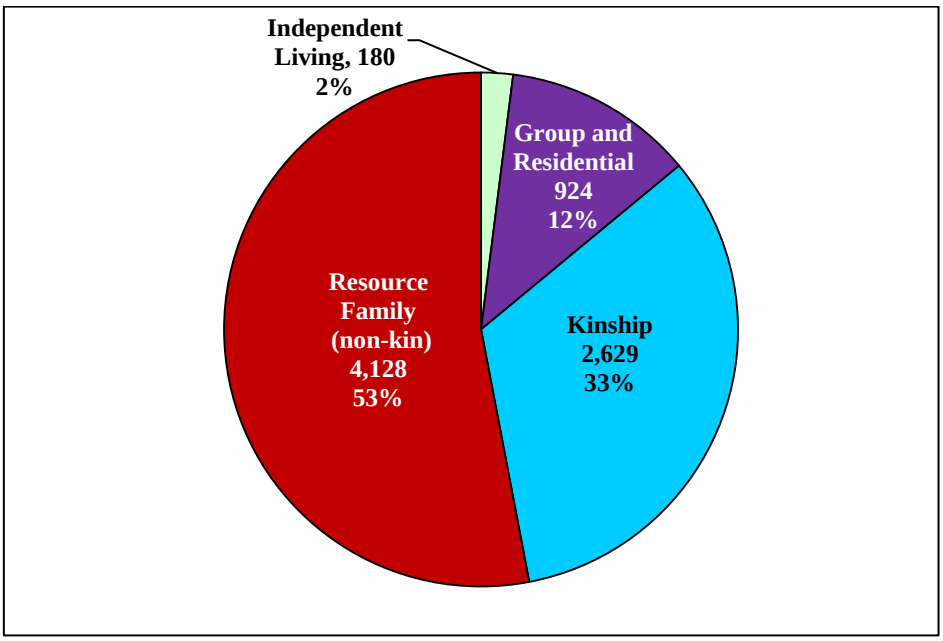
DCF is working hard to create the NJ SPIRIT and Safe Measures logic needed to report on this measure, but is currently unable to do so. Currently, NJ SPIRIT generates information on the number of sibling visits that occur with the number of potential visits as the unit of analysis. In June 2010, based on the number of children in care who were not residing with at least one of their siblings, there were 5,414 potential visits that could have occurred. Of the 5,414 potential visits, 1,714 (32%) visits were documented as occurring. Between January and June 2010, between 24 percent and 32 percent of the potential visits between siblings occurred each month. The Monitor will be working with DCF to determine whether data using the child as the unit of analysis can be made available for the next monitoring report.

[89] The Monitor and DCF are working together to refine the methodology for reporting on this measure from NJ SPIRIT and Safe Measures.
[90] The Monitor and DCF are working together to refine the methodology for reporting on this measure from NJ SPIRIT and Safe Measures.
[91] The data currently provided to the Monitor does not yet measure the intended unit of analysis. The Monitor will work with DCF to create a more precise measurement.

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

As of June 30, 2010, a total of 47,976 children were receiving DYFS services in placement (7,861) or in their own homes (40,115). Figure 3 shows the type of placement for children in DYFS custody as of December June 30, 2010: 86 percent were in family resource homes (either non-relative or kinship), 12 percent in group and residential facilities and two percent in independent living facilities.

Figure 3: Children in DYFS Out-of-Home Placement by Type of Placement
As of June 30, 2010
Total = 7,861



Source: DCF

Table 8 below shows selected demographics for children in out-of-home placement as of June 30, 2010. As seen in Table 8, 43 percent of children in out-of-home care were age five or under, with the largest single group (children two or younger) comprising 26 percent of the out-of-home placement population. Thirty-two percent of the population was age 13 or older, with eight percent age 18 or older.

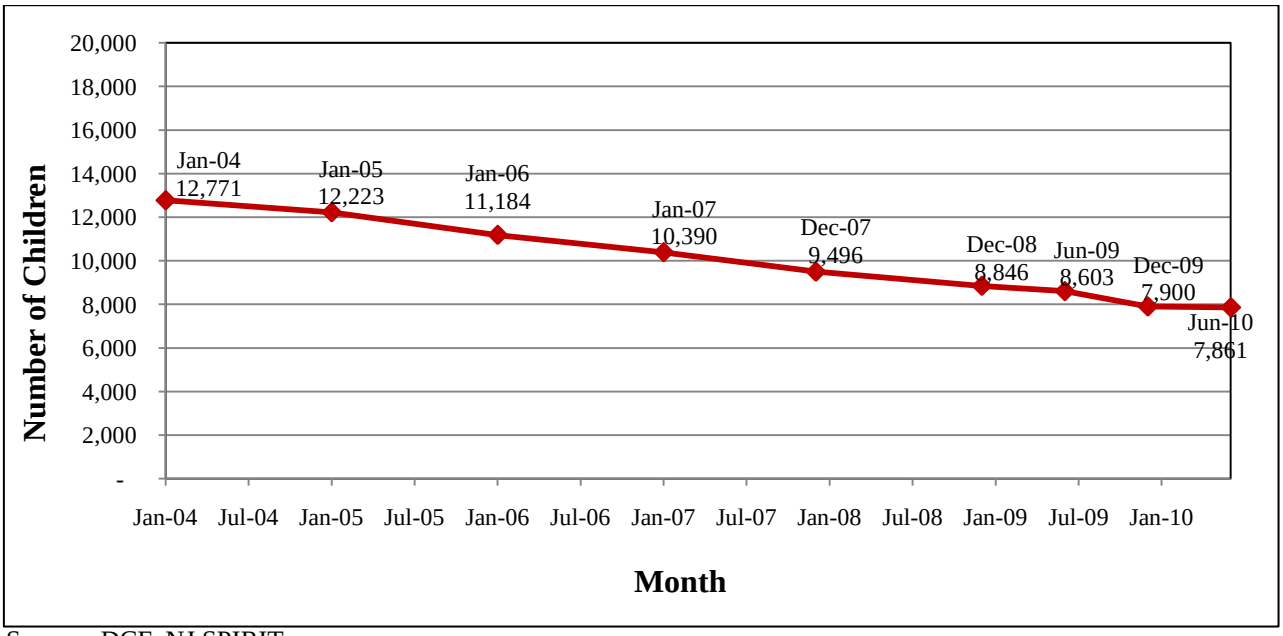
Table 8: Selected Demographics for Children in Out-of-Home Placement As of June 2010 (n=7,861 children, point in time data)

Gender	Percent
Female	48%
Male	52%
Total	**100%**
Age	**Percent**
2 years or less	26%
3-5 years	17%
6-9 years	14%
10-12 years	10%
13-15 years	12%
16-17 years	12%
18+ years	8%
Total	**100%**
Race	**Percent**
Black or African American	50%
American Indian or Alaska Native	<1%
Asian	<1%
Native Hawaiian or Other Pacific Islander	<1%
White	33%
Multiple Races	3%
Undetermined	14%
Total	**100%**

Source: DCF, NJ SPIRIT

The number of children in out-of-home placement has continued to significantly decline (See Figure 4). As of June 30, 2010, there were 7,861 children in out-of-home placement.

Figure 4: Children in Out-of-Home Placement
(January 2004 – June 2010)

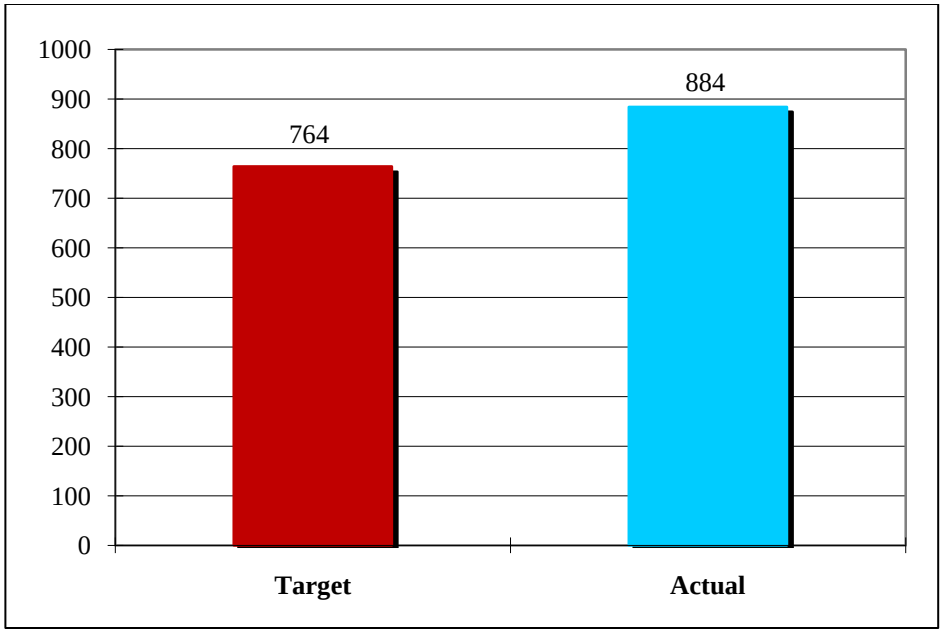


Source: DCF, NJ SPIRIT

A. Recruitment and Licensure of Resource Family Homes

DCF recruited and licensed 884 new kin and non-kin Resource Family from January through June, 2010, exceeding its six month target by 120 homes.

Figure 5: Number of Newly Licensed Resource Family Homes (January – June 2010) Total = 884

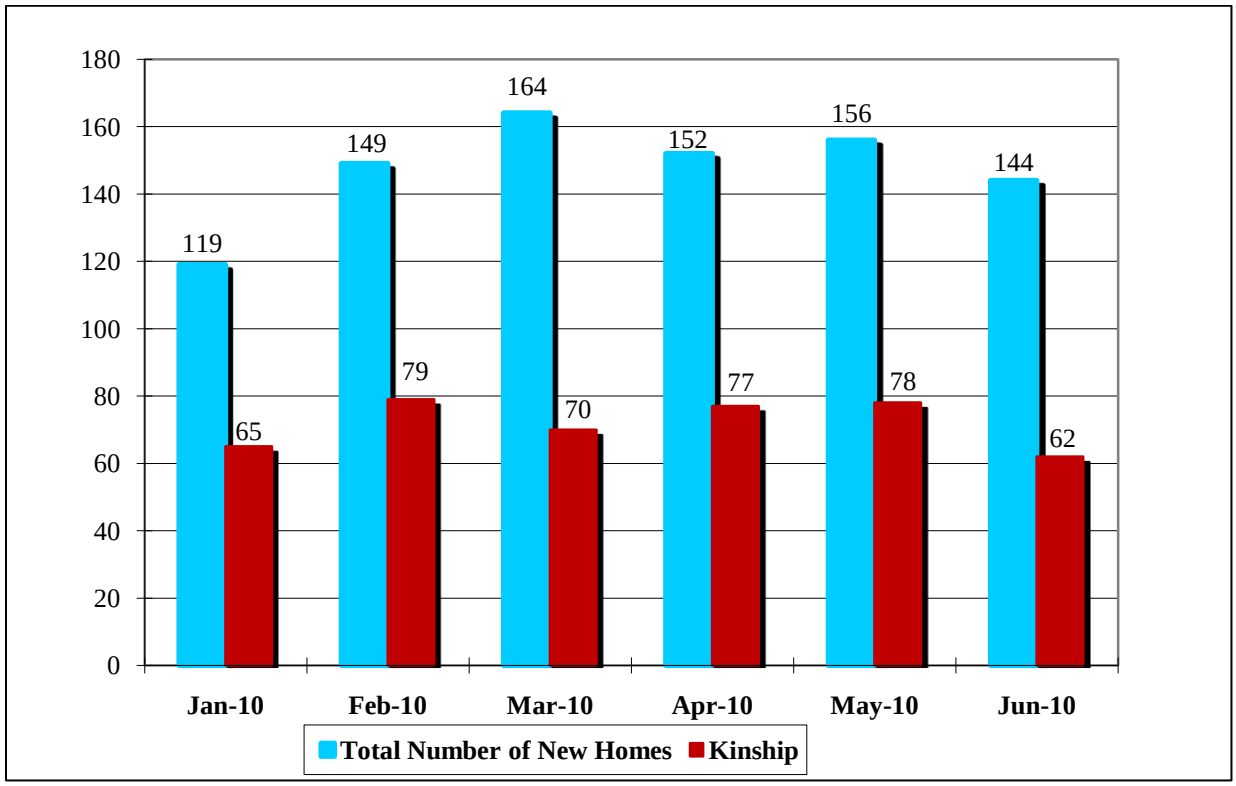


Source: DCF

DCF reports that 431 (49%) of 884 newly licensed Resource Family homes during this monitoring period were kinship homes, a figure that is consistent with the previous monitoring period and shows improvement from 2007 when 28 percent of the State's Resource Families were kinship caregivers. The deliberate effort to recruit and license relatives is responsible for these gains and reflects fidelity to the Case Practice Model preference that children should remain with family members whenever possible. Figure 6 below reflects the total number of newly licensed Resource (kinship and non-kinship) Family homes by month from January to June 2010.[92]

[92] The Monitor reviewed a random sample of 20 percent of resource family licensing files from January to June 2010 and verified reported data.

Figure 6: Newly Licensed Resource Family Homes
(Kinship and Non-Kinship)
January – June 2010
Total Licensed = 884
Total Kinship = 431



Source: DCF, NJ SPIRIT

For the first time since the MSA was signed, this monitoring period saw a net loss of resource family homes as reflected in Table 9 below. It is important to note, however, that DCF continues to maintain a licensed capacity that is more than double the number of children in out-of-home placement.

Table 9: Resource Family Homes Licensed and Closed (January – June 2010)

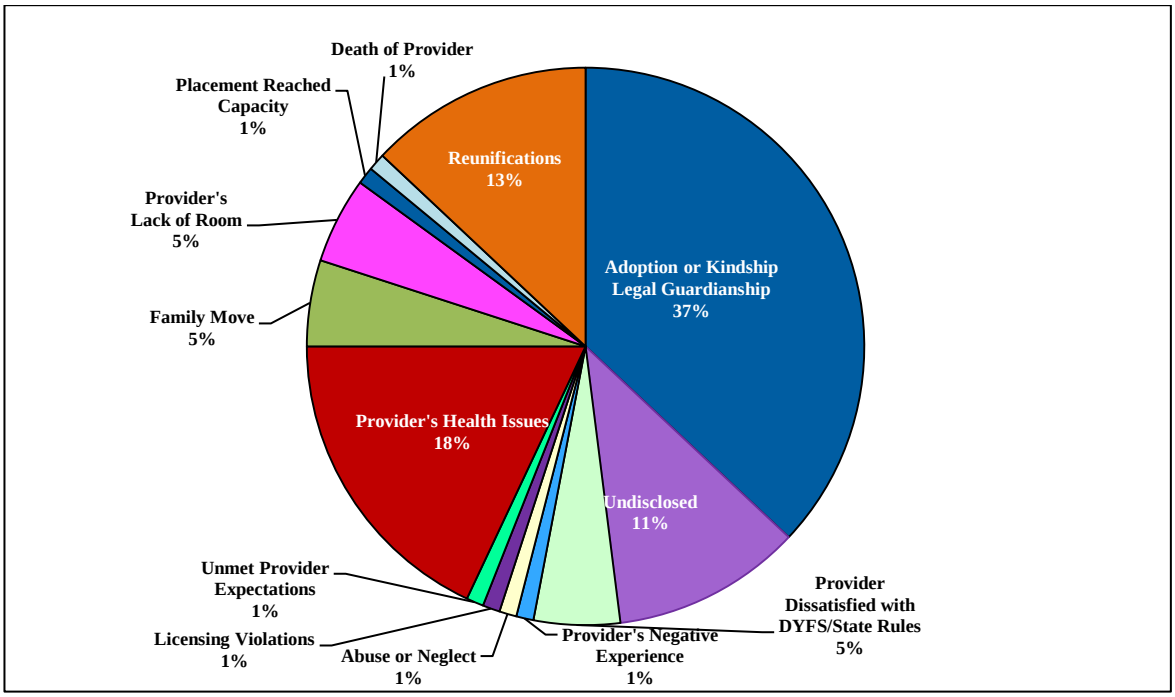
2010 Monthly Statistics	Non-Kin Resource Homes Licensed	Kin Resource Homes Licensed	Total Resource Homes Licensed	Total Resource Homes Closed	Resource Homes Net Gain
January	54	65	119	85	34
February	70	79	149	136	13
March	94	70	164	226	-62
April	75	77	152	163	-11
May	78	78	156	214	-58
June	82	62	144	93	51
January – June Totals	**453**	**431**	**884**	**917**	**-33**

Source: DCF

Between January and June 2010, there was a net loss of 33 Resource Family homes, or 0.5 percent of its 6400 licensed homes. DCF considers this relatively small net loss to be a natural consequence of the success of improved casework practice in the form of higher permanency rates and more efficient closure of Resource Family homes due to reunification, kinship legal guardianship placements and adoption. DCF reports that the efficiencies in the Resource Family placement process it has created over the past several years, such as licensing staff inspecting homes earlier during the investigation phase so that children are placed in homes that better meet the child and family's needs, has led to more timely permanency, often through reunification. According to DCF, its large pool of licensed Resource Family homes provides an opportunity to make better and more individualized placement decisions. Better placement decisions often result in placement with relatives: of the 917 Resource Family homes that closed in this monitoring period, 40 percent were kinship homes. DCF reports that the rate of case closure of kinship homes is higher than with non-kinship homes because once permanency is achieved for a child or sibling group, relatives are more likely to request that their homes be closed.

DCF's data on reasons for Resource Family home case closures as reflected in Figure 7 below indicate that 50 percent of all closings in this period were for positive reasons, either to adoption or kinship legal guardianship (37%) and reunification of the placed child(ren) (13%). Another 30 percent of Resource Family homes were closed due to the personal circumstances of the Resource Family home provider, such as health issues (18%), a family move (5%), lack of room (5%), placement reached capacity (1%), and provider's death (1%).

Figure 7: Reasons for Resource Home Closures (January – June 2010)



Source: DCF

Five percent of the Resource Family home closings were due to providers being dissatisfied with DYFS, its contract agencies or licensing regulations. An additional four percent of homes were closed for other reasons: providers having negative experiences with the placement (1%), abuse or neglect (1%), licensing violations (1%), or unmet provider expectations (1%). Resource Family home providers did not disclose their reasons for closing their homes in the remaining 11 percent of cases.

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

As previously reported, the State regularly conducts a geographic analysis assessing capacity of Resource Family homes by county in order to set county-based annualized targets for recruitment. (MSA Section II.H.13). These targets are based on:

- the total number of children in placement;
- the total number of licensed Resource Family homes state-wide;
- sibling groups;
- the average number of closed homes; and
- geographical location of Resource Family homes and the county or origin of children who need placement.

DCF's goal was to license 764 Resource Family homes between January and June 2010. As Table 10 below indicates, while the State liscensed 117 more Resource Family homes during the monitoring period than their target, seven counties (Atlantic, Camden, Cape May, Cumberland, Essex, Ocean and Salem) did not meet their targets regarding the number of Resource Family homes licensed.

DCF reports that it has individualized plans for these seven counties to assist in reaching their annualized targets by the end of the next monitoring period. There was a sizeable net loss in Essex and Camden counties; as discussed below, the Monitor urges DCF to use those plans to address critical Resource Family Unit staff vacancies in Essex and Camden.

Table 10: Resource Family Newly Licensed Homes Targets (January – June 2010)

County	Target	Licensed	Performance Against Target
Atlantic	31	23	-8
Bergen	33	51	+18
Burlington	40	51	+11
Camden	81	65	-16
Cape May	19	10	-9
Cumberland	26	20	-6
Essex	150	128	-22
Gloucester	23	23	0
Hudson	40	70	+30
Mercer	22	36	+14
Middlesex	36	69	+33
Monmouth	37	54	+17
Morris	21	36	+15
Ocean	46	44	-2
Passaic	32	46	+14
Salem	18	13	-5
Sussex	14	21	+7
Union	44	61	+17
H/S/W *	51	60	+9
Totals	**764**	**881****	**+117**

Source: DCF
*Hunterdon, Somerset and Warren Counties are considered collectively as they have one unit that services all three counties.
**Three out of state adoptions not included.

