

CONFIDENTIAL REPORT
EMBARGOED UNTIL OCTOBER 1, 2013 - 12:00 NOON

Progress of the New Jersey
Department of Children and Families

Monitoring Period XIII
(July 1, 2012 – March 31, 2013)

Monitoring Report
Charlie and Nadine H. v. Christie

October 1, 2013

**Progress of the New Jersey
Department of Children and Families**

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

July 1, 2012 – March 31, 2013

TABLE OF CONTENTS

I.	INTRODUCTION	1
II.	SUMMARY OF ACCOMPLISHMENTS AND CHALLENGES.....	4
III.	CHILD AND FAMILY OUTCOME AND CASE PRACTICE PERFORMANCE MEASURES	10
IV.	DCF'S INVESTIGATIVE PRACTICE	42
	A. New Jersey's State Central Registry (SCR).....	42
	B. Timeliness and Quality of Investigative Practice.....	45
	C. Institutional Abuse Investigative Unit (IAIU): Investigations of Allegations of Child Maltreatment in Placements.....	48
V.	IMPLEMENTING THE CASE PRACTICE MODEL.....	53
	A. Activities Supporting the Implementation of the Case Practice Model	53
	B. Performance Measures on Family Team Meetings and Case Planning	57
	C. Performance Measures Related to Safety and Risk Assessments	65
	D. Performance Measures on Caseworker, Parent-Child and Sibling Visits	67
VI.	THE PLACEMENT OF CHILDREN IN OUT-OF-HOME CARE.....	76
	A. Recruitment and Licensure of Resource Family Homes.....	79
	B. Performance Measures on Placement of Children in Out-of-Home Care.....	87
VII.	REPEAT MALTREATMENT AND RE-ENTRY INTO CARE.....	95
VIII.	TIMELY PERMANENCY THROUGH REUNIFICATION, ADOPTION OR LEGAL GUARDIANSHIP	98
IX.	HEALTH CARE FOR CHILDREN IN OUT-OF-HOME PLACEMENT	112
	A. Health Care Delivery System	113
	B. Health Care Performance Measures	113

X.	MENTAL HEALTH CARE	127
	A. Mental Health Delivery System	127
	B. Mental Health Performance Measures	130
XI.	SERVICES TO PREVENT ENTRY INTO FOSTER CARE AND TO SUPPORT REUNIFICATION AND PERMANENCY	134
XII.	SERVICES TO OLDER YOUTH	136
	A. Services for LGBTQI Population	140
	B. Performance Measures for Services to Older Youth	146
XIII.	SUPPORTING A HIGH QUALITY WORKFORCE: CASELOADS AND TRAINING	146
	A. Caseloads	146
	B. Training	157
XIV.	ACCOUNTABILITY THROUGH QUALITATIVE REVIEW AND THE PRODUCTION AND USE OF ACCURATE DATA	163
XV.	FISCAL YEAR 2014 BUDGET	168
APPENDICES		
A.	Glossary of Acronyms Used in Monitoring Report	A-1
B.	Local Office Performance on Selected Measures	
	1. Measure 8C: Risk Assessments/Reassessments Completed within 30 days prior to Case Closure	B-1
	2. Measure 25: Caseworker Visits With Children in Placement	B-2
	3. Measure 26: Caseworker Visits with Parent(s) – Goal of Reunification	B-3
	4. Measure 30: Case Plan Developed within 30 Days of Child Entering Placement	B-4
	5. Measure 31: Case Plans Updated Every 6 Months	B-5
C.	Case Worker Caseload Compliance by Local Office	
	1. Intake Caseload Compliance	C-1
	2. Permanency Caseload Compliance	C-2
	3. Adoption Caseload Compliance	C-3
D.	DCF Organizational Chart	D-1

LIST OF TABLES

Table

1.	<i>Charlie and Nadine H. v. Christie</i> Child and Family Outcome and Case Practice Performance Measures (Summary of Performance as of March 31, 2013)	11
2.	IAIU Investigative Timeliness: Percent of Investigations Completed within 60 days (July 2012 – March 2013).....	51
3.	Number of FTM Facilitators, Coaches and Master Coaches Developed as of March 31, 2013	54
4.	Five Month Enhanced Review (July 2012 – March 2013)	55
5.	Ten Month Enhanced Review (July 2012 – March 2013)	56
6.	Assignment to Adoption Worker within 5 days of Goal Change to Adoption (July 2012 – March 2013)	56
7.	Case Plans Developed within 30 days of Child Entering Placement (July 2012 – March 2013)	61
8.	Case Plans Updated Every 6 months (July 2012 – March 2013).....	63
9.	Selected Demographics for Children in Out-of-Home Placement as of March 31, 2013	77
10.	Resource Family Homes Licensed and Closed (January 1, 2012 – March 31, 2013)	80
11.	Newly Licensed Resource Family Homes Compared to County/State Targets (January – December 2012)	83
12.	Total Number of Resource Family Applications Resolved in 150 and 180 Days for Applications Submitted January – September 2012.....	84
13.	Shelter Placements for Youth Aged 13 or Older (January 2008 – March 2013)	94
14.	Adoption Finalizations by DCP&P Local Office (January 1 – December 31, 2012)	105
15.	TPR Filing for Children with a Permanency Goal of Adoption (July 2012 – March 2013)	106
16.	Child-Specific Recruitment Plans Developed within 30 or 60 days of Goal Change for Children without Identified Adoption Resource (July 2012 – March 2013)	108
17.	Adoptions Finalized within 9 months of Child's Placement in an Adoptive Home (July 2012 – March 2013).....	111
18.	Comprehensive Medical Examinations within 30 and 60 days of Entering DCF Custody (July 2012 – March 2013)	117
19.	EPSDT for Children Ages 12-24 months (July 2012 – March 2013).....	119
20.	EPSDT Annual Medical Exams for Children Age 25 months and older (July 2012 – March 2013)	120
21.	Provision of Required Follow-up Medical Care (December 31, 2012)	123
22.	Health Passport: Presence in the Record, Evidence of Sharing Records (December 31, 2012).....	125

23.	Youth in DCP&P Custody in Juvenile Detention Post-Disposition Awaiting CSOC Placement (July 2012 – March 2013)	129
24.	Mental Health Screening and Assessments for Children Age 2 and older as of December 31, 2012	132
25.	Number of Families Served by Family Success Centers by Types of Services Provided (July 1, 2012 – March 31, 2013)	135
26.	Youth Transitional and Supported Housing as of May 20, 2013	137
27.	DCF/DCP&P Individual Caseload Standards	146
28.	Number of DCF/DCP&P Investigations and Secondary Intake Assignments by Month (July 2012 – March 2013)	151
29.	DCF Staff Trained (January 1, 2006 – March 31, 2013)	158
30.	DCF Staff Trained on Case Practice Model Modules (January 1, 2009 – March 31, 2013)	160
31.	Qualitative Review Child and Family Status Results (July 2012 – March 2013)	164
32.	Qualitative Review Practice/System Performance Results (July 2012 – March 2013)	165

LIST OF FIGURES

Figure

1.	Number of Calls to SCR by Month (July 2012 – March 2013)	43
2.	Percentage of Investigations Received by the Field in a Timely Manner (June 2009 – March 2013).....	45
3.	Percentage of Investigations Commenced within Required Response Time (June 2009 – March 2013).....	46
4.	Percentage of Abuse/Neglect Investigations Completed within 60 days (June 2009 – March 2013).....	47
5.	Referral Sources for all IAIU Referrals (January – December 2012).....	49
6.	Percentage of IAIU Investigations Completed within 60 days (June 2009 – March 2013).....	50
7.	Cases Rated Acceptable on Family Involvement and Effective Use of Family Team Meetings (July 2012 – March 2013).....	59
8.	Percentage of Children Entering Care with Case Plans Developed within 30 days (June 2009 – March 2013).....	60
9.	Percentage of Case Plans Reviewed and Modified as Necessary at least every 6 months (June 2009 – March 2013).....	62
10.	Cases Rated Acceptable on Quality of Case and Service Planning (July 2012 – March 2013)	64
11.	Cases Rated Acceptable on Planning to Meet Educational Needs (July 2012 – March 2013)	65
12.	Performance on Safety Assessments Completed prior to Investigation Completion, Risk Assessments Completed prior to Investigation Completion and Risk Reassessments Completed within 30 days prior to Case Closure (July 2012 – March 2013).....	67
13.	Percentage of Children who had Two Visits per month during First Two months of an Initial or Subsequent Placement (December 2009 – March 2013)	68
14.	Percentage of Children in Out-of-Home Care who had at least One Caseworker Visit per month in his/her Placement (June 2009 – March 2013).....	69
15.	Percentage of Families who have at least Twice per month Face-to-Face Contact with Caseworker when the Goal is Reunification (June 2009 – March 2013).....	70
16.	Percentage of Parents who had at least One Face-to-Face Contact with Caseworker who had a Permanency Goal other than Reunification (December 2009 – March 2013)	72
17.	Percentage of Children with Weekly Visits with their Parent(s) (June 2009 – March 2013).....	73
18.	Percentage of Children who had at least Two Visits per month with their Parent(s) (December 2009 – March 2013)	74

19.	Percentage of Children in Custody who have at least Monthly Visits with Siblings, for Children not Placed with Siblings (December 2010 – March 2013)	75
20.	Children in DCP&P Out-of-Home Placement by Type of Placement as of March 31, 2013	76
21.	Children Receiving In-Home Services (January 2009 – March 2013)	78
22.	Children in Out-of-Home Placement (January 2009 – March 2013)	78
23.	Number of Licensed Resource Family Homes Compared to Statewide Target (January – December 2012)	79
24.	Newly Licensed Resource Family Homes (Kinship and Non-Kinship) (January 1, 2012 – March 31, 2013)	80
25.	Reasons for Resource Home Closures (July 1, 2012 – March 31, 2013)	82
26.	Cases Rated Acceptable on Appropriateness of Placement (July 2012 – March 2013)	87
27.	Percentage of Children Placed in a Family Setting (June 2009 – March 2013)	88
28.	Percentage of Sibling Groups of Two or Three Placed Together (CY 2008 – 2012)	89
29.	Percentage of Sibling Groups of Four or More Placed Together (CY 2008 – 2012)	90
30.	Percentage of Children Entering Care who had Two or Fewer Placements within 12 months of Entering Care (CY 2007 – 2011)	91
31.	Percentage of Children over Age 13 Placed in Compliance with MSA Standards (June 2008 – March 2013)	93
32.	Percentage of Children who Re-Entered Custody within One Year of Date of Exit (CY 2007 – 2011)	97
33.	Percentage of Children who Entered Foster Care in CY and were Discharged to Permanency within 12 months from Removal (CY 2006 – 2011)	99
34.	Discharge to Permanency for Children in Care between 13 and 24 months	100
35.	Discharge to Permanency for Children in Care 25 months or longer	101
36.	Percentage of Children Discharged to Final Adoption in less than 12 months from the Date of Becoming Legally Free (CY 2005 – 2011)	102
37.	Percentage of Children who Exit to Adoption within 30 months of Removal (CY 2006 – 2012)	103
38.	Percentage of Children with Goal of Adoption for whom Adoptive Home had not been identified at time of Termination of Parental Rights (TPR) who were Placed in Adoptive Home within 9 months of TPR (June 2009 – March 2013)	109
39.	Percentage of Adoptions Finalized within 9 months of Adoptive Placement (June 2009 – March 2013)	110
40.	Percentage of Children who Received Pre-Placement Assessment in a Non-Emergency Room Setting or Other Settings Appropriate to the Situation (June 2009 – March 2013)	114

41.	Percentage of Children with Comprehensive Medical Examination (CME) within 30 days of Entering Out-of-Home Care (December 2009 – March 2013) ...	115
42.	Percentage of Children with Comprehensive Medical Examination (CME) within First 60 days of Placement (June 2009 – March 2013).....	116
43.	Percentage of Children Ages 12-24 months Up-to-Date on EPSDT Visits (June 2009 – March 2013).....	118
44.	Percentage of Children older than 2 years Up-to-Date on EPSDT Visits (June 2009 – March 2013).....	118
45.	Percentage of Children Current with Semi-Annual Dental Exams (June 2009 – December 2012).....	120
46.	Percentage of Children Who Received Follow-up Care for Needs Identified in CME (June 2009 – December 2012).....	122
47.	Percentage of Children in Custody Current with Immunizations (June 2009 – March 2013).....	123
48.	Percentage of Caregivers who Received Health Passports within 5 days of Child's Placement (December 2009 – December 2012).....	124
49.	Percentage of Caregivers who Received Health Passports within 30 days of Child's Placement (December 2009 – December 2012).....	125
50.	Children in Out-of-State Placement (June 2011 – May 2013).....	129
51.	Percentage of Children with Suspected Mental Health Needs who Received Mental Health Assessment (December 2009 – December 2012).....	130
52.	Percentage of Youth Aged 14-18 with Independent Living Assessment (December 2009 – March 2013)	141
53.	Percentage of DCF/DCP&P Local Offices Meeting Average Caseload Standards for Intake Workers (June 2009 – March 2013)	148
54.	Percentage of DCF/DCP&P Local Offices Meeting Average Caseload Standards for Permanency Workers (June 2009 – March 2013).....	148
55.	Percentage of DCF/DCP&P Local Offices Meeting Average Caseload Standards for Adoption Workers (June 2009 – March 2013)	149
56.	Percentage of Intake Caseworkers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – March 2013)	150
57.	Percentage of IAIU Caseworkers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – March 2013)	153
58.	Percentage of Permanency Caseworkers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – March 2013).....	154
59.	Percentage of Adoption Caseworkers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – March 2013).....	155
60.	New Jersey DCP&P Supervisor to Caseload Staff Ratios (June 2009 – March 2013).....	156
61.	Percentage of Allocated DAsG Positions Filled (June 2009 – March 2013).....	157

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.¹

As is well known, in October 2012 New Jersey was severely impacted by Superstorm Sandy and the effects of the storm have reverberated throughout the state in many ways. The storm effected workers and their families, as well as resource families, children, youth and families involved with Department of Children and Family Services (DCF). For periods of time, normal life in many parts of New Jersey came to a standstill. After the worst of the storm hit, many families found their homes destroyed or damaged, some lost electrical power for extended periods of time and others lost heat and other basic necessities. DCF staff, many of whom were also experiencing these same hardships with their own families, went above and beyond to tend to the needs of their clients and their clients' families. During as well as in the aftermath of the storm, workers continued to operate the child abuse State Central Registry (SCR) to accept and respond to reports of child abuse and neglect without any disruption. DCF staff also reached out to every resource family and placement provider to ensure that children were safe. DCF staff across the state should be applauded for this exemplary work.

In recognition of the extraordinary nature of this natural disaster, and the difficulties Superstorm Sandy created for the state and its ability to provide services in the immediate aftermath of the storm, the parties to this lawsuit agreed and the Court sanctioned extending the reporting period—which otherwise would have covered July 1, 2012 to December 31, 2012—by three months to March 31, 2013. As a result, this report includes nine months of performance data for the period between July 1, 2012 to March 31, 2013. Hereafter, reporting will resume a schedule of six months increments with the next reporting period covering April 1, 2013 to September 30, 2013. It should be noted that despite the hardships Superstorm Sandy inflicted on the state, performance on MSA requirements was affected in only a small number of areas, such as in the number of children receiving Comprehensive Medical Examinations, and the timeliness of resolving resource family applications. The ability of New Jersey's child welfare system to respond and continue to operate smoothly despite the external disruptions is indicative of a system with a solid, yet responsive infrastructure and a committed workforce.

This is the 13th monitoring report under the MSA and the seventh report that includes Phase II requirements of the MSA.²

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

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

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 Data Verification**

The Monitor conducted a telephone survey of 111 caseworkers to verify their individual caseloads during this monitoring period.

- **Housing, Employment and Education Status Review for Older Youth Exiting Care**

The Monitor collaborated with DCF to review case records of 65 youth ages 18-21 years who exited care between July 1 and December 31, 2012 without achieving permanency. The review primarily focused on the education, housing and employment status of these youth and the transition planning activities undertaken by DCF. Findings and recommendations from the review are discussed in Section XII—Services to Older Youth—of this report.

- **Investigations Practice Review**

In January 2013, the Monitor collaborated with DCF to review a statistically valid sample of 324 Child Protective Services (CPS) investigations involving 688 children assigned to DCF Local Offices between September 16 and 29, 2012 to assess the overall quality of DCF's investigative practice. Among other things, the review assessed response times of investigations, timeliness to completion of investigations and the quality of investigation decision making. Findings and key recommendations from the review are detailed in Section IV of this report.

- **Family Team Meeting (FTM) Review**

The Monitor reviewed case records of 40 families to verify data on FTMs held in March 2013. Reviewers examined documentation from case files in which DCF data indicated that the parent was either unavailable or declined to participate in a FTM.

- **Visitation Data Review**

The Monitor reviewed case records from January 2013 for 31 families to examine visitation exceptions as applied by DCF for parents who were not available or where visits were not required for parent and child weekly visits. Additionally, the Monitor reviewed case records for 42 children from March 2013 which were categorized as having the requisite two visits by the caseworker to the child during the first two months

of initial or subsequent placement. Findings from these validation reviews are discussed in Section V—Implementing the Case Practice Model—of this report.

- **Other Monitoring Activities**

The Monitor interviewed and/or visited multiple 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 attends DCF's ChildStat meetings, statewide Child Fatality meetings, adolescent practice forums, Area Director meetings, Health Care Case Reviews, youth advisory board meetings and participates in statewide Qualitative Reviews.

Structure of the Report

Section II of the report provides an overview of the state's accomplishments and challenges. Section III provides summary performance data on each of the outcomes and performance measures required by the MSA in Table 1, *Charlie and Nadine H. v. Christie Child and Family Outcome and Case Practice Performance Measures (Summary of Performance as of March 31, 2013)*.

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 or adoption (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 DCF 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 XIV).

In order to better understand the progress DCF has made since the start of the reform, the report includes, where appropriate, trend data from the first available data, usually June 2009, through March 2013.³ In addition, for the first time in this report, Appendices B-1 through B-5 provide data by Local Office on selected key case practice measures.

³ For some Performance Measures, March 2013 data are not available. For those areas, the most recent data are cited with applicable timeframes.

II. SUMMARY OF ACCOMPLISHMENTS AND CHALLENGES

New Jersey's Department of Children and Families (DCF) remains focused on efforts to sustain the gains already made under the Modified Settlement Agreement (MSA) and to accelerate compliance with the remaining MSA Performance Measures. The significant progress documented in this report in multiple areas reflects the hard work of staff from caseworkers to administrators across the state and the accomplishments of their many partners including private agencies, health and mental health professionals, attorneys, resource parents, the courts and others.

As of March 31, 2013, 21 of the MSA's 53 Performance Measures⁴ have been met and eight were partially met.⁵ For three of the eight partially met Performance Measures, DCF reached MSA target levels at the conclusion of the monitoring period in one or two months, indicating an upward trend in performance. There are other measures that were not met but where performance improved during the monitoring period. DCF should be proud of these accomplishments. The report also identifies challenges, most notably around the quality of case planning and case practice and increases in rates of repeat maltreatment that need to remain the priority focus for DCF improvement efforts going forward.

Two Performance Measures were newly met during this monitoring period:

- Adequacy of DAsG staffing (Performance Measure 22)
- Completing Independent Living Assessment for Youth Ages 14-18 (Performance Measure 53)

Three Performance Measures were achieved for one or two months at the conclusion of the monitoring period and therefore partially⁶ met MSA final targets:

- Timeliness of initial case plans (Performance Measure 10)
- Timeliness of current case plans (Performance Measure 11)
- Caseworker visits with parent/family members for children with a goal of reunification (Performance Measure 18)

⁴ The previous monitoring report references 54 measures, however, performance for Measure 49 (Statewide Implementation of Differential Response, Pending Effectiveness of Pilot Sites) is not currently applicable as the DR pilot concluded June 30, 2012, leaving 53 measures for the current monitoring period.

⁵ "Partially" is used when DCF has come very close but has not substantially met the requirement, for example meeting the requirement in the final one or two months of the monitoring period or in instances where a measure has two or more sub-parts and DCF has fulfilled the requirement toward one or more of the sub-parts, but not all. See footnote 10 for a more detailed explanation of terms used in this report regarding compliance levels. Performance is based upon the most recent available data through March 31, 2013.

⁶ This list includes Performance Measures newly achieved for one or two months at the conclusion of the monitoring period. There are four additional Performance Measures that the Monitor deemed as partially met that are described in the report but are not included as part of this list.

Ten measures not yet at compliance levels had improved performance during this monitoring period:

- Timeliness of field response to investigations of alleged child abuse and neglect (Performance Measure 3)
- Timeliness of completion of investigations (Performance Measure 4)
- Holding initial and quarterly Family Team Meetings (Performance Measure 7(a) and 7(b))
- Caseworker visits with children in state custody – two visits per month (Performance Measure 16)
- Caseworker visits with children in state custody – one visit per month (Performance Measure 17)
- Caseworker visits with parent/family members and between children and their parents for children with a goal other than reunification (Performance Measure 19)
- Visitation between children and their parents (Performance Measure 20)
- Visitation between children in custody and siblings placed apart (Performance Measure 21)
- Placement of children in an adoptive home within nine months of termination of parental rights (Performance Measure 37)
- Provision of health passports to children's caregivers (Performance Measure 45)

In an effort to help focus the work going forward, the remainder of this summary discusses the strengths and challenges of current performance in the major substantive areas covered by the MSA. The data on specific Performance Measures are provided in Table 1 and the remainder of the report.

Investigative Practice

There are many strengths to DCF's investigative practice. The State Central Registry (SCR) operates professionally, efficiently and effectively; reports of alleged abuse and neglect are appropriately screened and timely forwarded to the field for investigation. Investigative staff are well trained. It is important to note that investigation caseloads rose in the previous monitoring period and although improved in the past nine months, are still higher than acceptable. The remaining areas of challenge, perhaps affected by the caseloads, are ensuring timely completion of investigations and improving the quality of investigative practices and decision making to ensure consistent quality in practice.

Implementation of the Case Practice Model

DCF's approach to implementing a new Case Practice Model that requires better engagement with children, youth and families and more individualized service planning has been a multi-year undertaking involving multiple policy and practice change strategies as well as intensive training for new and existing staff and many partners. During this monitoring period, DCF initiated a number of new strategies to improve case practice performance that appear to have helped the state significantly improve performance and in some instances meet MSA standards by the end

of the monitoring period for the process requirements such as the timely completion of case plans; completion of safety and risk assessments; and standards for visitation between children and workers, workers and parents and children in placement and their parents and siblings. Notably, the state's performance for all MSA visitation measures has shown demonstrated improvement during this period. To achieve these gains, strategies have included weekly conferences between DCF leadership, Area Directors and their Local Office managers to review individual performance on specific measures, including visitation, Family Team Meetings and case plan development. Additionally, the DCP&P Director held meetings with Area Directors who were required to submit performance improvement plans for specific measures where performance was low.

Despite this wide range of thoughtful approaches, DCF continues to confront significant challenges in its efforts to improve the quality of case practice. Of concern are the Quality Review (QR) scores which received very low ratings for performance on family engagement, effective use of Family Team Meetings and on the quality of case planning with children, youth and families.

While DCF leaders and supervisors have continued to emphasize that case practice improvements must occur in the measurable *processes* (i.e., timely visits and timely case plans), the QR results across the state show the difficulty in simultaneously reinforcing both *quantity* and *quality* expectations in accountability for worker and supervisor performance. While improvement in the completion and documentation of case plans is a significant accomplishment, DCF staff must now place equal emphasis on the consistent quality of the case plans and the case planning process. Similarly, while making sure that visits happen is step one, the task now is to make every visit an opportunity for effectively implementing appropriate case plans.

Notwithstanding the disappointing QR results, the state's emphasis on looking closely at the quality of practice, sharing the results openly and involving staff at all levels in problem solving on effective practice improvement strategies is laudable. DCF's use of ChildStat meetings is an example of one of the important practice improvement strategies that the state has developed and is using to identify both the strengths and areas needing improvement as well as the service delivery and policy barriers that may influence child and family outcomes. It is anticipated that as the intensive efforts to track both quantity and quality of performance continues at all levels and in each Local Office, it will provide greater insight into and adoption of successful strategies for implementing the Case Practice Model that can be replicated across the state and serve to continually improve practice.

Placement of Children in Out-of-Home Care

Performance on MSA requirements regarding the appropriate placement of children in the state's custody remains very strong. Ninety-nine percent of cases examined through the QR were judged to be acceptable on the appropriateness of a child's placement. DCF has continued to meet standards related to the placement of children in a family setting and within placement capacity limits. Further, as repeatedly documented, there are now almost no children placed out of state for treatment and DCF meets all of the MSA requirements regarding restrictions on the

use of inappropriate placements such as congregate care for young children and detention placements. There has been strong performance on placement of sibling groups together with the exception of the need for additional resources for sibling groups of four or more children. DCF has demonstrated consistent performance in not placing youth under age 13 in shelters and is using shelters appropriately for emergency placement for older youth. The state's continuing efforts to appropriately recruit, license, train and retain resource parents are impressive. DCF's compliance with the MSA standard regarding the acceptable level of substantiated abuse or neglect to a child in foster care is an important positive outcome related to the appropriateness of placement and placement supports. Also encouraging, the rate of stability for children in out-of-home care is just short of meeting the MSA standard that at least 88 percent of children entering care will have two or fewer placements during the 12 months from the date they enter care; in CY 2011, the most recent year for which data are available, 85 percent of children entering care met the MSA standard, a significant achievement.

Repeat Maltreatment and Re-Entry into Foster Care

The MSA has several Performance Measures related to the repeat maltreatment of children who have been served by DCP&P through in-home services or in out-of-home placement. DCF's performance on each of the repeat maltreatment outcome measures is below the acceptable Performance Standard and has declined in this latest monitoring period, raising important concerns that may be related to the quality of investigations and some of the case practice issues noted above. Also concerning is the rate of children and youth who re-enter placement within a year of leaving custody. The need for efforts to improve performance on timely and careful risk reassessments at case closure may positively impact this outcome going forward. In this monitoring period, while performance of risk re-assessments completed within 30 days of case closure improved to 59 percent, it remains below the MSA target and additional improvement is needed.

Timely Permanency through Reunification, Adoption or Legal Guardianship

The state's performance on measures related to timely permanency through reunification, adoption or legal guardianship is based on the calendar year and the most recent data are presented in the report. These outcome data are disappointing and may reflect some of the case practice concerns noted above. Overall, DCF's performance in timely meeting permanency goals and discharging children to permanency has remained the same or declined and does not meet the levels required by the MSA final targets. The one exception is that performance on finalizing adoptions within nine months of an adoptive placement remains strong.

Health and Mental Health Care for Children in Out-of-Home Placement

Since June 2011, DCF has maintained or improved performance on nearly all MSA Performance Measures related to health care services. As has been emphasized in the past several monitoring reports, DCF's work through its Child Health Units and with its nurses and health and mental health providers has meant that performance on the MSA's health and mental health indicators has been consistently strong. Further, results from the QRs on the provision of health care services were rated acceptable for 99 percent of the cases reviewed.

Services to Prevent Entry into Foster Care and To Support Reunification and Permanency

As part of the state's strategies to support families to keep children safe at home, DCF has invested substantially over the past four years in Family Success Centers (FSCs), neighborhood based centers where families can access services before falling into crisis. This investment has resulted in a network of FSCs across the state that proved critically important for many New Jersey families affected by Superstorm Sandy. FSCs served as an important community-based support and referral resource for the FEMA Disaster Recovery Centers. Some FSCs held food and clothing drives and special recovery information events. Commissioner Allison Blake identified funding to establish a FSC in Union Beach to work with and serve families affected by the storm. This investment and the work that continues to enhance the skills and resources of the FSCs is a significant system strength. Additionally, under the MSA, DCF continues to provide a range of post-adoption supports to families and has been working to increase its capacity to effectively identify families affected by domestic violence and link them to appropriate services. An area for continued improvement remains the provision of services to support successful transitions and life adjustments which was rated at least minimally acceptable for slightly more than half of the cases reviewed in recent QRs.

Services to Older Youth

DCF has made improvements to the provision of services and supports to adolescents, including those older youth transitioning from care. As is discussed later in the report, DCF has begun a number of significant strategies to better engage and serve older youth including a comprehensive review of its policies and programs. This much more intensive focus on youth has led to a notable improvement in performance. In particular, 98 percent of youth ages 14 to 18 completed Independent Living Assessments. This was the first time this measure has been met. Significant challenges remain however in ensuring that older youth in foster care are appropriately assessed, engaged and linked to needed resources and supports and that those youth exiting care without permanency have housing, are employed or in training or in an educational program. The Monitor and DCF recently completed 20 QRs of older youth with an open DCF case, the results of which are expected to be presented in October 2013. A case record review of older youth who exited care in the last six months of 2012 found significant areas for improvement with respect to stable housing, education and training, and employment outcomes for these youth.

As is clear from the discussion above, despite the challenges that must be addressed in order for the state to meet the requirements and fully achieve the objectives of the MSA, there are multiple areas of strength and the data support the significant progress that has been made on many fronts during this monitoring period. DCF's use of data to identify where it is succeeding and where it is still struggling, both in terms of substantive areas and by local offices within the state is a sensible strategy to target improvement efforts. As mentioned, QRs continue to provide county-level data on the state's progress in implementing the Case Practice Model, and DCF staff at all levels are moving forward with multiple strategies to diagnose and assess barriers to quality case practice. DCF's ChildStat meetings are effectively used to share quantitative and qualitative data from multiple contexts and with both internal staff and external partners to better understand and

improve system performance and outcomes. In the Monitor's view, DCF continues to demonstrate its commitment to a robust, vital quality assurance and accountability process. To maximally meet DCF's quality improvement goals, the focus of these accountability efforts must increasingly be on the quality and outcomes as well as on the quantity of the work effort.

EMBARGOED UNTIL OCTOBER 1, 2013 - 12:00 NOON

III. CHILD AND FAMILY OUTCOME AND CASE PRACTICE PERFORMANCE MEASURES

The Child and Family Outcome and Case Practice Performance Measures (Performance Measures), are 53 measures that assess the state's performance on meeting the requirements of the MSA (see Table 1).⁷ These Performance Measures cover the areas of child safety, permanency, service planning, child well-being and ongoing infrastructure requirements pertaining to elements such as caseloads, training and resource family recruitment and retention.

Many of the measures are assessed using data from NJ SPIRIT, the DCP&P data management system, and SafeMeasures;⁸ reviewed and in many areas independently validated by the Monitor. Some data are also provided through the Department's work with Hornby Zeller Associates, Inc. that assists with data analysis.

⁷ The previous monitoring report references 54 measures, however, performance for Measure 49 (Statewide Implementation of Differential Response, Pending Effectiveness of Pilot Sites) is not currently applicable as the DR pilot concluded June 30, 2012, leaving 53 measures for the current monitoring period.

⁸ SafeMeasures is a data warehouse and analytical tool that allows tracking of critical child welfare indicators by worker, supervisor, Local Office area and statewide. It is used by different levels of staff to track, monitor and analyze trends in case practice and targeted measures and outcomes.

**Table 1: *Charlie and Nadine H. v. Christie* Child and Family Outcome and Case Practice Performance Measures
(Summary of Performance as of March 31, 2013)**

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
<i>State Central Registry, Investigative Practice and Institutional Abuse Investigations Unit (IAIU)</i>						
CPM V.1	1. <u>Responding to Calls to the SCR</u> a. Total number of calls b. Number of abandoned calls c. Time frame for answering calls d. Number of calls screened out e. Number of referrals for CWS	Ongoing Monitoring of Compliance	a. 14,388 calls b. 464 abandoned calls c. 21 seconds d. 5,399 calls screened out e. 1,162 CWS referrals	a. 14,797 calls b. 390 abandoned calls c. 21 seconds d. 5,359 calls screened out e. 1,345 CWS referrals	Ongoing Monitoring of Compliance	N/A

⁹ In some instances where March 2013 performance data are not available, the most recent performance data are cited with applicable timeframes. In other instances, the Monitor provides a range of data over the monitoring period to better illustrate performance. More detailed information on DCF performance on specific measures is provided in subsequent sections of the report.

¹⁰ “Yes” indicates that, in the Monitor’s judgment based on presently available information, DCF has substantially fulfilled its obligations regarding the requirement under the MSA for the majority of the months during July 1, 2012 to March 31, 2013 monitoring period. The Monitor has also designated “Yes” for a requirement where DCF is within one percentage point of the final target or there are a small number (less than 3) of cases causing the failure to meet the final target. “Partially” is used when DCF has come very close but has not substantially met the requirement, for example meeting the requirement in final one or two months of the monitoring period or in instances where a measure has two or more sub-parts and DCF has fulfilled the requirement toward one or more of the sub-parts, but not all. “No” indicates that, in the Monitor’s judgment, DCF has not fulfilled its obligation regarding the requirement.

¹¹ Where applicable, “↑” indicates that, in the Monitor’s judgment based on data and an understanding of case practice, performance is trending upwards by at least three percentage points; “↓” indicates performance is trending downward by at least three percentage points; “↔” indicates that, in the Monitor’s judgment, there has been no change in performance; “N/A” indicates a judgment regarding direction of change is not applicable to the measure during the monitoring period.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM V.1	2. <u>Quality of SCR Response:</u> a. Respond to callers promptly, with respectful, active listening skills b. Essential information gathered—identification of parents and other important family members c. Decision making process based on information gathered and guided by tools and supervision	Ongoing Monitoring of Compliance	See <u>Review of the New Jersey State Central Registry</u> , DCF, issued July, 2012. ¹² Performance not newly assessed this period.	See <u>Review of the New Jersey State Central Registry</u> , DCF, issued July, 2012. ¹³ Performance not newly assessed this period.	Ongoing Monitoring of Compliance	N/A
CPM V.1 MSA III.B.2	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.	a. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be received by the field in a timely manner. b. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be commenced within the required response time.	a. 98% of investigations were received by the field in a timely manner. b. 93% of investigations commenced within required response time.	a. 99% of investigations were received by the field in a timely manner. b. 96% of investigations commenced within required response time.	Partially	↑
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.	By June 30, 2010, 98% of all abuse/ neglect investigations shall be completed within 60 days.	65% of investigations were completed within 60 days.	72% of investigations were completed within 60 days.	No	↑

¹² For full report of review, see http://www.state.nj.us/dcf/about/divisions/opma/SCRRReport_7%2026%2012.pdf

¹³ Ibid.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM V.1	5. <u>Quality Investigative Practice</u>: Investigations will meet measures of quality including acceptable performance on: a. Locating and seeing the child and talking with the child outside the presence of the caretaker within 24 hours of receipt by field; b. Conducting appropriate interviews with caretakers and collaterals; c. Using appropriate tools for assessment of safety and risk; d. Analyzing family strengths and needs; e. Seeking appropriate medical and mental health evaluations; f. Making appropriate decisions; and g. Reviewing the family's history with DCF/DCP&P	By December 31, 2009, 90% of investigations shall meet quality standards.	To be reassessed in case record review scheduled for January 2013.	Data collected during a case record review conducted in January 2013 found that 78% of investigations reviewed met quality standards. ^{14,15}	No	N/A

¹⁴ Reviewers could select four possible responses to the question of the quality of the investigation which included completely, partially, marginally and not at all. Completely and partially responses are considered acceptable.

¹⁵ Reviewers could select four possible responses to the question of the quality of the investigation which included completely, partially, marginally and not at all. Completely and partially responses are considered acceptable. These results have a +/- 5% marginal error with 95% confidence.

ive or Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
for placements: in resource investigations group homes, or te care e completed view at provide k to other CSOC, OOL) ation of on plans. on plans result of of allegations will be	By June 2007 and thereafter, 80% of investigations by IAIU shall be completed within 60 days.	87% of IAIU investigations involving group homes and other congregate care settings were completed within 60 days.	85% of IAIU investigations involving group homes and other congregate care settings were completed within 60 days.	Yes	↔

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
Implementation of Case Practice Model						
CPM V.3	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 & 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. Number of family team meetings at key decision points. a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry. b. For all other children in placement, the number/percent who have at least one family team meeting each quarter. c. Family Team Formation and Functioning.	a. By June 30, 2010, family meetings held prior to or within 30 days of entry for 90% of new entries and 90% of pre-placements. b. By June 30, 2010, family meetings held for 90% of children at least once per quarter. c. By June 30, 2011, 90% of cases show evidence in QR of acceptable team formation and functioning.	For Immersion Sites: a. In June 2012, 35% of children newly entering placement had a family team meeting within 30 days of entering placement.¹⁶ From January to June 2012. Performance ranged from 35 to 47%. b. In June 2012, 33% of children had at least one family team meeting each quarter.¹⁷ From January to June 2012 performance ranged from 27 to 33%. c. 30% of cases rated at least minimally acceptable on both QR 'Family Teamwork' indicators: team formation and team functioning.	a. In March 2013, 56% of children newly entering placement had a family team meeting within 30 days of entering placement. From July 1, 2012 to March 31, 2013 performance ranged from 34 to 57%.¹⁸ b. In March 2013, 46% of children had at least one family team meeting each quarter. From July 1, 2012 to March 31, 2013 performance ranged from 30 to 46%.¹⁹ c. 24% of cases rated at least minimally acceptable on both QR 'Family Teamwork' indicators: team formation and team functioning.²⁰	No	↑

¹⁶ During the July 1, 2012 to March 31, 2013 reporting period DCF initiated an effort to better capture legitimate reasons for why FTMs do not occur, either because the parent is unavailable or because the parent declined to attend. Because the Monitor could not verify DCF's data on this measure, reporting reflects FTMs that actually occurred and does not exclude the number of FTMs in which the parent was reported as unavailable or declined to attend the FTM, a change from previous reporting periods. Therefore the June 2012 performance data shown here differ than what was reported for December 2012 in the previous monitoring period. Using this methodology, in June 2012, out of a possible 311 FTMs, 109 (35%) occurred within 30 days of placement. During the next monitoring period, the Monitor and DCF plan to conduct a statistically valid case record review to more fully understand the practice and documentation issues on legitimate instances where parents were unavailable or declined to participate in FTMs.

¹⁷ See footnote 16 for an explanation of change in reporting methodology. In June 2012, out of a possible 1,581 FTMs, 526 (33%) occurred in the required timeframe.

¹⁸ See footnote 16 above for explanation of change in reporting methodology. Using this methodology, in March 2013, out of 358 possible FTMs, 200 (56%) occurred. An additional number of FTMs were not held because the worker determined the parent to be unavailable or because the parent declined to attend, but the Monitor does not have sufficient confidence in the reasons provided by DCF for why the 158 FTMs did not occur. Performance data for the monitoring period are as follows: July 2012, 57%; August 2012, 51%; September 2012, 47%; October 2012, 34%; November 2012, 46%; December 2012, 43%; January 2013, 52%; February 2013, 56%; March 2013, 56%.

¹⁹ See footnote 16 for an explanation for the change in methodology. Using this methodology, in March 2013, out of 1,758 possible FTMs, 815 (46%) occurred. An additional number of FTMs were not held because the worker determined the parent to be unavailable or because the parent declined to attend. The Monitor could not find sufficient documentation to verify the reasons why the remaining 943 FTMs did not occur. Performance data for the monitoring period are as follows: July 2012, 31%; August 2012, 39%; September 2012, 33%; October 2012, 33%; November 2012, 31%; December 2012, 30%; January 2013, 34%; February 2013, 38%; March 2013, 46%.

²⁰ 26 of 107 (24%) cases rated acceptable on *both* indicators of Family Teamwork, team formation and team functioning; 36 of 107 cases (34 %) rated acceptable on team formation; 28 of 107 cases (26 %) cases rated acceptable on team functioning.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM	8. <u>Safety and Risk Assessment:</u> Number/ percent of closed cases where a safety and risk of harm assessment is done prior to case closure.	By December 31, 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.	a. 100% of investigations completed had a safety assessment completed prior to investigation closure. b. 100% of investigations completed had a risk assessment completed prior to investigation closure. c. 49% of applicable closed cases had a risk re-assessment completed within 30 days prior to case closure.	a. 100% of investigations completed had a safety assessment completed prior to investigation closure. b. 100% of investigations completed had a risk assessment completed prior to investigation closure. c. 59% of applicable closed cases had a risk re-assessment completed within 30 days prior to case closure. ²¹	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.	By June 30, 2010, 95% of case plans for children and families are completed within 30 days.	45% of children entering care had case plans developed within 30 days. Between January and June 2012, monthly performance ranged from 41 to 65 %.	96% of children entering care had case plans developed within 30 days. Between July 2012 and March 2013, monthly performance ranged from 45 to 99 %. ²²	Partially (final target was met for 2 months of this monitoring period)	↑

²¹ Applicable cases include reunification and do not include adoption, kinship legal guardianship or emancipation.

²² Performance data for the monitoring period are as follows: July 2012, 66%; August 2012, 53%; September 2012, 60%; October 2012, 45%; November 2012, 60%; December 2012, 49%; January 2013, 85%; February 2013, 99%; March 2013 96%.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM V.4, 13.b.	11. <u>Timeliness of Current Plans</u> : For children entering care, number/percent of case plans shall be reviewed and modified as necessary at least every six months.	By June 30, 2010, 95% of case plans for children and families will be reviewed and modified at least every six months.	63% of case plans were reviewed and modified as necessary at least every six months. From January through June 2012, monthly performance ranged from 63 to 71 %.	99% of case plans were reviewed and modified as necessary at least every six months. From July 2012 through March 2013, monthly performance ranged from 59 to 99 %. ²³	Partially (final target was met for 1 month of this monitoring period)	↑
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.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	48% of cases rated at least minimally acceptable on both QR indicators 'Case Planning Process' and 'Tracking and Adjusting.'	39% of cases rated at least minimally acceptable on both QR indicators 'Case Planning Process' and 'Tracking and Adjusting.' ²⁴	No	↓

²³Performance data for monitoring period are as follows: July 2012, 64%; August 2012, 61%; September 2012, 65%; October 2012, 59%; November 2012, 59%; December 2012, 65%; January 2013, 67%; February 2013, 86%; March 2013, 99%.

²⁴ 42 of 107 cases rated acceptable on *both* the 'Case Planning Process' and 'Tracking and Adjusting' indicators; 45 of 107 cases (42%) rated acceptable on 'Case Planning Process'; 64 of 107 cases (60%) rated acceptable on 'Tracking and Adjusting'.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
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, 2011, 90% of cases rated acceptable as measured by the QR.	76% of cases rated at least minimally acceptable on QR indicators 'Stability (school)' and 'Learning and Development - over age 5.'	77% of cases rated at least minimally acceptable on QR indicators 'Stability (school)' and 'Learning and Development - over age 5.' ²⁵	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 child in state custody.	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.	53% 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 January - June 2012: 53 – 62%.	84% 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. ²⁶	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, 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. Monthly range January - June 2012: 91 – 92%.	94% of children had at least one caseworker visit per month in his/her placement. ²⁷ Monthly range July 2012 – March 2013: 85 – 94%.	No	↑

²⁵ 34 of 44 cases rated acceptable on *both* the Stability (school) and Learning and Development (age 5 and older) QR indicators; 43 of 54 cases (80%) rated acceptable on Stability (school); 41 of 45 (91%) cases rated acceptable on Learning and Development (age 5 and older). These data reflect children in out-of-home placement.

²⁶ Data validation by the Monitor and DCF of NJ SPIRIT reports on this measure as compared with written case documentation identified some errors in categorizing caseworkers' visits with children. As a result, DCF conducted an internal audit of all applicable cases in March 2013 and determined the compliance data presented above. CSSP's independent data validation confirmed this finding. Performance data for other months during the monitoring period were not fully validated and are not presented in this report.

²⁷ An additional 5% of children had at least one caseworker visit per month for a total of 99% of children with at least one caseworker visit per month regardless of location.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
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, 2010, 95% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	54% 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 January - June 2012: 43 – 54%.	96% 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 2012 - March 2013: 52 – 96%. ²⁸	Partially (final target was met for 1 month of this monitoring period)	↑
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.	By December 31, 2010, at least 85% of families shall have at least one face-to-face caseworker contact per month, unless parental rights have been terminated. ²⁹	59% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month. Monthly range January - June 2012: 55 – 59%.	78% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month. Monthly range July 2012 - March 2013: 57 – 78%.	No	↑

²⁸ Performance data for monitoring period are as follows: July 2012, 55%; August 2012, 57%; September 2012, 54%; October 2012, 52%; November 2012, 59%; December 2012, 66%; January 2013, 84%; February 2013, 94%; March 2013, 96%. Data from NJ SPIRIT indicate that the percentage of children's parents who were designated by DCF as not requiring a visit due to the parent being unavailable or because contacts were not required rose from 11 percent in July 2012 to 19 percent in March 2013. The Monitor plans to work with DCF during the next monitoring period to evaluate visitation practice and documentation for this measure.

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

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM MSA III.B 9a.	20. <u>Visitation between Children in Custody and Their Parents</u> : Number/percent of children who have weekly visits with their parents when the permanency goal is reunification unless clinically inappropriate and approved by the Family Court.	By December 31, 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.	42% of children had recorded weekly visits with their parents 68% of children had recorded visits at least every other week. January – May 2012 data unavailable due to change in methodology.	59% of children had recorded weekly visits with their parents. Monthly range July 2012 – March 2013: 37-59%. ^{30,31} 80% of children had recorded visits at least every other week. Monthly range July 2012 – March 2013: 64-80%. ³²	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, 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.	52% of children in custody who have siblings with whom they are not residing visited with their siblings monthly. Monthly range January – June 2012: 46 – 52%.	63% of children in custody who have siblings with whom they are not residing visited with their siblings monthly. Monthly range July 2012 – March 2013: 49 – 63%. ³³	No	↑

³⁰Performance data for monitoring period are as follows: July 2012, 39%; August 2012, 42%; September 2012, 37%; October 2012, 38%; November 2012, 38%; December 2012, 47%; January 2013, 55%; February 2013, 52%; March 2013, 59%.

³¹ Performance data for this monitoring period do not exclude children who DCP&P had indicated visits were not required or the parent was unavailable. The Monitor reviewed a small sample of cases designated with these exclusions and found that they were not consistently applied as intended. During the next monitoring period, the Monitor and DCF plan to conduct a case record review to more fully understand the practice and documentation in this area.

³² Performance data for monitoring period are as follows: July 2012, 64%; August 2012, 67%; September 2012, 64%; October 2012, 65%; November 2012, 64%; December 2012, 73%; January 2013, 77%; February 2013, 79%; March 2013, 80%.

