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CHARLIE AND NADINE H. V. MURPHY

PROGRESS OF THE NEW JERSEY  
DEPARTMENT OF CHILDREN AND FAMILIES

January 1 – June 30, 2022



**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**  
**For the Monitoring Period January 1 – June 30, 2022**

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## I. 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 has been 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 supersedes the MSA. This monitoring report includes performance data and measures progress under the SEP for the period January 1 through June 30, 2022 and has been prepared by court-appointed independent Monitor, Judith Meltzer, with assistance from Monitor staff Martha L. Raimon, Elissa Gelber, Lisa Mishraky-Javier, and Ali Jawetz.<sup>1</sup> It is presented to U. S. District Judge Chesler, parties to the lawsuit, and the public.

This report is expected to be the last comprehensive monitoring report on SEP requirements produced by CSSP for the *Charlie and Nadine H.* lawsuit. On June 20, 2022, the parties to the lawsuit, Governor Phil Murphy and Plaintiff’s lawyers, A Better Childhood, presented the Court with an Exit Plan and Agreement (“Exit Plan”) identifying actions to be taken to allow full exit from the lawsuit by December 2022, with a subsequent six-month transition period during which the Court maintains jurisdiction over any disputes, ending no later than June 30, 2023. As seen in Appendix C, the Exit Plan requires the State to devise a revised and comprehensive qualitative review system, to continue producing data regarding the SEP measures, to take steps to secure legislative support to codify certain elements of the SEP, and to establish the Staffing and Oversight Review (SORS) Committee as the entity responsible for reviewing DCF performance going forward.<sup>2</sup>

The SEP’s requirements pertain to the approximately 3,200 children and youth in foster care and 32,000 children whose families are served through New Jersey’s in-home child protective services (as of the end of 2021). The census of children and families involved with child welfare services has decreased significantly since the end

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<sup>1</sup> Copies of 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/>

<sup>2</sup> As of October 20, 2022, this legislation – a key part of the Exit Agreement – was passed by the Assembly Human Services Committee, is pending in the Judiciary Committee, and has not yet been considered by the Senate.

of 2019, when there were 4,400 children in foster care and 44,000 families served in-home, as the Department has focused efforts to reduce the use of family separation as a tool of the child protection system.<sup>3</sup>

The Monitor's public reports cover six-month periods.<sup>4</sup> The primary sources of information on New Jersey's progress are quantitative and qualitative data supplied by the Department of Children and Families (DCF) and independently validated by the Monitor. DCF provides access to staff and documents to enable the Monitor to verify performance.

In assessing progress, the Monitor first looks to the State's data and validates its accuracy. The Monitor also retains the authority to engage in independent data collection and analysis where needed. In the past several years, DCF has expanded the data available on its public website,<sup>5</sup> as well as on its publicly accessible New Jersey Child Welfare Data Hub,<sup>6</sup> which was developed in collaboration with Rutgers University.<sup>7</sup> In early 2021, the Division of Children's System of Care (CSOC) and the Office of Research, Evaluation and Reporting (RER) collaborated with Rutgers to launch the CSOC data dashboard for the Data Hub.<sup>8</sup> Please see Appendix B for a list of other reports DCF publishes on its website.

## Structure of the Report

Section II provides an overview of the state's accomplishments and challenges during this monitoring period, a time that remains challenging due to the ongoing effects of the COVID-19 pandemic. Section III provides summary performance data on each of the outcomes and performance measures required by the SEP in a table. Section IV provides information related to the SEP Foundational Elements.<sup>9</sup> Section

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<sup>3</sup> To see DCF's Race Equity webpage, go to: <https://www.nj.gov/dcf/equity.html>

<sup>4</sup> The exceptions to this time frame were Monitoring Period XIII, which covered July 1, 2012 through March 31, 2013; Monitoring Period XIV, which covered April 1 through December 31, 2013; and Monitoring Period XVII, which covered January 1 through December 31, 2015.

<sup>5</sup> To see DCF's public website, go to: <http://www.state.nj.us/dcf/about/>

<sup>6</sup> The Data Hub, launched in November 2016, allows users to create customized charts and graphs using New Jersey's child welfare data, and incorporates information from the formerly produced quarterly DCF Demographics Report.

<sup>7</sup> To see the New Jersey Child Welfare Data Hub, go to: <https://njchilddata.rutgers.edu/#home>

<sup>8</sup> To see the data map reports, go to: <https://njchilddata.rutgers.edu/map#>

<sup>9</sup> The Foundational Elements requirements of the SEP intentionally recognize the state's accomplishments in early implementation of the MSA. At the Monitor's discretion, based on a concern that a Foundational Element has not been sustained, the Monitor may request additional data. If the data demonstrate a persistent problem, in the Monitor's discretion, the state will propose and implement corrective action (SEP.II).

V provides more detailed data and discussion of performance on SEP *Outcomes To Be Maintained* and *Outcomes To Be Achieved* in the following areas:

- Investigations of alleged child maltreatment (Section V.A);
- Implementation of DCF's Case Practice Model; including Family Team Meetings, case planning, and visits (Sections V.B, V.C & V.D);
- Placement of children in out-of-home settings (Section V.E);
- Rates of maltreatment and re-entry to placement (Section V.F);
- Efforts to achieve permanency for children either through reunification with family, legal guardianship, or adoption (Section V.G);
- Provision of health care services to children and youth (Section V.H);
- Services to older youth (Section V.I);
- Caseloads (Section V.J);
- Deputy Attorneys General Staffing (Section V.K);
- Accountability through the Qualitative Review and the production and use of accurate data (Section V.L);
- Needs Assessment (Section V.M); and
- Fiscal Year 2022 budget (Section V.N).

## II. SUMMARY OF PERFORMANCE DURING JANUARY - JUNE 2022

As announced at the *Charlie and Nadine H.* status hearing held on July 13, 2022, the Parties and Governor Phil Murphy signed an Exit Plan and Agreement (“Exit Plan,” see Appendix C), which describes in detail the conditions for exiting the lawsuit. If the Exit Plan is properly executed this will be the final CSSP comprehensive report on SEP requirements. The Exit Plan also provides that, if there is no material non-compliance, by October 30th (or 30 days following the issuance of this report) the Parties will petition the Court for an order preliminarily approving the settlement and requesting a Fairness hearing by the end of the year to terminate court supervision. This is a tremendous accomplishment, and the culmination of nearly two decades of work to bring about change for New Jersey’s children, youth, and families. NJ’s current child welfare system is vastly different than the one that existed at the outset of the litigation due to the consistent and intentional efforts of multiple Governors, the state legislature, DCF leaders and staff, and its many state and community partners.

Implementation of a robust model of case practice and the dramatic reduction in worker caseloads laid the foundation for sustainable change. For example, in the early 2000s, some caseworkers had 100 cases on their caseloads,<sup>10</sup> whereas today, 100 percent of adoption and permanency workers meet caseload standards of no more than 15 families, and an average of 96% of intake workers with no more than 12 open cases per month. At the outset of the lawsuit, training for staff was insufficient to the complex needs of families.<sup>11</sup> Today, New Jersey boasts a comprehensive and responsive program for initial and ongoing training of all staff, an Office of Staff Health and Wellness to support staff well-being, and a highly professionalized workforce. Through the development of Child Health Units and a commitment to appropriately fund a Children’s System of Care (CSOC), DCF has moved from a Department in which children and youth’s physical and mental health needs were often unaddressed, to one that is a model of successful integration of systems for supporting children and youth’s health care needs.

DCF’s fidelity to its Case Practice Model has significantly changed the experiences and outcomes of the children, youth, and families it serves. In addition to dramatically

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<sup>10</sup> Kaufman, L and Kocieniewski, D. “Caseworkers Say Overload Makes it Risky for Children. *New York Times*. January 10, 2003. <https://www.nytimes.com/2003/01/10/nyregion/caseworkers-say-overload-makes-it-risky-for-children.html>

<sup>11</sup> The 1999 amended complaint for declaratory and injunctive relief indicated that “inadequately trained and supervised staff...has made worker professionalism almost impossible” (p. 40). To read the rest of the 1999 amended complaint, go to: [https://www.childrensrights.org/wp-content/uploads/2008/06/1999-08-04\\_nj\\_charlieh\\_amended\\_complaint.pdf](https://www.childrensrights.org/wp-content/uploads/2008/06/1999-08-04_nj_charlieh_amended_complaint.pdf)

increasing placement with kin and implementing robust quality improvement processes, DCF has built and sustained 57 Family Success Centers, which are “one-stop shops” that provide wrap-around resources and supports for struggling families.<sup>12</sup> DCF has focused broadly on the prevention of maltreatment and entry into foster care, taking over the Division of Prevention and Community Partnerships (later, the Division of Family and Community Partnerships) from DHS in 2007. Largely as a result of these efforts, New Jersey uses family separation as a safety intervention significantly less often than the national average – in 2020, the national rate of entering foster care was 2.96 per 1,000, whereas New Jersey’s foster care entry rate was .95 per 1,000. DCF also reports that once children in New Jersey enter foster care, they also experience fewer placement moves than children in the U.S. on average; in 2020, 90.6 percent of children in foster care in New Jersey experienced two or fewer placements during their time in foster care, compared to the national average of 83.7 percent.

This report covers performance between January and June 2022. During this period, New Jersey’s DCF has continued to meet its obligations to children, youth, and families, including those commitments under the *Charlie and Nadine H.* lawsuit, despite the ongoing challenges imposed by the pandemic.

Between December 2021 and January 2022, after a short period of in-person work, DCF staff returned to working remotely due to the re-emerged hazards of the COVID-19 pandemic. On January 31, 2022, staff returned to full time in-person work, with all unvaccinated staff subject to mandatory testing.<sup>13</sup> In June 2022, all New Jersey state government agencies, including DCF, adopted a hybrid work policy, permitting eligible employees to work remotely two days a week. DCF also offered an optional Alternative Workweek program, allowing eligible employees to compress their work schedule into longer hours, with one or two days off per pay period, depending on their role.

Despite the adaptations to remote work schedules and activities brought about by the COVID-19 pandemic, between January and June 2022, DCF sustained progress achieved in most areas and again ended the monitoring period having met 44 of the 48 performance measures.<sup>14</sup> Performance improved in all areas in which there had

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<sup>12</sup> To see more about New Jersey’s FSCs, go to: <https://www.nj.gov/dcf/families/support/success/>

<sup>13</sup> To see DCF’s Return to Work policy, go to: <https://www.nj.gov/dcf/news/DCF-RTO.pdf>

<sup>14</sup> These measures include: Institutional Abuse Investigations Unit (IAIU) (III.A.1); Supervisor/Worker Ratio (III.B.2); IAIU Investigators Caseload (III.B.3); Permanency Workers (Local Offices) Caseload (III.B.4); Permanency Workers



been a decline in the prior period (July to December 2021), though the outcome measures that are assessed annually are not newly addressed in this report.<sup>15</sup> DCF also maintained performance with respect to each of the SEP Foundational Elements in such important areas as manageable caseloads for workers, staff training, and providing specialized services for particular populations, such as LGBTQ+ youth and domestic violence survivors.

With the exception of the first year of the COVID-19 pandemic (March–December 2020), DCF has maintained largely similar performance as prior to the onset of the pandemic. Even during the pandemic, DCF continued to perform highly on maintaining worker caseloads within established limits, facilitating visits between children in foster care and their parents on a biweekly basis, and frontline staff visiting children monthly in their foster care placements. Indeed, in some important areas, New Jersey has become a national leader, such as in its work to identify and support kinship caregivers, keep children close to their homes and communities, and integrating the provision of behavioral health and child protection services, as will be discussed herein.

Three of the remaining four *SEP Outcomes To Be Achieved* that were previously measured by New Jersey’s Qualitative Review (QR) process are again not measured: Quality of Case Plans (SEP IV.D.23); Quality of Teaming (SEP IV.B.20); and Services to Support Transitions (SEP IV.J.44). The data required for determining performance for these three SEP outcomes have in the past been collected and reported annually through the QR case review process, which was also used as a practice improvement

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Caseload (III.B.5); Timeliness of Current Plans (III.C.6); Adequacy of Deputy Attorneys General (DAsG) Staffing (III.D.7); Child Health Units (CHUs) (III.E.8); Caseworker Contacts with Children – New Placement/Placement Changes (III.F.9); Caseworker Contact with Children in Placement (III.F.10); Educational Needs (III.G.11); Abuse and Neglect of Children in Foster Care (III.H.12); Timeliness of Investigation Completion (60 days) (SEP IV.A.13); Timeliness of Investigation Completion (90 days) (SEP IV.A.14); Quality of Investigations (SEP IV.A.15); Initial Family Team Meeting (FTM) (SEP IV.B.16); Subsequent FTMs within 12 months (SEP IV.B.17); Subsequent FTMs after 12 months – Reunification Goal (SEP IV.B.18); Subsequent FTMs after 12 months – Other than Reunification Goal (SEP IV.B.19); Needs Assessment (SEP IV.C.21); Initial Case Plans (SEP IV.D.22); Intake Workers (Local Offices) (SEP IV.E.24); Intake Workers (SEP IV.E.25); Adoption Local Office Caseload (SEP IV.E.26); Adoption Workers (SEP IV.E.27); Parent-Child Visits – weekly (SEP IV.F.29); Parent-Child Visits – bi-weekly (SEP IV.F.30); Sibling Visits (SEP IV.F.31); Placing Siblings Together (SEP IV.G.32); Placing Siblings Together for Four or More Children (SEP IV.G.33); Recruitment of Placements for Sibling Groups of Four or More (SEP IV.G.34); Placement Stability for first 12 months in care (SEP IV.G.35); Placement Stability 13-24 Months in Care (SEP IV.G.36); Repeat Maltreatment (In-home) (SEP IV.H.37); Maltreatment Post-Reunification (SEP IV.H.38); Re-entry to Placement (SEP IV.H.39); Permanency within 12 Months (SEP IV.I.40); Permanency Within 24 Months (SEP IV.I.41); Permanency within 36 months (SEP IV.I.42); Permanency within 48 months (SEP IV.I.43); Independent Living Assessments (SEP IV.K.45); Quality of Case Planning and Services (SEP IV.K.46); Housing for Older Youth Exiting to Non-Permanency (SEP IV.K.47); and Employment/Education for Older Youth Exiting to Non-Permanency (SEP IV.K.48).

<sup>15</sup> Though not newly assessed in this monitoring report, the most recent measurement shows that Re-entry to Placement (SEP IV.H.39) did not meet performance standards in CY 2021.

process. DCF has now replaced the former QR process with a revised qualitative review system that integrates the Solution Based Casework (SBC) approach to case practice and the federal Child and Family Services Review (CFSR) results with New Jersey's Case Practice Model,<sup>16</sup> and provides for ongoing Local Office reviews and program improvement cycles. The revised qualitative review process, named Collaborative Quality Improvement (CoQI), was designed and developed during this monitoring period. Part of the new CoQI process involves "rapid review" cycles, that were launched in all 46 Local Offices in May 2022, and annual improvement processes, that launched in 3 Local Offices in July 2022 and will launch in 11 Local Offices in October 2022. CoQI is intended to ensure sufficient measurement of quality case practice elements, enable more frequent review of Local Office performance, and allow greater family input into the assessment of the quality of case practice. The broad outlines of DCF's commitments for the new qualitative review system were agreed to as part of the Exit Plan, and CSSP will be assessing the implementation of this new qualitative review system during a period of transition, as defined by the Exit Plan. More details on DCF's new CoQI process are described in Section V.L, *Accountability Through Qualitative Review and the Production and Use of Accurate Data*.<sup>17</sup>

Performance with respect to the fourth outstanding *Outcome To Be Achieved* – that caseworkers visit parents twice monthly when a child is in the state's custody with a permanency goal of reunification (SEP IV.F.28) – has not yet met the SEP's standard; it remains steady at pre-pandemic levels that are below the established target. Between 74 and 86 percent of parents receive twice-per-month visits with frontline staff when the case goal is reunification, though the standard is 90 percent.

The Exit Plan outlines the conditions for exiting the lawsuit. CSSP's monitoring is expected to formally conclude with this final report to the Court, covering performance through June 30, 2022. However, the Exit Plan structures a six-month Transition Period and delineates the specific actions the State has committed to take during this period, including implementing most aspects of the new qualitative review system. During the Transition Period, CSSP will retain the ability to review the State's

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<sup>16</sup> In March 2022 DCF completed its CFSR Program Improvement Plan (PIP) having met all PIP and measurement goals.

<sup>17</sup> Section V.B.2.iv. of the Exit Plan states: "The Parties acknowledge that, during the Remaining Monitoring Period, the State will establish a revised and comprehensive qualitative review system. This new system will include collection and review of both qualitative and quantitative data, including review of case records and interviews with families and older youth who have received services from DCF. The sampling strategy will ensure sufficient measurement of the experiences of older youth and the review protocol will encompass permanency case practice elements including but not limited to engagement, assessment, case planning, teaming, performance supporting quality education of youth in foster care, and investigative practice" (See Appendix C, pp 11).

data and progress and the Court will retain jurisdiction over any disputes arising during the Transition Period.

To ensure sustained oversight capacity in the State once judicial oversight ceases, the Exit Plan also establishes the Staffing and Oversight Review (SORS) Committee of the New Jersey Task Force on Child Abuse and Neglect as the entity responsible for ongoing review of DCF's performance. This commitment was to be embodied in legislation to insure its applicability and sustainability. This legislation, introduced in March 2022 (A3707), is intended to ensure SORS is an effective body with diverse membership and sufficient independent resources and staffing to carry out its work. The metrics for ongoing review and the timetable for production and issuance of reports by SORS will be determined by DCF and SORS leadership, with input from CSSP during the Transition Period. The legislation also would add many key foundational elements of the lawsuit to State law requirements, including adherence to caseload standards. As of October 20, 2022, now almost eight months from the introduction of the legislation, the bill (S-2395/A-3707) has not been enacted. This raises serious concerns. Although passed in the Assembly by the Human Services Committee, as of October 20, 2022 the bill is pending with the Assembly Judiciary Committee and has not yet been considered in the Senate. Given the delay on this consequential provision of the Exit Plan, the Monitor anticipates that Plaintiffs will give formal notice of breach and will want to reopen negotiations about conditions for sustainability and exit

DCF continues to respond to the changing needs of children, youth and families, many of which intensified as a result of the COVID-19 pandemic. Below are updates on specific areas of practice, policy, and current DCF initiatives.

### ***Using a Solution-Based Casework Model to Improve Child Protection Practice***

During the monitoring period, DCF built on the months of training conducted between November 2021 and January 2022 to implement SBC, an evidence-based child welfare practice model that has been shown to impact the quality of case practice outcomes as measured by the federal CFSR. DCF considers SBC an operational enhancement to its Case Practice Model that is intended to require and support staff to build stronger partnerships with families, conduct more thorough behavior-based assessments and develop action plans that support objectives developed by the family.

Moving from a “training phase” to a “certification phase,” in January 2022, CP&P staff began using the SBC approach with families newly involved with DCF, and started the process of integrating SBC into work with families with existing open cases. Twelve hundred staff attended a webinar focused on applying SBC principles and methods with families, and DCF developed additional videos centered on aligning SBC with current practice, including teaming within the SBC approach, documentation skills, and working with adolescents. The SBC work also involves a virtual component via a website that tracks staffs’ skill acquisition and their progress towards SBC certification. SBC Champions – comprised of one staff member from every Local Office, two staff members from the Division for Child Protection & Permanency (CP&P) Central Office, and six trainers from the Office of Training and Professional Development – continue to be coached by the model developer in how to best support Local Office staff. During the monitoring period, coaching was also provided to Local and Area office leadership, Case Practice Specialists, and Case Practice Liaisons. Efforts continue to engage the provider community and stakeholders in the SBC approach, including the release of a video and additional educational material.

### ***Focus on Race Equity***

DCF included race equity as part of its 2019–2021 Strategic Plan, and remains committed to examining disproportionality in New Jersey’s child welfare system and the role structural and institutional racism has led to disparate outcomes for Black, Latinx,<sup>18</sup> American Indian,<sup>19</sup> and other families. During the monitoring period, DCF’s Race Equity Steering Committee continued to examine existing policies and collect relevant data.<sup>20</sup> In January 2022, DCF began working with a consultant to guide strategic planning and the implementation of anti-racist practices throughout the Department. As an indication of the learning process undertaken by the Department that the concept of “belonging” is essential to anti-racist work, in March 2022, DCF changed the name of the Office of Diversity, Equity and Inclusion to the Office of Diversity, Equity and Belonging.

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<sup>18</sup> Latinx is an ethnic identity that comprises several races with Indigenous, African, or Spanish ancestry from Cuba, Mexico, Puerto Rico, Dominican Republic, South America, or Central America. While the terms Latino and Latina refer to male and female individuals, Latinx honors those with nonbinary gender identities. The term is up for debate because it is difficult to pronounce in Spanish and is not used self-referentially by most people who reside in those geographic regions.

<sup>19</sup> American Indian is one of the most common terms used by Indigenous persons and institutions in the U.S., though no universal term is accepted. We refer to the Note on Terminology in Wilkins, David and Heidi Kiiwetinsepinesiiik Stark. *American Indian Politics and the American Political System*. Fourth Edition. Lanham, Maryland: Rowman and Littlefield, 2018.

<sup>20</sup> For more information about the work of DCF’s in this area, go to: <https://www.nj.gov/dcf/equity.html>

DCF continued to partner with the Administrative Office of the Courts (AOC), the statewide Children in Court Advisory Committees, and the Children in Court Race Equity Leadership Team to reduce racially disparate outcomes in child welfare in New Jersey. The AOC, including their data division, provided technical assistance to counties to identify strengths and challenges to help reach their race equity SMART (Specific, Measurable, Attainable/Achievable, Relevant, and Timely) goals.

### ***Designing a Primary Prevention Model***

In June 2021, Governor Murphy signed legislation to create a universal voluntary nurse home visiting program for newborns—the second state in the country to do so. The program seeks to improve the physical and emotional well-being of infants, children, and their families. Between January and June 2022, DCF began building on its existing evidence-based home visiting programs – in place since 2007 – by working with stakeholders to build the necessary infrastructure and processes to scale the program statewide. At the same time, DCF and its partners continued the pilot it is developing with Family Connects in Mercer County to address the postpartum needs of families in that area, regardless of household income or health insurance status.<sup>21</sup> The Family Connects program is an evidence-based model whose goal is to connect families with newborns to community care systems to improve maternal and child health outcomes. By the end of January 2022, the pilot had completed its 100<sup>th</sup> home visit. DCF reports that 91 percent of mothers in the pilot were screened for postpartum depression and intimate partner violence, and 100 percent of participants reported satisfaction with the program.

Recognizing that housing is an unmet need faced by many families that come to the attention of DCF, in July 2021, DCF's Office of Housing (OOH) was created as a hub for housing and related services for families involved with DCF. OOH manages a network of over 30 providers and leads the implementation of housing programs and related services. Between January and June 2022, DCF (1) launched Fostering Youth to Independence, a supportive housing pilot program in three counties intended to increase access to housing for 75 youth, whether or not they are involved with DCF; and (2) finalized the program manual for New Jersey's Keeping Families Together

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<sup>21</sup> For more information about the Mercer County Family Connects pilot, see <https://trentonhealthteam.org/projects/family-connects/>

(KFT) program, a model of supportive housing initiated in the State in 2007.<sup>22</sup> KFT is designed specifically for child welfare involved families with co-occurring challenges to keep families together and stably housed. KFT also developed a training curriculum facilitated by DCF in collaboration with its training partners, including the Corporation for Supportive Housing and Rutgers University. The curriculum is intended for KFT practitioners, supervisors, and other staff implementing KFT to strengthen staff core competencies and provide them with tools and skills to support their work in delivering KFT to unhoused families and families experiencing housing instability.

DCF continued to build its Peer Recovery Support Services (PRSS) during the monitoring period. PRSS provides peer support to parents and caregivers involved with CP&P seeking to advance their substance use disorder recovery process. PRSS Specialists – one assigned to each Local Office – work with 18 to 25 parents/caregivers for up to twelve months and are tasked with assisting them with accessing resources and providing them with support to engage in treatment or reenter the community after attending residential programming. DCF’s Office of Applied Research and Evaluation released findings of its PRSS evaluation during the monitoring period: 1,376 parents/caregivers were referred to PRSS from July 2018 to December 2020; of those, 50 percent enrolled in the program, most of whom (79%) had a child welfare goal of “family stabilization,” indicating the intent to maintain the children safely in their homes. Most of the participants (61%) engaged in substance use disorder treatment. Thirty-three percent of discharged participants successfully completed treatment while enrolled in PRSS.