Large Capacity Homes

DCF identified recruiting and licensing homes with capacity to accommodate large sibling groups as a priority in the needs assessment it conducted in 2007. As previously reported, the State developed a specialized recruitment strategy to focus attention on identifying, recruiting and licensing these homes, termed "Siblings in Best Settings" or SIBS. DCF ended this monitoring period with a total of 26 SIBS families, down from 35 at the end of calendar year 2009. While four new SIBS homes were licensed between January and June 2010, the decline in number of SIBS homes is the result of a number of large capacity Resource Family homes closing, the majority for positive reasons. Nine families left the SIBS program due to the successful reunification of three sibling groups and the adoption of six other large sibling groups. An additional home closed when a sibling group of five reached adulthood. Two more homes closed, one due to the death of the relative caregiver, and the second when the Resource parent transitioned into becoming a treatment home provider. Finally, another home was no longer designated as a large capacity home when one of the five siblings was placed with her father and another sibling needed to be moved to a home with more intensive individualized treatment; this Resource Family has indicated a willingness to take these two siblings back if the need arises.

DCF continues to use creative recruitment and retention strategies that have led to success in licensing quality Resource Family homes in New Jersey.

With technical assistance provided by national experts from Adopt-US-Kids National Resource Center, local and area office Resource Family staff worked with the Office of Resource Family central office staff to develop local recruitment plans for CY 2010 based on geographic and sub-population needs of each catchment area. The State implemented strategies intended to satisfy the identified needs and objectives of each local catchment area. For example, 11 counties identified the need for Resource Families who are able to care for children with acute medical needs. In many of those counties, including Salem, Burlington and Hudson, recruitment efforts were targeted specifically to physicians and nurses.

To encourage sharing of information across DYFS local offices, the Office of Resource Families developed an on-line chat room through the State's Child Welfare Training Academy's website. Recruiters and local office staff regularly use the chat room to request information and recruitment materials, and collaborate on difficult issues presented by Resource Family recruitment teams.

DCF has gained ground in its effort to become the first state-wide child welfare system to earn a seal of recognition from All Children-All Families, a Human Rights Campaign Family Project initiative. This initiative attempts to expand the pool of qualified resource families by educating the lesbian, gay, bi-sexual and transgender community about becoming foster and/or adoptive parents. During this monitoring period DCF earned eight of the ten benchmarks required to be awarded the seal of recognition that will be used as an educational and marketing tool for recruitment of Resource Families. One such benchmark involved updating the DCF website so that its language is more inclusive. DCF also revised its recruitment material to expressly include LGBT families.

Resource Family staff routinely run background checks on potential foster and/or adoptive parents. The State reports that in May 2010, it upgraded its search mechanisms so that staff can more easily access state, municipal and domestic violence information. Staff from all DYFS local offices were trained on the new system, and DCF reports that it has already made the process of background checks more accurate and efficient.

DCF reports that its Automated Resource Family Tracking System used to match children in need of out-of-home placement with families has also been enhanced to more effectively search resource homes available for placement. Staff will be trained on a quarterly basis on the new functionality.

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

Every resource parent is required to complete in-service training to maintain a Resource Family license. There are four types of training FAFS offers to resource parents: on-line training, home correspondence courses, on-site speakers at monthly volunteer meetings, and county-based workshops. In partnership with FAFS, DCF developed eleven new course topics in this monitoring period: car safety, gangs, sexualized behavior with adolescents, internet safety, childhood obesity, mentoring teens, being a leader/mentor among resource parents, DCF's health care programs, and three child development courses.

There has been steady improvement in processing Resource Family applications within 150 days.

DCF has continued its progress to close the gap on resolving resource family applications for licenses within 150 days (MSA Section II.H.4). As shown in Table 11 below, for applications received from August to December 2009, 69 percent were resolved in 150 days, up from 67 percent reported in the previous monitoring period. Seventy-seven percent of applications were resolved within 180 days.

Table 11: Total Number of Resource Family Home Applications Resolved Between (August – December 2009)

Month Applied	Total Applications	Applications Resolved in 150 Days		Applications Resolved in 180 Days	
	Number	Number	Percent	Number	Percent
August	265	176	66%	195	74%
September	234	150	64%	173	74%
October	263	195	74%	213	81%
November	203	147	72%	160	79%
December	214	145	68%	165	77%
Total	**1179**	**813**	**69%**	**906**	**77%**

Source: DCF

DCF continues to deploy its Resource Family Impact Teams (Impact Teams) via monthly meetings with local Resource Family units to strategize, prioritize and troubleshoot challenges in meeting the 150 day timeframe. Area Resource Family Specialists are a critical component to the Impact Teams, linking DCF central office staff and the counties, as well as providing knowledge for training, staffing and contracting needs that relate to resource families. They are responsible for tracking progress, resolving barriers to resolution of licensing applications, and working to achieve monthly Resource Family home targets. The previous monitoring report noted that the position of Area Resource Family Specialist in Essex and Camden counties had been vacant for over six months. These critical positions have not yet been filled. Given that these are two counties that did not meet their net goals for licensing and recruiting Resource Family homes this period and that both are areas of dense population with a significant number of DYFS local offices, the Monitor urges DCF to fill these vacancies in order to best facilitate Resource Family home recruitment, retention and operations in these two counties.

The Impact Teams continue to identify training needs for Resource Family and Licensing staff and the Division conducted additional training this period for its Resource Family units. Between January and June 2010, family facilitators (the staff responsible for matching children in need of placement with available Resource Family homes) were trained throughout the state. The course curriculum for the facilitators' training includes: time management, making the match, facilitator values, negotiation skills, building unit relationships, customer service and NJ SPIRIT functions. Ten new Office of Licensing (OOL) staff received training involving a simulation in which they were observed as they conducted mock home inspections with staff posing as household members. OOL intends to provide all inspectors and supervisors with this new interactive and dynamic training.

DCF tracked ten Resource Family applications from Burlington and Bergen counties from March 2010 to determine barriers to resolution within 150 days. No common themes emerged regarding barriers, but DCF concluded that the unique life circumstances of the applicants often determine whether or not an application is resolved within the timeframe. Each of the five Burlington

applicants tracked by DCF withdrew their applications during the home study process. The reasons for withdrawal included failure to attend Resource Family PRIDE training, a history of criminal activity, inappropriate housing (a grandmother residing in an adult community), and financial stability concerns. Of the five Bergen applications, three were licensed within 150 days. One of three was resolved without problem, the other two encountered barriers, but they were not significant enough to prevent resolution within 150 days. The remaining two applications reflected common barriers such as obtaining a timely criminal background check,[93] a neighbor declining to be a personal reference, and travel out-of-state. The Monitor will independently follow another set of applications during the 150 day licensing process and report in the next monitoring report on any findings related to successes and barriers to the 150 day timeframe.

The State approved new policies for establishing Special Home Service Provider (SHSP) Resource Family board rates.

In May 2009, DCF established a workgroup to review its SHSP Resource Family board rate to ensure the continued availability of SHSP families as resources for children with special needs and to make appropriate rate adjustments (MSA Section II.H.17). During this monitoring period the State approved and implemented the new policies regarding SHSP Resource Family board rates. The new SHSP policy is aimed at better preparing all resource parents to care for the health care needs of the children in their homes. The primary feature of the new policy is that rate assessments will now be completed every three months for all children— including those with acute medical needs—in consultation with workers, nurses and the resource parent. The new rate assessments will be conducted using a Resource Family Care Rate Assessment tool that takes into account the child's age, acuity needs and level of care required.

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

The following measures relate to children's placement in out-of-home care. Several of the placement outcome measures are not assessed in this report as indicated in the text and charts that follow.

[93] This application was resolved prior to the institution of the new system for background checks described in this chapter on recruitment and strategies.

Appropriateness of Placement

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
23. Combined assessment of appropriateness of placement based on: a. Placement within appropriate proximity of their parents' residence unless such placement is to otherwise help the child achieve the planning goal. b. Capacity of caregiver/ placement to meet child's needs. c. Placement selection has taken into account the location of the child's school.	To be determined through pilot QR in immersion sites in the first quarter of 2010.	By June 30, 2010, 90% of cases score appropriately as measured by QR Modules.	To be assessed in the future.[94]	To be assessed in the future.[95]	Not assessed in this report.

Performance as of June 30, 2010:

Data on the appropriateness of a child's placement are not currently available. This will be measured using the QR process, the development of which has taken longer than expected. As discussed in this report under Assessing Quality of Practice on page 161, the tools for this review are currently being piloted and refined.

[94] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.
[95] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

Placing Children with Families

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
24. Placing Children with Families: The percentage of children currently in custody who are 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.	86% of children were placed in a family setting.	Yes

Performance as of June 30, 2010:

DCF uses NJ SPIRIT to report on children's placements. As of June 30, 2010, there were 7,861 children in a DYFS out-of-home placement, 6,757 (86%) of whom were placed in resource family (non-kin) or kinship placements. The remaining 1,104 children were placed in independent living placements (180) or group and residential facilities (924). The Monitor considers DCF to have met the performance target for this outcome.

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

These data are the same data presented in the previous monitoring report. DCF and Chapin Hall analyze data for this measure based on a calendar year; therefore calendar year 2010 data will not be available until early 2011.

Placing Siblings Together

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
25. Placing Siblings Together: Of sibling groups of two or three siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	a. For siblings entering custody in the period beginning July 2009, at least 65% will be placed together. b. For siblings entering custody in the period beginning July 2010, at least 70% will be placed together. c. For siblings entering custody in the period beginning July 2011, at least 75% will be placed together.	For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.	In CY2009, 74% of sibling groups of two or three were placed together.	CY2010 data not yet available.	Yes, based on CY2009 data. CY2010 data not yet available.

Performance as of June 30, 2010:

Data on performance for calendar year 2010 will not be available until early 2011.[96]

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

[96] DCF and Chapin Hall analyze data for this measure based on a calendar year; therefore calendar year 2010 data will not be available until early 2011.

Placing Siblings Together

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
26. Placing Siblings Together: Of sibling groups of four or more siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	a. For siblings entering custody in the period beginning July 2009, at least 30% will be placed together. b. For siblings entering in the period beginning July 2010, at least 35% will be placed together.	For siblings entering in the period beginning July 2011 and thereafter at least 40% will be placed together.	In CY2009, 31% of sibling groups of four or more were placed together.	CY2010 data not yet available.	Yes, based on CY2009 data. CY2010 data not yet available.

Performance as of June 30, 2010:

Data on performance for calendar year 2010 will not be available until early 2011.[97]

In calendar year 2009, there were 754 sibling groups that came into custody at the same time or within 30 days of one another. Of these 754 sibling groups, 95 sibling groups had four or more children in them; 29 (31%) of these sibling groups were placed together. This performance meets the 2009 interim performance benchmark.

[97] These data are the same as the data presented in the previous monitoring report. DCF and Chapin Hall analyze data for this measure based on a calendar year; therefore calendar year 2010 data will not be available until early 2011.

Stability of Placement

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
27. Stability of Placement: Of the number of children entering care in a period, the percentage with two or fewer placements during the 12 months beginning with the date of entry.	By December 31, 2008, at least 86% of children entering care will have two or fewer placements during the 12 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 12 months from their date of entry.	In CY2008, 85% of children entering care had two or fewer placements during the 12 months beginning with their date of entry.	CY2009 data not yet available.	Yes, based on CY2008 data. CY2009 data not yet available.

Performance as of June 30, 2010:

Data on performance for calendar year 2009 will not be available until early 2011.[98]

Data on calendar year 2009 performance is not yet available as performance is measured on the stability of placement for the first 12 months of children who entered care anytime in 2009. The most recent performance data assesses the 4,257 children who entered care in calendar year 2008 and aggregates the number of placements each child experienced. In calendar year 2008, 85 percent of these children (3,632 children) had two or fewer placements during the 12 months from their date of entry. This performance met the December 31, 2008 interim performance benchmark.

[98] These data are the same as the data presented in the previous monitoring report. DCF and Chapin Hall analyze data for this measure based on a calendar year; therefore calendar year 2010 data will not be available until early 2011.

Placement Limitations

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
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.	Not Applicable[99]	By June 2009, no more than 5% of resource home placements may have seven or eight total children including the resource family's own children.	Less than one percent of resource home placements are over-capacity.	Less than one percent of resource home placements are over-capacity.	Yes

Performance as of December 31, 2009:

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

The Monitor reviewed the four waivers to population limits awarded to Resource Family homes between January 1 and June 30, 2010. All waivers were appropriate. One waiver was awarded to a family with more than one child under two years old because one of the toddlers was very close to turning three years old. Another waiver was awarded to a home that would have over four foster children in the home and six children in total because one of the six children is a college student and returns home only on weekends. Two additional waivers were awarded to keep sibling groups together.

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

Limiting Inappropriate Placements

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
29. Inappropriate Placements: a. The number of children under age 13 placed in shelters. b. The number of children over age 13 placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 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.	a. By December 2008 and thereafter, no children under age 13 in shelters. 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.	a. By December 2008 and thereafter, no children under age 13 in shelters. b. By December 31, 2009, 90% of children placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 1) an alternative to detention; 2) short-term placement of an adolescent in crisis not to extend beyond 30 days; or 3) a basic center for homeless youth.	a. Between July and December 2009, 1 child under age 13 was placed in a shelter. b. Between July and December 2009, 90% of children placed in shelters were in compliance with MSA standards.	a. Between January and June 2010, no child under age 13 was placed in a shelter. b. Between January and June 2010, 92% of children placed in shelters were in compliance with MSA standards.	Yes

Performance as of June 30, 2010:

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

From January 1 to June 30, 2010, no child (0) out of 7,101 children in out-of-home placement under the age of 13 were placed in a shelter. This is the first reporting period when no child under the age of 13 has been placed in a shelter. In the previous two monitoring periods, DCF had placed one or two children under the age of 13 in a shelter, demonstrating that DCF has consistently ended the use of shelters for this population of children. This is a substantial and important accomplishment.

From January 1 to June 30, 2010, 350 youth age 13 or older were placed in a shelter. Of the 350 youth, 322 (92%) youth were placed in accordance with criteria on appropriate use of shelters.

Previously, the Monitor reviewed appropriateness of shelter placements through an independent case review and concluded based on the documentation that there was confusion in the field about the appropriate use of shelter placements for youth aged 13 or older. DCF subsequently drafted new instructions to the field regarding the MSA standards for shelter placement, which the Monitor believed necessary. These instructions were distributed to the field in spring 2010.

This period, the Monitor again independently verified the DCF data on appropriate use of shelters for this population of youth by reviewing case level documentation in NJ SPIRIT. The Monitor randomly reviewed 19 cases, representing five percent of the youth who had been placed in shelter between January and June 2010. Of the cases reviewed, 16 had been determined by DCF to be an appropriate use of shelters, and three an inappropriate use of shelters. The Monitor agreed with DCF's determination in all but one case. In that case, the youth was listed as being in a shelter for nine days, but Monitor's review found that the youth had been in shelter care for over two months. The Monitor confirmed with DCF that in fact the case did not meet the standard.

Despite this difference, the current review found a vast improvement in DCF practice on the use of shelters. In many instances, workers met with their supervisors to determine how to move youth into more appropriate placements as quickly as possible. Oftentimes, youth were placed in shelter and remained there for nearly 30 days or more because the workers were coordinating with DCBHS to find appropriate placements to meet the youth's mental health needs. Of the youth reviewed, nine were awaiting openings in specialized residential treatment facilities.

Table 12: Shelter Placements for Youth over the Age of 13 (January 2008 – June 2010)

	January – June 2008	July – December 2008	January – June 2009	July – December 2009	January – June 2010
Number of youth over 13 placed in shelters	451	421	465	393	350
Number of youth appropriately placed	358 (79%)	375 (89%)	423 (91%)	352 (90%)	322 (92%)
Number of youth inappropriately placed	93 (21%)	46 (11%)	42 (9%)	41 (10%)	28 (8%)

Source: DCF

VII. REPEAT MALTREATMENT AND RE-ENTRY INTO CARE

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

The State's performance on the following outcomes is not newly assessed in this report as the performance benchmarks are measured at the end of the calendar year. The State's 2010 performance will be assessed in the next monitoring report.

Abuse and Neglect of Children in Foster Care

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
30. 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 12 month period, divided by the total number of children who have been in care at any point during the period.	For the period beginning July 2009, no more than 0.53% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	For the period beginning July 2010 and thereafter, no more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	In CY2009, 0.14% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member.	CY2010 data not yet available.	Yes, based on CY2009 data. CY2010 data not yet available.[100]

Performance as of June 30, 2010:

Data on performance for calendar year 2010 will not be available until early 2011.

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

[100] This is based on CY2009 data.

Data on maltreatment in out-of-home care come from DCF's work with Chapin Hall. The most recent data analyzed by Chapin Hall is from calendar year 2009.[101] Chapin Hall found that 19 children were the victims of substantiated abuse or neglect by a resource parent or facility staff member. Of the 13,355 children who were in care at any point in calendar year 2009, this equates to 0.14 percent of children were the victims of abuse or neglect in an out-of-home placement.

Repeat Maltreatment

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

Repeat Maltreatment

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
31. Repeat Maltreatment: Of all children who remain in home after substantiation of abuse or neglect, the percentage who have another substantiation within the next 12 months.	Not Applicable[102]	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 12 months.	For children who were the victims of a substantiated allegation of child maltreatment in CY2008 and remained at home, 3.5% had another substantiation within the next 12 months.[103]	CY2009 data not yet available.	Yes, based on CY2008 data. CY2009 data not yet available.[104]

Performance as of June 30, 2010:

Data on performance for calendar year 2009 will not be available until early 2011.[105]

[101] These data are the same as the data presented in the previous monitoring report. DCF and Chapin Hall analyze data for this measure based on a calendar year; therefore calendar year 2010 data will not be available until early 2011.
[102] For places where baseline data were unavailable prior to due date of final target, benchmarks have been removed.
[103] DCF uses entry cohort data to measure this measure; therefore the data lags behind the current year.
[104] This is based on CY2008 data.
[105] These data are the same as the data presented in the previous monitoring report. DCF and Chapin Hall analyze data for this measure based on a calendar year; therefore calendar year 2009 data will not be available until early 2011.

Of those children who were victims of a substantiated allegation of abuse or neglect and who did not enter out-of-home care in calendar year 2008, 3.5 percent had another substantiation within the next 12 months.

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

Repeat Maltreatment

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
32. 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.	Not Applicable[106]	For the period beginning July 2009 and thereafter, no more than 4.8% of children who reunified will be the victims of substantiated abuse or neglect within one year after reunification.	For children who entered CY2008, 7% of children who reunified were the victims of substantiated abuse or neglect within one year after the reunification.[107]	CY2009 data not yet available.	CY2009 data not yet available.

Performance as of June 30, 2010:

Data on performance for calendar year 2009 will not be available until early 2011.

In calendar year 2008, seven percent of children who were reunified were victims of substantiated abuse or neglect within one year after the date of reunification. [108]

[106] For places where baseline data were unavailable prior to due date of final target, benchmarks have been removed.
[107] DCF uses entry cohort data to measure this measure; therefore the data lags behind the current year.
[108] These data are the same as the data presented in the previous monitoring report. DCF and Chapin Hall analyze data for this measure based on a calendar year; therefore calendar year 2009 data will not be available until early 2011.

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

Re-entry to Placement

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
33. Re-entry to Placement: Of all children who leave custody during a period, except those whose reason for discharge is that they ran away from their placement, the percentage that re-enter custody within one year of the date of exit.	a. 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. b. For the period beginning July 2010, of all children who exit, no more than 11.5% will re-enter custody within one year of the date of exit.	For the period beginning July 2011 and thereafter, of all children who exit, no more than 9% will re-enter custody within one year of exit.	15% of children who exited in CY2008 re-entered custody within one year of the date of exit.[109]	CY2009 data is not yet available.	CY2009 data not yet available.

Performance as of June 30, 2010:

Data on performance for calendar year 2009 will not be available until early 2011.

DCF uses Chapin Hall data to report on re-entry into placement. The most recent data analyzed by Chapin Hall are from calendar year 2008. In calendar year 2008, there were 6,220 children who exited foster care. Of the 6,220 children who exited, 4,207 children exited to qualifying exits (i.e., reunification, guardianship or to a relative placement). [110] Of the 4,207 children who exited to qualifying exits, 613 (15%) children re-entered placement as of June 30, 2009.[111]

[109] DCF uses entry cohort data to measure this measure, therefore the data lags behind the current year.
[110] DCF has objected to the Monitor's definition of "qualifying exits" used to analyze this measure. The agency believes that due to the language of the MSA, the definition of qualifying exits should only exclude children who run away from placement. The Monitor uses a definition of qualifying exits which excludes from the calculations runaways as well as children who are adopted.
[111] These data are the same as the data presented in the previous monitoring report. DCF and Chapin Hall analyze data for this measure based on a calendar year; therefore calendar year 2009 data will not be available until early 2011.

