

January 1 – June 30, 2011

Progress of the New Jersey Department of Children and Families

Period X Monitoring Report for
Charlie and Nadine H. v. Christie

Date: December 14, 2011

Center
for the
Study
of
Social
Policy

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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 tenth monitoring report under the MSA and the fourth report that includes Phase II requirements of the MSA.² This report provides information on the State's progress in meeting MSA requirements in the period between January and June 2011.

Methodology

The primary source of information for this monitoring report is information provided by Department of Children and Families (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 conducted a telephone survey of 142 caseworkers to verify their individual caseloads during this monitoring period.

- **Resource Parent Survey**

The Monitor conducted a telephone survey of 193 resource parents who had a child newly placed with them between January and June 2011. This survey focused on resource parents' receipt of health passports, their contacts with health care case managers, their role in supporting visitation of children with their family, and the training and support they received from Division of Youth and Family Services (DYFS) in their role as caregivers. A supplemental report is included (Appendix C) which details the findings from this survey.

- **Site Visits**

Over the summer and early fall 2011, the Monitor conducted site visits in local offices, Family Resource Centers, Differential Response programs and other community based providers in different areas of the state to assess the on-the-ground implementation of DCF's reform efforts.

¹ To see the full Agreement, go to http://www.state.nj.us/dcf/home/Modified_Settlement_Agreement_7_17_06.pdf.

² Copies of all previous Monitoring Reports can be found at www.cssp.org.

- **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 and judicial officers. The Monitor also periodically attended DCF's Child Stat meetings, Area Director meetings, and participated in its Qualitative Reviews statewide. Additionally, the Monitor conducted limited case record reviews through NJ SPIRIT on selected performance measures such as the placement of youth in shelters. Finally, the Monitor assisted DCF in analyzing twenty Resource Family applications to determine barriers to resolution within 150 days as required by the MSA.

Structure of the Report

Table 1, *Charlie and Nadine H. v. Christie Child and Family Outcome and Case Practice Performance Benchmarks (Summary of Performance as of June 30, 2011)*, provides data on each of the outcomes and Performance Benchmarks. New Jersey DCF is responsible for each requirement listed in Table 1.

The remaining sections of the report provide more detailed information and explanation of:

- 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;
- Services to older youth;
- Staff caseloads and training; and
- Accountability through the Qualitative Review and the production and use of accurate data.

II. SUMMARY OF PROGRESS AND CHALLENGES

New Developments

Allison Blake, Ph.D., appointed as the Department of Children and Families (DCF) Commissioner in June 2010, has initiated multiple actions during this period to ensure DCF's responsiveness to constituent and stakeholder issues. As previously reported, Commissioner Blake established the Office of Advocacy (OOA) as a department level office. Staffed by a team of professionals with experience and expertise in child welfare, the OOA has the responsibility to respond to constituent issues and concerns through communication with other DCF divisions and offices, as well as State agencies and community providers and stakeholders. As important, by providing this service, OOA gathers information about trends and systemic problems that DCF uses to support policy and practice change on a larger scale. As of January 2011, OOA received over 3,500 unduplicated contacts requesting assistance.³ OOA's Annual Report, available on DCF's website, is an example of DCF's commitment to more broadly share information about its performance with the public.⁴

This fall, DCF made staffing and organizational changes: the Commissioner appointed Kara Wood, formerly DCF Chief of Staff, as Director of the Division of Youth and Family Services (DYFS) following the departure of Jean Marimon. Ms. Wood, who has been with DCF for over four years, has a wealth of expertise concerning DYFS operations and the areas in which the agency needs to progress in its practice change efforts. Robert Sabreen, who has held a variety of direct service, administrative and leadership positions within DCF and most recently provided oversight in the development of the child health units, has been appointed Deputy Commissioner for DCF. In addition to retaining some of his current responsibilities, Mr. Sabreen will oversee all interdepartmental areas, such as educational services, policy and legislation, and the coordination of DCF's work with other state agencies. DCF also appointed a new Director to the State Central Registry (SCR) with responsibility for managing the 24 hour child abuse and neglect hotline.

Summary of Accomplishments

The DCF continued to make progress in meeting many of the MSA requirements during this monitoring period. Data for the period ending June 30, 2011 show that DCF continues to increase access to health care for children in foster care, complete investigations within the required timeframe, place children in family-like settings and maintain resource family homes within capacity limits. DCF met or surpassed expectations in the following areas as set by the Child and Family Outcome and Case Practice Performance Benchmarks:

³ New Jersey Department of Children and Families, Office of Advocacy Annual Report, September 2010 – June 2011. http://www.nj.gov/dcf/divisions/OOAAAnnualReport_10411.pdf.

⁴ Id.

- **Access to Health Care**

Overall, DCF has continued to expand access to health care for children in New Jersey. Since the creation of the Child Health Units and the assignment of health care case managers (nurses) to children in out-of-home care, DCF has achieved substantial and sustained results. For example, the data show that between January and June 2011, 100 percent of children entering out-of-home care received a pre-placement assessment and that 99 percent of these exams occurred in a setting appropriate for the situation (88 percent were held in a non-emergency room setting). The data also show continued improvement of ensuring children in foster care have access to dental care and to immunizations. As of June 2011, 89 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-seven percent of all children in out-of-home placement were current with their immunizations. From their internal case record review, DCF reports that 94 percent of children received follow-up care for needs identified during their Comprehensive Medical Exam (CME), exceeding the December 2011 benchmark. Further, 94 percent of children age 25 months or older in out-of-home placement are up-to-date with their annual EPSDT/well child exams and for children 12 to 24 months old, 92 percent are up-to-date with their more frequent well child exams.⁵

- **Investigations**

New Jersey continued to meet the July 1, 2009 final target for transmitting abuse and neglect referrals to the field. In June 2011, 99 percent of referrals from the State Central Registry (SCR) were received by the field in a timely manner. New Jersey also continued to meet the final target for timely completion of investigations involving group homes and other congregate care settings: 88 percent of IAIU investigations of group homes and other congregate care facilities were completed within 60 days.

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

In June 2011, 87 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 five monitoring periods, and continues to show sustained practice change and fidelity to an important principle of the Case Practice Model.

- **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 five monitoring periods.

⁵ While technically not in compliance with the final benchmark, performance on EPSDT/well child exams represents sustained access to health care for this population and the Monitor considers this a significant accomplishment.

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

- **DCF reached or exceeded all of the expectations in the MSA pertaining to training its workforce.**

DCF has continued to intensively train its staff on New Jersey's Case Practice Model while fulfilling all of its other training obligations required by the MSA. All 141 new caseworkers (100%) completed the Pre-Service training or participated in the Baccalaureate Child Welfare Education Program (BCWEP)⁶ program and passed competency exams. One hundred twelve (100%) new DYFS caseworkers were trained in concurrent planning during this monitoring period. New Jersey continues to meet the MSA requirement to train all new supervisors within six months of their appointment. All staff has received Case Practice Model training and as sites become immersion sites workers receive additional training on the six modules of the Case Practice Model training.

- **As of June 2011, sixty-six percent (31 of 47) of DYFS local offices have completed intensive "immersion" training on the Case Practice Model.**

At the conclusion of the previous monitoring period, 28 DYFS offices had completed immersion training. Three additional offices completed immersion training between January and June 2011. A total of eight offices began immersion training between July and December 2010 and completed it by August 2011. The remaining eight offices are expected to complete the immersion process by May 2012, thus concluding a multi-year effort to retrain the entire workforce.

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

DCF recruited and licensed 750 new kin and non-kin Resource Family homes from January 1 to June 30, 2011, exceeding its target by 47 homes. DCF currently has the capacity to serve more than twice the number of children than are currently in out-of-home placement. Forty-seven percent of the 750 Resource Family homes licensed between January and June 2011 are kinship homes.

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

As of July 1, 2011, nine children were placed outside of New Jersey in mental health treatment facilities, a reduction from 21 as of December 2010. This is the lowest number since reporting began for the MSA. The number of children placed out-of-state had been a high as 327 in March 2006. The Monitor requested and was provided information on efforts to ensure that children placed out-of-state maintain contact with their

⁶ 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 a Bachelor of Social Work (BSW) degree.

parent/previous caretaker/discharge resource. For two of the youth their placement is close to the parent to whom they may be discharged and for most of the remaining youth there is active family-involved case planning to return the youth to New Jersey. This positive trend is evidence of implementation of plans to provide more appropriate mental health treatment options for children within the state and closer to children's homes.

- **The number of children in out-of-home placement remains near the lowest point since 2004.**

As of June 30, 2011, there were 7,197 children in out-of-home placement, representing a total reduction of 44 percent since 2004.

- **DCF implemented a statewide Qualitative Review process.**

During 2011, DCF's newly established Office of Continuous Quality Improvement (OCQI) developed and successfully implemented a statewide qualitative case review process.

Challenges Ahead

DCF remains on course towards meaningful practice change in New Jersey. In total, DCF met 24 of the 55 Phase II performance measures; three performance measures were partially met; 25 were not met; and three were unable to be assessed this monitoring period.⁷ Of the 25 measures that were not met, eight (32 percent) showed improvement in performance from the prior monitoring period. Despite this progress, DCF continues to fall short in meeting some of the performance benchmarks and outcomes in fundamental areas, notably around some of the Case Practice standards. As discussed further in this report, the State is moving forward to diagnose and improve low performance in areas such as case planning, family team meetings and visitation, and these initial efforts appear to be beginning to make a difference in practice.

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.

- **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 measure (expected to have been met by June 2010) is that 95 percent of case plans be completed within 30 days. In June 2011, 61 percent of children entering out-of-home placements had case plans developed within 30 days. Performance on this measure improves steadily with each monitoring period, but remains low. DCF is in the process of developing a new tool to document case plans that will be better aligned with Family

⁷ The term "partially" is used with measures with more than one benchmark or target and indicates that DCF has fulfilled some portion of its MSA obligation toward that target, but not all. Performance is based upon the most recent available data. Some measures were assessed based on preliminary Qualitative Review data only.

Team Meeting documentation. DCF expects that this tool will improve the case planning process and documentation of case plans.

Workers are also required to routinely review and adjust case plans to meet the needs of families. The final target for this measure 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 2011, between 62 and 71 percent of case plans due each month were modified within the six month timeframe. DCF's most recent performance has only marginally surpassed June 2010 levels.

- **Family Team Meetings**

Family Team Meetings (FTMs) are a critical aspect of New Jersey's Case Practice Model. Through FTMs, 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 FTMs 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 all locations. In June 2011 in the 31 sites which have completed immersion training, 50 percent of the cases requiring FTMs within 30 days of removal held FTMs; from January to June 2011 performance ranged from 36 percent to 60 percent. In June 2011 in the 31 sites, quarterly FTMs were held in 37 percent of applicable cases; from January to June 2011 performance ranged from 20 percent to 37 percent. While there is still significant room for improvement, the data is beginning to reflect some improved performance in this monitoring period. DCF anticipates continued progress as more local offices complete the case practice immersion process.

- **Visits**

The MSA requires caseworkers 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 in their placement. Data from June 2011 show that of the 548 children who were in an initial or subsequent placement for two full months, 320 (58%) had documented visits by their caseworkers twice per month. While DCF's performance improved by eight percent over last monitoring period, it did not meet the December 31, 2010 final target 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.

Performance on caseworker visits to parents or other legally responsible family members when the permanency goal is reunification, while improved, remains inadequate. The MSA requires that caseworkers visit with parents or other legally responsible family members two times per month when the family goal is reunification. In June 2011, 51 percent of parents or other responsible family members were visited by caseworkers twice per month, falling short of the final target (expected to have been met by December 31, 2010) by 44 percent.

Also, in June 2011, 38 percent of children had weekly documented visits with their parents as required and an additional 25 percent of children had two or three visits with their parents during the month. This performance, while also improved, does not meet the final target. The Monitor remains concerned about this level of performance as parent-child visitation is essential to successful reunification efforts and is a core component of the Case Practice Model.

Other Areas Requiring Attention

During this monitoring period, a tragic child death provided additional impetus for DCF's reassessment of its State Central Registry (SCR). To its credit, DCF objectively and openly identified problems and took immediate steps to reinstitute several important supervisory and quality controls and increase the number and prior field experience of hotline workers. DCF, with assistance from the Monitor, will jointly conduct a structured review of SCR performance in the next monitoring period.

There are four other substantive areas requiring attention for the State: completing safety and risk assessments prior to closing cases; meeting Intake caseload standards; improving quality of investigations; and improving services to older youth.

- **Completing Safety and Risk Assessments prior to case closure.**

The decision to close a case should reflect the achievement of satisfactory outcomes with regard to the child or youth's safety, permanence and well-being. A timely assessment of both safety and risk prior to case closure is necessary to ensure these satisfactory outcomes. The MSA requires that by December 31, 2010, DCF was to have safety and risk of harm assessments completed prior to case closure in 98 percent of cases.

DCF reports that 35 percent of cases had risk assessments or re-assessments completed within 30 days prior to case closure and 25 percent of cases had safety assessments completed within 30 days prior to case closure. On June 1, 2011, DCF sent a memo to the field aligning policy regarding safety and risk assessments with the requirements of the MSA. The expectation is that in the next reporting period DCF will demonstrate improved performance on this measure.

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

DCF met all MSA caseload standards with the notable exception of Intake workers. Between January and June 2011, 84 percent of Intake workers had caseloads that were at or below the standard. The failure to meet the requirement that 95 percent of Intake workers meet caseload standards has been noted as a problem in the last two monitoring reports. The Monitor urges DCF to examine Intake staffing patterns, increase or redeploy staff to understaffed intake offices, and otherwise address the barriers to meeting this standard.⁸

⁸ DCF is in the process of examining and addressing this issue. The DYFS Director recently met with Area Directors to share analysis from the OCQI regarding realignment of staff to address Intake staffing patterns. Action plans are being developed and local office changes will begin before the end of 2011.

- **Improving quality of investigations.**

Based upon findings included in the Monitor's Supplemental Report issued in August 2011 regarding CPS investigations,⁹ 72 percent of investigations met quality standards. The final target for this measure requires that 90 percent of investigations meet quality standards. DCF has already begun work toward quality improvement in this area. DCF's Office of Performance Management and Accountability, utilizing DCF Fellows, is piloting a revised measurement tool based on the Supplemental Report to continue to track the quality of investigative practice. In addition, DCF will use its Child Stat process to assess investigations practice.

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

DCF's new Office of Adolescent Services has begun to increase and improve services and supports available to older youth and has also notably begun to engage youth more fully in DCF planning. DCF's commitment recognizes that much more is needed to fully and effectively meet the service needs of this population. DCF reports that of the 1,286 youth age 14 to 18 in out-of-home placement for at least six months, 83 percent had independent living assessments completed which falls short of the performance benchmark and is a decrease since the last monitoring report. In addition, the number of DYFS involved youth participating in the New Jersey Scholars program is declining significantly (from 556 in the 2007-2008 school year to 371 in the 2009-2010 to 278 in the 2010-2011 school year). The steady decline in participants remains concerning. A new strategic plan for youth services is expected to be completed in the next few months and it is the Monitor's hope that it will outline an ambitious approach and scope of work to support this highly vulnerable population.

⁹ Supplemental Monitoring Report: An Assessment of Child Protective Services Investigations Practice in New Jersey, September 12, 2011. A complete copy of the report is available on CSSP's website, <http://www.cssp.org/publications/child-welfare/class-action-reform/new-jersey-2011/Charlie-and-Nadine-H.-v.-Christie-Supplemental-Monitoring-Report-An-Assessment-of-Child-Protective-Services-Investigations-Practice-in-New-Jersey-September-12-2011.pdf>.

III. CHILD AND FAMILY OUTCOME AND CASE PRACTICE PERFORMANCE BENCHMARKS

The Child and Family Outcome and Case Practice Performance Benchmarks (Performance Benchmarks), are a set of 55 measures (with baselines, interim performance benchmarks and final targets) that are used 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, DYFS's data management system, 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, 2011)**

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
<i>State Central Registry, Investigative Practice and Institutional Abuse Investigations Unit (IAIU)</i>						
CPM V.1	1. <u>Responding to Calls to the SCR</u> 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. 14,072 calls b. 394 abandoned calls c. 20 seconds d. 4,109 calls screened out e. 866 CWS referrals	a. 16,325 calls b. 716 abandoned calls c. 29 seconds d. 5,592 calls screened out e. 1,232 CWS referrals	Ongoing Monitoring of Compliance

¹⁰ In some cases where June 2011 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.

¹¹ “Yes” indicates that, in the Monitor’s judgment based on presently available information, DCF has substantially fulfilled its obligations regarding the requirement under the MSA for the January 1 to June 30, 2011 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 or in instances where measures have more than one benchmark or target and DCF has fulfilled some portion of its MSA obligation toward that target, but not all. “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, performance has improved 5 percentage points or more from the last monitoring period. “Declined” indicates that performance has declined 5 percentage points or more from the last monitoring period.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
CPM V.1	<p>2. <u>Quality of SCR Response:</u></p> <p>a. Respond to callers promptly, with respectful, active listening skills</p> <p>b. Essential information gathered— identification of parents and other important family members</p> <p>c. Decision making process based on information gathered and guided by tools and supervision</p>	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	For performance review, see <i>The New Jersey State Central Registry: An Assessment</i> , CSSP, June 30, 2008.	<p>See <i>The New Jersey State Central Registry: An Assessment</i>, CSSP, June 30, 2008.</p> <p>SCR performance will be reassessed in collaboration with DCF's Continuous Quality Improvement Unit in the next monitoring period.</p>	Ongoing Monitoring of Compliance
CPM V.1 MSA III.B.2	<p>3. <u>Timeliness of Response:</u> Investigations of alleged child abuse and neglect shall be received by the field in a timely manner and commenced within the required response time as identified at SCR, but no later than 24 hours.</p>	<p>a. By June 30, 2009, 90% of investigations shall be received by the field in a timely manner.</p> <p>b. By July 1, 2009, 98% of investigations commenced within the required response times.</p>	<p>a. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be received by the field in a timely manner.</p> <p>b. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be commenced within the required response time.</p>	<p>a. 99% of investigations were received by the field in a timely manner.</p> <p>b. 88% of investigations commenced within required response time.</p>	<p>a. 99% of investigations were received by the field in a timely manner.</p> <p>b. 88% of investigations commenced within required response time.</p>	<p>a. Yes</p> <p>b. No</p>

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
CPM V.1 MSA III.B.3	4. <u>Timeliness of Completion</u> : 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.	70% of investigations were completed within 60 days.	63% of investigations were completed within 60 days.	No/Declined

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
CPM V.1	<p>5. <u>Quality Investigative Practice</u>: Investigations will meet measures of quality including acceptable performance on:</p> <p>a. Locating and seeing the child and talking with the child outside the presence of the caretaker within 24 hours of receipt by field;</p> <p>b. Conducting appropriate interviews with caretakers and collaterals;</p> <p>c. Using appropriate tools for assessment of safety and risk;</p> <p>d. Analyzing family strengths and needs;</p> <p>e. Seeking appropriate medical and mental health evaluations;</p> <p>f. Making appropriate decisions; and</p> <p>g. Reviewing the family's history with DCF/DYFS</p>	Not Applicable	By December 31, 2009, 90% of investigations shall meet quality standards.	To be assessed in the future.	Based on results from Monitor's Investigative Case Record Review, 72% of investigations met quality standards. ¹²	No

¹² The Monitor's Investigative Case Record Review, released in September 2011, provides some insight into the quality of investigative practice for cases opened between October 15 and October 31, 2010 which had been closed by January 28, 2011.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
CPM V.I MSA II.I.3 MSA III.B.4	<p>6. <u>IAIU Practice for Investigations in Placements:</u></p> <p>a. Investigations in resource homes and investigations involving group homes, or other congregate care settings shall be completed within 60 days.</p> <p>b. Monitor will review mechanisms that provide timely feedback to other division (e.g., DCBHS, OOL) and implementation of corrective action plans.</p> <p>c. Corrective action plans developed as a result of investigations of allegations re: placements will be implemented.</p>	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.	85% of IAIU investigations involving group home and other congregate care settings were completed within 60 days.	88% 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 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
Implementation of Case Practice Model						
CPM V.3	<p>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.</p> <p>Number of family team meetings at key decision points.</p> <p>a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry.</p> <p>b. For all other children in placement, the number/percent who have at least one family team meeting each quarter.</p> <p>c. Quality of FTMs</p>	<p>a. 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.</p> <p>b. By December 31, 2009, family meetings held for 75% of children at least once per quarter.</p> <p>c. By December 31, 2009, 75% of cases show evidence in QR of acceptable team formation and functioning.</p>	<p>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.</p> <p>b. By June 30, 2010, family meetings held for 90% of children at least once per quarter.</p> <p>c. By June 30, 2011, 90% of cases show evidence in QR of acceptable team formation and functioning.</p>	<p>For Immersion Sites:</p> <p>a. In the fourth quarter of 2010, 36% of children newly entering placement had a family team meeting within 30 days of entry.</p> <p>b. In the fourth quarter of 2010, 24% of children in placement had at least one family team meeting each quarter.</p> <p>c. Unable to measure because QR in the pilot phase in 2010.</p>	<p>For Immersion Sites:</p> <p>a. In June 2011, 50% of children newly entering placement had a family team meeting within 30 days of entering placement. From January to June 2011 performance ranged from 36% to 60%.</p> <p>b. In June 2011, 37% of children had at least one family team meeting each quarter. From January to June 2011 performance ranged from 20% to 37%.</p> <p>c. Preliminary QR data: 33% of cases rated acceptable on QR indicator 'Family Teamwork: team formation and functioning'</p>	<p>a. No/Improved</p> <p>b. No/Improved</p> <p>c. Unable to assess</p>

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
CPM	8. <u>Safety and Risk Assessment</u> : 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.	31% of cases had risk assessments or re-assessments completed within 30 days prior to case closure and 22% of cases had safety assessments completed within 30 days prior to case closure.	35% of cases had risk assessments or re-assessments completed within 30 days prior to case closure and 25% of cases had safety assessments completed within 30 days prior to case closure.	No
CPM V.4	9. <u>Family Involvement</u> : 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 on family involvement in case planning.	Unable to measure because QR in the pilot phase in 2010.	Preliminary QR data: 33% of cases rated acceptable on QR indicator 'Family Teamwork: team formation and functioning'	No
CPM V.4, 13.a.	10. <u>Timeliness of Initial Plans</u> : 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.	56% of children entering care had case plans developed within 30 days.	61% of children entering care had case plans developed within 30 days.	No/Improved

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
CPM V.4, 13.b.	11. <u>Timeliness of Current Plans</u> : 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.	67% of case plans were reviewed and modified as necessary at least every six months.	71% of case plans were reviewed and modified as necessary at least every six months.	No
CPM V.4	12. <u>Quality of Case Planning and Service Plans</u> : 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.	Unable to measure because QR in the pilot phase in 2010.	Preliminary QR data: 46% of cases rated at least minimally acceptable on both QR indicators 'Case Planning Process' and 'Tracking and Adjustment'	No
CPM V.4	13. <u>Service Planning</u> : 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.	Unable to measure because QR in the pilot phase in 2010.	Preliminary QR data: 52% of cases rated acceptable on QR indicator 'Case Planning Process'	No

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
CPM V.4	14. <u>Service Planning</u> : 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.	Unable to measure because QR in the pilot phase in 2010.	Preliminary QR data: 52% of cases rated acceptable on QR indicator 'Case Planning Process'	No
CPM V.4	15. <u>Educational Needs</u> : 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 QR.	To be assessed in the future. ¹³	Unable to assess ¹⁴	Unable to assess
MSA III.B 7.a	16. <u>Caseworker Visits with Children in State Custody</u> : 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.	50% 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.	58% 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

¹³ During Phase II of the MSA, this measure originally was to be assessed by collecting data through QR or other qualitative methodology. After discussions with DCF and the results of the pilot QR, it was determined that the QR would not effectively evaluate this measure. The Monitor is working with DCF to agree on a methodology.

¹⁴ Ibid.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
MSA III.B 7.b	17. <u>Caseworker Visits with Children in State Custody</u> : 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.	88% of children had at least one caseworker visit per month in his/her placement. ¹⁵	91% of children had at least one caseworker visit per month in his/her placement. ¹⁶	No
CPM MSA III.B 8.a	18. <u>Caseworker Visits with Parents/Family Members</u> : 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.	39% 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.	51% 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
CPM MSA III.B 8.b	19. <u>Caseworker Visits with Parents/Family Members</u> : 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.	No benchmark set.	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.	44% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month.	54% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month.	No/Improved

¹⁵ An additional 7% of children had at least one caseworker visit per month for a total of 95% of children with at least one caseworker visit per month regardless of location.

¹⁶ An additional 6% of children had at least one caseworker visit per month for a total of 96% of children with at least one caseworker visit per month regardless of location.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
CPM MSA III.B 9a.	20. <u>Visitation between Children in Custody and Their Parents</u> : 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.	13% of children had recorded weekly visits with their parents. (An additional 22% of children had two or three visits during the month.)	34% of children had recorded weekly visits with their parents. (An additional 27% of children had two or three visits during the month.)	No/Improved
CPM MSA III.B 10	21. <u>Visitation Between Children in Custody and Siblings Placed Apart</u> : 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.	41% of children in custody who have siblings with whom they are not residing visited with their siblings monthly.	44% of children in custody who have siblings with whom they are not residing visited with their siblings monthly.	No
CPM; MSA Permanency Outcomes	22. <u>Adequacy of DAsG Staffing</u> : 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.	131 (92%) of 142 staff positions filled with two staff on full-time leave; 129 (91%) available DAsG.	130 (92%) of 142 staff positions filled with four staff on full time leave; 126 (89%) available DAsG.	No

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
<i>Placements of Children in Out-of-Home Care</i>						
CPM V.4	<p>23. <u>Combined assessment of appropriateness of placement based on:</u></p> <p>a. Placement within appropriate proximity of their parents' residence unless such placement is to otherwise help the child achieve the planning goal.</p> <p>b. Capacity of caregiver/ placement to meet child's needs.</p> <p>c. Placement selection has taken into account the location of the child's school.</p>	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.	<p>a. In CY2010, 77% of children who entered care were placed in the same county of the home from which they were removed and 69% of children were placed within 10 miles of the home from which they were removed.</p> <p>b. Unable to measure because QR in the pilot phase in 2010.</p> <p>c. Unable to measure because QR in the pilot phase in 2010.</p>	Preliminary QR data: 98% of cases rated acceptable on QR indicator 'Appropriateness of Placement'	Yes
MSA III.A 3.c	<p>24. <u>Placing Children with Families:</u> The percentage of children currently in custody who are placed in a family setting.</p>	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.	86% of children were placed in a family setting.	87% of children were placed in a family setting.	Yes

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
CPM MSA III.A 3.b	25. <u>Placing Siblings Together</u> : 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.	<ul style="list-style-type: none"> 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 CY2010, 77% of sibling groups of two or three were placed together.	CY2011 data not yet available.	<p>Yes, based on CY2010 data.</p> <p>CY2011 data not yet available.</p>
MSA III.A 3.b	26. <u>Placing Siblings Together</u> : 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.	<ul style="list-style-type: none"> 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 CY2010, 34% of sibling groups of four or more were placed together.	CY2011 data not yet available.	<p>Yes, based on CY2010 data.</p> <p>CY2011 data not yet available.</p>
MSA III.A 3.a	27. <u>Stability of Placement</u> : 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 CY2009, 84% of children entering care had two or fewer placements during the 12 months from their date of entry.	CY2010 data not yet available.	<p>No, based on CY2009 data.</p> <p>CY2010 data not yet available.</p>

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
MSA III.C	28. <u>Placement Limitations</u> : 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 ¹⁷	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
MSA III.B.6	29. <u>Inappropriate Placements</u> : 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 2010, no child under age 13 was placed in a shelter. b. Between July and December 2010, 95% of children placed in shelters were in compliance with MSA standards.	a. Between January and June 2011, two children under the age of 13 were placed in a shelter. b. Between January and June 2011, 98% of children placed in shelters were in compliance with MSA standards.	Yes

¹⁷ 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 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
<i>Repeat Maltreatment and Re-Entry into Out-of-Home Care</i>						
MSA III.A. 1.a	30. <u>Abuse and Neglect of Children in Foster Care:</u> 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 CY2010, 0.20% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member. ¹⁸	CY2011 data not yet available.	Yes, based on CY2010 data. CY2011 data not yet available.
MSA III.A 1.b	31. <u>Repeat Maltreatment:</u> 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 ¹⁹	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 maltreatment in CY2009 and remained at home, 5.6% had another substantiation within the next 12 months. ²⁰	CY2010 data not yet available.	Yes, based on CY2009 data. CY2010 data not yet available.

¹⁸ Chapin Hall has revised the methodology for capturing abuse and neglect while in out-of-home placement. The old methodology excluded some cases where the perpetrator was a relative resource parent. This change in methodology changes previously reported performance data from past years.

¹⁹ For places where baseline data were unavailable prior to due date of final target, benchmarks have been removed.

²⁰ Chapin Hall has revised the methodology for capturing repeat maltreatment data. Instead of using the investigation start date to determine when a substantiation occurs, it now uses the CPS report date. This change in methodology changes previously reported performance data from past years.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
MSA III.A 1.c	32. <u>Repeat Maltreatment</u> : 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 ²¹	For the period beginning July 2009 and thereafter, no more than 4.8% of children who reunified will be the victims of substantiated abuse or neglect within one year after reunification.	In CY2009, 7% of children who reunified were the victims of substantiated child maltreatment within one year after the reunification.	CY2010 data not yet available.	No, based on CY2009 data. CY2010 data not yet available.
MSA III.A 2.b	33. <u>Re-entry to Placement</u> : 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.	Of all children who exited in CY2009, 14% re-entered custody within one year of the date of exit.	CY2010 data not yet available.	Yes, based on CY2009 data. CY2010 data not yet available.

²¹ For places where baseline data were unavailable prior to due date of final target, benchmarks have been removed.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
<i>Permanency</i>						
MSA III.A 2.a	34.a. <u>Permanency Outcome 1: Permanency in first 12 months:</u> 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.	<p>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.</p> <p>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.</p>	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.	Of all children who entered foster care in 2009, 45% were discharged from foster care to permanency within 12 months from their removal from home.	CY2010 data not yet available.	<p>Yes, based on CY2009 performance.</p> <p>CY2010 data not yet available.²²</p>

²² The Monitor is unable to report on CY2010 performance as the children who entered care during CY2010 have not yet experienced 12 months in care.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
MSA III.A 2.a	34.b. <u>Permanency Outcome 2: Adoption</u> : Of all children who became legally free for adoption during the 12 months prior to the target year, what percentage was discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	<p>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.</p> <p>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.</p>	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.	73% of children who became legally free in CY2009 were discharged from foster care to a finalized adoption in less than 12 months from date of becoming legally free.	CY2010 data not yet available.	<p>Yes, based on CY2009 performance.</p> <p>CY2010 data not yet available.²³</p>
MSA III.A 2.a	34. c. <u>Permanency Outcome 3: Total time to Adoption</u> : 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.	<p>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.</p> <p>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.</p>	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 CY 2010, 45% were discharged from foster care to adoption within 30 months from removal from home.	CY2011 data not yet available.	<p>No, based on CY2010 performance.</p> <p>CY2011 data not yet available.</p>

²³ The Monitor is unable to report on CY2010 performance as the children who became legally free for adoption during CY2010 have not yet experienced 12 months from the date of becoming legally free.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
MSA III.A 2.a	34.d. <u>Permanency Outcome 4: Permanency for children in care between 13 and 24 months:</u> Of all children who were in foster care on the first day of the target year and had been in care between 13 and 24 months, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21 st 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 21 st 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 21 st 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 21 st birthday or by the last day of year.	Of all children who were in care on the first day of CY 2010 and had been in care between 13 and 24 months, 43% were discharged to permanency prior to their first 21 st birthday or by the last day of the year.	CY2011 data not yet available.	No, based on CY2010 performance. CY2011 data not yet available.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
\	34. e. <u>Permanency Outcome 5: Permanency after 25 months</u> : 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 21 st birthday and by the last day of the year.	<p>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.</p> <p>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.</p>	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 21 st 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 CY2010, 34% discharged prior to their 21 st birthday or by the last day of the year.	CY2011 data not yet available.	<p>No, based on CY2010 data.</p> <p>CY2011 data not yet available.</p>
MSA III.B 12(i)	35. <u>Progress Toward Adoption</u> : 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.	In the months between July and December 2010, 47% to 67% 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. ²⁴	In the months between January and June 2011, 61% to 65% of children with a permanency goal of adoption had a petition to terminate parental rights filed within 6 weeks of the date of the goal change. ²⁵	No

²⁴ 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.

²⁵ This is the first monitoring period where monthly performance was consistent. If performance remains consistent next reporting period, the Monitor will report on performance as of the last month of the monitoring period.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
CPM MSA III.B 12.a (ii)	36. <u>Child Specific Adoption Recruitment</u> : 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.	Between July and December 2010, 11% to 88% 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. ²⁶	Between January and June 2011, 30% to 86% 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. ²⁷	No
MSA III.B 12.a.(iii)	37. <u>Placement in an Adoptive Home</u> : 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.	50% 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.	61% 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/Improved

²⁶ 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. Between July and December 2010, 100 children required child specific recruitment plans and 32 (32%) of these plans were developed within 30 days of the date of the goal change.

²⁷ 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. Between January and June 2011, 123 children required child specific recruitment plans and 82 (67%) of these plans were developed within 30 days of the date of the goal change.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
MSA III.B 12.b	38. <u>Final Adoptive Placements</u> : 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.	92% of adoptions were finalized within nine months of adoptive placement.	91% of adoptions were finalized within nine months of adoptive placement.	Yes
<i>Health Care for Children in Out-of-Home Placement</i>						
MSA II.F.5	39. <u>Pre-Placement Medical Assessment</u> : 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.	100% 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. ²⁸ Thus, in Monitor's assessment, 98% of PPAs occurred in a setting appropriate for the situation.	100% of children entering DYFS custody received a pre-placement assessment (PPA). 88% of children received a PPA in a non-emergency room setting. An additional 11% of PPAs were appropriately received in an ER setting. ²⁸ Thus, in Monitor's assessment, 99% of PPAs occurred in a setting appropriate for the situation.	Yes ²⁹

²⁸ 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.