### ***Prioritizing Safety for Families and Staff***

Between January and June 2022, DCF continued to employ the Collaborative Safety approach to reduce the frequency of critical and life-threatening incidents and to address systemic issues that have the potential to expose staff and clients to harm. The Critical Incident Review Unit in the Office of Quality (OOQ) uses the Collaborative Safety approach in reviewing critical incidents in child welfare cases, and made plans to incorporate the approach into its CSOC processes.

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<sup>22</sup> To see the New Jersey Keeping Families Together program manual, go to:  
<https://www.nj.gov/dcf/documents/KFT-Program-Manual.pdf>



Additionally, through its Office of Staff Health and Wellness (OSHW),<sup>23</sup> DCF continued its efforts to improve staff well-being, a key component of DCF's Strategic Plan.<sup>24</sup> During the monitoring period, DCF increased staffing at OSHW and hosted monthly activities focused on workforce well-being, which were particularly important as staff emerged from the COVID-19 pandemic.

### ***Integrating Family Voice into Policy and Practice***

Between January and June 2022, DCF's Youth Council – part of the Office Family Voice (OFV) – continued its work to ensure that the voices of youth and young adults with lived experience are part of DCF's efforts to improve existing programs and identify needed supports and services.<sup>25</sup> In January 2022, DCF welcomed the second cohort of Youth Council members, consisting of 20 young people with experience with CSOC, CP&P and/or the Office of Education. DCF's Youth Council made progress this period on the following:

- Together with DCF's Office of Communication and Office of Policy and Regulatory Development, the Youth Council worked to finalize and promote a *Sibling Bill of Rights*<sup>26</sup> (NJ A1357/S1034), which established the right of sibling groups in CP&P's custody to remain together whenever possible.<sup>27</sup> In May 2022, the bill passed unanimously in the New Jersey Senate, and in June 2022, it passed in the Health Committee of the New Jersey General Assembly.
- In April 2022, the New Jersey Youth Resource Spot went live.<sup>28</sup> The Youth Resource Spot is a website designed and developed by the Youth Council, the Office of Information Technology, the Office of Communications, and the Office of Adolescent Services (OAS) to provide up-to-date information on services and supports for youth who have been involved with DCF.
- The Youth Council plays a prominent role in developing DCF's new Peer-to-Peer (P2P) mentoring program, which they named EnlightenMENT!, a program that pairs youth with lived experience with youth new to CP&P. DCF is working

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<sup>23</sup> For more about the OSHW, go to: <https://www.nj.gov/dcf/oshw.html>

<sup>24</sup> To see DCF's Strategic Plan, go to: <https://www.nj.gov/dcf/about/strategic.html>

<sup>25</sup> The NJ DCF Youth Council consists of approximately 20 young people ages 14-23 who are currently or have formerly been involved with NJ DCF. OFV was created after Commissioner Beyer's 2019 listening tour to develop more sustained mechanisms for feedback on the Department by people with lived experience. The first Youth Council meeting was held in January 2020 and continued monthly, virtually, during the COVID-19 pandemic, with the mission of building shared leadership in order to transform policy and practice within DCF.

<sup>26</sup> To view a video on the Youth Council's Sibling Bill of Rights, go to: [\(56\) Youth Council - Sibling Bill of Rights - YouTube](#).

<sup>27</sup> To see Bill A1357/S1034, go to: <https://legiscan.com/NJ/text/A1357/id/2475522>

<sup>28</sup> To see the updated New Jersey Youth Resource Spot, go to: <https://www.nj.gov/njyrs/>

with model developer Children’s Village to implement three P2P programs in the south, central, and northern parts of the state. Youth Council members made recommendations on P2P’s readiness assessment tool, evaluations, and surveys. The program will serve youth ages 14 to 21 that are in foster care for less than 18 months starting in nine counties.<sup>29</sup>

DCF’s Fatherhood Engagement Committee (FEC) – which includes fathers, service providers, and stakeholders – continues to meet to advance its recommendations for how DCF can better engage fathers involved with CP&P. During the monitoring period, the FEC worked to revise DCF’s policy on locating and involving fathers, and drafted an Administrative Order (currently pending approval) that affirms DCF’s commitment to engage and support fathers.

### ***Improving New Jersey’s Children’s System of Care and Addressing Adverse Childhood Experiences***

CSOC has made enormous strides in the past few years to meet the mental and behavioral needs of children, youth, and families, accelerating its progress in the previous two years. With the assistance of The Center for Health Care Strategies (CHCS), CSOC and 16 stakeholders from across New Jersey formed a task force to help redesign and integrate DCF’s mental and behavioral health services and released its report in the summer of 2021.<sup>30</sup> Key priorities include: (1) building capacity for integrated health; (2) increasing the availability of evidence-based and best practice interventions and services; and (3) improving access to CSOC services and supports by addressing disparities across racial, socioeconomic, linguistic, and cultural lines, access for children with intellectual and developmental disabilities, and access to and capacity of substance use disorder services.

As reported previously, in September 2019, the federal Substance Abuse and Mental Health Services Administration awarded CSOC a Promising Path to Success (PPS) expansion grant to fund ongoing training in the Nurtured Heart Approach (NHA) and its Six Core Strategies.<sup>31</sup> NHA is a strengths-based behavior management strategy based on positive reinforcement and fair and consistent boundaries for “high intensity” children, particularly those with ADHD, Reactive Attachment Disorder, or

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<sup>29</sup> The regional contracted providers are: Children’s Aid and Family Services, Children’s Home Society, and Oaks Integrated. The counties for the pilot are: Essex, Middlesex, Union, Mercer, Monmouth, Ocean, Atlantic, Burlington, and Camden.

<sup>30</sup> To view DCF’s CSOC Task Force materials and final report, go to: [https://www.nj.gov/dcf/about/divisions/dcsc/csoc\\_taskforce.html](https://www.nj.gov/dcf/about/divisions/dcsc/csoc_taskforce.html).

<sup>31</sup> To read about NHA, go to: <https://childrenssuccessfoundation.com/about-nurtured-heart-approach/>



Autism Spectrum Disorder. The goal of the grant is to provide trauma-informed evidence-based interventions, technical assistance and training for DCF staff, system partners, the DCF Office of Education, out-of-home treatment schools, and resource/kinship families. Between January and March 2022, NHA coaches provided 27 trainings on the PPS core values to 461 participants, and NHA certified community trainers – who provide trainings to system and community partners – delivered 41 trainings to 483 participants. The NHA approach is also featured as part of DCF’s work with the Department of Education’s Developing Resiliency with Engaging Approaches to Maximize Success (DREAMS) grant, first piloted in the 2021–2022 school year. This grant provides educators with new and innovative approaches to support youth and families during the COVID-19 pandemic. The DREAMS grant is intended to help reduce the use of restraints and disciplinary actions and encourage classroom settings that are conducive to learning. NHA-certified trainers are providing mentoring support to newly certified trainers in 135 New Jersey schools in 50 schools districts.

As part of its priority focus on prevention, between January and June 2022, DCF continued its efforts to address Adverse Childhood Experiences (ACEs) and how they impact New Jersey’s children, youth, and families.<sup>32</sup> Through its contract with Prevent Child Abuse New Jersey (PCA-NJ), DCF delivers “Connections Matter” training, which stresses the importance of fostering healthy connections to develop healthy brains, supportive relationships, and thriving communities. DCF’s goal is to deliver “Connections Matter” training to all DCF staff, as well as community network providers, stakeholders, and families. During the monitoring period PCA-NJ provided this training to 537 DCF staff and 316 community providers and stakeholders.

DCF’s Office of Resilience (OOR) finalized a five-year strategic plan intended to ensure that New Jersey partners with communities to become a “healing-centered state.”<sup>33</sup> The OOR strategic plan includes items from the statewide action plan such as building awareness about ACEs among citizens and state employees, and learning to prevent, mitigate or heal from the effects of ACEs. During the monitoring period, virtual ACEs training was provided to 2,775 community members and professionals. DCF is also implementing a CDC initiative called *Preventing ACEs: Data to Action*, which aims to develop a statewide data surveillance system to collect, measure and analyze ACEs data, and to use that data to inform and help implement primary

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<sup>32</sup> For more information about ACEs go to: <https://www.nj.gov/dcf/news/publications/aces.html>

<sup>33</sup> For more information on OOR and New Jersey’s 2021 Statewide Action Plan, go to: <https://www.nj.gov/dcf/documents/NJ.ACEs.Action.Plan.2021.pdf>

prevention strategies. This work will involve delivering ACEs trainings to DCF's evidence-based home visiting programs, and a public awareness and education campaign.

### ***Increasing Kinship Placement and Maintaining an Adequate Pool of Resource Homes***

During this monitoring period,<sup>34</sup> DCF continued to pursue its target of placing 60 percent of children who enter care with kin within the first seven days of removal from their homes, and 80 percent of children placed with kin by the first 30 days. The results show impressive progress: 61 percent of children were placed with kin within seven days of removal, and 64 percent were placed with kin within 30 days.<sup>35</sup> DCF continues to take noteworthy steps in seeing that children/youth remain with family whenever possible when a removal from home is necessary.

CP&P's focus on placing children/youth with kin families during the monitoring period involved revising objectives for staff; new objectives include notification to Local Office managers when a child is not placed with kin; mining of records to identify relatives for any child not placed with kin; and the development of "kinship teams" to review outcome data.

CP&P also continued its plan to restructure its Local and Area Office resource units so that staff can expedite licensure, have more frequent contact with kin caregivers, and generally provide additional supports to kinship resource homes. CP&P trained 760 staff members on the importance of placing children with family and understanding the experience and needs of kinship caregivers.

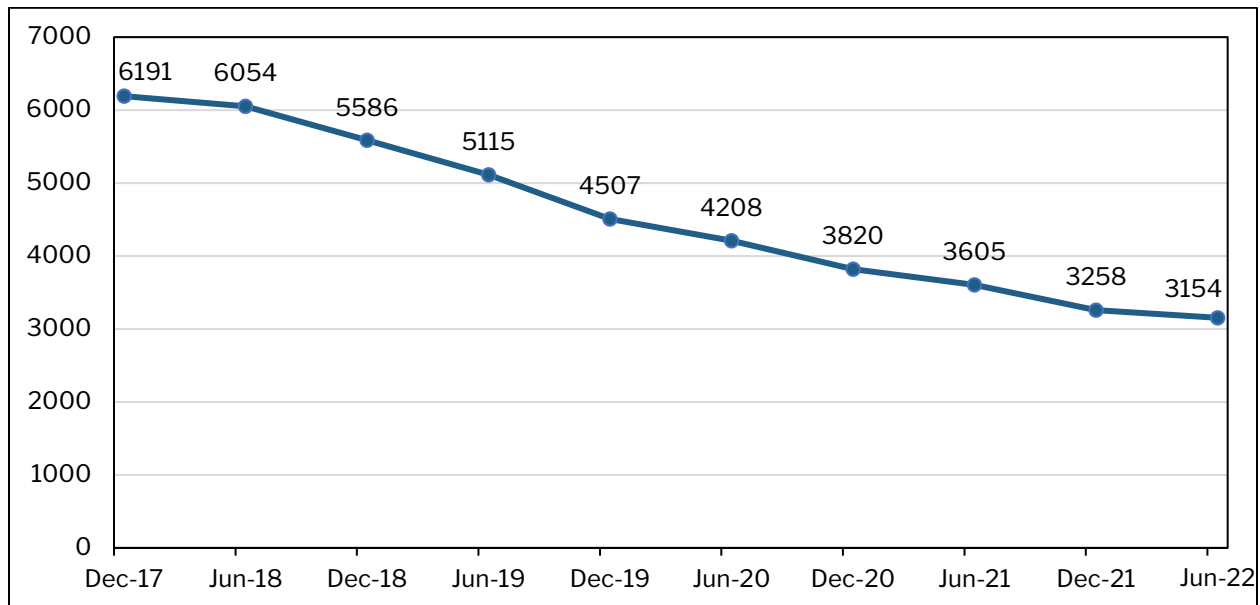
Despite the ongoing challenges of the COVID-19 pandemic, DCF continues to maintain an adequate pool of placement resource homes and group settings to meet the needs of children in out-of-home care. As of June 30, 2022, 3,154 children ages birth to 23 were in out-of-home placement, continuing the decline in foster care census over the last few years (see Figure 1).

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<sup>34</sup> Due to the expedited nature of this report, some measures do not include data from June 2022.

<sup>35</sup> Data was extracted on June 30, 2022, so kinship placements for the entry cohort were calculated from January 1 to April 30, 2022.

**Figure 1: Number of Children in Out-of-Home Placement  
(December 2017-June 2022)**



Source: DCF data

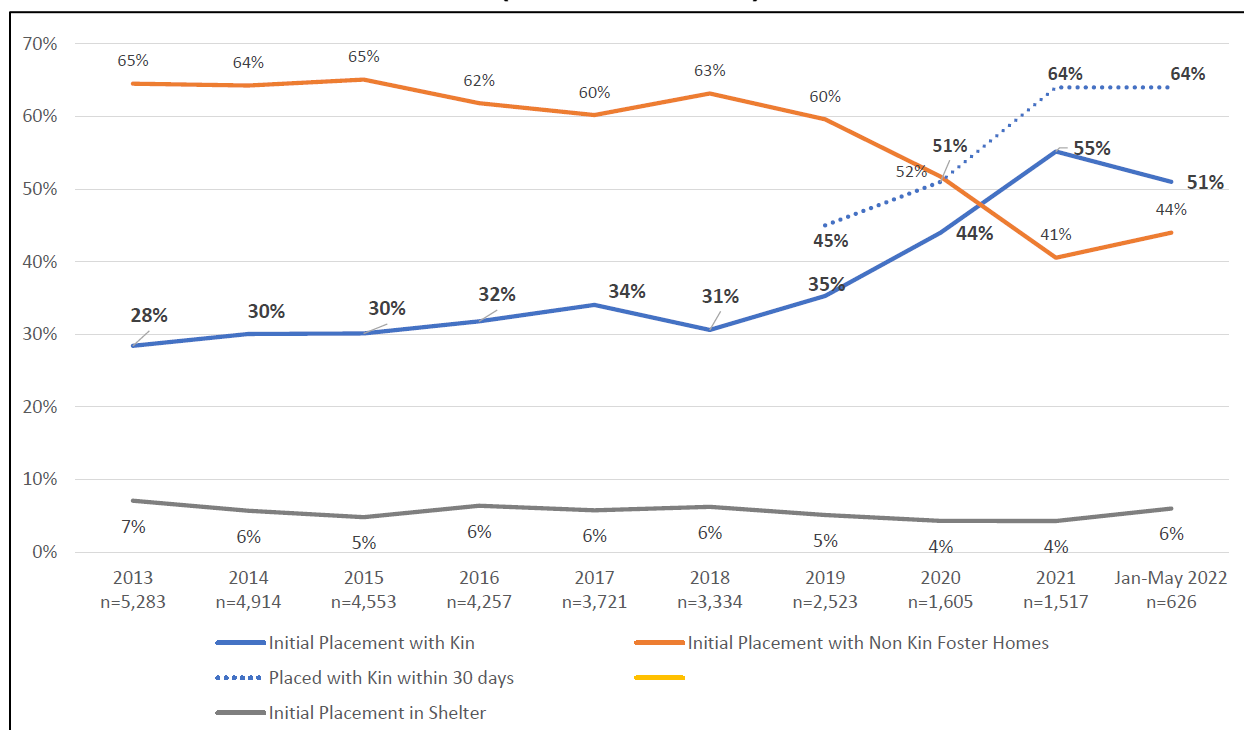
Of the 3,154 children in out-of-home placement in June 2022, 2,812 (89%) were placed in family-like settings: 1,361 (43%) in unrelated resource family homes, and 1,451 (46%) in kinship homes. The eleven percent of children not residing in family-like settings consisted of 280 children (9%) in group and residential settings and 62 children (2%) in independent living programs.

Although ongoing effects of the pandemic continue to present challenges to recruitment and licensing of new resource family homes, DCF continues to report the availability of enough resource homes to meet the need. There remains a need for homes for large sibling groups, adolescents, and children with special medical, developmental, and behavioral health needs.

As of June 28, 2022, there were a total of 2,834 licensed resource family homes in the state, with a total bed capacity for 6,398 children. Of the total resource family homes, 1,021 (36%) were kinship homes and 1,813 (64%) were non-kinship homes. Between January and June 2022, DCF licensed 371 new family homes (both kin and unrelated); this is compared with 330 newly licensed resource homes in the previous monitoring period. Of the newly licensed resource family homes in this monitoring period, 273 (74%) were kinship homes, and 98 (26%) were unrelated foster homes. DCF continues to devote resources to supporting the success of kin placements.

As shown in Figure 2, DCF has been emphasizing initial placement with kin since the current administration began in 2018, though there has been a plateau in recent progress between the end of 2021 and the first half of 2022.

**Figure 2: Children Entering Kinship Care<sup>36</sup>  
(CY 2013 –2022)**



Source: Graphic provided by DCF

Between January and June 2022, 676 resource family homes were closed: 338 (50%) were kinship homes and 338 (50%) were unrelated foster homes. The primary reasons for resource home closures were provider’s health or age circumstances (35%), adoption finalization (27%), relative placement no longer needed (17%),<sup>37</sup> and kinship legal guardianship finalized (7%).

DCF also continues to focus on recruiting homes for large sibling groups as described further in Section V.E *Placement*.

<sup>36</sup> The “N” represents children entering foster care within a calendar year except children in independent living arrangements and children in treatment settings.

<sup>37</sup> The “relative placement no longer needed” category includes instances where children are reunified and the foster parents (usually a relative or family friend) request to voluntarily close their home. This category can also include other specific instances, such as an interstate change of placement, a court-ordered change of placement, or when a home with an administratively restricted license closes when the children are reunified or leave for another placement.

## **Services to Older Youth**

DCF continues to implement the evidence-based LifeSet program, which is an intensive case management and life skills service for older youth in foster care to assist them in making a successful transition to independence. Since launching in October 2020, four agencies – Acenda, Care Plus, Catholic Charities Diocese of Metuchen, and Preferred Behavioral Health – have served 335 young people. LifeSet specialists carry caseloads of 8 to 10 young people with whom they meet weekly and hold sessions about education, employment, housing, healthy relationships, health, and other independent living skills; services are highly individualized and intended to suit the strengths and meet the needs of each young person. Preliminary results from the evaluation show that all providers received high scores for implementing the model with fidelity (over the 80% threshold). Between January and May 2022, 88 percent of youth discharged from the program had a safe place to stay, 100 percent avoided legal involvement or arrests, and 78% of participating youth were employed when they left the program. The evaluation of the contract is still in process.<sup>38</sup>

As part of the federal John H. Chafee Foster Care Program for Successful Transition to Adulthood, the Chafee Advisory Group continued to meet and work toward achieving the strategies set out in the Chafee 2020-2024 Strategic Plan.<sup>39,40</sup> This includes the aforementioned EnlightenMENT! P2P mentorship program, which has begun the hiring process for program staff. In addition, OAS worked with Mathematica to carry out Learn, Innovate, Improve (L12), which is a process and a framework for updating life skills services with a focus on the Youth Thrive™ protective and promotive factors.<sup>41</sup> Through the process, the Youth Thrive implementation team developed a new Adolescent Services Navigator program which will be responsible for identifying a menu of services to help adolescents improve protective and promotive factors; the next step will be to assess the readiness of DCF to implement the navigator program. In addition to these efforts, as of July 2022, DCF has chosen to replace the Casey Life Skills Assessment with the Youth Thrive Survey as the Independent Living Assessment (ILA) in New Jersey.

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<sup>38</sup> To learn more about New Jersey's LifeSet program, go to: <https://www.nj.gov/dcf/adolescent/lifaset.html>

<sup>39</sup> To see New Jersey's 2020-2024 John H. Chafee Foster Care Program for Successful Transition to Adulthood Plan, go to: <https://www.nj.gov/dcf/adolescent/NJ-Chafee-Plan-final.pdf>

<sup>40</sup> To see meeting agendas and minutes, go to: <https://www.nj.gov/dcf/providers/boards/chafee.html>

<sup>41</sup> The Youth Thrive™ Protective and Promotive Factors include: Youth Resilience, Social Connections, Knowledge of Adolescent Development, Concrete Support in Times of Need, and Cognitive and Social-Emotional Competence. To see more on the Youth Thrive Protective and Promotive Factors, go to: <https://www.nj.gov/dcf/providers/notices/nonprofit/YTdef.pdf>

## **Budget**

During FY 2022, DCF received two supplemental appropriations: \$2.75 million from the passage of Universal Home Visiting legislation and \$6 million to address sexual assault. DCF's total adjusted State appropriation was \$1.299 billion. More on the budget is described in Section V.N *Budget*.

This report provides specific data and the Monitor's observations and conclusions as to each of the SEP requirements. As demonstrated by the data included herein, DCF continues to largely maintain performance on the requirements of the SEP and its commitment to meeting the needs of children, youth, and families in New Jersey while it simultaneously moves forward with efforts to enhance its array and reach of prevention services for families with children.

### **III. CHILD AND FAMILY OUTCOMES AND CASE PRACTICE PERFORMANCE MEASURES**

The child and family outcomes and case practice performance measures include 48 measures and Foundational Elements that assess the state's performance in meeting the requirements of the SEP (see Table 1). These performance measures cover the areas of child safety, permanency, service planning, child well-being, and ongoing infrastructure development pertaining to core elements such as appropriate staffing, caseloads, and training.

Many of the measures are assessed through a review of data from NJ SPIRIT<sup>42</sup> and SafeMeasures,<sup>43</sup> and, in some areas, these data continue to be independently validated by the Monitor. Data are also provided through DCF's work with Rutgers University, which assists with data analysis. With few exceptions, performance data provided in this report are as of June 2022.

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<sup>42</sup> 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.

<sup>43</sup> 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.

**Table 1: Charlie and Nadine H. Child and Family Outcome and Case Practice Performance Measures  
(Summary of Performance as of June 30, 2022)**

| Table 1A: To Be Achieved            |  |   |   |                                     |  |
|-------------------------------------|--|---|---|-------------------------------------|--|
| SEP Measure                         | Sustainability and Exit Plan Standard  | June 2021 Performance   | December 2021 Performance   | June 2022 Performance <sup>44</sup> | Requirement Fulfilled (Yes/No) <sup>45</sup> |
| <b>Family Teaming</b>               |  |   |   |                                     |  |
| Quality of Teaming<br>(SEP IV.B.20) | 75% of cases involving out-of-home placements that were assessed as part of the QR process will show evidence of both acceptable team formation and acceptable functioning. The Monitor, in consultation with the parties, shall determine the standards for quality team formation and functioning. | CY 2020 data not available. QRs suspended during the COVID-19 pandemic. | CY 2021 data not available. QRs suspended during the COVID-19 pandemic. | Data not available.                 | Unable to Determine <sup>46</sup>            |

<sup>44</sup> In some instances where the Monitor did not report mid-year data, the most recent annual data available are included.

<sup>45</sup> “Yes” indicates that, in the Monitor’s judgment, based on presently available information, DCF has fulfilled its obligations regarding the SEP standard. “No” indicates that, in the Monitor’s judgment, DCF has not fulfilled its obligation regarding the SEP standard.

