

July 1 – December 31, 2011

Progress of the New Jersey  
Department of Children and Families

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

Date: July 19, 2012

Center  
for the  
Study  
of  
Social  
Policy

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Charlie and Nadine H. v. Christie**

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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 charged with independently assessing 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.<sup>1</sup>

This report provides information on the state's progress in meeting MSA requirements in the period between July and December 2011. This is the eleventh monitoring report under the MSA and the fifth report that includes Phase II requirements of the MSA.<sup>2</sup>

### Methodology

The primary source of information on New Jersey's progress is data supplied by the Department of Children and Families (DCF) and verified by the Monitor. DCF provides 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 additional activities:

- **Caseload Verification**

The Monitor conducted a telephone survey of 89 caseworkers to verify their individual caseloads during the six-month monitoring period.

- **State Central Registry Review**

In December 2011, the Monitor participated in a DCF assessment of the State Central Registry (SCR) which reviewed a statistically valid random sample of intake calls received by the SCR in the months of October 2011. The review instrument was a modified version of the instrument used in CSSP's January 2008 SCR review.<sup>3</sup> The purpose of the review was to assess the professionalism and competence of screeners, their effectiveness in gathering critical information, the quality of documentation, and the decision making.

- **Court Observation**

Between October 2010 and May 2011, CSSP teamed with the Rutgers-Newark School of Law's Child Advocacy Clinic (Rutgers-Newark) and Rutgers-Camden School of Law's Child and Family Advocacy Clinic (Rutgers-Camden) to observe Children in Court (CIC) hearings with children and families involved with DYFS, held in the Superior Court of New Jersey, Family Part, in six counties.<sup>4</sup> The purpose of the observations was to begin

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<sup>1</sup> To see the full Agreement, go to [http://www.state.nj.us/dcf/home/Modified\\_Settlement\\_Agreement\\_7\\_17\\_06.pdf](http://www.state.nj.us/dcf/home/Modified_Settlement_Agreement_7_17_06.pdf).

<sup>2</sup> Copies of all previous Monitoring Reports can be found at [www.cssp.org](http://www.cssp.org).

<sup>3</sup> A report of the SCR review is being finalized by DCF with an expected release in July.

<sup>4</sup> Reviewers observed Bergen, Burlington, Camden, Cumberland, Essex and Union counties.

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to examine the extent to which New Jersey's Case Practice Model is evident in the Family Court proceedings in which DYFS plays a key role. Observations were conducted over a two day period in a total of 11 courtrooms. In each county, the reviewers observed between seven and 23 cases per day.

- **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, birth parents, advocacy organizations and judicial officers. The Monitor also periodically attended DCF's Child Stat meetings, statewide Child Fatality meetings, Area Director meetings, Health Care Case Reviews and participated in 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.

### **Structure of the Report**

Section II of the report provides an overview of the state's accomplishments and challenges. Section III provides summary data on each of the outcomes and performance benchmarks required by the MSA in Table 1, *Charlie and Nadine H. v. Christie Child and Family Outcome and Case Practice Performance Benchmarks (Summary of Performance as of December 31, 2011)*.

The remaining sections of the report provide more detailed data and discussion of performance in the following areas:

- New Jersey child protective services units which receive reports and investigate allegations of alleged child maltreatment (Section IV);
- Implementation of DCF's Case Practice Model (Section V);
- Information regarding New Jersey's placement of children in out-of-home-settings, incidence of maltreatment of children in foster care, and abuse and neglect of children when they reunite with families (Sections VI and VII);
- New Jersey's efforts to achieve permanency for children either through reunification with family, legal guardianship, adoption or discharge to independent living situations (Section VIII);
- Improvements in the state's provision of health care and mental health services to children and families (Sections IX and X);
- Services provided to children, youth and families involved with DYFS and to prevent child welfare system involvement (Section XI);
- Services to older youth (Section XII);
- Staff caseloads and workforce training (Section XIII); and
- Accountability through the Qualitative Review and the production and use of accurate data (Section IV).

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In order to better understand the progress DCF has made since the start of the reform, the report includes, where appropriate, trend data from June 2009 (or earlier where data are available) through December 2011.

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## II. SUMMARY OF ACCOMPLISHMENTS AND CHALLENGES

*There have been significant accomplishments since 2006 in improving child welfare system performance and meeting many of the requirements and outcomes of the MSA.*

In the initial years of New Jersey's reform, extensive effort was placed on building the infrastructure for a high functioning child welfare system. Three years into Phase II of the MSA, the state has successfully maintained important infrastructure improvements and DCF remains on course towards meaningful practice change in New Jersey. In total, by December 31, 2011, DCF met 20 of the 54 Phase II performance measures;<sup>5</sup> seven performance measures were partially met; 24 were not met; and three were unable to be assessed this monitoring period.<sup>6</sup> Of the 24 measures that were not met, four measures showed performance improvement of greater than five percent from the prior monitoring period.

The performance measures met during this monitoring period include:

- Performance measure 1 - Responding to Calls to the SCR;
- Performance measure 2 - Quality of SCR Response;
- Performance measure 6 - IAIU Practice for Investigations in Placement;
- Performance measure 23 - Appropriateness of placement;
- Performance measure 24 - Placing Children with Families;
- Performance measure 25 - Placing Sibling Groups of Two or Three Together;
- Performance measure 28 - Placement Limitations;
- Performance measure 29 - Inappropriate Placements;
- Performance measure 30 - Abuse and Neglect of Children in Foster Care;
- Performance measure 31 - Repeat Maltreatment;
- Performance measure 34.b. - Permanency Outcome 2: Adoption
- Performance measure 38 - Final Adoptive Placements;
- Performance measure 39 - Pre-Placement Medical Assessment;
- Performance measure 43 - Follow-up Care and Treatment;
- Performance measure 46 - Mental Health Assessments
- Performance measure 47 - Provision of in-home and community-based mental health services for children and their families;
- Performance measure 48 - Continued Support for Family Success Centers;
- Performance measure 49 - Implementation of Differential Response;
- Performance measure 51 - Post-Adoption Supports; and
- Performance measure 52 - Provision of Domestic Violence Services.

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<sup>5</sup> Previous monitoring reports reference 55 measures; as explained in text above, some measures have been modified resulting in a current total of 54 measures.

<sup>6</sup> 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.

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Listed below are some specific accomplishments that are discussed more fully in the report.

- **DCF has nearly completed a multi-year effort to train its entire workforce on its Case Practice Model and has reached or exceeded all of the expectations in the MSA pertaining to training its workforce.**

DCF has continued to train its staff on New Jersey's Case Practice Model while fulfilling all of its other training obligations required by the MSA. The training, coaching and mentoring of staff on the expectations of the practice model has been an intensive, well-structured and ongoing process. All staff has received Case Practice Model training and as local offices became immersion sites, workers received additional training on the six modules of the Case Practice Model. Simultaneously, 94 newly hired caseworkers (100%) completed the Pre-Service training or participated in the Baccalaureate Child Welfare Education Program (BCWEP)<sup>7</sup> program and passed competency exams during this monitoring period. One hundred and nine (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. As DCF moves into the next phase of its work to develop the skills and competencies of its workforce, it is focusing on supervisory skills and leadership development with middle managers.

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

The landscape pertaining to the recruitment, training, licensing and support of resource family homes has changed dramatically since the beginning of the reform work when there were consistent and pervasive shortages of appropriate family based placements for children entering foster care. DCF recruited and licensed 1,475 Resource Family homes between January 1 and December 31, 2011. While work continues to develop additional homes for large sibling groups and older teens, DCF currently maintains a capacity to serve more than twice the number of children than are currently in out-of-home placement. Further, 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.

- **The vast majority of children in out-of home placement are living in family-like settings and DCF has successfully prioritized the placement of children with relatives in situations where that is appropriate.**

In December 2011, 88 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 six monitoring periods and continues to show sustained practice change in this area.

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<sup>7</sup> 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 enable students to earn a Bachelor of Social Work (BSW) degree specializing in child welfare.

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The proportion of children placed with relatives has grown each year, with the result that many children who would have previously been separated from their extended families are now able to maintain those connections. Forty-eight percent of the 1,475 Resource Family homes licensed between January and December 2011 are kinship homes.

- **DCF continues to meet performance standards for finalized adoptions.**

In 2006, adoption practice in New Jersey was struggling with many children legally free waiting to be adopted and significant problems in the timeliness of permanency planning for children. This is another area in which joint work between DYFS workers, attorneys and the Courts have produced significant and sustained improvement. For example, in December 2011, of 77 adoptions eligible to be finalized, 74 (96%) were finalized within nine months of the adoptive placement.

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

DCF's work to prevent inappropriate out-of-home placement, support safe reunification of children with their families and find other appropriate permanent homes for children has produced results. As of December 31, 2011, there were 7,018 children in out-of-home placement, representing a total reduction of 44 percent since 2004.

- **The number of children placed out-of-state for treatment has continued to decline to a total of six children/youth placed out-of-state for treatment as of December 31, 2011.**

In 2006, on any given day, there were over 300 New Jersey children placed out-of-state for treatment. As of December 31, 2011, six children/youth were placed outside of New Jersey in mental health treatment facilities. This dramatic and sustained reduction was made possible by work to develop and utilize appropriate treatment options within the state of New Jersey. Five of the six children who were placed out-of-state in December 2011 are in specialized placement settings due to being deaf or hard-of-hearing; the state reports that it is now making efforts to develop in-state treatment programs for that population.

- **DCF's performance in providing sustained access to health care for children in out-of-home care remains very strong.**

Between July and December 2011, 100 percent of children entering out-of-home care received a pre-placement assessment and 99 percent of these exams occurred in a setting appropriate for the situation. Ninety-six percent of all children in out-of-home placement were current with their immunizations. Based on an internal Health Care Case Record Review, DCF reports that 93 percent of children received follow-up care for needs identified during their Comprehensive Medical Exam (CME), exceeding the December 2011 final target. Further, 93 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

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to 24 months old, 92 percent are up-to-date with their more frequent well child exams.<sup>8</sup> New this monitoring period, DCF reported that as of December 31, 2011, 99 percent of children age three and older in out-of-home care for six months or more had received at least an annual dental examination and 87 percent were current with their semi-annual dental examinations. This level of performance with regard to meeting the health care needs of children in out-of-home placement reflects thoughtful and consistent work over the past several years.

- **DCF is moving toward becoming a learning organization with a commitment to ongoing quality improvement.**

In 2011, DCF successfully completed a full-year of the Qualitative Review (QR), a statewide qualitative case review process informed by children/youth and their family members, caretakers and service providers. The Qualitative Review is used to report on select qualitative requirements of the MSA as well as the state's Federal Child and Family Services Review Program Improvement Plan. It provides county-level data on successes and challenges with implementation of the Case Practice Model. For 2011, in the aggregate, the reviews produced positive results on child status indicators related to safety, emotional well-being, learning and development. System and practice performance ratings on the indicators measuring support for resource parents and the service array were also rated positively. The overall QR rating on the provision of health care services for children in custody was also positive.

The QR also identified many of the system challenges that are evident in the implementation of the practice model and are discussed below as continuing challenges. Through a full-year of the statewide QR process, DCF has developed more in-depth understanding in local offices about the system and practice challenges of forming working relationships with parents and working as a team with parents, caregivers and their informal and formal supports. The QR process as a whole has provided meaningful opportunities for local and state planning and strategy development toward improvement.

### **Challenges Ahead**

- **Caseloads began to rise during this monitoring period; unless this trend is reversed, efforts to consistently implement high quality case practice and meet other MSA performance benchmarks could be jeopardized.**

Unlike in previous reporting periods in which the state has generally met each of the MSA caseload standards, performance on caseload standards between July and December 2011 declined. While reported caseloads are still nowhere near the levels that they were prior to the litigation, the rise in caseloads in many offices in the state is a cause for concern. During this monitoring period, DCF met individual caseload requirements for IAIU staff, and office compliance for permanency staff caseloads. In all other functional

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<sup>8</sup> While technically not in compliance with the final benchmark, performance on EPSDT/well child exams represents sustained access to health care for this population. The Monitor considers this a significant accomplishment.



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areas, DCF's performance declined from the previous monitoring period. Meeting Intake caseload standards has been an ongoing challenge and was noted in the last monitoring report. Permanency and Adoption caseloads have generally been in compliance since Phase II of the MSA but have risen during this monitoring period. DCF reports that the sustained monthly increase in intakes over the reporting period has had a dramatic effect on caseload compliance throughout DYFS. Management has taken recent steps to address this problem, including hiring 30 additional Intake workers to create "impact teams" that will be deployed throughout the state in offices where Intakes are unusually high.

Maintaining reasonable caseloads is a necessary platform for all of the practice expectations of the MSA. As noted, DCF has already taken some measures to address the most serious problems with investigations caseloads but a trend of rising caseloads needs to be watched carefully and cannot be allowed to persist. The Monitor will continue to work with DCF to assess barriers to meeting caseload standards and to determine if current staffing allocations and the number of filled positions are sufficient.

- **Performance on case planning remains low.**

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 December 2011, 56 percent of children entering out-of-home placements had case plans developed within 30 days. Between July and December 2011, the timely development of case plans ranged from 56 to 70 percent.

Workers are also required to routinely review and adjust case plans to meet the needs of families. The final target for this measure is that by June 30, 2010, 95 percent of case plans be reviewed and modified as necessary or at least every six months. In December 2011, 70 percent of case plans had been modified as necessary within six months. From July through December 2011, between 69 and 74 percent of case plans due each month were modified within the six month timeframe. Performance on these measures remains low. DCF expects that its new tool to document initial and ongoing case plans will improve the case planning process and documentation of case plans.

- **DCF continues to struggle to meet Family Team Meeting performance standards.**

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 December 2011, in the 34 sites which had completed immersion training, 52 percent of the cases requiring FTMs within 30 days of removal held FTMs. From July to December 2011, monthly performance ranged from 44 percent to 64 percent. Performance for FTMs held within 60 days of removal between July and December 2011 ranged from 53

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to 77 percent. In December 2011, quarterly FTMs were held in 37 percent of applicable cases; from July to December 2011, monthly performance ranged from 36 percent to 41 percent.

DCF is still struggling to improve performance on this measure. It anticipates that progress will accelerate as all local offices have now successfully completed the case practice immersion process. Further, per a directive from the DYFS Director, each local office identified a FTM Coordinator who will be monitoring compliance and assisting staff in scheduling and inviting participants to Family Team Meetings. Implementation Specialists will be assigned to focus on families in need of initial and quarterly FTMs as part of their coaching and mentoring with staff.

- **Performance on visits with children and families remains low.**

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. Data from December 2011 show that of the 507 children who were in an initial or subsequent placement for two full months, 281 (55%) had documented visits by their caseworkers twice per month. Although performance peaked to 65 percent during one of the months within this monitoring period, overall DCF's performance has remained the same since the previous monitoring period and falls short of meeting the final target of 95 percent. 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 has shown little improvement during the current monitoring period. 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 December 2011, 42 percent of parents or other responsible family members were visited by caseworkers twice per month, which falls substantially short of the 95 percent final target.

Also, in December 2011, 35 percent of children had weekly documented visits with their parents and an additional 26 percent of children (for a total of 61 percent) had two or three visits with their parents during the month. This performance demonstrates little improvement over the previous monitoring period and fails to meet the final target of 60 percent of children having weekly visits with their parents and 85 percent of children having visits at least every other week.

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The above data reflect the state's ongoing difficulty in meeting some of the performance benchmarks and outcomes, notably around some of the critical Case Practice standards. DCF's efforts to diagnose and improve low performance in areas such as case planning, family team meetings and visitation have helped to determine areas of focus, but there remains a lot of work to do to reach sustained practice change.

- **The work to increase services and supports for older youth must continue and accelerate.**

While DCF has made service delivery to older youth a priority of recent work and there have been improvements, additional steps are needed to meet the needs of older youth, particularly the 18 to 21 year olds who have not achieved permanency. In December 2011, DCF finalized a three year strategic plan to enhance services and supports to youth transitioning from foster care. The plan, *Striving for Success in Transitions to Adulthood*, was developed with the input from a wide range of stakeholders and youth. Successful implementation of this ambitious strategic plan for improving outcomes for older youth must remain a high and visible priority. Challenges include creating safe and stable housing alternatives for aging out youth, linking youth to available educational and training supports including New Jersey Scholars and providing access to ongoing health and mental health and other supports.

- **DCF's FY2013 budget reduces funds available for child protection and behavioral health services while adding new responsibilities for DCF.**

On June 29, 2012, the legislature approved the state's FY 2013 budget with a substantial reduction in funding available for DCF, below the levels proposed by the Governor and deemed needed by the DCF Commissioner. The budget includes a reduction in funds to support mobile response teams which provide in-home crisis support for children and youth with behavioral and mental health problems. It also reduces funding for community-based behavioral assistance and treatment services, which have been used by DCF over the past several years to support the reduction of children and youth in inappropriate placements and the reduction in children placed out-of-state for treatment. The budget also reduces state funds available for Title IV-E foster care services, and proposed an offset by estimating the amount of federal Title IV-E reimbursement funds at a level far higher than was estimated as realistic by DCF. The Governor has publically expressed his disapproval of these cuts. The DCF Commissioner is hopeful that the budget reductions will not result in a significant decrease in services. The Monitor is concerned that these budget reductions can have a negative impact on the positive changes underway and in the ability to fully meet the needs of children and families served by DCF and will push for a decision to request a supplemental appropriation if it becomes necessary. The budget does include additional resources to allow for the integration of services to children with developmental disabilities as part of DCF.

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### 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 54<sup>9</sup> measures 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.

Many of the measures are assessed using data from NJ SPIRIT, DYFS 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.

In May 2012, Plaintiffs, DCF and the Monitor agreed to several modifications to the Performance Benchmarks to better align the measures with DCF practice and to eliminate some duplication. New language and measurements (when applicable) are updated throughout the report. The performance measurement changes agreed to by the Parties include:

#### **Safety and Risk Assessments—Measure #8**

The final target for Measure #8 (Safety and Risk Assessment) is revised as follows: *By December 31, 2010, (a) 98% of investigations will have a safety assessment completed, (b) 98% of investigations will have a risk assessment completed, and (c) 98% of non-investigation cases will have risk assessment or risk re-assessment completed within 30 days of case closure.*

#### **Family Involvement/Family Team Meetings—Measures #7c and #9**

Measures 7c and 9 have been merged into a new 7c measure. Measure 9 has been eliminated. QR results for Family Teamwork (team formation and team functioning taken together on each case) will be used to report on this measure. Newly agreed upon language for Measure 7 is as follows: *A family team (involving parents, youth and appropriate formal and informal supports) shall meet and plan together. The team should be involved in planning and decision making throughout a case and have the skills, family knowledge and abilities to plan for, problem-solve and help to organize effective services for the child and family.*

#### **Case and Planning—Measures #12, #13 and #14**

Measures 12, 13 and 14 have been merged into Measure 12. Measures 13 and 14 have been eliminated. QR results for Case Planning Process and Tracking and Adjusting taken together on each case, will be used to report on this measure. Newly agreed upon language is as follows: *The child's/family's case plan shall be developed with the family and shall be individualized and appropriately address the child's needs for safety, permanency and well-being. The case plan shall provide for the services and interventions needed by the child and family to meet identified goals, including services necessary for children and families to promote children's development and meet their educational, physical and mental health needs. The case plan and services shall*

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<sup>9</sup> Previous monitoring reports reference 55 measures; as explained in text above, some measures have been modified resulting in a current total of 54 measures.

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*be modified to respond to the changing needs of the child and family and the results of prior service efforts.*

**Progress Toward Adoption—Measure #35**

The timing required for filing of petitions to terminate parental rights has been extended from six weeks to 60 days, consistent with New Jersey Family Court practice. Measure #35 (Progress Toward Adoption) is amended as follows: *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 60 days of goal change.*

**Pre-Placement Medical Assessment—Measure #39**

The Final Target for Measure #39 (Pre-Placement Medical Assessment) is amended as follows: *By December 31, 2009, 98% of children will receive a pre-placement assessment either in a non emergency room setting, or in an emergency room setting if the child needed emergency medical attention or the child was already in the emergency room when DYFS received the referral.*

**Services to Older Youth and Youth Exiting Care—Measures #54 and #55**

Measure #54 (Services to Older Youth) and Measure #55 (Youth Exiting Care) will be measured in the future through a qualitative case review process based on a sample of adolescent cases for youth age 18 to 21 who were in placement during the Monitoring Period and had been in placement for at least six consecutive months.

**Table 1: *Charlie and Nadine H. v. Christie* Child and Family Outcome and Case Practice Performance Benchmarks  
(Summary of Performance as of December 31, 2011)**

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
<b><i>State Central Registry, Investigative Practice and Institutional Abuse Investigations Unit (IAIU)</i></b>						
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. 16,325 calls b. 716 abandoned calls c. 29 seconds d. 5,592 calls screened out e. 1,232 CWS referrals	a. 15,305 calls b. 456 abandoned calls c. 22 seconds d. 5,279 calls screened out e. 1,111 CWS referrals	Ongoing Monitoring of Compliance

<sup>10</sup> In some cases where December 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.

<sup>11</sup> “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 July 1 to December 31, 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	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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.	For performance review, see <i>Review of the New Jersey State Central Registry</i> , DCF, July, 2012. (expected publication)	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. 89% of investigations commenced within required response time.</p>	Partially

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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.	63% of investigations were completed within 60 days.	60% of investigations were completed within 60 days. <sup>12</sup>	No

<sup>12</sup> Between July and December 2011, performance on investigation completion ranged between 55 percent and 63 percent.



Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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.	Based on results from Monitor's Investigative Case Record Review, 72% of investigations met quality standards. <sup>13</sup>	To be reassessed in the future. <sup>14</sup>	Unable to assess this period

<sup>13</sup> 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.

<sup>14</sup> DCF is finalizing a tool that will measure the quality of investigative practice. The tool will be utilized in specialized case record reviews by the DCF Office of Performance Management and Accountability, with secondary review by the Monitor.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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.	88% of IAIU investigations involving group home and other congregate care settings were completed within 60 days.	86% 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	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
<b>Implementation of Case Practice Model</b>						
CPM V.3	<p>7. <u>Family Involvement and Effective use of Family Team Meetings.</u> A family team (involving parents, youth and appropriate formal and informal supports) shall meet and plan together. The team should be involved in planning &amp; decision making throughout a case and have the skills, family knowledge and abilities to solve and help to organize effective services for the child and family.<sup>15</sup></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. Family Teamwork.<sup>16</sup></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 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 at least minimally acceptable on both QR 'Family Teamwork' indicators: team formation and team functioning.</p>	<p>For Immersion Sites:</p> <p>a. In December 2011, 52% of children newly entering placement had a family team meeting within 30 days of entering placement. From July to December 2011 performance ranged from 44% to 64%.<sup>17</sup></p> <p>b. In December 2011, 37% of children had at least one family team meeting each quarter. From July to December 2011 performance ranged from 36% to 41%.<sup>18</sup></p> <p>c. 29% of cases rated at least minimally acceptable on both QR 'Family Teamwork' indicators: team formation and team functioning.<sup>19</sup></p>	No

<sup>15</sup> This is newly agreed upon language to more closely reflect expected practice. This previously read: "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."

<sup>16</sup> Upon agreement of the Parties, Measure 7c has been merged with Measure 9. Measure 9, which read: "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" has been deleted.

<sup>17</sup> Data for monitoring period are as follows: 58% in July 2011, measuring 31 sites; 68% in August 2011 measuring 31 sites; 61% in September, measuring 31 sites; 48% in October, measuring 34 sites; 45% in November, measuring 34 sites; and 52% in December, measuring 34 sites.

<sup>18</sup> Data for monitoring period are as follows: 35% in July 2011, measuring 31 sites; 39% in August 2011 measuring 31 sites; 38% in September, measuring 31 sites; 36% in October, measuring 34 sites; 38% in November, measuring 34 sites; and 37% in December, measuring 34 sites.

<sup>19</sup> 56 of 190 cases rated acceptable on *both areas* of Family Teamwork, team formation and team functioning; 84 of 190 cases (44%) rated acceptable on team formation; 63 of 190 cases (33%) cases rated acceptable on team functioning.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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, (a) 98% of investigations will have a safety assessment completed, (b) 98% of investigations will have a risk assessment completed, and (c) 98% of non-investigation cases will have a risk assessment or risk re-assessment completed within 30 days of case closure. <sup>20</sup>	Data using new categories not available for this period.	<ul style="list-style-type: none"> <li>a. 100% of investigations completed had a safety assessment completed prior to investigation closure.</li> <li>b. 100% of investigations completed had a risk assessment completed prior to investigation closure.</li> <li>c. 54% of applicable closed cases had a risk assessment or re-assessment completed within 30 days prior to case closure.</li> </ul>	Partially
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.	<ul style="list-style-type: none"> <li>a. By June 30, 2009, 50% of case plans for children and families will be complete within 30 days.</li> <li>b. By December 31, 2009, 80% of case plans for children and families will be complete within 30 days.</li> </ul>	By June 30, 2010, 95% of case plans for children and families are completed within 30 days.	61% of children entering care had case plans developed within 30 days.	56% of children entering care had case plans developed within 30 days. Between July and December 2011, monthly performance ranged from 56 to 70 percent. <sup>21</sup>	No/Declined

<sup>20</sup> In order to be consistent with practice expectations, in May 2012, the Parties agreed to revise the final target from, “By December 31, 2010, 98% of cases will have a safety and risk of harm assessment completed prior to case closure” to the language stated above which allows for separate reporting on investigations and non-investigations cases.

<sup>21</sup> Data for the Monitoring period are as follows: July 2011, 70%; August 2011, 68%; September 2011, 63%; October 2011, 57%; November 2011, 61%; December 2011, 56%.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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.	71% of case plans were reviewed and modified as necessary at least every six months.	70% of case plans were reviewed and modified as necessary at least every six months. From July through December 2011, monthly performance ranged from 69 to 74 percent. <sup>22</sup>	No

<sup>22</sup> Data for monitoring period are as follows: July 2011, 71%; August 2011, 69%; September 2011, 74%; October 2011, 70%; November 2011, 69%; December 2011, 70%..

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
CPM V.4	12. <u>Quality of Case and Service Planning</u> : The child's/family's case plan shall be developed with the family and shall be individualized and appropriately address the child's needs for safety, permanency and well-being. The case plan shall provide for the services and interventions needed by the child and family to meet identified goals, including services necessary for children and families to promote children's development and meet their educational, physical and mental health needs. The case plan and services shall be modified to respond to the changing needs of the child and family and the results of prior service efforts. <sup>23</sup>	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.	Preliminary QR data: 46% of cases rated at least minimally acceptable on both QR indicators 'Case Planning Process' and 'Tracking and Adjusting'	44% of cases rated at least minimally acceptable on both QR indicators 'Case Planning Process' and 'Tracking and Adjusting'. <sup>24</sup>	No

<sup>23</sup> This item previously read: "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." Upon agreement of Parties, this item has been merged with items 13 ("Case plans will identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals"), and 14 ("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"), and reflects language and expectations of the Practice Model and the QR.

<sup>24</sup> 84 of 190 rated cases rated acceptable on *both* the Case Planning Process and Tracking and Adjusting indicators; 92 of 190 cases (48%) rated acceptable on Case Planning Process; 107 of 190 cases (56%) rated acceptable on Tracking and Adjusting.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
CPM V.4	15. <u>Educational Needs</u> : Children will be enrolled in school and DCF will have taken appropriate actions to ensure that their educational needs will be met.	By December 31, 2009, 80% of cases score appropriately as measured by QR.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	Unable to assess	76% of cases rated acceptable on QR indicators 'Stability (school)' and 'Learning and Development - over age 5'. <sup>25</sup>	No
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.	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.	55% 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. Monthly range July - December 2011: 55 – 65%	No
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.	91% of children had at least one caseworker visit per month in his/her placement. <sup>26</sup>	91% of children had at least one caseworker visit per month in his/her placement. <sup>27</sup> Monthly range July - December 2011: 91 – 92%	No

<sup>25</sup> 63 of 83 cases rated acceptable on *both* the Stability (school) and Learning and Development (age 5 and older) QR indicators; 66 of 83 cases (80%) rated acceptable on Stability (school); 74 of 83 cases rated acceptable on Learning and Development (age 5 and older). This data reflects children in out-of-home placement.

<sup>26</sup> 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.

<sup>27</sup> An additional 5% 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	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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.	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.	42% 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. Monthly range July - December 2011: 42 – 55% <sup>28</sup>	No/Declined
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. <sup>29</sup>	54% 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. Monthly range July - December 2011: 53 – 56%	Monitoring Ongoing <sup>29</sup>

<sup>28</sup> Data for monitoring period are as follows: July 2011, 51%; August 2011, 55%; September 2011, 52%; October 2011, 51%; November 2011, 46%; December 2011, 42%.

<sup>29</sup> Possible modification of this final target is under discussion among the Parties and the Monitor.



Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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.	34% of children had recorded weekly visits with their parents. (An additional 27% of children had two or three visits during the month.)	35% of children had recorded weekly visits with their parents. (An additional 26% of children had two or three visits during the month.) Monthly range July - December 2011: 31 – 38% weekly visits; 59 – 63% with two or three visits per month.	No
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.	44% of children in custody who have siblings with whom they are not residing visited with their siblings monthly.	49% of children in custody who have siblings with whom they are not residing visited with their siblings monthly. Monthly range July – December 2011: 48 – 51%	No/Improved
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.	130 (92%) of 142 staff positions filled with four staff on full time leave; 126 (89%) available DAsG.	131 (92%) of 142 staff positions filled with three staff on full time leave; 128 (90%) available DAsG.	No

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
<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.	Preliminary QR data: 94% of cases rated at least minimally acceptable on QR indicator 'Appropriateness of Placement' <sup>30</sup>	93% of cases rated at least minimally 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.	87% of children were placed in a family setting.	88% of children were placed in a family setting.	Yes

<sup>30</sup> Previously reported as 98% when all QR cases were counted. Current and corrected report of 94% is only for children in out-of-home placement.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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"> <li>a. For siblings entering custody in the period beginning July 2009, at least 65% will be placed together.</li> <li>b. For siblings entering custody in the period beginning July 2010, at least 70% will be placed together.</li> <li>c. For siblings entering custody in the period beginning July 2011, at least 75% will be placed together.</li> </ul>	For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.	See December 2011 performance; performance measured annually.	In CY 2011, 79% of sibling groups of 2 or 3 were placed together.	Yes
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"> <li>a. For siblings entering custody in the period beginning July 2009, at least 30% will be placed together.</li> <li>b. For siblings entering in the period beginning July 2010, at least 35% will be placed together.</li> </ul>	For siblings entering in the period beginning July 2011 and thereafter at least 40% will be placed together.	See December 2011 performance; performance measured annually.	In CY 2011, 35% of sibling groups of 4 or more were placed together.	No <sup>31</sup>

<sup>31</sup> Performance during the previous monitoring period met the interim benchmark, however, as with other measures, the final target has a higher required performance level. Performance continues to steadily improve.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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.	See December 2011 performance; performance measured annually.	For children entering care in CY 2010, 84% of children had two or fewer placements during the 12 months from their date of entry.	No
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 <sup>32</sup>	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

<sup>32</sup> For measures 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	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
MSA III.B.6	<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 January and June 2011, two children under the age of 13 were placed in a shelter.</p> <p>b. Between January and June 2011, 98% of children placed in shelters were in compliance with MSA standards.</p>	<p>a. Between July and December 2011, no children under the age of 13 were placed in a shelter.</p> <p>b. Between July and December 2011, 97% of children placed in shelters were in compliance with MSA standards.</p>	Yes
<b><i>Repeat Maltreatment and Re-Entry into Out-of-Home Care</i></b>						
MSA III.A. 1.a	<p>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.</p>	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.	See December 2011 performance; performance measured annually.	In CY 2011, 0.22% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member.	Yes

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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 <sup>33</sup>	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.	See December 2011 performance; performance measured annually.	For children who were victims of a substantiated allegation of child maltreatment in CY 2010 and remained at home, 6.3% had another substantiation within the next 12 months.	Yes
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 <sup>34</sup>	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.	See December 2011 performance; performance measured annually.	In CY 2010, 6% of children who reunified were the victims of substantiated child maltreatment within one year after reunification.	No

<sup>33</sup> For measures where baseline data were unavailable prior to due date of final target, benchmarks have been removed.

<sup>34</sup> For measures where baseline data were unavailable prior to due date of final target, benchmarks have been removed.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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.	<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.	See December 2011 performance; performance measured annually.	Of all children who exited in CY 2010, 13% re-entered custody within one year of the date of exit. <sup>35</sup>	No <sup>36</sup>

<sup>35</sup> DCF has objected to the Monitor’s definition of “qualifying exits” used to analyze this measure. The Agency believes that due to the specific exclusion in the MSA, the definition of qualifying exits should only exclude children who run away from placement. The Monitor uses a definition of qualifying exits which excludes from the calculations runaways as well as children who are adopted. Based on the DCF definition, of all children who exited in CY 2010, nine percent re-entered custody within one year of the date of exit. DCF’s definition calculates performance for previous years as follows: CY 2007 – 12 percent; CY 2008 – 10 percent; and CY 2009 – 10 percent.

<sup>36</sup> Ibid.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
<b>Permanency</b>						
MSA III.A 2.a	<p>34.a., d., e. Discharged to Permanency: Percentage of children discharged from foster care to permanency (reunification, permanent relative care, adoption and/or guardianship).</p> <p>a. Of all children who entered foster care for the first time in target year and who remained in foster care for eight days or longer, percentage that discharged to permanency within 12 months.</p> <p>d. Of all children who were in foster care on the first day of the target year and had been in care between 13 -24 months, percentage that discharged to permanency prior to 21<sup>st</sup> birthday or by the last day of the year.</p> <p>e. Of all children who were in foster care for 25 months or longer on the first day of the target year, percentage that discharged to permanency prior to 21<sup>st</sup> birthday or by the last day of the year.</p>	<p>a. CY 2009: 43% CY 2010: 45%</p> <p>d. CY 2009: 43% CY 2010: 45%</p> <p>e. CY 2009: 41% CY 2010: 44%</p>	<p>a. CY 2011: 50%</p> <p>d. CY 2011: 47%</p> <p>e. CY2011: 47%</p>	See December 2011 performance for most recent data; performance measured annually.	<p>a. CY 2010 data: 45%<sup>37</sup></p> <p>d. CY 2011 data: 47%</p> <p>e. CY 2011 data: 34%</p>	Partially <sup>38</sup>

<sup>37</sup> Data for calendar year 2011 will not be available until early 2013.

<sup>38</sup> Performance measures 34.a, d. & e. are the same outcome measure but require three different performance levels based on three cohorts of children defined by how long they have been in foster care. The Monitor considers this permanency performance requirement met only when all three cohorts achieve the required performance. Based upon performance during this monitoring period, this outcome has been partially met as performance for sub-parts a. & d. met the relevant interim benchmark and final target, however, performance for sub-part e. did not.



Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
MSA III.A 2.a	34.b. <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.	<p>a. Of those children who become legally free in CY 2009, 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 CY 2010, 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 CY 2011, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.	See December 2011 performance; performance measured annually.	78% of children who became legally free in CY 2010 were discharged from foster care to a finalized adoption in less than 12 months from date of becoming legally free.	Yes
MSA III.A 2.a	34. c. <u>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 CY 2009, 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 CY 2010, 55% will be discharged from foster care to adoption within 30 months from removal from home.</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.	See December 2011 performance; performance measured annually.	Of all children who exited to adoption in CY 2011, 48% were discharged from foster care to adoption within 30 months from removal from home.	No

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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 60 days of the date of the goal change. <sup>39</sup>	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 60 days of the date of the goal change.	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 six weeks of the date of the goal change.	In the months between July and December 2011, 62% to 89% <sup>40</sup> of children with a permanency goal of adoption had a petition to terminate parental rights filed within 60 days of the date of the goal change. <sup>41</sup>	No/Improved
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 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. <sup>42</sup>	Between July and December 2011, 90 children required child specific recruitment plans and 57 (63%) of these plans were developed within 30 days of the date of the goal change. <sup>43</sup>	No

<sup>39</sup> In May 2012 this performance standard was changed by agreement of the Parties.

<sup>40</sup> Data for monitoring period are as follows: July 2011, 78%; August 2011, 75%; September 2011, 75%; October 2011, 80%; November 2011, 62%; December 2011, 89%.

<sup>41</sup> In May 2012 this performance standard was changed by agreement of the Parties.

<sup>42</sup> 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.

<sup>43</sup> 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. Data for the monitoring period are as follows: July 2011, 61%; August 2011, 82%; October 2011, 40%; November 2011, 58%; December 2011, 67%

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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.	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.	Between July and December 2011, 12 (50%) out of 24 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/Declined
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.	91% of adoptions were finalized within nine months of adoptive placement.	96% of adoptions were finalized within nine months of adoptive placement.	Yes

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
<b><i>Health Care for Children in Out-of-Home Placement</i></b>						
MSA II.F.5	39. <u>Pre-Placement Medical Assessment</u> : Number/percent of children receiving pre-placement medical assessment in a setting appropriate to the situation. <sup>44</sup>	By June 30, 2008, 95% of children will receive a pre-placement assessment in a setting appropriate to the situation.	By December 31, 2009, 98% of children will receive a pre-placement assessment either in a non emergency room setting, or in an emergency room setting if the child needed emergency medical attention or the child was already in the emergency room when DYFS received the referral.	100% of children entering DYFS custody received a pre-placement assessment (PPA). 99% of PPAs occurred in a setting appropriate for the situation.	100% of children entering DYFS custody received a pre-placement assessment (PPA). 99% of PPAs occurred in a setting appropriate for the situation.	Yes
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 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.	From July through December 2011, 82% of children received a CME within the first 30 days of placement and 97% received a CME within the first 60 days of placement.	Partially

<sup>44</sup> By agreement of the Parties, this measure has been redrafted to combine the percentage of PPAs in a non-ER setting and those PPAs conducted in an ER that are appropriate based on the presenting medical needs of the child/youth or because the child/youth was already in the ER when DYFS received the referral.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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.	<ul style="list-style-type: none"> <li>a. By December 2008, 80% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.</li> <li>b. By June 2009, 90% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.</li> <li>c. By December 2009, 95% of children in care for one year or more will receive annual medical examinations in compliance with EPSDT guidelines.</li> </ul>	By June 2010, 98% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.	From January through June 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.	From July through December 2011, 92% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 93% of children older than two years were clinically up-to-date on their EPSDT visits.	Partially <sup>45</sup>

<sup>45</sup> While not in compliance with the final benchmark, performance on EPSDT/well child exams represents sustained access to health care for this population and is a significant achievement.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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. <sup>46</sup>	<ul style="list-style-type: none"> <li>a. By June 2009, 90% of children will receive annual dental examinations and 70% will receive semi-annual dental examinations.</li> <li>b. By December 2009, 95% of children will receive annual dental examinations and 75% will receive semi-annual dental examinations.</li> <li>c. By June 2010, 95% of children will receive annual dental examinations and 80% will receive semi-annual dental examinations.</li> <li>d. By December 2010, 98% of children will receive annual dental examinations and 85% will receive semi-annual dental examinations.</li> <li>e. By June 2011, 90% of children will receive semi-annual dental examinations.</li> </ul>	<ul style="list-style-type: none"> <li>a. By December 2011, 98% of children will receive annual dental examinations.</li> <li>b. By December 2011, 90% of children will receive semi-annual dental examinations.</li> </ul>	89% of children were current with their semi-annual dental exam.	87% of children were current with their semi-annual dental exam. 99% of children had received an annual dental examination. <sup>47</sup>	Partially

<sup>46</sup> 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 was solely measuring whether children receive these exams semi-annually.

<sup>47</sup> New this monitoring period, annual dental information is available.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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"> <li>a. By June 2009, 70% of children will receive follow-up care and treatment to meet health care and mental health needs.</li> <li>b. By December 2009, 75% of children will receive follow-up care and treatment to meet health care and mental health needs.</li> <li>c. By June 2010, 80% of children will receive follow-up care and treatment to meet health care and mental health needs.</li> <li>d. By December 2010, 85% of children will receive follow-up care and treatment to meet health care and mental health needs.</li> <li>e. By June 2011, 90% of children will receive follow-up care and treatment to meet health care and mental health needs.</li> </ul>	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.	94% of children received follow-up care for needs identified in their CME. <sup>48</sup>	93% of children received follow-up care for needs identified in their CME. <sup>49</sup>	Yes

<sup>48</sup> 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  $\pm 5$  percent margin of error.

<sup>49</sup> The Health Care Case Record Review conducted by DCF to report on the above indicators for Period XI was done by reviewing records of a random sample of children in DYFS out of home placement who were removed between May 1 and October 31, 2011 and were in care for a minimum of 60 days. 2,078 children comprise this cohort. A sample of 336 children was reviewed. The results have a  $\pm 5$  percent margin of error.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
	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 second quarter of 2011, DCF reports that 97% of all children in out-of-home placement were current with their immunizations.	In the fourth quarter of 2011, DCF reports that 96% of all children in out-of-home placement were current with their immunizations.	Partially <sup>50</sup>
MSA II.F.8	45. <u>Health Passports</u> : <sup>51</sup> 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 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. <sup>52</sup>	From May through October 2011, 62% 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. <sup>53</sup>	No/Improved

<sup>50</sup>Because this performance is 2 percentage points from the final target (and 1 percentage point lower than last monitoring period), the Monitor considers this requirement to be partially fulfilled. DCF continues to demonstrate sustained performance on ensuring the immunizations of children in out-of-home care.

<sup>51</sup> As discussed herein, the Monitor and Parties have met to discuss this measure and are considering if a more effective measure can be designed that assesses when meaningful medical information of children can reasonably be collected and timely shared with their caregivers.

<sup>52</sup> 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  $\pm 5$  percent margin of error.