²⁹ Technically, DCF has partially fulfilled this measure, however, the Monitor believes that the measure should be modified to measure both PPAs in a 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 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
MSA III.B 11	40. <u>Initial Medical Examinations</u> : 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 2010, 80% 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 June 2011, 88% of children received a CME within the first 30 days of placement and 98% of children received a CME within the first 60 days of placement.	Yes
Negotiated Health Outcomes	41. <u>Required Medical Examinations</u> : Number/percent of children in care for one year or more who received medical examinations in compliance with EPSDT guidelines.	<p>a. By December 2008, 80% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.</p> <p>b. By June 2009, 90% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.</p> <p>c. By December 2009, 95% of children in care for one year or more will receive annual medical examinations in compliance with EPSDT guidelines.</p>	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 2010, 93% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 95% of children older than two years were clinically up-to-date on their EPSDT visits.	From January through June 2011, 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 ³⁰

³⁰ 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. While technically not in compliance with the final benchmark, performance on EPSDT/well child exams represents sustained access to health care for this population and the Monitor considers this a significant accomplishment. Therefore, the Monitor determines the requirement to be partially fulfilled.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
MSA II.F.2	42. <u>Semi-Annual Dental Examinations</u> : Number/percent of children ages three and older in care six months or more who received semi-annual dental examinations. ³¹	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	86% of children were current with semi-annual dental exams.	89% of children were current with their semi-annual dental exam.	Yes

³¹ 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.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
MSA II.F.2	43. <u>Follow-up Care and Treatment</u> : Number/percent of children who received timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	<ul style="list-style-type: none"> 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 94% of children received follow-up care for needs identified in their CME. ³²	94% of children received follow-up care for needs identified in their CME. ³³	Yes ³⁴

³² DCF conducted a Health Care Case Record Review to report on the above indicators for Period IX. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between May 1, 2010-October 31, 2010 and were in care for a minimum of 60 days. 1,836 children comprise this cohort. A sample of 334 children was reviewed. The results have a ± 5 percent margin of error.

³³ DCF conducted a Health Care Case Record Review to report on the above indicator for Period X. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2010 and April 30, 2011 and were in care for a minimum of 60 days. 1,623 children comprise this cohort. A sample of 325 children was reviewed. The results have a ± 5 percent margin of error.

³⁴ The Monitor has reviewed and is satisfied with the rigor of DCF's Health Care Case Record review, which will be used as the primary means of evaluating performance on this measure.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
	44. <u>Immunization</u> : 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 2010, DCF reports that 95% of all children in out-of-home placement were current with their immunizations.	In the second quarter of 2011, DCF reports that 97% of all children in out-of-home placement were current with their immunizations.	Yes
MSA II.F.8	45. <u>Health Passports</u> : 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 May through October 2010, 30% 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. ³⁵	From November 2010 through April 2011, 50% of caregivers received Health Passports within five days of a child's placement and 92% of caregivers received Health Passports within 30 days of a child's placement. ³⁶	No/Improved

³⁵ DCF conducted a Health Care Case Record Review to report on Health Passports for Period IX. This review was done by reviewing records of a random sample of children in DYFS out-of-home placement who were removed between May 1, 2010-October 31, 2010 and were in care for a minimum of 60 days. 1,836 children comprise this cohort. A sample of 334 children was reviewed. The results have a ± 5 percent margin of error.

³⁶ DCF conducted a Health Care Case Record Review to report on the above indicator for Period X. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2010 and April 30, 2011 and were in care for a minimum of 60 days. 1,623 children comprise this cohort. A sample of 325 children was reviewed. The results have a ± 5 percent margin of error.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
<i>Mental Health Care for Children in Out-of-Home Placement</i>						
MSA II.F.2	46. <u>Mental Health Assessments</u> : Number/percent of children with a suspected mental health need who receive mental health assessments.	<ul style="list-style-type: none"> 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 May through October 2010, 98% of eligible children received a mental health screen. Of those screened, 62% had a suspected mental health need. Of those with a suspected mental health need, 94% received a mental health assessment. ³⁷	From November 2010 through April 2011, 100% of eligible children received a mental health screen. Of those screened, 70% had a suspected mental health need. Of those with a suspected mental health need, 94% received a mental health assessment.	Yes

³⁷ DCF conducted a Health Care Case Record Review to report on the above indicators for Period IX. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between May 1, 2010–October 31, 2010 and were in care for a minimum of 60 days. 1,836 children comprise this cohort. A sample of 334 children was reviewed. The results have a ± 5 percent margin of error.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
CPM	47. <u>Provision of in-home and community-based mental health services for children and their families:</u> 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	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.	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
<i>Services to Families</i>						
CPM	48. <u>Continued Support for Family Success Centers:</u> 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 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
CPM	49. <u>Statewide Implementation of Differential Response, Pending Effectiveness of Pilot Sites</u> : 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 ³⁸
CPM	50. <u>Services to Support Transitions</u> : 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.	Unable to measure because QR in the pilot phase in 2010.	Preliminary QR data: 52% of cases rated acceptable on QR indicator 'Transitions and Life Adjustments'	No

³⁸ DCF, with help from Casey Family Programs, is conducting an internal assessment to determine how the current Differential Response pilot should be integrated into the rest of DCF and DYFS and the overall case practice approach. The results of this analysis are expected to be completed by December 2011.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
CPM	51. <u>Post-Adoption Supports</u> : 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 supported 13,597 adopted children by the end of April 2011. DCF funds a statewide network of post-adoption services through contract arrangements with eight private agencies. Funding totals slightly over \$3million specifically to family counseling and family support services.	DCF administers an Adoption Subsidy Program which supported 13,477 adopted children by the end of September 2011. DCF funds a statewide network of post-adoption services through contract arrangements with eight private agencies. Funding remains slightly over \$3million and is used specifically for family counseling and family support services.	Ongoing Monitoring of Compliance
CPM	52. <u>Provision of Domestic Violence Services</u> . 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

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
<i>Services to Older Youth</i>						
CPM	53. <u>Independent Living Assessments</u> : 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 2011, 87% of youth aged 14 to 18 in out-of-home placement for at least six months had an Independent Living Assessment.	As of July 1, 2011, 83% of youth aged 14 to 18 in out-of-home placement for at least six months had a completed Independent Living Assessment.	No
CPM	54. <u>Services to Older Youth</u> : 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.	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 New Jersey Qualitative Review.	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the New Jersey Qualitative Review.	Data Not Available	Data Not Available	Data Not Available ³⁹

³⁹ The Monitor is working with parties to determine an adequate methodology to assess this measure.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance ¹⁰	Requirement Fulfilled (Yes/No/Ongoing) ¹¹
CPM	55. <u>Youth Exiting Care</u> : Youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	<p>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.</p> <p>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.</p>	By December 31, 2011, 95% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	Data Not Available ⁴⁰	Data Not Available	Data Not Available

⁴⁰ In the fall 2010, the Monitor assessed performance through a case record review of adolescent cases. Monitor's review found 72% of youth have housing; 60% of youth were employed or in some type of education program.

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	June 2011 Performance	Fulfilled (Yes/No)⁴¹
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 June 2011, there were 44 immersion sites, 31 of which completed the immersion process.	Yes
II.B.1.b. 100% of all new case carrying workers shall be enrolled in Pre-Service Training, including training in intake and investigations, within two weeks of their start date.	141 (100%) new caseworkers (51 hired in the last monitoring period) were enrolled in Pre-Service training within two weeks of their start date. (15 BCWEP hires). ⁴²	Yes
II.B.1.c. No case carrying worker shall assume a full caseload until completing pre-service training and passing competency exams.	141 (100%) new workers who are now case-carrying workers have passed competency exams (15 BCWEP hires).	Yes

⁴¹ “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, 2011 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.

⁴² The Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Kean University and Ramapo College) that enables students to earn the Bachelor of Social Work (BSW) degree. The Monitor has previously determined that this course of study together with 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.

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	June 2011 Performance	Fulfilled (Yes/No)⁴¹
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 annual obligation by December 31, 2011.	CY 2011 data not yet available.
II.B.2.d. The State shall implement in-service training on concurrent planning for all existing staff.	Between January and June 2011, 112 out of 112 (100%) eligible DYFS caseworkers were trained on concurrent planning and passed competency exams before assuming caseloads.	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.	98 employees (100%) assigned to take intake and investigations in this monitoring period successfully completed intake 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 2011, 21 supervisors were trained and passed competency exams; ten of these supervisors were appointed at the end of the last monitoring period. Fourteen supervisors were appointed during this monitoring period, eleven of whom were part of the 21 supervisors trained.	Yes

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	June 2011 Performance	Fulfilled (Yes/No)⁴¹
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
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.	The State has a process for requests for out-of-state placements which includes planning to maintain contacts with family and returning in-state.	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.	An automated system for placing children from detention within 30 days of disposition is in place.	Yes

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	June 2011 Performance	Fulfilled (Yes/No)⁴¹
II.G.9. The State shall provide adoption training to designated adoption workers for each local office.	Fourteen adoption workers appointed in this monitoring period were trained between January 1 and June 30, 2011. Another 16 adoption workers appointed in the previous monitoring period (Period IX) were trained during this 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.	Between January and June 2011, DCF resolved 67% of applications within 150 days.	No
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 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 FY2011, the flex fund budget was \$5,708,602.	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

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	June 2011 Performance	Fulfilled (Yes/No)⁴¹
II.J.6. The State shall annually produce DCF agency performance reports.	DCF released the FY 2011 report in November 2011	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 January to June 2011 that provides individual worker caseloads of children and families for intake, permanency and adoption workers.	Yes
II.E.20 95% of offices shall have sufficient supervisory staff to maintain a five worker to one supervisor ratio.	99% 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: <i>permanency workers</i> : no more than 15 families and no more than ten children in out-of-home care.	100% of permanency offices met standards. 96% of permanency workers met caseload requirements.	Yes

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	June 2011 Performance	Fulfilled (Yes/No) ⁴¹
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: <i>intake workers</i> : no more than 12 open cases and no more than eight new case assignments per month.	96% of intake offices met standards. 84% of intake caseworkers met caseload requirements.	Partial ⁴³
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: <i>IAIU investigators</i> : 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 requirement	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: <i>adoption workers</i> : no more than 12 children.	94% of adoption offices met standards. 94% of adoption caseworkers met caseloads requirements.	Yes
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.	Policy has been promulgated, training and information sessions implemented and children on medication are tracked.	Yes
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 continues to conduct pre-licensure training for DYFS resource families and contracts with Foster and Adoption Family Services (FAFS) to conduct ongoing in-service training.	Yes

⁴³ DCF met the office standard for Intake workers. DCF did not meet the individual worker caseload standard for Intake workers.

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	June 2011 Performance	Fulfilled (Yes/No)⁴¹
<p>III.C.5 The State shall incorporate into its contracts with service providers performance standards consistent with the Principles of the MSA.</p>	<p>DCF developed a set of performance measures and set baseline performance targets for each service across all DCF contracts.</p>	<p align="center">Yes</p>
<p>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.</p>	<p>During 2011 DCF's newly established Office of Continuous Quality Improvement (OCQI) developed and successfully implemented a statewide qualitative case review process.</p>	<p align="center">Yes</p>
<p>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.</p>	<p>Four of the five second round of evaluations (Monmouth, Mercer, Ocean and Atlantic) were submitted in July 2011. Cumberland is due. Submissions continue to identify housing and transportation as two key areas of need.⁴⁴</p>	<p align="center">In Progress</p>
<p>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.</p>	<p>Resource family board rates continue to meet USDA standards.</p>	<p align="center">Yes</p>

⁴⁴ The Monitor continues to be concerned about the process and quality of the Needs Assessments.

IV. DCF'S INVESTIGATIVE PRACTICE

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

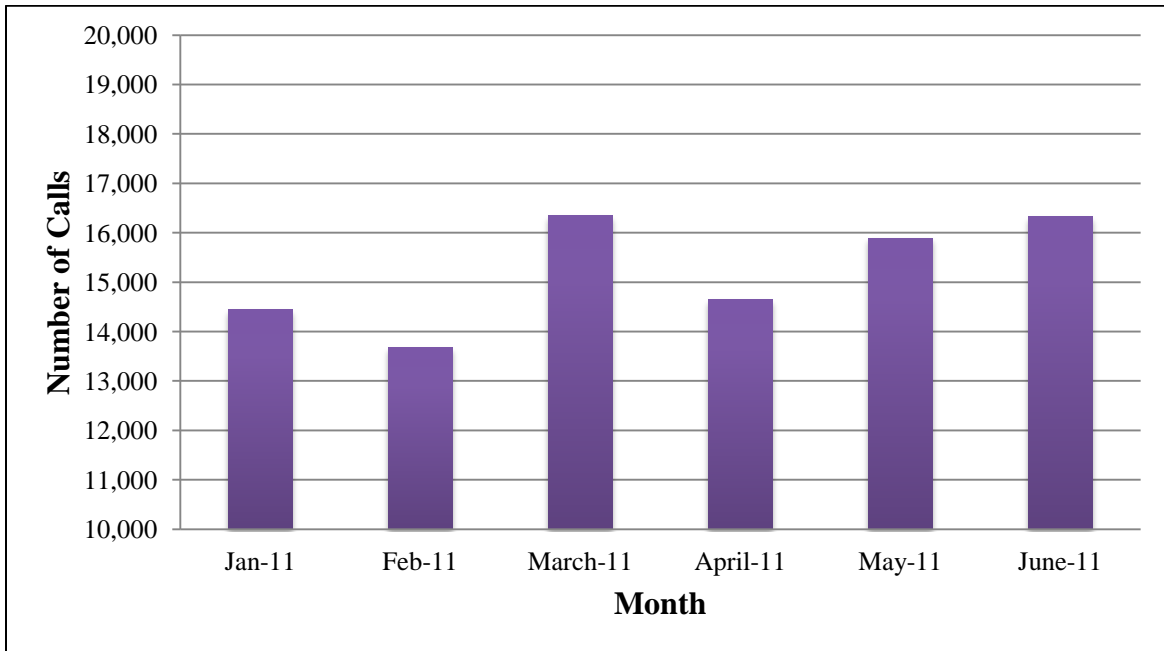
Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
1. <u>Responding to Calls to the SCR:</u>					
a. Total number of calls	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	a. 14,072 calls	a. 16,325 calls	Ongoing Monitoring of Compliance
b. Number of abandoned calls			b. 394 abandoned calls	b. 716 abandoned calls	
c. Time frame for answering calls			c. 20 seconds	c. 29 seconds	
d. Number of calls screened out			d. 4,109 calls screened out	d. 5,592 calls screened out	
e. Number of referrals for CWS			e. 866 CWS referrals	e. 1,232 CWS referrals	

Performance as of June 30, 2011:

Between January and June 2011, the SCR received 91,322 calls. This is an increase of 3,965 calls as compared to the last monitoring period (July-December 2010) and a decrease of 2,043 calls as compared to the same six month period in 2010 (January-June). On average, the State reports callers waited about 18 seconds for an SCR screener to answer their calls. Of those

91,322 calls, 30,120 (33%) calls⁴⁵ related to the possible need for Child Protective Services (CPS) responses. Of those, screeners classified 29,238 reports for investigation of alleged child abuse or neglect. Another 6,784 (7%) calls related to the possible need for Child Welfare Services (CWS). In these circumstances, screeners classified 6,132 referrals for assessment of service need. Figure 1 shows a month-by-month breakdown of the call volume at SCR for January through June 2011.

**Figure 1: Number of Calls to SCR by Month
(January – June 2011)**



Source: DCF

⁴⁵ 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 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
<p>2. <u>Quality of SCR Response:</u> Quality of Response.</p> <p>a. Respond to callers promptly, with respectful, active listening skills</p> <p>b. Essential information gathered— identification of parents and other important family members</p> <p>c. Decision making process based on information gathered and guided by tools and supervision</p>	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	For latest performance review, <i>The New Jersey State Central Registry: An Assessment</i> , CSSP, June 30, 2008.	<p>See <i>The New Jersey State Central Registry: An Assessment</i>, CSSP, June 30, 2008.</p> <p>SCR performance will be reassessed in collaboration with DCF's Continuous Quality Improvement unit in the next monitoring period.</p>	Ongoing Monitoring of Compliance

Performance as of June 30, 2011:

Between January and June 2011, SCR initiated a number of systemic reforms regarding quality assurance, staffing, and training following a departmental review of a child death. In July 2008, the Monitor had completed an independent assessment of the SCR which identified quality assurance as one of the strengths of the unit.⁴⁶ The departmental review recently conducted by DYFS indicated a need to refine some of those existing quality assurance procedures. Under the newly-revised quality assurance system, supervisors monitor and evaluate 50 percent of all calls designated as information and referral (I&Rs).⁴⁷ In addition, all I&R intakes that are not selected for call monitoring and evaluation undergo some form of review by casework supervisors. Supervisors randomly review one information only (IO)⁴⁸ call conducted by each screener per week. Finally, supervisors review ten percent of all reports on existing DYFS cases (RI)⁴⁹ by the next business day.

⁴⁶ *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>.

⁴⁷ A call is identified as an I & R call when (1) a caller is seeking a referral to one or more service providers (I&R), (2) an SCR screener determines that a referral is the appropriate response to the concern raised by the caller, or (3) the matter is referred back to the caller for handling (e.g., police calling about non abuse, school calling about educational neglect).

⁴⁸ Callers seeking information only are designated IO calls.

⁴⁹ Calls to the SCR concerning an existing DYFS case.

Leadership at SCR continues to implement previous improvements to the certification and training of SCR screeners and supervisors. During the monitoring period, SCR supervisors continued to certify and re-certify screeners. 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. Certified screeners have the ability to generate intakes without supervisory approval. Non-certified staff must confer with certified staff before generating intakes. The intake is reviewed in its entirety by the certified staff member responsible for assigning the report.

Indications of stress at SCR as a result of the most recent departmental review resulted in changing staffing patterns and turnover of the director of the unit. SCR has made a number of changes during this monitoring period to increase the level of field experience present in the unit. The most prominent shift in practice is that trainees are no longer eligible to staff the SCR. All former trainees in SCR have been reassigned to local offices. Henceforth, all SCR staff must possess DCF field experience in order to become a SCR screener. Screeners with the least experience will be placed for two years on shifts with the lowest call volume, typically evening and overnight shifts. These shifts have increased the supervisor to screener ratio. SCR now has 44 full time and 64 part time screeners with field experience. There are 22 full time screeners who do not have prior field experience. These screeners have been in SCR for a minimum of three years, making them exempt from the new field experience requirement.

SCR screeners and supervisors continue to be trained on the New Jersey's Case Practice Model. As of June 1, 2011, 92 SCR staff had received the first module of CPM training and 70 SCR staff had received the second module. In addition, training for staff has recently been increased from 10 to 15 days, with more emphasis being put on live call training. Staff spend the final week of their training on the same shift in which they will be working upon completion of the training period. SCR leadership has emphasized the need to conduct all necessary background searches for each call. SCR staff continue to be trained on structured decision making, critical thinking, documentation, cultural competency and the DYFS domestic violence protocol. Currently, the SCR Screening Training Curriculum is undergoing revision.

This has been a difficult period for SCR necessitating a reassessment of the performance of the unit. DCF responded to the departmental review quickly with a clear set of recommendations which appear to address the areas in which SCR performance had declined in recent years. The Office of Continuous Quality Improvement (OCQI), together with the Monitor, is planning to conduct a follow-up qualitative review of SCR operations in November 2011.

B. Timeliness and Quality of Investigative Practice

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
<p>3. <u>Timeliness of Response:</u> Investigations of alleged child abuse and neglect shall be received by the field in a timely manner and commenced within the required response time as identified at SCR, but no later than 24 hours.</p>	<p>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.</p>	<p>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.</p>	<p>a. 99% of investigations were received by the field in a timely manner. b. 88% of investigations commenced within required response time.</p>	<p>a. 99% of investigations were received by the field in a timely manner. b. 88% of investigations commenced within required response time.</p>	<p>a. Yes b. No</p>

Performance as of June 30, 2011:

DCF continued to meet the final target for transmitting referrals to the field and failed to meet 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.⁵⁰ During the month of June 2011, DCF received 5,136 referrals of child abuse and neglect requiring investigation. Of the 5,136 referrals, 4,462 (87%) referrals were received by the field within one hour or less of call completion. An additional 614 (12%) referrals were received by the field between one and three hours after call completion; for a total of 99 percent of referrals being received by the field within three hours of call completion. The remaining 60 referrals were received by the field within 10 hours.

The number of referrals received per month ranged from 4,487 in January 2011 to 5,555 in March 2011. Between 98 percent and 99 percent of referrals were received by the field within three hours of call completion during the entire monitoring period.

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 2011, there were 4,901 CPS

⁵⁰ 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.

intakes received applicable to this measure.⁵¹ Of the 4,901 intakes received, 1,031 intakes were coded for an immediate response and 3,870 intakes were coded for a response within 24 hours. Of the 4,901 intakes received, 4,242 (88%) intakes were commenced within their required response time. Between January and June 2011, the percentage of monthly intakes commenced within their required response time ranged from 88 to 93 percent. While DCF continues to make progress in responding to intakes within required timeframes, the final target for this measure was not met.

Investigative Practice

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
4. <u>Timeliness of Completion:</u> 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.	70% of investigations were completed within 60 days.	63% of investigations were completed within 60 days.	No/Declined

Performance as of June 30, 2011:

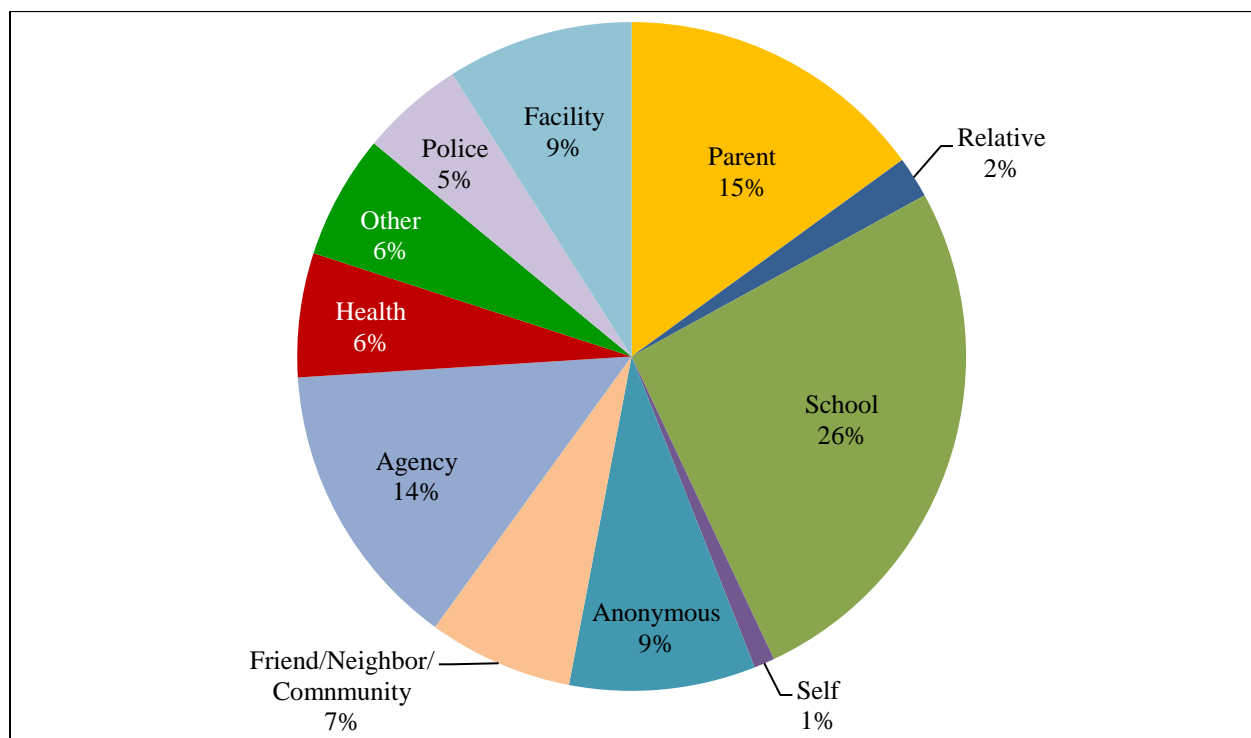
The Performance Benchmarks require that 98 percent of all abuse and neglect investigations be completed within 90 days. DCF policy requires that all investigations of alleged child abuse and neglect be completed within 60 days. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure. There were 4,884 intakes received in June 2011 applicable to this measure. Of the 4,884 intakes, investigations were completed within 60 days on 3,064 (63%) intakes. An additional 1,177 (24%) investigations were completed between 61 and 90 days after receipt. The longest time to completion of an investigation for intakes received in June 2011 was 121 days, with 283 (6%) investigations taking more than 90 days to complete and 360 (7%) investigations not complete as of September 30, 2011. Between January and June 2011, performance on investigation completion ranged between 62 percent and 78 percent. Performance on this measure has decreased by seven percent from the previous monitoring period.

⁵¹ 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.

C. 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.⁵² From January to June 2011, IAIU received approximately 1,546 referrals. This is a decrease of 562 referrals over the same period in 2010. Figure 2 illustrates the proportion of IAIU referrals from different sources. As compared to the previous monitoring period (July to December 2010), IAIU referral sources are very similar. There was a two percent increase in both facility and school reports, but the remaining referral sources were within one percent of the previous monitoring period.

**Figure 2: IAIU Referral Source
(January – June 2011)
Total Referrals = 1,546**



Source: DCF NJ SPIRIT Data

⁵² DYFS (7-1-1992). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 302.

1. Performance Benchmarks for IAIU

IAIU Practice for Investigations in Placements

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
<p>6. <u>IAIU Practice for Investigations in Placements:</u></p> <p>a. Investigations in resource homes and investigations involving group homes, or other congregate care settings shall be completed within 60 days.</p> <p>b. Monitor will review mechanisms that provide timely feedback to other division (e.g., DCBHS, OOL) and implementation of corrective action plans.</p> <p>c. Corrective action plans developed as a result of investigations of allegations re: placements will be implemented.</p>	<p>By June 2007, the State shall complete 80% of IAIU investigations within 60 days.</p>	<p>By June 2007 and thereafter, 80% of investigations by IAIU shall be completed within 60 days.</p>	<p>85% of IAIU investigations involving group home and other congregate care settings were completed within 60 days.</p>	<p>88% of IAIU investigations involving group home and other congregate care settings were completed within 60 days.</p>	<p>Yes</p>

Performance as of June 30, 2011:

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 shown in Table 2 below indicate that between January and June 2011, 82 to 87 percent of all IAIU investigations were open less than 60 days.

The MSA does not make any distinctions on the type of investigations IAIU conducts based on the allegation or location of the alleged abuse. Instead, the 60 day completion standard applies to all IAIU investigations. 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) as well as from other settings (schools, day care, buses, etc). Table 2 below displays IAIU’s reported overall performance for the dates cited, in addition to the timeliness of investigations in resource family 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 2011**

Date	All Open Investigations pending less than 60 days	Open Investigations in Resource Family homes and congregate care pending less than 60 days
January 31, 2011	82%	86%
February 28, 2011	87%	91%
March 31, 2011	87%	92%
April 30, 2011	84%	88%
May 31, 2011	85%	88%
June 30, 2011	87%	90%

Source: DCF, IAIU, Daily Workflow Statistics

2. Corrective Action Monitoring

If the evidence from an investigation 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 an 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 distinct from the investigative finding. The Office of Licensing (OOL) is informed of 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, 2011, IAIU issued 132 corrective action requests involving Resource Family homes, group homes, and residential facilities where foster children were placed. According to the information reported from the IAIU corrective action database, 115 (87%) corrective actions had been successfully completed (accepted) and 17 (13%) corrective action requests were outstanding or pending resolution as of

June 30, 2011. This is slight change in the rate of performance from monitoring period IX, where 92 percent of corrective actions had been completed by the end of the monitoring period (December 31, 2010). Of the 17 outstanding corrective action requests, 11 (65%) were requested prior to June 1, 2011. As of June 30, 2011, these 11 corrective action requests had been outstanding 32 to 209 calendar days since the date of the findings letter.

3. Corrective Action Reports

The Monitor reviewed ten cases from the corrective action database to look at feedback mechanisms between IAIU and other divisions (DCBHS, OOL, etc) and to ensure corrective action plans (CAPs) are being developed. The Monitor randomly selected reports from incidences that occurred between January and June 2011. The sample included a total of ten reports: four residential facilities, two group homes, three Resource Family homes and one in a relative placement. IAIU's CQI accepted seven of the ten CAPs, which required verified retraining of staff, the termination of an employee, increased visitation by DYFS to a relative placement, and rejecting the licensing application of a Resource home. The CAPs reviewed appeared to adequately address the incidences which prompted the IAIU investigation. There was evidence of communication between divisions in several reports, particularly between IAIU and OOL regarding the licensure of Resource homes under investigation. All communication on record occurred via email or inter office memos.

CAPs had not been developed during the monitoring period for three of the ten cases selected for the review. The MSA does not contain a standard regarding the length of time for developing CAPs, but DYFS policy states that the facility should respond within 30 days. One case without a CAP had a findings letter after June 1, 2011 and the facility responded in July within the 30 day timeframe for completion. An additional case involved the removal of children from the placement and pending an appeal regarding a license revocation, may not require a corrective action given the home will not be a placement option in the future. The final case without a CAP had nearly a six month gap in communication between IAIU and the facility required to develop a CAP, raising questions about the level of urgency within IAIU regarding working with that facility to complete the corrective action process. The Monitor urges DCF to put policies in place to ensure IAIU abides by DYFS timelines so that required CAPs are developed timely and completed.

V. IMPLEMENTING THE CASE PRACTICE MODEL

DCF is near the statewide completion of its intensive on-site training on the Case Practice Model (CPM). During this monitoring period additional staff members 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, first introduced in January 2007, continues to be 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 are being measured as part of New Jersey's Qualitative Review process.

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. The State's goal is that by May 2012, each of the 47 DYFS local offices will have been trained intensively on the CPM. By then, all staff will be expected to incorporate the values and principles of the CPM in every aspect of their cases, from investigation to case closure.

At the conclusion of the previous monitoring period, 28 DYFS offices had completed immersion training.⁵³ Three additional offices, Middlesex West, Atlantic East and Essex Central completed immersion training between January and June 2011. A total of eight offices began immersion training between July and December 2010 and completed it by August 2011.⁵⁴ The remaining eight offices began immersion training between March and October 2011 and are expected to have completed it by May 2012.⁵⁵ Reaction to the immersion training among DYFS staff is generally positive, with some staff reporting the need for more practical applications to the training, while others finding the approach helpful and productive.

DYFS continues to build its capacity to coach, facilitate and supervise Family Team Meetings (FTMs), a critical element of the CPM. With the continued assistance of the New Jersey Training Partnership, DCF has developed new coaches and master coaches to assist in conducting FTMs

⁵³ Bergen Central, Burlington East, Gloucester West, Mercer North, Mercer South, Cumberland West, Bergen South, Camden North, Atlantic West, Cape May, Morris West, Union East, Burlington West, Passaic North, Cumberland East, Salem, Southern Monmouth, Western Essex (Bloomfield), Somerset, Middlesex Central, Hudson West, Passaic Central, Union Central, Essex: Newark Central City, Camden Central, Ocean North, Morris East and Sussex.

⁵⁴ Essex Adoption, Hudson Central, Union West, Camden South, Hunterdon, Warren, Essex Newark Northeast and Gloucester East. These eight offices will be counted as having completed immersion training in monitoring period XI and reported on in the next monitoring report.

⁵⁵ Monmouth North, Hudson North, Essex South, Camden East, Ocean South, Newark South, Middlesex Coastal and Hudson South.

and implementing the CPM.⁵⁶ At the conclusion of the previous monitoring period there were 185 coaches and an additional 52 master coaches statewide. Between January and June 2011, DCF has added 25 coaches and 13 master coaches for a total of 210 coaches and 65 master coaches statewide. To assist with training on CPM approaches, DCF plans to partner with private agencies for additional clinical case consultation. The Monitor will continue to assess DCF's capacity as it relates to its ability to meet performance goals on FTMs as set by the Performance Benchmarks.

Concurrent Planning Practice

DCF continues its practice of holding meetings 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 ten months to carry out its concurrent planning required by the MSA.⁵⁷ Enhanced reviews occur in all 47 DYFS local offices.

Statewide, in June 2011, 92 percent of families had required five month reviews, and 96 percent had required ten month reviews.

As Table 3 below reflects, in June 2011, 92 percent of five month reviews due that month were completed timely. Between January and June 2011, performance on this measure ranged from 90 to 98 percent.

**Table 3: Five Month Enhanced Review
(January – June 2011)**

	January		February		March		April		May		June	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Reviews Completed w/in five months	244	90	227	95	227	91	215	94	243	98	165	92
Reviews Not Completed w/in five months	27	10	12	5	23	9	15	7	4	2	14	8
Totals	271	100	239	100	250	100	230	101*	247	100	179	100

Source: DCF

*Percentage is greater than 100 due to rounding.

⁵⁶ Coaches are DYFS staff of varying levels who are trained specifically to lead FTMs; master coaches lead FTMs and are trained to teach others to lead them.

⁵⁷ For more information, see *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 December 31, 2007*, Washington, D.C., pg. 36.

Table 4 below shows that statewide in June 2011, 96 percent of ten month reviews due that month were completed timely. Between January and June 2011, performance on this measure ranged from 93 to 99 percent. Performance on this measure improved from a range of between 80 and 92 during the previous monitoring period.

**Table 4: Ten Month Enhanced Review
(January – June 2011)**

	January		February		March		April		May		June	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Reviews Completed w/in ten months	171	96	239	95	186	93	192	99	190	94	204	96
Reviews Not Completed w/in ten months	8	5	14	6	15	8	3	2	12	6	9	4
Totals	179	101*	253	101*	201	101*	195	101*	202	100	213	100

Source: DCF

*Percentage is greater than 100 due to rounding.

Statewide, in June 2011, 71 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 below reflects, statewide in June 2011, 71 percent of cases were transferred to an Adoption worker within the required timeframe. Between January and July 2011, monthly performance on this measure ranged from 64 to 79 percent. Notably, performance levels improved from the previous monitoring period. In addition, the data show that case assignment to an adoption worker within 20 days after a change of goal ranges from 82 to 92 percent between January and June 2011.

**Table 5: Assignment to Adoption Worker within 5 days of Goal Change to Adoption
(January – June 2011)**

	January		February		March		April		May		June	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Within 5 days	84	64%	70	71%	90	67%	50	68%	68	79%	69	60%
6-20 days	24	18%	15	15%	29	22%	15	20%	11	13%	11	15%
21- 30 days	8	6%	7	7%	2	1%	5	7%	2	2%	3	6%
31 or More days	7	5%	0	0%	2	1%	1	1%	1	1%	0	1%
Not Yet Assigned	5	4%	3	3%	2	1%	2	3%	1	1%	7	7%
Not Able to Determine (Missing hearing date)	4	3%	3	3%	9	7%	1	1%	3	4%	7	12%
Totals	132	100%	98	99%*	134	99%*	74	100%	86	100%	97	101%*

Source: DCF

*Percentage is greater or less than 100 due to rounding.

B. Performance Benchmarks on Family Team Meetings and Case Planning

As described in previous monitoring reports, 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 on their cases at key decision points in the life of a case, such as when a child enters placement, when a child has a change of placement and/or when one is needed to adjust 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 availability in an effort to get as many family members and family supports as possible around the table. Engaging the family, the heart of New Jersey’s CPM, is a critical component of successful family teaming. Staff continue to report challenges in engaging with families in the early stages of a removal case, creating challenges for successful FTMs. The Monitor is pleased that DCF leadership has identified sharpening staff engagement skills as key to sustained practice change.