<sup>46</sup> The qualitative review process was suspended in March 2020 and as a result there are no new data for 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 (SEP IV.K.46). Parties have negotiated an agreement for assessing these measures through a new process as described in Section V.L.



| Table 1A: To Be Achieved  |   |  |   |   |  |
|---|---|--|---|---|--|
| SEP Measure   | Sustainability and Exit Plan Standard   | June 2021 Performance  | December 2021 Performance   | June 2022 Performance <sup>44</sup>   | Requirement Fulfilled (Yes/No) <sup>45</sup> |
| <b>Case and Service Planning</b>  |   |  |   |   |  |
| Quality of Case Plans<br>(SEP IV.D.23)                                      | 80% of case plans shall be rated acceptable as measured by the QR process. The Monitor, in consultation with the parties, shall determine that standards for quality case planning. | CY 2020 data not available. QRs suspended during the COVID-19 pandemic.  | CY 2021 data not available. QRs suspended during the COVID-19 pandemic.   | Data not available.   | Unable to Determine <sup>47</sup>            |
| <b>Visits</b>   |   |  |   |   |  |
| Caseworker Contacts with Family When Goal is Reunification<br>(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.   | 83% of 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 2021 monitoring period: 82 to 86%. | 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%. <sup>48,49</sup> | No   |

<sup>47</sup> The qualitative review process was suspended in March 2020 and as a result there are no new data for 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 (SEP IV.K.46). Parties have negotiated an agreement for assessing these measures through a new process as described in Section V.L.

<sup>48</sup> Monthly performance for this measure is as follows: January, 76%; February, 82%; March, 85%; April 80%; May 82 %; June, 81%. Reported performance accounts for exceptions to the visits requirement.

<sup>49</sup> DCF validated a sample of cases from February 2022 and found that exceptions were appropriately applied and documented in 70% 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.

| Table 1A: To Be Achieved                         |   |   |   |                                     |  |
|--|---|---|---|-------------------------------------|--|
| SEP Measure                                      | Sustainability and Exit Plan Standard   | June 2021 Performance   | December 2021 Performance   | June 2022 Performance <sup>44</sup> | Requirement Fulfilled (Yes/No) <sup>45</sup> |
| <b>Services to Support Transitions</b>           |   |   |   |                                     |  |
| Services to Support Transitions<br>(SEP IV.J.44) | 80% of cases will be rated acceptable for supporting transitions as measured by the QR. The Monitor, in consultation with the parties, shall determine the standards for quality support for transitions. | CY 2020 data not available. QRs suspended during the COVID-19 pandemic. | CY 2021 data not available. QRs suspended during the COVID-19 pandemic. | Data not available.                 | Unable to Determine <sup>50</sup>            |

<sup>50</sup> The qualitative review process was suspended in March 2020 and as a result there are no new data for 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 (SEP IV.K.46). Parties have negotiated an agreement for assessing these measures through a new process as described in Section V.L.

| Table 1B: To Be Maintained  |   |   |  |  |   |
|---|---|---|--|--|---|
| SEP Measure   | Sustainability and Exit Plan Standard   | June 2021 Performance   | December 2021 Performance  | June 2022 Performance <sup>51</sup>  | Requirement Maintained (Yes/No) <sup>52</sup> |
| <b>Investigations</b>   |   |   |  |  |   |
| Institutional Abuse Investigations Unit (IAIU)<br>(SEP III.A.1)   | 80% of IAIU investigations will be completed within 60 days.  | 84% of IAIU investigations in June were completed within 60 days.   | 85% of IAIU investigations in December were completed within 60 days.  | 93% of IAIU investigations in December were completed within 60 days.  | Yes   |
| Timeliness of Investigation Completion (60 days)<br>(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. | 86% of all investigations in May were completed within 60 days. Monthly range during December 2020 – May 2021 monitoring period: 86 to 90%. | 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%. <sup>53,54</sup> | Yes   |

<sup>51</sup> In some instances where the Monitor does not have mid-year data, the most recent data available are included.

<sup>52</sup> “Yes” indicates that, in the Monitor’s judgment based on presently available information, DCF has fulfilled its obligations regarding the requirement under the SEP. The Monitor has also designated “Yes” for a requirement where DCF has met or is within one percentage point of the SEP standard or there are a small number of cases causing the failure to meet the SEP standard.

<sup>53</sup> Due to the time lag of this measure, the Monitor and DCF have altered the period of review, so December 2021 data are included for this period and June 2022 data will be included in the next monitoring report.

<sup>54</sup> Monthly performance for this measure is as follows: December, 85%; January, 89%; February, 86%; March, 85%; April, 85%; May, 86%.

**Table 1B: To Be Maintained**

| <b>SEP Measure</b>  | <b>Sustainability and Exit Plan Standard</b>  | <b>June 2021 Performance</b>   | <b>December 2021 Performance</b>   | <b>June 2022 Performance<sup>51</sup></b>  | <b>Requirement Maintained (Yes/No)<sup>52</sup></b> |
|---|---|--|--|--|---|
| Timeliness of Investigation Completion (90 days)<br>(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. | 96% of all investigations in May were completed within 90 days. Monthly range during December 2020 – May 2021 monitoring period: 96 to 97%.              | 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%. <sup>55,56</sup> | Yes   |
| Quality Investigations<br>(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.     | 91% of investigations met quality standards in a February 2020 review of a statistically significant sample of investigations completed in October 2019. | 81% of investigations met quality standards in a February 2022 review of a statistically significant sample of investigations completed in October 2021. | The next review will be conducted in early 2024 for investigations completed in October 2023. <sup>57</sup>  | N/A   |

<sup>55</sup> Due to the time lag of this measure, the Monitor and DCF have altered the period of review, so December 2021 data are included for this period and June 2022 data will be included in the next monitoring report.

<sup>56</sup> Monthly performance for this measure is as follows: December, 96%; January, 97%; February, 95%; March, 95%; April, 96%; May, 95%.

<sup>57</sup> DCF's Investigation Case Record Review is typically conducted every two years.

**Table 1B: To Be Maintained**

| SEP Measure                                       | Sustainability and Exit Plan Standard  | June 2021 Performance   | December 2021 Performance  | June 2022 Performance <sup>51</sup>   | Requirement Maintained (Yes/No) <sup>52</sup> |
|---|--|---|--|---|---|
| <b>Family Teaming</b>                             |  |   |  |   |   |
| Initial Family Team Meeting<br>(SEP IV.B.16)      | 80% of children newly entering placement shall have a family team meeting before or within 45 days of placement. | 69% of children newly entering placement in June 2021 had a FTM within 45 days. Monthly range during January – June 2021 monitoring period: 69 to 89%.                                  | 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%. <sup>58,59</sup>                                 | Yes   |
| Subsequent FTMs within 12 months<br>(SEP IV.B.17) | 80% of children will have three additional FTMs within the first 12 months of the child coming into placement.   | 86% of children who entered placement in June 2020 had three or more additional FTMs within the first 12 months. Monthly range during January – June 2021 monitoring period: 75 to 93%. | 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%. <sup>60</sup> | Yes   |

<sup>58</sup> Monthly performance for this measure is as follows: January, 84%; February, 87%; March, 80%; April, 82%; May, 94%. Reported performance accounts for valid exceptions to the FTM requirement. The Monitor and DCF reviewed all 11 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.

<sup>59</sup> Due to the expedited nature of this monitoring report, June data was not included for this measure.

<sup>60</sup> Monthly performance for this measure is as follows: January, 75%; February, 80%; March, 83%; April, 87%; May, 79%; June, 82%. Reported performance accounts for valid exceptions to the FTM requirement. The Monitor and DCF reviewed all 32 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 1B: To Be Maintained**

| <b>SEP Measure</b>   | <b>Sustainability and Exit Plan Standard</b>   | <b>June 2021 Performance</b>   | <b>December 2021 Performance</b>  | <b>June 2022 Performance<sup>51</sup></b>  | <b>Requirement Maintained (Yes/No)<sup>52</sup></b> |
|--|--|--|---|--|---|
| Subsequent FTMs after 12 months – Reunification Goal<br>(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.                   | 88% of children who entered placement before June 2020 (but still have a goal of reunification) had three or more additional FTMs in the most recent 12 months. Monthly range during January – June 2021 monitoring period: 85 to 95%.   | 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 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 2022 monitoring period: 58 to 100%. <sup>61</sup> | Yes <sup>62</sup>                                   |
| Subsequent FTMs after 12 months – Other than Reunification Goal<br>(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. | 88% of children who entered placement before June 2020 (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 2021 monitoring period: 86 to 94%. | 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 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 2022 monitoring period: 84 to 96%. <sup>63</sup> | Yes   |

<sup>61</sup> Monthly performance for this measure is as follows: January, 80%; February, 58%; March, 67%; April, 75%; May, 83%; June, 100%. There were no reported cases of an exception this period for this measure.

<sup>62</sup> The universe for this measure is small and thus more susceptible to fluctuations.

<sup>63</sup> Monthly performance for this measure is as follows: January, 84%; February, 92%; March, 91%; April, 85%; May, 88%; June, 96%. Reported performance accounts for valid exceptions to the FTM requirement. DCF reviewed all 10 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 1B: To Be Maintained**

| SEP Measure                       | Sustainability and Exit Plan Standard   | June 2021 Performance   | December 2021 Performance  | June 2022 Performance <sup>51</sup>   | Requirement Maintained (Yes/No) <sup>52</sup> |
|-----------------------------------|---|---|--|---|---|
| <b>Needs Assessment</b>           |   |   |  |   |   |
| Needs Assessment<br>(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. | In August 2021, DCF released the Human Services Advisory Council (HSACs) Needs Assessment Synthesis Report, <sup>64</sup> in which the Institute for Families at Rutgers School of Social Work synthesizes the HSACs needs assessment reports from all 21 counties. | 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 Collaborative Quality Improvement (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. | Yes   |

<sup>64</sup> The HSAC Needs Assessment Synthesis Report can be found at <https://www.nj.gov/dcf/news/HSAC.Synthesis.Report-June.2.2021.pdf>

**Table 1B: To Be Maintained**

| SEP Measure                                  | Sustainability and Exit Plan Standard   | June 2021 Performance  | December 2021 Performance   | June 2022 Performance <sup>51</sup>  | Requirement Maintained (Yes/No) <sup>52</sup> |
|--|---|--|---|--|---|
| <b>Case and Service Planning</b>             |   |  |   |  |   |
| Initial Case Plans<br>(SEP IV.D.22)          | 95% of initial case plans for children and families shall be completed within 30 days.                              | 85% of children entering care in June 2021 had case plans developed within 30 days. Monthly range during January – June 2021 monitoring period: 85 to 98%.               | 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%. <sup>65</sup>              | Yes   |
| Timeliness of Current Plans<br>(SEP III.C.6) | 95% of case plans for children and families will be reviewed and modified no less frequently than every six months. | 99% of case plans in June 2021 were reviewed and modified as necessary at least every six months. Monthly range during January – June 2021 monitoring period: 97 to 99%. | 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%. <sup>66</sup> | Yes   |
| <b>Caseloads</b>                             |   |  |   |  |   |
| Supervisor/ Worker Ratio<br>(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.   | Yes   |

<sup>65</sup> Monthly performance for this measure is as follows: January, 86%; February, 94%; March, 85%; April 93%; May 100%; June, 98%.

<sup>66</sup> Monthly performance on this measure is as follows: January, 97%; February, 98%; March, 96%; April 98%; May 97%; June, 97%.



**Table 1B: To Be Maintained**

| <b>SEP Measure</b>   | <b>Sustainability and Exit Plan Standard</b>   | <b>June 2021 Performance</b>                        | <b>December 2021 Performance</b>                    | <b>June 2022 Performance<sup>51</sup></b>                        | <b>Requirement Maintained (Yes/No)<sup>52</sup></b> |
|--|--|---|---|--|---|
| IAIU Investigators Caseload<br>(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.               | Yes   |
| Permanency Workers (Local Offices) Caseload<br>(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.                  | Yes   |
| Permanency Workers Caseload<br>(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. <sup>67</sup> | Yes   |
| Intake workers (Local Offices) Caseload<br>(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.         | 99% of Local Offices met intake caseload standards. | 98% of Local Offices met intake caseload standards. | 97% of Local Offices met intake caseload standards.              | Yes   |

<sup>67</sup> Reported performance is the average of DCF's performance in meeting individual caseload standards during this six-month monitoring period.

**Table 1B: To Be Maintained**

| <b>SEP Measure</b>   | <b>Sustainability and Exit Plan Standard</b>  | <b>June 2021 Performance</b>                     | <b>December 2021 Performance</b>                | <b>June 2022 Performance<sup>51</sup></b>                     | <b>Requirement Maintained (Yes/No)<sup>52</sup></b> |
|--|---|--|---|---|---|
| Intake workers Caseload<br>(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. | 99% of Intake workers met caseload standards.    | 98% of Intake workers met caseload standards.   | 96% of Intake workers met caseload standards. <sup>68</sup>   | Yes   |
| Adoption Workers (Local Offices) Caseload<br>(SEP IV.E.26) | 95% of Local Offices will have average caseloads for Adoption workers of no more than 15 children per worker.   | 100% of Local Offices met adoption standards.    | 99% of Local Offices met adoption standards.    | 100% of Local Offices met adoption standards.                 | Yes   |
| Adoption Workers Caseload<br>(SEP IV.E.27)                 | 95% of individual Adoption worker caseloads shall be no more than 15 children per worker.   | 100% of Adoption workers met caseload standards. | 99% of Adoption workers met caseload standards. | 98% of Adoption workers met caseload standards. <sup>69</sup> | Yes   |

<sup>68</sup> Reported performance is the average of DCF's performance in meeting individual caseload standards during this six-month monitoring period.

<sup>69</sup> Reported performance is the average of DCF's performance in meeting individual caseload standards during this six-month monitoring period.

| Table 1B: To Be Maintained  |  |   |  |  |   |
|---|--|---|--|--|---|
| SEP Measure   | Sustainability and Exit Plan Standard  | June 2021 Performance   | December 2021 Performance  | June 2022 Performance <sup>51</sup>  | Requirement Maintained (Yes/No) <sup>52</sup> |
| <b>Deputy Attorneys General</b>   |  |   |  |  |   |
| Adequacy of DAsG Staffing (SEP III.D.7)   | The state will maintain adequate DAsG staff positions and keep positions filled.   | 144 staff positions were filled with four staff on leave; 140 (97%) available DAsG.   | 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.   | Yes   |
| <b>Child Health Units</b>   |  |   |  |  |   |
| Child Health Units (SEP III.E.8)  | The state will continue to maintain its network of Child Health Units, adequately staffed by nurses in each Local Office.  | As of June 30, 2021, DCF had 122 Health Care Case Managers and 45 staff assistants.   | 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.   | Yes   |
| <b>Visits</b>   |  |   |  |  |   |
| 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. | 90% 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 June 2021. Monthly range during January – June 2021 monitoring period: 90 to 95%. | 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%. <sup>70,71</sup> | Yes   |

<sup>70</sup>: Monthly performance for this measure is as follows: January, 95%; February, 96%; March, 94%; April, 88%; May, 88%.

<sup>71</sup> Due to the expedited nature of this monitoring report, June data was not included for this measure.

**Table 1B: To Be Maintained**

| <b>SEP Measure</b>  | <b>Sustainability and Exit Plan Standard</b>  | <b>June 2021 Performance</b>  | <b>December 2021 Performance</b>   | <b>June 2022 Performance<sup>51</sup></b>   | <b>Requirement Maintained (Yes/No)<sup>52</sup></b> |
|---|---|---|--|---|---|
| Caseworker Contact with Children in Placement<br>(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.  | 97% of children had at least one caseworker visit in June 2021 in their placement. Monthly range during January – June 2021 monitoring period: 97 to 98%. | 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%. <sup>72</sup> | Yes   |
| Parent-Child Visits – Weekly<br>(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. | 80% of applicable children had weekly visits with their parents in June 2021. Monthly range during January – June 2021 monitoring period: 80 to 85%.      | 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%. <sup>73</sup>      | Yes   |

<sup>72</sup> Monthly performance for this measure is as follows: January, 97%; February, 98%; March, 97%; April, 96%; May, 95%; June, 95%.

<sup>73</sup> Monthly performance for this measure is as follows: January, 80%; February, 85%; March, 85%; April 81%; May 80%; June, 81%. Reported performance accounts for valid exceptions to this visits requirement.

**Table 1B: To Be Maintained**

| SEP Measure                                      | Sustainability and Exit Plan Standard  | June 2021 Performance   | December 2021 Performance  | June 2022 Performance <sup>51</sup>   | Requirement Maintained (Yes/No) <sup>52</sup> |
|--|--|---|--|---|---|
| Parent-Child Visits – Bi-Weekly<br>(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. <sup>74</sup> | 93% of applicable children had bi-weekly visits with their parents in June 2021. Monthly range during January– June 2021 monitoring period: 93 to 96%.  | 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%. <sup>75</sup>   | Yes   |
| Child Visits with Siblings<br>(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. <sup>76</sup>                     | 84% of children in custody who have siblings with whom they are not residing visited with their siblings in June 2021. Monthly range during January – June 2021 monitoring period: 83 to 87%. | 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%. <sup>77,78</sup> | Yes   |

<sup>74</sup> 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.

<sup>75</sup> Monthly performance for this measure is as follows: January, 94%; February, 95%; March, 96%; April 94%; May 93%; June, 93%. Reported performance accounts for valid exceptions to this visits requirement.

<sup>76</sup> 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.

<sup>77</sup> Monthly performance for this measure is as follows: January, 78%; February, 79%; March, 85%; April 88%; May 88%; June, 91%. Reported performance accounts for valid exceptions to the visits requirement.

<sup>78</sup> 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 1B: To Be Maintained**

| SEP Measure   | Sustainability and Exit Plan Standard  | June 2021 Performance  | December 2021 Performance   | June 2022 Performance <sup>51</sup>  | Requirement Maintained (Yes/No) <sup>52</sup> |
|---|--|--|---|--|---|
| <b>Placement</b>  |  |  |   |  |   |
| Placing Siblings Together<br>(SEP IV.G.32)                                    | At least 80% of sibling groups of two or three children entering custody will be placed together.  | 80% of sibling groups of two or three children entering custody in CY 2019 were 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.   | Yes   |
| Placing Siblings Together for Four or More Children<br>(SEP IV.G.33)          | All children will be placed with at least one other sibling 80% of the time.                       | 83% of children entering custody in CY 2019 with three or more siblings were placed with at least one other sibling.   | 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.   | Yes   |
| Recruitment of Placements for Sibling Groups of Four or More<br>(SEP IV.G.34) | DCF will continue to recruit for resource homes capable of serving sibling groups of four or more. | DCF recruited one new SIBs home in the monitoring period. As of June 2021, DCF had a total of 45 large capacity SIBs homes; 11 homes that can accommodate five or more children and 45 that can accommodate four children. | 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, <sup>79</sup> DCF had a total of 41 large capacity SIBS homes; 10 homes than can accommodate five or more children and 31 that can accommodate four children. | Yes   |

<sup>79</sup> Date of data extraction.

**Table 1B: To Be Maintained**

| <b>SEP Measure</b>  | <b>Sustainability and Exit Plan Standard</b>  | <b>June 2021 Performance</b>  | <b>December 2021 Performance</b>  | <b>June 2022 Performance<sup>51</sup></b>   | <b>Requirement Maintained (Yes/No)<sup>52</sup></b> |
|---|---|---|---|---|---|
| Placement Stability, First 12 Months in Care<br>(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. | 85% of children who entered out-of-home placement for the first time in CY 2018 had 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. | Yes   |
| Placement Stability, 13 – 24 Months in Care<br>(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.   | 95% of children who entered care in CY 2017 had 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.                                  | Yes   |

| Table 1B: To Be Maintained                                     |   |  |  |  |   |
|--|---|--|--|--|---|
| SEP Measure  | Sustainability and Exit Plan Standard   | June 2021 Performance  | December 2021 Performance  | June 2022 Performance <sup>51</sup>  | Requirement Maintained (Yes/No) <sup>52</sup> |
| <b>Education</b>   |   |  |  |  |   |
| Educational Needs<br>(SEP III.G.11)                            | 80% of cases will be rated acceptable as measured by the QR in stability (school) and learning and development. The Monitor, in consultation with the parties, shall determine the standards for school stability and quality learning and development. | CY 2020 data not available. QRs suspended during the COVID-19 pandemic.  | CY 2021 data not available. QRs suspended during the COVID-19 pandemic.  | Data not available.  | Unable to Determine <sup>80</sup>             |
| <b>Maltreatment</b>  |   |  |  |  |   |
| Abuse and Neglect of Children in Foster Care<br>(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.   | 0.24% of children in CY 2019 were 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. | Yes   |

<sup>80</sup> The qualitative review process was suspended in March 2020 and as a result there are no new data for 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 (SEP IV.K.46). Parties have negotiated an agreement for assessing these measures through a new process as described in Section V.L.



**Table 1B: To Be Maintained**

| <b>SEP Measure</b>                               | <b>Sustainability and Exit Plan Standard</b>  | <b>June 2021 Performance</b>  | <b>December 2021 Performance</b>  | <b>June 2022 Performance<sup>51</sup></b>   | <b>Requirement Maintained (Yes/No)<sup>52</sup></b> |
|--|---|---|---|---|---|
| Repeat Maltreatment (In-home)<br>(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.   | 4.5% of children who remained at home after a substantiation of abuse or neglect in CY 2018 had 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.   | Yes   |
| Maltreatment Post-Reunification<br>(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. | 6.3% of children who entered foster care for the first time in CY 2016 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. | 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. | Yes   |

**Table 1B: To Be Maintained**

| <b>SEP Measure</b>                           | <b>Sustainability and Exit Plan Standard</b>   | <b>June 2021 Performance</b>  | <b>December 2021 Performance</b>  | <b>June 2022 Performance<sup>51</sup></b>  | <b>Requirement Maintained (Yes/No)<sup>52</sup></b> |
|--|--|---|---|--|---|
| Re-Entry to Placement<br>(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. | 8.6% of children who entered foster care for the first time in CY 2017 and were discharged within 12 months to reunification, living with relative(s), or guardianship, re-entered 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 to 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 to reunification, living with relative(s), or guardianship, re-entered foster care within 12 months of their discharge. | No  |
| <b>Permanency</b>                            |  |   |   |  |   |
| Permanency within 12 Months<br>(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.  | 42% of children who entered foster care in CY 2018 were 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.   | Yes <sup>81</sup>                                   |

<sup>81</sup> The Monitor considers the decline in performance to be temporary and/or insubstantial

**Table 1B: To Be Maintained**

| <b>SEP Measure</b>                           | <b>Sustainability and Exit Plan Standard</b>  | <b>June 2021 Performance</b>   | <b>December 2021 Performance</b>   | <b>June 2022 Performance<sup>51</sup></b>  | <b>Requirement Maintained (Yes/No)<sup>52</sup></b> |
|--|---|--|--|--|---|
| Permanency Within 24 Months<br>(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. | 67% of children who entered foster care in CY 2017 were 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. | Yes <sup>82</sup>                                   |
| Permanency Within 36 Months<br>(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. | 82% of children who entered foster care in CY 2016 were 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. | Yes   |

<sup>82</sup> Ibid.

**Table 1B: To Be Maintained**

| SEP Measure                                     | Sustainability and Exit Plan Standard   | June 2021 Performance  | December 2021 Performance  | June 2022 Performance <sup>51</sup>  | Requirement Maintained (Yes/No) <sup>52</sup> |
|---|---|--|--|--|---|
| Permanency Within 48 Months<br>(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. | 88% of children who entered foster care in CY 2015 were 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. | Yes   |
| <b>Older Youth</b>                              |   |  |  |  |   |
| Independent Living Assessments<br>(SEP IV.K.45) | 90% of youth ages 14 to 18 have an Independent Living Assessment.   | 85% of applicable children had completed an Independent Living Assessment in June 2021. Monthly range during January – June 2021 monitoring period: 84 to 87%.                               | 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%. <sup>83</sup>                 | Yes <sup>84</sup>                             |

<sup>83</sup> Monthly performance for this measure is as follows: January, 79%; February, 82%; March, 81%; April, 79%; May, 86%; June, 91%.

<sup>84</sup> The Monitor considers the decline in performance temporary and/or insubstantial.

