

October 30, 2023

CHARLIE AND NADINE H. V. MURPHY

Final Addendum Report

PROGRESS OF THE NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

April 25 – October 25, 2023



**Center for the
Study of
Social Policy**
Ideas into Action

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Charlie and Nadine H. v. Murphy
Progress of the New Jersey Department of Children and Families
Addendum Report for the Transition Period
April 25 – October 25, 2023

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I. Preface

This addendum report is submitted pursuant to the Exit Plan (V.D.3 & VI.A.14) and the Joint Motion on March 6, 2023, which required CSSP to submit a report by November 1, 2023, regarding DCF's progress toward meeting its obligations during the Transition Period, covering April 25 to October 25, 2023. It has been prepared by the court-appointed independent Monitor, Judith Meltzer, with assistance from Monitor staff Martha L. Raimon, Elissa Gelber, Lisa Mishraky-Javier, and Ali Jawetz of the Center for the Study of Social Policy (CSSP). It is presented to U.S. District Judge Chesler, parties to the lawsuit, and the public.

This is the last report to be submitted in the *Charlie and Nadine H.* litigation. With this addendum report, the Monitor affirms that the State has met all of the commitments in the Exit Plan for the Transition Period. As the Monitor concludes its role in New Jersey, it is important to emphasize how far the State has come in its reform efforts. The Department of Children and Families (DCF) has not only achieved and largely maintained performance that meets the goals and requirements of *Charlie v. Nadine H.*, most importantly it continues its deep commitment to being a self-correcting and nimble organization, no longer requiring federal court oversight.

New Jersey's success in reforming its child welfare system could not have been accomplished without the critical role played by Judge Chesler, Governor Murphy and his predecessors, Plaintiffs, the State legislature, private providers, key advocates and, most importantly, the many DCF leaders and staff at all levels who helped support and implement the changes. It has been an honor and a privilege to serve as the Monitor and work alongside each of these change agents.

II. Introduction

The Center for the Study of Social Policy (CSSP) was appointed in 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. Murphy*, aimed at improving outcomes for children, youth, and families served through New Jersey’s child welfare system. As Monitor, CSSP was charged with independently assessing the State’s compliance with the goals, principles and outcomes of the Court Order entered in 2003; the Modified Settlement Agreement (MSA) entered in July 2006; and the Sustainability and Exit Plan (SEP) entered on November 4, 2015, which superseded the MSA.

On June 20, 2022, Parties to the lawsuit, the New Jersey Department of Children and Families (DCF), Governor Phil Murphy, and Plaintiffs’ lawyers, A Better Childhood, presented the Court with an Exit Plan and Agreement (“Exit Plan”) identifying actions to be taken to allow dismissal of the lawsuit by December 2022, with a subsequent six-month transition period during which the Court would maintain jurisdiction over any disputes, initially intended to end no later than June 30, 2023. On October 20, 2022, the Monitor issued its final comprehensive monitoring report on SEP requirements for the *Charlie and Nadine H.* lawsuit.¹

Though it was initially expected that the legislation that was required by the Exit Plan, which would “codify certain elements of the SEP” (VI.A.15), would be passed in the fall of 2022, and that the Fairness Hearing would be held by December 2022, these timelines shifted to account for the fact that the legislation ended up being signed into law by Governor Murphy on December 20, 2022. The Parties applied to the Court for approval of the Settlement in early 2023 and filed a Joint Motion on March 6, 2023, after the Fairness Hearing was scheduled, altering the timeline of the Transition Period to April 25 through October 25, 2023.

The Court preliminarily approved the Class Action Settlement and Notice Plan, and a Fairness Hearing was held on April 25, 2023. No objections were filed in response to the Class Notice on March 24, 2023, and no objections were raised at the Fairness Hearing by any Class Members or other advocates. By Order dated April 25, 2023, Judge Chesler approved the Exit Plan and dismissed the *Charlie and Nadine H. v. Murphy* litigation.

¹ All Monitoring Reports can be found at: <https://cssp.org/our-work/projects/our-projects/class-action-litigation-new-jerseys-department-of-children-and-families/>

Structure of the Addendum Report

Section V.D.2 of the Exit Plan requires CSSP to “assess DCF’s performance on the Commitments made in Section VI” of the agreement, which include:

- Developing a revised and comprehensive qualitative review system to measure the quality of case practice (VI.A.(1-4) & (9));
- Establishing the Staffing and Oversight Review Subcommittee (SORS) as the entity responsible for ongoing review and public reporting on DCF’s performance (VI.A.(7-8));
- Continuing to monitor SEP measures (VI.A.(5-6) and make data available to CSSP (VI.A.(10-13)); and
- Securing support for legislation codifying DCF’s obligations to provide most appropriate and least restrictive placements, limit caseloads for frontline workers, and to modify the mandates related to SORS such that it has oversight of DCF, particularly in relation to the Foundational Elements outlined in the SEP (VI.A.15).

This addendum report provides information on all of the above items. It additionally highlights other accomplishments and efforts DCF has undertaken between July 1, 2022 and June 30, 2023, the 12-month period following the Monitor’s final comprehensive monitoring report.

In assessing progress, the Monitor used data directly provided by the State, as well as those published in Commissioner Monthly Reports,² available on its public website,³ and on the New Jersey Child Welfare Data Hub.⁴ The Monitor also attended all SORS meetings held between April and October 2023, and Monitor staff observed a variety of activities and meetings related to the revised and comprehensive qualitative review system, known as Collaborative Quality Improvement (CoQI), described in Section IV herein. DCF has continued to provide access to staff and documents to enable the Monitor to verify performance.

² All Commissioner’s Monthly Reports can be found at: <https://www.nj.gov/dcf/childdata/continuous/index.html>

³ To see DCF’s public website, go to: <https://www.nj.gov/dcf/>

⁴ To see the New Jersey Child Welfare Data Hub, go to: <https://njchilddata.rutgers.edu/#home>.

III. Summary of Performance

Since the onset of the *Charlie and Nadine H.* litigation, DCF has made tremendous strides toward achieving better outcomes for children and families, ensuring that families experience service excellence, and working to fulfill its vision that all New Jersey residents are safe, healthy, and connected. During its time under federal court oversight with independent monitoring by CSSP, DCF dramatically changed its workforce from one with overworked, untrained workers to a workforce that provides staff with training, professional development, and support with manageable enough caseloads to allow them to adequately serve children and families. DCF also increased placement with kin, licensed and supported an array of non-relative resource families and placements; implemented a robust quality improvement process; and built and sustained 57 Family Success Centers (FSCs), “one-stop shops” that provide wrap-around resources and supports for families. In addition, through the development of Child Health Units with nurses in every Local Office and enhanced funding for its Children’s System of Care, New Jersey has become a model of successful integration of systems that support children and youth’s health care needs. New Jersey has also become a national model in the creative use of Mobile Response Stabilization Services (MRSS), and other interventions, to provide assistance to families and kin caregivers in need of support.

DCF has made significant progress in becoming a self-monitoring agency, and has put several processes in place – over the course of many years of SEP implementation, and, more recently, pursuant to the Exit Plan and related legislation – to ensure that leadership, staff, private provider partners, and the public have access to transparent and valid data that can be used to hold the Department accountable to its mission and vision. These structures include:

- A new **Collaborative Quality Improvement (CoQI) process**, which incorporates data from several sources in order to identify strengths and challenges of DCF county offices in meeting the needs of children and families, and develop improvement plans to explore solutions, evaluate the impact of those plans, and iterate solutions;
- The **Staffing and Oversight Review Subcommittee (SORS)**, now formally codified in legislation, which consists of independent public stakeholder representatives who will regularly review DCF data based on priorities the Subcommittee has established, and publish annual reports with findings and recommendations;
- Regular public data reporting on former SEP and other outcome measures, disaggregated by race, through **Commissioner’s Monthly Reports** (available on DCF’s website); and the **NJ Child Welfare Data Hub**, developed in

collaboration with the Rutgers University School of Social Work institute for Families, to improve transparency and accountability; and

- The **Office of Monitoring (OOM)**, which assesses the quality of contracted services, ensures consistency of service delivery, and evaluates constituent experience with providers. Though implementation is recent, as of June 2023, OOM established partnerships with an initial set of providers, known as “Wave 1,” and began new monitoring practices with some of them, with the goal of developing a standardized monitoring methodology informed by the priorities of service recipients.

With these structures in place, and the lessons of the years under the *Charlie and Nadine H. lawsuit* in mind, the strong and committed DCF leadership team is more prepared than ever to continually assess and improve the Department’s performance as it continues to support New Jersey’s children and families.

The following sections describe the development of a revised qualitative review system and the new oversight process for reviewing DCF’s performance in more detail.

IV. Accountability through a Revised and Comprehensive Qualitative Review System

Section VI.A.3 of the Exit Plan requires the State to establish a revised and comprehensive review system to measure the quality of case practice in New Jersey’s 21 counties that includes collection and analysis of both qualitative and quantitative data. DCF’s new review system, named Collaborative Quality Improvement (CoQI), was launched in May 2022, and replaces the Qualitative Review (QR) process previously used by DCF prior to the COVID-19 pandemic. Its purpose is to use data to identify what is working well and the case practice challenges in Local Offices, collect feedback from staff, and then develop and execute plans for improvement. The CoQI process, currently being implemented in all 46 Local Offices, will ultimately operate at the Local, Area, and Central Office levels. The process is carried out by teams within each Local Office including Local and Area Office leaders, case practice experts, and casework supervisors and staff from the Office of Quality (OOQ). DCF is developing Area and Central Office level reviews, which are expected to be implemented in 2024. The CoQI process incorporates data from multiple sources:

- case record reviews;
- interviews with youth and families who have received services from DCF;
- Solution Based Casework (SBC) supervisor observations and skill acquisition data; and
- Key Performance Indicators (KPI) from Safe Measures and NJ SPIRIT.