DCF has undertaken a review and assessment of its practice of FTMs in an attempt to make them a routine part of case practice, described in more detail below. As demonstrated in Table 5, these efforts are producing improvements.

Effective Use of Family Teams

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
<p>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.</p> <p>Number of Family Team Meetings at key decision points.</p> <p>a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry.</p> <p>b. For all other children in placement, the number/percent who have at least one family team meeting each quarter.</p> <p>c. Quality of FTMs</p>	<p>a. 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.</p> <p>b. By December 31, 2009, family meetings held for 75% of children at least once per quarter.</p> <p>c. By December 31, 2009, 75% of cases show evidence in QR of acceptable team formation and functioning.</p>	<p>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.</p> <p>b. By June 30, 2010, family meetings held for 90% of children at least once per quarter.</p> <p>c. By June 30, 2011, 90% of cases show evidence in QR of acceptable team formation and functioning.</p>	<p>For Immersion Sites:</p> <p>a. In the fourth quarter of 2010, 36% of children newly entering placement had a family team meeting within 30 days of entry.</p> <p>b. In the fourth quarter of 2010, 24% of children had at least one family team meeting each quarter.</p> <p>c. Unable to measure because QR in the pilot phase in 2010.</p>	<p>For Immersion Sites:</p> <p>a. In June 2011, 50% of children newly entering placement had a family team meeting within 30 days of entering placement. From January to June 2011 performance ranged from 36% to 60%.</p> <p>b. In June 2011, 37% of children had at least one family team meeting each quarter. From January to June 2011 performance ranged from 20% to 37%.</p> <p>c. Preliminary QR data: 33% of cases rated acceptable on QR indicator 'Family Teamwork: team formation and functioning'.</p>	<p>a. No/Improved</p> <p>b. No/Improved</p> <p>c. Unable to assess</p>

Performance as of June 30, 2011

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

DCF currently reports on FTMs held in all offices that completed immersion training as of the end of the quarter: 31 sites in the first quarter of 2011, with no additional sites completing immersion training in the second quarter of 2011.

According to NJ SPIRIT data, in June 2011 in the 31 sites which have completed immersion training, 50 percent of the cases requiring FTMs within 30 days of removal held FTMs; from January to June 2011 performance ranged from 36 percent to 60 percent. In June 2011 in the 31 sites, quarterly FTMs were held in 37 percent of applicable cases; from January to June 2011 performance ranged from 20 percent to 37 percent.⁵⁸

While there is still significant room for improvement, the data show increased use of FTMs in this period, and DCF anticipates further progress as local offices complete immersion training. DCF's monthly Child Stat⁵⁹ meetings, which have been in place since September 2010, is believed to be a contributing factor to the improved performance. At the Child Stat meetings, local office leadership present a number of practice related issues, including information and data regarding barriers to timely completion of FTMs. Statewide themes have emerged, particularly related to challenges getting enough staff trained to facilitate and hold FTMs during the investigative stage of an open case. While local offices are experimenting with various strategies, there remain issues with whether 30 days is a realistic timeframe for initiating a quality FTM in every case and under what circumstances it makes sense to assign a staff person other than the ongoing permanency worker to plan for and conduct the FTM. During the Monitor's site visits, staff expressed a range of opinions on these subjects, which require further review and consideration.

The Monitor has attended many of DCF's Child Stat meetings and is encouraged by the quality of data and thoughtful analyses presented. In September 2011, DCF launched a revised protocol for the Child Stat meetings. In addition to discussing local office data, the new protocol will use a case conferencing model which involves an examination of practice, policy and procedure through the lens of one case. The purpose is to make improvements to practice for the case that is presented, as well as help identify statewide themes. Beginning in September, as part of the new protocol, the Office of Continuous Quality Improvement (OCQI) will randomly select an active DCF investigation that has been open between 31 and 45 days. The case will be a new referral on a closed case where the allegations had been determined to be unfounded within the previous 12 months. Staff will present information about the family structure and history, and will include the nature of any and all interactions with DYFS, including the strategic use of FTMs. Opportunities to debrief will occur after the presentation. The Monitor will continue to attend Child Stat meetings and to follow DCF's progress in examining and resolving barriers to performance on FTMs.

As shown above, DCF has preliminary 2011 data on the quality of the FTMs performed. The Monitor will report on the data as of December 31, 2011 in the next monitoring report.

⁵⁸ See discussion of Immersion Sites in Section V.A. *Activities Supporting the Implementation of the Case Practice Model* of this report for a schedule of immersion training. DCF expects that as more local offices complete immersion training, performance on FTMs will continue to improve.

⁵⁹ Child Stat is a process wherein organizations use quantitative and qualitative data from multiple contexts to understand and attempt to improve service delivery.

Timeliness of Case Planning-Initial Plans

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
10. <u>Timeliness of Initial Plans</u> : 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.	56% of children entering care had case plans developed within 30 days.	61% of children entering care had case plans developed within 30 days.	No/Improved

Performance as of June 30, 2011:

DCF policy and the MSA require a case plan to be developed within 30 days of a child entering placement. In June 2011, 253 (61%) out of a total of 414 case plans 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 2011, the timely development of case plans ranged from 55 to 67 percent. Performance on this measure improves steadily with each monitoring period, but remains low. Additionally, performance has only marginally improved on completing case plans within 31 and 60 days. DCF is in the process of developing a new tool to document case plans that will be better aligned with FTM documentation in the hope of streamlining the documentation processes associated with case plan development.

**Table 6: Case Plans Developed within 30 days of Child Entering Placement
(January – June 2011)**

	January		February		March		April		May		June	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Case Plans Completed in 30 days	134	55	170	60	177	55	190	59	217	67	253	61
Case Plans Completed in 31-60 days	55	23	52	18	75	24	69	22	47	15	98	24
Case Plans Not Completed after 60 days	54	22	60	21	67	21	61	19	58	18	63	15
Totals	243	100	282	99*	319	100	320	100	322	100	414	100

Source: DCF

*Percentage is less than 100 due to rounding.

Timeliness of Case Planning-Current Plans

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
11. <u>Timeliness of Current Plans</u> : 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.	67% of case plans were reviewed and modified as necessary at least every six months.	71% of case plans were reviewed and modified as necessary at least every six months.	No

Performance as of June 30, 2011

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 2011, between 62 and 71 percent of case plans were modified within a six month timeframe. In June 2011, 71 percent of case plans had been modified as necessary within six months as compared to 67 percent modified timely in December 2010. DCF has not met the final target of 95 percent of cases with timely modified plans, and its performance has only marginally surpassed December 2010 levels.

**Table 7: Case Plans Updated Every 6 Months
(January – June 2011)**

	January		February		March		April		May		June	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Case Plans Completed within six months	739	62	710	65	754	68	751	70	697	71	734	71
Outstanding	453	38	389	35	354	32	316	30	285	29	297	29
Totals	1,192	100	1,099	100	1,108	100	1,067	100	982	100	1,031	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 2010 Performance	June 2011 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
8. <u>Safety and Risk Assessment</u> : Number/percent of closed cases where a safety and risk of harm assessment is done prior to case closure. ⁶⁰	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.	31% of cases had risk assessments or re-assessments completed within 30 days prior to case closure and 22% of cases had safety assessments completed within 30 days prior to case closure. ⁶¹	35% of cases had risk assessments or re-assessments completed within 30 days prior to case closure and 25% of cases had safety assessments completed within 30 days prior to case closure. ⁶¹	No

⁶⁰Safety assessments relate to whether the child is in imminent danger of harm; risk of harm assessments predict harm in the future based on current needs and capacities of the child and family.

⁶¹ The Monitor and DCF are working to ensure that both safety and risk assessments as required by the Case Practice Model are clearly defined in policy, communicated to the field as a practice expectation and accurately measured.

Performance as of June 30, 2010:

In June 2011, 25 percent of cases had a safety assessment and 35 percent of cases had a risk assessment or re-assessment completed within 30 days prior to case closure.⁶² In June 2011, there were 3,910 cases closed. Of these 3,910 cases, 985 (25%) cases had a safety assessment prior to case closure and 1,368 (35%) cases had a risk assessment or reassessment within 30 days prior to closure. This performance does not meet the December 31, 2010 final target.

According to DCF, one reason for the poor performance on this measure is the requirement to complete these assessments within *30 days of case closing*. DCF policy did not previously require that a risk assessment or re-assessment be completed within 30 days prior to closure. On June 1, 2011, DCF sent a memo to the field clarifying policy regarding safety and risk assessments. The expectation is that the next reporting period will demonstrate improved performance on this measure.

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.

According to DYFS policy and the MSA, 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 in the child's placement. 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.

⁶² 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.

Caseworker Visits With Children in State Custody

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of December 31, 2010 (Yes/No/Ongoing)
16. <u>Caseworker Visits with Children in State Custody</u> : 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.	50% 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.	58% 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, 2011:

This measure requires an analysis of the pattern of caseworker visits with children who are in an initial or subsequent placement and remain in that placement for two months. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure. In June 2011, there were 548 children who were in an initial or subsequent placement and remained in the placement for two full months. Of the 548 children, 320 (58%) had documented visits by their caseworkers twice per month with at least one visit occurring in the placement setting.

Between January and June 2011, between 50 and 58 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, 2010 final target for this measure. 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.

Caseworker Visits with Children in State Custody

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
17. <u>Caseworker Visits with Children in State Custody</u> : 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.	88% of children had at least one caseworker visit per month in his/her placement. ⁶³	91% of children had at least one caseworker visit per month in his/her placement. ⁶⁴	No

Performance as of June 30, 2011:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report the number of children in out-of-home placement who have at least one caseworker visit per month in his/her placement. In June 2011, there were 6,494 children in out-of-home placement who were not in the first two months of an initial or subsequent placement. Of the 6,494 children, 5,874 (91%) were visited by their caseworker at least one time per month in their placement. An additional 355 (6%) children had at least one caseworker visit per month in a location other than their placement, for a total of 96 percent of children with at least one caseworker visit per month regardless of location. Between January and June 2011, performance on this measure ranged from 88 to 92 percent. This performance, while improved, does not meet the June 30, 2010 final target.

⁶³ An additional 7% of children had at least one caseworker visit per month for a total of 95% of children with at least one caseworker visit per month regardless of location.

⁶⁴ An additional 6% of children had at least one caseworker visit per month for a total of 96% of children with at least one caseworker visit per month regardless of location.

Caseworker Visits with Parents/Family Members

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
18. <u>Caseworker Visits with Parents/Family Members</u> : 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.	39% 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.	51% 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, 2011:

DCF used 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 2011, there were 2,718 children with the goal of reunification applicable to this measure. Of the 2,718 children, the parents of 1,392 (51%) children were visited twice during the month. Between January and June 2011, performance on this measure ranged from 40 to 51 percent. This performance is substantially lower than the December 31, 2010 final target of 95 percent.

Caseworker Visits with Parents/Family Members

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
<p>19. <u>Caseworker Visits with Parents/Family Members</u>: 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.</p>	<p>December 31, 2009 Benchmark TBD after review of case record review data</p>	<p>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.</p>	<p>44% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month.</p>	<p>54% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month.</p>	<p>No/Improved</p>

Performance as of June 30, 2011:

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 2011, there were 2,026 children in custody whose goal was not reunification applicable to this measure. Of these 2,026 children, the parents for 1,097 (54%) children were visited monthly. Between January and June 2011, performance on this measure ranged from 46 to 54 percent.

Visitation between Children in Custody and their Parents

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
20. <u>Visitation between Children in Custody and Their Parents</u> : 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.	13% of children had recorded weekly visits with their parents. (An additional 22% of children had two or three visits during the month.)	34% of children had recorded weekly visits with their parents. (An additional 27% of children had two or three visits during the month.)	No/Improved

Performance as of June 30, 2011:

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 2011, there were 2,769 children with a goal of reunification applicable to this measure. Of the 2,769 children, 930 (34%) had four documented visits with their parents or legally responsible family member during the month. An additional 753 (27%) children had two or three documented visits during the month. This performance does not meet the December 31, 2010 final targets of 85 percent and 60 percent respectively.

Case Record Review

DCF has identified visitation between parents and their children as an area in need of improvement. In April and June 2011, the DCF Office of Continuous Quality Improvement (OCQI) conducted a case record review. In April, the reviewers randomly selected 220 cases from 15 DYFS Local Offices (LO) with the highest percentage of “no contacts” between parents and children. The goal of this review, which was referred to as Phase 1, was to assess what the causes were for a high percentage of “no contacts” between parents and their children. In June, the reviewers randomly selected 176 cases from six LOs with the lowest percentage of “no contacts” between parents and children. The goal of this review, which was referred to as Phase 2, was to assess what was working well for these offices so that these strategies could be shared statewide to impact and improve practice in this area.

During Phase 1, evidence was found in approximately one-third of the cases that visits between parents and their children had in fact occurred but this event had not been correctly documented in NJ SPIRIT. When reviewers were asked to provide general comments about visitation, 60 percent noted problems with documentation. Documentation issues included lack of

documentation; documentation not included in appropriate part of the case record; and third-party documentation problems.

The Phase 1 review also identified obstacles to visitation, the most frequent including: parent missing (14%), child refuses (10%), parent cancels (9%), transportation (7%), lack of cooperation of current caregiver (6%), parent does not confirm (5%), child/youth behavior (5%) and mother in substance abuse treatment (5%). Phase 2 identified similar obstacles, the most frequent including: parent missing (14%), parent cancels (11%), weather (6%), child refuses (5%) and transportation (4%).

Phase 2 found that two of the LOs with the lowest percentage of “no contacts” between parents and children appeared to have more resources to utilize to facilitate visits between parents and their children. These resources include flexible time for visits (24%), transportation (22%), flexible location for visits (12%), use of contracted agency for supervision (10%) and use of social worker assistants (10%).

Based upon the results of the case record review, OCQI is planning to make a series of short and long term recommendations to DCF and DYFS leadership in an effort to improve frequency, quality and documentation of visitation between parents and their children.

Resource Parent Survey

As previously mentioned, in August and September 2011, the Monitor conducted a survey of 193 resource parents across New Jersey. The children identified in this survey had entered state custody between January 1, 2011 and June 30, 2011 and the resource parent surveyed was the child’s first resource home placement upon entering custody. The survey included questions related to the identified child’s visitation with his/her parents. One limitation in comparing results of this survey to the Safe Measures outcome performance measure above is the survey did not inquire what the child’s permanency goal was, or which parent or caregiver the child would be returning to and would therefore be considered the child’s “parent” for “parent visitation” measures.

Resource parents were asked about their knowledge of the identified child’s visitation schedule with each of his/her parents. In 82 percent of surveys (146 of 178 applicable), the resource parent responded that they knew the child’s visitation schedule with his/her mother. Resource parents reported that many (71% or 126 of 178) of those children were visiting with their mother at least weekly, while 30 percent were not visiting with their mother at least weekly.

When asked about knowledge of the child’s visitation plan with his/her father, in 65 percent of cases (102 of 156 applicable cases), the resource parent responded that they knew the child’s visitation schedule with his/her father. Resource parents reported that 37 percent (57 of 156) of the children were visiting with their father at least weekly⁶⁵ while 63 percent of children were not visiting with their father at least weekly.

⁶⁵ There were 54 resource parents who responded that the child was not visiting with his/her father weekly but did not specify how often visits were occurring, if at all.

Visitation between Children in Custody and Sibling Placed Apart

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
21. <u>Visitation Between Children in Custody and Siblings Placed Apart:</u> 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.	41% of children in custody who have siblings with whom they are not residing visited with their siblings monthly.	44% of children in custody who have siblings with whom they are not residing visited with their siblings monthly.	No

Performance as of June 30, 2011:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the number of children who have monthly visitation with their siblings when they are not placed together. In June 2011, there were 2,529 children in placement who had at least one sibling who did not reside in the same household as them. Of the 2,529 children, 1,116 (44%) children had a visit with their siblings during the month. This performance is substantially lower than the December 31, 2010 final target of 85 percent.

Resource Parent Survey

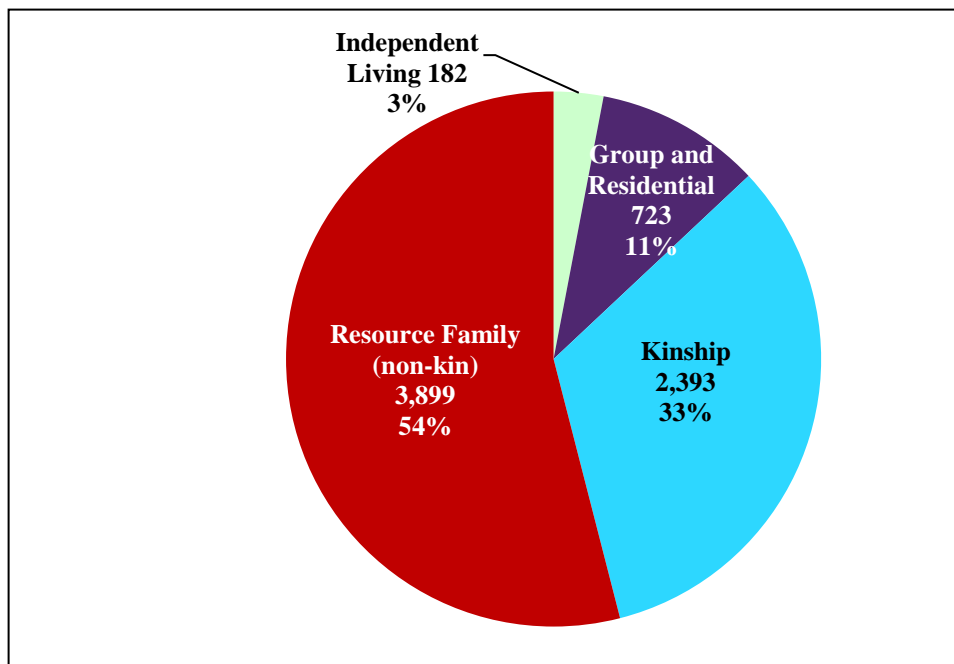
The previously discussed resource parent survey also asked resource parents if the child identified in the survey had visited with his/her siblings. Of the 189 resource parents applicable to this question, 95 (51%) resource parents responded that the child had no siblings or the identified child was placed with his/her siblings, making a visitation plan unnecessary. Of the 94 resource parents who indicated sibling visits were applicable, 50 (53%) resource parents responded that the identified child visited with his/her sibling(s); 38 (40%) resource parents responded that the identified child did not visit with his/her sibling(s); and six (6%) resource parents responded that the identified child sometimes visited with his/her sibling(s).⁶⁶

⁶⁶ In six instances where the resource parent did not know the identified child's sibling visitation schedule, the resource parent informed the surveyor that the child was placed with the resource parent for less than five days, making it less likely that the resource parent would have significant knowledge regarding visitation schedules. In one additional case where the resource parent did not know the identified child's sibling visitation schedule, the resource parent was not sure if the child was placed with the resource parent for five days or longer.

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

As of June 30, 2011, a total of 48,318 children were receiving DYFS services in out-of-home placement (7,197) or in their own homes (41,121). Figure 3 below shows the type of placement for children in DYFS custody as of June 30, 2011: 87 percent were in family resource homes (either non-relative or kinship), 11 percent in group and residential facilities and three percent in independent living facilities.

Figure 3: Children in DYFS Out-Of-Home Placement by Type of Placement as of June 30, 2011 (n=7,197)



Source: DCF

Table 8 below shows selected demographics for children in out-of-home placement as of June 30, 2011. As seen in Table 8, 44 percent of children in out-of-home care were age five or under, with the largest single group (children two or younger) comprising 27 percent of the out-of-home placement population. Thirty-two percent of the population was age 13 or older and nine percent were age 18 or older.

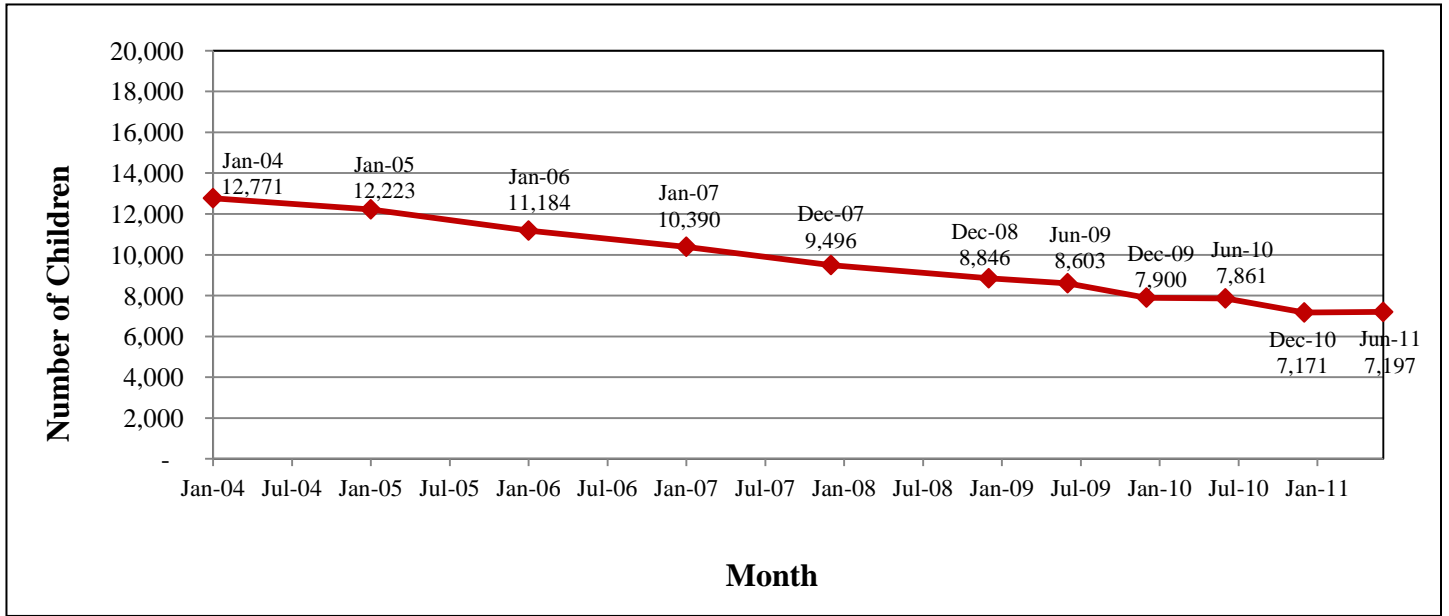
**Table 8: Selected Demographics for Children in Out-of-Home Placement
as of June 30, 2011
(n=7,197) point in time data**

Gender	Percent
Female	48%
Male	52%
Total	100%
Age	Percent
2 years or less	27%
3-5 years	17%
6-9 years	15%
10-12 years	9%
13-15 years	12%
16-17 years	11%
18+ years	9%
Total	100%
Race	Percent
Black or African American	46%
American Indian or Alaska Native	<1%
Asian	<1%
Native Hawaiian or Other Pacific Islander	<1%
Black or African American Hispanic	2%
Hispanic – No Race	5%
White Non-Hispanic	25%
White Hispanic	11%
Multiple Races	4%
Undetermined	6%
Total	100%

Source: DCF, NJ SPIRIT

The number of children in out-of-home placement remains near the lowest point since 2004 (See Figure 4 below). As of June 30, 2011, there were 7,197 children in out-of-home placement, representing a total reduction of 44 percent since 2004.

**Figure 4: Children in Out-of-Home Placement
(January 2004 – June 2011)**



Source: DCF, NJ SPIRIT

Table 9 below shows the permanency goals for children in placement as of June 2011. As seen in Table 9, 42 percent of children in placement have the goal of reunification. Thirty-two percent of children in placement have the goal of adoption and eight percent of children in placement are 16 and older with the goal of independent living.

**Table 9: Permanency Goals for Children in Placement as of June 2011
(n=7,197)**

Goals	Children	Percent
Reunification	3,006	42%
Adoption	2,316	32%
KLG	157	2%
Long-Term Foster Care	2	<1%
Other Long-Term Specialized Care	396	5%
Independent Living (16 or older)	545	8%
Individual Stabilization (18 or older)	143	2%
Maintenance In Own Home - Family Stabilization	342	5%
Undetermined	290	4%

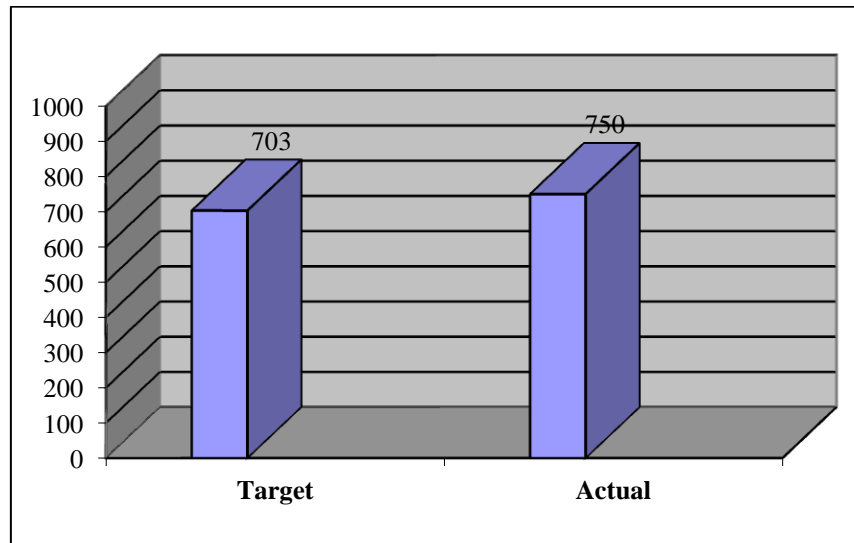
Source: NJ SPIRIT; Extract Date: 7/5/11

*Percentages do not equal 100 due to rounding.

A. Recruitment and Licensure of Resource Family Homes

DCF recruited and licensed 750 new kin and non-kin Resource Family homes from January 1 to June 30, 2011, exceeding its target by 47 homes.

Figure 5: Number of Newly Licensed Resource Family Homes (January – June 2011)

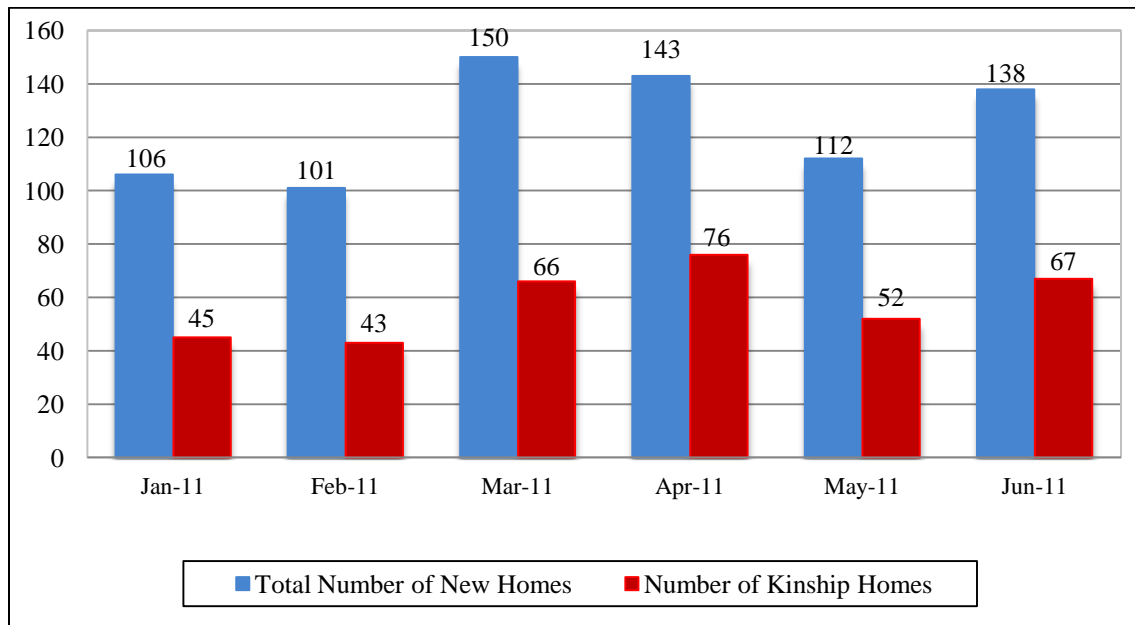


Source: DCF

DCF reports that 349 (47%) of 750 newly licensed Resource Family homes during this monitoring period were kinship homes, a figure consistent with the past three monitoring periods. This expanded pool of licensed kinship caretakers demonstrate DCF's continued fidelity to the tenets of New Jersey's Case Practice Model that children should be placed with family members whenever possible. Figure 6 below shows the total number of newly licensed Resource Family (kinship and non-kinship) homes by month from January 1 to June 30, 2011.⁶⁷

⁶⁷ See Table 10 for total gross and net numbers of Resource Family homes.

**Figure 6: Newly Licensed Resource Family Homes
Kinship and Non-Kinship
(January – June 2011)
Total Licensed = 750
Total Kinship = 349**



Source: DCF

DCF reports that it continues to maintain a Resource Family home capacity well in excess of 200 percent, or two Resource Family choices for every child in placement. This wider range of options has contributed to results that were unattainable as recently as 2004, when DCF had a net negative capacity of 54 homes, such as a larger pool of kinship Resource Families, higher placement stability rates and an increase in placements for sibling groups.

DCF's success in expanding its pool of Resource Family homes has permitted its focus to shift from meeting designated annual targets to improving local capacity to meet targeted needs, such as keeping large sibling groups together, expanding the number of homes for adolescents, and targeting homes for children with special needs.

DCF reports that another benefit of increasing the number of Resource Family homes has been improved permanency options for children in care. For example, with larger numbers of licensed kinship homes, more homes are being closed for reasons of reunification, kinship guardianship, or adoption. Table 10 below indicates the number of kin and non-kin Resource Family homes closed between January and June 2011. Of the 621 homes that closed in this period, 42 percent were relative providers.

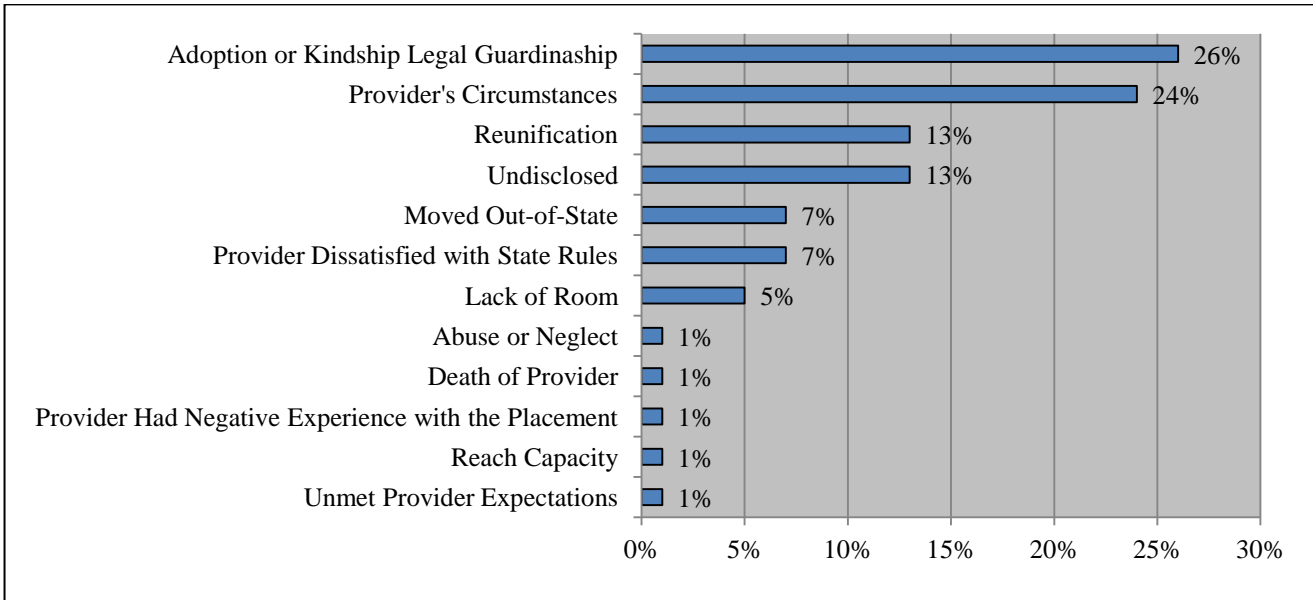
**Table 10: Resource Family Homes Licensed (Kin and Non-kin) and Closed
(January – June 2011)**

2011 MONTHLY STATISTICS	Non-Kin Resource Homes Licensed	Kin Resource Homes Licensed	Total Resource Homes Licensed	Resource Homes Closed	Resource Homes Net Gain
January	61	45	106	140	-34
February	58	43	101	121	-20
March	84	66	150	31	119
April	67	76	143	74	69
May	60	52	112	129	-17
June	71	67	138	126	12
Totals	401	349	750	621	129

Source: DCF

As reflected in Figure 7 below, 39 percent of all closings were due to reunification (13%) and kinship legal guardianship or adoption (26%). Additional reasons for closing resource homes include a provider's personal circumstances, such as a family member's health status, a resource parent's advanced age, an adult child returning home, return of an estranged spouse with a criminal history, changes in marital status, or change in work schedule (24%); a family moving out-of-state (caretakers authorized to have a child remain in their care so that permanency could be achieved) (7%); and lack of room (5%). Seven percent of the Resource Family home closings were due to a provider's dissatisfaction with New Jersey licensure rules. An additional five percent of homes were closed for other reasons: unmet provider expectations (1%), the provider having negative experience with the placement (1%), abuse or neglect (1%), death of a provider (1%) and the placement reaching its licensed capacity (1%). Resource Family home providers did not disclose their reasons for closing homes in the remaining 13 percent of cases.

**Figure 7: Reasons for Resource Home Closures
(January – June 2011)**



Source: DCF

DCF continues to recruit and retain Resource Family homes by county according to a needs-based geographic analysis.

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 statewide;
- the total number of sibling groups;
- the average number of closed homes statewide;
- the geographical location of Resource Family homes; and
- the county of origin of children who need placement.

DCF exceeded its mid-year goal to license 703 homes by 47 additional homes (See Table 11). It is noteworthy that Camden, Cape May, Essex and Salem counties, all of which had a net loss for CY2010, concluded this monitoring period having met or exceeded their targets. DCF reports that the five counties that did not meet their mid-year targets during this monitoring period—Burlington, Cumberland, Middlesex, Ocean and the combined areas of Hunterdon/Somerset/Warren—will get additional support to meet their targets by year end.