**Table 1B: To Be Maintained**

| <b>SEP Measure</b>                                     | <b>Sustainability and Exit Plan Standard</b>   | <b>June 2021 Performance</b>  | <b>December 2021 Performance</b>  | <b>June 2022 Performance<sup>51</sup></b>   | <b>Requirement Maintained (Yes/No)<sup>52</sup></b> |
|--|--|---|---|---|---|
| Quality of Case Planning and Services<br>(SEP IV.K.46) | 75% of youth ages 18 to 21 who have not achieved legal permanency shall receive acceptable quality case management and service planning.   | CY 2020 data not available. QRs suspended during the COVID-19 pandemic.   | CY 2021 data not available. QRs suspended during the COVID-19 pandemic.   | Data not available.   | Unable to Determine <sup>85</sup>                   |
| Housing<br>(SEP IV.K.47)                               | 95% of youth exiting care without achieving permanency shall have housing.   | 99% of youth exiting care between January and December 2019 without achieving permanency had documentation of a housing plan upon exiting care.   | 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.   | Yes   |
| Employment/ Education<br>(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. | 97% of youth exiting care between January and December 2019 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. | 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. | Yes   |

<sup>85</sup> The qualitative review process was suspended in March 2020 and as a result there are no new data for 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 (SEP IV.K.46). Parties have negotiated an agreement for assessing these measures through a new process as described in Section V.L.

| Table 1C: Foundational Elements |   |  |  |
|---------------------------------|---|--|--|
| SEP Reference                   | Additional SEP Requirements that DCF Must Sustain:  | Data Source  | Requirement Maintained (Yes/No)  |
| <b>A. Data Transparency</b>     | 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. | Data provided directly to the Monitor and published by DCF in reports and on its website. <sup>86</sup><br><br>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. | Yes  |
| <b>B. Case Practice Model</b>   | Implement and sustain a Case Practice Model   | Monitor site visits and attendance at QRs, ChildStat, and other meetings<br><br>Quality of Investigations case record review<br><br>Data provided directly to the Monitor<br><br>Safe, Healthy, and Connected Annual Report <sup>87</sup><br><br>Older Youth Exiting Care to Non-Permanency case record review       | DCF has redesigned its Continuous Quality Improvement (CQI) processes to integrate Solution Based Casework (SBC) approach and Child and Family Service Reviews (CFSRs) results with its Case Practice Model as part of the parties' Exit Plan and Agreement. Implementation has begun. |
|                                 | Quality investigation and assessment  |  |  |
|                                 | Safety and risk assessment and risk reassessment  |  |  |
|                                 | Engagement with youth and families  |  |  |
|                                 | Working with family teams   |  |  |
|                                 | Individualized planning and relevant services   |  |  |
|                                 | Safe and sustained transition from DCF  |  |  |

<sup>86</sup> Please see list of reports in Appendix B to review data sources for this Foundational Element.

<sup>87</sup> The most recent Safe, Healthy, and Connected Annual Report was published in 2019 covering CY 2018. DCF intends to publish reports for 2019, 2020 and 2021 during 2022.

| Table 1C: Foundational Elements  |   |   |                                 |
|----------------------------------|---|---|---------------------------------|
| SEP Reference                    | Additional SEP Requirements that DCF Must Sustain:              | Data Source   | Requirement Maintained (Yes/No) |
|                                  | Continuous review and adaptations                               |   |                                 |
| <b>C. State Central Registry</b> | Received by the field in a timely manner                        | Commissioner's Monthly Report   | Yes                             |
|                                  | Investigation commenced within required response time           | Monitor site visit with State Central Registry (SCR) staff  |                                 |
|                                  |   | Screening and Investigations Monthly Report   |                                 |
| <b>D. Appropriate Placements</b> | Appropriate placements of children                              | Monitor site visits and attendance at QRs, ChildStat, and other meetings<br>Data provided directly to the Monitor<br>Safe, Healthy, and Connected Annual Report <sup>88</sup> | Yes                             |
|                                  | Resource family homes licensed and closed (kinship/non-kinship) | Commissioner's Monthly Report<br>Data provided directly to the Monitor  |                                 |
|                                  | Number of children in home/out of home demographic data         | NJ Rutgers Data Portal  |                                 |
|                                  | Placed in a family setting                                      | Commissioner's Monthly Report   |                                 |
|                                  | Placement proximity   | Data provided directly to the Monitor<br>Safe, Healthy, and Connected Annual Report <sup>89</sup>   |                                 |
|                                  | No children under 13 years old in shelters                      | Commissioner's Monthly Report   |                                 |
|                                  |   | Data provided directly to the Monitor   |                                 |

<sup>88</sup> Ibid.

<sup>89</sup> Ibid.



| Table 1C: Foundational Elements |   |   |                                 |
|---------------------------------|---|---|---------------------------------|
| SEP Reference                   | Additional SEP Requirements that DCF Must Sustain:  | Data Source   | Requirement Maintained (Yes/No) |
|                                 | Children over 13 in shelters no more than 30 days   | Commissioner's Monthly Report<br>Data provided directly to the Monitor  |                                 |
|                                 | No behavioral health placements out of state without approval   | Commissioner's Monthly Report   |                                 |
|                                 | Adequate number of resource placements  | CP&P Needs Assessment<br>Data provided directly to the Monitor<br>Safe, Healthy, and Connected Annual Report <sup>90</sup>  |                                 |
| <b>E. Service Array</b>         | 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) <sup>91</sup><br><br>New Jersey DCF Adolescent Services Website <sup>92</sup><br><br>Data provided directly to the Monitor<br><br>Attendance at Adolescent Practice Forums<br><br>CP&P Needs Assessment<br><br>Safe, Healthy, and Connected Annual Report <sup>93</sup><br><br>Older Youth Exiting Care to Non-Permanency case record review | Yes                             |

<sup>90</sup> Ibid.

<sup>91</sup> The updated NJYRS webpage can be found at [www.NJYRS.org](http://www.NJYRS.org).

<sup>92</sup> DCF's Adolescent Services Website can be found at <http://www.nj.gov/dcf/adolescent/>.

<sup>93</sup> The most recent Safe, Healthy, and Connected Annual Report was published in 2019 covering CY 2018. DCF intends to publish reports for 2019, 2020 and 2021 during 2022.

| Table 1C: Foundational Elements                  |  |   |                                 |
|--|--|---|---------------------------------|
| SEP Reference                                    | Additional SEP Requirements that DCF Must Sustain: | Data Source   | Requirement Maintained (Yes/No) |
|  | Preventive home visit programs                     | Commissioner's Monthly Report<br>Safe, Healthy, and Connected Annual Report <sup>94</sup>   |                                 |
|  | Family Success Centers (FSCs)                      | Commissioner's Monthly Report<br>Data provided directly to the Monitor<br>Safe, Healthy, and Connected Annual Report <sup>95</sup>  |                                 |
| <b>F. Medical and Behavioral Health Services</b> | Appropriate medical assessment and treatment       | Data provided directly to the Monitor<br>Commissioner's Monthly Report<br>Children's Interagency Coordinating Councils (CIACC) Monthly Report<br>Safe, Healthy, and Connected Annual Report <sup>96</sup> | Yes                             |
|  | Pre-placement and entry medical assessments        |   |                                 |
|  | Dental examinations                                |   |                                 |
|  | Immunizations                                      |   |                                 |
|  | Follow-up care and treatment                       |   |                                 |
|  | Mental health assessment and treatment             |   |                                 |
|  | Behavioral health                                  |   |                                 |

<sup>94</sup> Ibid.

<sup>95</sup> Ibid.

<sup>96</sup> Ibid.

| Table 1C: Foundational Elements              |   |   |                                 |
|--|---|---|---------------------------------|
| SEP Reference                                | Additional SEP Requirements that DCF Must Sustain:  | Data Source   | Requirement Maintained (Yes/No) |
| <b>G. Training</b>                           | Pre-service training  | Data provided directly to the Monitor<br><br>Safe, Healthy, and Connected Annual Report <sup>97</sup> | Yes                             |
|  | Case practice model   |   |                                 |
|  | Permanency planning   |   |                                 |
|  | Concurrent planning   |   |                                 |
|  | Adoption  |   |                                 |
|  | Demonstration of competency   |   |                                 |
| <b>H. Flexible Funding</b>                   | DCF will continue to make flexible funds available for use by workers in crafting individualized service plans for children, youth and families to meet the needs of children and families, 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<br><br>DCF Online Policy Manual<br><br>Budget Report            | Yes                             |
| <b>I. Resource Family Care Support Rates</b> | Family care support rates   | DCF Online Policy Manual<br><br>DCF Website <sup>98</sup>   | Yes                             |

<sup>97</sup> Ibid.

<sup>98</sup> 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.

| Table 1C: Foundational Elements |  |   |                                 |
|---------------------------------|--|---|---------------------------------|
| SEP Reference                   | Additional SEP Requirements that DCF Must Sustain: | Data Source   | Requirement Maintained (Yes/No) |
|                                 | Independent Living Stipend                         | New Jersey Youth Resource Spot  |                                 |
| <b>J. Permanency</b>            | Permanency practices                               | Data provided directly to the Monitor<br>Safe, Healthy, and Connected Annual Report <sup>99</sup><br>Monitor site visits and attendance at QRs, ChildStat, and other meetings | Yes                             |
|                                 | Adoption practices                                 | Older Youth Exiting Care to Non-Permanency case record review   |                                 |
| <b>K. Adoption Practice</b>     | 5- and 10-month placement reviews                  | Adoption Report <sup>100</sup>  | Yes                             |

<sup>99</sup> The most recent Safe, Healthy, and Connected Annual Report was published in 2019 covering CY 2018. DCF intends to publish reports for 2019, 2020 and 2021 during 2022.

<sup>100</sup> The most recent Adoption Report was published in 2016. To see the report, go to: <https://www.nj.gov/dcf/childdata/exitplan/AdoptionReport2016.pdf>

#### IV. FOUNDATIONAL ELEMENTS

The Sustainability and Exit Plan (SEP) identifies a series of core organizational and practice improvements known as the “Foundational Elements” that became the groundwork upon which New Jersey’s reform has been built. They include requirements from the 2006 Modified Settlement Agreement (MSA) that were previously met and were codified in the SEP as essential to be maintained and foundational for improved child welfare outcomes and future system improvements. These Foundational Elements remain enforceable in the SEP if performance is not sustained. DCF collects and publishes relevant performance data on the Foundational Elements.

The Monitor has continued to assess maintenance of Foundational Elements through analysis of DCF’s data as well as through participation in DCF presentations and meetings and input from external stakeholders. During this period, the Monitor has continued to meet virtually with DCF leadership to receive updates on the Foundational Elements and DCF’s responses to the COVID-19 pandemic. The Department had planned to produce the *Safe, Healthy, and Connected Annual Report* for 2019, 2020, and 2021 for public accountability on the Foundational Elements, but due to COVID delays, these reports will be released concurrently in CY 2022. At the time of publication of this monitoring report, the CY2021 *Safe, Healthy, and Connected* report is in the process of being drafted.

With respect to the SEP mandate to provide comprehensive, culturally responsive services to address the identified needs of children, youth, and families (SEP II.E), DCF has maintained financial support for its 57 Family Success Centers (FSCs), which served 11,562 New Jersey families during this monitoring period. DCF maintained its partnership with Baby2Baby, a California-based nonprofit, to provide baby supplies including diapers, wipes, and clothing through the FSCs, in addition to other supports and services provided by the FSCs which serve as gathering places that provide family-friendly activities across the state (at least one operational in each county).

To highlight a few additional accomplishments during the monitoring period:

- In FY2022, the School-Based Youth Services program (SBYS), managed by DCF through its Division of Family & Community Partnerships, received a 18 percent increase to their contract ceiling, allowing for enhanced programming at 90 sites throughout the state, focused on mental health counseling,

substance use education, employment help, primary medical linkages, learning support, and more.

- The Division of Women allocated funding toward workforce development and capacity building for staff in domestic violence programs, in response to survey results that indicated most providers had staffing challenges. DOW also directed funding toward telehealth options for survivors of domestic violence.
- The Trans-Affirming New Jersey website launched, on which community members can register to receive free trainings from the Transgender Training Institute.<sup>101</sup>
- The collaborative “Powerful Families, Powerful Communities NJ” continued its human-centered design process with constituent families in Camden, Cumberland, and Essex counties. The process began with a series of design sessions facilitated by IDEO.org over 12 weeks in the prior monitoring period. In 2022, DCF hired some of the constituent co-designers and began to build operations capacity to continue the constituent design work through a partnership with Rutgers University. DCF is working with the Collaborative to refine the proposals developed, known as “prototypes,” to ensure they are aligned with DCF priorities including race equity and family voice and resilience.<sup>102</sup>

DCF launched its Office of Monitoring (OOM) in July 2021, whose purpose is to improve DCF’s monitoring of its network of contracted providers.<sup>103</sup> Between January and June 2022, OOM worked with constituents with lived experience in foster care and other stakeholders to finalize quality standards for DCF providers<sup>104</sup>.

In the Monitor’s judgment, *each of the SEP’s Foundational Elements* has been maintained during this period, which is a substantial accomplishment given the ongoing challenges caused by the COVID-19 pandemic. Additionally, many of the areas addressed through the Foundational Elements have been strengthened through new initiatives and program developments, some of which are discussed in Section II.

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<sup>101</sup> To see the new website, go to: <https://www.transaffirmingnj.org/>

<sup>102</sup> In the Human-Centered Design field, according to the Creative Reaction Lab, “prototypes” refer to basic visual representations of ideas in a quick and iterative process. Prototypes are intended to be tested and shared for feedback in an early phase so that designers can brainstorm possible consequences for the prototype on the community in which it is intended to support.

<sup>103</sup> To read DCF’s concept paper “Quality Service, Strong Outcomes” about the new Office of Monitoring, go to: <https://www.nj.gov/dcf/providers/contracting/DCF-monitoring-concept-paper-7.7.2021.pdf>

<sup>104</sup> To read the proposed quality standards go to: <https://www.nj.gov/dcf/monitoring.html>

## V. SUSTAINABILITY AND EXIT PLAN PERFORMANCE MEASURES TO BE ACHIEVED AND TO BE MAINTAINED

This section of the report provides information on the Sustainability and Exit Plan (SEP) requirements of the lawsuit – designated as *Outcomes To Be Achieved* – and those requirements for which the state has satisfied the specified performance targets for at least six months and must sustain – designated as *Outcomes To Be Maintained*.

### A. INVESTIGATIONS

The SEP includes four performance measures related to investigative practice, all of which were designated as *Outcomes To Be Maintained* as of the beginning of the monitoring period: timeliness of Institutional Abuse Investigations Unit (IAIU) investigation completion (SEP III.A.1); timeliness of alleged child abuse and neglect investigation completion within 60 days (SEP IV.A.13); and timeliness of alleged child abuse and neglect investigation completion within 90 days (SEP IV.A.14); and quality of investigations (SEP IV.A.15). Performance for all four measures during the current monitoring period is discussed below.

#### Timeliness of Institutional Abuse Investigations

|  |  |
|--|--|
| <b>Quantitative or Qualitative Measure</b> | 1. <u>Timeliness of IAIU Investigation Completion</u> : IAIU investigations of child maltreatment in foster care placements shall be completed within 60 days. |
| <b>Performance Target</b>                  | 80% of all IAIU investigations shall be completed within 60 days.  |

The Institutional Abuse Investigations Unit (IAIU) is responsible for investigating allegations of child abuse and neglect in resource family homes and other out-of-home care settings, as well as in child care facilities, detention centers, schools, and residential facilities.<sup>105</sup>

<sup>105</sup> CP&P Policy Manual (4-1-2013). Introduction to IAIU, I, A, 100.



### **Performance as of June 30, 2022:**

Performance data for January through June 2022 show that DCF has continued to exceed the SEP standard for this measure. In June 2022, 93 percent of IAIU investigations were completed within 60 days.

#### **Timeliness of Investigation Completion**

|  |  |
|--|--|
| <b>Quantitative or Qualitative Measure</b> | 13. <u>Timeliness of Investigation Completion</u> : Investigations of alleged child abuse and neglect shall be completed within 60 days.                                   |
| <b>Performance Target</b>                  | 85% of all abuse/neglect investigations shall be completed within 60 days. Cases with documented acceptable extensions in accordance with policy are considered compliant. |

### **Performance as of May 31, 2022:<sup>106</sup>**

In May 2022, there were 4,862 investigations of alleged child abuse and neglect, 4,170 (86%) of which were completed within 60 days. Performance from December 2021 to May 2022 ranged from a low of 85 percent to a high of 89 percent.<sup>107</sup> DCF met the SEP performance standard for the timeliness of investigation completion within 60 days.

|  |  |
|--|--|
| <b>Quantitative or Qualitative Measure</b> | 14. <u>Timeliness of Investigation Completion</u> : Investigations of alleged child abuse and neglect shall be completed within 90 days.                                   |
| <b>Performance Target</b>                  | 95% of all abuse/neglect investigations shall be completed within 90 days. Cases with documented acceptable extensions in accordance with policy are considered compliant. |

<sup>106</sup> June 2022 data will be included in the next monitoring report. For certain data elements that have an extended time frame built into the measurement, the Monitor and DCF decided to alter the period for review so six-month monitoring reports can be produced more closely to the end of the monitoring period.

<sup>107</sup> Monthly performance for this measure is as follows: December, 85%; January, 89%; February, 86%; March, 85%; April, 85%; May, 86%.

### **Performance as of May 31, 2022:**<sup>108</sup>

In May 2022, 4,640 (95%) of the 4,862 investigations of child abuse and neglect were completed within 90 days. Performance from December 2021 to May 2022 ranged from 95 to 97 percent.<sup>109</sup> DCF continues to meet the SEP performance standard for the timeliness of investigation completion within 90 days.

### **Quality of Investigations**

|  |   |
|--|---|
| <b>Quantitative or Qualitative Measure</b> | 15. <i>Quality of Investigations</i> : Investigations of alleged child abuse and neglect shall meet standards of quality. |
| <b>Performance Target</b>                  | 85% of all abuse/neglect investigations shall meet standards of quality.  |

In February 2022, the Monitor and DCF together conducted a case record review of the quality of investigative practice of the Division of Child Protection and Permanency (CP&P). Reviewers examined the quality of practice of a statistically valid random sample of 354 selected Child Protective Services (CPS) investigations assigned to DCF Local Offices between October 1 and October 14, 2021, involving 527 alleged child victims. Overall, reviewers found that 288 (81%) of 354 of the investigations were of acceptable quality. Though this represents a decline from the 2020 review (in which reviewers found that 91% of investigations were of acceptable quality), the Monitor considers the decline in performance to be temporary and most likely attributable to challenges related to the COVID-19 pandemic and to the roll out of new Structured Decision Making (SDM) tools in November 2020.

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<sup>108</sup> June 2022 data will be included in the next monitoring report. For certain data elements that have an extended time frame built into the measurement, the Monitor and DCF decided to alter the period for review so six-month monitoring reports can be produced more closely to the end of the monitoring period.

<sup>109</sup> Monthly performance for this measure is as follows: December, 96%; January, 97%; February, 95%; March, 95%; April, 96%; May, 95%.

## B. FAMILY TEAM MEETINGS

Family Team Meetings (FTMs) bring families, providers, formal and informal supports together to exchange information, participate in case planning, coordinate, and follow up on services, and examine and address challenges. Meetings are intended to be scheduled according to the family's availability to involve as many family members and supports as possible. Workers are trained and coached to hold FTMs at key decision and transition points in the life of a case, such as when a child enters placement, when a child has a change in placement, and/or when there is a need to adjust a case plan to achieve permanency or meet a child's needs. During the monitoring period, some of these meetings were virtual, according to policy set at the onset of the COVID-19 pandemic, but many FTMs were able to occur in person, outdoors, in visitation centers, or in large public places. For the purposes of SEP monitoring, virtual FTMs were considered and counted as if they were in person.<sup>110</sup>

The SEP includes five performance measures pertaining to FTMs. As of the beginning of the monitoring period, four measures had been met and designated as *Outcomes To Be Maintained*: the requirements that FTMs be held within 45 days of a child's removal (SEP IV.B.16); that for children in out-of-home placement, at least three additional FTMs after the initial FTM be held within the first 12 months of placement (SEP IV.B.17); that children with the goal of reunification have at least three FTMs each year after the first 12 months of placement (SEP IV.B.18); and that children with a goal other than reunification have at least two FTMs each year after the first 12 months of placement (SEP IV.B.19). The remaining *Outcome To Be Achieved* is Quality of Teaming (SEP IV.B.20). Performance for all five measures is discussed below.

### Initial FTMs Held within 45 Days of Entry

|  |   |
|--|---|
| <b>Quantitative or Qualitative Measure</b> | 16. <u>Initial Family Team Meetings</u> : For children newly entering placement, the number/percent who have a family team meeting within 45 days of entry. |
| <b>Performance Target</b>                  | 80% of children newly entering placement shall have a family team meeting before or within 45 days of placement.  |

<sup>110</sup> DCF's Statewide Automated Child Welfare Information System (SACWIS) does not typically specify whether an FTM was held in person or virtually. As a result, any estimate of virtual FTMs is likely to be an undercount. See Section V.B *Family Team Meetings*.

### **Performance as of May 31, 2022:<sup>111</sup>**

In May 2022, 100 (94%) out of 106 possible FTMs occurred within 45 days of a child's removal from home. Performance from January 1 to May 31, 2022 ranged from a low of 80 percent to a high of 94 percent.<sup>112</sup> For this measure, the Monitor applied the findings from DCF's review of data from NJ SPIRIT to determine whether exceptions to FTM policy were appropriately applied and documented.<sup>113</sup> DCF met the performance standard in each of the six months of the monitoring period and thus the Monitor considers this measure met.

### **FTMs Held Within the First 12 Months**

|  |   |
|--|---|
| <b>Quantitative or Qualitative Measure</b> | 17. <u>Subsequent Family Team Meetings Within 12 Months</u> : For all other children in placement, the number/percent who have three additional FTMs within the first 12 months of the child coming into placement. |
| <b>Performance Target</b>                  | 80% of children will have three additional FTMs within the first 12 months of the child coming to placement.  |

### **Performance as of June 30, 2022:<sup>114</sup>**

In June 2022, 61 (82%) of 74 applicable children had three or more FTMs within the first 12 months of entering placement, after the initial FTM. Performance from January 1 to June 30, 2022 ranged from a low of 75 percent to a high of 87 percent.<sup>115</sup> For this measure, the Monitor applied the findings from DCF's review of data from NJ SPIRIT to determine whether exceptions to FTM policy were appropriately applied

<sup>111</sup> Due to the expedited nature of this monitoring report, June data was not included for this measure.

<sup>112</sup> Monthly performance for this measure is as follows: January, 84%; February, 87%; March, 80%; April, 82%; May, 94%. Reported performance accounts for valid exceptions to the FTM requirement.

<sup>113</sup> In an effort to assess the validity of exceptions, DCF reviewed all 11 cases in NJ SPIRIT in which a worker documented that the FTM was not held due to a documented exception to the FTM requirement. The Monitor excluded valid exceptions to the FTM requirement from the universe of cases. For example, in May 2022, there were 107 children newly entering placement. DCF determined that in 1 case, the worker had appropriately determined that the parent declined the FTM or was otherwise unavailable. The Monitor excluded that case, making the universe of applicable cases 106 children (107-1).

<sup>114</sup> Measure 17 applies to all children who have been in out-of-home placement for 12 months who entered care in the specified month. For example, performance for June 2022 is based upon the 79 children who entered care in June 2021. Compliance is based on whether at least three FTMs were held for these children during the 12-month period they were in care.

<sup>115</sup> Monthly performance for this measure is as follows: January, 75%; February, 80%; March, 83%; April, 87%; May, 79%; June, 82%. Reported performance accounts for valid exceptions to the FTM requirement.

and documented.<sup>116</sup> DCF's performance met or exceeded the SEP standard in four out of six months, and its performance remained close to the standard in the other two months. Additionally, the universe of cases to which this measure applies is relatively small and thus is more susceptible to fluctuations in percentages used to determine compliance. The Monitor considers this measure met.

### **FTMs Held After 12 Months in Placement with a Goal of Reunification**

|  |   |
|--|---|
| <b>Quantitative or Qualitative Measure</b> | 18. <u>Subsequent Family Team Meetings After 12 Months:</u> For all children in placement with a goal of reunification, the number/percent who have at least three FTMs each year after the first 12 months of placement. |
| <b>Performance Target</b>                  | 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.  |

#### **Performance as June 30, 2022:** <sup>117</sup>

In June 2022, 16 (100%) of 16 applicable children with a permanency goal of reunification had three or more FTMs in the most recent 12 months, if they had been in out-of-home placement for two or more years. Performance from January 1 to June 30, 2022 ranged from a low of 58 percent to a high of 100 percent.<sup>118</sup> For this measure, there were no documented exceptions to the requirement during the period.