<sup>53</sup> The Health Care Case Record Review conducted by DCF to report on the above indicators for Period XI was done by reviewing records of a random sample of children in DYFS out of home placement who were removed between May 1 and October 31, 2011 and were in care for a minimum of 60 days. 2,078 children comprise this cohort. A sample of 336 children was reviewed. The results have a  $\pm 5$  percent margin of error.



Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
<b><i>Mental Health Care for Children in Out-of-Home Placement</i></b>						
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.	<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 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. <sup>54</sup>	From May through October 2011, 99% of eligible children received a mental health screen. Of those screened, 53% had a suspected mental health need. Of those with a suspected mental health need (and 24 additional youth already receiving services), 90% received a mental health assessment. <sup>55</sup>	Yes

<sup>54</sup> 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  $\pm 5$  percent margin of error.

<sup>55</sup> DCF conducted a Health Care Case Record Review to report on the above indicator for Period XI. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between May 1 and October 31, 2011 and were in care for a minimum of 60 days. 2,078 children comprise this cohort. A sample of 336 children was reviewed. The results have a  $\pm 5$  percent margin of error. Because DCF has added to their analysis children already receiving mental health services but in need of a mental health assessment, performance cannot be compared to previous monitoring periods.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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
<b><i>Services to Families</i></b>						
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
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. <sup>56</sup>	Ongoing Monitoring of Compliance

<sup>56</sup> DCF plans to conclude its DR pilot by June 20, 2012 and expand, through the Division of Prevention and Community Partnerships (DPCP), the state's network of Family Success Centers (FSCs).

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
CPM	50. <u>Services to Support Transitions</u> : The Department will provide services and supports to families to support and 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.	Preliminary QR data: 52% of cases rated acceptable on QR indicator 'Transitions and Life Adjustments'	54% of cases rated acceptable on QR indicator 'Transitions and Life Adjustments'	No
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 13,477 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.	DCF administers an Adoption Subsidy Program which supported 13,688 adopted children by the end of December 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.	Ongoing Monitoring of Compliance

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
<b><i>Services to Older Youth</i></b>						
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 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.	As of December 31, 2011, 91% of youth aged 14 to 18 in out-of-home placement for at least six months had a completed Independent Living Assessment.	No/Improved
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.	a. By December 31, 2009 75% of older youth (18-21) are receiving acceptable services as measured by the QR. b. By December 31, 2010 75% of older youth (18-21) are receiving acceptable services as measured by the 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 <sup>57</sup>

<sup>57</sup> The Parties have recently agreed that the most effective and accurate method to measure performance on measure 54, Services to Older Youth and measure 55, Youth Exiting Care is through a qualitative review process based upon a sample of adolescent cases. The precise methodology for the qualitative review will be developed by the state and the Monitor, with input from Plaintiffs in the next few months.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	June 2011 Performance	December 2011 Performance <sup>10</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>11</sup>
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	Data Not Available	Data Not Available <sup>58</sup>

<sup>58</sup> Ibid.

**Ongoing Phase I and Phase II Requirements**

<b>The following are additional MSA requirements that DCF must meet:</b>	<b>December 2011 Performance</b>	<b>Fulfilled (Yes/No)<sup>59</sup></b>
<p><b>II.A.5.</b> 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.</p>	<p>Implementation “immersion sites” have been expanded across the state. As of June, 2012 all 47 DYFS local offices will have completed the immersion process.</p>	<p align="center">Yes</p>
<p><b>II.B.1.b.</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.</p>	<p>94 (100%) new caseworkers (33 hired in the last monitoring period) were enrolled in Pre-Service training within two weeks of their start date. (5 BCWEP hires).<sup>60</sup></p>	<p align="center">Yes</p>
<p><b>II.B.1.c.</b> No case carrying worker shall assume a full caseload until completing pre-service training and passing competency exams.</p>	<p>94 (100%) new workers who are now case-carrying workers have passed competency exams (5 BCWEP hires).</p>	<p align="center">Yes</p>

<sup>59</sup> “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 July 1 to December 31, 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.

<sup>60</sup> 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**

<b>The following are additional MSA requirements that DCF must meet:</b>	<b>December 2011 Performance</b>	<b>Fulfilled (Yes/No)<sup>59</sup></b>
<p><b>II.B.2. c.</b> 100% of case carrying workers and supervisors shall take a minimum of 40 hours of annual In-Service Training and shall pass competency exams.</p>	<p>2,928 out of 3,007 (97%) case carrying workers and supervisors completed 40 or more hours of training.</p>	<p align="center">Yes</p>
<p><b>II.B.2.d.</b> The state shall implement in-service training on concurrent planning for all existing staff.</p>	<p>Between July and December 2011, 109 out of 109 (100%) eligible DYFS caseworkers were trained on concurrent planning and passed competency exams before assuming caseloads.</p>	<p align="center">Yes</p>
<p><b>II.B.3.a.</b> 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.</p>	<p>159 employees (100%) assigned to take intake and investigations in this monitoring period successfully completed intake training and passed competency exams.</p>	<p align="center">Yes</p>

**Ongoing Phase I and Phase II Requirements**

<b>The following are additional MSA requirements that DCF must meet:</b>	<b>December 2011 Performance</b>	<b>Fulfilled (Yes/No)<sup>59</sup></b>
<p><b>II.B.4.b.</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.</p>	<p>Between July and December 2011, 17 supervisors were trained and passed competency exams; three of these supervisors were appointed at the end of the last monitoring period. Twenty-seven supervisors were appointed during this monitoring period, fourteen of whom were part of the 17 supervisors trained.</p>	<p align="center">Yes</p>
<p><b>II.C.4</b> The state will develop a plan for appropriate service delivery for lesbian, gay, bisexual, transgender, and questioning youth, and thereafter begin to implement plan.</p>	<p>A plan was developed by June 2007. Implementation of the plan continues.</p>	<p align="center">Yes</p>
<p><b>II.C.5</b> 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.</p>	<p>Policies have been promulgated and DCF continues its work to expand services to this population. 2011-2014 Strategic Plan currently being implemented.</p>	<p align="center">Yes</p>
<p><b>II.D.1.</b> 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.</p>	<p>The state has implemented and utilizes a real time bed tracking system to match children with DCBHS placements.</p>	<p align="center">Yes</p>



**Ongoing Phase I and Phase II Requirements**

<b>The following are additional MSA requirements that DCF must meet:</b>	<b>December 2011 Performance</b>	<b>Fulfilled (Yes/No)<sup>59</sup></b>
<b>II.D.2.</b> 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
<b>II.D.5.</b> 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
<b>II.G.9.</b> The state shall provide adoption training to designated adoption workers for each local office.	Thirty-five out of 35 adoption workers (100%) were trained between July and December 2011.	Yes
<b>II.G.15.</b> 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
<b>II.H.4.</b> The period for processing resource family applications through licensure will be 150 days.	Between January and June 2011, DCF resolved 69% of applications within 150 days.	No
<b>II.H.13</b> 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
<b>II.H.14</b> The state shall provide flexible funding at the same level or higher than provided in FY'07.	For FY2012, the flex fund budget was \$5,710,219.	Yes

**Ongoing Phase I and Phase II Requirements**

<b>The following are additional MSA requirements that DCF must meet:</b>	<b>December 2011 Performance</b>	<b>Fulfilled (Yes/No)<sup>59</sup></b>
<b>II.H.17</b> 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
<b>II.J.2.</b> The state shall initiate management reporting based on Safe Measures.	The state currently uses Safe Measures for management reporting.	Yes
<b>II.J.6.</b> The state shall annually produce DCF agency performance reports.	DCF released the FY 2011 report in November 2011.	Yes
<b>II.J.9.</b> The state shall issue regular, accurate reports from Safe Measures.	The state has the capacity and is regularly producing reports from Safe Measures.	Yes
<b>II.J.10.</b> 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 July to December 2011 that provides individual worker caseloads of children and families for intake, permanency and adoption workers.	Yes
<b>II.E.20</b> 95% of offices shall have sufficient supervisory staff to maintain a five worker to one supervisor ratio.	99% <sup>61</sup> of DYFS local offices have sufficient front line supervisors to have ratios of five workers to one supervisor.	Yes

<sup>61</sup> This figure is the average from July 1 to December 31, 2011.

### Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2011 Performance	Fulfilled (Yes/No) <sup>59</sup>
<b>III.B.1.a</b> 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.	96% <sup>62</sup> of permanency offices met standards. 93% <sup>62</sup> of permanency workers met caseload requirements.	Partially <sup>63</sup>
<b>III.B.1.b</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.	89% <sup>62</sup> of intake offices met standards. 76% <sup>62</sup> of intake caseworkers met caseload requirements.	No/Declined
<b>III.B.1.c</b> 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
<b>III.B.1.d</b> 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.	87% <sup>62</sup> of adoption offices met standards. 90% <sup>62</sup> of adoption caseworkers met caseloads requirements.	No
<b>III.C.2</b> 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

<sup>62</sup> This figure is the average from July 1 to December 31, 2011.

<sup>63</sup> DCF met the office standard for Permanency workers. DCF did not meet the individual worker caseload standard for Permanency workers.

**Ongoing Phase I and Phase II Requirements**

<b>The following are additional MSA requirements that DCF must meet:</b>	<b>December 2011 Performance</b>	<b>Fulfilled (Yes/No)<sup>59</sup></b>
<b>III.C.4</b> 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
<b>III.C.5</b> The state shall incorporate into its contracts with service providers performance standards consistent with the Principles of the MSA.	The Monitor has reviewed several service provider contracts and found that such contracts incorporate performance standards consistent with the Principles of the MSA.	Yes
<b>III.C.6</b> 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.	During 2011 DCF's newly established Office of Continuous Quality Improvement (OCQI) developed and successfully implemented a statewide qualitative case review process.	Yes
<b>III.C.7</b> The state shall regularly evaluate the need for additional placements and services to meet the needs of children in custody and their families, and to support intact families and prevent the need for out-of-home care. Such needs assessments shall be conducted on an annual, staggered basis that assures that every county is assessed at least once every three years. The state shall develop placements and services consistent with the findings of these needs assessments.	The state is reevaluating its needs assessment process and will be proposing a new plan in the next monitoring period.	Unable to Determine
<b>III.C.8</b> Reimbursement rates for resource families shall equal the median monthly cost per child calculated by the United States Department of Agriculture for middle-income, urban families in the northeast.	Resource family board rates continue to meet USDA standards.	Yes

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#### 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. 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.

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.

## State Central Registry

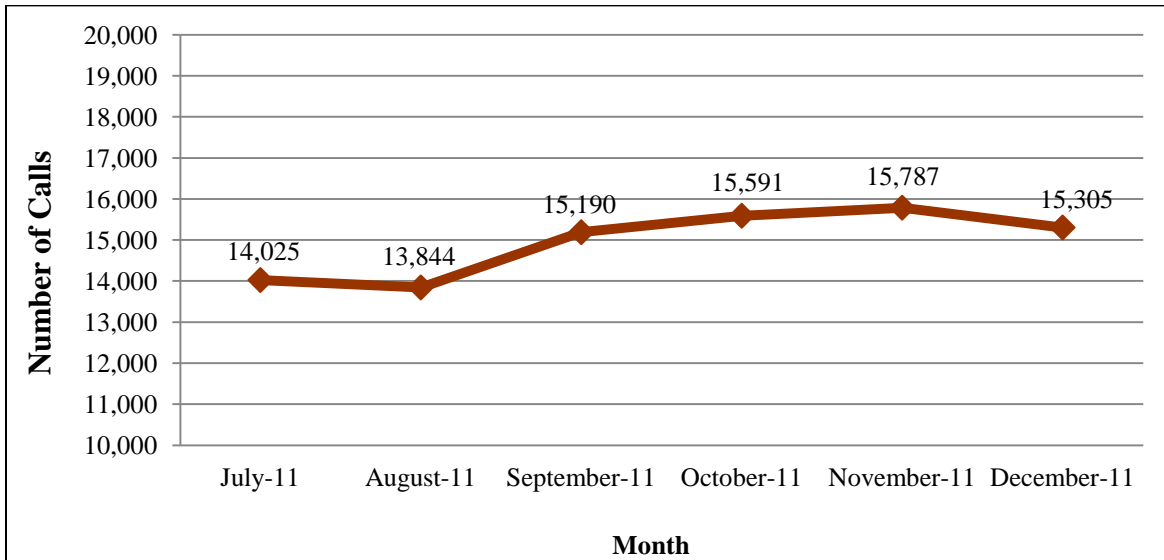
<b>Quantitative or Qualitative Measure</b>	1. <u>Responding to Calls to the SCR:</u> a. Total number of calls b. Number of abandoned calls c. Time frame for answering calls d. Number of calls screened out e. Number of referrals for CWS	
<b>Final Target</b>	Ongoing Monitoring of Compliance	
<b>JUNE</b>		<b>DECEMBER</b>
<b>2009</b>		<b>2009</b>
a. 15,197 calls b. 392 abandoned calls c. 17 seconds d. 4,223 calls screened out e. 1,107 CWS referrals	a. 13,538 calls b. 402 abandoned calls c. 18 seconds d. 3,816 calls screened out e. 922 CWS referral	
<b>2010</b>		<b>2010</b>
a. 15,785 calls b. 657 abandoned calls c. 28 seconds d. 4,271 calls screened out e. 1,197 CWS referrals	a. 14,072 calls b. 394 abandoned calls c. 20 seconds d. 4,109 calls screened out e. 866 CWS referrals	
<b>2011</b>		<b>2011</b>
a. 16,325 calls b. 716 abandoned calls c. 29 seconds d. 5,592 calls screened out e. 1,232 CWS referrals	a. 15,305 calls b. 456 abandoned calls c. 22 seconds d. 5,279 calls screened out e. 1,111 CWS referrals	

### ***Performance as of December 31, 2011:***

Between July and December 2011, the SCR received 89,742 calls. This is a decrease of 1,580 calls as compared to the last monitoring period (January-June 2011) and an increase of 2,385 calls as compared to the same six month period in 2010 (July-December). On average, the state reports callers waited about 22 seconds for an SCR screener to answer their calls. About one-third, 28,918 (32%) calls<sup>64</sup> related to the possible need for Child Protective Services (CPS) responses. Of those, screeners classified 28,055 reports for investigation of alleged child abuse or neglect. Another 7,383 (8%) calls related to the possible need for Child Welfare Services (CWS). In these circumstances, screeners classified 6,710 referrals for assessment of service need. Figure 1 shows a month-by-month breakdown of the call volume at SCR for July through December 2011.

<sup>64</sup> 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.

**Figure 1: Number of Calls to SCR by Month  
(July – December 2011)**



Source: DCF data

**State Central Registry (SCR)**

<b>Quantitative or Qualitative Measure</b>	<p>2. <u>Quality of SCR Response:</u></p> <ul style="list-style-type: none"> <li>a. Respond to callers promptly, with respectful, active listening skills</li> <li>b. Essential information gathered—identification of parents and other important family members</li> <li>c. Decision making process based on information gathered and guided by tools and supervision</li> </ul>
<b>Final Target</b>	Ongoing Monitoring of Compliance

***Performance as of December 31, 2011:***

Between July and December 2011, SCR continued to implement a number of system improvements related to staffing, training and quality assurance actions. Staffing improvements require that all new SCR screeners have prior field experience. Training for new staff has recently been increased from 10 to 15 days, with more emphasis put on live call training. All supervisory staff and eight screeners have been trained to complete comprehensive background checks. SCR continues to implement previous improvements to the certification of screeners. To become certified, screeners must have 10 calls rated by a supervisor with an average quality score exceeding 85 percent. Casework Supervisors evaluate five more random calls for quality and the SCR Administrator provides final approval for certification. SCR screeners must be re-certified annually. Once certified, screeners are able to make decisions regarding call classification without a mandatory supervisor review.

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Quality assurance has been improved to ensure that calls designated as information and referral (I&Rs)<sup>65</sup> are properly classified. Supervisors monitor and evaluate 25 percent of all I&R's. Departmental data confirms that between July 7, 2011 and October 12, 2011, 50 percent of I&R calls were reviewed by supervisors. Between October 12, 2011, and December 31, 2011, 25 percent of I&R calls were listened to and reviewed by supervisors. Seventy five percent of daily I&R Intakes that are not directly listened to by supervisors are being read by supervisory staff, and 10 percent of all I&R Intakes are read by the SCR Administrator. Finally, 10 percent of the daily Related Information (RI)<sup>66</sup> calls are reviewed by Casework Supervisors. The SCR Administrator then reviews 20 percent of those reports.

In December 2011, the Office of Performance Management & Accountability (OPMA), together with the Monitor, conducted a case record review of SCR operations. Monitor and DYFS staff reviewed a sample of 367 intakes from the month of October, 2011 to assess the professionalism and competence of screeners, their effectiveness in gathering critical information, the quality of documentation, and the decision making.

### ***Professionalism and Competence of SCR Screeners***

The review found SCR screeners to be professional and competent in their interactions with callers. In 324 (88%) of 367 calls, screeners asked relevant questions in a logical sequence to obtain information from the caller regarding the reasons/circumstances that prompted the call. In 40 (11%) of 367 calls, screeners partially accomplished this task. In 347 (94%) of 367 calls, screeners demonstrated competency and professionalism during the course of the call. In an additional 18 (5%) of 367 calls, screeners partially met this expectation.

### ***Information Collection***

The Reviewers found that while screeners consistently gathered the majority of critical information, there are several areas for improvement. Screeners collected information in 234 (99%) of 236 calls on the alleged identity of the perpetrator. Screeners collected information on the relationship of the alleged victim to the perpetrator and the alleged perpetrators access to the victim in 235 (99%) of 237 calls. Areas for improvement include information on mental health, the primary language of the family and whether the paramour would require a criminal background check. Screeners gathered information regarding mental health issues in the household in 166 (73%) of 228 applicable CPS calls, and 43 (65%) of 66 applicable Child Welfare Services (CWS) calls. Screeners collected information about the primary language of the family in 108 (46%) of 233 applicable CPS calls and 25 (37%) of 67 applicable CWS calls. Screeners obtained information that would indicate the paramour would require a criminal background check in 105 (70%) of 151 applicable CPS Intakes and in 18 (44%) of 41 applicable CWS Intakes.

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<sup>65</sup> 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).

<sup>66</sup> Calls to the SCR concerning an existing DYFS case.



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### *Documentation*

Reviewers found documentation by screeners to be sound, although there is room for improvement in both the accuracy and completeness. Overall documentation was excellent in 309 (84%) of 367 calls reviewed. Documentation was rated marginal in 53 (14%) of 367 calls and poor in 5 (1%) calls. Required New Jersey SPIRIT searches were documented in 312 (85%) of 367 calls.

### *Decision Making*

In the majority of cases, screeners are making appropriate decisions regarding response time and coding. Recommended field response time (i.e. immediate, 24 hour, 72 hour) was appropriately assigned in 278 (88%) of 316 applicable calls. In 320 (87%) out of 367 calls, reviewers determined that the call was appropriately coded, that is, appropriately routed to an investigation, assessment, or I&R.

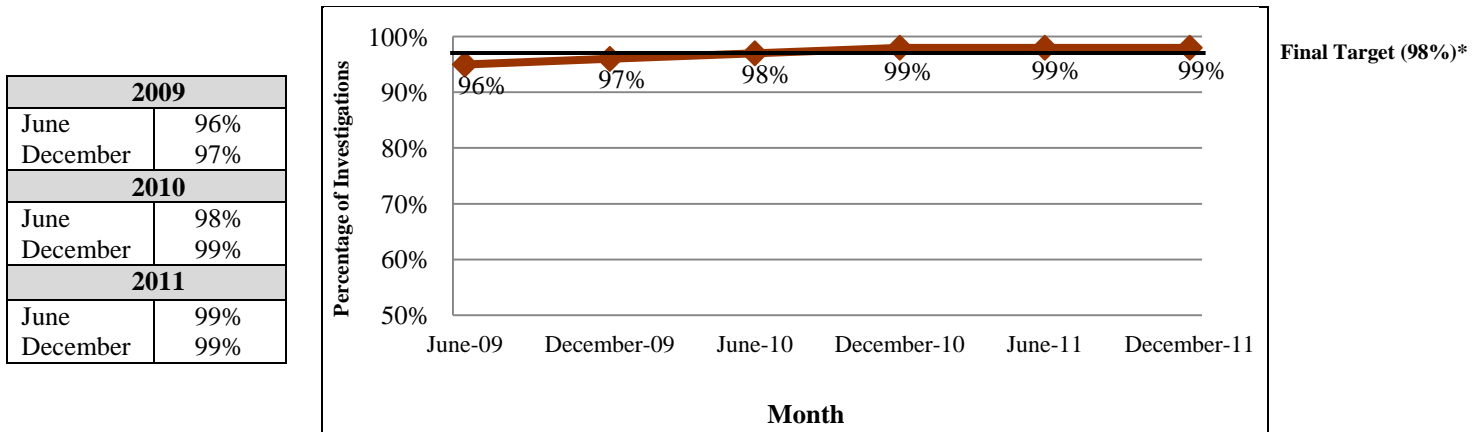
### *Next Steps*

The review confirmed the high degree of professionalism of SCR staff. DCF is currently developing new strategies to further improve screener's performance in asking all critical questions regarding home environment, the accuracy of documentation, decision making, and conducting all required NJ SPIRIT searches.

**B. Timeliness and Quality of Investigative Practice**

<b>Quantitative or Qualitative Measure</b>	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.
<b>Final Target</b>	<ul style="list-style-type: none"> <li>a. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be received by the field in a timely manner.</li> <li>b. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be commenced within the required response time.</li> </ul>

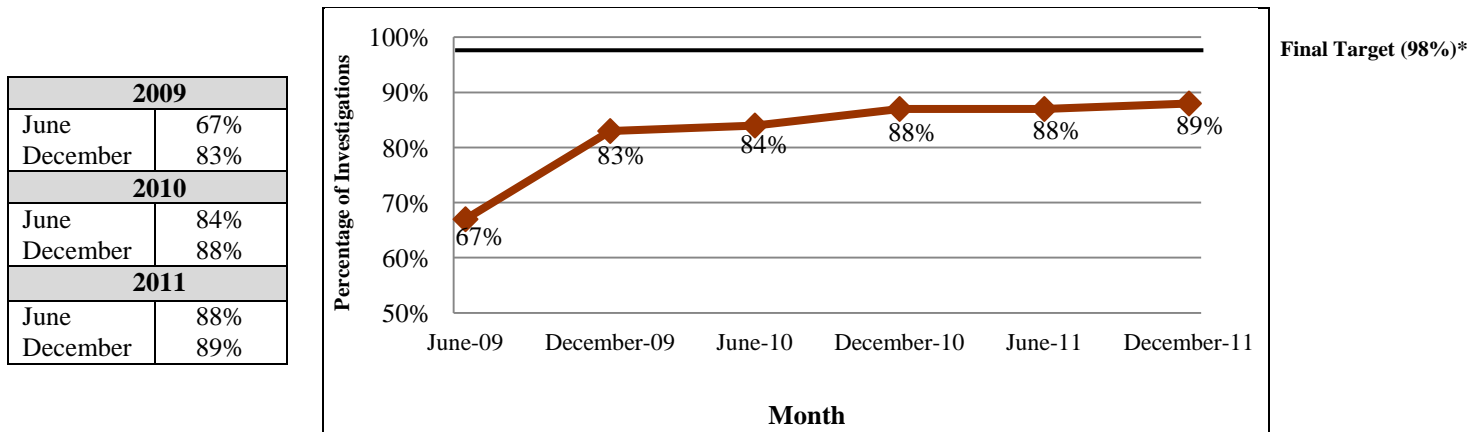
**Figure 2: Percentage of Investigations Received by the Field in a Timely Manner (June 2009 – December 2011)**



Source: DCF data

\*Interim Benchmark by June 2009 (90%)

**Figure 3: Percentage of Investigations Commenced within Required Response Time (June 2009 – December 2011)**



Source: DCF data

\*Interim Benchmark by June 2009 (75%)

***Performance as of December 31, 2011:***

DCF continued to meet the timeframe for timely transmittal of referrals to the field (Figure 2) but did not meet the final target for commencing investigations within the required response times (Figure 3). 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.<sup>67</sup> During the month of December 2011, DCF received 5,198 referrals of child abuse and neglect requiring investigation. Of the 5,198 referrals, 4,570 (88%) referrals were received by the field within one hour or less of call completion. An additional 567 (11%) 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 61 referrals were received by the field within 10 hours.

The number of referrals received per month ranged from 3,983 in August 2011 to 5,198 in December 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 December 2011, there were 4,989 CPS intakes applicable to this measure.<sup>68</sup> Of the 4,989 intakes received, 1,384 intakes were coded for an immediate response and 3,650 intakes were coded for a response within 24 hours. 4,424 (89%) intakes were commenced within their required response time. Between July

<sup>67</sup> The Monitor currently assesses performance on receipt by the field in a timely manner with a three hour standard.

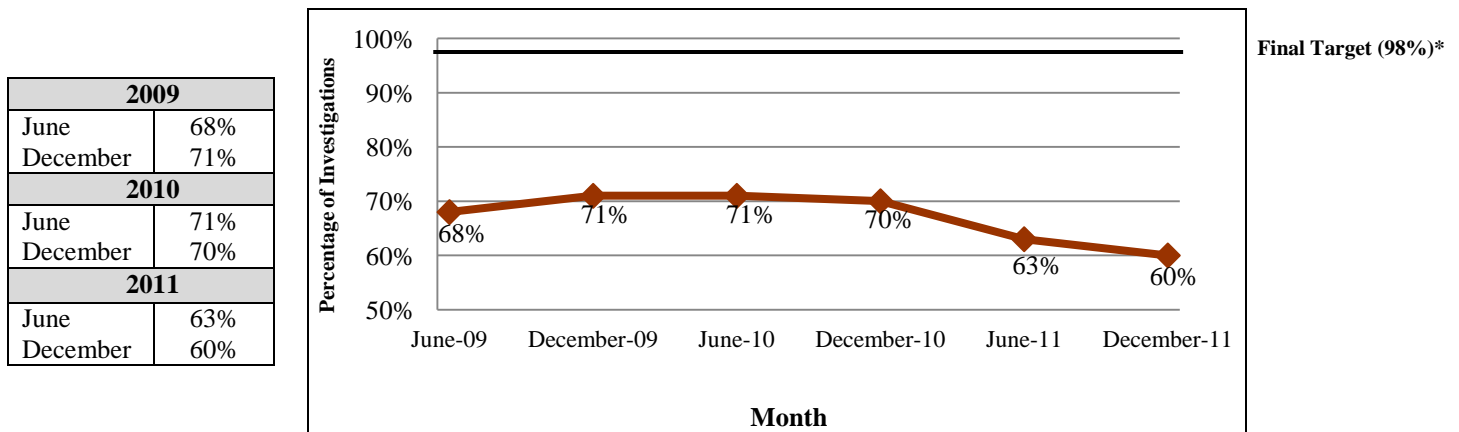
<sup>68</sup> Intakes are differentiated from referrals because SCR can receive several referrals related to one incident or in other instances, one referral can result in several intakes.

and December 2011, the percentage of monthly intakes commenced within their required response time ranged from 89 to 94 percent. The final target for this measure was not met.

### Investigative Practice

<b>Quantitative or Qualitative Measure</b>	4. <u>Timeliness of Completion</u> : Investigations of alleged child abuse and neglect shall be completed within 60 days.
<b>Final Target</b>	By June 30, 2010, 98% of all abuse/neglect investigations shall be completed within 60 days.

**Figure 4: Percentage of Abuse/Neglect Investigations Completed within 60 days (June 2009 – December 2011)**



Source: DCF data

\*Interim Benchmark by December 2009 (95%)

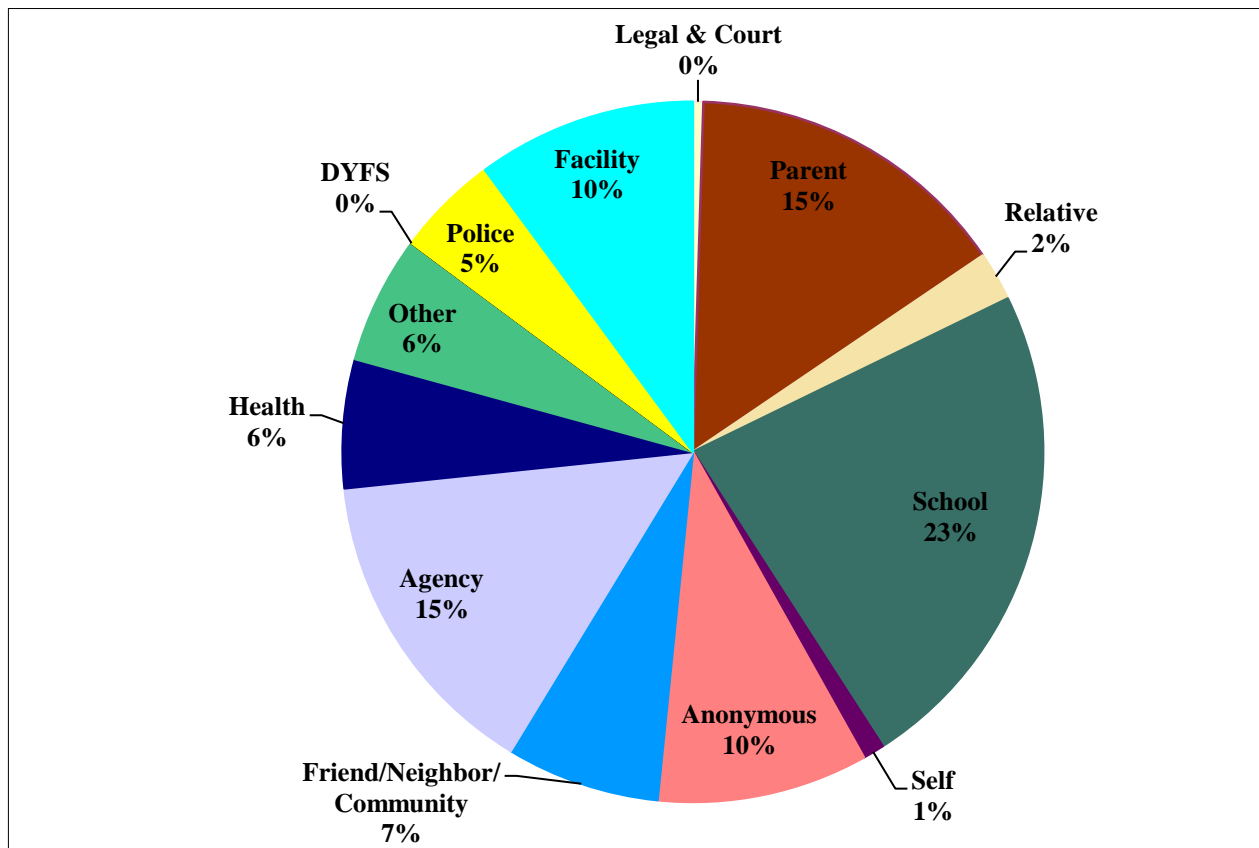
#### ***Performance as of December 31, 2011:***

The Performance Benchmark require that 98 percent of all abuse and neglect investigations be completed within 60 days. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure. There were 4,969 intakes in December 2011 applicable to this measure. Of the 4,969 intakes, investigations were completed within 60 days on 2,971 (60%) intakes. An additional 1,240 (25%) investigations were completed between 61 and 90 days after receipt. The longest time to completion of an investigation for intakes received in December 2011 was 111 days, with 92 (2%) investigations taking more than 90 days to complete and 666 (13%) investigations not complete as of March 16, 2012. Between July and December 2011, monthly performance on investigation completion ranged between 55 percent and 63 percent. Performance on this measure has decreased slightly from the previous monitoring periods, most likely due to a significant and sustained increase in the number of referrals that has resulted in increased volume for intake workers.

**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.<sup>69</sup> From January to December 2011, IAIU received approximately 2,918 referrals. This is a decrease of 631 referrals over the same period in 2010. Figure 5 illustrates the proportion of IAIU referrals from different sources. As compared to 2010, IAIU referral sources are very similar.

**Figure 5: IAIU Referral Source  
(January – December 2011)  
Total Referrals = 2,918**



Source: DCF data

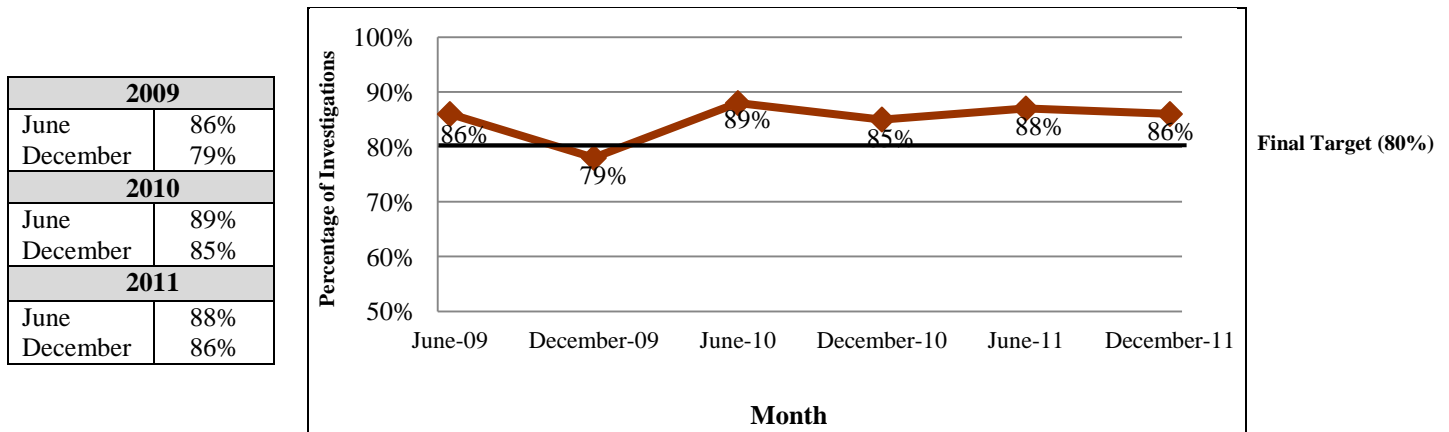
<sup>69</sup> DYFS (7-1-1992). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 302.

**1. Performance Benchmarks for IAIU**

**IAIU Practice for Investigations in Placements**

<b>Quantitative or Qualitative Measure</b>	<p>6. <u>IAIU Practice for Investigations in Placements:</u></p> <ul style="list-style-type: none"> <li>a. Investigations in resource homes and investigations involving group homes, or other congregate care settings shall be completed within 60 days.</li> <li>b. Monitor will review mechanisms that provide timely feedback to other division (e.g., DCBHS, OOL) and implementation of corrective action plans.</li> <li>c. Corrective action plans developed as a result of investigations of allegations re: placements will be implemented.</li> </ul>
<b>Final Target</b>	By June 2007 and thereafter, 80% of IAIU shall be completed within 60 days.

**Figure 6: Percentage of IAIU Investigations Completed within 60 days (June 2009 – December 2011)**



Source: DCF data

***Performance as of December 31, 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 July and December 2011, 83 to 91 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. DCF continues to meet the final target for this measure.

**Table 2: IAIU Investigative Timeliness:  
Percent of Investigations Pending less than 60 days  
as Recorded for the last date of each month, July – December 2011**

<b>Date</b>	<b>All Open Investigations pending less than 60 days</b>	<b>Open Investigations in Resource Family homes and congregate care pending less than 60 days</b>
July 29, 2011	83%	81%
August 31, 2011	84%	89%
September 30, 2011	84%	85%
October 31, 2011	86%	86%
November 30, 2011	91%	88%
December 30, 2011	86%	84%

Source: DCF data, IAIU, Daily Workflow Statistics

## **2. Corrective Action Monitoring from IAIU Investigations**

If the evidence from an investigation does not support substantiating maltreatment, the investigation is considered “unfounded.” However, during the course of an IAIU 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. IAIU investigators refer to this as a finding “with concerns.” The concerns generally require some type of corrective action by the facility, home, corporation, etc.

Every IAIU investigation results in a “finding letter” sent to a facility or resource home. These letters cite the investigative conclusion and when applicable, concerns that are 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 July 1 and December 31, 2011, IAIU issued 176 corrective action requests involving Resource Family homes, group homes and residential facilities where foster children were placed. DYFS policy allows 30 days to complete or “accept” a corrective action. According to the information reported from the IAIU corrective action database, 155 (88%) of 176 corrective actions had been successfully completed (accepted) and 21 (12%) of corrective action requests were outstanding or pending resolution as of February 29, 2012. As of February 29, 2012, the 21 corrective action requests that were due had been outstanding 72 to 184 calendar days since the date of the findings letter.

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### 3. Corrective Action Reports

The Monitor reviewed 12 cases from the corrective action database, randomly selected from reports between July and December 2011, to look at feedback mechanisms between IAIU and other divisions (DCBHS, OOL, etc) and to ensure corrective action plans (CAPs) are being developed. The sample included a total of five group homes and seven resource family homes. IAIU's CQI accepted 11 of the 12 CAPs by December 31, 2011. The CAPs resulted in retraining staff in group homes, retraining resource parents regarding DYFS policy, the termination of two employees and the closing of one mentor home and one 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. The one CAP in the sample that had not been accepted during the monitoring period was accepted by mid-January.



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## V. IMPLEMENTING THE CASE PRACTICE MODEL

DCF completed its statewide intensive on-site training on the Case Practice Model (CPM) in June 2012, bringing to a successful close a three and a half year effort to provide all staff with the skills to implement the practice model. 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 and are discussed beginning on page 68.

### A. *Activities Supporting the Implementation of the Case Practice Model*

#### Immersion Sites

Previous monitoring reports describe in detail New Jersey's process to implement the CPM through intensive training, coaching and mentoring in "immersion sites" across the state. By the end of June 2012, staff at each of the 47 DYFS local offices were trained intensively on the CPM and are 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 CY 2010, 28 DYFS offices had completed immersion training.<sup>70</sup> In CY 2011, 13 additional offices completed immersion training,<sup>71</sup> for a total of 41 offices having completed intensive case practice model training by December 31, 2011. The remaining six offices began immersion training between May and October 2011 and completed it in June 2012.<sup>72</sup>

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 and implementing the CPM.<sup>73</sup> Between July and December 2011 DCF added 28 coaches and 17 master coaches, for a total of 238 coaches and 82 master coaches statewide. DCF reports that

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<sup>70</sup> 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.

<sup>71</sup> Middlesex West, Atlantic East and Essex Central completed immersion training between January and June 2011. Essex Adoption, Hudson Central, Union West, Camden South, Hunterdon, Warren, Essex Newark Northeast and Gloucester East began immersion training between July and December 2010 and completed it by August 2011. Monmouth North and Hudson North began immersion training in March 2011 and completed it in October 2011.

<sup>72</sup> Essex South, Camden East, Ocean South, Newark South, Middlesex Coastal and Hudson South.

<sup>73</sup> Coaches are DYFS staff of varying levels who are trained specifically to lead FTMs; master coaches train local office and area staff to become facilitators and coaches.

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each area now has at least three master coaches, with most areas having between six and 16. To assist with advanced training on CPM approaches, DCF plans to partner with private agencies to secure additional clinical case consultation.

### **Domestic Violence and Child Welfare**

Since October 2009, when DCF adopted its Domestic Violence Protocol (DV Protocol), there has been a stronger focus in the Department on the co-occurrence of domestic violence and child abuse and neglect. The DV Protocol provides practice guidance, guiding principles, statutory requirements and goals and objectives that reflect the underlying tenets of New Jersey's CPM.

The Domestic Violence Liaison Program is a partnership between DCF, DYFS, the NJ Coalition for Battered Women (NJCBW) at the state level, and the DYFS local offices and domestic violence lead agencies at the county level. DV Liaisons are domestic violence specialists, co-located at the DYFS area and local offices, who assist DYFS casework staff in the assessment and service provision of DYFS protective service cases where domestic violence may be occurring. DCF reports that the DV Liaisons provide case consultation, safety planning, support, information and referral, and advocacy for the non-offending parents and their children.

Between July 1 and December 31, 2011, a team of trainers including DV Liaisons, contracted DV trainers and the Child Welfare Training Academy trained 63 DYFS staff on the DV Protocol, for a total of 3,924 staff trained since October 2009. DCF reports that DV Liaisons served 1,907 non-offending parents, 3,374 children and 1,822 batterers in the reporting period.

*Peace: A Learned Solution* (PALS), New Jersey's trauma informed program for victims of domestic violence, is now available in eleven counties in the state. PALS is an intensive assessment and treatment program that uses art therapy for children who have been exposed to domestic violence and their non-offending parents. DCF reports that in this reporting period a total of 886 clients participated in the PALS program: 551 children and 335 non-offending parents.

### **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.<sup>74</sup> Enhanced reviews occur in all 47 DYFS local offices.

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<sup>74</sup> 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.

*Statewide, in December 2011, 93 percent of applicable families had required five month reviews, and 90 percent had required ten month reviews.*

As Table 3 below reflects, in December 2011, 93 percent of five month reviews due that month were completed timely statewide. Between July and December 2011, monthly performance on this measure ranged from 91 to 97 percent.

**Table 3: Five Month Enhanced Review  
(July – December 2011)**

	July		August		September		October		November		December	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Reviews Completed w/in five months	203	97	243	94	224	91	233	94	311	96	284	93
Reviews Not Completed w/in five months	7	3	17	7	23	9	15	6	13	4	23	8
Totals	210	100	260	101*	247	100	248	100	324	100	307	101*

Source: DCF data

\*Percentage is greater than 100 due to rounding.

Table 4 below shows that statewide in December 2011, 90 percent of ten month reviews due that month were completed timely. Between July and December 2011, monthly performance on this measure ranged from 90 to 97 percent.

**Table 4: Ten Month Enhanced Review  
(July – December 2011)**

	July		August		September		October		November		December	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Reviews Completed w/in ten months	214	97	169	94	180	93	162	95	150	92	123	90
Reviews Not Completed w/in ten months	6	3	11	6	13	7	8	5	14	9	13	10
Totals	220	100	180	100	193	100	170	100	164	101*	136	100

Source: DCF data

\*Percentage is greater than 100 due to rounding.