**Table 11: Newly Licensed Resource Family Homes Targets by County
(January – June 2011)**

County	Mid-Year Target	Licensed	Net Gain
Atlantic	27	32	5
Bergen	40	40	0
Burlington	44	38	-6
Camden	70	90	20
Cape May	13	13	0
Cumberland	24	21	-3
Essex	104	104	0
Gloucester	26	39	13
Hudson	46	62	16
Mercer	26	27	1
Middlesex	46	42	-4
Monmouth	37	40	3
Morris	24	36	12
Ocean	45	34	-11
Passaic	35	36	1
Salem	13	14	1
Sussex	10	11	1
Union	33	46	13
H/S/W *	40	25	-15
Totals	703	750	47

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

** Out-of-state adoptions not included.

During this monitoring period, the Office of Resource Families began a new Resource Retention Project designed to preserve and retain quality Resource Families. Its focus is on better communication and collaboration among the Office of Licensing, the Office of Resource Families and local office staff intended to better address concerns raised by Resource Families. Beginning this monitoring period, a new DCF policy requires staff from the offices of Licensing and Resource Families to collaborate to retain providers who are considering closing their homes. Staff reach out to Resource Families to discuss whether there is more DCF can do to resolve barriers to keeping their homes available to children needing out-of-home placement.

The Monitor's meetings with Resource parents during site visits as well as results from the Resource Parent Survey discussed herein suggest this Resource Retention initiative is timely and important. The Monitor observed that Resource Families need more intentional acknowledgment of the critical role they play in the lives of children and families in New Jersey,

and urges DCF to focus additional skill development around engagement of Resource Families. DCF should consider methods to more fully integrate Resource parents into the case planning team so that they are viewed and view themselves as one of many actors in a coordinated case plan.

Resource Family Impact Teams

An innovative strategy for recruiting and licensing Resource Family homes in New Jersey is the practice of deploying Resource Family Impact Team (Impact Teams) to monthly statewide conferences with local and Area Office Resource Family staff, Licensing inspectors and other Office of Resource Families staff. The Impact Teams continue to be a venue for communication and strategy sharing regarding challenges to meeting the 150 day timeframe to resolve Resource Family applications. Resource Family unit staff members report these meetings to be helpful and productive.

During this monitoring period the Impact Teams helped support a statewide analysis undertaken with the Monitor to identify barriers that occur in resolving Resource Family applications within the 150 day timeframe, as require by the MSA (II.H.4). A total of 20 Resource Family applications filed between February 1 and February 15, 2011 were tracked at 30, 60, 90 and 150 day intervals.⁶⁸ Six applicants withdrew from the process, three in the first 30 days for varying reasons: a child returning home, an adult son being released from jail and a grandmother determining she was too elderly to care for young children. Another two applicants withdrew in the 30 to 60 day timeframe for personal and health reasons, and a sixth withdrew because family members whom DCF determined needed psychological testing did not want to participate. The remaining applications were licensed in the 150 day timeframe. The majority of delays were due to difficulty obtaining personal and medical references, criminal background checks, home maintenance repairs, and rescheduling appointments, either initiated by the Resource workers or others. In a few instances, applications were delayed because they had not been reviewed by a supervisor. It is the Monitor's assessment that the Impact Teams helped to identify issues that needed resolving at early stages of the application process, thereby increasing the rate of licensing homes within the required timeframe. The Monitor urges DCF to follow the protocol used with the statewide analysis to evaluate the licensing process for all Resource Family applications.

DCF fell short of the previous monitoring period's performance, but continues to strive to process Resource Family applications within 150 days (MSA Section II.H.4).

As shown in Table 12 below, for applications received from August through December 2010, 67 percent were resolved in 150 days, down from 70 percent in the previous monitoring period. Seventy-eight percent of applications were resolved in 180 days, down from 80 percent in monitoring period IX.

⁶⁸ The applications were from Bergen, Camden, Cape May, Cumberland, Hudson, Middlesex, Morris, Essex, Somerset, Sussex and Salem counties.

**Table 12: Total Number of Applications for Resource Family Homes Resolved
(August – December 2010)**

2010 Month Applied	Total Applications	Applications Resolved in 150 Days		Applications Resolved in 180 Days	
	Number	Number	Percent	Number	Percent
August	223	155	70%	171	77%
September	241	148	61%	180	75%
October	218	145	67%	175	80%
November	191	137	72%	148	77%
December	172	114	66%	136	79%
Total	1,045	699	67%	810	78%

Source: DCF

DCF continues to model programs and policies that have led to success in licensing quality Resource Family homes.

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 and has been using a specialized recruitment strategy to focus attention on identifying, recruiting and licensing these homes, termed “Siblings in Best Settings” or SIBS. DCF began this monitoring period with 28 SIBS homes and concluded the period with twenty nine; seven SIBS homes were newly licensed or upgraded and six homes closed or downgraded their capacity to accommodate fewer numbers of children. Of the six homes that are no longer in the SIBS program, two were closed through adoption or Kinship Legal Guardian (KLG), one child was reunited with a parent, one left the program due to personal circumstances, and two remain open but downgraded to four children.

Policy Changes

On June 8, 2011 New Jersey passed a law providing that, in the absence of abuse or neglect, if a minor is placed in a “resource family home, group home, or institution...and is pregnant, becomes pregnant, or gives birth to a child while in the placement...[DYFS] shall provide or arrange for the provision of services to ensure that the minor and her child remain together as a family unit.”⁶⁹ The purpose of the new law is to encourage minor parents to be involved in the planning process for their child, while still holding the minor’s Resource Parent responsible for the minor so that they are available to supervise and model good parenting. DCF convened a working group to formalize policy and procedures regarding the new law, including the development of a new teen parent board rate.

⁶⁹ New Jersey Family Court Act Title 30: 4C-26.20

New recruitment and retention strategies that seek to locate and retain quality Resource Parents are in development.

Recruitment and Retention

DCF continued its work with the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at Adopt US Kids (NRCRRFAP) focusing on market segmentation, a research tool used for targeted recruitment of Resource Families. Its primary function is to identify households most similar to households in which DCF is currently successful in placing children. The goal is to understand who the successful Resource Families are, why they are successful, how to best reach potential Resource Families and where best to concentrate marketing for new Resource Families. On June 8, 2011, Adopt US Kids consultants held a two day overview to Executive Staff from DCF, DYFS, the Office of Information, Technology, and Reporting (IT) and the Office of Communications and Public Affairs Communications (Communications), followed by a day of planning and implementation with local office staff including managers, supervisors, foster/adopt recruiters, IT and Communications staff.

Some of DCF's recruitment efforts that occurred in this monitoring period were:

- Events in February 2011 hosted by current Resource Parents in their homes, places of worship and a public library;
- Events in April 2011 promoting the need for families willing to accept children with acute medical needs;
- Events held at the Parents of Autistic Children Organization (PACO), local community centers and a home health agency;
- Events in June 2011 held in collaboration with currently licensed Resource Families within the Lesbian, Gay, Bi-sexual and Transgender (LGBT) community;
- Child specific recruitment efforts, including involving faith based communities and medical professionals. In Camden and Monmouth counties, children's photos, profiles and videos were presented at the Faith Tabernacle Church and Grace Christian Church. In Atlantic and Camden counties, events were held with hospital staff at the Cape May Regional Medical Center.

Staff Training and Skill Development

In this monitoring period, 477 DCF staff participated in training to enhance their knowledge of and expertise in Resource Family recruitment and retention. Thirty licensing inspectors participated in three hour home inspection simulations with Resource Family unit staff. Additional training conducted between January and June 2011 included such topics as:

- Structured Analysis Family Evaluation (SAFE) training;
- New Jersey regulations for swimming pools;
- Excellence in PRIDE training;
- Licensing Manual Revision training;
- NJ SPIRIT training for facilitators (staff who match families with children);
- Safe Infant Sleep Training; and

-
- Joint training between the Office of Licensing and Resource Family support workers to familiarize each other with their separate roles.

Resource Family In-Service Training

Every resource parent is required to complete In-Service training to maintain a Resource Family home license. There are four types of training that Foster and Adoptive Family Services (FAFS) offers to resource parents: on-line training, home correspondence courses, on-site speakers at monthly volunteer meetings and county-based workshops. Between January and June 2011 over 1,113 Resource parents took 2,831 courses, covering a variety of topics, including:

- Understanding Child Mental Health;
- Resource Family Grief;
- Fetal Alcohol Syndrome and Children's Behaviors;
- Trans-racial/Trans-cultural Care;
- Handling Hepatitis C; and
- Internet Safety.

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

Appropriateness of Placement

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
<p>23. <u>Combined assessment of appropriateness of placement based on:</u></p> <p>a. Placement within appropriate proximity of their parents' residence unless such placement is to otherwise help the child achieve the planning goal.</p> <p>b. Capacity of caregiver/ placement to meet child's needs.</p> <p>c. Placement selection has taken into account the location of the child's school.</p>	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.	<p>a. In CY2010, 77% of children who entered care were placed in the same county of the home from which they were removed and 69% of children were placed within 10 miles of the home from which they were removed.</p> <p>b. Unable to measure because QR in the pilot phase in 2010.</p> <p>c. Unable to measure because QR in the pilot phase in 2010.</p>	Preliminary 2011 QR results: 98% Appropriateness of Placement	Yes

Performance as of June 30, 2011:

Data on performance for calendar year 2011 will not be available until early 2012.

DCF uses NJ SPIRIT data analyzed by Chapin Hall to report on this measure on an annual basis. While appropriateness of placement is based upon QR results, DCF is able to report on the number of children placed within the same county of the home from which they were removed as well as within 10 miles of the home from which they were removed. As previously reported, in calendar year 2010, there were 3,836 children who entered out-of-home placement. Of those 3,836 children there were 2,284 for whom a valid address was retrieved. Of those 2,284 children, 1,754 (77%) children were placed within the same county as the home from which they were removed.⁷⁰ Additionally, of the 3,836 children removed, 1,925 children's addresses were

⁷⁰ 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 calendar year; therefore, calendar year 2011 data will not be available until early 2012.

successfully geocoded by Chapin Hall. Of the 1,925 children, 1,320 (69%) children were placed within 10 miles of the homes from which they were removed.

Placing Children with Families

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
24. <u>Placing Children with Families</u> : 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.	86% of children were placed in a family setting.	87% of children were placed in a family setting.	Yes

Performance as of June 30, 2011:

DCF uses NJ SPIRIT to report on children’s placements. As of June 2011, there were 7,197 children in DYFS out-of-home placement, 6292 (87%) of whom were placed in Resource Family (non-kin) or kinship placements. The remaining 905 (13%) were placed in independent living placements (182) or group and residential facilities (723). DCF continues to meet the performance target for this outcome.

Placing Siblings Together

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
<p>25. <u>Placing Siblings Together</u>: 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.</p>	<p>a. For siblings entering custody in the period beginning July 2009, at least 65% will be placed together.</p> <p>b. For siblings entering custody in the period beginning July 2010, at least 70% will be placed together.</p> <p>c. For siblings entering custody in the period beginning July 2011, at least 75% will be placed together.</p>	<p>For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.</p>	<p>In CY2010, 77% of sibling groups of two or three were placed together.</p>	<p>CY2011 data not yet available.</p>	<p>Yes, based on CY2010 data.</p> <p>CY2011 data not yet available.</p>

Performance as of June 30, 2011:

Data on performance for calendar year 2011 will not be available until early 2012.

As previously reported, in calendar year 2010, there were 771 sibling groups that came into custody at the same time or within 30 days of one another. Of these 771 sibling groups, 660 sibling groups had two or three children in them; 507 (77%) of these sibling groups were placed together.⁷¹ This meets the July 2010 interim performance benchmark.

⁷¹ 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 calendar year; therefore, calendar year 2011 data will not be available until early 2012.

Placing Siblings Together

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
26. <u>Placing Siblings Together</u> : 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 CY2010, 34% of sibling groups of four or more were placed together.	CY2011 data not yet available.	Yes, based on CY2010 data. CY2011 data not yet available.

Performance as of June 30, 2011:

Data on performance for calendar year 2011 will not be available until early 2012.

As previously reported, in calendar year 2010, there were 771 sibling groups that came into custody at the same time or within 30 days of one another. Of these 771 sibling groups, 111 sibling groups had four or more children in them; 38 (34%) of these sibling groups were placed together.⁷² This performance meets the July 2010 interim performance benchmark.

⁷² 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 calendar year; therefore, calendar year 2011 data will not be available until early 2012.

Stability of Placement

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
27. <u>Stability of Placement</u> : 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 CY2009, 84% of children entering care had two or fewer placements during the 12 months from their date of entry.	CY2010 data not yet available.	No, based on CY2009 data. CY2010 data not yet available.

Performance as of June 30, 2011:

Data on performance for calendar year 2010 will not be available until early 2012 as performance is measured on the stability of placement for the first 12 months of children who entered care anytime in 2010.

As previously reported, the most recent performance data assesses the 3,987 children who entered care in calendar year 2009 and aggregates the number of placements each child experienced. In calendar year 2009, 84 percent of these children (3,356 children) had two or fewer placements during the 12 months from their date of entry.⁷³ This performance does not meet the June 2009 final target.

⁷³ 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 calendar year; therefore, calendar year 2010 data will not be available until early 2012.

Placement Limitations

Quantitative or Qualitative Measure	Benchmark	Final Target	June 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
28. <u>Placement Limitations:</u> 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 ⁷⁴	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 June 30, 2011:

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 these 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 seven waivers to population limits sought between January and June 2011. Three of the seven waivers were appropriately denied; two due to outstanding licensing issues and one because there was no evidence that the child had any conditions for which the Resource Family was uniquely qualified. Of the seven waivers, one waiver was granted unnecessarily as NJ SPIRIT showed the family as overcapacity when it was not, and the family was an appropriate placement for a seven year old child with severe behavioral problems. The remaining five waivers were appropriately granted: two waivers were awarded to families with more than one child under two years old; one was for a child with a head injury of a type the Resource parent was experienced in caring for; one was for an infant with medical needs; and one was granted for a family with more than six children for a child who needed easy access to a specific physical therapy facility.

⁷⁴ 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 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
<p>29. <u>Inappropriate Placements:</u></p> <p>a. The number of children under age 13 placed in shelters.</p> <p>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.</p>	<p>a. By December 2008 and thereafter, no children under age 13 in shelters.</p> <p>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.</p>	<p>a. By December 2008 and thereafter, no children under age 13 in shelters.</p> <p>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.</p>	<p>a. Between July and December 2010, no child under age 13 was placed in a shelter</p> <p>b. Between July and December 2010, 95% of children placed in shelters were in compliance with MSA standards.</p>	<p>c. Between January and June 2011, 2 children under the age of 13 were placed in a shelter.</p> <p>d. Between January and June 2011, 98% of children placed in shelters were in compliance with MSA standards.</p>	Yes

Performance as of June 30, 2011:

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 through June 2011, two children out of 6,551 children in out-of-home placement under the age of 13 were placed in a shelter. Both children were 12 years old (one was 12 years, 11 months old at the time of placement). One child was placed in the shelter for two days due to his history of fire setting behaviors. The other youth was in a shelter for one week. Because of these two isolated instances of two youth placed in the shelter, the Monitor considers performance on this measure to be met.

From January through June 2011, 337 youth ages 13 or older were placed in shelters. Of the 337 youth, 331 (98%) youth were reported by DCF to have been placed in accordance with criteria on appropriate use of shelters.

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 36 cases, representing 11 percent of the youth who had been placed in shelters between January and June 2011. Of the cases reviewed, all 36 placements had been determined by DCF to be an appropriate use of shelters. Initially, the Monitor agreed with this determination in all but three cases. After receiving additional information from DCF, the Monitor agreed that two of the three were an appropriate use of shelter. The remaining case involved a youth with multiple, complex physical, behavioral, and cognitive challenges. This youth remained in shelter for eight months while DCF advocated with the Department of Developmental Disabilities and Division of Child Behavioral Health Services (DCBHS) to find him an appropriate therapeutic placement.

In over half of the cases reviewed, youth had been court ordered into shelter placement. Six of these placements involved youth involved in the juvenile justice system. Similar to past reviews, the Monitor found that many of the youth placed in shelters had significant mental health, substance abuse and behavioral challenges. For example, DCF workers coordinated efforts with Youth Case Management (YCM) and Care Management Organization (CMO) case managers to find suitable placements for youth who had attempted suicide, were cutting themselves, continually ran away from placements, were violent toward other youth and adults, and had histories of sexual assault on other children.

**Table 13: Shelter Placements for Youth over the Age of 13
(January 2008 – June 2011)**

	January – June 2008	July– December 2008	January– June 2009	July– December 2009	January– June 2010	July– December 2010	January– June 2011
Number of youth over 13 placed in shelters	451	421	465	393	350	303	337
Number of youth appropriately placed	358 (79%)	375 (89%)	423 (91%)	352 (90%)	322 (92%)	287 (95%)	331 (98%)
Number of youth inappropriately placed	93 (21%)	46 (11%)	42 (9%)	41 (10%)	28 (8%)	16 (5%)	6 (2%)

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 and 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 2011 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 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
30. <u>Abuse and Neglect of Children in Foster Care:</u> 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 CY2010, 0.20% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member. ⁷⁵	CY2011 data not yet available.	Yes, based on CY2010 data. CY2011 data not yet available.

Performance as of June 30, 2011:

Data on performance for calendar year 2011 will not be available until early 2012.⁷⁶

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 2010. Chapin Hall found that of the 12,240 children who were in care at any point in calendar year 2010, 25 (0.20%) children were

⁷⁵ Chapin Hall has revised the methodology for capturing abuse and neglect while in out-of-home placement. The old methodology excluded some cases where the perpetrator was a relative resource parent. This change in methodology changes previously reported performance data from past years.

⁷⁶ DCF and Chapin Hall analyze data for this measure based on calendar year; therefore, calendar year 2011 data will not be available until early 2012.

the victims of substantiated abuse or neglect by a resource parent or facility staff member. This performance meets the July 2010 final target.

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 from their homes and subsequently reunified with their families.

Repeat Maltreatment

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
31. <u>Repeat Maltreatment</u> : 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 ⁷⁷	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 CY2009 and remained at home, 5.6% had another substantiation within the next 12 months. ⁷⁸	CY2010 data not yet available.	Yes, based on CY2009 data. CY2010 data not yet available.

Performance as of June 30, 2011:

Data on performance for calendar year 2010 will not be available until early 2012.

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 2009. As previously reported, in calendar year 2009, there were 4,945 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, 2010, of the 4,945 children, 278 (5.6%) children were the victims of substantiated allegation of child abuse or neglect within 12 months of the initial substantiation.⁷⁹

⁷⁷ For places where baseline data were unavailable prior to due date of final target, benchmarks have been removed.

⁷⁸ Chapin Hall has revised the methodology for capturing repeat maltreatment data. Instead of using the investigation start date to determine when a substantiation occurs, it now uses the CPS report date. This change in methodology changes previously reported performance data from past years.

⁷⁹ 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 calendar year; therefore, calendar year 2010 data will not be available until early 2012.

Repeat Maltreatment

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
32. <u>Repeat Maltreatment</u> : 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 ⁸⁰	For the period beginning July 2009 and thereafter, no more than 4.8% of children who reunified will be the victims of substantiated abuse or neglect within one year after reunification.	In CY2009, 7% of children who reunified were the victims of substantiated child maltreatment within one year after the reunification.	CY2010 data not yet available.	No, based on CY2009 data. CY2010 data not yet available.

Performance as of June 30, 2011:

Data on performance for calendar year 2010 will not be available until early 2012.

DCF uses Chapin Hall data to report on repeat maltreatment and the most recent data analyzed by Chapin Hall are from calendar year 2009. As previously reported, in calendar year 2009, there were 3,454 children who were returned home or to a family member after a stay in out-of-home placement. Of the 3,454 children, 245 (7%) were the victims of a substantiated allegation of abuse or neglect within 12 months of their return home.⁸¹ The Monitor remains concerned about the performance on this measure as the percentage of children who are the victims of substantiated allegation of child maltreatment within one year after reunification has been increasing instead of decreasing (from 4% in calendar year 2004 to 7% in 2009).

⁸⁰ For places where baseline data were unavailable prior to due date of final target, benchmarks have been removed.

⁸¹ 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 calendar year; therefore, calendar year 2010 data will not be available until early 2012.

Re-entry to Placement

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
33. <u>Re-entry to Placement</u> : 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.	<p>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.</p> <p>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.</p>	For the period beginning July 2011 and thereafter, of all children who exit, no more than 9% will re-enter custody within one year of exit.	Of all children who exited in CY2009, 14% re-entered custody within one year of the date of exit.	CY2010 data is not yet available.	<p>Yes, based on CY2009 data.</p> <p>CY2010 data not yet available.</p>

Performance as of June 30, 2011:

Data on performance for calendar year 2010 will not be available until early 2012.

DCF uses Chapin Hall to report on re-entry into placement. The most recent data analyzed by Chapin Hall are from calendar year 2009. As previously reported, in calendar year 2009, there were 6,151 children who exited foster care. Of the 6,151 children who exited, 4,095 children exited to qualifying exits (i.e., reunification, guardianship or to a relative placement).⁸² Of the 4,095 children who exited to qualifying exits, 585 (14%) children re-entered placement as of December 31, 2010.⁸³ DCF is concerned about this level of re-entry into care and, in response, has been focusing on these cases through the Child Stat process and Local Office manager review.

⁸² 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 qualifying exits which excludes from the calculations runaways as well as children who are adopted. Based on the DCF definition, of all children who exited in CY2009, 10% re-entered custody within one year of the date of exit.

⁸³ 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 calendar year; therefore, calendar year 2010 data will not be available until early 2012.

VIII. TIMELY PERMANENCY THROUGH REUNIFICATION, ADOPTION OR LEGAL GUARDIANSHIP

All children—regardless of age, gender, race or ethnicity—need and deserve a safe, nurturing family to protect and guide them. In child welfare work, this is called 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). The five permanency outcomes and associated performance benchmarks and final targets are discussed further 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 permanency pathway. 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 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 more recent 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 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
<p>34. a. <u>Permanency Outcome 1: Permanency in first 12 months</u>: 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.</p>	<p>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.</p> <p>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.</p>	<p>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.</p>	<p>Of all children who entered foster care in 2009, 45% were discharged from foster care to permanency within 12 months from their removal from home.</p>	<p>CY2010 data not yet available.⁸⁴</p>	<p>Yes, based on CY2009 performance.</p> <p>CY2010 data not yet available.</p>

Performance as of June 30, 2011:

Data on performance for calendar year 2010 will not be available until early 2012.

DCF uses NJ SPIRIT analyzed by Chapin Hall to report on the percentage of children who exit to permanency within 12 months of removal from their home within any given calendar year. The most recent data analyzed by Chapin Hall is for children who entered foster care in calendar year 2009. As previously reported, of the children who entered foster care in calendar year 2009,

⁸⁴ The Monitor is unable to report on CY2010 performance as the children who entered care during CY2010 have not yet experienced 12 months in care.

45 percent discharged to permanency within 12 months from their removal from their home. This performance meets the calendar year 2009 benchmark.

Timely Permanency through Reunification, Adoption or Legal Guardianship

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
34. b. <u>Permanency Outcome 2:</u> <u>Adoption:</u> Of all children who became legally free for adoption during the 12 months prior to the target year, what percentage was discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	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.	73% of children who became legally free in CY2009 were discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	CY2010 data not yet available. ⁸⁵	Yes, based on CY2009 performance. CY2010 data not yet available.

Performance as of June 30, 2011:

Data on performance for calendar year 2010 will not be available until early 2012.

DCF uses NJ SPIRIT data to report on the number of children who are adopted within 12 months of becoming legally free for adoption. The most recent data available are for calendar year 2009. In calendar year 2009, 1,132 children became legally free for adoption.⁸⁶ As previously reported, of the 1,132 children, 825 (73%) were adopted within 12 months of becoming legally free. Based on this performance, DCF has exceeded the calendar year 2009 benchmark. An additional 159 (14%) of the children who became legally free in calendar year 2009 have been adopted with their finalizations occurring more than 12 months after they became legally free.

⁸⁵ The Monitor is unable to report on CY2010 performance as the children who became legally free for adoption during CY2010 have not yet experienced 12 months from the date of becoming legally free.

⁸⁶ There were an additional 161 children who were not candidates for adoption because they no longer have a goal of adoption, the termination of parental rights was being appealed, their legal status changed due to an appeal or a data issue incorrectly reported them as being legally free.

Timely Permanency through Reunification, Adoption or Legal Guardianship

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
<p>34. c. <u>Permanency Outcome 3: Total time to Adoption:</u> 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.</p>	<p>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.</p> <p>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.</p>	<p>Of all children who exit to adoption in CY2011, 60% will be discharged from foster care to adoption within 30 months from removal from home.</p>	<p>Of all children who exited to adoption in CY2010, 45% were discharged from foster care to adoption within 30 months from removal from home.</p>	<p>CY2011 data not yet available.</p>	<p>No, based on CY2010 performance.</p> <p>CY2011 data not yet available.</p>

Performance as of June 30, 2011:

Data on performance for calendar year 2011 will not be available until early 2012.

DCF uses NJ SPIRIT data analyzed by Chapin Hall to report on the percentage of children who exit to adoption within 30 months from their removal from their home. The most recent data analyzed by Chapin Hall is from calendar year 2010. As previously reported, of the children who exited foster care to adoption in calendar year 2010, 45 percent had been in care for 30 months or less. This performance falls short of the calendar year 2010 interim performance benchmark of 55 percent.

Timely Permanency through Reunification, Adoption or Legal Guardianship

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
<p>34. d. <u>Permanency Outcome 4: Permanency for children in care between 13 and 24 months</u>: Of all children who were in foster care on the first day of the target year and had been in care between 13 and 24 months, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21st birthday or by the last day of the year.</p>	<p>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.</p> <p>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.</p>	<p>Of all children who were in care on the first day of CY2011 and had been in care between 13 and 24 months, 47% will be discharged to permanency prior to their 21st birthday or by the last day of year.</p>	<p>Of all children who were in care on the first day of CY2010 and had been in care between 13 and 24 months, 43% discharged to permanency prior to their 21st birthday or by the last day of the year.</p>	<p>CY2011 data not yet available.</p>	<p>No, based on CY2010 performance.</p> <p>CY2011 data not yet available.</p>

Performance as of June 30, 2011:

Data on performance for calendar year 2010 will not be available until early 2012.

DCF uses NJ SPIRIT data analyzed by Chapin Hall to report on the percentage of children who were in care on the first day of any given calendar year and had been in care between 13 and 24 months who discharged to permanency prior to their 21st birthday or the last day of the year. The most recent data analyzed by Chapin Hall is from calendar year 2010. As previously reported, of all children who were in care on the first day of calendar year 2010 and had been in care between 13 and 24 months, 43 percent discharged to permanency prior to their 21st birthday or the last day of the year. This performance falls just short of the calendar year 2010 interim performance benchmark of 45 percent.

Timely Permanency through Reunification, Adoption or Legal Guardianship

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
<p>34. e. <u>Permanency Outcome 5: Permanency after 25 months</u>: 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.</p>	<p>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.</p> <p>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.</p>	<p>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.</p>	<p>Of all children who were in foster care for 25 months or longer on the first day of CY2010, 34% discharged to permanency prior to their 21st birthday or the last day of the year.</p>	<p>CY2011 data not yet available.</p>	<p>No, based on CY2010 data.</p> <p>CY2011 data not yet available.</p>

Performance as of June 30, 2011:

Data on performance for calendar year 2010 will not be available until early 2012.

DCF uses NJ SPIRIT data analyzed by Chapin Hall to report on the percentage of children who were in foster care for 25 months or longer on the first day of any given calendar year who were discharged to permanency prior to their 21st birthday or by the last day of the year. The most recent data analyzed by Chapin Hall is from calendar year 2010. As previously reported, of all children who were in care on the first day of calendar year 2010 and had been in care for 25 months or longer, 34 percent were discharged to permanency prior to their 21st birthday or the last day of the year. This performance falls short of the calendar year 2010 interim performance benchmark of 44 percent.

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. This report 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.

Between January 1 and June 30, 2011, DCF finalized 406 adoptions.

As of December 31, 2010, 1,223 children were legally free for adoption.⁸⁷ Between January and June 2011, 406 of those children and other children who subsequently became legally free achieved adoption. As of June 30, 2011, there were 1,314 children legally free for adoption. Table 14 shows the number of adoption finalizations by DYFS local office for the monitoring period.

⁸⁷ Not all legally free children are eligible to move toward adoption as some court decisions that terminate parent rights are appealed.

**Table 14: Adoption Finalizations – by DYFS Local Office
(January – June 2011)**

Local Office	Number Finalized	Local Office	Number Finalized
Atlantic West	4	Hudson Central	13
Cape May	15	Hudson North	8
Bergen Central	2	Hudson South	7
Bergen South	16	Hudson West	12
Passaic Central	12	Hunterdon	4
Passaic North	15	Somerset	4
Burlington East	15	Warren	11
Burlington West	1	Middlesex Central	10
Mercer North	25	Middlesex Coastal	13
Mercer South	11	Middlesex West	6
Camden Central	6	Monmouth North	13
Camden East	7	Monmouth South	5
Camden North	6	Morris East	3
Camden South	7	Morris West	1
Essex Central	11	Sussex	5
Essex North	9	Ocean North	11
Essex South	4	Ocean South	7
Newark Adoption	63	Union Central	7
Gloucester	10	Union East	7
Cumberland	11	Union West	2
Salem	7		
TOTAL – 406			

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 2011, the State continues to employ a total of 145 paralegals, and had approval to fill eight more positions. Additionally, DCF maintains a contract with Children’s Home Society to provide 23 child summary writers statewide and five part-time adoption expeditors who assist with adoption paper work in Essex, Union and Middlesex counties. The State has consistently maintained support for these positions that advance adoptions.

Adoption Performance Benchmarks

Progress Toward Adoption

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
35. <u>Progress Toward Adoption</u> : 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.	In the months between July and December 2010, 47% to 67% of children with a permanency goal of adoption had a petition to terminate parental rights filed within 6 weeks of the date of the goal change. ⁸⁸	In the months between January and June 2011, 61% to 65% of children with a permanency goal of adoption had a petition to terminate parental rights filed within 6 weeks of the date of the goal change. ⁸⁹	No

Performance as of June 30, 2011:

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the percent of children who have termination of parental rights (TPR) petitions filed within six weeks of their goal change to adoption. In June 2011, 65 percent of TPR petitions were filed within six weeks of changing the child’s permanency goal to adoption. From January through June 2011, TPR petitions were filed in 61 to 65 percent of cases within six weeks of the child’s goal change to adoption. Although this performance does not meet the final target of 90 percent, the monthly performance demonstrates substantial and consistent improvement. TPR petitions were filed within 12 weeks of the goal change for 77 to 87 percent of cases. Monthly performance on filing TPR petitions is shown in Table 15 below.

⁸⁸ 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.

⁸⁹ This is the first monitoring period where monthly performance was consistent. If performance remains consistent next reporting period, the Monitor will report on performance as of the last month of the monitoring period.

**Table 15: TPR Filing for Children with a Permanency Goal of Adoption
(January – June 2011)**

Month of goal change (Total number of goal change)	TPR filed within 6 weeks	TPR filed 6 to 12 weeks	TPR filed 13 to 18 weeks	TPR not filed*
January (126)	77 (61%)	32 (25%)	0	17 (14%)
February (95)	59 (62%)	17 (18%)	0	19 (20%)
March (150)	94 (63%)	34 (23%)	1 (>1%)	21 (14%)
April (78)	50 (64%)	12 (15%)	1 (1%)	15 (19%)
May (84)	53 (63%)	12 (14%)	0	19 (23%)
June (136)	88 (65%)	27 (20%)	5 (4%)	16 (12%)

Source: DCF

*Percentages do not equal 100 due to rounding. "TPR" not filed" was determined as of 8/7/2011 for January-May dates and as of 9/29/2011 for June data.

Child-Specific Adoption Recruitment

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
36. <u>Child Specific Adoption Recruitment</u> : 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.	Between July and December 2010, 11 to 88% 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. ⁹⁰	Between January and June 2011, 30% to 86% 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. ⁹¹	No

⁹⁰ 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.

⁹¹ Ibid.

Performance as of June 30, 2011:

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 2011, 11 (65%) out of 17 eligible select home adoption cases had a child-specific recruitment plan developed within 30 days of the goal change.⁹² From January through June 2011, the percentage of select home adoption cases that had child-specific recruitment plans developed within 30 days ranged from 30 to 86 percent. The percentages of select home adoption cases with child-specific recruitment plans developed within 60 days ranged from 35 to 96 percent. DCF has not met the MSA final target which requires that child-specific recruitment plans are developed in 90 percent of eligible cases within 30 days (see Table 16).

Table 16: Child-Specific Recruitment Plans Developed within 30 days of Goal Change for Children without Identified Adoption Resource (January – June 2011)

Month in which Plan was Due	Plan developed within 30 days	Plan developed within 31-60 days	Plan developed over 60 days	Not completed
January	19 (76%)	5 (20%)	1 (4%)	0
February	21 (78%)	1 (4%)	0	5 (19%)*
March	12 (86%)	1 (7%)	0	1 (7%)*
April	13 (65%)	0	7 (35%)	0
May	6 (30%)	1 (5%)	12 (60%)	1 (5%)**
June	11 (65%)	5 (29%)	0	1 (6%)**

Source: DCF

Percentages do not equal 100 due to rounding.

*Plans not completed as of April 17, 2011.

**Plans not completed as of August 8, 2011.

⁹² 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 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
37. <u>Placement in an Adoptive Home</u> : 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.	50% 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.	61% 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/Improved

Performance as of June 30, 2011:

DCF policy and the MSA require that a child 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 July 2010 and September 2010, 18 children had a permanency goal of adoption, but did not have an adoptive home identified at the time of TPR. Eleven (61%) of the 18 children were placed in an adoptive home within nine months of the TPR. Although performance has improved, DCF continues to 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 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
38. <u>Final Adoptive Placements</u> : 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.	92% of adoptions were finalized within nine months of adoptive placement.	91% of adoptions were finalized within nine months of adoptive placement.	Yes

Performance as of June 30, 2011:

DCF uses NJ SPIRIT to report on this measure. DCF reports that in June 2011, of 101 adoptions eligible to be finalized, 92 (91%) were finalized within nine months of the adoptive placements. Between January and June 2011, 75 to 95 percent of adoptions were finalized within nine months of the child's placement in an adoptive home (See Table 17 below). DCF continues to meet the final target of finalizing at least 80 percent of adoptions within the prescribed time period.

Table 17: Adoptions Finalized within 9 months of Child's Placement in an Adoptive Home (January – June 2011)

Month	Total number eligible to be finalized	Finalized within 9 months(percent of total)
January	37	35 (95%)
February	44	38 (87%)
March	59	44 (75%)
April	93	87 (94%)
May	76	65 (86%)
June	101	92 (91%)

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 DCR'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

This section provides updates of ongoing efforts to improve the infrastructure—policies, staffing, and access to services—necessary to realize and sustain positive health outcomes for children. This section also provides information about the health care received by children in out-of-home placement.⁹³ 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.

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 enter 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 and sustained substantial results.

⁹³ 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. Staffing levels remain consistent. As of June 30, 2011, DCF employed 188 Health Care Case Managers and 115 staff assistants. DCF works to ensure that the ratio of Health Care Case Managers to children in out-of-home care is 1 to 50 in every office.