The universe of cases to which this measure applies is small and therefore more susceptible to fluctuations in percentages used to determine compliance. The Monitor considers performance to have met the standard this monitoring period.

<sup>116</sup> In an effort to assess the validity of exceptions, DCF reviewed all 32 cases in NJ SPIRIT in which a worker documented that the FTM was not held due to a documented exception to the FTM requirement. The Monitor excluded valid exceptions to the FTM requirement from the universe of cases. For example, in June 2022, there were 79 children who had been in out-of-home placement for 12 months. DCF determined that in 5 cases, the worker had appropriately determined that the parent declined the FTM or was otherwise unavailable. The Monitor excluded those cases, making the universe of applicable cases 74 children (79-5).

<sup>117</sup> Measure 18 applies to all children who have been in care for at least 24 months who entered care in the specified month each year and have a goal of reunification. For example, in June 2022, a combined total of 16 children entered care in June 2020, June 2019, June 2018, etc. and were still in placement with a goal of reunification. Compliance is based on whether at least three FTMs were held for these children during their most recent 12 months in care.

<sup>118</sup> Monthly performance for this measure is as follows: January, 80%; February, 58%; March, 67%; April, 75%; May, 83%; June, 100%. Reported performance accounts for valid exceptions to the FTM requirement.

## FTMs Held After 12 Months in Placement with a Goal Other than Reunification

|  |  |
|--|--|
| <b>Quantitative or Qualitative Measure</b> | 19. <u>Subsequent Family Team Meetings After 12 Months:</u> For all children in placement with a goal other than reunification, the number/percent who have at least two FTMs each year. |
| <b>Performance Target</b>                  | 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.                                 |

### **Performance as of June 30, 2022:**<sup>119</sup>

In June 2022, 88 (96%) of 92 applicable children in out-of-home placement with a permanency goal other than reunification had two or more FTMs in the most recent 12 months of those in out-of-home placement for two or more years. Performance from January 1 to June 30, 2022 ranged from a low of 84 percent to a high of 96 percent.<sup>120</sup> For this measure, the Monitor applied the findings from DCF's review of data from NJ SPIRIT to determine whether exceptions to FTM policy were appropriately applied and documented.<sup>121</sup>

DCF met the SEP standard in three months and remained close to the standard in the other three months, and therefore the Monitor considers this measure to be met.

<sup>119</sup> Children eligible for Measure 19 are all children who have been in care for at least 24 months who entered care in the month specified each year and have a goal other than reunification. For example, in June 2022, a combined total of 92 children entered care in June 2020, June 2019, June 2018, etc. and are still in placement with a goal other than reunification. Compliance is based on whether at least two FTMs were held for these children each year in the most recent year after 12 months in care.

<sup>120</sup> Monthly performance for this measure is as follows: January, 84%; February, 92%; March, 91%; April, 85%; May, 88%; June, 96%. Reported performance accounts for valid exceptions to the FTM requirement.

<sup>121</sup> In an effort to assess the validity of exceptions, DCF reviewed all 10 cases in NJ SPIRIT in which a worker documented that the FTM was not held due to a documented exception to the FTM requirement. The Monitor excluded valid exceptions to the FTM requirement from the universe of cases. For example, in January 2022 there were 102 children who had been in care for at least 24 months with a goal other than reunification. DCF determined that in one case, the worker had appropriately determined that the parent declined the FTM or was otherwise unavailable. The Monitor excluded that case, making the universe of applicable cases 101 children (102-1).

## C. QUALITY OF CASE AND SERVICE PLANNING

Between January and June 2022, DCF continued the training necessary for the implementation of Solution Based Casework (SBC), an evidence-based child welfare practice model that has been shown to impact quality of case practice outcomes as measured by the federal Child and Family Services Review (CFSR). Beginning in January 2022, CP&P staff began the “certification phase” of implementation, where staff started to use SBC with families newly involved with DCF. Currently CP&P is integrating SBC into work with families with open cases. Efforts to support integration of SBC with DCF’s Case Practice Model, which relies on frequent case planning, continue.

The SEP includes three measures related to case planning, two of which have been previously met and designated as *Outcomes To Be Maintained*: the requirement that case plans be developed with families within 30 days of placement (SEP IV.D.22) and the requirement that case plans be reviewed and modified every six months (SEP III.C.6). The SEP measure regarding the quality of case planning (SEP IV.D.23) remains an *Outcome To Be Achieved*. Performance for all three measures is discussed below.

### Timeliness of Case Planning – Initial Case Plans

|  |   |
|--|---|
| <b>Quantitative or Qualitative Measure</b> | 22. <u>Timeliness of Initial Plans</u> : For children entering care, number/percent of case plans developed within 30 days. |
| <b>Performance Target</b>                  | 95% of case plans for children and families are completed within 30 days.   |

### ***Performance as of June 30, 2022:***

In June 2022, 102 (98%) of 104 initial case plans were completed within 30 days of a child entering placement. Between January and June, the timely development of initial case plans ranged from a low of 85 percent to a high of 100 percent.<sup>122</sup> Performance significantly improved from the previous monitoring period: two months exceeded the performance standard, and another two months were within two percentage points of the standard. The Monitor considers DCF to have met this measure.

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<sup>122</sup> Monthly performance for this measure is as follows: January,, 86%; February, 94%; March, 85%; April, 93%; May, 100%; June, 98%.



### Timeliness of Case Planning – Every Six Months

|  |   |
|--|---|
| <b>Quantitative or Qualitative Measure</b> | 6. <u>Case Plans</u> : Case plans for children and families will be reviewed and modified no less frequently than every six months. |
| <b>Performance Target</b>                  | 95% of case plans for children and families will be reviewed and modified no less frequently than every six months.                 |

#### ***Performance as of June 30, 2022:***

In June 2022, 446 (97%) of 460 case plans had been modified no less frequently than every six months. Performance from January to June 2022 ranged from 96 to 98 percent.<sup>123</sup> DCF met or exceeded the required standard for this measure in every month of the monitoring period. The Monitor considers DCF to have met this measure.

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<sup>123</sup> Monthly performance on this measure is as follows: January, 97%; February, 98%; March, 96%; April, 98%; May 97,%; June, 97%.

## D. MAINTAINING CONTACT THROUGH VISITS

Visits provide essential points of connection between children and their parents and siblings and children and parents with DCF workers. Visits enable workers to continually assess for safety and well-being, strengthen family connections, link children and families to needed services and supports, and improve prospects for permanency. As in states throughout the country, expectations for how to hold visits continued to be different due to safety issues presented by the COVID-19 pandemic. Most visits resumed in person, though some visits still occurred virtually, in compliance with the federal Children's Bureau guidelines, and DCF's policy that visits should only occur virtually if a participant is feeling ill.

The Department's efforts to preserve regular contacts, even if virtual, has been essential. Based on data provided by DCF, an average of 89 percent of all visits between January and April were conducted in person, with the rest being virtual.<sup>124</sup>

The SEP includes six performance measures related to visits. As of the beginning of this reporting period, five measures were designated as *Outcomes To Be Maintained*, including caseworker contacts with children newly placed or after a placement change (SEP III.F.9); caseworker contacts with children in ongoing placement (SEP III.F.10); parent-child weekly and bi-weekly visits (SEP IV.F.29 and IV.F.30); and visits with siblings (SEP IV.F.31). Caseworker contacts with parents when the goal is reunification (SEP IV.F.28) remains an *Outcome To Be Achieved*. Performance for all six measures during the monitoring period is discussed below.

### Caseworker Visits with Children in Placement

|  |  |
|--|--|
| <b>Quantitative or Qualitative Measure</b> | 9. <u>Caseworker Contacts with Children – New Placement/Placement Change</u> : The caseworker shall have at least twice-per-month face to face contact with the children within the first two months of placement, with at least one contact in the placement. |
| <b>Performance Target</b>                  | 93% of children shall have at least twice-per-month face to face contact with their caseworker during the first two months of placement, with at least one contact in the placement.   |

<sup>124</sup> DCF did not provide the percentage of visits that were conducted in person and virtually for May and June.

### **Performance as of May 31, 2022:<sup>125</sup>**

In May 2022, 136 (87%) of the 157 children in a new placement had two visits per month with their caseworkers during their first two months in placement, either in person or virtually, with at least one contact per month in the child's placement. Between January and May 2022, monthly performance ranged from 87 to 96 percent.<sup>126</sup> An average of 93 percent of these visits were conducted in person, across all months of the monitoring period.

DCF performance met the standard in three of the five months. Toward the end of the monitoring period, performance fell below 90 percent. The percentage of visits between caseworkers and children in the first month of a new placement setting remained near 100 percent. The Monitor considers this measure to be met.

|  |  |
|--|--|
| <b>Quantitative or Qualitative Measure</b> | 10. <u>Caseworker Contacts with Children in Placement</u> : During the remainder of placement, children will have at least one caseworker visit per month, in placement. |
| <b>Performance Target</b>                  | 93% of children will have at least one caseworker visit per month in placement, for the remainder of placement.  |

### **Performance as of June 30, 2022:**

In June 2022, 2,554 (95%) of the 2,677 children in an ongoing placement were visited at least once by their caseworker. Between January and June 2022, monthly performance ranged from 95 to 98 percent.<sup>127</sup> An average of 98 percent of these visits were conducted in person, across all the months of the monitoring period. DCF exceeded the performance standard in each month.

### **Caseworker Visits with Parents/Family Members**

|  |   |
|--|---|
| <b>Quantitative or Qualitative Measure</b> | 28. <u>Caseworker Visits with Parents/Family Members with Goal of Reunification</u> : The caseworker shall have at least two face-to-face visits per month with the parent(s) or other legally responsible family member of children in custody with a goal of reunification. |
| <b>Final Target</b>                        | 90% of families will have at least twice-per-month face-to-face contact with their caseworker when the permanency goal is reunification.  |

<sup>125</sup> Due to the expedited nature of this monitoring report, June data was not included in this report.

<sup>126</sup> Monthly performance for this measure is as follows: January, 95%; February, 96%; March, 94%; April 88%; May, 87%.

<sup>127</sup> Monthly performance for this measure is as follows: January, 97%; February, 98%; March, 97%; April 96%; May 95%; June 95%.

### **Performance as of June 30, 2022:**

In June 2022, 891 (81%) of 1,104 applicable children in custody with a goal of reunification had parents who were visited at least twice during the month by caseworkers, either in person or virtually. Between January and June 2022, a range of 76 to 84 percent of applicable parents or other legally responsible family members were visited at least two times per month by a caseworker.<sup>128</sup> An average of 93 percent of these visits were conducted in person between January and May.<sup>129</sup>

Figure 3 depicts performance on this measure over the past two years. In assessing performance for this measure, the Monitor accounted for exceptions to the visits requirement by applying the findings from DCF's review of children for whom case documentation indicated that a worker visit with a parent was not required because the parent was missing or otherwise unavailable.<sup>130,131</sup>

Performance throughout the monitoring period has rebounded to pre-pandemic levels and remained relatively consistent over the course of the six months. However, current performance does not meet the level required by the SEP and remains an *Outcome To Be Achieved*.

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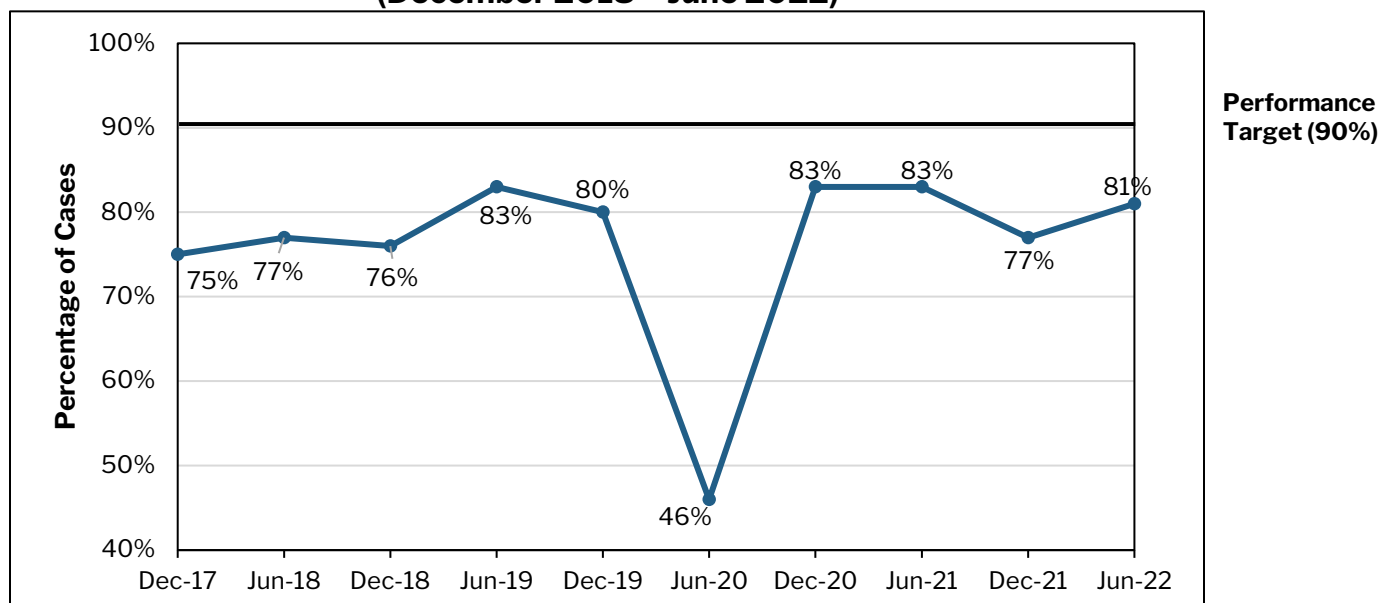
<sup>128</sup> Monthly performance for this measure is as follows: January, 76%; February, 82%; March, 85%; April 80%; May 82 %; June, 81%. Reported performance accounts for exceptions to the visits requirement.

<sup>129</sup> DCF did not provide the percentage of visits that were in person and virtual for Measure 28 in June 2022.

<sup>130</sup> Valid exceptions are determined using a review of a sample from the universe of all visits in one month. Examples of valid exceptions include: the visit is not required due to a court order, the parent is missing for more than 6 months despite worker efforts to locate, or the parent has moved out of state and an in-person visit is not geographically feasible to arrange.

<sup>131</sup> In an effort to assess the validity of exceptions, DCF reviewed 172 cases from a universe of cases from February 2022 in which worker visits with parents were not held due to a documented exception to the visits requirement. DCF determined that a valid exception was utilized in 120 (70%) of the 172 cases reviewed. During each month of the monitoring period, workers documented an average of approximately 270 exceptions to the visits requirement. The Monitor excluded 70% of those exceptions in each month. For example, in June 2022 there were 1,292 children in custody with a goal of reunification. Data from NJ SPIRIT indicated that there were 269 documented cases that month in which workers documented that parents were missing or otherwise unavailable. Based on the sample, the Monitor excluded from the universe 188 (70%) of the 269 cases in June, making the universe of applicable children 1,104 (1,292-188).

**Figure 3: Percentage of Families Who Had at least Twice per Month Face-to-Face Contact with Caseworker when the Goal is Reunification (December 2018 – June 2022)**



Source: DCF data

### Visits between Children in Custody and their Parents

|  |  |
|--|--|
| <b>Quantitative or Qualitative Measure</b> | 29. <u>Weekly Visits between Children in Custody and Their Parents:</u><br>Number/percent of children who have weekly visits with their parents when the permanency goal is reunification unless 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.  |
| <b>Final Target</b>                        | 60% of children in custody with a return home goal will have an in-person visit with their parent(s) or other legally responsible family member 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. |

### Performance as of June 30, 2022:

In June 2022, an average of 757 (81%) of 935 applicable children visited virtually or in person weekly with their parents during the month. Between January and

June 2022, a range of 80 to 85 percent of children had a weekly visit with their parents when the permanency goal was reunification.<sup>132</sup> An average of 88 percent of visits were conducted in person between January and May.<sup>133</sup> This performance exceeds the SEP standard in each month. The Monitor considers this measure to be met.

|  |  |
|--|--|
| <b>Quantitative or Qualitative Measure</b> | 30. <u>Bi-Weekly Visits between Children in Custody and Their Parents:</u><br>Number/percent of children who have weekly visits with their parents when the permanency goal is reunification unless 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.         |
| <b>Final Target</b>                        | 85% of children in custody with a return home goal will have an in-person visit with their parent(s) or other legally responsible family member at least every other week, 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. |

### ***Performance as of June 30, 2022:***

In June 2022, 862 (93%) of 928 applicable children had at least two visits, either virtual or in person, with their parents during the month. Between January and June 2022, a monthly range of 93 to 96 percent of children had visits at least twice a month with their parents when their permanency goal was reunification.<sup>134</sup> An average of 93 percent of these visits were conducted in person between January and May.<sup>135</sup> DCF's performance exceeded the SEP standard in all months of the monitoring period. The Monitor considers this measure to be met.

<sup>132</sup> Monthly performance for this measure is as follows: January, 80%; February, 85%; March, 85%; April 81%; May 80%; June, 81%. Reported performance accounts for valid exceptions to this visits requirement. Given the results of validation from a prior monitoring period, the Monitor excluded from the universe all cases in which DCF documented an exception to the parent-child visit requirement. For example, in June 2022, there was an average of 1,366 children with a goal of reunification across the four weeks of the month. Data from NJ SPIRIT indicated that in an average of 431 cases that month, the worker had determined that the parent was unavailable for the visit, the child declined the visit, or the visit was not required. Based on these data, the Monitor excluded those cases from the universe, making the universe of applicable children an average of 935 in June (1,366-431).

<sup>133</sup> DCF did not provide the percentage of visits that were in person and virtual for Measure 29 in June 2022.

<sup>134</sup> Monthly performance for this measure is as follows: January, 94%; February, 95%; March, 96%; April 94%; May 93%; June, 93%. Reported performance accounts for valid exceptions to this visit requirement. Given the results of validation activities from a prior monitoring period, the Monitor excluded from the universe all cases in which DCF documented an exception to the parent-child visit requirement. For example, in June 2021, there were 1,293 children with a goal of reunification. Data from NJ SPIRIT indicated that in 365 cases that month, the worker had determined that the parent was unavailable for the visit, the child declined the visit, or the visit was not required. Based on these data, the Monitor excluded those cases from the universe, making the universe of applicable children 928 in December (1,293-365).

<sup>135</sup> DCF did not provide the percentage of visits that were in person and virtual for Measure 30 in June 2022.

## Visits between Children in Custody and Siblings Placed Apart

|  |  |
|--|--|
| <b>Quantitative or Qualitative Measure</b> | 31. <u>Visits between Children in Custody and Siblings Placed Apart:</u><br>Number/percent of children in custody, who have siblings with whom they are not residing shall visit with their siblings as appropriate.   |
| <b>Final Target</b>                        | 85% of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly, 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. |

### ***Performance as of June 30, 2022:***

In June 2022, 764 (91%) of 841 applicable children in placement who had at least one sibling with whom they did not reside had at least one virtual or in person visit with one of their siblings during the month.<sup>136</sup> Between and January and June 2022, a range of 78 to 91 percent of children had at least monthly visits with one of their siblings with whom they were not placed, accounting for exceptions.<sup>137,138</sup> An average of 93 percent of these visits were conducted in person between January and May.<sup>139</sup>

DCF met the performance standard in four months during this monitoring period. By the end of the monitoring period, performance had significantly improved from the beginning of the monitoring period and the prior monitoring period, which is a notable accomplishment. Performance over the last several years is demonstrated in Figure 4. As shown in the Figure, performance at the end of this monitoring period with respect to this measure was the highest it has been, when 91% of children visited with one of their siblings with whom they were not placed.

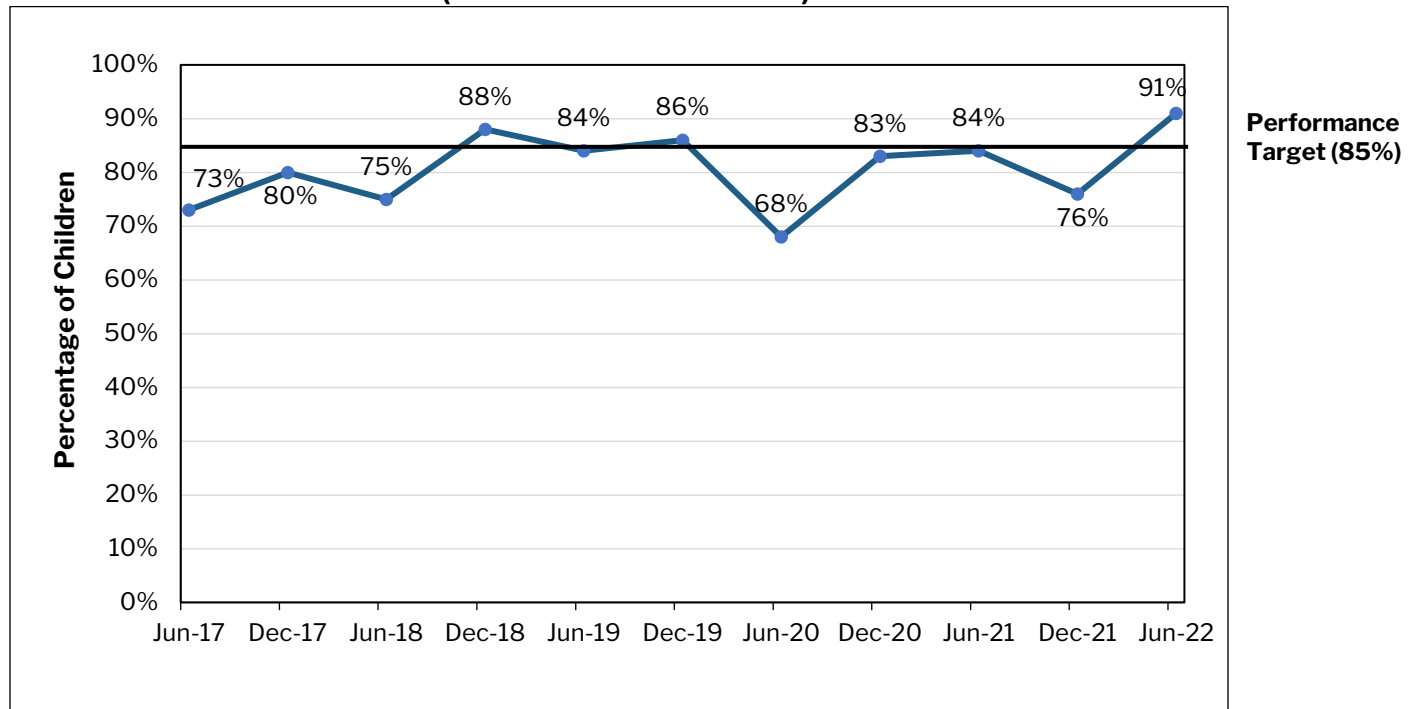
<sup>136</sup> Given results of validation activities from a prior monitoring period, the Monitor excluded 60% of the exceptions from each month from the universe. For example, in the month of June 2022, there were 918 children in custody with a sibling in care with whom they were not placed. Data from NJ SPIRIT indicated that there were 129 documented cases that month for which the worker had determined the visit was not required or the child was unavailable. Based on these data, the Monitor excluded from the universe 77 (60%) the 129 cases, making the universe of applicable children in December 841 (918-77).

<sup>137</sup> 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.

<sup>138</sup> Monthly performance for this measure is as follows: January, 78%; February, 79%; March, 85%; April 88%; May 88%; June, 91%. Reported performance accounts for valid exceptions to the visits requirement.

<sup>139</sup> DCF did not provide the percentage of visits that were in person and virtual for Measure 31 in June 2022.