VIII. TIMELY PERMANENCY THROUGH REUNIFICATION, ADOPTION OR LEGAL GUARDIANSHIP

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

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

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

The State's performance on the permanency outcomes is not newly assessed in this report as the performance benchmarks are measured at the end of each calendar year. The State's performance will be assessed in the next monitoring report.

Timely Permanency through Reunification, Adoption or Legal Guardianship

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
34. a. Permanency Outcome 1: Permanency in first 12 months: [112] 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.	a. 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. b. Of all children who entered foster care for the first time in CY2010, 45% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.	Of all children who entered foster care for the first time in CY2011, 50% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.	43% of children who entered foster care in CY2008 were discharged to permanency within 12 months from their removal from home.	CY2009 data not yet available.	Yes, based on CY2008 performance. CY2009 data not yet available.[113]

[112] The data for this outcome will be provided by type of positive permanency (e.g. reunification, permanent relative care, adoption and/or guardianship), but the performance, benchmark and final target are set on a total measure of positive permanency.

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

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
34. 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.	a. 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. b. Of those children who become legally free in CY2010, 55% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.	Of those children who become legally free in CY2011, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.	60% of children who became legally free in CY2008 were discharged to a final adoption in less than 12 months from the date of becoming legally free.	CY2009 data not yet available.	Yes, based on CY2008 performance. CY2009 data not yet available.[114]

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

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
34. 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.	a. 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. b. 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 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.	Of all children who exited to adoption in CY2009, 44% were discharged from foster care to adoption within 30 months from removal from home.	CY2010 data not yet available.	Yes, based on CY2009 performance. CY2010 data not yet available.

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
34. d. Permanency Outcome 4: Permanency for children in care between 13 and 24 months: [115] 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.	a. 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. b. 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.	Of all children who were in care on the first day of CY2009 and had been in care between 13 and 24 months, 43% discharged to permanency prior to their 21st birthday or the last day of the year.	CY2010 data not yet available.	Yes, based on CY2009 performance. CY2010 data not yet available.

[115] The data for this outcome will be provided by type of positive permanency (e.g. reunification, permanent relative care, adoption and/or guardianship), but the performance, benchmark and final target are set on a total measure of positive permanency.

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
34. e. Permanency Outcome 5: Permanency after 25 months:[116] 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 by the last day of the year.	a. 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 by the last day of the year. b. 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 by the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2011, 47% will be discharged to permanency prior to their 21st birthday and by the last day of the year.	Of all children who were in foster care for 25 months or longer on the first day of CY2009, 35% discharged to permanency prior to their 21st birthday and by the last day of the year.	CY2010 data not yet available.	No, based on CY2009 data. CY2010 data not yet available.

Permanency Through Adoption

In addition to the adoption performance measure discussed above, the Monitor analyzes DCF's adoption practice by reviewing the number of adoptions finalized and the progress that the State made in finding permanence for the 100 Longest Waiting Teens. This report also provides data on interim performance benchmarks related to adoption case processes such as the timeliness with which petitions to terminate parental rights have been filed, child-specific recruitment plans have been developed, children have been placed in an adoptive home, and an adoptive home placement has been finalized.

DCF finalized 457 adoptions in by June 30, 2010.

As of December 31, 2009, 1,086 children were legally free and able to move toward adoption.[117] From January 1 to June 30, 2010, 457 children had their adoptions finalized. Given that in years past, DCF and the courts have finalized more adoptions in the latter half of the year, especially

[116] The data for this outcome will be provided by type of positive permanency (e.g. reunification, permanent relative care, adoption and/or guardianship), but the performance, benchmark and final target are set on a total measure of positive permanency.

[117] In total 1,314 children were legally free, but 228 children were not able to move toward adoption because the lower court decision in their case was under appeal.

during National Adoption Month in November, the Monitor considers the State to be on track for finalizing a significant number of adoptions in calendar year 2010.

Table 13: Adoption Finalization – by DYFS Local Office Between (January 1 – June 30, 2010)

Local Office	Number Finalized		Local Office	Number Finalized
Atlantic East	**9**		Salem	**9**
Atlantic West	**2**		Hudson Central	**10**
Cape May	**1**		Hudson North	**9**
Bergen Central	**8**		Hudson South	**15**
Bergen South	**9**		Hudson West	**14**
Passaic Central	**17**		Hunterdon	**2**
Passaic North	**20**		Somerset	**2**
Burlington East	**6**		Warren	**8**
Burlington West	**3**		Middlesex Central	**5**
Mercer North	**20**		Middlesex Coastal	**11**
Mercer South	**5**		Middlesex West	**7**
Camden Central	**5**		Monmouth North	**7**
Camden East	**4**		Monmouth South	**8**
Camden North	**11**		Morris East	**8**
Camden South	**9**		Morris West	**2**
Essex Central	**16**		Sussex	**1**
Essex North	**5**		Ocean North	**17**
Essex South	**8**		Ocean South	**26**
Newark Adoption	**83**		Union Central	**8**
Gloucester	**16**		Union East	**16**
Cumberland	**7**		Union West	**8**
Total – 457				

Source: DCF

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

As required under the MSA, DCF continues to provide paralegal support to assist with the necessary adoption paperwork (Section II.G.5). As of September 11, 2010, the State employed a total of 145 paralegals, and had approval to fill three more positions (for a total of 148 positions). Additionally, 23 child summary writers are employed statewide and five part-time adoption expediters assist with adoption paper work in Essex, Union and Middlesex counties. The State has maintained support for these positions that advance adoptions.

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

DCF has focused on finding permanent homes for older youth in care for an extended period of time, with particular attention to youth known as the 100 Longest Waiting Teens. DCF continues to make slow and steady progress at finding permanent connections for these youth. Between January and June 30, 2010, an additional two youth achieved adoption finalization, so that since December 2006, 25 youth who were identified by DYFS as waiting the longest in foster care have now successfully achieved a permanent, legal family through adoption. Another 20 youth have achieved permanency (or are about to achieve permanency)—six youth are living in an adoptive home awaiting finalization by the court, one is in a kinship legal guardianship, nine youth have returned to their birth family, and four are able to remain permanently with their Resource Family. Thus, 45 of the teens identified as waiting the longest for permanency have or are about to have achieved living with a permanent family.

For 19 youth, DCF has stated that there are permanency plans in development. This means that previous efforts have not resulted in permanent family connections. A consultant through the National Resource Center for Permanency Planning and Family Connections (a federal support center) provided technical assistance focused on these 19 youth. The Monitor will follow permanency activities for these 19 youth. See Table 14 below for a description of the permanency status for all 100 youth.

Table 14: Progress Towards Achieving Permanent Connections for 100 Longest Waiting Teens As of June 30, 2010

Status of Permanent Plan	Number of Teens
1. Permanent Plan Achieved	
a. Adoption Finalized/Case Closed	25
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	0
e. Returned to Birth Family(reunification)	9
f. Teen remaining with Resource Family*	4
Subtotal	**45**
2. Permanent Placement Underway	
a) Visiting an Interested Adoptive Family	1
b) Case being processed for Foster Family Adoption	0
c) Family Home Study in process	0
d) Visiting an Interested Relative Family	2
Subtotal	**3**
3. Permanency Plan in Development	
a) Working on Specific Family Lead	3
b) Family Development tasks ongoing	16
Subtotal	**19**
1. Other Outcomes	
4. Re-Connected with Family**	26
5. Teen achieved Independence	7
Subtotal	**33**
TOTAL	100

Source: DCF Office of Adoption Operations

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

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

Adoption Performance Benchmarks

Progress Toward Adoption

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
35. Progress Toward Adoption: Number/ percent of children with a permanency goal of adoption who have a petition to terminate parental rights filed within six weeks of the date of the goal change.	Not applicable, final target set by the MSA.	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% shall have a petition to terminate parental rights filed within six weeks of the date of the goal change.	Between July and December 2009, 43% of children with a permanency goal of adoption had a petition to terminate parental rights filed within six weeks of the date of the goal change.	Between January and June 2010, 42% to 58% of children with a permanency goal of adoption had a petition to terminate parental rights filed within six weeks of the date of the goal change. [118]	No

Performance as of June 30, 2010:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the percent of children who have termination of parental rights petitions filed within six weeks of their goal change to adoption. In June 2010, 58 percent of termination of parental rights (TPR) petitions were filed within six weeks of changing the child's permanency goal to adoption. From January through June 2010, TPR petitions were filed in 42-58 percent of cases within six weeks of the child's goal change to adoption. While an improvement in performance over the last monitoring reporting period, DCF did not meet the January 2010 final target requiring that 90 percent of cases of eligible children have a timely TPR filed. Monthly performance on filing TPR petitions within six weeks is shown in Table 15 below.

[118] Because there is variation in monthly performance and the total number of applicable children is small, the Monitor is including the range of monthly performance.

Table 15: TPR Filing for Children with a Permanency Goal of Adoption (January – June 2010)

Month of goal change (Total number of goal change)		TPR filed within 6 weeks	TPR filed after 6 weeks	TPR not filed As of 10/03/2010
January	(119)	54 (45%)	61 (51%)	4 (3%)
February	(99)	54 (55%)	38 (38%)	7 (7%)
March	(132)	66 (50%)	62 (47%)	4 (3%)
April	(112)	47 (42%)	56 (50%)	9 (8%)
May	(73)	38 (52%)	30 (41%)	5 (7%)
June	(113)	65 (58%)	30 (26%)	18 (16%)

Source: DCF
*Percentage is greater than 100 due to rounding.

Child Specific Adoption Recruitment

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
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.	Not applicable, final target set by the MSA.	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% of those for whom an adoptive home has not been identified at the time of termination of parental rights shall have a child-specific recruitment plan developed within 30 days of the date of the goal change.	18% of children with a permanency goal of adoption needing recruitment had a child-specific recruitment plan developed within 30 days of the date of the goal change.	Between January and June 2010, 0 to 44% 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. [119]	No

[119] Because there is variation in monthly performance and the total number of applicable children is small, the Monitor is including the range of monthly performance.

Performance as of June 30, 2010:

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

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this outcome. In June 2010, one out of 16 eligible select home adoption cases (6%) had a child-specific recruitment plan developed within 30 days of the goal change.[120] From January through June 2010, the percentage of select home adoption cases that had child specific recruitment plans developed within 30 days ranged from zero to 44 percent. DCF has not meet the January 2010 final target which requires that child-specific recruitment plans are developed in 90 percent of eligible cases (see Table 16).

Table 16: Child-Specific Recruitment Plans Developed within 30 days of Goal Change for Children without Identified Adoption Resource (January - June 30, 2010)

Month in which Plan was Due	Plan developed within 30 days	Plan developed within 31-60 days	Plan developed over 60 days	Not completed as of 7/30/2010
January	0 (0%)	1 (9%)	6 (55%)	4 (36%)
February	6 (18%)	14 (41%)	10 (29%)	4 (12%)
March	4 (25%)	5 (31%)	7(44%)	0 (0%)
April	11 (44%)	0 (0%)	9 (36%)	5 (20%)
May	5 (17%)	5 (17%)	7 (24%)	12 (41%)
June	1 (6%)	3 (19%)	4 (25%)	8 (50%)

Source: DCF

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

Placement in an Adoptive Home

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
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.	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 nine months of the termination of parental rights.	56% of children with a permanency goal of adoption for whom an adoptive home had not been identified at the time of the termination were placed in an adoptive home within nine months of termination of parental rights.	64% of children with a permanency goal of adoption for whom an adoptive home had not been identified at the time of the termination were placed in an adoptive home within nine months of termination of parental rights.	No

Performance as of June 30, 2010:

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

DCF uses NJ SPIRIT to report on this measure. DCF reports that between April and June 2010, 14 children had a permanency goal of adoption, but did not have an adoptive home identified at the time of termination of parental rights. Nine (64%) children were placed in an adoptive home within nine months of the termination of parental rights. While performance has improved since the last monitoring report, it falls short of the January 2010 final target of at least 75 percent of these children placed in an adoptive home.

Final Adoptive Placement

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
38. Final Adoptive Placements: Number/percent of adoptions finalized within nine months of adoptive placement.	Beginning December 31, 2008, of adoptions finalized, at least 80% shall have been finalized within nine months of adoptive placement.	Beginning July 1, 2009, of adoptions finalized, at least 80% shall have been finalized within nine months of adoptive placement.	95% of adoptions were finalized within nine months of adoptive placement.	86% of adoptions were finalized within nine months of adoptive placement.	Yes

Performance as of June 30, 2010:

DCF uses NJ SPIRIT to report on this measure. DCF reports that in June 2010, of 85 adoptions eligible to be finalized, 73 (86%) were finalized within nine months of the adoptive placements. Between January and June 2010, 81-95 percent of adoptions were finalized within nine months of the child's placement in an adoptive home (See Table 17 below). DCF met the January 1, 2010 final target of finalizing at least 80 percent of adoptions within the prescribed time period for each month of this monitoring period.

Table 17: Adoptions Finalized within 9 months of Child's Placement in an Adoptive Home (January – June 2010)

Month	Number finalized (total number eligible to be finalized)	Finalized within 9 months
January	29 (36)	81%
February	39 (41)	95%
March	54 (65)	83%
April	73 (95)	77%
May	104 (121)	86%
June	73 (85)	86%

Source: DCF

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

The provision of appropriate health care services to children in DCF's custody has been a principal focus of the MSA and the Department's reform agenda. Phase II Performance Benchmarks track DCF's progress in ensuring that children in out-of-home placement receive:

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

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

This chapter provides updates of ongoing efforts to improve the infrastructure—policies, staffing, and access to services—necessary to realize and sustain positive health outcomes for children. This section also provides information about the health care received by children in out-of-home placement.[121]

A. Health Care Delivery System

Child Health Units

The Child Health Units are a fundamental cornerstone of the overall effort 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 and advocating for the health needs of children who come into out-of-home care. Since the creation of these units and assignment of nurses to children in out-of-home care, DCF has achieved substantial results.

[121] The Monitor has previously verified health care outcomes through a case record review. See Appendix C of *Progress of the New Jersey Department of Children and Families: Period VI Monitoring Report for Charlie and Nadine H. v. Christie*- January 1 to June 30, 2009, Washington, DC: Center for the Study of Social Policy, December 22, 2009. See, http://www.cssp.org/publications/child-welfare/class-action-reform/11-18-class-action-reform-new-ones/charlie-and-nadine-h-v-corzine-supplemental-mointoring-report-an-assessment-of-provision-of-health-care-services-for-children-in-dyfs-custody-december-2009.pdf.

The Child Health Units are operational in all DYFS local offices. As of June 30, 2010, DCF employed 201 Health Care Case Managers and 117 staff assistants. DCF continues to ensure that the ratio of Health Care Case Managers to children in out-of-home care is 1to 50 in every office.

B. Health Care Performance Benchmarks

Pre-Placement Medical Assessment

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
39. Pre-Placement Medical Assessment: Number/percent of children receiving pre-placement medical assessment in a non-emergency room setting.	By June 30, 2008, 95% of children will receive a pre-placement assessment in a non-emergency room setting.	By December 31, 2009, 98% of children will receive a pre-placement assessment in a non-emergency room setting.	99.5% of children entering DYFS custody received a pre-placement assessment (PPA). 87% of children received a PPA in a non-emergency room setting. An additional 11% of PPAs were appropriately received in an ER setting.[122] Thus, in Monitor's assessment, 98% of PPAs occurred in a setting appropriate for the situation.	99% of children entering DYFS custody received a pre-placement assessment (PPA). 89% of children received a PPA in a non-emergency room setting. An additional 9% of PPAs were appropriately received in an ER setting.[123] Thus, in Monitor's assessment, 98% of PPAs occurred in a setting appropriate for the situation.	Yes[124]

Performance as of June 30, 2010:

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

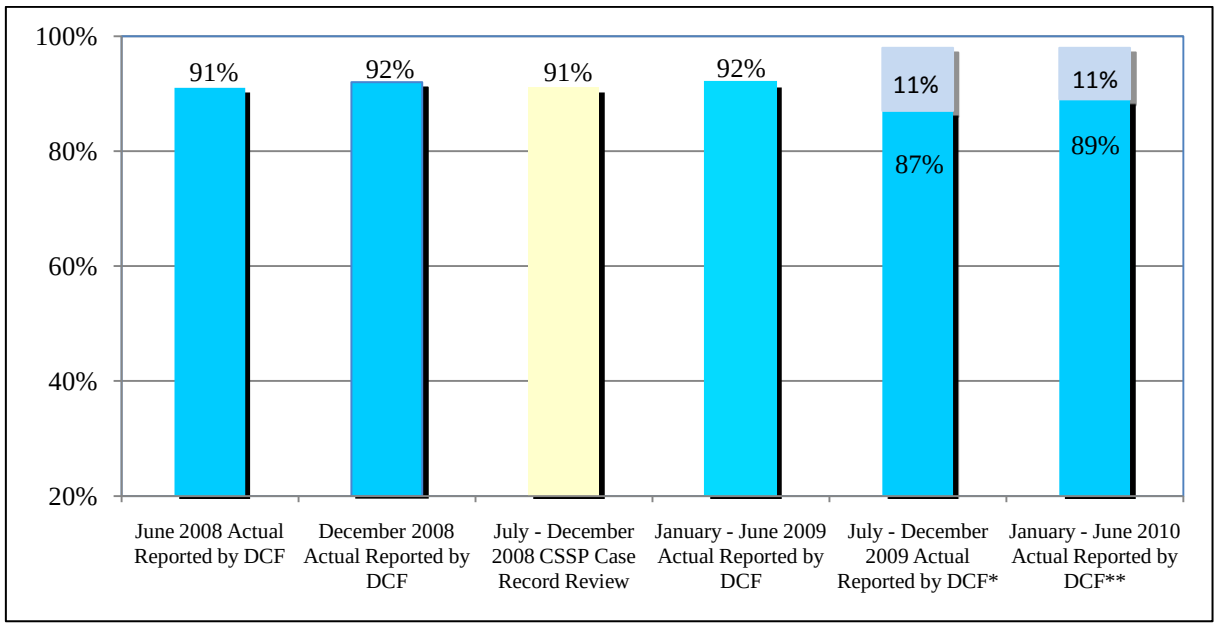
[122] Emergency room pre-placement assessments are considered appropriate when a child needed emergency medical attention or the child was already in the emergency room when DYFS received the referral.
[123] Emergency room pre-placement assessments are considered appropriate when a child needed emergency medical attention or the child was already in the emergency room when DYFS received the referral.
[124] The Monitor is determining performance based on the percentage of PPAs in an non-ER setting and those PPA's conducted in an ER that are appropriate to the ER based on the presenting medical needs of the child or because the child was already in the ER when DYFS received the referral.

From January through June 2010, 2,458 children entered out-of-home placement and 2,439 (99%) received a pre-placement assessment (PPA). Of those 2,439 children, 2,175 (89%) received the PPA in a non-emergency room setting and an additional 222 children (9%) appropriately received a PPA in an ER setting based on the medical needs and situation of the child.

During this period, DCF conducted an internal review of all 264 PPAs that occurred in an emergency room and determined that 84 percent were appropriate for the situation, that is, the child needed emergency medical attention or the child was already in the emergency room when DYFS received the referral. [125] Thus, 98 percent of children received a PPA in a setting appropriate to the situation—89 percent received PPAs in a non-ER setting and an additional nine percent appropriately in an ER setting. In the Monitor's view, DCF is thus meeting the MSA standard on the appropriate setting for the PPAs.

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

Figure 8: Non-Emergency Room Pre-Placement Assessments (June 2008 – June 2010)



Source: DCF and CSSP Case Record Review
*An additional 11 percent of PPAs were appropriate emergency room PPAs.
**An additional nine percent of PPAs were appropriate emergency room PPAs.

[125] Last monitoring period the Monitor reviewed back up data provided by DCF regarding the PPAs occurring in an emergency room setting and agreed with DCF determinations regarding appropriate or inappropriate use of the ER for PPAs. In addition, the Monitor's previous health care case record review found that in many of the PPAs occurring in an ER were because the child had an injury requiring ER treatment or had been brought to the ER by the police or other service provider.