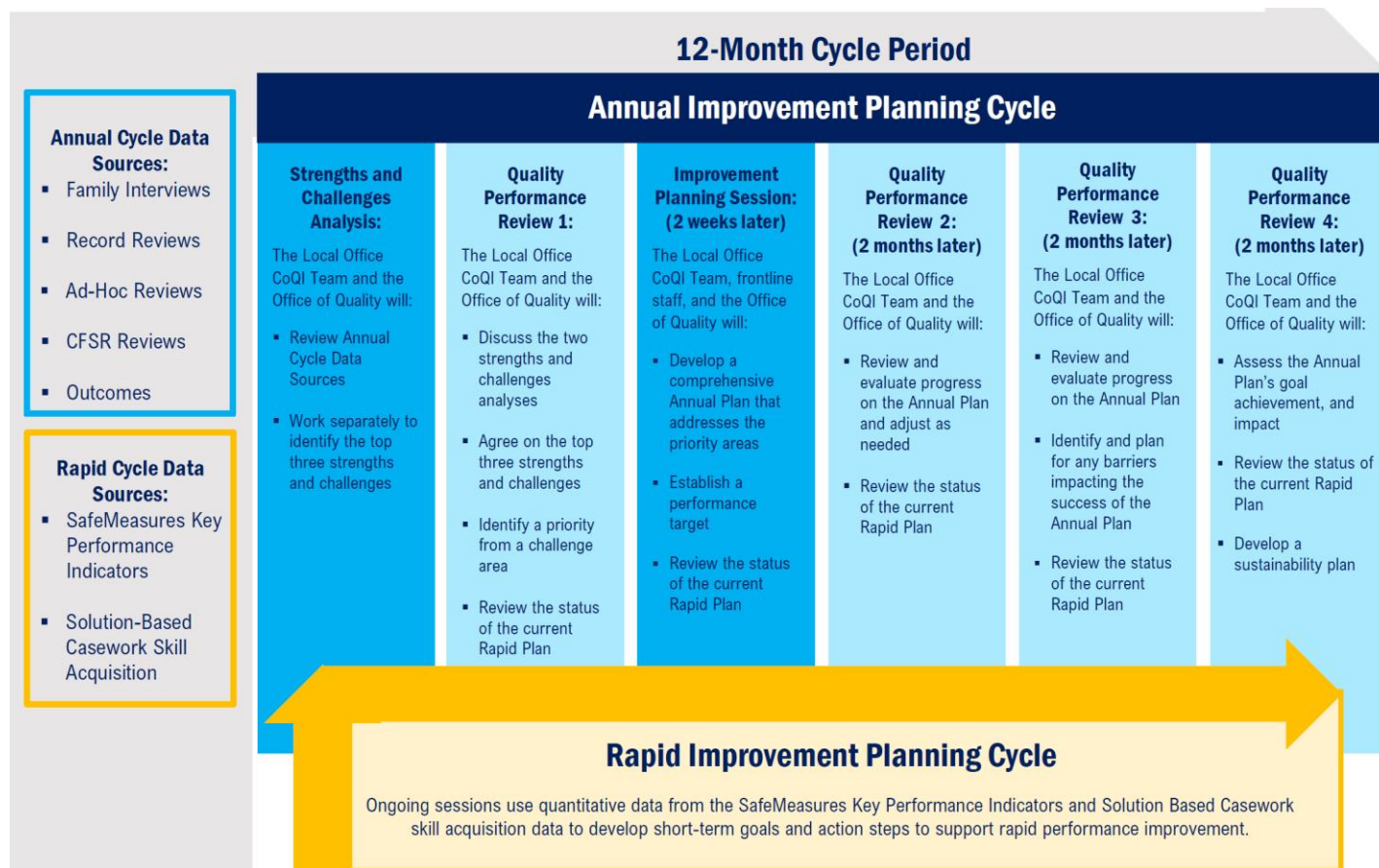
Ultimately, the following data sources will also be integrated:

- Quality of Investigation Reviews;
- Older Youth Exiting to Non-Permanency Reviews;
- Child Fatality and Near Fatality Review Board (CFNFRB) reviews; and
- Federal Child and Family Services Review (CFSR) data.

CoQI at the Local Office level includes two concurrent processes for developing and implementing improvement plans: the Rapid Improvement Planning Cycle and the Annual improvement Planning Cycle. The Rapid Improvement Planning Cycle is an ongoing process to assess practice using KPI, SBC Skill Acquisition data, and SBC supervisory observations, where the CoQI team identifies priorities and generates time-limited action steps. The Annual Improvement Planning Cycle is a 16-month process that begins with a record review, with reviewers composed of DCF OOQ staff. Probability sampling is used to identify the number of records to be reviewed along with criteria to ensure the number of cases is aligned with the total number of cases open for permanency services for at least four months within each Local Office. Findings from the record reviews are presented to the Local Office CoQI Team and are reviewed together with other data and information about Local Office performance, including administrative data, family interviews, and the other data sources listed above to identify areas of strength and challenge. After this analysis, the Local Office CoQI team develops and begins to implement an annual improvement plan. Throughout both processes, the team meets regularly to review progress, and to identify and address barriers. All Local Offices have completed record reviews and are projected to have implemented annual cycle improvement plans by November 2023.

The CoQI process at the Area and Central Office levels, once launched in 2024, will include ongoing meetings among leadership to identify strengths and challenges across the state, address common barriers and systemic issues impacting success, and hold Local Offices accountable for progress toward performance goals. Detailed steps of the CoQI process can be found in Figure 1.

Figure 1. Rapid and Annual Improvement Planning Cycles



DCF partnered with Rutgers University School of Social Work Center for Prevention Science to develop and implement the Family and Youth Interview Tools that are also a part of this overall process. The Center for Prevention Science incorporated input from the Monitor, stakeholders, and DCF staff in the development of the tools. These interview tools are intended to be used with youth and families receiving both in-home and out-of-home services. The goal of these interviews is to gather feedback directly from youth and families about their experiences with DCF and to identify strengths and barriers in how DCF workers are interacting with people who come to the attention of the New Jersey child welfare system. The interviews are expected to be conducted virtually, facilitated by two trained interviewers, and consist of approximately 30 questions covering an array of topics, including how well services align with identified needs, teaming, communication, and cultural responsiveness. As an example, the Youth Interview Tool, intended for young people ages 18-25, can be found in Appendix C. The Rutgers team plans to conduct 500 qualitative interviews annually, following the same sampling protocol used for the record reviews. They are currently piloting the interviews and have completed 12, with an additional 12 scheduled to be completed in October 2023. Implementation of the Family and Youth

interviews will align with the annual CoQI cycle beginning in November 2023 with Local Offices incorporating data from the family and youth interviews into their analysis of strengths and challenges. DCF reports that resource parents will be added to the interview pool beginning in 2024.

DCF routinely seeks feedback from staff at all levels about the CoQI process and ways in which it can be improved. In direct response to staff feedback, DCF refined the record review tool, extended the duration of the Annual Improvement Planning process from 12 months to 16 months, and modified the monthly rapid review process by alternating who leads the meetings among Local Office and OOQ staff. The record review tool refinements are intended to increase alignment with DCF priorities, such as adding questions related to family engagement, and making changes to improve the reviewer's experience using the tool. Expanding the Annual Improvement Planning process from 12 to 16 months allows Local Offices additional time to develop and implement their improvement plans. Alternating leads for the rapid review process allows Local Offices to build capacity to assess case practice and implement changes.

The Monitor assessed the development and implementation of this new CoQI process as required by the Exit Plan, which included observing the full 12-month CoQI process in Camden County and providing comments on the record review tool. In addition, the Monitor participated in a focus group facilitated by the Center for Prevention Science designed to generate ideas, concepts, and questions to be included in the development of the Family and Youth Interview Tools.

The CoQI process is ambitious and holds considerable promise for ongoing assessment of the Department's strengths and challenges. To be successful, it will be particularly important to meaningfully integrate indicators of quality case practice with outcome and process data – all key measures of accountability.

V. Staffing and Oversight Review Subcommittee

Section VI.A.7 of the Exit Plan requires the State to secure legislative support to codify certain elements of the SEP, and to establish the Staffing and Oversight Review Subcommittee (SORS) of the New Jersey Task Force on Abuse and Neglect (NJTFCAN) as the entity responsible for reviewing DCF performance going forward.⁵ It further requires SORS to review and develop recommendations on DCF staffing levels “and the most effective methods of recruiting, hiring, and retaining staff” and that SORS “has oversight of DCF as it relates to continuing to meet the Foundational Elements” outlined in the Exit Plan.⁶

On December 20, 2022, Governor Phil Murphy signed P.L. 2022, Chapter 130,⁷ which codifies SORS as the responsible body to track and report on DCF’s performance, and defines its mandate to review, analyze, and make recommendations as to DCP&P’s performance in:

- (a) Maintaining a case management information and data system;
- (b) Implementing and sustaining case practice model;
- (c) Maintaining operation of the State Central Registry;
- (d) Providing the most appropriate and least restrictive placements;
- (e) Providing comprehensive, culturally responsive services;
- (f) Providing medical care to children and youth in care;
- (g) Maintaining a comprehensive training program;
- (h) Ensuring flexible funds are available for families;
- (i) Adjusting support rates for resource family care, adoption assistance, and independent living;
- (j) Strengthening and sustaining appropriate permanency and adoption practices; and
- (k) Timely preparing a child for adoption and seeking and securing an adoptive placement.⁸

⁵ In 1996 the New Jersey legislature established by statute the New Jersey Task Force on Child Abuse and Neglect (NJTFCAN) to coordinate the State’s work in child abuse- and neglect-related services and investigations, and to study and develop recommendations for improving the quality and scope of child protective and preventive services provided or supported by the State. SORS is a subcommittee of NJTFCAN which began issuing reports in January 2007, and has subsequently reported annually to the Governor and the legislature pursuant to Section 2 of P.L. 1991, c. 164 (C.52: 14-19.1). For more information on the NJTFCAN see: <https://www.nj.gov/dcf/providers/boards/njtfcancan/history.html>

⁶ Sustainability and Exit Plan, Section VI.A.15

⁷ A3707/S-2395, P.L. 2022, c. 130 can be found at: <https://legiscan.com/NJ/text/A3707/id/2621377>

⁸ A3707(c)(1)(a–k)

The legislation also provides that the legislature annually appropriate sufficient funding to DCF for SORS to hire independent contracted staff and obtain other necessary resources to carry out its work.⁹

SORS existed as a subcommittee of the NJTFCAN prior to the Exit Plan and the new legislation. The legislation modified SORS by expanding its membership to include an additional range of stakeholders, expanding its functions and insuring greater autonomy and independence. In February 2023, members of the then constituted SORS began meeting to execute the requirements of the legislation. The composition of the new SORS and the terms of appointment are specified in the legislation: at least 15 members, comprised of 13 public members and the DCP&P Assistant Commissioner and the Commissioner, who are to serve ex-officio.¹⁰ Historically, SORS consisted of advocates and professionals involved in services to children and families in New Jersey, including a foster parent, the Executive Director of Advocates for Children of New Jersey (ACNJ), an attorney from New Jersey's Office of Public Defender, and an attorney from New Jersey's Office of the Attorney General (NJOAG).

By May 2023, new SORS members were all approved by the NJTFCAN for a one-year term, including two parents with previous involvement with DCP&P, one former and one current resource parent, an attorney from a child advocacy organization, a youth with previous involvement with DCP&P, an attorney from the Office of Parent Representation (OPR), an attorney from the Office of Law Guardian (OLG), and a representative of the New Jersey Chapter of Prevent Child Abuse (PCANJ). The legislation provides that neither the DCF Commissioner nor the DCP&P Assistant Commissioner may serve as the chairperson or vice chairperson of the Subcommittee.¹¹ The current SORS Chair is Marygrace Billek, Director of Human Services for Mercer County.