**Figure 4: Percentage of Children Who Visited with their Siblings  
(June 2017 – June 2022)**



Source: DCF Data



## E. PLACEMENT

Stable and appropriate placement for children in foster care is essential for child safety and well-being, and maintenance of family bonds. DCF policy requires siblings to be placed together whenever possible, and that children experience as few placement changes as possible while in out-of-home placement. There are five performance measures related to placement. As of the beginning of the reporting period, all had been previously met and were designated as *Outcomes To Be Maintained*: sibling placements of two to three children (SEP IV.G.32); sibling placements and recruitment of placements for four or more children (SEP IV.G.33); placement stability for children in care between 13 and 24 months (SEP IV.G.36); and placement stability for children in care 12 months or less (SEP IV.G.35). The state's performance with respect to placement stability is not newly assessed in this report as performance for the stability standards is measured annually at the end of each calendar year. Updated data will be included in the next monitoring report when these data are available. The most recent performance data can be found in Table 1B of this report. Data for recruitment of placements for sibling groups of four or more (SEP IV.G.34) is discussed below.

### Recruitment of Placements for Sibling Groups of Four or More

|  |  |
|--|--|
| <b>Quantitative or Qualitative Measure</b> | 34. <u>Recruitment of Placements for Sibling Groups of Four or More</u>                            |
| <b>Performance Target</b>                  | DCF will continue to recruit for resource homes capable of serving sibling groups of four or more. |

#### **Performance as of June 28, 2022:**<sup>140</sup>

As of June 28, 2022, DCF had a total of 41 large capacity Siblings in Best Placement Settings (SIBS) homes; one additional home since the end of December 2021. Of the 41 large capacity SIBS homes, 26 are kinship and 15 are non-kinship resource homes.

Thirty-one of the 41 homes can accommodate four children and ten of the homes can accommodate five or more children. Between January 31 and June 28, 2022, DCF recruited and licensed three new homes (two kinship and one non-kinship) that can

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<sup>140</sup> Date of data extraction.

accommodate five or more children. During the same period, a total of two homes that could accommodate five or more children closed, one to reunification of a sibling group and another to the finalization of Kinship Guardianship of a sibling group. DCF also recruited and licensed ten new homes (seven kinship and three non-kinship) that can accommodate four children during the monitoring period. During this same period, ten homes that could accommodate four children either closed or downgraded their capacity.<sup>141</sup>

Given that the State is still returning to pre-pandemic recruiting operations, and the ongoing concern over COVID-19 that remains a barrier to recruitment of resource family homes, the Monitor considers DCF to have met the SEP standard for this measure for this monitoring period.

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<sup>141</sup> Of the ten homes that could accommodate 4 or more children that downgraded their capacity or closed, 2 homes closed upon reunification; 2 homes withdrew from the licensing process; 1 home closed upon finalizing Kinship Legal Guardianship; 1 home closed due to relocating; 1 home downgraded their capacity due to an inability to transport large sibling groups; 1 home downgraded their capacity upon reunification of a sibling; 1 home downgraded their capacity when a sibling required a higher level of care; and 1 home downgraded their capacity due to a sibling being in runaway status for more than 6 months.

## F. MALTREATMENT OF CHILDREN AND YOUTH

A fundamental responsibility of DCF is ensuring the long-term safety of children who are receiving or have received services from CP&P. This means ensuring the safety of children who are placed in resource family homes and congregate facilities and preventing future maltreatment when children have been returned home.

There are four SEP performance measures related to maltreatment of children and youth. As of the beginning of the reporting period, all four measures were designated as *Outcomes To Be Maintained*: abuse and neglect of children in foster care (SEP III.H.12); repeat maltreatment for children remaining in their home (SEP IV.H.37); maltreatment post-reunification (SEP IV.H.38); and re-entry to placement (SEP IV.H.39). The state's performance is not newly assessed in this report as performance is measured at the end of each calendar year. The most recent performance data can be found in Table 1B of this report.

## G. TIMELY PERMANENCY

Regardless of age, gender, race or ethnicity, all children need and deserve a safe, nurturing family to protect and guide them. Safe family reunification is the preferred path, but permanency for children can be achieved in multiple ways, including kinship/guardianship and adoption. There are four SEP measures that focus on permanency for children. As of the beginning of the reporting period, all four measures were designated as *Outcomes To Be Maintained* – achieving permanency within 12 months (SEP IV.I.40), 24 months (SEP IV.I.41), 36 months (SEP IV.I.42), and 48 months (SEP IV.I.43). The state's performance on these permanency measures is not newly assessed in this report as performance is measured annually at the end of each calendar year. The most recent performance data can be found in Table 1B of this report.

## H. CHILD HEALTH UNITS

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|--|--|
| <b>Quantitative or Qualitative Measure</b> | 8. <u>Child Health Units</u> : The State will continue to maintain its network of child health units, adequately staffed by nurses in each Local Office. |
| <b>Performance Target</b>                  | DCF will maintain adequate staffing levels in Local Offices.   |

Early in New Jersey's child welfare improvement efforts, DCF developed Child Health Units (CHUs) to facilitate and ensure the timely provision of health care to children in CP&P custody. CHUs are located in each CP&P Local Office and are staffed with Regional Nurse Administrators, Nurse Health Care Case Managers (HCCMs), and staff assistants, based on the projected number of children in out-of-home placement.

Section III.E of the SEP requires the state to "maintain its network of child health units, adequately staffed by nurses in each Local Office." This measure has been previously met and designated as an *Outcome To Be Maintained*. New Jersey's CHUs, which provide each child placed in a resource home with a nurse assigned for health care case management, continue to be recognized by staff and external partners as a notable achievement of the state's child welfare reform efforts.

### ***Performance as of June 30, 2022:***

On June 30, 2022, DCF employed 108 nurses, of which approximately 101 were available for coverage, and 46 staff assistants, all 46 of which were available for coverage.

Between January and June 2022, there was an average of 110 nurses available for coverage, for an average ratio of one nurse to every 29 children in out-of-home care, exceeding the standard of one nurse to 50 children in out-of-home care. DCF performance in this area continues to meet the SEP standard.

## I. OLDER YOUTH

Older youth in foster care often benefit from specialized support to prepare them for their transition to adulthood as they “age out” of the foster care system at age 21, or if they decide to sign themselves out of care beforehand. DCF offers many services to transition-age youth who have not been able to reunify with their families or find another permanent home with relatives or adoptive families. Measures related to older youth reinforce the vital opportunity to build Protective and Promotive Factors (PPFs) and promote healthy development and well-being for this age group.

The SEP includes four measures related to older youth. As of the beginning of the reporting period, all were designated as *Outcomes To Be Maintained* – completion of Independent Living Assessments (SEP IV.K.45); quality of case planning and services (SEP IV.K.46); housing for youth who exit care without achieving permanency (SEP IV.K.47); and education/employment for youth who exit care without achieving permanency (SEP IV.K.48).

Since 2019, performance on housing, education, and employment for older youth has been assessed annually through a specialized case record review, and thus are not newly assessed in this report. Quality of Case Planning and Services for Older Youth has historically been assessed through the QR, which were suspended during the COVID-19 pandemic and thus there are no new data in this report. Performance for independent living assessments is discussed below.

### Independent Living Assessments

|  |  |
|--|--|
| <b>Quantitative or Qualitative Measure</b> | 45. <u>Independent Living Assessments</u> : Percentage of youth ages 14 and 18 with a completed Independent Living Assessment. |
| <b>Performance Target</b>                  | 90% of youth ages 14 to 18 will have an Independent Living Assessment.   |

### **Performance as of June 30, 2022:**

In June 2022, there were 399 youth ages 14 to 18 in out-of-home placement for at least six months; 362 (91%) had an Independent Living Assessment (ILA) completed. Monthly performance between January and June 2022 ranged from 79 to 91

percent.<sup>142</sup> DCF performance remained below but close to the standard in each month of the monitoring period; the Monitor considers this measure to be met.

### Housing

|  |  |
|--|--|
| <b>Quantitative or Qualitative Measure</b> | 46. <u>Housing</u> : Youth exiting care without achieving permanency shall have housing. |
| <b>Performance Target</b>                  | 95% of youth exiting care without achieving permanency shall have housing.               |

Stable housing is a critical, concrete support that older youth need to thrive as they transition to adulthood. With the help of specialized caseworkers, DCF works to ensure that all older youth exiting foster care have a housing plan in place. As of last measurement in CY 2021, 93% of applicable cases reviewed met the standard.

### Employment/Education

|  |   |
|--|---|
| <b>Quantitative or Qualitative Measure</b> | 47. <u>Employment/Education</u> : 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. |
| <b>Performance Target</b>                  | 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.                            |

It is important that older youth exiting foster care have an opportunity to further their education and develop employment skills prior to their transition out of foster care. As of last measurement in CY 2021, 95% of applicable cases reviewed met the standard.

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<sup>142</sup> Monthly performance for this measure is as follows: January, 79%; February, 82%; March, 81%; April, 79%; May, 86%; June, 91%.

## J. CASELOADS

One of the early successes of DCF's reform was reducing and now maintaining caseloads at levels where workers can do the work with children, youth, and families that was expected of them. Caseload compliance is measured by assessing caseloads for individual caseworkers in each of the system's functional areas (Intake, Permanency, Adoption, and IAIU) as well as standards for each CP&P Local Office. Table 2 summarizes the SEP's caseload standards for individual workers.

The SEP includes eight performance measures related to caseloads. As of the beginning of the monitoring period, all were designated as *Outcomes To Be Maintained*. These eight measures include Intake office caseloads (SEP IV.E.24); Intake individual worker caseloads (SEP IV.E.25); Adoption office caseloads (SEP IV.E.26); Adoption individual worker caseloads (SEP IV.E.27); Permanency office caseloads (SEP III.B.4); Permanency individual worker caseloads (SEP III.B.5); IAIU investigators individual caseloads (SEP III.B.3); and supervisory/worker ratio (SEP III.B.2). Performance for all eight measures during the current monitoring period is discussed below.

**Table 2: CP&P Individual Worker Caseload Standards**

| <b>Caseworker Function</b>                     | <b>Responsibility</b>  | <b>Individual Caseload Standard (SEP IV.E and III.B)</b>   |
|--|--|--|
| Intake   | Respond to community concerns regarding child safety and well-being. Specifically, receive referrals from the State Central Registry (SCR) and depending on the nature of the referral, respond between two hours and five days with a visit to the home and begin investigation or assessment. Complete investigation or assessment within 60 days. | Intake workers are to have no more than <b>12 open cases</b> at any one time <b>and</b> no more than <b>eight new referrals</b> assigned in a month. No Intake worker with 12 or more open cases can be given more than <b>two secondary assignments</b> per month. <sup>143</sup> |
| Institutional Abuse Investigations Unit (IAIU) | Respond to allegations of child abuse and neglect in settings including correctional facilities, detention facilities, treatment facilities, schools (public or private), residential schools, shelters, hospitals, camps, or child care centers that are required to be licensed, resource family homes, and registered family day care homes.      | IAIU staff workers are to have no more than <b>12 open cases</b> at any one time <b>and</b> no more than <b>eight new referrals</b> assigned in a month.   |

<sup>143</sup> Secondary assignments refer to shared cases between Intake and Permanency workers for families who have a case open with a Permanency worker where there are new allegations of abuse or neglect that require investigation.

|            |  |  |
|------------|--|--|
| Permanency | Provide services to families whose children remain at home under the protective supervision of CP&P and those families whose children are removed from home due to safety concerns.                  | Permanency workers are to serve no more than <b>15 families and 10 children in out-of-home care at any one time.</b> |
| Adoption   | Find permanent homes for children who cannot safely return to their parents by preparing children for adoption, developing adoptive resources, and performing the work needed to finalize adoptions. | Adoption workers are to serve no more than <b>15 children</b> at any one time.                                       |

Source: DCF

## Intake

The SEP Intake caseload standard is that no worker should have more than eight new case assignments per month, no more than 12 open primary cases at any one time, and no Intake worker with 12 or more open primary cases can be assigned more than two secondary assignments per month. In January 2017, DCF implemented a new methodology for tracking and reporting the SEP Intake caseload standard to more clearly communicate to staff and to streamline monitoring and reporting. DCF's methodology now captures secondary case assignments on the Intake worker's monthly caseload report, which tracks and reports Intake caseloads as follows: no more than eight new assignments per month; no more than 12 cases assigned as primary case assignments at any one time; and no more than 14 cases at any one time, including both primary and secondary case assignments. The methodology for the standard of no more than eight new case assignments per month, including secondary assignments, remains unchanged.

|  |  |
|--|--|
| <b>Quantitative or Qualitative Measure</b> | 24. <u>Intake Local Office Caseloads</u> : Local Offices will have an average caseload for Intake workers of (a) no more than 12 families, and (b) no more than eight new assignments per month. No Intake worker with 12 or more open cases can be given more than two secondary assignments per month. |
| <b>Performance Target</b>                  | 95% of Local Offices will have an average caseload of (a) no more than 12 families, and (b) no more than eight new assignments per month. No Intake worker with 12 or more open cases can be given more than two secondary assignments per month.  |

### **Performance as of June 30, 2022:**

Performance data for January through June 2022 show that 97 percent of Local Offices met the Intake caseload standards. DCF continues to exceed the SEP standard.



|  |   |
|--|---|
| <b>Quantitative or Qualitative Measure</b> | 25. <u>Individual Intake Caseloads</u> : individual Intake workers shall have (a) no more than 12 open cases, and (b) no more than eight new assignments per month. No Intake worker with 12 or more open cases can be given more than two secondary assignments per month. |
| <b>Performance Target</b>                  | 90% of individual Intake workers shall have (a) no more than 12 open cases, and (b) no more than eight new assignments per month. No Intake worker with 12 or more open cases can be given more than two secondary assignments per month.                                   |

### ***Performance as of June 30, 2022:***

The state reported an average of 1,021 active Intake workers between January through June 2022. Among the 1,021 active Intake workers, an average of 980 (96%) had caseloads that met the standard. Specifically, in June 2022, 971 (97%) of 1,001 active Intake workers were following individual worker standards. DCF continues to meet the individual Intake worker caseload standard.

Data by Local Office show that during June 2022, performance ranged from 73 percent to 100 percent, with all Local Offices having all Intake workers in compliance with caseload standards.

To assist in maintaining caseload standards, DCF deploys Impact Teams (a supervisor and three workers) to a unit or a Local Office in different areas of the state to take on investigations overflow when intakes are unusually high. There are nine Impact Teams, one per Area Office.

### ***“Shared” Cases between Intake and Permanency Workers***

As described in previous monitoring reports, Intake and Permanency workers sometimes share responsibility for families with open permanency cases when there are new allegations of abuse or neglect for a family with an open case. According to DCF procedure, all Child Protective Services (CPS) reports are assigned to Intake workers to investigate and are reflected in caseload reporting as one of the Intake workers' eight new referrals in the month and as one of their 12 open families for that month. However, when circumstances indicate that a family with an already open permanency case is the subject of a new CPS or Child Welfare Services (CWS) report, the work with the family becomes the shared responsibility of both Intake and Permanency workers until the investigation is completed.

Intake workers are assigned a secondary worker designation in NJ SPIRIT for such cases with families who are already currently assigned a Permanency worker. According to DCF, this arrangement emphasizes the primary role of the Permanency worker in securing placement, facilitating visits, supporting the family to implement the case plan, and coordinating services. It also reflects the Permanency worker's responsibility to provide information to the Intake worker and to link the family to appropriate services and supports identified during the new investigation, thus relieving the Intake worker of the overall case management responsibility for the case. Intake workers continue to be responsible for the work required to complete investigative tasks and to reach and document an investigative finding. Thus, these secondary assignments are counted as one of the Intake worker's eight new referrals assigned in a month and as part of the total 14 open cases per month.

DCF reports that Intake supervisors in CP&P Local Offices are expected to appropriately manage the workload of staff in their units and consider an Intake worker's primary and secondary responsibilities when assigning new referrals. Table 3 provides the reported number of secondary assignments to Intake workers by month for this monitoring period.

**Table 3: Number of CP&P Investigations and Secondary Intake Assignments by Month (January – June 2022)<sup>144</sup>**

| Month    | Total Investigations Assigned to Intake Workers for the Month | Secondary Intake Worker Assignments of CPS and CWS Investigations |    |
|----------|---|---|----|
| January  | 4,385   | 269   | 6% |
| February | 4,890   | 288   | 6% |
| March    | 5,954   | 300   | 5% |
| April    | 4,744   | 271   | 6% |
| May      | 5,422   | 315   | 6% |
| June     | 4,856   | 284   | 6% |

Source: DCF data

The Monitor reviewed monthly Local Office data on secondary assignments and found that on average, each Intake worker was assigned one secondary case at any given time during the period reviewed. The Monitor also found that an average of 13 percent of Intake workers received two or more secondary case assignments and an

<sup>144</sup> Total excludes intakes assigned to Impact, Permanency, Adoption, and Advocacy Center workers and includes intakes assigned to workers on leave.

average of three percent of Intake workers received three or more secondary assignments each month during the monitoring period. Specifically, in the month of June 2022, 141 (14%) Intake workers received two or more secondary intake assignments and 34 (3%) Intake workers received three or more secondary intake assignments. To ensure that Intake workload is properly managed, regardless of the combination of primary and secondary assignments, DCF continues to examine the processes used in Local Offices to make secondary assignments, as well as Local Office workflow management practices.

### **Assignment of Investigations to Non-Caseload Carrying Staff**

On occasion, to handle the unpredictable flow of referrals for investigations, trained non-caseload carrying staff as well as caseload-carrying staff who are not part of Intake units (non-Intake caseload carrying staff) in Local Offices are assigned to investigations. DCF reports that all staff are required to complete First Responder training prior to being assigned an investigation and non-caseload carrying staff must have been similarly trained and receive supervision by the Intake supervisor. The Monitor's review of DCF's data for the months of January through June 2022 found that an average of one percent of investigations were assigned each month to non-caseload carrying staff, and an average of five percent were assigned to non-Intake caseload carrying staff.

DCF produces a Caseload Report Exception List that documents all instances of intakes identified as assigned to non-caseload carrying workers, and closely monitors the list on an ongoing basis. Table 4 shows the number of investigations assigned to non-caseload carrying staff, and Table 5 shows the number of investigations assigned to non-Intake caseload carrying staff.

**Table 4: Percentage of CP&P Investigations Assigned to Non-Caseload Carrying Staff by Month  
(January– June 2022)<sup>145</sup>**

| Month    | Total Investigations Received in the Month | Number and Percentage of Investigations Assigned to Non-Caseload Carrying Staff |      |
|----------|--|---|------|
| January  | 4,651                                      | 33  | 1%   |
| February | 5,189                                      | 57  | 1%   |
| March    | 6,269                                      | 58  | 1%   |
| April    | 5,042                                      | 40  | 1%   |
| May      | 5,664                                      | 12  | 0.2% |
| June     | 5,114                                      | 14  | 0.3% |

Source: DCF data

**Table 5: Percentage of CP&P Investigations Assigned to Non-Intake Caseload Carrying Staff by Month  
(January– June 2022)**

| Month    | Total Investigations Received in the Month | Number and Percentage of Investigations Assigned to Non-Intake Caseload Carrying Staff <sup>146</sup> |    |
|----------|--|---|----|
| January  | 4,651                                      | 233   | 5% |
| February | 5,189                                      | 242   | 5% |
| March    | 6,269                                      | 257   | 4% |
| April    | 5,042                                      | 258   | 5% |
| May      | 5,664                                      | 230   | 4% |
| June     | 5,114                                      | 244   | 5% |

Source: DCF data

## Adoption

|  |   |
|--|---|
| <b>Quantitative or Qualitative Measure</b> | 26. <u>Adoption Local Office Caseloads</u> : Local offices will have an average caseload for Adoption workers of no more than 15 children per worker. |
|--|---|

<sup>145</sup> Data are provided for investigations assigned within five days of intake receipt date and do not reflect additional assignments to an investigation after the first five days. DCF conducts monthly reviews of assignments to non-caseload carrying staff in NJ SPIRIT and has found that some investigations have been re-assigned to caseload carrying workers after the initial five days. As a result, the reported percentage of investigations assigned to non-caseload carrying staff may be lower than six percent.

<sup>146</sup> This includes Permanency, Adoption, Impact, and Advocacy Center caseload carrying workers.

|                           |   |
|---------------------------|---|
| <b>Performance Target</b> | 95% of Local Offices will have an average caseload of no more than 15 children per Adoption worker. |
|---------------------------|---|

|  |   |
|--|---|
| <b>Quantitative or Qualitative Measure</b> | 27. <u>Individual Worker Adoption Caseloads:</u> Individual Adoption worker caseloads shall be no more than 15 children per worker. |
| <b>Performance Target</b>                  | 95% of individual Adoption workers shall have a caseload of no more than 15 children per month.                                     |

***Performance as of June 30, 2022:***

Performance data for January through June 2022 show that 100 percent of Local Offices and 98 percent of individual workers continued to maintain the adoption caseload standard during this period.<sup>147</sup>

**Permanency**

|  |  |
|--|--|
| <b>Quantitative or Qualitative Measure</b> | 4. <u>Permanency Local Office Caseloads:</u> Local offices will have an average caseload for Permanency workers of (a) no more than 15 families, and (b) no more than 10 children in out-of-home placement per worker. |
| <b>Performance Target</b>                  | 95% of Local Offices will have an average caseload of (a) no more than 15 families, and (b) no more than 10 children in out-of-home placement per worker.  |

|  |   |
|--|---|
| <b>Quantitative or Qualitative Measure</b> | 5. <u>Individual Worker Permanency Caseloads:</u> Individual Permanency worker caseloads shall be (a) no more than 15 families, and (b) no more than 10 children in out-of-home placement per worker. |
| <b>Performance Target</b>                  | 95% of individual Permanency workers shall have a caseload of (a) no more than 15 families, and (b) no more than 10 children in out-of-home placement per worker.                                     |

<sup>147</sup> Reported performance is the average of DCF's performance in meeting individual caseload standards during this six-month monitoring period.

**Performance as of June 30, 2022:**

Performance data for January through June 2022 show that 100 percent of Local Offices and 100 percent of individual workers continued to maintain the permanency caseload standard during this period.<sup>148</sup>

**Institutional Abuse Investigation Unit (IAIU)**

|  |   |
|--|---|
| <b>Quantitative or Qualitative Measure</b> | 3. <u>Individual Worker IAIU Caseloads</u> : individual IAIU worker caseloads shall be (a) no more than 12 open cases, and (b) no more than eight new case assignments per month. |
| <b>Performance Target</b>                  | 95% of individual IAIU workers shall have a caseload (a) no more than 12 open cases, and (b) no more than eight new case assignments per month.                                   |

**Performance as of June 30, 2022:**

DCF data show 100 percent of individual workers maintained the IAIU caseload standard for the period of January through June 2022.

**Supervisory Ratio**

|  |   |
|--|---|
| <b>Quantitative or Qualitative Measure</b> | 2. <u>Supervisor/Worker Ratio</u> : Local Offices shall have sufficient supervisory staff to maintain a five worker to one supervisor ration. |
| <b>Performance Target</b>                  | 95% of Local Offices shall have sufficient supervisory staff to maintain a five worker to one supervisor ration.                              |

**Performance as of June 30, 2022:**

Performance data for January through June 2022 show that 100 percent of CP&P Local Offices had sufficient supervisors to maintain ratios of five workers to one supervisor.

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<sup>148</sup> Ibid.

## K. DEPUTY ATTORNEYS GENERAL STAFFING

|  |  |
|--|--|
| <b>Quantitative or Qualitative Measure</b> | 7. <u>DAsG Staffing</u> : The State will maintain adequate DAsG staff positions and keep positions filled. |
| <b>Performance Target</b>                  | DCF will maintain adequate staffing levels at the DAsG office.   |

### ***Performance as of June 30, 2022:***

As of June 30, 2022, 145 Deputy Attorneys General (DAsG) staff positions assigned to work with DCF were filled. Of those, three DAG were on full time leave. Thus, there were a total of 142 (98%) available DAsG. The SEP standard for this measure continues to be met.

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

DCF's Qualitative Reviews (QRs) and ChildStat forums were suspended in March 2020 due to the COVID-19 pandemic and DCF decided not to resume QRs going forward. Until the pandemic, New Jersey's QR process was used to assess the status of children, youth and families, the status of case practice, and system performance in each of the counties. Select QR results were also used to measure performance for several SEP requirements, three of which are designated *Outcomes To Be Achieved*: Quality of Teaming (SEP IV.B.20), Quality of Case Plans (SEP IV.D.23) and Services to Support Transitions (SEP IV.J.44); and two of which are designated *Outcomes To Be Maintained*: Educational Needs (SEP III.G.11) and Quality of Case Planning and Services for Older Youth (SEP IV.K.46).