Initial Medical Examinations

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
40. Initial Medical Examinations: Number/percent of children entering out-of-home care receiving full medical examinations within 60 days.	By June 30, 2008, 80% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 85% within in 60 days.	By January 1, 2009 and thereafter, at least 85% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 98% within 60 days.	From July through December 2009, 84% of children received a CME within the first 30 days of placement and 97% of children received a CME within the first 60 days of placement.	From January through May 2010, 78% of children received a CME within the first 30 days of placement and 96% of children received a CME within the first 60 days of placement.	Partial[126]

Performance as of June 30, 2010:

From January through May 2010, 78 percent of children received a Comprehensive Medical Examination (CME) within the first 30 days of placement and 96 percent of children received a CME within 60 days of placement. While DCF fell just short of meeting the performance for this requirement, data demonstrates a dramatic and sustained improvement in the delivery of health care to children in out-of-home placement.

Children entering out-of-home placement must receive a CME within 60 days of entering placement (MSA Section II.F.2.ii). The Monitor set a benchmark and final target that measured the delivery of a CME within the first 30 and first 60 days of placement.

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

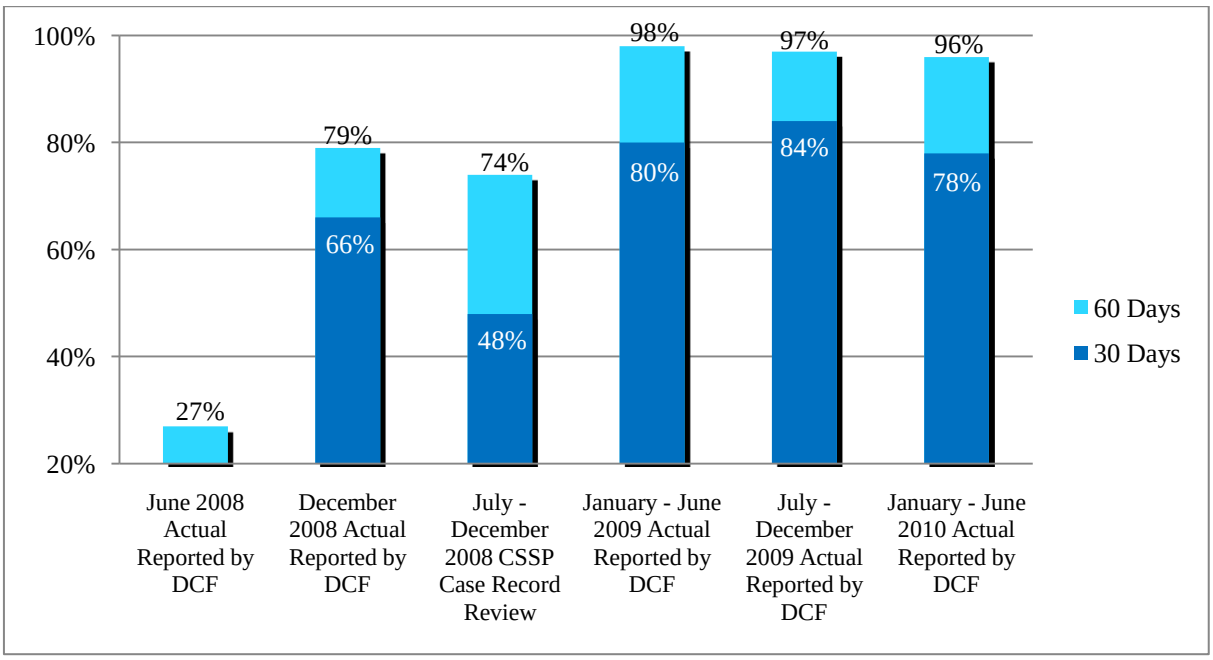
In addition to the expectation that mental health screenings occur as part of the CME, DCF directs Health Care Case Managers to conduct mental health screens with children in out-of-home placements who are old enough and not already receiving mental health services. Health Care Case Managers conduct these screenings within the first two weeks of a child's placement.

[126] The Monitor considers DCF to have fulfilled the 60 day standard, but not the 30 day standard.

The Monitor's Health Care Case Record Review, conducted in the spring 2009, found poor documentation of mental health screenings routinely occurring as part of the CME. Since then, the use of Health Care Case Managers has significantly increased evidence that mental health screenings are conducted on all children entering out-of-home placement (see page 137 for more discussion).

From January through June 2010, 2,062 children required a CME. Of these 2,062 children, 1,608 (78%) received a CME within the first 30 days of placement. An additional 365 (18%) children received their CME within 60 days of placement, thus 96 percent of children received a CME within 60 days of placement. DCF reports that of the 15 youth who did not receive their CME within 60 days, 14 were age 18 or older. Figure 9 below shows the progress the State has made in increasing access to full medical examinations for children entering out-of-home care.

Figure 9: Children Receiving CMEs within 30 to 60 days of Placement (June 2008 – June 2010)



Source: DCF and CSSP Case Record Review
*For June 2008, the 30 day standard was not required.

Required Medical Examinations

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
41. Required Medical Examinations: Number/percent of children in care for one year or more who received medical examinations in compliance with EPSDT guidelines.	a. By December 2008, 80% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines. b. By June 2009, 90% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines. c. 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 July through December 2009, 92% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 93% of children older than two years were clinically up-to-date on their EPSDT visits.	From January through June 2010, 92% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 94% of children older than two years were clinically up-to-date on their EPSDT visits.	Partial[127]

Performance as of June 30, 2010:

Between January 1 and June 30, 2010, 92 percent of children 12-24 months received EPSDT well-child examinations as required. Ninety-four percent of children age two and above received EPSDT well-child examinations as required. (See Tables 18 and 19 below). This is slightly short of the December benchmark of 95 percent for both age groups. This is the second monitoring period for which DCF is able to provide information about children aged 12-24 months, an age group that requires more frequent EPSDT visits.[128] DCF reports that NJ SPIRIT and Safe Measures can report on when a child receives an EPSDT examination, but neither have the ability to determine whether or not a child is clinically up-to-date with these exams.

[127] The Monitors considers DCF to have fulfilled this requirement for children over the age of 2, but not for those between 12 and 24 months.

[128] As the measure involves children in out-of-home placement for one year or more, performance for children under the age of 12 months is not measured by the Monitor.

A child may be noted in NJ SPIRIT as not up-to-date if at the EPSDT visit the child was sick (children must be well for such visits to be considered EPSDT visits) or the visit was missed, but rescheduled within a close time period. Also, especially for younger children, once a child is off schedule, they will remain off schedule within DCF's data system for all subsequent EPSDT exams. Therefore, in an effort to determine the actual receipt of an EPSDT exam, DCF conducted a secondary review of the records of children noted as "not current with their EPSDT exams" and found more children were clinically up-to-date on their EPSDT exam. The Monitor reviewed back up data of this secondary review for children age 12-24 months and found DCF's secondary review adequate to determine if children in the age range were clinically up-to-date on their EPSDT exam.

Table 18: EPSDT for ChildrenAges 12-24 months
(January – June 2010)

Month	Children Requiring EPSDT	Children Up-to-Date	% Children Up-to-Date
January	110	100	91%
February	103	100	97%
March	139	126	91%
April	114	105	92%
May	111	102	92%
June	104	93	89%
Total	**681**	**626**	**92%**

Source: DCF, Child Health Unit

Table 19: EPSDT Annual Medical Exams for Children Age 25 months and older
(January – June 2010)

Month	Total Due	Annual Exam Completed		Annual Exam Not Completed	
January	292	279	96%	13	5%
February	215	201	94%	14	7%
March	281	254	90%	27	10%
April	227	217	96%	10	4%
May	250	234	94%	16	6%
June	245	232	95%	13	5%
Total	**1,510**	**1,417**	**94%**	**93**	**6%**

Source: DCF
*Percentage is greater than 100 due to rounding.

Semi-annual Dental Examinations

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
42. Semi-Annual Dental Examinations: Number/percent of children ages three and older in care six months or more who received semi-annual dental examinations.	a. By June 2009, 90% of children will receive annual dental examinations and 70% will receive semi-annual dental examinations. b. By December 2009, 95% of children will receive annual dental examinations and 75% will receive semi-annual dental examinations. c. By June 2010, 95% of children will receive annual dental examinations and 80% will receive semi-annual dental examinations. d. By December 2010, 98% of children will receive annual dental examinations and 85% will receive semi-annual dental examinations. e. By June 2011, 90% of children will receive semi-annual dental examinations.	a. By December 2011, 98% of children will receive annual dental examinations. b. By December 2011, 90% of children will receive semi-annual dental examinations.	80% of children were current with semi-annual dental exams.[129]	85% of children were current with semi-annual dental exams.	Yes

[129] This benchmark originally measured annual and semi-annual exams. Because the practice expectation in the field is that children age three 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.

Performance as of June 30, 2010:

As of June 30, 2010, 85 percent of children age three or older who have been in care for at least six months had evidence of receiving a semi-annual dental exam (within the last six months), exceeding the June 2010 benchmark of 80 percent. The dental care measure includes targets for annual and semi-annual dental exams. Because the performance expectation for field staff is to ensure that children age three or older receive semi-annual dental exams, DCF has been solely measuring whether children receive dental exams semi-annually. DCF uses NJ SPIRIT to report on this measure.

As of June 30, 2010, DCF reports that there were 4,542 children age three or older who had been in DYFS out-of-home placement for at least six months. Of the 4,542 children, 3,876 (85%) had received a dental examination within the previous six months. DCF continues to improve performance in this area (last monitoring period, 80 percent of eligible children were up-to-date on their semi-annual dental exams). This is a significant accomplishment.

Follow-up Care and Treatment

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
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.	a. By June 2009, 70% of children will receive follow-up care and treatment to meet health care and mental health needs. b. By December 2009, 75% of children will receive follow-up care and treatment to meet health care and mental health needs. c. By June 2010, 80% of children will receive follow-up care and treatment to meet health care and mental health needs. d. By December 2010, 85% of children will receive follow-up care and treatment to meet health care and mental health needs. e. 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 93% of children received follow-up care for needs identified in their CME.[130]	DCF reports that 90% of children received follow-up care for needs identified in their CME.[131]	Yes, based on available data, performance measure to be further assessed through QR.[132]

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

[131] DCF conducted a Health Care Case Record Review to report on the above indicators for Period VIII. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2009 and April 30, 2010 and were in care for a minimum of 60 days—1,266 children were age two and over at the time of removal and 636 children were under two for a total of 1,902 children. A sample of 335 children was selected. The results have ±5 percent margin of error.

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

Performance as of June 30, 2010:

During Phase II of the MSA, performance in providing appropriate follow-up care and treatment for medical and mental health needs is supposed to be assessed through a QR or other qualitative methodology. Currently, the DCF is able to provide some preliminary quantitative data on children receiving follow-up care based on an internal Health Care Case Record review of a random sample of children in out-of-home placement who were removed between November 1, 2009 and April 30, 2010 and who were in care for a minimum of 60 days.[133] A sample of 335 children was selected and the results have a five percent margin of error. The Monitor spent two days observing this internal Review and interviewing reviewers about their findings. The Monitor is satisfied with the rigor of the DCF review.

DCF reports that of those children identified as needing follow-up care after their CME, 90 percent received follow-up care. As stated previously, mental health screenings are not routinely documented as part of the CME, but Health Care Case Managers are helping to ensure that children in out-of-home placement receive needed mental health services. Therefore, the Monitor considers this follow-up care data with the caveat that mental health needs requiring follow up may not have been fully identified or documented as part of the CME for some children. The Monitor thus looks to performance benchmark 46 to accurately measure follow up mental health assessments.

Table 20: Provision of Required Follow-up Medical Care
N=335 children

No CME data in record	11	3%
CME Records	324	97%
No follow-up care needed	46	14%
Follow-up care required	278	86%
• Received follow-up	251	90%
• No evidence in record	28	10%

Source: DCF, Health Care Case Record Review, Child Health Unit
*The Health Care Case Record Review conducted by DCF to report on the above indicators for Period VIII was done by reviewing records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2009 and April 30, 2010 and were in care for a minimum of 60 days. 1,902 children comprise this cohort (1,266 were 24 months +; 636 were under 24 months). A sample of 335 children was selected. The results have a ±5 percent margin of error.

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

Immunization

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
44. Immunization: Children in DCF custody are current with immunizations.	a. By December 31, 2009, 90% of children in custody will be current with immunizations. b. By December 31, 2010, 95% of children in custody will be current with immunizations.	By December 31, 2011, 98% of children in custody will be current with immunizations.	In the fourth quarter of 2009, DCF reports that 90% of children over the age of three were current with their immunizations.	In the second quarter of 2010, DCF reports that 93% of all children in out-of-home placement were current with their immunizations.	Yes

Performance as of June 30, 2010:

From January through June 2010, of the 6,738 children in out-of-home placement, 6,279 (93%) were current with their immunizations, meeting the December 2009 interim performance benchmark. The Monitor did not independently verify this performance.[134]

[134] The Monitor has previously verified this data through a Health Care Case Record Review conducted in spring 2009.

Health Passports

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
45. Health Passports: Children's parents/ caregivers receive current Health Passport within five days of a child's placement.	By June 30, 2010, 75% of caregivers will receive a current Health Passport within five days of a child's placement.	By June 30, 2011, 95% of caregivers will receive a current Health Passport within five days of a child's placement.	From July through November 2009, 28% of caregivers received Health Passports within five days of a child's placement.[135]	From January through June 2010, 32% of caregivers received Health Passports within five days of a child's placement and 68% of caregivers received Health Passports within 30 days of a child's placement.[136]	No

Performance as of June 30, 2010:

Based on DCF's internal Health Care Case Record Review of 335 cases, there is evidence that Health Passports are shared with the child's caregiver within the first five days of placement in 32 percent of cases (See Table 21). DCF did not meet the June 2010 interim performance benchmark for this measure requiring that 75 percent of caregivers receive a Health Passport within five days of a child's placement. The DCF data found that within 30 days of the placement, the Health Passport has been shared with 68 percent of caregivers.

Under the MSA, all children entering out-of-home care are to have a Health Passport created for them (Section II.F.8). This Health Passport records all relevant health history and current health status of the child and is expected to be regularly updated and made available to resource parents, children (if old enough) and their parents. DYFS uses a form, known as the 11-2A, to organize health information from a range of sources and the findings of the PPA and then provides this form to the resource provider.

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

[136] DCF conducted a Health Care Case Record Review to report on the above indicators for Period VIII. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2009 and April 30, 2010 and were in care for a minimum of 60 days—1,266 children were age two and over at the time of removal and 636 children were under two for a total of 1,902 children. A sample of 335 children was selected. The results have ±5 percent margin of error.

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 a more stringent policy than the MSA requirement that requires the Health Passport to be conveyed to the child's caregiver within five days. DCF intends to change the policy extending the timeframe for sharing the Health Passport from 72 hours to 5 days (this policy change is still aligned with the MSA requirement). Based on the data to date, however, it is unclear if extending the time to five days will be sufficient to ensure that meaningful health information is included in the Passport. Based on the Monitor's previous case record review, a significant number of Health Passports provided to caregivers within five days were provided without any meaningful medical information (demographic information only). DCF reports working with the Child Health Units to ensure that critical health information is collected quickly and conveyed to providers within the five days of placement. The Monitor will continue to follow DCF's progress in this area.

Table 21: Health Passport: Presence in the Record, Evidence of Sharing Records Reviewed (n=335)

Health Passport in Record shared with provider	**284**	**85%**
No evidence of Health Passport shared with provider	51	15%
Evidence of being shared with resource providers		
• Within 5 days	106	32%
• Within 10 days	46	14%
• Within 30 days	75	22%
• More than 30 days	57	17%

Source: DCF, Health Care Case Record Review
*The Health Care Case Record Review conducted by DCF to report on the above indicators for Period VIII was done by reviewing records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2009 and April 30, 2010 and were in care for a minimum of 60 days. 1,902 children comprise this cohort (1,266 were 24 months +; 636 were under 24 months). A sample of 335 children was selected. The results have a ±5 percent margin of error.

X. MENTAL HEALTH CARE

During this monitoring period DCF's Division of Child Behavioral Health Services (DCBHS) worked to address significant concerns about aspects of the functioning of the new Contracted Systems Administrator and about staffing, billing and census issues with specific providers of Functional Family Therapy (FFT). DCBHS maintained a focus on supporting providers of FFT and Multisystemic Therapy (MST), another evidence-based treatment, and reducing the number of children in out-of-state treatment facilities. DCF continued to provide timely access to placements for detained youth in DYFS custody awaiting placement and also to provide for mental health services to preserve and reunify families. In mid-July 2010, the Director of DCBHS departed the position. In mid-September 2010, DCF announced the appointment of a new Director of the Division, effective early October. The Deputy Director of the Division acted in the role of Director in the interim and has resumed the position of Deputy Director.

DCF also worked to ensure that children and youth with a suspected mental health need received a timely mental health assessment.

A. Building the Mental Health Delivery System

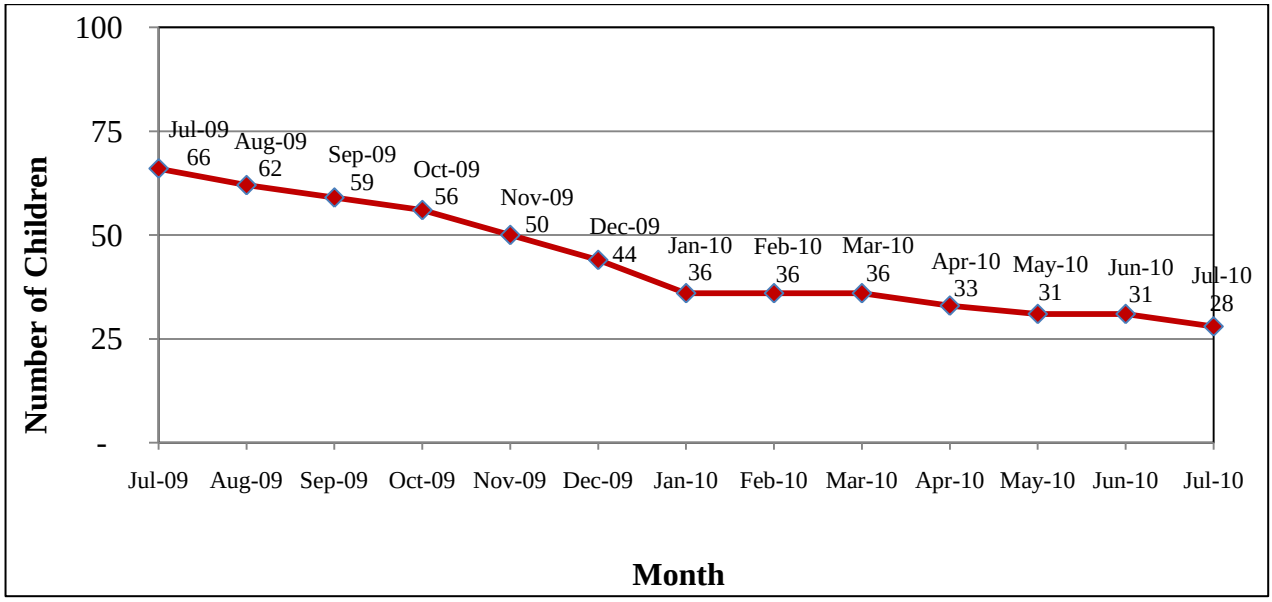
The number of children placed out-of-state for treatment continued to decline.

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).

Over time, children have been transitioning back to New Jersey from out-of-state behavioral and mental health treatment facilities. In addition, each month fewer children are being placed out-of-state for mental health treatment. Multiple levels of home and community-based treatment, including intensive in-home treatment, MST, therapeutic community residences, and FFT likely contribute to stabilizing children and youth both at home and in-state. During this monitoring period, DCBHS received no requests for authorizations for treatment in an out-of-state facility.

As illustrated in Figure 10 below, the number of children placed out-of-state continues to decline. As of July 1, 2010, 28 children ranging in age from 12-20 were placed out-of-state in mental health treatment facilities. Notably, twenty-one of the 28 children in out-of-state treatment facilities are now residing within 100 miles of their home zip code; the address at which they were living just prior to entering protective custody.

Figure 10: Children in Out-of-State Placement
(July 1, 2009 – July 1, 2010)



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 13 youth in DYFS custody, 10 males and three females ages 15-17, were in a juvenile detention facility from January 1 to July 1, 2010 awaiting a DCBHS placement post-disposition of their delinquency case. As of July 1, 2010, one of those youth was still in detention, 11 days post-disposition. Of the 12 youth in DYFS who left detention for placement, none waited more than 30 days for placement. Eight of those 12 youth were released within 15 days or less and four within 16-30 days after the disposition of their delinquency case. Table 22 below provides information on the length of time each of the youth waited for placement.