***In December 2011, 57 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, in December 2011, 57 percent of cases were transferred to an Adoption worker within the required timeframe. Between July and December 2011, monthly performance on transfers within five days ranged from 52 to 69 percent; during these same months, performance on transfers to an Adoption worker within 30 days ranged from 81 to 90 percent of applicable cases.

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

	July		August		September		October		November		December	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Within 5 days	51	53	57	54	57	66	88	69	45	52	39	57
6-20 days	27	28	23	22	8	9	21	16	24	28	15	22
21- 30 days	4	4	6	6	10	12	6	5	1	1	1	1
31 or More days	8	8	6	6	0	0	5	4	7	8	3	4
Not Yet Assigned	3	3	9	9	12	14	7	6	2	2	5	7
Not Able to Determine (Missing hearing date)	3	3	4	4	0	0	1	1	8	9	5	7
Totals	96	99*	105	101*	87	101*	128	101*	87	100	68	98*

Source: DCF data

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

***B. Performance Benchmarks on Family Team Meetings and Case Planning***

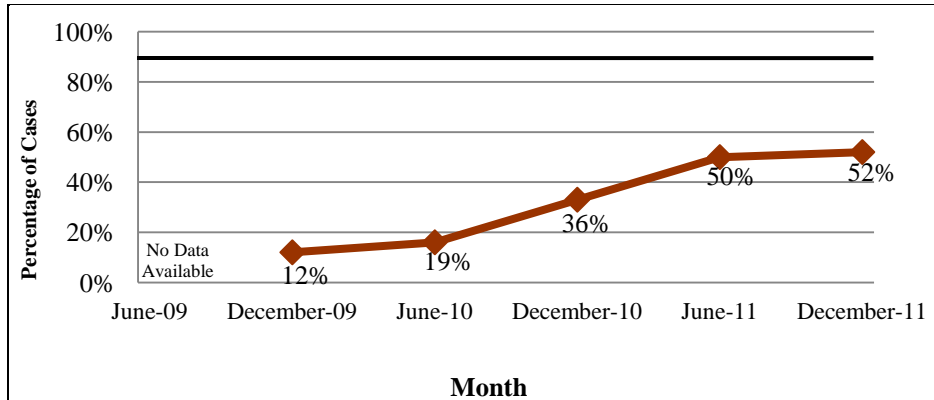
Family Team Meetings are a critical part of DCF’s shift in practice, and are intended to work in concert with individualized case planning. Caseworkers are trained and coached to hold FTMs on their cases at key decision points in the life of a case, such as when a child enters placement, when a child has a change of placement and/or when there is a need 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.

## Family Involvement and Effective Use of Family Team Meetings

<b>Quantitative or Qualitative Measure</b>	<p>7. <u>Family Involvement and Effective Use of Family Team Meetings</u>: A family team (involving parents, youth and appropriate formal and informal supports) shall meet and plan together. The team should be involved in planning &amp; decision making throughout a case and have the skills, family knowledge and abilities to solve and help to organize effective services for the child and family.<sup>75</sup></p> <p>Number of family team meetings at key decision points:</p> <ol style="list-style-type: none"> <li>a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry.</li> <li>b. For all other children in placement, the number/percent who have at least one family team meeting each quarter.</li> <li>c. Family Teamwork<sup>76</sup></li> </ol>
<b>Final Target</b>	<ol style="list-style-type: none"> <li>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.</li> <li>b. By June 30, 2010, family meetings held for 90% of children at least once per quarter.</li> <li>c. By June 30, 2011, 90% of cases show evidence in QR of acceptable team formation and functioning.</li> </ol>

**Figure 7: Percentage of Cases with Family Team Meeting held within 30 days of Child Entering Placement (June 2009 – December 2011)**

2009	
June	N/A
December	12%
2010	
June	19%
December	36%
2011	
June	50%
December	52%



Source: DCF data

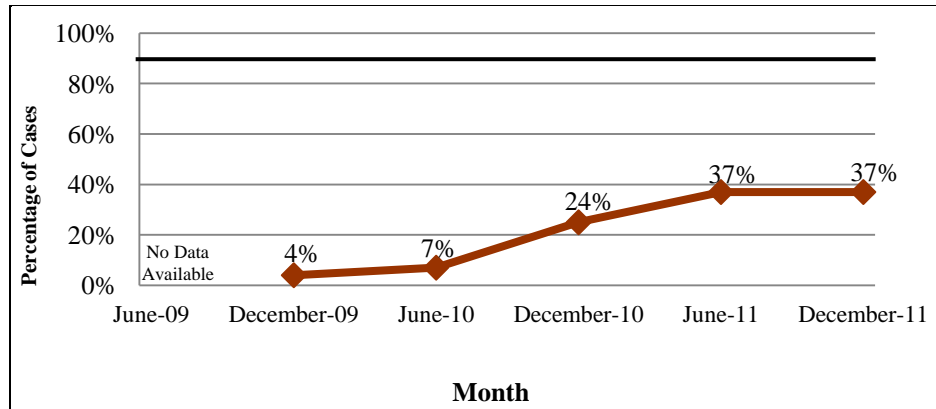
\*Interim Benchmark by December 2009 (75%)

<sup>75</sup> This is newly agreed upon language to more closely reflect expected practice. This previously read: “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.”

<sup>76</sup> Upon agreement of the Parties, Measure 7c has been merged with Measure 9. Measure 9, which read: “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” has been deleted.

**Figure 8: Percentage of Cases in Placement with at least One Family Team Meeting Each Quarter (June 2009 – December 2011)**

2009	
June	N/A
December	4%
2010	
June	7%
December	24%
2011	
June	37%
December	37%



Source: DCF data

\*Interim Benchmark by December 2009 (75%)

### *Performance as of December 31, 2011*

DCF did not meet the 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 offices that completed immersion training as of the end of the quarter: a total of 31 sites at the end of the third quarter of 2011, and 34 sites at the end of the fourth quarter.<sup>77</sup> According to NJ SPIRIT data, in December 2011, 52 percent of the cases requiring FTMs within 30 days of removal held FTMs in the 34 sites which had completed immersion training; from July to December 2011, monthly performance ranged from 44 percent to 64 percent.<sup>78</sup> Performance for FTMs held within 60 days of removal between July and December 2011 ranged from 53 to 77 percent. In December 2011, quarterly FTMs were held in 37 percent of applicable cases in the 34 sites; from July to December 2011, monthly performance ranged from 36 to 41 percent.<sup>79</sup> DCF continues to face challenges in holding FTMs, despite identifying barriers and strategies to address performance challenges. DCF anticipates that

<sup>77</sup> DCF reported on the following sites for this monitoring period: Atlantic East; Atlantic West LO; Bergen Central LO; Bergen South LO; Burlington East LO; Burlington West LO; Camden Central LO; Camden North LO; Cape May LO; Cumberland East LO; Cumberland West LO; Essex North LO; Essex Central; Gloucester West LO; Hudson Central LO; Hudson West LO; Mercer North LO; Mercer South LO; Middlesex Central LO; Middlesex West; Monmouth South LO; Morris East LO; Morris West LO; Newark Center City LO; Newark Adoption Office; Ocean North LO; Passaic Central LO; Passaic North LO; Salem LO; Somerset LO; Sussex LO; Union Central LO; Union East LO; Union West LO. See discussion of Immersion Sites in Section V. Activities Supporting the Implementation of the Case Practice Model of this report for a schedule of immersion training.

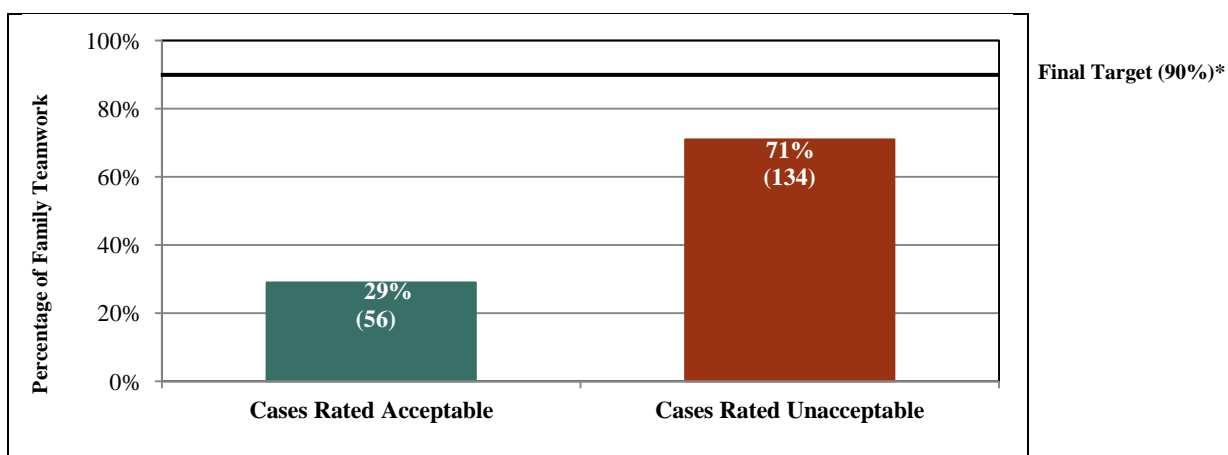
<sup>78</sup> Data for monitoring period are as follows: July 2011, 58% (measuring 31 sites); August 2011, 68% (measuring 31 sites); September 2011, 61% (measuring 31 sites); October 2011, 48% (measuring 34 sites); November 2011, 45% (measuring 34 sites); December 2011, 52% (measuring 34 sites).

<sup>79</sup> Data for monitoring period are as follows: July 2011, 35% (measuring 31 sites); August 2011, 39% (measuring 31 sites); September 2011, 38% (measuring 31 sites); October 2011, 36% (measuring 34 sites); November 2011, 38% (measuring 34 sites); December 2011, 37% (measuring 34 sites).

progress will accelerate as all local offices have now successfully completed the case practice immersion process. Implementation Specialists will be assigned to focus on families in need of initial and quarterly FTMs as part of their coaching and mentoring with staff. Further, per a directive from the DYFS Director, each Local Office identified a FTM Coordinator who will be monitoring compliance and assisting staff in scheduling and inviting participants to Family Team Meetings.

DCF’s monthly Child Stat meetings, which have been in place since September 2010, continue to be a catalyst to improved performance.<sup>80</sup> At the Child Stat meetings, local office leadership present a number of practice related issues, including information and data regarding FTM performance and barriers to timely completion of FTMs. The Monitor continues to attend DCF’s Child Stat meetings and remains encouraged by the quality of data and thoughtful analyses presented. DCF has added a practice of conferencing current cases at the Child Stat meetings in order to add depth and diagnostic capacity to the Child Stat model. In addition, as of September 2011, the Office of Continuous Quality Improvement (OCQI) has been randomly selecting active DCF investigations that have been open between 31 and 45 days for review at the Child Stat meeting. Selected cases involve a new referral on a closed case where the allegations have been determined to be unfounded within the previous 12 months. Staff present information about the family structure and history, and report on the nature of any and all actions taken by DYFS, including the strategic use of FTMs. Opportunities to debrief occur after the presentation. The Monitor believes these activities have been a productive way to diagnose practice that needs improvement while simultaneously demonstrating how good case practice leads to positive results. The Monitor will continue to attend Child Stat meetings and follow DCF’s progress in examining and resolving barriers to performance on FTMs.

**Figure 9: Family Involvement and Effective Use of Family Team Meetings  
(January – December 2011)  
(n=190)**



Source: DCF, 2011 QR results  
\*Interim Benchmark by December 2009 (80%)

<sup>80</sup> Child Stat is a process wherein organizations use quantitative and qualitative data from multiple contexts to understand and attempt to improve service delivery.

**Performance as of December 31, 2011**

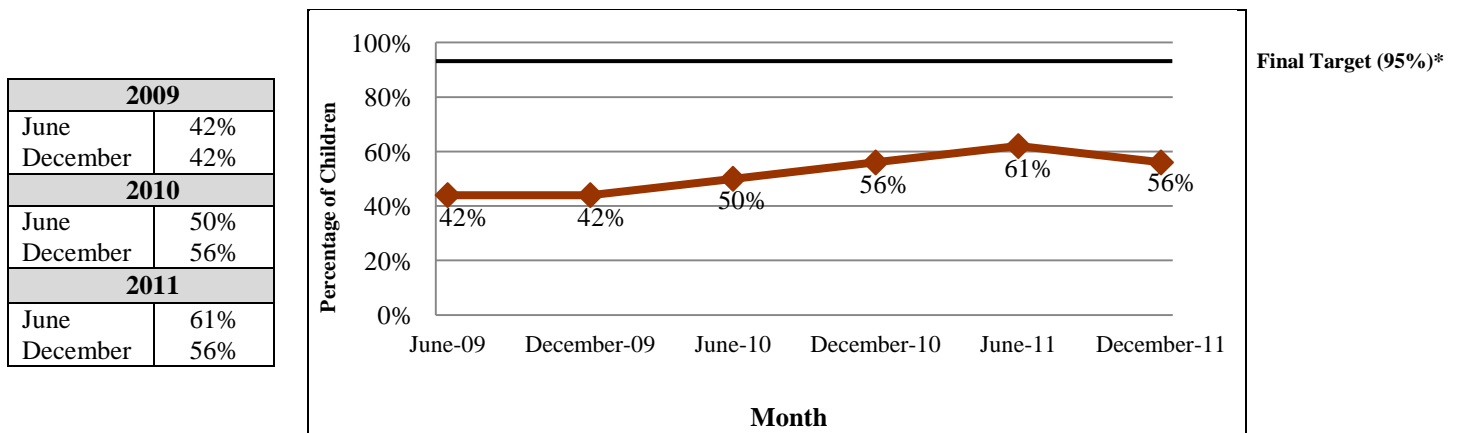
DCF did not meet the target requiring that 90 percent of cases show evidence in the QR of at least minimally acceptable team formation and functioning, a measure used to report on family involvement and effective use of Family Team Meetings.<sup>81</sup> Results of 190 cases reviewed in 2011 using the QR indicate that both team formation and functioning were rated acceptable in 29 percent of cases.<sup>82</sup> In those cases, there was evidence that people who provided both formal and informal supports to children/youth and families had formed a working team that met, talked and planned together to help children/youth and families meet their goals. In many counties across the state, managers and staff agreed that this was an area for continued improvement and were encouraged by the positive outcomes achieved in those cases where there was acceptable family involvement and teamwork.

**Timeliness of Case Planning-Initial Plans**

DCF policy and the MSA require a case plan to be developed within 30 days of a child entering placement. Significant improvement in this area is necessary.

<b>Quantitative or Qualitative Measure</b>	10. <u>Timeliness of Initial Plans</u> : For children entering care, number/percent of case plans developed within 30 days.
<b>Final Target</b>	By June 30, 2010, 95% of case plans for children and families are completed within 30 days.

**Figure 10: Percentage of Children Entering Care with Case Plans Developed within 30 days (June 2009 – December 2011)**



Source: DCF data  
 \*Interim Benchmark by December 2009 (80%)

<sup>81</sup> Section XIV of this report, Accountability through Qualitative Review and the Production and Use of Accurate Data, further describes the state’s QR process.

<sup>82</sup> 56 of 190 cases rated acceptable on *both areas* of Family Teamwork, team formation and team functioning; 84 of 190 cases (44%) rated acceptable on team formation; 63 of 190 cases (33%) cases rated acceptable on team functioning.



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***Performance as of December 31, 2011:***

In December 2011, 206 (56%) out of a total of 366 case plans were completed within 30 days. An additional 89 (24%) cases had case plans completed within 60 days. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure.

As shown in Table 6 below, between July and December 2011, the timely development of case plans ranged from 56 to 70 percent each month. Performance on this measure had been improving each monitoring period, but fell by five percent this monitoring period. DCF's release of the new NJ SPIRIT tool to document case plans is expected to better align case planning with FTM documentation and assist with more efficiently documenting the case planning process.

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

	July		August		September		October		November		December	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Case Plans Completed in 30 days	277	70	209	68	247	63	207	57	199	61	206	56
Case Plans Completed in 31-60 days	65	16	47	15	81	21	95	26	72	22	89	24
Case Plans Not Completed after 60 days	55	14	52	17	63	16	62	17	55	17	71	19
Totals	397	100	308	100	391	100	364	100	326	100	366	99*

Source: DCF data

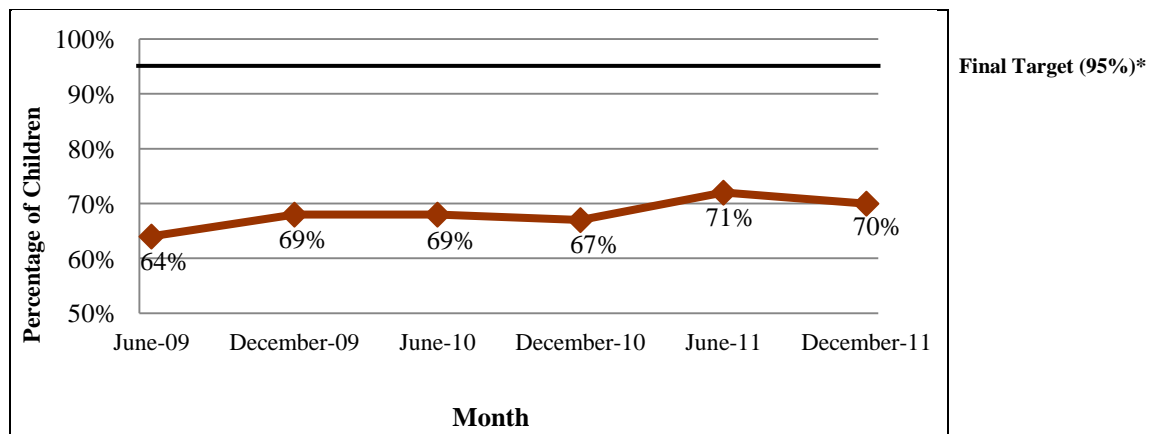
\*Percentage is less than 100 due to rounding.

## Timeliness of Case Planning-Current Plans

<b>Quantitative or Qualitative Measure</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.
<b>Final Target</b>	By June 30, 2010, 95% of case plans for children and families will be reviewed and modified at least every six months.

**Figure 11: Percentage of Case Plans Reviewed and Modified as Necessary at least every 6 months (June 2009 – December 2011)**

2009	
June	64%
December	69%
2010	
June	69%
December	67%
2011	
June	71%
December	70%



Source: DCF data

\*Interim Benchmark by June 2009 (80%)

### *Performance as of December 31, 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 July through December 2011, between 69 and 74 percent of case plans were modified within a six month timeframe. In December 2011, 70 percent of case plans had been modified as necessary within six months as compared to 71 percent modified timely in June 2011. DCF has not met the final target of 95 percent of cases with timely modified plans, which continues to be a concern.

**Table 7: Case Plans Updated Every 6 months  
(July – December 2011)**

	July		August		September		October		November		December	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Case Plans Completed within six months	771	71	699	69	815	74	736	70	669	69	760	70
Outstanding	321	29	318	31	289	26	314	30	296	31	333	31
Totals	1,092	100	1,017	100	1,104	100	1,050	100	965	100	1,093	101*

Source: DCF data

\*Percentage is greater than 100 due to rounding.

### Quality of Case Planning and Service Plans

<b>Quantitative or Qualitative Measure</b>	12. <u>Quality of Case and Service Planning</u> : The child’s/family’s case plan shall be developed with the family and shall be individualized and appropriately address the child’s needs for safety, permanency and well-being . The case plan shall provide for the services and interventions needed by the child and family to meet identified goals, including services necessary for children and families to promote children’s development and meet their educational, physical and mental health needs. The case plan and services shall be modified to respond to the changing needs of the child and family and the results of prior service efforts. <sup>83</sup> (13 and 14 have been merged with 12 above)
<b>Final Target</b>	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.

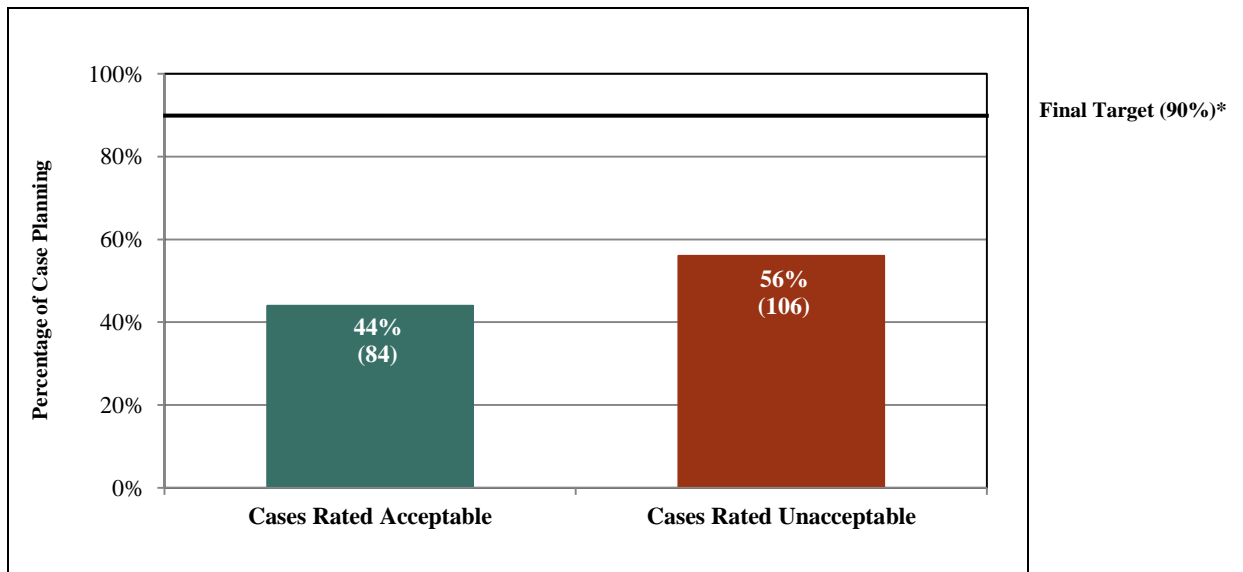
#### *Performance as of December 31, 2011*

As Figure 12 below indicates, DCF did not meet the target requiring that 90 percent of cases rate at least minimally acceptable on case planning and service plans as measured by the QR. Results of 190 cases reviewed across the state in 2011 indicate that 44 percent of cases were rated acceptable on both QR indicators Case Planning Process and Tracking and Adjusting.<sup>84</sup> This requirement calls for family involvement in case planning; plans which are appropriate and individualized to the circumstances of the child/youth and family; oversight of the plans implemented to ensure goals are being met; and course correction when needed.

<sup>83</sup> This item previously read: “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.” Upon agreement of Parties it has been merged with items 12 and 13 to reduce duplication and better reflect NJ’s practice expectations.

<sup>84</sup> 84 of 190 rated cases rated acceptable on *both* the Case Planning Process and Tracking and Adjusting indicators; 92 of 190 cases (48%) rated acceptable on Case Planning Process; 107 of 190 cases (56%) rated acceptable on Tracking and Adjusting.

**Figure 12: Quality of Case and Service Planning  
(January – December 2011)  
(n=190)**



Source: DCF, 2011 QR results

\*Interim Benchmark by December 2009 (80%)

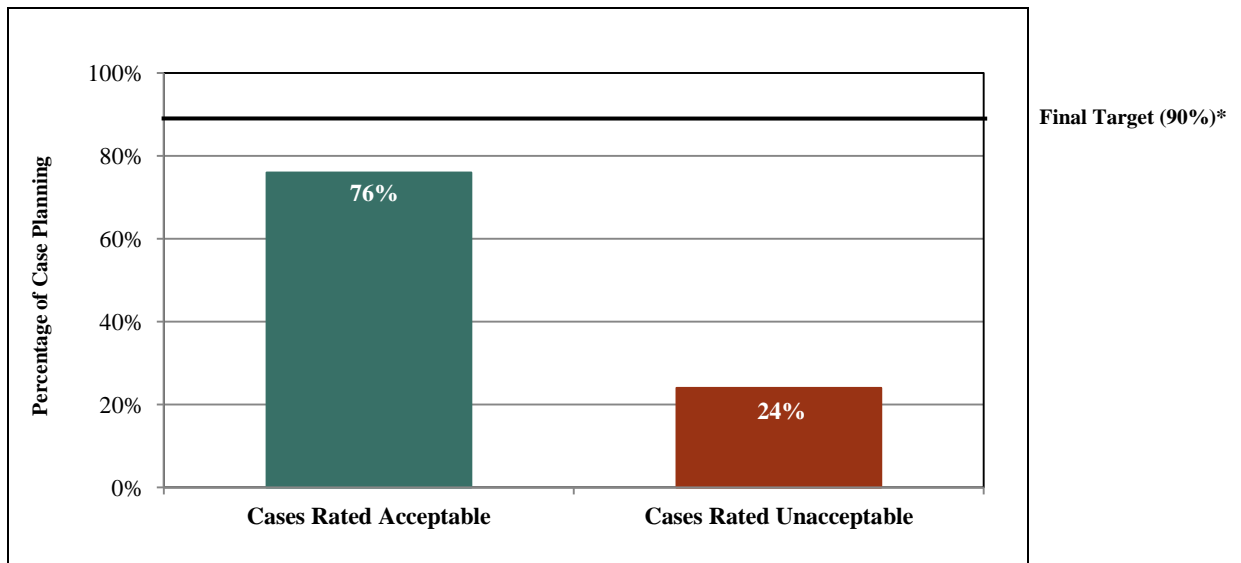
## Planning to Meet Children’s Educational Needs

<b>Quantitative or Qualitative Measure</b>	15. <u>Educational Needs</u> : Children will be enrolled in school and DCF will have taken appropriate actions to insure that their educational needs will be met.
<b>Final Target</b>	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.

### *Performance as of December 31, 2011*

Two of the QR Child and Family Status ratings, Stability of School Placement and Learning and Development (for children over the age of 5), are measured together on each case to assess how children are faring in their educational setting. As Figure 13 below indicates, performance on this measure based on 2011 QR results is at 76 percent acceptable.<sup>85</sup>

**Figure 13: Planning to Meet Educational Needs  
(January – December 2011)  
(n=83)<sup>86</sup>**



Source: DCF, 2011 QR results

\*Interim Benchmark by December 2009 (80%)

<sup>85</sup> 63 of 83 cases rated acceptable on *both* the Stability (school) and Learning and Development (age 5 and older) QR indicators; 66 of 83 cases (80%) rated acceptable on Stability (school); 74 of 83 cases rated acceptable on Learning and Development (age 5 and older). This data reflects children in out-of-home placement.

<sup>86</sup> Although 190 cases were reviewed for the QR, only 83 involved children over the age of 5.

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## *Activities Supporting the Implementation of the Case Practice Model in Family Court*

Together with stakeholders including the Family Court, private providers and other community partners, DCF has implemented a Case Practice Model (CPM) that is intended to build a culture that engages and supports children and families to meet agreed upon goals of safety, permanency and well-being. The intent of the shift in practice is that the CPM should be visible in every aspect of a child welfare case from investigation to case closure. Family Court is an integral part of the decision making and accountability process in each case in which children are in DYFS custody.

For the CPM to support the desired results for children and families, it is essential that court decisions are based on an accurate assessment of current circumstances, consider the strengths and needs of the family and promote the safety, permanency and well-being of the child. Court proceedings present an opportunity for parents, children, relatives and caregivers to provide essential information to the court and for judges to hold DYFS workers and other providers accountable for serving children and families appropriately. DYFS workers have been trained to incorporate the values and principles of the CPM into their daily practice with children and families. Evidence that DYFS staff has worked with a family using the CPM approach is expected to be evident through documentation submitted to court as well as in statements to the court.

In order to better understand the implementation of the CPM and New Jersey's practice improvements, the Monitor designed a pilot process to examine the extent to which the CPM is evident in the Family Court process and in the daily practice of DYFS workers involved in Family Court proceedings. With the approval of the Administrative Director of the Courts, between October 2010 and May 2011, Monitor staff, the Director of the Rutgers-Newark Legal Assistance Clinic, the Director of the Rutgers-Camden Clinic, two Rutgers-Newark law students and two Rutgers-Camden law students (the Review Team) observed Children in Court (CIC) proceedings held in the Superior Court of New Jersey, Family Part. To assist with observations, the Monitor, Rutgers-Newark and Rutgers-Camden developed an assessment tool, approved by the Honorable Glenn A. Grant, the Administrative Director of the Courts. The assessment tool was designed to collect information on a variety of topics, including whether there was evidence of CPM implementation and case planning.

Observations occurred over a two-day period in a total of 11 courtrooms in the following six counties: Bergen, Burlington, Camden, Cumberland, Essex and Union.<sup>87</sup> In each county, the reviewers observed between 7 and 23 cases per day. There were limitations with regard to how much a reviewer could observe and assess in court given that expectations surrounding a court hearing are dependent on the type of case and other external circumstances. To at least partially account for that, the Review Team requested and obtained from DYFS Court Reports, which are required to be submitted to Family Court and counsel five days prior to court dates. The Review Team attempted, to the extent possible, to avoid making speculations by accounting for all relevant information available in court and in the Court Reports the Review Team obtained from

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<sup>87</sup> Between March and June 2010 a pilot observation was conducted of court proceedings in Camden, Essex, Mercer and Morris counties. Preliminary observations of this pilot were submitted to Honorable Glenn A. Grant, Administrative Director of the Courts, in December 2010.

DYFS.<sup>88</sup> Reviewers were trained to distinguish when a specific question did not apply to a particular case, and to score not applicable (N/A) as appropriate. In some instances, observers were unable to hear the proceeding in its entirety or were unable to determine the appropriate response based solely on the observation. Reviewers were trained to avoid making any assumptions when faced with these scenarios and to score unable to determine (UTD). In this way, the findings adhere as closely as possible either to actions that were observable in court or were documented in written Court Reports. At the close of the data collection period, Monitor staff reviewed the data for consistency and completeness and aggregated the data by county and by courtroom. For the purposes of this report, observations scored as N/A or as UTD, as well as observations that were not recorded, were calculated as missing data and excluded from the sample for that question.<sup>89</sup>

**Table 8: Number of Cases with Court Observation by County between October 2010 and May 2011**

County	Number of Cases Observed
Bergen	41
Burlington	28
Camden	31
Cumberland	17
Essex	18
Union	26
<b>TOTAL</b>	<b>161</b>

Source: CSSP

In each county, reviewers observed a range of case types.<sup>90</sup> As seen in Figure 14 below, 79 (49%) of the 161 court proceedings were compliance reviews, where the court takes stock of the status of a case, identifies where the parties stand towards meeting the case goals and whether there has been compliance with the court’s prior orders. Twenty (12%) were orders to show cause, which are motions made for an emergent hearing. Eighteen (11%) cases observed were permanency hearings, where the court determines what the permanency plan for the child should be, typically whether the permanency goal will remain as reunification or whether it should change to adoption, placement with relatives or independent living. Another 18 (11%) cases concerned petitions to terminate parental rights. Fourteen (9%) cases were scheduled for fact-finding hearings, which are trials where the court considers whether sufficient evidence exists to

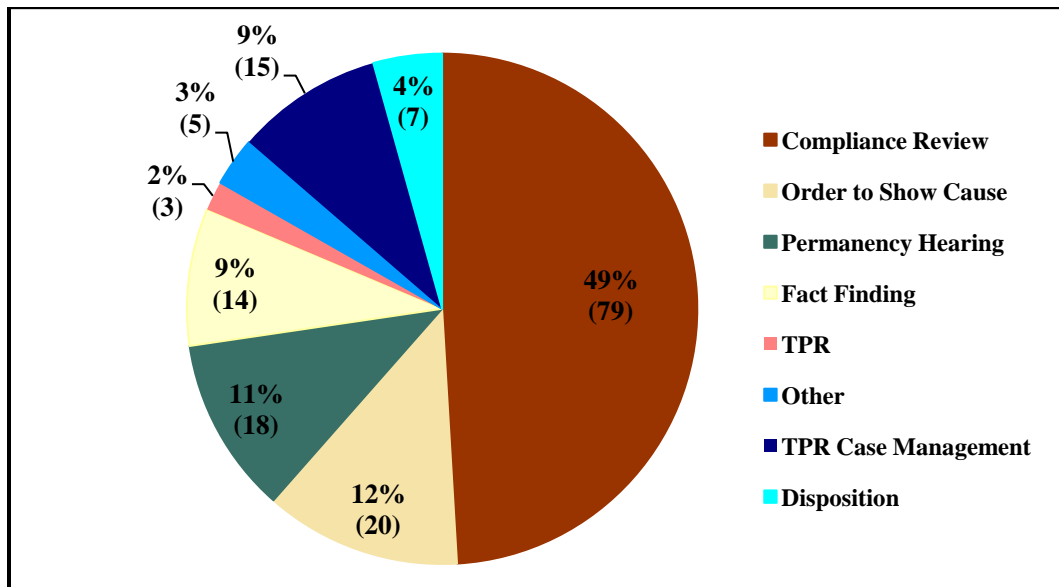
<sup>88</sup> The Monitor obtained DFYS Court Reports on cases scheduled to be heard on days the Review Team would be observing. The Review Team was able to determine from cover letters and Court Reports the dates they were sent to the court. This process may have influenced the findings related to Court Report timeliness.

<sup>89</sup> To analyze the information gathered, the data was coded into a format that allowed statistical analysis using Statistical Package for the Social Sciences (SPSS) for data analysis. The percentages presented in the remainder of the report are based on the data as calculated by SPSS.

<sup>90</sup> In cases when reviewers had marked off more than one case type, the more specific type was scored. For example, if a case was marked as both a permanency hearing and a compliance review, it was scored as a permanency hearing.

make a finding of abuse and/or neglect and therefore maintain the court’s jurisdiction. Seven (4%) cases were in the disposition stage, where the court determines where a child will be living pending the resolution of a case and what services are needed for the child and family.<sup>91</sup>

**Figure 14: Types of Cases  
(October 2010 – May 2011)  
(n=161)**



\*Percentages do not equal 100 due to rounding. Other includes custody, complaints, or otherwise unidentified.

***The majority of Court Reports were submitted in advance of the court date.***

Prepared by DYFS case managers and based on case records, Court Reports are used as a required means of communication between DYFS and the Family Court about events taking place in an individual case. They contain information that is relevant to the history of the case and the progress that DYFS and the family has made in meeting service goals. As such, they can include evidence of case plans, permanency and concurrent goals, and Family Team Meetings. They are often supplemented with collateral documentation from service providers such as doctors, counselors or schools. Court Reports are required to be submitted to the Family Court and all counsel five days prior to the court dates.<sup>92</sup> The Review Team documented when Court Reports were submitted to the court. Reviewers found that in 140 (95%) of 148 applicable cases, Court Reports were submitted to the court at least five days prior to the court date.<sup>93</sup> Eight (5%)

<sup>91</sup> In five of 161 (3%) cases, the proceeding was categorized as “other” which includes one of the following: custody, complaints, or otherwise unidentified.

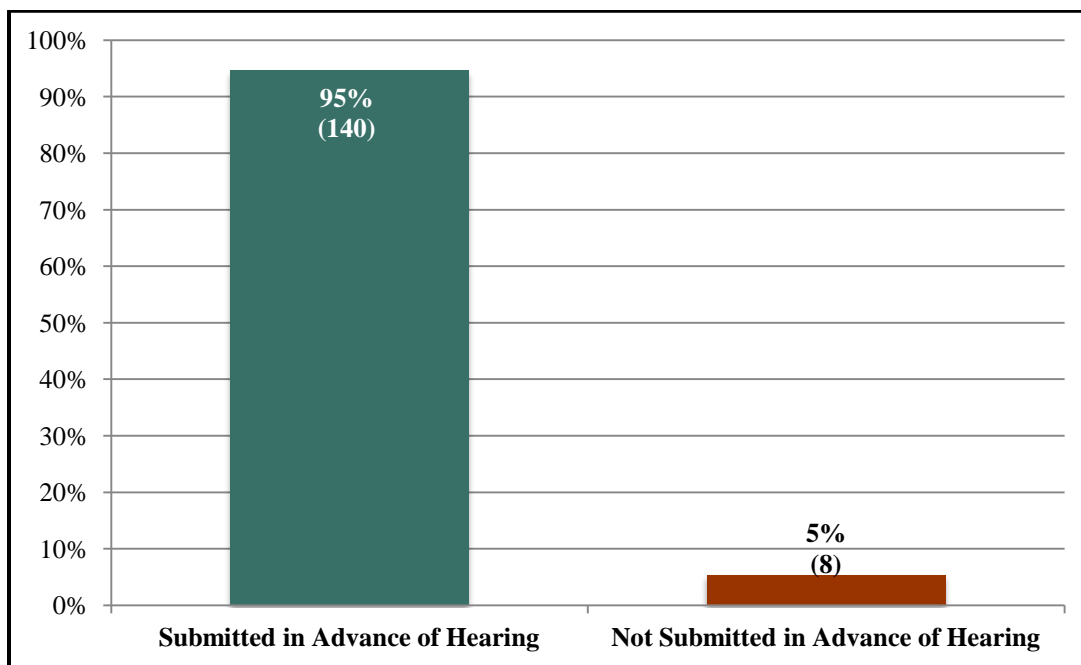
<sup>92</sup> Superior Court of NJ Family Division Children in Court Case Processing Manual (obtained through the Rutgers University School of Law library).

<sup>93</sup> Of the remaining thirteen cases, eight did not require a Court Report. Two cases were scored as UTD. Data was not recorded for three cases.



of 148 of required Court Reports were not submitted timely to the court. As part of the protocol, the Review Team requested the Court Reports from DYFS one week in advance of the court date at which observations were going to be made. The Monitor’s request to receive court reports prior to the hearing may have influenced the timeliness of the workers’ submission of the court reports to the court.

**Figure 15: Submission of Court Reports at least 5 days in Advance of the Court Date<sup>94</sup>  
(October 2010 – May 2011)  
(n=148)**



Source: CSSP

***DYFS Court Liaisons were present in only 13 percent of cases and in only two of the six counties observed.***

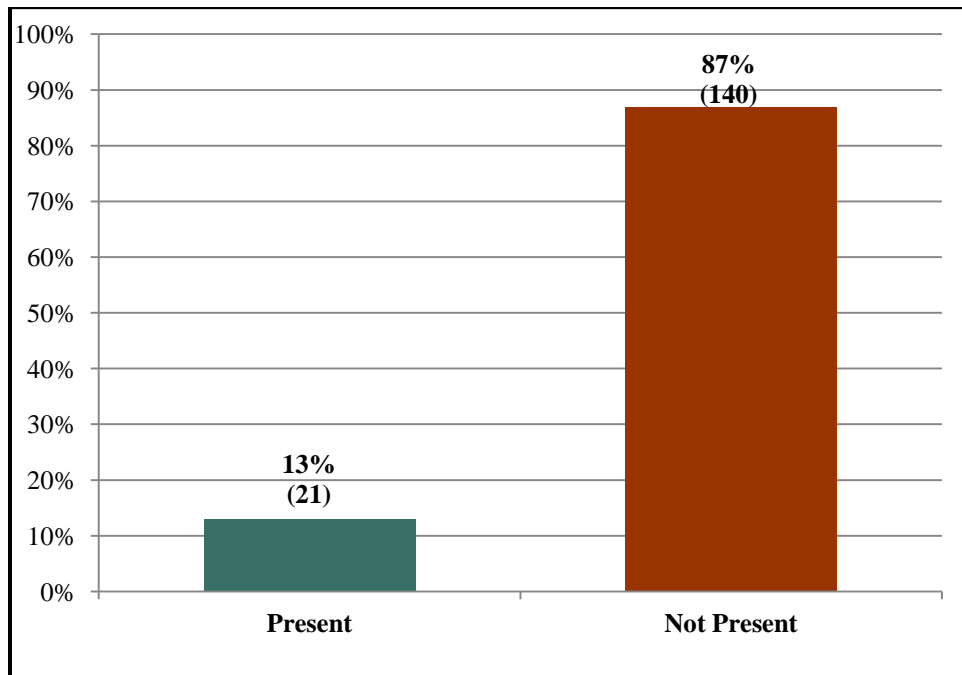
DYFS Court Liaisons are workers that in some, but not all counties, are assigned the role of liaison between DYFS staff and court personnel. Out-stationed in the Family Court, Court Liaisons are responsible for, among other things, facilitating communication between DYFS and the courts and, more specifically, making sure that DYFS Court Reports and other court filings are delivered to the appropriate parties. This information contributes to the court’s timely decisions regarding the safety, permanency and well-being of children and families. The Review Team found evidence of varying practice by county on the presence and use of DYFS Court Liaisons. As shown in Figure 16 below, of the 161 cases observed, DYFS Court Liaisons were

<sup>94</sup> As previously noted, the Review Team’s request for Court Reports may have influenced this findings.

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present in court in only 21 hearings (13%).<sup>95</sup> Moreover, of the six counties reviewed, Camden and Union were the only counties using Court Liaisons, and in those counties Court Liaisons were not consistently present in court.

**Figure 16: DYFS Liaisons Present in Court  
(October 2010 – May 2011)  
(n=161)**



Source: CSSP

Finally, reviewers found that there was little direct reference to DYFS case planning or Family Team Meetings in statements made by parents, workers, attorneys or others in court or in written Court Reports. Judges rarely inquired about whether a Family Team Meeting had been convened and a case plan developed with the family. Frequently, the Judge assumed a role in facilitating case planning while in court. As DCF continues to work with its partners to more fully embed the Case Practice Model in its work, the Monitor recommends that it work closely with its legal partners to identify ways that the court through its oversight role can reinforce these practices.

### ***C. Performance Benchmarks Related to Safety and Risk Assessment***

Individualized, comprehensive assessment is a process in which information concerning the needs, problems, circumstances and resources of the family, youth and children are collected, evaluated and 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

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<sup>95</sup> A Court Liaison attended eight (26%) of the 31 cases in Camden and 13 (50%) of the 26 cases in Union.