B. Health Care Performance Benchmarks

Pre-Placement Medical Assessment

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
39. <u>Pre-Placement Medical Assessment</u> : 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.	100% 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 12% of PPAs were appropriately received in an ER setting. ⁹⁴ Thus, in Monitor's assessment, 97% of PPAs occurred in a setting appropriate for the situation.	100% of children entering DYFS custody received a pre-placement assessment (PPA). 88% of children received a PPA in a non-emergency room setting. An additional 11% of PPAs were appropriately received in an ER setting. ⁹⁵ Thus, in Monitor's assessment, 99% of PPAs occurred in a setting appropriate for the situation.	Yes ⁹⁶

Performance as of June 30, 2011:

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.

⁹⁴ 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.

⁹⁵ Ibid.

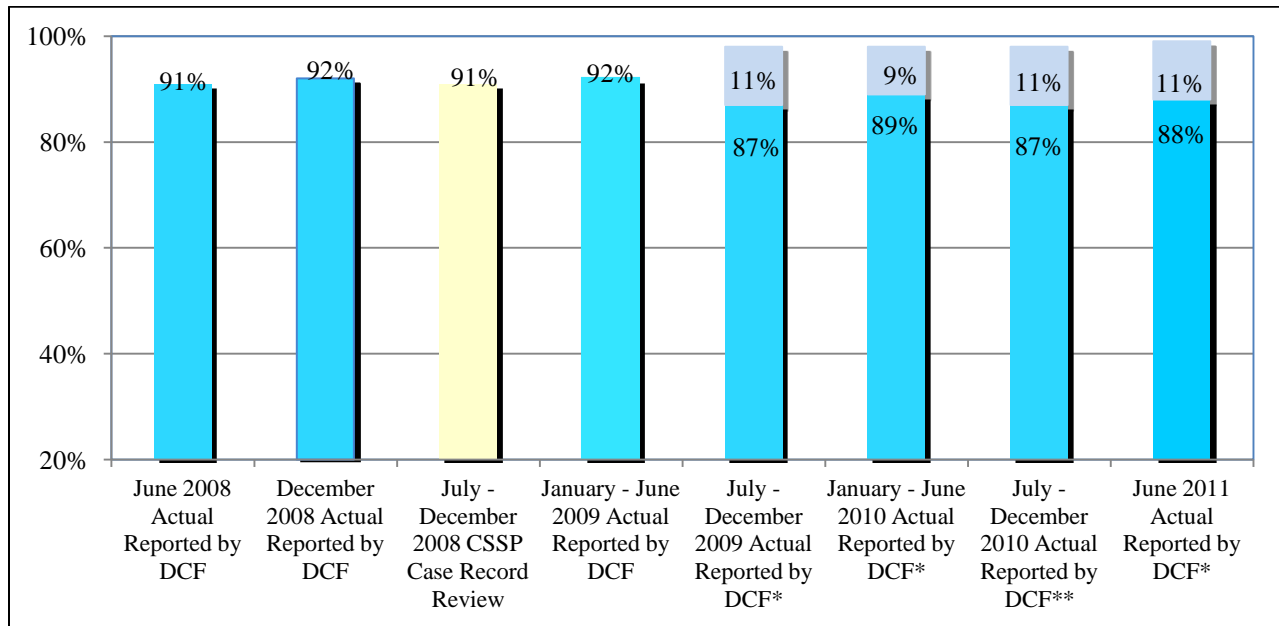
⁹⁶ The Monitor determines performance based on the percentage of PPAs in a non-ER setting and those PPA's conducted in an ER that are appropriate to the ER based on the presenting medical needs of the child or because the child was already in the ER when DYFS received the referral.

From January through June 2011, 2,282 children entered out-of-home placement and all of them (100%) received a pre-placement assessment (PPA). Of those 2,282 children, 2,015 (88%) received the PPA in a non-emergency room setting and an additional 240 children (11%) 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 268 PPAs that occurred in an emergency room and determined that 240 (90%) 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.⁹⁷ Thus, 99 percent of children received a PPA in a setting appropriate to the situation—88 percent received PPAs in a non-ER setting and an additional 11 percent appropriately in an ER setting. In the Monitor’s view, DCF continues to meet 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 2011)**



Source: DCF and CSSP Case Record Review

*An additional 11 percent of PPAs were appropriate emergency room PPAs.

**An additional 12 percent of PPAs were appropriate emergency room PPAs.

⁹⁷ In monitoring Period VII, 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 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
40. <u>Initial Medical Examinations:</u> 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 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 2010, 80% 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 June 2011, 88% of children received a CME within the first 30 days of placement and 98% of children received a CME within the first 60 days of placement.	Yes

Performance as of June 30, 2011:

From January through June 2011, 88 percent of children received a Comprehensive Medical Examination (CME) within the first 30 days of placement and 98 percent of children received a CME within 60 days of placement. Data again demonstrate sustained performance in the delivery of health care to children in out-of-home placement. This is the first reporting period that DCF has met this requirement in its entirety.

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.

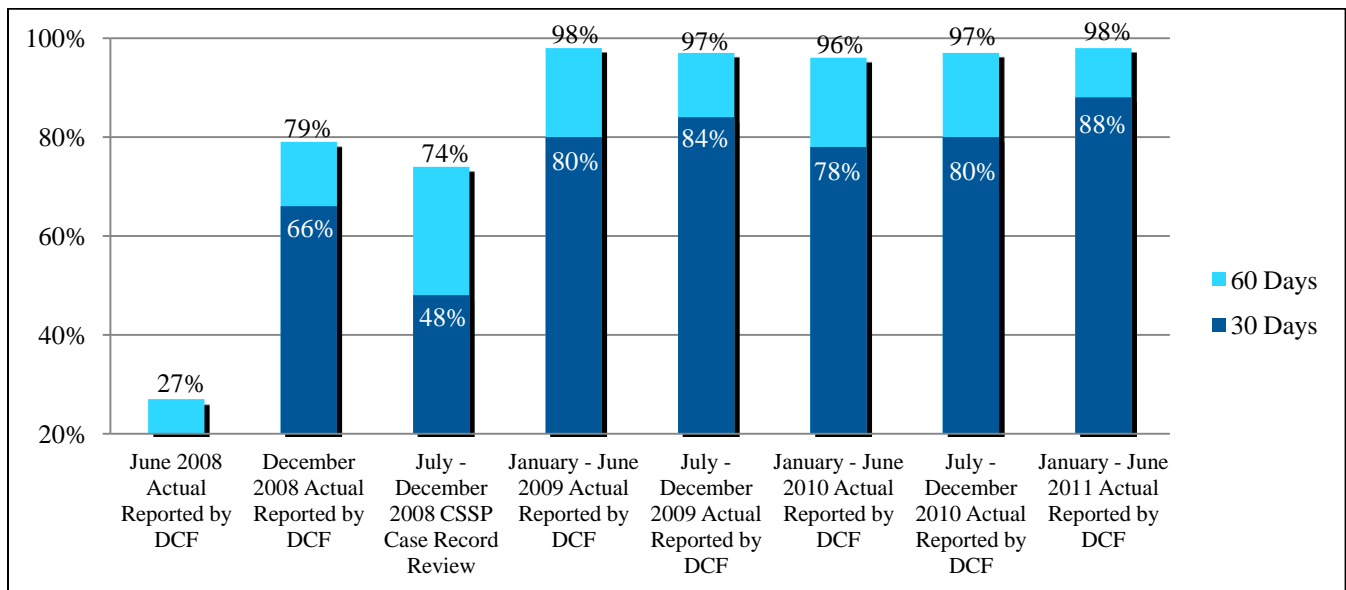
Previously, the State relied on the Comprehensive Health Evaluation for Children (CHEC) model as the sole vehicle to comprehensively assess the health care needs of these children. CHEC examinations require a three part examination—medical, neurodevelopmental, and mental health assessments—and are administered 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 screenings with children in out-of-home placements who are age two and above and not already receiving mental health services. Health Care Case Managers conduct these screenings within the first two weeks of a child's placement.

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.⁹⁸

From January through June 2011, 1,875 children required a CME. Of these 1,875 children, 1,436 (88%) received a CME within the first 30 days of placement. This performance is an improvement over the last monitoring period. An additional 185 (10%) children received their CME within 60 days of placement, thus 98 percent of children received a CME within 60 days of placement. 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 2011)



Source: DCF and CSSP Case Record Review

*For June 2008, the 30 day standard was not required.

⁹⁸ DCF’s Internal Health Care Case Record Review found that 100% of eligible children had mental health screens completed. See Performance Benchmark 46 for more detail.

Required Medical Examinations

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
41. <u>Required Medical Examinations:</u> 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 2010, 93% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 95% of children older than two years were clinically up-to-date on their EPSDT visits.	From January through June 2011, 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 ⁹⁹

Performance as of June 30, 2011:

Between January and June 2011, 92 percent of children 12 to 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 performance does not meet the June 2010 final target of 98 percent of children in care for one year or more receiving timely EPSDT well-child examinations.¹⁰⁰ DCF reports that NJ SPIRIT and Safe Measures provide reports 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.

⁹⁹ While technically not in compliance with the final benchmark, performance on EPSDT/well child exams represents sustained access to health care for this population and the Monitor continues to consider this a significant accomplishment. Therefore, the Monitor determines the requirement to be partially fulfilled.

¹⁰⁰ 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 all 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 to 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 Children Ages 12-24 months
(January – June 2011)**

Month	Children Requiring EPSDT	Children Up-to-Date	% Children Up-to-Date
January	109	99	91%
February	104	91	88%
March	113	108	96%
April	112	104	93%
May	122	115	94%
June	118	104	88%
Total	678	621	92%

Source: DCF, Child Health Unit

**Table 19: EPSDT Annual Medical Exams for Children Age 25 months and older
(January – June 2011)**

Month	Total Due	Annual Exam Completed		Annual Exam Not Completed	
January	270	250	93%	20	7%
February	191	181	95%	10	5%
March	243	220	91%	23	10%
April	203	192	95%	11	5%
May	223	216	97%	7	3%
June	197	186	94%	11	6%
Total	1,327	1,245	94%	82	6%

Source: DCF

*Percentage is greater than 100 due to rounding.

Semi-annual Dental Examinations

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
<p>42. <u>Semi-Annual Dental Examinations</u>: Number/percent of children ages three and older in care six months or more who received semi-annual dental examinations.</p>	<p>a. By June 2009, 90% of children will receive annual dental examinations and 70% will receive semi-annual dental examinations.</p> <p>b. By December 2009, 95% of children will receive annual dental examinations and 75% will receive semi-annual dental examinations.</p> <p>c. By June 2010, 95% of children will receive annual dental examinations and 80% will receive semi-annual dental examinations.</p> <p>d. By December 2010, 98% of children will receive annual dental examinations and 85% will receive semi-annual dental examinations.</p> <p>e. By June 2011, 90% of children will receive semi-annual dental examinations.</p>	<p>a. By December 2011, 98% of children will receive annual dental examinations.</p> <p>b. By December 2011, 90% of children will receive semi-annual dental examinations.</p>	<p>86% of children were current with semi-annual dental exams.¹⁰¹</p>	<p>89% of children were current with their semi-annual dental exam.¹⁰²</p>	<p>Yes</p>

¹⁰¹ 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.

¹⁰² Ibid.

Performance as of June 30, 2011:

As of June 30, 2011, 89 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). This performance is significant and the Monitor considers DCF to have fulfilled the June 2011 benchmark that 90 percent of these children are current on semi-annual dental exams.

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, 2011, DCF reports that there were 4,088 children age three or older who had been in DYFS out-of-home placement for at least six months. Of the 4,088 children, 3,624 (89%) had received a dental examination within the previous six months. From January through June 2011, monthly performance ranged from 86 to 89 percent. Over the last year, performance has remained consistent.

Follow-up Care and Treatment

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of, June 30, 2011 (Yes/No/Ongoing)
<p>43. <u>Follow-up Care and Treatment:</u> Number/percent of children who received timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.</p>	<p>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.</p>	<p>By December 31, 2011, 90% of children will receive timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.</p>	<p>DCF reports that 94% of children received follow-up care for needs identified in their CME.¹⁰³</p>	<p>DCF reports that 94% of children received follow-up care for needs identified in their CME.¹⁰⁴</p>	<p>Yes¹⁰⁵</p>

¹⁰³ DCF conducted a Health Care Case Record Review to report on the above indicator for Period IX. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between May 1, 2010-October 31, 2010 and were in care for a minimum of 60 days. 1,836 children comprise this cohort. A sample of 334 children was reviewed. The results have ± 5 percent margin of error.

¹⁰⁴ DCF conducted a Health Care Case Record Review to report on the above indicator for Period X. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2010 and April 30, 2011 and were in care for a minimum of 60 days. 1,623 children comprise this cohort. A sample of 325 children was reviewed. The results have a ± 5 percent margin of error.

¹⁰⁵ The Monitor has reviewed and is satisfied with the rigor of DCF's Health Care Case Record review, which will be used as the primary means of evaluating performance on this measure.

Performance as of June 30, 2011:

DCF provides 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, 2010 and April 30, 2011 and were in care for a minimum of 60 days.¹⁰⁶ A sample of 325 children was reviewed and the results have a ± 5 percent margin of error.

DCF reports that of those children identified as needing follow-up care after their CME, 94 percent received follow-up care. This performance is consistent with the last reporting period. 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. During this monitoring period, DCF's Health Care Case Record review separately examined follow-up care for needs identified in mental health assessments. The Monitor will be working with DCF to determine the utility of this data for monitoring purposes.

**Table 20: Provision of Required Follow-up Medical Care
(n=325) children**

No CME data in record	6	2%
CME Records	319	98%
No follow-up care needed	50	16%
Follow-up care required	269	84%
• Received follow-up	252	94%
• No evidence in record	17	6%

Source: DCF, Health Care Case Record Review, Child Health Unit¹⁰⁷

¹⁰⁶ The Monitor did not independently verify the findings of DCF's Health Care Case Record Review. However, the Monitor did review the protocol. The methodology and analysis are comparable to the Health Care Case Record review conducted by the Monitor in spring 2009.

¹⁰⁷ The Health Care Case Record Review conducted by DCF to report on the above indicators for Period X was done by reviewing records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2010 and April 30, 2011 and were in care for a minimum of 60 days. 1,623 children comprise this cohort. A sample of 325 children was reviewed. The results have a ± 5 percent margin of error.

Immunization

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
44. <u>Immunization</u> : 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 2010, DCF reports that 95% of all children in out-of-home placement were current with their immunizations.	In the second quarter of 2011, DCF reports that 97% of all children in out-of-home placement were current with their immunizations.	Yes

Performance as of June 30, 2011:

From April through June, 2011, of the 6,057 children in out-of-home placement, 5,847 (97%) were current with their immunizations, meeting the December 2010 interim performance benchmark. The Monitor did not independently verify this performance.¹⁰⁸

¹⁰⁸ 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 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
45. <u>Health Passports</u> : 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 May through October 2010, 30% 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. ¹⁰⁹	From November 2010 through April 2011, 50% of caregivers received Health Passports within five days of a child's placement and 92% of caregivers received Health Passports within 30 days of a child's placement. ¹¹⁰	No/Improved

Performance as of June 30, 2011:

Based on DCF's internal Health Care Case Record Review of 325 cases, there is evidence that Health Passports are shared with the child's caregiver within the first five days of placement in 50 percent of cases (See Table 21). This performance does not meet the MSA standard, although it is a significant improvement over the last monitoring report when 30 percent of caregivers received Health Passports within five days. Encouragingly, the DCF data found that within 30 days of the placement, the Health Passport has been shared with 92 percent of caregivers, again, marking a significant improvement over past performance.

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.

¹⁰⁹ DCF conducted a Health Care Case Record Review to report on Health Passports for Period IX. This review was done by reviewing records of a random sample of children in DYFS out-of-home placement who were removed between May 1, 2010 and October 31, 2010 and were in care for a minimum of 60 days. 1,836 children comprise this cohort. A sample of 334 children was reviewed. The results have a ± 5 percent margin of error.

¹¹⁰ DCF conducted a Health Care Case Record Review to report on the above indicator for Period X. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2010 and April 30, 2011 and were in care for a minimum of 60 days. 1,623 children comprise this cohort. A sample of 325 children was reviewed. The results have a ± 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 has a shorter timeframe than the MSA requirement that requires the Health Passport to be conveyed to the child’s caregiver within five days. However, to date, DCF has not been able meet their policy or the five day requirement set in the MSA. 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’s Resource Parent Survey similarly found that 54 percent resource parents received a Health Passport in five days of placement. Further, resource parents reported that information about a child’s medical history and current needs were often missing. The Monitor believes that DCF should reevaluate what critical health information about a child must be shared within 72 hours and how best to share such information. As part of this assessment, DCF and the parties to the lawsuit should also determine a more realistic timeframe for conveying a timely and more complete passport.

Table 21: Health Passport: Presence in the Record, Evidence of Sharing Passport (n=325)

Health Passport in Record Shared with provider	324	99.7%
No evidence of Health Passport shared with provider	1	>1%
Evidence of being shared with resource provider		
• Within 5 days	163	50%
• Within 10 days	76	24%
• Within 30 days	60	19%
• More than 30 days	25	8%

Source: DCF, Health Care Case Record Review¹¹¹
 Percentages do not equal 100 due to rounding.

¹¹¹ DCF conducted a Health Care Case Record Review to report on the above indicator for Period X. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2010 and April 30, 2011 and were in care for a minimum of 60 days. 1,623 children comprise this cohort. A sample of 325 children was reviewed. The results have a ± 5 percent margin of error.

X. MENTAL HEALTH CARE

DCF continued to show improvement on MSA performance measures during this monitoring period as seen in the results of efforts to reduce out-of-state placement for treatment. Youth were moved out of detention in a timely manner and planning is underway to manage and integrate behavioral health services for adults and for children not currently covered by the children's health system through health management organizations and an Administrative Services Organization.

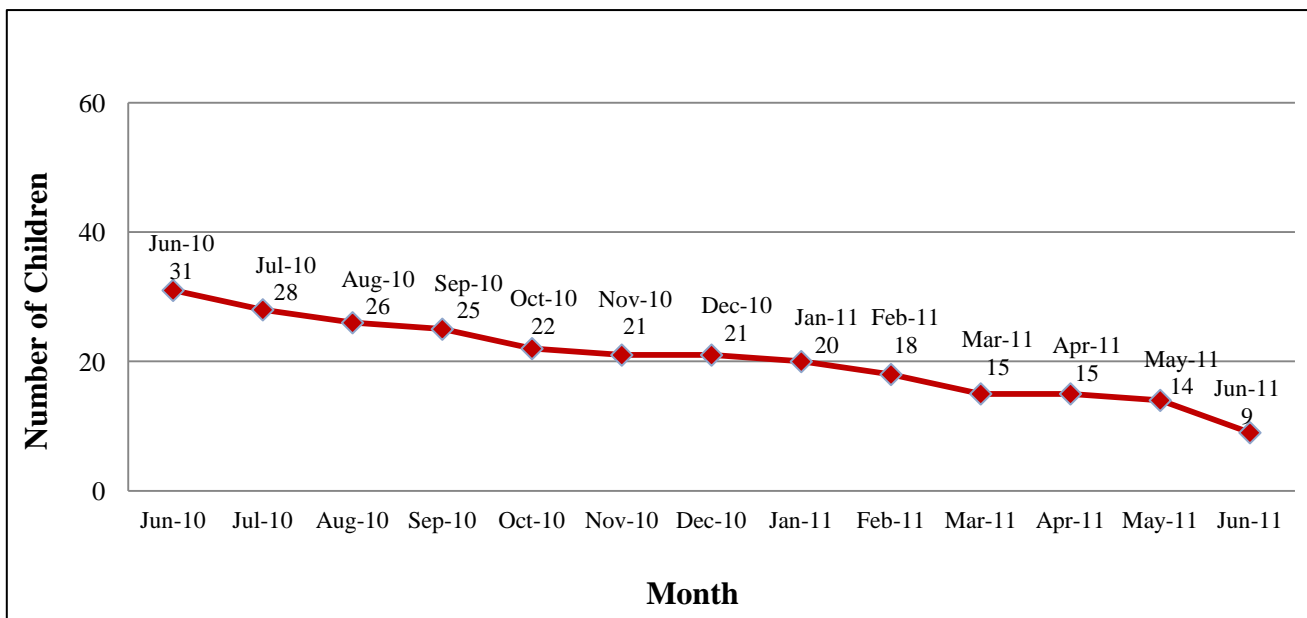
A. *Building the Mental Health Delivery System*

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). During this monitoring period the DCBHS director approved one request for a new out-of-state placement. As of July 1, 2011, there were nine children in out-of-state placements. DCBHS reports that two of the youth are placed close to the parent to whom they may be discharged, and for most of the remaining youth there is active family-involved case planning to return the youth to New Jersey.

Figure 10 below depicts the number of children placed out-of-state from June 30, 2010 to June 30, 2011.

**Figure 10: Children in Out-of-State Placement
(June 30, 2010 – June 30, 2011)**



Source: DCF, DCBHS

DCF worked 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 from January 1 to June 30, 2011, six youth in DYFS custody (three females and three males ages 14 to 16) were in a juvenile detention facility, awaiting a DCBHS placement post-disposition of their delinquency case. Two of the youth transitioned from detention within 15 days after disposition, the remaining four transitioned between 16 and 30 days following disposition. 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 – June 2011)

Length of Time to placement while in Detention Post-Disposition	Number of Youth
0-15 Days	2
16-30 Days	4
Over 30 Days	0
Total	6

Source: DCF, DCBHS

DCBHS maintained efforts to improve the performance of the Contracted System Administrator and worked to further coordinate behavioral health care.

Improvement and oversight of the State’s children’s mental health Contracted Services Administrator (CSA), PerformCare continued during this monitoring period. Representatives of the provider community continue to meet with PerformCare representatives to contribute to and learn about improvements.

During this monitoring period, the State worked on developing a Comprehensive Medicaid Waiver proposal to the federal government with implications for DCBHS. DCBHS plans to expand the PerformCare contract to take on the proposed responsibilities. Under the waiver proposal, all Medicaid covered behavioral health services for individuals up to age 21, including those with developmental disabilities and addiction services, will be managed PerformCare. The proposed waiver provides for the management and integration of behavioral health for children not currently covered by the children's health system: there is a component of the waiver that, if approved, will allow the state to provide Medicaid benefits to youth based on the fact that they have a serious emotional disturbance and will disregard the parental income. The waiver also provides for the management and integration of behavioral health for adults through a Managed Behavioral Health Organization (MBHO). Better coordination and data sharing between PerformCare and the Medicaid HMOs will be required to streamline behavioral health and primary care. Implementation is currently planned for July 2012.

While the details of the implementation of the waiver proposal are still being developed and there is concern among providers about the proposed changes, DCF and DCBHS leadership believe that the management of all child behavioral health Medicaid services under the existing PerformCare infrastructure will result in better and more coordinated behavioral healthcare for Medicaid/Family Care beneficiaries.

DCBHS continued to support evidence-based therapeutic treatments.

Section II.C.2 of the MSA requires the state to seek approval from the federal government for a Medicaid rate structure to support evidence-based, informed or support practices such as Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST). FFT is available in across eight counties and MST in three counties. During this monitoring period the average census for all of the programs was 97 percent and collectively the programs averaged 26 successful discharges per month. In addition to funding Functional Family Therapy and Multi-Systemic Therapy programs, DCBHS has provided funding through each county's Children Inter-Agency Coordinating Council (CIACC) to train local clinicians in evidence-based treatment programs. Training programs were offered on the following interventions:

- Cognitive Behavioral Therapy (CBT)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Parent Child Interaction Therapy
- Kendall Coping Cat
- Structural Family Therapy
- Brief Strategic Family Therapy
- Strengthening Families Program 10-14
- Motivational Interviewing

The most commonly selected program by the counties was Trauma Focused Cognitive Behavioral Therapy.

DCF continued 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 continuing to meet this standard by funding both in-home and office-based therapeutic interventions for over 400 birth parents (unduplicated count) in efforts to maintain children in, or return children to, the custody of their parents.

The Monitor found evidence of previously reported efforts to implement DYFS' psychotropic medication policy.

Group interviews held with nurses in several offices across the state confirmed previously reported activities to implement DYFS' psychotropic medication policy for children in custody as well as to closely track the status of children prescribed psychotropic medication. Child Health Units provide specific data on each child to DCF's Office of Child Health Services on a quarterly basis for review and analysis.

B. Mental Health Performance Benchmarks

Mental Health Assessment

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
46. <u>Mental Health Assessment</u> : Number/percent of children with a suspected mental health need who receive a mental health assessment.	<p>a. By June 2008, 75% of children with a suspected mental health need will receive a mental health assessment.</p> <p>b. By December 2008, 80% of children with a suspected mental health need will receive a mental health assessment.</p> <p>c. By June 2009, 85% of children with a suspected mental health need will receive a mental health assessment.</p>	By December 31, 2011, 90% of children with a suspected mental health need will receive a mental health assessment.	From May through October 2010, 98% of eligible children received a mental health screen. Of those screened, 62% had a suspected mental health need. Of those with a suspected mental health need, 94% received a mental health assessment. ¹¹²	From November 2010 through April 2011, 100% of eligible children received a mental health screen. Of those screened, 70% had a suspected mental health need. Of those with a suspected mental health need, 94% received a mental health assessment.	Yes

Performance as of June 30, 2011:

During Phase II of the MSA, this measure originally was to be assessed by collecting data through QR or other qualitative methodology. After discussions with DCF and the results of the pilot QR, it was determined that the QR would not effectively evaluate this measure. Thus, the DCF parties agreed that the Health Care Case Record review become the tool for evaluating performance on this measure. Nurse Administrators, along with the central office of the Child Health Unit, lead this review process.

DCF’s internal Health Care Case Record Review found that 100 percent of eligible children received the required mental health screen.¹¹³ Of those screened, 70 percent were determined to

¹¹²DCF conducted a Health Care Case Record Review to report on the above indicators for Period IX. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between May 1, 2010-October 31, 2010 and were in care for a minimum of 60 days. 1,836 children comprise this cohort. A sample of 334 children was reviewed. The results have a ± 5 percent margin of error.

¹¹³ 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

have a suspected mental health need, and 94 percent of those children received a mental health assessment by the time of the record review.¹¹⁴ This is the first monitoring period in which 100 percent of eligible children received the required mental health screen. The percentage of those children needing and receiving a mental health assessment is comparable to the last monitoring period.

Using DCF's case record review data, DCF continue to met the December 2011 final target that 90 percent of children with suspected mental health needs receive an assessment. The data also show that of the 94 percent of youth receiving a mental health assessment, 76 percent were completed in the first 30 days of out-of-home placement and another five percent were completed in 60 days. The percentage of youth receiving a mental health assessment improved over the last reporting period, where 60 percent of mental health assessments were completed in 30 days.

DCF reports that 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 in this way has resulted in improved performance.

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.

¹¹⁴ The Health Care Case Record Review conducted by DCF in the summer of 2011 to report on the above indicators for Period X was done by reviewing records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2010 and April 30, 2011 and were in care for a minimum of 60 days. 1,623 children comprise this cohort. A sample of 325 children was reviewed. The results have a ± 5 percent margin of error.

Table 23: Mental Health Screening and Assessments for Children Age 2 and older (n=325)

MH Screening		
Not reviewed already receiving services or under the age of two	130	40%
Children eligible for screening	195	60%
TOTAL RECORDS REVIEWED	325	100%
MH Assessment		
Children eligible screened	195	100%
Children eligible not screened	0	0%
TOTAL CHILDREN ELIGIBLE FOR SCREENING	195	100%
Suspected MH need identified	137	70%
MH Assessment		
MH assessment completed	129	94%
MH assessment scheduled	3	2%
MH assessment not scheduled/completed	5	4%
TOTAL	137	100%
MH Assessment Completion Timeline		
MH assessment complete w/in 30 days	100	78%
MH assessment complete w/in 60 days	7	5%
Greater than 60 days	8	6%
Unable to determine	14	11%
TOTAL	129	100%
Recommendation Made in MH Assessment		
Recommendation Made	115	96%
No Recommendation Made	5	4%
Total	120*	100%
Treatment Provided/Evidence in the Record		
All Recommended Treatment Provided	43	37%
Some Recommended Treatment Provided**	29	25%
Recommended Treatment Not Provided	42	37%
Other	1	1%
Total	115	100%
Treatment Provided Within Timeline		
Treatment Provided Within 30 Days	45	63%
Treatment Provided Within 45 Days	2	3%
Treatment Provided Within 60 Days	3	4%
Treatment Provided Within More Than 60 Days	6	8%
Treatment Provided Within Unknown Timeline	16	22%
Total	72	100%

Source: DCF, Health Care Case Record Review¹¹⁵

*Nine mental health assessments were not available to reviewers to determine if recommendations were made and treatment provided.

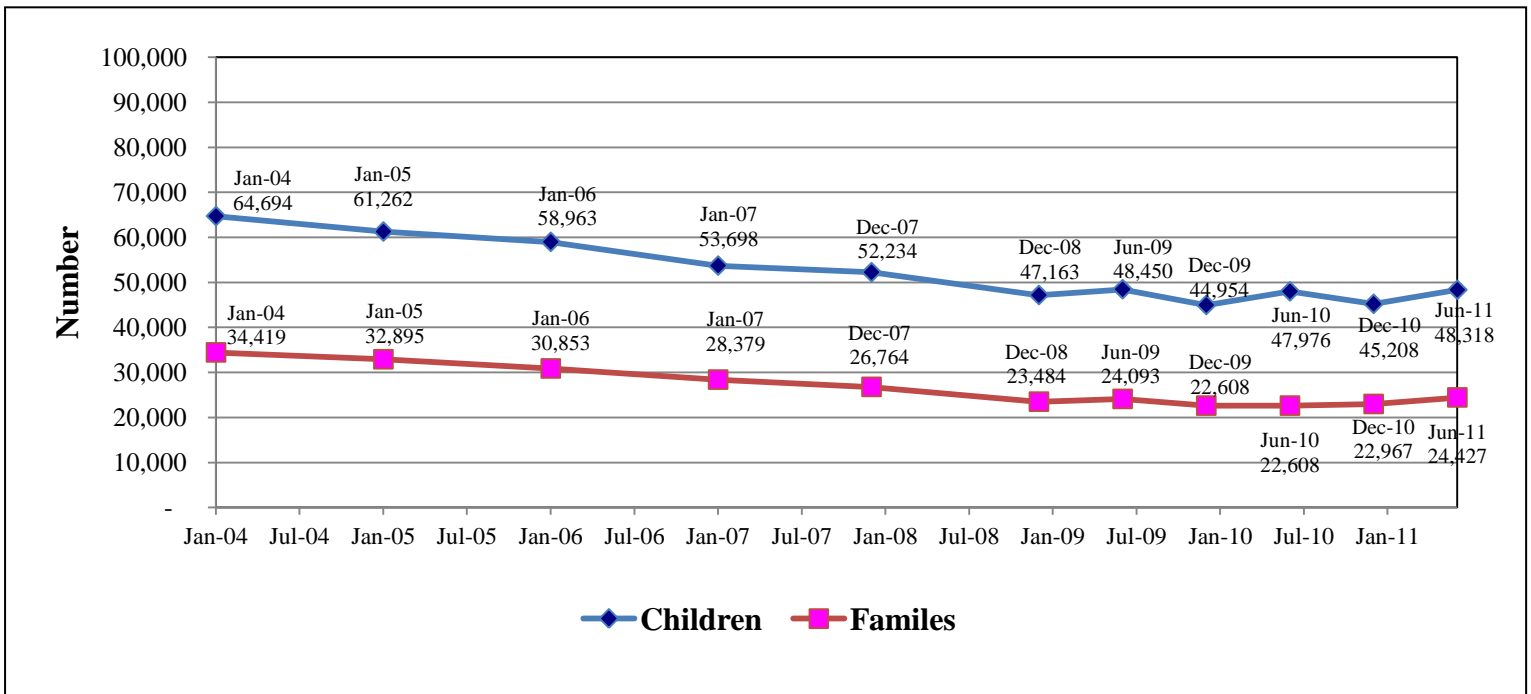
**Definition of “some recommended treatment provided” is that there was evidence in the child health record that one or more of the recommendations for treatment in the MH Assessment were being provided.

¹¹⁵ DCF conducted a Health Care Case Record Review to report on the above indicator for Period X. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between November 1, 2010 and April 30, 2011 and were in care for a minimum of 60 days. 1,623 children comprise this cohort. A sample of 325 children was reviewed. The results have a ± 5 percent margin of error.

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

As shown in Figure 11, the number of families under DYFS supervision has declined from 34,419 in 2004 to 24,427 in June 2011. These families include over 48,000 children. The number of children and families under DYFS supervision increased slightly between December 2010 and June 2011, but it is not yet clear if this increase is the start of an upward trend.

**Figure 11: Children and Families Under DYFS Supervision
(January 2004 – June 2011)**



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 previous monitoring reports.¹¹⁶

¹¹⁶ 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. Both reports can be found at www.cssp.org.

DCF asked Human Service 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 were to evaluate these service delivery needs on a rotating basis for all 21 counties, seven counties each year every year using a set of guidelines established by the State, so that a needs assessment would be conducted on each county every three years. The first set of evaluations from Union, Somerset, Gloucester, Camden, Middlesex, Hudson and Essex counties were submitted to DCF in July 2010. This first round of assessments produced very mixed results in terms of the kind of information the HSACs provided and the format of the presentation of information. However, the evaluations helped assist the Division of Prevention and Community Partnerships (DPCP) in determining funding priorities.

In an attempt to formalize the process and obtain consistent information from the assessments, DCF developed a new set of guidelines for the second set of five counties that agreed to participate: Atlantic, Cumberland, Mercer, Monmouth and Ocean. Counties were asked to include a description of the assessment process and a list of priority needs, including services needed most in each of the five target service areas: basic needs, mental health services, substance abuse treatment, transitional living services for youth leaving foster care and domestic violence support services. Counties were also to include an analysis of the level of availability of a service, its accessibility or any barriers to receiving the service.

The second round of completed assessments was due in July 2011. The Monitor reviewed the assessments from the three HSACs that submitted them: Monmouth, Atlantic and Mercer counties. Despite DCF's efforts to set standards in terms of format and process, both Monmouth and Atlantic chose to change the assessment process and format to meet their individual needs, making comparisons difficult. The Monmouth HSAC, with DCF's permission, expanded DYFS's definition of at-risk children and families to include children and families "within the Behavioral Health System." It is not clear whether this means children and families receiving services through DCF's DCBHS or, more broadly, mental health services from elsewhere in the state. In addition, the Monmouth HSAC, with DCF's consent, reformatted the survey tool, ultimately using four separate formats in their data collection process.

Like Monmouth, the Atlantic HSAC chose to expand the definition of at-risk children and families, but in a different way. Intending to direct resource development "more towards a prevention approach," the Atlantic HSAC report defines at-risk children and families to include those with DYFS contact and those experiencing risk factors that "have been linked through research with child abuse and neglect."