³³ Performance data for monitoring period are as follows: July 2012, 54%; August 2012, 59%; September 2012, 55%; October 2012, 49%; November 2012, 55%; December 2012, 60%; January 2013, 57%; February 2013, 62%; March 2013, 63%.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM; MSA Permanency Outcomes	22. <u>Adequacy of DAsG Staffing</u> : Staffing levels at the DAsG office.	98% of allocated positions filled plus assessment of adequacy of FTEs to accomplish tasks by June 30, 2012.	130 (92%) of 142 staff positions filled with eight staff on full time leave; 122 (86%) available DAsG.	132 (99%) of 134 staff positions filled with two staff on full time leave; 132 (99%) available DAsG.	Yes	↑
Placements of Children in Out-of-Home Care						
CPM V.4	23. <u>Combined assessment of appropriateness of placement based on:</u> a. Placement within appropriate proximity of their parents' residence unless such placement is to otherwise help the child achieve the planning goal. b. Capacity of caregiver/ placement to meet child's needs. c. Placement selection has taken into account the location of the child's school.	By June 30, 2010, 90% of cases score appropriately as measured by QR Modules.	97% of cases rated at least minimally acceptable on QR indicator 'Appropriateness of Placement.'	99% of cases rated at least minimally acceptable on QR indicator 'Appropriateness of Placement.'	Yes	↔
MSA III.A 3.c	24. <u>Placing Children with Families</u> : The percentage of children currently in custody who are placed in a family setting.	Beginning July 2009 and thereafter, at least 85% of children will be placed in a family setting.	88% of children were placed in a family setting.	89% of children were placed in a family setting.	Yes	↔

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM MSA III.A 3.b	25. <u>Placing Siblings Together</u> : Of sibling groups of two or three siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.	In CY2011, 79% of sibling groups of 2 or 3 were placed together.	In CY 2012, 82% 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.	For siblings entering in the period beginning July 2011 and thereafter, at least 40% will be placed together.	In CY2011, 35% of sibling groups of 4 or more were placed together.	In CY 2012, 25% of sibling groups of 4 or more were placed together. ³⁴	No	↓
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 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.	For children entering care in CY2010, 84% of children had two or fewer placements during the 12 months from their date of entry.	For children entering care in CY2011, 85% of children had two or fewer placements during the 12 months from their date of entry.	No	↔

³⁴ In CY2011, there were 95 sibling groups with four or more children. In CY 2012, there were 136 sibling groups with four or more children, representing a 43 percent increase over the previous calendar year.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
MSA III.C	28. <u>Placement Limitations</u> : Number/percent of resource homes in which a child has been placed if that placement will result in the home having more than four foster children, or more than two foster children under age two, or more than six total children including the resource family's own children.	By June 2009, no more than 5% of resource home placements may have seven or eight total children including the resource family's own children.	Less than one percent of resource home placements are over-capacity.	Less than one percent of resource home placements are over-capacity.	Yes	↔
MSA III.B.6	29. <u>Inappropriate Placements</u> : a. The number of children under age 13 placed in shelters. b. The number of children over age 13 placed in shelters in compliance with MSA standards on appropriate use of shelters to include: as 1) an alternative to detention; 2) a short-term placement of an adolescent in crisis not to extend beyond 45 days; or 3) a basic center for homeless youth.	a. By December 2008 and thereafter, no children under age 13 in shelters. b. By December 31, 2009, 90% of children placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 1) an alternative to detention; 2) short-term placement of an adolescent in crisis not to extend beyond 30 days; or 3) a basic center for homeless youth.	a. Between January and June 2012, 1 child under the age of 13 was placed in a shelter. b. Between January and June 2012, 97% of children over the age of 13 who were placed in shelters were in compliance with MSA standards.	a. Between July 2012 and March 2013, no child under the age of 13 was placed in a shelter. b. Between July 2012 and March 2013, 97% of children over the age of 13 who were placed in shelters were in compliance with MSA standards.	Yes	↔

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
<i>Repeat Maltreatment and Re-Entry into Out-of-Home Care</i>						
MSA III.A. 1.a	30. <u>Abuse and Neglect of Children in Foster Care</u> : Number of Children in custody in out-of-home placement who were victims of substantiated abuse or neglect by a resource parent or facility staff member during 12 month period, divided by the total number of children who have been in care at any point during the period.	For the period beginning July 2010 and thereafter, no more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	In CY2011, 0.22% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member.	In CY 2012, 0.21% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member.	Yes	↔
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.	For the period beginning July 2009 and thereafter, no more than 7.2% of children who remain at home after a substantiation of abuse or neglect will have another substantiation within the next 12 months.	For children who were 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.	For children who were victims of a substantiated allegation of child maltreatment in CY 2011 and remained at home, 7.8% had another substantiation within the next 12 months.	No	↓
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.	For the period beginning July 2009 and thereafter, no more than 4.8% of children who reunified will be the victims of substantiated abuse or neglect within one year after reunification.	In CY 2010, 6% of children who reunified were victims of substantiated child maltreatment within one year after reunification.	In CY 2011, 8.4% of children who reunified were victims of substantiated child maltreatment within one year after reunification.	No	↓

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
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.	For the period beginning July 2011 and thereafter, of all children who exit, no more than 9% will re-enter custody within one year of exit.	Of all children who exited in CY 2010, 13% re-entered custody within one year of the date of exit.	Of all children who exited in CY 2011, 13% re-entered custody within one year of the date of exit. ³⁵	No	↔

³⁵ 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 2011, 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%; CY 2010, 9%.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
Permanency						
MSA III.A 2.a	34. a., d., e. <u>Discharged to Permanency</u>: Percentage of children discharged from foster care to permanency (reunification, permanent relative care, adoption and/or guardianship). 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. 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 21st birthday or by the last day of the year. 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 21st birthday or by the last day of the year.	a. CY 2011: 50% d. CY 2011: 47% e. CY2011: 47%	a. CY 2010: 45% d. CY 2011: 47% e. CY 2011: 34%	a. CY 2011: 45%³⁶ d. CY 2012: 42% e. CY 2012: 33%	No	↓

³⁶ Data for CY 2012 will not be available until early 2014.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
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, percentage that was discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	Of those children who become legally free in CY 2011, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.	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.	80% of children who became legally free in CY 2011 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.	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.	Of all children who exited to adoption in CY2011, 48% were discharged from foster care to adoption within 30 months from removal from home.	Of all children who exited to adoption in CY 2012, 44% were discharged from foster care to adoption within 30 months from removal from home.	No	↓
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.	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 2012, 69 to 81% 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.	In March 2013 71% 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. Performance between July 2012 and March 2013 ranged from 65 to 90%. ³⁷	No	↔

³⁷ Performance data for monitoring period are as follows: July 2012, 70%; August 2012, 80%; September 2012, 65%; October 2012, 72%; November 2012, 80%; December 2012, 66%; January 2013, 90%; February 2013, 83%; March 2013, 71%.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM MSA III.B 12.a (ii)	36. <u>Child Specific Adoption Recruitment</u> : Number/percent of children with a permanency goal of adoption needing recruitment who have a child-specific recruitment plan developed within 30 days of the date of the goal change.	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 2012, 87 children required child specific recruitment plans and 47 (54%) of these plans were developed within 30 days of the date of the goal change.	Between July 2012 and March 2013, 105 children required child specific recruitment plans and 48 (46%) of these plans were developed within 30 days of the date of the goal change. ³⁸	No ³⁹	↓
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.	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.	Between January and June 2012, 6 (35%) out of 17 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 2012 and March 2013, 17 (59%) out of 29 children with a permanency goal of adoption for whom an adoptive home had not been identified at the time of the termination were placed in an adoptive home within nine months of termination of parental rights.	No	↑
MSA III.B 12.b	38. <u>Final Adoptive Placements</u> : Number/percent of adoptions 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.	88% of adoptions were finalized within nine months of adoptive placement.	94% of adoptions were finalized within nine months of adoptive placement.	Yes	↑

³⁸ Performance data for the monitoring period are as follows: July 2012, 35%; August 2012, 43%; September 2012, 33 %; October 2012, 31%, November 2012, 18%; December 2012, 67%; January 2013 52%; February 2013, 77%; March 2013, 40%.

³⁹ Performance indicating decline is based on a small number of cases.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
<i>Health Care for Children in Out-of-Home Placement</i>						
MSA II.F.5	39. <u>Pre-Placement Medical Assessment</u> : Number/percent of children receiving pre-placement medical assessment in a setting appropriate to the situation. ⁴⁰	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 (ER) setting if the child needed emergency medical attention or the child was already in the emergency room when DCP&P received the referral.	100% of children entering DCP&P custody received a pre-placement assessment (PPA). 99% of PPAs occurred in a setting appropriate for the situation.	100% of children entering DCP&P 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 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 2012, 87% of children received a comprehensive medical exam (CME) within the first 30 days of placement and 98% received a CME within the first 60 days of placement.	From July 2012 through March 2013 (excluding October), ⁴¹ 85% of children received a CME within the first 30 days of placement and 98% received a CME within the first 60 days of placement.	Yes	↔

⁴⁰ 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 DCP&P received the referral.

⁴¹ After reviewing the data and discussions with DCF, the Monitor decided to exclude data for children who entered out-of-home care in the month of October 2012. DCF provided relevant information that as a direct result of Superstorm Sandy medical providers were unavailable (temporarily shut down, handling emergencies, etc.). Fifty-nine percent of children who entered out-of-home care in the month of October received a CME within 30 days of entering custody. Performance the other months ranged from 77 to 91 percent, affirming that the October performance was an aberration. Notably, 94 percent of the children who entered out-of-home care in October received a CME within 60 days of entering custody, so DCF was able to ensure medical attention once medical providers were available or other providers were identified.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
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 Early Periodic Screening and Diagnosis Treatment (EPSDT) guidelines.	By June 2010, 98% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.	From January through June 2012, 91% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 93% of children older than two years were clinically up-to-date on their EPSDT visits.	From July 2012 through March 2013, 93% 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 ⁴²	↔
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.	a. By December 2011, 98% of children will receive annual dental examinations. b. By December 2011, 90% of children will receive semi-annual dental examinations.	a. 97% of children received an annual dental examination. b. 86% of children were current with their semi-annual dental exam.	a. 98% of children received an annual dental examination. b. 85% of children were current with their semi-annual dental exam. ⁴³	Partially	↔
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.	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.	96% of children received follow-up care for needs identified in their CME.	As of December 2012, 95% of children received follow-up care for needs identified in their CME. ⁴⁴	Yes	↔

⁴² While not yet meeting the final target, performance on EPSDT/well child exams represents sustained access to health care for this population and is a significant achievement.

⁴³ Performance is as of December 31, 2012 as annual exams are measured on the calendar year.

⁴⁴ DCF conducted a Health Care Case Record Review in order to report on this measure. The Review examines records of a random sample of children in DCP&P out-of-home placement who were removed between May 1, 2012 and October 10, 2012 and were in care for a minimum of 60 days. 2,125 children comprise this cohort. A sample of 350 children was reviewed. The results have a $\pm 5\%$ margin of error with 95% confidence.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
	44. <u>Immunization</u> : Children in DCF custody are current with immunizations.	By December 31, 2011, 98% of children in custody will be current with immunizations.	From April through June 2012, 95% of children in out-of-home placement were current with their immunizations.	From January through March 2013, 95% of children in out-of-home placement were current with their immunizations.	Partially ⁴⁵	↔
MSA II.F.8	45. <u>Health Passports</u> : Children's parents/ caregivers receive current Health Passport within five days of a child's placement.	By June 30, 2011, 95% of caregivers will receive a current Health Passport within five days of a child's placement.	From November 2011 through April 2012, 58% of caregivers received Health Passports within five days of a child's placements and 96% of caregivers received Health Passports within 30 days of a child's placement.	From May through October 2012, 63% of caregivers received Health Passports within five days of a child's placements and 96% of caregivers received Health Passports within 30 days of a child's placement. ⁴⁶	No	↑

⁴⁵ While not yet meeting the final target, performance on ensuring children in out-of-home care are current with their immunizations represents sustained access to health care for this population and is a significant achievement.

⁴⁶ DCF conducted a Health Care Case Record Review in order to report on this measure. The Review examines records of a random sample of children in DCP&P out-of-home placement who were removed between May 1, 2012 and October 10, 2012 and were in care for a minimum of 60 days. 2,125 children comprise this cohort. A sample of 350 children was reviewed. The results have a $\pm 5\%$ margin of error with 95% confidence.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
<i>Health Care for Children in Out-of-Home Placement</i>						
MSA II.F.2	46. <u>Mental Health Assessments</u> : Number/percent of children with a suspected mental health need who receive mental health assessments.	By December 31, 2011, 90% of children with a suspected mental health need will receive a mental health assessment.	From November 2011 to April 2012, 99.5% of eligible children and youth received a mental health screening. 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) 92% received a mental health assessment.	From May to October 2012, 99% of eligible children and youth received a mental health screening. Of those screened, 60% had a suspected mental health need. Of those with a suspected mental health need (and 14 additional youth already receiving services) 90% received a mental health assessment. ⁴⁷	Yes	↔

⁴⁷ DCF conducted a Health Care Case Record Review in order to report on this measure. The Review examines records of a random sample of children in DCP&P out-of-home placement who were removed between May 1, 2012 and October 10, 2012 and were in care for a minimum of 60 days. 2,125 children comprise this cohort. A sample of 350 children was reviewed. The results have a $\pm 5\%$ margin of error with 95% confidence.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM	47. <u>Provision of in-home and community-based mental health services for children and their families:</u> CSOC 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 DCP&P and to prevent children and youth from entering DCP&P custody.	Ongoing Monitoring of Compliance	DCF continues to support CMO, YCMs, FSOs, Mobile Response, MST, FFT and community-based services to prevent children from being removed and to reunify children with their parents.	DCF continues to support CMO, YCMs, FSOs, Mobile Response, MST, FFT and community-based services to prevent children from being removed and to reunify children with their parents. ⁴⁸	Yes	N/A
Services to Families						
CPM	48. <u>Continued Support for Family Success Centers:</u> ⁴⁹ DCF shall continue to support statewide network of Family Success Centers	Ongoing Monitoring of Compliance	49 Family Success Centers statewide	51 Family Success Centers statewide	Yes	N/A
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, 2011, 90% of cases score appropriately as measured by QR.	56% of cases rated at least minimally acceptable on QR indicator 'Transitions and Life Adjustments.'	52% of cases rated at least minimally acceptable on QR indicator 'Transitions and Life Adjustments.'	No	↓

⁴⁸ DCF is in the beginning stages of implementing a Medicaid waiver which should provide additional mental health and behavioral supports to children, youth and their families. The Monitor will continue to track implementation of this waiver.

⁴⁹ DCF has redeployed funds previously allocated for a Differential Response Pilot program which was discontinued to increase the number of Family Success Centers statewide.

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM	51. <u>Post-Adoption Supports</u> : The Department will make post-adoption services and subsidies available to preserve families who have adopted a child.	Ongoing Monitoring of Compliance	DCF administers an Adoption Subsidy Program which supported 13,908 adopted children by the end of June 2012. DCF funds a statewide network of post-adoption services through contract arrangements with eight private agencies. Funding remains slightly over \$3 million and is used specifically for family counseling and family support services.	DCF administers an Adoption Subsidy Program which supported 13,757 adopted children by the end of March 2013. DCF funds a statewide network of post-adoption services through contract arrangements with 11 private agencies. Funding remains slightly over \$3 million and is used specifically for family counseling and family support services.	Yes	N/A
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 DCP&P.	Ongoing Monitoring of Compliance	Domestic Violence liaisons now available in each DCP&P Local Office.	DCF increased the number of Domestic Violence liaisons by 7 during this reporting period; 31 liaisons are now available in DCP&P's 47 Local Offices.	Yes	N/A
Services to Older Youth						
CPM	53. <u>Independent Living Assessments</u> : Number/percent of cases where DCF Independent Living Assessment is complete for youth age 14-18.	By December 31, 2011, 95% of youth age 14-18 have an Independent Living Assessment.	As of June 30, 2012, 84% of youth ages 14 to 18 in out-of-home placement for at least six months had a completed Independent Living Assessment.	As of March 31, 2013, 98% of youth ages 14 to 18 in out-of-home placement for at least six months had a completed Independent Living Assessment.	Yes	↑

Reference	Quantitative or Qualitative Measure	Final Target	June 2012 Performance	March 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM	54. <u>Services to Older Youth</u> : DCF shall provide services to youth between the ages 18 and 21 similar to services previously available to them unless the youth, having been informed of the implications, formally request that DCF close the case.	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the New Jersey Qualitative Review.	Data Not Available	Data Not Available ⁵⁰	Data Not Available	N/A
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.	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 collected during a case record review of all youth exiting care between July 1 and December 31, 2012 without achieving permanency found that 86% of youth had housing and 52% of youth were either employed or enrolled in education or vocational training program. ⁵¹	No	⁵² ↔

⁵⁰ During this monitoring period, a methodology to determine performance was finalized and in late-July 2013, the Monitor and DCF jointly participated in specialized Quality Reviews (QRs) to collect performance data for this measure. Findings will be provided in the next monitoring report.

⁵¹ Case records for 65 youth were reviewed.

⁵² In the fall of 2010, the Monitor assessed performance through a case record review of adolescents exiting care between January 1 and June 30, 2010 and found that 72 percent of youth had housing and 60 percent of youth were employed or in some type of educational program.

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	March 2013 Performance	Fulfilled (Yes/No)
II.A.5. In reporting during Phase I on the state's compliance, the Monitor shall focus on the quality of the Case Practice Model and the actions by the state to implement it.	All 47 Local Offices have completed the immersion process.	Yes
II.B.1.b. 100% of all new case carrying workers shall be enrolled in Pre-Service Training, including training in intake and investigations, within two weeks of their start date.	191(100%) new caseworkers (38 hired in the previous monitoring period) were enrolled in Pre-Service Training within two weeks of their start date. (8 BCWEP hires). ⁵³	Yes
II.B.1.c. No case carrying worker shall assume a full caseload until completing Pre-Service Training and passing competency exams.	191(100%) new caseworkers who are now case-carrying workers have passed competency exams (8 BCWEP hires).	Yes
II.B.2. c. 100% of case carrying workers and supervisors shall take a minimum of 40 hours of annual In-Service Training and shall pass competency exams.	2,893 (95%) out of 3,027 case carrying workers and supervisors completed 40 or more hours of training and passed competency exams.	Yes
II.B.2.d. The state shall implement In-Service Training on concurrent planning for all existing staff.	Between July 2012 and March 2013, 206 (100%) eligible DCP&P caseworkers were trained on concurrent planning and passed competency exams before assuming caseloads.	Yes

⁵³ 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, Century College and Ramapo College) that enables students to earn a Bachelor of Social Work (BSW) degree. The Monitor has previously determined that this course of study together with Worker Readiness Training designed by the DCF Child Welfare Training Academy satisfies the MSA requirements. All BCWEP students are required to pass the same competency exams that non-BCWEP students take before they are permitted to carry a caseload.

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	March 2013 Performance	Fulfilled (Yes/No)
II.B.3.a. All new staff responsible for conducting intake or investigations shall receive specific, quality training on intake and investigations processes, policies and investigations techniques and pass competency exams before assuming responsibility for cases.	230 (100%) employees assigned to intake and investigations in this monitoring period successfully completed intake training and passed competency exams.	Yes
II.B.4.b. 100% of all staff newly promoted to supervisory positions shall complete their 40 hours of supervisory training and shall have passed competency exams within six months of assuming their supervisory positions.	Between July 2012 and March 2013, 53 supervisors were trained and passed competency exams; 20 of these supervisors were appointed at the end of the last monitoring period. Forty-seven supervisors were appointed during this monitoring period, 33 of whom were part of the 53 supervisors trained.	Yes
II.C.4 The state will develop a plan for appropriate service delivery for lesbian, gay, bisexual, transgender and questioning youth, and thereafter begin to implement this plan.	Delivery of services ongoing.	Yes
II.C.5 The state shall promulgate and implement policies designed to ensure that the State continues to provide services to youth between ages 18-21 similar to services previously available to them.	DCF continues to provide services to these youth. New policies have been developed and current policies are being revised.	Yes

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	March 2013 Performance	Fulfilled (Yes/No)
II.C.6 The state shall provide mental health services to at least 150 birth parents whose families are involved with the child system.	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. The state's approved Medicaid Waiver moves adults into a managed care system which should allow for a more comprehensive approach to patient care and treatment of both physical and mental health needs. This impacts some parents involved with DCP&P and could improve access to mental health care.	Yes
II.D.1. The state shall implement an accurate real time bed tracking system to manage the number of beds available from the CSOC and match those with children who need them.	The state has implemented and utilizes a real time bed tracking system to match children with placements.	Yes
II.D.2. The state shall create a process to ensure that no child shall be sent to an out-of-state congregate care facility. The process will also ensure that for any child who is sent out-of-state, an appropriate plan is developed to maintain contacts with family and return the child in-state as soon as appropriate.	As of May 2013, there were three youth in out-of-state residential placements. All three youth are in a specialized program for the deaf or hard of hearing. DCF is currently creating a program in state to meet the needs of youth needing residential placement who are deaf or hard of hearing.	Yes

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	March 2013 Performance	Fulfilled (Yes/No)
II.D.5. The state shall implement an automated system for identifying youth in its custody being held in juvenile detention facilities and ensure that they are placed within 30 days of disposition.	DCF reports that from July 2012 to March 2013, 10 youth in DCP&P custody were in juvenile detention awaiting a CSOC placement. All transitioned within 30 days of disposition of their juvenile court case.	Yes
II.G.9. The state shall provide adoption training to designated adoption workers for each Local Office.	52 (100%) adoption workers were trained between July 2012 and March 2013.	Yes
II.G.15. The state shall issue reports based on the adoption process tracking system.	Adoption tracking data are now collected in NJ SPIRIT and DCF is reporting on all data required in MSA II.G.4.	Yes
II.H.4. The period for processing resource family applications through licensure will be 150 days.	Of applications submitted between January and September 2012, DCF resolved 58% of applications within 150 days.	No
II.H.13 The state shall implement the methodology for setting annualized targets for resource family non-kin recruitment.	DCF continues to set targets for homes targeted for recruitment by county.	Yes
II.H.14 The state shall provide flexible funding at the same level or higher than provided in FY'07.	In FY2012, the flex fund budget was \$5,639,602.	Yes
II.H.17 The state shall review the Special Home Service Provider (SHSP) resource family board rates to ensure continued availability of these homes and make adjustments as necessary.	New policies implemented.	Yes
II.J.2. The state shall initiate management reporting based on SafeMeasures.	The state continues to use Safe Measures for management reporting.	Yes
II.J.6. The state shall annually produce DCF agency performance reports.	DCF released FY 2012 report in December 2012.	Yes
II.J.9. The state shall issue regular, accurate reports from SafeMeasures.	The state has the capacity and is regularly producing reports from SafeMeasures	Yes

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	March 2013 Performance	Fulfilled (Yes/No)
II.J.10. The state shall produce caseload reporting that tracks caseloads by office and type of worker and, for permanency and adoption workers, that tracks children as well as families.	The state has provided the Monitor with reports that provide individual caseloads of children and families for intake, permanency and adoption workers.	Yes
II.E.20 95% of offices shall have sufficient supervisory staff to maintain a five worker to one supervisor ratio.	96% of DCP&P Local Offices have sufficient frontline supervisors, with ratios of five workers to one supervisor.	Yes
III.B.1.a 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>permanency workers</i> : no more than 15 families and no more than ten children in out-of-home care.	96% of offices met permanency standards. 94% of permanency workers met caseload requirements. ⁵⁴	Yes
III.B.1.b 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>intake workers</i> : no more than 12 open cases and no more than eight new case assignments per month.	98% of offices met intake standards. 86% of intake workers met caseload requirements. ⁵⁵	Partially
III.B.1.c 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>IAIU investigators</i> : no more than 12 open cases and no more than eight new cases assignments per month.	97% of IAIU workers met caseload requirements.	Yes
III.B.1.d 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>adoption workers</i> : no more than 15 children.	80% of offices met adoption standards. 87% of adoption workers met caseload requirements. ⁵⁶	No
III.C.2 The state shall promulgate and implement policies designed to ensure that psychotropic medication is not used as a means of discipline or control and that the use of physical restraint is minimized.	In January 2010, DCF issued policies on psychotropic medication and continues to monitor children and youth on psychotropic medication in accordance with this policy.	Yes

⁵⁴ Reported performance is the average of DCF's performance in meeting individual caseload standards during this nine month monitoring period.

⁵⁵ Ibid.

⁵⁶ Ibid.

Ongoing Phase I and Phase II Requirements		
The following are additional MSA requirements that DCF must meet:	March 2013 Performance	Fulfilled (Yes/No)
III.C.4 The state shall continue to meet the final standards for pre-licensure and ongoing training of resource families, as described in Phase I.	DCF continues to conduct pre-licensure training for DCP&P resource families and contracts with Foster and Adoptive Family Services (FAFS) to conduct ongoing in-service training.	Yes
III.C.5 The state shall incorporate into its contracts with service providers performance standards consistent with the Principles of the MSA.	The Monitor has previously reviewed several service provider contracts and found that such contracts incorporate performance standards consistent with the principles of the MSA.	Yes
III.C.6 In consultation with the Monitor, the state shall develop and implement a well-functioning quality improvement program consistent with the Principles of the MSA and adequate to carry out the reviews of case practice in Phase II.	DCF's Office Performance Management and Accountability continues to facilitate case record reviews, ChildStat and Qualitative Reviews statewide.	Yes
III.C.7 The state shall regularly evaluate the need for additional placements and services to meet the needs of children in custody and their families, and to support intact families and prevent the need for out-of-home care. Such needs assessments shall be conducted on an annual, staggered basis that assures that every county is assessed at least once every three years. The state shall develop placements and services consistent with the findings of these needs assessments.	DCF is in the process of reevaluating how it conducts its needs assessment process. DCF is working with the Monitor on a revised plan.	Unable to Determine
III.C.8 Reimbursement rates for resource families shall equal the median monthly cost per child calculated by the United States Department of Agriculture for middle-income, urban families in the northeast.	Resource family board rates continue to meet USDA standards.	Yes

IV. DCF'S INVESTIGATIVE PRACTICE

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

New Jersey's State Central Registry (SCR) is charged with receiving calls of 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. 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). DCP&P 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.

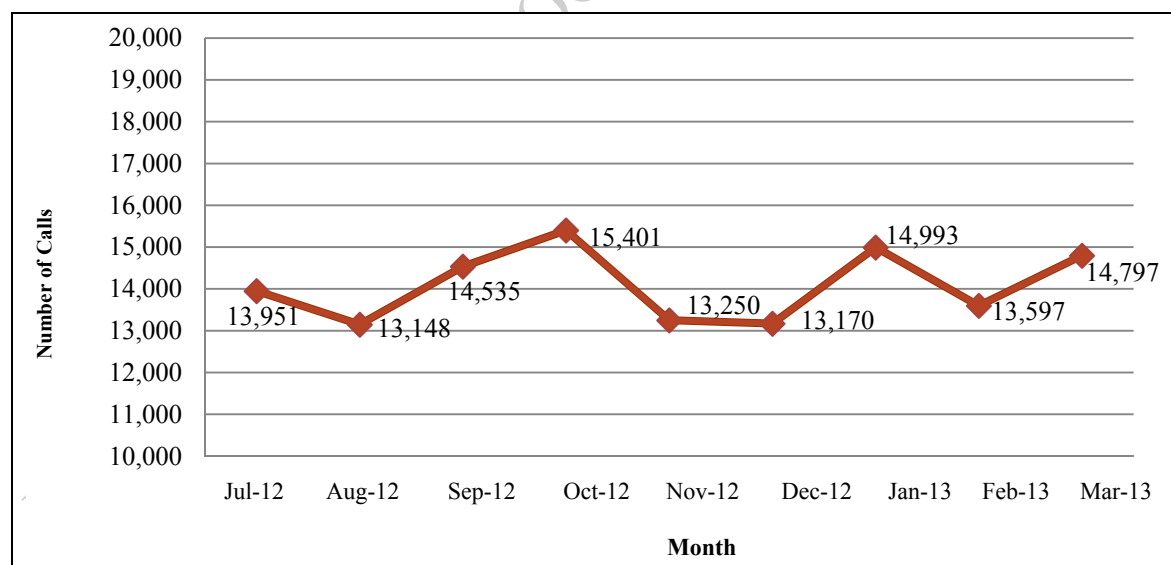
Quantitative or Qualitative Measure	1. <u>Responding to Calls to the SCR:</u> a. Total number of calls b. Number of abandoned calls c. Time frame for answering calls d. Number of calls screened out e. Number of referrals for CWS
Final Target	Ongoing Monitoring of Compliance

State Central Registry (SCR)

Performance as of March 31, 2013:

Between July 2012 and March 2013, the SCR received a total of 126,842 calls. Data from the call system show that in March 2013 callers waited approximately 21 seconds for an SCR screener to answer their calls. Of all the calls received during this monitoring period, 42,730 (34%) calls⁵⁷ related to the possible need for Child Protective Services (CPS) responses. Of those, screeners classified 42,056 reports for investigation of alleged child abuse or neglect. Another 10,967 (9%) calls related to the possible need for Child Welfare Services (CWS) and assessment of service need of which 10,585 (8%) were referred for response. Figure 1 shows a month-by-month breakdown of the call volume at SCR for July 2012 through March 2013.

**Figure 1: Number of Calls to SCR by Month
(July 2012 – March 2013)**



Source: DCF data

⁵⁷ Calls are differentiated from reports or referrals because SCR can receive several calls related to one incident or in some cases one call can result in several separate reports.

State Central Registry (SCR)

Quantitative or Qualitative Measure	2. <u>Quality of SCR Response:</u> a. Respond to callers promptly, with respectful, active listening skills b. Essential information gathered—identification of parents and other important family members c. Decision making process based on information gathered and guided by tools and supervision
Final Target	Ongoing Monitoring of Compliance

Performance as of March 31, 2013:

Between July 2012 and March 2013, the SCR continued to implement a number of system improvements related to staffing, training and quality assurance. In July 2012, SCR completed a redesign of supervisor and screener training with DCF's Child Welfare Training Academy. DCF employees who transfer to SCR⁵⁸ currently receive up to 20 days of training with an increased emphasis on live-call training. Newly hired SCR staff spend the final week of their training period on the designated shift they are assigned. This process permits the supervisor to become an active participant in the screener's training process. Additionally, in June and July 2012, SCR supervisors participated in leadership training, as well as professional leadership projects and programs, specifically the Leadership Academy for Middle Managers (LAMM) and DCP&P Management Fellows project, among others. This leadership training is part of an ongoing effort to increase supervisors' capacity to address complex situations, apply processes and resources to achieve accountability, measure results and assist in the implementation of sustained system change to better support screeners and improve outcomes for children and families.

Quality assurance remains a priority for the SCR. A Quality Assurance Peer Review Team completes a daily review of all reports designated as information and referral (I&R)⁵⁹ generated the previous business day. SCR staff evaluate 75 percent of every I&R Intake call received the previous business day to ensure they are properly categorized. Supervisory staff more closely examine the remaining 25 percent of I&R calls for proper case practice. To account for internal bias, reports identified with concerns are reviewed by casework supervisors who were not included in the referral's decision making process. The SCR administrator performs a daily review of randomly selected reports. SCR supervisors also review and evaluate a prescribed number of calls for their staff in order to continually assess their screeners' performance, identify areas in need of improvement and provide on-going training to strengthen staff skills.

The call management system is currently being updated to allow screeners to have access to their own calls at their desktop via email so they can listen again to the call as they write their report and to facilitate supervision. This upgrade, scheduled to be completed in January 2014, will allow for immediate evaluation of screeners' work by supervisors and will enable prompt supervisory feedback to screeners on their performance.

⁵⁸ All employees at SCR must have prior field experience.

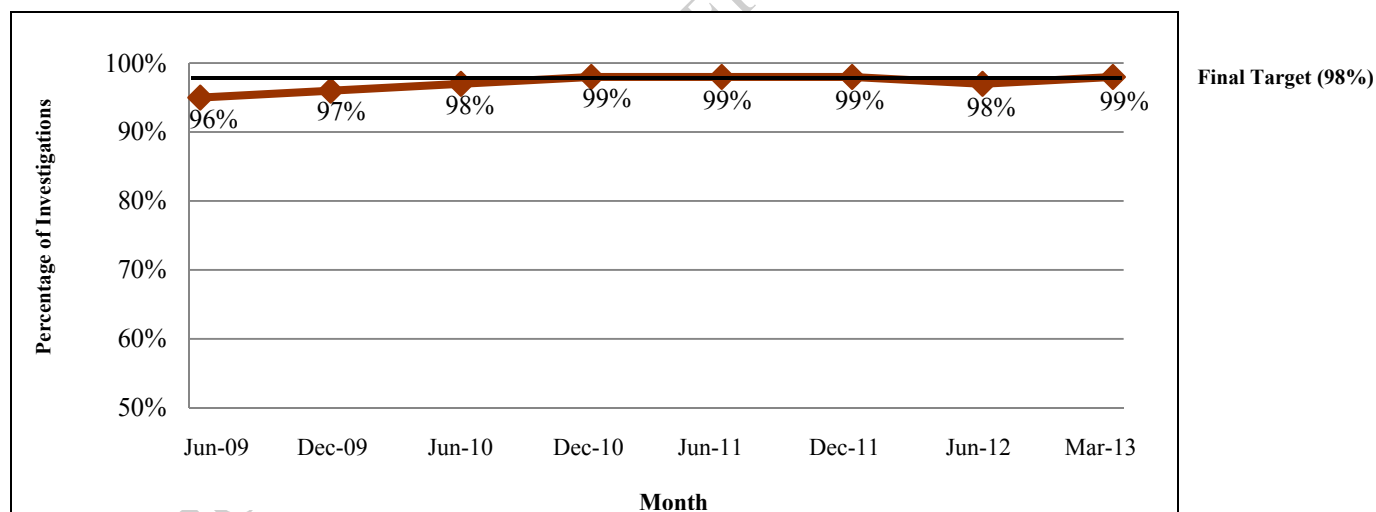
⁵⁹ A call is identified as an I & R call when (1) a caller is seeking a referral to one or more service providers, (2) a SCR screener determines that a referral is the appropriate response to the concern raised by the caller, or (3) the matter is referred back to the caller for handling (e.g., police calling about non-abuse incident, school calling about educational neglect).

SCR responded to calls and provided uninterrupted assistance during and after Superstorm Sandy. It served as a central location for DCF staff to obtain information and SCR staff provided information to resource parents, providers, stakeholders and the general public on ways to access services and resources, including location of shelters and food pantries.

B. Timeliness and Quality of Investigative Practice

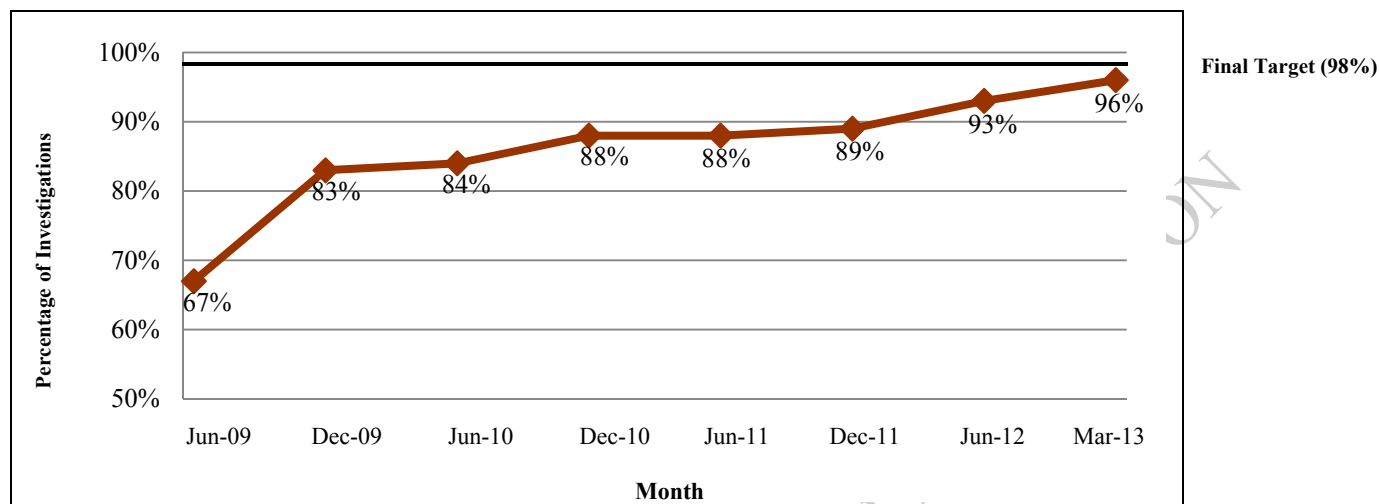
Quantitative or Qualitative Measure	3. <u>Timeliness of Response</u> : Investigations of alleged child abuse and neglect shall be received by the field in a timely manner and commenced within the required response time as identified at SCR, but no later than 24 hours.
Final Target	a. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be received by the field in a timely manner. b. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be commenced within the required response time.

Figure 2: Percentage of Investigations Received by the Field in a Timely Manner (June 2009 – March 2013)



Source: DCF data

**Figure 3: Percentage of Investigations Commenced within Required Response Time
(June 2009 – March 2013)**



Source: DCF data

Performance as of March 31, 2013:

As of March 2013, DCF exceeded the final target by reaching performance of 96 percent for the timely transmittal of referrals to the field (Figure 2). Although performance improved to 96 percent, DCF did not meet the final target of 98 percent for commencing investigations within the required response time (Figure 3), making this measure partially achieved for this monitoring period.

DCP&P policy on timeliness of investigations requires receipt by the field of a report within one hour of call completion.⁶⁰ During the month of March 2013, DCF received 5,204 referrals of child abuse and neglect requiring investigation. Of the 5,204 referrals, 4,766 (91.6%) referrals were received by the field in less than an hour of call completion. An additional 405 (7.8%) referrals were received by the field between one and three hours after call completion; for a total of 99.4 percent of referrals received by the field within three hours of call completion. The number of referrals received per month ranged from 5,304 in January 2013 to 5,171 in March 2013. Between 98 and 99 percent of referrals were received by the field within three hours of call completion during the months of July 2012 through March 2013.

DCP&P policy considers an investigation “commenced” when at least one of the alleged victim children has been seen by an investigator. During the month of March 2013, there were 4,972 CPS intakes applicable to this measure.⁶¹ Of the 4,972 intakes received, 1,244 intakes were coded for an immediate response and 3,728 intakes were coded for a response within 24 hours; 4,777 (96%) intakes were commenced within their required response time. Between July 2012 and March 2013, the percentage of monthly intakes commenced within their required response

⁶⁰ The Monitor currently assesses performance on receipt by the field in a timely manner with a three hour standard.

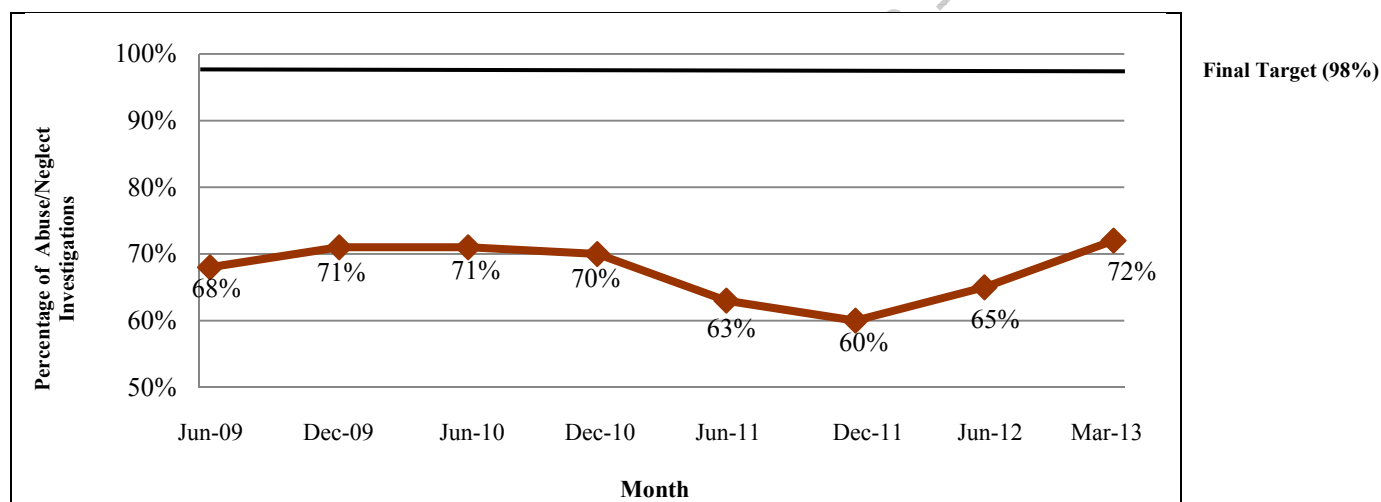
⁶¹ Intakes are differentiated from referrals because SCR can receive several referrals related to one incident or in other instances, one referral can result in several intakes.

time ranged from 93 to 96 percent. The final target of 98 percent for this measure was not met although performance continues to improve.

Investigative Practice

Quantitative or Qualitative Measure	4. <u>Timeliness of Completion</u> : Investigations of alleged child abuse and neglect shall be completed within 60 days.
Final Target	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 – March 2013)



Source: DCF data

Performance as of March 31, 2013:

This Performance Measure requires that 98 percent of all abuse and neglect investigations be completed within 60 days. There were 4,979 intakes in March 2013 applicable to this measure. Of the 4,979 intakes, investigations were completed within 60 days on 3,567 (72%) intakes. An additional 881 (18%) investigations were completed between 61 and 90 days after receipt, for a total of 90 percent of investigations completed within 90 days. Between July 2012 and March 2013, monthly performance on investigation completion ranged between 58 and 74 percent. While performance on this measure does not meet requirement of the final target, it has increased by seven percent since June 2012 despite sustained high rates of referrals.

A case record review of the quality of DCP&P's investigative practice was conducted in January 2013.⁶² This review examined the quality of practice of 324 CPS investigations assigned to DCF Local Offices between September 16 and 29, 2012 involving 688 children.⁶³

Overall, the reviewers found that 253 (78%) of the investigations were of acceptable quality. The findings of this review reflect some clear strengths in DCP&P investigative case practice as well as areas in need of further development. Key strengths include:⁶⁴

- safety and risk assessments were completed in 100 percent of the investigations,
- caseworkers interviewed the mother of the alleged child victim in 97 percent of investigations,
- caseworkers met the required response time to contact the alleged child victim in 93 percent of investigations and
- pre-investigation worker/supervisor conferences took place in 86 percent of the investigations.

Overall, recommendations for improvement include clarification through policy, training and mentoring of staff and supervisors on some key areas of investigative practice and improvement in documentation of investigative activities and events. These areas of investigative practice include:

- Reviewing and understanding a family's prior child protection history through interviews with other DCP&P workers as well as other child protective authorities. This was of particular significance as over 70 percent of the investigations in the review had prior DCP&P history.
- Integrating collateral information into investigative decision making. Reviewers determined that all applicable collateral information was obtained in only 49 percent of investigations.
- Interviewing fathers of alleged child victims during investigations. Reviewers found that 69 percent of fathers were interviewed.

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

⁶² A full report on the findings and recommendations from the review can be found at:

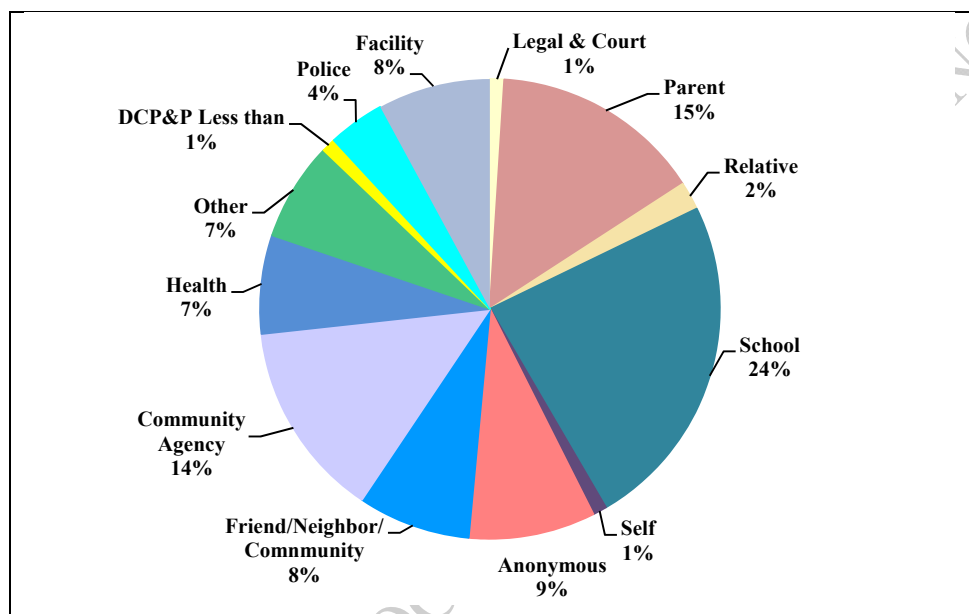
<http://www.state.nj.us/dcf/about/divisions/opma/docs/NJ%20DCF%20Investigations%20Review%20Report.pdf>

⁶³ These results have a $\pm 5\%$ margin of error with 95 % confidence.

⁶⁴ Reviewers could select four possible responses to the question of quality of the investigation which included completely, partially, marginally and not at all. Completely and partially responses were considered acceptable and compromise the 78 percent.

homes.⁶⁵ From January to December 2012, IAIU received approximately 2,998 referrals.⁶⁶ This is an increase of 80 referrals (3%) over the same period in 2011. Figure 5 illustrates the proportion of IAIU referrals from different sources.

**Figure 5: Referral Sources for All IAIU Referrals
(January – December 2012)**
N= 2,998⁶⁷



Source: DCF Data

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

⁶⁵ DCP&P (7-1-1992). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 200.

⁶⁶ DCF reports that from January to March 2013, there were 853 IAIU reports and requests.

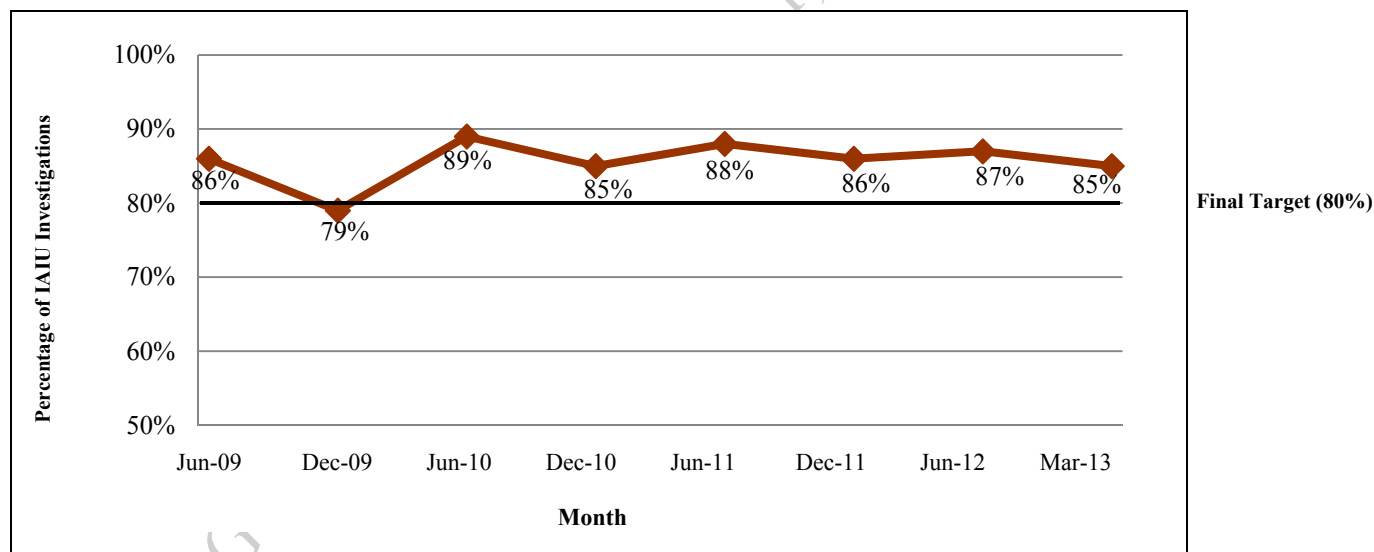
⁶⁷ Includes two CWS referrals received in February 2012, one CWS referral received in March 2012 and one CWS referral received in July 2012.

1. Performance Measures for IAIU

IAIU Practice for Investigations in Placements

Quantitative or Qualitative Measure	6. <u>IAIU Practice for Investigations in Placements:</u> a. Investigations in resource homes and investigations involving group homes, or other congregate care settings shall be completed within 60 days. b. Monitor will review mechanisms that provide timely feedback to other division (e.g., CSOC, OOL) and implementation of corrective action plans. c. Corrective action plans developed as a result of investigations of allegations re: placements will be implemented.
Final Target	By June 2007 and thereafter, 80% of IAIU investigations shall be completed within 60 days.

**Figure 6: Percentage of IAIU Investigations Completed within 60 days
(June 2009 – March 2013)***



Source: DCF data

*The performance percentage shown on the last month of each monitoring period (June and December) is the average of the prior six month's performance in IAIU investigation completion within 60 days during that six month monitoring period. The performance percentage shown for March 2013 is the average of the prior nine month's performance in completing IAIU investigations within 60 days during the nine month monitoring period.

Performance as of March 31, 2013:

DCF manages and tracks IAIU performance daily, calculating the proportion of investigations open 60 days or more statewide and within regional offices. Between July 2012 and March 2013, 83 to 87 percent of all IAIU investigations were open less than 60 days (see Table 2).

The MSA does not make any distinction 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. 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 (e.g., schools, day care). Table 2 displays IAIU's reported overall performance for the dates cited, in addition to the timeliness of completion of investigations in resource family homes and congregate care facilities. DCF continues to exceed the performance target for this measure.

**Table 2: IAIU Investigative Timeliness:
Percent of Investigations Completed within 60 days
(July 2012 – March 2013)**

Date	All IAIU investigations completed within 60 days	Investigations in resource family homes and congregate care completed within 60 days
July 31, 2012	84%	88%
August 31, 2012	83%	90%
September 28, 2012	87%	93%
October 31, 2012	84%	89%
November 30, 2012	84%	89%
December 31, 2012	85%	94%
January 31, 2013	84%	88%
February 28, 2013	86%	86%
March 29, 2013	85%	88%

Source: DCF data, IAIU, Daily Summary Reports

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 or resource home.