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 Assessment

<b>Quantitative or Qualitative Measure</b>	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.
<b>Final Target</b>	By December 31, 2010, (a) 98% of investigations will have a safety assessment completed, (b) 98% of investigations will have a risk assessment completed, and (c) 98% of non-investigation cases will have a risk assessment or risk re-assessment completed within 30 days of case closure. <sup>96</sup>

***Performance as of December 31, 2011:***

During this monitoring period, the Parties and the Monitor reached agreement on the specific terms of the final target for this performance measure. Previously, the performance measurement did not allow for an accurate assessment of practice regarding safety and risk assessments during investigations and at closing for cases opened for in-home and permanency services. In discussions, the purpose and utility of each safety and risk assessment tool used by DYFS has been reviewed. Under current DCF case practice, during the investigation stage of a case, both a safety assessment and a risk assessment is required to be completed prior to completion of the investigation. Safety assessments are completed early in an investigation to assess initial safety at the time of the incident. Risk assessments are completed prior to completing an investigation and are used to assess future risk. For non-investigation cases, risk assessments and re-assessments are used to assess future risk of children 30 days prior to case closure. Based upon this understanding, the Parties and the Monitor have agreed to revise the final target and report on this measure within three sub-categories: 1) percentage of investigations with a safety assessment completed, 2) percentage of investigations with a risk assessment completed and 3) percentage of non-investigation cases with a risk assessment or risk re-assessment completed within 30 days of case closure. Data presented below are based on these categories.

Performance during the months of July through December 2011 for both safety and risk assessments completed prior to completing an investigation exceeded the 98 percent required by the final target. For example, in December 2011, there were 4,456 applicable<sup>97</sup> investigation cases closed. Of these 4,456 investigations, 4,447 (99.8%) investigations had a safety assessment completed prior to investigation completion and 4,435 (99.5%) investigations had a risk assessment completed prior to investigation completion.

<sup>96</sup> In order to be consistent with practice expectations, in May 2012, the Parties agreed to revise the final target from, “By December 31, 2010, 98% of cases will have a safety and risk of harm assessment completed prior to case closure” to the language stated above which allows for separate reporting on investigations and non-investigations cases.

<sup>97</sup> In December 2011, an additional 52 investigations were closed, however, those cases were marked as “unable to make contact with children/family” and were excluded from the calculations.

For non-investigation cases, between the months of July through December 2011, performance on this measure ranged from 54 to 59 percent. For example, in December 2011, there were 1,328 applicable<sup>98</sup> cases closed. Of these 1,328 cases, 714 (54%) cases had a risk assessment or reassessment completed within 30 days prior to case closure. This performance does not meet the performance required by the final target.

**D. Performance Benchmarks Related to Visits**

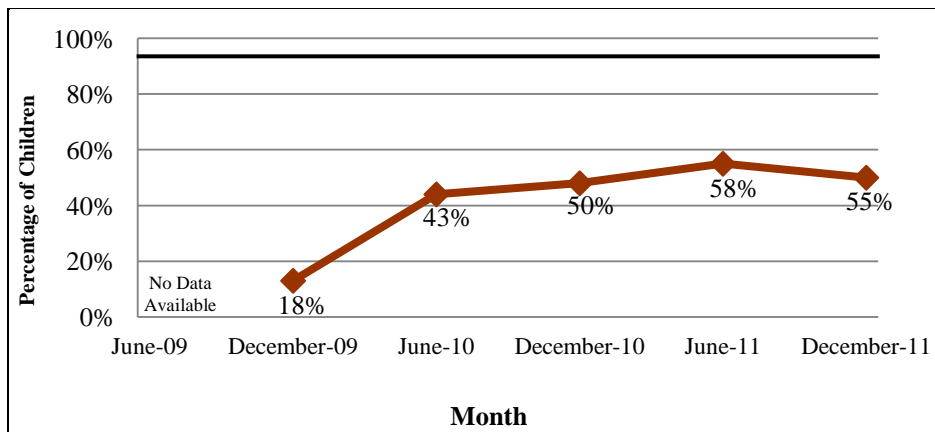
The visits of children with their caseworkers, parents and siblings are important events that can ensure children’s safety, maintain and strengthen family connections and increase children’s opportunities to achieve permanency. They are also integral to the principles and values of the CPM.

**Caseworker Visits with Children in State Custody**

<b>Quantitative or Qualitative Measure</b>	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 children in state custody.
<b>Final Target</b>	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.

**Figure 17: Percentage of Children who had Two Visits per month during First 2 months of an Initial or Subsequent Placement (June 2009 – December 2011)**

2009	
June	N/A
December	18%
2010	
June	43%
December	50%
2011	
June	58%
December	55%



Source: DCF data

\*Interim Benchmark by December 2009 (75%)

<sup>98</sup> Applicable cases include reunification and do not include adoption, kinship legal guardianship or emancipation.

**Performance as of December 31, 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. Between July and December 2011, a range of 55 to 65 percent of children per month had documented visits by their caseworkers twice per month during the first two months of an initial or subsequent placement. For example, in December 2011, there were 507 children who were in an initial or subsequent placement and remained in the placement for two full months. Of the 507 children, 281 (55%) had documented visits by their caseworkers twice per month with at least one visit occurring in the placement setting.

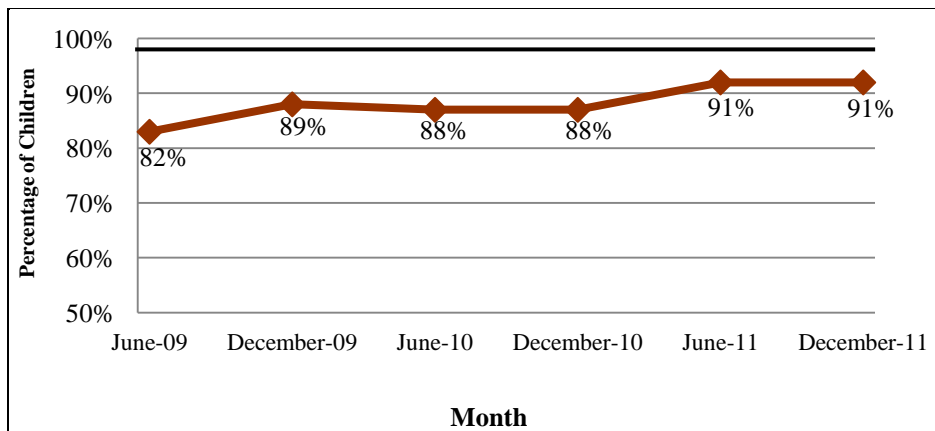
As demonstrated in the figure above, DCF performance on caseworker visits has substantially improved since December 2009. However, performance has not notably improved over the past few monitoring periods. DCF’s continued failure to meet the final target for this measure is concerning.

**Caseworker Visits with Children in State Custody**

<b>Quantitative or Qualitative Measure</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.
<b>Final Target</b>	By June 30, 2010, 98% of children shall have at least one caseworker visit per month during other parts of a child’s time in out-of-home care.

**Figure 18: Percentage of in Out-of-Home Care who had at least One Caseworker Visit per month in his/her Placement (June 2009 – December 2011)**

2009	
June	82%
December	89%
2010	
June	88%
December	88%
2011	
June	91%
December	91%



Source: DCF data

\*Interim Benchmark by June 2009 (85%)

**Performance as of December 31, 2011:**

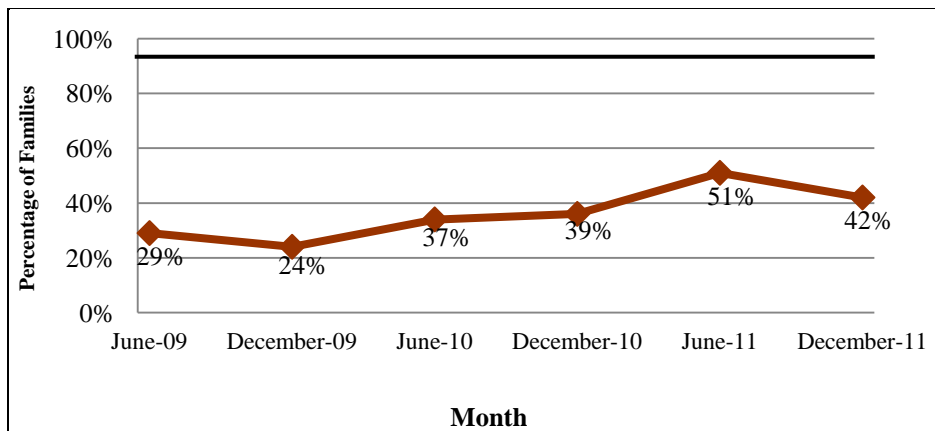
DCF uses NJ SPIRIT data analyzed by Safe Measures to report the number of children in out-of-home placement who have at least one caseworker visit per month in his/her placement. Between July and December 2011, performance on this measure ranged monthly from 91 to 92 percent of children in out-of-home placement with at least one caseworker visit per month in his/her placement. For example, in December 2011 there were 6,322 children in out-of-home placement who were not in the first two months of an initial or subsequent placement. Of the 6,322 children, 5,751 (91%) were visited by their caseworker at least one time per month in their placement. An additional 314 (5%) 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. This performance, although improved since 2009, did not meet the final target.

**Caseworker Visits with Parents/Family Members**

<b>Quantitative or Qualitative Measure</b>	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.
<b>Final Target</b>	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.

**Figure 19: Percentage of Families who have at least Twice per month Face-to-Face Contact with Caseworker when the Goal is Reunification (June 2009 – December 2011)**

2009	
June	29%
December	24%
2010	
June	37%
December	39%
2011	
June	51%
December	42%



Source: DCF data

\*Interim Benchmark by December 2009 (60%)

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***Performance as of December 31, 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 two times per month by a caseworker when the family's goal is reunification. Between July and December 2011, monthly performance on this measure ranged monthly from 42 to 55 percent of parents or other legally responsible family members visited two times per month by a caseworker when the family's goal is reunification. Performance on this measure has decreased during this monitoring period from 55 percent in August 2011, to 52 percent in September, to 51 percent in October, to 46 percent in November, to 42 percent in December.<sup>99</sup> Specifically, in December 2011, there were 2,799 children with the goal of reunification applicable to this measure. Of the 2,799 children, the parents of 1,172 (42%) children were visited twice during the month. DCF's performance continues to be substantially lower than the MSA target of 95 percent. DCF is exploring the possibility that this low performance is due to lack of proper or complete documentation. The Monitor encourages DCF to look at data and performance on this measure by local office to determine if concentrated efforts in specific locations are needed.

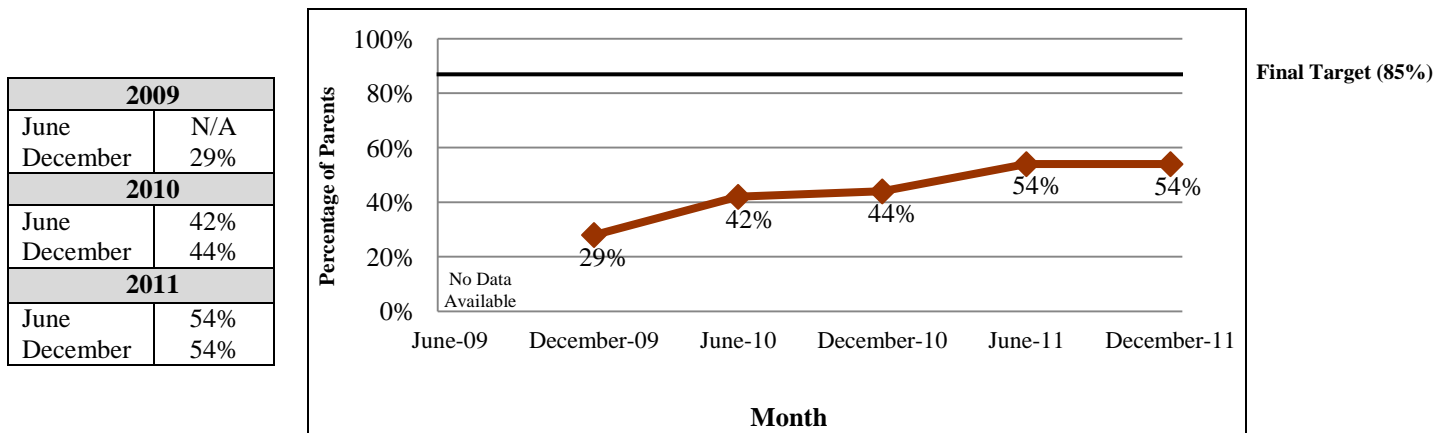
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<sup>99</sup> Between July and December 2011, a monthly range of 64 to 73 percent of parents or other legally responsible family members were visited at least once a month by a caseworker when the family's goal is reunification .

## Caseworker Visits with Parents/Family Members

<b>Quantitative or Qualitative Measure</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.
<b>Final Target</b>	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. <sup>100</sup>

**Figure 20: Percentage of Parents who had at least One Face-to-Face Contact with Caseworker who had a Permanency Goal other than Reunification (June 2009 – December 2011)**



Source: DCF data

### ***Performance as of December 31, 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. Between July and December 2011, monthly performance on this measure ranged monthly from 53 to 56 percent of parents or other legally responsible family member visited monthly by a caseworker when the family’s goal is no longer reunification. For example, in December 2011, there were 1,902 children in custody whose goal was not reunification. Of the 1,902 children, 155 (8%) children’s parents did not require visits from a caseworker due to contacts not being required or the parent being unavailable, leaving 1,747 children in custody whose goal was not reunification applicable to this measure. Of these 1,747 children, the parents for 937 (54%) children were visited monthly.

<sup>100</sup> Possible modification of the final target for this performance measure is currently under discussion among the Parties and the Monitor.

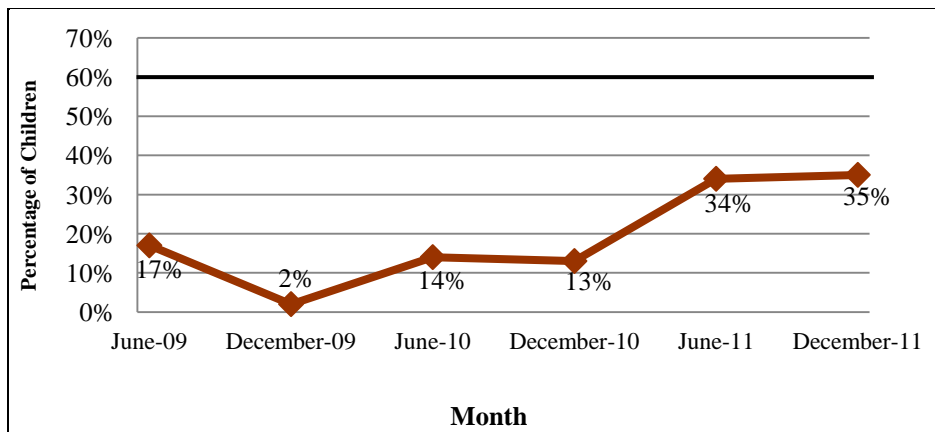


## Visitation between Children in Custody and their Parents

<b>Quantitative or Qualitative Measure</b>	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.
<b>Final Target</b>	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.

**Figure 21: Percentage of Children with Weekly Visits with their Parent(s)  
(June 2009 – December 2011)**

2009	
June	17%
December	2%
2010	
June	14%
December	13%
2011	
June	34%
December	35%

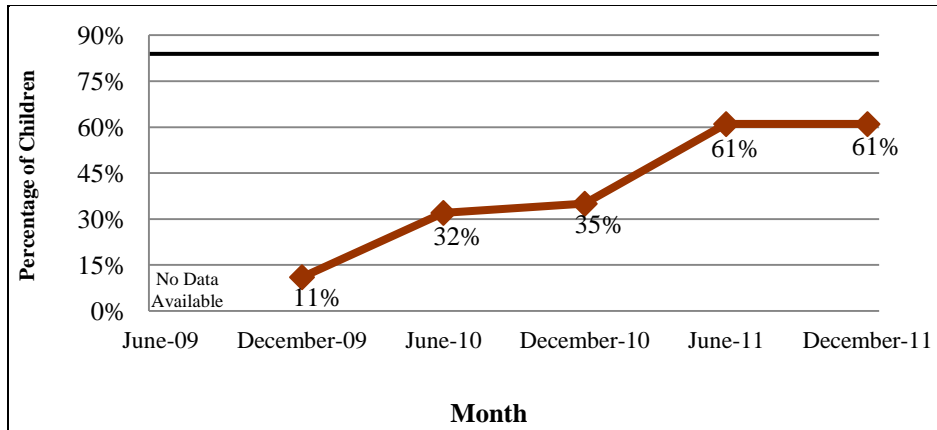


Source: DCF data

\*Interim Benchmark by December 2009 (40%)

**Figure 22: Percentage of Children who had at least Two or Three Visits per month with their Parent(s) (June 2009 – December 2011)**

2009	
June	N/A
December	11%
2010	
June	32%
December	35%
2011	
June	61%
December	61%



Source: DCF data

\*Interim Benchmark by December 2009 (50%)

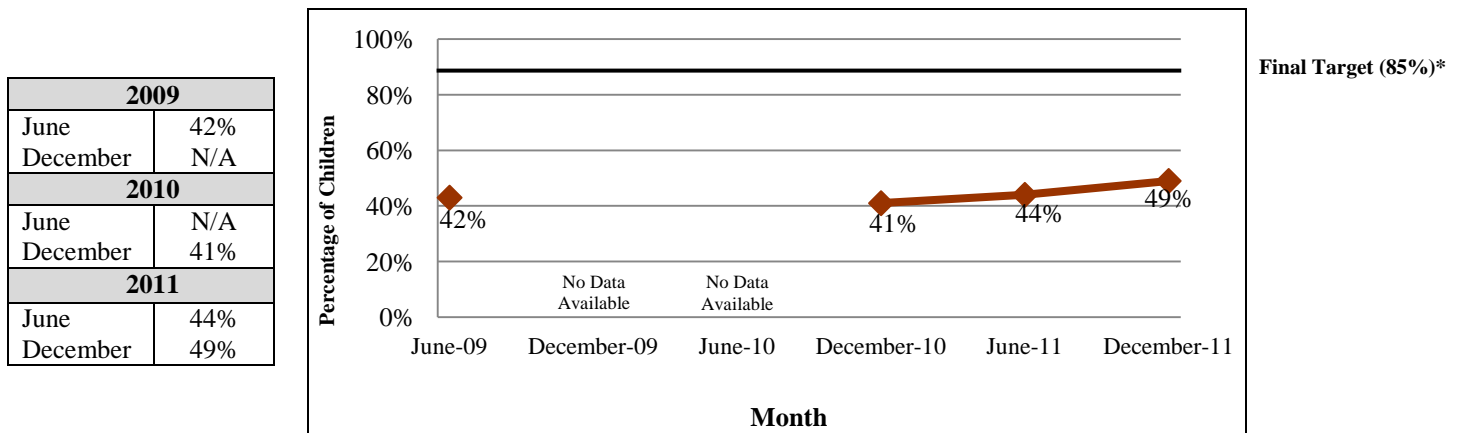
***Performance as of December 31, 2011:***

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the number of children who have weekly visits with their parents when their permanency goal is reunification. Between the months of July and December 2011, monthly performance on this measure ranged from 31 to 38 percent of children with weekly visits with their parents when their permanency goal is reunification and an additional 23 to 28 percent (total 59 to 63 percent) of children with at least two to three visits with their parents when their permanency goal is reunification. For example, in December 2011, there were 2,365 children with a goal of reunification applicable to this measure. Of the 2,365 children, 822 (35%) had four documented visits with their parents or legally responsible family member during the month. An additional 604 (additional 26%; total 61%) children had two or three documented visits during the month. This performance although substantially improved since December 2009, is still far below the final targets of 60 percent and 85 percent respectively.

## Visitation between Children in Custody and Siblings Placed Apart

<b>Quantitative or Qualitative Measure</b>	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.
<b>Final Target</b>	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.

**Figure 23: Percentage of Children in Custody who have at least Monthly Visits with Siblings, for Children not Placed with Siblings (June 2009 – December 2011)**



Source: DCF data

\*Interim Benchmark by December 2009 (60%)

### ***Performance as of December 31, 2011:***

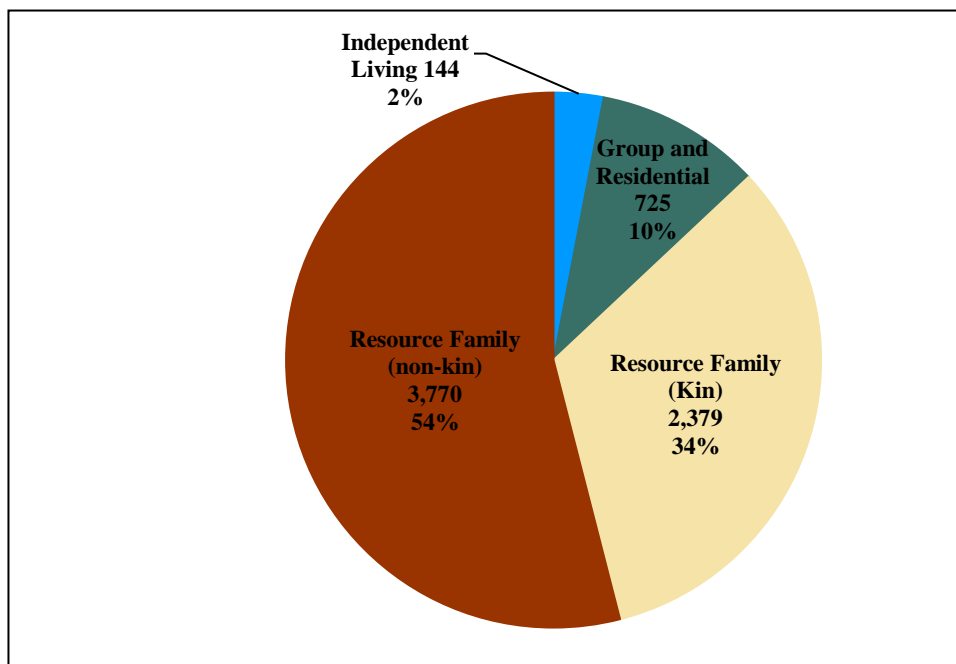
DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the number of children who have monthly visitation with their siblings when they are not placed together. Between the months of July and December 2011, a monthly range of 48 to 51 percent of children had monthly visits with their sibling when they were not placed together. For example, in December 2011 there were 2,387 children in placement who had at least one sibling who did not reside in the same household as them. Of the 2,387 children, 1,180 (49%) children had a visit with their siblings during the month. This performance, while increased, is substantially lower than the final target of 85 percent.

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

As of December 31, 2011, a total of 52,885 children were receiving DYFS services: 7,018 in out-of-home placement and 45,867 in their own homes. Figure 24 below shows the type of placement for children in DYFS custody as of December 31, 2011: 88 percent were in Resource Family homes (either kinship or non-kinship), 10 percent in group and residential facilities and two percent in independent living facilities.

**Figure 24: Children in DYFS Out-of-Home Placement by Type of Placement as of December 31, 2011 (n=7,018)**



Source: DCF data

Table 9 shows selected demographics for children in out-of-home placement as of December 31, 2011. As seen in Table 9, 45 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-one percent of the population was age 13 or older and nine percent were age 18 or older.

**Table 9: Selected Demographics for Children in Out-of-Home Placement  
as of December 31, 2011  
(n=7,018)**

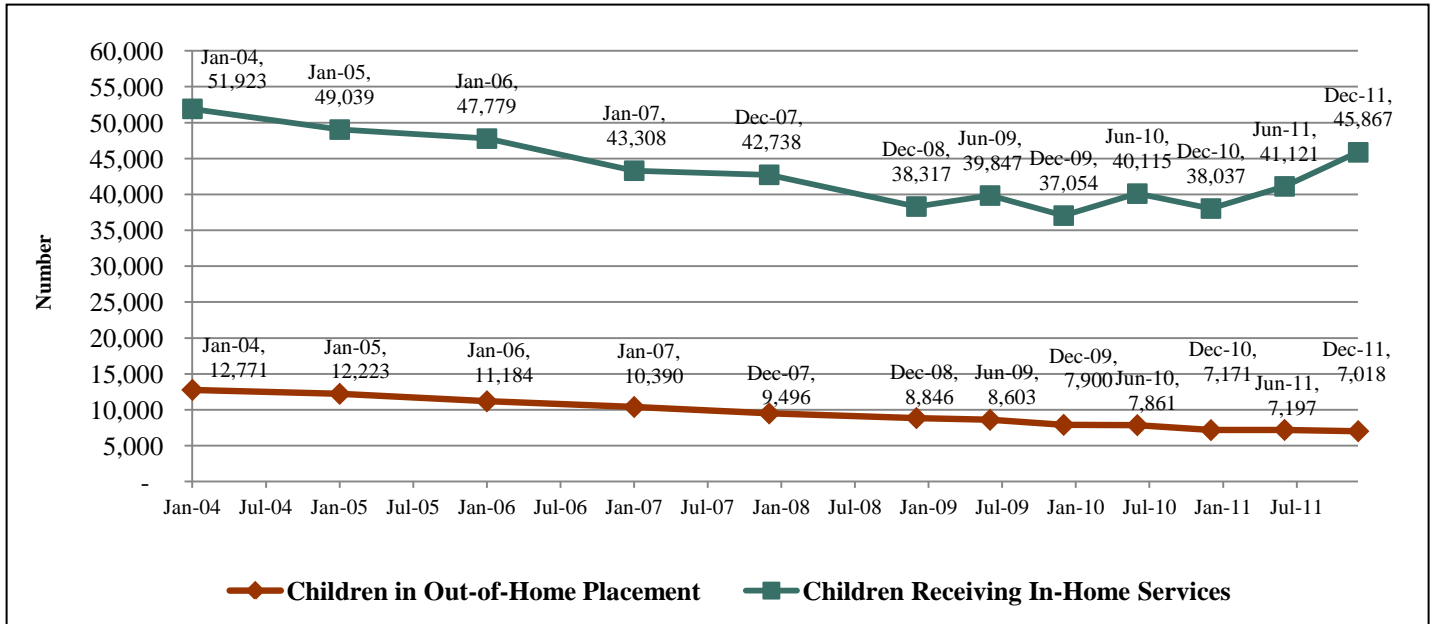
Gender	Percent
Female	49%
Male	51%
<b>Total</b>	100%
Age	Percent
2 years or less	27%
3-5 years	18%
6-9 years	15%
10-12 years	10%
13-15 years	11%
16-17 years	11%
18+ years	9%
<b>Total</b>	101% <sup>101</sup>
Race	Percent
Black or African American	44%
American Indian or Alaska Native	<1%
Asian	<1%
Native Hawaiian or Other Pacific Islander	<1%
Black or African American Hispanic	2%
Hispanic – No Race	5%
White Non-Hispanic	25%
White Hispanic	12%
Multiple Races	5%
Undetermined	7%
<b>Total</b>	100%

Source: DCF data

The number of children in out-of-home placement is at the lowest point since 2004 (See Figure 25 below). As of December 31, 2011, there were 7,018 children in out-of-home placement, representing a total reduction of 45 percent since 2004. Over the past 12 months, the number of children receiving in-home services has greatly increased. In December 2010, there were 38,037 children receiving services in their own home. In June 2011, this number increased to 41,121, and in the most recent monitoring period, by December 2011, this number had increased to 45,867.

<sup>101</sup> Percentages do not equal 100 due to rounding.

**Figure 25: Children in Out-of-Home Placement and Children Receiving In-Home Services (January 2004 – December 2011)**



Source: DCF data

Table 10 shows the permanency goals for children in placement as of December 2011. As seen in Table 10, 44 percent of children in placement have the permanency goal of reunification. Thirty percent of children in placement have the goal of adoption and seven percent of children in placement are 16 and older with the goal of independent living.

**Table 10: Permanency Goals for Children in Placement as of December 2011 (n=7,018)**

Goals	Children	Percent
Reunification	3,116	44%
Adoption	2,122	30%
KLG	155	2%
Long-Term Foster Care	1	<1%
Other Long-Term Specialized Care	364	5%
Independent Living (16 or older)	511	7%
Individual Stabilization (18 or older)	138	2%
Maintenance In Own Home - Family Stabilization	340	5%
Undetermined	271	4%

Source: DCF Data, NJ SPIRIT Extract Date: 1/04/12

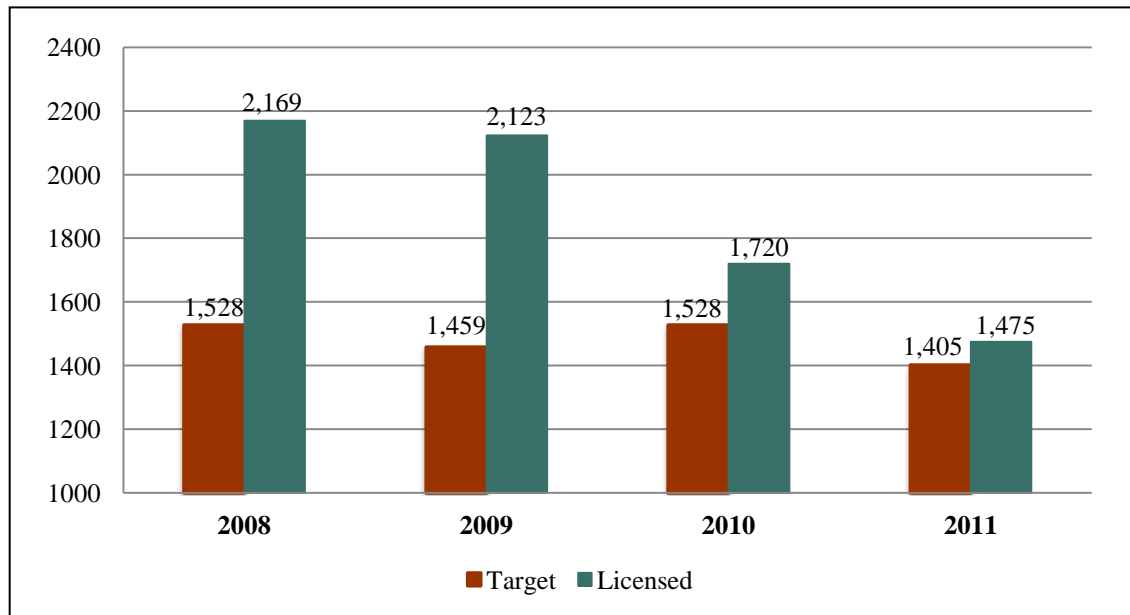
\*Percentages do not equal 100 due to rounding.

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**A. Recruitment and Licensure of Resource Family Homes**

DCF has continued to achieve net gains in its recruitment and licensure of Resource Family homes in CY 2011 and has exceeded its annual target in each of the past four years, as shown in Figure 26 below.

**Figure 26: Number of Licensed Resource Family Homes Compared to Statewide Target (CY 2008 – 2011)**



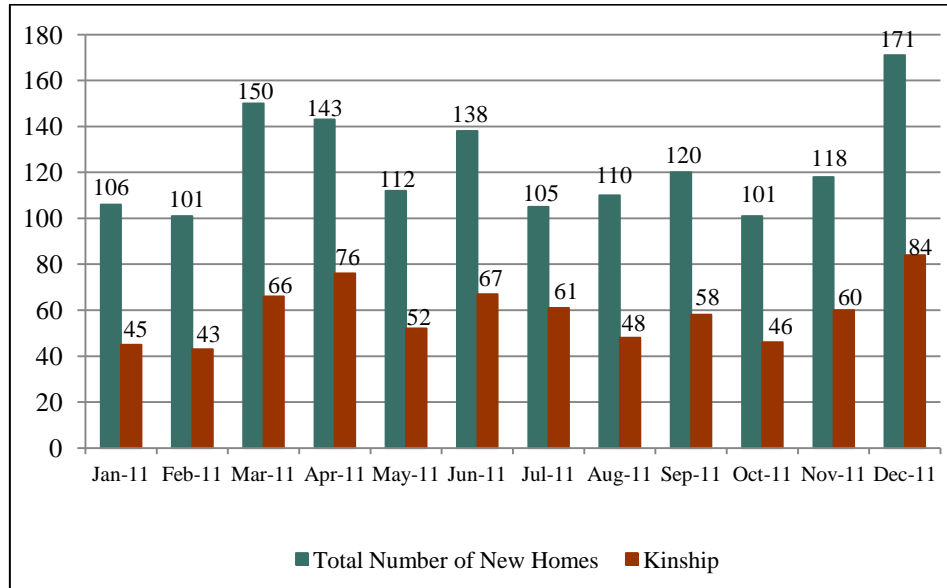
Source: DCF data

DCF recruited and licensed 1,475 Resource Family homes between January 1 and December 31, 2011. As shown in Figure 26 above, this represents 70 homes over its target of 1,405 for CY 2011. Out of 1,475 newly licensed homes, 706 (48%) were kinship homes. Figure 27 below shows the total number of newly licensed Resource Family (kinship and non-kinship) homes by month from January 1 to December 31, 2011.<sup>102</sup>

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<sup>102</sup> See Table 11 for total gross and net numbers of Resource Family homes.

**Figure 27: Newly Licensed Resource Family Homes  
(Kinship and Non-Kinship)  
(January – December 2011)  
Total Licensed = 1475  
Total Kinship = 706**



Source: DCF data

DCF reports that it continues to maintain a Resource Family home capacity well in excess of 200 percent, equivalent to two Resource Family choices for every child in placement. As placement rates decline, DCF is able to focus additional attention on retention and selective recruitment of homes for special populations, such as specific locations, ages of children, large sibling groups and children with special needs.

In the six month period between July 1 and December 31, 2011, DCF had a net loss of 47 Resource Family homes, yet achieved a net gain for CY 2011 of 82 homes. Table 11 below indicates the number of kinship and non-kinship Resource Family homes licensed and closed between January and December 2011. Of the 772 homes that closed this monitoring period, 42 percent were relative providers. The Monitor is not concerned with the net loss in this monitoring period given the overall annual gain and the fact that the state reports that it has the capacity to serve more than twice the number of children than are currently in out-of-home placement. Further, closure of kinship homes are typically due to child(ren) achieving permanency.



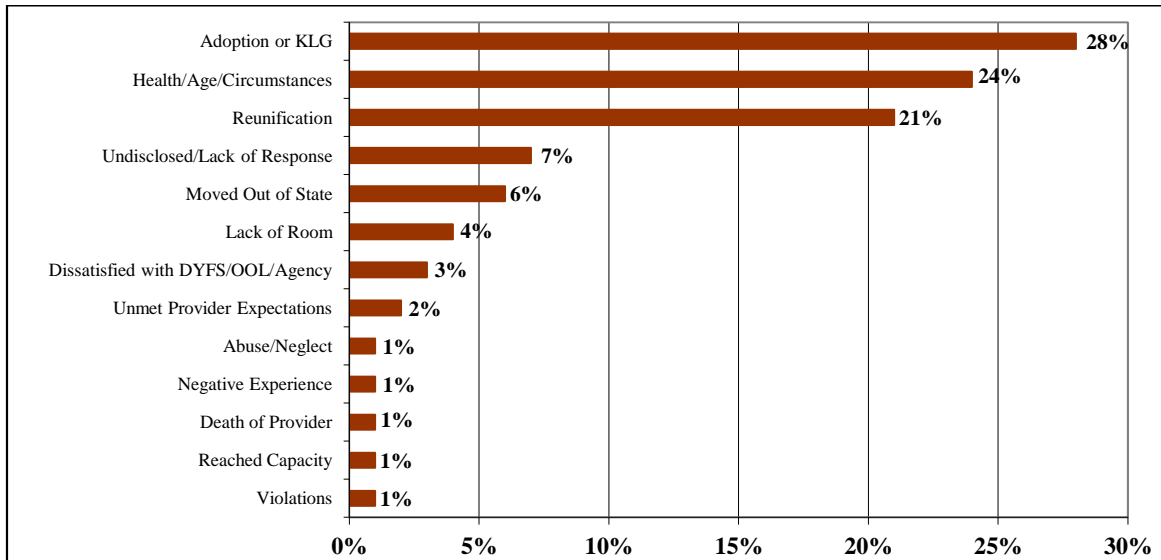
**Table 11: Resource Family Homes Licensed and Closed  
(January – December 2011)**

<b>2011 Monthly Statistics</b>	<b>Non-Kin Resource Homes Licensed</b>	<b>Kin Resource Homes Licensed</b>	<b>Total Resource Homes Licensed</b>	<b>Total Resource Homes Closed</b>	<b>Resource Homes Net Gain</b>
JANUARY	61	45	106	139	-33
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	127	11
<b>Jan – Jun Totals</b>	<b>401</b>	<b>349</b>	<b>750</b>	<b>621</b>	<b>129</b>
JULY	44	61	105	90	15
AUGUST	62	48	110	98	12
SEPTEMBER	62	58	120	98	22
OCTOBER	55	46	101	139	-38
NOVEMBER	58	60	118	173	-55
DECEMBER	87	84	171	174	-3
<b>Jul – Dec Totals</b>	<b>368</b>	<b>357</b>	<b>725</b>	<b>772</b>	<b>-47</b>
<b>2011 Totals</b>	<b>769</b>	<b>706</b>	<b>1,475</b>	<b>1,393</b>	<b>82</b>

Source: DCF data

As reflected in Figure 28 below, 49 percent of all Resource Family homes that were closed between July 1 and December 31, 2011 were due to reunification (21%) and kinship legal guardianship or adoption (28%). Additional reasons for closing resource homes include a provider's personal circumstances, such as the health/age of the provider (24%), lack of room (4%), reaching capacity (1%), and moving out of state (caretakers authorized to have a child remain in their care so that permanency could be achieved) (6%). Seven percent of the Resource Family home providers did not disclose their reasons for closing their homes. An additional eight percent of homes were closed for other reasons: abuse or neglect (1%), death of a provider (1%), a provider's negative experiences (1%), a provider's dissatisfaction with DYFS and Office of Licensing (OOL) rules (3%), and unmet provider expectations (2%).

**Figure 28: Reasons for Resource Home Closures  
(July – December 2011)**



Source: DCF data

***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.

As reported, DCF exceeded its annual goal to license 1,405 homes by 70 homes (see Table 12). A total of 11 counties met or exceeded their annual targets for licensed Resource Family homes.

**Table 12: Newly Licensed Resource Family Homes Targets by County  
(January – December 2011)**

County	Target	Licensed	Performance Against Target
Atlantic	53	66	13
Bergen	80	71	-9
Burlington	89	89	0
Camden	138	161	23
Cape May	26	18	-8
Cumberland	49	41	-8
Essex	208	197	-11
Gloucester	52	81	29
Hudson	90	129	39
Mercer	52	53	1
Middlesex	93	83	-10
Monmouth	74	84	10
Morris	48	61	13
Ocean	90	78	-12
Passaic	70	63	-7
Salem	26	26	0
Sussex	20	20	0
Union	67	84	17
Hunterdon / Somerset / Warren	80	70	-10
<b>Totals</b>	<b>1,405</b>	<b>1,475</b>	<b>70</b>

Source: DCF data

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

***DCF showed some improvement in processing Resource Family applications within 150 days (MSA Section II.H.4).***

As shown in Table 13 below, for applications received from January to June 2011, 69 percent were resolved in 150 days, up two percent from the previous monitoring period. Seventy-eight percent of applications were resolved in 180 days. The performance rate has climbed from 25 percent in 2007 to 69 percent for this monitoring period, demonstrating a focus on reaching the 150 day timeframe while at the same time recognizing that families sometimes vary in ability to timely respond to the rigors of the application process.

**Table 13: Total Number of Resource Studies Resolved  
(January – June 2011)**

Month Applied	Total Applications	Resolved in 150 Days		Resolved in 180 Days	
	Number	Number	Percent	Number	Percent
January	208	141	68%	160	77%
February	192	138	72%	154	80%
March	253	181	72%	199	79%
April	196	123	63%	139	71%
May	174	120	69%	133	76%
June	195	132	68%	161	83%
Total	1,218	835	69%	946	78%

Source: DCF data

*DCF has continued the programs and policies that have led to success in licensing quality Resource Family homes.*

**Resource Family Impact Teams**

DCF reports that monthly Resource Family impact team conferences continue to be held in all of the DYFS local offices. Participants include local and area Resource Family staff, licensing inspectors and Office of Resource Family (ORF) child protective staff. Local office managers and supervisors, along with Office of Licensing (OOL) intake supervisors when necessary, attend the impact team conferences. DCF has found this conferencing model to assist in identifying barriers to resolving applications within 150 days.

**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 CY 2011 with 28 large capacity homes and concluded the year with 29: seven SIBS homes were newly licensed or upgraded between January 1 and June 30, 2011 and an additional seven were newly licensed or upgraded between July 1 and December 31, 2011, for a total of 14 new SIBS homes for CY 2011. Six large capacity homes left the program in the previous monitoring period (between January 1 and June 30, 2011), and seven families left in this reporting period. One of the seven providers who left the program did so after the large sibling group in her care reunited with their biological parents. The remaining six families who left the program reduced their capacity, but kept their homes open to accept future placements. Of these six families, four reduced their capacity when the four sibling groups in their care achieved permanency: three through reunification and one through adoption. An additional large capacity provider could no longer manage a large sibling group, and another downgraded capacity when the sibling group in their care was placed with a family member.

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## **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.”<sup>103</sup> 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. During this monitoring period The Minor Parent in Placement Focus Group, led by the Office of Resource Families (ORF) and comprised of representatives from Foster and Family Adoptive Services (FAFS), the Office of Regulatory Affairs, DCF’s Adolescent Services Unit, the Policy Development Unit and the Child and Family Health Unit has been meeting to formalize policy and procedures regarding the new legislation. The state modified its Resource Family Parent Agreement, an agreement between the minor parent, the DYFS worker and the Resource Family that clarifies roles and responsibilities, to align with the new law. In addition, a proposed board rate for minor parents in care is being finalized.