There are no new data on these measures. The results of those measures from the last measurement in CY 2019 are below:

| Measure   | Explanation  | Performance Standard | CY 2019 Performance |
|---|--|----------------------|---------------------|
| Quality of Teaming                                | Measure the quality of collaborative teamwork with children, youth, and families.  | 75%                  | 62%                 |
| Quality of Case Plans                             | Measure whether child and family needs are addressed in the case plan, appropriate family members were included in the development of the plan, and interventions are being tracked and adjusted when necessary. | 80%                  | 58%                 |
| Educational Needs                                 | Measure whether educational needs are being met both in terms of school stability and indicators about staying on track for learning and development milestones.   | 80%                  | 86%                 |
| Quality of Case Plan and Services for Older Youth | For youth ages 18-21, measure quality of services especially those relevant to this population, such as DCF's efforts to plan and support youth who identify as LGBTQI,  | 75%                  | 67%                 |



|                                |  |     |     |
|--------------------------------|--|-----|-----|
|                                | those who are victims of domestic violence, are expectant or parenting, or who have disabilities.  |     |     |
| Services to Support Transition | Measure case practice that supports families to make successful transitions including changes in family relationships, living arrangements, service providers, or schools. | 80% | 74% |

Since suspending the QR process and Child Stat forums in March 2020, DCF has changed its approach to measuring quality by integrating its SBC approach and the improvement process required by the federal CFSR with its Case Practice Model. The new continuous quality improvement process, now named the Collaborative Quality Improvement (CoQI) process, aims to allow Local Offices to drive improvement priorities, rather than a top-down approach, and for teams of different levels of staff to collaboratively explore solutions before settling on specific tasks.

The CoQI process is also intended to ensure sufficient measurement of case practice elements that were previously measured by the QR. These changes to how the state will measure quality of practice were agreed to as part of the Exit Plan. DCF designed the new CoQI process during this monitoring period and launched the rapid improvement planning cycle in May 2022 and the annual improvement review process in July 2022, both of which are described in more detail below. Implementation of the CoQI process will be phased in through April 2023. The full implementation of this new qualitative review system will be assessed by CSSP during a period of transition, as defined by the Exit Plan.

## **Collaborative Quality Improvement**

The CoQI process will allow DCF to assess performance, develop improvement plans, and manage organizational change through two concurrent processes: the Rapid Improvement Planning Cycle and the Annual Improvement Planning Cycle.

The Rapid Improvement Planning Cycle is an ongoing process intended to assess fidelity of practice using key performance indicators and supervisor observations that results in a series of action steps designed to improve performance. It will occur in each of DCF's 46 Local Offices on a monthly basis. Each Local Office Manager will work with the team in the Office of Quality (OOQ) to identify a metric to work on,

either from the Key Performance Indicators within Safe Measures or SBC implementation data. Priorities will be chosen based on feasibility of implementing actions to improve the metric within 30 days. As goals are achieved, the practice area of focus will change.

The Annual Improvement Planning Cycle is being rolled out initially with 11 Local Offices. The cycle will begin with a case record review in each office of anywhere from 15 to 40 cases depending on the size of the Local Office. The record review tool is currently being tested, and reviewers (composed of OOQ Team Leads, Case Practice Liaisons, and Area Quality Coordinators) are being trained on use of the tool in order to accurately and effectively capture whether DCP&P policy and practice guidance was followed throughout the cases. After findings from the review are presented to the Local Office, the Local Office team (which consists of staff at all levels) and an Area Quality Team (which includes Central Office leadership) will separately evaluate the results, in tandem with other data and information about Local Office performance, including NJ SPIRIT data, SBC Skill Acquisition data, findings from family interviews, and other reviews that DCF regularly conducts (i.e. the quality of investigations review, the review of older youth exiting foster care without achieving permanency, and any other special-request record reviews).

After each CoQI team, at the Local Office and Area Office level, have separately reviewed and considered the information, Local Office performance will be discussed at a “Strengths and Challenges” meeting. At this meeting, each CoQI team will share their respective impressions of the Local Office’s particular strengths and challenges. This meeting and a subsequent “Quality Performance Review” will culminate in the choice of an annual priority item to focus on for the rest of the year. Once a priority item is chosen, the CoQI teams will meet quarterly to create and check in on an improvement plan for the chosen priority item. At the end of the 12 months (and five meetings), the Local Office will assess the success of the annual improvement plan and the status of the rapid improvement process, before the cycle is repeated anew with another case record review and family interview process.

The Monitor has reviewed the case record review tool, attended the September Rapid Review session in the Newark South Local Office, and will be involved in the creation of the family interview tool.

## M. NEEDS ASSESSMENT

|  |   |
|--|---|
| <b>Quantitative or Qualitative Measure</b> | 21. <u>Needs Assessment</u> : The State shall regularly evaluate the needs for additional placements and services to meet the needs of children in custody and their families, and to support intact families and prevent the needs 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. |
| <b>Final Target</b>                        | The State shall develop placements and services consistent with the findings of these needs assessments.  |

New Jersey County Human Service Advisory Councils (HSACs) are charged with gathering information related to local service needs, the impact of those needs on their population, and key barriers to improved service delivery.

In 2018, DCF established a workgroup with statewide Human Service Directors (HSDs) that met monthly to outline methodology and develop guidance, focus group protocols, a survey, and a report template for the HSACs to use as they collect data. Throughout 2019, the workgroup finalized the assessment process. In 2020, the DCF workgroup established a uniform reporting method for the counties. DCF also worked with Rutgers University School of Social Work to design county-based data profiles to provide the HSACs with population data and the most recent DCF administrative data. These profiles helped HSACs in identifying, prioritizing, and addressing county needs, services, and resources, and include such areas as housing, food, health care, behavioral/mental health services for children and adults, employment and career services, services for families caring for a child of a relative/family friend, substance use disorder services, etc.

In August 2021, DCF, alongside presenters from the HSAC and Rutgers University School of Social Work, held a virtual forum to present the findings of the 2020 Needs Assessment, DCF's plans for utilizing the findings, and local plans for future assessment. The statewide comprehensive report, published in June 2021, is available online.<sup>149</sup> Updated data profiles became available in November 2021.<sup>150</sup> During the previous monitoring period, DCF worked to address some of the findings of the needs assessment by educating staff and providers on available

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<sup>149</sup> To see the HSAC Needs Assessment Synthesis Report for 21 Counties, go to:  
<https://www.nj.gov/dcf/news/HSAC.Synthesis.Report-June.2.2021.pdf>

<sup>150</sup> To see the updated data profiles, go to:  
[https://www.nj.gov/dcf/about/divisions/opma/hsac\\_needs\\_assessment.html](https://www.nj.gov/dcf/about/divisions/opma/hsac_needs_assessment.html)

housing supports, having conversations with the New Jersey Department of Human Services, the Department of Community Affairs, the Department of Health, and the HSACs regarding more robust service coordination and referral services; as well as by increasing funding for Parents Anonymous, a program for parent-peer support. In the Fall 2021, DCF shared preliminary plans and draft tools for the next round of the assessment with the HSACs.

DCF intends to align the findings from the HSACs needs assessment process with its new Collaborative Quality Improvement (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.

## N. FISCAL YEAR BUDGET

Total state funding in the FY 2022 Final Appropriations Act totals \$1.274 billion for DCF, an increase of \$55 million over the FY 2021 adjusted appropriation of \$1.219 billion. The primary driver of this increase was an additional \$62.8 million provided for CSOC to rebalance out-of-home and in-community service rates to better serve children with emotional and behavioral health care needs.<sup>151</sup>

During FY 2022, DCF received two supplemental appropriations: \$2.75 million from the passage of Universal Home Visiting legislation and \$6 million to address sexual assault. DCF's total adjusted appropriation was \$1.299 billion.

In the Monitor's judgment, the requirements of the *Charlie and Nadine H.* SEP continue to be adequately funded.

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<sup>151</sup> To read the DCF appropriation in the FY 2022 State Budget, go to:  
<https://www.nj.gov/treasury/omb/publications/22budget/pdf/FY22GBM.pdf>

## APPENDIX A:

### Glossary of Acronyms

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|                  |  |                |  |
|------------------|--|----------------|--|
| <b>ACEs:</b>     | Adverse Childhood Experiences                      | <b>ILA:</b>    | Independent Living Assessment  |
| <b>AOC:</b>      | Administrative Office of the Courts                | <b>LGBTQ+:</b> | Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and more identities denoted by the + |
| <b>CARES:</b>    | Coronavirus Aid, Relief, and Economic Security Act | <b>MSA:</b>    | Modified Settlement Agreement  |
| <b>CFNFRB:</b>   | Child Fatality and Near Fatality Review Board      | <b>MRSS:</b>   | Mobile Response and Stabilization Services   |
| <b>CFSR:</b>     | Child and Family Services Review                   | <b>NHA:</b>    | Nurtured Heart Approach  |
| <b>CHU:</b>      | Child Health Unit                                  | <b>NJYRS:</b>  | New Jersey Youth Resource Spot   |
| <b>CIACC:</b>    | Children's Interagency Coordinating Council        | <b>OAS:</b>    | Office of Adolescent Services  |
| <b>CP&amp;P:</b> | Division of Child Protection and Permanency        | <b>OFV:</b>    | Office of Family Voice   |
| <b>CPM:</b>      | Case Practice Model                                | <b>OOE:</b>    | Office of Education  |
| <b>CPS:</b>      | Child Protective Services                          | <b>OOQ:</b>    | Office of Quality  |
| <b>CQI:</b>      | Continuous Quality Improvement                     | <b>OOR:</b>    | Office of Resilience   |
| <b>CSOC:</b>     | Children's System of Care                          | <b>ORF:</b>    | Office of Resource Families  |
| <b>CSSP:</b>     | Center for the Study of Social Policy              | <b>OSHW:</b>   | Office of Staff Health and Wellness  |
| <b>CWS:</b>      | Child Welfare Services                             | <b>OTPD:</b>   | Office of Training and Professional Development  |
| <b>DAsG:</b>     | Deputy Attorneys General                           | <b>PAP:</b>    | Predict Align Prevent  |
| <b>DCF:</b>      | Department of Children and Families                | <b>PIP:</b>    | Performance Improvement Plan   |
| <b>DOW:</b>      | Division on Women                                  | <b>PRIDE:</b>  | Parent Resource for Information Development and Education training                           |
| <b>FEC:</b>      | Fatherhood Engagement Committee                    | <b>QR:</b>     | Qualitative Review(s)  |
| <b>FCP:</b>      | Office of Family and Community Partnerships        | <b>SACWIS:</b> | Statewide Automated Child Welfare Information System   |
| <b>FMAP:</b>     | Federal Medical Assistance Percentage              | <b>SBC:</b>    | Solution Based Casework  |
| <b>FSC:</b>      | Family Success Centers                             | <b>SEP:</b>    | Sustainability and Exit Plan   |
| <b>FSO:</b>      | Family Support Organization                        | <b>SCR:</b>    | State Central Registry   |
| <b>FTM:</b>      | Family Team Meeting                                | <b>SDM:</b>    | Structured Decision-Making   |
| <b>HCCM:</b>     | Health Care Case Manager                           | <b>SIBS:</b>   | Siblings in Best Placement Settings  |
| <b>HSAC:</b>     | Human Service Advisory Council                     | <b>USDA:</b>   | United States Department of Agriculture  |
| <b>IAIU:</b>     | Institutional Abuse Investigative Unit             |                |  |

## APPENDIX B:

### Sources of DCF Data

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Reports that DCF currently publishes on its website include:

- **Commissioner’s Monthly Report**<sup>152</sup> – *Current and produced monthly.* This report gives a broad data snapshot of various DCF services. The report includes information from CP&P, Office of Adolescent Services (OAS), Institutional Abuse Investigation Unit (IAIU), Children’s System of Care (CSOC), Family & Community Partnerships (FCP), and the Division on Women (DOW).
- **Screening and Investigations Report**<sup>153</sup> – *Current and produced monthly.* This report details State Central Registry (SCR) activity, including data regarding calls to the Child Abuse and Neglect Hotline, assignments to CP&P offices and trends in Child Protective Services (CPS) Reports and Child Welfare Services (CWS) Referrals.
- **Workforce Report**<sup>154</sup> – *Last report dated January 2018.* This report provides information regarding the demographics and characteristics of DCP&P workers, as well as a variety of indicators of workforce planning and development, using fiscal year (FY) (July 1 – June 30) data. Going forward, elements of this report will be incorporated into the new comprehensive annual report described above.
- **Children’s Interagency Coordinating Council Report**<sup>155</sup> – *Current and produced monthly.* This report details referral and service activity for CSOC. It includes demographic data, referral sources, reasons for and resolutions of calls to CSOC, information on substance use and school attendance, as well as authorized services provided.
- **New Jersey Youth Resource Spot**<sup>156</sup> – *Ongoing and updated periodically.* This website offers the latest resources, opportunities, news, and events for young people served by DCF. It includes information about the Youth Advisory Network, as well as additional resources available in each county and statewide. The [NJYRS website](http://www.njyrs.org/) has been redesigned as a result of feedback from the Youth Council to ensure that it is “for youth, by youth.”

**DCF Needs Assessment**– *Ongoing and updated periodically.* The SEP requires DCF to evaluate the need for additional placements and services to meet the needs of children, youth and their families involved with DCF, with each county assessed at least once every three years. New Jersey County Human Service Advisory Councils (HSACs) are charged with gathering information related to local service needs, the impact of those needs on their population, and key barriers to improved service delivery. In August 2021, DCF released the HSACs Needs Assessment Synthesis

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<sup>152</sup> To see all Commissioner’s Monthly Reports, go to: <http://www.nj.gov/dcf/childdata/continuous/>

<sup>153</sup> To see all Screening and Investigations Reports, go to: <http://www.nj.gov/dcf/childdata/protection/screening/>

<sup>154</sup> To see DCF’s Workforce Report: 2016-2017 Updates, go to <http://www.nj.gov/dcf/childdata/exitplan/NJ.DCF.Workforce.Report-FY17.pdf>. To see DCF’s Workforce: Preliminary Highlights 2014-2015 Report, go to:

[http://www.state.nj.us/dcf/childdata/orgdev/NJ.DCF.Workforce.Report\\_2015.pdf](http://www.state.nj.us/dcf/childdata/orgdev/NJ.DCF.Workforce.Report_2015.pdf)

<sup>155</sup> To see all Children’s Interagency Coordinating Council (CIACC) Reports, go to:

<http://www.nj.gov/dcf/childdata/interagency/>

<sup>156</sup> To see the updated NJYRS, go to: <http://www.njyrs.org/>

Report,<sup>157</sup> in which the Institute for Families at Rutgers School of Social Work synthesizes the HSACs needs assessment reports from all 21 counties. DCF intends to align the findings from the HSACs needs assessment process with its new Collaborative Quality Improvement (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.

Other DCF webpages that have been developed or significantly updated during the COVID-19 pandemic and are referenced in footnotes throughout this report:

- [DCF Race Equity](#)
- [DCF Office of Resilience](#)
- [DCF/HSAC County Needs Assessment](#)
- [DCF Office of Adolescent Services 2020-2024 Chafee Plan](#)
- [Trans-Affirming New Jersey](#)

Given the COVID-19 pandemic, the Monitor staff were unable to complete site visits in person to discuss the reform efforts with staff and providers on the ground. However, the Monitor has continued to track the progress of DCF through web updates and regular meetings with leadership.

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<sup>157</sup> The HSAC Needs Assessment Synthesis Report can be found at <https://www.nj.gov/dcf/news/HSAC.Synthesis.Report-June.2.2021.pdf>



UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

CHARLIE AND NADINE H., *et al.*,

Plaintiffs,

v.

MURPHY, *et al.*

Defendants.

Civil Action No. 2:99-cv-03678-SRC-CLW

**EXIT PLAN AND AGREEMENT**

I. Preamble

The *Charlie H.* lawsuit commenced in 1999. The parties have since entered the following Court-ordered agreements: 1) the September 2, 2003 Settlement Agreement (the "SA"), 2) the July 18, 2006 Modified Settlement Agreement (the "MSA"), which superseded the SA, and 3) the November 4, 2015 Second Modified Settlement Agreement, or Sustainability and Exit Plan (the "SEP"), which superseded the MSA. Those agreements have resulted in significant improvements to the New Jersey child welfare system.

The Parties to this lawsuit—Plaintiffs, represented by A Better Childhood ("ABC"); and Defendants, the State of New Jersey and the New Jersey Department of Children and Families ("DCF")—now enter into this Exit Plan and Agreement (the "Agreement") in order to acknowledge Defendants' considerable progress in working toward compliance with the applicable court orders, and to support Defendants' continued efforts to promote better outcomes for children in foster care in New Jersey. The SEP provides that "the United States District Court for the District of New Jersey will have continuing jurisdiction to enforce the terms of [the SEP] . . . until such time as the parties agree to terminate this Agreement." (SEP at 1.) By agreeing to the actions and commitments in the time frames specified herein, the Parties seek to establish a process and timetable for exit from Court oversight under *Charlie H.*

II. Progress of the State of New Jersey

A. Performance that has been consistently maintained at acceptable levels

The parties jointly acknowledge the progress made by the State of New Jersey in accordance with the Sustainability and Exit Plan. The State has:

- i. Successfully built and maintained transparent child welfare data system. Data indicators are published monthly to the DCF website and, through partnership

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with Rutgers, The State University of New Jersey, on the New Jersey Child Welfare Data Portal.

- ii. Successfully developed, implemented and sustained a case practice model.
- iii. Successfully built and maintained a State Central Registry.
- iv. Maintained a consistent supply of family-based placement settings to appropriately place children and made consistently strong efforts to ensure the most appropriate and least restrictive setting is available to children in need of placement.
- v. Continued to provide medical and behavioral health care to children in foster care.
- vi. Made consistent improvements in the quality and comprehensiveness of the service array.
- vii. Maintained a comprehensive training program for child welfare staff and supervisors
- viii. Successfully maintained flexible funding accounts for each Local Office to provide to eligible families.
- ix. Continued to adjust the resource family care support rate as needed to keep pace with the USDA estimates for the cost of raising a child in the urban northeast.
- x. Continued to advance and maintain strong permanency practice.
- xi. Continued to maintain strong adoption practice.
- xii. Successfully ensured that at least 80% of IAIU investigations are completed within 60 days for 14 years, since the monitoring period of January to June 2007.
- xiii. Successfully maintained supervisor:worker ratios such that 95% of DCPD offices have sufficient staffing to maintain a 5 worker to 1 supervisor ratio since the monitoring period of January to June 2008.
- xiv. Successfully maintained acceptable IAIU investigator caseloads such that 95% of IAIU investigators will have (a) no more than 12 open cases, and (b) no more than eight new case assignments per month since the monitoring period of January to June 2008.
- xv. Successfully maintained acceptable permanency worker caseloads such that 95% of local offices have average caseloads of (a) no more than 15 families,

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and (b) no more than 10 children in out-of-home care since the monitoring period of July to December 2007.

- xvi. Successfully maintained acceptable permanency worker caseloads such that 95% of permanency workers have (a) no more than 15 families, and (b) no more than 10 children in out-of-home care since the monitoring period of January to June 2009.
- xvii. Successfully maintained review of case plans such that 95% of case plans for children and families are reviewed and modified no less frequently than every six months since the monitoring period of April to December 2013.
- xviii. Successfully maintained acceptable Deputy Attorneys General staffing since the monitoring period of July 2012 to March 2013.
- xix. Successfully maintained and adequately staffed Child Health Units in each Local Office since the monitoring period of July to December 2010.
- xx. Successfully maintained caseworker contacts with children entering a new placement/placement change such that 93% of children 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, since the monitoring period of April to December 2013.
- xxi. Successfully maintained caseworker contacts with children throughout their placement such that during the remainder of placements, 93% of children have at least one caseworker visit per month, in the placement since the monitoring period of July to December 2014.
- xxii. Successfully met the standard of at least 80% of cases reviewed annually for enrolling children in school and ensuring their educational needs are continually met since the monitoring period of January to June 2014.
- xxiii. Successfully maintained low rates of maltreatment of children living in out of home care such that no more than 0.49% of children in placement are victims of substantiated abuse and/or neglect by a resource parent or facility staff member since the monitoring period of January to June 2009.
- xxiv. Successfully met performance standards for timeliness of investigation completion such that 85% of all investigations are completed within 60 days since the monitoring period of January to June 2016.
- xxv. Consistently met performance standards for timeliness of investigation completion such that 95% of all investigations of abuse and neglect are completed within 90 days since the monitoring period January to June 2015.

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- xxvi. Successfully met performance standards for quality investigations, since the monitoring period of July to December 2017.
- xxvii. Successfully met performance standards for initial FTM completion so that 80% of children newly entering placement have an FTM before or within 45 days of placement since the monitoring period of July to December 2016.
- xxviii. Successfully met performance standards for subsequent FTMs such that 80% of children have three additional FTMs within the first 12 months of children entering placement since the monitoring period of January to June 2016.
- xxix. Successfully met performance standards for FTMs involving families with a reunification goal such that after the first 12 months in out of home care, 90% of those with a reunification goal have at least three FTMs per year since the monitoring period July to December 2015.
- xxx. Successfully met performance standards for families with a goal other than reunification such that after the first 12 months of entering out of home care, 90% of children with a goal other than reunification have at least three FTMs since the monitoring period of July to December 2017.
- xxxi. Successfully built a needs assessment process to regularly evaluate the need for additional placement and children in custody and their families and to support stabilization for in-home families since the monitoring period of July to December 2017.
- xxxii. Successfully met performance standards for initial case plans for children and families such that 95% of initial case plans are completed within 30 days since the monitoring period of January to June 2016.
- xxxiii. Successfully met performance standards for acceptable intake worker caseloads such that 95% of local offices have average caseloads for intake workers of no more than 12 families and no more than 8 new case assignments per month since the monitoring period of January to June 2016.
- xxxiv. Successfully met performance standards for acceptable intake worker caseloads such that 90% of individual intake workers have no more than 12 open cases and no more than 8 new case assignments per month since the monitoring period of January to June 2016.
- xxxv. Successfully met performance standards for acceptable adoption worker caseloads such that 95% of local offices have average caseloads for adoption workers of no more than 12 adoptive families per worker since the monitoring period of July to December 2015.

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- xxxvi. Successfully met performance standards for acceptable adoption worker caseloads such that 95% of individual adoption worker caseloads are no more than 12 families per worker since the monitoring period of January to June 2016.
- xxxvii. Successfully met the performance standard for parent-child contact such that 60% of children in custody with a return home goal have an in-person visit with their parent or other legally responsible family member at least weekly, unless it is prohibited by the court or it is appropriately deemed to be physically or psychologically harmful to a child since the monitoring period of July to December 2014.
- xxxviii. Successfully met the performance standard for in-person parent-child visits such that 85% of children in custody have an in-person visit with their parent or other legally responsible person at least every other week unless it is prohibited by the court or it is appropriately deemed to be physically or psychologically harmful to a child, since the monitoring period of January to June 2015.
- xxxix. Successfully met performance standard for sibling visits such that 85% of children in custody who have siblings with whom they are not residing visit at least monthly unless it is prohibited by the court or it is appropriately deemed to be physically or psychologically harmful to a child since the monitoring period of July to December 2018.
- xl. Successfully met performance standards for sibling placements such that at least 80% of sibling groups of two or three children entering custody are placed together since the monitoring period of July to December 2014.
- xli. Successfully met performance standards for placing sibling groups of four or more entering custody to be placed with at least one other sibling since the monitoring period of January to June 2015.
- xlii. Successfully met the performance standard of recruiting resource homes capable of serving sibling groups of four or more since the monitoring period of July to December 2015.
- xliii. Successfully met the performance standard for placement stability such that at least 84% of children entering out of home placement for the first time in a calendar year have no more than one placement change in the first 12 months in placement since the monitoring period of July to December 2016.
- xliv. Successfully met the performance standard for the aforementioned children such that they have no more than one placement change during the 13-24 months following the date they entered placement since the monitoring period of July to December 2016.