Every IAIU investigation results in a finding letter sent to a facility or resource home. This letter cites 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 2012 and March 2013, IAIU issued 326 corrective action requests involving resource family homes, group homes and residential facilities where foster children were placed. DCP&P policy allows 30 days to complete or accept a corrective action. Information reported from the IAIU corrective action database indicate that 204 (63%) of 326 corrective actions had been successfully completed (accepted) and 88 (37%) of corrective action requests were outstanding or pending resolution as of March 31, 2013. As of March 31, 2013, the 88 corrective action requests due had been outstanding for 31 to 260 calendar days since the date of the findings letter.

Corrective Action Reports

The Monitor reviewed ten cases randomly selected from incidents that occurred between July 2012 and March 2013 in the corrective action database to look at feedback mechanisms between IAIU and other divisions (e.g. CSOC, OOL) and to ensure corrective action plans (CAPs) are being developed. The sample included five resource family homes, two group homes, two residential facilities and one relative placement. IAIU's CQI accepted eight of the ten CAPs. One CAP was not submitted and the other was pending while staff continued working on it beyond the monitoring period. CAPs in this sample resulted in verified re-training and termination of staff at a group home and a residential facility; re-training of resource and relative parents on DCP&P policies and procedures; rejecting the licensing application of a resource home, and closing a resource home. The CAPs reviewed appeared to adequately address the incidents which prompted the IAIU investigation. There was evidence of appropriate communication between divisions in all 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. In addition, IAIU's Corrective Action Unit hosts a Systems Partner meeting with OOL, Child Care Licensing (CCL), Residential Licensing (RL), Resource Family Licensing (RFL) and SCR once a month to ensure that issues identified during IAIU investigations are communicated to all the partners.

V. IMPLEMENTING THE CASE PRACTICE MODEL

DCF continues to train and support additional staff who are expected to practice according to the Case Practice Model (CPM). The CPM is designed to guide and support staff towards a strength-based and family-centered approach that ensures the safety, permanency and well-being of children. This practice requires engagement with children, youth and families through teamwork and crafting individualized case plans with families and children. The Performance Measures discussed below measure progress on some of these activities using data from NJ SPIRIT and data collected during the state's Qualitative Review (QR) process.

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

DCP&P continues to build its capacity to coach, facilitate and supervise Family Team Meetings (FTMs), a critical element of the CPM. Each DCF Area Office now has an Implementation Specialist who is responsible for providing ongoing assistance to staff to practice according to the CPM. Implementation Specialists continue to lead case practice improvement efforts statewide by training and mentoring staff to serve as facilitators, coaches and master coaches who conduct FTMs and implement the CPM.⁶⁸ The Implementation Specialists conduct on-site training tailored to the needs of each Local Office, including topics such as how to effectively engage families, building effective teams and how to identify strengths and needs in complex child protection cases. Implementation Specialists are also trained to be Quality Reviewers and to support the linkage of practice to outcomes. During the nine month reporting period the Implementation Specialists have also:

- conducted training on the appropriate use of family agreements and case plans;
- led areas in developing how best to use the Child and Family Team/Family Team Meeting pilot between DCP&P and Children's System of Care (CSOC);
- conducted training focused on enhanced partnership between permanency and adoption staff;
- created a new work group, the Adolescent Round Table, to support more effective engagement with youth age 18 to 21; and
- made presentations for the Children in Court committee (CIC) and the Child Placement Advisory Council.

As of March 31, 2013, DCF developed 2,007 staff as FTM facilitators, 288 as coaches and 110 as master coaches. Table 3 shows the number of facilitators, coaches and master coaches by DCP&P area.

⁶⁸ Coaches are DCP&P staff of varying levels who are trained specifically to lead FTMs; master coaches train Local Office and area staff to become facilitators and coaches. Facilitators are trained to conduct Family Team Meetings according to protocol and the principles and values of DCF's CPM.

**Table 3: Number of FTM Facilitators, Coaches and Master Coaches Developed
as of March 31, 2013**

County	Facilitators	Coaches	Master Coaches
Atlantic	69	13	4
Bergen	122	32	7
Burlington	79	17	5
Camden	156	15	7
Cape May	55	8	3
Cumberland	59	14	3
Essex	265	25	12
Gloucester	67	9	2
Hudson	174	21	13
Hunterdon	18	14	1
Mercer	117	10	4
Middlesex	114	12	6
Monmouth	96	16	8
Morris	70	11	4
Ocean	86	21	5
Passaic	135	15	10
Salem	53	5	0
Somerset	50	6	0
Sussex	42	6	6
Union	148	14	9
Warren	32	4	1
TOTAL	2,007	288	110

Source: DCF

ChildStat Meetings

DCF continues to hold monthly ChildStat meetings, which have been in place since September 2010, and have been a mainstay in DCF's continuous quality improvement processes.⁶⁹ At the ChildStat meetings, Local Office leadership present practice issues, including information and data regarding cases with repeat referrals. As additional offices participate in ChildStat, more staff from many levels within DCF have become better able to use data to demonstrate Local Office performance. The Monitor continues to regularly attend DCF's ChildStat meetings and remains encouraged by the quality of the analyses presented. DCF is now using the ChildStat process to more deeply examine cases of frequently encountered families, those families who

⁶⁹ ChildStat is a process wherein organizations use quantitative and qualitative data from multiple contexts to understand and attempt to improve service delivery.

have had a prior unfounded CPS investigation within 12 months of a current referral. This examination has led to suggested changes to policy that will be used statewide to improve practice. As of September 2012, DCF has invited outside stakeholders and partners to attend its ChildStat meetings. DCF's efforts at self-examination and diagnosis continues to be a productive way to reinforce to staff and DCF partners the elements of quality case practice and the standards of practice that DCF expects for all cases.

Concurrent Planning Practice

DCF continues holding case planning meetings at 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. DCP&P 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.⁷⁰ Enhanced reviews occur in all 47 DCP&P Local Offices.

Statewide, in March 2013, 95 percent of applicable families had required five month reviews, and 97 percent had required ten month reviews.

As Table 4 reflects, in March 2013, 95 percent of five month reviews due that month were completed timely statewide. Between July 2012 and March 2013, monthly performance on this measure ranged from 95 to 98 percent.

**Table 4: Five Month Enhanced Review
(July 2012 – March 2013)**

	Jul-12		Aug-12		Sep-12		Oct-12		Nov-'12		Dec-12		Jan-13		Feb-13		Mar-13	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Reviews Completed w/in five months	281	95%	305	96%	276	96%	322	97%	265	95%	270	98%	334	95%	298	98%	312	95%
Reviews Not Completed w/in five months	16	5%	14	4%	12	4%	11	3%	13	5%	6	2%	16	5%	6	2%	17	5%
Totals	297	100%	319	100%	288	100%	333	100%	278	100%	276	100%	350	100%	304	100%	329	100%

Source: DCF data

Table 5 shows that statewide in March 2013, 97 percent of ten month reviews due that month were completed timely. Between July 2012 and March 2013, monthly performance on this measure ranged from 94 to 99 percent.

⁷⁰ For more information, see *Progress of the New Jersey Department of Children and Families: Period II Monitoring Report for Charlie and Nadine H. v. Christie – January 1, 2007 through December 31, 2007*, Washington, D.C., pg. 36.

**Table 5: Ten Month Enhanced Review
(July 2012 – March 2013)**

	Jul-12		Aug-12		Sep-12		Oct-12		Nov-12		Dec-12		Jan-13		Feb-13		Mar-13	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Reviews Completed w/in ten months	181	94%	244	95%	218	99%	206	98%	221	97%	199	97%	228	95%	243	98%	222	97%
Reviews Not Completed w/in ten months	12	6%	12	5%	3	1%	4	2%	6	3%	6	3%	12	5%	6	2%	6	3%
Totals	193	100%	256	100%	221	100%	210	100%	227	100%	205	100%	240	100%	249	100%	228	100%

Source: DCF data

In March 2013, 64 percent of cases were transferred to an Adoption worker in the required five days after a change of goal to adoption.

The MSA requires DCP&P 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 6 reflects, in March 2013, 64 percent of cases were transferred to an Adoption worker within the required timeframe. Between July 2012 and March 2013, monthly performance on transfers within five days ranged from 57 to 78 percent; during these same months, performance on transfers to an Adoption worker within 30 days ranged from 79 to 93 percent of applicable cases.

**Table 6: Assignment to Adoption Worker within 5 days of Goal Change to Adoption
(July 2012 – March 2013)**

	Jul-12		Aug-12		Sep-12		Oct-12		Nov-12		Dec-12		Jan-13		Feb-13		Mar-13	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Within 5 days	58	57%	39	63%	89	78%	65	58%	60	68%	74	59%	118	73%	69	68%	86	64%
6-20 days	21	21%	11	18%	13	11%	30	27%	9	10%	36	29%	25	15%	19	19%	25	19%
21- 30 days	2	1%	5	8%	0	0%	6	5%	4	5%	3	2%	8	5%	4	4%	3	2%
31 or More days	10	10%	1	2%	4	4%	8	7%	9	10%	5	4%	3	2%	5	5%	3	2%
Not Yet Assigned	8	8%	3	5%	7	6%	2	2%	2	2%	5	4%	8	5%	4	4%	15	11%
Not Able to Determine (Missing hearing date)	3	3%	3	5%	1	0%	1	1%	4	5%	3	2%	0	0%	1	1%	2	2%
Totals	102	100%	62	*99%	114	*99%	112	100%	88	100%	126	100%	162	100%	102	*101%	134	100%

Source: DCF data

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

B. Performance Measures on Family Team Meetings and Case Planning

Family Team Meetings (FTMs) are intended to work in concert with individualized case planning to support improved results for children and families. Caseworkers are trained and coached to hold FTMs at key decision points in the life of a case, such as when a child enters placement, 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, 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 core of New Jersey's CPM, is a critical component of successful family teaming.

Changing practice to include regular FTMs for every family when appropriate has been consistently challenging for the state, despite intensive efforts involving training, coaching and supervision. The state acknowledges that more work needs to be done to fully engage families and encourage participation in FTMs. Some of the difficulty in meeting this Performance Measure appears to be due to families not wanting to participate in FTMs, and DCF has struggled with how to accurately assess and document this information, while simultaneously improving engagement skills of workers. As discussed more fully below, the Monitor reviewed records from 40 families in which DCF reported that FTMs did not occur due to the parent being unavailable or unwilling to participate. The Monitor could not find documentation to support DCP&P's data in a significant number of cases, so the Monitor assessed performance this monitoring period by counting FTMs that actually occurred and did not exclude from the universe the reported number of FTMs in which the parent was unavailable or the parent declined to attend. This is a change in how performance has been previously assessed.

Family Involvement and Effective Use of Family Team Meetings

Quantitative or Qualitative Measure	7. Family Involvement and Effective Use of Family Team Meetings: A family team (involving parents, youth and appropriate formal and informal supports) shall meet and plan together. The team should be involved in planning & 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. Number of family team meetings at key decision points: a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry. b. For all other children in placement, the number/percent who have at least one family team meeting each quarter. c. Family Teamwork
Final Target	a. By June 30, 2010, family meetings held prior to or within 30 days of entry for 90% of new entries and 90% of pre-placements. b. By June 30, 2010, family meetings held for 90% of children at least once per quarter. c. By June 30, 2011, 90% of cases show evidence in QR of acceptable team formation and functioning.

Performance as of March 31, 2013:

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.

During this reporting period DCF initiated intensive efforts to better understand and validate the legitimate reasons why FTMs do not occur, either because the family is unavailable or because a parent declined to attend. In an effort to verify DCF's FTM data in this reporting period, the Monitor reviewed 40 cases in which DCF reported that FTMs did not occur due to the parent being unavailable or unwilling to participate; the Monitor could not find documentation in the record to support DCP&P's data in a number of cases.⁷¹ As a result, data reported for this monitoring period only includes information on FTMs that actually occurred and does not exclude from the universe the reported number of FTMs in which the parent was unavailable or the parent declined to attend, a change from previous reporting periods. This revised methodology was also used to recalculate Period XII data to reflect the progress that has been made in initial FTMs completed, from 35 percent in June 2012 (Period XII) to 56 percent in March 2013 (Period XIII).

According to NJ SPIRIT data, in March 2013, out of 358 possible FTMs, 200 (56%) occurred within 30 days of removal; from July 2012 to March 2013, monthly performance ranged from 34 to 57 percent. The state's performance on FTMs that occurred (without excluding from the universe FTMs where the parent was unavailable or declined to participate) has significantly improved from the previous monitoring period, as described above.⁷²

Performance on quarterly FTMs also improved. Using the same methodology and reporting only on FTMs that actually occurred, in March 2013, out of a possible 1,758 FTMs, 815 (46%) occurred; from July 2012 to March 2013, monthly performance ranged from 30 to 46 percent.⁷³

During the next monitoring period, the Monitor and DCF plan to conduct a statistically valid case record review to more fully understand the practice and documentation issues concerning how to document and legitimately exclude from performance measure calculation those cases where parents were unavailable or declined to participate in FTMs. Once the Monitor is satisfied

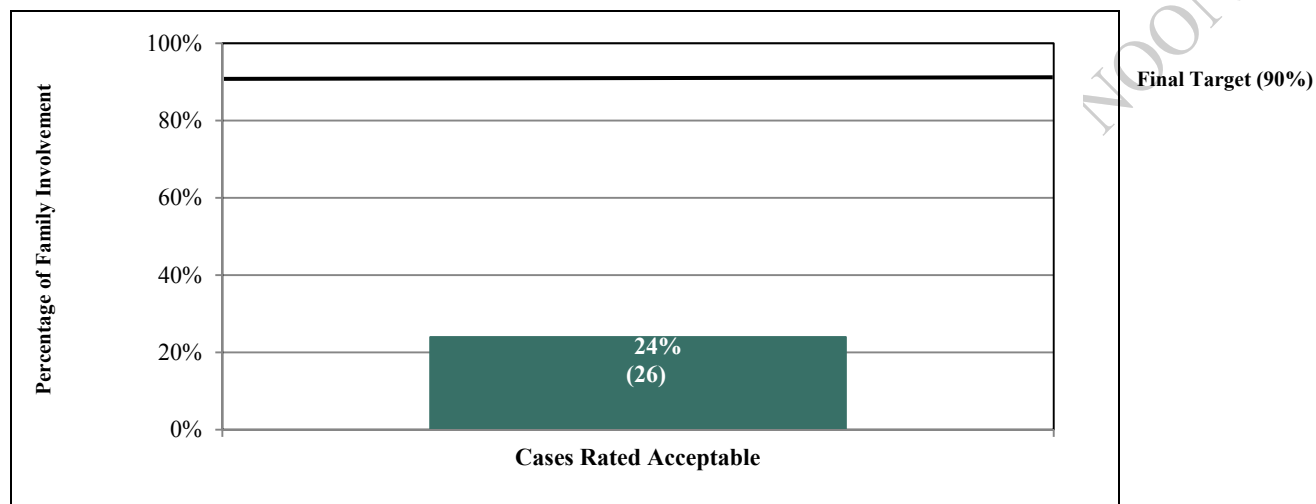
⁷¹ The Monitor reviewed 22 cases from March 2013 in which data designated as the "parent unavailable" and 18 cases designated as "FTM declined." Two additional cases were reviewed and determined to be incorrectly categorized: one in which the FTM had occurred and one in which DCP&P did not have custody of the youth. Of the remaining 20 cases designated as "parent unavailable," the Monitor was able to find documentation for only four (20%) cases demonstrating they were appropriately categorized as "parent unavailable." In 16 (80%), cases the Monitor did not find information to support the "parent unavailable" designation. Of the 18 cases designated as "FTM declined," the Monitor found documentation that five (28%) were appropriately categorized and the remaining 13 (72%) did not have sufficient documentation to categorize them as "FTM declined."

⁷² In June 2012, out of 311 possible FTMs, 109 (35%) of FTMs occurred within 30 days of removal. For the purposes of comparison, these data have been recalculated for Monitoring Period XII using the same methodology as was used for the March 2013 data; cases designated as "parent unavailable" and "parent declined" were not excluded from the universe due to the data verification issues discussed above.

⁷³ In June 2012, out of a possible 1,581 FTMs, 526 (33%) occurred quarterly. This data differs from what was reported in the Monitoring Period XII as it does not exclude cases designated as "parent unavailable" and "parent declined" due to the data verification issues discussed above.

that the exclusions are appropriate, those cases will be considered in the assessment of performance on this standard.

**Figure 7: Cases Rated Acceptable on Family Involvement and Effective Use of Family Team Meetings
(July 2012 – March 2013)
(n=107)**



Source: DCF, QR results

Reported performance based upon QR results from cases reviewed between July 2012 to March 2013.

Performance as of March 31, 2013:

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, the indicator used to report on family involvement and effective use of FTMs. For cases rated as acceptable, there was evidence that persons 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. For cases rated as unacceptable, there was evidence in most cases of initial team formation but less effective ongoing functioning to support the case goals and/or some critical members of a necessary team were not involved.

Results of 107 cases reviewed from July 2012 to March 2013 using the QR indicate that both team formation and functioning were rated acceptable in 24 percent of cases, a decline of six percent from the previous reporting period.⁷⁴

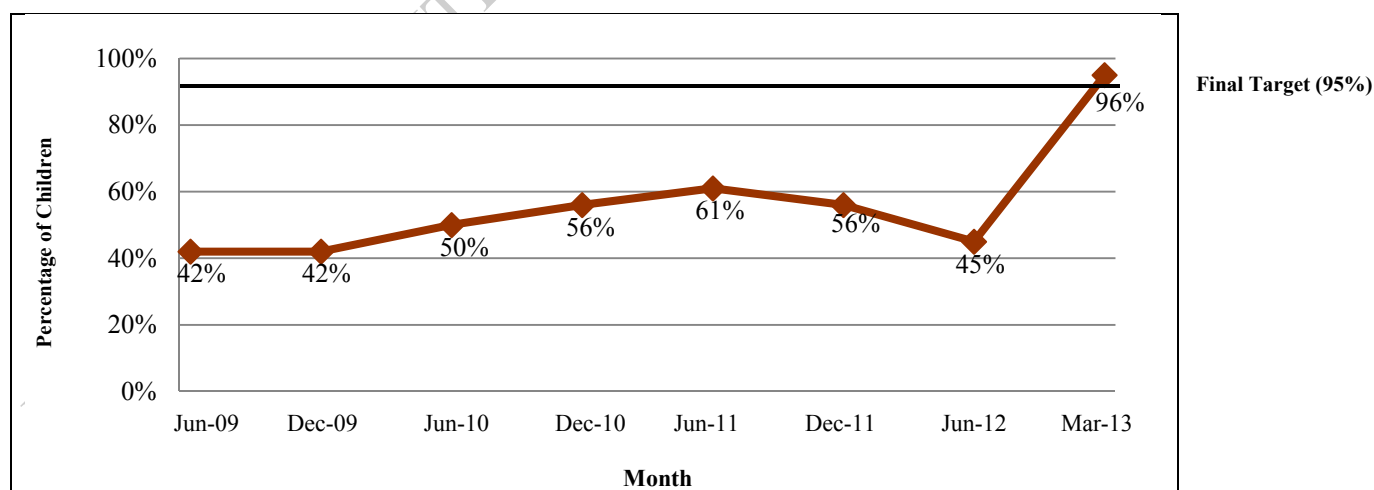
⁷⁴ 26 of 107 cases (24%) rated acceptable on *both areas* of Family Teamwork, team formation and team functioning; 36 of 107 cases (34%) rated acceptable on team formation; and 28 of 107 cases (26%) cases rated acceptable on team functioning.

Timeliness of Case Planning-Initial Plans

DCF policy and the MSA require a case plan be developed within 30 days of a child entering placement. The state's performance has demonstrated significant improvement during this reporting period. Various strategies have been employed to produce this improvement, including weekly conferences between DCF leadership, Area Directors and their Local Office managers to review individual worker and office performance on specific measures, including case plans. DCF also reports that performance improved due to clarifications to policy on how case plans are documented in NJ SPIRIT. Appendix B-4 provides performance data on initial case plan development by Local Office. Performance improved dramatically during this monitoring period; by February and March 2013, DCF met and exceeded the 95 percent performance final target for the first time (see Figure 8). Overall, the Monitor considers DCF's performance over this monitoring period to partially fulfill the MSA requirement as the final target was met two months this monitoring period. As case plans are conducted more routinely, it will be important for DCF to emphasize their quality so that case plans more consistently meet the needs of children and families and to make sure this improvement is sustained.

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

Figure 8: Percentage of Children Entering Care with Case Plans Developed within 30 days (June 2009 – March 2013)



Source: DCF data

Performance as of March 31, 2013:

In March 2013, 341 (96%) out of a total of 354 case plans were completed within 30 days.

Additionally, a total of 350 (99%) cases had case plans completed within 60 days.

As shown in Table 7, between July 2012 and March 2013, the timely development of case plans ranged from 45 to 99 percent each month. Beginning in January 2013, leadership clarified to staff the policy for determining when case plans are completed for the purposes of documenting them in NJ SPIRIT. This clarification appears to have greatly influenced performance, particularly in the months of January through March 2013, as shown in Table 7. Of the 44 Local Offices reported, 37 (84%) met the performance target in March 2013 (see Appendix B-4). The Monitor reviewed and verified a sample of the Local Office data reported.⁷⁵

**Table 7: Case Plans Developed within 30 days of Child Entering Placement
(July 2012 – March 2013)**

	Jul-12		Aug-12		Sep-12		Oct-12		Nov-12		Dec-12		Jan-13		Feb-13		Mar-13	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Case Plans Completed in 30 days	227	66%	222	53%	226	60%	172	45%	213	60%	157	49%	325	85%	329	99%	341	96%
Case Plans Completed in 31-60 days	64	19%	112	27%	74	20%	110	29%	71	20%	121	38%	51	13%	3	1%	9	3%
Case Plans Not Completed after 60 days	52	15%	86	21%	77	20%	99	26%	69	20%	40	13%	8	2%	1	0%	4	1%
Totals	343	100%	420	*101%	377	100%	381	100%	353	100%	318	100%	384	100%	333	100%	354	100%

Source: DCF data

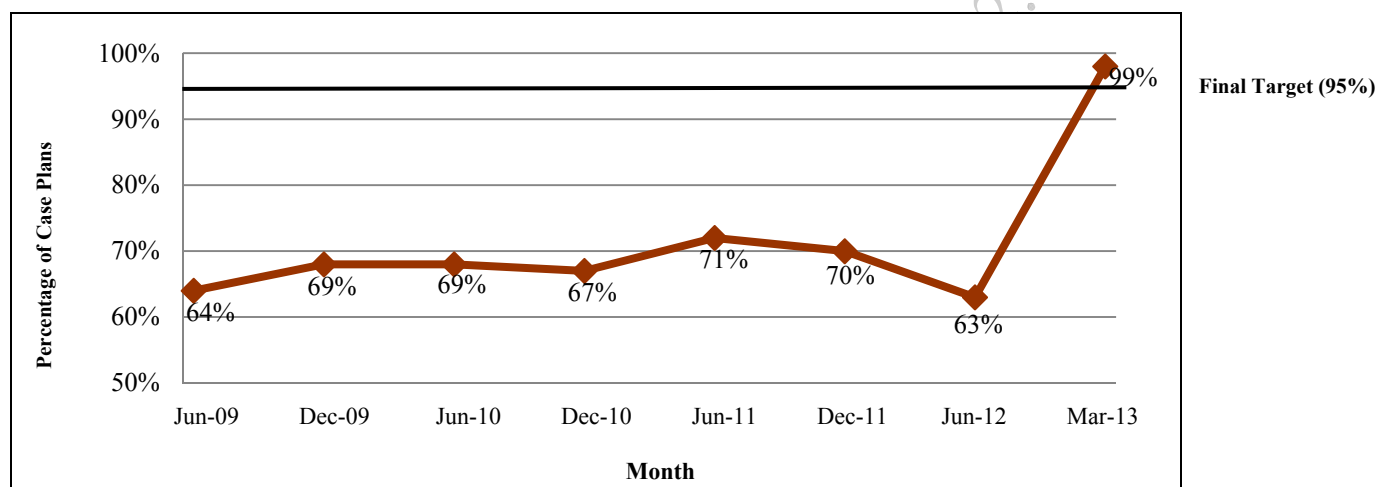
*Percentage is greater or less than 100 due to rounding.

⁷⁵ To validate the DCP&P Local Office data for this measure, Monitor staff reviewed a sample of 30 cases during March 2013 to assess documentation of case plans completion within 30 days of placement and determined that for each of the 30 cases, case plans were completed within 30 days.

Timeliness of Case Planning-Current Plans

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

Figure 9: Percentage of Case Plans Reviewed and Modified as Necessary at least every 6 months (June 2009 – March 2013)



Source: DCF data

Performance as of March 31, 2013:

DCF policy requires that case plans be reviewed and modified at least every six months. From July 2012 through March 2013, between 59 and 99 percent of case plans were modified within the required six month timeframe. In March 2013, 99 percent of case plans had been modified as necessary. The Monitor reviewed Local Office data for this measure and found that there is variation among Local Offices, as shown in Appendix B-5. Of the 47 Local Offices reported, 42 (89%) met the performance target in March 2013. DCF attributes the significant improvement in performance from January through March 2013 (shown in Table 8) to the clarification to policy on case plans described above. The Monitor considers DCF's performance over this monitoring period to partially fulfill the MSA requirement as the final target was met one month during this monitoring period.

**Table 8: Case Plans Updated Every 6 months
(July 2012 – March 2013)**

	Jul-12		Aug-12		Sep-12		Oct-12		Nov-12		Dec-12		Jan-13		Feb-13		Mar-13	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Case Plans Completed within six months	715	64%	626	61%	770	65%	619	59%	630	59%	722	65%	736	67%	973	86%	1,203	99%
Outstanding	407	36%	395	39%	413	35%	439	42%	435	41%	389	35%	360	33%	153	14%	18	2%
Totals	1,122	100%	1,021	100%	1,183	100%	1,058	100%	1,065	100%	1,111	100%	1,096	100%	1,131	100%	1,221	*101%

Source: DCF data

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

Quality of Case Planning and Service Plans

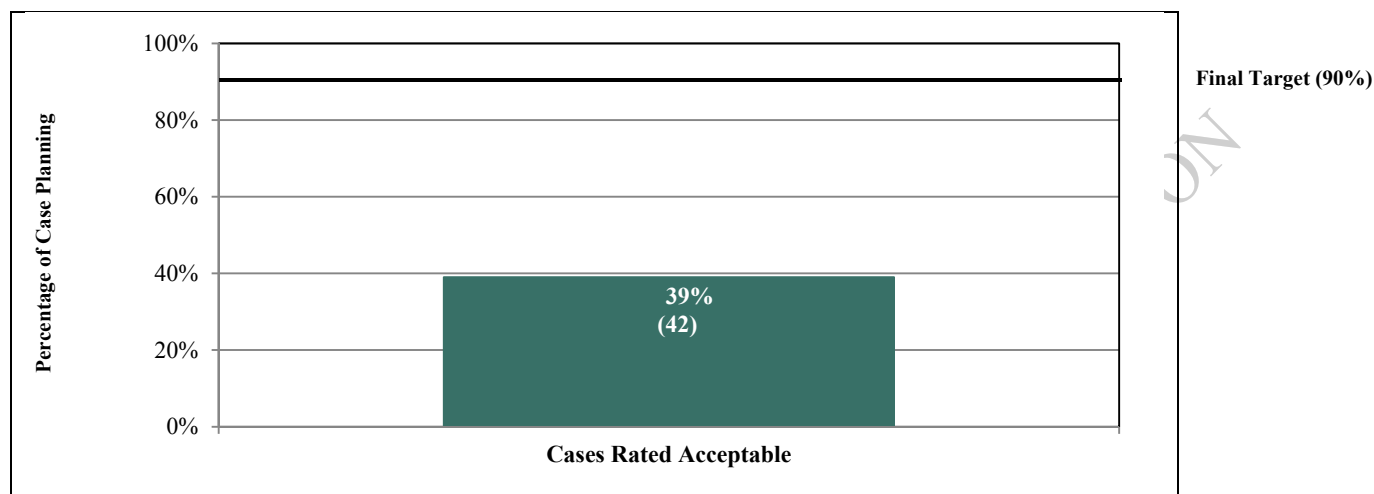
Quantitative or Qualitative Measure	12. <u>Quality of Case and Service Planning</u> : The child's/family's case plan shall be developed with the family and shall be individualized and appropriately address the child's needs for safety, permanency and well-being. The case plan shall provide for the services 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. (13 and 14 have been merged with 12 above)
Final Target	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.

Performance as of March 31, 2013:

The MSA requires 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. As Figure 10 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. DCF results of 107 cases reviewed from July 2012 through March 2013 indicate that 39 percent of cases were rated at least minimally acceptable on both QR indicators 'Case Planning Process' and 'Tracking and Adjusting'.⁷⁶ This represents a nine percent decline in performance from the previous monitoring period and is a concern. While the timely completion of case plans is a significant accomplishment, DCF staff must now focus with equal intensity on the quality of the case plans and the case planning process.

⁷⁶ 42 of 107 rated cases (39%) rated acceptable on *both* the Case Planning Process and Tracking and Adjusting indicators; 45 of 107 cases (42%) rated acceptable on Case Planning Process; and 64 of 107 cases (60%) rated acceptable on Tracking and Adjusting.

**Figure 10: Cases Rated Acceptable on Quality of Case and Service Planning
(July 2012 – March 2013)
(n=107)**



Source: DCF, QR results

Reported performance based upon QR results from cases reviewed between July 2012 to March 2013.

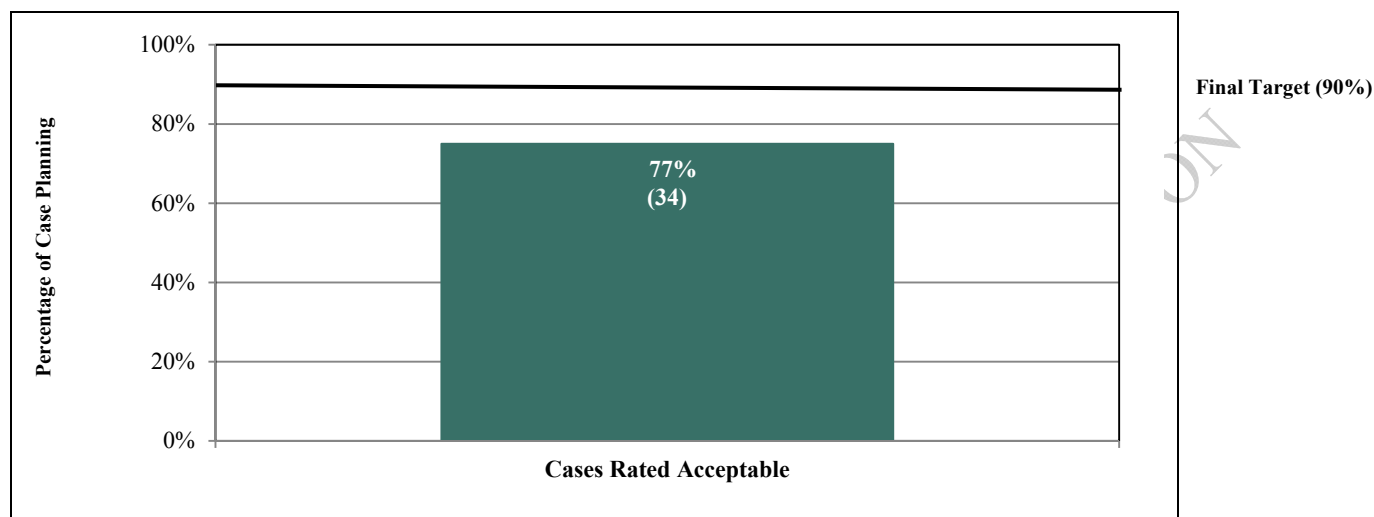
Planning to Meet Children's Educational Needs

Quantitative or Qualitative Measure	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.
Final Target	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.

Performance as of March 31, 2013:

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 11 indicates, performance on this measure based on July 2012 through March 2013 QR results is 77 percent at least minimally acceptable. Thirty four of 44 cases (77%) rated acceptable on *both* the Stability (school) and Learning and Development (age 5 and older) QR indicators; 43 of 54 cases (80%) rated acceptable on Stability (school); 41 of 45 (91%) cases rated acceptable on Learning and Development (age 5 and older). These data are for children in out-of-home placement.

**Figure 11: Cases Rated Acceptable on Planning to Meet Educational Needs
(July 2012 – March 2013)
(n=44)⁷⁷**



Source: DCF, QR results

Reported performance based upon QR results from cases reviewed between July 2012 to March 2013.

C. Performance Measures 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 outcomes with regard to the children or youth's safety, permanence and well-being. An assessment of both safety and risk prior to case closure is necessary to ensure these outcomes have been achieved.

⁷⁷Although 107 cases were reviewed for the QR, only 44 involved children over the age of 5 and out-of-home placement.

Safety and Risk Assessment

Quantitative or Qualitative Measure	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.
Final Target	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. ⁷⁸

Performance as of March 31, 2013:

Performance during the months of July 2012 through March 2013 for both safety and risk assessments completed prior to investigation completion exceeded the 98 percent required by the final target. For example, in March 2013, there were 5,106 applicable⁷⁹ investigation cases closed. Of these 5,106 investigations, 5,105 (100%) investigations had a safety assessment completed prior to investigation completion and 5,105 (100%) investigations had a risk assessment completed prior to investigation completion.

Performance on conducting a risk reassessment 30 days prior to case closure ranged from 45 to 59 percent (see Figure 12) between the months of July 2012 through March 2013. For example, in March 2013, there were 1,698 applicable⁸⁰ cases closed. Of these 1,698 cases, 1,000 (59%) cases had a risk reassessment completed within 30 days prior to case closure; 254 (15%) cases had a risk reassessment completed within 31 to 60 days prior to case closure.⁸¹ Data by Local Office for March 2013 reflects a wide performance range between 31 and 83 percent (see Appendix B-1)⁸² among offices with no Local Office meeting the performance required by the final target. To address this issue in the short term, DCF added a “pop up” box to NJ SPIRIT to remind staff that the risk reassessment is required prior to case closure. This change was implemented on March 26, 2013. Subsequently, a hard edit was added to NJ SPIRIT on May 23, 2013 that now requires a risk reassessment be completed before the NJ SPIRIT system will allow staff to close a case.

⁷⁸ 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.

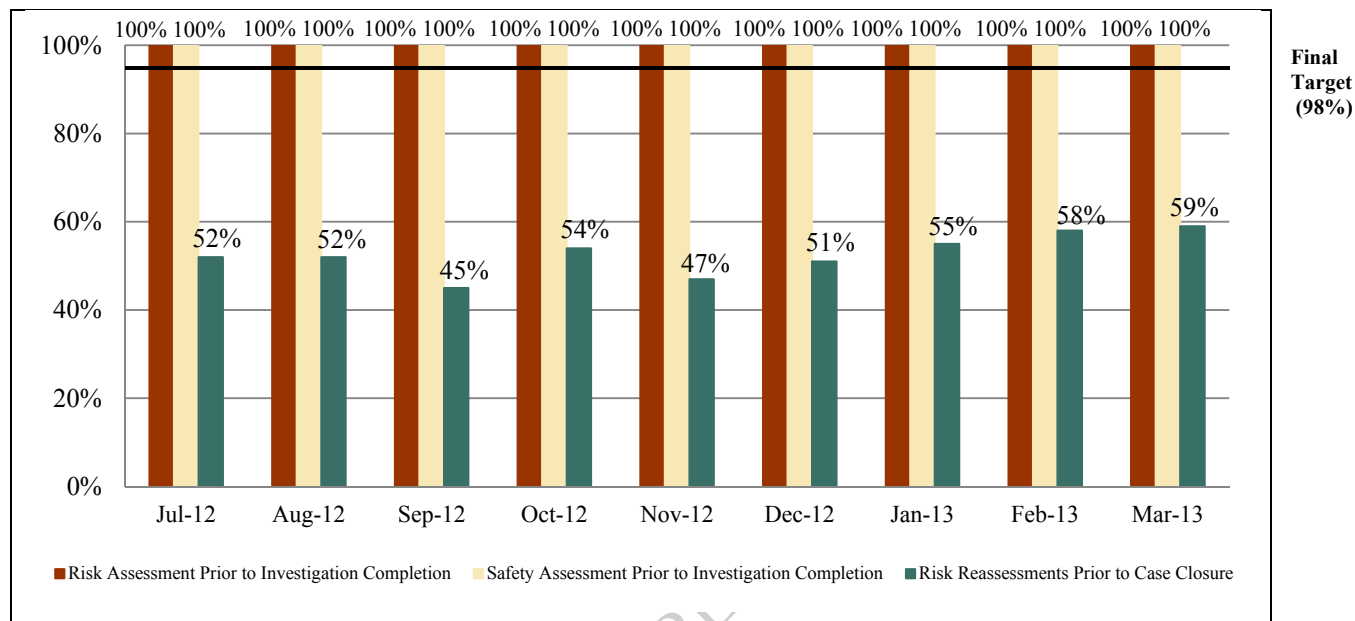
⁷⁹ In March 2013, an additional 35 investigations were closed; however, those cases were marked as “unable to make contact with children/family” and were excluded from the calculations.

⁸⁰ Applicable cases include reunification and do not include adoption, kinship legal guardianship or emancipation.

⁸¹ In March 2013, 95 (6%) cases had a risk reassessment completed within 61 to 90 days prior to case closure; and 320 (19%) cases had a risk reassessment completed over 91 days prior to case closure.

⁸² Cases assigned to adoption workers are included in Appendix B-1 only for the few cases where the goal of the child in placement was changed from adoption to reunification. Prior to case closure, the Adoption worker is required to complete a risk reassessment for those cases when the child exits to reunification.

Figure 12: Performance on Safety Assessments Completed prior to Investigation Completion, Risk Assessments Completed prior to Investigation Completion and Risk Reassessments Completed within 30 days prior to Case Closure (July 2012 – March 2013)



Source: DCF data

D. Performance Measures on Caseworker, Parent-Child and Sibling Visits

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

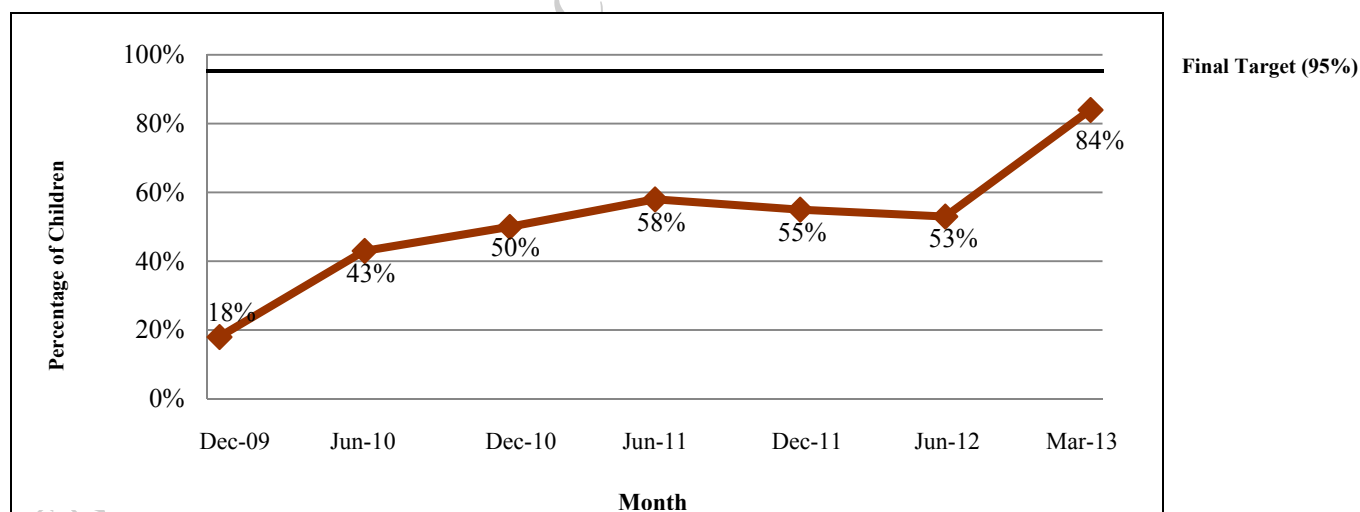
The state's performance for all MSA visitation measures has demonstrated improvement, some substantial, during this nine month monitoring period. One strategy implemented by DCF which has likely contributed to these improvements are weekly conferences held between a member of DCF Commissioner's staff, Area Directors and their Local Office managers to review individual performance on specific measures, including visitation. DCF reports that these conferences focus attention on Local Office performance and on assessing workloads to ensure adequate planning and supervision. Additionally, in early 2013, the Director of DCP&P held meetings with Area Directors who were required to submit performance improvement plans for specific measures where performance was low.

The Monitor reviewed Local Office data for some of the visitation measures⁸³ and found that there is fluctuation in performance among Local Offices.⁸⁴ For applicable measures, ranges in performance among Local Offices are presented below. Additionally, as discussed more fully in this section, the Monitor validated data using a small sample of cases for two visitation measures (Measure 16—caseworker visits with children in state custody and Measure 20—visitation between children in custody and their parents) during this monitoring period. Based upon the findings, the Monitor and DCF plan to conduct a larger case record review during the next monitoring period to more fully examine specific aspects of visitation practice and documentation.

Caseworker Visits with Children in State Custody

Quantitative or Qualitative Measure	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.
Final Target	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 13: Percentage of Children who had Two Visits per month during First Two months of an Initial or Subsequent Placement (December 2009 – March 2013)



Source: DCF data

⁸³ Out of six visitation measures, Local Office data were examined in four of the six visitation measures. Local Office data were not examined for Measure 19 (caseworker visits with parents/family members of children in custody with goals other than reunification) and Measure 21 (visitation between children in custody and siblings placed apart).

⁸⁴ Due to differences in the number of applicable cases per Local Office, conclusions cannot be drawn regarding differences of statistical significance.

Performance as of March 31, 2013:

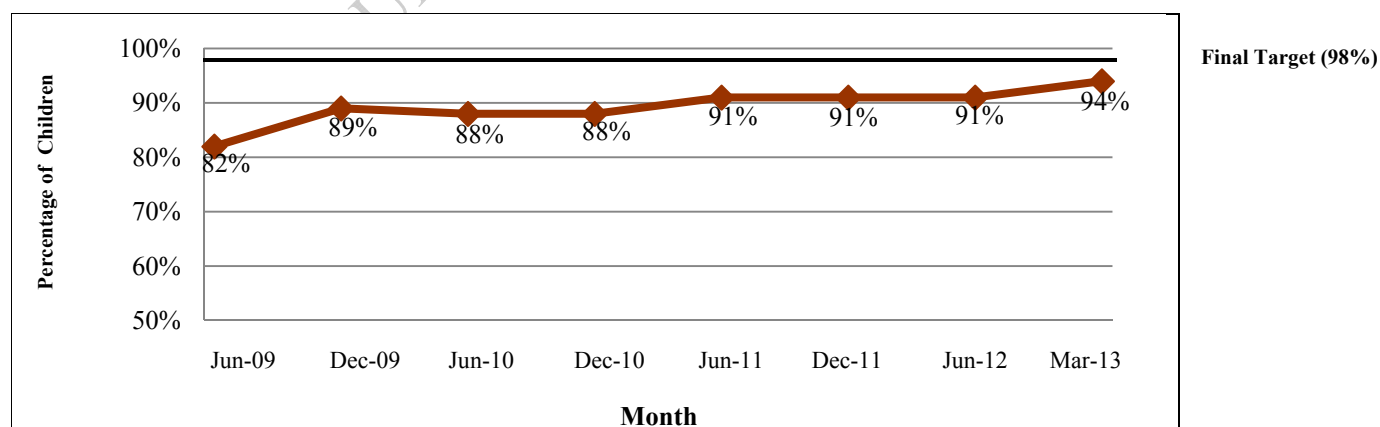
During the month of March 2013, 84 percent of applicable children had two visits per month during the first two months of an initial or subsequent placement. Specifically, there were 488 children who were in an initial or subsequent placement and remained in the placement for a full two months; 411 (84%) had documented visits by their caseworkers twice per month with at least one visit occurring in the placement setting.

Data validation by the Monitor and DCF of NJ SPIRIT reports on this measure as compared with written case documentation identified some errors in categorizing caseworkers' visits with children. As a result, DCF conducted an internal audit of all applicable cases in March 2013 and determined the compliance data presented above. CSSP's independent data validation confirmed this finding. Performance data for other months during the monitoring period were not fully validated and are not presented in this report.

Caseworker Visits with Children in State Custody

Quantitative or Qualitative Measure	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.
Final Target	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 14: Percentage of Children in Out-of-Home Care who had at least One Caseworker Visit per month in his/her Placement (June 2009 – March 2013)



Source: DCF data

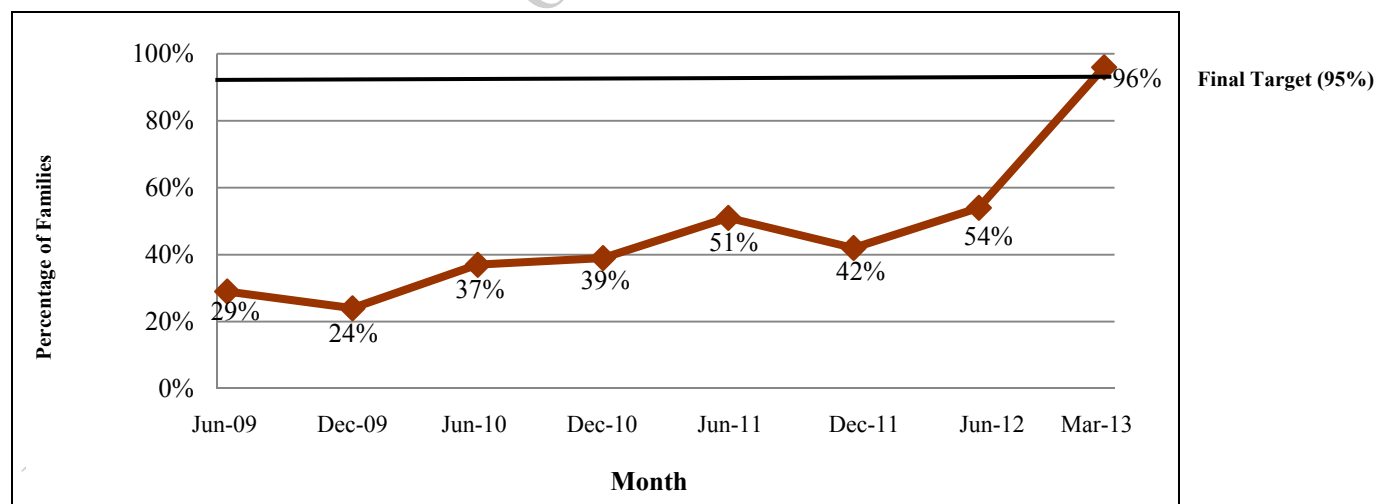
Performance as of March 31, 2013:

Between July 2012 and March 2013, performance ranged monthly from 85 to 94 percent of children in out-of-home placement with at least one caseworker visit per month in his/her placement.⁸⁵ For example, in March 2013 there were 6,940 children in out-of-home placement for a full month; 6,550 (94%) were visited by their caseworker at least one time per month in their placement. An additional 332 (5%) children had at least one caseworker visit per month in a location other than their placement, for a total of 99 percent of children with at least one caseworker visit per month regardless of location. In March, performance on this measure by Local Office ranged from 81 to 100 percent; nine Local Offices met the MSA standard (see Appendix B-2). State performance, while strong, does not meet the 98 percent required by the MSA.

Caseworker Visits with Parents/Family Members

Quantitative or Qualitative Measure	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.
Final Target	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 15: Percentage of Families who have at least Twice per month Face-to-Face Contact with Caseworker when the Goal is Reunification (June 2009 – March 2013)⁸⁶



Source: DCF data

⁸⁵ Performance data for monitoring period are as follows: July 2012, 92%; August 2012, 92%; September 2012, 90%; October 2012, 85%; November 2012, 92%; December 2012, 93%; January 2013, 93%; February 2013, 94%; March 2013, 94%.

⁸⁶ Beginning in 2011, reported performance exclude from calculations those children's parents who did not require visits from a caseworker due to the parent being unavailable or because contacts were not required.

Performance as of March 31, 2013:

Between July 2012 and March 2013, monthly performance on this measure ranged from 52 to 96 percent of parents or other legally responsible family members visited two times per month by a caseworker when the family's goal is reunification.⁸⁷ For example, in March 2013, there were 3,701 children in custody with a goal of reunification; 721 (19%) children's parents did not require visits from a caseworker due to the parent being unavailable or because contacts were not required, leaving 2,980 children with the goal of reunification applicable to this measure.⁸⁸ Of these 2,980 children, the parents of 2,859 (96%) children were visited twice during the month. The parents of an additional 95 (3%) children had at least one contact in March and 26 (1%) had no contact with the caseworker during the month. Local Office data for March ranges between 81 and 100 percent; 38 (81%) of the 47 Local Offices met the required level of 95 percent (see Appendix B-3). The Monitor considers DCF's performance over this monitoring period to partially fulfill the MSA requirement as the final target was met for one month during this monitoring period.