DCF also made changes to its Special Homes Service Provider Program (SHSP) effective September 2010. The primary feature of the new policy is that rate assessments are now completed every three months for all children, including those with acute medical needs, in consultation with the worker, nurse and the Resource Parent. The purpose of the new SHSP policy is to better match individual situations and families and ensure that children requiring specialized medical care are successfully matched with families who are fully trained. DCF no longer rules out kin as resource providers to children with special medical needs merely because they are not contracted SHSP providers. There is more flexibility given to resource families who work outside the home, with the intention of attracting more families into the program.

Between July and December 2011, DCF was making a transition to this new assessment system for medically fragile children. During that time, 168 medically fragile children were placed in 106 homes, formerly designated as Medically Fragile or SHSP homes, and 164 children assessed under the new policy as having serious medical needs were placed in 133 homes.<sup>104</sup>

***New Jersey has made progress on its new recruitment and retention strategies that seek to locate and retain quality Resource Parents.***

## **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) using a research tool that helps identify households by geographic area and select economic indicators that are most similar to

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<sup>103</sup> New Jersey Family Court Act Title 30: 4C-26.20

<sup>104</sup> The unduplicated count of these two categories is 277 as it is possible for a provider to be counted as a “Medically Fragile/SHSP” provider as well as designated under the new policy as an “Acuity 5” provider.

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those in which DCF is currently successful in placing children. The purpose is to advertise and market information and outreach to the identified areas and populations.

### **Staff Training and Skill Development**

In this monitoring period, over 700 Resource Family and licensing staff participated in training to enhance their knowledge of and expertise in Resource Family recruitment and retention.

Training conducted between July 1 and December 31, 2011 included such topics as:

- Two Day Structured Analysis Family Evaluation (SAFE) Training Entitled “SAFE Home Study Tools and Process.” Required for all staff who conduct and supervise the SAFE home study process.
- SAFE Supervisory Training. Required for all supervisors who supervise the SAFE home study process.
- SAFE Home Study Interviews. Intended to build or refresh interviewing skills for staff who currently conduct SAFE Resource Family home studies.
- Attachment Disorders & Children. Designed to enhance the knowledge and skills of PRIDE trainers.
- Office of Licensing Simulation and Review. Reinforces the home study and licensing process by staff experiencing a field visit simulation first hand.
- Prevention, Identification and Treatment of Bed Bugs. Designed for licensing staff
- Two Day Joint Office of Licensing and Resource Family Support Workers Training. Designed to understand the work flow through both departments and the paperwork and processes that are involved in licensing a home.
- Lead Case Management Services Training for the Office of Licensing (OOL). Focuses on case management interventions for lead poisoned children and prevention measures.

### **Resource Family In-Service Training**

Every resource parent is required to complete In-Service training to maintain a Resource Family home license. The training modalities which are offered to resource parents by Foster and Adoptive Family Services (FAFS) are: on-line training, home correspondence courses, and county-based workshops. FAFS is also in the process of developing e-live webinar workshops.

DCF reports that between July 1 and December 31, 2011, 1,252 resource parents took a total of 2,360 In-Service courses, covering a variety of topics, including:

- Preparing Your Home for an Office of Licensing Inspection;
- The Child Health Program and You;
- Bipolar Disorder in Children and Adolescents;
- Childhood Allergies;
- Issues in Kinship Care; and
- Understanding Trauma and Resilience.

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Three new FAFS courses were provided:

- Understanding Trauma and Resilience (Part 2);
- The Sexualization of Young Girls; and
- Children and Anger.

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

**Appropriateness of Placement**

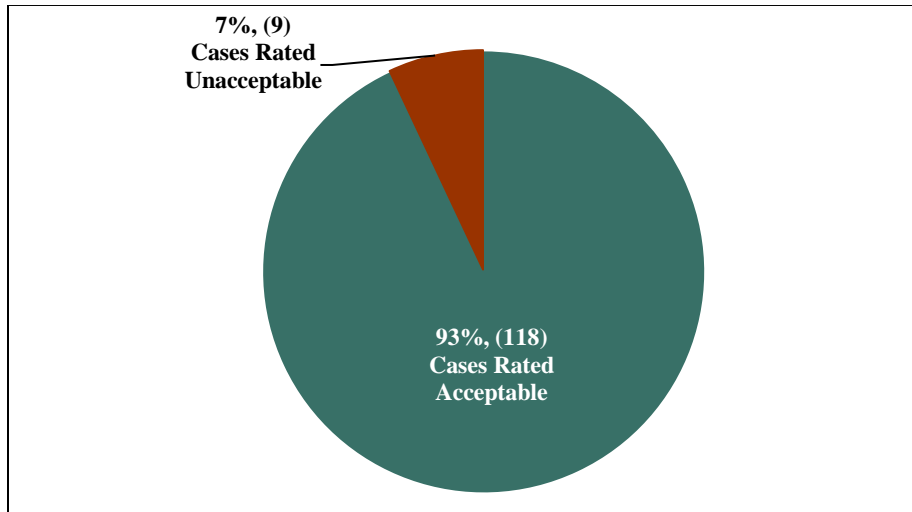
<b>Quantitative or Qualitative Measure</b>	23. <u>Combined Assessment of Appropriateness of Placement</u> : Based on: <ul style="list-style-type: none"> <li>a. Placement within appropriate proximity of their parents' residence unless such placement is to otherwise help the child achieve the planning goal.</li> <li>b. Capacity of caregiver/placement to meet child's needs.</li> <li>c. Placement selection has taken into account the location of the child's school.</li> </ul>
<b>Final Target</b>	By June 30, 2010, 90% of children will be placed in an appropriate setting.

***Performance as of December 31, 2011***

During 2011, 127 cases of children in out-of-home care were reviewed as part of the QR to assess the appropriateness of placement. As shown in Figure 29, 93 percent of placements were rated acceptable which meant that the placement met the child's developmental, emotional, behavioral and physical needs. The assessment of appropriateness of placement also considered whether the placement facilitated the child maintaining connections with his/her parents and siblings and helped in meeting the child's permanency goal.

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**Figure 29: Appropriateness of Placement  
as Measured by the Qualitative Review  
(January – December 2011)  
(n=127)**



Source: DCF, QR 2011 data

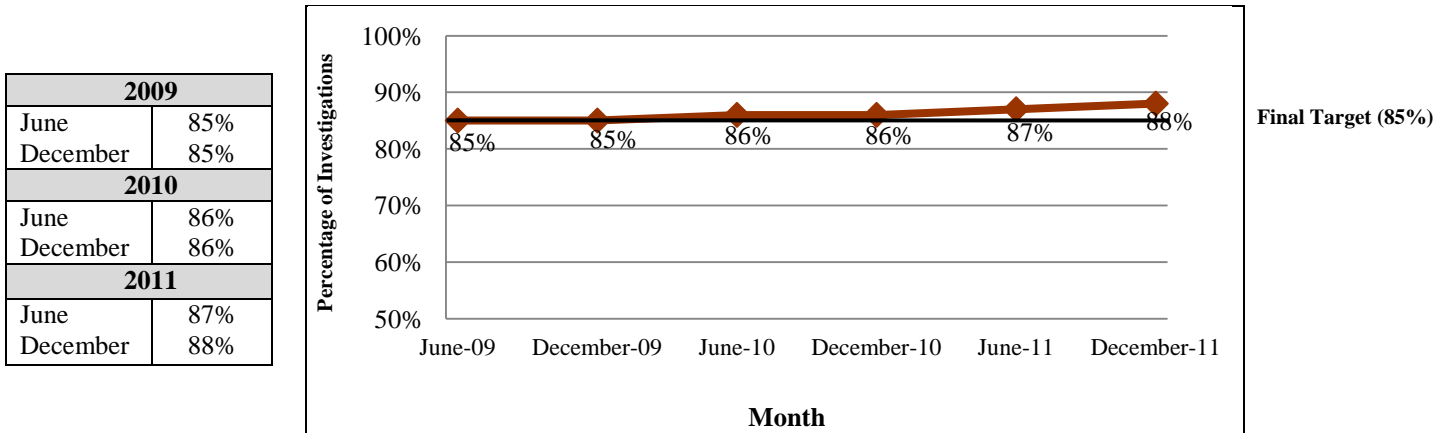
Additionally, DCF is able to report on the number of children placed within the same county of the home from which they were removed as well as within ten miles of the home from which they were removed. DCF uses NJ SPIRIT data analyzed by Chapin Hall to report on this measure. In CY 2011, there were 3,972 children who entered out-of-home placement. Of those 3,972 children, there were 2,390 for whom a valid address was retrieved. Of those 2,390 children, 1,931 (81%) children were placed within the same county as the home from which they were removed. Additionally, of the 3,972 children removed, 2,083 children's addresses were successfully geocoded by Chapin Hall. Of the 2,083 children, 1,513 (73%) were placed within ten miles of the home from which they were removed.



## Placing Children with Families

<b>Quantitative or Qualitative Measure</b>	24. <u>Placing Children with Families</u> : The percentage of children currently in custody who are placed in a family setting.
<b>Final Target</b>	Beginning July 2009 and thereafter, at least 85% of children will be placed in a family setting.

**Figure 30: Percentage of Children Placed in a Family Setting  
(June 2009 – December 2011)**



Source: DCF data

### ***Performance as of December 31, 2011:***

DCF uses NJ SPIRIT to report on children’s placements. As of December 2011, there were 7,018 children in DYFS out-of-home placement, 6,149 (88%) of whom were placed in Resource Family (non-kinship or kinship placements). The remaining 869 (12%) were placed in independent living placements (144) or group and residential facilities (725). DCF continues to meet the performance target for this outcome.

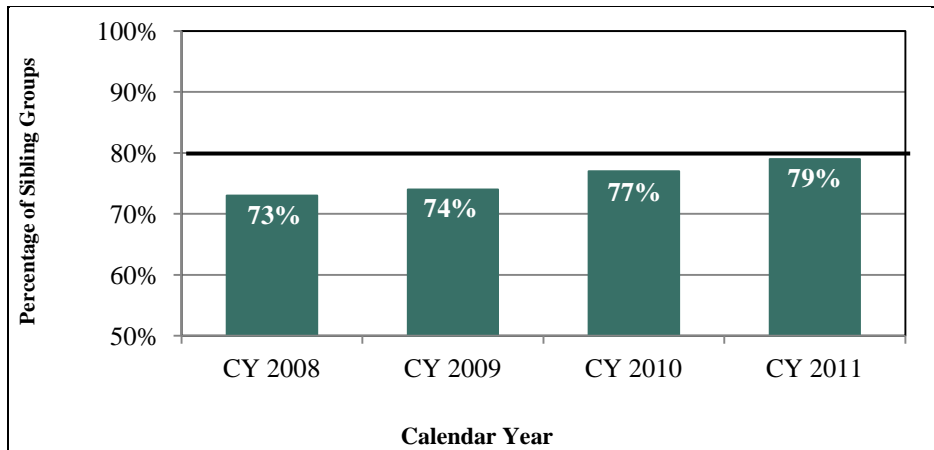
DCF also provides data on children’s out-of-home placement type at the time of initial placement. The most recent data is CY 2011 when 3,972 children entered out-of-home placement. Of the 3,972 children, 3,589 (90%) children were placed in family settings for their first placement or within seven days of initial placement.

## Placing Siblings Together

<b>Quantitative or Qualitative Measure</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.
<b>Benchmark</b>	<ul style="list-style-type: none"> <li>a. For siblings entering custody in the period beginning July 2009, at least 65% will be placed together.</li> <li>b. For siblings entering custody in the period beginning July 2010, at least 70% will be placed together.</li> <li>c. For siblings entering custody in the period beginning July 2011, at least 75% will be placed together.</li> </ul>
<b>Final Target</b>	For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.

**Figure 31: Percentage of Sibling Groups of Two or Three Placed Together (CY 2008 – 2011)**

<b>CY 2008</b>
73%
<b>CY 2009</b>
74%
<b>CY 2010</b>
77%
<b>CY 2011</b>
79%



Source: DCF NJ SPIRIT data analyzed by Chapin Hall

\*Interim Benchmark by July 2011 (75%)

### ***Performance as of December 31, 2011:***

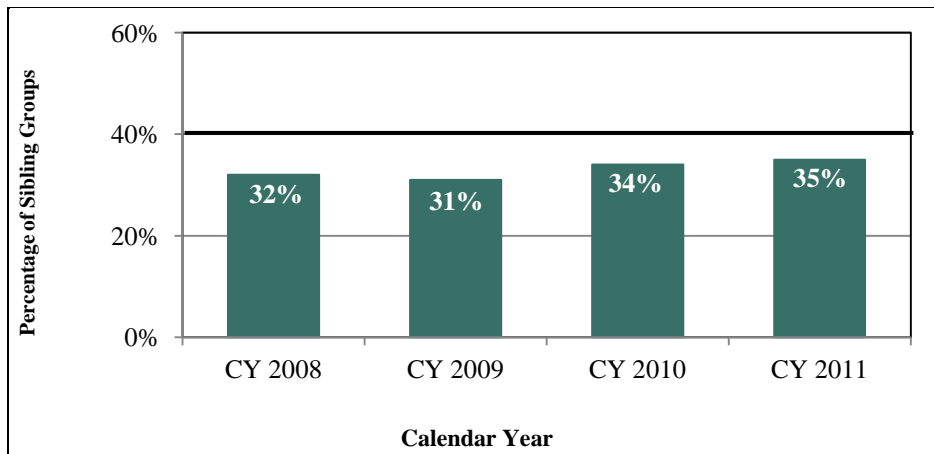
In CY 2011, there were 813 sibling groups that came into custody at the same time or within 30 days of one another. Of these 813 sibling groups, 718 sibling groups had two or three children in them; 565 (79%) of this subset of sibling groups were placed together. This performance meets the performance benchmark.

## Placing Large Sibling Groups Together

<b>Quantitative or Qualitative Measure</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.
<b>Final Target</b>	For sibling groups of four or more entering in the period beginning July 2011 and thereafter, at least 40% will be placed together.

**Figure 32: Percentage of Sibling Groups of Four or More Placed Together (CY 2008 – 2011)**

<b>CY 2008</b>
32%
<b>CY 2009</b>
31%
<b>CY 2010</b>
34%
<b>CY 2011</b>
35%



Source: DCF NJ SPIRIT data analyzed by Chapin Hall

\*Interim Benchmark by July 2010 (35%)

### *Performance as of December 31, 2011:*

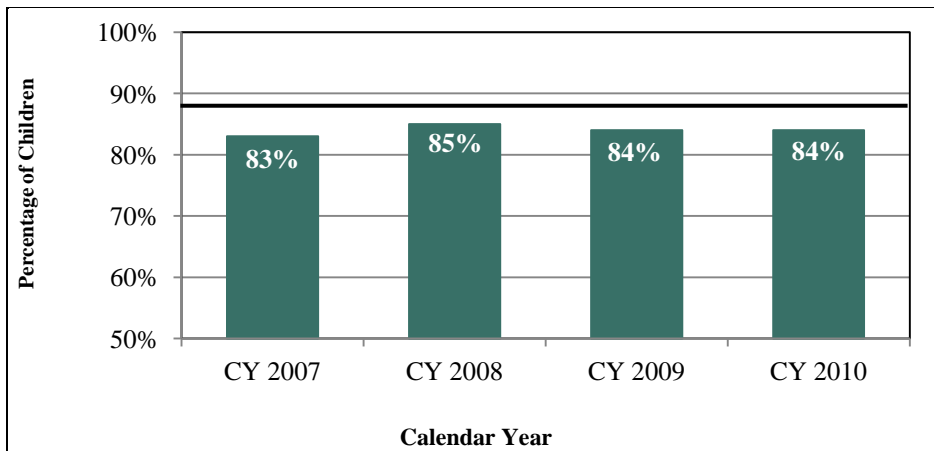
In CY 2011, there were 95 sibling groups that had four or more children who came into custody at the same time or within 30 days of each other. Of these 95 sibling groups, 33 (35%) sibling groups were placed together. Although good performance, this performance falls short of meeting the final target which requires that beginning July 2011, 40 percent of large siblings groups entering custody are placed together.

## Stability of Placement

<b>Quantitative or Qualitative Measure</b>	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.
<b>Final Target</b>	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.

**Figure 33: Percentage of Children Entering Care who had Two or Fewer Placements during 12 months of Entering Care (CY 2007 – 2010)**

<b>CY 2007</b>
83%
<b>CY 2008</b>
85%
<b>CY 2009</b>
84%
<b>CY 2010</b>
84%



Source: DCF NJ SPIRIT data analyzed by Chapin Hall  
 \*Interim Benchmark by December 2008 (86%)

***Performance as of December 31, 2011:***

DCF uses NJ SPIRIT data analyzed by Chapin Hall to report on this measure. The most recent performance data assesses the 3,842 children who entered care in CY 2010 and aggregates the number of placements each child experienced. For children entering care in CY 2010, 3,213 (83%) children had two or fewer placements during the 12 months from their date of entry. This performance does not meet the final MSA target.

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## Placement Limitations

<b>Quantitative or Qualitative Measure</b>	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, but such limitations may be waived if needed and appropriate to allow a group of siblings to be placed together.
<b>Final Target</b>	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, but such placements may be waived if needed and appropriate to allow a group of siblings to be placed together.

### *Performance as of December 31, 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.

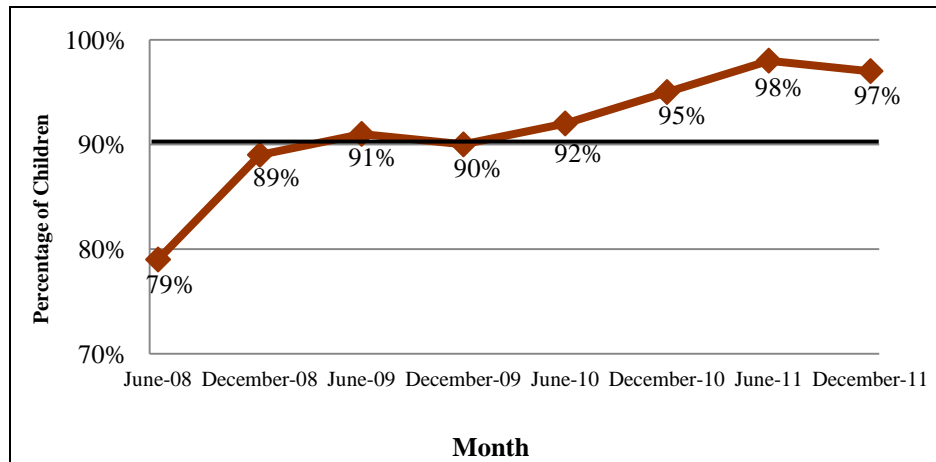
The Monitor reviewed the four waivers to population limits sought between July and December 2011. One of the four waivers was appropriately denied because there was no evidence that the child had any conditions for which the Resource Family was uniquely qualified. Of the three waivers appropriately granted: two waivers were awarded to families with more than four foster children; one for a short placement of two weeks, and one for a child who had developed a close relationship with another child in the home and the Resource Family did not want to separate the children. The third waiver was awarded to a family with more than two children under the age of two for a fifteen month old who had previously been placed in the home and knew the family. DCF continues to meet the MSA performance target for this outcome. For the past four monitoring periods, DCF waiver compliance has consistently been above 99 percent.

## Limiting Inappropriate Placements

<b>Quantitative or Qualitative Measure</b>	<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: 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>
<b>Final Target</b>	<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>

**Figure 34: Percentage of Children over Age 13 Placed in Compliance with MSA Standards (June 2008 – December 2011)**

2008	
June	79%
December	89%
2009	
June	91%
December	90%
2010	
June	92%
December	95%
2011	
June	98%
December	97%



Source: DCF data  
 \*Interim Benchmark by June 2009 (80%)

**Table 14: Shelter Placements for Youth over the Age of 13 (January 2008 – December 2011)**

	Jan-Jun 2008	Jul-Dec 2008	Jan-Jun 2009	Jul-Dec 2009	Jan-Jun 2010	Jul-Dec 2010	Jan-Jun 2011	Jul-Dec 2011
Number of youth over 13 placed in shelters	451	421	465	393	350	303	337	315
Number of youth appropriately placed	358 (79%)	375 (89%)	423 (91%)	352 (90%)	322 (92%)	287 (95%)	331 (98%)	305 (97%)
Number of youth inappropriately placed	93 (21%)	46 (11%)	42 (9%)	41 (10%)	28 (8%)	16 (5%)	6 (2%)	10 (3%)

Source: DCF data

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***Performance as of December 31, 2011:***

The MSA includes requirements to limit 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 July through December 2011, no child under the age of 13 was placed in a shelter. DCF continues to meet required performance on this measure.

From July through December 2011, 315 youth ages 13 or older were placed in shelters. This is a significant reduction from 451 youth placed in shelters between January and June 2008. Further, of the 315 youth, 305 (97%) youth were reported by DCF to have been placed in accordance with criteria on appropriate use of shelters.

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 focus of the Monitor's shelter placement data validation for this monitoring period was on youth placed in shelters over 30 days pursuant to a court order. Between July and August 2011, 29 youth spent more than 30 days in a shelter and 27 (93%) placements were court ordered. The remaining two youth were placed without a court order and thus out-of-compliance with the MSA standard. The Monitor reviewed all 29 cases based on information in NJ SPIRIT and court orders provided by DCF.

The review identified the following themes: 12 of the 29 cases involved DYFS offices (and courts) located in Camden county; seven in Middlesex; and one each in Hudson, Monmouth, Morris, Passaic, Atlantic, Cape May, Burlington, Cumberland, Gloucester and Salem suggesting there are geographic differences in practice. In at least eight cases, the documentation makes clear that committing a child to DYFS custody is being used only for placement purposes and there are no stated concerns of abuse, neglect or dependency. There were instances where youth entered and remained in shelter due to lack of or inability to access mental health or substance abuse services. In several cases, there was a lack of documentation demonstrating the urgency to find more appropriate placements for the youth. DYFS area directors are now working more closely with Case Management Organizations (CMO's) at the county level to clarify departmental policy, and better coordinate to secure appropriate placements for youth in these situations.

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## 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 congregate facilities. As detailed below, the MSA includes a number of outcomes on repeat maltreatment, maltreatment while in care and re-entry into care.

### Abuse and Neglect of Children in Foster Care

<b>Quantitative or Qualitative Measure</b>	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.
<b>Final Target</b>	For the period beginning July 2010 and thereafter, no more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.

#### *Performance as of December 31, 2011:*

DCF uses NJ SPIRIT data analyzed by Chapin Hall to report on this measure; the most recent data analyzed by Chapin Hall is from CY 2011. Twenty-six children were the victims of substantiated abuse or neglect by a resource parent or facility staff member in CY 2011. Of the 11,718 children who were in care at any point in CY 2011, this equates to 0.22 percent of children who were victims of abuse or neglect in an out-of-home placement. Performance on this measure has been improving over time. Data demonstrate a decrease in the percentage of children in out-of-home placement who were victims or substantiated abuse and neglect by a resource parent or facility staff from 0.63 percent in 2005 and 0.34 percent in 2006.<sup>105</sup> This performance meets the final MSA performance target requiring that no more than 0.49 percent of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.

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<sup>105</sup> Small shifts in previously reported performance for prior years may be found and are attributable to a change in methodology used by Chapin Hall to capture maltreatment data. The new methodology used CPS Report date to report on maltreatment instead of the investigation start date.



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### **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 are subsequently reunified with their families.

### **Repeat Maltreatment**

<b>Quantitative or Qualitative Measure</b>	31. <b><u>Repeat Maltreatment</u></b> : Of all children who remain in home after substantiation of abuse or neglect, the percentage who have another substantiation within the next 12 months.
<b>Final Target</b>	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.

#### ***Performance as of December 31, 2011:***

DCF uses Chapin Hall data to report on repeat maltreatment. The most recent data analyzed by Chapin Hall are for children whose first substantiation occurred in calendar year 2010. In CY 2010, there were 5,099 children who were victims of a substantiated allegation of abuse and/or neglect and were not placed in out-of-home care. As of December 31, 2011, of the 5,099 children, 321 (6.3%) children were the victims of a substantiated allegation of child abuse and/or neglect within 12 months of the initial substantiation. This performance meets the MSA standard of not to exceed 7.2 percent of children who remain at home after a substantiation of abuse or neglect to have another substantiation within 12 months. DCF has consistently met this standard since CY 2007.

<b>Quantitative or Qualitative Measure</b>	32. <b><u>Repeat Maltreatment</u></b> : 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.
<b>Final Target</b>	For the period beginning July 2009 and thereafter, no more than 4.8% of children who reunified will be the victims of substantiated abuse or neglect within one year after reunification.

#### ***Performance as of December 31, 2011:***

DCF uses Chapin Hall data to report on repeat maltreatment and the most recent data analyzed by Chapin Hall are from CY 2010. In CY 2010, there were 3,313 children who were returned home or to a family member after a stay in out-of-home placement. Of the 3,313 children, 206 (6%) were the victims of a substantiated allegation of abuse and/or neglect within 12 months of their return home. Since CY 2007, annual performance on this measure has ranged between five to seven percent of children reunified are victims of repeat substantiation within one year after reunification. This rate of repeat maltreatment continues to exceed the MSA final target which specifies that no more than 4.8 percent of children who reunified will be victims of substantiated abuse and/or neglect within one year after reunification. One of the DCF Fellows groups is

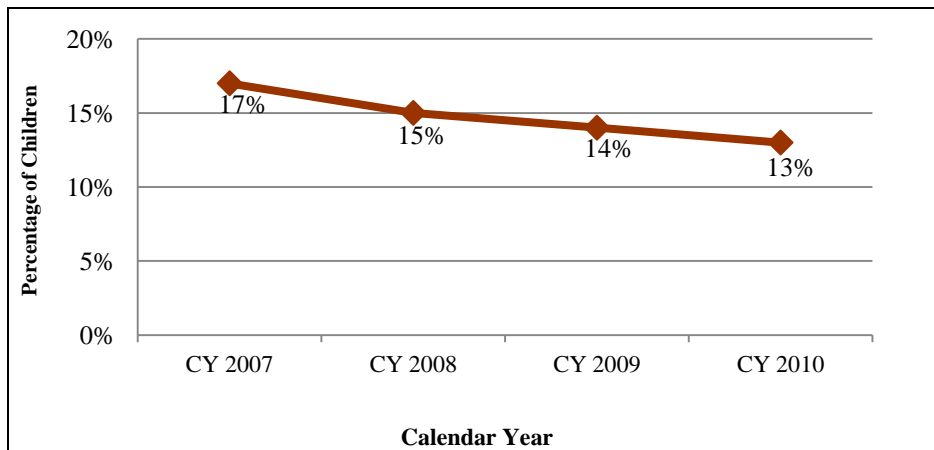
participating in a project to explore the circumstances that account for repeat referrals on children who were reunified after being in foster care. The goal of the work is to identify ways to reduce these reoccurrences of abuse/neglect.

### Re-entry to Placement

<b>Quantitative or Qualitative Measure</b>	33. <b>Re-entry to Placement:</b> 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.
<b>Benchmark</b>	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.
<b>Final Target</b>	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.

**Figure 35: Percentage of Children who Re-Entered Custody within One Year of Date of Exit (CY 2007 – 2010)**

<b>CY 2007</b>
17%
<b>CY 2008</b>
15%
<b>CY 2009</b>
14%
<b>CY 2010</b>
13%



**Final Target – no more than (9%)\***

Source: DCF data analyzed by Chapin Hall

\*Interim Benchmark by July 2010 (no more than 11.5%)

### *Performance as of December 31, 2011:*

DCF uses Chapin Hall data to report on re-entry into placement. The most recent data analyzed by Chapin Hall are from CY 2010. In CY 2010, there were 5,616 children who exited foster care. Of the 5,616 children who exited, 3,807 (68%) children exited to qualifying exits (i.e.,

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reunification, guardianship or to a relative placement).<sup>106</sup> Of the 3,807 children who exited to qualifying exits, 478 (13%) children re-entered placement as of December 31, 2011. While the current performance does not meet the required target, the rate has decreased from 17 percent in CY 2007, to 15 percent in CY 2008, to 14 percent in CY 2009, to 13 percent in CY 2010.

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<sup>106</sup> DCF has objected to the Monitor's definition of "qualifying exits" used to analyze this measure. The Agency believes that due to the specific exclusion cited in the MSA, the definition of qualifying exits should only exclude children who run away from placement. The Monitor uses a definition of qualifying exits which excludes from the calculations runaways as well as children who are adopted. Based on the DCF recommended definition, of all children who exited in CY 2010, nine percent re-entered custody within one year of the date of exit. Using that definition, DCF calculates performance for previous years as follows: CY 2007, 12%; CY 2008, 10%; CY 2009, 10%.

## 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).

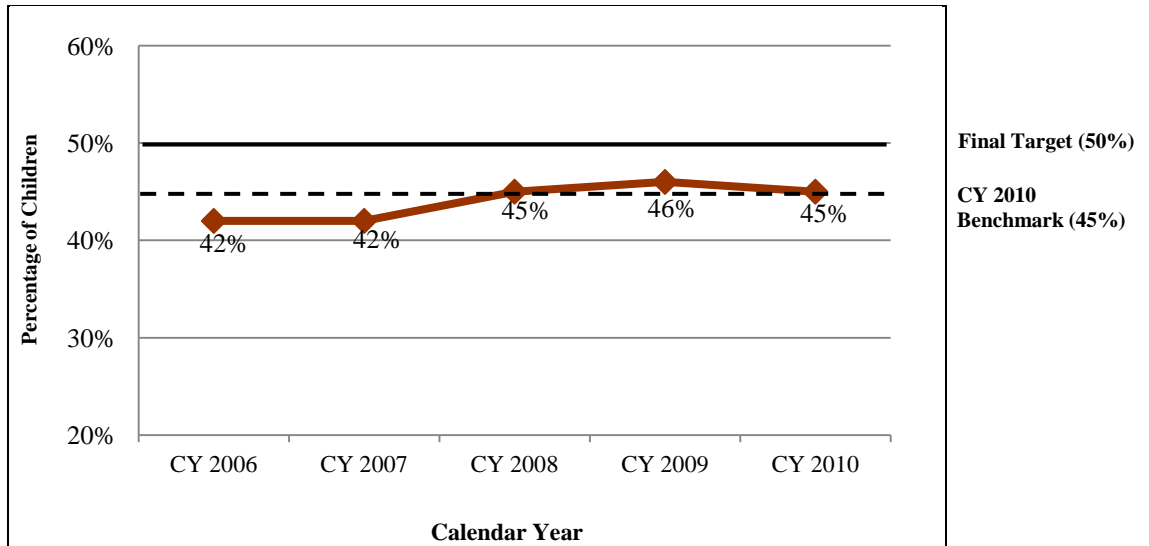
The five permanency outcomes and associated performance targets are discussed further below. Together, the five permanency measures reflect an expectation that children entering custody will attain permanency in a timely manner through whatever is their most appropriate permanency pathway. The measures 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 been in care for extended periods of time.

### Timely Permanency through Reunification, Adoption or Legal Guardianship

<b>Quantitative or Qualitative Measure</b>	34. a. <u>Discharged to Permanency:</u> <u>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 eight 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.
<b>Benchmark</b>	a. Of all children who entered foster care for the first time in CY 2009, 43% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home. b. Of all children who entered foster care for the first time in CY 2010, 45% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.
<b>Final Target</b>	Of all children who entered foster care for the first time in CY 2011 and annually thereafter, 50% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.

**Figure 36: Percentage of Children who Entered Foster Care in CY and were Discharged to Permanency within 12 months from Removal<sup>107</sup>  
(CY 2006 – 2010)**

<b>CY 2006</b>
42%
<b>CY 2007</b>
42%
<b>CY 2008</b>
45%
<b>CY 2009</b>
46%
<b>CY 2010</b>
45%



Source: DCF NJ SPIRIT data analyzed by Chapin Hall

***Performance as of December 31, 2011:***

DCF uses NJ SPIRIT data 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 CY 2010. Of the children who entered foster care in CY 2010, 45 percent discharged to permanency within 12 months from their removal from their home. Performance for this sub-part of this permanency outcome meets the CY 2010 interim benchmark of 45 percent.<sup>108</sup>

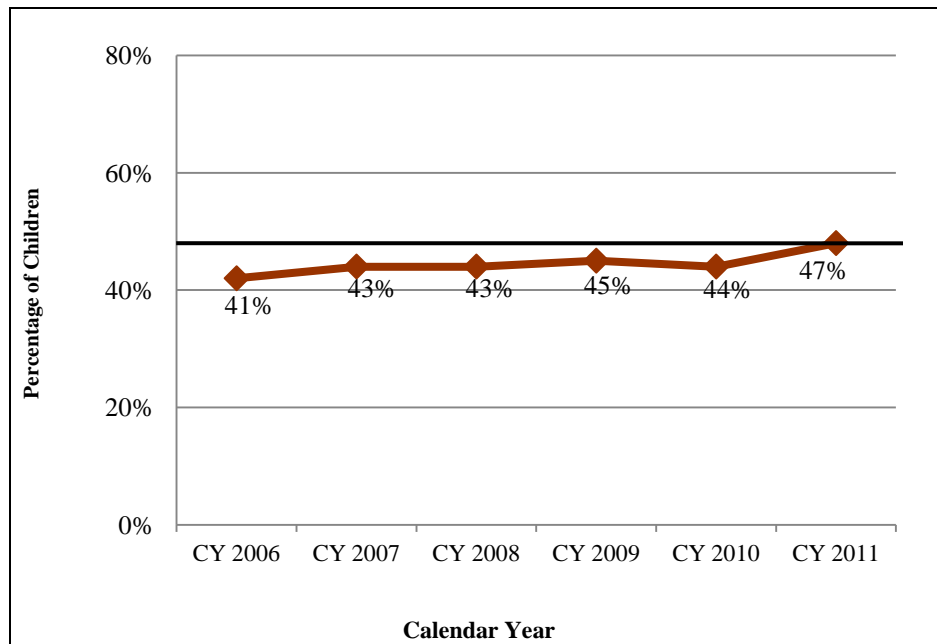
<sup>107</sup> Small shifts in previously reported performance for prior years may be found and are attributable to on-going data management and clean-up.

<sup>108</sup> Performance measures 34.a, d. & e. are the same outcome measure but require three different performance levels based on three cohorts of children defined by how long they have been in foster care. The Monitor considers this permanency performance requirement met only when all three cohorts achieve the required performance. Based upon performance during this monitoring period, this outcome has been partially met as performance for sub-parts a. & d. met the relevant interim benchmark and final target, however, performance for sub-part e. did not.

<b>Quantitative or Qualitative Measure</b>	34. d. <u>Discharged to Permanency:</u> <u>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 <sup>st</sup> birthday or by the last day of the year.
<b>Final Target</b>	Of all children who were in care on the first day of CY 2011 and annually thereafter, and had been in care between 13 and 24 months, 47% will be discharged to permanency prior to their 21 <sup>st</sup> birthday or by the last day of year.

**Figure 37: Of all Children in Care on the First Day of CY and had been in Care between 13-24 months, Percentage of Children who were Discharged to Permanency Prior to 21<sup>st</sup> Birthday or by the Last Day of the Year<sup>109</sup> (CY 2006 – 2011)**

<b>CY 2006</b>
41%
<b>CY 2007</b>
43%
<b>CY 2008</b>
43%
<b>CY 2009</b>
45%
<b>CY 2010</b>
44%
<b>CY 2011</b>
47%



Source: DCF data analyzed by Chapin Hall  
\*Interim Benchmark by CY 2010 (45%)

***Performance as of December 31, 2011:***

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 21<sup>st</sup> birthday or the last day of the year. Of all children who were in care on the first day of CY 2011 and had been in care between 13 and

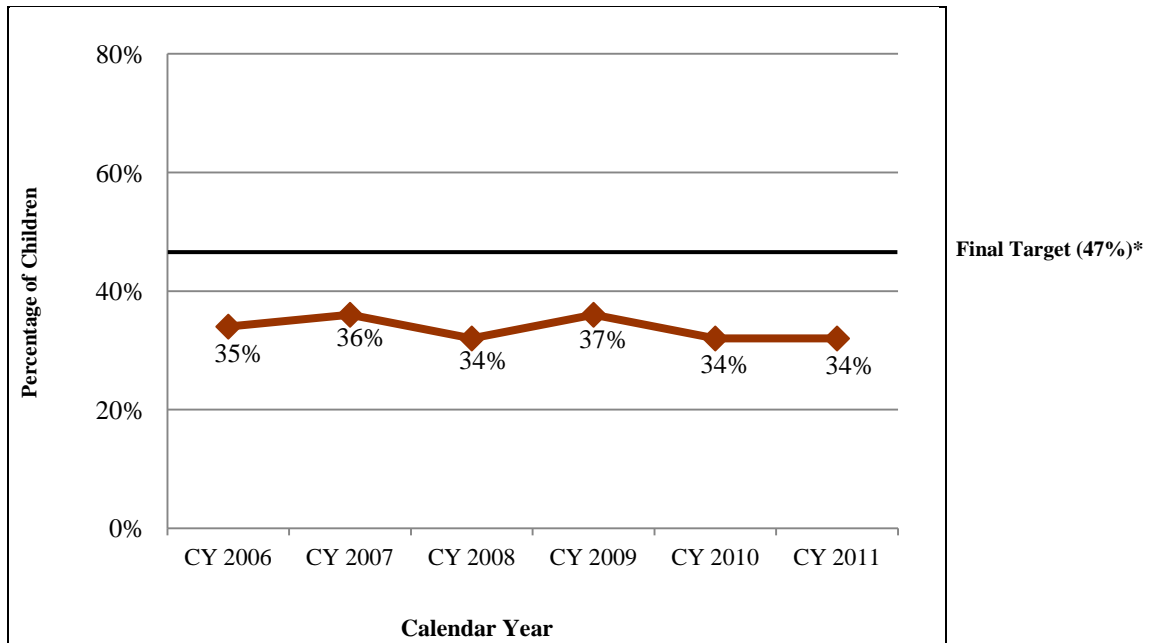
<sup>109</sup> Small shifts in previously reported performance for prior years may be found and are attributable to on-going data management and clean-up.

24 months, 47 percent discharged to permanency prior to their 21<sup>st</sup> birthday or the last day of the year. Performance for this sub-part of this permanency outcome meets the final target of 47 percent.<sup>110</sup>

<b>Quantitative or Qualitative Measure</b>	34. e. <u>Discharged to Permanency:</u> <u>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 <sup>st</sup> birthday and by the last day of the year.
<b>Final Target</b>	Of all children who were in foster care for 25 months or longer on the first day of CY 2011 and annually thereafter, 47% will be discharged to permanency prior to their 21 <sup>st</sup> birthday or by the last day of the year.

**Figure 38: Of all Children who were in Foster Care for 24 months or longer on the First Day of CY, Percentage Discharged to Permanency Prior to their 21<sup>st</sup> Birthday or by the Last Day of the Year<sup>111</sup> (CY 2006 – 2011)**

<b>CY 2006</b>
35%
<b>CY 2007</b>
36%
<b>CY 2008</b>
34%
<b>CY 2009</b>
37%
<b>CY 2010</b>
34%
<b>CY 2011</b>
34%



Source: DCF data analyzed by Chapin Hall

\*Interim Benchmark by CY 2010 (44%)

<sup>110</sup> Performance measures 34.a, d. & e. are the same outcome measure and require three different performance levels based on three cohorts of children defined by how long they have been in foster care. The Monitor considers this permanency performance requirement met only when all three cohorts achieve the required performance. Based upon performance during this monitoring period, this outcome has been partially met as performance for sub-parts a. & d. met the relevant interim benchmark and final target, however, performance for sub-part e. did not.

<sup>111</sup> Small shifts in previously reported performance for prior years may be found and are attributable to on-going data management and clean-up.

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***Performance as of December 31, 2011:***

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 discharged to permanency prior to their 21<sup>st</sup> birthday or by the last day of the year. Of all children who were in care on the first day of CY 2011 and had been in care for 25 months or longer, 34 percent discharged prior to their 21<sup>st</sup> birthday or the last day of the year. Performance for this sub-part of this permanency outcome has not shown much change since CY 2006 and falls short of the final target of 47 percent by CY 2011.<sup>112</sup>

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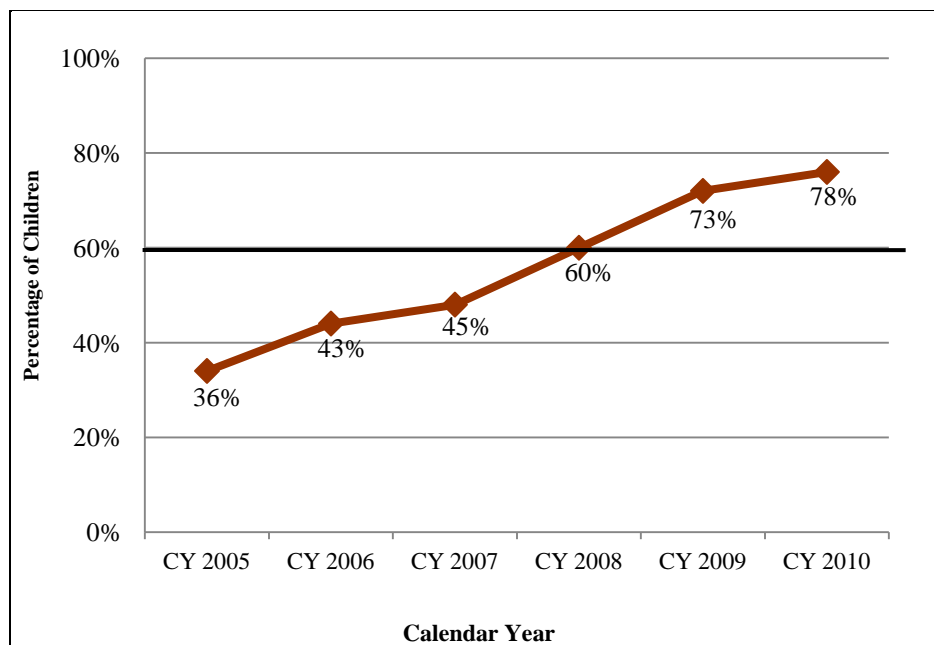
<sup>112</sup> Performance measures 34.a, d. & e. all consist of the same outcome measure and require three different performance levels based on three cohorts of children defined by how long they have been in foster care. The Monitor considers this permanency performance requirement met only when all three cohorts achieve the required performance. Based upon performance during this monitoring period, this outcome has been partially met as performance for sub-parts a. & d. met the relevant interim benchmark and final target, however, performance for sub-part e. did not.