As to the findings, Monmouth's assessment provides a simple rank order of services needed in the county, without an analysis of level of availability, accessibility or any barriers to receiving services. The Monmouth HSAC assessment reports the findings by type of respondent: families and youth identified employment, educational, life skills, and transitional services as a primary need; housing for all ages as a secondary need; and mental health services for youth as the third most pressing need in the county. Monmouth County service providers identified the need for housing as primary, transportation as secondary, and life skills training/services for older youth as the third greatest need in the county. Atlantic County's report is more detailed. It identifies

basic needs as the primary gap in services, and disaggregates which basic needs were determined to be the most in demand. Housing is ranked first, health care second, and food third. Mental health services is the second most identified gap in services in the county, which includes county outpatient and in-patient mental and behavioral health services for youth.

The Mercer County's HSAC report provides the most detail and is categorized by service area and focus group. Included is a listing of barriers to obtaining each service. There were variations to the original format in some places, including a decision to focus on substance abuse treatment for adolescents rather than adults, but it appears generally to more closely align with DCF's instructions. Overall, providers ranked Mercer County as most in need of housing (80%) and transportation (72%), followed by domestic violence services, further categorized by domestic violence transitional housing (63%), domestic violence counseling (63%) and domestic violence emergency shelter (62%). When consumers were asked to prioritize services from most needed to last, domestic violence ranked first, followed by housing for older youth and substance abuse services for adults (no numeric breakdown provided). However, as reported in the Mercer assessment, consumers also reported that domestic violence services are "somewhat available," raising questions about the usefulness of the tool and its analyses.

The Monitor has not yet received the HSAC report from Cumberland county. The Ocean and Cumberland county reports will be included in the next Monitor's report.¹¹⁷ DCF reports that nine counties will be conducting needs assessments in the third round to make up for having received only five of the required seven needs assessments in the second. The Monitor urges DCF to revisit the need for consistency of format and information gathered so that it will be able to compare one county's needs to another and determine which counties have the most pressing needs, where and what they are, and what if any barriers exist to serve those needs. Overall, the Monitor remains concerned about the needs assessment process and the methodology used to assess information collected and therefore the utility of the process as it currently exists for planning at the County and State levels.

¹¹⁷ The Monitor received the Ocean county report on Nov. 2, 2011.

B. Services to Families Performance Benchmarks

Continued Support for Family Success Centers

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
48. <u>Continued Support for Family Success Centers:</u> 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 June 30, 2011:

New Jersey began developing a network of Family Success Centers (FSCs) in 2007, initially with 21 centers. FSCs are intended to be neighborhood-based places where any community resident can access family support, information and services, and tend to vary depending on the needs and desires of the community in which they are located. Their function is to provide resources and supports before families fall into crisis. Now, in the fourth year of the initiative, New Jersey has a total of 37 FSCs in 17 counties, with an FSC newly operational in Gloucester County.¹¹⁸ Plans are underway for new FSCs to open in Cape May, Hunterdon and Somerset counties in March 2012. 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 that depicts the ten core services provided by FSCs, DCF served 17 percent more families through its FSCs between January and June 2011 than it did in the previous monitoring period, serving 27,604 compared to 23,122 families served in the prior six months. The total number of services provided—families can receive multiple services—increased to 87,817 in this monitoring period, up from 78,575 in the previous monitoring period. As reflected in Table 24 below, the most requested services are general information and referral services (23,363),¹¹⁹ parent-child activities (11,526) and access to child, maternal and family health information (10,752).¹²⁰

¹¹⁸ An additional RFP was awarded to Gloucester County and that FSC became operational in July 2011.

¹¹⁹ Information and referral services refer to when 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 that could assist the families.

¹²⁰ 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 Services Provided
(January – June 2011)**

Level of Service

FSC Unduplicated # families served	Jan-'11	Feb-'11	Mar-'11	Apr-'11	May-'11	Jun-'11	Total
	3,420	4,429	5,195	5,502	4,750	4,308	27,604

Types of Services Provided

Core Services	Jan-'11	Feb-'11	Mar-'11	Apr-'11	May-'11	Jun-'11	Total
Access to child, maternal and family health information	1,727	1,653	1,729	2,074	1,974	1,595	10,752
Development of "Family Success" plans	1,046	681	758	882	361	381	4,109
Self-sufficiency/employment related services	984	1,857	2,438	1,630	2,078	1,570	10,557
Information and referral services	1,902	4,554	4,146	4,243	4,533	3,985	23,363
Life Skills	863	1,014	1,131	912	1,074	808	5,802
Housing-related services	269	526	593	623	690	397	3,098
Parent education	667	1,175	1,208	2,362	1,456	1,610	8,478
Parent-child activities	1,038	1,486	1,499	2,987	2,319	2,197	11,526
Advocacy	940	967	1,449	1,537	1,628	1,454	7,975
Home visits	417	319	401	323	358	339	2,157
Totals	9,853	14,232	15,352	17,573	16,471	14,336	87,817

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 has made important strides in developing collaborative working relationships among FSCs and County Human Service offices, County Human Services Advisory Councils and county welfare agencies by holding meetings featuring parent leaders from FSC to introduce these key stakeholders to FSC staff and operations. In addition, FSCs have continued to grow and develop their Parent Community Advisory Boards, an important facet of FSC success in communities. Plans are underway for FSCs to become venues to hold FTMs and be available for families with children in out-of-home care to visit with their children.

The Partnership for Family Success Training and Technical Assistance Center, funded by the Division of Prevention and Community Partnerships and the Nicholson Foundation, provides information training, technical assistance, support leadership development, and capacity building statewide to the informal network of FSCs.

Currently, FSC staff members conduct regular and quarterly statewide trainings, regional meetings and an annual conference. DCF's long term goal is to develop enough FSCs in each county to serve the municipalities that demonstrate the greatest need.

Monitor staff visited FSCs in Elizabeth and Camden during this monitoring period. The Elizabeth site is a good example of DCF's intentions for the FSCs in each community. Partially funded by the United Way of Greater Union County, Jefferson Park Ministries, Inc. (JPM) is a community based "gathering place" where community residents can go for family support, information and services. First developed in 2001 out of a trailer to serve the large Haitian population of Elizabeth, JPM has expanded to serve a broader base, including other immigrant populations, a particularly challenging charge given that many constituents are undocumented and reticent to join an organization that may highlight their immigration status.

JPM and DCF are both members of the Union County Family Strengthening Network (UCFSN), a local partnership of service providers and funders designed to leverage resources and services to the community, promote best practices, and develop an integrated system to serve the continuum of needs of the target population from pre-natal to adulthood.

The Monitor visited the Community Planning and Advocacy Council (CPAC) in Camden, which is the lead agency for the Center for Family Services (CFR) and the Hispanic Family Center of Southern New Jersey (HFC). Both CFR and HFC provide an array of services. In Camden, FSCs and the Differential Response (DR) programs discussed below are co-located by design to serve families challenged by lack of resources.

Statewide Implementation of Differential Response

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
49. <u>Statewide Implementation of Differential Response. Pending Effectiveness of Pilot Sites:</u> 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

Performance as of June 30, 2011:

Differential Response (DR) is a community-based case management and service delivery system which is triggered by a call to New Jersey’s child abuse hotline. Families whose needs do not rise to the level of an investigation of child abuse or neglect are referred sometimes by use of a “warm line transfer”¹²¹ to a DR program. The purpose of DR is to assure children’s safety and well-being in their own home and prevent the need for protective service intervention. A DR case worker meets with the family within 72 hours to initiate services. As this is a voluntary program, a worker’s ability to engage with a family is an important component of this process.

DCF began its DR Pilot Initiative in April 2007, and in early 2009 it began expanding. Currently, DR has sites in Camden, Cumberland, Gloucester, Salem, Middlesex and Union. With help from Casey Family Programs, DCF is conducting an internal assessment to determine how the current DR pilot can be better integrated with DCF and DYFS case practice. Part of this analysis involves consideration of how a broader alternative response approach can be applied to all DCF Divisions: DYFS, DCBHS and Division of Prevention and Community Partnerships (DPCP), as well as how to most efficiently integrate existing and developing primary prevention networks of supports and services across the state. The result of this analysis is expected to be complete by December 2011.

The Monitor visited three DR programs: Proceed Inc. in Elizabeth, Hispanic Family Center of Southern NJ (HFC) and Center for Family Services (CFS) in Camden. A similar theme in all three was an approach that seeks to develop a continuum of care from pre-natal to adulthood. Proceed Inc. works with a DYFS liaison in situations in which DYFS investigates a family being served by DR. Proceed Inc. staff participate in DYFS Family Team Meetings, and DYFS staff may come to meetings with families at Proceed Inc.

As previously discussed, both CFS and HFC provide an array of services, which include DR and FSCs. Average caseload size in these three programs ranges from 15 to 17. All have seen caseloads and needs rise as the economy worsens.

¹²¹ A “warm-line transfer” is a mechanism that relocates an existing call to another phone and/or location.

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 to 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.

DCF continues to train DYFS staff on best practices to serve older youth in foster care. The Office of Adolescent Services (OAS) continues to collaborate with the National Resource Center for Youth Services, the Training Academy and Rutgers University School of Social Work to train DYFS staff and community-based providers. Further, OAS designed an adolescent certificate for DYFS workers that focuses on adolescent development issues and trauma, engaging this population, interviewing skills and how to advocate for the needs of older youth.

During this monitoring period, OAS has expanded staff to include coordinators for employment/workforce issues, LBGTQI efforts and Outreach to At Risk Youth (OTARY). OAS in consultation with other DCF divisions, other government agencies, DCF partners, youth and parents also undertook the development of a strategic plan to determine and prioritize outcomes for youth involved with DCF. The strategic planning process identified challenges, strategies and outcomes for youth in the areas of housing, employment, education, physical and mental health, transitioning to adulthood, family support and permanency, and criminal and legal involvement. The planning process also looked at strategies to increase youth engagement and voice in decision making and cross system collaboration. Currently, DCF is finalizing this two year strategic plan and the Monitor will report on it in further detail in subsequent reports.

Further, as part of their efforts to engage and understand the needs of older youth involved with DYFS, OAS met with some youth boards across the state. From one of these visits, the youth presented a petition signed by numerous youth in their county that DYFS policy should allow all youth in out-of-home care to have a piece of luggage for their possessions so that if they move while in placement their possessions are not carried in trash bags. As a result of the youth's petition, DCF worked with the Office of Community Affairs and received a donation from WalMart for 7,000 roller duffel bags for youth in out-of-home care. DCF shared this example to demonstrate the importance in their view of youth voice and youth advocacy in their current and future planning.

A. Services for LBGTQI Population

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

The Safe Space initiative creates “safe zones” that LGBTQI youth can easily recognize. This strategy provides environments where LGBTQI youth can feel supported in accessing resources and talking about their needs. There are a total of 47 primary Safe Space liaisons identified for all 47 DYFS local offices.¹²² Safe Space liaisons are responsible for identifying local resources to support LGBTQI youth and for making sure that staff and youth are aware of these resources. In the southern part of the state, a community partner meets regularly with Safe Space liaisons to provide information on resources and support in understanding LGBTQI issues. In the Northwest region of the state, a community partner held a two-day training for local office staff and Safe Space liaisons about issues youth face when coming out, bullying and suicide risk for this population.

OAS continues to provide support to these liaisons. During this monitoring period, the OAS convened the liaisons to discuss techniques for promoting inclusive environments and to facilitate peer-to-peer workgroups to support their development in their role as liaisons. OAS also provided resources to the liaisons, including a list of LGBTQI websites, articles about this population from Child Welfare League of America and best practice guidelines.

LGBTQI competency training remains a part of a two day cultural competency training for all field staff. Between January and June 2011, eight of these trainings were offered and 125 staff completed the entire module. To date, 1,257 DYFS staff have completed this module.

B. Performance Benchmarks Measuring Services to Older Youth

Independent Living Assessments

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
53. <u>Independent Living Assessments</u> : 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 2011, 87% of youth aged 14 to 18 in out-of-home placement for at least six months had a completed Independent Living Assessment.	As of July 1, 2011, 83% of youth aged 14 to 18 in out-of-home placement for at least six months had a completed Independent Living Assessment.	No

¹²² Before their closure in March 2011, two DYFS residential treatment programs also had liaisons.

Performance as of June 30, 2011:

On July 1, 2011, there were 1,286 youth aged 14 to 18 in out-of-home placement for at least six months. Of the 1,286 youth, 1,063 (83%) had assessments completed and 223 (17%) did not. The State fell just short of meeting the interim performance benchmark of 85 percent of youth aged 14 to 18 with a completed Independent Living Assessment. DCF did not meet the December 2010 benchmark, representing a slip in from the two previous monitoring periods.

Independent Living Assessments are filled out by the youth or his/her caregiver online. These assessments examine the youth's knowledge related to financial decision-making, work and study skills, self care, social relationships and other life skills. The Monitor reviewed five Independent Living Assessments and corresponding planning with youth. Many of the domains youth needed assistance on appeared to be reflected in future case planning—e.g., needing help with budgeting, nutritious eating, finding a job, understanding where to get assistance with food stamps or other public assistance.

Services to Older Youth

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
54. <u>Services to Older Youth</u> : 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.	<p>a. By December 31, 2009 75% of older youth (18-21) are receiving acceptable services as measured by the QR.</p> <p>b. By December 31, 2010 75% of older youth (18-21) are receiving acceptable services as measured by the QR.</p>	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the QR.	Data Not Available	Data Not Available	Data Not Available ¹²³

Performance as of June 30, 2011:

Originally, the Monitor intended that performance on the provision of services to youth between the ages of 18 and 21 would be measured through a QR or other quality assessment process. However, based on the QR pilot, the parties agreed that this tool failed to adequately assess

¹²³ The Monitor is working with parties to determine an adequate methodology to assess this measure.

performance on this measure. Parties are still negotiating an appropriate means for measuring performance on this indicator.¹²⁴

Between April and June 2011, DYFS served 2,314 youth aged 18 to 21. Of the 2,314 youth, 779 (34%) were living in out-of-home placement and 468 (20%) were living in their own homes. An additional 1,067 (46%) youth aged 18 to 21 were receiving adoption or Kinship Legal Guardianship subsidies.

During Phase I of the MSA, DCF created policy allowing youth aged 18 to 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.

Some critical aspects of working with youth aged 18 to 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 90 percent of youth leaving DYFS custody between January and June 2011 had some form of Medicaid health insurance for at least *one month* after placement. Of the 188 youth aged 17.9 to 21 years old discharged from foster care placement between July 1, 2010 and December 31, 2010, 75 (40%) had received at least *six months* of Chafee Medicaid and another 75 (40%) had at least *six months* of Medicaid through DYFS or through other programs such as TANF or SSI.

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. All youth, regardless of funding, are supposed to receive supports, such as coaching and mentoring.

According to DCF, 278 youth were a part of the NJ Scholars program in the 2010-2011 school year. Of the 278 youth, 198 (71%) received scholarship funds during that time period. This represents a slight reduction in the number of youth participating in the NJ scholars program for the first six months of the 2010-2011 academic year. In the first six months of 2010-2011, 279 youth were enrolled in NJ Scholars program and 215 (77%) received scholarship funds. As previously reported, the participation of youth in the NJ Scholars Program, especially the number of youth receiving financial assistance, continues to decline. 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 year ended with 340 participants. The steady and significant decline in participants remains concerning.

DCF reports that a full-time coordinator is now funded within Foster and Adoptive Family Services (FAFS) to focus on recruitment of youth into the program and assist with removing any barriers to applying for financial aid. Between January and June 2011, DCF reports 34

¹²⁴ In the last monitoring report, the Monitor included a supplemental report that provided more details regarding services made available to this age group.

informational/recruitment events were held and attended by 156 youth. At these events youth were supported in completing the Free Applications for Federal Student Aid (FAFSA) and the NJ Scholars application. The Monitor will continue to follow access to foster youth for this program.

DCF reports expanding the Summer Housing and Internship program (SHIP) from 10 to 40 participants for summer 2011. This program provides youth with a 12 week long intensive summer experience. Housing, internships, stipends, life skill instruction and recreational opportunities are all part of the SHIP experience. As part of this program, youth earned three academic credits by participating in a course especially designed by Rutgers University faculty.

Finally, DCF issued a Request for Proposal for a Life Skills Camp for youth age 16 to 21 years old. Sixty youth were able to participate in this camp over the summer.

Youth Exiting Care

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
55. <u>Youth Exiting Care</u> : 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.	Data Not Available ¹²⁵	Data Not Available	Data Not Available

¹²⁵ In the fall 2010, the Monitor assessed performance through a case record review of adolescent cases. Monitor's review found 72% of youth have housing; 60% of youth were employed or in some type of education program. This review data serves as the baseline for this measure.

Performance as of June 30, 2011:

DCF currently cannot provide data on this measure. Parties are still negotiating an appropriate means for measuring performance on this indicator. Through a case record review, the Monitor established baseline performance for this measure.¹²⁶

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 and currently has contracted 251 beds (see Table 25 below for a list of providers).

¹²⁶ See *Charlie and Nadine H. v. Christie*, Supplemental Monitoring Report: An Assessment of Services and Outcomes for Older Adolescents Exiting DYFS Placements, June 2011. See previous footnote for baseline data.

Table 25: Youth Transitional and Supported Housing

County	Contracted Slots	Operational Slots	Providers
Bergen	6	6	Bergen County Community Action Program
Burlington	14	14	Crossroads
			The Children's Home of Burlington County
Camden	25	25	Center For Family Services
			Vision Quest
Cape May	4	4	CAPE Counseling
Essex	58	53	Covenant House
			Corinthian Homes (Youth Build)
			Catholic Charities Diocese of Newark (Sanford)
			Tri-City Peoples
			Care Plus
Gloucester	30	30	Robin's Nest
Hudson	12	12	Catholic Charities Diocese of Newark (Strong Futures)
			Volunteers of America
Mercer	12	12	Lifeties
			Anchorline
			Anchorage
Middlesex	12	12	Middlesex Interfaith Partners with the Homeless (MIPH)
			Garden State Homes
Monmouth	22	22	IEP
			Catholic Charities Diocese of Trenton
			Collier Services
Ocean	8	8	Ocean Harbor House
Passaic	23	23	Paterson Coalition
			NJ Development Corporation (Ind House/Marion)
Somerset	10	10	Somerset Home for Temporarily Displaced Children
Union	15	15	Community Access Unlimited
Total	251	246	

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. Meeting caseload standards for Intake staff continues to be a challenge, but the State met the caseload targets in all other areas.

A. Caseloads

Monitoring Period X 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 26 below 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 26: DCF/DYFS Individual Caseload Standards

Caseworker Function	Responsibility	Individual Caseload Standard
Intake	Respond to community concerns regarding child safety and well-being. Specifically, receive referrals from the State Central Registry (SCR) and depending on the nature of the referral, respond between 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. ¹²⁷	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).

¹²⁷ DYFS (7-1-1992). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 302.

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 forty-two caseworkers were selected from those active in June 2011. All 47 DYFS local offices were represented in the sample. The interviews were conducted throughout the months of August and September 2011. All 142 caseworkers were called. Information was collected from 90 caseworkers (72% of the eligible sample), located in 41 offices. Seventeen caseworkers were no longer employed by DYFS, were on extended leave during the period of the calls, or were not actually case-carrying staff in June of 2011. These workers were not included in the sample. Contact was attempted at least three times for all caseworkers who were not interviewed.

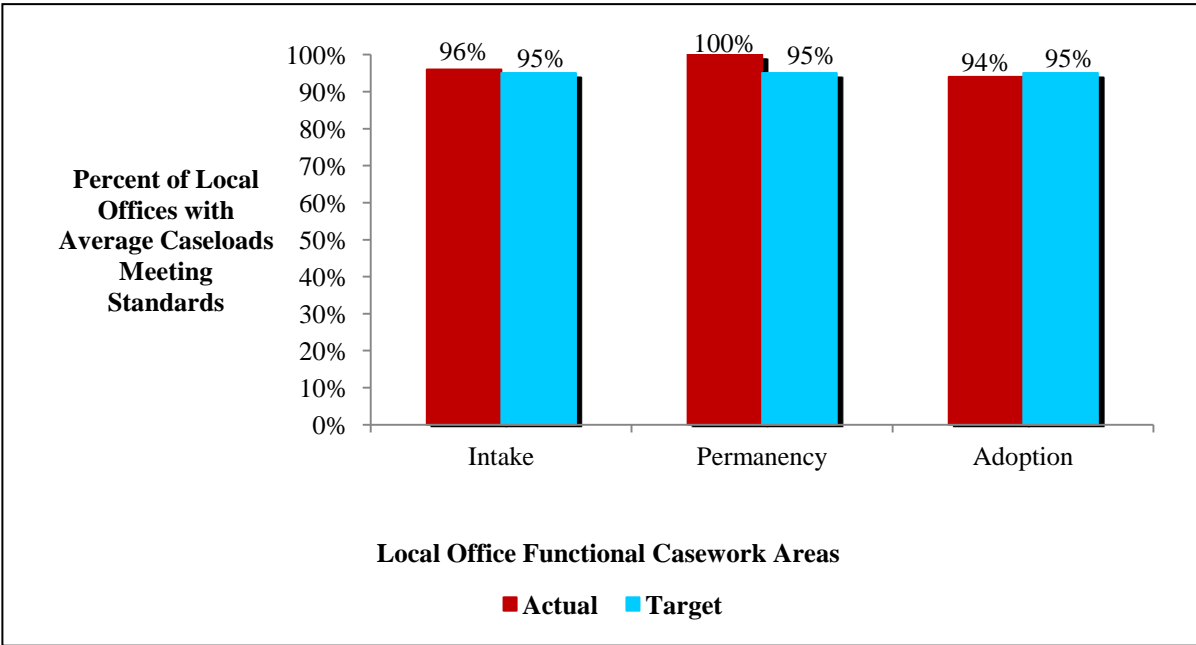
In the interviews, caseworkers were asked if they were in compliance with caseload standards between January and June of 2011 and their responses were compared to the caseload information the State supplied for the same period from NJ SPIRIT. They were also asked about their caseload size specifically for the month of June. Identified discrepancies were discussed with the caseworkers. The Monitor found that in general, NJ SPIRIT reflects worker caseloads. In addition, the interviews collected information about any caseload fluctuation between January and June 2011 and the range of cases workers had experienced—the highest number of cases and the lowest number of cases. Although not all 125 eligible caseworkers responded, the Monitor is satisfied that sufficient information was gathered 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 met the office average caseload standards in all functional areas.

DCF/DYFS met the average office caseload standards in the areas of Intake and Permanency and Adoption. Figure 12 below summarizes the Period X performance.

Figure 12: Percent of DCF/DYFS Local Office Average Caseloads for Intake, Permanency, and Adoption Meeting Applicable Caseload Standards (January – June 2011)

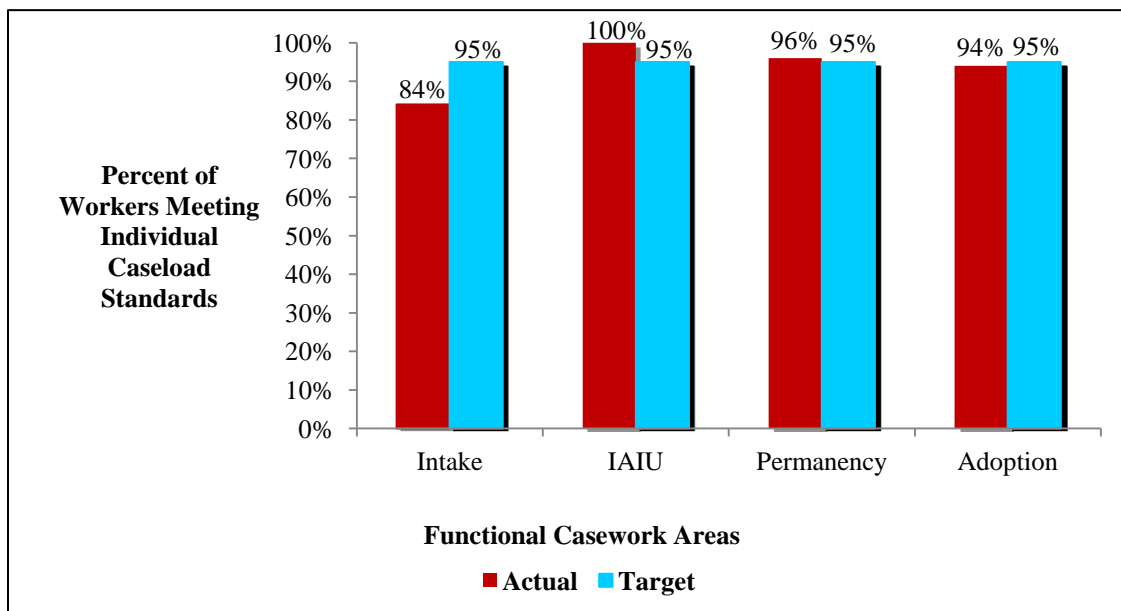


Source: DCF NJ SPIRIT Data

From January 1, 2011, to June 30, 2011, 91 percent of all DCF/DYFS caseworkers met the individual caseload standards.

Individual caseloads complied with individual caseload standards in all areas except Intake. Among Intake workers, 84 percent of the caseworkers had caseloads that met the caseload standard. This is a three percent decrease in compliance from the previous monitoring period. Among Adoption workers, 94 percent of caseworkers had caseloads that met the caseload standard. This is a two percent increase in compliance rate from the previous monitoring period.

Figure 13: Percent of DCF/DYFS Caseworkers with Individual Caseloads At or Below the Applicable Individual Caseload Standards (January – June 2011)



Source: DCF NJ SPIRIT Data

Additional details on individual caseload findings are as follows:

- **Intake**

The individual worker caseload standard for Intake workers of no more than 12 open cases at any one time and no more than eight new referrals assigned in a month was not met as of June 30, 2011. The State reported an average of 886 active Intake caseworkers between January and June 2011. Among those active workers, an average of 745 (84%) caseworkers had caseloads that met the caseload requirements. For the 193 Intake workers who did not meet caseload requirements in the month of June 2011, the number of new intakes ranged from zero to 12 and the number of open cases in the month ranged from zero to 21 families.

Among the 90 caseworkers that participated in the phone interview for caseload verification, 67 were Intake caseworkers. Twenty-four (36%) of the 67 Intake workers had experienced fluctuating caseloads between January and June 2011. In the Monitor's phone survey in the prior monitoring period, 35 percent of Intake workers surveyed had experienced fluctuation. According to workers, the fluctuations in caseloads were often influenced by high volume months related to the school calendar. The failure to meet the requirement that 95 percent of Intake workers meet caseloads standards has become a consistent problem. The Monitor urges DCF to examine Intake staffing patterns, hire or deploy additional Intake staff if needed, and otherwise address the barriers to meeting this standard.

Workers Report "Shared" Cases Common Occurrence

As described in Period IX monitoring report, the true workload of Intake caseworkers may be understated as Intake and Permanency caseworkers actually "share responsibility" for some cases (families). 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 NJ 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 27: Number of DCF/DYFS Investigations and Secondary Intake Assignments by Month (January – June 2011)

2011	Investigations	Secondary Intake Worker Assignments
January	5,207	635
February	5,193	594
March	6,380	598
April	5,265	666
May	6,070	730
June	6,000	760

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 67 intake workers interviewed, 97 percent reported being assigned as a secondary worker on an open permanency case in the past. Responses varied by office regarding how these cases are specifically tracked. Intake workers often confirmed that the secondary designation is not reflected in the caseload counts of “open cases” for Intake workers in SafeMeasures, but it is reflected under the secondary status in NJ SPIRIT.

In contrast to worker responses in the previous monitoring period, the majority of Intake workers in the current monitoring period responded that the workload for open permanency investigations where they are designated as “secondary” is equivalent to an initial investigation. Workers explained that even though some of the collateral contacts may have already been completed by Permanency workers, every investigation must be approached in the same manner regardless of primary or secondary status. Workload management varied by office; in some offices secondary assignments are not assigned when an Intake worker is already at the caseload limit for new assignments unless the entire unit is at their limit. Some supervisors count secondary assignments the same as primary investigations for both new assignments and total open cases when managing their unit’s caseloads. Several workers reported they can get up to three secondary assignments per month. The Monitor continues to track the incidence of shared cases as the practice raises additional barriers for Intake staff to meet the caseload standard and expects to review the issue and determine solutions with DCF and DYFS leadership, in consultation with plaintiffs.

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

The individual worker caseload standard for IAIU investigators of no more than 12 open cases at any one time and no more than eight new referrals assigned in a month was met as of June 30, 2011. According to the data supplied by DCF, all 62 investigators had caseloads in compliance with the standard.

- **Permanency**

The individual worker caseload standard for Permanency workers of no more than 15 families and 10 children was met as of June 30, 2011. The State reported an average of 1,210 active Permanency caseworkers between January and June 2011. Of the 1,210 caseworkers, an average of 1,167 (96%) caseworkers had caseloads that met the caseload requirements. In the month of June, among the 37 permanency caseworkers that had caseloads over one or both of the caseload component caps, 23 workers had 16 to 17 families, 9 had between 18 and 25 families, and seven workers had 11 to 12 children in placement.

Among the 90 caseworkers that participated in phone interviews conducted by the Monitor for caseload verification, 20 were in Permanency units. Five of the 20 caseworkers interviewed (25%) reported fluctuating caseloads between January and June 2011. Permanency workers reported caseloads as low as four families and up to 16 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 of no more than 15 children was met as of June 30, 2011. The State reported an average of 246 active Adoption caseworkers between January and June 2011. Of the 246, an average of 230 (94%) workers had caseloads that met the caseload requirement. In the month of June, among the 19 caseworkers with caseloads over 15 children, twelve had 16 to 17 children, and seven had between 18 and 23 children.

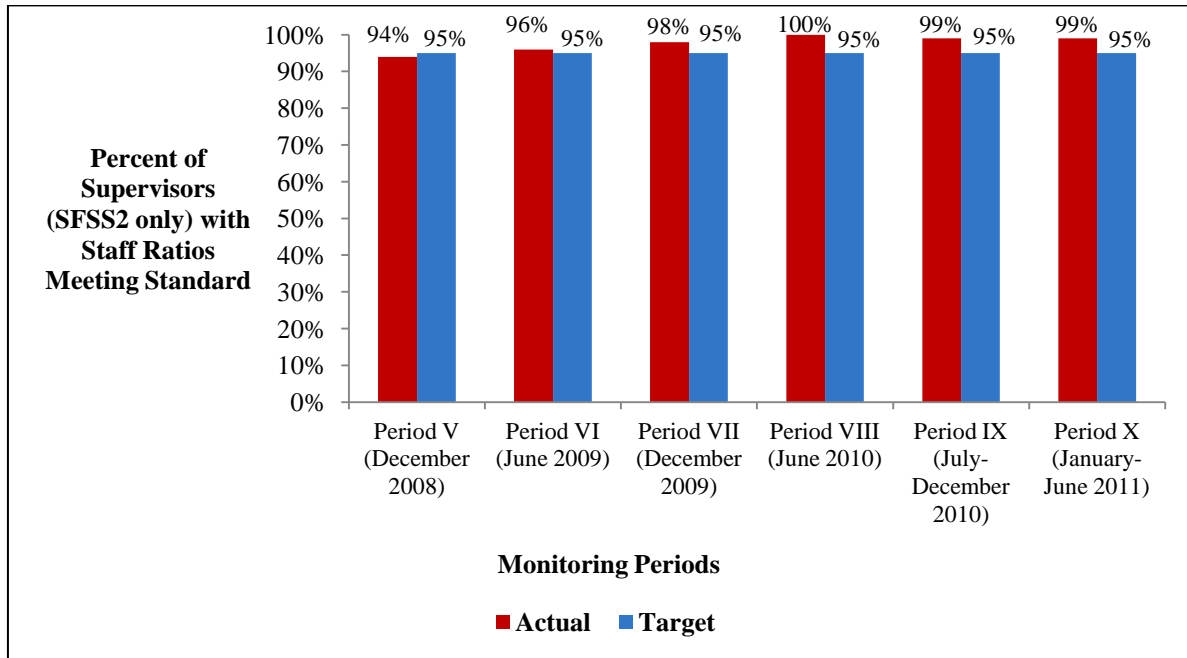
Among the 90 caseworkers that participated in the phone interviews conducted by the Monitor for caseload verification, three were Adoption workers. No Adoption workers experienced fluctuating caseloads between January and June 2011. All workers interviewed in this monitoring period were in compliance with caseload standards.

The standard for the ratio of supervisors to workers was met for the period ending June 30, 2011.

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 13 below, the State reported that between January and June 2011, 99 percent of DYFS local offices had sufficient supervisors to have ratios of five workers to one supervisor. The Monitor verified the State reported information about supervision by asking all 90 case workers interviewed the size of their units and 96 percent reported having units of five or fewer caseworkers.

**Figure 14: NJ DYFS Supervisor to Caseload Staff Ratios
(December 2008 – June 2011)**



Source: DCF NJ SPIRIT Data

Adequacy of DAsG Staffing

Quantitative or Qualitative Measure	Benchmark	Final Target	December 2010 Performance	June 2011 Performance	Requirement Fulfilled as of June 30, 2011 (Yes/No/Ongoing)
22. <u>Adequacy of DAsG Staffing:</u> 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.	131(92%) of 142 staff positions filled with two staff of full time leave; 129 (91%) available DAsG.	As of April 1, 2011 130 (92%) of 142 staff positions filled with four staff of full time leave; 126 (89%) available DAsG	No

Performance as of June 30, 2011:

DCF reports that as of April 1, 2011, 130 of 142 DAsG staff positions are filled. Of those, four DAsG are on full-time leave. Thus, there are a total of 126 available DAsG. DCF has yet to meet the 2009 benchmark.

B. Training

DCF has continued to intensively train its staff on New Jersey's Case Practice Model while fulfilling all of its other training obligations required by the MSA, as shown in Table 28 below.¹²⁸

**Table 28: Staff Trained
(January 1, 2006 – June 30, 2011)**

Training	Settlement Commitment Description	# of Staff Trained in 2006	# of Staff Trained in 1st 6 months 2007	# of Staff Trained in 2nd 6 months 2007	# of Staff Trained in 1st 6 months 2008	# of Staff Trained in 2nd 6 months 2008	# of Staff Trained in 1st 6 months 2009	# of Staff Trained in 2nd 6 months 2009	# of Staff Trained in 1st 6 months 2010	# of Staff Trained in 2nd 6 months 2010	# of Staff Trained in 1st 6 months 2011
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	89	141
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		2,987		*
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%)		107 out of 107 (100%) 112 out of 112 (100%)
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)		227 out of 227 (100%) 98 out of 98 (100%)
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		18 21
Adoption Worker	As of December 2006 and ongoing, adoption training for adoption workers.	91	140	44	38	22	31	18	46		20 30

Source: DCF

¹²⁸ 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 twenty six caseload carrying staff (Family Service Specialist Trainees and Family Service Specialists) were hired between January 1 and June 30, 2011. DFYS trained 126 during this monitoring period, 51 of whom were hired in monitoring period IX. Another 15 workers were trained through the BCWEP program, for a total of 141 staff who were trained and passed competency exams.¹²⁹ Thirty-six of the 126 workers hired in this monitoring period are currently 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 Training

The State continues to train its workforce on the Case Practice Model, which represents the fundamental change in practice in New Jersey.