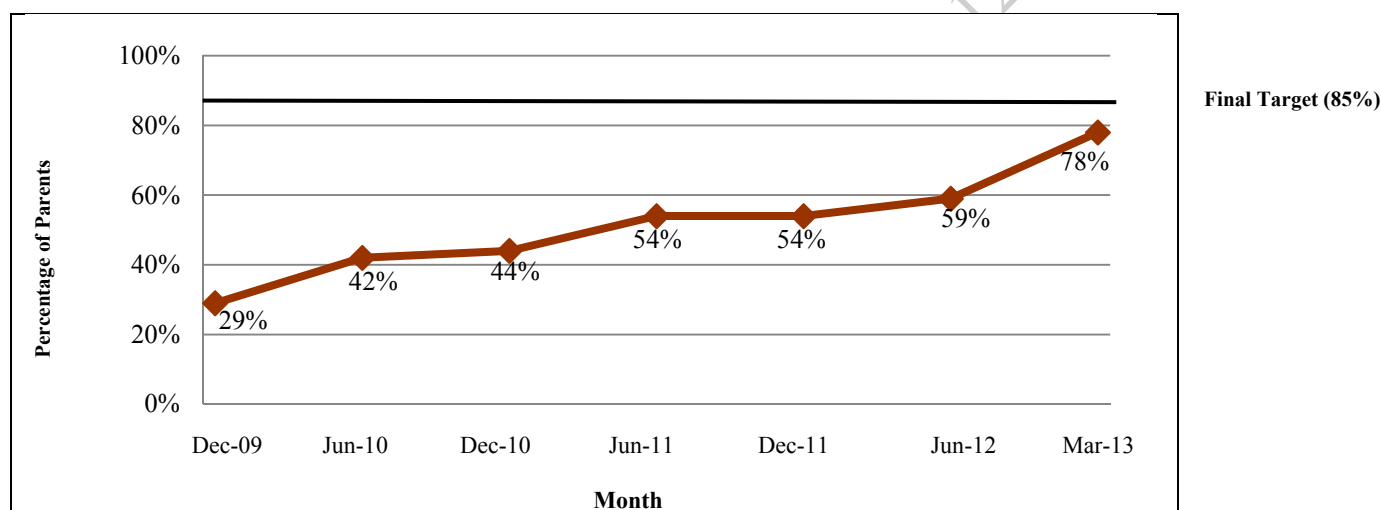
⁸⁷ Performance data for monitoring period are as follows: July 2012, 55%; August 2012, 57%; September 2012, 54%; October 2012, 52%; November 2012, 59%; December 2012, 66%; January 2013, 84%; February 2013, 94%; March 2013, 96%.

⁸⁸ Data from NJ SPIRIT indicate that the percentage of children's parents who were designated by DCF as not requiring a visit due to the parent being unavailable or because contacts were not required rose from 11 percent in July 2012 to 19 percent in March 2013. The Monitor plans to work with DCF during the next monitoring period to evaluate visitation practice and documentation for this measure.

Caseworker Visits with Parents/Family Members

Quantitative or Qualitative Measure	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.
Final Target	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. ⁸⁹

Figure 16: Percentage of Parents who had at least One Face-to-Face Contact with Caseworker who had a Permanency Goal other than Reunification (December 2009 – March 2013)



Source: DCF data

Performance as of March 31, 2013:

Between July 2012 and March 2013, monthly performance on this measure ranged from 57 to 78 percent of parents or other legally responsible family members visited monthly by a caseworker when the family's goal is no longer reunification.⁹⁰ For example, in March 2013, there were 1,947 children in custody whose goal was not reunification; 277 (14%) children's parents did not require visits from a caseworker due to the parent being unavailable or contacts were not required, leaving 1,670 children in custody whose goal was not reunification applicable to this measure. Of these 1,670 children, the parents for 1,307 (78%) children were visited monthly.

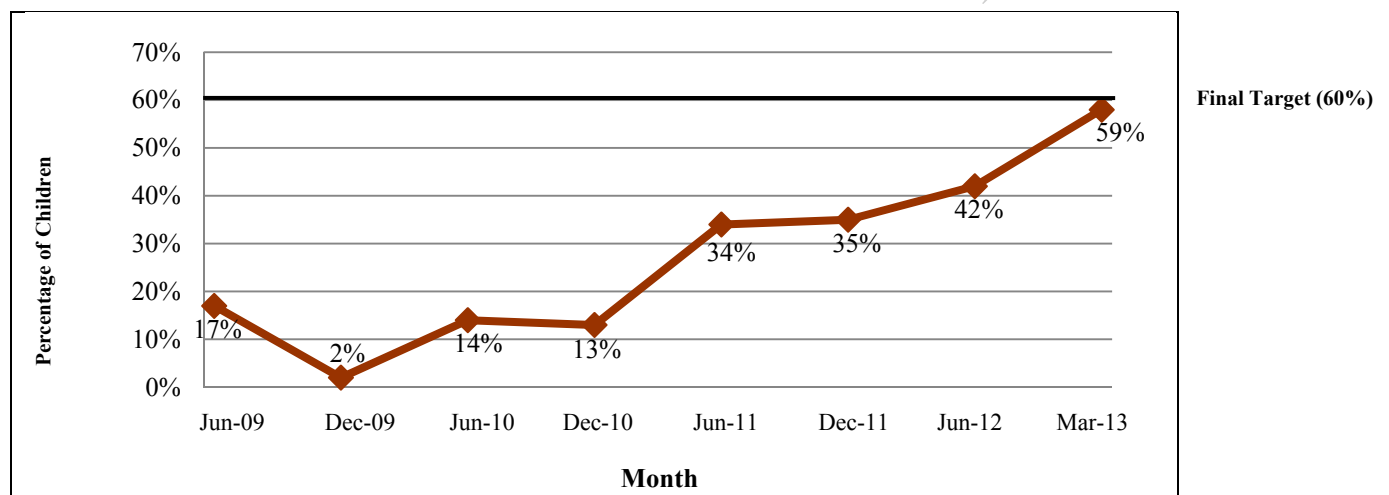
⁸⁹ Possible modification of the final target for this performance measure is under discussion among the Parties and the Monitor.

⁹⁰ Performance data for monitoring period are as follows: July 2012, 61%; August 2012, 63%; September 2012, 62%; October 2012, 57%; November 2012, 59%; December 2012, 65%; January 2013, 73%; February 2013, 73%; March 2013, 78%.

Visitation between Children in Custody and their Parents

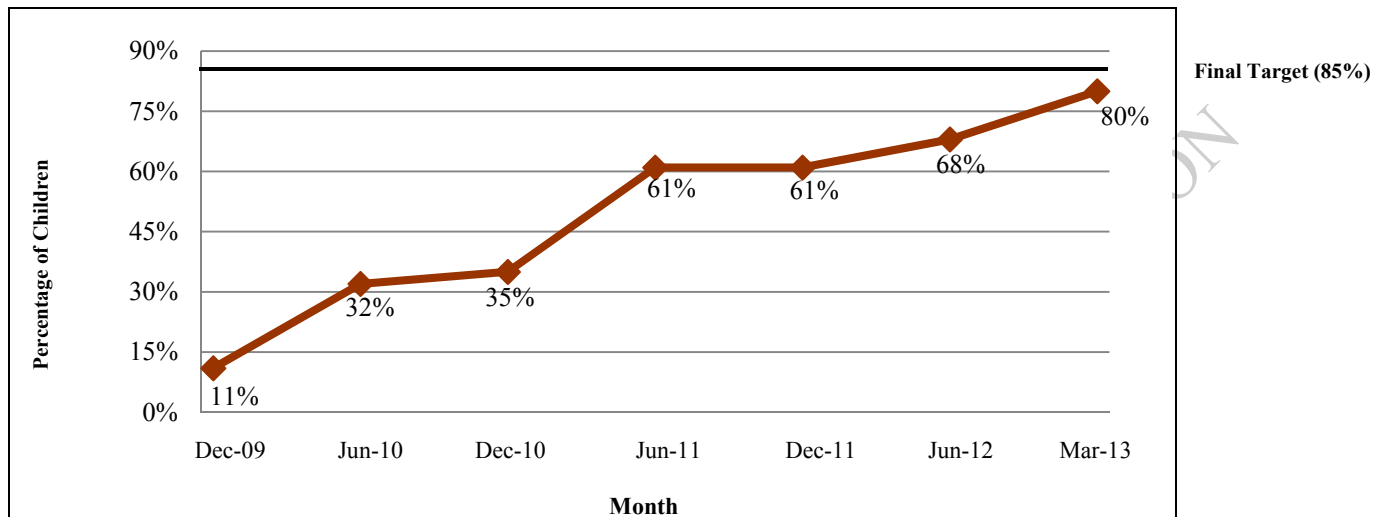
Quantitative or Qualitative Measure	20. <u>Visitation between Children in Custody and Their Parents</u> : Number/percent of children who have weekly visits with their parents when the permanency goal is reunification unless clinically inappropriate and approved by the Family Court.
Final Target	By December 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 17: Percentage of Children with Weekly Visits with their Parent(s)
(June 2009 – March 2013)**



Source: DCF data

**Figure 18: Percentage of Children who had at least Two Visits
per month with their Parent(s)
(December 2009 – March 2013)**



Source: DCF data

Performance as of March 31, 2013:

Between July 2012 and March 2013, a monthly range of 37 to 59 percent of children had weekly visits with their parents when their permanency goal is reunification⁹¹ and a monthly range of 64 to 80 percent of children had visits at least every other week.⁹² For example, in March 2013, there were 3,464 children in placement with a goal of reunification; 2,029 (59%) had four visits with their parents during the month and an additional 754 (22%) children had two or three visits during the month. DCP&P reports that 339 children could not have visits because the visits were not required or the parent was unavailable. An additional 831 children had one, two or three visits during the month and for those weekly visits that did not occur, DCP&P reports that the visits were not required or the parent was unavailable. The Monitor reviewed a small sample of cases designated with these exclusions and found that they were not consistently applied as intended.⁹³ During the next monitoring period, the Monitor and DCF plan to conduct a

⁹¹ Performance data for monitoring period are as follows: July 2012, 39%; August 2012, 42%; September 2012, 37%; October 2012, 38%; November 2012, 38%; December 2012, 47%; January 2013, 55%; February 2013, 52%; March 2013, 59%.

⁹² Performance data for monitoring period are as follows: July 2012, 64%; August 2012, 67%; September 2012, 64%; October 2012, 65%; November 2012, 64%; December 2012, 73%; January 2013, 77%; February 2013, 79%; March 2013, 80%.

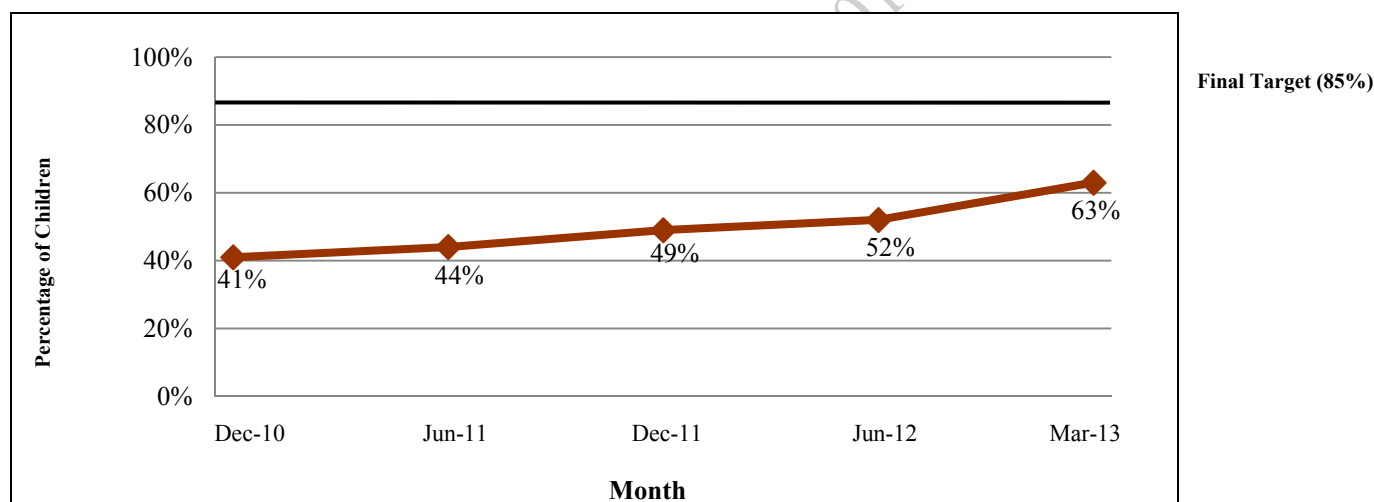
⁹³ 31 cases categorized as “visits not required” or “parent unavailable” during the month of January 2013 were reviewed. One case was incorrectly designated as the child was living with the mother. Of the remaining 30 cases, seven (23%) cases did not have documentation that fully supported use of the exclusion categories during the month. Some of the issues identified in these seven cases included no documentation of efforts by DCF staff to facilitate visitation for parents who were in a treatment program or incarcerated; conflict with visitation schedule and state holidays or worker schedule; or lack of documentation regarding attempts to resolve barriers to parent’s ability to participate in visitation or child(ren)’s resistance to visitation.

statistically valid case record review to more fully understand the practice and documentation in this area.

Visitation between Children in Custody and Sibling Placed Apart

Quantitative or Qualitative Measure	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.
Final Target	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 19: Percentage of Children in Custody who have at least Monthly Visits with Siblings, for Children not Placed with Siblings (December 2010 – March 2013)



Source: DCF data

Performance as of March 31, 2013:

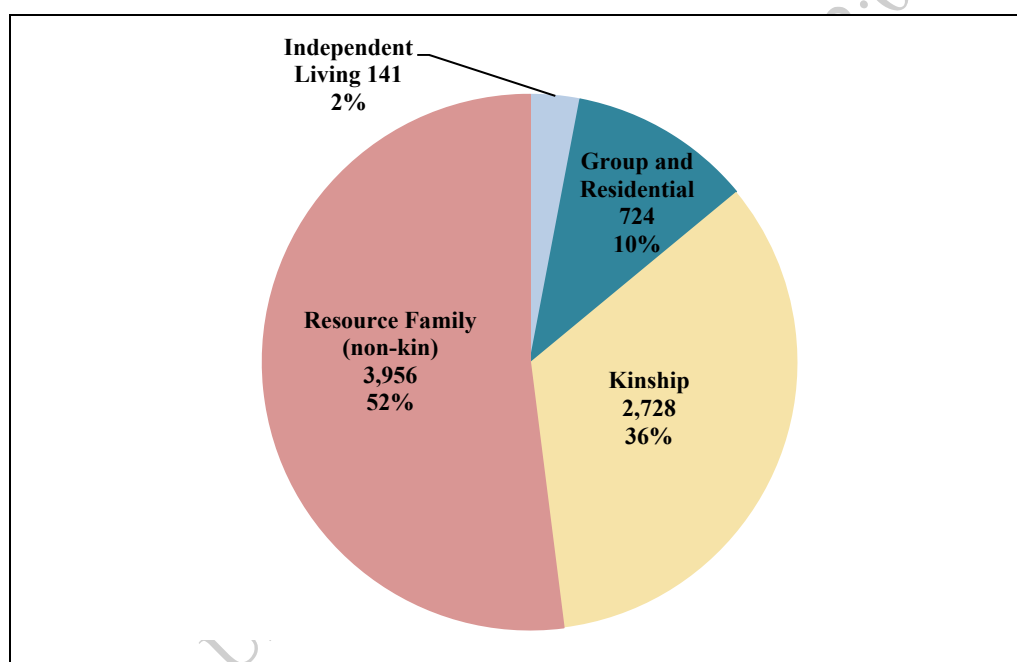
Between July 2012 and March 2013, a monthly range of 49 to 63 percent of children had monthly visits with their sibling(s) when they were not placed together.⁹⁴ For example, in March 2013 there were 2,600 children in placement who had at least one sibling who did not reside in the same household as them; 1,634 (63%) children had a visit with their siblings during the month. Performance has improved 11 percent since the prior monitoring period but does yet not meet the final target of 85 percent.

⁹⁴ Performance data for monitoring period are as follows: July 2012, 54%; August 2012, 59%; September 2012, 55%; October 2012, 49%; November 2012, 55%; December 2012, 60%; January 2013, 57%; February 2013, 62%; March 2013, 63%.

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

As of March 31, 2013, a total of 51,863 children were receiving DCP&P services: 7,549 in out-of-home placement and 43,814 in their own homes. Figure 20 shows the type of placement for children in DCP&P custody as of March 31, 2013: 88 percent were in resource family homes (either kinship or non-kinship), ten percent in group and residential facilities and two percent in independent living facilities.

**Figure 20: Children in DCP&P Out-of-Home Placement by Type of Placement
as of March 31, 2013
(n=7,549)**



Source: DCF data

Table 9 shows selected demographics for children in out-of-home placement as of March 31, 2013. As seen in Table 9, almost half (47 percent) of the 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. One quarter of the population were age six to 12, 28 percent were age 13 or older and eight percent were age 18 or older.

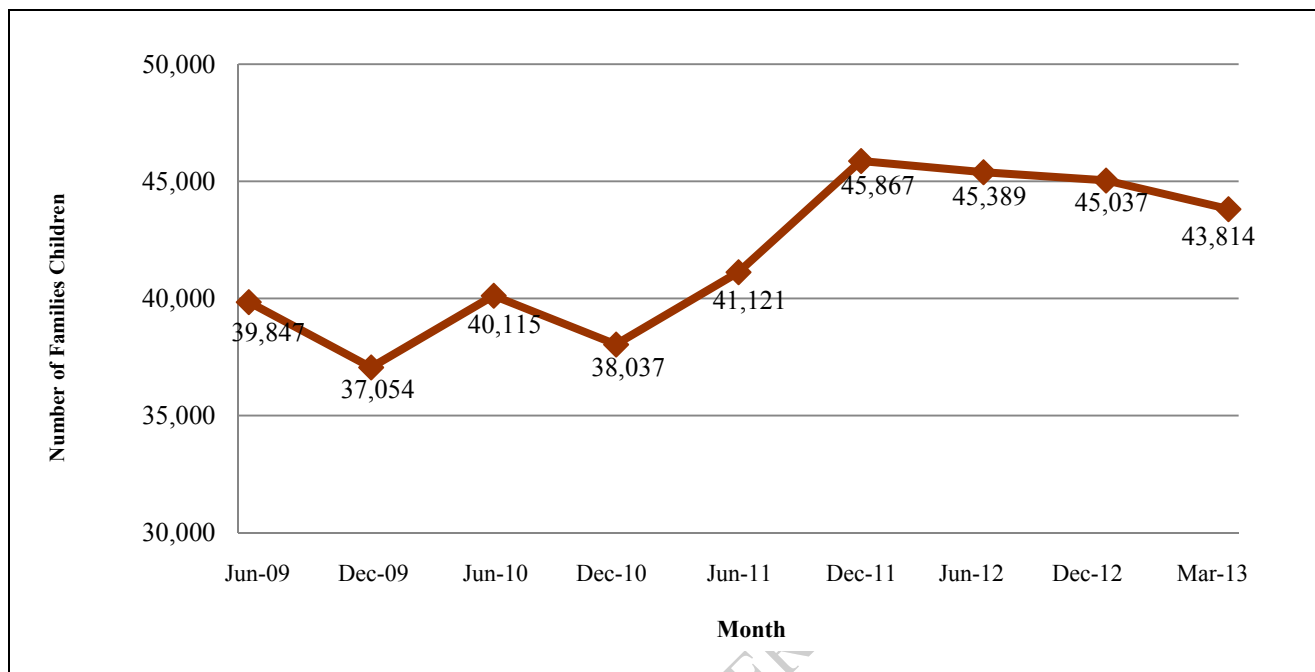
**Table 9: Selected Demographics for Children in Out-of-Home Placement
as of March 31, 2013
(n=7,549)**

Gender	Percent
Female	48%
Male	52%
Total	100%
Age	Percent
2 years or less	27%
3-5 years	20%
6-9 years	16%
10-12 years	9%
13-15 years	11%
16-17 years	9%
18+ years	8%
Total	100%
Race	Percent
Black or African American	43%
American Indian or Alaska Native	<1%
Asian	<1%
Native Hawaiian or Other Pacific Islander	<1%
Black or African American Hispanic	2%
Hispanic—No Race	4%
White Non-Hispanic	27%
White Hispanic	13%
Multiple Races	5%
Missing or Undetermined	5%
Total	100%

Source: DCF data

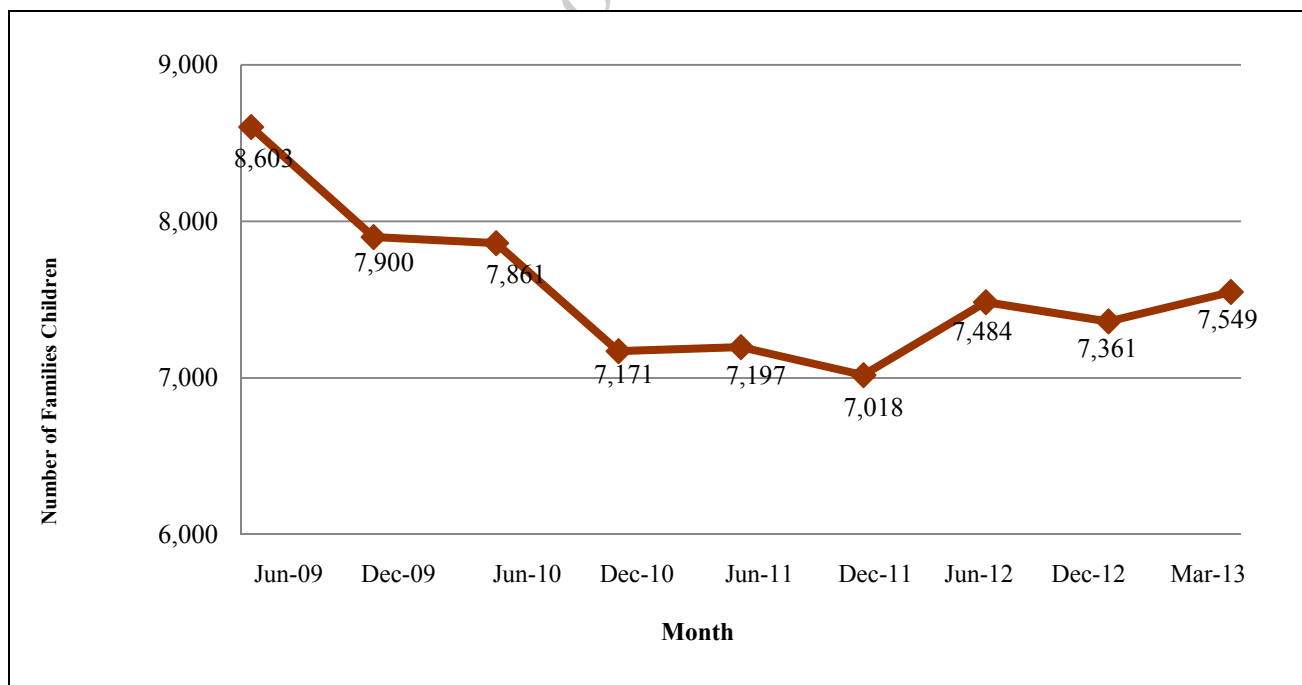
The number of children in out-of-home placement has risen slightly (< 1%) from 7,484 in June 2012 to 7,549 in March 2013 (see Figure 21). Since the last monitoring period, there has been a slight decrease (1%) in the number of children receiving in-home services from 45,389 to 43,814.

**Figure 21: Children Receiving In-Home Services
(January 2009 – March 2013)**



Source: DCF data

**Figure 22: Children in Out-of-Home Placement
(January 2009 – March 2013)**



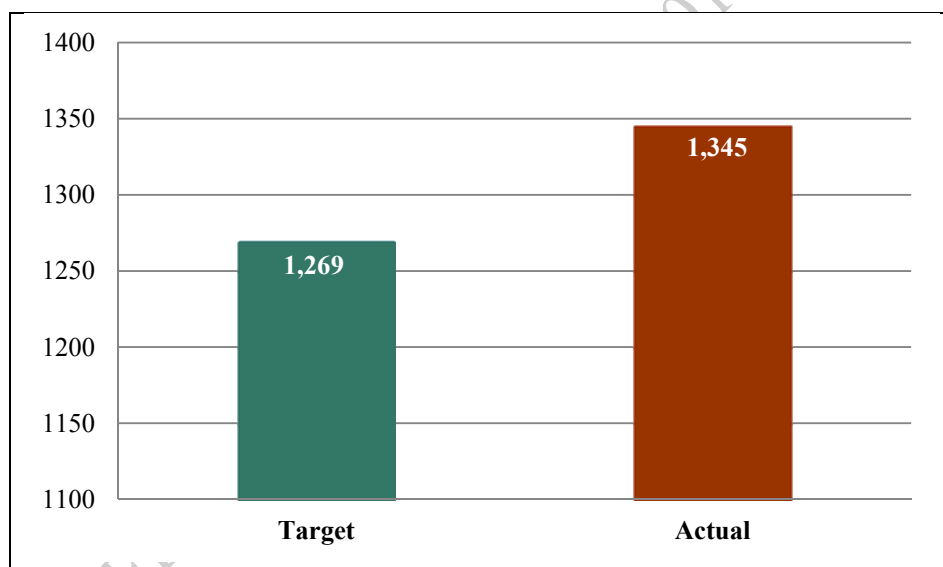
Source: DCF data

A. *Recruitment and Licensure of Resource Family Homes*

DCF reports that it continues to maintain a resource family home placement capacity in excess of current need, allowing choices for every child in placement. At the same time, the state recognizes the need to recruit and license more specialized homes, such as large capacity resource family homes and homes for adolescents.

DCF recruited and licensed 1,345 new kinship and non-kinship resource family homes from January 1 to December 31, 2012, exceeding its target for CY 2012 by 76 families. Between January and March 2013, DCF recruited and licensed another 316 resource family homes for a total of 1,661 newly licensed homes between January 1, 2012 and March 31, 2013.

Figure 23: Number of Licensed Resource Family Homes Compared to Statewide Target (January – December 2012)
Total = 1,345



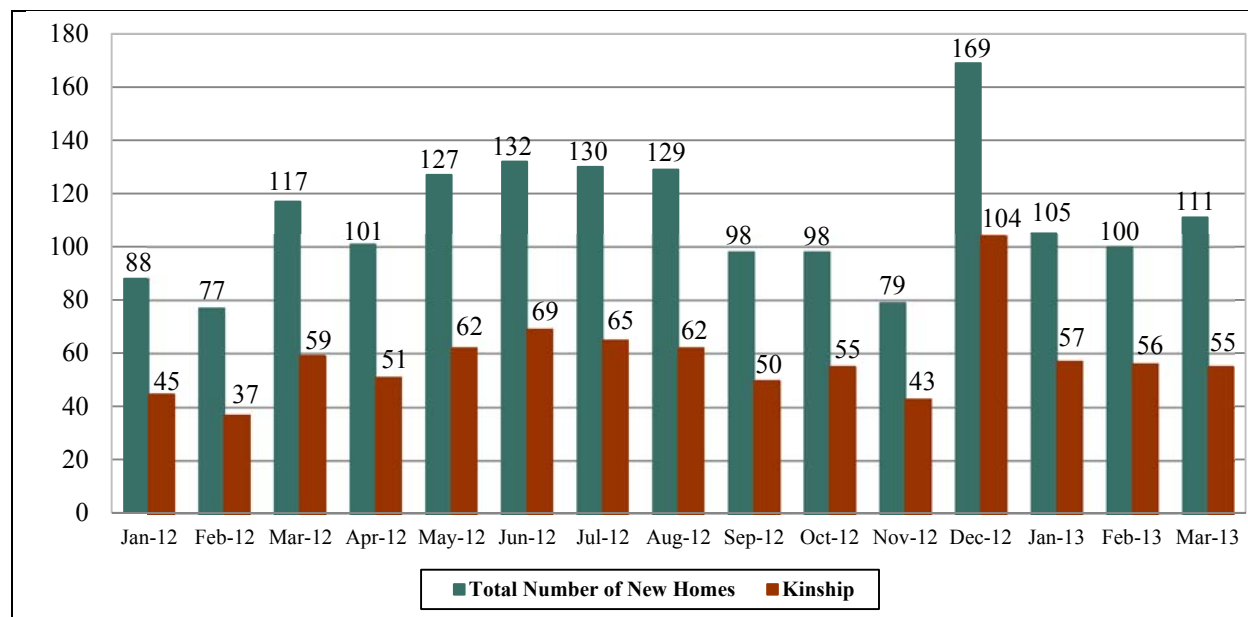
Source: DCF data

DCF set a target to recruit and license 1,264 resource family homes in CY 2013; having licensed 316 homes in the first quarter of 2013, DCF is on target to reach or exceed its goal.

As indicated in Figure 24, DCF reports that 870 (52%) of 1,661 newly licensed resource family homes during this monitoring period were kinship homes, the highest percentage of kinship homes licensed since reporting began in 2007, reflecting the state's significant progress in exploring kinship care as the preferred placement option.⁹⁵

⁹⁵ See Table 10 for total gross and net numbers of resource family homes.

**Figure 24: Newly Licensed Resource Family Homes
(Kinship and Non-Kinship)
(January 1, 2012 – March 31, 2013)
Total Licensed = 1,661
Total Kinship Licensed = 870**



Source: DCF data

DCF reports that rather than focusing on increasing the pool of resource family homes, it is in the process of refining the pool to better meet specialized needs and characteristics of children requiring placement.

Between January 1, 2012 and March 31, 2013, DCF had a net gain of 137 resource family homes. Table 10 shows the number of kinship and non-kinship resource family homes licensed and the number of resource family homes closed between January 2012 and March 2013.

**Table 10: Resource Family Homes Licensed and Closed
(January 1, 2012 – March 31, 2013)**

2012 – 2013 Monthly Statistics	Non-Kin Resource Homes Licensed	Kin Resource Homes Licensed	Total Resource Homes Licensed	Total Resource Homes Closed	Resource Homes Net Gain
JANUARY 2012	43	45	88	50	38
FEBRUARY 2012	40	37	77	78	-1
MARCH 2012	58	59	117	92	25
APRIL 2012	50	51	101	86	15
MAY 2012	65	62	127	122	5
JUNE 2012	63	69	132	110	22
Jan – Jun 2012 Totals	319	323	642	538	104
JULY 2012	65	65	130	112	18
AUGUST 2012	67	62	129	124	5
SEPTEMBER 2012	48	50	98	98	0
OCTOBER 2012	43	55	98	91	7
NOVEMBER 2012	36	43	79	96	-17
DECEMBER 2012	65	104	169	143	26
July – Dec 2012 Totals	324	379	703	664	39
JANUARY 2013	48	57	105	97	8
FEBRUARY 2013	44	56	100	88	12
MARCH 2013	56	55	111	137	-26
Jan. 2012 – March 2013 Totals	148	168	316	322	-6
TOTALS	791	870	1,661	1,524	137

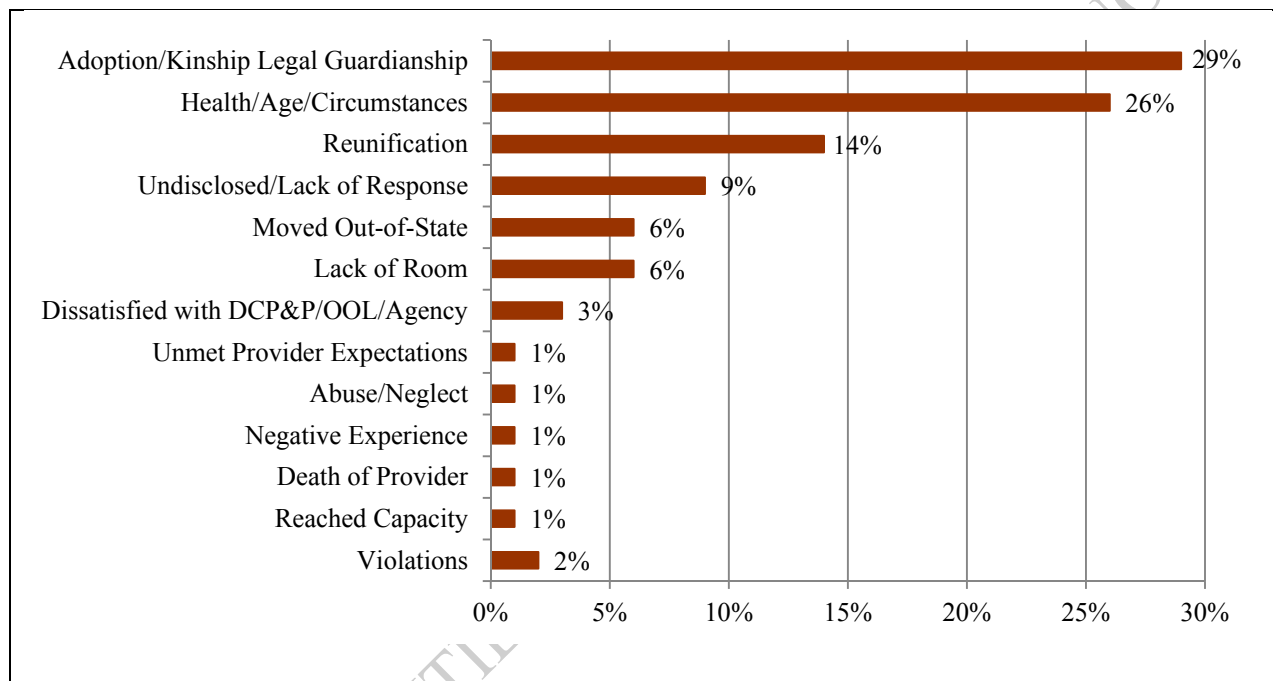
Source: DCF data

DCF's commitment to placing children with kinship providers has resulted in the closing of many relative homes once the permanency goal is achieved; forty-three percent (424) of the 986 homes closed between July 1, 2012 and March 31, 2013 are reported as relative homes.

As reflected in Figure 25, 43 percent of all resource family homes that were closed between July 1, 2012 and March 31, 2013 were due to reunification (14%) and kinship legal guardianship or adoption (29%). Additional reasons for closing resource homes include a provider's personal circumstances, such as the health/age of the provider (26%), a move out-of-state (6%), lack of

room (6%) and reaching capacity (1%). Nine percent of the resource family home providers did not disclose their reasons for closing their homes. An additional nine 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 DCP&P and Office of Licensing (OOL) rules (3%), unmet provider expectations (1%) and violations of licensing rules (2%).

**Figure 25: Reasons for Resource Home Closures
(July 1, 2012 – March 31, 2013)**



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 annual targets for recruitment (MSA Section II.H.13). These targets are based on:

- total number of children in placement,
- total number of licensed resource family homes statewide,
- total number of sibling groups,
- average number of closed homes statewide,
- geographical location of resource family homes and
- county of origin of children who need placement.

Thirteen counties met or exceeded their annual targets for licensed resource family homes. Table 11 shows county performance in 2012 as compared to recruitment/licensure targets.

Table 11: Newly Licensed Resource Family Homes Compared to County/State Targets (January – December 2012)

County	Target	Licensed	Performance Against Target
Atlantic	51	64	13
Burlington	75	84	9
Cape May	21	17	-4
Camden	107	128	21
Cumberland	28	34	6
Gloucester	48	43	-5
Salem	20	20	0
Essex	207	228	21
Hudson	110	96	-14
Bergen	74	89	15
Hunterdon	20	13	-7
Mercer	47	28	-19
Somerset	22	43	21
Warren	20	22	2
Middlesex	75	74	-1
Morris	48	50	2
Sussex	20	20	0
Passaic	70	70	0
Ocean	62	86	24
Monmouth	69	64	-5
Union	75	72	-3
Totals	1,269	1,345	76

Source: DCF

DCF continues to process the majority of resource family applications within 150 days (MSA Section II.H.4).

As shown in Table 12, for resource family applications received from January to September 2012, 1070 (58%) were resolved in 150 days and 1,279 (69%) applications were resolved in 180 days. This is a slight decline from the previous monitoring period in which 64 percent of applications were resolved in 150 days and 73 percent were resolved in 180 days. Effects of Superstorm Sandy may have had an impact on performance in this area: staff and applicant

resource families were delayed in completing home study requirements due to displacement, damage to homes, training cancellations, power outages and the like. When compared to performance in 2007 of 25 percent, DCF has improved significantly in its efforts to reach the 150 day timeframe.

Table 12: Total Number of Resource Family Applications Resolved in 150 and 180 Days For Applications Submitted January – September 2012

2012 Month Applied	Total Applications	Resolved in 150 Days		Resolved in 180 Days	
	Number	Number	Percent	Number	Percent
JANUARY	211	132	63%	150	71%
FEBRUARY	227	135	59%	164	72%
MARCH	225	140	62%	161	72%
APRIL	190	114	60%	129	68%
MAY	193	111	58%	131	68%
JUNE	194	108	56%	144	74%
JULY	198	110	56%	134	68%
AUGUST	185	102	55%	126	68%
SEPTEMBER	221	118	53%	140	63%
Total	1,844	1,070	58%	1,279	69%

Source: DCF data

DCF has continued the programs, policies and activities that have led to success in licensing quality resource family homes.

Resource Family Impact Teams

Monthly resource family impact team conferences continue to be held in all of the DCP&P Local Offices. Participants include local and area resource family unit staff, licensing inspectors and Office of Resource Families (ORF) staff. Also Office of Licensing (OOL) intake and ORF supervisors meet regularly to discuss new policies and quality case practice. DCF continues to find that this monthly conferencing model assists in identifying practice issues to resolving applications within 150 days. A new Impact Meeting Workgroup was formed during the reporting period that convenes participants from Local Office resource family units, area resource family specialists and staff from OOL and ORF. The workgroup is charged with making recommendations to improve compliance with the 150 day application process and how best to utilize resource family impact teams.

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. At the end of this reporting period, DCF had 25 SIBS homes, a net increase of one home from the previous monitoring period; fifteen SIBS homes were newly licensed between July 1, 2012 and March 31, 2013.⁹⁶

New Jersey continues to pursue recruitment and retention strategies that seek to locate and retain quality resource parents, including a new focus on improving local capacity.

Recruitment and Retention

DCF continues to emphasize and support locally based recruitment activities in communities where children reside. Recruitment staff hold bi-monthly meetings to provide forums to discuss ideas, challenges and successful recruitment activities. DCF developed two new roles to enhance recruitment efforts: a Recruitment and Retention Specialist to focus on communication and marketing and a Statewide Retention Specialist to further support resource families and improve overall customer service. Specific statewide recruitment events were held that focused on the need for families for adolescents and sibling groups.

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 marketing research tool that helps identify households by geographic area and select economic indicators that are most similar to those in which DCF is currently successful in placing children. The purpose of the tool is to find new ways to reach and successfully penetrate target markets. The tool was piloted in Mercer and Essex counties during this monitoring reporting period.

Staff Training and Skill Development

Over 170 resource family and licensing staff participated in training opportunities during this monitoring period, including:

- Two-Day Structured Analysis Family Evaluation (SAFE) Training—this is a two-day mandatory training required of all SAFE practitioners, resource family staff who conduct home studies using the SAFE model.

⁹⁶ Fourteen homes left the SIBS program; four remain open to take additional children that are not large capacity sibling groups. The remaining ten families closed their homes; six of the families closed their homes as a result of adoption of a sibling group and one family closed their home because the resource parents were unable to commit to a permanency plan. Another family closed its home due to health reasons and an additional two families closed their homes due to IAIU investigations.

- PRIDE⁹⁷ Train the Trainer—this course is for all resource family trainers, supervisors, case work supervisors and resource parent co-trainers who train resource parents in the PRIDE program.
- NJ SPIRIT Resource Family Training for Facilitators—the purpose of this training is to review how facilitators locate appropriate resources in NJ SPIRIT. The focus is on the importance of reviewing and updating resource family information on a daily basis.
- New Jersey Division of the Deaf and Hard of Hearing (DDHH) Resources and Services—this training is for resource family licensing staff and provides information on the assistive communication device for people with serious hearing loss.

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, e-live webinar workshops, home correspondence courses, and county-based workshops.

DCF reports that between July 1, 2012 and March 31, 2013, 1,182 resource parents took a total of 2,591 in-service courses. FAFS offers a wide variety of topics, including:

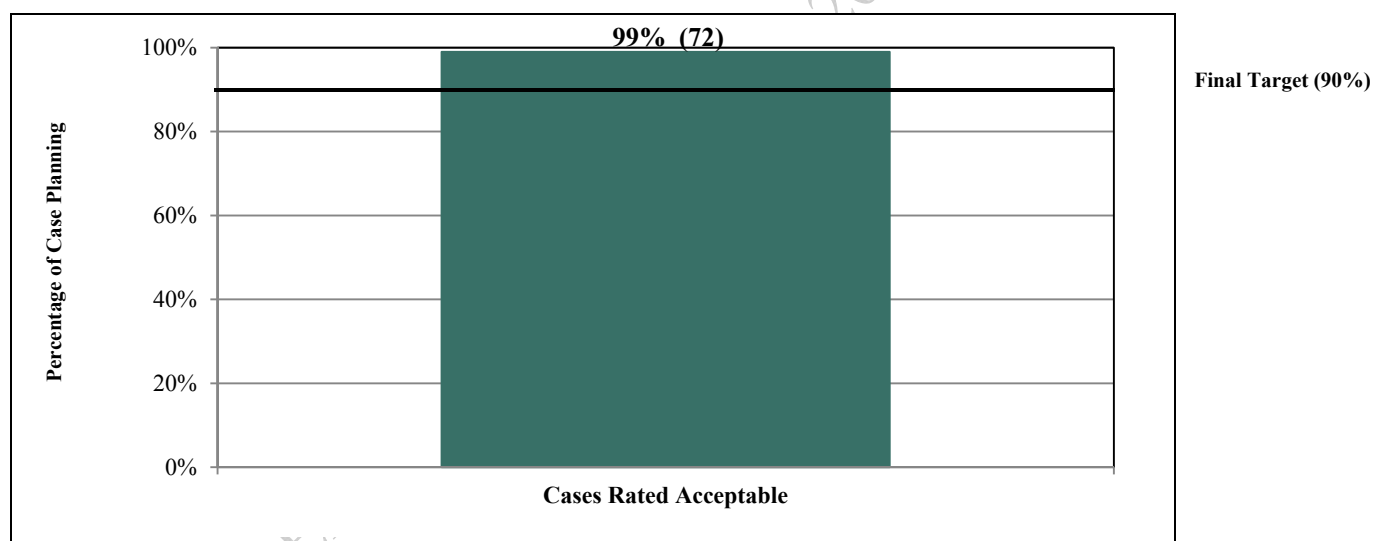
- Issues in Kinship Care, new this reporting period,
- Under One Roof: Keeping Siblings Together,
- Gangs – The Need to Belong,
- Internet Safety and Your Child and
- Car Safety and Your Child in Foster Care.

⁹⁷ PRIDE (Parent's Resource for Information, Development and Education) is a 30 hour training program for all prospective foster and adoptive families.

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

Quantitative or Qualitative Measure	23. <u>Combined Assessment of Appropriateness of Placement</u> : Based on: a. Placement within appropriate proximity of their parents' residence unless such placement is to otherwise help the child achieve the planning goal. b. Capacity of caregiver/placement to meet child's needs. c. Placement selection has taken into account the location of the child's school.
Final Target	By June 30, 2010, 90% of children will be placed in an appropriate setting.

**Figure 26: Cases Rated Acceptable Appropriateness of Placement
(July 2012 – March 2013)
(n=73)**



Source: DCF, QR results

Reported performance based upon QR results from cases reviewed between July 2012 to March 2013.

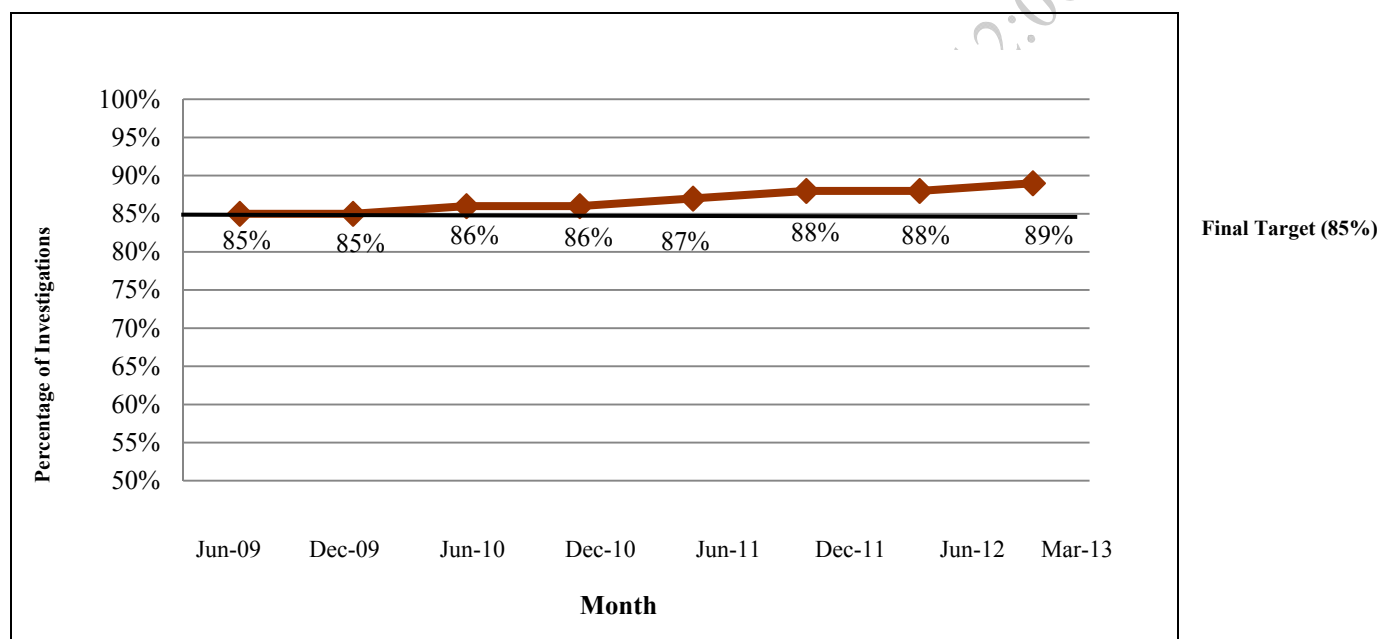
Performance as of March 31, 2013:

From July 2012 through March 2013, 73 cases of children in out-of-home care were reviewed as part of the QR and included an assessment of the appropriateness of their placement. Almost all (99% / 72 of 73) of the 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.

Placing Children with Families

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

**Figure 27: Percentage of Children Placed in a Family Setting
(June 2009 – March 2013)**



Source: DCF data

Performance as of March 31, 2013:

As of March 31, 2013, there were 7,549 children in DCP&P out-of-home placement; 6,684 (89%) of whom were placed in resource family (non-kinship or kinship placements). The remaining 865 (11%) were placed in independent living placements (141) or group and residential facilities (724). DCF continues to exceed the performance target for this outcome.

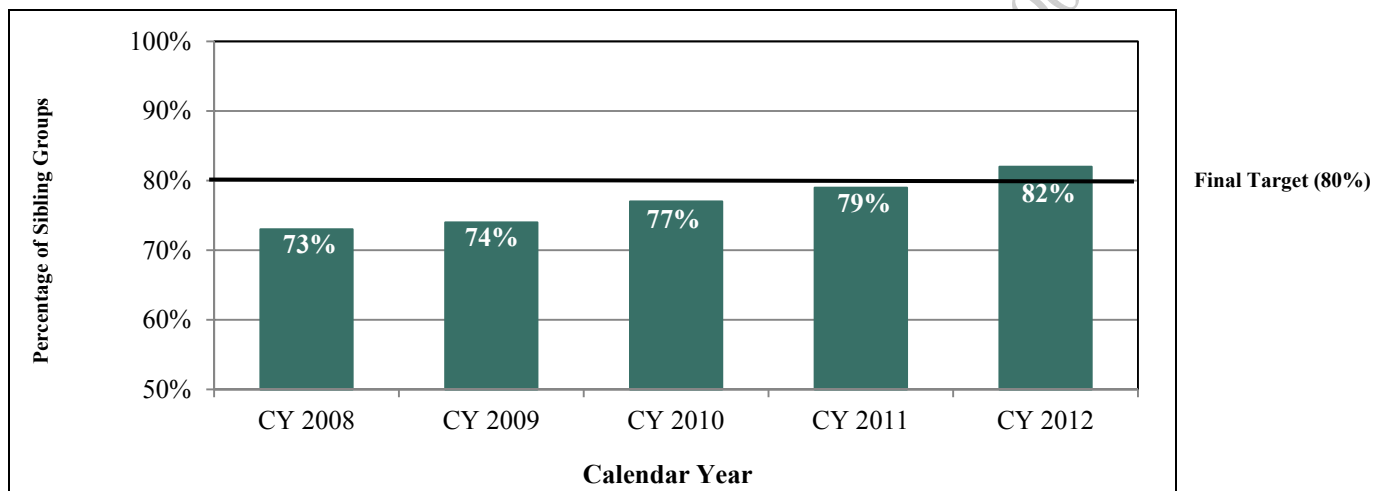
DCF also provides data on children's out-of-home placement type at the time of initial placement. The most recent data are from CY 2012 when 4,469 children entered out-of-home placement; 4,078 (91%) of these children were placed in family settings for their first placement or within seven days of initial placement.⁹⁸

⁹⁸ These data were analyzed by Hornby Zeller Associates.

Placing Siblings Together

Quantitative or Qualitative Measure	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.
Final Target	For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.

Figure 28: Percentage of Sibling Groups of Two or Three Placed Together (CY 2008 – 2012)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY2006 through 2011. CY 2012 data analyzed by Hornby Zeller Associates.

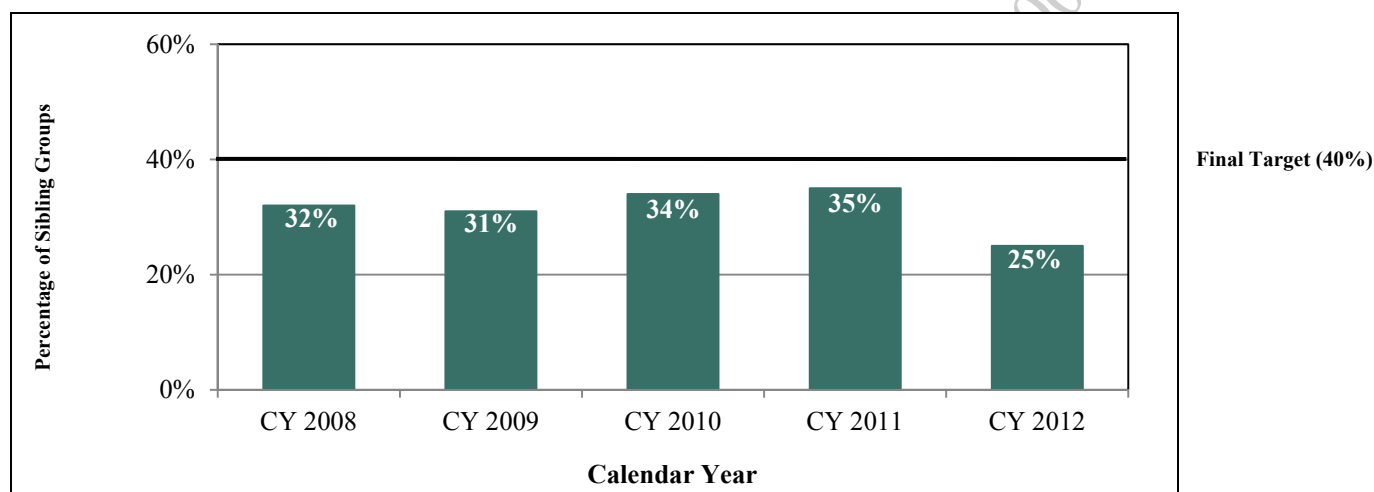
Performance as of Most Recent Calendar Year Available:

In CY 2012, there were 919 sibling groups that came into custody at the same time or within 30 days of one another. Of these 919 sibling groups, 783 sibling groups had two or three children in them; 643 (82%) of this subset of sibling groups were placed together. This performance exceeds the required final target.

Placing Large Sibling Groups Together

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

Figure 29: Percentage of Sibling Groups of Four or More Placed Together (CY 2008 – 2012)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY2006 through 2010. CY 2012 data analyzed by Hornby Zeller Associates.

Performance as of Most Recent Calendar Year Available:

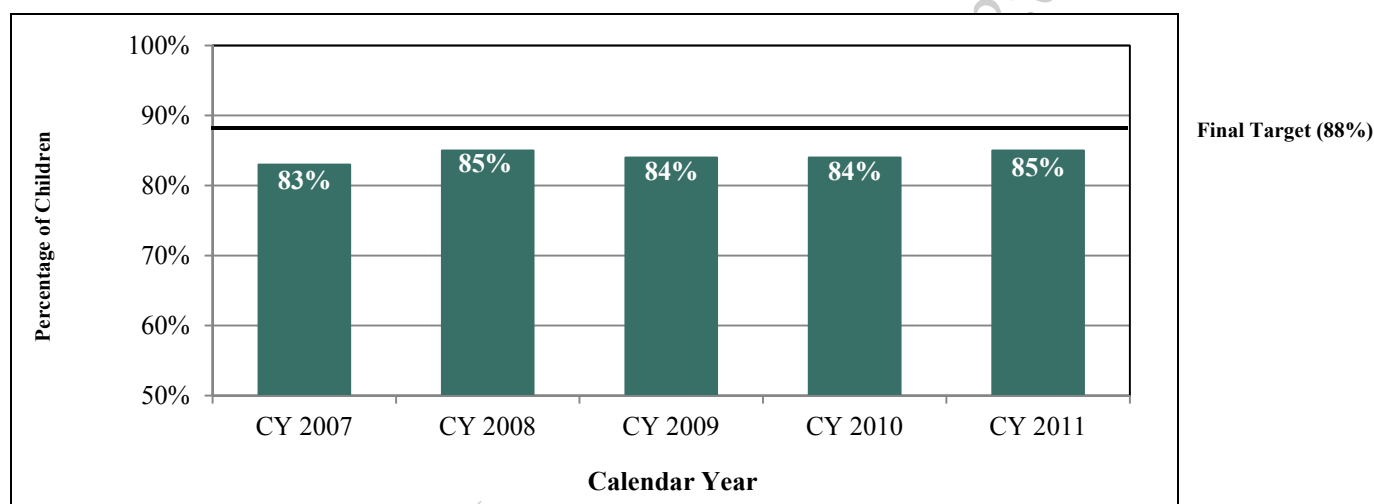
In CY 2012, there were 136 sibling groups that had four or more children who came into custody at the same time or within 30 days of each other; 34 (25%) sibling groups were placed together. This represents a 10 percent decrease in performance since CY 2011; however, there has been a 43 percent increase in the number of sibling groups with four or more children.⁹⁹ This performance does not meet the level required by the MSA final target.

⁹⁹ In CY 2011, there were 95 siblings groups that had four or more children and DCF placed 33 of these sibling groups together.

Stability of Placement

Quantitative or Qualitative Measure	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.
Final Target	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 30: Percentage of Children Entering Care who had Two or Fewer Placements within 12 months of Entering Care (CY 2007 – 2011)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY2006 through 2010. CY2011 data analyzed by Hornby Zeller Associates.

Performance as of Most Recent Calendar Year Available:

The most recent performance data assesses the 3,952 children who entered care in CY 2011 and aggregates the number of placements each child experienced. For children entering care in CY 2011, 3,376 (85%) children had two or fewer placements during the 12 months from their date of entry. This performance is close to but does not meet the final MSA target.

Placement Limitations

Quantitative or Qualitative Measure	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.
Final Target	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 March 31, 2013:

The MSA limits how many children can be placed in a resource family home at one time: no child should be placed in a resource family 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.

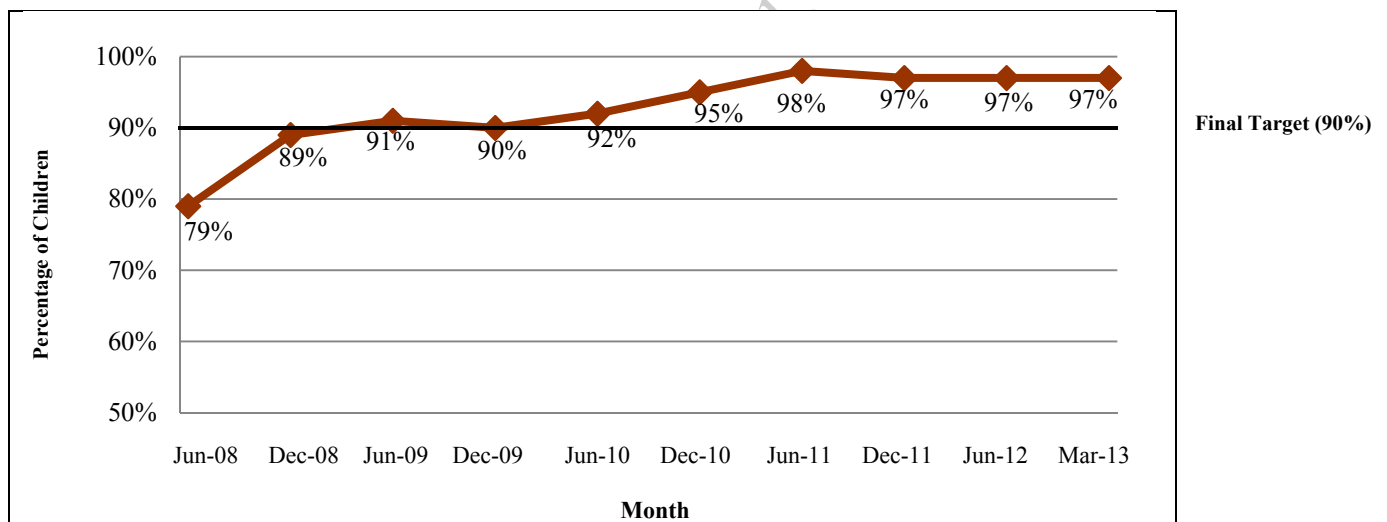
The Monitor reviewed the nine waivers to population limits granted between July 1, 2012 and March 31, 2013. Of the nine waivers approved, six were approved for children to be placed in homes with over six children in placement; three to keep children who were siblings or cousins together and three because the children had previously been placed in the same home and it was determined to be in the children's best interest. An additional two of the nine waivers were approved for children to be placed in a home with more than two children under the age of two; one for a fourteen month old who was insulin dependent and the resource parent had special knowledge of how to care for diabetes and another child in the home was scheduled to leave the home; a second waiver was approved for a one month period for a newborn to be placed in a home with another child who was about to turn two years old. The final waiver was granted for a child to be placed in a home with over four children in placement for a child who had previously lived in the home and another child in the home was due to leave in six weeks.

DCF continues to meet the MSA performance target for this outcome. For the past five monitoring periods, DCF waiver compliance has consistently been above 99 percent.

Limiting Inappropriate Placements

Quantitative or Qualitative Measure	29. <u>Inappropriate Placements:</u> a. The number of children under age 13 placed in shelters. b. The number of children over age 13 placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 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.
Final Target	a. By December 2008 and thereafter, no children under age 13 in shelters. b. By December 31, 2009, 90% of children placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 1) an alternative to detention; 2) short-term placement of an adolescent in crisis not to extend beyond 30 days; or 3) a basic center for homeless youth.

**Figure 31: Percentage of Children over Age 13
Placed in Compliance with MSA Standards
(June 2008 – March 2013)**



Source: DCF data

Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure.

**Table 13: Shelter Placements for Youth Aged 13 or Older
(January 2008 – March 2013)**

	Jan–Jun 2008	Jul–Dec 2008	Jan–Jun 2009	Jul–Dec 2009	Jan–Jun 2010	Jul–Dec 2010	Jan–Jun 2011	Jul–Dec 2011	Jan–Jun 2012	Jul 2012– Mar 2013
Number of youth 13 or older placed in shelters	451	421	465	393	350	303	337	315	292	411
Number of youth appropriately placed	358 (79%)	375 (89%)	423 (91%)	352 (90%)	322 (92%)	287 (95%)	331 (98%)	305 (97%)	282 (97%)	400 (97%)
Number of youth inappropriately placed	93 (21%)	46 (11%)	42 (9%)	41 (10%)	28 (8%)	16 (5%)	6 (2%)	10 (3%)	10 (3%)	11 (3%)

Source: DCF data

Performance as of March 31, 2013:

From July 2012 to March 2013, no child under the age of 13 was placed in a shelter. DCF continues to meet required performance on this measure.

Between July 2012 and March 2013, 411 youth ages 13 or older were placed in shelters.¹⁰⁰ Of these youth, 400 (97%) youth were reported by DCF to have been placed in accordance with criteria on appropriate use of shelters.¹⁰¹ This performance exceeds the MSA final target of 90 percent.

¹⁰⁰ In comparing the current data to previous periods, note that the current period spans nine months while the previous periods span six months. Between July and December 2012, 283 children aged 13 and older were placed in shelters, which is a decline from the January through June 2012 period when 292 children aged 13 and older were placed in shelters.

¹⁰¹ Monitor did not independently verify these data but has previously verified performance and found youth were placed in accordance with criteria.

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 DCP&P. 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 measures on repeat maltreatment, maltreatment while in care and re-entry into care. Given this is a longitudinal measure, the most recent data available for repeat maltreatment and re-entry into foster care are from CY 2011.

Abuse and Neglect of Children in Foster Care

Quantitative or Qualitative Measure	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.
Final Target	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 CY 2012 (Most Recent Calendar Year Available):

In CY 2012, there were 12,380 children in care at any point during the year; 26 children (0.21%) were victims of substantiated abuse or neglect by a resource parent, relative placement provider or facility staff member.¹⁰² 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.

Repeat Maltreatment

Quantitative or Qualitative Measure	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.
Final Target	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.

¹⁰² Data analyzed by Hornby Zeller Associates.

Performance as of CY 2011 (Most Recent Calendar Year Available):

In CY 2011, there were 5,272 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, 2012, of the 5,272 children, 412 (7.8%) children were the victims of a substantiated allegation of child abuse and/or neglect within 12 months of the initial substantiation.¹⁰³ Although DCF has previously met this measure consistently since CY 2007, the most recent performance for CY 2011 does not meet the MSA final target of no more than 7.2 percent.

Quantitative or Qualitative Measure	32. Repeat Maltreatment: Of all children who are reunified during a period, the percentage who are victims of substantiated abuse or neglect within one year after the date of reunification.
Final Target	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 CY 2011 (Most Recent Calendar Year Available):

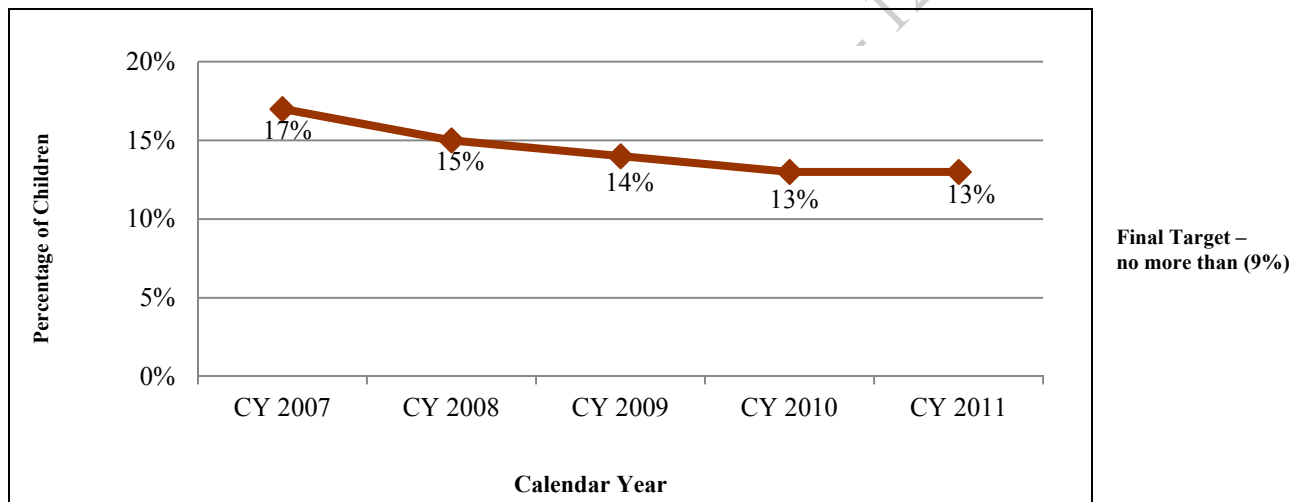
In CY 2011, there were 3,202 children who were returned home or to a family member after a stay in out-of-home placement; 269 (8.4%) were the victims of a substantiated allegation of abuse and/or neglect within 12 months of their return home. This rate of repeat maltreatment continues to exceed the MSA final target, 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 and represents a concerning increase of 2.4 percent since CY 2010.

¹⁰³ Data analyzed by Hornby Zeller Associates. There has been a slight change in methodology in analyzing data for CY 2011. Performance for calendar years prior to 2011 was analyzed by assessing the date of the initial substantiated report to the date of the subsequent substantiated report. Performance for CY 2011 was analyzed by assessing the date of the initial substantiated report to the date of the subsequent incident which resulted in a substantiation of abuse or neglect. DCF has indicated that the recent decline in performance is not attributable to the methodology change.

Re-entry to Placement

Quantitative or Qualitative Measure	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.
Final Target	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 32: Percentage of Children who Re-Entered Custody within One Year of Date of Exit (CY 2007 – 2011)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2007 through 2010. CY 2011 data analyzed by Hornby Zeller Associates.

Performance as of CY 2011 (Most Recent Calendar Year Available):

In CY 2011, there were 5,245 children who exited foster care; 3,585 (68%) children exited to qualifying exits (i.e., reunification, guardianship or to a relative placement).^{104,105} Of the 3,585 children who exited to qualifying exits, 459 (13%) children re-entered placement as of December 31, 2012. While the percentage of children re-entering care has slightly declined since CY 2007, recent performance does not meet the final target of no more than nine percent of children who exit will re-enter custody within one year.

¹⁰⁴ Data analyzed by Hornby Zeller Associates.

¹⁰⁵ 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 2011, 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%; CY 2010, 9%.

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 legal guardianship and adoption. The MSA requires that children in custody achieve timely permanency through reunification, adoption or legal guardianship (Section III.A.2.a).

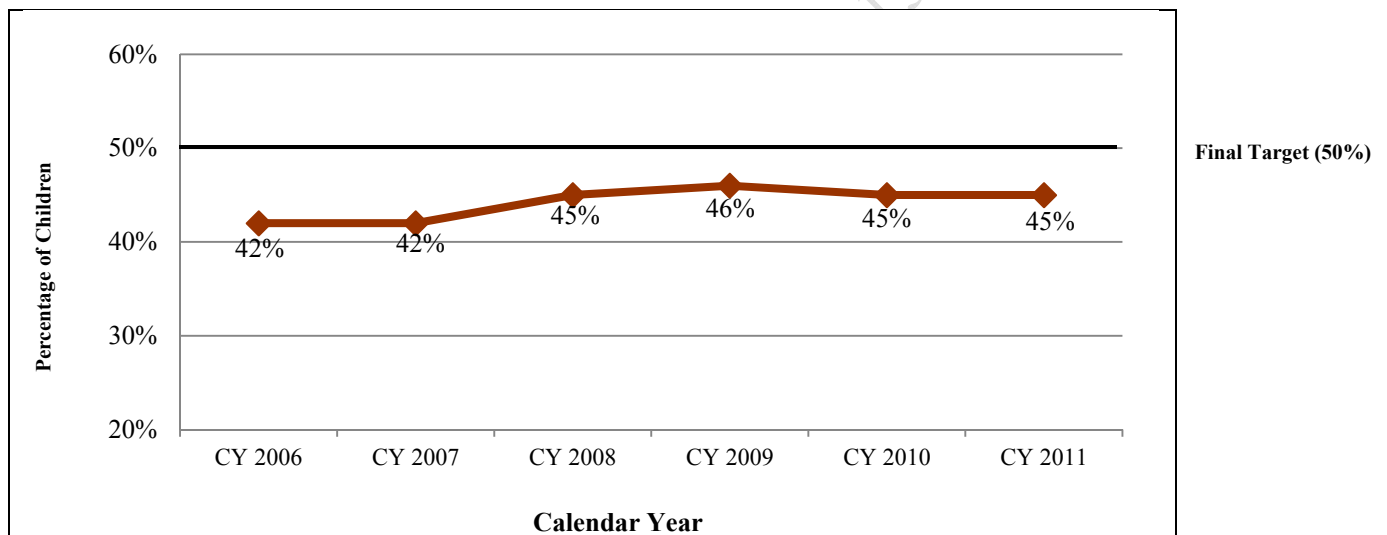
The MSA permanency measures reflect an expectation that children entering custody will attain permanency in a timely manner through whatever is their most appropriate permanency pathway. The measures were designed to avoid creating unintended incentives in favor of one permanency path (e.g., reunification 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 for those children and youth who have been in care for extended periods of time.

The state’s performance on these measures is based on the calendar year and the most recent data are presented below. Overall, DCF’s performance in discharging children to permanency has remained stable or declined and does not meet the final targets required by the MSA. Of particular concern is permanency for children in foster care for 24 months or longer where DCF’s performance for CY 2012 is 14 percentage points below the MSA target.

Timely Permanency through Reunification, Adoption or Legal Guardianship

Quantitative or Qualitative Measure	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.
Final Target	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 33: Percentage of Children who Entered Foster Care in CY and were Discharged to Permanency within 12 months from Removal¹⁰⁶ (CY 2006 – 2011)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY2006 through 2010. CY 2011 data analyzed by Hornby Zeller Associates.

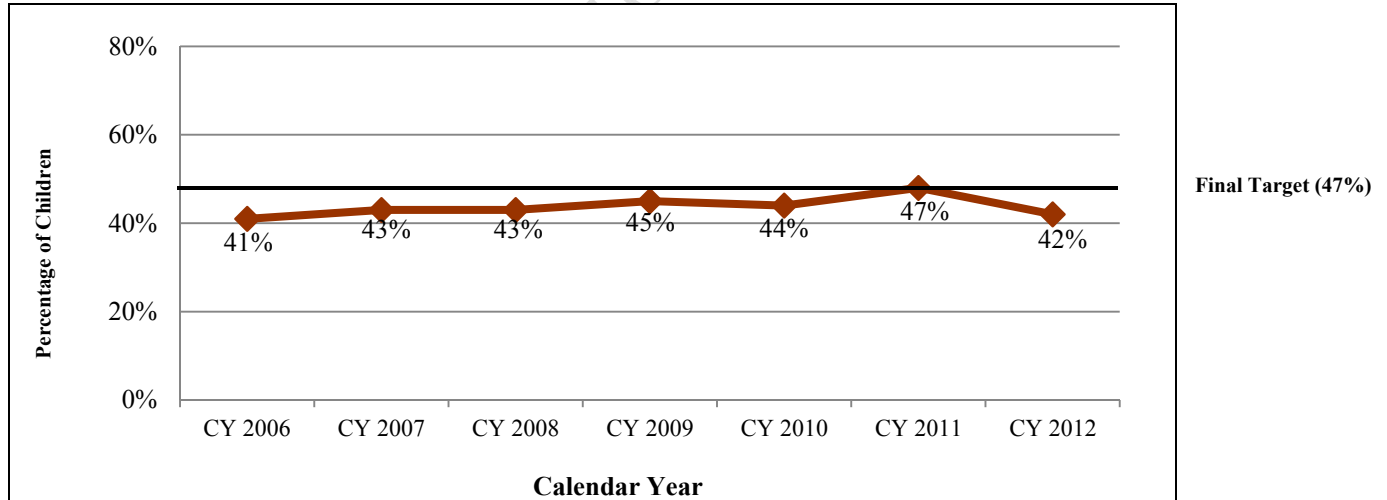
¹⁰⁶ Small shifts in previously reported performance for prior years may be found and are attributable to on-going data management and clean-up.

Performance as of CY 2011 (Most Recent Calendar Year Available):

The most recent data available are for children who entered foster care in CY 2011. Of the children who entered foster care in CY 2011, 45 percent discharged to permanency within 12 months from their removal from their home.¹⁰⁷ Performance for this sub-part of this permanency outcome does not meet the final target of 50 percent.¹⁰⁸

Quantitative or Qualitative Measure	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 st birthday or by the last day of the year.
Final Target	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 st birthday or by the last day of year.

Figure 34: Discharge to Permanency for Children in Care between 13 and 24 months (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 their 21st Birthday or by the Last Day of the Year¹⁰⁹) (CY 2006 – 2012)



Source: DCF data analyzed by Chapin Hall for CY2006 through 2011. CY 2012 data analyzed by Hornby Zeller Associates.

¹⁰⁷ Data analyzed by Hornby Zeller Associates.

¹⁰⁸ 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 for the most recent data available, this outcome has not been met.

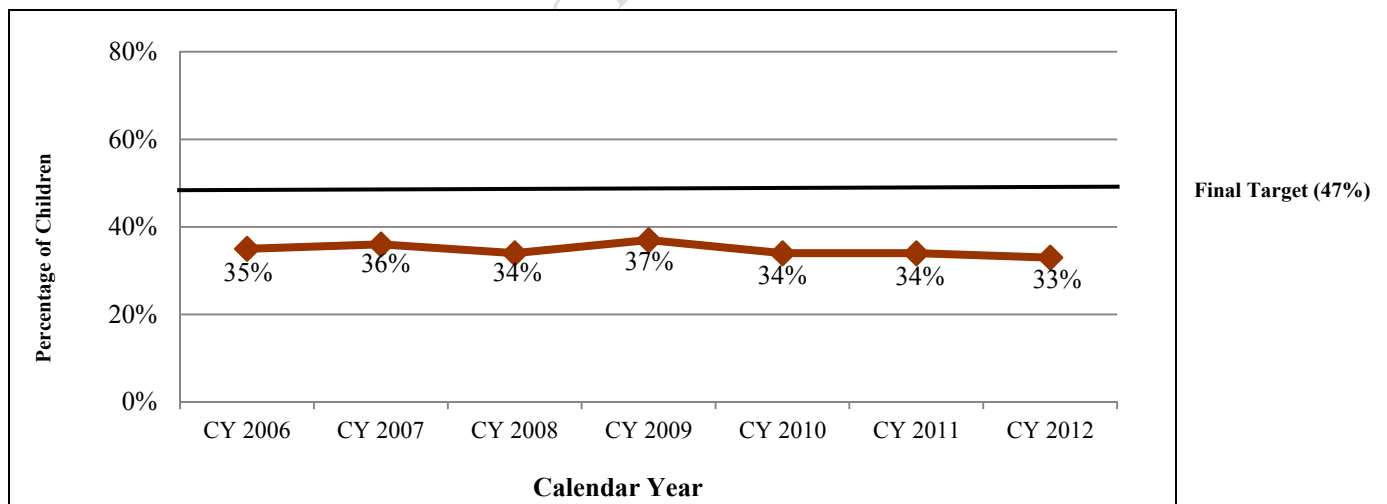
¹⁰⁹ Small shifts in previously reported performance for prior years may be found and are attributable to on-going data management and clean-up.

Performance as of CY 2012 (Most Recent Calendar Year Available):

Of all children who were in care on the first day of CY 2012 and had been in care between 13 and 24 months, 42 percent discharged to permanency prior to their 21st birthday or the last day of the year.^{110,111} Performance for this sub-part of this permanency outcome does not meet the final target of 47 percent. This demonstrates a decline in performance since CY 2011 when DCF's performance met the MSA requirement.

Quantitative or Qualitative Measure	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 st birthday and by the last day of the year.
Final Target	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 st birthday or by the last day of the year.

**Figure 35: Discharge to Permanency for Children in Care 25 months or longer
(Of all Children who were in Foster Care for 25 months or longer on the
First Day of CY, Percentage Discharged to Permanency prior to their
21st Birthday or by the Last Day of the Year¹¹²)
(CY 2006 – 2012)**



Source: DCF data analyzed by Chapin Hall for CY2006 through 2011. CY 2012 data analyzed by Hornby Zeller Associates.

¹¹⁰ Data analyzed by Hornby Zeller Associates.

¹¹¹ Performance data include all children in care within this cohort. When youth ages 18 to 21 are excluded from the cohort, performance for this sub-part of the permanency outcome for CY 2012 was 43%.

¹¹² Small shifts in previously reported performance for prior years may be found and are attributable to on-going data management and clean-up.

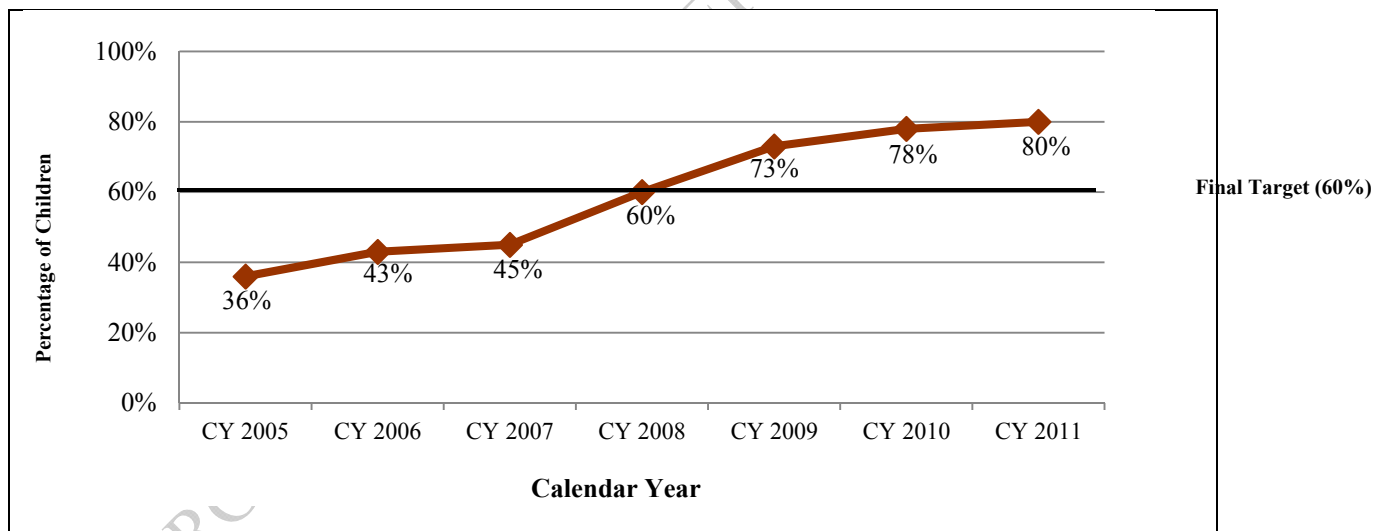
Performance as of CY 2012 (Most Recent Calendar Year Available):

Of all children who were in care on the first day of CY 2012 and had been in care for 25 months or longer, 33 percent discharged prior to their 21st birthday or the last day of the year.^{113, 114}

Performance for this sub-part of this permanency outcome does not meet the final target of 47 percent.

Quantitative or Qualitative Measure	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.
Final Target	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 36: Percentage of Children Discharged to Final Adoption in less than 12 months from the Date of Becoming Legally Free (CY 2005 – 2011)



Source: DCF data

¹¹³ Data analyzed by Hornby Zeller Associates.

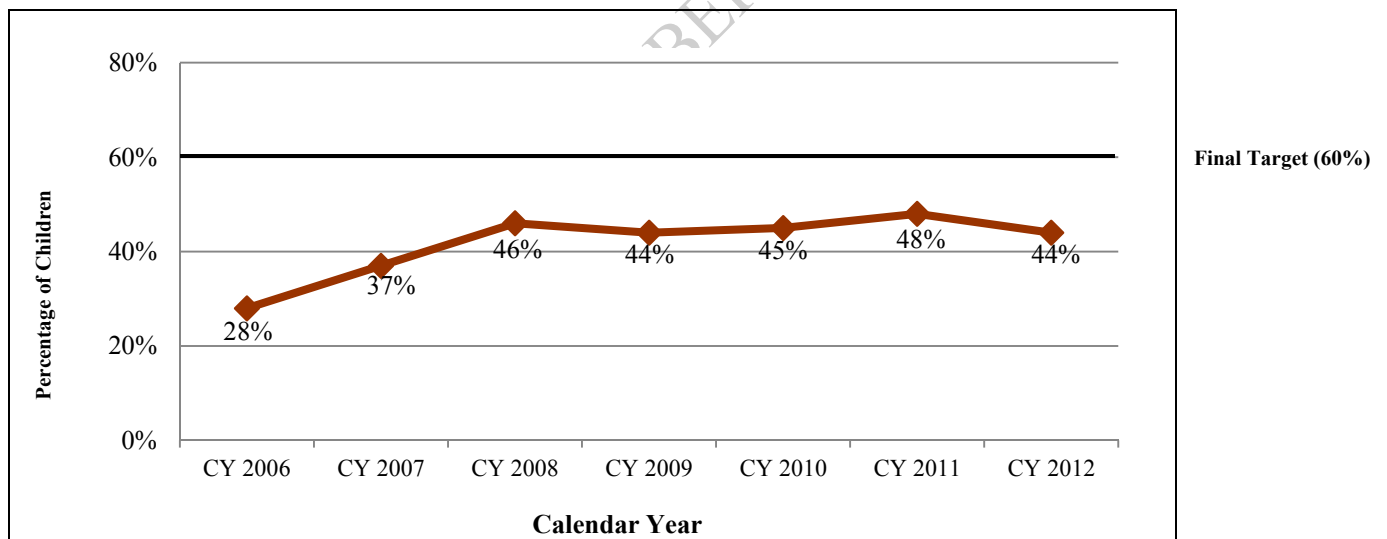
¹¹⁴ Performance data include all children in care within this cohort. When youth ages 18 to 21 are excluded from the cohort, performance for this sub-part of the permanency outcome for CY 2012 was 39%.

Performance as of CY 2011 (Most Recent Calendar Year Available)

The most recent data available are for CY 2011. In CY 2011, 932 children became legally free for adoption; 741 (80%) children were adopted within 12 months of becoming legally free. An additional 88 (9%) of the children who became legally free in CY 2011 have been adopted with their finalizations occurring more than 12 months after they became legally free. DCF's performance exceeds the final target for this outcome.

Quantitative or Qualitative Measure	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.
Final Target	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 37: Percentage of Children who Exit to Adoption within 30 months of Removal (CY 2006 – 2012)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2006 through 2011. CY 2012 data analyzed by Hornby Zeller Associates.

Performance as of CY 2012 (Most Recent Calendar Year Available):

Of the 942 children who exited foster care to adoption in CY 2012, 419 (44%) had been in care for 30 months or less.¹¹⁵ An additional 153 (16%) children who exited foster care to adoption had been in care for 36 months or less. This performance does not meet the final target requirement of 60 percent and has declined slightly since CY 2011.

Permanency Through Adoption

In addition to the adoption outcome measures that rely on annual data for the previous 12 months, 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, 2012 DCF finalized 943 adoptions.¹¹⁶

Between January 1 and December 31, 2012, 943 children were adopted, 130 more children than were targeted for the year. As of January 1, 2013, 1,020 children were legally free for adoption, and 1,171 children were legally free for adoption as of March 31, 2013.¹¹⁷ Table 14 shows the number of adoption finalizations by DCP&P Local Office between January 1 and December 31, 2012.

¹¹⁵ Data analyzed by Hornby Zeller Associates.

¹¹⁶ The number of adoption finalizations is a measure that is monitored on a calendar year basis; the target numbers are based on the number of legally free children and an estimated number of resolved appeals. Historically the number of adoption finalizations that occur in the first quarter are lower than the rest of the year so the first quarter of the year does not accurately reflect progress.

¹¹⁷ Not every legally free child is eligible to move toward adoption as some court decisions that terminate parental rights are appealed.

**Table 14: Adoption Finalizations by DCP&P Local Office
(January 1 – December 31, 2012)**

Local Office	Number Finalized	Local Office	Number Finalized
Atlantic West	42	Hudson Central	23
Cape May	26	Hudson North	10
Bergen Central	13	Hudson South	20
Bergen South	35	Hudson West	11
Passaic Central	24	Hunterdon	12
Passaic North	40	Somerset	16
Burlington East	31	Warren	16
Burlington West	12	Middlesex Central	11
Mercer North	31	Middlesex Coastal	13
Mercer South	20	Middlesex West	10
Camden Central	19	Monmouth North	17
Camden East	15	Monmouth South	15
Camden North	32	Morris East	10
Camden South	22	Morris West	25
Essex Central	37	Sussex	16
Essex North	15	Ocean North	19
Essex South	19	Ocean South	25
Newark Adoption	121	Union Central	9
Gloucester	35	Union East	22
Cumberland	28	Union West	15
Salem	10	Cumberland/Gloucester/ Salem Area Office	1
Total-943			

Source: DCF data

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 paperwork necessary to finalize adoptions (Section II.G.5). As of March 31, 2013, DCP&P had 144 paralegal positions in the Local Offices: 141 (98%) paralegal positions were filled, three were vacant. Of the three vacant positions, one was filled and two were in the process of being filled. All three vacancies have currently been filled. In addition, five paralegal positions were 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 counties throughout the state. The state has consistently maintained support for these positions that support adoption practice.

Adoption Performance Measures**Progress Toward Adoption**

Quantitative or Qualitative Measure	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.
Final Target	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 March 31, 2013:

In March 2013, 71 percent of termination of parental rights (TPR) petitions were filed within 60 days of changing the child's permanency goal to adoption. From July 2012 through March 2013, a monthly range of 65 to 90 percent of TPR petitions were filed within sixty days of the child's goal change to adoption. Monthly performance on filing TPR petitions is shown in Table 15 and does not meet the MSA Standard.

**Table 15: TPR Filing for Children with a Permanency Goal of Adoption
(July 2012 – March 2013)**

Month	Number of Children with an Adoption Goal	TPR Petitions Filed within 60 Days*	% of TPRs Filed within 60 Days*
JULY 2012	99	69	70%
AUGUST 2012	61	49	80%
SEPTEMBER 2012	113	74	65%
OCTOBER 2012	108	78	72%
NOVEMBER 2012	83	66	80%
DECEMBER 2012	119	78	66%
JANUARY 2013	161	145	90%
FEBRUARY 2013	104	86	83%
MARCH 2013	130	92	71%
Total	978	737	75%

Source: DCF data

Extract Date: July through September 2012 data were extracted on 12/6/12; October through December data were extracted on 3/25/13; January through March 2013 data were extracted on 6/26/13.

*Final Target (90%)

Child-Specific Adoption Recruitment

Quantitative or Qualitative Measure	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.
Final Target	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 March 31, 2013:

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.

Between July 2012 and March 2013, of the 105 children requiring child-specific recruitment plans,¹¹⁸ 48 (46%) had a child-specific recruitment plan developed within 30 days of the goal change. Twenty-five (24%) cases had a child-specific recruitment plan developed within 60 days, and 16 (15%) eligible select home adoption cases had a plan developed over 60 days of the goal change. Sixteen (15%) child-specific plans were not completed at all. DCF has not met the MSA final target which requires that child-specific recruitment plans are developed in 90 percent of eligible cases within 30 days (see Table 16).

¹¹⁸ Select home adoption cases are situations where no adoptive home has already been identified for the child and require the development of child-specific recruitment plans. Because of the small number of eligible cases per month, this measure is reported by aggregating the monthly data.

**Table 16: Child-Specific Recruitment Plans Developed within 30 or 60 days
of Goal Change for Children without Identified Adoption Resource
(July 2012 – March 2013)
(n=105)**

Month in which Plan was Due	Plan developed within 30 days	Plan developed within 31-60 days	Plan developed over 60 days	Not completed*
JULY 2012	6	3	1	7
AUGUST 2012	3	2	2	0
SEPTEMBER 2012	1	0	0	2
OCTOBER 2012	4	2	5	2
NOVEMBER 2012	2	5	1	3
DECEMBER 2012	4	2	0	0
JANUARY 2013	11	7	3	0
FEBRUARY 2013	13	1	3	0
MARCH 2013	4	3	1	2
Total	48 (46%)	25 (24%)	16 (15%)	16 (15%)

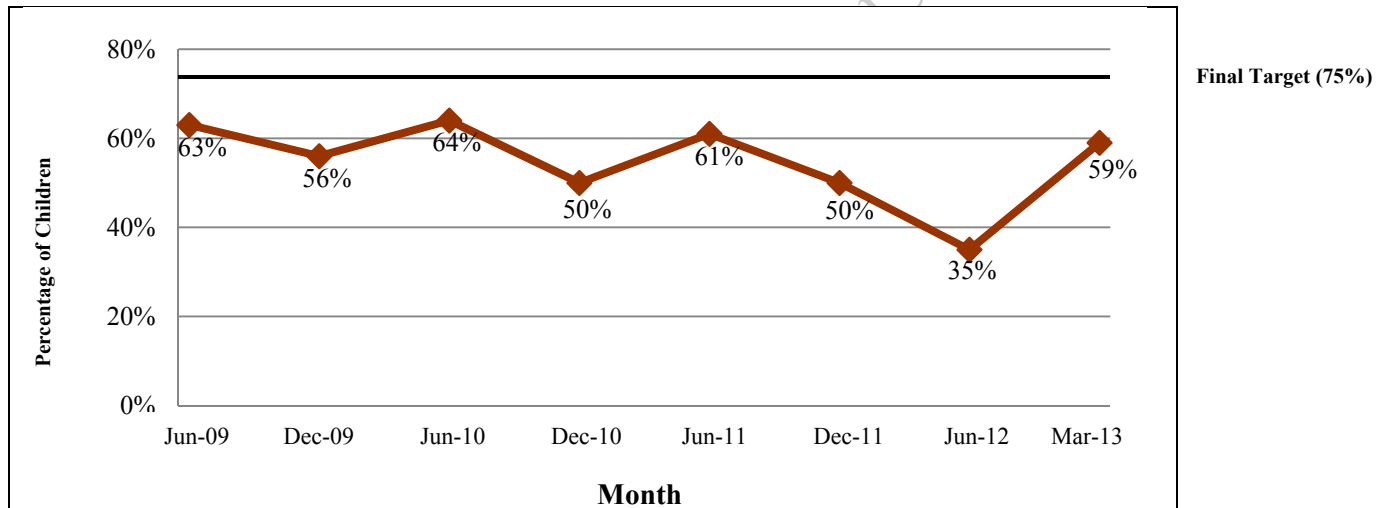
Source: DCF data

*Extract Date: July through September 2012 data extracted on 11/13/12; October through December 2012 data extracted on 2/11/2013, and January through March 2013 data extracted on 5/13/2013. Plans may have been subsequently completed after extraction date.

Placement in an Adoptive Home

Quantitative or Qualitative Measure	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.
Final Target	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 38: Percentage of Children with Goal of Adoption for whom Adoptive Home had not been identified at time of Termination of Parental Rights (TPR) who were Placed in Adoptive Home within 9 months of TPR (June 2009 – March 2013)



Source: DCF data

Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure.

Performance as of March 31, 2013:

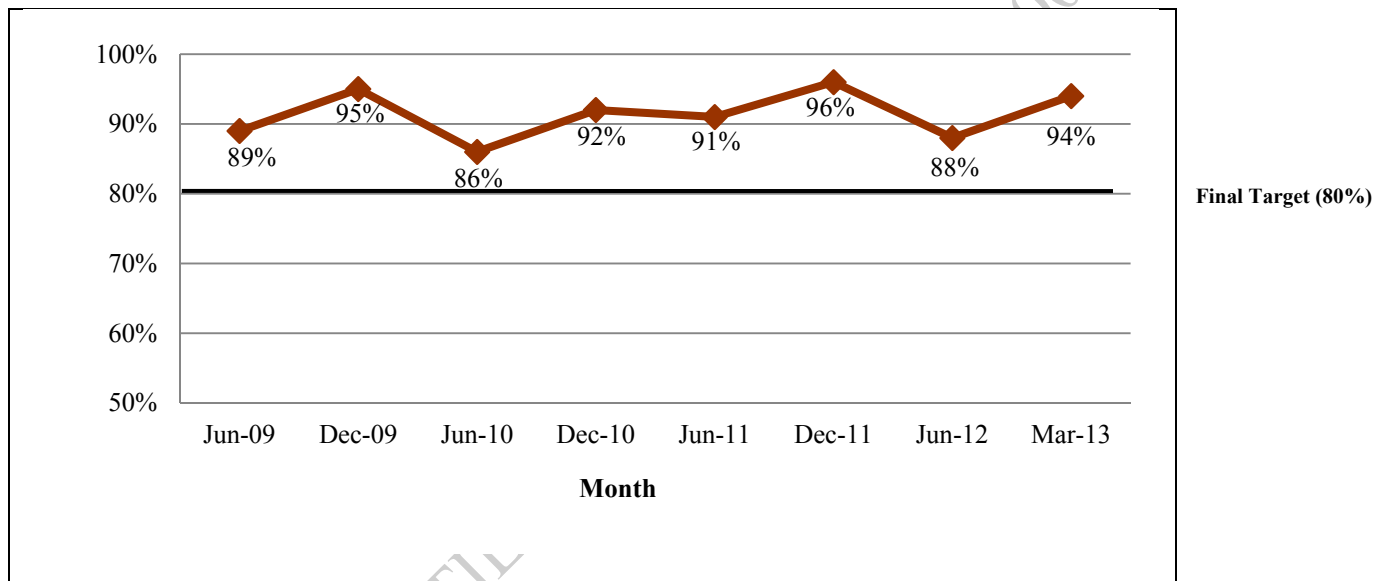
DCF policy and the MSA require that a child be placed in an adoptive home within nine months of the termination of parental rights (TPR). DCF uses NJ SPIRIT to report on this measure.

Between July 2012 and March 2013, 29 children had a permanency goal of adoption but did not have an adoptive home identified at the time of TPR. Seventeen (59%) of the 29 children were placed in an adoptive home within nine months of the TPR. Performance on this measure remains below the final target. It is important to note that the percentages reported for this measure are based on a small number of actual children's cases.

Final Adoptive Placement

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

Figure 39: Percentage of Adoptions Finalized within 9 months of Adoptive Placement (June 2009 – March 2013)



Source: DCF data

Performance as of March 31, 2013:

In March 2013, of 50 adoptions eligible to be finalized, 47 (94%) were finalized within nine months of the adoptive placement. Between July 2012 and March 2013, 94 to 100 percent of adoptions each month were finalized within nine months of the child's placement in an adoptive home (see Table 17). With the support of New Jersey's judges and courts, DCF continues to exceed the final target of finalizing at least 80 percent of adoptions within the prescribed time period.

**Table 17: Adoptions Finalized within 9 months of
Child's Placement in an Adoptive Home
(July 2012 – March 2013)**

Month	Total number eligible to be finalized	Finalized within 9 months (percent of total)
JULY 2012	72	72 (100%)
AUGUST 2012	84	84 (100%)
SEPTEMBER 2012	77	76 (99%)
OCTOBER 2012	44	43 (98%)
NOVEMBER 2012	206	203 (99%)
DECEMBER 2012	76	73 (96%)
JANUARY 2013	22	21 (95%)
FEBRUARY 2013	31	31 (100%)
MARCH 2013	50	47 (94%)

Source: DCF data

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. Since June 2011, DCF has maintained or improved performance on nearly all Performance Measures related to health care services.¹¹⁹ These Performance Measures track DCF's progress in ensuring that children in out-of-home placement receive:

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

This section provides updates of ongoing efforts to improve policies, staffing and access to services, which are necessary to realize and sustain positive health outcomes for children as well as information about the health care received by children in out-of-home placement.¹²⁰ 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.

Although not used to directly assess MSA compliance, DCF's QR found that 99 percent of cases scored at least minimally acceptable on the provision of health care services, a finding consistent with performance on the measures discussed below.

DCF regularly carries out a Health Care Case Record Review that analyzes the follow-up care children receive for concerns identified in CMEs; mental health screenings, assessments and follow-up care; and timely delivery of the health passport to resource parents. Because these reviews are labor intensive and consistently done every six months, the Monitor did not require a special review, given the extended monitoring period, to assess performance through March 2013. The most recent case record review includes a random sample of children in out-of-home placement who were removed between May 1 and October 31, 2012 and were in care a

¹¹⁹ The one exception is the performance measure requiring 95 percent of caregivers receive a current Health Passport within five days of a child's placement where performance as of December 2012 is 63 percent.

¹²⁰ 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/progress-of-the-new-jersey-state-department-of-children-and-families-monitoring-report-for-charlie-and-nadine-h.-v.-corzine-december-2009.pdf>

minimum of 60 days. Thus, for the health care Performance Measures based on case record review findings, performance is reported through December 2012.

A. Health Care Delivery System

Child Health Units

The Child Health Units are a fundamental cornerstone of the provision of health care to children in DCP&P custody. These units are in each DCP&P 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 (aligned with the Area Offices). DCF worked with University of Medicine and Dentistry of New Jersey's School of Nursing's François-Xavier Bagnoud Center (FXB)¹²¹ and DCP&P Local Offices to build these units. As part of their duties, these staff members are responsible for tracking and advocating for the health needs of children who enter into out-of-home care. Since the creation of health care units and assignment of nurses to children in out-of-home care, DCF has achieved and sustained substantial results.

The Child Health Units are operational in all DCP&P Local Offices. Staffing levels remain consistent. As of March 31, 2013, there were 187 Health Care Case Managers and 103 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 Local Office.

B. Health Care Performance Measures

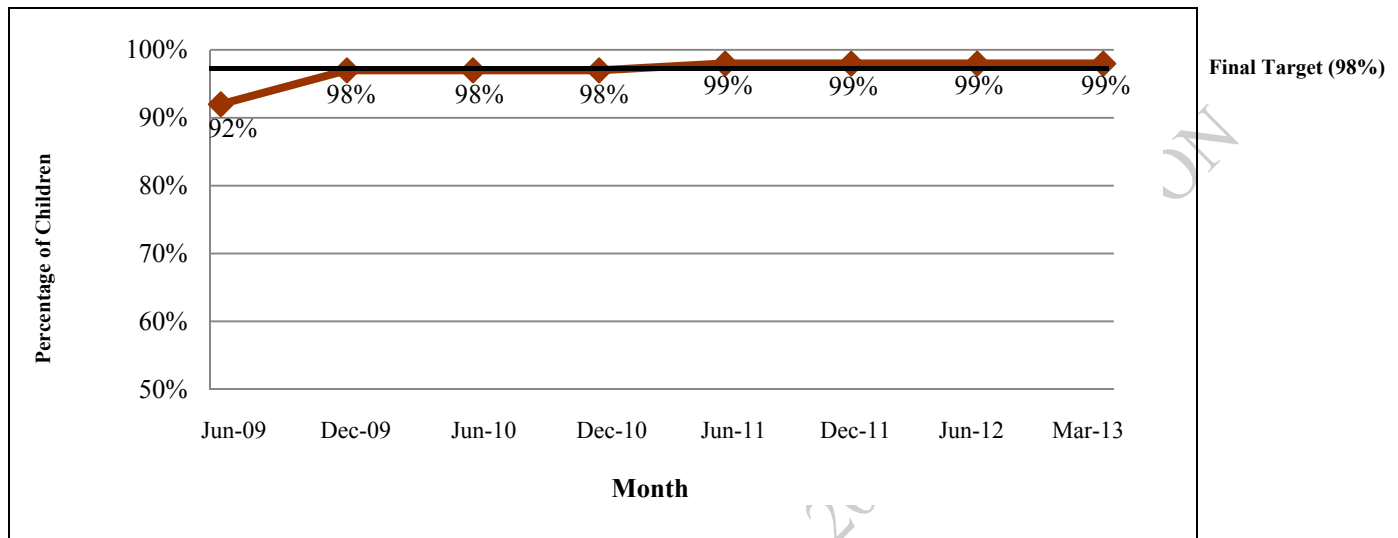
Pre-Placement Medical Assessment

Quantitative or Qualitative Measure	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. ¹²²
Final Target	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 DCP&P received the referral.

¹²¹ As of July 1, 2013, the University of Medicine and Dentistry merged with Rutgers, The State University of New Jersey. The UMDNJ-School of Nursing is now Rutgers School of Nursing.

¹²² 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 DCP&P received the referral.

Figure 40: Percentage of Children who Received Pre-Placement Assessment in a Non-Emergency Room Setting or Other Settings Appropriate to the Situation (June 2009 – March 2013)



Source: DCF data

Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure.

Performance as of March 31, 2013:

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 (MSA Section II.F.5). Child Health Unit nurses, clinics and sometimes the child's own pediatrician provide these assessments.

From July 2012 to March 2013, 3,924 children entered out-of-home placement and 3,912 (100%)¹²³ of them received a pre-placement assessment (PPA). Of those 3,912 children, 3,367 (86%) received the PPA in a non-emergency room setting with the remaining 545 children (14%) receiving a PPA in an emergency room setting due to the medical needs and situation of the child.

During this period, DCF conducted an internal review of all 545 PPAs that occurred in an emergency room and determined that 496 (91%) were appropriate for the situation; that is, the child needed emergency medical attention or the child was already in the emergency room when DCP&P received the referral.¹²⁴ Thus, 99 percent of children received a PPA in a setting

¹²³ Percentage is 100 due to rounding.

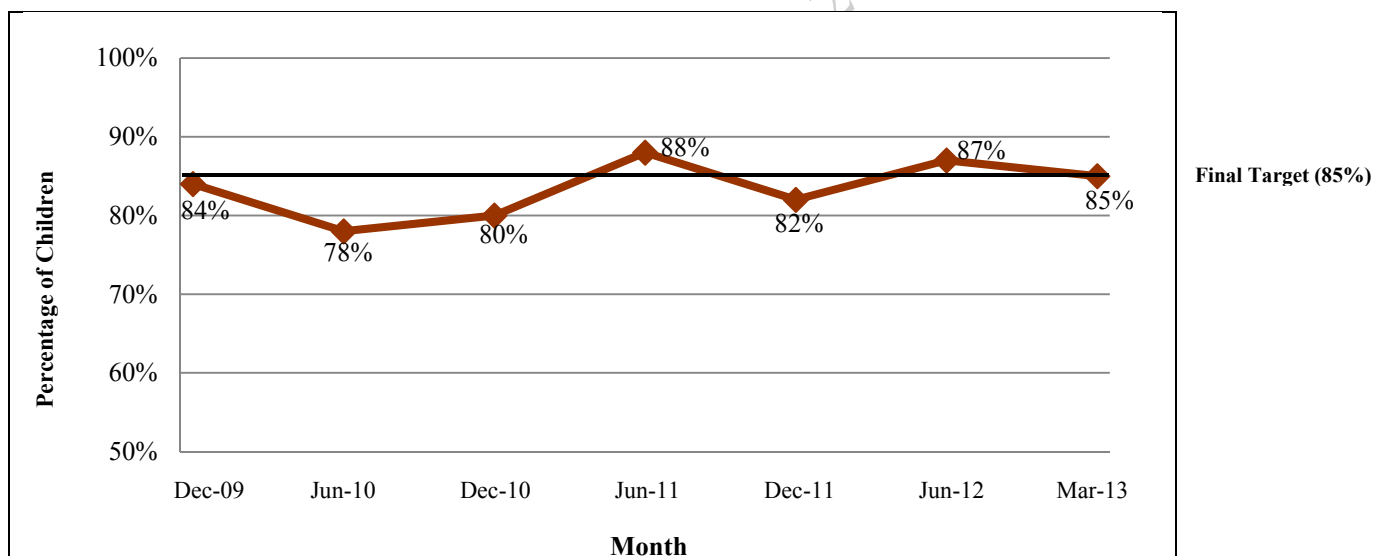
¹²⁴ In monitoring Period XII, the Monitor reviewed back-up data provided by DCF regarding the PPAs occurring in an emergency room setting and agreed with DCF determinations regarding appropriate or inappropriate use of the ER for PPAs. In addition, the Monitor's previous Health Care Case Record Review found that 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.

appropriate to the situation—86 percent received PPAs in a non-ER setting and an additional 13 percent appropriately received a PPA in an ER setting.¹²⁵ DCF continues to meet the MSA standard regarding appropriate settings for PPAs.

Initial Medical Examinations

Quantitative or Qualitative Measure	40. <u>Initial Medical Examinations</u> : Number/percent of children entering out-of-home care receiving full medical examinations within 60 days.
Final Target	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 41: Percentage of Children with Comprehensive Medical Examination (CME) within 30 days of Entering Out-of-Home Care (December 2009 – March 2013)

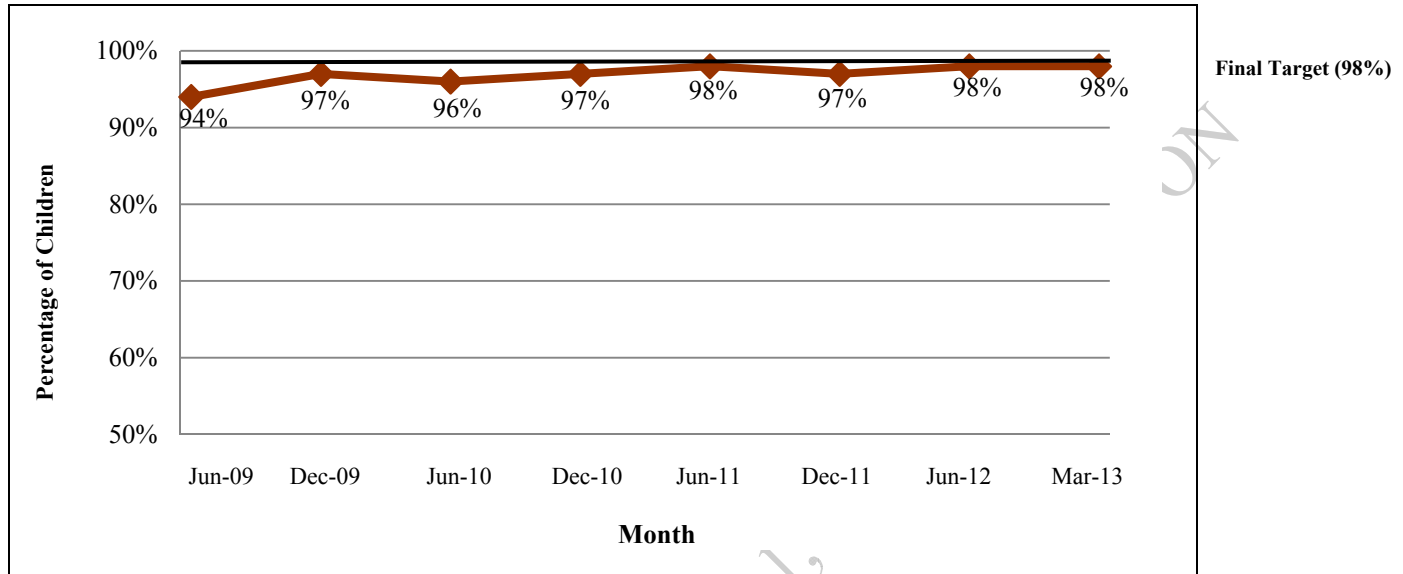


Source: DCF data

Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure.

¹²⁵ For 49 of the 496 children who had their PPA in an ER setting, DCF's internal review found no evidence to support that the PPA taking place in the ER was appropriate. Therefore, one percent of children received their PPA in an inappropriate setting.

Figure 42: Percentage of Children with Comprehensive Medical Examination (CME) within First 60 days of Placement (June 2009 – March 2013)



Source: DCF data

Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure. However, for the current monitoring period, data for children entering care in the month of October 2012 are excluded due to the impact of Superstorm Sandy on provider availability for appointments needing to occur in October or November 2012.

Performance as of March 31, 2013:

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). A CME involves a comprehensive physical, including a developmental history and evaluation, and an initial mental health screening.¹²⁶ Mental health screenings determine if a child has a suspected mental health need.¹²⁷ If a child is suspected to have a mental health need, a full mental health evaluation is then expected to be conducted.

After reviewing the data and discussion with DCF, the Monitor has excluded data for children who entered out-of-home care in the month of October. DCF provided relevant information that as a direct result of Superstorm Sandy medical providers were unavailable (temporarily shut

¹²⁶ 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.

¹²⁷ 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.

down, handling emergencies, etc. Fifty-nine percent of children who entered out-of-home care in the month of October received a CME within 30 days of entering custody. Performance the other months ranged from 77-91 percent, affirming that the October performance was an aberration. Notably, 94 percent of the children who entered out-of-home care in October received a CME within 60 days of entering custody, so DCF was able to ensure medical attention once medical providers were available or other providers were identified.

When excluding the month of October, DCF sustained performance ensuring that 85 percent of children received a CME within the first 30 days of placement and 98 percent of children received a CME within the first 60 days.

Complete data from July 2012 through March 2013 show that 3,274 children required a CME; 2,687 (82%) received a CME within the first 30 days of placement (See Table 18). An additional 496 (15%) children received their CME within 60 days of placement. Table 18 shows the monthly variation in performance.

Table 18: Comprehensive Medical Examinations within 30 and 60 days of Entering DCF Custody (July 2012 – March 2013)

Comprehensive Medical Examinations Data July 2012 – March 2013							
	Children requiring CME	Total Completed within 30 days	%	Total Completed within 31-60 days	%	Total Completed within 0-60 days	%
JULY 2012	350	309	88%	31	9%	340	97%
AUGUST 2012	411	346	84%	58	14%	404	98%
SEPTEMBER 2012	383	349	91%	27	7%	376	98%
OCTOBER 2012	378	224	59%	131	35%	355	94%
NOVEMBER 2012	346	291	84%	44	13%	335	97%
DECEMBER 2012	317	243	77%	59	19%	302	95%
JANUARY 2013	388	340	88%	42	11%	382	99%
FEBRUARY 2013	342	300	88%	35	10%	335	98%
MARCH 2013	359	285	79%	69	19%	354	99%
Total	3,274	2,687	82%	496	15%	3,183	97%

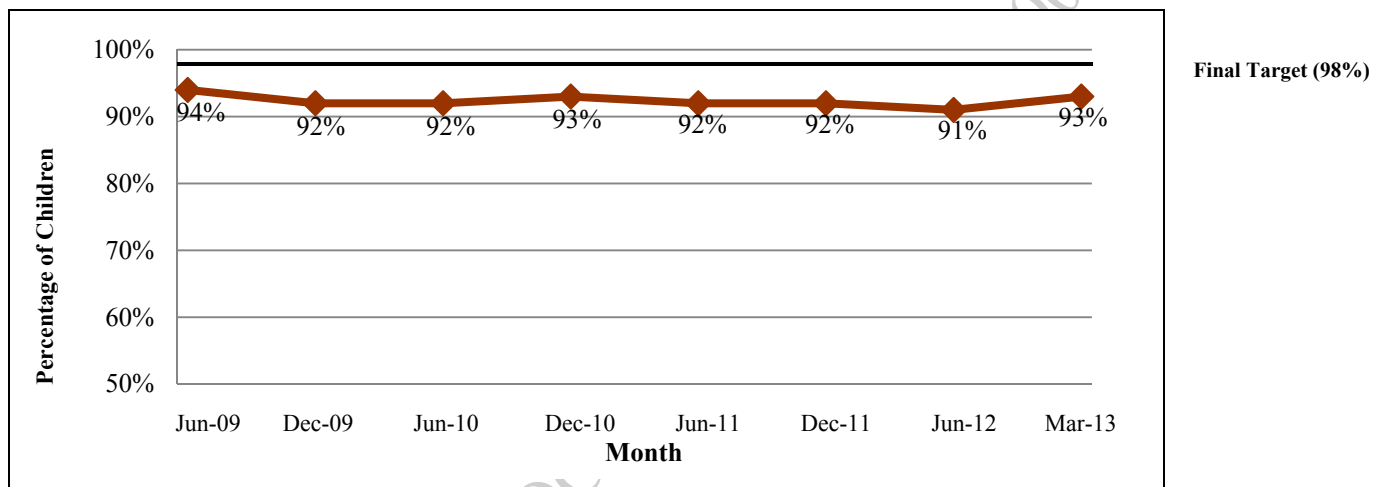
Source: Data produced by the Child Health Unit

Note: Due to the extraordinary damage and disruption caused by Superstorm Sandy, data from the month of October are excluded for assessment of performance purposes.

Required Medical Examinations

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

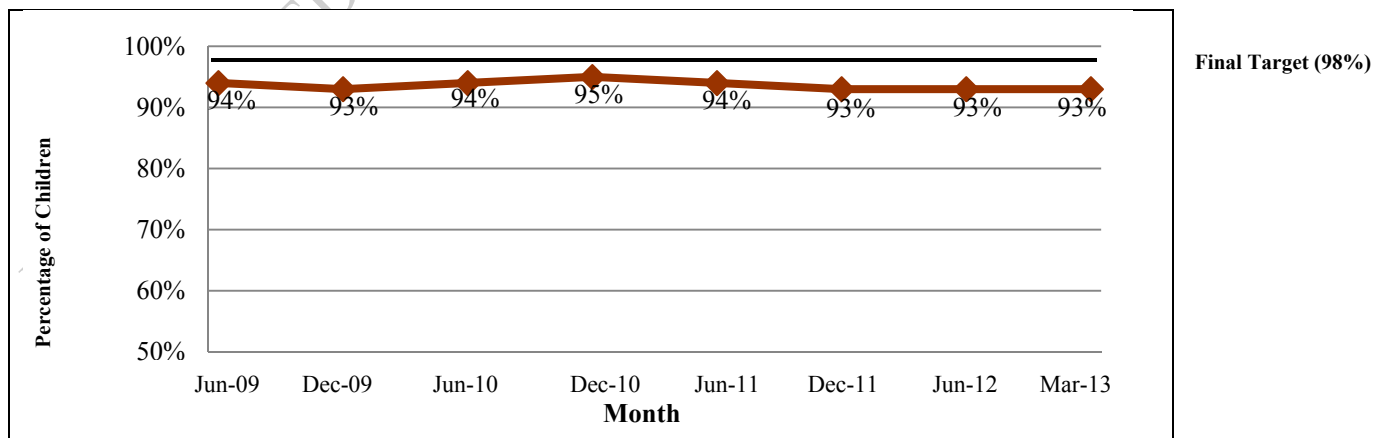
**Figure 43: Percentage of Children Ages 12-24 months Up-to-Date on EPSDT Visits
(June 2009 – March 2013)**



Source: DCF data

Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure.

**Figure 44: Percentage of Children older than 2 years Up-to-Date on EPSDT Visits
(June 2009 – March 2013)**



Source: DCF data

Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure.

Performance as of March 31, 2013:

Between July 2012 and March 2013, 93 percent of children 12 to 24 months old received the required Early and Periodic Screening, Diagnosis and Treatment (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). This performance is similar to previous monitoring periods and is slightly below the MSA final target of 98 percent of children in care for one year or more receiving timely EPSDT well-child examinations.¹²⁸ However, in the Monitor's judgment, this performance demonstrates sustained access to health care for children in out-of-home care.

NJ SPIRIT and SafeMeasures 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 notable 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 than reported in NJ SPIRIT and SafeMeasures.¹²⁹

**Table 19: EPSDT for Children Ages 12-24 months
(July 2012 – March 2013)**

Month	Children Requiring EPSDT	Children Up-to-Date	% Children Up-to-Date
JULY 2012	88	82	93%
AUGUST 2012	104	94	90%
SEPTEMBER 2012	91	83	91%
OCTOBER 2012	102	98	96%
NOVEMBER 2012	110	102	93%
DECEMBER 2012	116	107	92%
JANUARY 2013	94	86	92%
FEBRUARY 2013	105	100	95%
MARCH 2013	127	117	92%
Total	937	869	93%

Source: DCF data produced by Child Health Unit

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

¹²⁹ The Monitor did not review the back-up data this monitoring period but has confidence in the review as the Monitor has previously examined the 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.

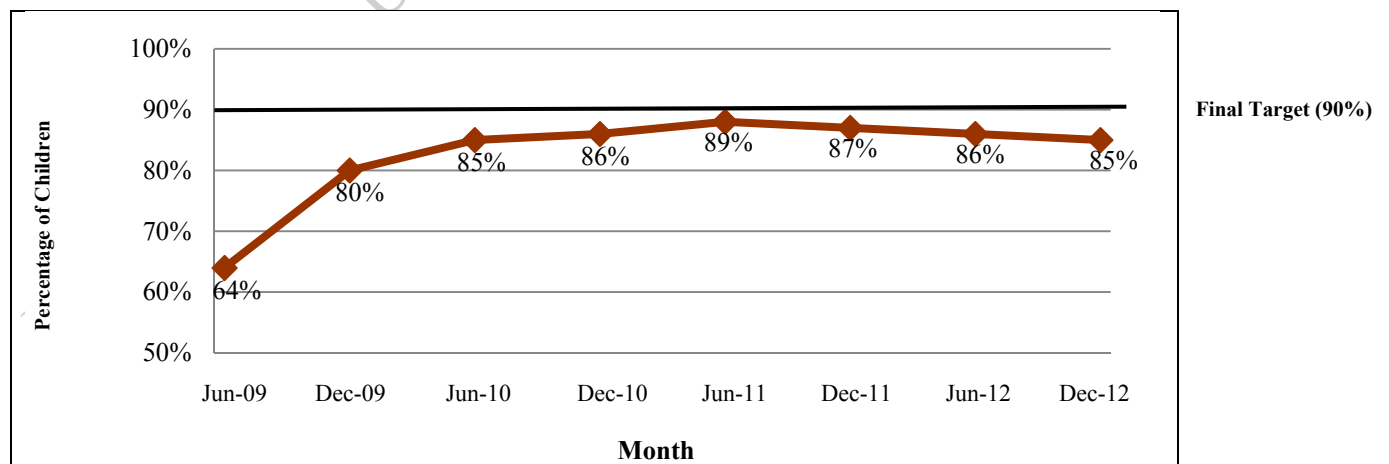
Table 20: EPSDT Annual Medical Exams for Children Age 25 months and older (July 2012 – March 2013)

Month	Total Due	Annual Exam Completed		Annual Exam Not Completed	
JULY 2012	242	228	94%	14	6%
AUGUST 2012	243	233	96%	10	4%
SEPTEMBER 2012	190	169	89%	21	11%
OCTOBER 2012	203	191	94%	12	6%
NOVEMBER 2012	184	167	91%	17	9%
DECEMBER 2012	179	167	93%	12	7%
JANUARY 2013	197	186	94%	11	6%
FEBRUARY 2013	161	143	89%	18	11%
MARCH 2013	247	235	95%	12	5%
Total	1,846	1,719	93%	127	7%

Source: DCF data

Semi-Annual Dental Examinations

Quantitative or Qualitative Measure	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.
Final Target	a. By December 2011, 98% of children will receive annual dental examinations. b. By December 2011, 90% of children will receive semi-annual dental examinations.

Figure 45: Percentage of Children Current with Semi-Annual Dental Exams (June 2009 – December 2012)

Source: DCF data

Performance as of December 31, 2012:

As of December 31, 2012, 85 percent of children age three or older who have been in care for at least six months had evidence of receiving a semi-annual dental exam (within the last six months). DCF's performance remains similar to the previous three monitoring periods and is below the final target by five 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. DCF also provided annual data on this measure which show that 98 percent of children three and older in care for at least six months between July 1 and December 31, 2012 had an annual dental exam.¹³⁰ Thus the Monitor considers DCF to have partially fulfilled this Performance Measure.

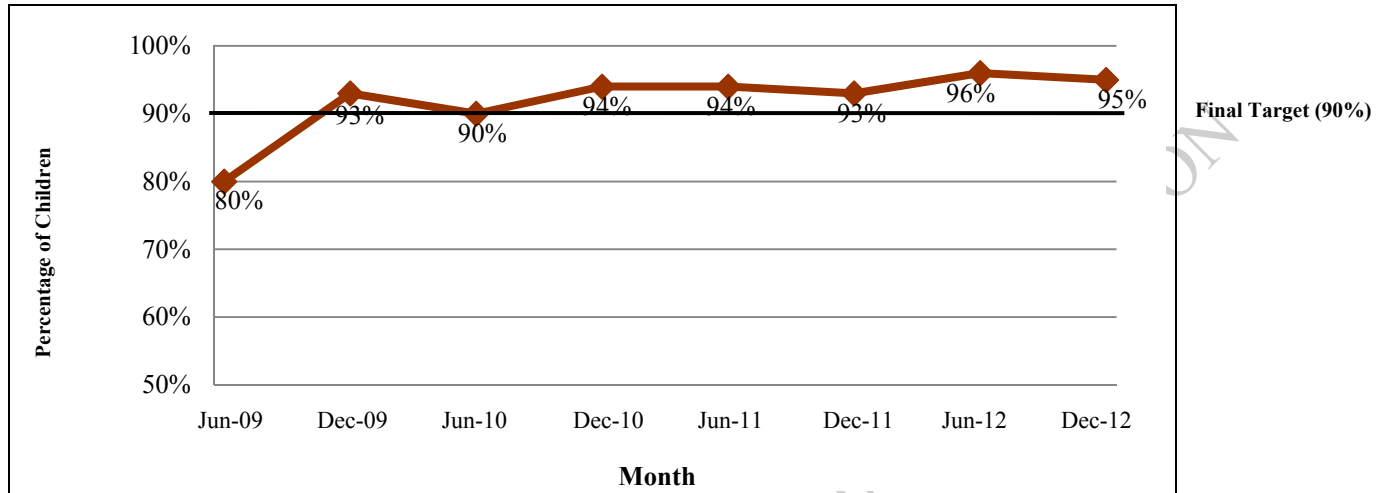
As of December 31, 2012, DCF reports that there were 4,000 children age three or older who had been in DCP&P out-of-home placement for at least six month; 3,406 (85%) had received a dental examination within the previous six months and an additional 517 (13%) had received an annual dental examination, thus there was evidence that 98 percent of children aged three and older had at least an annual dental examination. From July through December 2012, monthly performance on current semi-annual dental examinations ranged from 85 to 88 percent. In addition, monthly performance from January through March 2013 ranged between 84 and 87 percent.

Follow-up Care and Treatment

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

¹³⁰ As of March 31, 2013, 84 percent of children age three or older had evidence of a semi-annual dental exam. Because this measure is assessed annually and semi-annually, the Monitor decided to assess performance as of December 2012.

**Figure 46: Percentage of Children Who Received Follow-up Care for Needs Identified in CME
(June 2009 – December 2012)**



Source: DCF data, Health Care Case Record Reviews, Child Health Unit
Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure. Data for December 2012 represents performance for children in out-of-home placement who were removed between May 1 and October 31, 2012 and were in care for a minimum of 60 days.

Performance as of December 31, 2012:

The data on health care follow-up is based on DCF's 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, 2012 and were in care for a minimum of 60 days. Based on multiple assessments by the Monitor of DCF's 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 accurately measured through DCF's internal Health Care Case Record review.¹³¹

DCF reports that of those children identified as needing follow-up care after their CME, 95 percent received the recommended follow-up care. As stated previously, mental health screenings are not routinely documented as part of the CME, but Health Care Case Managers help to ensure that children in out-of-home placement receive needed mental health services. Therefore, the Monitor considers this follow-up care data with the caveat that mental health needs requiring follow-up may not have been fully identified or documented as part of the CME for some children.¹³²

¹³¹ 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.

¹³² The Monitor thus looks to performance measure 46 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=350)
December 31, 2012**

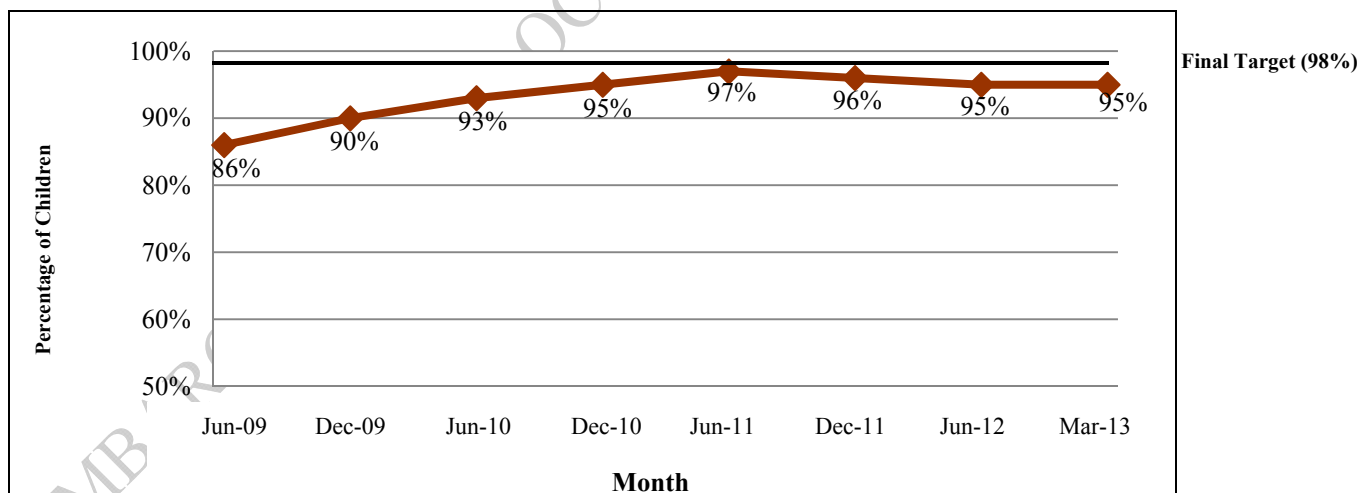
	#	%
No CME data in record	2	0%
CME Records	348	99%
No follow-up care needed	31	9%
Follow-up care required	317	91%
• Received follow-up	300	95%
• No evidence in record	17	5%

Source: DCF, Health Care Case Record Review, Child Health Unit¹³³

Immunizations

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

**Figure 47: Percentage of Children in Custody Current with Immunizations
(June 2009 – March 2013)**



Source: DCF data

Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure. Data for March 2013 represents performance from January through March 2013.

¹³³ DCF conducted a Health Care Case Record review in order to report on this measure. The Review examined records of a random sample of children in DCP&P out-of-home placement who were removed between May 1 and October 31, 2012 and were in care for a minimum of 60 days. 2,125 children comprise this cohort and a sample of 350 children was reviewed. The results have a ± 5 percent margin of error with a 95 percent confidence.

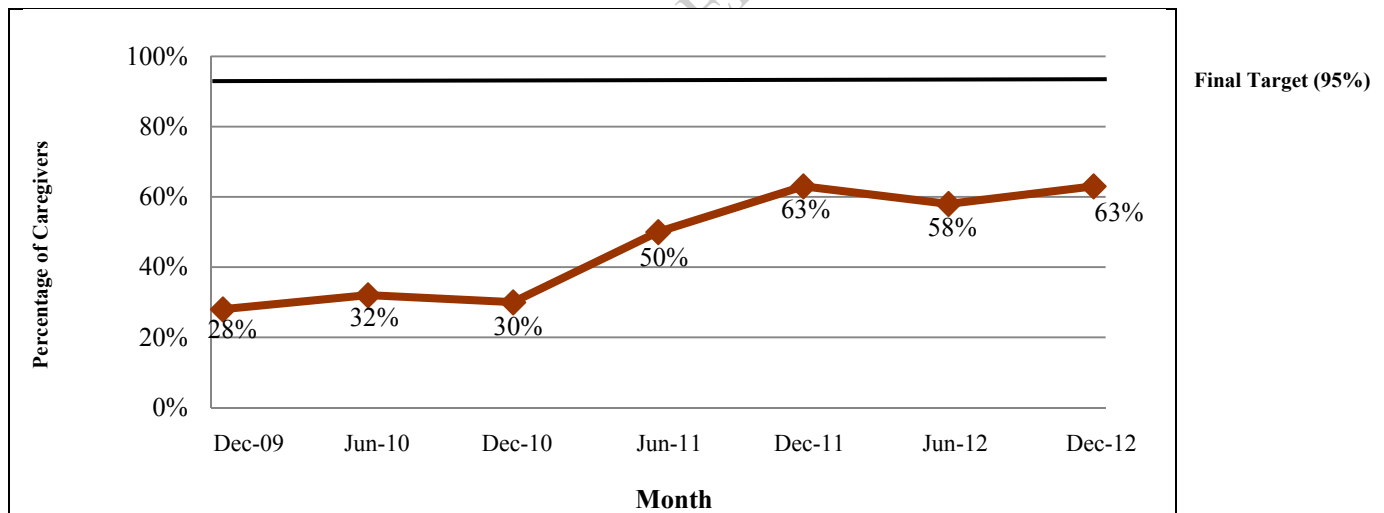
Performance as of March 31, 2013:

From January through March 2013, of the 6,545 children in out-of-home placement, 6,242 (95%) were current with their immunizations, slightly below the performance requirement of 98 percent. Performance on this measure has varied only two percentage points since December 2010. While not meeting the MSA final target, this performance represents sustained and positive results in ensuring that children are current with their immunizations. Thus, the Monitor deems this MSA requirement as partially fulfilled.¹³⁴

Health Passports

Quantitative or Qualitative Measure	45. <u>Health Passports</u> : Children's parents/caregivers receive current Health Passport within five days of a child's placement. ¹³⁵
Final Target	By June 30, 2011, 95% of caregivers will receive a current Health Passport within five days of a child's placement.

Figure 48: Percentage of Caregivers who Received Health Passports within 5 days of Child's Placement (December 2009 – December 2012)



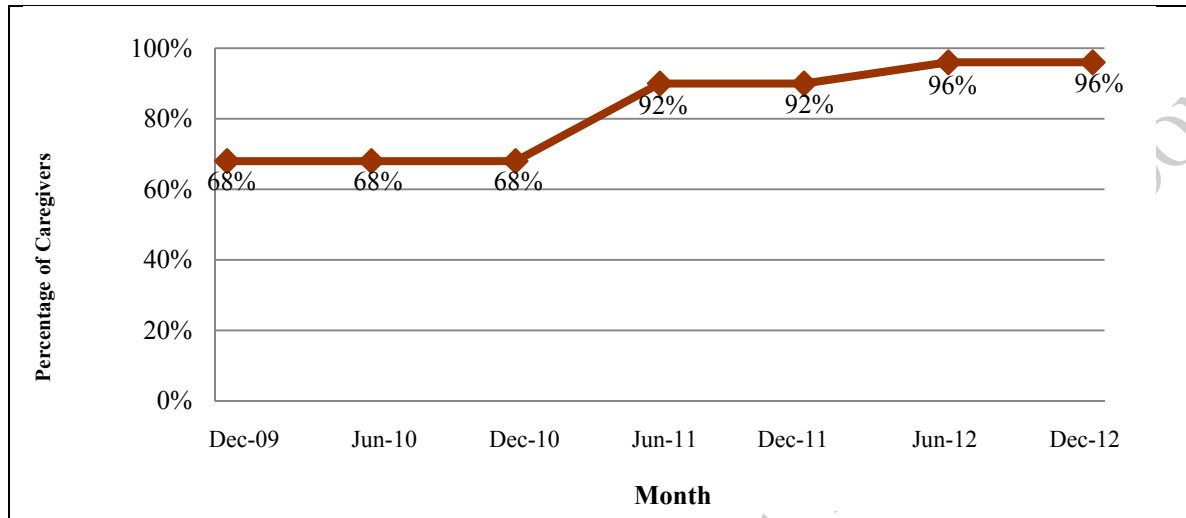
Source: DCF Health Care Case Record Review

Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure. Data for December 2012 represents performance for children in out-of-home placement who were removed between May 1 and October 31, 2012 and were in care for a minimum of 60 days.

¹³⁴ New Jersey's performance on child immunizations exceeds the Center for Disease Control and Prevention's goal for the nation that states achieve immunizations rates of 90 percent for children. Further, DCF's performance on immunization rates for children in out-of-home placement is similar to rates of immunization for all of New Jersey's children (grades pre K-6) in public schools. See http://www.state.nj.us/health/cd/documents/status_report/2013/-all_vacc13.pdf.

¹³⁵ Parties are 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 49: Percentage of Caregivers who Received Health Passports within 30 days of Child's Placement (December 2009 – December 2012)



Source: DCF Health Care Case Record Review

Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure. Data for December 2012 represents performance for children in out-of-home placement who were removed between May 1 and October 31, 2012 and were in care for a minimum of 60 days.

**Table 22: Health Passport: Presence in the Record, Evidence of Sharing Records (n=350)
December 31, 2012**

	#	%
Health Passport was present in the record	350	100%
Health Passport not present in the record	0	0%
Health Passport in record shared with provider	349	100%
Evidence of being shared with resource providers		
• Within 5 days	219	63%
• Between 6- 10 days	77	22%
• Between 11- 30 days	39	11%
• More than 30 days	14	4%

Source: DCF, Health Care Case Record Review¹³⁶

¹³⁶ DCF conducted a Health Care Case Record review in order to report on this measure. The Review examines records of a random sample of children in DCP&P out-of-home placement who were removed between May 1, 2012 and October 31, 2012 and were in care for a minimum of 60 days. 2,125 children comprise this cohort. A sample of 350 children was reviewed. The results have a ± 5 percent margin of error with a 95 percent confidence.

Performance as of December 31, 2012:

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.

Based on DCF's internal Health Care Case Record Review of 350 cases, there is evidence that Health Passports are shared with the child's caregiver within the first five days of placement in 63 percent of cases (see Table 22). This performance does not meet the final performance target but represents an increase over the last monitoring period when 58 percent of caregivers received Health Passports within five days. Within 30 days of the placement, DCF data show the Health Passport has been shared with 96 percent of caregivers, consistent with performance from the last monitoring period.

The Health Passport organizes health information from a range of sources including any findings of the PPA. DCF policy requires that the Health Care Case Manager complete the Health Passport, which is maintained by the DCP&P Local Office Child Health Unit, and provide it to the resource parent within 72 hours of the child's placement. This is a more stringent policy than the MSA requirement that the Health Passport be conveyed to the child's caregiver within five days. DCF continues to be unable to consistently meet its internal timeframe or the five day requirement set in the MSA, and there is concern that Health Passports produced within 72 hours, or even five days, frequently cannot contain meaningful medical information. The Monitor and parties have met to discuss this measure and consider whether a more effective measure can be designed that assesses how and in what timeframes meaningful medical information about children can reasonably be collected and timely shared with their caregivers. No agreement has been reached as of this time.

EMBARGOED UNTIL OCTOBER 12, 2013

X. MENTAL HEALTH CARE

DCF continues to work on improving its mental health delivery system. During this monitoring period, DCF expanded the number and type of children served and, through its federal Medicaid waiver, will be positioned to provide greater access to behavioral and mental health services for children and youth as discussed further below. Further, the Center for Health Care Strategies, a nonprofit health policy resource center based in New Jersey, awarded DCF a technical assistance grant to participate with five other states in a Psychotropic Medication Quality Improvement Collaborative. New Jersey's goals in receiving this technical assistance include increasing policy compliance and developing frameworks to review the progress of individual children/youth as well as children/ youth at-risk for needing psychotropic medication. In June 2013, New Jersey presented a webinar on *Models of Agency Consent for Psychotropic Medications for Children and Youth in Child Welfare*.¹³⁷

DCF continues to meet the MSA Performance Measures requiring that children receive timely mental health assessments and children and youth received appropriate, evidence-based mental health services that could prevent their entry into DCP&P custody.

A. Mental Health Delivery System

DCF's Division of Children's System of Care (CSOC) serves children and adolescents with emotional, behavioral health, developmental and intellectual disabilities and co-occurring conditions. Beginning in 2012, the provision of services to children with developmental and intellectual disabilities, formerly under the purview of the Department of Human Services (DHS), transitioned to CSOC. The first phase of this transition occurred in October 2012 when approximately 450 children and youth with developmental and intellectual disabilities receiving out-of-home placement and intensive in-home services were transitioned to CSOC. Several new services were developed and implemented including awarding two contracts to expand out-of-home treatment for children with developmental disabilities, a five bed psychiatric community home and a five bed intensive residential treatment services home.

The second phase of the transition, involving 15,000 children and youth, began on January 1, 2013 and represented the transfer of Developmental Disability (DD) Family Support Services to DCF. DD Family Support Services include respite, camp and assistive technology and support for the family to care for the child or youth within their home. Care coordination for these children and youth is provided by PerformCare and DCF's network of Care Management Organizations (CMOs). PerformCare provides 24 hour, 7 day a week access to service requests, manages the utilization of service contracts and provides the first step in determining eligibility

¹³⁷ Section III.C.2 of the MSA requires the State to 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. This is a Phase I requirement that DCF has maintained since January 2010. Child Health Unit (CHU) nurses are continuing to monitor children/youth on psychotropic medication. Data that CHUs maintain include the diagnosis of the child/youth; prescription and over the counter medications; medication dosage(s); prescriber name and credentials; informed consent documentation; treatment plans; and engagement in non-pharmacological therapies. CHU psychotropic medication data are submitted to the Office of Child and Family Health on a quarterly basis for review and analysis.

of youth who are new to CSOC. CSOC retains responsibility for the final determination of DD eligibility.

Also new this monitoring period, in October 2012 New Jersey received approval from the Centers for Medicare and Medicaid Services (CMS) for a Comprehensive Medicaid Waiver focused, in part, on increasing supports for children and youth who have a risk of hospital level care (children/youth considered to be seriously emotionally disturbed), have a pervasive developmental disability, or are developmentally delayed and mentally ill.¹³⁸ Some aspects of the waiver will be implemented in the summer and fall of 2013. CSOC believes that the waiver will permit them to improve timely access and relevant care that integrates physical as well as mental health care. The Monitor will track the implementation and effectiveness of this waiver as it relates to requirements of the MSA.

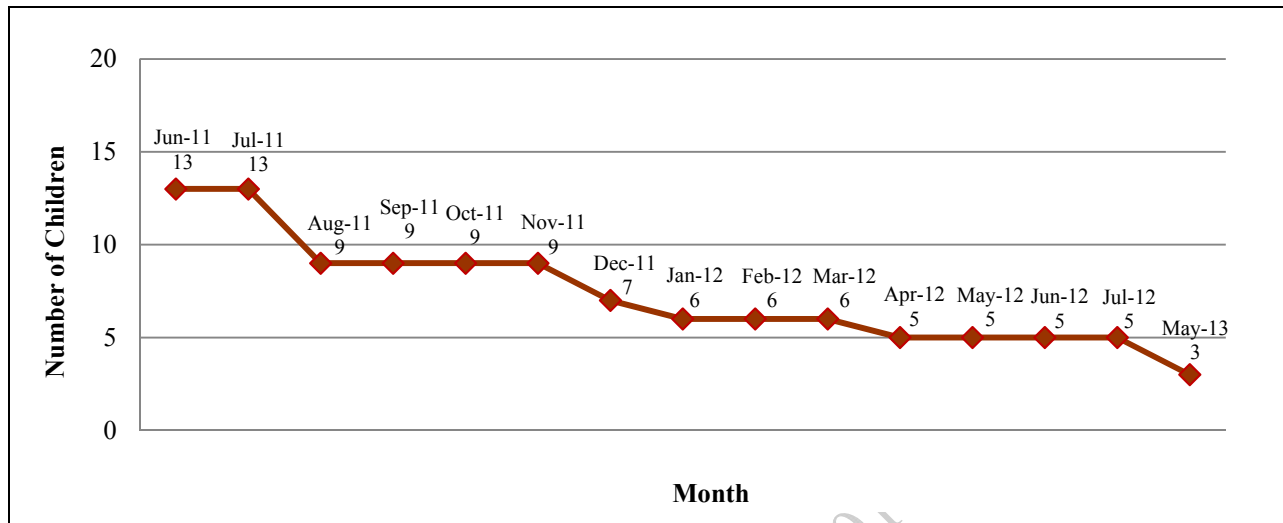
The number of children placed out-of-state for treatment continued to decline.

DCF is required to minimize the number of children in DCP&P 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 March 2013, there were three youth in out-of-state residential placements. All three youth are in a specialized program for the deaf or hard of hearing. DCF is working collaboratively with the state's Department of Education, primarily with staff of New Jersey's Marie H. Katzenbach School for the Deaf, to develop an in-state program to provide residential mental health treatment for five to eight youth. Program services will be provided by St. Joseph's Hospital and Medical Center. The facility is undergoing updates and renovations and DCF hopes to move the three youth from out-of-state to the new facility by the end of 2013 if the renovations have been completed.

Figure 50 shows the number of children placed out-of-state from June 2011 to May 2013.

¹³⁸ Other provisions of the Medicaid waiver support seniors and adults with disabilities and low income families.

**Figure 50: Children in Out-of-State Placement
(June 2011 – May 2013)**



Source: DCF data, CSOC (as of the first day of each month)

Youth in detention, in DCP&P custody and awaiting CSOC placement are moved from detention in a timely manner.

The MSA requires that no youth in DCP&P custody should wait longer than 30 days in a detention facility post-disposition for an appropriate placement (Section II.D.5). From July 2012 to March 2013, ten youth in DCP&P custody, three females and seven males ages 14 to 17, were in juvenile detention awaiting a CSOC placement following disposition of their delinquency case. One youth transitioned from detention within 15 days after disposition. The remaining nine youth transitioned between 16 and 30 days following disposition of their case, thereby meeting the MSA requirement. Table 23 provides information on the length of time each of the youth waited for placement.

**Table 23: Youth in DCP&P Custody in Juvenile Detention Post-Disposition
Awaiting CSOC Placement
(July 2012 – March 2013)**

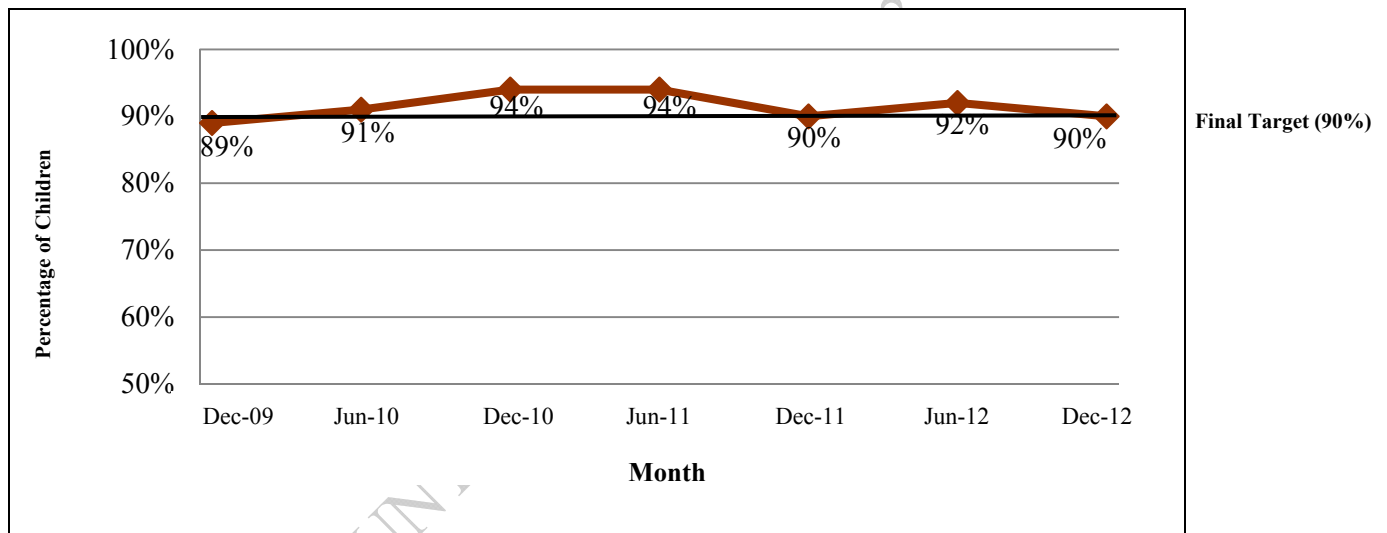
Length of Time to placement while in Detention Post-Disposition	Number of Youth
0-15 Days	1
16-30 Days	9
Over 30 Days	0
Total	10

Source: DCF data, CSOC

B. Mental Health Performance Measures**Mental Health Assessments**

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

Figure 51: Percentage of Children with Suspected Mental Health Needs who Received Mental Health Assessment (December 2009 – December 2012)



Source: DCF data

Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure. Data for December 2012 represents performance for children in out-of-home placement who were removed between May 1 and October 31, 2012 and were in care for a minimum of 60 days.

Performance as of December 31, 2012:

DCF's internal Health Care Case Record Review found that 99 percent of eligible children and youth received the required mental health screen.¹³⁹ Eligible children are over the age of two and not already receiving mental health services. As shown in Table 24, a total of 134 children in the sample required a mental health assessment.¹⁴⁰

DCF reports that 90 percent (121) of those 134 children identified as needing a mental health assessment received one by the time of the record review. Performance slightly declined since the last monitoring period but met the MSA performance requirement.¹⁴¹

The data also show that of the 90 percent of youth receiving a mental health assessment, 75 percent (91) were completed in the first 30 days of out-of-home placement and another 16 percent (19) were completed in 60 days.

¹³⁹ The Monitor did not independently verify the findings of DCF's Health Care Case Record Review conducted in the winter of 2012. 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.

¹⁴⁰ Three hundred and fifty-two children were in the sample. One hundred twenty children (60%) were determined to have a suspected mental health need requiring a mental health assessment. DCF also determined that 14 of 47 children already receiving mental health services required a new mental health assessment.

¹⁴¹ Last monitoring period, 92 percent of children in need of a mental health assessment received one by the time of the review.

**Table 24: Mental Health Screening and Assessments for Children Age 2 and older
(n=350)
as of December 31, 2012**

MH Screening		
Not reviewed already receiving services (47) or under the age of two (101)	148	42%
Children eligible for screening	202	58%
TOTAL RECORDS REVIEWED	350	100%
Children eligible screened	199	99%
Children eligible not screened	3	1%
TOTAL CHILDREN ELIGIBLE FOR SCREENING	202	100%
Suspected MH need identified	120	60%
Youth already receiving services were identified as needing an assessment	14*	
TOTAL REQUIRING MENTAL HEALTH ASSESSMENTS	134	
MH Assessment		
MH assessment completed	121	90%
MH assessment scheduled	2	2%
MH assessment not completed	11	8%
TOTAL	134	100%
MH Assessment Completion Timeline		
MH assessment complete w/in 30 days	91	75%
MH assessment complete w/in 60 days	19	16%
Greater than 60 days	6	5%
Unable to determine	5	4%
TOTAL	121	100%
Recommendations made in MH Assessment		
Recommendation Made	118	98%
No Recommendation Made	3	2%
TOTAL	121	100%
Treatment Provided/Evidence in the Record		
All Recommended Treatment Provided	77	65%
Some Recommended Treatment Provided	19	16%
Recommended Treatment Not Provided	22	19%
TOTAL	118	100%

Source: DCF data, Health Care Case Record Review¹⁴²

*14 of the 47 children already receiving mental health services

¹⁴² DCF conducted a Health Care Case Record review in order to report on this measure. The Review examines records of a random sample of children in DCP&P out-of-home placement who were removed between May 1, 2012 and October 31, 2012 and were in care for a minimum of 60 days. 2,125 children comprise this cohort. A sample of 350 children was reviewed. The results have a ± 5 percent margin of error with a 95 percent confidence.

**Provision of In-Home and Community-Based Mental Health Services for
Children and Their Families**

Quantitative or Qualitative Measure	47. <u>Provision of in-home and community-based mental health services for children and their families:</u> CSOC 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 DCP&P and to prevent children and youth from entering DCP&P custody.
Final Target	Ongoing Monitoring of Compliance

Performance as of March 31, 2013:

Section II.C.2 of the MSA requires the state to have a Medicaid rate structure to reimburse evidence-based, informed or support practices such as Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST). FFT continues to be available in seven counties: Atlantic, Cape May, Burlington, Ocean, Cumberland, Gloucester and Salem. Between July 2012 and March 2013, each program's average census was 86 percent of the program's capacity. MST continues to be available in three counties: Camden, Essex and Hudson. The average census for the MST programs was near 53 percent of the program's capacity. CSOC reports that there have been several discussions with the MST provider for Essex and Hudson counties (averaging 48% monthly census) regarding ways to increase program utilization.

The FFT and MST programs averaged approximately 16 successful discharges per month during this monitoring period.

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

Continued Support for Family Success Centers

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

Performance as of March 31, 2013:

New Jersey began developing a network of Family Success Centers (FSCs) in 2007, initially with 21 centers. Now, in its fifth full year, New Jersey has a total of 51 FSCs, at least one in each of the 21 counties.

FSCs are neighborhood-based places where any community resident can access family support, information and services, and specialized supports that 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 public housing. 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.

Since Superstorm Sandy in October 2012 FSCs have become recognized as a significant place of support for families in New Jersey. They served as referral resources for Federal Emergency Management Agency (FEMA) Disaster Recovery Centers because they are located in communities where families needed assistance. Some centers held food and clothing drives and recovery information events. Additionally, Commissioner Allison Blake identified funding to establish a FSC in Union Beach to work with and service families directly affected by the storm.

In total, between July 1, 2012 and March 31, 2013, nine new FSCs were established in eight counties: two in Camden and one in each of the following counties: Cumberland, Essex, Gloucester, Middlesex, Monmouth, Salem and Union.

Table 25 depicts the ten core services provided by FSCs to families; the total number of services provided to these families – families can receive multiple services – increased by 72 percent from 13,285 in July 2012 to 22,868 in March 2013, reflecting the need for services brought about by Superstorm Sandy.

**Table 25: Number of Families Served by Family Success Centers by
Types of Services Provided
(July 1, 2012 – March 31, 2013)**

Level of Service

FSC Unduplicated* Number of families served	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
	5,180	5,704	4,881	5,379	5,348	4,612	4,459	4,610	4,959

Types of Services Provided

Core Services	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan 13	Feb-13	Mar-13
Access to health information	2,017	1,978	2,324	3,490	5,314	5,040	7,217	6,350	5,232
Development of "Family Success" plans	359	295	255	400	381	276	275	266	283
Economic self-reliance	1,441	1,369	1,409	1,540	2,199	2,065	1,831	1,564	1,916
Information and referral services	3,875	4,528	4,818	4,642	5,128	4,473	4,101	4,091	4,170
Life Skills	960	974	1,444	3,437	5,075	5,161	7,246	6,596	5,804
Housing-related services	557	682	816	1,694	1,490	847	904	885	812
Parent education	806	1,002	1,084	959	982	844	696	822	1,115
Parent-child activities	1,864	3,513	1,837	2,101	1,605	2,768	1,700	1,465	2,433
Advocacy	1,253	1,220	1,057	1,670	1,655	973	930	945	816
Home visits	153	169	187	178	251	220	135	202	287
Total	13,285	15,730	15,231	20,111	24,080	22,667	25,035	23,186	22,868

Source: DCF data

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

DCF is continuing its collaboration with the Rutgers School of Social Work, Institute for Families that began on January 31, 2012 to train all FSC directors and staff on a professional development and credentialing program called the Family Development Credential (FDC). This customized program was redesigned specifically for New Jersey's FSCs. During this monitoring period, FSC directors and front line staff completed the program. This professional development credentialing program will be offered to staff at the nine new FSCs to provide them with added skills to provide strength based support to families.

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 DCP&P custody until age 21. Discussed below are several current practices and strategies utilized by DCF to provide services for older youth in the following areas: housing, education, employment, general transition support and Lesbian, Gay, Bisexual, Transgender, Questioning or Intersex (LGBTQI) services. Many of these efforts are a result of DCF's Office of Adolescent Services (OAS) 2011-2014 strategic plan, *Striving for Success in Transitions to Adulthood*.¹⁴³ Following the practice and strategy updates, progress toward the Phase II Performance Measures is provided.

Housing

The OAS has partnered with PerformCare to create the Adolescent Housing Hub, a real-time housing slot tracking and referral system. DCF reports that this automated system is within PerformCare's CYBER system and allows for the identification of appropriate housing for youth by accurately matching the youth's needs, provider information and program capacity. As indicated in Table 26, as of March 31, 2013, there were 374 transitional and supported housing operational slots and during this monitoring period, new housing programs were opened in Burlington, Salem and Atlantic counties. DCF reports that OAS is collecting data related to housing needs of youth across the state to plan and adjust existing housing programs.

¹⁴³ The strategic plan can be accessed at: <http://www.state.nj.us/dcf/about/divisions/oas/index.html>

**Table 26: Youth Transitional and Supported Housing
as of March 31, 2013**

County	Current period: Operational Slots	Providers	Ages Accepted
Atlantic	6	Twin Oaks	18-21
Bergen	12	Bergen County Community Action Program	16-21
		Volunteers of America	16-21
Burlington	26	Crossroads	17-21
		The Children's Home of Burlington County	18-21
		Garden State Homes	16-21
Camden	29	Center For Family Services	16-21
Cape May	12	Center for Family Services	16-21
		CAPE Counseling	18-21
Essex	57	Covenant House	18-21
		Corinthian Homes (Youth Build)	16-21
		Catholic Charities Diocese of Newark (Sanford)	16-21
		Tri-City Peoples	18-21
		Care Plus	18-21
Gloucester	30	Robin's Nest Inc.	18-21
Hudson	30	Catholic Charities Diocese of Newark (Strong Futures)	18-21
		Volunteers of America	18-21
Mercer	14	Lifeties	18-21
		Anchorline	18-21
		Anchorage	18-21
Middlesex	12	Middlesex Interfaith Partners with the Homeless (MIPH)	18-21
		Garden State Homes	18-21
Monmouth	19	IEP	18-21
		Catholic Charities Diocese of Trenton	17-21
		Collier Services	18-21
Morris	5	Plaid House – Thenen House	16-20
Ocean	8	Ocean Harbor House	16-21
Passaic	19	NJ Development Corporation (Ind House/Marion)	18-21
Salem	15	Ranch Hope (HILLS)	17-21
		Robin's Nest Inc	18-21
Somerset	14	Somerset Home for Temporarily Displaced Children	18-21
Union	58	Community Access Unlimited	16-21
		Volunteers of America	16-21
Warren	8	Catholic Charities Diocese of Metuchen	18-21
Total	374		

Source: DCF data

Education

DCF continues to offer the New Jersey Foster Care (NJFC) Scholars Program, overseen by the Office of Educational Support and Programs (OESP), which provides assistance with tuition and fees to current and former eligible foster youth in order to pursue post-secondary education. Between July 2012 and March 2013, 314 students participated in the Scholars program; 238 (76%) received funding through Education and Training Voucher (ETV) or tuition waiver. DCF reports the remaining youth did not utilize Scholars program funding because the financial aid provided by their educational institutions covered their expenses. The number of youth enrolled in the Scholars program has remained steady since the 2011-2012 academic year when 316 students participated and remains below expectations for potentially eligible youth. A case record review conducted by the Monitor and DCF of the 65 youth who exited care between July 1 and December 31, 2012 without achieving permanency found that documentation in the record indicated that information pertaining to the Scholars program was conveyed to 29 percent of youth and only four youth enrolled in higher education/vocational programs were enrolled in the Scholars program.

In an effort to increase participation in the Scholars program, between July 2012 and March 2013, 18 workshops were held providing assistance to 114 youth in understanding the Scholars program and to provide assistance in completing the Free Application for Federal Student Aid (FAFSA). Additionally, information was presented during five “Aging Out” events, reaching approximately 270 youth, and four presentations were held for DCF staff, law guardians and resources parents with a total of 215 attendees. Reapplication events on college campuses containing high concentrations of Scholar participants were scheduled for the late spring and early summer 2013. The Monitor encourages DCF continually to assess the effectiveness of current recruitment efforts as well as enrollment requirements to ensure that youth who can benefit from the Scholars program have access to it.

Two additional supports available to youth enrolled in the Scholars program are Project MYSELF and the Summer Housing and Internship Program (SHIP). Project MYSELF is required for all youth enrolled in the Scholars program and offers a multi-service mentoring program designed to improve academic performance, increase post-secondary education retention and develop essential life skills and competencies. SHIP is a 12 week program (May through August) which offers safe and secure housing on four university campuses (Montclair University, Rutgers University-Camden, Rutgers University-Newark and Rutgers University-New Brunswick/Piscataway) for youth who lack financial, family and social connections. In addition to housing, other supports are available including paid internship opportunities, counseling, seminars and social activities. During the summer of 2012, 40 students were served through SHIP. A new addition to the SHIP program, referred to as the Summer Internship Program (SIP), was created and began serving an additional 20 youth in May 2013. Youth enrolled in this program do not require housing supports but benefit from internship opportunities and access to the other supportive services available in the SHIP program.

Employment

OAS has developed new partnerships with the New Jersey Department of Labor and Workforce Development and the State Employment and Training Commission (SETC) to identify, evaluate and expand access to employment programs. One component of this partnership includes resource and information sharing with One-Stop Career Centers, Workforce Investment Boards and Youth Investment Councils throughout the state. Another component of the partnership is participation in the SETC's Shared Youth Vision Council which brings together stakeholders to construct a shared vision to guide employment and training services for youth.

General Transition Support

DCF received a sponsorship from Kearny Federal Savings Bank to partner with EverFi, an online financial literacy program, to provide services to youth in housing and life skills programs. This program was piloted in the summer of 2012 and a graduation ceremony was held in November 2012 for 40 youth who completed the course. An unlimited amount of additional slots are available for more youth to participate in the future and training is being conducted with DCP&P youth serving agencies.

On October 1, 2012, the Ansell Casey Life Skills Assessment was replaced with the Casey Life Skills Assessment (CLSA) by Casey Family Programs. OAS has provided guidance to DCP&P staff and contracted providers on changes and updates included in CLSA and on how to set up and access user accounts.

OAS has begun updating many policies pertaining to older youth. In August 2012, the policy regarding credit checks for youth was updated and after much planning and preparation this monitoring period, effective April 1, 2013, DCF updated its Independent Living Stipend policy, increasing the amount of funding available to be more comparable with current standards of living and to appropriately provide support for youth in independent living placements or receiving independent living services. The previous rate was established in 1979, providing approximately \$160 a month for food and \$180 a month for rent; the new policy provides eligible youth with \$240 a month for food, \$600 a month for rent and \$100 a month for incidentals which includes household and personal care items.

In March 2013, OAS began the Adolescent Practice Forums which allow professionals across DCF an opportunity to discuss common practice concerns and receive updates on adolescent related policy, practice and workgroup and task force activities. Adolescent serving staff within the DCP&P, the Office of Education (OOE) and the Case Management Organizations (CMO) serving Children's System of Care (CSOC) youth. These forums are offered four times a year in regional offices across the state. The first forum included an overview of resource materials for adolescents, status updates on the OAS strategic plan, services offered by OAS and a presentation on the Task Force on Helping Youth Thrive in Placement. The second series was held in June 2013.

Finally, OAS currently supports 12 Youth Advisory Boards (YABs). DCF reports that each YAB meets twice a month and is responsible for spearheading four programs per year. Some

examples of programs held during this monitoring period include a youth empowerment symposium, a youth summit, resource fairs, fundraisers and art exhibits. OAS is currently partnering with the National Resource Center for Youth Services in a significant investment to develop and implement a restructure to the YABs which would increase the number of YABs from 12 to 15, provide more standardized program components and protocols, incentivize youth leadership positions and provide internship opportunities to DCF youth alumni. Request for Proposals for the restructured YAB contracts were published on May 9, 2013 and the contract was awarded on July 23, 2013 to Rutgers University Transitions for Youth Program. DCF is currently in the process of transitioning to the new YAB structure.

A. *Services for LGBTQI Population*

The MSA required DCF to develop and begin to implement a plan for appropriate services to be delivered to youth who identify as LGBTQI (Section II.C.4). During this monitoring period, DCF continued to implement strategies and services to meet the needs of this population. The primary vehicle for these services is through the Safe Space Program. This program encourages and promotes a welcoming and inclusive environment within DCF for LGBTQI youth, families and staff through training, activities, resources, community partnerships, collection of LGBTQI data and through developing policies that reflect appropriate case practice with this population. DCF has increased the number of Safe Space liaisons during this monitoring period by adding an additional 24 liaisons, now offering a total of 148 for all 47 DCP&P Local Offices. DCF reports that these liaisons provided more than 200 consultations concerning case practice and community resources related to LGBTQI youth and families this monitoring period. Liaisons recently produced an updated resource guide, “TRIANGLE: Teen Resources Intended to Aid & Nurture Gays, Lesbians & Everyone”¹⁴⁴ and continued data collection and analyses, identifying approximately 200 LGBTQI youth and approximately 130 LGBTQI families that they serve. The data are collected by OAS to identify, create and update policy, programming and practice needs to best support these youth and families.

B. *Performance Measures Measuring Services to Older Youth*

During March 2013, DCP&P served 3,026 youth aged 18 to 21; current information indicates that 571 (19%) youth were living in a DCP&P out-of-home placement; 1,569 (52%) youth were living in their own homes;¹⁴⁵ and 886 (29%) youth were receiving adoption or Kinship Legal Guardianship subsidies.

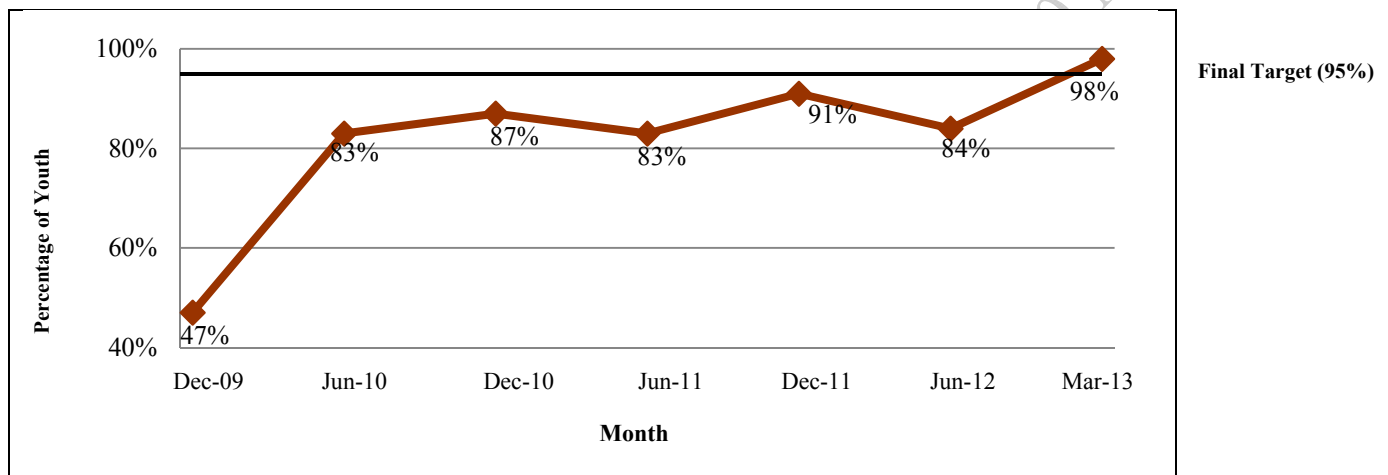
¹⁴⁴ The guide can be accessed at: <http://www.state.nj.us/dcf/adolescent/lgbtqi/>

¹⁴⁵ DCF is currently further analyzing these data to better understand the exact setting(s) indicated for the youth categorized as “living in their own homes.”

Independent Living Assessments

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

**Figure 52: Percentage of Youth Aged 14-18 with Independent Living Assessment
(December 2009 – March 2013)**



Source: DCF data

Performance as of March 31, 2013:

Performance data for this monitoring period has steadily increased from 79 percent in September 2012, to 93 percent in December 2012 and in March 2013, performance exceeded the MSA requirement by reaching 98 percent. Specifically, in March 2013, there were 954 youth aged 14 to 18 in out-of-home placement for at least six months; 933 (98%) had Independent Living Assessments completed. This is the first time DCF's performance has met the required final target.

Services to Older Youth

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

Performance as of March 31, 2013:

As indicated in the previous monitoring report, the Monitor and DCF had agreed to collect data for this measure using a case record review methodology; however, after a pilot test, consensus agreement was reached that the information collected was limited by the documentation available and did not allow for sufficient analysis of service provision. With the agreement of all parties, data for this measure will now be collected using a QR process. A review of 20 older youth cases, two from each area¹⁴⁶ within the state, occurred in late July 2013 with the participation of staff from DCF, Plaintiffs and the Monitor. Cases will be considered acceptable for this Performance Measure if the QR ratings are acceptable for both the Child Status Indicators and Practice Performance Indicators. Baseline performance will be determined using data from the 20 cases reviewed in July 2013 as well as 24 additional older youth cases previously reviewed by DCF between March 2012 and June 2013. Data are currently being analyzed and the findings will be presented in a report issued by DCF in collaboration with the Monitor in October 2013. These performance data will also be included in the next monitoring report. Periodicity and sampling moving forward is under discussion with DCF and Plaintiffs.

Youth Exiting Care

Quantitative or Qualitative Measure	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.
Final Target	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 March 31, 2013:

The Monitor and DCF conducted a case record review of the 65 youth who exited care without achieving permanency between July 1 and December 31, 2012 and found that 86 percent of these youth had housing and 52 percent of youth were either employed or enrolled in education or vocational training programs. Data collected pertaining to planning and service provision identified the following:

¹⁴⁶ Atlantic/Burlington/Cape May; Camden; Cumberland/Gloucester/Salem; Essex; Hudson/Bergen; Hunterdon/Mercer/Somerset/Warren; Middlesex; Morris/Sussex/Passaic; Ocean/Monmouth; and Union.

Housing:

- 81 percent of youth had worked with their caseworker prior to case closure in order to secure housing.
- The most commonly identified living arrangements following case closure were residing with relatives (31%) and friend's home (17%).
- Reviewers were asked to identify strengths and areas needing improvement with DCF's casework around housing. Identified strengths included: workers invested time and energy into exploring multiple resources and options for the youth; youth had supportive adults in their lives to help with the transition; and that family options and connections were explored. Areas needing improvement included documentation for the planning procedures which may have been absent or insufficient and that planning procedures for some of the youth should take a more holistic and comprehensive approach and account for all of the youths' difficulties and challenges.

Education and Employment:

- 70 percent of youth had undergone case planning specifically around their educational or vocational needs, however, only one-third were enrolled in educational or vocational training programs.
- Information pertaining to the Scholars program was conveyed to 29 percent of youth and only four youth enrolled in higher education/vocational programs were enrolled in the Scholars program.¹⁴⁷
- 51 percent of youth needed assistance and had undergone case planning specifically around their employment needs, however only 37 percent were employed full or part-time at case closure.
- Reviewers identified that some youth had particular challenges in obtaining employment due to cognitive limitations or criminal histories.
- Reviewers were asked to identify strengths and areas needing improvement with DCF's casework around education and employment. Identified strengths included strong engagement activities with youth around their needs and that workers were resourceful in how they supported the youth. An area identified as a strength in some cases and an area needing improvement in others was the level of the caseworker's assessment. Reviewers indicated that in some instances, a comprehensive assessment was used to focus on multiple aspects of a youths' functioning and in other cases, workers did not use a holistic approach and planning did not include consideration of the complexities of the youths' experiences and challenges.

Performance on this measure was last assessed during a case record review of older youth exiting care between January 1 and June 30, 2010. This review found that 72 percent of youth had housing and 60 percent of youth were employed or in some type of educational program. DCF's current performance does not meet the level required by the MSA, however, when comparing current data to performance two years ago, some improvements have been made in youth

¹⁴⁷ 28 percent of youth reviewed were ineligible for the Scholars program due to not yet finishing high school.

housing but the data indicate that there has been a decline in educational and employment performance for older youth exiting care.

The Monitor and DCF jointly developed the following recommendations and next steps in order to improve performance in these areas:

1. Approximately one-third of the youth in this review did not possess a high school diploma or GED, which likely has implications for subsequent education and employment opportunities. Thus, DCF should advance efforts to help youth acquire their high school diplomas and link youth with employment readiness and training programs with a focus on educational stability and tutoring to assist children and youth to remain on grade level and succeed. Relationships should be developed or strengthened with local school districts and vocational/employment training providers to ensure youths' access to these needed services. If DCF finds that additional service providers are needed in certain communities, strategies should be developed to address this need.
2. Workers should continually assess barriers to educational enrollment and attainment and employment security for each individual youth with whom they work, as each youth presents with specific needs and circumstances and may require additional and unique supportive and/or accommodating services. This practice should be reinforced through training and coaching of workers to ensure that a holistic approach is used during assessment and planning with youth.
3. DCF should update, strengthen and enforce policies regarding the completion of independent living assessments and adolescent case closing agreements. Focus should be given to assisting workers and providers in understanding the practical use and benefit of independent living assessments as these tools are instrumental in developing appropriate case plans and transition plans which should include services directed toward the specific needs of the individual youth.
4. Of the youth's records reviewed, close to one-third were living with relatives following their exits from care and had **not** achieved permanency prior to exiting care. This raises questions about whether DCF is proactively and continually planning for this specific population and if such relative resources were available as permanency options prior to exit from care. DCF should ensure through training and supportive coaching from supervisors and managers that permanency planning for youth in care is an ongoing process and should not cease once a youth receives a non-permanency goal.
5. In order to track performance and collect data for this Performance Measure on a more frequent basis, DCF will modify the adolescent case closing agreement and the Transitional Plan for Adolescents to include sections that will capture housing, employment and education status at case closure. In addition, upcoming reviews will include specific inquiries regarding the use of Family Team Meetings with these youth as these are a critical component of the Case Practice Model and will assist with better understanding the case planning process with a youth.

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6. It would be beneficial if DCF explored more fully some of the incongruous findings noted in this report. For example, several youth had case goals that may have been at odds with the realities of their actual case situations, such as Independent Living for 16-17 year olds even though the youth were beyond 18 years of age. Were the case goals the most appropriate ones for these youth? Did this have an impact on case planning or on any of their eventual outcomes?

Further, a significant obstacle youth typically face when exiting care is maintaining their health care coverage. Data regarding the number of youth receiving Medicaid health insurance¹⁴⁸ upon exiting care has been provided by DCF. In CY 2012, of the 460 youth ages 17.9 to 20.9 who were discharged from placement and needed Medicaid, 425 (92%) received Medicaid for at least *one month* following discharge. Additionally, of the 281 youth ages 17.9 to 20.9 who were discharged from placement between January 1 and September 30, 2012 and who needed Medicaid, 257 (91%) received Medicaid for at least *six months*. This is an improvement from the 80 percent performance on this measure for youth discharged from care between July 1 and December 31, 2011.

¹⁴⁸ This includes Chafee Medicaid, DCP&P Medicaid or non-DCP&P Medicaid.

XIII. SUPPORTING A HIGH QUALITY WORKFORCE: CASELOADS AND TRAINING

DCF continues to meet office average office caseload standards for Permanency and Intake workers, and individual caseload standards for IAIU staff and Permanency workers. DCF has not met standards for office average caseload for Adoption workers, and individual caseload standards for Adoption and Intake workers, although Intake caseload performance has improved during this monitoring period.

A. Caseloads

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 DCP&P Local Offices. Office-wide average caseloads are to comply with the applicable functional area caseload standards in 95 percent of all DCP&P 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 summarizes the caseload standards for individual workers

Table 27: DCF/DCP&P Individual Caseload Standards

Caseworker Function	Responsibility	Individual Caseload Standard
Intake	Respond to community concerns regarding child safety and well-being. Specifically, receive referrals from the State Central Registry (SCR) and depending on the nature of the referral, respond between two hours and five days with a visit to the home and begin investigation or assessment. Complete investigation or assessment within 60 days.	Intake caseworkers are to have no more than 12 open families at any one time and no more than eight new referrals assigned in a month. (Section II.E and Section III.B.1).
Institutional Abuse Investigations Unit (IAIU)	Respond to allegations of child abuse and neglect in settings including correctional facilities, detention facilities, treatment facilities, schools (public or private), residential schools, shelters, hospitals, camps or child care centers that are required to be licensed, resource family homes and registered family day care homes.	IAIU staff workers are to have no more than 12 open cases at any one time and no more than eight new referrals assigned in a month. (Section II.E and Section III.B.1).
Permanency	Provide services to families whose children remain at home under the protective supervision of DCP&P and those families whose children are removed from home due to safety concerns.	Permanency caseworkers are to serve no more than 15 families and 10 children in out-of-home care at any one time . (Section II.E and Section III.B.1).
Adoption	Find permanent homes for children who cannot safely return to their parents by preparing children for adoption, developing adoptive resources and performing the work needed to finalize adoptions.	Adoption caseworkers are to serve no more than 15 children at any one time. (Section II.E and Section III.B.1).

Source: DCF

Interview Procedure to Verify Worker Caseloads

The Monitor verified caseload data supplied by DCF by conducting telephone interviews with randomly selected caseworkers across the state. One-hundred sixty caseworkers were selected from those active in March 2013. Forty-five of the 47 DCP&P Local Offices were represented in the sample. The interviews were conducted throughout the months of April and May 2013. All 160 caseworkers were called. Information was collected from 111 caseworkers (72% of the eligible sample), located in 39 Local Offices. Five caseworkers were no longer employed by DCP&P or were on extended leave during the period of the calls and were removed from the sample. Contact was attempted at least three times for each caseworker that was not interviewed.

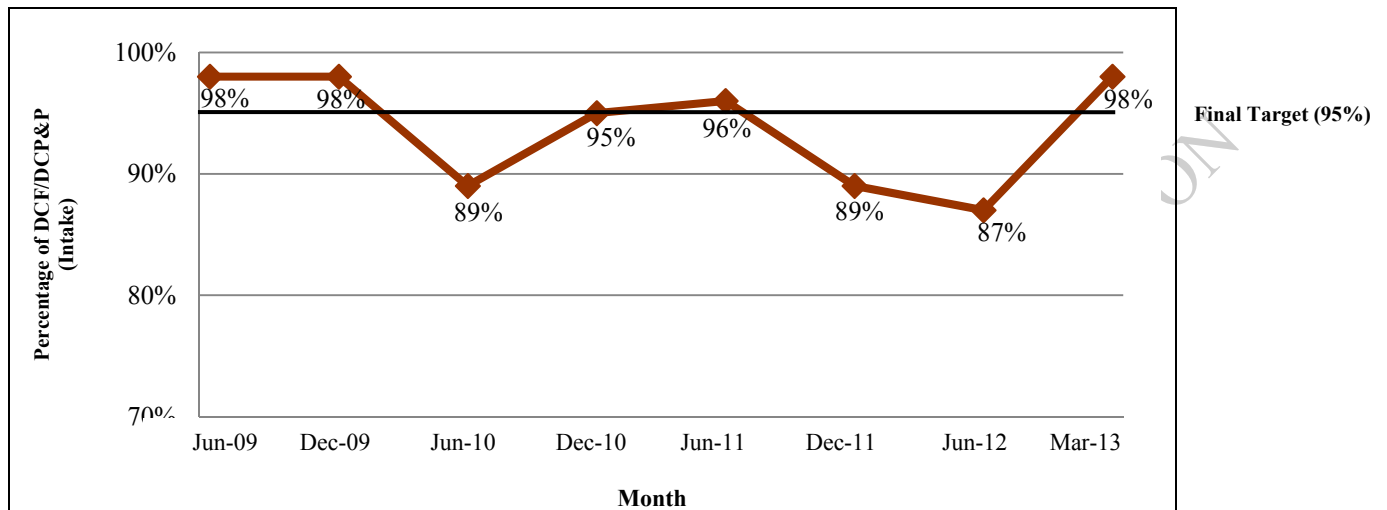
During the interviews, caseworkers were asked if their caseloads met with caseload standards between July 2012 and March 2013 and their responses were compared to the caseload information the state supplied for the same period from NJ SPIRIT. Workers were also asked to report their specific caseload size for the month of March 2013. The Monitor is satisfied that sufficient information was gathered to verify the accuracy of the state's caseload reporting and that, in general, NJ SPIRIT accurately reflects worker caseloads.

The following discussion describes the state's performance in meeting the office caseload standards and the individual caseload standards.

DCP&P met the standard for average office caseloads for two of three functional areas, failing to meet the standard for Adoption workers.

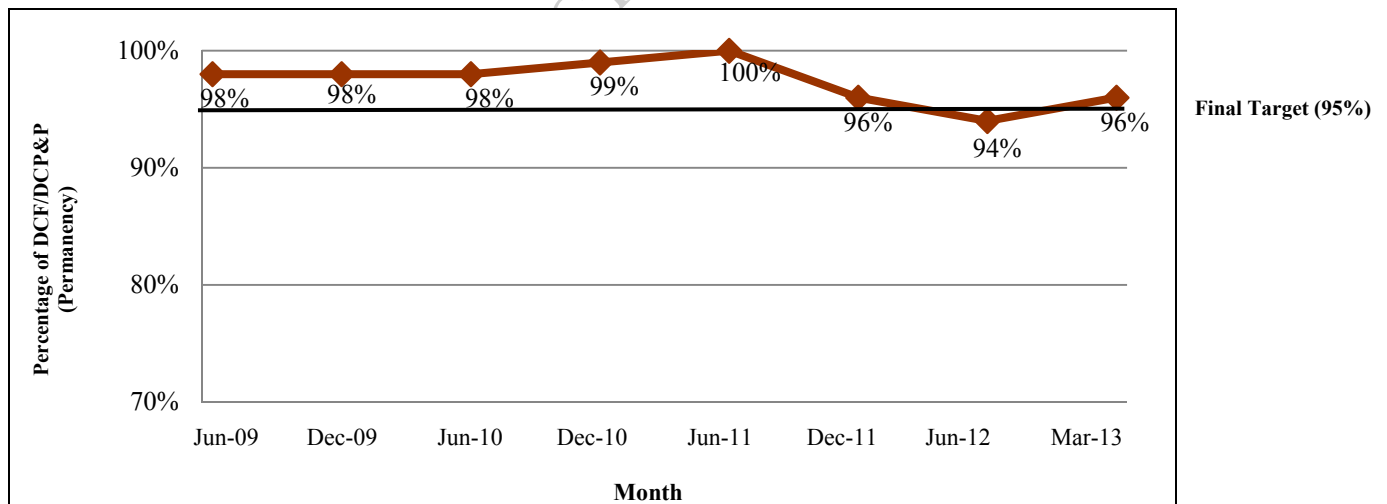
Figures 53-55 summarize the Period XIII performance on meeting Local Offices average caseload standards.

**Figure 53: Percentage of DCF/DCP&P Local Offices Meeting Average Caseload Standards for Intake Workers
(June 2009 – March 2013)**



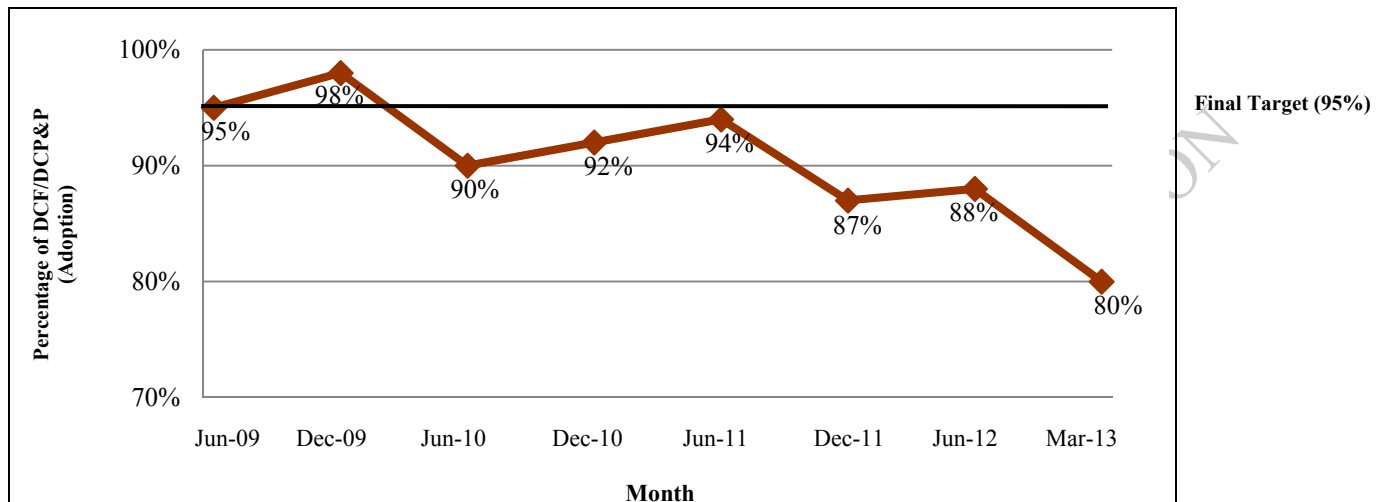
Source: DCF data

**Figure 54: Percentage of DCF/DCP&P Local Offices Meeting Average Caseload Standards for Permanency Workers
(June 2009 – March 2013)**



Source: DCF data

**Figure 55: Percentage of DCF/DCP&P Local Offices Meeting Average Caseload Standards for Adoption Workers
(June 2009 – March 2013)**



Source: DCF data

Individual Caseload Performance

*Ninety-two percent of all DCP&P caseworkers met the individual caseload standards in the period from July 1, 2012 to March 31, 2013.*¹⁴⁹

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 a month was not met as of March 31, 2013. The state reported an average of 933 active Intake caseworkers between July 2012 and March 2013. Among those active workers during this monitoring period, an average of 806 (86%) caseworkers had caseloads that met the caseload requirements. Specifically in March 2013, individual worker caseload compliance for Intake workers was 89 percent. For the 102 Intake workers who did not meet caseload requirements in March 2013, the highest number of new intakes during the month for any worker was 12 and the highest number of open cases for any worker in the month was 35 families.

Data by Local Office show that during March 2013, performance ranged between 29 percent and 100 percent, with 22 of 46 (48%) Local Offices having all Intake workers with caseloads in compliance (see Appendix C-1).

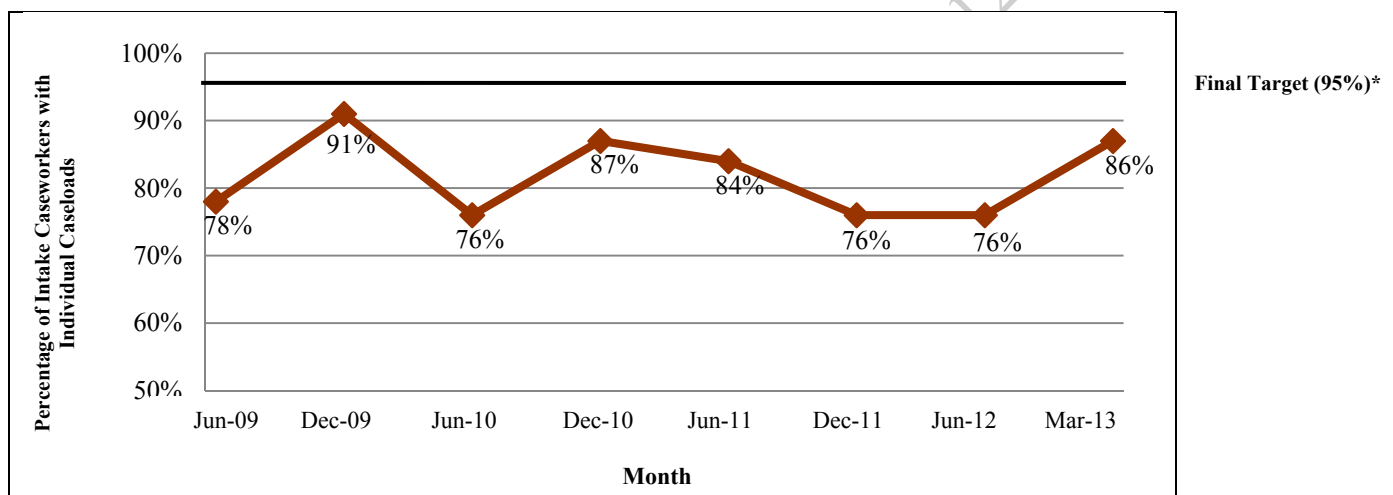
Among the 111 caseworkers who participated in the phone interview for caseload verification, 73 were Intake caseworkers.¹⁵⁰ Eleven (15%) of the 73 Intake workers recalled going over the

¹⁴⁹ This does not include IAIU staff and caseload standards.

¹⁵⁰ CSSP over-sampled Intake workers in the telephone survey because of expressed concerns with Intake caseloads.

case limits for new assignments at some point between July 2012 and March 2013. Twenty-seven (37%) caseworkers reported having more than 12 total families on their caseload at some point between July 2012 and March 2013. DCF has been attempting to improve Intake caseload compliance by hiring additional Intake workers to create “impact teams”¹⁵¹ deployed throughout the state in offices where Intakes are unusually high. Six of the 73 (8%) Intake workers interviewed reported a positive effect from the implementation of the impact teams. The implementation of the impact teams appears to have stabilized Intake caseloads over the past year but the state has not yet reached compliance levels.

Figure 56: Percentage of Intake Caseworkers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – March 2013)



Source: DCF data

*The performance percentage shown on the last month of each monitoring period (June and December) is the average of the prior six month's performance in meeting individual caseload standards during that six month monitoring period. The performance percentage shown for March 2013 is the average of the prior nine month's performance in meeting individual caseload standards during that time.

Workers Report “Shared” Cases as a Common Occurrence

As described in the previous monitoring report for Period XII, Intake and Permanency caseworkers sometimes share responsibility for cases (families). According to DCF procedure, 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 shared responsibility of both Intake and Permanency workers until the investigation is completed.

¹⁵¹ Impact teams are staff that can be assigned as a unit or individually to those offices that need additional assistance or have seen an exaggerated workload in a given period of time.

Intake workers are considered secondary workers on a shared case when families had been previously assigned to a Permanency worker. DCF believes this arrangement emphasizes the primary role of the Permanency worker. It also reflects the Permanency worker's responsibility to provide information to the Intake worker and to link the family to appropriate services and supports identified during the course of the new investigation, thus relieving the Intake worker of some, but not all, responsibility with the case. Intake workers are still responsible for the work required to complete investigative tasks and reach an investigative conclusion. The secondary designation, is not reflected in the caseload data and is not categorized as an open case for Intake workers in SafeMeasures or in NJ SPIRIT reports provided to the Monitor, although it is reflected as one of the Intake workers eight new referrals.

DCF reports that Intake supervisors in DCP&P 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 reported number of secondary Intake worker assignments by month during this monitoring period.

Table 28: Number of DCF/DCP&P Investigations and Secondary Intake Assignments by Month (July 2012 – March 2013)

2012-2103	Total Investigations	Secondary Intake Worker Investigations*
July 2012	4,926	1,119
August 2012	5,021	1,069
September 2012	5,160	1,074
October 2012	5,728	1,255
November 2012	5,220	1,141
December 2012	5,043	1,078
January 2013	6,069	1,325
February 2013	5,542	1,153
March 2013	5,770	1,194

Source: DCF NJ SPIRIT Data

*Only includes assignment types of CA/N Investigation and CWS Assessment.

The Monitor asked questions during phone interviews with workers to follow-up on the topic of shared or 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 73 Intake workers interviewed, 70 (96%) reported being assigned as a secondary worker on at least one open Permanency case between July 2012 and March 2013. Sixty-three of the 70 (90%) Intake workers confirmed that their supervisor counts secondary assignments toward their eight assignments for the month. Forty-two of the 70 (60%) Intake workers interviewed responded that the workload for an investigation on an open Permanency case designated as secondary is equivalent or sometimes more than an initial investigation. Workers explained that although

Permanency workers may have completed collateral contacts, every investigation must be approached in the same manner regardless of primary or secondary status. Fifty of the 70 (71%) Intake workers reported receiving at least one secondary assignment a month. The Monitor continues to track the incidence of shared cases as it is clear that shared cases have an impact on the true workload of Intake workers. The number and impact of these shared cases becomes particularly important for those Local Offices not in compliance with Intake caseload standards based on primary assignments.

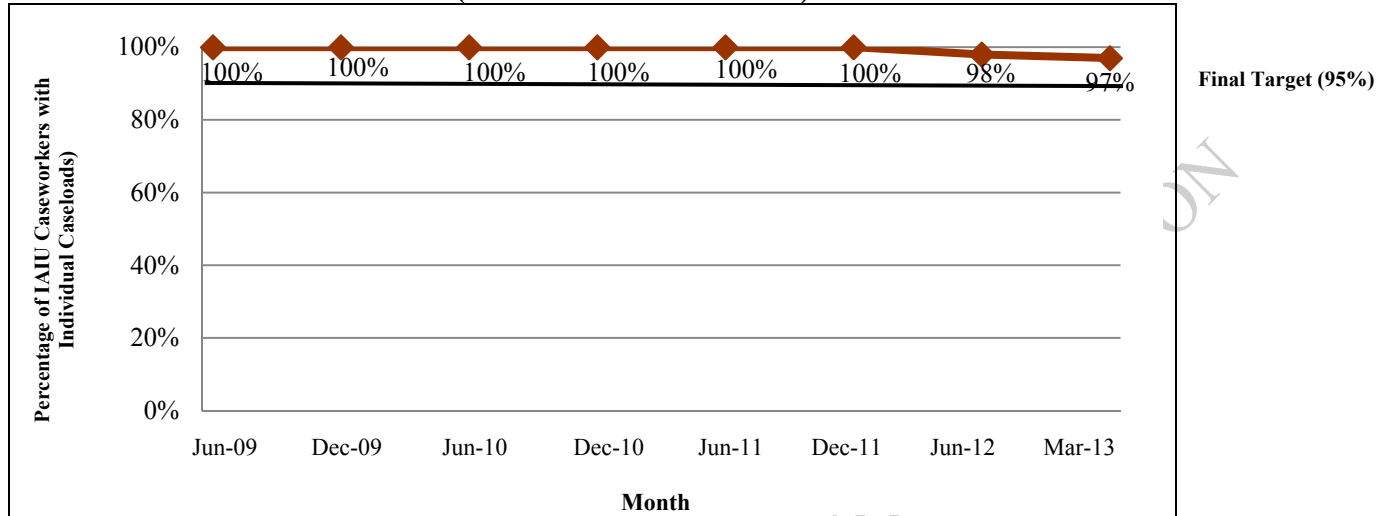
Workers Report Non-Caseload Carrying Staff Assigned Intake Cases

As part of the interviews discussed above, Intake workers were asked if there were scenarios in their office in which non-caseload carrying staff could be assigned an investigation. Twenty-seven of the 73 workers (37%) reported that there are scenarios in which this takes place. Respondents stated that non-caseload carrying staff with prior investigations experience can be assigned cases when all Intake workers in a Local Office reach their assignment limit for the month. This was the most common scenario described. The most frequently identified job titles for the non-caseload carrying staff who are assigned investigations are Litigation Specialists and Resource Development Specialists. Seventy-four percent of Intake workers interviewed with specific knowledge about the topic reported that the non-caseload carrying staff assigned investigations in their office had completed First Responder/Intake training. The remaining 26 percent of Intake workers interviewed did not know if the non-caseload carrying staff completed First Responder/Intake training. DCF agrees that the practice of assigning investigations to untrained workers should never be permissible.

Institutional Abuse Investigation Unit (IAIU)

As of March 31, 2013 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: DCF data show 97 percent compliance with the standard for IAIU caseloads.

Figure 57: Percentage of IAIU Caseworkers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – March 2013)



Source: DCF data

Permanency

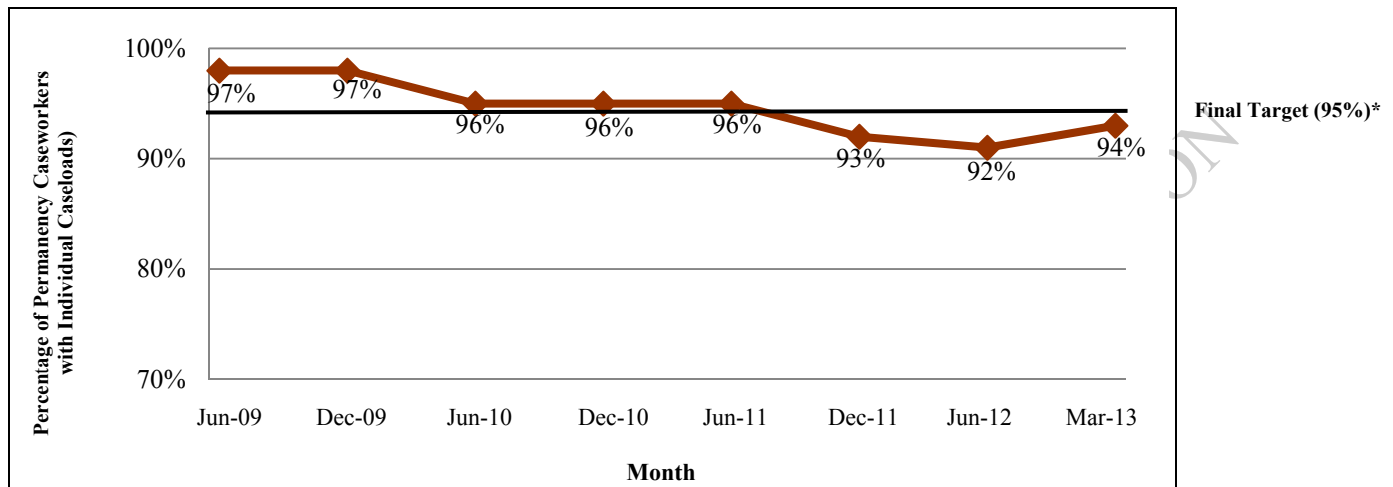
The individual worker caseload standard for Permanency workers of no more than 15 families and ten children in out-of-home care was not met as of March 31, 2013. The state reported an average of 1,179 active Permanency caseworkers between July 2012 and March 2013. Of the 1,179 caseworkers, an average of 1,107 (94%) caseworkers had caseloads that met the requirement. Specifically in March 2013, individual worker caseload compliance for Permanency workers was at 95 percent. For the 60 Permanency workers who did not meet caseload requirements in March 2013, the highest individual caseload was 34 families and the highest number of children in placement was 12.

Data by Local Office indicate that during March 2013, performance ranged between 60¹⁵² and 100 percent among offices and caseloads in 39 of 46 (85%) Local Offices met the caseload standard for Permanency workers (see Appendix C-2).

Among the 111 caseworkers who participated in phone interviews conducted by the Monitor for caseload verification, 24 were Permanency workers. Five (22%) of the 23 Permanency workers interviewed reported having exceeded the caseload standard at least once between July 2012 and March 2013.

¹⁵² One office had a performance rate of 9 percent during the month of March 2013. The Monitor did not include this outlier in the performance range and will explore this further in the next monitoring period.

Figure 58: Percentage of Permanency Caseworkers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – March 2013)



Source: DCF data

*The performance percentage shown on the last month of each monitoring period (June and December) is the average of the prior six month's performance in meeting individual caseload standards during that six month monitoring period. The performance percentage shown for March 2013 is the average of the prior nine month's performance in meeting individual caseload standards during that time.

Adoption

Of the 47 DCP&P 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.

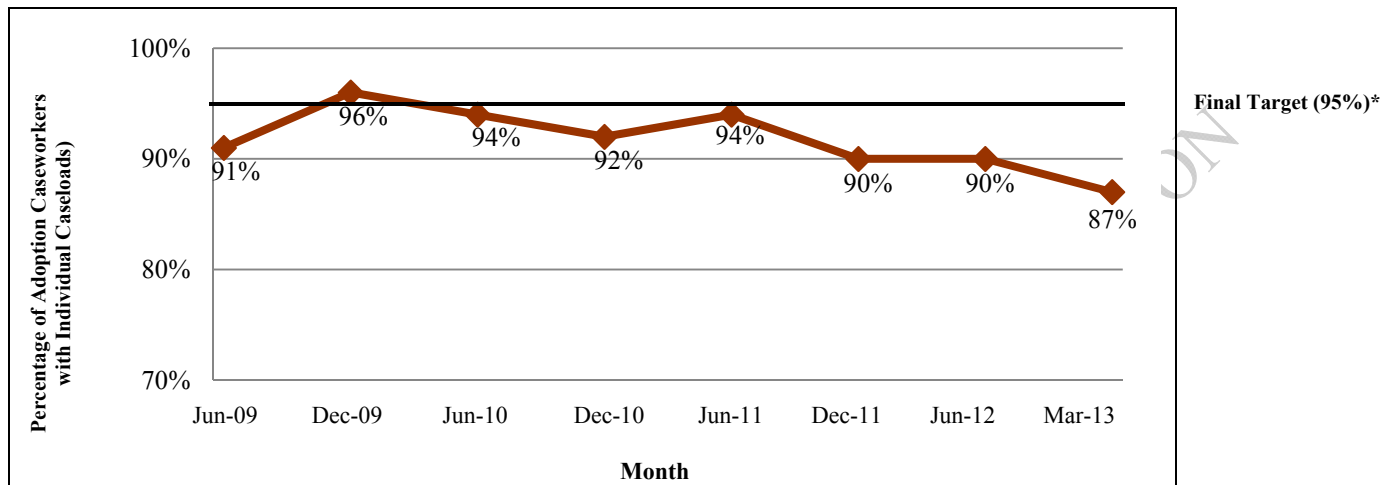
The individual worker caseload standard for Adoption workers of no more than 15 children was not met as of March 31, 2013. The state reported an average of 205 active Adoption caseworkers between July 2012 and March 2013. Of the 205, an average of 179 (87%) workers had caseloads that met the requirement during the monitoring period. Specifically in March 2013, individual worker caseload compliance for Adoption workers was at 90 percent. For the 21 Adoption workers who did not meet caseload requirements in March 2013, the highest caseload was 30 children.

Data by Local Office indicate that during March 2013, performance ranged between 33¹⁵³ and 100 percent among offices and 31 of 41 (76%) Local Offices met the standard for this measure (see Appendix C-3).

Among the 111 caseworkers who participated in the phone interviews conducted by the Monitor for caseload verification, 15 were Adoption workers. Two (13%) of the 15 workers interviewed reported going over caseload standards at least once between July 2012 and March 2013.

¹⁵³ One office had a performance rate of 0% in March 2013. The Monitor did not include this outlier in the performance range and will explore this further in the next monitoring period.

Figure 59: Percentage of Adoption Caseworkers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – March 2013)



Source: DCF data

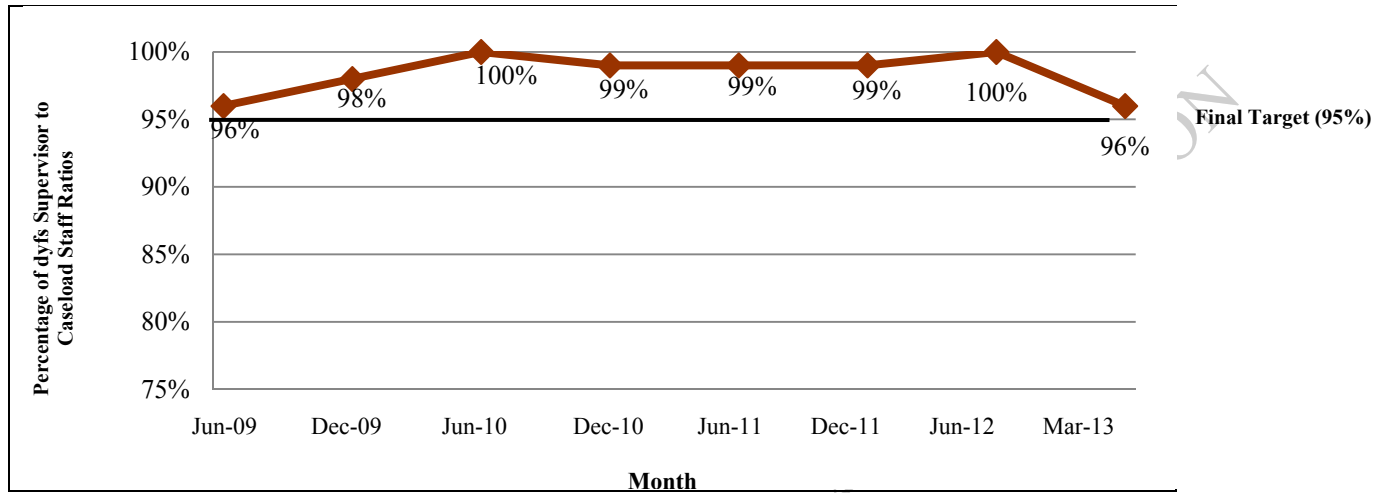
*The performance percentage shown on the last month of each monitoring period (June and December) is the average of the prior six month's performance in meeting individual caseload standards during that six month monitoring period. The performance percentage shown for March 2013 is the average of the prior nine month's performance in meeting individual caseload standards during that time.

The standard for the ratio of supervisors to workers was met for the period ending March 31, 2013.

Supervision holds a critical role in child welfare; therefore, the MSA established a standard for supervisory ratios that 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 shown in Figure 60, DCF reports that between July 2012 and March 2013, 96 percent of DCP&P Local Offices had sufficient supervisors to have ratios of five workers to one supervisor. The Monitor verified the state's reported information about supervision by asking all 111 caseworkers interviewed the size of their units and 109 (98%) caseworkers reported being in units of five or fewer caseworkers with a supervisor.

**Figure 60: New Jersey DCP&P Supervisor to Caseload Staff Ratios
(June 2009 – March 2013)**



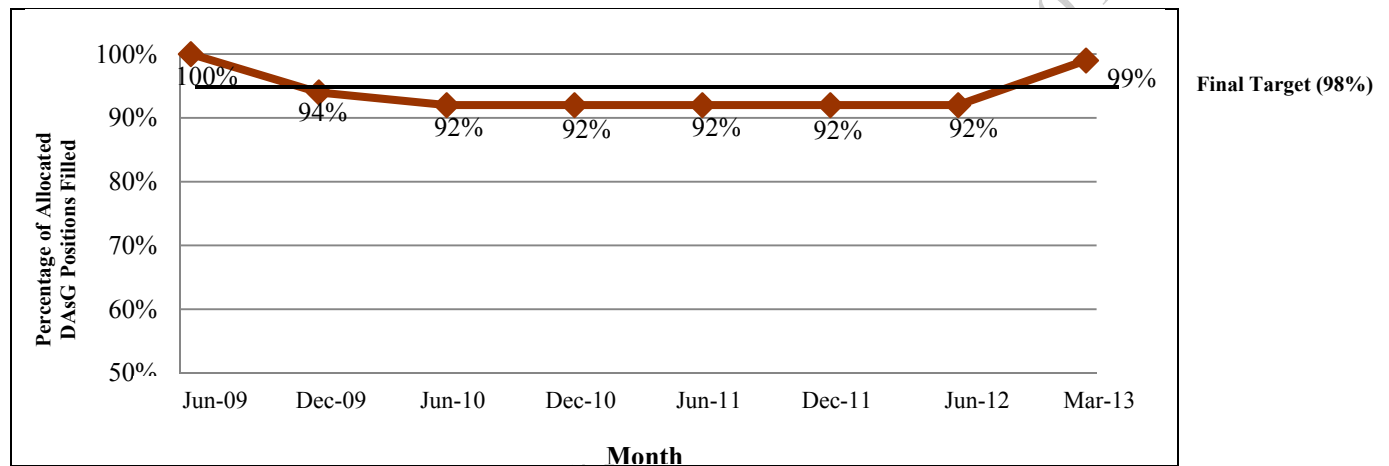
Source: DCF data

*The performance percentage shown on the last month of each monitoring period (June and December) is the average of the prior six month's performance in meeting supervisor to caseload staff ratios during that six month monitoring period. The performance percentage shown for March 2013 is the average of the prior nine month's performance in meeting supervisor to caseload staff ratios during that time.

Adequacy of DAsG Staffing

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

**Figure 61: Percentage of Allocated DAsG Positions Filled
(June 2009 – March 2013)**



Source: DCF data

Performance as of March 31, 2013:

As of March 31, 2013, 132 (99%) of 134 Deputy Attorneys General (DAsG) staff positions assigned to work with DCP&P are filled. Of those, two DAsG are on full-time leave. Thus, there are a total of 132 available DAsG. DCF reports that in addition to these positions, there are four Assistant Attorneys General who dedicate time to DCF matters, as well as 23 additional DAsG who assist with appeals. DCF also reports that during CYs 2007 to 2012, the percentage of DAsG dedicated to DCF cases has increased from 23 to 29 percent, and that DAsG's caseloads during this period have consistently remained between 50 and 53 cases per deputy. DCF fulfilled the MSA Performance Measure in this monitoring period.

B. Training

Between July 1, 2012 and March 31, 2013 DCF fulfilled all of its other training obligations required by the MSA, as shown in Table 29.¹⁵⁴

¹⁵⁴ In any monitoring 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: DCF Staff Trained
(January 1, 2006 – March 31, 2013)**

Training	Settlement Commitment Description	# of Staff Trained in 2006	# of Staff Trained in 1 st 6 months 2007	# of Staff Trained in 2 nd 6 months 2007	# of Staff Trained in 1 st 6 months 2008	# of Staff Trained in 2 nd 6 months 2008	# of Staff Trained in 1 st 6 months 2009	# of Staff Trained in 2 nd 6 months 2009	# of Staff Trained in 1 st 6 months 2010	# of Staff Trained in 2 nd 6 months 2010	# of Staff Trained in 1 st 6 months 2011	# of Staff Trained in 2 nd 6 months 2011	# of Staff Trained 1 st 6 months of 2012	# of Staff Trained 2 nd (July 1, 2012 – March 31, 2013)
Pre-Service	Ongoing: New caseworkers shall have 160 class hours, including intake and investigations training; be enrolled within two weeks of start date; complete training and pass competency exams before assuming a full caseload.	711	412	168	90	114	55	88	118	89	141	94	192	191
In-Service Training	Ongoing: Staff shall have taken a minimum of 40 hours of in-service training	N/A	3,001		3,015		2,846		2,987		2,928		2,893	
Concurrent Planning	Ongoing: Training on concurrent planning; may be part of 20 hours in-service training by December 2007.	2,522	729	387	87	96	85	57	59 out of 63(94%)	107 out of 107 (100%)	112 out of 112 (100%)	109	101	206
Investigations & Intake: New Staff	Ongoing: New staff conducting intake or investigations shall have investigations training and pass competency exams before assuming cases.	N/A	650	62	127	104	114	95	231 (225 out of 225 or 100% + addtl 6)	227 out of 227 (100%)	98 out of 98 (100%)	159	236	230*
Supervisory: New Supervisors	As of December 2006 and ongoing, newly promoted supervisors to complete 40 hours of supervisory training; pass competency exams within three months of assuming position.	N/A	114	65	35	16	61	25	11	18	21	17	33	53
Adoption Worker	As of December 2006 and ongoing, adoption training for adoption workers.	91	140	44	38	22	31	18	46	20	30	35	18	52

Source: DCF data

*Number of staff that complete one or more of the revised First Responders training

Pre-service Training

Two hundred and seventeen caseload carrying staff (Family Service Specialist Trainees and Family Service Specialists) were hired between July 1, 2012 and March 31, 2013. DCP&P trained 191 workers during this monitoring period, 38 of whom were hired in the previous monitoring period. Eight workers were trained through the Baccalaureate Child Welfare Education Program (BCWEP), for a total of 191 staff who were trained and passed competency exams.¹⁵⁵

The Monitor reviewed a random sample of 20 percent of staff transcripts and cross-referenced them with Human Resources data and verified that the Family Service Specialist 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 the MSA (Section II.B.1.b).

Case Practice Model Training

DCF continues to train its workforce on the Case Practice Model (CPM), which represents the fundamental change in practice in New Jersey.

As reflected in Table 30, between July 1, 2012 and March 31, 2013, the New Jersey Child Welfare Training Academy (Training Academy) trained 252 staff on Module 1 of the CPM. The Training Academy also trained 228 staff on Module 2. These are the first two training modules in the six part series.

Modules 3 through 6 of the series take place on site in DCP&P Local Offices. Between July 1, 2012 and March 31, 2013, 157 staff were trained in Module 3, 166 were trained in Module 4 and 122 were trained in Module 5. DCF reports that there were no Module 6 sessions during the reporting period. Staff are trained on Modules 3 through 6 by the New Jersey Child Welfare Training Partnership.¹⁵⁶

¹⁵⁵ BCWEP is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Kean University and Ramapo College) that enables students to earn the Bachelor of Social Work (BSW) degree. As discussed in *Progress of the New Jersey Department of Children and Families: Period V Monitoring Report for Charlie and Nadine H. v. Christie – July 1, 2008 through December 31, 2008*, Washington, D.C., pg. 34, the Monitor previously determined that this course of study together with Worker Readiness Training designed by the DCF Child Welfare Training Academy satisfies the MSA requirements. All BCWEP students are required to pass the same competency exams that non-BCWEP students take before they are permitted to carry a caseload.

¹⁵⁶ 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 and the Richard Stockton College of New Jersey) that DCF contracts with to provide In-Service training to DCP&P staff.

The Monitor reviewed a random sample of 20 percent of staff transcripts reflecting Case Practice Model training and cross-referenced them with Human Services data and verified that staff took Case Practice Model training and passed competency exams.¹⁵⁷

**Table 30: DCF Staff Trained on Case Practice Model Modules
(January 1, 2009 – March 31, 2013)**

Training	Settlement Commitment Description	# of Staff Trained in 1 st 6 months 2009	# of Staff Trained in 2 nd 6 months 2009	# of Staff Trained in 1 st 6 months 2010	# of Staff Trained in 2 nd 6 months 2010	# Staff trained in 1 st 6 months 2011	# Staff Trained 2 nd 6 months 2011	# Staff Trained in 1 st 6 months 2012	# Staff Trained in 2 nd 6 months (July 1, 2012 – March 31,
Module 1 – Engaging Families and Building Trust-Based Relationships	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	110	89	176	102	132	103	147	252
Module 2 – Making Visits Matter	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	89	112	149	128	131	99	107	228
Module 3 – Teaming with Families	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	872	706	560	527	669	391	142	157
Module 4 – Assessment	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	649	640	592	464	539	551	200	166
Module 5 – Planning and Intervention	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	378	885	455	295	437	797	349	122
Module 6 - Supervising Case Practice in NJ	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	37	207	110	113	57	154	0	0

Source: DCF data

¹⁵⁷ Staff transcripts for CPM and Immersion Site training were pulled using the Random Integer Generator located on www.random.org.

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 continues to incorporate concurrent planning approaches into FTMs and other family conferences.

As reflected in Table 29, between July 1, 2012 and March 31, 2013, 206 (100%) out of 206 new DCP&P caseworkers were trained in concurrent planning and passed competency exams.

The Monitor reviewed a random sample of 20 percent of staff transcripts and cross-referenced them with Human Resources data and verified that the state complied with the MSA (Section II.B.2.d).

Investigation (or First Responder) Training

In September 2013 First Responders training was expanded into three separate modules covering six days of training. Between July 1 and March 31, 2013, 230 (100%) staff completed one or more modules of the revised First Responders training. DCF reports that 175 staff completed Module 1, Building Rapport with Families; 172 staff completed Module 2, Families First; and 160 staff completed Module 3, Planning and Intervening with Families.

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

Supervisory Training

As reflected in Table 29 above, a total of 53 supervisors were trained and passed competency exams between July 1, 2012 and March 31, 2013; 20 of these supervisors were appointed at the end of the last monitoring period. A total of 47 supervisors were appointed in this monitoring period, 14 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 53 supervisors' transcripts who had been trained during the monitoring period with the Human Resources rosters and verified that the state complied with the MSA (Section II.B.4.b).

New Adoption Worker Training

Fifty-two newly appointed Adoption workers were trained between July 1, 2012 and March 31, 2013. The Monitor reviewed all 52 staff transcripts and cross-referenced them with Human Resources data and verified 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 II.B.2.c). Between January 1, 2012 and March 31, 2013, 2,893 caseload carrying staff completed 40 hours or more of In-Service training and passed competency exams.¹⁵⁸ The remaining 134 were either on leave or left the agency.

The Monitor reviewed a random sample of 20 percent of staff transcripts and cross-referenced them with Human Resources data and verified that the state complied with the MSA Section II.B.2.c requiring that staff annually take 40 hours of In-service training and passed competency exams.

IAIU Training

Eighty-one investigators completed IAIU training between July 1, 2012 and March 31, 2013. The Monitor reviewed all 81 staff transcripts and cross-referenced them with Human Resources data and verified that the state complied with MSA (Section II.I.4).

¹⁵⁸ Although this Performance Measure is an annual requirement in the MSA, due to the extended reporting period as described in this report, DCF had until March 31, 2013 for all caseload carrying staff to complete 40 hours of In-Service training and pass competency exams.

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

QUALITATIVE REVIEW

DCF's Office of Performance Management and Accountability continues to facilitate statewide Qualitative Reviews (QRs), led by the Office of Quality. During this monitoring period, DCF reviewed 107 cases from nine counties,¹⁵⁹ typically reviewing 12 cases from each county. The reviews focus on the status of children, the status of practice and the functioning of systems in each of the counties. For children under 18, the child's legal guardian is asked to give informed consent for participation in the QR. Trained review teams of two persons that include DCF staff, community stakeholders and Monitor staff review DCP&P case records and interview as many people as possible who are involved with the child and family. Following the QR in each county, areas of accomplishment and challenges for the system are identified and discussed to inform continued case practice improvement. Selected QR results are also used to report on several MSA requirements and are included in this report.

Of the 107 children whose cases were reviewed between July 1, 2012 and March 31, 2013, 53 were male and 54 were female. They ranged in age from less than one year old to 20 years old, with the majority (36%) being infants to four year olds. An equal number of the 107 children reviewed were five to nine years old (23%) and over age fourteen (23%). Eighteen percent of the children were between ten and 13 years old. The majority (44%) of the children in the sample were identified as White/Caucasian and 33 percent identified as Black/African-American. Hispanic/Latino children represented 20 percent of the children in the sample and the remaining children were identified as Asian (1%). Children whose race was not determined represented two percent of the sample. Almost a third (31%) of the children were living with a parent at the time of the review; 69 percent of the children lived with a relative or non-relative resource parent, some with the goal of adoption.

DCF reports that across the state, 990 people were interviewed to inform the QR data for this reporting period. Those informants included DCP&P and Child Health Unit staff, biological parents, others who the youth or parent identified as supportive, relative and non-relative foster parents, education providers, mental health and legal professionals, substance abuse treatment providers, and children/youth.¹⁶⁰ Reviewers evaluated the child and family's status and rated whether the status was acceptable or unacceptable.¹⁶¹ See Table 31 for the results on each Child and Family Status indicators and overall Child Status ratings for all cases.

As shown in Table 31, the current status of children was rated at least minimally acceptable in the majority of cases in most key areas measured including safety, living arrangement, learning and development and physical health of the child. The QR scores regarding Progress towards

¹⁵⁹ Qualitative Reviews were conducted in Middlesex, Hunterdon, Camden, Essex, Somerset, Ocean, Salem, Hudson and Atlantic counties.

¹⁶⁰ 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.

¹⁶¹ 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."

Permanency remain low, indicating that the achievement of permanency for children needs more attention. The QR findings on progress toward permanency are consistent with quantitative data about timely achievement of permanency.

**Table 31: Qualitative Review Child and Family Status Results
(July 2012 – March 2013)**

Child & Family Status Indicators	# Cases Applicable	# Cases Acceptable	% Acceptable
Safety at Home	107	107	100%
Safety in other Settings	107	107	100%
Stability at Home	107	79	74%
Stability in School	54	43	80%
Living Arrangement	73	72	99%
Family Functioning & Resourcefulness	100	70	70%
Progress towards Permanency	107	59	55%
Physical Health of the Child	107	102	95%
Emotional Well-Being	107	97	91%
Learning & Development, Under Age 5	39	38	97%
Learning & Development, Age 5 & older	45	41	91%
OVERALL Child & Family Status	107	98	92%

Source: DCF, QR results July 2012 – March 2013

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 CPM are being implemented. Table 32 represents the results for cases reviewed between July 1, 2012 and March 31, 2013. As with the status indicators, reviewers evaluated whether performance was acceptable or unacceptable.¹⁶²

With the exception of Provision of Health Care Services and Supports to Resource Families, the QR results demonstrate the continuing work needed to fully implement the CPM with fidelity and highlights areas for continued practice improvement.

¹⁶² 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."

**Table 32: Qualitative Review Practice/System Performance Results
(July 2012 – March 2013)**

Practice Performance Indicators		# Cases Applicable	# Cases Acceptable	% Acceptable
Engagement	Overall	107	54	50%
	Child/Youth	68	42	62%
	Parents	86	32	37%
	Resource Family	68	48	71%
Family Teamwork	Formation	107	36	34%
	Functioning	107	28	26%
Assessment & Understanding	Overall	107	63	59%
	Child/Youth	107	78	73%
	Parents	86	34	40%
	Resource Family	68	55	81%
Case Planning Process		107	45	42%
Plan Implementation		107	62	58%
Tracking & Adjusting		107	64	60%
Provision of Health Care Services		107	106	99%
Resource Availability		107	97	91%
Family & Community Connections	Overall	61	42	69%
	Mother	46	36	78%
	Father	37	20	54%
	Siblings	46	35	76%
Family Supports	Overall	101	81	80%
	Parents	84	52	62%
	Resource Family	67	64	96%
Long Term View		107	58	54%
Transitions & Life Adjustments		107	56	52%
OVERALL Practice Performance		107	58	54%

Source: DCF July 2012 – March 2013 QR results

Certain key QR scores that are clear indicators of CPM standards such as Engagement and Family Teamwork remain low, indicating the need for increased attention. Following the QR and based on results, each county develops a plan to focus on improving practice in particular areas. The statewide QR process has become a routine part of quality improvement practice in New Jersey and QR data are regularly used to inform policy and practice changes.

DCF released an annual report on findings from 2012 QRs in July 2013 and it is available at http://www.state.nj.us/dcf/about/divisions/opma/2012_QRAnnualReport.pdf.

NJ SPIRIT

SafeMeasures continues to be used by the DCF staff at different levels of the organization to help them track, monitor and analyze trends in case practice in their own local areas. SafeMeasures allows the staff to analyze data by area office, county, Local Office, unit supervisor and by case and provides the staff with quantitative data they can use to identify strengths and diagnose needs in case practice to improve outcomes.

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).¹⁶³

NJ SPIRIT functionality was again enhanced during this monitoring period. The new multi-selection for contact activity notes allows users to document multiple contact activity note types on a single note within NJ SPIRIT. As a result, documentation has been simplified and duplicative data entry has been eliminated. DCF successfully implemented the training and roll out of all 430 iPad 2s to identified staff across the state in multiple offices and regions within this monitoring period. This allows workers to remotely enter data directly into NJ SPIRIT. DCF has received a subsequent workers Visitation Grant in FY 2012 and has purchased an additional 330 iPad 2s. They were scheduled to be fully operational by April 2013.

DCF continues to work in collaboration with New Jersey Office of Information Technology (OIT) to develop a new reporting tool through the inclusion of NJ SPIRIT data in OIT's Electronic Data Warehouse (EDW). When fully developed, DCF will be able to create reports that cut across three divisions and potentially other state departments (i.e. health and education) in order to more effectively monitor child, youth and family outcomes. The state has completed Phase II "developing the Match Client process," within the EDW environment during this monitoring period, allowing for a secure data sourcing against data elements already within EDW.

The NJ SPIRIT Help Desk has continued to produce monthly newsletters to provide workers with tips and to introduce new functionality. The monthly newsletter is emailed to field staff and posted on the DCP&P intranet. DCP reports that the Help Desk published nine monthly newsletters between the period of July 2012 and March 2013. Between July 2012 and March 2013, the Help Desk closed 17,599 tickets requesting help or NJ SPIRIT fixes. Help Desk resolved 9,955 (57%) of the 17,599 closed tickets within one work day and an additional 4,752 (27%) tickets within seven work days for a total of 84 percent resolved within seven work days.

The state received approval of the federal AFCARS Improvement Plan (AIP) in January 2012, and began the process of correcting those general requirements and foster care/adoption data elements identified in order for the state to meet full compliance with all federal requirements. The state continues to partner with the Administration for Children and Families (ACF)

¹⁶³ See <http://www.state.nj.us/DCF/childdata/>

throughout the AIP process. According to DCF, numerous system enhancements were designed in response to specific AFCARS findings.

SafeMeasures

DCF continues to refine reporting data using SafeMeasures and has seen a sustained increase in SafeMeasures usage by staff. Data show an 11 percent increase in viewings of SafeMeasures screens by DCF staff in 2012 as compared to 2011. DCF continues to develop a number of new reports in SafeMeasures to help staff better manage caseloads and worker responsibilities.

XV. FISCAL YEAR 2014 BUDGET

The DCF budget for FY 2014, which began July 1, 2013 is slightly over a billion dollars (\$1.05 billion) in appropriated state funds. The approved budget represents a decrease of \$13.8 million or 1.3% less than the adjusted FY 2013 appropriation. DCF reports that the decrease in the state fund appropriation is offset by an anticipated increase in federal Medicaid revenue as a result of the state's approved Medicaid waiver. Under the waiver, DCF is able to claim federal matching funds for certain services provided for children and youth through DCF's Children's System of Care (CSOC), services that were previously funded entirely with state dollars.

DCF believes that the approved budget provides sufficient resources to carry out the state's commitment to meet all MSA requirements for staffing and service delivery and for the state's responsibility for child protection, services to support children in their own homes and in out-of-home placement and to achieve safety, permanency and well-being outcomes for the children and families it serves.

With respect to staffing, the FY 2014 budget provides funds for 6,643 staff positions which represents no change from FY 2013.

APPENDIX: A-1

Glossary of Acronyms Used in the Monitoring Report

ACF:	Administration for Children and Families	FTM:	Family Team Meeting
AFCARS:	Adoption and Foster Care Analysis and Reporting System	FXB:	Francois-Xavier Bagnoud Center
AIP:	AFCARS Improvement Plan	HSAC:	Human Services Advisory Council
AQCs:	Area Quality Coordinators	IAIU:	Institutional Abuse Investigative Unit
ASO:	Administrative Services Organization	KLK:	Kinship Legal Guardian
BCWEP:	Baccalaureate Child Welfare Education Program	LGBTQI:	Lesbian, Gay, Bisexual, Transgender, Questioning or Intersex
CAP:	Corrective Action Plan	LO:	Local Office
CCL:	Child Care Licensing	MH:	Mental Health
CCRMT:	Congregate Care Risk Management Team	MSA:	Modified Settlement Agreement
CFSR:	Child and Family Service Review	MST:	Multi-systemic Therapy
CHEC:	Comprehensive Health Evaluation for Children	NCANDS:	National Data Archive on Child Abuse and Neglect
CHU:	Child Health Unit	NCIC:	Northeast and Caribbean Child Welfare Implementation Center
CIC:	Children in Court	NJCBW:	New Jersey Coalition for Battered Women
CIACC:	Children's Interagency Coordinating Council	NJFC:	New Jersey Foster Care
CLSA:	Casey Life Skills Assessment	NJ SPIRIT:	New Jersey Spirit
CME:	Comprehensive Medical Examination	NRCRRFAP:	National Resource Center for Recruitment and Retention of Foster and Adoptive Parents
CMO:	Case Management Organizations	NYTD:	National Youth in Transition Database
CMS:	Centers for Medicare and Medicaid Services	OAS:	Office of Adolescent Services
CBT:	Cognitive Behavioral Therapy	OCHS:	Office of Child Health Services
CPEP:	Child Placement Enhancement Project	OCQI:	Office of Continuous Quality Improvement
CPM:	Case Practice Model	OESP:	Office of Educational Support and Programs
CPS:	Child Protective Services	OIT:	New Jersey Office of Information Technology
CQI:	Continuous Quality Improvement	OMPA:	Office of Performance Management and Accountability
CSA:	Contracted System Administrator	OOE:	Office of Education
CSOC:	Children's System of Care	OOL:	Office of Licensing
CSSP:	Center for the Study of Social Policy	ORF:	Office of Resource Family
CWPPG:	Child Welfare Policy and Practice Group	PALS:	<i>Peace: A Learned Solution</i> , New Jersey's trauma informed program for victims of domestic violence
CWS:	Child Welfare Services	PIP:	Performance Improvement Plan
CWTA:	Child Welfare Training Academy	PPA:	Pre-placement Assessment
CYBER:	Child Youth Behavioral Electronic Health Record	QA:	Quality Assurance
DAG:	Deputy Attorney General	QR:	Qualitative Review
DCA:	Department of Community Affairs	RDTC:	Regional Diagnostic and Treatment Center
DCBHS:	Division of Child Behavioral Health Services	RFL:	Resource Family Licensing
DCF:	Department of Children and Families	RFP:	Request for Proposal
DGP&P:	Division of Child Protection and Permanency	RL:	Residential Licensing
DD:	Developmental Disability	SAFE:	Structured Analysis Family Evaluation
DDD:	Division of Developmental Disabilities	SCR:	State Central Registry
DDHH:	Division of the Deaf and Hard of Hearing	SETC:	State Employment and Training Commission
DFCP:	Division of Family and Community Partnerships	SHIP:	Summer Housing and Internship Program
DHS:	Department of Human Services	SHSP:	Special Home Service Providers
DPCP:	Division of Prevention and Community Partnerships	SIBS:	Siblings in Best Settings
DR:	Differential Response	SPRU:	Special Response Unit
DYFS:	Division of Youth and Family Services	SIP:	Summer Internship Program
EDW:	Electronic Data Warehouse	TF-CBT:	Trauma Focused Cognitive Behavioral Therapy
EPSDT:	Early and Periodic Screening, Diagnosis and Treatment	TPR:	Termination of Parental Rights
ETV:	Education and Training Voucher	UMDNJ:	University of Medicine and Dentistry of New Jersey
FAFS:	Foster and Adoptive Family Services	USDA:	United States Department of Agriculture
FAFSA:	Free Application for Federal Student Aid	YAB:	Youth Advisory Board
FDC:	Family Development Credential	YCM:	Youth Case Management
FEMA:	Federal Emergency Management Agency		
FFT:	Functional Family Therapy		
FQHC:	Federally Qualified Health Center		
FSC:	Family Success Centers		
FSO:	Family Support Organizations		
FSS:	Family Service Specialist		
FTE:	Full-Time Equivalent		

APPENDIX: B-1
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

Measure 8C

Risk Assessments/Reassessments Completed within 30 days prior to Case Closure
(for Cases Assigned to a Permanency Worker or Adoption Worker at the time of Case Closure
Cases Closed between January 1, 2013 and March 31, 2013)

March 2013			
Local Office	Case Closures	Completed within 30 days	%
Atlantic East LO	38	19	50%
Atlantic West LO	46	21	46%
Bergen Central LO	26	18	69%
Bergen South LO	45	32	71%
Burlington East LO	37	28	76%
Burlington West LO	35	21	60%
Camden Central LO	37	18	49%
Camden East LO	43	24	56%
Camden North LO	41	14	34%
Camden South LO	34	21	62%
Cape May LO	20	16	80%
Cumberland East LO	25	15	60%
Cumberland West LO	49	33	67%
Essex Central LO	41	34	83%
Essex North LO	21	10	48%
Essex South LO	40	25	63%
Gloucester East LO	21	15	71%
Gloucester West LO	35	23	66%
Hudson Central LO	30	16	53%
Hudson North LO	16	5	31%
Hudson South LO	38	28	74%
Hudson West LO	30	21	70%
Hunterdon LO	11	9	82%
Mercer North LO	30	20	67%
Mercer South LO	48	24	50%
Middlesex Central LO	26	18	69%
Middlesex Coastal LO	55	29	53%
Middlesex West LO	68	30	44%
Monmouth North LO	49	33	67%
Monmouth South LO	30	13	43%
Morris East LO	24	13	54%
Morris West LO	19	11	58%
Newark Center City LO	35	23	66%
Newark Northeast LO	35	21	60%
Newark South LO	45	28	62%
Ocean North LO	46	22	48%
Ocean South LO	75	45	60%
Passaic Central LO	64	27	42%
Passaic North LO	54	41	76%
Salem LO	34	19	56%
Somerset LO	42	26	62%
Sussex LO	39	32	82%
Union Central LO	32	11	34%
Union East LO	41	20	49%
Union West LO	25	13	52%
Warren LO	23	15	65%
Total	1,698	1,000	59%

Source: NJ SPIRIT Extract Date: 5/23/2013

APPENDIX: B-2
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

Measure #25
Caseworker Visits With Children in Placement

March 2013			
Local Office	Total # of Children in Placement (In State & Out-of-State)	# Contacts Completed in Placement	% Completed
Atlantic East LO	157	145	92%
Atlantic West LO	225	205	91%
Bergen Central LO	129	120	93%
Bergen South LO	209	185	89%
Burlington East LO	256	228	89%
Burlington West LO	180	173	96%
Camden Central LO	212	205	97%
Camden East LO	103	102	99%
Camden North LO	190	175	92%
Camden South LO	184	182	99%
Cape May LO	157	151	96%
Cumberland East LO	115	110	96%
Cumberland West LO	85	81	95%
Essex Central LO	233	230	99%
Essex North LO	55	51	93%
Essex South LO	119	114	96%
Gloucester East LO	82	81	99%
Gloucester West LO	240	228	95%
Hudson Central LO	104	99	95%
Hudson North LO	79	72	91%
Hudson South LO	186	179	96%
Hudson West LO	147	141	96%
Hunterdon LO	37	33	89%
Mercer North LO	186	166	89%
Mercer South LO	124	118	95%
Middlesex Central LO	73	71	97%
Middlesex Coastal LO	152	145	95%
Middlesex West LO	100	89	89%
Monmouth North LO	185	183	99%
Monmouth South LO	146	146	100%
Morris East LO	55	55	100%
Morris West LO	137	135	99%
Newark Adoption	266	258	97%
Newark Center City LO	125	121	97%
Newark Northeast LO	230	227	99%
Newark South LO	150	143	95%
Ocean North LO	151	136	90%
Ocean South LO	228	212	93%
Passaic Central LO	138	123	89%
Passaic North LO	231	219	95%
Salem LO	116	113	97%
Somerset LO	135	109	81%
Sussex LO	73	70	96%
Union Central LO	86	81	94%
Union East LO	150	144	96%
Union West LO	108	94	87%
Warren LO	111	102	92%
Total	6,940	6,550	94%

SafeMeasures Extract: 5/16/2013

APPENDIX: B-3
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

Measure #26
Caseworker Visits with Parent(s) - Goal of Reunification

March 2013			
Local Office	Total Children	# Completed	% Completed
Atlantic East LO	99	95	96%
Atlantic West LO	50	48	96%
Bergen Central LO	47	47	100%
Bergen South LO	86	86	100%
Burlington East LO	101	92	91%
Burlington West LO	106	102	96%
Camden Central LO	95	90	95%
Camden East LO	55	54	98%
Camden North LO	81	70	86%
Camden South LO	83	78	94%
Cape May LO	72	68	94%
Cumberland East LO	46	45	98%
Cumberland West LO	42	40	95%
Essex Central LO	110	109	99%
Essex North LO	23	22	96%
Essex South LO	50	48	96%
Gloucester East LO	56	53	95%
Gloucester West LO	100	95	95%
Hudson Central LO	37	37	100%
Hudson North LO	45	45	100%
Hudson South LO	72	70	97%
Hudson West LO	79	79	100%
Hunterdon LO	16	16	100%
Mercer North LO	77	75	97%
Mercer South LO	38	37	97%
Middlesex Central LO	30	26	87%
Middlesex Coastal LO	66	64	97%
Middlesex West LO	42	41	98%
Monmouth North LO	100	97	97%
Monmouth South LO	71	62	87%
Morris East LO	15	15	100%
Morris West LO	33	33	100%
Newark Adoption Office	1	1	100%
Newark Center City LO	82	82	100%
Newark Northeast LO	159	159	100%
Newark South LO	83	82	99%
Ocean North LO	77	62	81%
Ocean South LO	79	74	94%
Passaic Central LO	52	42	81%
Passaic North LO	112	112	100%
Salem LO	42	42	100%
Somerset LO	51	51	100%
Sussex LO	34	34	100%
Union Central LO	32	32	100%
Union East LO	65	63	97%
Union West LO	47	45	96%
Warren LO	41	39	95%
Total	2,980	2,859	96%

SafeMeasures Extract: 5/20/2013

APPENDIX: B-4
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

Measure #30
Case Plan Developed within 30 Days of Child Entering Placement

March 2013			
Local Office	Total Children	# Completed	% Completed
Atlantic East LO	8	8	100%
Atlantic West LO	2	2	100%
Bergen Central LO	6	6	100%
Bergen South LO	11	11	100%
Burlington East LO	19	19	100%
Burlington West LO	14	14	100%
Camden Central LO	15	15	100%
Camden East LO	5	5	100%
Camden North LO	20	20	100%
Camden South LO	11	11	100%
Cumberland East LO	6	6	100%
Cumberland West LO	4	4	100%
Essex Central LO	10	9	90%
Essex North LO	4	4	100%
Essex South LO	6	6	100%
Gloucester East LO	9	9	100%
Gloucester West LO	15	15	100%
Hudson Central LO	3	2	67%
Hudson North LO	2	2	100%
Hudson South LO	13	13	100%
Hudson West LO	5	4	80%
Hunterdon LO	2	2	100%
Mercer North LO	16	16	100%
Mercer South LO	17	15	88%
Middlesex Central LO	13	13	100%
Middlesex Coastal LO	5	5	100%
Middlesex West LO	6	6	100%
Monmouth North LO	5	5	100%
Monmouth South LO	12	6	50%
Morris East LO	2	2	100%
Morris West LO	4	4	100%
Newark Center City LO	5	5	100%
Newark Northeast LO	18	18	100%
Newark South LO	13	12	92%
Ocean North LO	2	2	100%
Ocean South LO	10	10	100%
Passaic Central LO	7	7	100%
Passaic North LO	3	3	100%
Salem LO	5	5	100%
Somerset LO	8	8	100%
Sussex LO	4	4	100%
Union Central LO	3	3	100%
Union East LO	3	3	100%
Warren LO	3	2	67%
Total	354	341	96%

SafeMeasures Extract: 5/20/2013

APPENDIX: B-5
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

Measure #31
Case Plans Updated Every 6 Months

March 2013			
Local Office	Total Children	# Completed	% Completed
Atlantic East LO	21	21	100%
Atlantic West LO	40	40	100%
Bergen Central LO	21	21	100%
Bergen South LO	41	41	100%
Burlington East LO	41	41	100%
Burlington West LO	22	22	100%
Camden Central LO	24	24	100%
Camden East LO	16	16	100%
Camden North LO	27	27	100%
Camden South LO	27	27	100%
Cape May LO	32	32	100%
Cumberland East LO	20	20	100%
Cumberland West LO	18	18	100%
Essex Central LO	36	36	100%
Essex North LO	10	8	80%
Essex South LO	19	19	100%
Gloucester East LO	10	9	90%
Gloucester West LO	42	42	100%
Hudson Central LO	30	30	100%
Hudson North LO	20	19	95%
Hudson South LO	39	39	100%
Hudson West LO	25	25	100%
Hunterdon LO	12	12	100%
Mercer North LO	18	18	100%
Mercer South LO	26	24	92%
Middlesex Central LO	17	17	100%
Middlesex Coastal LO	35	34	97%
Middlesex West LO	25	24	96%
Monmouth North LO	30	29	97%
Monmouth South LO	37	37	100%
Morris East LO	9	9	100%
Morris West LO	22	21	96%
Newark Adoption Office	43	43	100%
Newark Center City LO	35	35	100%
Newark Northeast LO	46	46	100%
Newark South LO	24	24	100%
Ocean North LO	19	19	100%
Ocean South LO	31	31	100%
Passaic Central LO	29	24	83%
Passaic North LO	40	40	100%
Salem LO	23	23	100%
Somerset LO	27	26	96%
Sussex LO	14	14	100%
Union Central LO	19	19	100%
Union East LO	15	14	93%
Union West LO	24	24	100%
Warren LO	20	19	95%
Total	1,221	1,203	99%

SafeMeasures Extract: 5/20/2013

APPENDIX: C-1
CASE WORKER CASELOAD COMPLIANCE BY LOCAL OFFICE
Intake Caseload Compliance

Local Office	Intake		
	Total Workers	Workers In Compliance	Percent in Compliance
Atlantic East	17	5	29%
Atlantic West	15	13	87%
Bergen Central	23	21	91%
Bergen South	31	30	97%
Burlington East	22	18	82%
Burlington West	19	9	47%
Camden Central	22	21	95%
Camden East	23	23	100%
Camden North	21	19	90%
Camden South	19	19	100%
Cape May	14	14	100%
Cumberland East	12	11	92%
Cumberland West	22	17	77%
Essex Central	22	22	100%
Essex North	15	15	100%
Essex South	13	13	100%
Gloucester East	17	9	53%
Gloucester West	20	15	75%
Hudson Central	16	15	94%
Hudson North	19	19	100%
Hudson South	20	19	95%
Hudson West	17	11	65%
Hunterdon	10	10	100%
Mercer North	21	18	86%
Mercer South	24	22	92%
Middlesex Central	14	12	86%
Middlesex Coastal	17	15	88%
Middlesex West	26	25	96%
Monmouth North	29	27	93%
Monmouth South	24	12	50%
Morris East	16	16	100%
Morris West	23	20	87%
Newark Adoption Office	NA		
Newark Center City	21	20	95%
Newark Northeast	21	20	95%
Newark South	24	21	88%
Ocean North	31	29	94%
Ocean South	32	31	97%
Passaic Central	28	28	100%
Passaic North	27	25	93%
Salem	15	13	87%
Somerset	25	24	96%
Sussex	17	17	100%
Union Central	19	19	100%
Union East	22	22	100%
Union West	18	18	100%
Warren	17	16	94%
Total	940	838	89%
Statewide Total	2,357	2,174	92%

Intake Standard - Percentage of workers that meet the 8 new investigation and 12 family standard (Standard = 95%)

Permanency Standard - Percentage of workers that meet the 15 family and 10 children in placement standard (Standard = 95%)

Adoption Standard - Percentage of workers that meet the 15 or fewer children standard (Standard = 95%)

Excludes On-Leave Workers.

Prepared by the Office of Research, Evaluation and Reporting - April 11, 2013

Data Extracts on April 5, 2013

APPENDIX: C-2
CASE WORKER CASELOAD COMPLIANCE BY LOCAL OFFICE
Permanency Caseload Compliance

Local Office	Adoption		
	Total Workers	Workers In Compliance	Percent in Compliance
Atlantic East	35	21	60%
Atlantic West	11	1	9%
Bergen Central	26	22	85%
Bergen South	31	30	97%
Burlington East	29	29	100%
Burlington West	31	24	77%
Camden Central	43	38	88%
Camden East	24	24	100%
Camden North	36	36	100%
Camden South	31	30	97%
Cape May	23	23	100%
Cumberland East	17	17	100%
Cumberland West	24	24	100%
Essex Central	32	32	100%
Essex North	25	25	100%
Essex South	25	25	100%
Gloucester East	22	22	100%
Gloucester West	25	24	96%
Hudson Central	32	32	100%
Hudson North	18	18	100%
Hudson South	34	27	79%
Hudson West	23	23	100%
Hunterdon	7	7	100%
Mercer North	22	22	100%
Mercer South	28	28	100%
Middlesex Central	19	19	100%
Middlesex Coastal	38	34	89%
Middlesex West	37	35	95%
Monmouth North	30	30	100%
Monmouth South	20	18	90%
Morris East	11	11	100%
Morris West	19	19	100%
Newark Adoption Office			
Newark Center City	34	34	100%
Newark Northeast	37	36	97%
Newark South	37	37	100%
Ocean North	29	29	100%
Ocean South	35	35	100%
Passaic Central	31	31	100%
Passaic North	29	28	97%
Salem	22	22	100%
Somerset	29	29	100%
Sussex	14	14	100%
Union Central	25	25	100%
Union East	26	26	100%
Union West	20	20	100%
Warren	16	16	100%
Total	1,212	1,152	95%
Statewide Total1	2,357	2,174	92%

Intake Standard - Percentage of workers that meet the 8 new investigation and 12 family standard (Standard = 95%)

Permanency Standard - Percentage of workers that meet the 15 family and 10 children in placement standard (Standard = 95%)

Adoption Standard - Percentage of workers that meet the 15 or fewer children standard (Standard = 95%)

Excludes On-Leave Workers.

Prepared by the Office of Research, Evaluation and Reporting - April 11, 2013

Data Extracts on April 5, 2013

APPENDIX: C-3
CASE WORKER CASELOAD COMPLIANCE BY LOCAL OFFICE
Adoption Caseload Compliance

Local Office	Adoption		
	Total Workers	Workers In Compliance	Percent in Compliance
Atlantic East			
Atlantic West	6	0	0%
Bergen Central	5	5	100%
Bergen South	6	6	100%
Burlington East	6	2	33%
Burlington West	2	1	50%
Camden Central	5	2	40%
Camden East	3	3	100%
Camden North	5	5	100%
Camden South	4	2	50%
Cape May	5	5	100%
Cumberland East	5	5	100%
Cumberland West			
Essex Central	6	6	100%
Essex North	2	2	100%
Essex South	4	4	100%
Gloucester East			
Gloucester West	6	5	83%
Hudson Central	4	4	100%
Hudson North	1	1	100%
Hudson South	6	5	83%
Hudson West	3	3	100%
Hunterdon	1	1	100%
Mercer North	5	5	100%
Mercer South	4	4	100%
Middlesex Central	3	3	100%
Middlesex Coastal	4	3	75%
Middlesex West	2	2	100%
Monmouth North	5	5	100%
Monmouth South	3	3	100%
Morris East	2	1	50%
Morris West	6	6	100%
Newark Adoption Office	38	38	100%
Newark Center City			
Newark Northeast			
Newark South			
Ocean North	4	4	100%
Ocean South	6	6	100%
Passaic Central	5	4	80%
Passaic North	7	7	100%
Salem	3	3	100%
Somerset	4	4	100%
Sussex	3	3	100%
Union Central	3	3	100%
Union East	4	4	100%
Union West	4	4	100%
Warren	5	5	100%
Total	205	184	90%
Statewide Total1	2,357	2,174	92%

Intake Standard - Percentage of workers that meet the 8 new investigation and 12 family standard (Standard = 95%)

Permanency Standard - Percentage of workers that meet the 15 family and 10 children in placement standard (Standard = 95%)

Adoption Standard - Percentage of workers that meet the 15 or fewer children standard (Standard = 95%)

Excludes On-Leave Workers.

Prepared by the Office of Research, Evaluation and Reporting - April 11, 2013

Data Extracts on April 5, 2013

APPENDIX D: DCF Organizational Chart

Department of Children & Families