<b>Quantitative or Qualitative Measure</b>	34. b. <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.
<b>Benchmark</b>	a. Of those children who become legally free in CY 2009, 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 CY 2010, 55% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.
<b>Final Target</b>	Of those children who become legally free in CY 2011 and annually thereafter, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.

**Figure 39: Percentage of Discharged to Final Adoption in less than 12 months from the Date of Becoming Legally Free (CY 2005 – 2010)**

<b>CY 2005</b>
36%
<b>CY 2006</b>
43%
<b>CY 2007</b>
45%
<b>CY 2008</b>
60%
<b>CY 2009</b>
73%
<b>CY 2010</b>
78%



Source: DCF data

\*Interim Benchmark by CY 2010 (55%)

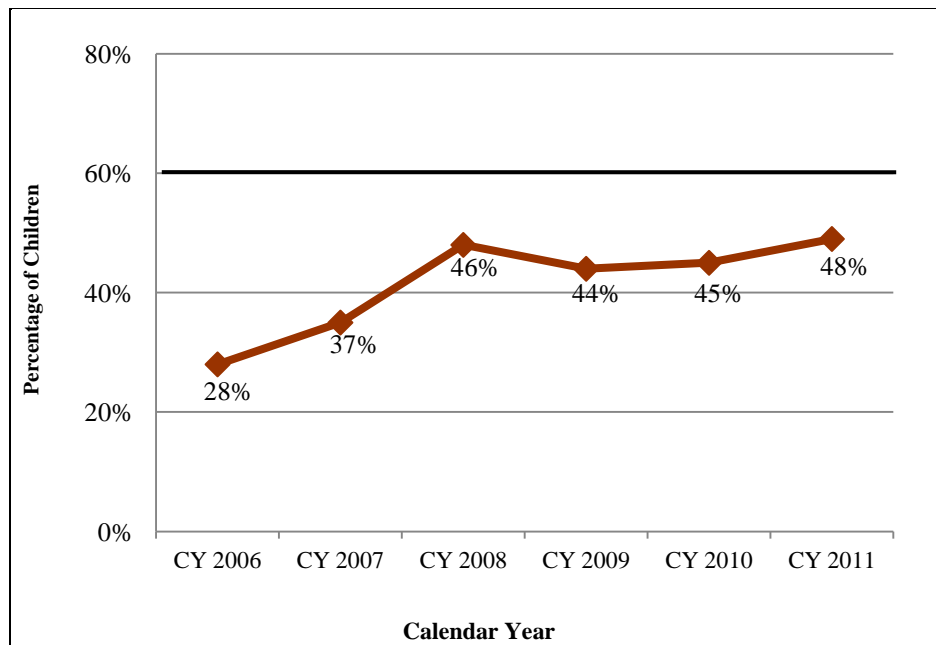
***Performance as of December 31, 2011:***

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 CY 2010. In CY 2010, 948 children became legally free for adoption. Of the 948 children, 743 (78%) children were adopted within 12 months of becoming legally free. An additional 107 (11%) of the children who became legally free in CY 2010 have been adopted with their finalizations occurring more than 12 months after they became legally free. Based on this performance, DCF has exceeded the CY 2010 benchmark and the final target for this measure.

<b>Quantitative or Qualitative Measure</b>	34. c. <u>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.
<b>Final Target</b>	Of all children who exit to adoption in CY 2011 and annually thereafter, 60% will be discharged from foster care to adoption within 30 months from removal from home.

**Figure 40: Percentage of Children who Exit to Adoption within 30 months of Removal from Home (CY 2006 – 2011)**

<b>CY 2006</b>
28%
<b>CY 2007</b>
37%
<b>CY 2008</b>
46%
<b>CY 2009</b>
44%
<b>CY 2010</b>
45%
<b>CY 2011</b>
48%



Source: DCF NJ SPIRIT data analyzed by Chapin Hall  
 \*Interim Benchmark by CY 2010 (55%)

***Performance as of December 31, 2011:***

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. Of the 1,089 children who exited foster care to adoption in CY 2011, 521 (48%) had been in care for 30 months or less. An additional 140 (13%) children who exited foster care to adoption had been in care for 36 months or less. This performance falls short of the final target requirement of 60 percent.

**Permanency Through Adoption**

In addition to the adoption outcome measures discussed above, the Monitor analyzes DCF’s adoption practice by reviewing the number of adoptions finalized and related 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 December 31, 2011 DCF finalized 1,096 adoptions.***

As of December 31, 2010, 1,223 children were legally free for adoption.<sup>113</sup> Between January 1 and December 31, 2011, 1,096 children who were legally free achieved adoption.<sup>114</sup> This was 204 finalized adoptions above DCF’s target for CY 2011. Table 15 shows the number of adoption finalizations by DYFS local office during the monitoring period.

**Table 15: Adoption Finalizations by DYFS Local Office  
(July – December 2011)**

Local Office	Number Finalized		Local Office	Number finalized
Atlantic West	27		Hudson Central	28
Cape May	29		Hudson North	21
Bergen Central	10		Hudson South	21
Bergen South	44		Hudson West	13
Passaic Central	30		Hunterdon	7
Passaic North	43		Somerset	17
Burlington East	30		Warren	26
Burlington West	7		Middlesex Central	18
Mercer North	41		Middlesex Coastal	25
Mercer South	32		Middlesex West	17
Camden Central	19		Monmouth North	23
Camden East	33		Monmouth South	20
Camden North	28		Morris East	8
Camden South	36		Morris West	17
Essex Central	27		Sussex	17
Essex North	21		Ocean North	33
Essex South	25		Ocean South	15
Newark Adoption	153		Union Central	21
Gloucester	37		Union East	20
Cumberland	35		Union West	10
Salem	12			
<b>Total-1096</b>				

Source: DCF data

<sup>113</sup> Not every legally free child is eligible to move toward adoption as some court decisions that terminate parent rights are appealed.

<sup>114</sup> Not necessarily all from the children who were legally free at the start of the year; includes children in the adoption pool who were subsequently freed for adoption.

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***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 December 31, 2011, DYFS had 145 paralegal positions in the local offices: 138 paralegal positions were filled, seven were vacant. Of the seven vacant positions, six were approved and one was in the process of being approved for hiring. In addition, there are five paralegal positions currently filled at DCF's central office. 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 paperwork in Essex, Union and Middlesex counties. The state has consistently maintained support for these positions that support adoptions practice.

**Adoption Performance Benchmarks**

**Progress Toward Adoption**

<b>Quantitative or Qualitative Measure</b>	35. <u>Progress Toward Adoption</u> : Number/percent of children with a permanency goal of adoption who shall have a petition to terminate parental rights filed within 60 days of the date of the goal change to adoption. <sup>115</sup>
<b>Final Target</b>	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 60 days of the date of the goal change.

***Performance as of December 31, 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 sixty days of their goal change to adoption. In December 2011, 89 percent of TPR petitions were filed within sixty days of changing the child's permanency goal to adoption. From July through December 2011, TPR petitions were filed in 62 to 89 percent of cases within sixty days of the child's goal change to adoption. Monthly performance on filing TPR petitions is shown in Table 16 below.

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<sup>115</sup> In May 2012 the Parties agreed to change this measure in order to be consistent with existing court practice.

**Table 16: TPR Filing for Children with a Permanency Goal of Adoption  
(July – December 2011)**

Month	Number of Children with an Adoption Goal	TPR Completed within 60 Days*	% of TPRs Completed within 60 Days**
July	95	74	78%
August	105	79	75%
September	93	70	75%
October	140	112	80%
November	82	51	62%
December	84	75	89%
<b>TOTAL</b>	<b>599</b>	<b>461</b>	<b>77%</b>

Source: DCF data

Extract Date: 4/19/2012

\*The category of TPR "Completed within 60 days" includes termination petitions filed prior to court approval of a permanency plan.

\*\*Final Target (90%)

### Child-Specific Adoption Recruitment

<b>Quantitative or Qualitative Measure</b>	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.
<b>Final Target</b>	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.

***Performance as of December 31, 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. Between July and December 2011, 57 (63%) eligible select home adoption cases had a child-specific recruitment plan developed within 30 days of the goal change.<sup>116</sup> Eleven (12%) had a child-specific recruitment plan developed within 60 days, and three (3%) eligible select home adoption cases had a plan developed over 60 days of the goal change. Nineteen (21%) child-specific plans were not completed at all. DCF has not met the MSA final target which requires that child-

<sup>116</sup> Select home adoption cases are situations where no adoptive home has already been identified for the child. In previous monitoring reports this measure has been disaggregated by month. Because of the small number of eligible cases per month, this measure is reported by aggregating the monthly data.

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specific recruitment plans are developed in 90 percent of eligible cases within 30 days (see Table 17).

**Table 17: Child-Specific Recruitment Plans Developed within 30 days of Goal Change for Children without Identified Adoption Resource (July – December 2011)**

<b>Month in which Plan was Due</b>	<b>Plan developed within 30 days</b>	<b>Plan developed within 31-60 days</b>	<b>Plan developed over 60 days</b>	<b>Not completed*</b>
July	14	1	2	6
August	9	0	1	1
September	15	3	0	4
October	4	5	0	1
November	7	2	0	3
December	8	0	0	4
<b>TOTAL</b>	<b>57 (63%)</b>	<b>11 (12%)</b>	<b>3 (3%)</b>	<b>19 (21%)</b>

Source: DCF data

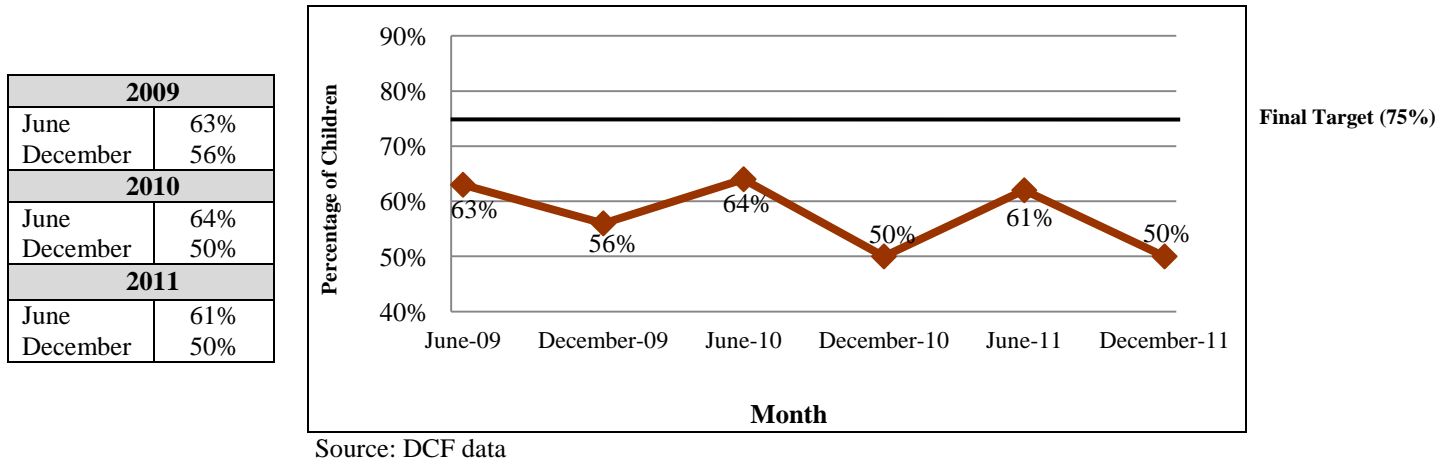
\*July through September data as of October 19, 2011; October through December data as of January 29, 2012.

## Placement in an Adoptive Home

DCF policy and the MSA require that a child be placed in an adoptive home within nine months of the termination of parental rights (TPR).

<b>Quantitative or Qualitative Measure</b>	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.
<b>Final Target</b>	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.

**Figure 41: Percentage of Children with Goal of Adoption for whom Adoptive Home had not been Identified at time of Termination who were Placed in Adoptive Home within 9 months of Termination of Parental Rights (TPR) (June 2009 – December 2011)**



***Performance as of December 31, 2011:***

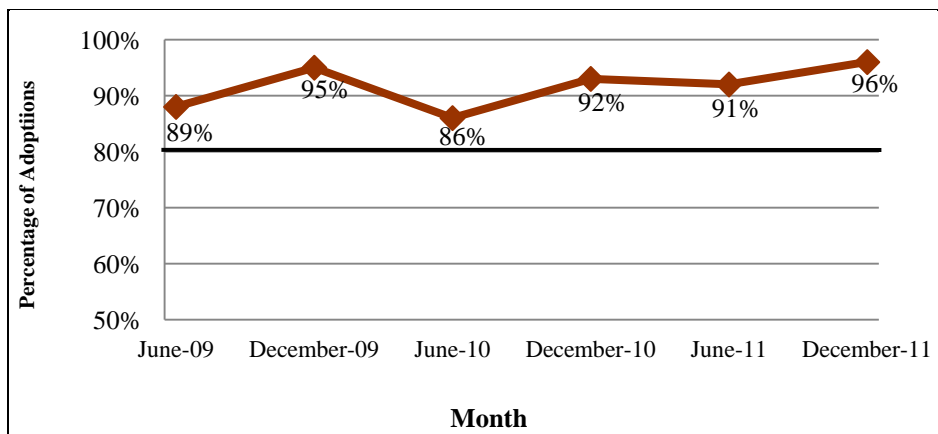
DCF uses NJ SPIRIT to report on this measure. Between July and December 2011, 24 children had a permanency goal of adoption, but did not have an adoptive home identified at the time of TPR. Twelve (50%) of the 24 children were placed in an adoptive home within nine months of the TPR. Performance on this measure remains below the final target.

## Final Adoptive Placement

<b>Quantitative or Qualitative Measure</b>	38. <u>Final Adoptive Placements</u> : Number/percent of adoptions finalized within nine months of adoptive placement.
<b>Final Target</b>	Beginning July 1, 2009, of adoptions finalized, at least 80% shall have been finalized within nine months of adoptive placement.

**Figure 42: Percentage of Adoptions Finalized within 9 months of Adoptive Placement (June 2009 – December 2011)**

2009	
June	89%
December	95%
2010	
June	86%
December	92%
2011	
June	91%
December	96%



Source: DCF data

### ***Performance as of December 31, 2011:***

DCF uses NJ SPIRIT to report on this measure. In December 2011, of 77 adoptions eligible to be finalized, 74 (96%) were finalized within nine months of the adoptive placement. Between July and December 2011, 83 to 96 percent of adoptions each month were finalized within nine months of the child’s placement in an adoptive home (See Table 18 below). DCF, with the support of New Jersey’s judges and courts, continues to exceed the final target of finalizing at least 80 percent of adoptions within the prescribed time period.



**Table 18: Adoptions Finalized within 9 months of  
Child's Placement in an Adoptive Home  
(July – December 2011)**

Month	Total number eligible to be finalized	Finalized within 9 months (percent of total)
July	70	58 (83%)
August	84	73 (87%)
September	104	100 (96%)
October	76	70 (92%)
November	252	242 (96%)
December	77	74 (96%)

Source: DCF data

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## 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 DCF'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 through policies staffing, and access to services, which are 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.<sup>117</sup> 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 staff 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.

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<sup>117</sup> 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, there were 188 Health Care Case Managers and 115 staff assistants statewide. 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.

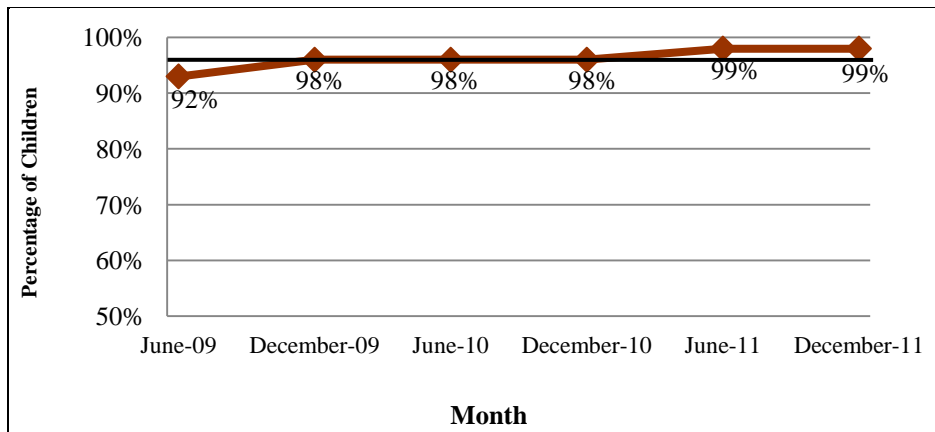
**B. Health Care Performance Benchmarks**

**Pre-Placement Medical Assessment**

<b>Quantitative or Qualitative Measure</b>	39. <u>Pre-Placement Medical Assessment</u> : Number/percent of children receiving pre-placement medical assessment in a non-emergency room setting or other setting appropriate to the situation. <sup>118</sup>
<b>Final Target</b>	By December 31, 2009, 98% of children will receive a pre-placement assessment either in a non emergency room setting, or in an emergency room setting if the child needed emergency medical attention or the child was already in the emergency room when DYFS received the referral.

**Figure 43: Percentage of Children who Received Pre-Placement Assessment in a Non-Emergency Room Setting or Other Setting Appropriate to the Situation (June 2009 – December 2011)**

2009	
June	92%
December	98%
2010	
June	98%
December	98%
2011	
June	99%
December	99%



Source: DCF data

\*Interim Benchmark by June 2008 (95%)

<sup>118</sup> By agreement of the Parties, this measure has been redrafted to combine the percentage of PPAs in a non-ER setting and those PPAs conducted in an ER that are appropriate based on the presenting medical needs of the child/youth or because the child/youth was already in the ER when DYFS received the referral.

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***Performance as of December 31, 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.

From July through December 2011, 2,483 children entered out-of-home placement and 2,479 (100%) of them received a pre-placement assessment (PPA). Of those 2,479 children, 2,171 (88%) received the PPA in a non-emergency room setting and an additional 292 children (12%) appropriately received a PPA in an emergency room setting based on the medical needs and situation of the child.

During this period, DCF conducted an internal review of all 308 PPAs that occurred in an emergency room and determined that 292 (95%) 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.<sup>119</sup> Thus, 99 percent of children received a PPA in a setting appropriate to the situation—87.6 percent received PPAs in a non-ER setting and an additional 11.7 percent appropriately received a PPA in an ER setting. There was no evidence to support that the PPA taking place in the ER was appropriate for the 16 of the 308 children who received their PPA in an ER setting. Therefore, less than 1% of children received their PPA in an inappropriate setting. DCF continues to meet the MSA standard on the appropriate setting for the PPAs.

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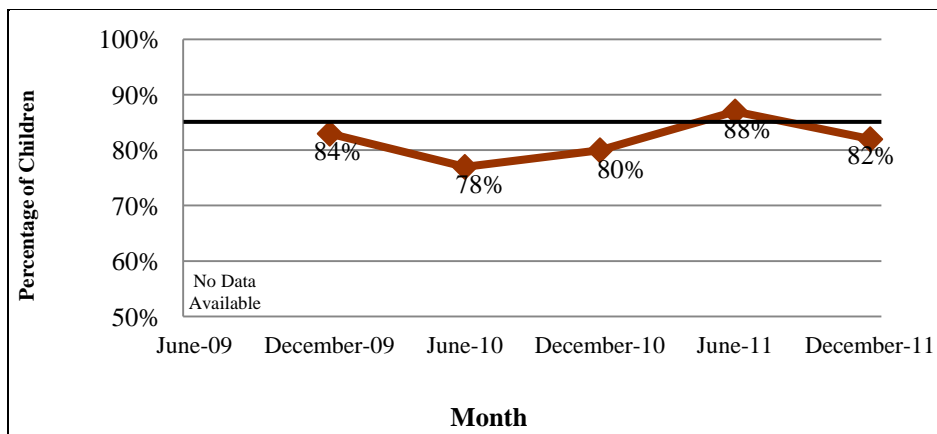
<sup>119</sup> In monitoring Period VII, the Monitor reviewed back up data provided by DCF regarding the PPAs occurring in an emergency room setting and agreed with DCF determinations regarding appropriate or inappropriate use of the ER for PPAs. In addition, the Monitor's previous Health Care Case Record 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

<b>Quantitative or Qualitative Measure</b>	40. <u>Initial Medical Examinations</u> : Number/percent of children entering out-of-home care receiving full medical examinations within 60 days.
<b>Final Target</b>	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.

**Figure 44: Percentage of Children with Comprehensive Medical Examination (CME) within 30 days of Entering Out-of-Home Care (June 2009 – December 2011)**

2009	
June	N/A
December	84%
2010	
June	78%
December	80%
2011	
June	88%
December	82%

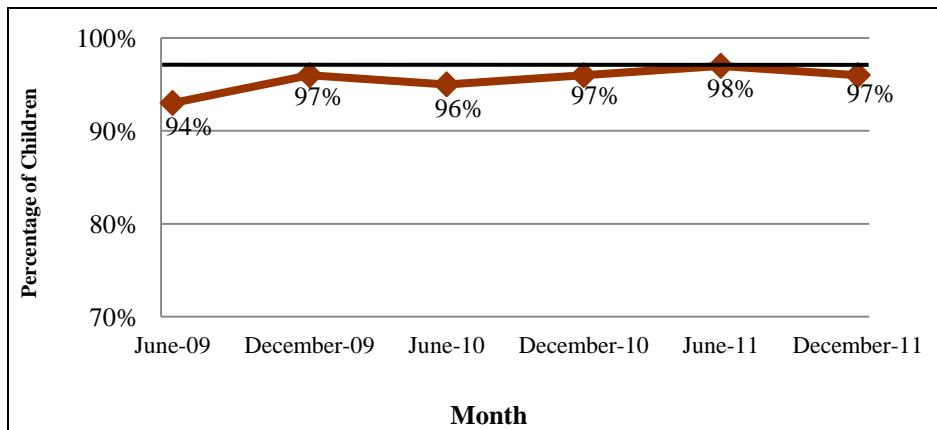


Source: DCF data

\*Interim Benchmark by June 2008 (80%)

**Figure 45: Percentage of Children with Comprehensive Medical Examination (CME) within First 60 days of Placement (June 2009 – December 2011)**

2009	
June	94%
December	97%
2010	
June	96%
December	97%
2011	
June	98%
December	97%



Source: DCF data

\*Interim Benchmark by June 2008 (85%)

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***Performance as of December 31, 2011:***

Children entering out-of-home placement must receive a comprehensive medical examination (CME) within 60 days of entering placement (MSA Section II.F.2.ii). 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. From July through December 2011, 97 percent of children received a Comprehensive Medical Examination (CME) within the first 60 days of placement and 82 percent of children received a CME within 30 days of placement. DCF maintains consistent performance in ensuring that children receive CMEs within 60 days of entering placement although the percentage of children having a CME within 30 days slightly declined in this monitoring period. Data again demonstrate sustained performance in the delivery of health care to children in out-of-home 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, which can only be 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.<sup>120</sup>

From July through December 2011, 2,130 children required a CME. Of these 2,130 children, 1,746 (82%) received a CME within the first 30 days of placement (See Figure 44). This performance is a slight decline over the last monitoring period when 88 percent of children received a CME within the first 30 days of placement. An additional 326 (15%) children received their CME within 60 days of placement, thus 97 percent of children received a CME within 60 days of placement (See Figure 45).

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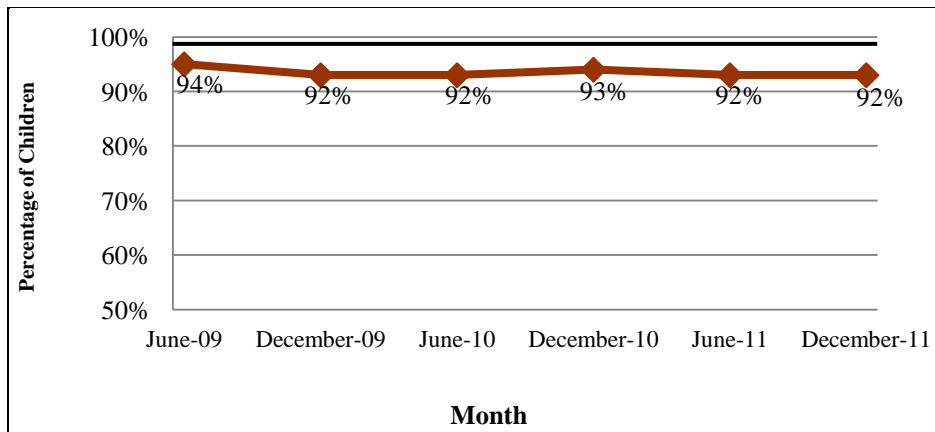
<sup>120</sup> DCF's Internal Health Care Case Record Review found that 99% of eligible children had mental health screens completed. See Performance Benchmark 46 for more detail.

## Required Medical Examinations

<b>Quantitative or Qualitative Measure</b>	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.
<b>Final Target</b>	By June 2010, 98% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.

**Figure 46: Percentage of Children Ages 12-24 months Up-to-Date on EPSDT Visits (June 2009 – December 2011)**

2009	
June	94%
December	92%
2010	
June	92%
December	93%
2011	
June	92%
December	92%

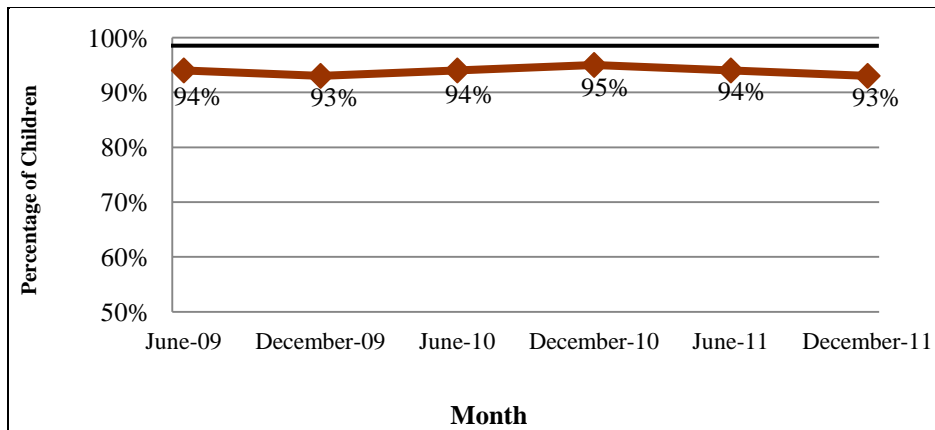


Source: DCF data

\*Interim Benchmark by December 2009 (95%)

**Figure 47: Percentage of Children older than 2 years Up-to-Date on EPSDT Visits (June 2009 – December 2011)**

2009	
June	94%
December	93%
2010	
June	94%
December	95%
2011	
June	94%
December	93%



Source: DCF data

\*Interim Benchmark by December 2009 (95%)

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***Performance as of December 31, 2011:***

Between July and December 2011, 92 percent of children 12 to 24 months received the required EPSDT well-child examinations. Ninety-three percent of children age two and above also received the required EPSDT well-child examinations (See Tables 19 and 20 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.<sup>121</sup> 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.

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 19: EPSDT for Children Ages 12-24 months  
(July – December 2011)**

<b>Month</b>	<b>Children Requiring EPSDT</b>	<b>Children Up-to-Date</b>	<b>% Children Up-to-Date</b>
July	117	106	91%
August	95	86	91%
September	101	91	90%
October	119	111	93%
November	113	106	94%
December	81	73	90%
Total	626	573	92%

Source: DCF data

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<sup>121</sup> 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.



**Table 20: EPSDT Annual Medical Exams for Children Age 25 months and older (July – December 2011)**

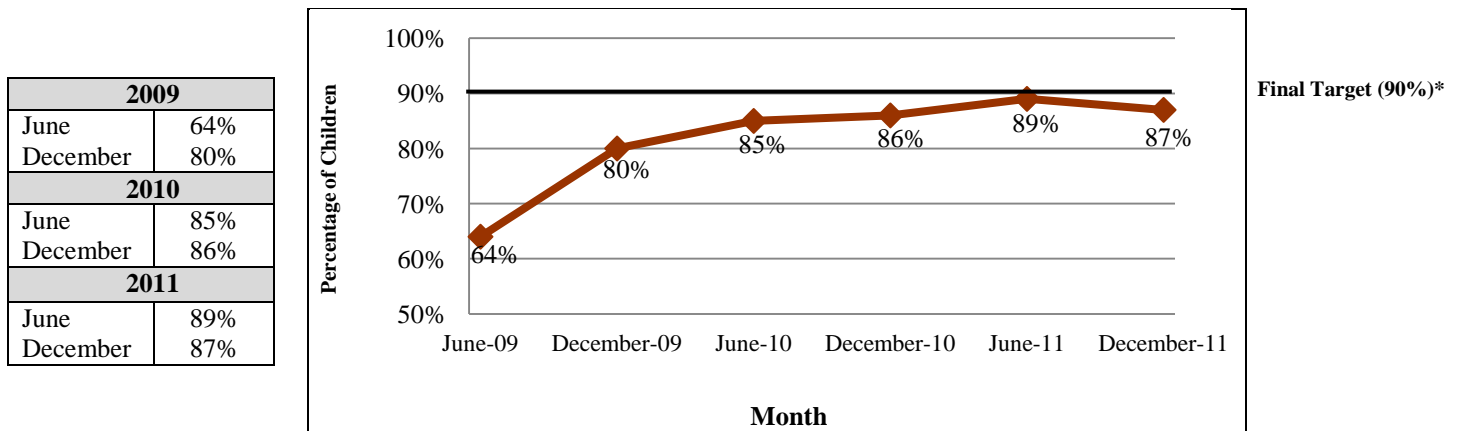
Month	Total Due	Annual Exam Completed		Annual Exam Not Completed	
		Count	Percentage	Count	Percentage
July	246	234	95%	12	5%
August	261	246	94%	15	6%
September	210	194	92%	16	8%
October	235	224	95%	11	5%
November	193	175	91%	18	9%
December	175	161	92%	14	8%
<b>Total</b>	<b>1,320</b>	<b>1,234</b>	<b>93%</b>	<b>86</b>	<b>7%</b>

Source: DCF data

**Semi-Annual Dental Examinations**

<b>Quantitative or Qualitative Measure</b>	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.
<b>Final Target</b>	<ul style="list-style-type: none"> <li>a. By December 2011, 98% of children will receive annual dental examinations.</li> <li>b. By December 2011, 90% of children will receive semi-annual dental examinations.</li> </ul>

**Figure 48: Percentage of Children Current with Semi-Annual Dental Exams (June 2009 – December 2011)**



Source: DCF data

\*Interim Benchmark by December 2010 (85%)

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***Performance as of December 31, 2011:***

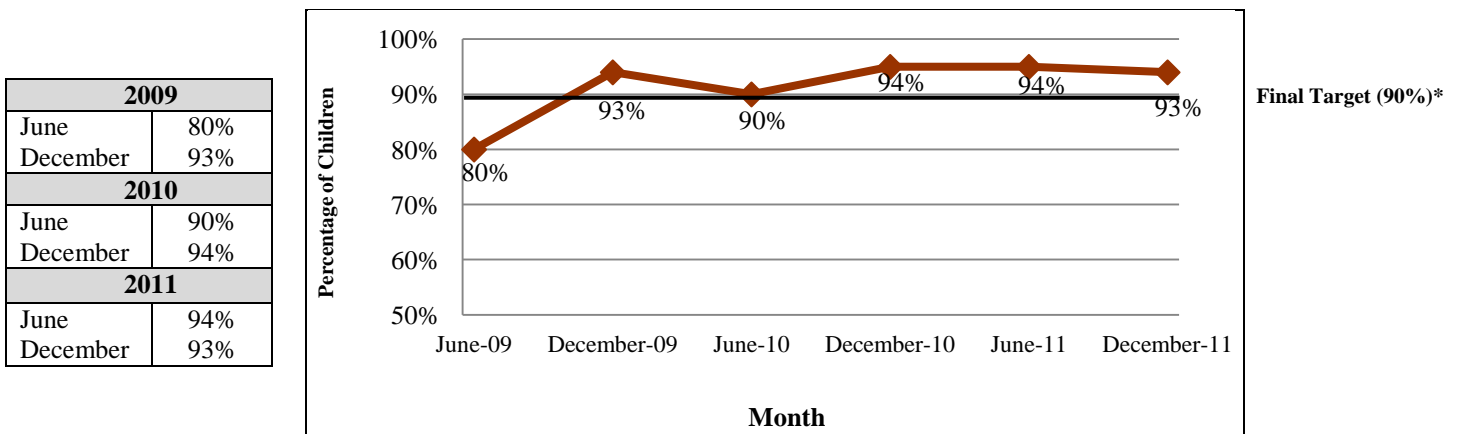
As of December 31, 2011, 87 percent of children age three or older who have been in care for at least six months had evidence of receiving a semi-annual dental exam (within the last six months). DCF's performance remains similar to the previous three monitoring periods, and falls short of the final target by three percent. The dental care measure includes targets for annual and semi-annual dental exams. Because the performance expectation for field staff is to ensure that children age three or older receive semi-annual dental exams, DCF had been solely measuring whether children receive dental exams semi-annually. For the first time this monitoring period, DCF provided annual data on this measure. Annual data show that 99 percent of children three and older in care for at least six months between December 1, 2011 and December 31, 2012 had an annual dental exam. Thus the Monitor considers DCF to have partially fulfilled this performance benchmark.

As of December 31, 2011, DCF reports that there were 4,027 children age three or older who had been in DYFS out-of-home placement for at least six months. Of the 4,027 children, 3,482 (87%) had received a dental examination within the previous six months and an additional 487 (12%) had received an annual dental examination, thus there was evidence that 99 percent of children aged three and older had at least an annual dental examination. From July through December 2011, monthly performance on current semi-annual dental examinations ranged from 86 to 89 percent. DCF uses NJ SPIRIT to report on this measure.

## Follow-up Care and Treatment

<b>Quantitative or Qualitative Measure</b>	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.
<b>Final Target</b>	By June 2011, 90% of children will receive follow-up care and treatment to meet health care and mental health needs.

**Figure 49: Percentage of Children Received Follow-up Care for Needs Identified in CME (June 2009 – December 2011)**



Source: DCF, Health Care Case Record Reviews, Child Health Unit  
 \*Interim Benchmark by December 2010 (85%)

### ***Performance as of December 31, 2011:***

The data on health care follow-up is based on an internal Health Care Case Record review of a random sample of children in out-of-home placement who were removed between May 1 and October 31, 2011 and were in care for a minimum of 60 days.<sup>122</sup> A sample of 336 children was reviewed and the results have a  $\pm 5$  percent margin of error. Based on multiple assessments by the Monitor of the Health Care Case Record review and the results of the statewide Qualitative Review, the Monitor believes that the medical follow-up care and treatment of children is effectively measured through DCF’s internal Health Care Case Record review.

DCF reports that of those children identified as needing follow-up care after their CME, 93 percent received the recommended 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-

<sup>122</sup> The Monitor did not independently verify the findings of DCF’s Health Care Case Record Review during this Monitoring Period. However, the Monitor did review the protocol and observe a day of the review. The methodology and analysis remain comparable to the Health Care Case Record review conducted by the Monitor in spring 2009.

home placement receive needed mental health services. Therefore, the Monitor considers this follow-up care data with the caveat that mental health needs requiring follow up may not have been fully identified or documented as part of the CME for some children. The Monitor thus looks to performance benchmark 46 (see page 140) to measure whether children and youth receive mental health screenings, and whether those with a suspected mental health need receive assessments.

**Table 21: Provision of Required Follow-up Medical Care  
(n=336)**

No CME data in record	3	1%
CME Records	333	99%
No follow-up care needed	34	10%
Follow-up care required	299	90%
• Received follow-up	279	93%
• No evidence in record	20	7%

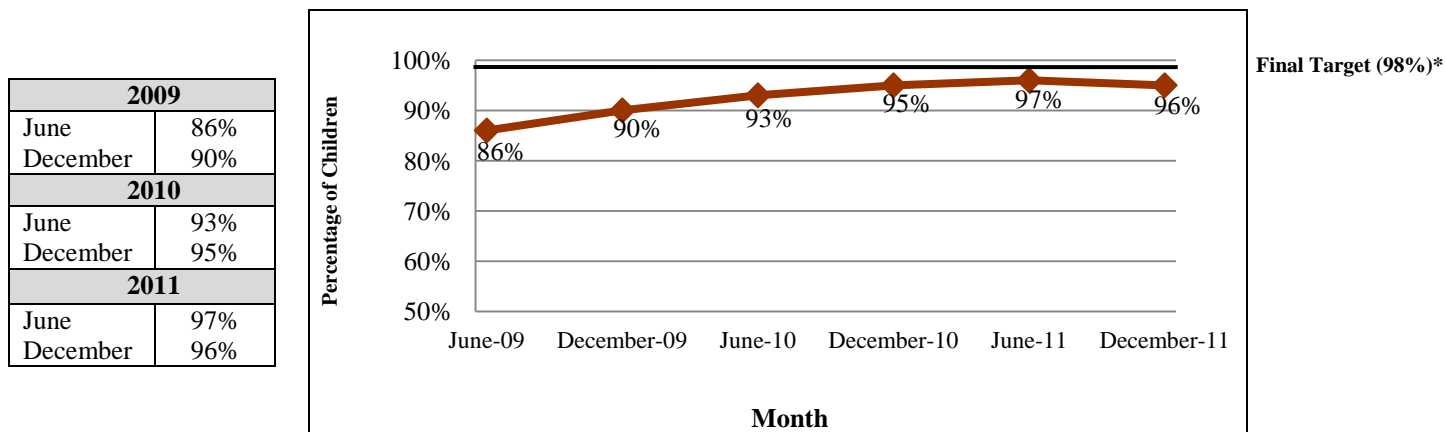
Source: DCF, Health Care Case Record Review, Child Health Unit<sup>123</sup>

<sup>123</sup> The Health Care Case Record Review conducted by DCF to report on the above indicators for Period XI was done by reviewing records of a random sample of children in DYFS out of home placement who were removed between May 1 and October 31, 2011 and were in care for a minimum of 60 days. 2,078 children comprise this cohort. A sample of 336 children was reviewed. The results have a  $\pm 5$  percent margin of error.

## Immunizations

<b>Quantitative or Qualitative Measure</b>	44. <u>Immunization</u> : Children in DCF custody are current with immunizations.
<b>Final Target</b>	By December 31, 2011, 98% of children in custody will be current with immunizations.

**Figure 50: Percentage of Children in Custody Current with Immunizations (June 2009 – December 2011)**



Source: DCF data

\*Interim Benchmark by December 2010 (95%)

### ***Performance as of December 31, 2011:***

From October through December 2011, of the 6,009 children in out-of-home placement, 5,768 (96%) were current with their immunizations, just missing the performance requirement of 98 percent. The Monitor did not independently verify this performance.<sup>124</sup>

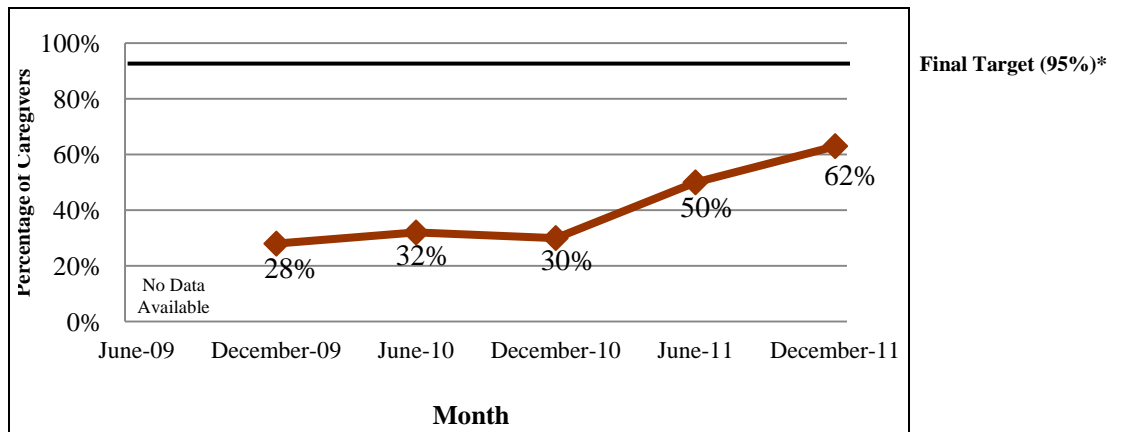
<sup>124</sup> The Monitor has previously verified this data through a Health Care Case Record Review conducted in spring 2009.

## Health Passports

<b>Quantitative or Qualitative Measure</b>	45. <u>Health Passports</u> : Children’s parents/caregivers receive current Health Passport within five days of a child’s placement. <sup>125</sup>
<b>Final Target</b>	By June 30, 2011, 95% of caregivers will receive a current Health Passport within five days of a child’s placement.