Table 22: Youth in DYFS Custody in Juvenile Detention Post-Disposition Awaiting DCBHS Placement (January 1 – June 30, 2010)

Length of Time to placement while in Detention Post-Disposition	Number of Youth[137]
0-15 Days	8
16-30 Days	4
Over 30 Days	0
Total	**12**

Source: DCF, DCBHS

DCBHS has focused on resolving management information system and Contracted System Administrator performance concerns.

During this monitoring period, DCBHS continued to work with both PerformCare, the State's children's mental health Contracted Services Administrator (CSA), and its parent company AmeriHealth on implementing and tracking corrective actions, specifically in the areas of improving information technology, Help Desk and Call Center performance.

Several new aspects of the management information system, CYBER, were released earlier this year. DCBHS considers the core of CYBER fully deployed with critical functions in place and reports that a new version of the application, expected to ensure performance and stability for the future, will be released in early 2011. As previously reported by the Monitor, there were concerns about PerformCare's Help Desk and Call Center and the capacity to respond to both providers and family members with timely resolutions. Several representatives of the provider community who regularly interact with PerformCare have reported significant improvements in both of these areas. Resources such as training for Help Desk staff and attention to consolidating multiple referral pathways appear to have contributed to the progress in resolving previously reported issues. DCBHS will continue to oversee Help Desk performance to help sustain the noticeable improvements. Another improvement noted by users is the reduction of wait times for the PerformCare Call Center and the reduction of "dropped" calls. DCBHS reports that these outcomes are now at or near the contracted targets. However, expected performance targets for the review of treatment plans and response to requests for authorizations for treatments are not being consistently met by PerformCare. Providers believe that access to needed services has been restricted due to the PerformCare issues. DCBHS acknowledges that this is a crucial area of concern and is reportedly working with the CSA on interim and long-term resolutions.

[137] As of June 30, 2010 there was an additional youth in DYFS custody who had been in detention 11 days post-disposition on a delinquency case. That youth was placed on July 12, 2010, 23 days post-disposition.

DCBHS maintains a commitment to supporting evidence-based therapeutic treatments.

In the fall of 2008, DCBHS contracted with seven mental health service providers across the state for Functional Family Therapy (FFT) and Multisystemic Therapy (MST). Several of the programs experienced staffing problems and this contributed to low utilization levels. Providers also confronted funding issues when DCF transitioned from full funding to a mix of Medicaid reimbursement and state funds. National program consultants and DCBHS worked closely with providers to increase staffing and census while maintaining fidelity to the program models and also provided guidance on appropriate billing. As of June 30, 2010, DCBHS ended its contract with two FFT providers after reportedly multiple unsuccessful efforts at preserving these contracts. The combined contracted capacity of these two providers accounted for almost half (140/295) of the statewide capacity. It is not clear to the Monitor whether and how DCF plans to address this significant reduced capacity for FFT.

DCBHS intends to thoroughly review outcomes for both MST and FFT. Preliminary data points to excellent results in preventing the need for residential treatment. It is expected that the overall results of a study of the effectiveness of MST and FFT will point to positive effects and cost savings as demonstrated in other jurisdictions which have invested in these intensive treatments.

DCF continues to fund mental health services for birth parents

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 reports continuing to fund both in-home and office-based therapeutic interventions to over 400 birth parents (unduplicated count) in efforts to maintain children in, or return children to the custody of their parents.

B. Mental Health Performance Benchmarks

Mental Health Assessment

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
46. Mental Health Assessment: Number/percent of children with a suspected mental health need who receive a mental health assessment.	a. By June 2008, 75% of children with a suspected mental health need will receive a mental health assessment. b. By December 2008, 80% of children with a suspected mental health need will receive a mental health assessment. c. By June 2009, 85% 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.	From July through November 2009, 89% of children receiving a mental health screening that determined a suspected mental health need received a mental health assessment.[138]	From January through June 2010, 90% of eligible children received a mental health screen. Of those screened, 50% had a suspected mental health need. Of those with a suspected mental health need, 91% received a mental health assessment.[139]	Partially, based on available data, measure to be further assessed through QR.[140]

Performance as of June 30, 2010:

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

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

[139] DCF conducted a Health Care Case Record Review to report on the above indicators for Period VIII. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2009 and April 30, 2010 and were in care for a minimum of 60 days—1,266 children were age two and over at the time of removal and 636 children were under two for a total of 1,902 children. A sample of 335 children was selected. The results have ±5 percent margin of error.

[140] This requirement is considered partially fulfilled because ten percent of eligible children did not receive a mental health screen. Therefore, it cannot be determined if those children required a mental health assessment. Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.

DCF's internal Health Care Case Record Review found that 90 percent of eligible children or youth received the required mental health screen. [141] Of those screened, 50 percent were determined to have a suspected mental health need, and 91 percent of those children or youth received a mental health assessment by the time of the record review. Using DCF's case record review data, DCF met the December 2011 final target that 90 percent of children with suspected mental health needs receive an assessment was met. The data also show that of the 90 percent of youth receiving a mental health assessment, 65 percent were completed in the first 30 days of out-of-home placement and another 24 percent were completed in 60 days.

There is no documentation that ten percent of eligible children received the required mental health screen (See Table 23 below for information from the Health Care Case Record Review). Therefore, the Monitor can only determine performance on this measure as partially met. DCF reports addressing this gap in screening by having Child Health Unit Health Care Case Managers (nurses) conduct mental health screens during their first home visits to children who are not already receiving mental health services. It appears that using Health Care Case Managers has in fact resulted in improved performance over last reporting period when 16 percent of eligible children did not receive a mental health screen.

[141] The Monitor did not independently verify the findings of DCF's Health Care Case Record Review. However, the Monitor did review the protocol and discuss the methodology with DCF staff. The methodology and analysis are comparable to the Health Care Case Record review conducted by the Monitor in spring 2009. "Eligible" children are over the age of 2 and not already receiving mental health services.

Table 23: Mental Health Screening and Assessments for Children Age 2 and older N=335 records

MH Screening		
Not reviewed already receiving services or under the age of two	116	35%
Children eligible for screening	219	65%
TOTAL RECORDS REVIEWED	**335**	**100%**
Children eligible screened	198	90%
Children eligible not screened	21	10%
TOTAL CHILDREN ELIGIBLE FOR SCREENING	**219**	**100%**
Suspected MH need identified	98	50%
MH Assessment		
MH assessment completed	89	91%
MH assessment scheduled	4	4%
MH assessment not scheduled/completed	5	5%
TOTAL	**98**	**100%**
MH Assessment Completion Timeline		
MH assessment complete w/in 30 days	58	65%
MH assessment complete w/in 60 days	21	24%
Greater than 60 days	10	11%
TOTAL	**89**	**100%**

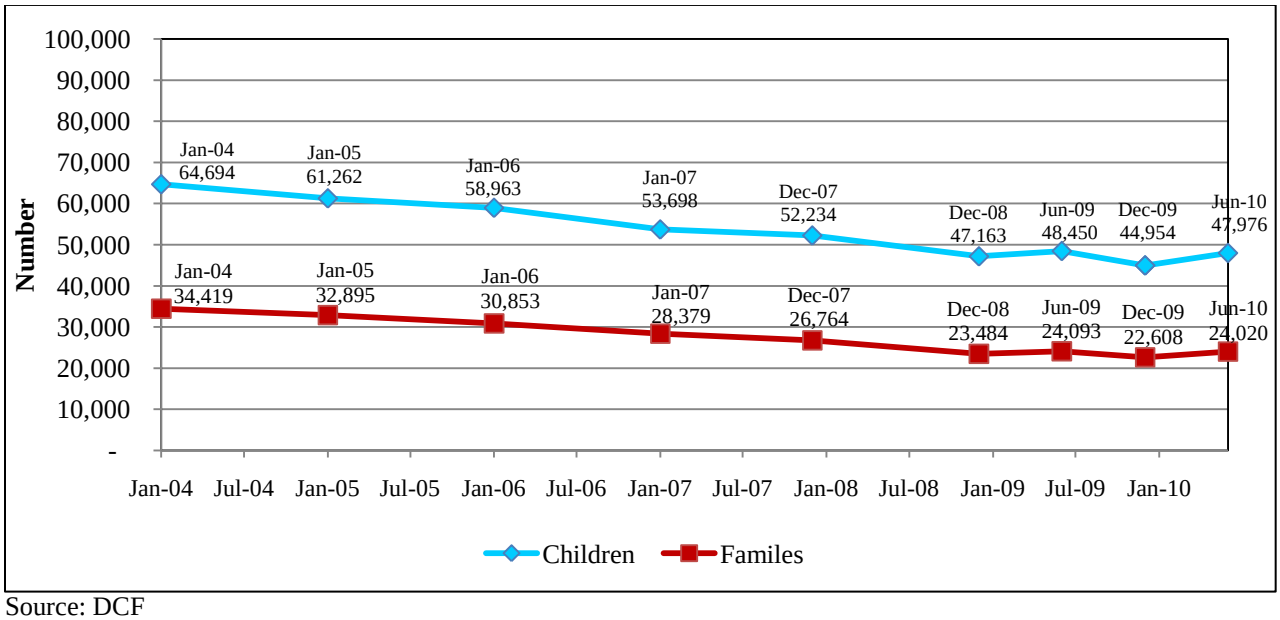
Source: DCF, Health Care Case Record Review

*The Health Care Case Record Review conducted by DCF to report on the above indicators for Period VIII was done by reviewing records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2009 and April 30, 2010 and were in care for a minimum of 60 days. 1,902 children comprise this cohort (1,266 were 24 months +; 636 were under 24 months). A sample of 335 children was selected. The results have a ± 5 percent margin of error.

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

The need for accessible in-home and community-based services for children and families becomes more critical as the number of children and families under DYFS supervision declines. As shown in Figure 11, the number of families under DYFS supervision has declined from 34,419 in 2004 to about 24,000 in June 210. These families include over 47,000 children.

Figure 11: Children and Families Under DYFS Supervision (January 2004 – June 2010)



Source: DCF

A. Needs Assessment

The MSA requires that by June 2009 and annually thereafter, DCF "regularly evaluate the need for additional placements and services to meet the needs of children in custody and their families, and to support intact families and prevent the need for out-of-home care." (Section III.C.7). Every county is required to be assessed at least once every three years, and the State must "develop placements and services consistent with the findings of the needs assessments" (MSA Section III.C.7). DCF's efforts to evaluate service delivery needs and behavioral health service needs are set forth in detail in two previous monitoring reports.[142] Briefly stated, DCF has asked Human Services Advisory Councils (HSACs) in each county to evaluate service delivery needs in the area of basic needs, substance abuse treatment, mental health services for parents, and transitional services for adolescents exiting foster care. HSACS in each county will

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

be evaluating these service delivery needs on a rotating basis for all 21 counties, seven counties a year every three years using the same set of guidelines. The first set of evaluations from Union, Somerset, Gloucester, Camden, Middlesex, Hudson and Essex counties were submitted to DCF in July 2010. DCF is currently reviewing the evaluations and reports that the information contained in them will be integrated into its Child and Family Service Review Performance Improvement Plan (PIP) process and its efforts to enhance service availability and accessibility. The Monitor will review the seven evaluations and discuss them in the next monitoring report.

B. Services to Families Performance Benchmarks

Continued Support for Family Success Centers

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
48. Continued Support for Family Success Centers: DCF shall continue to support statewide network of Family Success Centers.	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	37 Family Success Centers statewide.	37 Family Success Centers statewide.	Ongoing Monitoring of Compliance

Performance as of December 31, 2009:

As previously reported, in 2007 New Jersey began developing a network of Family Success Centers (FSCs), initially with 21 centers. FSCs are intended to be neighborhood-based places where any community resident can access family support and services. Now, in the third year of the initiative, New Jersey has a total of 37 FSCs in 16 counties. FSCs are situated in many types of settings: storefronts, houses, schools, houses of worship, or housing projects. Services range from life skills training, parent and child activities, advocacy, parent education and housing related activities. These services are available to any family in the community.

As shown in Table 24 below, DCF served 23,487 families in this monitoring period through the FSCS compared to 24,492 families served in the prior six months. As Table 24 below indicates, DCF reports that the number of services provided—families can receive multiple services—increased to 75,191, up from 72,688 in the previous monitoring period. As reflected in the table, the most requested services are general information and referral services[143] (20,076), child, maternal health and family health information[144] (13,564), and life skills (7,418).

[143] Information and referral services mean that FSC staff gave information to families about an agency they requested or needed help from either on the phone, in person, or via email. FSC also assists families in this category to access agencies who could assist the families.
[144] Families seeking health services for all members of the family, including child screenings and immunizations.

Table 24: Families Served By Family Success Centers by Types of Service Provided* (January – June 2010)

Level of Service							
FSC Unduplicated # families served	**Jan-'10**	**Feb-'10**	**Mar-'10**	**Apr-'10**	**May-'10**	**Jun-'10**	**Total**
	4,282	3,741	4,010	4,550	3,503	3,401	23,487
Type of Services Provided							
Core Services	**Jan-'10**	**Feb-'10**	**Mar-'10**	**Apr-'10**	**May-'10**	**Jun-'10**	**Total**
Access to child, maternal and family health information	1,964	2,154	2,466	2,459	3,001	1,520	13564
Development of "Family Success" plans	240	206	316	295	225	281	1,563
Self-sufficiency/employment related services	2,314	1,556	1,591	1,249	1,325	895	8,930
Information and referral services	3,217	2,594	2,829	5,384	3,114	2,938	20,076
Life Skills	1,434	1,367	1,232	1,081	1,047	1,257	7,418
Housing-related services	679	436	496	493	347	405	2,856
Parent education	641	614	1,079	740	873	919	4,866
Parent-child activities	905	1,059	1,109	1,371	1,280	1,216	6,940
Advocacy	946	774	1,543	1,122	1,095	1,182	6,662
Home visits	567	525	386	426	50	362	2,316
Total	12,907	11,285	13,047	14,620	12,357	10,975	75,191

Source: DCF

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

DCF speculates that the severe winter weather may have been a factor in the decrease in the number of families served by the FSCs in the past six months. With change in DYFS leadership and the naming of a new Director of Prevention and Community Partnerships, DCF is evaluating its Family Success Centers to determine the strengths and challenges of the current lead agencies, and better ways to collaborate with them and build capacity to provide services in the community. The State reports that it is considering using Family Success Centers as potential community based loci from which to provide services to teens, specifically youth who are aging out of DYFS and facing critical needs, such as housing, education and employment. DCF is also appropriately interested in finding better ways to integrate the work of the FSCs with DCF's overall efforts to support families and prevent maltreatment. The Monitor will be following these plans closely.

Statewide Implementation of Differential Response

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
49. Statewide Implementation of Differential Response, Pending Effectiveness of Pilot Sites: Progress toward implementation of Differential Response statewide.	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	Six counties with Differential Response sites.	Six counties with Differential Response sites.	Ongoing Monitoring of Compliance[145]

Performance as of June 30, 2010:

As previously reported, in April 2007, DCF awarded contracts under its Differential Response Pilot Initiative and in early 2009 DCF expanded its Differential Response Program. Currently, Differential Response operates in six counties (Camden, Cumberland, Gloucester, Salem, Middlesex and Union). DCF is currently undertaking an effort to gather information, evaluate and assess the Differential Response model as implemented. This effort has begun with focused meetings with the Directors and staff of the Differential Response agencies to understand how the model, as implemented, has conformed to the original expectations. Based on these meetings, as well as the work being completed by other workgroups to clarify which families should be referred to Differential Response, DCF intends to adjust its model. Ultimately, DCF anticipates conducting a cross-site program evaluation to ensure the model is meeting the needs of children and families in a uniform manner and to expand the program implementation statewide.

In this monitoring period, the Differential Response agencies served 724 families. DCF was able to provide data on the primary reasons for referrals to Differential Response agencies. The top two reasons were housing, rent and utilities as well as emergency financial/food/clothing assistance.

[145] DCF is currently undertaking an effort to gather information, evaluate and assess the Differential Response model as currently being implemented and will adjust the model as necessary to expand the program implementation statewide.

XII. SERVICES TO OLDER YOUTH

During Phase I of the MSA, DCF created and promoted policies to provide continued support and services to youth aged 18-21, including monitoring youth in DYFS custody until age 21.

Forty-six DYFS local offices have either an adolescent unit or designated adolescent workers (this includes all offices but the Newark Adoption Office). Each of these offices has at least one caseworker, one supervisor, and one casework supervisor dedicated to working with adolescents. As part of understanding outcomes for older youth, the Monitor conducted a limited case record review of youth who were considered to have exited DYFS custody. A supplemental report detailing the findings and recommendations from the report will be released in early 2011.

DCF continues to train DYFS staff on best practices to serving older youth in foster care. The Office of Adolescent Permanency and Practice worked with the National Resource Center for Youth Services, the Training Academy and Rutgers University to train 126 staff on all three modules of Adolescent training. These models focus on positive youth development and life skills. An additional 55 staff attended at least one training during this reporting period. The Office of Adolescent Permanency and Practice also provided six training sessions to 206 staff, entitled "Adolescence Too", which focused on: the Independent Living Skills Assessments and transition plans, Medicaid Extension for Young Adults, Permanency for Older Youth, GLBTQI youth and Safe Space Liaisons, and ways to keep older youth active with DYFS.

A. Services for GLBTQI Population

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

The Safe Space initiative creates "safe zones" that GLBTQI youth can easily recognize. This strategy provides environments where GLBTQI youth can feel supported in accessing resources and talking about their needs. There are a total of 55 primary Safe Space liaisons (with additional back up liaisons) identified for all 47 DYFS local offices. Two DYFS residential treatment programs also have liaisons. Safe Space liaisons are responsible for identifying local resources to support GLBTQI youth and for making sure that staff and youth are aware of these resources.

GLBTQI competency training is a part of a two-day cultural competency training for all field staff. Between January and June 2010, 148 staff completed the module. As a result, 954 DYFS staff have now received this training. Additional training on GLBTQI youth issues are included in the "Adolescence Too" training.

DCF continues to seek out resources for this population and ensure that staff, especially the Safe Space Liaisons, are aware of GLBTQI services. A Safe Space Liaison Resource Management website, located within the Training Academy website, facilitates communication about resources among the liaisons. All Liaisons were trained to use this website in January 2010. Additionally, DCF obtained 200 copies of "It's Your Life", a booklet prepared by the American Bar Association to help GLBTQI youth navigate the child welfare system. A link to this resource is also available on the Safe Space Liaison Resource Management website.

B. Performance Benchmarks Measuring Services to Older Youth

Independent Living Assessments

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
53. Independent Living Assessments: Number/percent of cases where DCF Independent Living Assessment is complete for youth 14-18.	a. By December 31, 2009, 75% of youth age 14-18 have an Independent Living Assessment. b. By December 31, 2010, 85% of youth age 14-18 have an Independent Living Assessment.	By December 31, 2011, 95% of youth age 14-18 have an Independent Living Assessment.	As of January 2010, 47% of youth aged 14-18 in out-of-home placement had an Independent Living Assessment.	As of June 30, 2010, 83% of youth aged 14 to 18 in out-of-home placement for at least six months had an Independent Living Assessment.	Yes

Performance as of June 30, 2010:

As of June 30, 2010, DCF reports that 83 percent of youth aged 14-18 in out-of-home placement for at least six months had an Independent Living Assessment completed. This represents a large improvement in performance.

Independent Living Assessments are filled out by the youth or his/her caregiver online. These assessments examine the youth's knowledge related to financial decisionmaking, work and study skills, self care, social relationships, and other life skills.

On June 30, 2010, there were 1,286 youth aged 14-18 in out-of-home placement for at least six months. Of the 1,286 youth, 1,063 (83%) had assessments completed, 223 (17%) did not. The State met the interim performance benchmark of 75 percent of youth 14-18 with a completed Independent Living Assessment.

The completion of such assessments is encouraging given that less than one year ago the compliance rate for this measure was two percent. DCF's directives to the field and training of staff have resulted in significantly improved performance on this measure.

Services to Older Youth

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
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.	a. By December 31, 2009 75% of older youth (18-21) are receiving acceptable services as measured by the QR. b. By December 31, 2010 75%of older youth (18-21) are receiving acceptable services as measured by the QR.	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the QR.	To be assessed in the future.	To be assessed in the future.[146]	Data Not Available[147]

Performance as of June 30, 2010:

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

Between January and June 30, 2010, DYFS served 2,265 youth aged 18-21. Of the 2,265 youth, 851 (38%) were living in out-of-home placement and 1,414 (62%) were living in their own homes. An additional 1,064 youth aged 18-21 were receiving adoption or Kinship Legal Guardianship subsidies.

During Phase I, DCF created policy allowing youth aged 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 youth unless they formally request that their case be closed. 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.

[146] Qualitative measures will be assessed through the Qualitative Review process which is currently in the pilot phase.
[147] Monitor assessed performance through a case record review of adolescent cases. Report to be released in the winter of 2011.

Some critical aspects of working with youth aged 18 -21 include connecting youth to health insurance, supporting youth in pursuing higher education, and in finding stable housing. DCF reports that a Chafee Coordinator works within the Office of Child Health Services to ensure that eligible youth receive the appropriate type of Medicaid. DCF reports that 92 percent of youth leaving DYFS custody between January 1 and June 30, 2010 have some form of Medicaid health insurance for at least one month after placement. In this reporting period, 168 youth age 17.8-20.9 were discharged from DYFS custody. Of the 168, 62 (37%) had received at least one month of Chafee Medicaid and 93 (55%) had at least one month of Medicaid through DYFS or through other programs such as TANF or SSI. [148]

The NJ Scholars program is another service the Monitor has tracked for youth involved with DYFS. Through the NJ Scholars program, participants can receive funding assistance for tuition, books, and related school expenses. According to DCF, 340 youth were a part of the NJ Scholars program between January and June 2010. Of the 340 youth, 216 (64%) received scholarship funds and support services (through Project MYSELF) during that time period. DCF reports that 124 (36%) youth received only supports, such as coaching and mentoring, because they were no longer eligible for financial assistance.[149] The participation of youth in the NJ Scholars Program, especially the number of youth receiving financial assistance, has significantly declined. For the 2007-2008 school year, there were 556 participants in the NJ Scholars Program, 443 (80%) of whom received funding. For the 2008-2009 school year, there were 398 participants, 305 (76%) of whom received funding. At the beginning of the 2009-2010 school year, there were 371 participants with 325 (88%) receiving funding. The steady decline in participants is concerning.

In the spring, the Monitor visited with staff of Project MYSELF to understand the supports currently available to youth in the NJ Scholars program. Staff reported that youth involved with the NJ Scholars program frequently face housing emergencies and challenges with meeting their basic needs for clothing and food. A small component of Project MYSELF is a summer internship program which also provides housing and supports for 14 students at Rutgers University. Staff report receiving more applications than slots available and DCF is working to expand the resources available to this program by next summer.

DCF also reports developing strategies to increase NJ Scholars participation. DYFS and Foster and Adoptive Family Services (FAFS) are working to increase outreach events to promote the NJ Scholars program, conduct workshops to help youth fill out the Free Application for Federal Student Aid (FAFSA) and the NJ Scholars applications, identify and recruit youth for NJ Scholars, and include information about NJ Scholars in Adolescent worker training. While not all of these strategies are in place, DYFS reports that FAFS has received 25 completed applications for the 2010-2011 school year as compared to zero at the same time last year. The Monitor will continue to follow the effectiveness of these strategies.

[148] DCF also provided data about a different cohort of youth discharged between July 1 and December 31, 2009 who needed and received Medicaid for at least six months after discharge. DCF reports that 82 percent of those youth received Medicaid for at least six months. Medicaid coverage includes Medicaid through DYFS, through Medicaid Extension for Young Adults (Chafee), and Medicaid, not through DYFS.

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

Youth Exiting Care

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
55. Youth Exiting Care: Youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	a. 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. b. By December 31, 2010 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	By December 31, 2011, 95% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	Not Available	Not Available	Not assessed in this report[150]

Performance as of June 30, 2010:

In an effort to assess outcomes for youth exiting care, the Monitor conducted a case record review of all youth aged 18-21 who exited from DYFS custody. Information about this measure will be forthcoming in a supplemental report. DCF does not yet systematically collect data on these outcomes for youth.

The following information describes DCF's efforts to ensure housing for older youth. During Phase I, the sole MSA requirement regarding Transitional Living Housing was for DCF to establish 18 beds for youth transitioning out of the foster care system by June 2008 (Section II.C.11). The State far exceeded this requirement by contracting for 240 beds. Further, in October 2009, DCF issued a Request for Proposals (RFP) to provide additional transitional living supports and housing to youth in Essex County where there is a high demand for transitional living supports.[151]

[150] Monitor assessed performance through a case record review of adolescent cases. Report to be released in early 2011.

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

XIII. SUPPORTING A HIGH QUALITY WORKFORCE: CASELOADS AND TRAINING

DCF has continued to maintain key infrastructure improvements that were the focus of Phase I investments. A spike in child abuse and neglect reports to the SCR this monitoring period had a negative impact on caseloads of Intake staff, but the State met or came close to meeting all caseload targets in other areas despite the increased workload.

A. Caseloads

Monitoring Period VIII Caseload Reporting

Caseload compliance is measured by individual caseworker caseloads in each of the functional areas (Intake, Permanency, and Adoption) as well as a standard for DYFS local offices. Investigators in the Institutional Abuse Investigations Unit (IAIU) have had an individual caseload standard since Period IV (June 2008). Table 25 summarizes the caseload expectations for individual workers. Office-wide average caseloads are to comply with the applicable functional area caseload standards in 95 percent of all DYFS local offices and at least 95 percent of workers in each of the functional areas are to have individual caseloads meeting the designated standard (MSA Section III.B.1).

Table 25: 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 two hours and five 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 eight 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.[152]	IAIU staff workers are to have no more than 12 open cases at any one time and no more than eight 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).

Interview procedure

The Monitor verified the caseload data supplied by the State by conducting telephone interviews with randomly selected caseworkers across the state. One hundred twenty-five caseworkers were selected from those active in June 2010. Of the 47 DYFS local offices, 46 were represented in the sample. The interviews were conducted throughout the month of July 2010. All 125 caseworkers were called. Information was collected from 97 caseworkers (77% of the sample), located in 46 offices. Approximately 11 of the remaining 28 caseworkers were no longer employed by DYFS or were on extended leave during the period of the calls and were not included in the sample. Contact was attempted at least three times for all those that were not interviewed.

In the interviews, caseworkers were asked about their caseload size in June 2010 and their responses were compared to the caseload information the State supplied for June 30, 2010 from NJ SPIRIT. They were also asked about their caseload size on the day of the call. Identified

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

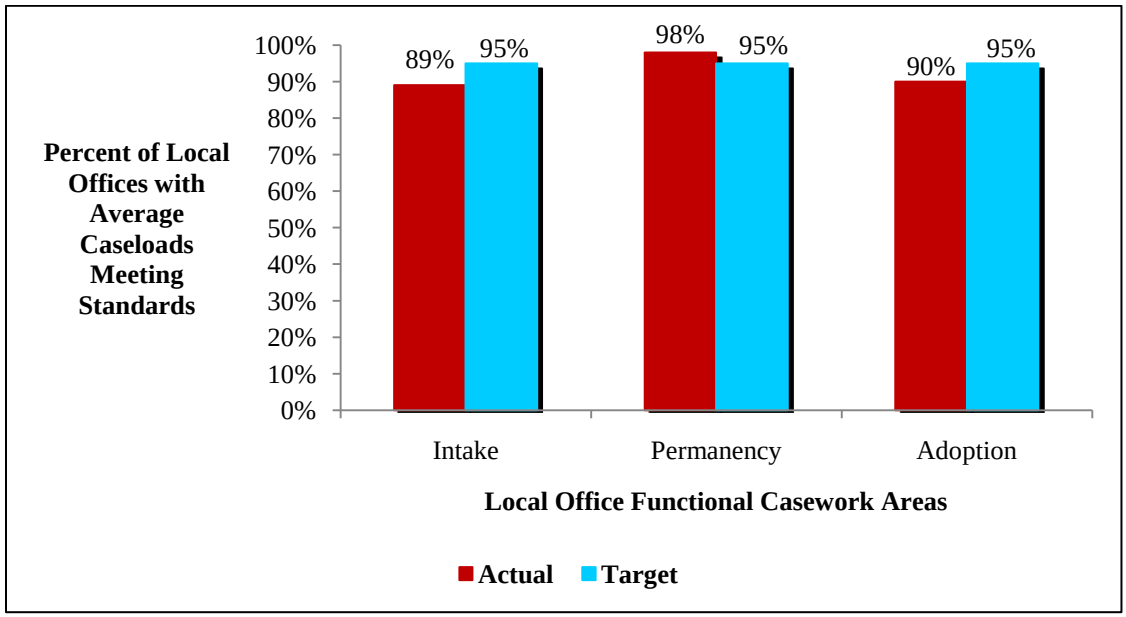
discrepancies were discussed with the caseworkers. The Monitor found that in general, NJ SPIRIT accurately reflects worker caseloads. In addition, the interviews collected information about any caseload fluctuation between January and June 2010 and the range of cases caseworkers had experienced—the highest number of cases and the lowest number of cases. Although not all 125 selected caseworkers responded, the Monitor believes sufficient information was gathered from the 97 caseworkers 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 State's performance on supervisory ratios is at the end of the caseload discussion.

DCF/DYFS did not meet the office average caseload standards in two of the three functional areas.

DCF/DYFS met the average office caseload standards in the area of Permanency. Both Intake and Adoption failed to meet the 95 percent standard. Figure 12 summarizes the Period VIII performance. Appendix B, Tables B1-5 provide caseload averages for each office. Over the course of the monitoring period, Intake rates ranged from 80-98 percent, Permanency ranged from 98-100 percent, and Adoption ranged from 90-100 percent.

Figure 12: Percent of DCF/DYFS Local Office Average Caseloads for Intake, Permanency, and Adoption Meeting Applicable Caseload Standards (January – June 2010)

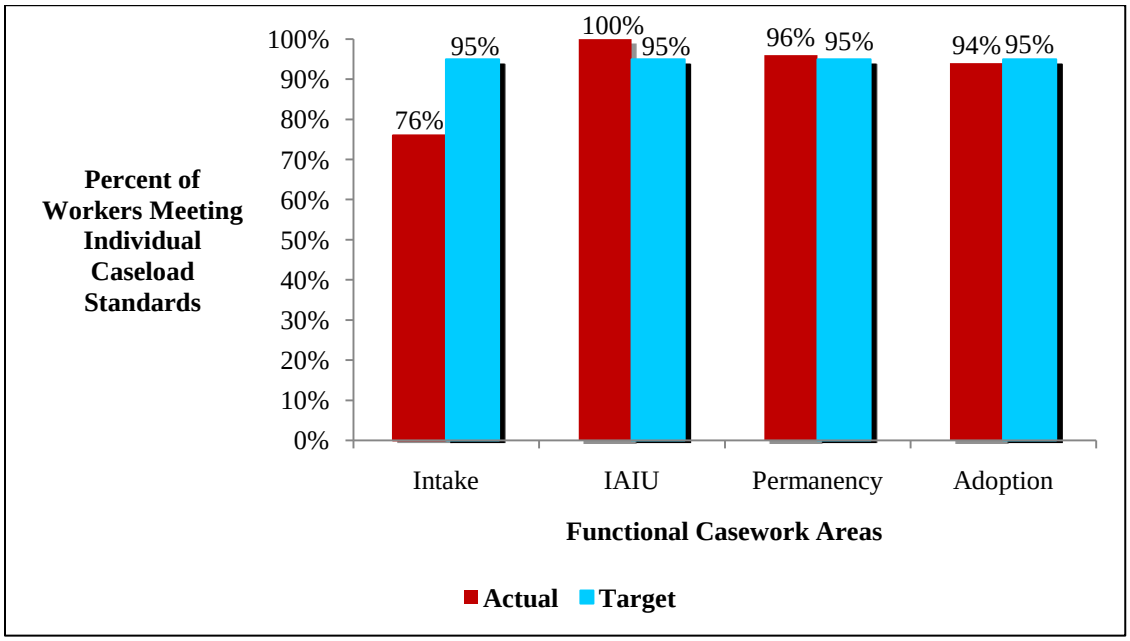


Source: DCF NJ SPIRIT Data

On June 30, 2010, 89 percent of the DCF/DYFS caseworkers had individual caseloads that were at or below the individual caseload standards.

Individual caseloads complied with individual caseload standards in all areas except Intake. Among Intake workers, 76 percent of the caseworkers had caseloads that were at or below the caseload standard. DCF/DYFS caseloads appeared to be stabilizing over time, but a jump in SCR reports during the monitoring period may explain these numbers, particularly for Intake workers. March 2010 saw the highest number of maltreatment reports in DYFS history.

Figure 13: Percent of DCF/DYFS Caseworkers with Individual Caseloads At or Below the Applicable Individual Caseload Standards (January – June 2010)



Source: DCF NJ SPIRIT Data

Additional details on individual caseload findings are as follows:

- **Intake**

The individual worker caseload standard for Intake workers as of June 30, 2010 was not met. The State reported 856 active Intake caseworkers in June 2010. Among the 856, 649 (76%) caseworkers had caseloads that were at or below the caseload requirements. For the 207 Intake workers who did not meet caseload requirements, the number of new intakes in the month of June ranged from 9-13 and the number of open cases in the month ranged from 13-31 families. Over the course of the monitoring period between 68 and 92 percent of Intake workers had caseloads meeting the standard.

Among the 97 caseworkers that participated in the phone interview for caseload verification, 75 were Intake caseworkers. Thirty-four of the 75 Intake workers (45%) had experienced fluctuating caseloads between January and June 2010. This is in comparison to the phone survey results from the last monitoring period where 24 percent of Intake workers surveyed had experienced fluctuation. The fluctuation in caseloads is likely a result of the unexpected jump in SCR reports of child abuse and neglect during this monitoring period.

Workers Report Lack of Clear Guidelines on "Shared" Cases

The percentage of Intake caseworkers meeting the "case" count component of the performance standard may be modestly overstated as some portion of Intake and Permanency caseworkers actually "share responsibility" for some cases (families). This circumstance was raised by Intake workers last monitoring period in interviews and discussed further with DCF. According to DCF, all CPS-Family reports are assigned to Intake workers to investigate and these reports are reflected in caseload reporting as "new assignments" in the month of the report and as one of the "open cases" for the month. When circumstances indicate that a permanency case needs to be opened before the investigation is complete or a family with an open permanency case is the subject of a CPS-Family report, the family becomes the focus of both Intake and Permanency workers until the investigation is completed.

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

DCF reports that Intake supervisors in DYFS local offices are expected to appropriately manage the workload of their units and consider an Intake worker's primary and secondary responsibilities when assigning new referrals. The following table provides the exact number of secondary Intake worker assignments by month during this monitoring period.

Table 26: Number of DCF/DYFS Investigations and Secondary Intake Assignments by Month (January – June 2010)

2010	Investigations	Secondary Intake Worker Assignments
January	5,578	674
February	4,715	616
March	6,773	681
April	5,919	591
May	6,220	781
June	6,229	719

Source: DCF NJ SPIRIT Data

The Monitor asked questions designed to follow up on the topic of "secondary" cases during phone interviews. Intake workers were asked how prevalent secondary cases are, what effect these cases have on their workload, and how they are measured. Of the 75 intake workers interviewed, 90% reported being assigned as a secondary worker on an open permanency case in the past. Most Intake workers confirmed that the secondary designation is not reflected in the caseload counts of "open cases" for Intake workers in SafeMeasures or in the SPIRIT reports provided to the Monitor. Many workers expressed general confusion as to how these cases were specifically tracked. The majority of Intake workers responded that the workload for open permanency investigations where they are designated as "secondary" is equivalent to that of a regular investigation. Intake workers responded that most supervisors were aware of the actual workload of their staff even when accounting for the measurement challenges, but a lack of clear guidelines on shared cases may result in an uneven distribution of workload and inconsistent practice.

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

The individual worker caseload standard for IAIU investigators as of June 30, 2010 was met. According to the data supplied by the State, all 59 investigators had caseloads in compliance with the standard.

- **Permanency**

The individual worker caseload standard for Permanency workers as of June 30, 2010 was met. The State reported 1,208 active Permanency caseworkers in June 2010. Of the 1,208 caseworkers, 1,164 (96%) caseworkers had caseloads that were at or below the caseload requirements. Among the 44 (4%) permanency caseworkers that had caseloads over one or both of the caseload component caps, 40 workers had 16-20 families and four had 11-12 children in placement. Between January and June 2010, 96-98 percent of Permanency workers had caseloads meeting the standard.

Among the 97 caseworkers that participated in phone interviews conducted by the Monitor for caseload verification, 17 were in Permanency units. Five of the 17 caseworkers interviewed (29%) reported fluctuating caseloads between January and June 2010. This compares to 14 percent of Permanency workers who reported fluctuating caseloads during phone interviews for monitoring period seven (July and December 2009). Permanency workers reported caseloads as low as eight families and up to18 families in the six-month period.

- **Adoption**

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

The individual worker caseload standard for Adoption workers as of June 30, 2010 was met.[153] The State reported 251 active Adoption caseworkers in June 2010. Of the 251, 236 (94%) workers had caseloads that were at or below the caseload requirement. Among the 15 (6%) caseworkers with caseloads over 15 children, nine had 16 children, and six had between 17 and 24 children. Caseload standard rates over Period VIII ranged from 94-98 percent.

Among the 97 caseworkers that participated in the phone interviews conducted by the Monitor for caseload verification, five were Adoption workers. One of the five Adoption workers (20%) experienced fluctuating caseloads between January and June 2010. This is an increase from the eight percent of Adoption workers which reported fluctuating caseloads in phone interviews for monitoring period seven (July – December 2009). All workers interviewed in this monitoring period were in compliance with caseload standards.

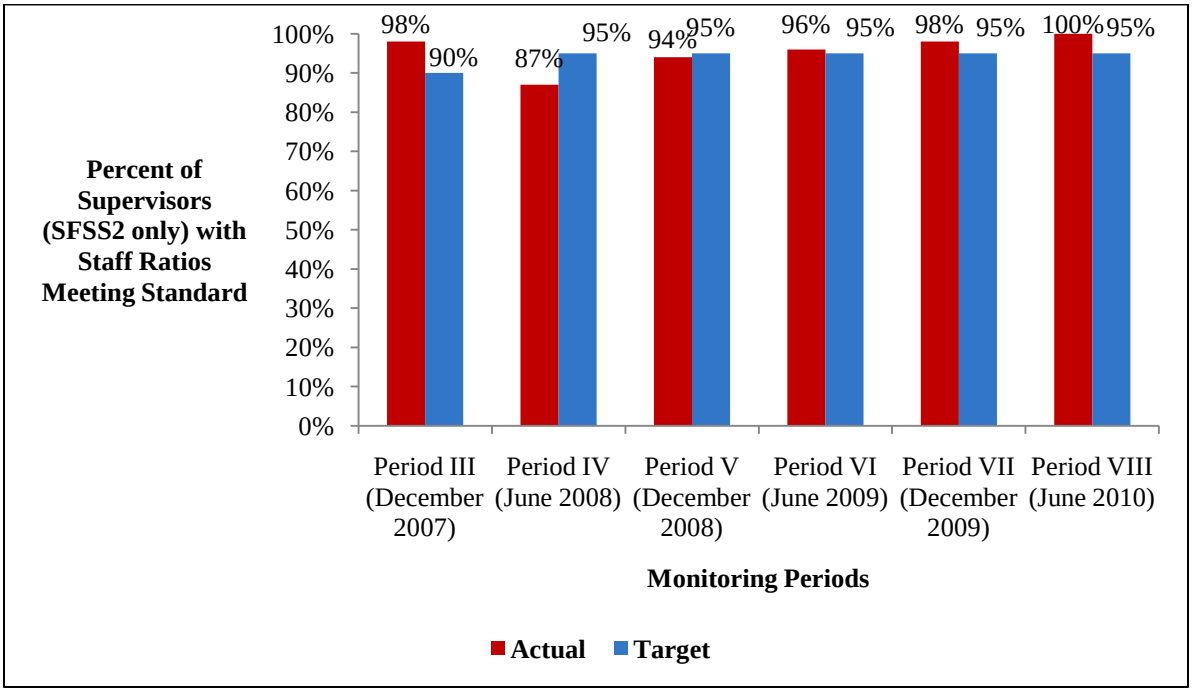
The standard for the ratio of supervisors to workers was met for the period ending June 30, 2010.

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 five workers to one supervisor ratio (Section II.E.20).

As displayed in Figure 14, the State reported that 100 percent of DYFS local offices have sufficient supervisors to have ratios of five workers to one supervisor. Appendix B, Table B-6 contains supporting detail for each office, including the number of supervisors at each level. The Monitor verified the State reported information about supervision by asking all 97 case managers interviewed the size of their units and 95 percent reported having units of five or fewer caseworkers.

[153] The Monitor considers the requirement to have been met if performance is at or within one percent of the target.

Figure 14: NJ DCF/DYFS Supervisor to Caseload Staff Ratios (December 2007 – June 2010)



Source: DCF

Adequacy of DAsG Staffing

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2009 Performance	June 2010 Performance	Requirement Fulfilled as of June 30, 2010 (Yes/No/Ongoing)
22. Adequacy of DAsG Staffing: Staffing levels at the DAsG office.	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 by June 30, 2012.	134 (94%) of 142 staff positions filled with six staff on full time leave; 128 (90%) available DAsG.	131 (92%) of 142 staff positions filled with seven staff on full time leave; 124 (87%) available DAsG.	No

Performance as of June 30, 2010:

DCF reports that as of June 30, 2010, 131 of 142 DAsG staff positions are filled. Of those, seven DAsG are on full-time leave. Thus, there are a total of 124 available DAsG.

B. Training

Regular and timely training of DCF staff has become a routine part of practice as intensive training on New Jersey's Case Practice Model continues apace. The State fulfilled all of its training obligations required by the MSA, as shown in Table 27 below.[154]

Table 27: Staff Trained
(January 1 – June 30, 2010)

Training	Settlement Commitment Description	# of Staff Trained in 2006	# of Staff Trained in 1st 6 months 2007	# of Staff Trained in 2nd 6 months 2007	# of Staff Trained in 1st 6 months 2008	# of Staff Trained in 2nd 6 months 2008	# of Staff Trained in 1st 6 months 2009	# of Staff Trained in 2nd 6 months 2009	# of Staff Trained in 1st 6 months 2010	Total # of Staff Trained (Cumulative)
Pre-Service	Ongoing: New caseworkers shall have 160 class hours, including intake and investigations training; be enrolled within two weeks of start date; complete training and pass competency exams before assuming a full caseload.	711	412	168	90	114	55	88	118	1,756
In-Service Training	Ongoing: Staff shall have taken a minimum of 40 hours of in-service training	N/A	3,001		3,015		2,846			*
Concurrent Planning	Ongoing: Training on concurrent planning; may be part of 20 hours in-service training by December 2007.	2,522	729	387	87	96	85	57	59 out of 63(94 %)	4,022
Investigations & Intake: New Staff	Ongoing: New staff conducting intake or investigations shall have investigations training and pass competency exams before assuming cases.	N/A	650	62	127	104	114	95	231 (225 out of 225 or 100% + addtl 6)	1,383
Supervisory: New Supervisors	As of December 2006 and ongoing, newly promoted supervisors to complete 40 hours of supervisory training; pass competency exams within three months of assuming position.	N/A	114	65	35	16	61	25	11	327
Adoption Worker	As of December 2006 and ongoing, adoption training for adoption workers.	91	140	44	38	22	31	18	46	430

* No cumulative number, because the same population is required to receive 40 hours of in-service training each year; therefore, a cumulative number would the number of training sessions, not an accurate report on numbers of staff trained.

[154] In any six month period there is not an exact correlation between number of staff trained and number of staff hired because of different points of entry, as reflected, for example, in the number of staff hired in the previous monitoring period that were trained in this monitoring period, and the number of staff hired in this monitoring period that will be trained in the next monitoring period.

Pre-Service Training

One hundred and four trainees (Family Service Trainees and Family Service Specialists) were hired between January 1 and June 30, 2010. As reflected in Table 27, DYFS trained 118 workers between January 1 and June 30, 2010. Thirty-six of the 118 workers trained in this monitoring period were hired in the prior monitoring period (Period VII), and another 13 of the 118 trained were BCWEP students.[155] Twenty-two of the 104 hired in this monitoring period are enrolled in Pre-Service training.

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

Case Practice Model

The State is continuing to train its workforce on the Case Practice Model, the foundation of the change in practice in New Jersey.

As reflected in Table 28 below between January 1 and June 30, 2010, the New Jersey Child Welfare Training Academy (the "Training Academy") trained 176 staff on Module 1 of the Case Practice Model, and 149 staff on Module 2, the first two training modules that staff take in the six part series.

Modules 3 through 6 take place on site in DYFS local offices and are part of the immersion training described in previous reports. In these immersion sites, between January 1 and June 30, 2010, 560 staff were trained in Module 3; 592 staff were trained in Module 4, 455 staff were trained in Module 5, and 110 were trained in Module 6 in this monitoring period. The responsibility to train staff on Modules 3 through 6 will shift from outside consultants to the New Jersey Training Academy at the conclusion of the next monitoring period.

The Monitor reviewed a statistically valid random sample of staff transcripts reflecting Case Practice Model training and cross-referenced them with Human Services data to determine that staff took Case Practice Model training and passed competency exams.[156]

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

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

Table 28: Staff Trained on Case Practice Model Modules (January 2008 – June 2010)

Training	Settlement Commitment Description	# of Staff Trained in 2nd 6 months 2007	# of Staff Trained in 1st 6 months 2008	# of Staff Trained in 2nd 6 months 2008	# of Staff Trained in 1st 6 months 2009	# of Staff Trained in 2nd 6 months 2009	# of Staff Trained in 1st 6 months 2010	Total # of Staff Trained (Cumulative)
Module 1 - Engaging Families and Building Trust-Based Relationships	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.	200	3595	256	110	89	176	4,426
Module 2 - Making Visits Matter	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.	N/A	711	2,922	89	112	149	3,983
Module 3 - Teaming with Families	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.	N/A	N/A	N/A	872	706	560	2,138
Module 4 - Assessment	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.	N/A	N/A	N/A	649	640	592	1,881
Module 5 - Planning and Intervention	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.	N/A	N/A	N/A	378	885	455	1,718
Module 6 - Supervising Case Practice in NJ	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.	N/A	N/A	N/A	37	207	110	354

Concurrent Planning

Rutgers School of Social Work continues to provide concurrent planning training to all staff who complete Pre-Service training or to staff who recently became case-carrying staff and are in need of concurrent planning training. Concurrent planning is the practice of simultaneously planning for more than one permanency outcome for a child in care. As reflected in Table 27, 59 of 63 (94%) new DYFS caseworkers were trained in concurrent planning between January 1 and June 30, 2010. Of the remaining four, two completed training in July 2010, one is on leave, and one completed training in September 2010. All passed competency exams.

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

Investigation (or First Responders) Training

All 225 employees (100 percent) assigned to intake and investigations in this monitoring period successfully completed First Responders training and passed competency exams (See Table 28). In addition, six employees assigned to intake and investigations in the previous monitoring period (Period VII) also completed training and passed competency exams during this monitoring period, for a total of 231 investigators to have completed training and passed exams. Another investigator hired in the previous monitoring period (Period VII) is on leave.

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

Supervisory

One of eleven supervisors appointed between January 1 and June 30, 2010 completed supervisory training during this monitoring period, the remaining ten are scheduled to complete training in the next monitoring period. An additional 10 of 12 supervisors appointed at the end of the previous monitoring period (Period VII) also completed training in this monitoring period, for a total of 11 supervisors to have completed training between January 1 and June 30, 2010. Of the remaining two supervisors appointed in Period VII, one is no longer a supervisor and one was on leave during the period and began training when she returned.

The State provided the Monitor with a Human Resources roster that includes promotion and training dates. The Monitor cross-referenced all eleven 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

Forty-three adoption workers appointed in this monitoring period were trained between January 1 and June 30, 2010. Another three adoption workers who were appointed in the previous monitoring period (Period VII) were also trained in this monitoring period, for a total of 46 workers trained (See Table 28).

The Monitor reviewed 20 percent of staff transcripts and cross-referenced them with Human Resource data to verify that the State complied with MSA (Section II.G.9.).

IAIU Training

DCF has been developing a specialized training for IAIU investigators. During the previous monitoring period, the Training Academy tested the new three day course with IAIU managers and supervisors and made final adjustments to content. The Training Academy conducted the first three day IAIU training in August and a second class is scheduled for September and October. The Training Academy plans to continue to roll out the new course until all 72 IAIU staff members have completed the training.

In addition, DCF reports that 21 of 72 (29%) investigators and supervisory IAIU staff completed Module 1 of the Case Practice Model training during this monitoring period. DCF also reports that 9 IAIU staff of 72 (13%) completed Module 2 in this monitoring period.

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

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

Assessing Quality of Practice

A number of outcomes in the Child and Family Outcome and Case Practice Performance Benchmarks will be assessed using the New Jersey Qualitative Review (QR).[157] A QR is an in-depth case review and practice monitoring effort to assess how children and their families benefit from services received and how well multiple service systems are organized to support and maintain positive outcomes for children and families.

DCF continues to develop the Qualitative Review (QR) process. This work is managed by the new Office of Continuous Quality Improvement, headed by the former Director of DYFS.

The Department maintains that it views the QR process and results as part of the work to track outcomes as required by the MSA, but also as a part of its internal review processes. DCF plans to use QR results to inform progress in meeting targets of the State's federal Child and Family Services Review Performance Improvement Plan. DCF is using the reviews during this pilot phase to assist in editing the QR protocol, training a cadre of local reviewers and further developing the statewide review process.

The Monitor has previously commented on the State's delays in developing its QR system and overall statewide capacity. The Monitor expects to receive information about the State's overall QR plan by the end of January 2011 and reach final agreement with DCF on the QR Plan by January 31, 2011. This plan is to include, for example: case selection criteria, a statewide sampling plan, training and certification of lead reviewers and protocols to ensure reliability of data and expected steps following each review to address individual case issues as well identified local and state level systemic barriers to fully implementing the Case Practice Model. The Monitor is pleased that the QR and other qualitative reviews are going to be managed by the new Office of Continuous Quality Improvement (CQI) and has high expectations for the work going forward.

Table 29 below outlines the QRs conducted statewide from March to November 2010. Each time 10 to 12 foster care or in-home service cases are selected for review along with three to four investigations. A report of the results of the pilot reviews is to be completed during early 2011.

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

Table 29: New Jersey Qualitative Reviews Pilot (March - November 2010)

Location/County	Week
Monmouth	March 1-5
Burlington	April 19-23
Bergen	May 17-21
Gloucester	June 21-25
Hudson	July 19-23
Ocean	September 13-17
Essex	September 27 - October 1
Camden	October 18-22
Passaic	November 15-19

Source: DCF

During the last monitoring period, New Jersey began work to design the QR protocol. During this monitoring period, the State drafted the QR protocol and developed a methodology and plan for piloting QRs. DCF is using 2010 as its pilot year for QRs. During this monitoring period, reviews were held in four counties, Monmouth, Burlington, Bergen and Gloucester. Five additional reviews were held through mid-November 2010 in Hudson, Ocean, Essex, Camden and Passaic counties.

Individuals (field and DCF central office staff as well as external stakeholders) have been trained and mentored by both consultant reviewers and monitoring staff with QR expertise to conduct reviews. The Monitor expects that following classroom training, multiple field training opportunities and multiple review experiences, those individuals will become certified reviewers with the skill and expertise to conduct reviews and train and mentor new reviewers, adding to the State's ability to fully internalize the QR for multiple uses. Both the State and the Monitor are focused on ensuring the integrity and reliability of the review process, as well as the data produced.

NJ SPIRIT

DCF continues to work to improve data entry, data quality and data reporting through NJ SPIRIT. Additionally, DCF continues to fulfill the MSA requirement to produce agency performance reports with a set of measures approved by the Monitor and to post these reports on the DCF website for public viewing (MSA II.J.6).[158]

[158] See http://www.state.nj.us/dcf/home/childdata/index.html.

NJ SPIRIT functionality was again enhanced during this monitoring period. The enhancements include changes to meet the new Federal reporting requirements for the National Youth in Transition Database (NYTD) and the Fostering Connections to Success and Increasing Adoptions Act of 2008.

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

The Federal Administration of Children and Families (ACF) conducted on on-site review of the compliance of NJ SPIRIT. DCF received positive feedback indicating that NJ SPIRIT and Safe Measures are being used by DYFS staff as intended. ACF is preparing a report on its site visit. The Monitor will provide information on this report in the next monitoring report.

In this monitoring period, the Help Desk opened 10,046 tickets requesting help or NJ SPIRIT fixes. Of the 10,046 tickets open, 9,544 (95%) tickets were closed by June 30, 2010. The Help Desk resolved 4,963 (52%) of the 9,544 closed tickets within one work day and an additional 2,291 (24%) tickets within seven work days for a total of 76 percent resolved within seven work days.

Safe Measures

DCF reports continued refinement to reporting on data from Safe Measures. Safe Measures provides DCF with the ability to measure utilization and DCF has seen a sustained increase in Safe Measures usage. DCF added several enhancements to Safe Measures based on requests from the field to develop new screens, design new features and make revisions to some screens.

Additionally, DCF has added a number of new reports to Safe Measures to help staff better manage caseloads and worker responsibilities. These reports include caseload reports, safety and risk assessment completion screens, sibling visitation screens and new screens on immunizations and semi-annual dental exams.

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

During this monitoring period, DCF completed the first phase of its Manage by Data Initiative with the Northeast and Caribbean Implementation Center (NCIC). The first phase included a survey of best practices used by child welfare agencies in other states and interviews with appropriate staff from Illinois, Kentucky, Rhode Island, Texas and Utah. DCF is currently working on the second phase to build the necessary infrastructure to develop and implement a manage by data model specific to New Jersey. The second phase includes the training of 100 "fellows" from throughout DCF to become users of data for management purposes. These

fellows will attend training over an 18 month period beginning in January 2011 and engage in practical data projects beneficial to their current workplace. Additionally, the second phase will include the creation of a protocol to be used in training new managers.

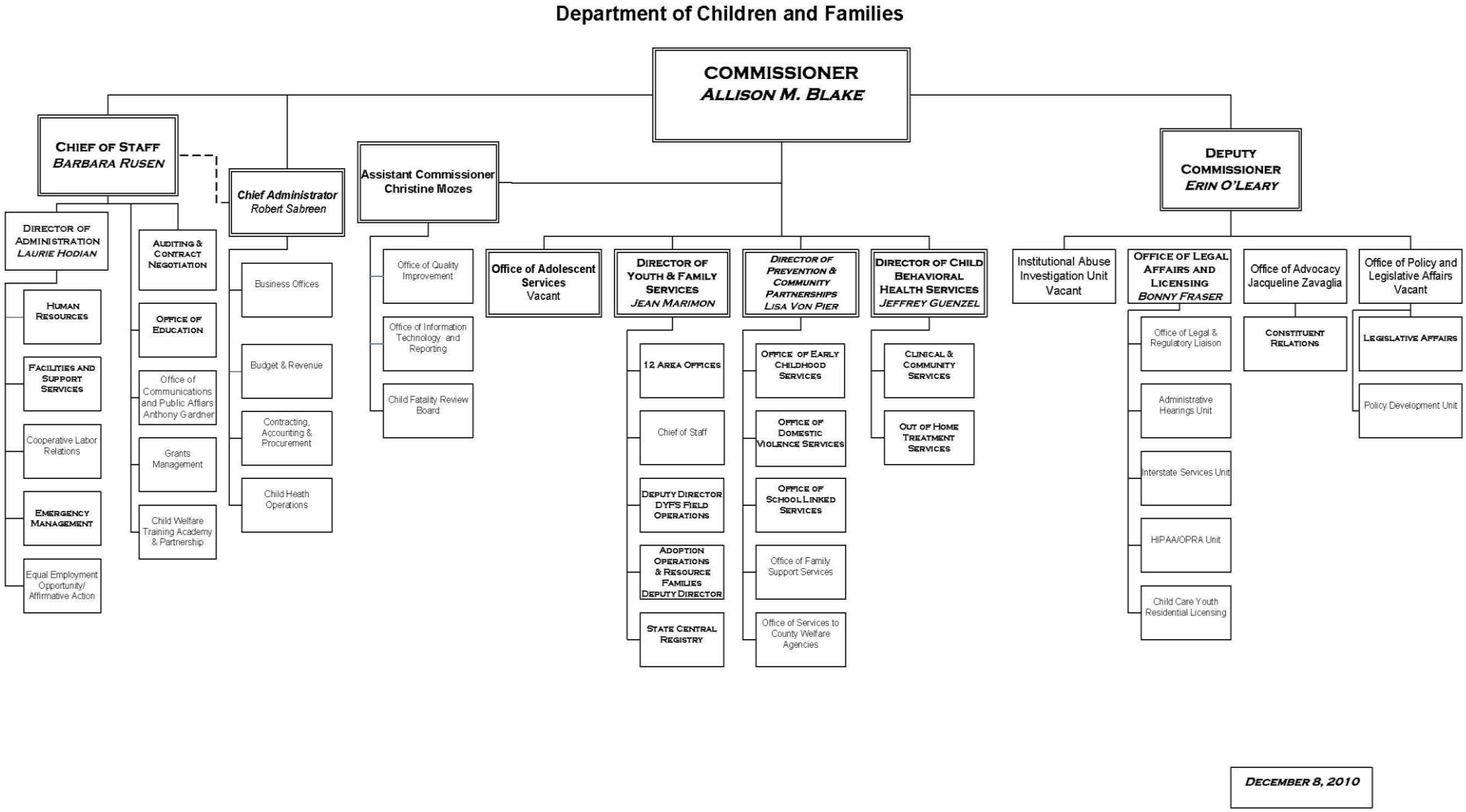
XV. BUDGET

The DCF FY 2011 appropriated budget includes a very modest (less than 3 percent) reduction over FY 2010 appropriations, reflecting the Governor's and the legislature's continuing commitment to the DCF reform. The approved $1.57 billion budget includes a $42.5 million dollar decrease in state funds offset in part by an increase in $20 million in federal revenue and an additional $2.5 million in other dedicated funds. The largest reductions are in the foster care and residential placement line items of DYFS, reflecting the continuing downward trend in the number of children in foster care and in residential placements. DCF leadership has indicated that with careful stewardship, the budget is currently sufficient to carry out all of the commitments of the MSA while recognizing the State's continuing need for tight fiscal controls.