As reflected in Table 29 below, between January 1 and June 30, 2011, the New Jersey Child Welfare Training Academy (Training Academy) trained 132 staff on Module 1 of the Case Practice Model. The Training Academy also trained 131 staff on Module 2. These are the first two training modules in the six part series.

Modules 3 through 6 of the series take place 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, 2011, 669 staff were trained in Module 3; 464 were trained in Module 4; 437 were trained in Module 5, and 57 staff were trained on Module 6. Staff is trained on Modules 3 through 6 by the New Jersey Child Welfare Training Partnership (Training Partnership).¹³⁰ 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.¹³¹

¹²⁹ 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 in *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, D.C., pg. 34, the Monitor previously determined that this course of study together with Worker Readiness Training designed by the DCF Child Welfare Training Academy satisfies the MSA requirements. All BCWEP students are required to pass the same competency exams that non-BCWEP students take before they are permitted to carry a caseload.

¹³⁰ The New Jersey Child Welfare Training Partnership is a consortium of four New Jersey colleges and universities (Rutgers School of Social Work, Montclair State University Center for Child Advocacy, Kean University, and the Richard Stockton College of New Jersey) that DCF contracts with to provide In-Service training to DFYS staff.

¹³¹ Staff transcripts for Case Practice Model and Immersion Site training were pulled using the Random Integer Generator located on www.random.org.

**Table 29: Staff Trained on Case Practice Model Modules
(January 2009 – June 2011)**

Training	Settlement Commitment Description	# of Staff Trained in 1st 6 months 2009	# of Staff Trained in 2nd 6 months 2009	# of Staff Trained in 1st 6 months 2010	# of Staff Trained in 2 nd 6 months 2010	# Staff trained in 1 st half 2011
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.	110	89	176	102	132
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.	89	112	149	128	131
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.	872	706	560	527	669
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.	649	640	592	464	539
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.	378	885	455	295	437
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.	37	207	110	113	57

Source: DCF

Concurrent Planning Training

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. DCF has been incorporating concurrent planning approaches into FTMs and other family conferences.

As reflected in Table 28 above, between January 1 and June 30, 2011, 112 (100%) out of 112 new DYFS caseworkers were trained in concurrent planning and 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 Responder) Training

All 98 employees (100%) assigned to Intake and Investigations in this monitoring period successfully completed First Responders training and passed competency exams (See Table 28). 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 Training

As reflected in Table 28, a total of 21 supervisors were trained and passed competency exams between January 1 and June 30, 2011; ten of these supervisors were appointed at the end of the last monitoring period. Fourteen supervisors were appointed during this monitoring period, eleven of whom were included in the 21 supervisors trained. Although four supervisors appointed in January 2011 did not complete supervisory training within six months of their promotion dates, DCF met the standard because the New Jersey Training Academy did not have the minimum number of 12 appointees to hold a supervisory training until late April 2011. Three out of the 14 supervisors appointed between January and June 2011 were appointed at the end of the monitoring period and are scheduled to complete supervisory training in Period XI.

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

Fourteen adoption workers appointed in this monitoring period were trained between January 1 and June 30, 2011. Another 16 adoption workers appointed in the previous monitoring period (Period IX) were trained during this period.

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

IAIU Training

In addition, DCF reports that during this monitoring period one investigator completed Module 1 of Case Practice Model training and 11 IAIU staff completed Module 2.

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.

In-Service Training

Beginning in January 2008, the MSA required all case carrying workers and supervisors to take a minimum of 40 hours of annual In-Service training and pass competency exams (Section II.B.2.c). The Monitor will report on annual In-Service training performance in the monitoring period XI report.

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

QUALITATIVE REVIEW

After completing a pilot of the Qualitative Review (QR) in 2010, DCF's Office of Continuous Quality Improvement (OCQI) led the review of 105 cases in nine counties (Mercer, Union, Cumberland, Ocean, Morris, Somerset, Cape May, Hudson and Middlesex) from January to June 2011. An additional 85 cases will be reviewed across seven counties (Sussex, Salem, Warren, Monmouth, Essex, Camden and Atlantic) from September to December 2011. Preliminary QR results are contained in this report. The Monitor will provide a full summary of January to December 2011 QR results in the following monitoring report. DCF also intends to release a report of the 2011 QR findings.

OCQI is on its way to building and sustaining a pool of local reviewers. Other challenges which OCQI is approaching with diligence include ensuring reliability of data and supporting local leadership to use QR findings and other sources of data to confirm strengths and promote practice improvement.

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).¹³²

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); the first submission of the NYTD data file to the Administration for Children and Families (ACF) took place on May 13, 2011. Refinements were also made to NJ SPIRIT to ensure files are properly submitted to the National Data Archive on Child Abuse and Neglect (NCANDS).

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. The newsletter also serves to notify staff of recent changes and planned future NJ SPIRIT enhancements. Between January and June 2011, the Help Desk also provided training on NJ SPIRIT/Safe Measures to all of Essex and Union County local office staff. The training included a review of reports in Safe Measures, a demonstration of how to utilize Safe Measures help screens, how to more accurately evaluate data, and a review of the NJ SPIRIT data elements used in Safe Measures reports. Help Desk staff provided one-on-one assistance after each training session and extended on-site assistance for a two week period for all Essex offices at the request of the Essex Area Quality Coordinator.

¹³² See <http://www.state.nj.us/dcf/home/childdata/index.html>.

In this monitoring period, the Help Desk closed 8,788 tickets requesting help or NJ SPIRIT fixes. The Help Desk resolved 3,954 (45%) of the 8,788 closed tickets within one work day and an additional 2,724 (31%) tickets within seven work days for a total of 76 percent resolved within seven work days.

ACF conducted a five day, on-site review on the compliance of NJ SPIRIT with Adoption and Foster Care Analysis and Reporting System (AFCARS) requirements. The overall preliminary feedback received from ACF was very positive. ACF is preparing a formal report on its site visit that will indicate areas needing improvement to reach full compliance with the AFCARS standards. Some of the items preliminarily identified for improvement are already being addressed by the State, such as training staff to record the 45 day Child Placement Review Board as a periodic review of a child's placement, and modifying NJ SPIRIT to report a placement setting with a family friend separately from placement with a relative.

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. Data show that Safe Measures screens were viewed by DCF staff 1,242,037 times in the first half of 2011, compared to 979,596 in the second half of CY2010, and 793,288 in the first half of CY2010. Additionally, DCF is developing a number of new reports to Safe Measures to help staff better manage caseloads and worker responsibilities. These reports include high and very high risk cases screens, and an alert function to notify workers that their youth in placement will be turning 17, to collect data for the NYTD Baseline.

Consistent with prior reporting periods, there has been considerable progress in producing data on a range of MSA requirements. However, there are still some practice elements for which reporting from NJ SPIRIT is not yet reliable, including reporting on case planning and visitation. DCF continues to work with frontline staff and managers to ensure timely and accurate data entry.

Managing by Data

During this monitoring period, with a grant from the Northeast and Caribbean Child Welfare Implementation Center (NCIC), DCF launched the Managing by Data Initiative by holding a full day leadership summit on January 6, 2011. The initiative involves creating a cohort of 94 staff selected from across all areas of DCF, with a wide range of experience. Between January and June 2011 these DCF Fellows completed the first six months of a one day per month seminar series, and worked on data projects selected in coordination with DCF managers to enhance and deepen practice change efforts. DCF Fellows utilize Safe Measures to help them track, monitor and analyze trends in case practice in their own local areas using quantitative data. Safe Measures allows the Fellows to analyze data by area office, county, local office, unit supervisor, and even follow trends at the individual case level.

XV. BUDGET

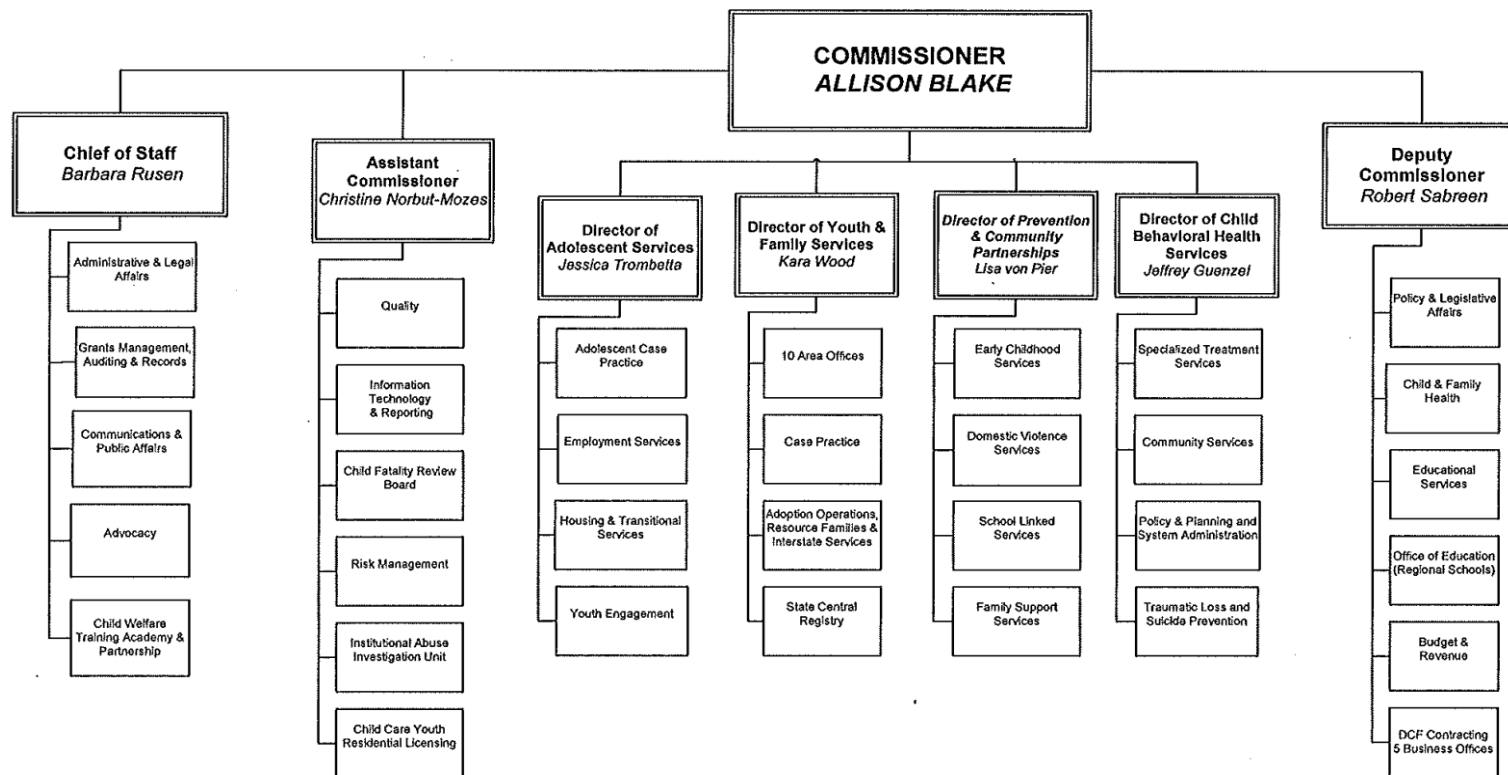
Governor Christie's fiscal year (FY) 2012 budget for DCF, despite reductions, was designed to maintain the State's commitments to meet all MSA requirements for staffing and service delivery. The FY 2012 budget was reduced by a total of \$9.326 million. Reductions account for the projected decrease in the number of children in foster care, the closure of state-run residential treatment centers, and the elimination of funded, unfilled vacancies at the administrative level. DCF leaders report that the FY2012 budget will allow continued compliance with the infrastructure requirements of the MSA and provide sufficient funding for future progress on MSA requirements while looking for ways to achieve even greater efficiency. Additional budget decreases could threaten this path and the Monitor will continue to focus on the sufficiency of the budget to meet MSA requirements.

APPENDIX A:
Glossary of Acronyms Used in the Monitoring Report

ACF:	Administration for Children and Families	FTM:	Family Team Meeting
AFCARS:	Adoption and Foster Care Analysis and Reporting System	FXB:	Francois-Xavier Bagnoud Center
ASO:	Administrative Services Organization	HSAC:	Human Services Advisory Council
BCWEP:	Baccalaureate Child Welfare Education Program	IAIU:	Institutional Abuse Investigations Unit
CCRMT:	Congregate Care Risk Management Team	KLG:	Kinship Legal Guardian
CFSR:	Child and Family Service Review	LGBTQ:	Lesbian, Gay, Bisexual, Transgender or Questioning
CHEC:	Comprehensive Health Evaluation for Children	LO:	Local Office
CHU:	Child Health Unit	MSA:	Modified Settlement Agreement
CIACC:	Children’s Interagency Coordinating Council	MST:	Multi-systemic Therapy
CME:	Comprehensive Medical Examination	NCANDS:	National Data Archive on Child Abuse and Neglect
CMO:	Care Management Organization	NCIC:	Northeast and Caribbean Child Welfare Implementation Center
CBT:	Cognitive Behavioral Therapy	NJ SPIRIT:	New Jersey Spirit
CPM:	Case Practice Model	NYTD:	National Youth in Transition Database
CQI:	Continuous Quality Improvement	OCHS:	Office of Child Health Services
CSA:	Contracted System Administrator	OCQI:	Office of Continuous Quality Improvement
CSSP:	Center for the Study of Social Policy	OOL:	Office of Licensing
CWPPG:	Child Welfare Policy and Practice Group	ORF:	Office of Resource Families
CWS:	Child Welfare Services	PIP:	Performance Improvement Plan
CWTA:	Child Welfare Training Academy	PPA:	Pre-placement Assessment
CYBER:	Child Youth Behavioral Electronic Health Record	QA:	Quality Assurance
DAG:	Deputy Attorney General	QR:	Qualitative Review
DCBHS:	Division of Child Behavioral Health Services	RDTC:	Regional Diagnostic and Treatment Center
DCF:	Department of Children and Families	RFP:	Request for Proposal
DPCP:	Division of Prevention and Community Partnerships	SCR:	State Central Registry
DYFS:	Division of Youth and Family Services	SHSP:	Special Home Service Providers
EPSDT:	Early and Periodic Screening, Diagnosis and Treatment	SIBS:	Siblings in Best Settings
FAFS:	Foster and Adoptive Family Services	SPRU:	Special Response Unit
FAFSA:	Free Application for Federal Student Aid	TF-CBT:	Trauma Focused Cognitive Behavioral Therapy
FFT:	Functional Family Therapy	TPR:	Termination of Parental Rights
FQHC:	Federally Qualified Health Center	UMDNJ:	University of Medicine and Dentistry of New Jersey
FSC:	Family Success Centers	USDA:	United States Department of Agriculture
FSS:	Family Service Specialist	YCM:	Youth Case Management

Appendix B: DCF Organizational Chart

Department of Children and Families



November 9, 2011

**APPENDIX C:
Resource Parent Survey Summary Report**

October 2011

I. INTRODUCTION AND SUMMARY

A. Purpose

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. CSSP reports periodically to the parties and the public on the State's progress in achieving systemic improvement and better results for children and families. The primary source of information for these reports is information provided by the Department of Children and Families' (DCF) Division of Youth and Family Services' (DYFS) and verified by the Monitor.

This addendum monitoring report provides information collected during a survey of resource parents conducted in August and September 2011. This survey is one of many methods the Monitor utilizes to collect information regarding DYFS practices. Resource parents are critical partners in efforts to ensure children are safe, healthy and maintain connections with family. Resource parents were selected as the source of information for this survey in order to get a view of DYFS practice from their point of view. Information sought in this survey focused on resource parents' experience with receipt of children's health passports; support provided by DYFS health care case managers (nurses); resource parent's role in supporting visits between children and their families; and training and support resource parents received from DYFS in their role as caregivers.

B. Summary of Findings

The overall finding from the survey was that resource parents reported that their experience with health care case managers was positive and useful to them as caregivers. In addition, the majority of resource parents surveyed were positive about that experience. Specific findings include:

Health Passports and Health Care Managers

- 71 percent of resource parents had received a Health Passport for the identified child. Approximately one-half (54%) of resource parents who received a Health Passport for the identified child received it within the required five days.

- The majority (81%) of resource parents responded that a health care case manager visited the identified child in the resource parent's home shortly after placement. Of the 144 resource homes that received a visit from a health care case manager, 104 (72%) homes were visited within the first two weeks of the child's placement in the home.

Visitation

- Children who were placed with relative were more likely to have visitation with their parents and siblings at the relative's home, and less likely to have visitation occur at the DYFS office.

Resource Parent Licensure, Training and Experience

- Approximately one-third of resource parents surveyed have been resource parents in New Jersey for five or more years.
- Almost one-quarter of the resource parents surveyed were relative/kinship providers for the child identified in the survey.
- The majority (84%) of applicable resource parents reported that the training they have attended since becoming licensed was helpful to them in carrying out their role.
- Almost three-quarters (73%) of resource parents surveyed had positive feedback regarding their overall experience as a resource parent for the child identified in the survey. And over half (63%) of resource parents surveyed characterized their overall experience as a resource parent for the identified child as "excellent" or "good".

Related conclusions are included in Sections VII of this report.

II. METHODOLOGY

The survey was conducted from August 23 – September 30, 2011. The Survey Team consisted of staff of the *Charlie and Nadine H. v. Christie* Federal Court Monitor (the Center for the Study of Social Policy) and consultants hired by the Monitor. The total pool of reviewers was six.

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

A. Sample Plan and Implementation

DYFS created a unique list of 2,104 children who had entered state custody between January 1, 2011 and June 30, 2011 and who had had at least one resource family placement. If the child had more than one placement, the earliest placement was selected. From this list, all congregate care providers were removed, leaving 1,125 resource parent placements. From this group, a random, statistically valid sample of cases were chosen, designed to provide a ± 5 percent margin of error with 95 percent confidence in its results.

One-hundred and ninety-nine (199) resource parents responded to the survey. Of the 199 resource parents, six were dropped from the sample because upon contact, it was determined that they had not had the child placed with them during the requisite time frame. The total number of resource parents included in the analysis was 193, slightly increasing the statistical margin of error to ± 6 percent.¹³³

B. Data Collection

The Survey Team used a structured data collection instrument (see Appendix D) produced by Survey Monkey, an online software tool used to creating surveys and questionnaires. This instrument was designed in collaboration with Troy Blanchard, Ph.D. of Louisiana State University. Two CSSP staff pilot tested the instrument in mid-August and made adjustments as necessary. The instrument was used to collect data during phone calls to resource parents between August 23 and September 30, 2011.

C. Reviewer Training

The Survey Team participated in a training that included reviewing the tool, learning to navigate the tool using Survey Monkey, and observing staff conducting a survey.

D. Quality Control and Assurance

During the survey period, Monitor staff checked data collection instruments for completeness and internal consistency prior to data analysis. As part of ensuring reviewers were versed in the protocol and that questions were asked in a consistent manner, the first call each reviewer made was observed by the lead reviewer.

E. Data Analysis

The data collection instruments were coded into a format that allowed statistical analysis using the SPSS computer program. Survey Team comments were also captured and reviewed to gain a greater understanding of each case reviewed.

F. Limitations of Survey

The Survey assesses practice based only on the responses of the resource parent. The Survey asked the resource parent to recall information to the best of their ability and allowed for responses to include “Don’t remember” or “Don’t recall/not certain”.

¹³³ As some questions were not applicable and were skipped, the universe for each question is not equal to 193. Therefore, the margin of error may not be the same for specific questions and inquiries.

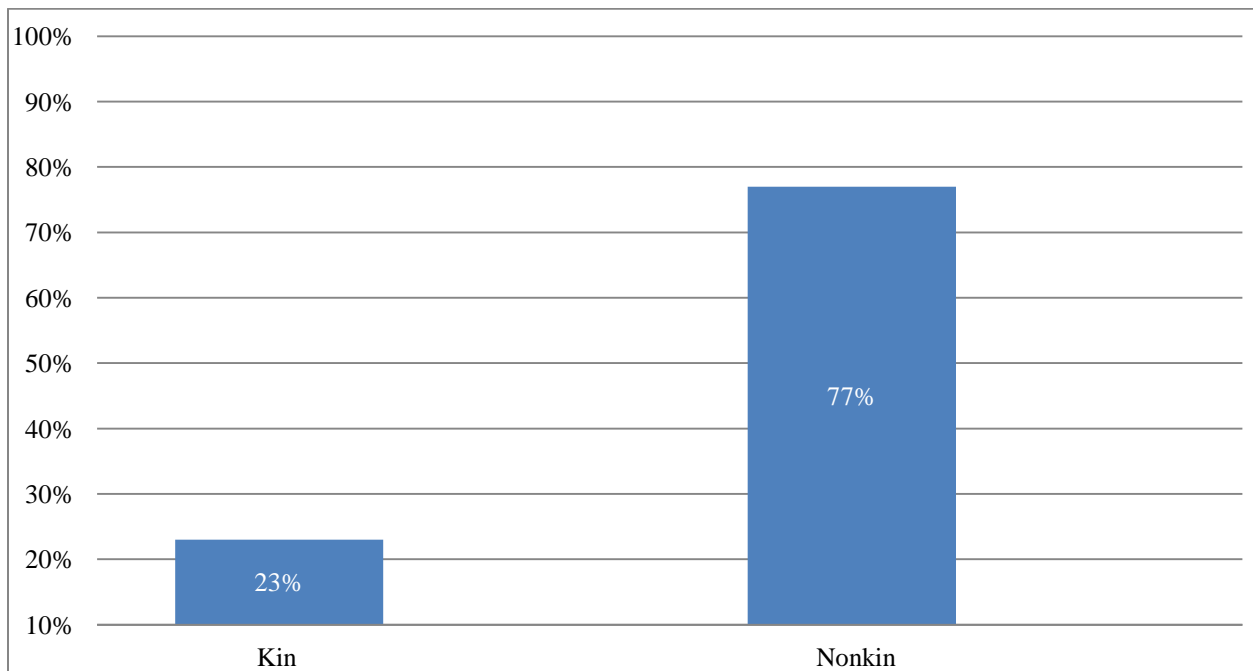
DEMOGRAPHIC INFORMATION OF REVIEW SAMPLE

A. Resource Parent

*Kin vs. Nonkinship Placement*¹³⁴

Of the 193 resource parents surveyed, 44 (23%)¹³⁵ resource parents are considered a relative placement for the identified child.¹³⁶ (See Figure 1 below). The survey sample contains a smaller proportion of relative resource homes than DCF reports is currently true for their overall percentage of relative resource homes and this slightly under-represents kinship caregivers. As of June 30, 2011, DCF reports that 33 percent of children in out-of-home care are placed in kinship placements.

**Figure 1: Type of Resource Family Home
(n=193)**



Source: CSSP survey of Resource Parents, August-September 2011

¹³⁴ The terms relative and kinship provider are used interchangeably throughout this report.

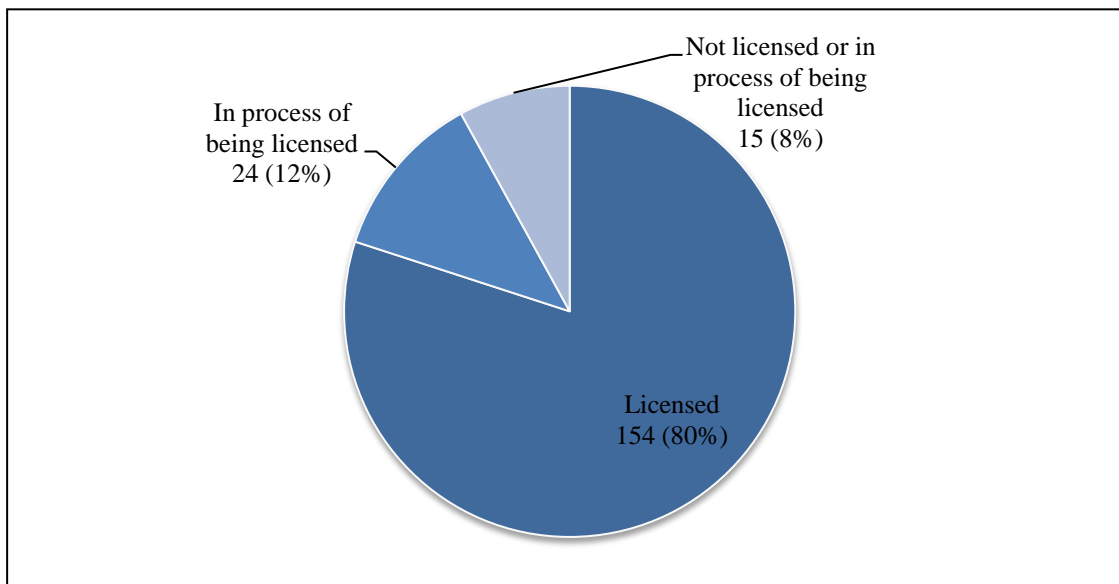
¹³⁵ For this and all other analysis, percentages were rounded to a whole number. Thus, some measures add up to more than 100 percent.

¹³⁶ One hundred and forty-eight (77%) resource parents responded that they were not related to the identified child and one resource parent did not provide a response to this inquiry.

Licensure

One hundred and fifty-four (80%) resource parents surveyed were licensed at the time the identified child was placed with them. An additional 24 (12%) resource parents were in the process of being licensed while the identified child was placed with them and 15 (8%) resource parents responded that they were neither licensed or in the process of being licensed when the identified child was placed with them. Of the 44 resource parents who were relative or kinship providers, 12 (27%) were licensed and 21 (48%) were in the process of being licensed with the identified child was placed with them.¹³⁷ (See Figure 2 below).

**Figure 2: Resource Parent Licensure
(n=193)**



Source: CSSP survey of Resource Parents, August-September 2011

When asked to identify the licensed resource parents within the household, 83 (54%) resource parents responded that both they and their spouse or partner were licensed; 58 (38%) resource parents responded that they were the only individual licensed in their home; and 7 (5%) resource parents responded that both they and someone else within their household were licensed.¹³⁸

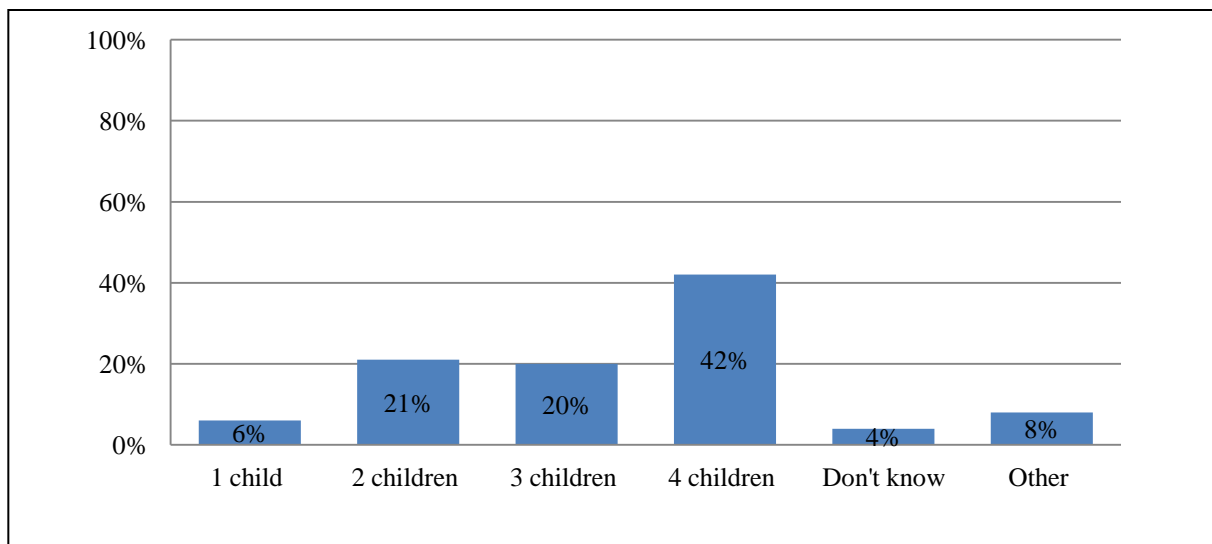
¹³⁷ Eleven (25%) resource parents who were relative or kinship providers were not licensed or in the process of being licensed when the identified child was placed with them. As noted in the data, the licensure vs. non-licensure proportion for relative resource parents is different than that of the overall resource parent population.

¹³⁸ Five (3%) resource parents responded “other” to this inquiry.

Number of children

Resource parents were asked how many children were allowed to be placed in their home based upon their license. Of the 154 resource parents who responded to this question, 65 (40%) resource parents replied that their license allowed for four children to be placed in their home; 32 (21%) resource parents replied that their license allowed for two children to be placed in their home; 30 (20%) resource parents replied that their license allowed for three children to be placed in their home; and nine resource parents replied that their license allowed for one child to be placed in their home.¹³⁹ (See Figure 3 below).

**Figure 3: Number of Children in Resource Parent License
(n=154)**



Source: CSSP survey of Resource Parents, August-September 2011

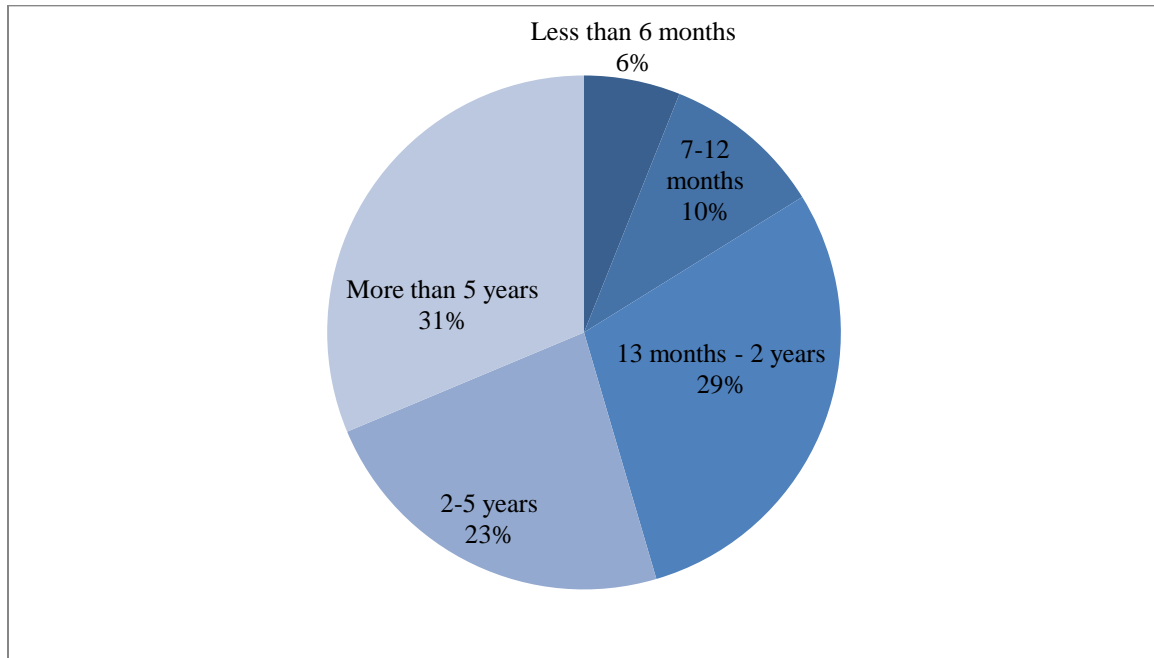
Length of time as Resource Parent

Resource parents surveyed varied in terms of how long they had been a resource parent in New Jersey. More than half had been licensed resource parents for two or more years. More specifically, nine (6%) of applicable resource parents responded that they had been licensed for less than six months; 16 (10%) of applicable resource parents responded that they had been licensed for seven to 12 months; 45(29%) of applicable resource parents had been licensed for 13 months to two years; 36 (23%) of applicable resource parents had been licensed for more than two years and less than five years; and 48 (31%) of applicable resource parents had been licensed for more than five years.¹⁴⁰ (See Figure 4 below)

¹³⁹ Twelve (8%) resource parents replied “other” to this inquiry and six (4%) resource parents replied that they didn’t know.

¹⁴⁰ Sample does not equal 100 percent due to rounding.

**Figure 4: Length of Time as Resource Parent
(n=154)¹⁴¹**



Source: CSSP survey of Resource Parents, August-September 2011

B. Children

As previously stated, the identified children in this survey entered state custody between January 1, 2011 and June 30, 2011 and the resource parent surveyed was the child’s first resource home placement upon entering custody. Fifteen (8%) resource parents informed the surveyor that the identified child was placed with the resource parent for less than five days and two resource parents responded that they were not sure if the child was placed with them for five days or longer.¹⁴² Children with this short length of stay with a resource parent are noted below where this information may be relevant in analyzing the results of this survey.

As the resource parent was the respondent of the survey, full demographic information on the children identified in the survey is not provided. Children entering care ranged in age from newborn to 18 years old. Of the 191 children¹⁴³ applicable to this measure, 54 (28%) children were less than one-year-old; 35 (18%) children were between the ages of one to two years; 17 (9%) were between the ages of three and four years; 41 (22%) were between the ages of five and nine years; 29 (15%) children were between the ages of ten to 14 years; and 15 (8%) children were between the ages of 15 to 19 years.¹⁴⁴ This information is reflected in Table 1 below.

¹⁴¹ Includes only licensed resource parents.

¹⁴² For five surveys, there was no response to this question.

¹⁴³ The age of two children was unknown due to surveyor error.

¹⁴⁴ As of June 30, 2011, of all children in out-of-home placement in state custody in New Jersey, 27% were two years old or less, 17% were between the ages of three and five years old, 15% were between the ages of six and nine

Table 1: Age of Children as of July 1, 2011
n=191

Child's Age	Number of Children	Percent
Less than 1 year old	54	28%
1-2 years old	35	18%
3-4 years old	17	9%
5-9 years old	41	22%
10-14 years old	29	15%
15-19 years old	15	8%

Source: CSSP survey of Resource Parents, August-September 2011

III. SUPPORT TO RESOURCE PARENTS AROUND HEALTH CARE NEEDS

A. Health Passport

The MSA requires that all children in out-of-home care have an up-to-date Health Passport.¹⁴⁵ DYFS uses a form, known as the 11-2A or Health Passport, to collect health information from parents and other sources and to record and report the findings of the pre-placement assessment (PPA). This form is supposed to be given to the child's caretaker within five days of a child entering out-of-home placement in order to provide the caretaker with the known health care status and needs of the child in his or her care.¹⁴⁶

How many received Health Passport

Of the 193 resource parents surveyed, 137 (71%) had a Health Passport for the identified child conveyed to them. Twenty-one (11%) resource parents surveyed did not recall or were not certain if they received a Health Passport and 35 (18%) did not receive a Health Passport for the identified child. (See Figure 5 below). Of the 56 resource parents who did not receive or were not certain if they received a Health Passport, in 11 (21%) cases, the resource parent stated that the child was placed with the resource parents for less than five days.¹⁴⁷ Given this short length of stay with the resource parent, DYFS may not have had an opportunity to convey the Health Passport.