**Figure 51: Percentage of Caregivers who Received Health Passports within 5 days of Child’s Placement (June 2009 – December 2011)**

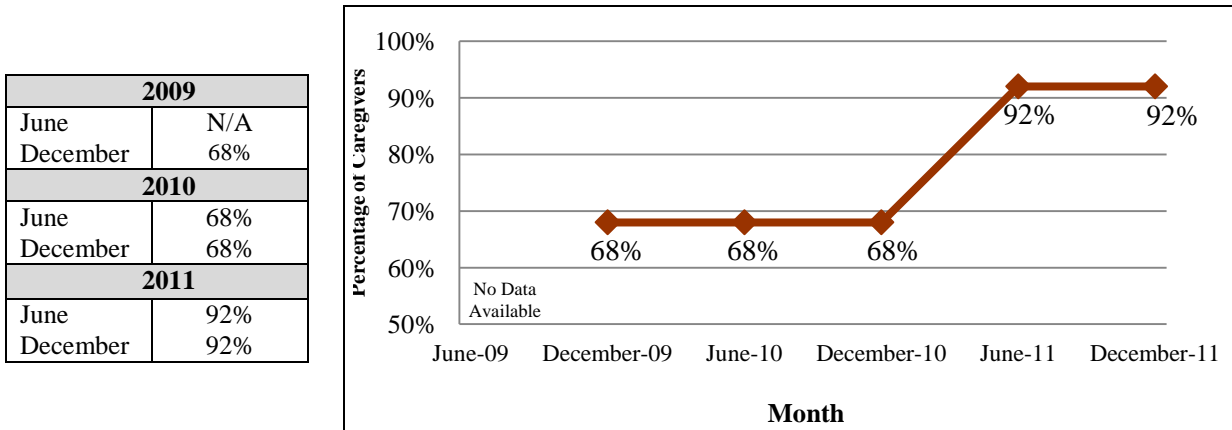
2009	
June	N/A
December	28%
2010	
June	32%
December	30%
2011	
June	50%
December	62%



Source: DCF Health Care Case Record Review  
 \*Interim Benchmark by June 2010 (85%)

<sup>125</sup> Parties are in the process of determining if a more effective measure can be designed that assesses when meaningful medical information of children can reasonably be shared with their caregivers.

**Figure 52: Percentage of Caregivers who Received Health Passports within 30 days of Child's Placement (June 2009 – December 2011)<sup>126</sup>**



Source: DCF Health Care Case Record Review

**Table 22: Health Passport: Presence in the Record, Evidence of Sharing Records (n=336)**

<b>Health Passport was present in the record</b>	<b>331</b>	<b>99%</b>
<b>Health Passport not present in the record</b>	<b>5</b>	<b>.01%</b>
<b>Health Passport in record shared with provider</b>	<b>331</b>	<b>100%</b>
<b>Evidence of being shared with resource providers</b>		
• Within 5 days	206	62%
• Within 10 days	62	19%
• Within 30 days	36	11%
• More than 30 days	27	8%

Source: DCF, Health Care Case Record Review<sup>127</sup>  
 Percentages do not equal 100 due to rounding.

<sup>126</sup> As discussed herein, the Monitor and Parties have met to discuss this measure and are considering if a more effective measure can be designed that assesses when meaningful medical information of children can reasonably be collected and timely shared with their caregivers.

<sup>127</sup> DCF conducted a Health Care Case Record Review to report on the above indicator for Period XI. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between May 1 and October 31, 2011 and were in care for a minimum of 60 days. 2,078 children comprise this cohort. A sample of 336 children was reviewed. The results have a ± 5 percent margin of error.

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*Performance as of December 31, 2011:*

Based on DCF's internal Health Care Case Record Review of 336 cases, there is evidence that Health Passports are shared with the child's caregiver within the first five days of placement in 62 percent of cases (See Table 22). This performance does not meet the final performance target, although it marks a significant improvement over the last monitoring period when 50 percent of caregivers received Health Passports within five days. Further, within 30 days of the placement, DCF data show the Health Passport has been shared with 92 percent of caregivers.

Under the MSA, all children entering out-of-home care are to have a Health Passport created for them (Section II.F.8). This Health Passport records all relevant health history and current health status of the child and is expected to be regularly updated and made available to resource parents, children (if old enough) and their parents.

In addition to the Health Passport, 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. DCF policy requires that the Health Care Case Manager complete the form, which is maintained by the DYFS local office Child Health Unit, and is supposed to be provided to the resource parent within 72 hours of the child's placement. This policy is a more stringent policy than the MSA requirement that requires the Health Passport be conveyed to the child's caregiver within five days. DCF continues to be unable to consistently meet their policy timeline or the five day requirement set in the MSA and there is concern that Health Passports produced within 72 hours or even five days may not contain meaningful medical information. The Monitor and parties have met to discuss this measure and are considering if a more effective measure can be designed that assesses when meaningful medical information of children can reasonably be collected and timely shared with their caregivers.



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## X. MENTAL HEALTH CARE

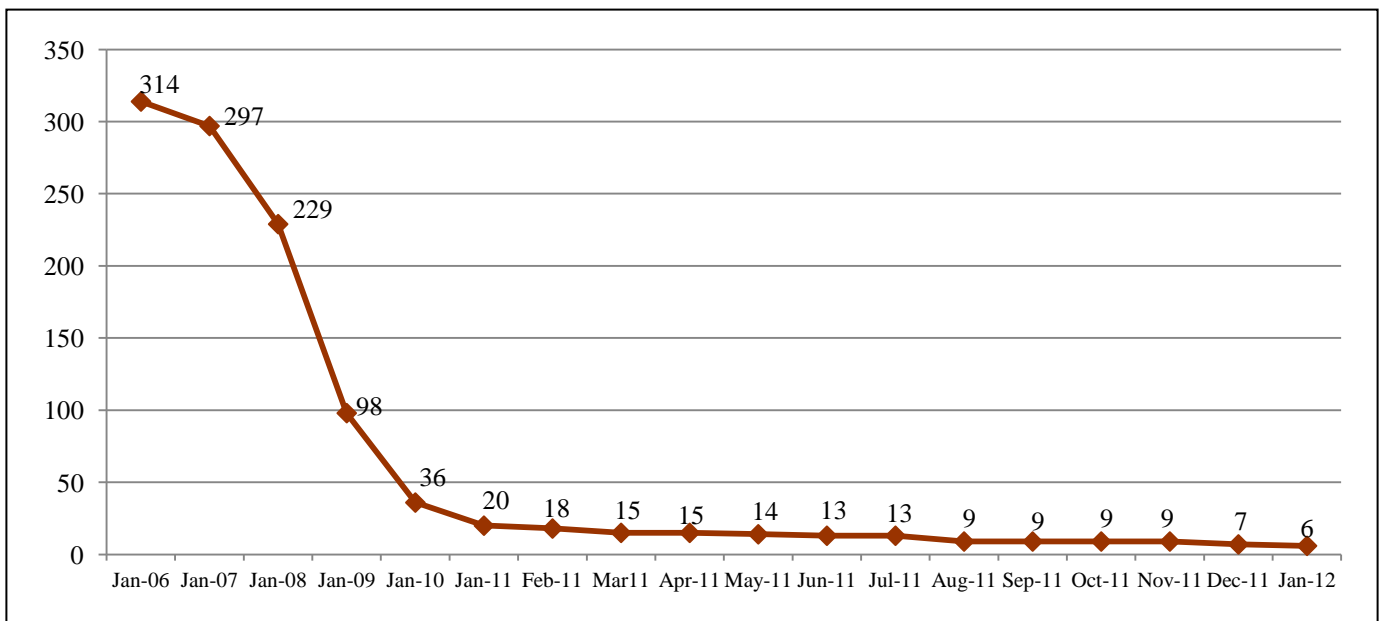
Positive outcomes related to the MSA Mental Health Care requirements continued during this monitoring demonstrating continued work to sustain the reduction of out-of-state placements and to enhance the use of evidence-based treatments to help youth remain in the community.

### A. *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). As of January 1, 2012, there were six children/youth in out-of-state placement and all but one of them was in a specialized program for the deaf and/or hearing impaired. DCBHS reports that efforts are underway to develop an in-state program to provide residential mental health treatment for the deaf/hearing impaired population. DCBHS has provided documentation to the Monitor on both the extent of family involvement and transition planning for each of the children/youth placed out-of-state, most of whom are over the age of 18. Figure 53 below depicts the dramatic reduction in the number of children placed out-of-state from January 1, 2006 to January 1, 2012.

**Figure 53: Children in Out-of-State Placement  
(January 2006 – January 2012)<sup>128</sup>**



Source: DCF data, DCBHS

<sup>128</sup> Data reported for January 2007 is as of December 1, 2006.

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***DCF worked to transition DYFS youth in juvenile detention to more appropriate placements 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 eight youth in DYFS custody, three females and five males ages 16-17, were in a juvenile detention facility from July to December 2011, awaiting a DCBHS placement post-disposition of their delinquency case. Two of the youth transitioned from detention within 15 days after disposition, the remaining six transitioned between 16 and 30 days following disposition. Table 23 below provides information on the length of time each of the youth waited for placement. This represents a significant and sustained improvement from before the MSA.

**Table 23: Youth in DYFS Custody in Juvenile Detention Post-Disposition Awaiting DCBHS Placement (July – December 2011)**

<b>Length of Time to placement while in Detention Post-Disposition</b>	<b>Number of Youth</b>
0-15 Days	2
16-30 Days	6
Over 30 Days	0
<b>Total</b>	<b>8</b>

Source: DCF data, DCBHS

***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 or informed practices for families and youth such as Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST). FFT is available in seven counties and during this monitoring period each program's census was, on average, at or just above capacity. MST is available in three counties. The census for most of the MST programs is above average. DCBHS reports initiating discussions with one program on increasing its utilization. The multi-year work to increase community based therapeutic treatments of supports has had positive impact on children's placements and should be sustained.

***DCF continued to fund mental health services for birth parents***

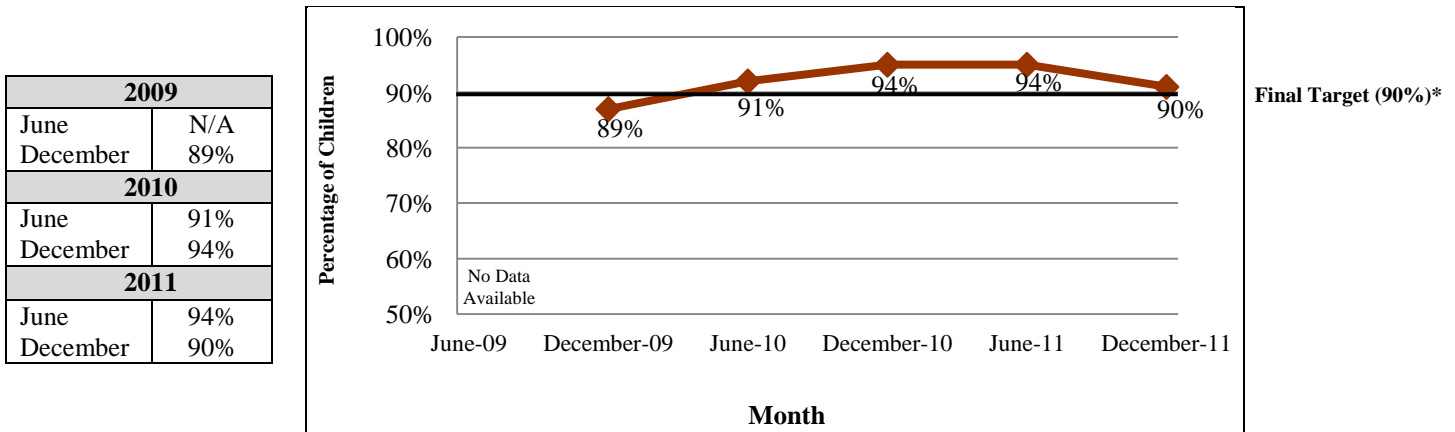
The MSA requires DCF to provide mental health services to at least 150 birth parents whose families are involved with DYFS (Section II.C.6). DCF continues to meet this standard by funding both in-home and office-based therapeutic interventions for over 400 birth parents (unduplicated count) in efforts to maintain children in, or return children to the custody of their parents.

**B. Mental Health Performance Benchmarks**

**Mental Health Assessments**

<b>Quantitative or Qualitative Measure</b>	46. <u>Mental Health Assessments</u> : Number/percent of children with a suspected mental health need who receive mental health assessments.
<b>Final Target</b>	By December 31, 2011, 90% of children with a suspected mental health need will receive a mental health assessment.

**Figure 54: Percentage of Children with Suspected Mental Health Need who Received Mental Health Assessment<sup>129</sup> (June 2009 – December 2011)**



Source: DCF data

\*Interim Benchmark by June 2009 (85%)

**Performance as of December 31, 2011:**

DCF’s internal Health Care Case Record Review found that 99 percent of eligible children and youth received the required mental health screen.<sup>130</sup> Eligible children are over the age of two and not already receiving mental health services. Of the eligible children and youth screened, 53 percent (106 children) were determined to have a suspected mental health need requiring a mental health assessment. New this reporting period, DCF also determined that a significant number (24 of 39) of children already receiving mental health services required a new mental health assessment. Thus, 65 percent (130 children) in the sample required a mental health assessment.

<sup>129</sup> Because DCF has added to their analysis children already receiving mental health services but in need of a new mental health assessment, July-December 2011 performance cannot be compared to previous monitoring periods.

<sup>130</sup> The Monitor did not independently verify the findings of DCF’s Health Care Case Record Review. However, the Monitor did review the protocol, observe a day of the review and discuss the methodology with DCF staff. The methodology and analysis are comparable to the Health Care Case Record review conducted by the Monitor in spring 2009. “Eligible” children are over the age of two and not already receiving mental health services.

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DCF reports that 84 percent of those children identified as needing a mental health assessment had received one by the time of the record review. DCF did not meet the final target for this performance measure.<sup>131</sup>

The data also show that of the 84 percent of youth receiving a mental health assessment, 71 percent were completed in the first 30 days of out-of-home placement and another 11 percent were completed in 60 days.

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<sup>131</sup> Because DCF has added to their analysis children already receiving mental health services but in need of a mental health assessment, July-December 2011 performance cannot be compared to previous monitoring periods.

**Table 24: Mental Health Screening and Assessments for Children Age 2 and older (n=336)**

<b>MH Screening</b>		
Not reviewed already receiving services (39) or under the age of two (93)	132	39%
Children eligible for screening	204	61%
<b>TOTAL RECORDS REVIEWED</b>	<b>336</b>	<b>100%</b>
<b>Children Eligible for Screening</b>		
Children eligible screened	201	99%
Children eligible not screened	3	1%
<b>TOTAL CHILDREN ELIGIBLE FOR SCREENING</b>	<b>204</b>	<b>100%</b>
<b>Suspected MH Need Identified</b>		
Suspected MH need identified	106	52%
24 youth already receiving services were identified as needing an assessment	24	
<b>TOTAL REQUIRING MENTAL HEALTH ASSESSMENTS</b>	<b>130</b>	
<b>MH Assessment</b>		
MH assessment completed	117	90%
MH assessment not completed	13	10%
<b>TOTAL</b>	<b>130</b>	<b>100%</b>
<b>MH Assessment Completion Timeline</b>		
MH assessment complete w/in 30 days	80	68%
MH assessment complete w/in 60 days	13	11%
Greater than 60 days	16	14%
Unable to determine	8	7%
<b>TOTAL</b>	<b>109</b>	<b>100%</b>
<b>Recommendations made in MH Assessment</b>		
Recommendation Made	98	84%
No Recommendation Made	19	16%
<b>TOTAL</b>	<b>109</b>	<b>100%</b>
<b>Treatment Provided/Evidence in the Record</b>		
All Recommended Treatment Provided	66	67%
Some Recommended Treatment Provided	17	17%
Recommended Treatment Not Provided	15	15%
<b>TOTAL</b>	<b>90</b>	<b>100%</b>

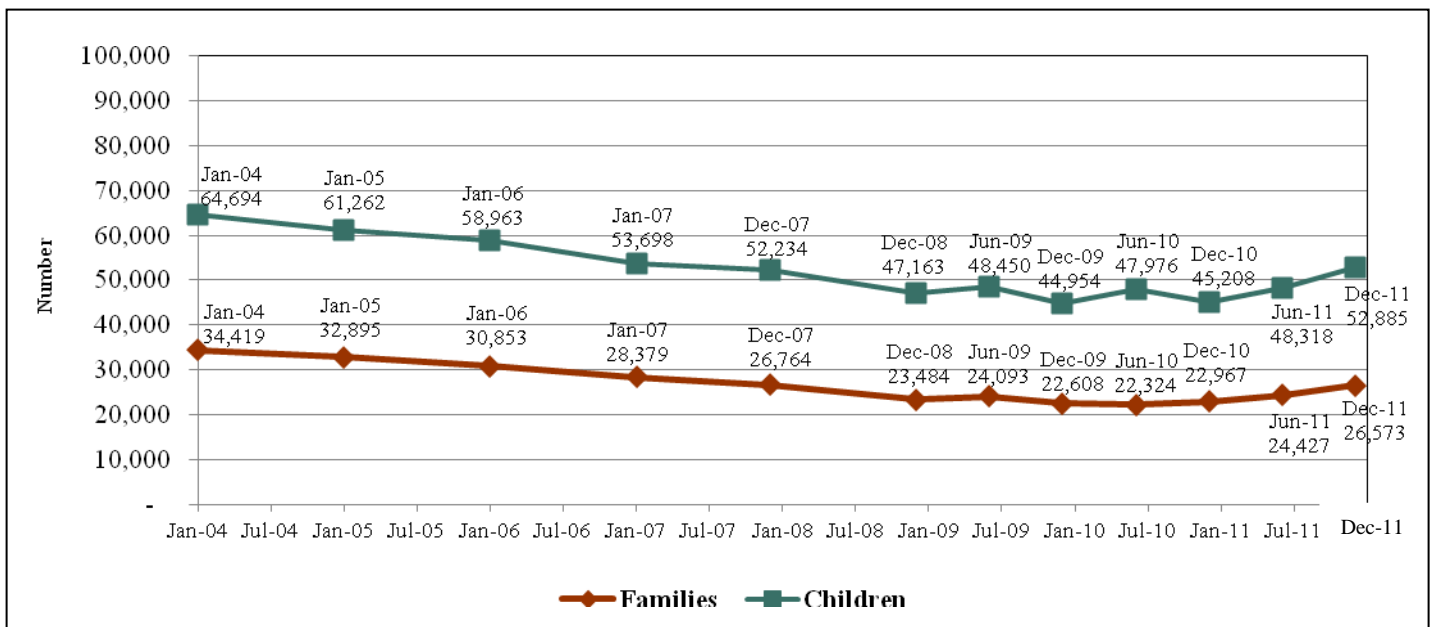
Source: DCF, Health Care Case Record Review<sup>132</sup>  
 Percentages do not always equal 100 due to rounding.

<sup>132</sup> DCF conducted a Health Care Case Record Review to report on the above indicator for Period XI. DCF reviewed records of a random sample of children in DYFS out-of-home placement who were removed between May 1 and October 31, 2011 and were in care for a minimum of 60 days. 2,078 children comprise this cohort. A sample of 336 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

The number of families under DYFS supervision has declined from 34,419 in January 2004 to 26,573 in December 2011. These families include over 52,000 children. However, during this period the declining trend reversed. As shown in Figure 55 below, the number of children and families under DYFS supervision increased between July 2011 and December 2011, in a slight upward trend throughout the year.

**Figure 55: Children and Families Under DYFS Supervision  
(January 2004 – December 2011)**



Source: DCF data

**A. Services to Families Performance Benchmarks**

**Continued Support for Family Success Centers**

<b>Quantitative or Qualitative Measure</b>	48. <u>Continued Support for Family Success Centers</u> : DCF shall continue to support statewide network of Family Success Centers.
<b>Final Target</b>	Ongoing Monitoring of Compliance

***Performance as of December 31, 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. FSCs are situated in many types of settings: storefronts, houses, schools, houses of worship and 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. Now, in its fourth full year, New Jersey has a total of 37 FSCs in 17 counties.<sup>133</sup> On January 1, 2012 DCF awarded contracts to providers to launch FSCs in Cape May, Hunterdon, Morris, Ocean and Somerset counties; all are currently operational.

Table 25 below depicts the ten core services provided by FSCs to families; DCF served five percent more families through its FSCs between July and December 2011 than it did in the previous monitoring period, serving 28,998 compared to the 27, 604 families served in the prior six months. The total number of services provided—families can receive multiple services—increased to 110,823 up from 87,817 in the previous monitoring period. As reflected in Table 25 below, the most requested services are information and referral services (25,044),<sup>134</sup> access to child, maternal and family health information (20,864),<sup>135</sup> and life skills (18,646).

<sup>133</sup> The Whitehouse FSC closed June 30, 2011.

<sup>134</sup> 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.

<sup>135</sup> Families seeking health services for all members of the family, including child screenings and immunizations.

**Table 25: Families Served by Family Success Centers by Types of Services Provided  
(July – December 2011)**

**Level of Service**

FSC Unduplicated # families served	Jul-'11	Aug-'11	Sep-'11	Oct-'11	Nov-'11	Dec-'11	Total
	4,369	3,809	4,762	4,919	5,588	5,551	28,998*

**Types of Services Provided**

Core Services	Jul-'11	Aug-'11	Sep-'11	Oct-'11	Nov-'11	Dec-'11	Total
Access to child, maternal and family health information	2,930	1,952	3,589	4,704	4,070	3,619	20,864
Development of “Family Success” plans	688	487	810	560	796	570	3,911
Self-sufficiency/employment related services	1,686	1,667	2,126	2,285	3,005	2,287	13,056
Information and referral services	2,793	3,329	3,327	4,351	6,702	4,542	25,044
Life Skills	1,884	1,249	3,564	4,920	3,648	3,381	18,646
Housing-related services	446	445	512	634	522	449	3,008
Parent education	1,062	975	1,084	1,296	1,149	970	6,536
Parent-child activities	1,622	1,979	1,094	1,275	1,398	1,353	8,721
Advocacy	1,405	2,075	1,507	1,510	1,218	1,202	8,917
Home visits	349	316	282	415	394	364	2,120
<b>Total</b>	<b>14,865</b>	<b>14,474</b>	<b>17,895</b>	<b>21,950</b>	<b>22,902</b>	<b>18,737</b>	<b>110,823</b>

Source: DCF data

\*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.

The state support for FSCs goes beyond the Department of Children and Families. This year, New Jersey’s Department of Community Affairs (DCA) contributed \$51,000 of a federal, anti-poverty block grant to nine community organizations to help operate 15 FSCs in low income communities throughout the state.

Further, DCF continued its partnership with the Rutgers School of Social Work, Institute for Families with a project that began on January 31, 2012 to have all FSC directors and staff trained on a professional development and credentialing program redesigned specifically for New Jersey’s FSCs called the Family Development Credential (FDC). This skills development program provides frontline family workers and supervisors with additional skills to support the children and families they serve.



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## Statewide Implementation of Differential Response

<b>Quantitative or Qualitative Measure</b>	49. <u>Statewide Implementation of Differential Response, Pending Effectiveness of Pilot Sites</u> : Progress toward implementation of Differential Response statewide.
<b>Final Target</b>	Ongoing Monitoring of Compliance

### *Performance as of December 31, 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 sometimes referred by use of a “warm line transfer” to a DR program.<sup>136</sup>

DCF began its Differential Response Pilot Initiative in April 2007, and by early 2009 had DR programs in Camden, Cumberland, Gloucester, Salem, Middlesex and Union counties. During this monitoring period, with help from Casey Family Programs, DCF continued its internal assessment to determine whether New Jersey’s DR Pilot was sufficiently integrated with existing and developing primary prevention networks of supports and services across the state. The result of this analysis is a plan to conclude the current DR Pilot by June 30, 2012 and to redeploy the funds to the state’s network of Family Success Centers (FSCs). The expansion of FSCs will include a reinvestment of resources from the DR Pilot to existing FSCs and the development of new prevention programs to augment the state’s prevention and support services in areas of need. The plan targets six DR Pilot counties (Gloucester, Salem, Cumberland, Middlesex, Union and Camden) for establishing new FSCs, as well as additional work with Human Service Advisory Councils to develop or enhance a continuum of prevention approaches, supports and services for children, youth and families.

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<sup>136</sup> A “warm-line transfer” is the process of transferring an existing caller to another individual to facilitate a live connection.

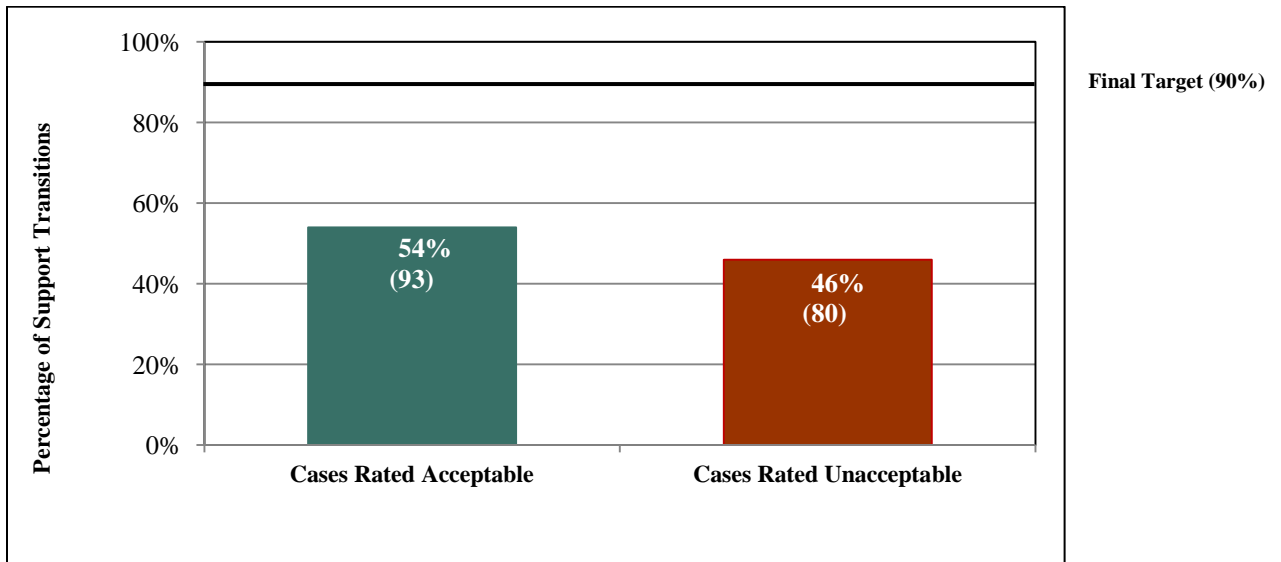
## Services to Support Transitions

<b>Quantitative or Qualitative Measure</b>	50. <u>Services to Support Transitions</u> : The Department will provide services and supports to families to support and preserve successful transitions.
<b>Final Target</b>	By December 31, 2011, 90% of cases score appropriately as measured by QR.

### *Performance as of December 31, 2011*

Children, youth and families experience transitions during their involvement with DCF, which may include age appropriate changes, transitions in school or case closure when permanency or other case goals have been met. During the QR, reviewers are asked to assess the extent to which the child/youth or family’s current or next transition is being planned for. As Figure 56 below indicates, reviewers found at least minimally acceptable performance in 54 percent of 173 QR cases.

**Figure 56: Services to Support Transitions  
(January – December 2011)  
(n=173)**



Source: DCF, 2011 QR results

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## **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.

### ***Training***

DCF continues to train DYFS staff on best practices to serve older youth in foster care. Between July and December 2011, 12 DYFS staff completed adolescent training Modules 1-3; 77 DYFS staff started adolescent training; 28 DYFS staff completed adolescent training; 29 DYFS staff completed Module 4 of adolescent training; and 57 provider agency staff were trained in Module 1-4 of the adolescent training. The Office of Adolescent Services (OAS) continues to collaborate with the National Resource Center for Youth Services, the New Jersey DCF Training Academy and Rutgers University School of Social Work to train DYFS staff and community-based providers. Further, OAS has designed an Adolescent Advocacy certificate for DYFS workers which will focus on adolescent development issues, trauma, engaging this population, interviewing skills and how to advocate for the needs of older youth. Training using this curriculum will begin in the Fall 2012.

### ***2011-2014 Strategic Plan***

During this monitoring period, DCF developed a strategic plan to determine and prioritize outcomes for youth involved with DCF. The plan was developed through facilitation by the Institute for Families at the Rutgers School of Social Work, OAS in consultation with service providers, youth currently receiving services, private foundations, policy experts and staff from DCF and other state agencies. Three full-day planning sessions were held with various stakeholders and web-based surveys were conducted to gather additional input. In an effort to engage and understand the needs of older youth involved with DYFS, OAS met with and received input from 11 of 12 youth advisory boards across the state.

The 2011-2014 strategic plan, *Striving for Success in Transitions to Adulthood—New Jersey—DCF Adolescent Services Strategic Plan*,<sup>137</sup> was finalized in December 2011 and is organized by service area, which includes housing, education and employment, physical and mental health, general transition support, youth engagement, permanence and familial support, criminal justice/legal services, and general cross-systems work. Within each service area, the plan includes goals, objectives, activities, timelines, and a section for status updates. After the plan was finalized in December 2011, next steps include identifying who is responsible for each activity and determining how each activity will be monitored, including identification of specific target outcomes. The strategic plan will be updated quarterly to report on implementation progress.

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<sup>137</sup> To see the full *Striving for Success in Transitions to Adulthood—New Jersey—DCF Adolescent Services Strategic Plan*, go to <http://www.state.nj.us/dcf/divisions/OASStrategicPlan120611.pdf>

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**A. *Services for LGBTQI Population***

Phase I of the MSA required DCF to develop and begin to implement a plan for appropriate services to be delivered to youth who identify as Lesbian, Gay, Bisexual, Transgender, Questioning or Intersex (LGBTQI) (Section II.C.4). The Monitor continues to follow DCF's efforts to work with this population of youth. DCF efforts include: continuing to implement a Safe Space initiative; developing and delivering a LGBTQI competency training for all field staff; and regularly updating a comprehensive LGBTQI 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. Currently, there are a total of 112 primary and back-up Safe Space Liaisons identified for 47 DYFS local offices and 10 area offices. 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, Safe Space Liaisons met bi-monthly with the LGBTQI community partners to gather information on locating resources, changing culture in the office and understanding sexual orientation and identity. In the northwest region of the state, DCF continued to collaborate with a LGBTQI community partner who provides training on issues youth face when coming out, bullying and suicide risk for this population. This training is approved for in-service hours and is available for all staff throughout the state. Efforts to work with community partners in the northern region of the state are ongoing due to turnover of staff that initially volunteered.

Between July and December 2011, the Safe Space Liaisons received a two-day training that focused on their role and LGBTQI issues. Also during this period, the LGBTQI Coordinator began working closely with all Safe Space Liaisons throughout the state to enhance their connection to community partners at a national and local level. The LGBTQI Coordinator has developed an in-service training for all Safe Space Liaisons to assist them in continuing to strategize and carryout work for LGBTQI services. This training will be conducted quarterly for each region of the state (northern, central and southern).

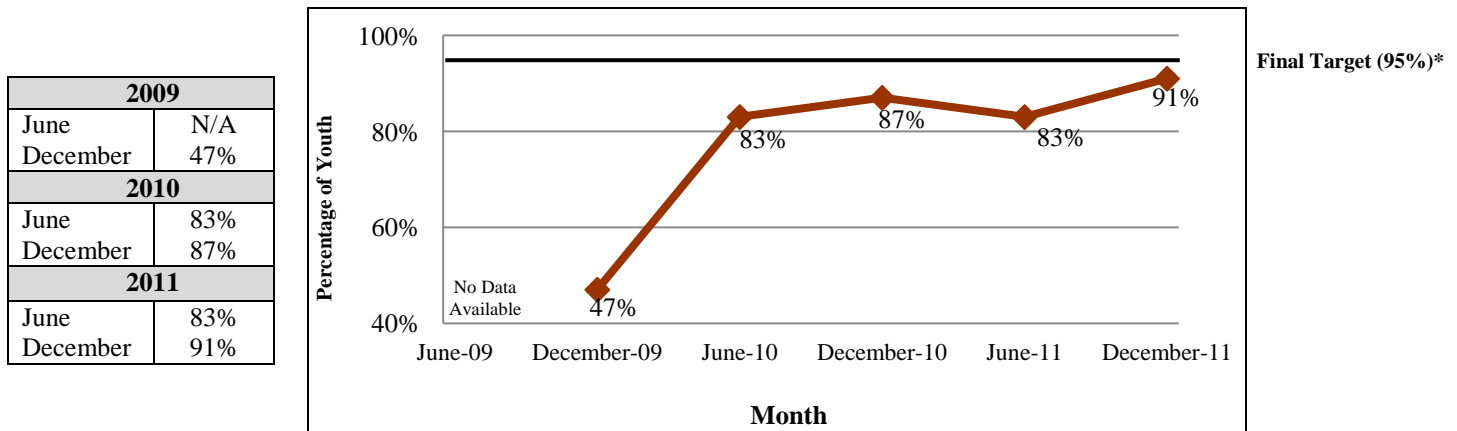
LGBTQI competency training remains a part of a two-day cultural competency training for all field staff. Between July and December 2011, three of these training sessions were offered and 43 staff completed the entire module. To date, 1,300 DYFS staff completed this module.

**B. Performance Benchmarks Measuring Services to Older Youth**

**Independent Living Assessments**

<b>Quantitative or Qualitative Measure</b>	53. <u>Independent Living Assessments</u> : Number/percent of cases where DCF Independent Living Assessment is complete for youth 14 to 18.
<b>Final Target</b>	By December 31, 2011, 95% of youth age 14 to 18 have an Independent Living Assessment.

**Figure 57: Percentage of Youth Aged 14-18 with Independent Living Assessment (June 2009 – December 2011)**



Source: DCF data

\*Interim Benchmark by December 2010 (85%)

**Performance as of December 31, 2011:**

In December 2011, there were 988 youth aged 14 to 18 in out-of-home placement for at least six months. Of the 988 youth, 902 (91%) had Independent Living Assessments completed and 86 (9%) did not. While the state has improved performance on this measure since the previous monitoring period and dramatically improved performance since 2009, performance fell just short of the final target that 95 percent of youth aged 14 to 18 have a completed Independent Living Assessment.

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., educational planning and support services, employment services and career guidance, life skills training and budgeting and financial management.

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## Services to Older Youth

<b>Quantitative or Qualitative Measure</b>	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.
<b>Final Target</b>	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the QR.

### *Performance as of December 31, 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. The parties have recently agreed that the most effective and accurate method to measure performance on Measure 54, Services to Older Youth and Measure 55, Youth Exiting Care, is through a separate qualitative review process based upon a sample of adolescent cases. The precise methodology for the qualitative review will be developed by the state and the Monitor, with input from Plaintiffs in the next few months. The Monitor will provide performance on these measures in a future monitoring report.

Between October and December 2011, DYFS served 1,928 youth aged 18 to 21. Of the 1,928 youth, 747 (39%) were living in a DYFS out-of-home placement and 470 (24%) were living in their own homes. An additional 711 (37%) 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.

### *Services and Supports after Leaving DYFS Custody*

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 Independent Living Coordinator works within the Office of Child Health Services to ensure that eligible youth receive the appropriate type of Medicaid. DCF reports that 93 percent (421 out of 454) of youth leaving DYFS custody in 2011 had Medicaid health insurance<sup>138</sup> for at least *one month* after placement. Additionally, of the 243 youth aged 17.9 to 21 years old who discharged from foster care placement between January and June 2011, 196 (81%) youth received Medicaid for at least *six months* after placement.

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<sup>138</sup> This includes Chafee Medicaid, DYFS Medicaid or non-DYFS Medicaid.

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## ***NJ Scholars Program***

The NJ Scholars Program is another support 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. In the fall of 2011, oversight of the NJ Scholars Program transitioned from OAS to the Office of Educational Support and Programs (OESP). NJ Scholars continues to be administered by the Foster and Adoptive Family Services (FAFS).

According to DCF, between July 1 and December 31, 2011, 273 youth were approved for funding and enrolled in the NJ Scholars Program. Of the 273 students, 189 (69%) received NJ Scholars Program funding. The remaining 84 students did not receive NJ Scholars Program funding because the financial aid provided by their institutions entirely covered their cost of attendance. As previously reported by the Monitor, the number of youth participating in and receiving financial assistance for the NJ Scholars program continues to decline. During the 2007-2008 school year, there were 556 participants in the NJ Scholars program and 443 (80%) received funding. In an effort to increase participation and support within the NJ Scholars program, a new staff position was added to OESP in December 2011. This staff will be responsible for working closely with the administrators of the NJ Scholars Program to enhance recruitment for post-secondary schooling; implementing new recruitment strategies within targeted school districts to educate youth about the NJ Scholars program; collaborating with Rutgers' Transition for Youth in improving retention rates of current program participants; and engaging DYFS adolescent workers in recruitment and retention efforts.

Between July and December 2011, DCF reports FAFS participated in 10 informational/recruitment events through local community organizations and college campuses, which were attended by 387 people. FAFS has an additional 17 "outreach events" and educational workshops scheduled for January through June 2012 which will include providing assistance to prospective students in completing the Free Applications for Federal Student Aid (FAFSA) and the NJ Scholars application.

## ***Project MYSELF***

Every student enrolled in the NJ Scholars Program is required to participate in Project MYSELF, a multi-service mentoring program designed to improve academic performance, increase post-secondary education retention, complete post-secondary education, and develop essential life skill and competencies. The program runs from September through April. DCF reports that Project MYSELF services were provided to 273 students from September through December 2011.

## ***Summer Housing and Internship Program***

DCF reports 37 youth participated in the Summer Housing and Internship program (SHIP) during the summer of 2011. This program provides selected 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 earn

three academic credits by participating in a course especially designed by Rutgers University faculty.

***Life Skills Camp***

A two-week Life Skills Camp was provided to 60 youth ages 16 to 21 years old in the summer of 2011. DCF issued a Request for Proposal during this monitoring period to serve 120 youth during the summer of 2012.

***Housing and Employment***

Further, during this monitoring period, DCF issued three Requests for Proposal in the southern region of the state for 15 new transitional housing slots for youth in transition. Additionally, DCF reports they are partnering with the Department of Labor and Workforce Development to develop a strategic plan to specifically address youth employment in the state.

**Youth Exiting Care**

<b>Quantitative or Qualitative Measure</b>	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.
<b>Final Target</b>	By December 31, 2011, 95% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.

***Performance as of December 31, 2011:***

DCF currently cannot provide data on this measure. As stated above, parties have recently agreed that a qualitative review process is necessary to measure performance. Baseline performance was established in a previous case record review.<sup>139</sup> The Monitor will provide performance on this measure in a future monitoring report.

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 261 beds (see Table 26 for the census as of February 27, 2012 and a list of providers).

<sup>139</sup> See *Charlie and Nadine H. v. Christie*, Supplemental Monitoring Report: An Assessment of Services and Outcomes for Older Adolescents Exiting DYFS Placements, June 2011.



**Table 26: Youth Transitional and Supported Housing  
as of February 27, 2012**

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	33	33	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	12	12	Somerset Home for Temporarily Displaced Children
Union	15	15	Community Access Unlimited
<b>Total</b>	<b>261</b>	<b>256</b>	

Source: DCF data

### XIII. SUPPORTING A HIGH QUALITY WORKFORCE: CASELOADS AND TRAINING

Worker caseloads showed slight increases in almost all areas during this monitoring period. DCF continued to meet individual caseload requirements for IAIU staff, and office caseload compliance standards for Permanency workers. However, in all other functional areas, caseloads increased. Intake caseloads have been an ongoing challenge noted in previous monitoring reports. This is the first time since Phase II of the MSA that Permanency caseload standards have also been an issue.

#### A. Caseloads

##### Monitoring Period X Caseload Reporting

Caseload compliance is measured by individual caseworker caseloads in each of the functional areas (Intake, Permanency, Adoption and IAIU) as well as office standards for DYFS local offices. Table 27 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 27: 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 <b>12 open cases</b> at any one time <b>and</b> no more than <b>eight new referrals</b> 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. <sup>140</sup>	IAIU staff workers are to have no more than <b>12 open cases</b> at any one time <b>and</b> no more than <b>eight new referrals</b> 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 <b>15 families and 10 children</b> 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 <b>15 children</b> at any one time. (Section II.E and Section III.B.1).

Source: DCF

<sup>140</sup> DYFS (7-1-1992). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 302.

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### ***Interview Procedure to Verify Worker Caseloads***

The Monitor verified the caseload data supplied by DCF by conducting telephone interviews with randomly selected caseworkers across the state. One hundred forty-six caseworkers were selected from those active in December 2011. All 47 DYFS local offices were represented in the sample. The interviews were conducted throughout the months of March and April 2012. All 146 caseworkers were called. Information was collected from 89 caseworkers (71% of the eligible sample), located in 42 offices. Twenty-one 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 December 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 July and December 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 December 2011. Identified discrepancies were discussed with the caseworkers. The Monitor found that in general NJ SPIRIT accurately reflects worker caseloads. Workers were asked if they believe the data in SPIRIT and Safe Measures is accurate and 74 of 89 workers (83%) reported that it was. Workers that questioned the accuracy of SPIRIT were primarily commenting on secondary cases not appearing in their total caseload. This practice as discussed in more detail beginning on page 63, is actually consistent with current DYFS policy and not a SPIRIT error. In addition, the interviews collected information about any caseload fluctuation between July and December 2011 and the range in number of cases, from the highest to the lowest, that workers had been assigned. The Monitor is satisfied that sufficient information was gathered to verify the accuracy of the state's caseload reporting.