APPENDIX A:
Glossary of Acronyms Used in the Monitoring Report

BCWEP:	Baccalaureate Child Welfare Education Program
CCRMT:	Congregate Care Risk Management Team
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
CFSR:	Child and Family Service Review
CSSP:	Center for the Study of Social Policy
CWPPG:	Child Welfare Policy and Practice Group
CWTA:	Child Welfare Training Academy
CWS:	Child Welfare Services
CYBER:	Child Youth Behavioral Electronic Health Record
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
FAFS:	Foster and Adoptive Family Services
FAFSA:	Free Application for Federal Student Aid
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
GLBTQI:	Gay, Lesbian, Bisexual, Transgender, Questioning or Intersex
HSAC:	Human Services Advisory Council
IAIU:	Institutional Abuse Investigations Unit
KLG:	Kinship Legal Guardian
LO:	Local Office
MSA:	Modified Settlement Agreement
NJ SPIRIT:	New Jersey Spirit
OCA:	Office of the Child Advocate
OOL:	Office of Licensing
ORF:	Office of Resource Families
PIP:	Performance Improvement Plan
PPA:	Pre-placement Assessment
QA:	Quality Assurance
QR:	Qualitative 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:
DCF Organizational Chart



APPENDIX C:
Caseload Data

Table C-1: Caseloads - Intake (June 2010)

	Available Intake Workers			Leave		Office Summary					
Local Office	Number of Workers	Assignments	Families	Assignments	Families	Number of Workers	Assignments	Average Number of Assignments	Families	Average Number of Families	Office Meets Criteria
Atlantic East	21	184	267	0	0	21	184	9	267	13	No
Atlantic West	15	110	130	0	0	15	110	7	130	9	Yes
Bergen Central	22	149	217	0	1	22	149	7	218	10	Yes
Bergen South	30	188	264	0	0	30	188	6	264	9	Yes
Burlington East	21	147	196	0	0	21	147	7	196	9	Yes
Burlington West	24	172	272	0	0	24	172	7	272	11	Yes
Camden Central	22	191	337	0	0	22	191	9	337	15	No
Camden East	14	95	111	0	0	14	95	7	111	8	Yes
Camden North	19	147	376	0	0	19	147	8	376	20	No
Camden South	17	138	196	0	0	17	138	8	196	12	Yes
Cape May	12	104	93	0	0	12	104	9	93	8	No
Cumberland East	13	99	89	0	0	13	99	8	89	7	Yes
Cumberland West	21	156	217	0	0	21	156	7	217	10	Yes
Essex Central	18	123	141	0	0	18	123	7	141	8	Yes
Essex North	11	55	82	0	0	11	55	5	82	7	Yes
Essex South	14	56	95	0	1	14	56	4	96	7	Yes
Gloucester East	15	109	136	0	0	15	109	7	136	9	Yes
Gloucester West	16	107	126	0	0	16	107	7	126	8	Yes
Hudson Central	18	126	137	0	0	18	126	7	137	8	Yes
Hudson North	21	97	184	0	0	21	97	5	184	9	Yes
Hudson South	16	109	143	0	1	16	109	7	144	9	Yes
Hudson West	18	126	191	0	0	18	126	7	191	11	Yes
Hunterdon	8	50	58	0	0	8	50	6	58	7	Yes
Mercer North	18	114	153	4	7	18	118	7	160	9	Yes
Mercer South	19	140	194	0	0	19	140	7	194	10	Yes
Middlesex Central	12	83	103	0	0	12	83	7	103	9	Yes
Middlesex Coastal	16	123	77	0	0	16	123	8	77	5	Yes
Middlesex West	23	143	165	0	0	23	143	6	165	7	Yes
Monmouth North	28	187	185	0	0	28	187	7	185	7	Yes
Monmouth South	24	149	241	0	0	24	149	6	241	10	Yes
Morris East	13	85	122	0	0	13	85	7	122	9	Yes
Morris West	21	183	227	0	0	21	183	9	227	11	No

Table C-1: Caseloads - Intake (June 2010) – *Continued*											
	Available Intake Workers			Leave		Office Summary					
Local Office	Number of Workers	Assignments	Families	Assignments	Families	Number of Workers	Assignments	Average Number of Assignments	Families	Average Number of Families	Office Meets Criteria
Newark Center City	19	114	156	0	0	19	114	6	156	8	Yes
Newark Northeast	16	104	116	0	0	16	104	7	116	7	Yes
Newark South	14	91	133	0	0	14	91	7	133	10	Yes
Ocean North	23	191	200	0	0	23	191	8	200	9	Yes
Ocean South	30	251	284	0	0	30	251	8	284	9	Yes
Passaic Central	29	206	252	0	0	29	206	7	252	9	Yes
Passaic North	26	186	197	0	0	26	186	7	197	8	Yes
Salem	13	71	106	0	0	13	71	5	106	8	Yes
Somerset	25	162	256	0	0	25	162	6	256	10	Yes
Sussex	17	109	120	0	0	17	109	6	120	7	Yes
Union Central	19	106	183	0	0	19	106	6	183	10	Yes
Union East	15	78	118	0	0	15	78	5	118	8	Yes
Union West	14	92	127	0	0	14	92	7	127	9	Yes
Warren	16	112	155	0	0	16	112	7	155	10	Yes
Total	856	5,918	7,928	4	10	856	5,922	7	7,938	9	Yes
Percentage of offices that meet the 8 new investigation and 12 family standard (Standard = 95%)											**89%**
The Essex Advocacy Unit, which consists of one supervisor with 5 Intake workers in 4 different offices, is excluded from these counts. The workers are responsible for a total of 19 cases and 13 investigations.											

Prepared by the Data Analysis and Reporting Unit - July 8, 2010
Data Extracts on July 2, 2010.

Table C-2: Caseloads - Permanency (June 2010)											
	Available Permanency Workers			Leave		Office Summary					
Local Office	Number of Workers	Families	Children Placed	Families	Children Placed	Number of Workers	Families	Average Number of Families	Children Placed	Average Number of Children Placed	Office Meets Criteria
Atlantic East	19	304	121	12	0	19	316	17	121	6	No
Atlantic West	16	152	60	0	0	16	152	10	60	4	Yes
Bergen Central	23	275	59	0	0	23	275	12	59	3	Yes
Bergen South	33	381	118	0	0	33	381	12	118	4	Yes
Burlington East	33	311	140	0	0	33	311	9	140	4	Yes
Burlington West	24	233	108	0	0	24	233	10	108	5	Yes
Camden Central	39	538	180	8	4	39	546	14	184	5	Yes
Camden East	26	290	103	3	0	26	293	11	103	4	Yes
Camden North	35	471	151	0	0	35	471	13	151	4	Yes
Camden South	37	468	153	0	0	37	468	13	153	4	Yes
Cape May	22	261	93	0	0	22	261	12	93	4	Yes
Cumberland East	15	124	76	0	0	15	124	8	76	5	Yes
Cumberland West	26	256	129	0	0	26	256	10	129	5	Yes
Essex Central	34	279	157	0	0	34	279	8	157	5	Yes
Essex North	19	221	70	1	1	19	222	12	71	4	Yes
Essex South	25	221	79	0	0	25	221	9	79	3	Yes
Gloucester East	22	229	81	0	0	22	229	10	81	4	Yes
Gloucester West	20	237	106	0	0	20	237	12	106	5	Yes
Hudson Central	35	337	168	0	0	35	337	10	168	5	Yes
Hudson North	27	224	57	0	0	27	224	8	57	2	Yes
Hudson South	26	297	123	0	0	26	297	11	123	5	Yes
Hudson West	23	200	84	0	0	23	200	9	84	4	Yes
Hunterdon	6	50	27	0	0	6	50	8	27	5	Yes
Mercer North	25	203	121	7	9	25	210	8	130	5	Yes
Mercer South	28	200	100	0	0	28	200	7	100	4	Yes
Middlesex Central	23	155	59	0	0	23	155	7	59	3	Yes
Middlesex Coastal	38	465	137	0	0	38	465	12	137	4	Yes
Middlesex West	32	278	100	0	0	32	278	9	100	3	Yes
Monmouth North	35	262	131	0	0	35	262	7	131	4	Yes
Monmouth South	24	149	114	0	0	24	149	6	114	5	Yes
Morris East	10	100	42	0	0	10	100	10	42	4	Yes
Morris West	18	193	57	0	0	18	193	11	57	3	Yes

Table C-2: Caseloads - Permanency (June 2010) – *Continued*											
	Available Permanency Workers			Leave		Office Summary					
Local Office	Number of Workers	Families	Children Placed	Families	Children Placed	Number of Workers	Families	Average Number of Families	Children Placed	Average Number of Children Placed	Office Meets Criteria
Newark Center City	38	439	134	0	0	38	439	12	134	4	Yes
Newark Northeast	34	427	211	0	0	34	427	13	211	6	Yes
Newark South	43	351	158	1	2	43	352	8	160	4	Yes
Ocean North	31	265	105	0	0	31	265	9	105	3	Yes
Ocean South	32	289	97	7	2	32	296	9	99	3	Yes
Passaic Central	29	299	111	1	0	29	300	10	111	4	Yes
Passaic North	27	360	132	0	0	27	360	13	132	5	Yes
Salem	16	177	63	0	0	16	177	11	63	4	Yes
Somerset	25	315	100	0	0	25	315	13	100	4	Yes
Sussex	19	116	41	0	0	19	116	6	41	2	Yes
Union Central	26	298	114	0	0	26	298	11	114	4	Yes
Union East	24	263	120	0	0	24	263	11	120	5	Yes
Union West	26	215	127	0	0	26	215	8	127	5	Yes
Warren	20	242	111	0	0	20	242	12	111	6	Yes
Total	1,208	12,420	4,928	40	18	1,208	12,460	10	4,946	4	Yes
Percentage of offices that meet the 15 family and 10 children in placement standard (Standard = 95%)											**98%**

Prepared by the Data Analysis and Reporting Unit - July 8, 2010

Data Extracts on July 2, 2010.

Table C-3: Caseloads - Adoption (June 2010)							
Local Office	**Number of Workers**	**Children**	**Adoption Goal**	**Children Placed**	**Assignments**	**Average Number of Children**	**Office Met 15 or Fewer Standard**
Atlantic East	5	63	53	57	0	13	Yes
Atlantic West	2	41	36	38	1	21	No
Bergen Central	4	35	26	29	1	9	Yes
Bergen South	7	81	70	75	0	12	Yes
Burlington East	3	43	39	43	1	14	Yes
Burlington West	4	38	32	37	1	10	Yes
Camden Central	3	43	37	42	0	14	Yes
Camden East	5	61	47	52	0	12	Yes
Camden North	4	49	48	48	0	12	Yes
Camden South	3	50	44	47	0	17	No
Cape May	5	63	63	59	2	13	Yes
Cumberland East	5	67	60	65	0	13	Yes
Essex Central	8	82	71	78	0	10	Yes
Essex North	4	52	41	42	0	13	Yes
Essex South	6	75	66	72	0	13	Yes
Gloucester West	9	98	93	93	0	11	Yes
Hudson Central	5	50	50	50	0	10	Yes
Hudson North	5	54	45	46	3	11	Yes
Hudson South	5	62	56	57	0	12	Yes
Hudson West	2	18	14	15	0	9	Yes
Hunterdon	2	12	11	12	1	6	Yes
Mercer North	9	116	102	106	1	13	Yes
Mercer South	6	80	73	79	0	13	Yes
Middlesex Central	2	44	40	40	0	22	No
Middlesex Coastal	6	52	47	50	0	9	Yes
Middlesex West	4	39	36	39	0	10	Yes
Monmouth North	5	51	44	51	0	10	Yes
Monmouth South	5	49	37	44	1	10	Yes
Morris East	2	27	21	27	1	14	Yes
Morris West	5	59	34	53	1	12	Yes
Newark Adoption	55	474	377	428	3	9	Yes
Ocean North	7	99	87	92	0	14	Yes
Ocean South	5	54	47	48	1	11	Yes
Passaic Central	7	70	54	66	1	10	Yes
Passaic North	4	63	55	62	0	16	No
Salem	5	39	36	34	0	8	Yes

Table C-3: Caseloads - Adoption (June 2010) – *Continued*							
Local Office	**Number of Workers**	**Children**	**Adoption Goal**	**Children Placed**	**Assignments**	**Average Number of Children**	**Office Met 15 or Fewer Standard**
Somerset	4	57	51	49	0	14	Yes
Sussex	4	47	29	44	0	12	Yes
Union Central	4	51	37	48	0	13	Yes
Union East	6	74	66	72	0	12	Yes
Union West	3	37	32	34	2	12	Yes
Warren	7	96	87	95	1	14	Yes
Total	251	2,815	2,394	2,618	22	11	Yes
Percentage of offices that meet the 15 or fewer children standard (Standard = 95%)							**90%**

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Data Extracts on July 2, 2010.

Table C-4: Caseloads - DYFS Supervisor/Caseload Carrying Staff Ratios (June 2010)						
	Supervisors		Case Work Supervisors			
Local Office	CLC Workers	Supervisors	CLC Workers	Supervisors	Ratio	Office Meets Criteria
Atlantic East	48	11	0	0	4	Yes
Atlantic West	37	8	0	0	5	Yes
Bergen Central	52	12	0	0	4	Yes
Bergen South	63	15	9	2	5	Yes
Burlington East	52	11	5	1	5	Yes
Burlington West	52	13	0	0	4	Yes
Camden Central	66	14	0	0	5	Yes
Camden East	47	11	0	0	4	Yes
Camden North	62	13	0	0	5	Yes
Camden South	58	12	0	0	5	Yes
Cape May	40	9	0	0	4	Yes
Cumberland East	33	9	0	0	4	Yes
Cumberland West	53	12	0	0	4	Yes
Essex Central	65	15	0	0	4	Yes
Essex North	34	9	0	0	4	Yes
Essex South	43	10	2	1	5	Yes
Gloucester East	37	8	0	0	5	Yes
Gloucester West	49	10	0	0	5	Yes
Hudson Central	60	12	0	0	5	Yes
Hudson North	52	11	2	2	5	Yes
Hudson South	48	11	1	1	4	Yes
Hudson West	45	10	0	0	5	Yes
Hunterdon	20	4	0	0	5	Yes
Mercer North	52	12	0	0	4	Yes
Mercer South	53	11	0	0	5	Yes
Middlesex Central	38	9	0	0	4	Yes
Middlesex Coastal	64	14	0	0	5	Yes
Middlesex West	62	13	0	0	5	Yes
Monmouth North	72	14	0	0	5	Yes
Monmouth South	50	10	3	2	5	Yes
Morris East	22	5	4	1	5	Yes
Morris West	44	10	0	0	4	Yes

Table C-4: Caseloads - DYFS Supervisor/Caseload Carrying Staff Ratios (June 2010) – *Continued*						
	Supervisors		**Case Work Supervisors**			
Local Office	**CLC Workers**	**Supervisors**	**CLC Workers**	**Supervisors**	**Ratio**	**Office Meets Criteria**
Newark Adoption Office	55	12	0	0	5	Yes
Newark Center City	58	12	0	0	5	Yes
Newark Northeast	51	11	0	0	5	Yes
Newark South	60	13	0	0	5	Yes
Ocean North	62	15	0	0	4	Yes
Ocean South	69	14	0	0	5	Yes
Passaic Central	65	14	0	0	5	Yes
Passaic North	67	15	0	0	4	Yes
Salem	34	9	0	0	4	Yes
Somerset	55	12	2	1	5	Yes
Sussex	39	8	2	2	5	Yes
Union Central	42	10	7	2	5	Yes
Union East	46	10	1	1	5	Yes
Union West	43	9	0	0	5	Yes
Warren	46	10	0	0	5	Yes
Total	2,365	522	38	16	5	Yes
Percentage of offices that meet the 5 or less Workers to Supervisor ratio standard (Standard = 95%). Supervisor counts for ratio include Case Work Supervisors who directly supervise caseload carrying workers (2,403/538). Worker Counts excludes Support, On-leave and Essex Advocacy Unit Workers.						**100%**

Prepared by the Data Analysis and Reporting Unit - July 8, 2010
Data Extracts on July 2, 2010.

Table B-5: Caseloads - IAIU Caseloads (June 2010)			
	Open Cases	**New Assignments**	**Compliance**
Investigator #1	12	8	Yes
Investigator #2	9	8	Yes
Investigator #3	10	8	Yes
Investigator #4	11	8	Yes
Investigator #5	10	8	Yes
Investigator #6	12	8	Yes
Investigator #7	9	8	Yes
Investigator #8	9	8	Yes
Investigator #9	10	8	Yes
Investigator #10	8	8	Yes
Investigator #11	11	8	Yes
Investigator #12	8	9	Yes
Investigator #13	1	1	Yes
Investigator #14	2	1	Yes
Investigator #15	9	6	Yes
Investigator #16	8	8	Yes
Investigator #17	9	7	Yes
Investigator #18	0	0	Yes
Investigator #19	9	8	Yes
Investigator #20	9	8	Yes
Investigator #21	10	7	Yes
Investigator #22	7	8	Yes
Investigator #23	12	4	Yes
Investigator #24	12	8	Yes
Investigator #25	1	0	Yes
Investigator #26	9	8	Yes
Investigator #27	10	4	Yes
Investigator #28	1	0	Yes
Investigator #29	2	0	Yes
Investigator #30	7	0	Yes
Investigator #31	4	0	Yes
Investigator #32	4	8	Yes
Investigator #33	11	8	Yes
Investigator #34	11	7	Yes

Table B-5: Caseloads - IAIU Caseloads (June 2010) – *Continued*			
	Open Cases	**New Assignments**	**Compliance**
Investigator #35	12	6	Yes
Investigator #36	12	8	Yes
Investigator #37	6	6	Yes
Investigator #38	11	6	Yes
Investigator #39	10	7	Yes
Investigator #40	5	7	Yes
Investigator #41	10	2	Yes
Investigator #42	10	7	Yes
Investigator #43	8	8	Yes
Investigator #44	0	0	Yes
Investigator #45	1	0	Yes
Investigator #46	0	0	Yes
Investigator #47	0	0	Yes
Investigator #48	9	8	Yes
Investigator #49	9	8	Yes
Investigator #50	6	8	Yes
Investigator #51	9	7	Yes
Investigator #52	11	6	Yes
Investigator #53	8	8	Yes
Investigator #54	3	3	Yes
Investigator #55	5	6	Yes
Investigator #56	10	8	Yes
Investigator #57	11	8	Yes
Investigator #58	12	7	Yes
Investigator #59	10	8	Yes
Investigator #60	8	8	Yes
Investigator #61	7	8	Yes
Investigator #62	9	8	Yes
Investigator #63	1	0	Yes
Total			**100%**

Table B-6: Caseloads - Workers in Compliance With Caseload Requirements by Office (June 2010)									
	Intake			Permanency			Adoption		
Local Office	Total Workers	Workers In Compliance	Percent in Compliance	Total Workers	Workers In Compliance	Percent in Compliance	Total Workers	Workers In Compliance	Percent in Compliance
Atlantic East	21	5	24%	19	6	32%	5	5	100%
Atlantic West	15	14	93%	16	16	100%	2	0	0%
Bergen Central	22	21	95%	23	23	100%	4	4	100%
Bergen South	30	27	90%	33	33	100%	7	7	100%
Burlington East	21	15	71%	33	33	100%	3	2	67%
Burlington West	24	13	54%	24	24	100%	4	4	100%
Camden Central	22	2	9%	39	28	72%	3	3	100%
Camden East	14	14	100%	26	26	100%	5	5	100%
Camden North	19	2	11%	35	26	74%	4	4	100%
Camden South	17	4	24%	37	32	86%	3	0	0%
Cape May	12	3	25%	22	21	95%	5	5	100%
Cumberland East	13	11	85%	15	15	100%	5	4	80%
Cumberland West	21	20	95%	26	26	100%			
Essex Central	18	12	67%	34	34	100%	8	8	100%
Essex North	11	11	100%	19	19	100%	4	4	100%
Essex South	14	13	93%	25	25	100%	6	5	83%
Gloucester East	15	14	93%	22	22	100%			
Gloucester West	16	15	94%	20	20	100%	9	9	100%
Hudson Central	18	16	89%	35	35	100%	5	5	100%
Hudson North	21	21	100%	27	27	100%	5	5	100%
Hudson South	16	14	88%	26	25	96%	5	5	100%
Hudson West	18	9	50%	23	23	100%	2	2	100%
Hunterdon	8	7	88%	6	6	100%	2	2	100%
Mercer North	18	18	100%	25	25	100%	9	8	89%
Mercer South	19	14	74%	28	28	100%	6	5	83%
Middlesex Central	12	9	75%	23	23	100%	2	0	0%
Middlesex Coastal	16	13	81%	38	38	100%	6	6	100%
Middlesex West	23	22	96%	32	32	100%	4	4	100%
Monmouth North	28	26	93%	35	35	100%	5	5	100%
Monmouth South	24	22	92%	24	24	100%	5	5	100%
Morris East	13	12	92%	10	10	100%	2	2	100%
Morris West	21	5	24%	18	18	100%	5	5	100%

Table B-6: Caseloads - Workers in Compliance With Caseload Requirements by Office (June 2010) – *Continued*

Local Office	Intake			Permanency			Adoption		
	Total Workers	Workers In Compliance	Percent in Compliance	Total Workers	Workers In Compliance	Percent in Compliance	Total Workers	Workers In Compliance	Percent in Compliance
Newark Adoption Office							55	55	100%
Newark Center City	19	15	79%	38	37	97%			
Newark Northeast	16	12	75%	34	34	100%			
Newark South	14	13	93%	43	43	100%			
Ocean North	23	8	35%	31	31	100%	7	6	86%
Ocean South	30	13	43%	32	32	100%	5	5	100%
Passaic Central	29	25	86%	29	29	100%	7	7	100%
Passaic North	26	25	96%	27	25	93%	4	2	50%
Salem	13	13	100%	16	16	100%	5	5	100%
Somerset	25	24	96%	25	25	100%	4	4	100%
Sussex	17	17	100%	19	19	100%	4	4	100%
Union Central	19	17	89%	26	26	100%	4	4	100%
Union East	15	15	100%	24	24	100%	6	6	100%
Union West	14	14	100%	26	26	100%	3	3	100%
Warren	16	14	88%	20	19	95%	7	7	100%
Total	**856**	**649**	**76%**	**1,208**	**1,164**	**96%**	**251**	**236**	**94%**

Statewide Total	Total Workers	Workers In Compliance	Percent in Compliance
	2,315	**2,049**	**89%**

Intake Standard - Percentage of workers that meet the 8 new investigation and 12 family standard (Standard = 95%)
Permanency Standard - Percentage of workers that meet the 15 family and 10 children in placement standard (Standard = 95%)
Adoption Standard - Percentage of workers that meet the 15 or fewer children standard (Standard = 95%)
Excludes On-Leave Workers.
Prepared by the Data Analysis and Reporting Unit - July 8, 2010
Data Extracts on July 2, 2010.