The Exit Plan provides that the metrics for ongoing review and the production of SORS reports would be determined by DCF and SORS leadership, with input from CSSP.¹² Between March and June 2023, SORS met with CSSP on several occasions to review existing data sources, discuss critical benchmarks, areas of focus and metrics, and to otherwise help define the Subcommittee's scope of work.

⁹ A3707(c)(3)

¹⁰ A3707(c)(4)(a) (i–iii)

¹¹ A3707(c)(4)(ii)(d)

¹² Sustainability and Exit Plan, Section VI.A.7

Pursuant to the Exit Plan¹³ and the legislation,¹⁴ SORS is required to submit an annual public report with findings and recommendations to the Governor and the legislature. SORS, particularly as it consists of volunteer members, determined it would not have enough time to both integrate new information, analyze data, and draft a full report by December 31, 2023,¹⁵ the deadline as determined by the Parties in their March 6, 2023 Joint Motion to the Court for release of the Committee’s initial report. Thus, on April 18, 2023, working with SORS, DCF released a Request for Quotations (RFQ) to engage a consultant to work with the Subcommittee in its expanded role to evaluate and analyze child welfare data related to DCF’s performance, facilitate conversations about the data and its meaning in relation to outcomes for children and families, and to help draft an annual report in accordance with the Exit Plan and the legislation.

In June 2023, DCF contracted with the Camden Coalition, a multidisciplinary, community-based nonprofit with expertise in developing and redesigning health systems in New Jersey and nationwide to improve care for people with complex health and social needs.¹⁶ The Camden Coalition’s charge is to support SORS in identifying data metrics as required by the Exit Plan and Section (c)(1)(a–k) of the legislation, advise on any additional special projects, and assist SORS in producing an initial report to the Governor and the legislature by the end of 2023. In July 2023, the Camden Coalition began meeting with SORS members individually and collectively to develop an inventory of available data, and to identify and prioritize performance measures for future analysis and reporting. SORS members have expressed their intention to be transparent to the public and to hold DCF accountable for its performance. In October 2023, the Camden Coalition met with SORS members in person for a work session to further refine their focus for the coming year.

In May and September 2023, DCF met with SORS members to familiarize them with its newly developed CoQI process, a critical component of the Exit Plan,¹⁷ with the goal of including SORS members in CoQI data collection and analysis, for them to use in ongoing reporting of DCF’s performance.

¹³ Sustainability and Exit Plan, Section VII.B

¹⁴ A3707(c)(2)

¹⁵ Section 2.c.(2). of the SORS legislation, signed on December 20, 2022, indicates, “No later than the first day of the 12th month next following the date of enactment of P.L.2022, c.130 (C.30:4C-3a et al.), and annually thereafter, the subcommittee shall review the department’s performance in the areas identified..., and shall issue a report with its findings and recommendations to the Governor and, ...to the Legislature.” However, SORS intends to submit its first report by December 1, 2023.

¹⁶ To learn more about Camden Coalition, go to: <https://camdenhealth.org/>

¹⁷ Sustainability and Exit Plan, Section VI.A.1

Camden Coalition staff have taken on their role of supporting SORS with diligence. It appears likely that this relationship with the State and the Subcommittee will continue beyond the December 2023 report, as SORS moves forward in 2024 to refine and prioritize the metrics it will use for independent review and analysis.

VI. Highlights of Recent DCF Accomplishments

While continuing to maintain core foundational elements put in place during the *Charlie and Nadine H.* litigation, DCF has moved forward with plans and innovative strategies to support families and reduce the number of children who enter state custody. In recognition of the work DCF has done to continue to respond to the changing needs of children, youth, and families since the final monitoring period of January to June 2022, below are highlights on specific areas of practice, policy, and current DCF initiatives:

Supporting the Workforce

- Between July 2022 and June 2023, DCF began extending the Collaborative Safety model, which currently aims to address systemic issues that can expose both staff and clients to risk of harm and is incorporated into the Office of Quality's (OOQ) review of critical incidents, to work with private providers within the Children's System of Care (CSOC). DCF will pilot the safety science framework¹⁸ with three residential treatment providers in late 2023 or early 2024, with plans to expand to additional providers later next year.
- In Spring 2023, the Office of Training and Professional Development hired an Assistant Director, a new trainer, and plans to hire 25 more staff to support expansion. The pre-service training content for DCF workers is expected to be updated by the end of 2023, and to launch in spring 2024.
- The Office of Family Preservation and Reunification Services (OFPR) hired 10 new staff who will support the management of a network of over 200 provider partners to lead the implementation of family preservation, reunification, and adolescent programs.
- The Office of Diversity, Equity, and Belonging published in February 2023 its strategic vision, which establishes goals for DCF to be an anti-racist and

¹⁸ Safety science, adopted from other safety-critical industries such as aviation, health care and nuclear power, involves applying scientific methods, research, and tools to understand, assess, and manage safety. It emphasizes applying lessons learned based on the best available research and evidence, rather than responding to situations based on emotion or assumption. For more information, go to: <https://www.casey.org/safety-science-culture/>

equitable organization by January 2026 as well as a communications guide for inclusive language.¹⁹

Supporting Family Connections

- In May 2023, 61 percent of children entering foster care were placed with kin within 30 days, a notable achievement. The Offices of Resource Families and Licensing continue to conduct presentations to Local Offices with lower kinship placement rates to share strategies, review local trends, successes, and challenges.
- In January 2023, Governor Murphy signed the Sibling Bill of Rights, developed by New Jersey's Youth Council,²⁰ that requires sibling groups be kept together as much as possible.²¹ In spring 2023, DCF convened an implementation workgroup to update DCF policy based on the law's provisions, educate stakeholders about the law, and review the effectiveness of the law's implementation.
- DCF's new peer-to-peer mentoring program, EnlightenMENT! was launched in December 2022.²² Peer mentor staff have been trained in the program model and data tracking components. OFPR, along with Youth Council members and private providers, developed a program manual with a formal teaming structure to ensure successful implementation. To date, 93 youth have been paired with peer mentors.
- Beginning July 1, 2023, DCF is no longer collecting child support from families, pending passage of legislation to repeal this practice. This change is intended to support reunification, because child support collection from parents of children in foster care often delays reunification and creates additional financial hardship for families. DCF also finalized an Administrative Order, developed by the Fatherhood Engagement Committee, that codified DCF's commitments to include fathers as partners in decision-making.

Reducing the Need for Foster Care

- In 2023, DCF began a pilot of Intensive Mobile Treatment Services for Youth and Young Adults with Intellectual or Developmental Disabilities, an intensive community-based treatment program for children with challenging behaviors

¹⁹ To read the guide, intended to provide preferred terms for select population groups and ensure use of non-stigmatizing language in DCF's written and oral communications, go to: <https://www.nj.gov/dcf/about/divisions/deb/Words-Matter.pdf>

²⁰ For more information, go to: <https://patch.com/new-jersey/westorange/nj-law-helps-foster-siblings-stick-together-kids-made-it-happen>

²¹ For more information, go to: <https://patch.com/new-jersey/westorange/nj-law-helps-foster-siblings-stick-together-kids-made-it-happen>

²² For more information, go to: <https://nj1015.com/pairing-njs-foster-youth-with-others-whove-gone-through-the-system/>

and co-occurring mental health conditions that would otherwise make them eligible for residential treatment.

- Between July 2022 and June 2023, DCF moved forward with efforts to establish Universal Home Visiting by: entering a multi-year contract with a model developer; executing contracts to hire and train “community alignment specialists;” and releasing Requests for Proposals (RFPs) to hire nurses in the first five counties to implement the model.²³ An early pilot of the Family Connects universal home visiting approach in Mercer County demonstrated that over 700 clients received either in-home or virtual visits and referrals to community services from the program.
- DCF released an RFP to expand an already-established In-Home Recovery Program in May 2023 for parents with substance use disorders who are parenting children under six years of age. The previous contract served 24 families involved with CP&P in one county, and the Rutgers School of Social Work evaluation indicated positive results, including a lower number of reports of subsequent maltreatment compared to state and national averages.
- In June 2023, Union County was awarded \$5 million in American Rescue Plan Funds to expand access to adolescent mental health services by creating a Pediatric Collaborative Care Training Center, which will train clinicians, primary care providers, and psychiatrists to serve those who might otherwise rely on emergency departments for mental health emergencies.²⁴ This is one of many initiatives in New Jersey to address adolescent mental health and will assist in DCF’s efforts to reduce entries into out-of-home care.

Expanding the CP&P Service Array

- Between July 2022 and June 2023, the Office of Housing (OOH) focused on building staff capacity and stabilizing its portfolio of services. OOH began implementing the Fostering Youth to Independence supportive housing initiative which provides supportive services and subsidized housing for up to 36 months for youth leaving the state’s formal custody; as of July 2023, the pilot supported 46 youth (not all are involved with CP&P). DCF awarded two contracts to providers of My First Place, a transitional living program for transition-age foster youth, which will support 60 youth. Finally, in FY 2024, OOH plans to hire a housing liaison position within child welfare offices, as well as pilot a standardized data collection tool for assessing the housing needs of child welfare-involved families.

²³ For more information, go to: <https://www.nispotlightnews.org/2023/06/nj-seeks-proposals-for-running-new-maternal-home-visit-program/>

²⁴ For more information, go to: <https://www.insidernj.com/press-release/governor-murphy-and-senate-president-scutari-announce-5-million-to-expand-access-to-child-and-adolescent-mental-health-care-services-in-union-county/>

- As of May 2023, over 250 parents were enrolled in Peer Recovery Support Services, which assigns peer mentors who are trained as substance use recovery specialists to each CP&P Local Office.

VII. Child and Family Outcomes and Case Practice Performance Measures as Required by Sustainability and Exit Plan

DCF has continued to provide the Monitor with data throughout the Transition Period, pursuant to Section V.D.2 of the Exit Plan, and to report on the SEP measures through Commissioner's Monthly Reports. Most of the measures are assessed through a review of data from NJ SPIRIT²⁵ and SafeMeasures,²⁶ with data on annual outcome measures provided through DCF's work with Rutgers University, which assists with data analysis. These performance measures cover the areas of child safety, permanency, service planning, child well-being, and ongoing infrastructure development pertaining to appropriate staffing and caseloads.

In the early years of the litigation, the Monitor would independently validate much of DCF's reported performance, but as data systems and data quality improved, the need for external validation diminished. Going forward, DCF has committed to continuing to provide updates to the public on performance through monthly reports, as well as annual updates based on analysis of the CoQI process, as described above. DCF has committed to continue contracting with Rutgers to produce the Child Welfare Data Hub, which includes information and maps on several measures, disaggregated by race, for both CP&P and CSOC. DCF has also committed to publishing results on its public website from reviews previously required by the SEP and reported in the Monitor's reports, including the review of Older Youth Exiting to Non-Permanency and the Quality of Investigations review, as well as briefs about meeting educational needs (Exit Plan VII.F).

Results of the 48 performance measures of the SEP for January to June 2023 are included in Table 1 below. The list of Foundational Elements and data sources used to assess them can be found in Appendix B.

As the Table reflects, DCF has maintained performance across the majority of areas since performance was last reported from January to June 2022, including timeliness of investigations (SEP IV.A.13-14), compliance with caseload limits for permanency

²⁵ NJ SPIRIT is New Jersey's Statewide Automated Child Welfare Information System (SACWIS), a case management and financial system designed to support the daily work of caseworkers and supervisors within DCF.

²⁶ SafeMeasures is a data warehouse and analytical tool that allows tracking of critical child welfare indicators by worker, supervisor, Local Office, county, and statewide. It is used by different levels of staff to track, monitor, and analyze performance and trends in case practice and targeted measures and outcomes.

and adoption workers (SEP III.B.4-5 and IV.E.26-27), placing siblings together (SEP IV.G.32-33), placement stability (SEP IV.G.35-36), biweekly parent-child visits (SEP IV.F.30), and housing, education, and employment for older youth exiting foster care to non-permanency (SEP IV.K.47-48). There was significant improvement in Re-entry to Care (SEP IV.H.39), which measures the rate at which children who entered foster care for the first time in a given year, and were discharged within 12 months, re-entered state custody within 12 months of their discharge – this measure is at its lowest rate (8.6%) since DCF first met the standard three years ago.

Performance declined significantly in a few areas, particularly related to holding Family Team Meetings (FTMs), which are meetings to bring together the child's parents, extended family, community providers, and other supports for the family with CP&P staff to discuss changes to the case plan and make decisions. Under the SEP, DCF was required to hold initial FTMs within 45 days of a child entering foster care (SEP IV.B.16), three subsequent FTMs within the first 12 months of being in foster care (SEP IV.B.17), and subsequent FTMs after the first 12 months in foster care, with slightly different requirements if the permanency goal remains reunification (SEP IV.B.18) or not (SEP IV.B.19).

The Monitor did not specifically examine the reasons contributing to this drop in performance. DCF reports that it understands the decline in performance around FTMs to be related to the implementation of SBC and the associated modifications to the FTM timeframe requirements. FTMs are an essential part of DCF's Case Practice Model (CPM), and ensuring high quality engagement with families driven by their needs and strengths is essential to DCF meeting its mission. DCF has also indicated that it continues to delve into the reasons for reduced performance in some areas and sees it as essential to its quality assurance efforts. The Monitor recommends that FTM performance remain an area of focus for SORS, as should additional areas in which DCF performance has dipped.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure ²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance ²⁸
<i>Investigations</i>				
Institutional Abuse Investigations Unit (IAIU) (SEP III.A.1)	80% of IAIU investigations will be completed within 60 days.	85% of IAIU investigations in December 2021 were completed within 60 days.	93% of IAIU investigations in June 2022 were completed within 60 days.	81% of IAIU investigations in June 2023 were completed within 60 days.
Timeliness of Investigation Completion (60 days) (SEP IV.A.13)	85% of all investigations of alleged child abuse and neglect shall be completed within 60 days. Cases with documented acceptable extensions in accordance with policy are considered compliant.	82% of all investigations in November were completed within 60 days. Monthly range during June – November 2021 monitoring period: 82 to 86%.	86% of all investigations in May were completed within 60 days. Monthly range during December 2021 – May 2022 monitoring period: 85 to 89%.	83% of all investigations in April were completed within 60 days. Monthly range during December 2022 – April 2023 monitoring period: 83 to 88%. ²⁹

²⁷ The following SEP measures are excluded from this Table because, prior to CY 2020, they were measured by DCF’s QR process: Educational Needs (SEP III.G.11); Quality of Teaming (SEP IV.B.20); Quality of Case Plans (SEP IV.D.23); Services to Support Transitions (SEP IV.J.44); and Quality of Case Planning and Services for Older Youth (SEP IV.K.46). DCF suspended the QR process due to the COVID-19 pandemic, and now intends for the CoQI process to replace review of these indicators.

²⁸ In some instances where the Monitor does not have mid-year data, the most recent data available are included.

²⁹ Monthly performance for this measure is as follows: December, 84%; January, 88%; February, 85%; March, 84%; April, 83%.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure ²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance ²⁸
Timeliness of Investigation Completion (90 days) (SEP IV.A.14)	95% of all investigations of alleged child abuse and neglect shall be completed within 90 days. Cases with documented acceptable extensions in accordance with policy are considered compliant.	95% of all investigations in November were completed within 90 days. Monthly range during June – November 2021 monitoring period: 94 to 96%.	95% of all investigations in May were completed within 90 days. Monthly range during December 2021 – May 2022 monitoring period: 95 to 97%.	94% of all investigations in April were completed within 90 days. Monthly range during December 2022 – April 2023 monitoring period: 94 to 96%. ³⁰
Quality Investigations (SEP IV.A.15)	85% of investigations shall meet the standards for quality investigations. The Monitor, in consultation with the parties, shall determine appropriate standards for quality investigations.	81% of investigations met quality standards in a February 2022 review of a statistically significant sample of investigations completed in October 2021.	Not reported in this period.	The next review will be conducted by DCF in early 2024 for investigations completed in October 2023. ³¹

³⁰ Monthly performance for this measure is as follows: December, 95%; January, 96%; February, 96%; March, 95%; April, 94%.

³¹ DCF’s Investigation Case Record Review is typically conducted every two years.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure ²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance ²⁸
<i>Family Teaming</i>				
Initial Family Team Meeting (SEP IV.B.16)	80% of children newly entering placement shall have a family team meeting before or within 45 days of placement.	92% of children newly entering placement in December 2021 had a FTM within 45 days. Monthly range during July – December 2021 monitoring period: 76 to 92%.	94% of children newly entering placement in May 2022 had a FTM within 45 days. Monthly range during January – May 2022 monitoring period: 80 to 94%.	58% of children newly entering placement in May 2023 had a FTM within 45 days. Monthly range during January – May 2023 monitoring period: 58 to 71%. ³²
Subsequent FTMs within 12 months (SEP IV.B.17)	80% of children will have three additional FTMs within the first 12 months of the child coming into placement.	68% of children who entered placement in December 2020 had three or more additional FTMs within the first 12 months. Monthly range during July – December 2021 monitoring period: 68 to 91%.	82% of children who entered placement in June 2022 had three or more additional FTMs within the first 12 months. Monthly range during January– June 2022 monitoring period: 75 to 87%.	63% of children who entered placement in June 2023 had three or more additional FTMs within the first 12 months. Monthly range during January– June 2023 monitoring period: 63 to 78%. ³³

³² Monthly performance for this measure is as follows: January, 66%; February, 71%; March, 59%; April, 66%; May, 58%. Reported performance accounts for valid exceptions to the FTM requirement. DCF reviewed all 23 cases in which there was documentation of an exception to the FTM requirement and excluded from these data all instances (for each month) in which they determined that an exception was appropriately used.

³³ Monthly performance for this measure is as follows: January, 69%; February, 78%; March, 63%; April, 71%; May, 77%; June, 63%. Reported performance accounts for valid exceptions to the FTM requirement. DCF reviewed all 29 cases in which there was documentation of an exception to the FTM requirement and excluded from these data all instances (for each month) in which they determined that an exception was appropriately used.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure ²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance ²⁸
Subsequent FTMs after 12 months – Reunification Goal (SEP IV.B.18)	After the first 12 months of a child being in care, 90% of those with a goal of reunification will have at least three FTMs each year.	100% of children who entered placement before December 2020 (but still have a goal of reunification) had three or more additional FTMs in the most recent 12 months. Monthly range during July – December 2021 monitoring period: 50 to 100%.	100% of children who entered placement before June 2021 (but still have a goal of reunification) had three or more additional FTMs in the most recent 12 months. Monthly range during January – June 2022 monitoring period: 58 to 100%.	63% of children who entered placement before June 2022 (but still have a goal of reunification) had three or more additional FTMs in the most recent 12 months. Monthly range during January – June 2023 monitoring period: 59 to 91%. ^{34,35}
Subsequent FTMs after 12 months – Other than Reunification Goal (SEP IV.B.19)	After the first 12 months of a child being in care, for those children with a goal other than reunification, 90% shall have at least two FTMs each year.	85% of children who entered placement before December 2020 (and have a goal other than reunification) had two or more FTMs in the most recent 12 months of placement. Monthly range during July – December 2021 monitoring period: 84 to 91%.	96% of children who entered placement before June 2021 (and have a goal other than reunification) had two or more FTMs in the most recent 12 months of placement. Monthly range during January – June 2022 monitoring period: 84 to 96%.	85% of children who entered placement before June 2022 (and have a goal other than reunification) had two or more FTMs in the most recent 12 months of placement. Monthly range during January – June 2023 monitoring period: 70 to 88%. ³⁶

³⁴ Monthly performance for this measure is as follows: January, 91%; February, 70%; March, 74%; April, 59%; May, 75%; June, 63%. There were no valid cases of an exception this period for this measure.

³⁵ The universe for this measure is small and thus more susceptible to fluctuations.

³⁶ Monthly performance for this measure is as follows: January, 88%; February, 88%; March, 87%; April, 70%; May, 79%; June, 85%. Reported performance accounts for valid exceptions to the FTM requirement. DCF reviewed all 12 cases in which there was documentation of an exception to the FTM requirement and excluded from these data all instances (for each month) in which they determined that an exception was appropriately used.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure ²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance ²⁸
<i>Needs Assessment</i>				
Needs Assessment (SEP IV.C.21)	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.	During the monitoring period, DCF worked to address some of the findings of the needs assessment by educating staff and providers on available housing supports, having conversations with the New Jersey Department of Human Services, the Department of Community Affairs, and the Department of Health regarding more robust service coordination and referral services; and increasing funding for Parents Anonymous, a program for parent-peer support.	DCF intends to align the findings from the HSACs needs assessment process with its new CoQI processes, the revised monitoring practices conducted by the new Office of Monitoring (OOM), and its new Family Strength Survey to analyze needs and resources more comprehensively, and to better identify gaps in and access to services.	DCF published its comprehensive report on the results of its statewide assessment of counties' strengths and needs at: DCF DCF/HSAC County Needs Assessment (nj.gov) . DCF is working to address the findings of the needs assessment, including, among other things, the need for better and more available information on services and more robust service coordination.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance²⁸
<i>Case and Service Planning</i>				
Initial Case Plans (SEP IV.D.22)	95% of initial case plans for children and families shall be completed within 30 days.	88% of children entering care in December 2021 had case plans developed within 30 days. Monthly range during July – December 2021 monitoring period: 85 to 93%.	98% of children entering care in June 2022 had case plans developed within 30 days. Monthly range during January – June 2022 monitoring period: 85 to 100%.	86% of children entering care in June 2023 had case plans developed within 30 days. Monthly range during January – June 2023 monitoring period: 84 to 93%. ³⁷
Timeliness of Current Plans (SEP III.C.6)	95% of case plans for children and families will be reviewed and modified no less frequently than every six months.	97% of case plans in December 2021 were reviewed and modified as necessary at least every six months. Monthly range during July – December 2021 monitoring period: 95 to 98%.	97% of case plans in June 2022 were reviewed and modified as necessary at least every six months. Monthly range during January – June 2022 monitoring period: 96 to 98%.	94% of case plans in June 2023 were reviewed and modified as necessary at least every six months. Monthly range during January – June 2023 monitoring period: 94 to 97%. ³⁸
<i>Caseloads</i>				
Supervisor/ Worker Ratio (SEP III.B.2)	95% of offices will have sufficient supervisory staff to maintain a 5 worker to 1 supervisor ratio.	100% of Local Offices have sufficient supervisory staff.	100% of Local Offices have sufficient supervisory staff.	100% of Local Offices have sufficient supervisory staff.

³⁷ Monthly performance for this measure is as follows: January, 93%; February, 86%; March, 86%; April, 93%; May, 84%; June, 86%.

³⁸ Monthly performance on this measure is as follows: January, 97%; February, 97%; March, 97%; April, 96%; May, 96%; June, 94%.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance²⁸
IAIU Investigators Caseload (SEP III.B.3)	95% of IAIU investigators will have (a) no more than 12 open cases, and (b) no more than eight new case assignments per month.	100% of IAIU investigators met caseload standards.	100% of IAIU investigators met caseload standards.	100% of IAIU investigators met caseload standards.
Permanency Workers (Local Offices) Caseload (SEP III.B.4)	95% of Local Offices will have average caseloads for Permanency workers of (a) no more than 15 families, and (b) no more than 10 children in out-of-home care.	100% of Local Offices met permanency standards.	100% of Local Offices met permanency standards.	100% of Local Offices met permanency standards.
Permanency Workers Caseload (SEP III.B.5)	95% of Permanency workers will have (a) no more than 15 families, and (b) no more than 10 children in out of home care.	100% of Permanency workers met caseload standards.	100% of Permanency workers met caseload standards.	100% of Permanency workers met caseload standards. ³⁹

³⁹ Reported performance is the average of DCF's performance in meeting individual caseload standards during this six-month monitoring period.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance²⁸
Intake workers (Local Offices) Caseload (SEP IV.E.24)	95% of Local Offices will have average caseloads for Intake workers of no more than 12 families and no more than eight new case assignments per month.	98% of Local Offices met intake caseload standards.	97% of Local Offices met intake caseload standards.	98% of Local Offices met intake caseload standards.
Intake workers Caseload (SEP IV.E.25)	90% of individual Intake workers shall have no more than 12 open cases and no more than eight new case assignments per month. No Intake worker with 12 or more open cases can be given more than two secondary assignments per month.	98% of Intake workers met caseload standards.	96% of Intake workers met caseload standards.	91% of Intake workers met caseload standards. ⁴⁰
Adoption Workers (Local Offices) Caseload (SEP IV.E.26)	95% of Local Offices will have average caseloads for Adoption workers of no more than 15 children per worker.	99% of Local Offices met adoption standards.	100% of Local Offices met adoption standards.	99% of Local Offices met adoption standards.

⁴⁰ Reported performance is the average of DCF's performance in meeting individual caseload standards during this six-month monitoring period.

Table 1: Sustainability and Exit Plan (SEP) Measures				
SEP Measure²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance²⁸
Adoption Workers Caseload (SEP IV.E.27)	95% of individual Adoption worker caseloads shall be no more than 15 children per worker.	99% of Adoption workers met caseload standards.	98% of Adoption workers met caseload standards.	99% of Adoption workers met caseload standards. ⁴¹
<i>Deputy Attorneys General</i>				
Adequacy of DAsG Staffing (SEP III.D.7)	The state will maintain adequate DAsG staff positions and keep positions filled.	146 staff positions were filled with three staff on leave; 143 (98%) available DAsG.	145 staff positions were filled with three staff on leave; 142 (98%) available DAsG.	134 staff positions were filled with five staff on leave; 129 (96%) available DAsG. Recruitment for additional DAsG continues.
<i>Child Health Units</i>				
Child Health Units (SEP III.E.8)	The state will continue to maintain its network of Child Health Units (CHUs), adequately staffed by nurses in each Local Office.	As of December 31, 2021, DCF had 121 Health Care Case Managers and 43 staff assistants.	As of June 30, 2022, DCF had 108 Health Care Case Managers (nurses) and 46 staff assistants.	As of June 30, 2023, DCF had 98 Health Care Case Managers (nurses) and 45 staff assistants. Recruitment for additional nurses continues.

⁴¹ Reported performance is the average of DCF's performance in meeting individual caseload standards during this six-month monitoring period.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure ²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance ²⁸
<i>Visits</i>				
Caseworker Contacts with Children – New Placement/ Placement Change (SEP III.F.9)	93% of children shall have at least twice-per-month face-to-face contact with their caseworker within the first two months of placement, with at least one contact in the placement.	95% of children had two visits per month, one of which was in their placement, during the first two months of an initial or subsequent placement in December 2021. Monthly range during July – December 2021 monitoring period: 81 to 95%.	87% of children had two visits per month, one of which was in their placement, during the first two months of an initial or subsequent placement in May 2022. Monthly range during January – May 2022 monitoring period: 87 to 96%.	86% of children had two visits per month, one of which was in their placement, during the first two months of an initial or subsequent placement in April 2023. Monthly range during December 2022 – April 2023 monitoring period: to 85 to 89%. ^{42,43}
Caseworker Contact with Children in Placement (SEP III.F.10)	During the remainder of the placement, 93% of children shall have at least one caseworker visit per month, in the placement.	96% of children had at least one caseworker visit in December 2021 in their placement. Monthly range during July – December 2021 monitoring period: 96 to 97%.	95% of children had at least one caseworker visit in June 2022 in their placement. Monthly range during January – June 2022 monitoring period: 95 to 98%.	92% of children had at least one caseworker visit in June 2023 in their placement. Monthly range during January – June 2023 monitoring period: 92 to 95%. ⁴⁴

⁴² Monthly performance for this measure is as follows: December, 87%; January, 89%; February, 85%; March, 85%; April, 86%.

⁴³ Due to the expedited nature of this monitoring report, neither May nor June data were included for this measure.

⁴⁴ Monthly performance for this measure is as follows: January, 95%; February, 95%; March, 94%; April, 93%; May, 94%; June, 92%.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure ²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance ²⁸
Caseworker Contacts with Family When Goal is Reunification (SEP IV.F.28)	90% of families will have at least twice-per-month, face-to-face contact with their caseworker when the permanency goal is reunification.	77% of all applicable parents of children in custody with a goal of reunification had at least two face-to-face visits with a caseworker in December. Monthly range during July – December 2021 monitoring period: 77 to 81%.	81% of all applicable parents of children in custody with a goal of reunification had at least two face-to-face visits with a caseworker in June. Monthly range during January – June 2022 monitoring period: 76 to 85%.	73% of all applicable parents of children in custody with a goal of reunification had at least two face-to-face visits with a caseworker in June. Monthly range during January – June 2023 monitoring period: 72 to 81%. ^{45,46}
Parent-Child Visits – Weekly (SEP IV.F.29)	60% of children in custody with a return home goal will have an in-person visit with their parent(s) at least weekly, excluding those situations where a court order prohibits or regulates visits or there is a supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child.	76% of applicable children had weekly visits with their parents in December 2021. Monthly range during July – December 2021 monitoring period: 75 to 80%.	81% of applicable children had weekly visits with their parents in June 2022. Monthly range during January – June 2022 monitoring period: 80 to 85%.	71% of applicable children had weekly visits with their parents in June 2023. Monthly range during January – June 2023 monitoring period: 71 to 81%. ⁴⁷

⁴⁵ Monthly performance for this measure is as follows: January, 78%; February, 78%; March, 81%; April 76%; May 72%; June, 73%. Reported performance accounts for exceptions to the visits requirement.

⁴⁶ DCF validated a sample of cases from March 2023 and found that exceptions were appropriately applied and documented in 75% of cases. These data reflect exclusions from the universe of instances in which exceptions to the requirement for worker visits with parents were appropriately applied and documented. The Monitor did not independently validate this sample.

⁴⁷ Monthly performance for this measure is as follows: January, 77%; February, 81%; March, 77%; April, 77%; May, 72%; June, 71%. Reported performance accounts for all exceptions to this visits requirement.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure ²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance ²⁸
Parent-Child Visits – Bi-Weekly (SEP IV.F.30)	85% of children in custody will have an in-person visit with their parent(s) or legally responsible family member at least every other week. ⁴⁸	90% of applicable children had bi-weekly visits with their parents in December 2021. Monthly range during July – December 2021 monitoring period: 88 to 90%.	93% of applicable children had bi-weekly visits with their parents in June 2022. Monthly range during January – June 2022 monitoring period: 93 to 96%.	85% of applicable children had bi-weekly visits with their parents in June 2023. Monthly range during January – June 2023 monitoring period: 85 to 90%. ⁴⁹
Child Visits with Siblings (SEP IV.F.31)	85% of children in custody who have siblings with whom they are not residing will visit those siblings at least monthly. ⁵⁰	78% of children in custody who have siblings with whom they are not residing visited with their siblings in December 2021. Monthly range during July – December 2021 monitoring period: 76 to 82%.	91% of children in custody who have siblings with whom they are not residing visited with their siblings in June 2022. Monthly range during January – June 2022 monitoring period: 78 to 91%.	86% of children in custody who have siblings with whom they are not residing visited with their siblings in June 2023. Monthly range during January – June 2023 monitoring period: 86 to 89%. ^{51,52}

⁴⁸ The requirement excludes those situations where a court order prohibits or regulates visits or there is supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child.

⁴⁹ Monthly performance for this measure is as follows: January, 85%; February, 90%; March, 87%; April, 89%; May, 86%; June, 85%. Reported performance accounts for all exceptions to this visits requirement.

⁵⁰ The requirement excludes those situations where a court order prohibits or regulates visits or there is supervisory approval of a decision to cancel a visit because it is physically or psychologically harmful to a child.

⁵¹ Monthly performance for this measure is as follows: January, 86%; February, 87%; March, 89%; April, 88%; May, 87%; June, 86%. Reported performance accounts for valid exceptions to the visits requirement.

⁵² Based on the Monitor and DCF’s joint review of a statistically significant sample of cases for children in care in October and November 2018, it was determined that exceptions to this visits requirement were appropriately applied and documented in 60% of cases. The universe of cases utilized for the purposes of calculating performance has been adjusted accordingly.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure ²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance ²⁸
<i>Placement</i>				
Placing Siblings Together (SEP IV.G.32)	At least 80% of sibling groups of two or three children entering custody will be placed together.	81% of sibling groups of two or three children entering custody in CY 2020 were placed together.	85% of sibling groups of two or three children entering custody in CY 2021 were placed together.	87% of sibling groups of two or three children entering custody in CY 2022 were placed together.
Placing Siblings Together for Four or More Children (SEP IV.G.33)	All children will be placed with at least one other sibling 80% of the time.	95% of children entering custody in CY 2020 with three or more siblings were placed with at least one other sibling.	92% of children entering custody in CY 2021 with three or more siblings were placed with at least one other sibling.	92% of children entering custody in CY 2022 with three or more siblings were placed with at least one other sibling.
Recruitment of Placements for Sibling Groups of Four or More (SEP IV.G.34)	DCF will continue to recruit for resource homes capable of serving sibling groups of four or more.	As of December 31, 2021, DCF had a total of 40 large capacity SIBS homes; nine homes can accommodate five or more children and 31 that can accommodate four children.	As of June 28, 2022, DCF had a total of 41 large capacity SIBS homes; 10 homes that can accommodate five or more children and 31 that can accommodate four children.	As of June 30, 2023, DCF had a total of 41 large capacity SIBS homes; 10 homes that can accommodate five or more children and 31 that can accommodate four children.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance²⁸
Placement Stability, First 12 Months in Care (SEP IV.G.35)	At least 84% of children entering out-of-home placement for the first time in a calendar year will have no more than one placement change during the 12 months following their date of entry.	87% of children who entered out-of-home placement for the first time in CY 2019 had no more than one placement change during the 12 months following their date of entry.	89% of children who entered out-of-home placement for the first time in CY 2020 had no more than one placement change during the 12 months following their date of entry.	89% of children who entered out-of-home placement for the first time in CY 2021 had no more than one placement change during the 12 months following their date of entry.
Placement Stability, 13 – 24 Months in Care (SEP IV.G.36)	At least 88% of these children will have no more than one placement change during the 13-24 months following their date of entry.	96% of children who entered care in CY 2018 had no more than one placement change during the 13-24 months following their date of entry.	97% of children who entered care in CY 2019 had no more than one placement change during the 13-24 months following their date of entry.	97% of children who entered care in CY 2020 had no more than one placement change during the 13-24 months following their date of entry.
<i>Maltreatment</i>				
Abuse and Neglect of Children in Foster Care (SEP III.H.12)	No more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	0.12% of children in CY 2020 were victims of substantiated abuse or neglect by a resource parent or facility staff member.	0.17% of children in CY 2021 were victims of substantiated abuse or neglect by a resource parent or facility staff member.	0.28% of children in CY 2022 were victims of substantiated abuse or neglect by a resource parent or facility staff member.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure ²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance ²⁸
Repeat Maltreatment (In-home) (SEP IV.H.37)	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.	5.1% of children who remained at home after a substantiation of abuse or neglect in CY 2019 had another substantiation within the next 12 months.	3.1% of children who remained at home after a substantiation of abuse or neglect in CY 2020 had another substantiation within the next 12 months.	2.6% of children who remained at home after a substantiation of abuse or neglect in CY 2021 had another substantiation within the next 12 months.
Maltreatment Post-Reunification (SEP IV.H.38)	Of all children who enter foster care in a 12-month period for the first time who are discharged within 24 months to reunification or living with a relative(s), no more than 6.9% will be the victims of abuse or neglect within 12 months of their discharge.	5.1% of children who entered foster care for the first time in CY 2017 and were discharged within 24 months to reunification or living with relative(s) were the victims of abuse or neglect within 12 months of their discharge.	3.6% of children who entered foster care for the first time in CY 2018 and were discharged within 24 months to reunification or living with relative(s) were the victims of abuse or neglect within 12 months of their discharge.	4.6% of children who entered foster care for the first time in CY 2019 and were discharged within 24 months to reunification or living with relative(s) were the victims of abuse or neglect within 12 months of their discharge.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure ²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance ²⁸
Re-Entry to Placement (SEP IV.H.39)	Of all children who enter foster care in a 12-month period for the first time who are discharged within 12 months to reunification, living with relative(s), or guardianship, no more than 9% will re-enter foster care within 12 months of their discharge.	9.8% of children who entered foster care for the first time in CY 2018 and were discharged within 12 months reunification, living with relative(s), or guardianship, re-entered foster care within 12 months of their discharge.	10.2% of children who entered foster care for the first time in CY 2019 and were discharged within 12 months reunification, living with relative(s), or guardianship, re-entered foster care within 12 months of their discharge.	8.6% of children who entered foster care for the first time in CY 2020 and were discharged within 12 months reunification, living with relative(s), or guardianship, re-entered foster care within 12 months of their discharge.
<i>Permanency</i>				
Permanency within 12 Months (SEP IV.I.40)	Of all children who enter foster care in a 12-month period, at least 42% will be discharged to permanency (reunification, living with relatives, guardianship, or adoption) within 12 months of entering foster care.	37% of children who entered foster care in CY 2019 were discharged to permanency (reunification, living with relatives, guardianship, or adoption) within 12 months of entering foster care.	33% of children who entered foster care in CY 2020 were discharged to permanency (reunification, living with relatives, guardianship, or adoption) within 12 months of entering foster care.	33% of children who entered foster care in CY 2021 were discharged to permanency (reunification, living with relatives, guardianship, or adoption) within 12 months of entering foster care.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure ²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance ²⁸
Permanency Within 24 Months (SEP IV.I.41)	Of all children who enter foster care in a 12-month period, at least 66% will be discharged to permanency (reunification, living with relatives, guardianship, or adoption) within 24 months of entering foster care.	64% of children who entered foster care in CY 2018 were discharged to permanency (reunification, living with relatives, guardianship, or adoption) within 24 months of entering foster care.	61% of children who entered foster care in CY 2019 were discharged to permanency (reunification, living with relatives, guardianship, or adoption) within 24 months of entering foster care.	59% of children who entered foster care in CY 2020 were discharged to permanency (reunification, living with relatives, guardianship, or adoption) within 24 months of entering foster care.
Permanency Within 36 Months (SEP IV.I.42)	Of all children who enter foster care in a 12-month period, at least 80% will be discharged to permanency (reunification, living with relatives, guardianship, or adoption) within 36 months of entering foster care.	84% of children who entered foster care in CY 2017 were discharged to permanency (reunification, living with relatives, guardianship, or adoption) within 36 months of entering foster care.	80% of children who entered foster care in CY 2018 were discharged to permanency (reunification, living with relatives, guardianship, or adoption) within 36 months of entering foster care.	79% of children who entered foster care in CY 2019 were discharged to permanency (reunification, living with relatives, guardianship, or adoption) within 36 months of entering foster care.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure ²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance ²⁸
Permanency Within 48 Months (SEP IV.I.43)	Of all children who enter foster care in a 12-month period, at least 86% will be discharged to permanency (reunification, living with relatives, guardianship, or adoption) within 48 months of entering foster care.	89% of children who entered foster care in CY 2016 were discharged to permanency (reunification, living with relatives, guardianship, or adoption) within 48 months of entering foster care.	90% of children who entered foster care in CY 2017 were discharged to permanency (reunification, living with relatives, guardianship, or adoption) within 48 months of entering foster care.	88% of children who entered foster care in CY 2018 were discharged to permanency (reunification, living with relatives, guardianship, or adoption) within 48 months of entering foster care.
Older Youth				
Independent Living Assessments (SEP IV.K.45)	90% of youth ages 14 to 18 have an Independent Living Assessment.	80% of applicable children had completed an Independent Living Assessment in December 2021. Monthly range during July – December 2021 monitoring period: 78 to 85%.	91% of applicable children had completed an Independent Living Assessment in June 2022. Monthly range during January – June 2022 monitoring period: 79 to 91%.	78% of applicable children had completed an Independent Living Assessment in June 2023. Monthly range during January – June 2023 monitoring period: 78 to 84%. ⁵³

⁵³ Monthly performance for this measure is as follows: January, 84%; February, 83%; March, 82%; April, 79%; May, 78%; June, 78%.

Table 1: Sustainability and Exit Plan (SEP) Measures

SEP Measure ²⁷	SEP Standard	December 2021 Performance	June 2022 Performance	June 2023 Performance ²⁸
Housing (SEP IV.K.47)	95% of youth exiting care without achieving permanency shall have housing.	92% of youth exiting care between January and December 2020 without achieving permanency had documentation of a housing plan upon exiting care.	93% of youth exiting care between January and December 2021 without achieving permanency had documentation of a housing plan upon exiting care.	95% of youth exiting care between January and December 2022 without achieving permanency had documentation of a housing plan upon exiting care.
Employment/ Education (SEP IV.K.48)	90% of youth exiting care without achieving permanency shall be employed, enrolled in or have recently completed a training or an educational program or there is documented evidence of consistent efforts to help the youth secure employment or training.	85% of youth exiting care between January and December 2020 without achieving permanency were either employed or enrolled in education or vocational training programs, or there was documented evidence of consistent efforts to help the youth secure employment or training.	95% of youth exiting care between January and December 2021 without achieving permanency were either employed or enrolled in education or vocational training programs, or there was documented evidence of consistent efforts to help the youth secure employment or training.	94% of youth exiting care between January and December 2022 without achieving permanency were either employed or enrolled in education or vocational training programs, or there was documented evidence of consistent efforts to help the youth secure employment or training.

VIII. Conclusion

With the ending of the federal lawsuit, State leaders in the executive and legislative branches and New Jersey's community partners and child and family advocates will be key to long-term sustainability. The significant reforms and improvements that have been produced to support New Jersey's children and families required the commitment and work of so many over multiple years. Child welfare systems work is difficult and fragile. The Exit Plan and its provisions for statutory requirements and continued public accountability were designed specifically to ensure that the hard-won improvements do not break down with time and less focused prioritization and attention. In order to ensure the sustainability of the State and the lawsuit's many achievements, and to successfully review, assess, and report on DCF's progress going forward, SORS will need to be fully engaged in understanding the existing data sources, performance related to child welfare outcome measures, the new CoQI process and how SBC is integrated into it, and the overall quality of case practice statewide. To accomplish its mission, it will be critical that SORS continue to be sufficiently staffed, funded, and supported to pursue all of its activities and obligations as required by the Exit Plan and related legislation.

Appendix A: Glossary of Acronyms

CFNFRB:	Child Fatality and Near Fatality Review Board	OFPR:	Office of Family Preservation and Reunification
CFSR:	Child and Family Services Review	OOM:	Office of Monitoring
CHU:	Child Health Unit	QR:	Qualitative Review(s)
CIACC:	Children’s Interagency Coordinating Council	RFP:	Request for Proposals
CP&P:	Division of Child Protection and Permanency	SACWIS:	Statewide Automated Child Welfare Information System
CPM:	Case Practice Model	SBC:	Solution Based Casework
CoQI:	Collaborative Quality Improvement	SEP:	Sustainability and Exit Plan
CSOC:	Children’s System of Care	SCR:	State Central Registry
CSSP:	Center for the Study of Social Policy	SORS:	Staffing and Oversight Review Subcommittee
DAsG:	Deputy Attorneys General		
DCF:	Department of Children and Families		
FSC:	Family Success Centers		
FTM:	Family Team Meeting		
HCCM:	Health Care Case Manager		
HSAC:	Human Service Advisory Council		
IAIU:	Institutional Abuse Investigative Unit		
ILA:	Independent Living Assessment		
KPI:	Key Performance Indicators		
LGBTQ+:	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and more identities denoted by the +		
MSA:	Modified Settlement Agreement		
MRSS:	Mobile Response and Stabilization Services		
NJTFCAN:	New Jersey Task Force on Abuse and Neglect		
NJYRS:	New Jersey Youth Resource Spot		
OOH:	Office of Housing		
OOQ:	Office of Quality		

Appendix B: Foundational Elements

SEP Reference	Additional SEP Requirements:	Data Source
A. Data Transparency	DCF will continue to maintain a case management information and data collections system that allows for the assessment, tracking, posting or web-based publishing and utilization of key data indicators.	<p>Data provided directly to the Monitor and published by DCF in reports and on its website.</p> <p>NJ SPIRIT functionality is routinely assessed by the Monitor’s use of NJ SPIRIT data for validation and through use of SafeMeasures, as well as in conducting case inquiries and case record reviews.</p>
B. Case Practice Model	<p>Implement and sustain a Case Practice Model</p> <p>Quality investigation and assessment</p> <p>Safety and risk assessment and risk reassessment</p> <p>Engagement with youth and families</p> <p>Working with family teams</p> <p>Individualized planning and relevant services</p> <p>Safe and sustained transition from DCF</p> <p>Continuous review and adaptations</p>	<p>Site visits and attendance at QRs, ChildStat, and other meetings</p> <p>Quality of Investigations case record review</p> <p>Data provided directly to the Monitor</p> <p>Safe, Healthy, and Connected Annual Report⁵⁴</p> <p>Older Youth Exiting Care to Non-Permanency case record review</p>

⁵⁴ The most recent Safe, Healthy, and Connected Annual Report was published in 2019 covering CY 2018.

Appendix B: Foundational Elements

SEP Reference	Additional SEP Requirements:	Data Source
C. State Central Registry	Received by the field in a timely manner	Commissioner's Monthly Report
	Investigation commenced within required time	Site visits with State Central Registry (SCR) staff Screening and Investigations Monthly Report
D. Appropriate Placements	Appropriate placements of children	Site visits and attendance at QRs, ChildStat, and other meetings Data provided directly to the Monitor Safe, Healthy, and Connected Annual Report
	Placement proximity to home of origin	Safe, Healthy, and Connected Annual Report
	Children in home/out-of-home care	NJ Rutgers Data Portal
	Children placed in a family setting	Commissioner's Monthly Report Data provided directly to the Monitor
	Resource family homes licensed and closed (kinship/non-kinship)	
	No children under 13 years old in shelters	
	Children over 13 in shelters no more than 30 days	Commissioner's Monthly Report
	No behavioral health placements out of state without approval	
	Adequate number of resource placements	CP&P Needs Assessment Data provided directly to the Monitor Safe, Healthy, and Connected Annual Report

Appendix B: Foundational Elements

SEP Reference	Additional SEP Requirements:	Data Source
E. Service Array	Services for youth ages 18-21, LGBTQ+, mental health and domestic violence for birth parents with families involved with the child welfare system	New Jersey Youth Resource Spot (NJYRS) ⁵⁵ New Jersey DCF Adolescent Services Website ⁵⁶ Data provided directly to the Monitor Attendance at Adolescent Practice Forums CP&P Needs Assessment Safe, Healthy, and Connected Annual Report ⁵⁷ Older Youth Exiting Care to Non-Permanency case record review
	Preventive home visit programs	Commissioner’s Monthly Report
	Family Success Centers (FSCs)	Safe, Healthy, and Connected Annual Report ⁵⁸
F. Medical and Behavioral Health Services	Appropriate medical assessment and treatment	Data provided directly to the Monitor
	Pre-placement and entry medical assessments	Commissioner’s Monthly Report
	Dental examinations	Children’s Interagency Coordinating Councils (CIACC) Monthly Report

⁵⁵ The updated NJYRS webpage can be found at www.NJYRS.org.

⁵⁶ DCF’s Adolescent Services Website can be found at <http://www.nj.gov/dcf/adolescent/>.

⁵⁷ The most recent Safe, Healthy, and Connected Annual Report was published in 2019 covering CY 2018.

⁵⁸ Ibid.

Appendix B: Foundational Elements

SEP Reference	Additional SEP Requirements:	Data Source
	Immunizations	Safe, Healthy, and Connected Annual Report
	Follow-up care and treatment	
	Mental health assessment and treatment	
	Behavioral health	
G. Training	Pre-service training	Data provided directly to the Monitor
	Case Practice Model	
	Permanency planning	
	Concurrent planning	Safe, Healthy, and Connected Annual Report
	Adoption	
	Demonstration of competency	

Appendix B: Foundational Elements

SEP Reference	Additional SEP Requirements:	Data Source
H. Flexible Funding	DCF will continue to make flexible funds available for use by workers in crafting individualized service plans for children, youth, and families to meet their needs, to facilitate family preservation and reunification where appropriate, and to ensure that families are able to provide appropriate care for children and to avoid the disruption of otherwise stable and appropriate placements.	Data provided directly to the Monitor DCF Online Policy Manual Budget Report
I. Resource Family Care Support Rates	Family care support rates	DCF Online Policy Manual
	Independent Living Stipend	DCF Website ⁵⁹ New Jersey Youth Resource Spot
J. Permanency	Permanency practices	Data provided directly to the Monitor
	Adoption practices	Safe, Healthy, and Connected Annual Report ⁶⁰ Site visits and attendance at QRs, ChildStat, and other meetings
K. Adoption Practice	5- and 10-month placement reviews	Adoption Report ⁶¹

⁵⁹ The U.S. Department of Agriculture (USDA) has altered its schedule for producing its Annual Report on costs of raising a child. By agreement, DCF now updates the rates within 30 days of the USDA annual report's release to meet the SEP standards and provides written confirmation to the Monitor.

⁶⁰ The most recent Safe, Healthy, and Connected Annual Report was published in 2019 covering CY 2018.

⁶¹ The most recent Adoption Report was published in 2016. To see the report, go to: <https://www.nj.gov/dcf/childdata/exitplan/AdoptionReport2016.pdf>

Interview Guide - Youth 18-25

Good morning/afternoon/evening! My name is _____, and I will be interviewing you today. I'm an employee of the Center for Prevention Science at the Rutgers University School of Social Work. We are working with the Department of Children and Families to speak with youth/parents who have connected with the Division of Child Protection and Permanency (you may know as DCPD). What we speak about today/tonight will help DCPD improve its services in the future, so I'm happy that you could join me. The goal of this interview is to get feedback on what is working within the process of DCPD and areas of improvement. The interview consists of roughly 30 questions and I expect it to take about 1 hour. Before we begin, I will review the consent form and answer any questions you have. Then I will ask you if it's okay to begin recording and we will start the interview.

[5-10 minutes of casual discussion/conversation about goals of the interview and the role of Rutgers]. Items to stress:

- **Youth and family perspectives are crucial for system improvements**
- **Confidentiality**
- **DCPD cannot connect responses to individuals**

Did you get a chance to read the consent form?

If no: review the 8th-grade reading level outline of the consent form

If yes: Great, there are a few things I want to review from the consent form before we begin.

- **We are not collecting any identifying information.** When we save the interview, it won't have your name or any other information that can be traced back to you.
- **Only the audio is being recorded.** During this interview, I want to be able to practice deep listening. What you have to say is important and I don't want to miss anything, but I want to really focus on you and not have to take notes during this meeting. When the interview is over, we will transcribe the audio into text and the audio will be deleted. Only the text will be used for our research.
- **All efforts will be made to keep your responses confidential, but total confidentiality cannot be guaranteed.** We will keep everything you say here private and only approved people on our research team will have access to your responses. This interview is not linked to your case with DCPD in any way. The only limit to our confidentiality is if people mention harm to themselves or others.

- **Participation is voluntary.** You do not have to do this interview if you do not want to. You do not have to answer any questions you don't feel comfortable answering and you can end the interview at any time, no questions asked. However, once the interview is over and we part ways, your responses cannot be withdrawn because we will not know which ones are yours.
- Finally, you will receive a \$40 gift card for participating in this interview. At the end of the interview, I will ask you for the email address where you would like us to send the gift card. You should receive it within 1 week.

Do you have any questions before we begin?

If yes: answer questions

If no: Great, is it okay for me to begin the recording?

Begin recording

- Let's start off with an icebreaker. (Choose one, interviewer leads by answering first)
 - What do you like to do for fun?
 - Other options:
 - If you could live in any tv show, which one would it be?
 - If you could only eat one food again for the rest of your life, what would it be?
 - If you could have any superpower what would it be?
- Tell me about your family. (Whichever family they choose to share about, whoever they consider their family)

Main Questions

DCPP Initial Involvement & Assessment

I'm going to start off by asking some general questions about your experience with DCP&P and how you were connected with them. Feel free to share as much or as little as you're comfortable sharing, you can skip any questions that you don't feel comfortable answering or that you don't know the answer to.

- Can you walk me through what it looked like the first time you met with someone from DCP&P?
 - Follow Up: Who did they talk to the most?
- Why is DCPP involved in your family's life?
 - Prompt: How did DCPP explain to you why they're involved with your

- family?
 - Prompt: Did they talk about what you and your family might need?
- Can you describe what needs your family had when you were connected with DCP&P?
- In that beginning stage, how well (or not) do you think DCP&P understood the needs of your family?
- Once they came to your house and evaluated you and your family's needs, can you describe the planning process with DCP&P? How were the next steps decided?
 - Prompt: How were goals for you and your family set during the process?
 - Prompt: What role did you play in setting those goals/outcomes?
 - Prompt: Were the steps to achieve your goals clearly defined?
 - Prompt: Were your goals for your case achieved?

Services

Now we're going to talk about some of the services that were offered to you and your family while you were connected with DCP&P.

- What services and resources were offered to you? This could be classes, a counselor, a support group, or anything else that DCP&P offered to help you.
 - Prompt: How closely did the services/resources match your/your family's needs?
 - Follow Up: How closely did the services/resources match the need you described earlier ____?
 - Prompt: Were there any services or resources that didn't feel like a right match for you or your family? What about those services/resources didn't feel like the right match?
 - Prompt: Were there any services or resources that weren't offered to you that would have been helpful?
 - Follow Up: How did those services help you gain new skills or make changes?
- How did you participate in planning for services?
 - Follow Up: What was that like for you?
 - Follow Up: Were you able to pick the providers you wanted to use?
 - Prompt: What do you wish was different about your role in planning for services?
- Before you mentioned you were offered [insert services mentioned by interviewee]. Can you talk about the convenience of going to/receiving/using those services?
 - Prompt: Were they at a time that worked for you?
 - Prompt: Were they at a location that worked for you?
 - Prompt: Did you have transportation to services?
- What was it like to manage everything else going on in your life while receiving services/all of this was going on?
- Earlier you were describing [insert barrier of service], were there other things that made it hard to complete/start/begin/finish services?

- How did you overcome those barriers/difficulties?
- Were you able to tell DCPD about these barriers/difficulties?
 - Follow Up: If so, how did they respond?
 - Follow Up: If no, what could DCPD have done to help?

[For youth in out of home care >3 months]

- We've talked about how you and your family set goals with DCPD. We know that DCPD is supposed to check in on your family on a regular basis and check on your progress with DCPD goals. Can you describe what those check ins are like?
 - Prompt: Can you describe the things that DCPD was most interested in during these check-ins?
 - Prompt: What, if anything, does DCPD miss during these check-ins?

Teaming & Relationships

Now we want to talk about who was supporting you during your experience with DCPD.

- Who would you identify as your support system?
 - Follow Up: How are/were they involved in your planning and services?
 - Follow Up: How do/did they make a difference?
 - Follow Up: [if someone says no support system] What made it difficult to find or have a support system?
- And outside of your friends & family, can you describe some of the different people who you've worked with and what their roles are/what they do? Example: counselors, parenting skills teacher, attorney, mentor, etc.
- Can you describe how your social support system changed while connected with DCPD?

[For youth in out-of-home care: resource/kin home] Now we want to talk about where you stayed when you were placed outside of your home.

- Who were the caregivers in that home?
 - Prompt: How do you refer to the different people in that home? We want to make sure we are using the correct names.
- Can you describe your relationship with [caregivers mentioned above]? *This question may be asked multiple times to address each caregiver mentioned.*
 - Prompt: If I asked [caregiver] to describe you, what do you think they would say about you?
 - Prompt: Do you feel like [caregiver] understood your needs?
 - Prompt: Did your [caregiver] listen and respond to you in a way that showed they understood your needs and concerns?
 - Prompt: Did your [caregiver] seem prepared and knowledgeable about how to handle your needs?
- Thinking about your time in that home, what, if anything, would you have changed?
 - Prompt: If you could give advice to another youth going into that home, what would you say?
 - Prompt: If you could give advice to [caregivers], what would you say?

- Were there any other places that you stayed before or after staying at [caregiver]'s home?
 - Who were the caregivers in that home?
 - Prompt: How do you refer to the different people in that home? We want to make sure we are using the correct names.
 - When did you stay there? [Before or after above mentioned stay?]
 - From your perspective, what was the reason for the move, from [first placement] to [second placement]?
 - Can you tell me what the transition was like, going from one place to the next?
 - How, if at all, were the people on your team helpful in supporting you in that transition?
 - Can you describe your relationship with [caregivers mentioned above]? This question may be asked multiple times to address each caregiver mentioned.
 - Prompt: If I asked [caregiver] to describe you, what do you think they would say about you?
 - Prompt: Do you feel like [caregiver] understood your needs?
 - Prompt: Did your [caregiver] listen and respond to you in a way that showed they understood your needs and concerns?
 - Prompt: Did your [caregiver] seem prepared and knowledgeable about how to handle your needs?
 - Thinking about your time in that home, what, if anything, would you have changed?
 - Prompt: If you could give advice to another youth going into that home, what would you say?
 - Prompt: If you could give advice to [caregivers], what would you say?

[For youth in residential care] I see in my notes that you stayed somewhere outside of your home while all of this was going on.

- Where did you stay?
- Can you describe your experience staying at [residential treatment center]?
- Thinking about your time in [residential treatment center], what, if anything, would you have changed?
 - Prompt: If you could give advice to another youth going into [residential treatment center], what would you say?
 - Prompt: If you could give advice to [residential treatment center], what would you say?
- Were there any other places that you stayed before or after staying at [residential treatment center]?
- Where did you stay?
 - From your perspective, what was the reason for the move, from [first placement] to [second placement]?
- Can you tell me what the transition was like, going from one place to the next?
- How, if at all, were the people on your team helpful in supporting you in that

transition?

One of DCP&P's goals is to make sure that all the families they're connected with have a team of friends, family, and professionals to support them and help with planning services.

- Can you describe the process for deciding who would be a part of your team?
 - Prompt: Did you have a say in who was a part of your team?
 - Prompt: Is there anyone in your life that you would like to be involved/help in this process that hasn't been invited to do so?
- Can you walk me through some of the meetings you were a part of? This might have been informal meetings with people involved with this process, or this may have been a more formal meeting, like a Family Team Meeting.
 - Prompt: Was the Family Team Meeting process explained to you?
 - Prompt: What were those meetings like for you?
 - Prompt: Who or what, if at all, were missing from those meetings?
 - Prompt: If you could wave a magic wand, what, if at all, would you have changed about those meetings (this could be who was there, how they were run, your role in the meeting, etc).

We're interested in how everyone on your team worked together during this experience.

- How do you feel different providers communicated with each other? (Use specific providers mentioned above)
 - Prompt: How do you feel DCP&P communicated with your service providers?
 - As a reminder, service providers could include people you worked with from DCP&P, but also can include the other people you worked with, like counselors, parenting skills teacher, attorney, mentor, etc.
 - Prompt: How do you feel your service providers communicated with DCP&P?
 - Follow Up: (If they mention poor communication) Could you give some examples of when different providers weren't on the same page?
 - Prompt: [Whether participant mentions good or poor communication] How did that affect you/your care?
- You mentioned that you worked with a lot of different people. What was it like for you to work with and coordinate all of the different people?

Now we want to talk more specifically about your DCP&P caseworker(s). [Clarify with specific caseworker's name for the participant to know who we are referring to]

- If I asked your caseworker to describe you, what do you think they would say about you?
- How would you describe your caseworker?
 - Prompt: Do you feel like your caseworker understood you/your family's needs?
 - Prompt: Did your caseworker listen and respond to you in a way that showed they understood your needs and concerns?

- Prompt: Did your caseworker seem prepared and knowledgeable about how to handle you/your family's needs?
- “Some people have told us that they felt like they couldn’t share that they felt depressed or ask for mental health services because they felt like they would be judged.” Do you feel like you can be open with your caseworker?
- What advice would you give your caseworkers?
- What do you wish they knew or did differently?

Communication

We’re going to move on to talk about communication. This can include how you received information and updates from the people you worked with.

- How did DCP&P keep you informed and up to date about progress and changes during your time using their services?
 - Prompt: How did DCP&P’s communication with you affect your experience?
 - Prompt: How could they have communicated better?
- When all of this started, what was your understanding of what was going to happen?
 - Prompt: Did you have an understanding of what you needed to accomplish for your DCP involvement to end?
- What was your understanding of your rights while connected with DCP?
 - Prompt: What ways, if at all, did you feel unsure about your rights, the people involved in your services, the overall process?
 - *Follow Up: [If they were confused about their rights]:*
 - How, if at all, was your confusion resolved?
 - In what ways, if at all, was your experience with DCP impacted by what you knew or didn't know?
- [If youth was in out-of-home care] [If siblings unknown to YaFIT, ask, Do you have any siblings?] How has DCP supported any efforts to see or make contact with your siblings?
 - Follow Up: How has your DCP team included your siblings in meetings, you and your family’s goals, or making decisions about what your family wants or needs?
- Who/what was most helpful in providing important information to you and making sure you understand that information?
- [If youth was in out-of-home care] How has your caseworker helped you get important resources? For example, this could be things like: important documents you may not have like Social Security cards and birth certificates, or it could be assistance with things like housing or education.
 - Follow up: Can you describe your relationship with your resource family?
- What times, if any, did something feel inconsistent between what you understood DCP’s rules to be and what actually happened? For example this might be something like, making sure family team meetings or visits happen as often as they’re supposed to.

Cultural Responsiveness, Person-Centered Approach, and Trauma Informed Care

Now we're going to talk about how you were treated and how your needs were met.

- How were the services you received and DCP&P as a whole responsive to your unique background and any language, hearing, or visual needs you might have? This could include your upbringing or any life stressors you've been through.
- What ways, if any, can you think of when providers took into consideration you/your family's culture, beliefs, or identity? This could include their approach and the way they interacted with you, or it could also be other things, like the services they matched you with.
 - If example is needed: Can you describe a specific example of when that happened?
- On the other hand, in what ways, if any, did providers not pay attention to you and your family's culture, beliefs, or identity?
 - If example is needed: Can you describe a specific example of when that happened?
- A goal of DCP&P is to include the voice of the families that they work with throughout the service planning process. Can you give some examples of times when you felt your voice was heard? Were there specific instances when you were not heard?
 - Follow Up: How did you being/not being heard impact your experiences and outcomes?
 - Follow Up: In your opinion, what would being heard look like in practice?

Outcomes & Overall Satisfaction

We're finishing up now and I just have a few more questions to ask you about your experience with DCP&P.

- What are the next steps for you and your family?
 - Prompt: When do you think your case might close?
 - Prompt: How did DCP&P prepare you for [next steps mentioned]?
- [If youth was in out of home care] If you were talking with people your age in care or coming into care, what would you say to them about your experience? What advice would you give them?
 - *If someone needs clarification:* what are some things you would tell other youth about working with providers, or being a part of meetings, or finding a support system?
- [If youth received in home services] If you were talking with people your age about working with DCP&P, what would you say to them about your experience? What advice would you give them?
 - *If someone needs clarification:* what are some things you would tell other youth about working with providers, or being a part of meetings, or finding a support system?

- Can you describe how your home and family life has changed since being connected with DCP&P?
 - Prompts: housing, employment, relationships with other family members, parenting/youth concerns
- If you were to rate your overall experience with DCPP on a scale of 1-10, with 1 being the worst and 10 being the best, what rating would you give?

[During this time support interviewer checks for unasked questions or content areas to address, if time]

Wrap Up

Those are all of the questions I have for you today. Before we wrap up, is there anything else that you want to tell me that we didn't get to talk about today?

[End Recording]