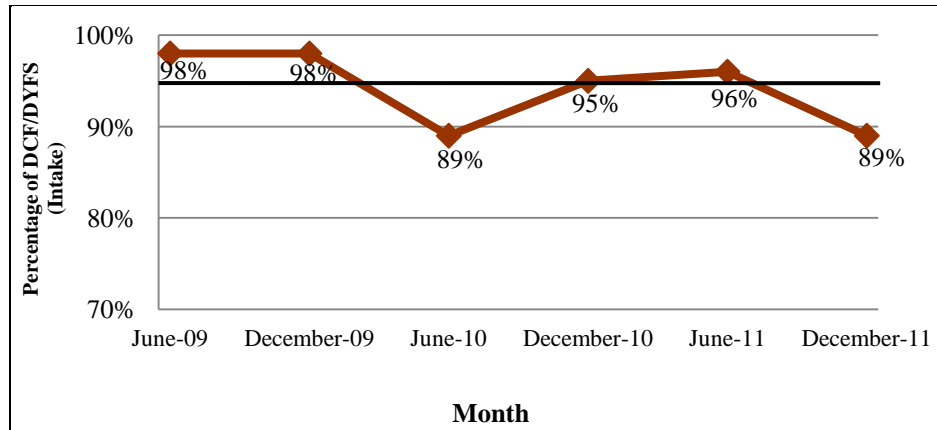
The following discussion describes the state's performance in meeting the office caseload standards and the individual caseload standards. The state's performance on supervisory ratios is discussed at the end of the caseload discussion.

### ***DCF/DYFS failed to meet the office average caseload standards in two of three functional areas.***

DCF/DYFS met the average office caseload standards in the area of Permanency and failed to meet the standards in the areas of Intake and Adoption. Figures 58-60 below summarize the Period XI performance.

**Figure 58: Percent of DCF/DYFS Local Office Meeting Average Caseloads Standards for Intake Workers (June 2009 – December 2011)**

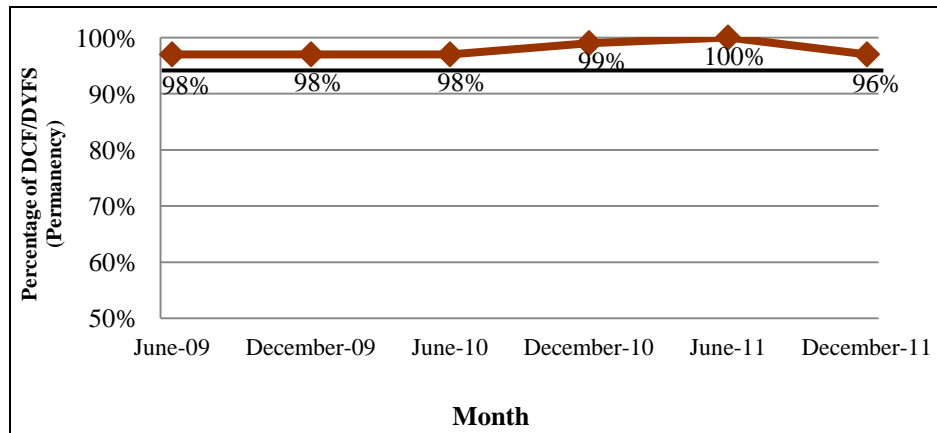
2009	
June	98%
December	98%
2010	
June	89%
December	95%
2011	
June	96%
December	89%



Source: DCF data

**Figure 59: Percent of DCF/DYFS Local Office Meeting Average Caseloads Standards for Permanency Workers (June 2009 – December 2011)**

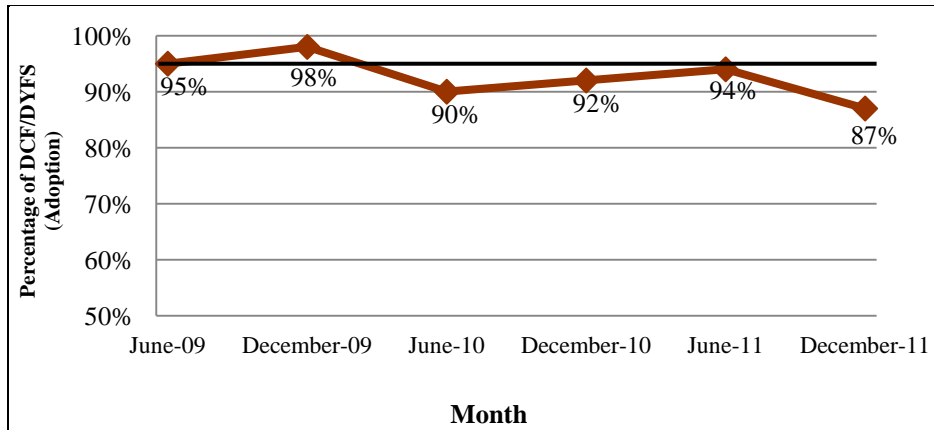
2009	
June	98%
December	98%
2010	
June	98%
December	99%
2011	
June	100%
December	96%



Source: DCF data

**Figure 60: Percent of DCF/DYFS Local Office Meeting Average Caseloads Standards for Adoption Workers (June 2009 – December 2011)**

2009	
June	95%
December	98%
2010	
June	90%
December	92%
2011	
June	94%
December	87%



Source: DCF data

*From July 1, 2011 to December 31, 2011, 86 percent of all DCF/DYFS caseworkers met the individual caseload standards.*

Worker caseloads complied with individual caseload standards only in IAIU (See Figure 62). Among Intake workers, 76 percent of the caseworkers had caseloads that met the caseload standard (See Figure 61). This is an eight percent decrease in compliance from the previous monitoring period. Among Adoption workers, 90 percent of caseworkers had caseloads that met the caseload standard, a four percent decrease in the compliance rate from the previous monitoring period (See Figure 64). Ninety-three percent of Permanency caseworkers had caseloads that met the caseload standard. This is a three percent decrease in compliance rates from the previous monitoring period (See Figure 63). Additional details on individual caseload findings are as follows:

- **Intake**

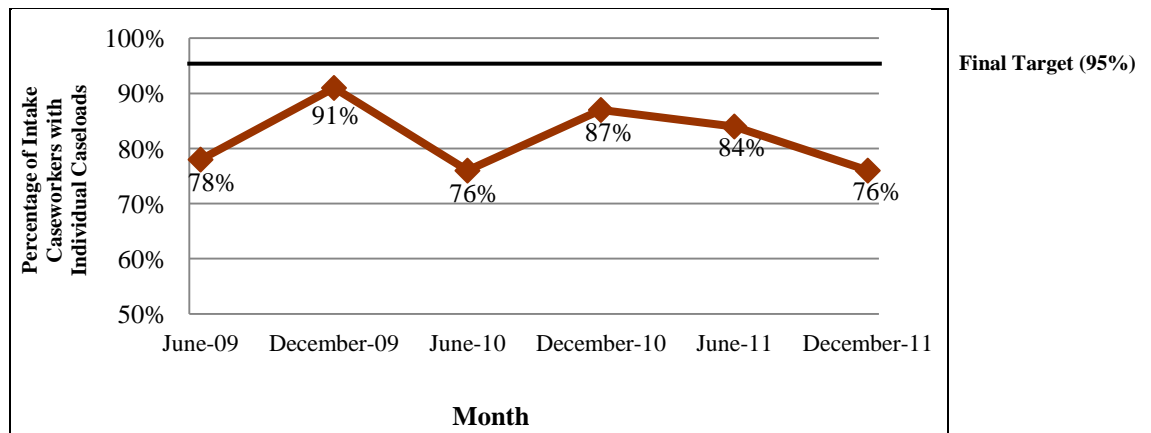
The individual worker caseload standard for Intake workers of no more than 12 open cases at any one time and no more than eight new referrals assigned in a month was not met as of December 31, 2011. The state reported an average of 902 active Intake caseworkers between July and December 2011. Among those active workers, an average of 686 (76%) caseworkers had caseloads that met the caseload requirements. For the 301 Intake workers who did not meet caseload requirements in the month of December 2011, the highest number of new intakes for any worker was 11 and the highest number of open cases in the month was 33 families.

Among the 89 caseworkers that participated in the phone interview for caseload verification, 70 were Intake caseworkers. Twenty (29%) of the 70 Intake workers had gone over the case limits for new assignments at some point between July and December 2011. Forty-four (63%) had more than 12 total families at some point between July and December 2011. The failure to meet the requirement that 95 percent of Intake workers meet caseloads standards is a consistent

problem recognized by DCF and DYFS leaders. DCF is attempting to address the issue by hiring 30 additional Intake workers to create “impact teams” that will be deployed throughout the state in offices where Intakes are unusually high.

**Figure 61: Percent of Intake Caseworkers with Individual Caseloads At or Below the Applicable Individual Caseload Standards (June 2009 – December 2011)**

2009	
June	78%
December	91%
2010	
June	76%
December	87%
2011	
June	84%
December	76%



Source: DCF data

### ***Workers Report “Shared” Cases Common Occurrence***

As described in Period X monitoring report, Intake and Permanency caseworkers sometimes “share responsibility” for 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 their “open cases” for that 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 work with the family becomes the responsibility of both Intake and Permanency workers until the investigation is completed.

Intake workers are considered “secondary” workers on a “shared case” 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 to 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 an investigative conclusion. The secondary designation, however, is not reflected in the caseload counts of “open cases” for Intake workers in Safe Measures 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 28: Number of DCF/DYFS Investigations and Secondary Intake Assignments by Month (July – December 2011)**

2011	Total Investigations	Secondary Intake Worker Investigations
July	4,869	714
August	4,969	640
September	5,637	614
October	5,982	725
November	6,015	686
December	5,987	878

Source: DCF data

The Monitor asked questions during phone interviews designed to follow up on the topic of “shared/secondary” cases. Intake workers were asked how prevalent secondary cases are, what effect these cases have on their workload, and how they are measured. Of the 70 intake workers interviewed, 63 (90%) reported being assigned as a secondary worker on at least one open permanency case between July and December 2011. 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 Safe Measures, but it is reflected under the secondary status in NJ SPIRIT.

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 when collateral contacts have already been completed by Permanency workers, every investigation must be approached in the same manner regardless of primary or secondary status. Workers noted that when an investigation involves a removal of a child from his or her home, the workload is actually greater than a typical investigation. Workload management varied by office; in the majority of offices, secondary assignments are not made when an Intake worker is already at the caseload limit for new assignments unless the entire unit is at their limit. 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 concerns regarding its overall impact on the true workload of Intake workers. It becomes especially important for those offices not in compliance with caseload standards based on primary assignments.

## ***Workers Report Non-Caseload Carrying Staff Assigned Intake Cases***

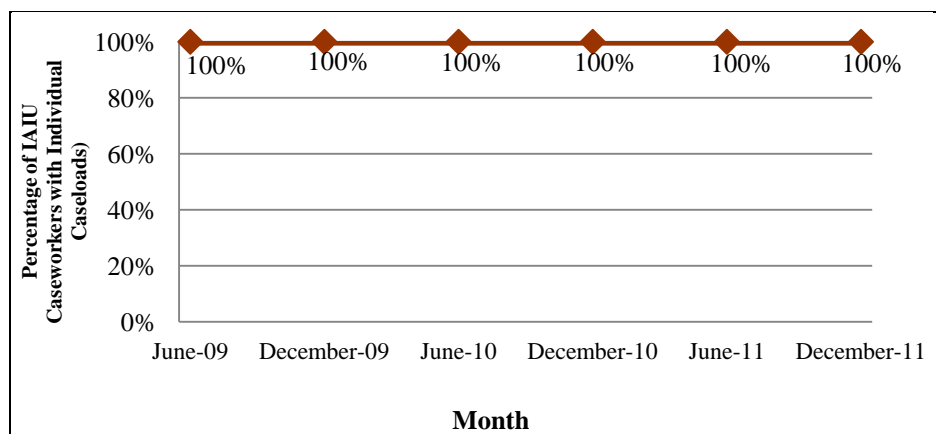
Intake workers were asked if there were scenarios in their office in which non-caseload carrying staff could be assigned a case. Forty-nine of the 70 workers (70%) reported that there are scenarios in which this takes place. Respondents stated that non-caseload carrying staff with prior investigations experience may be assigned cases for a short time when all Intake workers in a local office reach their assignment limit for the month. This was the most common scenario described. Several respondents also stated that staff with no previous Intake experience would be assigned cases when every Intake worker had reached their assignment limit. Although the Monitor is concerned by this finding, we have not found evidence that this practice is endorsed by DYFS leadership or is a statewide problem. The Monitor is clear that the practice of assigning investigations to untrained workers should never be permissible.

- **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 December 31, 2011. According to the data supplied by DCF, all 56 institutional abuse investigators had caseloads in compliance with the standard.

**Figure 62: Percent of IAIU Caseworkers with Individual Caseloads At or Below the Applicable Individual Caseload Standards (June 2009 – December 2011)**

<b>2009</b>	
June	100%
December	100%
<b>2010</b>	
June	100%
December	100%
<b>2011</b>	
June	100%
December	100%



Source: DCF data

- **Permanency**

The individual worker caseload standard for Permanency workers of no more than 15 families and ten children was not met as of December 31, 2011. The state reported an average of 1,174 active Permanency caseworkers between July and December 2011. Of the 1,174 caseworkers, an average of 1,097 (93%) caseworkers had caseloads that met the caseload requirements. In the

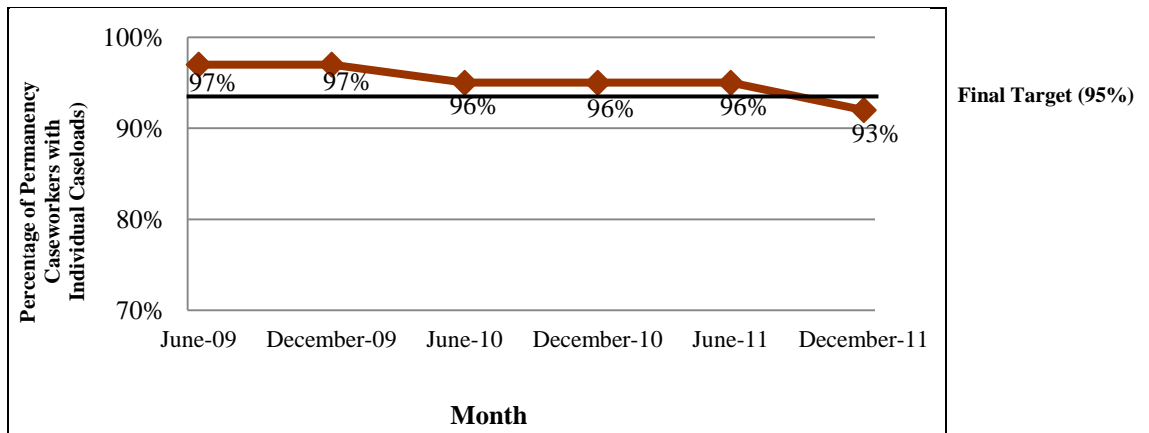


month of December, among the 105 (9%) permanency caseworkers that had caseloads over one or both of the caseload component caps, the highest number of families was 21 and the highest number of children in placement was 13.

Among the 89 caseworkers that participated in phone interviews conducted by the Monitor for caseload verification, 16 (18%) were in Permanency units. Two (13%) of the 16 caseworkers interviewed reported exceeding their caseload standards between July and December 2011.

**Figure 63: Percent of Permanency Caseworkers with Individual Caseloads At or Below the Applicable Individual Caseload Standards (June 2009 – December 2011)**

2009	
June	97%
December	97%
2010	
June	96%
December	96%
2011	
June	96%
December	93%



Source: DCF data

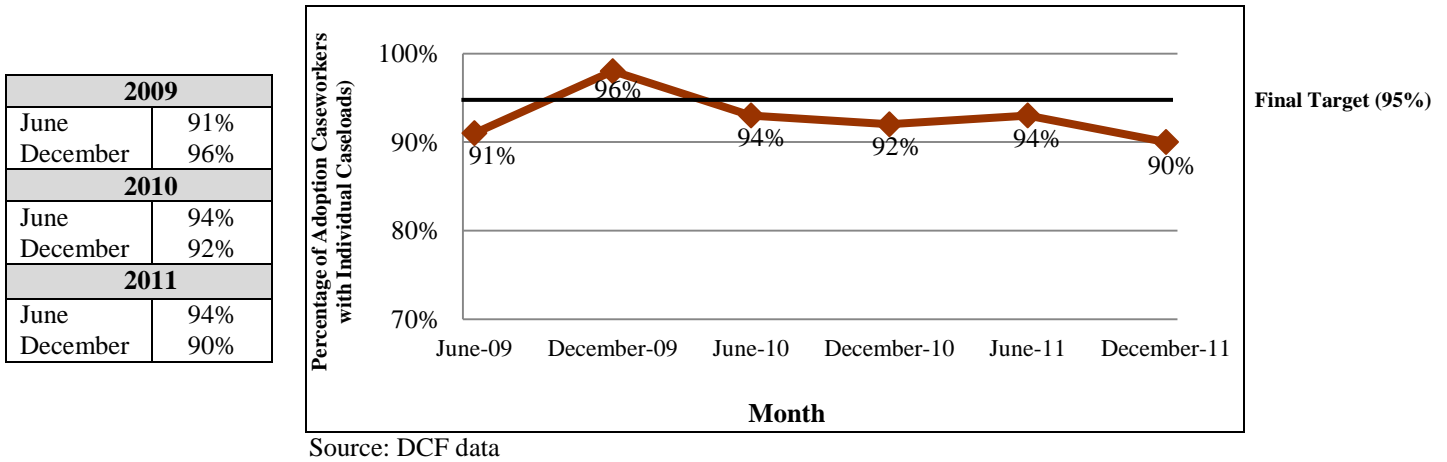
- **Adoption**

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

The individual worker caseload standard for Adoption workers of no more than 15 children was not met as of December 31, 2011. The state reported an average of 237 active Adoption caseworkers between July and December 2011. Of the 237, an average of 212 (90%) workers had caseloads that met the caseload requirement. In the month of December, among the 25 (11%) Adoption workers with caseloads of over 15 children, the highest number of children was 29.

Among the 89 caseworkers that participated in the phone interviews conducted by the Monitor for caseload verification, three were Adoption workers. One of the three workers interviewed in this monitoring period reported going over caseload standards between July and December 2011.

**Figure 64: Percent of Adoption Caseworkers with Individual Caseloads At or Below the Applicable Individual Caseload Standards (June 2009 – December 2011)**



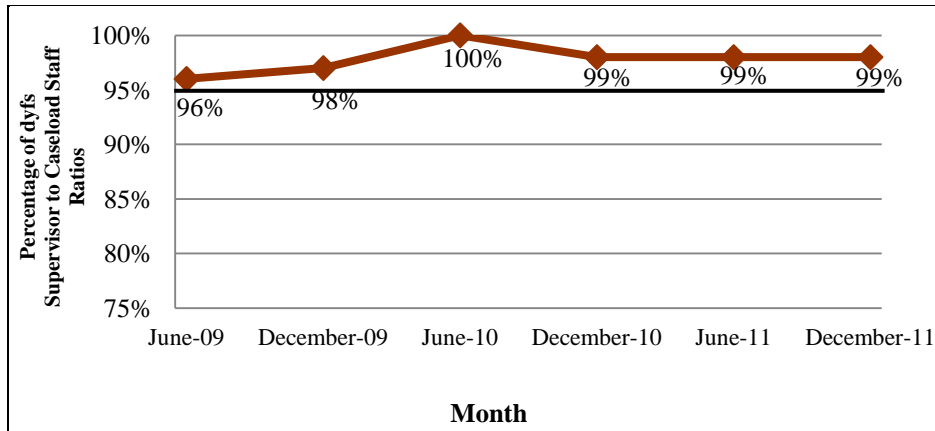
*The standard for the ratio of supervisors to workers was met for the period ending December 31, 2011.*

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

As displayed in Figure 65 below, the state reported that between July and December 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 89 case workers interviewed the size of their units and 99 percent reported having units of five or fewer caseworkers with a supervisor.

**Figure 65: New Jersey DYFS Supervisor to Caseload Staff Ratios (June 2009 – December 2011)**

2009	
June	96%
December	98%
2010	
June	100%
December	99%
2011	
June	99%
December	99%



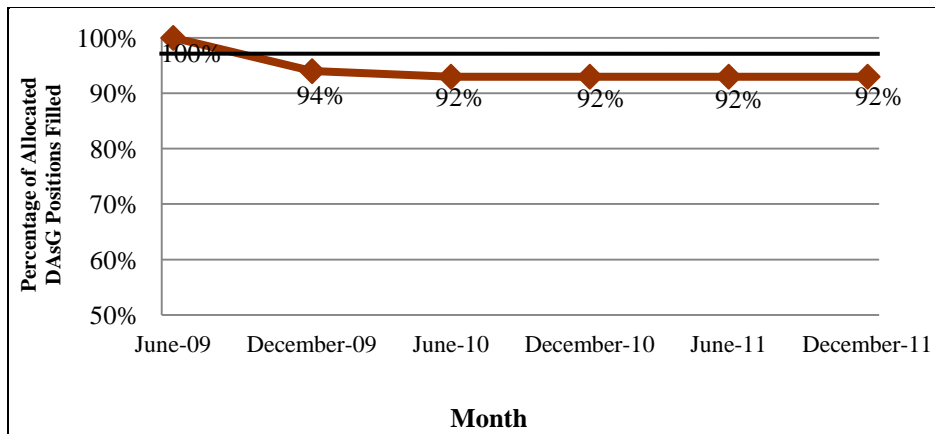
Source: DCF data

### Adequacy of DAsG Staffing

<b>Quantitative or Qualitative Measure</b>	22. <u>Adequacy of DAsG Staffing</u> : Staffing levels at the DAsG office.
<b>Final Target</b>	98% of allocated positions filled plus assessment of adequacy of FTE's to accomplish tasks by June 30, 2012.

**Figure 66: Percentage of Allocated DAsG Positions Filled (June 2009 – December 2011)**

2009	
June	100%
December	94%
2010	
June	92%
December	92%
2011	
June	92%
December	92%



Source: DCF data

\*Interim Benchmark by June 2009 (95%)

### Performance as of December 31, 2011:

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DCF reports that as of January 1, 2012, 131 (92%) of 142 Deputy Attorneys General (DAsG) staff positions are filled. Of those, three DAsG are on full-time leave. Thus, there are a total of 128 available DAsG. The number of available DAsG has remained relatively consistent in each monitoring period, but has yet to meet the performance standard.

***B. Training***

During this monitoring period DCF was in the final phases of training its staff on New Jersey's Case Practice Model while it simultaneously fulfilled all of its other training obligations required by the MSA, as shown in Table 29 below.<sup>141</sup>

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<sup>141</sup> 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.

**Table 29: Staff Trained  
(January 1, 2006 – December 31, 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	# of Staff Trained in 2nd 6 months of 2011	
		<b>Pre-Service</b>	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
<b>In-Service Training</b>	Ongoing: Staff shall have taken a minimum of 40 hours of in-service training	N/A	3,001		3,015		2,846		2,987		2,928		
<b>Concurrent Planning</b>	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%)	109	
<b>Investigations &amp; Intake: New Staff</b>	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%)	159	
<b>Supervisory: New Supervisors</b>	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	17
<b>Adoption Worker</b>	As of December 2006 and ongoing, adoption training for adoption workers.	91	140	44	38	22	31	18	46		20	30	35

Source: DCF data

**Pre-service Training**

One hundred and six caseload carrying staff (Family Service Specialist Trainees and Family Service Specialists) were hired between July 1 and December 31, 2011. DFYS trained 61 workers during this monitoring period, 33 of whom were hired in the previous monitoring period. Another five workers were trained through the BCWEP program, for a total of 94 staff who were trained and passed competency exams.<sup>142</sup> Forty-five of the 106 workers hired in this monitoring period are currently enrolled in pre-service training.

<sup>142</sup> 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

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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 is in the final stages of training its workforce on the Case Practice Model, which represents the fundamental change in practice in New Jersey.

As reflected in Table 30 below, between July 1 and December 31, 2011, the New Jersey Child Welfare Training Academy (Training Academy) trained 103 staff on Module 1 of the Case Practice Model. The Training Academy also trained 99 staff on Module 2. These are the first two training modules in the six part series.<sup>143</sup>

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 July 1 and December 31, 2011, 391 staff were trained in Module 3, 551 were trained in Module 4, 797 were trained in Module 5, and 154 staff were trained on Module 6. Staff was trained on Modules 3 through 6 by the New Jersey Child Welfare Training Partnership (Training Partnership).<sup>144</sup>

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.<sup>145</sup>

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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.

<sup>143</sup> DCF reports that all IAIU staff with the exception of one completed CPM 1 and 2 in previous monitoring periods.

<sup>144</sup> 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.

<sup>145</sup> Staff transcripts for Case Practice Model and Immersion Site training were pulled using the Random Integer Generator located on [www.random.org](http://www.random.org).

**Table 30: Staff Trained on Case Practice Model Modules  
(January 2009 – December 2011)**

<b>Training</b>	<b>Settlement Commitment Description</b>	<b># of Staff Trained in 1st 6 months 2009</b>	<b># of Staff Trained in 2nd 6 months 2009</b>	<b># of Staff Trained in 1st 6 months 2010</b>	<b># of Staff Trained in 2<sup>nd</sup> 6 months 2010</b>	<b># Staff trained in 1<sup>st</sup> half 2011</b>	<b># Staff Trained 2<sup>nd</sup> half 2011</b>
<b>Module 1 - Engaging Families and Building Trust-Based Relationships</b>	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	103
<b>Module 2 - Making Visits Matter</b>	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	99
<b>Module 3 - Teaming with Families</b>	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	391
<b>Module 4 - Assessment</b>	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	551
<b>Module 5 - Planning and Intervention</b>	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	797
<b>Module 6 - Supervising Case Practice in NJ</b>	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	154

Source: DCF data

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### **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 increasingly incorporating concurrent planning approaches into FTMs and other family conferences. As reflected in Table 30 above, between July 1 and December 31, 2011, 109 (100%) out of 109 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 159 (100%) employees assigned to Intake and Investigations in this monitoring period successfully completed First Responders training and passed competency exams (See Table 30).

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 30 above, a total of 17 supervisors were trained and passed competency exams between July 1 and December 31, 2011; three of these supervisors were appointed at the end of the last monitoring period. A total of 27 supervisors were appointed in this monitoring period, 13 of whom were appointed at the end of the period and are scheduled to complete supervisory training in the next monitoring period.

The state provided the Monitor with a Human Resources roster that includes promotion and training dates. The Monitor cross-referenced all 17 supervisors' transcripts who had been trained during the monitoring period with the Human Resources rosters and concluded that the state complied with the MSA (Section II.B.4.b).

### **New Adoption Worker Training**

Thirty-five newly appointed Adoption workers were trained between July 1 and December 31, 2011.

The Monitor reviewed all 35 staff transcripts and cross-referenced them with Human Resources data to verify that the state complied with MSA (Section II.G.9.).

### **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



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II.B.2.c). In CY 2011, 2,928 (97%) out of 3007 caseload carrying staff completed 40 hours or more of In-Service training. The remaining 79 were either on leave or left the agency. The Monitor reviewed a statistically valid random sample of staff transcripts reflecting In-Service training and cross-referenced them with Human Services data to determine that staff took 40 hours of In-Service training and passed competency exams.<sup>146</sup>

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<sup>146</sup> Staff transcripts for In-service training were pulled using the Random Integer Generator located on [www.random.org](http://www.random.org).

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

##### **QUALITATIVE REVIEW**

Following the completion of a pilot Qualitative Review (QR) in 2010, in 2011, DCF's Office of Program Management and Accountability facilitated the QR of 190 cases across 16 of the state's 21 counties. Twelve cases were reviewed in each county, providing a snapshot of the status of children, the status of practice and the functioning of systems in each of the counties.<sup>147</sup> The child's legal guardian is asked to give informed consent for participation in the Review. Trained review teams of two persons that include DCF staff, community stakeholders and Monitor staff review DYFS case records and interview as many people as possible who are involved with the child and family. Selected QR results are used to report on several MSA requirements and are included in this report.

The 190 children whose cases were reviewed in 2011 were evenly divided by gender: 95 females and 95 males and ranged in age from one to 20, with the majority (33%) being infants to four year-olds, followed by five to nine year-olds (28%). The majority (42%) of the children in the sample were identified as White/Caucasian; almost as many children (38%) were identified as Black/African-American; Hispanic/Latino children represented 17 percent of the children in the sample, and the remaining children were Asian (2%). Children whose race was not determined represented one percent of the sample. About one-third (32%) of the children lived with a parent during the review; 61 percent of the children lived with a relative or non-relative resource parent, some with the goal of adoption. Other children resided in residential treatment or group home settings.

DCF reports that, across the state, over 1,600 people were interviewed to inform the 2011 QR data. Those informants included DYFS and CHU staff, biological parents, others who the youth or parent identified as supportive, relative and non-relative foster parents, education, mental health and legal professionals, substance abuse treatment providers, and children/youth.<sup>148</sup> Reviewers evaluated the child and family's status and rated whether the status was acceptable or unacceptable.<sup>149</sup> See Table 31 for the 2011 results on Child and Family Status indicators and overall Child and Status ratings for all cases.

As shown in Table 31 below, the current status of children rated at least minimally acceptable in most key areas measured including safety, living arrangement, learning and development, and emotional well-being. Notably, the QR scores were lowest regarding Progress towards Permanency, indicating that the issue of permanency remains unresolved for many children in the review.

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<sup>147</sup> In Essex county 13 cases were reviewed; in Cape May county 11 cases were reviewed and in Mercer County 10 cases were reviewed.

<sup>148</sup> Interviews are usually conducted individually, either by phone or in person. All efforts are made to see children/youth in the setting in which they reside.

<sup>149</sup> Under the heading of acceptable, status is further described as either "optimal", "good", or "fair". Unacceptable status is further described as either "marginal", "poor", or "worsening". DCF's 2011 QR report may be found at: <http://www.state.nj.us/dcf/continuous/2011QR.pdf>.

**Table 31: Qualitative Review Child and Family Status Results  
(January – December 2011)**

<b>Child &amp; Family Status Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Acceptable</b>
<b>Safety at Home</b>	190	184	97%
<b>Safety in other Settings</b>	190	177	95%
<b>Stability at Home</b>	190	141	74%
<b>Stability in School</b>	154	135	88%
<b>Living Arrangement</b>	190	172	91%
<b>Family Functioning &amp; Resourcefulness</b>	180	127	71%
<b>Prospects for Permanency</b>	190	125	66%
<b>Physical Health of the Child</b>	190	183	96%
<b>Emotional Well-Being</b>	190	166	87%
<b>Learning &amp; Development, Under Age 5</b>	58	57	98%
<b>Learning &amp; Development, Age 5 &amp; older</b>	129	111	87%
<b>OVERALL Child &amp; Family Status</b>	<b>190</b>	<b>173</b>	<b>91%</b>

Source: DCF 2011 QR results

The QR also includes an evaluation of system and practice performance on behalf of the child and family and looks for the extent to which aspects of the state’s Case Practice Model are being implemented. Table 32 below represents the results for cases reviewed in 2011. As with the status indicators, reviewers evaluated whether performance was acceptable or unacceptable.<sup>150</sup>

With the exception of Provision of Health Care Services and Supports to Resource Families, the QR results demonstrate the developmental stage of implementation of the Case Practice Model and highlight areas for continued attention and practice improvement.

<sup>150</sup> Under the heading of acceptable, performance is further described as either “optimal”, “good/substantially acceptable”, or “fair/minimally acceptable”. Unacceptable status is further described as either “marginal/partially unacceptable”, “poor/substantially unacceptable”, or “absent”. DCF’s 2011 QR report may be found at: <http://www.state.nj.us/dcf/continuous/2011QR.pdf>.

**Table 32: Qualitative Review Practice/System Performance Results  
(January – December 2011)**

<b>Practice Performance Indicators</b>	<b># Cases Applicable</b>	<b># Cases Acceptable</b>	<b>% Acceptable</b>	
<b>Engagement</b>	Overall	190	106	56%
	Child/Youth	138	89	64%
	Parents	144	62	43%
	Resource Family	118	87	74%
<b>Family Teamwork</b>	Formation	190	84	44%
	Functioning	190	63	33%
<b>Assessment &amp; Understanding</b>	Overall	190	124	64%
	Child/Youth	190	131	69%
	Parents	149	68	46%
	Resource Family	118	93	79%
<b>Case Planning Process</b>		190	92	48%
<b>Plan Implementation</b>		190	115	61%
<b>Tracking &amp; Adjusting</b>		190	107	56%
<b>Provision of Health Care Services</b>		190	184	97%
<b>Resource Availability</b>		190	161	85%
<b>Family &amp; Community Connections</b>	Overall	108	78	72%
	Mother	81	57	70%
	Father	68	41	60%
	Siblings	73	56	77%
<b>Family Supports</b>	Overall	180	133	74%
	Parents	144	84	58%
	Resource Family	115	103	90%
<b>Long Term View</b>		190	107	56%
<b>Transitions &amp; Life Adjustments</b>		173	93	54%
<b>OVERALL Practice Performance</b>		<b>190</b>	<b>110</b>	<b>58%</b>

Source: DCF 2011 QR results

Following the QR and based on results, each county develops a plan to focus on improving practice in particular areas. In CY 2011 each county chose two to six areas. Engagement, Family Teamwork and Case Planning Process were the predominant areas selected by counties for program improvement planning.

This statewide implementation of the QR and work to make sure the results, along with other data, inform planning are important accomplishments for New Jersey.

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## **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).<sup>151</sup>

NJ SPIRIT functionality was again enhanced during this monitoring period. Documentation has been streamlined by allowing workers to create one case plan for children in both in-home and out of home placement settings. Workers can also add multiple case participants to each identified strength and need of a family and add multiple case participants to one visitation plan. The family agreement form has been incorporated into the case plan module and will be auto-populated based on the strengths and needs assessment. The education module has been expanded in alignment with the 2008 Fostering Connections to Success Act.<sup>152</sup> Each participant in a case can now have their own individual education record, which allows NJ SPIRIT to capture a child's complete education history even when they are a participant in more than one case. Finally, workers can now document and print Court Reports directly from NJ SPIRIT. DCF has also utilized multiple federal funding streams to purchase 376 smart phones and 430 iPad 2 tablets to document visitation, investigations and independent living assessments in real time while staff are in the field.

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 July and December 2011, the Help Desk assisted the New Jersey Training Academy with six new worker training sessions on an overview of NJ SPIRIT.

In this monitoring period, the Help Desk closed 8,899 tickets requesting help or NJ SPIRIT fixes. The Help Desk resolved 4,270 (48%) of the 8,899 closed tickets within one work day and an additional 2,403 (27%) tickets within seven work days for a total of 75 percent resolved within seven work days.

The federal Administration for Children and Families (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. In September 2011, DCF received the final AFCARS Assessment Review report and entered the AFCARS Improvement Phase. Some of the items identified for improvement were 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. New Jersey received approval of the AFCARS Improvement Plan in January 2012 and is in the process of correcting those General Requirements and Foster

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<sup>151</sup> See [http://www.nj.gov/dcf/about/AnnualAgencyReport2011\\_110911.pdf](http://www.nj.gov/dcf/about/AnnualAgencyReport2011_110911.pdf)

<sup>152</sup> H.R. 6893--110th Congress: Fostering Connections to Success and Increasing Adoptions Act of 2008. (2008). In GovTrack.us (database of federal legislation). Retrieved May 1, 2012, from <http://www.govtrack.us/congress/bills/110/hr6893>

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Care/Adoption data elements identified in order for the state to meet the requirements. In December 2011, DYFS participated in the Federal Foster Care Eligibility Review conducted by ACF. DYFS was found to be in full compliance of Title IV-E requirements, only the second state to have reached this milestone.

### **Safe Measures**

DCF reports continued refinement to reporting on data from Safe Measures. DCF has seen a sustained increase in Safe Measures usage. Data show that Safe Measures screens were viewed by DCF staff 2,374,758 times in 2011, compared to 1,772,884 in 2010, a 34 percent increase. Additionally, DCF is developing a number of new reports in Safe Measures to help staff better manage caseloads and worker responsibilities.

### **Managing by Data**

During the previous monitoring period, with a grant from the Northeast and Caribbean Child Welfare Implementation Center (NCIC), DCF launched the Managing by Data Initiative. The initiative involves creating a cohort of 94 staff (DCF fellows) selected from across all areas of DCF with a wide range of experience. Safe Measures continues to be used by the DCF Fellows to help them track, monitor and analyze trends in case practice to better inform their own offices on the use of data, and to transform data into practice improvements and quality assurance work at the frontline. The DCF Fellows program and the use of it to promote a culture of managing by data is a model initiative for states across the country. It not only is being used to help transfer learning and institutionalize practice improvements; it is building future DCF leaders across the state.

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## **XV. NEW ORGANIZATIONAL CHANGES AND FY 2013 BUDGET**

Legislation passed this session and just signed into law by Governor Christie makes organizational changes to DCF. As of July 2, 2012 four divisions within the Department of Children and Families (DCF) are restructured and renamed:

- The former Division of Youth and Family Services (DYFS) has become the Division of Child Protection and Permanency (DCPP);
- The former Division of Prevention and Community Partnerships (DPCP) has become the Division of Family and Community Partnerships (DFCP); and
- The Division of Child Behavioral Health Services (DCBHS) has become the Division of Children's System of Care, referred to as the Children's System of Care.

In addition, the Division on Women is being transferred from the Department of Community Affairs and will now work with DCF's new Division of Family and Community partnerships to provide services to women, children and families. Also of significance in these changes is the addition of DCF responsibility for the provision of services, supports and placements for children with developmental disabilities.

DCF's FY 2013 budget totals \$1.037 billion in state funds. While it is overall a net increase of approximately \$1 million from FY 2012, the budget actually reduces funds for child protection and child behavioral health. The increases in the budget provide funds for the new organizational changes of adding the Division of Developmental Disabilities and the Division on Women. However, if the funds for the new additions to DCF responsibility were not included, the DCF budget has a \$37.2 million decrease in state funding. The budget offsets the decrease in state funds for foster care and other out-of-home placements funds by estimating higher federal revenue from Title IV-E reimbursement, at an amount that may not be achievable. The Monitor is concerned about the budget reductions and will advocate for a supplemental appropriation if evidence suggests that the FY 2013 budget is not sufficient.

**APPENDIX A:**  
**Glossary of Acronyms Used in the Monitoring Report**

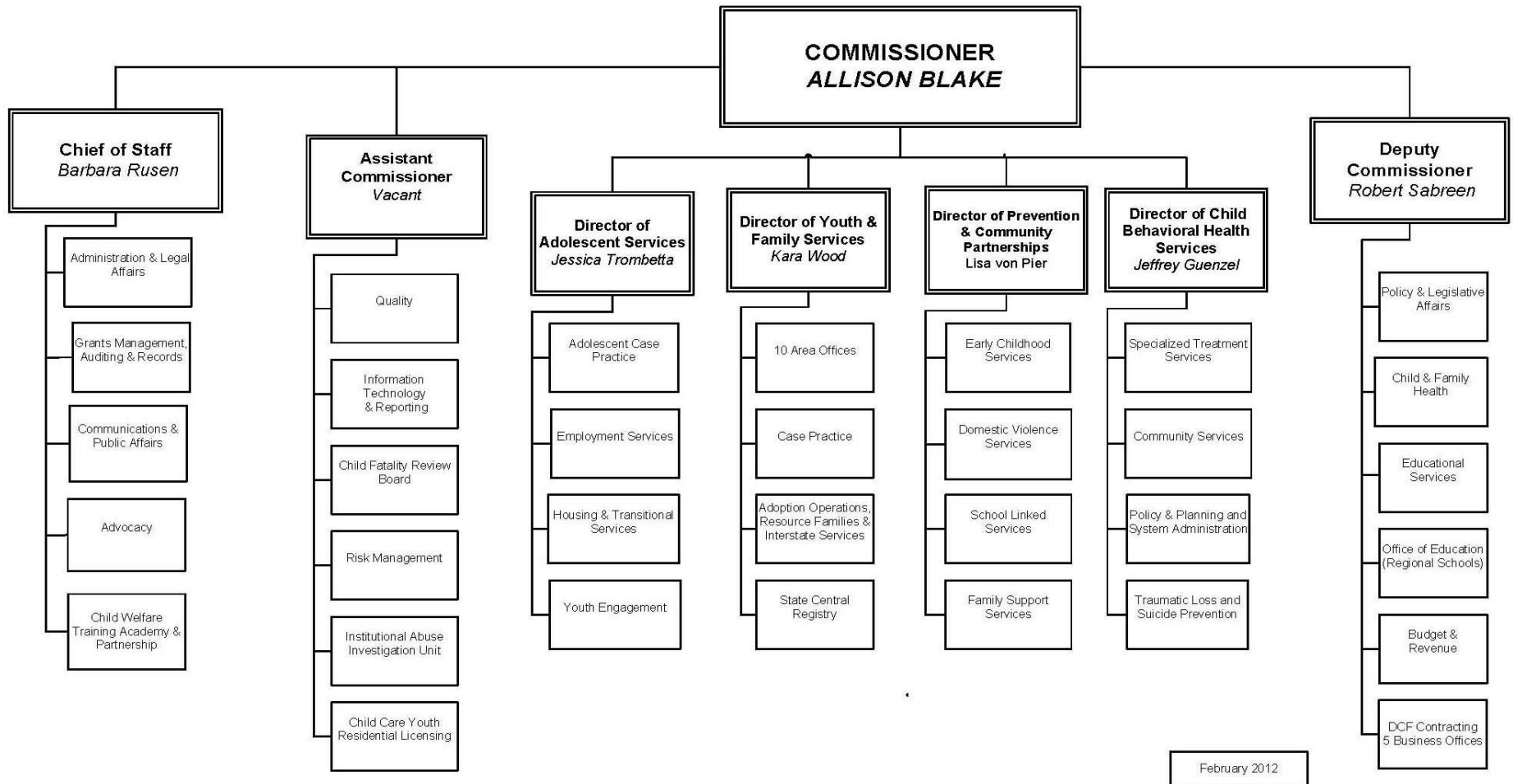
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<b>ACF:</b>	Administration for Children and Families	<b>IAIU:</b>	Institutional Abuse Investigations Unit
<b>AFCARS:</b>	Adoption and Foster Care Analysis and Reporting System	<b>KLG:</b>	Kinship Legal Guardian
<b>ASO:</b>	Administrative Services Organization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



**Appendix B:  
DCF Organizational Chart**

**Department of Children and Families**



February 2012