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- xliv. Successfully met the performance standard for maltreatment of children in their own home such that not more than 7.2% of children who remain home after a substantiation of abuse and/or neglect experience repeat maltreatment within the next 12 months since the monitoring period of July to December 2015.
- xlvi. Successfully met the performance standard for post-reunification maltreatment such that of all children who enter foster care in a 12 month period for the first time who are discharged to reunification or live with relative (s) within 24 months of entering placement do not experience repeat maltreatment within 12 months of their discharge since the monitoring period of July to December 2016.
- xlvii. Successfully met the performance standard for re-entry such that, of all children who enter placement for the first time in a 12 month period and are discharged within 12 months to reunification, living with relative(s) or KLG, no more than 9% re-enter placement within 12 months of their discharge since the monitoring period of July to December 2019.
- xlvi. Successfully met the performance standard for permanency such that of all children who enter foster care in a 12 month period, at least 42% are discharged to permanency within the first 12 months of entering care since the monitoring period of July to December 2016.
- xliv. Successfully met the performance standard for permanency such that of all children who enter foster care in a 12 month period, at least 66% are discharged to permanency within 24 months of entering care since the monitoring period of July to December 2019.
- i. Successfully met the performance standard for permanency such that of all children who enter foster care in a 12 month period, at least 80% placement are discharged to permanency within 36 months of entering care since the monitoring period of July to December 2017.
  - ii. Successfully met the performance standard for permanency such that of all children who enter foster care in a 12 month period, at least 86% are discharged to permanency within 48 months of entering care since the monitoring period of July to December 2017.
  - iii. Successfully met the performance standard for completing independent living assessments such that 90% of youth ages 14 to 18 have an independent living assessment since the monitoring period of January to June 2015.
  - iiii. Successfully met the performance standard for completing quality case planning and services for youth/young adults ages 18 to 21 who have not

achieved legal permanency since the monitoring period of July to December 2015.

- iv. Successfully met the performance standard for ensuring youth who exit care without achieving permanency have housing since the monitoring period of July to December 2016.
- iv. Successfully met the performance standard for older youth employment/education, such that 90% of youth/young adults who exit care without achieving permanency are employed, enrolled in or have recently completed a training or an education program since the monitoring period of July to December 2016.

The parties jointly acknowledge the State's strong performance even in the face of the unprecedented COVID-19 Emergency.

B. Performance that continues to improve

The parties jointly acknowledge the State's efforts to continue to advance solid performance in the following areas:

- i. Caseworker contacts with family when goal is reunification
- ii. Quality of Teaming
- iii. Quality of Case Plans
- iv. Services to Support Transition

C. Performance compared to national benchmarks and averages

The Parties jointly acknowledge that the State's performance compares to national average performance (as reported by the Children's Bureau Child Welfare Outcomes Report, 2018 (published May 2021) as follows:

- i. Children are maltreated less often in NJ: in New Jersey, children are maltreated at a rate of 3.1 per 1,000 compared to a national average of 10.1 per 1,000
- ii. New Jersey's children are less than half as likely to die from maltreatment than in the nation on average: New Jersey's rate of child maltreatment related fatalities is 0.92 per 100,000 compared to a national average of 2.2 per 100,000
- iii. New Jersey's children experience safer foster care placements than in the nation on average: New Jersey's rate of maltreatment of children in state custody is 25% lower than the national average -- a rate of 0.3% in New Jersey, compared to 0.4% in the nation on average
- iv. New Jersey successfully reunifies more children with their family of origin than in the nation on average: 61.2% of children leaving foster care exited to their family of origin, compared to 55.9% for the nation on average.
- v. Young children in foster care are more likely to live in family settings in New Jersey: Children under age 12 in New Jersey's foster care system live in group homes or institutions at 1/3 the rate of the national average: 1.3% of children in foster care under 12 in New Jersey are living in a group home or institution, compared to 3.9% for the nation on average.

III. Oversight provided by the US Department of Health and Human Services

- A. The Parties jointly acknowledge that, during the 22 years since the onset of the Lawsuit, the US Department of Health and Human Services has built a Child and Family Services Review (CFSR) process, authorized by 1994 amendments to the Social Security Act and codified via a final rule published in the Federal Register in 2000. The CFSR enables the Children's Bureau to: (1) Ensure conformity with federal child welfare requirements; (2) Determine what is actually happening to children and families as they are engaged in child welfare services; and (3) Assist states in enhancing their capacity to help children and families achieve positive outcomes.
- B. The CFSR measures the following outcomes:
  - a. Safety
    - i. Children are, first and foremost, protected from abuse and neglect.
    - ii. Children are safely maintained in their homes whenever possible and appropriate.
  - b. Permanency
    - i. Children have permanency and stability in their living situations.
    - ii. The continuity of family relationships and connections is preserved for families.
  - c. Family and Child Well-Being
    - i. Families have enhanced capacity to provide for their children's needs.
    - ii. Children receive appropriate services to meet their educational needs.
    - iii. Children receive adequate services to meet their physical and mental health needs.
- C. The reviews also assess the following seven systemic factors that affect outcomes for children and families:
  - a. statewide information system
  - b. case review system
  - c. quality assurance system
  - d. staff and provider training
  - e. service array and resource development
  - f. agency responsiveness to the community
  - g. foster and adoptive parent licensing, recruitment, and retention
- D. The Parties jointly acknowledge that the US Department of Health and Human Services has established the Adoption and Foster Care Analysis and Reporting System (AFCARS). State and Tribal Title IV-E agencies are required to report AFCARS case-level information on all children in foster care and children who have been adopted with Title IV-E agency involvement (per §479 of the Social



Security Act). Title IV-E agencies are required to submit the AFCARS data twice a year based on two 6-month reporting periods.

- E. The Parties jointly acknowledge that the US Department of Health and Human Services publishes annual *Child Welfare Outcomes* reports, as required by section 203(a) of the Adoption and Safe Families Act of 1997 (ASFA), which assesses state performance in operating child protection and child welfare programs under titles IV-B and IV-E. These reports are publicly available via the US Department of Health and Human Services website and customizable by state and year.

#### IV. Principles of the Exit Plan and Agreement

The interpretation of the provisions of this Agreement will be guided by the following non-exhaustive list of principles, the majority of which have been incorporated into New Jersey statute as indicated below:

- A. Children in out-of-home care should be protected from harm.
  - 1. Foster care should be as temporary an arrangement as possible, with its goal being to provide to children in out-of-home placements a safe, nurturing, and permanent home quickly. (NJSA 9:6B-4(j))
  - 2. If at all possible, children in out-of-home placements should be quickly and safely reunified with their biological families. If this cannot be accomplished, children need to be placed with an adoptive family, or in the permanent legal custody of an appropriate kinship family, in a timely fashion. (NJSA 9:6B-4(b) and (j); NJSA 30:4C-11.1(b),(c) and (d))
  - 3. Families should be provided with the services they need to keep them together whenever possible. Families should be provided with the services they need to allow for safe and speedy reunification whenever possible. (NJSA 9:6B-4(a) and (j); NJSA 30:4C-11.1(b))
  - 4. In making determinations about plans and services, the child's interests are paramount. (NJSA 9:6-8.8(b); NJSA 30:4C-11.1(a))
  - 5. Children in out-of-home placement should be in the least restrictive, most family-like setting appropriate for their needs. (NJSA 9:6B-4(g))
  - 6. Children in out-of-home placement should be placed in settings that promote the continuity of critical relationships: together with their siblings; with capable relatives whenever possible; and in their own communities. (NJSA 9:6B-4(b), (c) and (d); NJSA 30:4C-12.1(a))

7. Children in out-of-home placement should have stable placements that meet their needs and should be protected from the harm caused by multiple placement moves. (NJSA 9:6B-4(h))
  8. Children in out-of-home placement should have the services necessary to address their medical and psychological needs, including those services needed to address problems arising from the child's removal from their biological family.( NJSA 9:6B-4(k))
  9. Children in out-of-home placement must have timely decision-making about where and with whom they will spend their childhood, and timely implementation of whatever decisions have been made. (NJSA 9:6B-4(j); NJSA 30:4C-61.2)
  10. Children in out-of-home placement should be protected from abuse and neglect and, to this end, investigations of allegations of abuse and neglect in out-of-home placements should be timely, thorough, and complete. (NJSA 9:6B-4(h))
  11. Adolescents in out-of-home placements should be provided with the skills, opportunities, housing, and permanent connections with caring adults they need to successfully make the transition to adulthood.( NJSA 9:6B-4(k), (m) and (n))
  12. The State shall make every effort to ensure that all children shall receive equal and appropriate access to services without regard to race, religion, sexual identity, or ethnic origin.
- B. Decisions about children in out-of-home placement should be made with meaningful participation of their families and of the youth themselves to the extent they are able to participate. (NJSA 9:6B-4(i))
- C. In order to protect children and support families, New Jersey's child welfare system should operate in partnership with the neighborhoods and communities from which children enter care.
- D. New Jersey's child welfare system is accountable to the public; to other stakeholders; and to communities throughout the State.
- E. Services to children in care and their families should be provided with respect for and understanding of their culture. No child or family should be denied a needed service or placement because of race, ethnicity, or special language needs.
- F. New Jersey's child welfare system should have the infrastructure, resources, and policies needed to serve the best interests of the children in its care.

V. Exit from *Charlie II*. Court Oversight

A. Execution of Agreement

1. By entering into this Agreement the Parties agree that exit from Court oversight under *Charlie H.* shall take place according to the following processes and timetables.
2. Material deviation from the processes and timetables contained in this Agreement shall constitute breach of the Agreement. *See* Sec. VI., *Compliance and Dispute Resolution*.

B. Remaining Monitoring Period

1. The Remaining Monitoring Period refers to January 1, 2022 to June 30, 2022.
2. Scope
  - i. The Parties agree that the measures described in II.A., above, have been consistently maintained by the State of New Jersey. During the Remaining Monitoring Period, these measures will be reported on by the State and monitored by CSSP in accordance with Section V of the SEP; all commitments in Section V of the SEP shall remain in full force and effect.
    1. DCF shall continue to publish performance data related to these measures to its public website in the Commissioner's Monthly Report.
    2. DCF shall continue its partnership with Rutgers, the State University of New Jersey, for the maintenance of the New Jersey Child Welfare Data Hub.
    3. CSSP shall produce a publicly available monitoring report for the period.
  - ii. In addition to reporting on the measures that have been maintained, the Parties agree that DCF will monitor and publish performance data related to Caseworker Contacts with Parents/Family Members When the Goal Is Reunification (SEP IV.F.28) for the Remaining Monitoring Period. DCF shall continue to publish performance data related to this measure to its public website in the Commissioner's Monthly Report.
  - iii. The Parties agree that the State's performance on Quality of Teaming, Quality of Case Plans, and Services to Support Transition will not be measured by a Qualitative Review during January – June 2022.
  - iv. The Parties acknowledge that, during the Remaining Monitoring Period, the State will establish a revised and comprehensive qualitative review system. This new system will include collection and review of both qualitative and quantitative data, including review of case records and interviews with families and older youth who have received services

from DCPD. The sampling strategy will ensure sufficient measurement of the experiences of older youth and the review protocol will encompass permanency case practice elements including but not limited to engagement, assessment, case planning, teaming, performance supporting quality education of youth in foster care, and investigative practice.

- v. During the Remaining Monitoring Period, CSSP shall monitor, in addition to elements already part of existing monitoring reports:
  1. The State's progress in designing and implementing a revised and comprehensive qualitative review system.
  2. The State's progress in transitioning oversight of DCF data and outcomes to the Staffing and Oversight Review ("SORS") Committee under the New Jersey Task Force on Child Abuse and Neglect ("NJTCAN").
3. Court oversight continues during the Remaining Monitoring Period. Plaintiffs shall maintain all existing enforcement rights throughout the Remaining Monitoring Period.
4. The State shall provide CSSP with all data and with responses to CSSP's Monitoring Needs Memo to assess performance during the remaining monitoring period according to the schedule attached as Appendix I. Assuming receipt of data according to the schedule, the Monitor shall issue a written report no later than 90 days following the close of the Remaining Monitoring Period, or by Sept 30, 2022.

C. Fairness Hearing

1. If, by October 30, or 30 days following the issuance of the Monitor's written report for the Remaining Monitoring Period, there are no assertions of material non-compliance that have either been left unresolved through mediation or raised with the Court, the Parties shall jointly petition the Court for an order preliminarily approving the settlement of *Charlie H.* and setting a fairness hearing for on or about December 30, 2022 regarding the exit from *Charlie H.* Court oversight.
2. In the joint petition, the Parties shall request that all objections and requests to be heard be submitted to the Court and counsel for the Parties in writing by November 30, 2022 or at least 30 days before the scheduled fairness hearing.
3. At the Fairness Hearing, contingent on there being no outstanding concerns of material non-compliance with either the performance requirements set forth in the SEP or with Section IV.A. of this Agreement raised to the Court by Plaintiffs, *Charlie H. v. Murphy* shall be dismissed, subject to the conditions set herein.

4. Court oversight continues through the Fairness Hearing.

D. Transition Period

1. The Transition Period refers to the 6-month period of time immediately following the dismissal of *Charlie H.*, beginning on December 30, 2022 or the day following the fairness hearing, and ending no later than June 30, 2023. The provisions of this Agreement shall remain legally enforceable between Defendants and Plaintiffs for the period(s) defined.
2. The Center for the Study of Social Policy ("CSSP") shall maintain the ability to review data, upon request. During the Transition Period, CSSP shall assess DCF's performance on the Commitments made in Section VI of this Agreement.
3. DCF shall continue to publish Commissioner's Monthly Reports to its website. CSSP will issue addendum reports describing DCF's progress in carrying out the commitments made in Section VI of this Agreement.
4. Upon dismissal of *Charlie H.*, court oversight of the New Jersey child welfare system pursuant to the SEP will terminate. However, the Court retains jurisdiction over any disputes arising out of this Agreement. Should the Department's performance reports or CSSP's addendum reports identify a serious, systemic decrease in DCF's performance or a failure by DCF to comply with the terms of the Agreement, CSSP may notify Plaintiffs, who retain the right to file a motion seeking to vacate the Court's order ending oversight of the New Jersey child welfare system under the SEP and to restore the Court's full jurisdiction over this action. In any action in federal court to remedy an alleged failure to comply with any terms of this Agreement, Plaintiffs shall have the burden to demonstrate that Defendants have failed to comply with the specific terms of the Agreement and that they are entitled to relief.

E. Final Exit

1. Absent the filing of an enforcement action alleging breach of this Agreement during the Transition Period, this Agreement and all claims arising from this Agreement shall expire on the 90<sup>th</sup> day immediately following Plaintiffs' receipt of the first report regarding DCF's performance, to be created by the SORS committee or its designee as of April 15, 2023.
2. Court oversight and jurisdiction over this Agreement has terminated.

VI. Defendants' Commitments

A. Defendants' Commitments During the Remaining Monitoring Period and Transition Period

1. In addition to performing as required by the SEP, Defendants shall develop a revised and comprehensive qualitative review system during the Remaining Monitoring Period to measure the quality of case practice in New Jersey's 21 counties. The new review system will serve as a substitute for the Qualitative Review ("QR") previously used by DCF.
2. Defendants shall develop the revised and comprehensive qualitative review system for review by CSSP and Plaintiffs by June 2022. Case record review tools shall be developed during the Remaining Monitoring Period and implemented during the Transition period; and family interview protocols and procedures will be implemented during the Transition Period.
3. Defendants' development of the revised and comprehensive qualitative review system shall be subject to monitoring as set forth in the SEP Sec. V. CSSP shall evaluate the sufficiency of the revised and comprehensive qualitative review system as a substitute for the QR and shall issue any related findings in its final report.
4. Defendants commit to implementing the new revised and comprehensive qualitative review system during the Transition Period.
5. Defendants shall monitor and report on the SEP measures via the Commissioner's Monthly Report, including annual updates on the Department's performance as measured by the revised and comprehensive qualitative review.
6. Defendants shall continue contracting with Rutgers University to produce the New Jersey Child Welfare Data Portal.
7. Defendants shall establish SORS under the NJTFCAN as the entity responsible for reviewing DCF's performance. Defendants shall take all actions including making all good faith efforts to enact proposed legislative changes necessary to ensure SORS is a meaningful body with membership and sufficient independent staffing to carry out its work. Execution of this Agreement is contingent upon the passing of a New Jersey statute establishing SORS as such; in the event that necessary legislative changes are not made prior to Final Exit, the parties agree to meet with CSSP to renegotiate this provision. Defendants shall recommend and support modifications of the charter and responsibilities of SORS so that in addition to reviewing staffing levels of the Division of Child Protection and Permanency ("CP&P") and developing recommendations regarding staffing levels and the most effective methods of recruiting, hiring, and retaining staff within the CP&P, SORS shall review any and all information necessary to

review DCF's performance and develop recommendations. Defendants shall furnish such information relevant to DCF's performance and functioning, including but not limited to data on the foundational elements set forth in the SEP, all publicly available reports and dashboards, results from annual CFSR case reviews, the Annual Program and Services Report, and the results of the revised and comprehensive qualitative review.

8. The metrics for ongoing review and the timetable for production and issuance of reports by SORS shall be determined by DCF and SORS leadership, with input from CSSP during the Transition Period.
9. During the Remaining Monitoring Period, Defendants shall create the revised and comprehensive qualitative review, including:
  - a. A new record review tool, to be implemented during the Transition Period. A minimum of 690 cases per year shall be reviewed using this tool.
  - b. The record review sampling strategy will ensure sufficient measurement of the experiences of older youth. The record review shall include indicators related to, but not limited to, the following issues regarding older youth:
    1. Services to support the transition of older youth;
    2. Educational and employment outcomes for older youth;
    3. Reunification with relatives or adult connections;
    4. Housing and homelessness outcomes for older youth
  - c. The record review shall include measures related to educational stability and education for children with disabilities or in residential settings
  - d. A new family interview tool, to be implemented during the Transition Period. A minimum of 200 families per year shall be interviewed using this tool.
  - e. Revised Continuous Quality Improvement (CQI) practices, to be implemented during the Remaining Monitoring Period
  - f. Review of the quality of Investigations, to be completed by August, 2022
10. Defendants shall provide CSSP and Plaintiffs with the opportunity to review draft tools and procedures.
11. Defendants shall continue to provide CSSP access to the data and case records stored on New Jersey Statewide Protective Investigation, Reporting, and Information Tool ("NJ SPIRIT") until the conclusion of the Transition Period.
12. Defendants shall furnish to CSSP the results of the August -- September 2020 Child and Family Services Review ("CFSR"), which sampled 65 cases in six counties and employed the Onsite Review Instrument ("OSRI") methodology.
13. Defendants shall embed a representative from CSSP into at least one CP&P Area Office CQI team and at least one CP&P Local Office CQI team.

14. CSSP shall assess and report on the establishment of the SORS Committee and issue any related findings in its public performance reports.
15. By June 30, 2022 Defendants shall take steps to secure legislative support reinforcing DCF's obligation to codify certain elements of the SEP, including but not limited to caseload standards, and "provide the most appropriate and least restrictive placements, allowing children to remain in their own communities, be placed with or maintain contact with siblings and relatives, and have their educational needs met," *see* SEP Sec. II.D; and (2) to modify the mandates related to SORS to ensure it has oversight of DCF as it relates to DCF continuing to meet the Foundational Elements outlined in Sec. II of the SEP and performance metrics established by the State in consultation with CSSP and Plaintiffs. Defendants shall take all reasonable steps available to them to advance these legislative changes and ensure they become law.

VII. Defendants' Statement of Intent

Defendants agree that they intend to take the following actions immediately following Final Exit from this action, after Court oversight over the New Jersey child welfare system and Court jurisdiction over this Agreement has ended.

- A. Defendants commit to continuing to ensure that there is a statutorily mandated committee, such as a reconstituted SORS, responsible for the ongoing review of DCF performance data and outcomes. Defendants will continue to furnish to SORS 1) the information relevant to DCF's performance and functioning and 2) the resources required to carry out SORS' duties.
- B. Defendants commit that SORS shall submit an annual public report with its findings and recommendations to the Governor and Legislature, as required by state statute. Defendants additionally commit that SORS shall include findings and recommendations from their review and analysis of DCF's performance and functioning in their annual report to the Governor and Legislature. In addition to providing the annual report directly to the Governor's Office and the Office of Legislative Services, Defendants commit that SORS will provide the report directly to the heads of the Human Services Committee in both houses and the Women and Children Committee in the Assembly.
- C. Defendants commit that SORS' annual public report's findings and recommendations shall be reviewed by DCF, including by the Commissioner of DCF, the Deputy Commissioner of Operations, and the Deputy Commissioner of Policy, Legal Affairs, and Compliance.
- D. Defendants commit that DCF will implement the new constituent review process, *see* Sec. IV.B.5, by December 31, 2022. Defendants commit that the results will be



published on DCF's public website. Defendants additionally commit that DCF will timely address the needs identified by the review.

- F. Defendants commit that DCF will implement the Local Office Review Tool, *see* Sec. IV.B.8, by December 31, 2022, and continue to implement the Local Office Review Tool on an annual basis. Defendants commit that the results will be published on DCF's public website. Defendants additionally commit that DCF will timely address the needs identified by the review, including but not limited to requiring Corrective Action Plans for any local office determined to be performing deficiently on any metric contained in the review.
- F. Defendants commit that the results of the statewide review of practice related to Investigations, Education, and Older Youth, *see* Sec. IV.B.6, will be published on DCF's public website. Defendants additionally commit that DCF will timely address the needs identified by the review.
- G. Defendants commit that DCF will continue to take all reasonable steps to advance the legislation proposed by DCF during the Transition Period. *See* Sec. IV.B.16.

#### VIII. Compliance and Dispute Resolution

- A. If, at the conclusion of the Transition Evaluation Period, Plaintiffs assert that there is material non-compliance on the SEP requirements or the Commitments in Section VI.A. of this Agreement, Plaintiffs may raise the concerns to Defendants.
- B. Before seeking to enforce any of the specific terms with the Court, the Parties should engage in good faith efforts for a period of up to 45 days to resolve concerns through mediation by CSSP and a neutral third party, who shall have expertise in child welfare practice, who shall have had no previous involvement with this matter, and who shall be selected by the Defendant.
- C. If the parties are unable to reach agreement through negotiation, Plaintiffs will raise the matter to the Court by filing a motion for enforcement on the *Charlie H.* docket.

#### IX. General Provisions

- A. This Agreement shall be governed by and construed and enforced in accordance with applicable federal statutes, federal decisional law, and the laws of the State of New Jersey.
- B. The Court will have jurisdiction over any disputes arising out of this Agreement. Plaintiffs' entrance into this Agreement is contingent upon the Court's agreement to retain jurisdiction over any disputes arising out of this Agreement.
- C. The dates of the Fairness Hearing and of the Final Settlement and Exit contemplated in this Agreement are subject to change based on the duration of time spent to resolve any

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matters of material non-compliance raised by Plaintiffs either to Defendants or to the Court.

- D. This Agreement constitutes the entire understanding between the Parties hereto and is intended as the complete and exclusive statement of the agreement between the Parties with respect to the subject matter hereof and supersedes all prior agreements and negotiations hereto.
- E. The undersigned representatives of the Parties certify that they are fully authorized to enter into and execute the terms and conditions of this Agreement and to make such Agreement fully and legally binding upon and enforceable against every Party on whose behalf they have executed this Agreement. The individuals signing for Defendants are its officials acting within the scope of their authority. The Parties stipulate, agree, and warrant that they will not challenge or contest in any way the capacity or the authority of any Party hereto to make the agreements, covenants, and stipulations herein.
- F. In the event that final approval of this Agreement is not obtained or the Agreement is deemed null and void for any reason, the Parties will revert to the positions they occupied prior to the execution of this Agreement and nothing herein shall be deemed to waive any of the Parties' claims, arguments, objections, and/or defenses.

IN WITNESS WHEREOF AND INTENDING TO BE LEGALLY BOUND HEREBY, the parties, by and through their duly authorized representatives, execute this Agreement, intending that it will become effective upon its approval and entry by the Court as provided herein.

Philip D. Murphy, Governor of the State of New Jersey

Christine Norbut Beyer, Commissioner of DCF

Marcia Robinson Lowry, Esq., for Plaintiffs

IT IS SO ORDERED:

Hon. Stanley R. Chesler, U.S.D.J.

DATED: \_\_\_\_\_, 2022