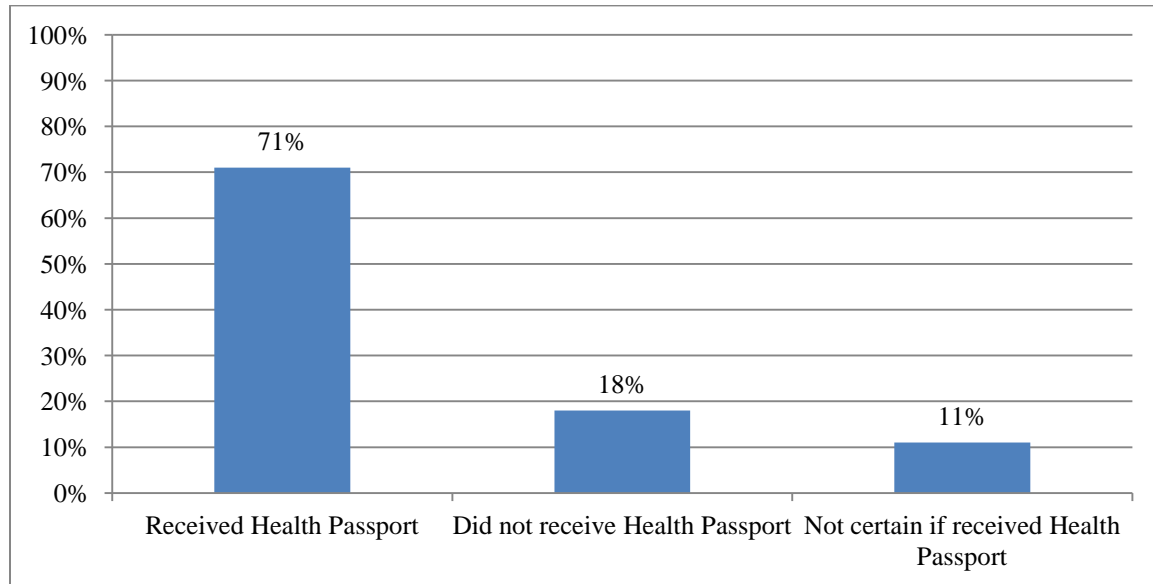
years old, 9% were between the ages of 10 and 12 years old, 12% were between the ages of 13 and 15 years old, 11% were between the ages of 16 and 17 years old, and 9% were 18 years old or older.

¹⁴⁵ MSA section II.F.8 requires the State to develop a medical passport for children in out-of-home care.

¹⁴⁶ Negotiations with the State subsequent to the MSA resulted in the requirement that Health Passports are conveyed to the caretaker within 5 days of placement. DCF policy currently requires the Health Passport to be conveyed within 72 hours of placement.

¹⁴⁷ In one case where the resource parent did not receive the Health Passport, the resource parent was not sure if the child was placed with them for five days or longer.

**Figure 5: Provision of Health Passport
(n=193)**



Source: CSSP survey of Resource Parents, August-September 2011

DCF expects written updates for Health Passports when there is any change in the child’s medical condition or updated medical documentation has been provided to DCF. Fifty-eight (42%) of the applicable resource parents received written updates to the Health Passport for the identified child and 72 (53%) of applicable resource parents responded that they did not receive written updates to the Health Passport.^{148,149}

How Health Passport was provided

Of the 136 resource parents¹⁵⁰ who received the child’s Health Passport, 55 (40%) received it directly from the DYFS worker; 43 (32%) received it by mail; and 24 (18%) received it by the health care case manager giving it to them.¹⁵¹ (See Table 2 below).

¹⁴⁸ Seven (5%) of the applicable resource parents surveyed responded that they didn’t recall or weren’t certain if they had received a written update to the Health Passport for the identified child.

¹⁴⁹ This review did not determine whether or not updates were required.

¹⁵⁰ One resource parent who received a Health Passport did not provide a response to this question, reducing the total from 137 to 136 resource parents for this measure.

¹⁵¹ Seven (5%) of the applicable resource parents surveyed responded that they don’t remember how they received the Health Passport and an additional seven (5%) of the applicable resource parents surveyed responded that they received the Health Passport in a different way than the categories specified above.

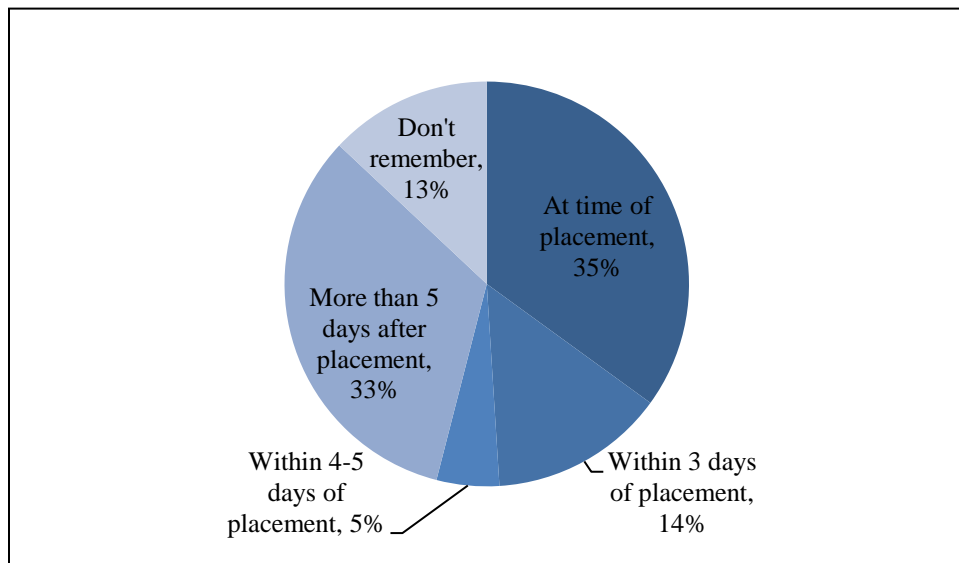
**Table 2: Method of Health Passport Delivery
(n=136)**

Method of Delivery	Number of Cases	Percent
DYFS worker	55	40%
Mail	43	32%
Health care case manager	24	18%
Don't remember	7	5%
Other method	7	5%

Source: CSSP survey of Resource Parents, August-September 2011

A little over half (73/54%) of the 136 resource parents applicable to this measure responded that they received the Health Passport within the required five days of placement. More specifically, 47 (35%) resource parents responded that they received the Health Passport at the time of placement; 19 (14%) resource parents received the Health Passport within three days of placement; seven (5%) of resource parents received the Health Passport within four to five days of placement; and 45 (33%) of resource parents received the Health Passport more than five days after the identified child was placed with them.¹⁵² (See Figure 6 below).

**Figure 6: Health Passport for Children in Out-of-Home Care
(n=136)**



Source: CSSP survey of Resource Parents, August-September 2011

¹⁵² Eighteen (13%) resource parents did not remember when they first received the Health Passport for the identified child.

Information included in Health Passport

For those resource parents who received the Health Passport, the most frequently recalled information included in the Health Passport was demographic information (128 responses), height and weight (113 responses), immunization history (95 responses), and medical history (94 responses). Some resource parents noted that there was a designated space in the Health Passport for information related to medications and allergies, but that it was not applicable to the identified child.

A number of resource parents commented that not all of the necessary information was included in the Health Passport because a lot was unknown about the child's medical history or needs. For example, resource parents' specific comments include:

- *A lot was unknown;*
- *A lot of information missing because biological parents uncooperative;*
- *Health Passport was provided but it was totally blank; and*
- *It has all of these categories but so many of them are unknown so it's not helpful for those.*

Although the immunization history was one of the most frequently included pieces of information as mentioned above, it was also cited by some resource parents as a piece of information that was necessary but missing. Some specific resource parents' comments include:

- *Immunization history was not given and this was an issue because when she went to doctor's appointment, she wasn't able to determine if child needed hepatitis B shot;*
- *The immunization history section is on there but it doesn't show her shots; and*
- *She was not up-to-date on her shots and is still not up to date on her shots. DCF handed her an additional piece of paper that was not attached to the passport that showed this.*

Resource parents were asked what additional information they would have liked to have been included in the Health Passport. Some common response categories included:

- family medical history;
- more information about birth history, including prenatal care, complications, etc.;
- more about mental health diagnosis and issues;
- child's race, ethnicity and/or nationality; and
- dental information.

Usefulness of Health Passport

Fifty-eight percent (58%) of applicable resource parents found the Health Passport to be helpful to them. When comparing responses of non-relative resource parents and relative resource parents regarding usefulness of the Health Passport, there was no significant difference in their responses.¹⁵³

B. Health Care Case Managers

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 and sustained substantial results. Health care case managers are expected by DCF to visit children in their placement within two weeks of entry into care.

Visits by Health Care Case Managers

The majority (81%) of resource parents responded that a nurse visited the identified child in the resource parent's home shortly after placement.¹⁵⁴ Of the 144 resource homes that received a visit from a nurse, 104 (72%) homes were visited within the first two weeks of the child's placement in the home. Thirty-two (22%) homes were first visited by a nurse more than two weeks after the identified child's placement.¹⁵⁵

Upon visiting the resource parent's home, 119 (83%) of the 144 applicable resource parents reported that the nurse reviewed the child's health information with the resource parent. Nineteen (13%) of the applicable resource parents reported that the nurse did not review health information with them during the visit and six (4%) did not recall.

¹⁵³ Of the 30 applicable relative or kinship resource parents who received Health Passports for the identified child, 24 (80%) found the Health Passport to be useful to them. Of the 105 applicable non-relative resource parents who received Health Passports for the identified child, 86 (82%) found the Health Passport to be useful to them.

¹⁵⁴ Of the 193 surveyed, one survey response was missing and excluded from the universe. In 15 cases where the child was not visited by a health care case manager, the resource parent stated that the child was not or may not have been placed with the resource parent for five days or longer. As the expectation is that the child will be visited within their first two weeks of placement, these cases were excluded from the universe, decreasing the universe to 177 cases.

¹⁵⁵ Of the 144 resource homes that received a visit from a health care case manager, five (3%) resource parents could not recall when the visit occurred.

Thirty-nine (27%) of the resource parents who received a health care case manager visit reported that the health care case manager reviewed health information with the child during their visit. Eighty (56%) reported the child was not able to have health information reviewed with them due to the child not being old enough, child being nonverbal, or the child unable to understand. Twelve (8%) responded that a health care case manager did not review medical information with the identified child during their visit and 13 (9%) of applicable resource parents did not recall if the health care case manager met with the child. (See Table 3 below).

Table 3: Health Care Case Managers Reviewing Health Information with Child during Visit (n=144)

Nurse Review Health Info with Child	Number of Cases	Percent of Cases
Yes, nurse reviewed with child	39	27%
Child not old enough, child nonverbal or child unable to understand	80	56%
No, nurse did not review with child	12	8%
Resource parent did not recall	13	9%

Source: CSSP survey of Resource Parents, August-September 2011

Usefulness of Health Care Case Manager visits

The vast majority of resource parents had exceedingly positive feedback regarding his or her experience with the health care case managers. Resource parents found the health care case managers to be extremely knowledgeable, helpful, and responsive. While there were numerous comments, some specific comments are highlighted below:

- *They go above and beyond to answer any of her questions.*
- *On top of all appointments, good for specialists.*
- *She was very good, went over all child's medical information with resource parent and the child. She also discussed sex education, hygiene and other critical topics with the child. She was very informative and helpful.*
- *It was a positive experience. She felt she could ask and wasn't rushed through it. If she didn't have an answer she couldn't give it but if she could find out she would. She also offered to accommodate her schedule by coming after hours.*
- *Very pleasant, spent time talking and sharing information with resource parent and child. Also followed up with reminders and information about appointments.*
- *Nurse was always very open and compassionate about the children, everything is about the child. Works hand in hand with the resource parent about appointments and other medical concerns. Gives suggestions about everything, very thorough and helpful.*
- *Very helpful, keeps family up to date with appointments. Very informative, asset to foster parents.*
- *Out of my entire experience, the nurses have been the best.*

IV. Resource parent awareness of visitation requirements and role in assisting visits

The visits of children with their parents and with their siblings are important events that can maintain and strengthen family connections and increase children's opportunities to achieve permanency. The MSA¹⁵⁶ requires 85 percent of children in custody to have in-person visits with their parent(s) or other legally responsible family member at least bi-weekly and at least 60 percent of children in custody to have visits at least weekly unless inappropriate.¹⁵⁷ The MSA also requires at least 85 percent of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly.¹⁵⁸

A. Child visits with parents¹⁵⁹

Visitation schedule with mother

Resource parents were asked about their knowledge of the identified child's visitation schedule with each of his/her parents. In 82 percent of surveys (146 of 178 applicable), the resource parent responded that they knew the child's visitation schedule with his/her mother. Resource parents reported that many (71% or 126 of 178) of those children were visiting with their mother at least weekly, while 30 percent were not visiting with their mother at least weekly.

The location of these visits ranged from occurring at the DYFS office (61/43%), at the resource parent's home (15/11%) or in the community (66/47%), which would include a restaurant, library, or jail. (See Table 4 below).

**Table 4: Location of Child's Visits with Mother
(n=142)**

Location of Visits	Number of Cases	Percent of Cases
At DYFS office	61	43%
At Resource Parent's Home	15	11%
Other (restaurant in the community, library, jai, etc)	66	47%

Source: CSSP survey of Resource Parents, August-September 2011

¹⁵⁶ MSA Section III.B.9; see performance benchmark 20, Progress of the New Jersey Department of Children and Families, Period X Monitoring Report for *Charlie and Nadine H. v. Christie*.

¹⁵⁷ Cases in which parental rights have been terminated and cases in which the Family Court has restricted visiting can be excluded from these calculations.

¹⁵⁸ MSA Section III.B.10; see performance benchmark 21, Progress of the New Jersey Department of Children and Families, Period X Monitoring Report for *Charlie and Nadine H. v. Christie*.

¹⁵⁹ Resource parents surveyed were not asked if they were aware of parental rights being terminated or of the goal in the permanency plan. However, as all children subject to this survey were newly removed from their parents, it would be unlikely that they would have had their parental rights terminated.

Of resource parents who were kinship providers, one-third (31%) of those children’s visits with his/her mother occurred within the resource parent’s home, compared to only 4 percent of non-kinship providers having a child’s visits with his/her mother in their home. Additionally, the identified child’s visits with his/her mother were less likely to occur within the DYFS office when the child was placed in a kinship home than if they were placed in a non-kinship home. (See Table 5 below) While we cannot draw a statistically valid conclusion, data shows that children in care are more likely to visit with their mother in the community or within their resource parents home when they are placed with a relative.

Table 5: Location of Child Visits with Mother – Child in Kinship placement v. Non-kinship placement (n=141)

Location of Visit	Kinship	Non-kinship
DYFS office	7 (19%)	53 (51%)
Resource parent home	11 (31%)	4 (4%)
Community (i.e. restaurant, library, jail, etc.)	18 (50%)	48 (46%)
Total	36 (100%)	105 (100%)

Source: CSSP survey of Resource Parents, August-September 2011

Visitation schedule with father

When asked about knowledge of the child’s visitation plan with his/her father, in 65 percent of cases (102 of 156 applicable cases), the resource parent responded that they knew the child’s visitation schedule with his/her father. Resource parents reported that 37 percent (57 of 156) of the children were visiting with their father at least weekly¹⁶⁰ while 63 percent of children were not visiting with their father at least weekly.

The location of these visits ranged from occurring at the DYFS office (28/35%), at the resource parent’s home (8/10%) or in the community (45/56%), which would include a restaurant, library, or jail. (See Table 6 below).

¹⁶⁰ There were 54 resource parents who responded that the child was not visiting with his/her father weekly but did not specify how often visits were occurring, if at all.

**Table 6: Location of Child's Visits with Father
(n=81)**

Location of Visits	Number of Cases	Percent of Cases
At DYFS office	28	35%
At Resource Parent's Home	8	10%
Other (restaurant in the community, library, jai, etc)	45	56%

Source: CSSP survey of Resource Parents, August-September 2011

As was true with the identified child's visits with their mother, survey results found that for resource parents who were relative or kinship providers, one-third (31%) of those children's visits with his/her father occurred within the resource parent's home¹⁶¹, while no non-relative or non-kinship providers reported having a child's visits with his/her father in their home. Additionally, the identified child's visits with his/her father were less likely to occur within the DYFS office when the child was placed in a relative or kinship resource parent's home than if they were placed in a non-relative or non-kinship resource parent's home.¹⁶² (See Table 7 below)

**Table 7: Location of Child Visits with Father – Child in Kinship placement v.
Non-kinship placement
(n=80)¹⁶³**

Location of Visit	Kinship	Non-kinship
DYFS office	2 (8%)	26 (48%)
Resource parent home	8 (31%)	0 (0%)
Community (i.e. restaurant, library, jail, etc.)	16 (62%)	28 (52%)
Total	26 (100%)	54 (100%)

Source: CSSP survey of Resource Parents, August-September 2011

¹⁶¹ Twenty-six relative or kinship resource parents responded to this question.

¹⁶² Of the 26 responses from relative or kinship resource parents on this measure, two (8%) reported the identified child's visits with his/her father occurring at the DYFS office. Of the 54 responses from non-relative or non-kinship resource parents on this measure, 26 (48%) reported the identified child's visits with his/her father occurring at the DYFS office.

¹⁶³ The universe on this question was reduced from 81 to 80 due to one response being invalid during cross-tabulation.

B. Child's visits with siblings

Resource parents were asked if the identified child had visited with his/her siblings if they were placed apart from their siblings. Of the 189 resource parents applicable to this question, 95 (51%) resource parents responded that the child had no siblings or the identified child was placed with his/her siblings, making a visitation plan unnecessary. Fifty (27%) resource parents responded that the identified child visited with his/her sibling(s); 38 (20%) resource parents responded that the identified child did not visit with his/her sibling(s); and six (3%) resource parents responded that the identified child sometimes visited with his/her sibling(s).¹⁶⁴

In cases where the identified child had visits with his/her siblings, when asked about frequency of visits, 29 (63%) of applicable resource parents reported that the identified child is supposed to have weekly visits with his/her sibling(s) and 12 (26%) resource parents reported that the identified child had a visitation schedule with his/her sibling that was other than weekly, which could include more or less frequent.¹⁶⁵ The identified child's sibling visits occurred most frequently in the community (51%), followed in frequency by the DYFS office (38%), or in the resource parent's home (11%).

Role of Resource Parent in supporting visitation

The majority of resource parents did not have a consistent role in supporting the child's visitation with their family, either by providing transportation or supervising the visits. One hundred and fifty-six (83%) of applicable resource parents responded that they did not supervise the identified child's visits with either his/her parent(s) or sibling(s)¹⁶⁶ and 139 (76%) of applicable resource parents responded that they did not drive or otherwise help the child get to visits.¹⁶⁷

In instances where the resource parent was a relative or kinship provider, the resource parent was more likely to assist with supervision of visits between the identified child and his/her mother, father, and/or siblings. Of the 145 applicable non-relative or non-kinship resource parent, only eight (6%) resource parents responded that they supervised visits. Of the 43 applicable relative

¹⁶⁴ In six instances where the resource parent did not know the identified child's sibling visitation schedule, the resource parent informed the surveyor that the child was placed with the resource parent for less than five days, making it less likely that the resource parent would have significant knowledge regarding visitation schedules. In one additional case where the resource parent did not know the identified child's sibling visitation schedule, the resource parent was not sure if the child was placed with the resource parent for five days or longer.

¹⁶⁵ There were 46 responses to this question. Two (4%) resource parents responded that the identified child did not have weekly visitation with his/her sibling and 3 (7%) resource parents did not know what the identified child's visitation schedule was.

¹⁶⁶ Eleven (6%) of applicable resource parents reported that they supervised visits with the identified child's mother, 7 (4%) of applicable resource parents reported supervising the identified child's visits with the identified child's father and 9 (5%) of applicable resource parents reported that they supervised visits with both the identified child's mother and father.

¹⁶⁷ Thirty (16%) of applicable resource parents reported that they sometimes helped drive or otherwise help the identified child get to visits and 14 (8%) of applicable resource parents reported that they drive or otherwise help the child get to visits all the time.

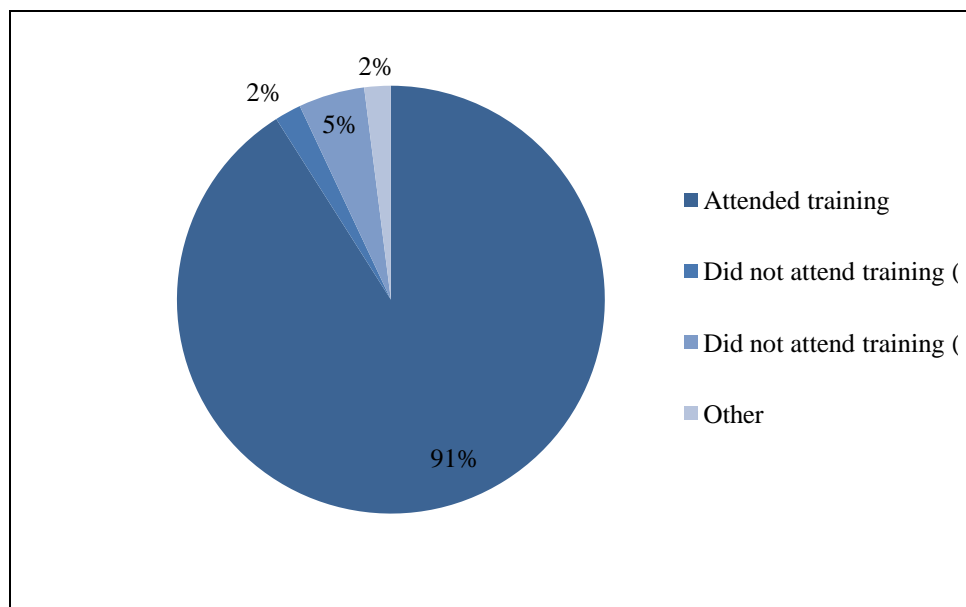
or kinship resource parents, 24 (56%) resource parents responded that they supervised visits between the identified child and his/her mother, father, and/or siblings.¹⁶⁸

V. RESOURCE PARENT EXPERIENCE/SUPPORT

Training

Resource parents were asked about their experiences with training to support them in their role. One hundred and seventy-four (91%) resource parents responded that they had attended resource parent training, known as PRIDE, and 14 (7%) responded that they had not attended training.¹⁶⁹ (See Figure 8 below) Of those resource parents who had not attended this training, 10 (6% of total) were relative or kinship providers for the identified child.

**Figure 7: Resource Parents who attended Training
(n=192)**



Source: CSSP survey of Resource Parents, August-September 2011

¹⁶⁸ Of the 43 applicable relative or kinship resource parents, three (7%) responded that they supervised visits with the identified child's parents and siblings; eight (19%) responded that they supervised visits with both the identified child's mother and father; five (12%) responded that they supervised visits only with the identified child's father; seven (16%) responded that they supervised visits only with the identified child's mother; and one (2%) responded that they supervised visits between the identified child and his/her sibling(s).

¹⁶⁹ Four (2%) resource parents responded "other" to this inquiry and one resource parent did not respond to this question.

One hundred and six (56%) of applicable resource parents had attended resource parent training since becoming licensed.¹⁷⁰ When asked if the training was helpful to the resource parent in carrying out their role, the majority (84%) of resource parents who responded said that it was.¹⁷¹ Nine (8%) of applicable resource parents responded that the training was somewhat helpful and five (5%) replied that the training was not helpful.¹⁷²

A. Support from DYFS

When asked if they knew who resource family support worker was, of the 191 resource parents who responded to this question, 158 (83%) replied that they did.¹⁷³ One hundred and six (67%) resource parents responded that they speak to their resource family support worker at least once a month and 52 (33%) responded that they speak with their resource family support worker less than once a month.

When the resource parent was asked if they felt that DYFS was responsive to them when they asked for help in caring for the identified child, of the 188 resource parents who responded, 108 (57%) resource parents replied “yes”; 33 (18%) resource parents replied “sometimes”; 29 (15%) resource parents replied that they never asked for help; and 18 (10%) replied “no”. When asked to comment on whether they received the supports they requested and whether there was anything they needed that they didn’t receive, numerous resource parents commented that they received everything they requested. Others commented on their difficulty in contacting DYFS workers on the phone and DYFS workers not returning calls timely, as well as issues with the amount of time it took to receive reimbursement for expenses.

B. Overall experience as resource parent

Resource parents were asked to characterize their overall experience as a resource parent for the identified child. Of the 190 resource parents who responded, 69 (36%) resource parents replied “excellent”; 52 (27%) resource parents replied “good”; 12 (6%) resource parents replied “poor”; and 57 (30%) resource parents preferred to give use their own words. These responses included both positive and negative characterizations.¹⁷⁴ Below is a sampling of each:

- *It gets easier as you do it longer. The more experience you have the better because you can't learn this stuff in a book.*
- *Resource parent feels agency can improve its efforts to cooperate with employed resource parents around helping with children's appointments during the day.*
- *Although resource parent indicated experience was “good”, she also indicated improvement needed in the areas of follow-through and communication.*
- *Fair, trending toward poor. Had separate caseworkers, one bad, one average.*

¹⁷⁰ Eighty-three (44%) of the 189 resource parents who responded to this question stated that they had not attended resource parent trainings since becoming licensed.

¹⁷¹ One hundred and nine resource parents responded to this measure.

¹⁷² Three (3%) resource parents responded “other” to this measure.

¹⁷³ Thirty-three (17%) of the 191 resource parents who responded to this question stated that they did not know who their resource family support worker was.

¹⁷⁴ Specifically, 17 comments made by resource parents using their own words were positive.

- *Difficult. DYFS doesn't really make it easy. Fact that as grandparents they have to go to the classes, have their home inspected several times, fingerprinting, etc. She had to have her 89 year old father who was living with her at the time fingerprinted. Had to be subjected to all sorts of ridiculous things. Money coming is slow. Six months to get foster parenting money.*
- *Resource parent indicated that her experience has overall been good, however, her only concern is with the paperwork associated with becoming a licensed resource parent which can be overwhelming and lengthy. DYFS should consider ways to streamline and expedite.*
- *DYFS was good, experience with child was rough.*
- *Although DYFS has overall been responsive and supportive, the resource parent expressed disappointment in the manner in which resource parents are generally viewed. During training they are told that they will be involved in the process and information will be shared on the child/case, however, she indicated they are viewed more as enemies rather than partners or advocates and are most times kept out of the planning process.*
- *More consideration should be given to better coordination of the numerous service providers that are in the home (i.e., lawyers, counselors, mentors, etc.) to make it easier for foster parents.*

VI. CONCLUSION

Information gathered in this survey provides unique insight from a resource parent's perspective. Health care case managers appear to be a strong support to resource parents and the children placed with them. Lack of information and delays in obtaining relevant health information can create barriers to Health Passports providing meaningful support to resource parents. Visitation between children and their parents appear to occur more frequently in a home setting instead of the DYFS office when the child is placed with a kinship provider. Over half of surveyed resource parents had been licensed for two years or longer, demonstrating a strong dedication and commitment to vulnerable children in New Jersey. And, lastly, while some resource parents expressed unfavorable experiences with DYFS, the majority of resource parents surveyed had positive feedback regarding their overall experience as a resource parent for the child placed with them earlier this year.

APPENDIX D
Resource Parent Survey

1.

Hi my name is _____. I work for the Center for the Study of Social Policy and we are working with the Department of Children and Family Services of New Jersey to survey resource parents who have had at least one child placed in their home between January and June 2011. The purpose of the survey is to find out a little more about your experiences as a resource parent. It is my understanding that you have received a letter in the mail outlining the purpose of this survey and giving you permission to speak with me.

{IF THE RP IS NOT COMFORTABLE SPEAKING WITH ME}

I can email or fax you a document immediately which explains that you can speak with me.

This call should only take about 15-20 minutes and the survey is anonymous. We will never disclose your name or associate the information you provide with you unless you want us to or there is a specific concern about the immediate safety of the child. Is this a good time?

2.

1. I am calling to talk with you about _____ CHILD'S NAME _____

Did this child live with you between January and June 2011?

- Yes
 No

3.

2. Was _____ CHILD'S NAME _____ placed with you for five days or longer?

- Yes
 No
 Not sure

3. I am going to ask you some general questions about you as a resource parent, a bit about the health information you received about this child, the support you received as a resource parent and visits to your home by the child's caseworker and, if they apply, the child's visits with his parent(s) and siblings.

Were you a licensed resource parent at any time between January and June, 2011?

- Yes
 No, but in process of getting license
 No
 Don't know

4.

4. Who are the licensed resource parents in your home?

- Just me
- Me and my spouse or partner
- Me and someone else
- Other (please specify)

5. How many children are allowed to be placed in your home based on your license?

- 1
- 2
- 3
- 4
- Don't know
- Other (please specify)

6. How long have you been a resource parent in New Jersey?

- Less than 6 months
- 7 months – 12 months
- 13 months – 2 years
- More than 2 years – 5 years
- More than 5 years

5.

7. How many different children in DYFS custody have lived with you between January and June 2011?

8. When CHILD'S NAME lived with you, how many other children involved with DYFS were living with you?

9. How many other children (age 0-18) (your own biological or adopted children or relatives not placed by DYFS) lived with you when this child lived with you?

10. Are you considered a relative placement for this child? (are you related?)

- Yes
- No

6.

11. The rest of this interview will focus on your experience with _____ CHILD'S NAME _____. The questions will be about that child's health information and visitation and then some questions about how DYFS has supported you in your role as a resource parent.

Did you receive a document known as the Health Passport, that contains health information about this child? It also is referred to as an 11-2A form and is usually sent out by a nurse affiliated with DYFS.

- Yes
- No
- Don't recall/not certain

7.

12. How did you receive this information?

- Mail
- DYFS Worker handed it to me
- Nurse handed it to me
- Don't remember
- Other (please specify)

13. When did you first get this information/the passport?

- At time of placement
- Within 3 days of placement
- 4-5 days of placement
- More than 5 days after placement
- Don't remember

14. Did you get written updates to the passport?

- Yes
- No
- Don't recall/not certain

15. Do you recall what information was on the passport? (can check multiple options)

- Demographic info (date of birth, name, age, address, etc.)
- Height, weight
- Medications currently on
- Medical history
- Known allergies
- Immunization history
- Outstanding medical needs
- Current primary care doctor contact information
- Contact information of other doctors
- Other (please specify)

8.

16. Was the information on the passport helpful to you?

- Yes
- No

17. What information would you have wanted to be on the health passport that was not included?

9.

18. Did a DYFS nurse visit with this child in your home at any time since the child was placed?

- Yes
- No
- Don't recall/not certain

10.

19. When did a DYFS nurse visit with this child in your home at any time since the child was placed?

- Within first two weeks of placement
- More than two weeks after placement
- Don't recall/not certain

20. Did the nurse review health information with you?

- Yes
- No
- Don't recall/not certain

21. Did the nurse go over medical information with the child?

- N/A—Child not old enough, nonverbal, unable to understand
- Yes
- No
- Don't recall/not certain

22. What was your experience with the nurses like? In particular, was the nurse helpful?
Open ended question.

11.

**23. Does the child/ youth have any medical needs you are concerned about right now?
(particularly ask if any concerns about medications)**

- Yes
 No

Additional Comments (optional):

12.

24. Thinking about the same child, I am going to ask you some questions about visitation.

Do you know what the child's visitation schedule is/was with his/her mother?

- Yes
 No
 Not Applicable (please specify):

13.

25. Is this child supposed to have weekly visits with his/her mother?

- Yes, weekly
 No
 No, OTHER (please enter below, e.g., monthly visits, or other visitation schedule)
 I don't know

Other Visitation Schedule

14.

26. Where do visits take place?

- At DYFS office
 At your home
 Other (e.g., McDonalds, library, jail/prison)

15.

27. Do you know what the child's visitation schedule is/was with his/her father?

- Yes
- No
- Not Applicable (please specify):

16.

28. Is this child supposed to have weekly visits with his/her father?

- Yes, weekly
- No
- No, OTHER (please enter below, e.g., monthly visits, or other visitation schedule)
- I don't know

Other Visitation Schedule

17.

29. Where do visits take place?

- At DYFS office
- At your home
- Other (e.g., McDonalds, library, jail/prison)

18.

30. Does the child visit with his/her siblings, if they live separately?

- Yes
- No
- Sometimes
- N/A—child has no siblings, child is not placed separately from siblings

19.

31. Do you know what the child's visitation schedule is with his/her sibling?

- Yes
- No

20.

32. Is this child supposed to have weekly visits with his/her sibling?

- Yes, weekly
- No
- No, OTHER (please enter below, e.g., monthly visits, or other visitation schedule)
- I don't know

Other Visitation Schedule

33. Where do visits take place?

- At DYFS office
- At your home
- Other (e.g., McDonalds, library, jail/prison)

21.

34. Do you supervise any visits (including with parents or siblings)?

- Yes both parents and siblings
- Yes, only with mother
- Yes, only with father
- Yes, both mother and father
- Yes, only with siblings
- No

Other (add any information about occasional supervision)

22.

35. Describe how visits are going and note any concerns.

36. Do you drive or otherwise help the child get to visits?

- Yes, all the time
 Yes, sometimes
 No

Other

37. Anything else you want to say about visits? Open ended question.

23.

38. Were you trained to become a licensed resource parent (PRIDE training)?

- Yes
 No
 Other

39. Have you attended any resource parent trainings since you were licensed to become a resource parent?

- Yes
 No

24.

40. For the most part was the training helpful to you in carrying out your role as a resource parent?

- Yes
 Somewhat
 No
 Other (if parent attended multiple sessions and has different opinions of each, or wants to offer any specific feedback)

25.

41. Do you know who your Resource Family Support worker is?

- Yes
- No

26.

42. How often do you speak with him/her?

- Once a month
- More than once a month
- Less than once a month

27.

43. Is DYFS responsive when you ask for help caring for this child?

- Yes
- No
- Sometimes
- Never asked for help

44. Please comment on whether you received the supports you requested and whether there were any you needed that you didn't receive:

45. How would you characterize your overall experience as a resource parent for this child?

- Poor
- Good
- Excellent
- Other:

28.

Thank you so much for completing this survey and for your work as a resource parent!

Before completing the interview, please enter the following data items.

46. Please list any comments here:

47. Name of Child:

48. Case Review Number

49. NJ Spirit Case Number

50. Child NJ Spirit ID Number:

51. Local Office:

52. Name of Reviewer: