

January 1 – June 30, 2012

# Progress of the New Jersey Department of Children and Families

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

Date: December 19, 2012

Center  
for the  
Study  
of  
Social  
Policy

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

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Charlie and Nadine H. v. Christie**

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## I. INTRODUCTION

The Center for the Study of Social Policy (CSSP) was appointed in July 2006 by the Honorable Stanley R. Chesler of the United States District Court for the District of New Jersey as Federal Monitor of the class action lawsuit *Charlie and Nadine H. v. Christie*. CSSP is charged with independently assessing New Jersey's compliance with the goals, principles and outcomes of the Modified Settlement Agreement (MSA) aimed at improving the state's child welfare system.<sup>1</sup>

This report provides information on the state's progress in meeting MSA requirements in the period between January and June 2012. This is the twelfth monitoring report under the MSA and the sixth report that includes Phase II requirements of the MSA.<sup>2</sup>

### Methodology

The primary source of information on New Jersey's progress is data supplied by the Department of Children and Families (DCF) and verified by the Monitor. DCF provides extensive aggregate and back-up data as well as access to staff at all levels to enable the Monitor to verify performance. For this report, the Monitor was involved in the following additional activities:

- Caseload Verification

The Monitor conducted a telephone survey of 106 caseworkers to verify their individual caseloads during this monitoring period.

- Other Monitoring Activities

The Monitor interviewed and/or visited many external stakeholders of New Jersey's child welfare system, including contracted service providers, youth, relatives, birth parents, advocacy organizations and judicial officers. The Monitor also reviewed Resource family licenses and worker training transcripts. Periodically the Monitor attended DCF's Child Stat meetings, statewide Child Fatality meetings, Area Director meetings, Health Care Case Reviews and participated in youth advisory board meetings and statewide Qualitative Reviews.

### Structure of the Report

Section II of the report provides an overview of the state's accomplishments and challenges. Section III provides summary data on each of the outcomes and performance benchmarks required by the MSA. Current status of New Jersey's performance is shown in Table 1, *Charlie and Nadine H. v. Christie Child and Family Outcome and Case Practice Performance Benchmarks (Summary of Performance as of June 30, 2012)*.

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<sup>1</sup> To see the full Agreement, go to <http://www.state.nj.us/dcf/about/welfare/modified/>

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

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

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

In order to better understand the progress DCF has made since the start of the reform, the report includes, where appropriate, trend data from June 2009 (or earlier where data are available) through June 2012.

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## II. SUMMARY OF ACCOMPLISHMENTS AND CHALLENGES

In July 2012 Governor Chris Christie signed legislation realigning services from the Department of Human Services (DHS) to the Department of Children and Families. In addition to renaming the former Division of Youth and Family Services (DYFS) and creating a new Division of Child Protection and Permanency (DCP&P) within DCF, the new structure positions DCF to serve children and youth with developmental disabilities and behavioral health challenges, as well as children and families experiencing domestic violence. DCF also established the Division of Children's System of Care (CSOC), formerly the Division of Child Behavioral Health Services, which serves children and adolescents with emotional and behavioral health care challenges and their families.<sup>3</sup>

During this monitoring period, DCF has continued to make incremental progress toward meeting the Modified Settlement Agreement outcomes.<sup>4</sup>

As of June 30, 2012, 21 of the Modified Settlement Agreement's 54 performance measures have been met and three were partially met<sup>5</sup>; 26 were not met; and four were unable to be assessed this monitoring period. Five of the 26 measures that were not met showed performance improvement over the previous monitoring period.

To date, New Jersey's performance has met compliance levels for the following 21 performance measures:

- Performance Measure 1 – Responding to Calls to the State Central Registry (SCR);
- Performance Measure 2 – Quality of SCR Response;
- Performance Measure 6 – IAIU Practice for Investigations in Placements;
- Performance Measure 23 – Appropriateness of Placement;
- Performance Measure 24 – Placing Children with Families;
- Performance Measure 25 – Placing Siblings Groups of Two or Three Together;
- Performance Measure 28 – Placement Limitations;
- Performance Measure 29 – Inappropriate Placements;
- Performance Measure 30 – Abuse and Neglect of Children in Foster Care;
- Performance Measure 3 – Repeat Maltreatment;
- Performance Measure 34.b. – Performance Outcome 2: Adoption;
- Performance Measure 38 – Final Adoptive Placements;
- Performance Measure 39 – Pre-Placement Medical Assessment;
- Performance Measure 40 – Initial Medical Examinations;
- Performance Measure 41 – Required Medical Examinations;

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<sup>3</sup> See Appendix for most recent DCF Organizational Chart.

<sup>4</sup> Previous monitoring reports reference 55 measures; however, some measures have been modified resulting in a current total of 54 measures.

<sup>5</sup> The term “partially” is used with measures with more than one benchmark or target and indicates that DCF has fulfilled some portion of its MSA obligation toward that target, but not all. Performance is based upon the most recent available data through June 30, 2012.

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- Performance Measure 43 – Follow-up Care and Treatment;
  - Performance Measure 46 – Mental Health Assessments;
  - Performance Measure 47 – Provision of In-Home and Community-Based Mental Health Services for Children and their Families;
  - Performance Measure 48 – Continued Support for Family Success Centers;
  - Performance Measure 51 – Post-Adoption Supports;
  - Performance Measure 52 – Provision of Domestic Violence Services

In the Monitor’s assessment, DCF has continued to move toward compliance in many areas, reflecting persistent and intensive work to demonstrate improvement in child welfare practice across the State. While the data do not show the dramatic performance gains that were achieved earlier in the lawsuit, in the Monitor’s judgment, DCF continues to invest in efforts toward practice and outcome improvement. During the six month period of this report, DCF saw a seven percent increase in children coming to the attention of the Department who needed to be placed into foster care.<sup>6</sup> The reasons for the increase are multiple, but despite the increase in numbers that has created added strain on worker caseloads and workloads, DCF has maintained performance in many areas and showed improvement in others.

Further, while DCF’s accomplishments in the early years of the reform are noteworthy, many of the outcomes that remain to be achieved go to the heart of practice and system reform. Experience across the country has shown that translating a new practice model into consistent and sustained change throughout a state takes multiple interventions and time. In some of these areas, such as holding Family Team Meetings that engage families, caregivers and providers in the joint work to support children and families, DCF has made progress or has maintained performance rates that demonstrate improvement but are not yet at levels required by the MSA. DCF has begun to examine data by Area and local office, as there remains considerable variation, with some offices demonstrating consistent improvement and others still struggling to meet the MSA standards.

DCF’s success in implementing multiple quality assurance processes gives it considerable ability to diagnose and assess barriers to quality case practice. In the Monitor’s view, this is likely to yield creative and appropriate improvement strategies that hold promise for accelerating and sustaining progress. In this monitoring period, DCF strengthened the Office of Performance Management and Accountability (OPMA), which manages the Qualitative Review (QR) process, a statewide qualitative case review process in place for two years and informed by children, youth and their family members, caretakers and service providers. In addition to reporting on select qualitative requirements of the MSA, QRs provide county-level data on the state’s progress in implementing the Case Practice Model. The Qualitative Reviews are beginning to highlight particular counties with good performance that may provide insight into strategies that can be successfully applied in other areas of the state.

As previously reported, in September 2010 DCF began monthly ChildStat meetings, a process adapted from New York City’s Compstat, where organizations use quantitative data from

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<sup>6</sup>As of June 30, 2012, there were 7,484 children in out-of-home placement, representing an increase of seven percent since December 31, 2011.

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multiple contexts to understand and improve service delivery. At New Jersey's ChildStat meetings, local office leadership present quantitative data and practice related issues. Increasingly, DCF has invited key external stakeholders to ChildStat meetings in an effort to be transparent about challenges and to encourage collaborative problem-solving. New this monitoring period, DCF now involves clinical case consultants from select private provider agencies to work directly with DCF staff to identify and address underlying child and family issues that impede case progress. The Monitor has observed staff's growing proficiency in data analysis and critical thinking as ChildStat becomes a routine part of New Jersey's quality assurance.

DCF has also begun smaller, more targeted approaches to quality assurance. Last year, with a grant from the Northeast and Caribbean Child Welfare Implementation Center (NCIC), DCF launched the Managing by Data Initiative. The grant allowed DCF to create a cohort of 94 staff members (DCF Fellows) selected from across all areas of DCF to collaboratively explore a range of areas presenting challenges to quality practice. One Fellows group examined repeat referrals of children who were reunified after being in foster care, the goal being to reduce the reoccurrences of abuse and neglect. The Monitor was impressed by both the increased skills of local office managers and staff to examine what is working well and what needs improvement in their own practice and by the engagement of local staff with state level leaders to identify and resolve systemic barriers that present challenges for children, families, caregivers, staff and private providers.

Although all those involved in the State's child welfare reform efforts want demonstrable and more rapid progress in achieving all MSA outcomes, the Monitor appreciates the work that is occurring to support the progress that has been made to date.

Listed below are some accomplishments DCF has achieved during this monitoring period that are discussed more fully in the report.

- ***In June 2012 DCF completed a multi-year effort to train its entire workforce on its Case Practice Model and has reached or exceeded all of the expectations in the MSA pertaining to training its workforce.***

DCF has continued to train its staff on New Jersey's Case Practice Model while fulfilling all other training obligations required by the MSA. By June 2012 all local offices had completed intensive training on practice as defined by New Jersey's Case Practice Model. Simultaneously, 192 newly hired caseworkers (100%) completed the Pre-Service training or participated in the Baccalaureate Child Welfare Education Program (BCWEP)<sup>7</sup> and passed competency exams during this monitoring period. One hundred and twelve (100%) new DCP&P caseworkers were trained in concurrent planning during this monitoring period. New Jersey continues to meet the MSA requirement to train all new supervisors within six months of their appointment. DCF has expanded its pool of

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<sup>7</sup> BCWEP is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Century College, and Ramapo College) that enable students to earn a Bachelor of Social Work (BSW) degree specializing in child welfare.

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statewide Implementation Specialists who are deployed to local offices to develop the skills and competencies of its workforce.

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

DCF has maintained its capacity to serve more than twice the number of children that are currently in out-of-home placements, a substantial accomplishment that demonstrates a sea change in New Jersey's recruitment, training, licensing and support of Resource family homes since the beginning of the reform work. DCF recruited and licensed 642 Resource family homes between January 1 and June 30, 2012. Further, less than one percent of Resource family homes had children placed over the capacity standards set by the MSA. DCF has maintained this positive performance for the past five monitoring periods.

- **For seven consecutive monitoring periods DCF has met or exceeded the MSA's requirement that children in out-of-home placement live in family-like settings when appropriate.**

As of June 2012, 88 percent of children were placed with families or in family-like settings, meeting the final target for this outcome. DCF has met this standard for the past seven monitoring periods and continues to show sustained practice change in this area. This is an especially noteworthy accomplishment as the total number of children in foster care in the State has risen.

Thirty-five percent of the 642 Resource family homes licensed between January and June 2012 are kinship homes.

- **DCF continues to use shelters appropriately and on a more limited basis.**

Between January and June 2012, 292 youth ages 13 or older were placed in shelters, a significant reduction from the 451 youth placed in shelters between January and June 2008. Additionally, 97 percent (282) of these 292 youth were placed in accordance with the MSA criteria on appropriate use of shelters.

- **DCF continues to meet the performance standards for adoptions finalized within nine months of adoptive placement.**

Between January 1 and June 30, 2012, 379 children who were legally free achieved adoption. With the support of New Jersey's judiciary, DCF continues to exceed the final target of finalizing at least 80 percent of adoptions within the prescribed time period.

- **The number of children placed out-of-state for treatment has continued to decline to a total of five children/youth placed out-of-state for treatment as of June 2012.**

All but one of the five youth placed out of state as of June 2012 were in a specialized program for the deaf or hard of hearing and all but two were age 18 or older. The state

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reports that it is in the process of developing in-state treatment programs for this population.

- **DCF's performance in providing sustained access to health care for children in out-of-home care remains high and is a model for the nation.**

Between January and June 2012, 100 percent of children entering out-of-home care received a pre-placement assessment (PPA). Eighty-six percent of those children received a PPA in a non-emergency room setting and an additional 12 percent appropriately received a PPA in an emergency room setting based on the needs of the children. Ninety-five percent of all children in out-of-home placement were current with their immunizations. DCF reports that 96 percent of children received follow-up care for needs identified during their Comprehensive Medical Exam (CME), exceeding the final target. Further, 93 percent of children age 25 months or older in out-of-home placement are up-to-date with their annual EPSDT/well child exams and 91 percent of children 12 to 24 months old are up-to-date with their more frequent well child exams. DCF has maintained this impressive level of performance in meeting the health care needs of children in out-of-home placement for several years and is becoming a model for other jurisdictions.

- **DCF has maintained a commitment to assessing the success and barriers to implementing the Case Practice Model through the statewide Qualitative Review.**

From January to June 2012, DCF facilitated the review of 107 cases statewide through the Qualitative Review. This process, informed by professionals and others involved with a randomly selected child, provides a snapshot of the status of children and families and the practice and system performance on their behalf. Results from these Reviews are used to acknowledge where progress is being made to develop plans to make improvements both at the local and state levels.

### **Challenges Ahead**

The performance measures that were not met during this monitoring period include:

- **Despite a high rate of referrals, caseloads remain below MSA standards in several areas, although stabilized from the last monitoring period.**

When compared to the previous monitoring period, performance on caseload standards between January and June 2012 was stable, though below MSA standards. During this monitoring period, DCF met individual caseload requirements for Institutional Abuse Investigation Unit (IAIU) staff and office compliance for permanency staff caseloads. In all other functional areas, DCF's performance remained virtually unchanged from the previous monitoring period, when it was below compliance levels. Meeting Intake caseload standards has been an ongoing challenge, as noted in previous monitoring reports. Permanency and Adoption caseloads have generally been compliant since Phase

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II of the MSA, but caseload performance has fallen slightly below MSA standards for the past two monitoring periods.

DCF reports that the continued increase in intakes over the past year has had a dramatic effect on caseload compliance throughout DCF. In response, DCF hired thirty additional Intake workers and created Impact Teams that are deployed throughout the state in offices where Intakes were unusually high. While these actions appeared to stabilize caseloads, DCF was not able to improve performance during this period due to the high number of intakes.<sup>8</sup>

Maintaining reasonable caseloads is a necessary platform for all of the MSA's practice expectations. The fact that intake numbers decreased to more predictable sizes during the summer months suggests that caseload sizes in other areas will improve. However, resource allocations for staff need to be sufficient to allow for fluctuations in overall caseloads. The Monitor will continue to work with DCF to assess barriers to meeting caseload standards and to determine if current staffing allocations are sufficient to meet caseload standards and to account for caseload fluctuations.

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

New Jersey's Case Practice Model requires that a case plan be developed within 30 days of a child entering placement and updated regularly thereafter. The final target for this measure (expected to have been met by June 2010) is that 95 percent of case plans be completed within 30 days. In June 2012, 45 percent of children entering out-of-home placements had case plans developed within 30 days as compared to 56 percent in December 2011. An additional 33 percent of children had case plans completed within 60 days. Between January and June 2012, the timely development of case plans ranged from 41 to 65 percent.

Caseworkers are also required to routinely review and adjust case plans to meet the needs of families. The final target for this measure is that by June 30, 2010, 95 percent of case plans be reviewed and modified as necessary or at least every six months. In June 2012, 63 percent of case plans had been modified as necessary within six months as compared to 70 percent in December 2011. From January to June 2012, between 63 and 71 percent of case plans due each month were modified within the six-month timeframe.

This is an area in which the Monitor does not fully understand the barriers to improved performance and has been working with DCF to more accurately identify barriers and solutions. Making sure children and families have written case plans developed within 30 days of case opening and that these case plans are of high quality and remain current as family situations change is an extremely high priority for rapid improvement. During this next period, the Monitor intends to independently explore this issue in greater depth with workers and supervisors.

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<sup>8</sup> Of note, however, intake compliance reached 90% in August 2012 and 92% in September 2012.

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- **While performance has improved, DCF continues to struggle to meet MSA standards for holding Family Team Meetings.**

Family Team Meetings (FTMs) remain a principal foundation for New Jersey's Case Practice Model. By June 30, 2010, DCF was required to hold FTMs prior to or within 30 days of a child entering foster care and at least once per quarter thereafter for 90 percent of families. In June 2012, 68 percent of the cases requiring FTMs within 30 days of removal held FTMs in the 44 sites that had completed immersion training; from January to June 2012, monthly performance ranged from 58 percent to 75 percent in these 44 sites. In June 2012, quarterly FTMs were held in 45 percent of applicable cases; from January to June 2012, monthly performance ranged from 33 to 45 percent.

Performance has improved during this period while still short of meeting the final target on this measure. One contributor is the fact that all local offices have now successfully completed the case practice immersion process. The expectation is that performance will accelerate as Implementation Specialists mentor staff and continue to identify additional ways to support quality case practice.

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

The MSA requires caseworkers to visit with children in foster care twice per month during the first two months of a placement, and thereafter at least once per month. Data from June 2012 show that of the 532 children who were in an initial or subsequent placement for two full months, 284 (53%) had documented visits by their caseworkers twice per month. Although performance peaked to 62 percent in May 2012, overall DCF's performance has not improved during this monitoring period and is not close to meeting the final target of 95 percent.

Performance on caseworker visits to parents or other legally responsible family members when the permanency goal is reunification has also shown little improvement during the current monitoring period. The MSA requires that caseworkers visit with parents or other legally responsible family members two times per month when the family goal is reunification. In June 2012, 54 percent of parents or other responsible family members were visited by caseworkers twice per month, which falls substantially short of the 95 percent final target.

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In June 2012, 42 percent of children had four documented visits during the month with their parents and an additional 26 percent of children had two or three visits during the month.<sup>9,10</sup> While current performance demonstrates improvement over the previous monitoring period, it continues to fall short of the levels required by the MSA.

The Monitor is pleased with DCF's concentrated and sustained efforts to diagnose low performance in meeting these benchmarks and outcomes, some of which represent critical case practice standards. The expectation is that as these diagnostic activities continue, performance will improve.

- **Although DCF staff are conducting both safety and risk assessments prior to completion of an investigation in almost every case, performance on completion of risk reassessments within 30 days prior to non-investigation case closure remains substantially below the required performance final target.**

Between January and June 2012, DCF's monthly performance on the measure requiring risk reassessment 30 days prior to non-investigation case closure ranged from 49 to 57 percent, dipping slightly from July through December 2011 performance which ranged from 54 to 59 percent. This performance remains below the 98 percent final target. In June 2012, 49 percent of non-investigation cases had a risk reassessment completed within 30 days prior to case closure; 18 percent of cases had a risk reassessment completed 31 to 60 days prior to case closure; 9 percent of cases had a risk reassessment completed 60 to 90 days prior to case closure and 21 percent had a risk reassessment completed over 91 days prior to case closure.

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<sup>9</sup> An additional 290 (10%) children had one, two or three visits during the month and for those visits which did not occur during the month, DCP&P reports that either the parent was unavailable or a visit was not required.

<sup>10</sup> During this monitoring period, DCP&P modified the methodology used to report data on this measure in order to more accurately reflect visitation compliance for all four weeks during the reporting month. The previous methodology excluded children entirely from the monthly cohort if their parent was unavailable or if a visit was not required for at least one week of the reporting month. The new methodology takes into account visits that occur for some weeks of the month and visits that do not occur for other weeks of the month because either a parent is "unavailable" or a visit is "not required." DCP&P reports "parent unavailable" or visit "not required" for the following reasons: parent(s) is either missing, unavailable due to illness, hospitalized, in a treatment program which prohibits or limits visitation or incarcerated in a facility which prohibits or limits visitation; visit is cancelled by parent; court order prohibits visits or specifies a different schedule of visits; visits would be physically or psychologically harmful to the child even with supervision; or parent requests limited or no visits despite the DCP&P's efforts to explain the importance of visits for the parent and child.

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### **III. CHILD AND FAMILY OUTCOME AND CASE PRACTICE PERFORMANCE BENCHMARKS**

The Child and Family Outcome and Case Practice Performance Benchmarks (Performance Benchmarks), are 54<sup>11</sup> measures that assess the state's performance on meeting the requirements of the MSA, including implementing the Case Practice Model (see Table 1). The Performance Benchmarks cover the areas of child safety, permanency, service planning, child well-being and ongoing infrastructure requirements pertaining to elements such as caseloads, training and Resource family recruitment and retention.

Many of the measures are assessed using data from NJ SPIRIT, the DCP&P data management system, and Safe Measures with validation by the Monitor. Some data are also provided through the Department's work with the Chapin Hall Center at the University of Chicago that assists with data analysis.

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<sup>11</sup> Previous monitoring reports reference 55 measures; as discussed in the Period XI monitoring report, some measures were modified resulting in a current total of 54 measures.

**Table 1: *Charlie and Nadine H. v. Christie* Child and Family Outcome and Case Practice Performance Benchmarks  
(Summary of Performance as of June 30, 2012)**

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
<b><i>State Central Registry, Investigative Practice and Institutional Abuse Investigations Unit (IAIU)</i></b>							
CPM V.1	1. <u>Responding to Calls to the SCR</u> a. Total number of calls b. Number of abandoned calls c. Time frame for answering calls d. Number of calls screened out e. Number of referrals for CWS	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	a. 15,305 calls b. 456 abandoned calls c. 22 seconds d. 5,279 calls screened out e. 1,111 CWS referrals	a. 14,388 calls b. 464 abandoned calls c. 21 seconds d. 5,399 calls screened out e. 1,162 CWS referrals	Ongoing Monitoring of Compliance	N/A

<sup>12</sup> In some cases where June 2012 performance data are not available, the most recent performance data are cited with applicable timeframes. In other cases, the Monitor provides a range of data over the monitoring period because these data are more illustrative of actual performance. More detailed information on DCF performance on specific measures is provided in subsequent chapters of the report.

<sup>13</sup> “Yes” indicates that, in the Monitor’s judgment based on presently available information, DCF has substantially fulfilled its obligations regarding the requirement under the MSA for the January 1, 2012 to June 30, 2012 monitoring period, or is substantially on track to fulfill an obligation expected to have begun during this period and be completed in a subsequent monitoring period. The Monitor has also designated “Yes” for a requirement where DCF is within one percentage point of the benchmark or there is a small number (less than 3) of cases causing the failure to meet the benchmark. “Partially” is used when DCF has come very close but has not fully met a requirement or in instances where measures have more than one benchmark or target and DCF has fulfilled some portion of its MSA obligation toward that target, but not all. “No” indicates that, in the Monitor’s judgment, DCF has not fulfilled its obligation regarding the requirement.

<sup>14</sup> Where applicable, “↑” indicates that, in the Monitor’s judgment based on data and an understanding of case practice, performance is trending upwards by at least three percentage points; “↓” indicates performance is trending downward by at least three percentage points; “↔” indicates that, in the Monitor’s judgment, there has been no change in performance; “N/A” indicates a judgment regarding Direction of Change is not applicable to the measure.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM V.1	<p>2. <u>Quality of SCR Response:</u></p> <p>a. Respond to callers promptly, with respectful, active listening skills</p> <p>b. Essential information gathered— identification of parents and other important family members</p> <p>c. Decision making process based on information gathered and guided by tools and supervision</p>	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	For performance review, see <i>Review of the New Jersey State Central Registry</i> , DCF, July 2012.	See <i>Review of the New Jersey State Central Registry</i> , DCF, issued July, 2012. <sup>15</sup> Performance not newly assessed this period.	Ongoing Monitoring of Compliance	N/A
CPM V.1 MSA III.B.2	<p>3. <u>Timeliness of Response:</u> Investigations of alleged child abuse and neglect shall be received by the field in a timely manner and commenced within the required response time as identified at SCR, but no later than 24 hours.</p>	<p>a. By June 30, 2009, 90% of investigations shall be received by the field in a timely manner.</p> <p>b. By July 1, 2009, 98% of investigations commenced within the required response times.</p>	<p>a. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be received by the field in a timely manner.</p> <p>b. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be commenced within the required response time.</p>	<p>a. 99% of investigations were received by the field in a timely manner.</p> <p>b. 89% of investigations commenced within required response time.</p>	<p>a. 98% of investigations were received by the field in a timely manner.</p> <p>b. 93% of investigations commenced within required response time.</p>	Partially	↔

<sup>15</sup> For full report summary, see [http://www.state.nj.us/dcf/about/divisions/opma/SCRReport\\_7%2026%2012.pdf](http://www.state.nj.us/dcf/about/divisions/opma/SCRReport_7%2026%2012.pdf)

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM V.1 MSA III.B.3	4. <u>Timeliness of Completion</u> : Investigations of alleged child abuse and neglect shall be completed within 60 days.	a. By June 30, 2009, 80% of all abuse/neglect investigations shall be completed within 60 days. b. By December 31, 2009, 95% of all abuse/neglect investigations shall be completed within 60 days.	By June 30, 2010, 98% of all abuse/neglect investigations shall be completed within 60 days.	60% of investigations were completed within 60 days. <sup>16</sup>	65% of investigations were completed within 60 days. <sup>17</sup>	No	↑

<sup>16</sup> Between July and December 2011, performance on investigation completion ranged between 55 and 63 percent.

<sup>17</sup> Between January and June 2012, performance on investigation completion ranged between 62 and 65 percent.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM V.1	<p>5. <u>Quality Investigative Practice</u>: Investigations will meet measures of quality including acceptable performance on:</p> <ul style="list-style-type: none"> <li>a. Locating and seeing the child and talking with the child outside the presence of the caretaker within 24 hours of receipt by field;</li> <li>b. Conducting appropriate interviews with caretakers and collaterals;</li> <li>c. Using appropriate tools for assessment of safety and risk;</li> <li>d. Analyzing family strengths and needs;</li> <li>e. Seeking appropriate medical and mental health evaluations;</li> <li>f. Making appropriate decisions; and</li> <li>g. Reviewing the family's history with DCF/DCP&amp;P</li> </ul>	Not Applicable <sup>18</sup>	By December 31, 2009, 90% of investigations shall meet quality standards.	To be reassessed in the future.	To be reassessed in case record review scheduled for January 2013.	Unable to determine	N/A

<sup>18</sup> For measures where baseline data were not available prior to due date of final target, benchmarks have been removed.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM V.I MSA II.I.3 MSA III.B.4	<p>6. <u>IAIU Practice for Investigations in Placements:</u></p> <p>a. Investigations in resource homes and investigations involving group homes, or other congregate care settings shall be completed within 60 days.</p> <p>b. Monitor will review mechanisms that provide timely feedback to other divisions (e.g., CSOC, OOL) and implementation of corrective action plans.</p> <p>c. Corrective action plans developed as a result of investigations of allegations re: placements will be implemented.</p>	By June 2007, the state shall complete 80% of IAIU investigations within 60 days.	By June 2007 and thereafter, 80% of investigations by IAIU shall be completed within 60 days.	86% of IAIU investigations involving group homes and other congregate care settings were completed within 60 days.	87% of IAIU investigations involving group homes and other congregate care settings were completed within 60 days.	Yes	↔

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
<b>Implementation of Case Practice Model</b>							
CPM V.3	<p>7. <u>Family Involvement and Effective use of Family Team Meetings</u>. A family team (involving parents, youth and appropriate formal and informal supports) shall meet and plan together. The team should be involved in planning &amp; decision making throughout a case and have the skills, family knowledge and abilities to solve and help to organize effective services for the child and family.</p> <p>Number of family team meetings at key decision points.</p> <p>a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry.</p> <p>b. For all other children in placement, the number/percent who have at least one family team meeting each quarter.</p> <p>c. Family Teamwork.<sup>19</sup></p>	<p>a. By December 31, 2009, family meetings held prior to or within 30 days of entry for 75% of new entries and 75% of pre-placements.</p> <p>b. By December 31, 2009, family meetings held for 75% of children at least once per quarter.</p> <p>c. By December 31, 2009, 75% of cases show evidence in QR of acceptable team formation and functioning.</p>	<p>a. By June 30, 2010, family meetings held prior to or within 30 days of entry for 90% of new entries and 90% of pre-placements.</p> <p>b. By June 30, 2010, family meetings held for 90% of children at least once per quarter.</p> <p>c. By June 30, 2011, 90% of cases show evidence in QR of acceptable team formation and functioning.</p>	<p>For Immersion Sites:</p> <p>a. In December 2011, 52% of children newly entering placement had a family team meeting within 30 days of entering placement. From July to December 2011, performance ranged from 44% to 64%.</p> <p>b. In December 2011, 37% of children had at least one family team meeting each quarter. From July to December 2011, performance ranged from 36% to 41%.</p> <p>c. 29% of cases rated at least minimally acceptable on both QR 'Family Teamwork' indicators: team formation and team functioning.<sup>20</sup></p>	<p>For Immersion Sites:</p> <p>a. In June 2012, 68% of children newly entering placement had a family team meeting within 30 days of entering placement. From January to June 2012 performance ranged from 58% to 75%.<sup>21</sup></p> <p>b. In June 2012, 45% of children had at least one family team meeting each quarter. From January to June 2012 performance ranged from 33% to 45%.<sup>22</sup></p> <p>c. 30% of cases rated at least minimally acceptable on both QR 'Family Teamwork' indicators: team formation and team functioning.<sup>23</sup></p>	No	↑

<sup>19</sup> Upon agreement of the Parties, Measure 7c has been merged with Measure 9. Measure 9, which read: "Every reasonable effort will be made to develop case plans in partnership with youth and families, relatives, the families informal support networks and other formal resources working with or needed by the youth and/or family" has been deleted.

<sup>20</sup> 32 of 107 (30%) cases rated acceptable on *both areas* of Family Teamwork, team formation and team functioning; 41 of 107 cases (38%) rated acceptable on team formation; 36 of 107 cases (34%) cases rated acceptable on team functioning.

<sup>21</sup> Data for monitoring period are as follows: January 58% (measuring 41 sites); February 63% (measuring 41 sites); March 62% (measuring 41 sites); April 72% (measuring 44 sites); May 75% (measuring 44 sites); June 68% (measuring 44 sites).

<sup>22</sup> Data for monitoring period are as follows: January 33% (measuring 41 sites); February 34% (measuring 41 sites); March 39% (measuring 41 sites); April 42% (measuring 44 sites); May 42% (measuring 44 sites); June 45% (measuring 44 sites).

<sup>23</sup> 32 of 107 cases rated acceptable on *both areas* of Family Teamwork, team formation and team functioning; 41 of 107 cases (38 %) rated acceptable on team formation; 36 of 107 cases (34 %) cases rated acceptable on team functioning.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM	8. <u>Safety and Risk Assessment</u> : Number/percent of closed cases where a safety and risk of harm assessment is done prior to case closure.	By December 31, 2009, 75% of cases will have a safety and risk of harm assessment completed prior to case closure.	By December 31, 2010, (a) 98% of investigations will have a safety assessment completed, (b) 98% of investigations will have a risk assessment completed, and (c) 98% of non-investigation cases will have a risk assessment or risk re-assessment completed within 30 days of case closure. <sup>24</sup>	<ul style="list-style-type: none"> <li>a. 100% of investigations completed had a safety assessment completed prior to investigation closure.</li> <li>b. 100% of investigations completed had a risk assessment completed prior to investigation closure.</li> <li>c. 54% of applicable closed cases had a risk assessment or re-assessment completed within 30 days prior to case closure.</li> </ul>	<ul style="list-style-type: none"> <li>a. 100% of investigations completed had a safety assessment completed prior to investigation closure.</li> <li>b. 100% of investigations completed had a risk assessment completed prior to investigation closure.</li> <li>c. 49% of applicable closed cases had a risk re-assessment completed within 30 days prior to case closure.</li> </ul>	Partially	↓

<sup>24</sup> In order to be consistent with practice expectations, in May 2012, the Parties agreed to revise the final target from, “By December 31, 2010, 98% of cases will have a safety and risk of harm assessment completed prior to case closure” to the language stated above which allows for separate reporting on investigations and non-investigations cases.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM V.4, 13.a.	10. <u>Timeliness of Initial Plans</u> : For children entering care, number/percent of case plans developed within 30 days.	a. By June 30, 2009, 50% of case plans for children and families will be complete within 30 days. b. By December 31, 2009, 80% of case plans for children and families will be complete within 30 days.	By June 30, 2010, 95% of case plans for children and families are completed within 30 days.	56% of children entering care had case plans developed within 30 days. Between July and December 2011, monthly performance ranged from 56 to 70 percent.	45% of children entering care had case plans developed within 30 days. Between January and June 2012, monthly performance ranged from 41 to 65 percent. <sup>25</sup>	No	↓
CPM V.4, 13.b.	11. <u>Timeliness of Current Plans</u> : For children entering care, number/percent of case plans shall be reviewed and modified as necessary at least every six months.	By June 30, 2009, 80% of case plans for children and families will be reviewed and modified at least every six months.	By June 30, 2010, 95% of case plans for children and families will be reviewed and modified at least every six months.	70% of case plans were reviewed and modified as necessary at least every six months. From July through December 2011, monthly performance ranged from 69 to 74 percent.	63% of case plans were reviewed and modified as necessary at least every six months. From January through June 2012, monthly performance ranged from 63 to 71 percent. <sup>26</sup>	No	↓

<sup>25</sup> Data for the monitoring period are as follows: January 2012, 65%; February 2012, 54%; March 2012, 55%; April 2012, 41%; May 2012, 58%; June 2012, 44%.

<sup>26</sup> Data for monitoring period are as follows: January 2012, 67%; February 2012, 65%; March 2012, 63%; April 2012, 69%; May 2012, 71%; June 2012, 63%.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM V.4	12. <u>Quality of Case and Service Planning</u> : The child's/family's case plan shall be developed with the family and shall be individualized and appropriately address the child's needs for safety, permanency and well-being. The case plan shall provide for the services and interventions needed by the child and family to meet identified goals, including services necessary for children and families to promote children's development and meet their educational, physical and mental health needs. The case plan and services shall be modified to respond to the changing needs of the child and family and the results of prior service efforts. <sup>27</sup>	By December 31, 2009, 80% of case plans rated acceptable as measured by the QR.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	44% of cases rated at least minimally acceptable on both QR indicators 'Case Planning Process' and 'Tracking and Adjusting'. <sup>28</sup>	48% of cases rated at least minimally acceptable on both QR indicators 'Case Planning Process' and 'Tracking and Adjusting'. <sup>29</sup>	No	↑

<sup>27</sup> This item previously read: "The Department, with the family, will develop timely, comprehensive and appropriate case plans with appropriate permanency goals and in compliance with permanency timeframes, which reflect family and children's needs, are updated as family circumstances or needs change and will demonstrate appropriate supervisory review of case plan progress." Upon agreement of Parties, this item has been merged with items 13 ("Case plans will identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals"), and 14 ("Service plans, developed with the family team, will focus on the services and milestones necessary for children and families to promote children's development and meet their educational and physical and mental health needs"), and reflects language and expectations of the Practice Model and the QR.

<sup>28</sup> 84 of 190 cases rated acceptable on *both* the 'Case Planning Process' and 'Tracking and Adjusting' indicators; 92 of 190 cases (48%) rated acceptable on 'Case Planning Process'; 107 of 190 cases (56%) rated acceptable on 'Tracking and Adjusting'.

<sup>29</sup> 51 of 107 cases rated acceptable on *both* the 'Case Planning Process' and 'Tracking and Adjusting' indicators; 51 of 107 cases (48%) rated acceptable on 'Case Planning Process'; 82 of 107 cases (63%) rated acceptable on 'Tracking and Adjusting'.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM V.4	15. <u>Educational Needs</u> : Children will be enrolled in school and DCF will have taken appropriate actions to ensure that their educational needs will be met.	By December 31, 2009 80% of cases score appropriately as measured by QR.	By December 31, 2011, 90% of cases rated acceptable as measured by the QR.	76% of cases rated acceptable on QR indicators 'Stability (school)' and 'Learning and Development - over age 5'. <sup>30</sup>	76% of cases rated acceptable on QR indicators 'Stability (school)' and 'Learning and Development - over age 5'. <sup>31</sup>	No	↔
MSA III.B 7.a	16. <u>Caseworker Visits with Children in State Custody</u> : Number/percent of children where caseworker has two visits per month (one of which is in the placement) during the first two months of an initial placement or subsequent placement for a child in state custody.	By December 31, 2009, 75% of children will have two visits per month during the first two months of an initial placement or subsequent placement.	By December 31, 2010, during the first two months of an initial placement or subsequent placement, 95% of children had at least two visits per month.	55% of children had two visits per month, one of which was in the placement, during the first two months of an initial or subsequent placement. Monthly range July - December 2011: 55 – 65%	53% of children had two visits per month, one of which was in the placement, during the first two months of an initial or subsequent placement. Monthly range January - June 2012: 53 – 62%	No	↔
MSA III.B 7.b	17. <u>Caseworker Visits with Children in State Custody</u> : Number/percent of children where caseworker has at least one caseworker visit per month in the child's placement.	By June 30, 2009, 85% of children had at least one visit per month.	By June 30, 2010, 98% of children shall have at least one caseworker visit per month during all other parts of a child's time in out-of-home care.	91% of children had at least one caseworker visit per month in his/her placement. <sup>32</sup> Monthly range July - December 2011: 91 – 92%	91% of children had at least one caseworker visit per month in his/her placement. <sup>33</sup> Monthly range January - June 2012: 91 – 92%	No	↔

<sup>30</sup> 63 of 83 cases rated acceptable on *both* the Stability (school) and Learning and Development (age 5 and older) QR indicators; 66 of 83 cases (80%) rated acceptable on Stability (school); 74 of 83 cases rated acceptable on Learning and Development (age 5 and older). This data reflects children in out-of-home placement.

<sup>31</sup> 28 of 37 cases rated acceptable on *both* the Stability (school) and Learning and Development (age 5 and older) QR indicators; 31 of 37 cases (84%) rated acceptable on Stability (school); 33 of 37 (89%) cases rated acceptable on Learning and Development (age 5 and older). This data reflects children in out-of-home placement.

<sup>32</sup> An additional 5% of children had at least one caseworker visit per month for a total of 96% of children with at least one caseworker visit per month regardless of location.

<sup>33</sup> Ibid.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM MSA III.B 8.a	18. <u>Caseworker Visits with Parents/Family Members</u> : The caseworker shall have at least two face-to-face visits per month with the parent(s) or other legally responsible family member of children in custody with a goal of reunification.	By December 31, 2009, 60% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	By December 31, 2010, 95% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	42% of parents or other legally responsible family members of children in custody with a goal of reunification had at least two face-to-face visits with a caseworker. Monthly range July - December 2011: 42 – 55%	54% of parents or other legally responsible family members of children in custody with a goal of reunification had at least two face-to-face visits with a caseworker. Monthly range January - June 2012: 43 – 54% <sup>34</sup>	No	↑
CPM MSA III.B 8.b	19. <u>Caseworker Visits with Parents/Family Members</u> : The caseworker shall have at least one face-to-face visit per month with the parent(s) or other legally responsible family member of children in custody with goals other than reunification unless parental rights have been terminated.	No benchmark set.	By December 31, 2010, at least 85% of families shall have at least one face-to-face caseworker contact per month, unless parental rights have been terminated. <sup>35</sup>	54% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month. Monthly range July - December 2011: 53 – 56%	59% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month. Monthly range January – June 2012: 55 – 59%	No	↑

<sup>34</sup> Data for monitoring period are as follows: January 2012, 46%; February 2012, 45%; March 2012, 45%; April 2012, 43%; May 2012, 51%; June 2012, 54%.

<sup>35</sup> Possible modification of this final target is under discussion among the Parties and the Monitor.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM MSA III.B 9a.	20. <u>Visitation between Children in Custody and Their Parents</u> : Number/percent of children who have weekly visits with their parents when the permanency goal is reunification unless clinically inappropriate and approved by the Family Court.	By December 31, 2009, 50% of children will have visits with their parents every other week and 40% of children will have weekly visits.	By December 31, 2010, at least 85% of children in custody shall have in person visits with their parent(s) or other legally responsible family member at least every other week and at least 60% of children in custody shall have such visits at least weekly.	35% of children had recorded weekly visits with their parents. (An additional 26% of children had two or three visits during the month.) Monthly range July - December 2011: 31 – 38% weekly visits; 59 – 63% with two or three visits per month.	42% of children had recorded weekly visits with their parents. (An additional 26% of children had two or three visits during the month.) January – May 2012 data unavailable due to change in methodology. <sup>36</sup>	No	↑
CPM MSA III.B 10	21. <u>Visitation Between Children in Custody and Siblings Placed Apart</u> : Number/percent of children in custody who have siblings with whom they are not residing shall visit with their siblings as appropriate.	By December 31, 2009, 60% of children will have at least monthly visits with their siblings.	By December 31, 2010, at least 85% of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly.	49% of children in custody who have siblings with whom they are not residing visited with their siblings monthly. Monthly range July – December 2011: 48 – 51%	52% of children in custody who have siblings with whom they are not residing visited with their siblings monthly. Monthly range January – June 2012: 46 – 52%	No	↔
CPM; MSA Permanency Outcomes	22. <u>Adequacy of DAsG Staffing</u> : Staffing levels at the DAsG office.	95% of allocated positions filled by June 30, 2009.	98% of allocated positions filled plus assessment of adequacy of FTEs to accomplish tasks by June 30, 2012.	131 (92%) of 142 staff positions filled with three staff on full time leave; 128 (90%) available DAsG.	130 (92%) of 142 staff positions filled with eight staff on full time leave; 122 (86%) available DAsG.	No	↔

<sup>36</sup> An additional 290 (10%) children had one, two or three visits during the month and for those visits which did not occur during the month, DCP&P reports that either the parent was unavailable or a visit was not required. See *Visitation* section of this report for further explanation of the methodology change.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
<b><i>Placements of Children in Out-of-Home Care</i></b>							
CPM V.4	<p>23. <u>Combined assessment of appropriateness of placement based on:</u></p> <p>a. Placement within appropriate proximity of their parents' residence unless such placement is to otherwise help the child achieve the planning goal.</p> <p>b. Capacity of caregiver/ placement to meet child's needs.</p> <p>c. Placement selection has taken into account the location of the child's school.</p>	To be determined through pilot QR in immersion sites in the first quarter of 2010	By June 30, 2010, 90% of cases score appropriately as measured by QR Modules.	93% of cases rated at least minimally acceptable on QR indicator 'Appropriateness of Placement'	97% of cases rated at least minimally acceptable on QR indicator 'Appropriateness of Placement'	Yes	↑
MSA III.A 3.c	<p>24. <u>Placing Children with Families:</u> The percentage of children currently in custody who are placed in a family setting.</p>	By July 2008, 83% of children will be placed in a family setting.	Beginning July 2009 and thereafter, at least 85% of children will be placed in a family setting.	88% of children were placed in a family setting.	88% of children were placed in a family setting.	Yes	↔

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM MSA III.A 3.b	25. <u>Placing Siblings Together</u> : Of sibling groups of two or three siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	<ul style="list-style-type: none"> <li>a. For siblings entering custody in the period beginning July 2009, at least 65% will be placed together.</li> <li>b. For siblings entering custody in the period beginning July 2010, at least 70% will be placed together.</li> <li>c. For siblings entering custody in the period beginning July 2011, at least 75% will be placed together.</li> </ul>	For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.	In CY 2011, 79% of sibling groups of 2 or 3 were placed together.	CY 2012 data not yet available.	<p>Yes, based on CY 2011 data.</p> <p>CY 2012 data not yet available.</p>	N/A
MSA III.A 3.b	26. <u>Placing Siblings Together</u> : Of sibling groups of four or more siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	<ul style="list-style-type: none"> <li>a. For siblings entering custody in the period beginning July 2009, at least 30% will be placed together.</li> <li>b. For siblings entering in the period beginning July 2010, at least 35% will be placed together.</li> </ul>	For siblings entering in the period beginning July 2011 and thereafter, at least 40% will be placed together.	In CY 2011, 35% of sibling groups of 4 or more were placed together.	CY 2012 data not yet available.	<p>No, based on CY 2011 data.<sup>37</sup></p> <p>CY 2012 data not yet available.</p>	N/A

<sup>37</sup> Performance met the interim benchmark, however, the final target has a higher required performance level.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
MSA III.A 3.a	27. <u>Stability of Placement</u> : Of the number of children entering care in a period, the percentage with two or fewer placements during the 12 months beginning with the date of entry.	By December 31, 2008, at least 86% of children entering care will have two or fewer placements during the 12 months from their date of entry.	By June 2009 and thereafter, at least 88% of children entering care will have two or fewer placements during the 12 months from their date of entry.	For children entering care in CY 2010, 84% of children had two or fewer placements during the 12 months from their date of entry.	CY 2011 data not yet available.	No, based on CY 2010 data.  CY 2011 data not yet available.	N/A
MSA III.C	28. <u>Placement Limitations</u> : Number/percent of resource homes in which a child has been placed if that placement will result in the home having more than four foster children, or more than two foster children under age two, or more than six total children including the Resource family's own children.	Not Applicable <sup>38</sup>	By June 2009, no more than 5% of resource home placements may have seven or eight total children including the Resource family's own children.	Less than one percent of resource home placements are over-capacity.	Less than one percent of resource home placements are over-capacity.	Yes	↔

<sup>38</sup> For measures where baseline data were not available prior to due date of final target, benchmarks have been removed.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
MSA III.B.6	<p>29. <u>Inappropriate Placements:</u></p> <p>a. The number of children under age 13 placed in shelters.</p> <p>b. The number of children over age 13 placed in shelters in compliance with MSA standards on appropriate use of shelters to include: as 1) an alternative to detention; 2) a short-term placement of an adolescent in crisis not to extend beyond 45 days; or 3) a basic center for homeless youth.</p>	<p>a. By December 2008 and thereafter, no children under age 13 in shelters.</p> <p>b. By December 31, 2008, 75% and by June 30, 2009, 80% of children placed in shelters in compliance with MSA standards on appropriate use of shelters.</p>	<p>a. By December 2008 and thereafter, no children under age 13 in shelters.</p> <p>b. By December 31, 2009, 90% of children placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 1) an alternative to detention; 2) short-term placement of an adolescent in crisis not to extend beyond 30 days; or 3) a basic center for homeless youth.</p>	<p>a. Between July and December 2011, no children under the age of 13 was placed in a shelter.</p> <p>b. Between July and December 2011, 97% of children over the age of 13 who were placed in shelters were in compliance with MSA standards.</p>	<p>a. Between January and June 2012, 1 child under the age of 13 was placed in a shelter.</p> <p>b. Between January and June 2012, 97% of children over the age of 13 who were placed in shelters were in compliance with MSA standards.</p>	Yes	↔
<b><i>Repeat Maltreatment and Re-Entry into Out-of-Home Care</i></b>							
MSA III.A. 1.a	<p>30. <u>Abuse and Neglect of Children in Foster Care:</u> Number of Children in custody in out-of-home placement who were victims of substantiated abuse or neglect by a resource parent or facility staff member during 12 month period, divided by the total number of children who have been in care at any point during the period.</p>	For the period beginning July 2009, no more than 0.53% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	For the period beginning July 2010 and thereafter, no more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	In CY 2011, 0.22% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member.	CY 2012 data not yet available.	Yes, based on CY 2011 data.  CY 2012 data not yet available.	N/A

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
MSA III.A 1.b	31. <u>Repeat Maltreatment</u> : Of all children who remain in home after substantiation of abuse or neglect, the percentage who have another substantiation within the next 12 months.	Not Applicable <sup>39</sup>	For the period beginning July 2009 and thereafter, no more than 7.2% of children who remain at home after a substantiation of abuse or neglect will have another substantiation within the next 12 months.	For children who were victims of a substantiated allegation of child maltreatment in CY 2010 and remained at home, 6.3% had another substantiation within the next 12 months.	CY 2011 data not yet available.	Yes, based on CY 2010 data.  CY 2011 data not yet available.	N/A
MSA III.A 1.c	32. <u>Repeat Maltreatment</u> : Of all children who are reunified during a period, the percentage who are victims of substantiated abuse or neglect within one year after the date of reunification.	Not Applicable <sup>40</sup>	For the period beginning July 2009 and thereafter, no more than 4.8% of children who reunified will be the victims of substantiated abuse or neglect within one year after reunification.	In CY 2010, 6% of children who reunified were the victims of substantiated child maltreatment within one year after reunification.	CY 2011 data not yet available.	No, based on CY 2010 data.  CY 2011 data not yet available.	N/A

<sup>39</sup> For measures where baseline data were unavailable prior to due date of final target, benchmarks have been removed.

<sup>40</sup> Ibid.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
MSA III.A 2.b	33. <u>Re-entry to Placement</u> : Of all children who leave custody during a period, except those whose reason for discharge is that they ran away from their placement, the percentage that re-enter custody within one year of the date of exit.	<p>a. For the period beginning July 2009, of all children who exit, no more than 14% will re-enter custody within one year of the date of exit.</p> <p>b. For the period beginning July 2010, of all children who exit, no more than 11.5% will re-enter custody within one year of the date of exit.</p>	For the period beginning July 2011 and thereafter, of all children who exit, no more than 9% will re-enter custody within one year of exit.	Of all children who exited in CY 2010, 13% re-entered custody within one year of the date of exit. <sup>41</sup>	CY 2011 data not yet available.	<p>No, based on CY 2010 data.</p> <p>CY 2011 data not yet available.</p>	N/A

<sup>41</sup> DCF has objected to the Monitor’s definition of “qualifying exits” used to analyze this measure. The Agency believes that, due to the specific exclusion in the MSA, the definition of qualifying exits should only exclude children who run away from placement. The Monitor uses a definition of qualifying exits which excludes from the calculations runaways as well as children who are adopted. Based on the DCF definition, of all children who exited in CY 2010, nine percent re-entered custody within one year of the date of exit. DCF’s definition calculates performance for previous years as follows: CY 2007, 12 percent; CY 2008, 10 percent; and CY 2009, 10 percent.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
<b>Permanency</b>							
MSA III.A 2.a	34.a., d., e. Discharged to <u>Permanency</u> : Percentage of children discharged from foster care to permanency (reunification, permanent relative care, adoption and/or guardianship).						
	a. Of all children who entered foster care for the first time in target year and who remained in foster care for eight days or longer, percentage that discharged to permanency within 12 months.	a. CY 2009: 43% CY 2010: 45%	a. CY 2011: 50%	a. CY 2010 data: 45%	a. CY 2011 data not yet available. <sup>42</sup>	a. Yes, based on CY 2010 data; CY 2011 data not yet available.	N/A
	d. Of all children who were in foster care on the first day of the target year and had been in care between 13 -24 months, percentage that discharged to permanency prior to 21 <sup>st</sup> birthday or by the last day of the year.	d. CY 2009: 43% CY 2010: 45%	d. CY 2011: 47%	d. CY 2011 data: 47%	d. CY 2012 data not yet available.	d. Yes, based on CY 2011 data; CY 2012 data not yet available.	
	e. Of all children who were in foster care for 25 months or longer on the first day of the target year, percentage that discharged to permanency prior to 21 <sup>st</sup> birthday or by the last day of the year.	e. CY 2009: 41% CY 2010: 44%	e. CY2011: 47%	e. CY 2011 data: 34%	e. CY 2012 data not yet available.	e. No, based on CY 2011 data; CY 2012 data not yet available.	

<sup>42</sup> Data for CY 2011 will not be available until early 2013.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
MSA III.A 2.a	34.b. <u>Adoption</u> : Of all children who became legally free for adoption during the 12 months prior to the target year, percentage that was discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	<p>a. Of those children who become legally free in CY 2009, 45% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.</p> <p>b. Of those children who become legally free in CY 2010, 55% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.</p>	Of those children who become legally free in CY 2011, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.	78% of children who became legally free in CY 2010 were discharged from foster care to a finalized adoption in less than 12 months from date of becoming legally free.	CY 2011 data not yet available. <sup>43</sup>	<p>Yes, based upon CY 2010 performance.</p> <p>CY 2011 data not yet available.</p>	N/A

<sup>43</sup> Ibid.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
MSA III.A 2.a	34. c. <u>Total time to Adoption</u> : Of all children who exited foster care to adoption in the target year, what percentage was discharged from foster care to adoption within 30 months from removal from home.	a. Of all children who exit to adoption in CY 2009, 45% will be discharged from foster care to adoption within 30 months from removal from home. b. Of all children who exit to adoption in CY 2010, 55% will be discharged from foster care to adoption within 30 months from removal from home.	Of all children who exit to adoption in CY2011, 60% will be discharged from foster care to adoption within 30 months from removal from home.	Of all children who exited to adoption in CY 2011, 48% were discharged from foster care to adoption within 30 months from removal from home.	CY 2012 data not yet available.	No, based upon CY 2011 performance.  CY 2012 data not yet available.	N/A
MSA III.B 12(i)	35. <u>Progress Toward Adoption</u> : Number/percent of children with a permanency goal of adoption who have a petition to terminate parental rights filed within 60 days of the date of the goal change. <sup>44</sup>	Not applicable, final target set by the MSA.	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% shall have a petition to terminate parental rights filed within 60 days of the date of the goal change.	In the months between July and December 2011, 62% to 89% of children with a permanency goal of adoption had a petition to terminate parental rights filed within 60 days of the date of the goal change.	In the months between January and June 2012, 69% to 81% <sup>45</sup> of children with a permanency goal of adoption had a petition to terminate parental rights filed within 60 days of the date of the goal change.	No	↔

<sup>44</sup> In May 2012 this performance standard was changed by agreement of the Parties.

<sup>45</sup>Data for monitoring period are as follows: January 2012, 81%; February 2012, 77%; March 2012, 80%; April 2012, 73%; May 2012, 73%; June 2012, 69%.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM MSA III.B 12.a (ii)	36. <u>Child Specific Adoption Recruitment</u> : Number/percent of children with a permanency goal of adoption needing recruitment who have a child-specific recruitment plan developed within 30 days of the date of the goal change.	Not applicable, final target set by the MSA.	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% of those for whom an adoptive home has not been identified at the time of termination of parental rights shall have a child-specific recruitment plan developed within 30 days of the date of the goal change.	Between July and December 2011, 90 children required child specific recruitment plans and 57 (63%) of these plans were developed within 30 days of the date of the goal change.	Between January and June 2012, 87 children required child specific recruitment plans and 47 (54%) of these plans were developed within 30 days of the date of the goal change. <sup>46</sup>	No <sup>47</sup>	↓
MSA III.B 12.a.(iii)	37. <u>Placement in an Adoptive Home</u> : Number/percent of children with a permanency goal of adoption and for whom an adoptive home had not been identified at the time of termination are placed in an adoptive home within nine months of the termination of parental rights.	Not applicable, final target set by the MSA.	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 75% of the children for whom an adoptive home has not been identified at the time of termination shall be placed in an adoptive home within nine months of the termination of parental rights.	Between July and December 2011, 12 (50%) out of 24 children with a permanency goal of adoption for whom an adoptive home had not been identified at the time of the termination were placed in an adoptive home within nine months of termination of parental rights.	Between January and June 2012, 6 (35%) out of 17 children with a permanency goal of adoption for whom an adoptive home had not been identified at the time of the termination were placed in an adoptive home within nine months of termination of parental rights.	No <sup>48</sup>	↓

<sup>46</sup> Because there is variation in monthly performance and the total number of applicable children is small, the Monitor is including the range of monthly performance. Data for the monitoring period are as follows: January 2012, 50%; February 2012, 29%; March 2012, 67 %; April 2012, 84%, May 2012, 67%; June 2012, 33%.

<sup>47</sup> Performance indicating a decline is based on a small number of cases.

<sup>48</sup> Ibid.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
MSA III.B 12.b	38. <u>Final Adoptive Placements</u> : Number/percent of adoptions finalized within nine months of adoptive placement.	Beginning December 31, 2008, of adoptions finalized, at least 80% shall have been finalized within nine months of adoptive placement.	Beginning July 1, 2009, of adoptions finalized, at least 80% shall have been finalized within nine months of adoptive placement.	96% of adoptions were finalized within nine months of adoptive placement.	88% of adoptions were finalized within nine months of adoptive placement.	Yes	↓
<b><i>Health Care for Children in Out-of-Home Placement</i></b>							
MSA II.F.5	39. <u>Pre-Placement Medical Assessment</u> : Number/percent of children receiving pre-placement medical assessment in a setting appropriate to the situation. <sup>49</sup>	By June 30, 2008, 95% of children will receive a pre-placement assessment in a setting appropriate to the situation.	By December 31, 2009, 98% of children will receive a pre-placement assessment either in a non-emergency room setting, or in an emergency room setting if the child needed emergency medical attention or the child was already in the emergency room when DCP&P received the referral.	100% of children entering DCP&P custody received a pre-placement assessment (PPA). 99% of PPAs occurred in a setting appropriate for the situation.	100% of children entering DCP&P custody received a pre-placement assessment (PPA). 99% of PPAs occurred in a setting appropriate for the situation.	Yes	↔

<sup>49</sup> By agreement of the Parties, this measure has been redrafted to combine the percentage of PPAs in a non-ER setting and those PPAs conducted in an ER that are appropriate based on the presenting medical needs of the child/youth or because the child/youth was already in the ER when DCP&P received the referral.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
MSA III.B 11	40. <u>Initial Medical Examinations</u> : Number/percent of children entering out-of-home care receiving full medical examinations within 60 days.	By June 30, 2008, 80% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 85% within in 60 days.	By January 1, 2009 and thereafter, at least 85% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 98% within 60 days.	From July through December 2011, 82% of children received a CME within the first 30 days of placement and 97% received a CME within the first 60 days of placement.	From January through June 2012, 87% of children received a CME within the first 30 days of placement and 98% received a CME within the first 60 days of placement.	Yes	↑

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
Negotiated Health Outcomes	41. <u>Required Medical Examinations</u> : Number/percent of children in care for one year or more who received medical examinations in compliance with EPSDT guidelines.	<p>a. By December 2008, 80% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.</p> <p>b. By June 2009, 90% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.</p> <p>c. By December 2009, 95% of children in care for one year or more will receive annual medical examinations in compliance with EPSDT guidelines.</p>	By June 2010, 98% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.	From July through December 2011, 92% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 93% of children older than two years were clinically up-to-date on their EPSDT visits.	From January through June 2012, 91% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 93% of children older than two years were clinically up-to-date on their EPSDT visits.	Partially <sup>50</sup>	↔

<sup>50</sup> While not in compliance with the final benchmark, performance on EPSDT/well child exams represents sustained access to health care for this population and is a significant achievement.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
MSA II.F.2	42. <u>Semi-Annual Dental Examinations</u> : Number/percent of children ages three and older in care six months or more who received semi-annual dental examinations. <sup>51</sup>	<ul style="list-style-type: none"> <li>a. By June 2009, 90% of children will receive annual dental examinations and 70% will receive semi-annual dental examinations.</li> <li>b. By December 2009, 95% of children will receive annual dental examinations and 75% will receive semi-annual dental examinations.</li> <li>c. By June 2010, 95% of children will receive annual dental examinations and 80% will receive semi-annual dental examinations.</li> <li>d. By December 2010, 98% of children will receive annual dental examinations and 85% will receive semi-annual dental examinations.</li> <li>e. By June 2011, 90% of children will receive semi-annual dental examinations.</li> </ul>	<ul style="list-style-type: none"> <li>a. By December 2011, 98% of children will receive annual dental examinations.</li> <li>b. By December 2011, 90% of children will receive semi-annual dental examinations.</li> </ul>	<ul style="list-style-type: none"> <li>a. 99% of children had received an annual dental examination.<sup>52</sup></li> <li>b. 87% of children were current with their semi-annual dental exam.</li> </ul>	<ul style="list-style-type: none"> <li>a. 97% of children had received an annual dental examination.</li> <li>b. 86% of children were current with their semi-annual dental exam.</li> </ul>	Partially	↔

<sup>51</sup> This benchmark originally measured annual and semi-annual exams. Because the practice expectation in the field is that children age three or older receive semi-annual exams, DCF was solely measuring whether children receive these exams semi-annually.

<sup>52</sup> New this monitoring period, annual dental information is available.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
MSA II.F.2	43. <u>Follow-up Care and Treatment</u> : Number/percent of children who received timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	<ul style="list-style-type: none"> <li>a. By June 2009, 70% of children will receive follow-up care and treatment to meet health care and mental health needs.</li> <li>b. By December 2009, 75% of children will receive follow-up care and treatment to meet health care and mental health needs.</li> <li>c. By June 2010, 80% of children will receive follow-up care and treatment to meet health care and mental health needs.</li> <li>d. By December 2010, 85% of children will receive follow-up care and treatment to meet health care and mental health needs.</li> <li>e. By June 2011, 90% of children will receive follow-up care and treatment to meet health care and mental health needs.</li> </ul>	By December 31, 2011, 90% of children will receive timely, accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	93% of children received follow-up care for needs identified in their CME. <sup>53</sup>	96% of children received follow-up care for needs identified in their CME. <sup>54</sup>	Yes	↔

<sup>53</sup> The Health Care Case Record Review conducted by DCF to report on the above indicators for Period XI was done by reviewing records of a random sample of children in DCP&P out-of-home placement who were removed between 5/1/2011 and 10/31/2011 and were in care for a minimum of 60 days. 2,078 children comprise this cohort. A sample of 336 children was reviewed. The results have a ± 5 percent margin of error.

<sup>54</sup> DCF conducted a Health Care Case Record Review in order to report on this measure. The Review examines records of a random sample of children in DCP&P out-of-home placement who were removed between 11/1/2011 and 4/30/2012 and were in care for a minimum of 60 days. 2,037 children comprise this cohort. A sample of 333 children was reviewed. The results have a ± 5 percent margin of error.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
	44. <u>Immunization</u> : Children in DCF custody are current with immunizations.	a. By December 31, 2009, 90% of children in custody will be current with immunizations. b. By December 31, 2010, 95% of children in custody will be current with immunizations.	By December 31, 2011, 98% of children in custody will be current with immunizations.	In the fourth quarter of 2011, DCF reports that 96% of all children in out-of-home placement were current with their immunizations.	In the second quarter of 2012, 95% of children in out-of-home placement were current with their immunizations.	No	↔
MSA II.F.8	45. <u>Health Passports</u> : <sup>55</sup> Children's parents/caregivers receive current Health Passport within five days of a child's placement.	By June 30, 2010, 75% of caregivers will receive a current Health Passport within five days of a child's placement.	By June 30, 2011, 95% of caregivers will receive a current Health Passport within five days of a child's placement.	From May through October 2011, 62% of caregivers received Health Passports within five days of a child's placement and 92% of caregivers received Health Passports within 30 days of a child's placement. <sup>56</sup>	From November 2011 through April 2012, 58% of caregivers received Health Passports within five days of a child's placements and 96% of caregivers received Health Passports within 30 days of a child's placement. <sup>57</sup>	No	↔

<sup>55</sup> As discussed herein, the Monitor and Parties have met to discuss this measure and are considering if a more effective measure can be designed that assesses when meaningful medical information of children can reasonably be collected and timely shared with their caregivers.

<sup>56</sup> The Health Care Case Record Review conducted by DCF to report on the above indicators for Period XI was done by reviewing records of a random sample of children in DCP&P out-of-home placement who were removed between 5/1/2011 and 10/31/2011 and were in care for a minimum of 60 days. 2,078 children comprise this cohort. A sample of 336 children was reviewed. The results have a  $\pm 5$  percent margin of error.

<sup>57</sup> DCF conducted a Health Care Case Record review in order to report on this measure. The Review examines records of a random sample of children in DCP&P out of home placement who were removed between 11/1/2011 and 4/30/2012 and were in care for a minimum of 60 days. 2,037 children comprise this cohort. A sample of 333 children was reviewed. The results have a  $\pm 5$  percent margin of error.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
<b><i>Mental Health Care for Children in Out-of-Home Placement</i></b>							
MSA II.F.2	46. <u>Mental Health Assessments</u> : Number/percent of children with a suspected mental health need who receive mental health assessments.	<p>a. By June 2008, 75% of children with a suspected mental health need will receive a mental health assessment.</p> <p>b. By December 2008, 80% of children with a suspected mental health need will receive a mental health assessment.</p> <p>c. By June 2009, 85% of children with a suspected mental health need will receive a mental health assessment.</p>	By December 31, 2011, 90% of children with a suspected mental health need will receive a mental health assessment.	From May through October 2011, 99% of eligible children received a mental health screening. Of those screened, 53% had a suspected mental health need. Of those with a suspected mental health need (and 24 additional youth already receiving services), 90% received a mental health assessment. <sup>58</sup>	From November 2011 to April 2012, 99.5% of eligible children and youth received a mental health screening. Of those screened, 53% had a suspected mental health need. Of those with a suspected mental health need (and 24 additional youth already receiving services) 92% received a mental health assessment. <sup>59</sup>	Yes	↔

<sup>58</sup> DCF conducted a Health Care Case Record Review to report on the above indicator for Period XI. DCF reviewed records of a random sample of children in DCP&P out-of-home placement who were removed between 5/1/2011 and 10/31/11 and were in care for a minimum of 60 days. 2,078 children comprise this cohort. A sample of 336 children was reviewed. The results have a  $\pm 5$  percent margin of error.

<sup>59</sup> DCF conducted a Health Care Case Record review in order to report on this measure. The Review examines records of a random sample of children in DCP&P out-of-home placement who were removed between 11/1/2011 and 4/30/2012 and were in care for a minimum of 60 days. 2,037 children comprise this cohort. A sample of 333 children was reviewed. The results have a  $\pm 5$  percent margin of error.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM	47. <u>Provision of in-home and community-based mental health services for children and their families:</u> CSOC shall continue to support activities of CMOs, YCMs, FSOs, Mobile Response, evidence-based therapies such as MST and FFT and crisis stabilization services to assist children and youth and their families involved with DCP&P and to prevent children and youth from entering DCP&P custody.	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	DCF continues to support CMO, YCMs, FSOs, Mobile Response, MST, FFT and community-based services to prevent children from being removed and to reunify children with their parents.	DCF continues to support CMO, YCMs, FSOs, Mobile Response, MST, FFT and community-based services to prevent children from being removed and to reunify children with their parents.	Yes	N/A
<b><i>Services to Families</i></b>							
CPM	48. <u>Continued Support for Family Success Centers:</u> DCF shall continue to support statewide network of Family Success Centers	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	37 Family Success Centers statewide	49 Family Success Centers statewide	Ongoing Monitoring of Compliance	N/A
CPM	49. <u>Statewide Implementation of Differential Response, Pending Effectiveness of Pilot Sites:</u> Progress toward implementation of Differential Response statewide.	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	Six counties with Differential Response sites.	DR pilot concluded June 30, 2012 and funds redeployed to the state's network of Family Success Centers.	N/A	N/A

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM	50. <u>Services to Support Transitions</u> : The Department will provide services and supports to families to support and preserve successful transitions.	By December 31, 2010, 80% of cases score appropriately as measured by QR.	By December 31, 2011, 90% of cases score appropriately as measured by QR.	54% of cases rated acceptable on QR indicator 'Transitions and Life Adjustments'	56% of cases rated acceptable on QR indicator 'Transitions and Life Adjustments'	No	↔
CPM	51. <u>Post-Adoption Supports</u> : The Department will make post-adoption services and subsidies available to preserve families who have adopted a child.	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	DCF administers an Adoption Subsidy Program which supported 13,688 adopted children by the end of December 2011. DCF funds a statewide network of post-adoption services through contract arrangements with eight private agencies. Funding remains slightly over \$3million and is used specifically for family counseling and family support services.	DCF administers an Adoption Subsidy Program which supported 13,908 adopted children by the end of June, 2012. DCF funds a statewide network of post-adoption services through contract arrangements with eight private agencies. Funding remains slightly over \$3million and is used specifically for family counseling and family support services.	Yes	N/A

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM	52. <u>Provision of Domestic Violence Services</u> . DCF shall continue to support Domestic Violence liaisons, PALS and Domestic Violence shelter programs to prevent child maltreatment and assist children and families involved with DCP&P.	Ongoing Monitoring of Compliance	Ongoing Monitoring of Compliance	Domestic Violence liaisons now available in each DCP&P local office.	Domestic Violence liaisons now available in each DCP&P local office.	Yes	N/A
<b>Services to Older Youth</b>							
CPM	53. <u>Independent Living Assessments</u> : Number/percent of cases where DCF Independent Living Assessment is complete for youth age14-18.	<p>a. By December 31, 2009, 75% of youth age 14-18 have an Independent Living Assessment.</p> <p>b. By December 31, 2010, 85% of youth age 14-18 have an Independent Living Assessment.</p>	By December 31, 2011, 95% of youth age 14-18 have an Independent Living Assessment.	As of December 31, 2011, 91% of youth age 14 to 18 in out-of-home placement for at least six months had a completed Independent Living Assessment.	As of June 30, 2012, 84% of youth age14 to 18 in out-of-home placement for at least six months had a completed Independent Living Assessment.	No	↓

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM	54. <u>Services to Older Youth</u> : DCF shall provide services to youth between the ages 18 and 21 similar to services previously available to them unless the youth, having been informed of the implications, formally request that DCF close the case.	<p>a. By December 31, 2009, 75% of older youth (18-21) are receiving acceptable services as measured by the QR.</p> <p>b. By December 31, 2010, 75% of older youth (18-21) are receiving acceptable services as measured by the New Jersey Qualitative Review.</p>	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the New Jersey Qualitative Review.	Data Not Available	Data Not Available <sup>60</sup>	Data Not Available	N/A

<sup>60</sup> The Monitor and DCF will be conducting a case record review in February 2013 in order to collect performance data for this measure. Data will be collected for the monitoring period July through December 2012.

Reference	Quantitative or Qualitative Measure	Benchmark	Final Target	December 2011 Performance	June 2012 Performance <sup>12</sup>	Requirement Fulfilled (Yes/No/Ongoing) <sup>13</sup>	Direction of Change <sup>14</sup>
CPM	55. <u>Youth Exiting Care</u> : Youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	<p>a. By December 31, 2009, 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.</p> <p>b. By December 31, 2010, 75% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.</p>	By December 31, 2011, 95% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	Data Not Available	Data Not Available <sup>61</sup>	Data Not Available	N/A

<sup>61</sup> Ibid.

## Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	June 2012 Performance	Fulfilled (Yes/No)
<b>II.A.5.</b> In reporting during Phase I on the state's compliance, the Monitor shall focus on the quality of the Case Practice Model and the actions by the state to implement it.	As of June 2012, all 47 DCP&P local offices completed the immersion process.	Yes
<b>II.B.1.b.</b> 100% of all new case carrying workers shall be enrolled in Pre-Service Training, including training in intake and investigations, within two weeks of their start date.	192 (100%) new caseworkers (45 hired in the last monitoring period) were enrolled in Pre-Service Training within two weeks of their start date. (16 BCWEP hires). <sup>62</sup>	Yes
<b>II.B.1.c.</b> No case carrying worker shall assume a full caseload until completing Pre-Service Training and passing competency exams.	192 (100%) new workers who are now case-carrying workers have passed competency exams (16 BCWEP hires).	Yes
<b>II.B.2. c.</b> 100% of case carrying workers and supervisors shall take a minimum of 40 hours of annual In-Service Training and shall pass competency exams.	DCF expects to reach this annual obligation by December 31, 2012	CY 2012 data not yet available.
<b>II.B.2.d.</b> The state shall implement In-Service Training on concurrent planning for all existing staff.	Between January and June 2012, 101 out of 101 (100%) eligible DCP&P caseworkers were trained on concurrent planning and passed competency exams before assuming caseloads.	Yes

<sup>62</sup> The Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Century College and Ramapo College) that enables students to earn the Bachelor of Social Work (BSW) degree. The Monitor has previously determined that this course of study together with Worker Readiness Training designed by the DCF Child Welfare Training Academy satisfies the MSA requirements. All BCWEP students are required to pass the same competency exams that non-BCWEP students take before they are permitted to carry a caseload.

**Ongoing Phase I and Phase II Requirements**

<b>The following are additional MSA requirements that DCF must meet:</b>	<b>June 2012 Performance</b>	<b>Fulfilled (Yes/No)</b>
<p><b>II.B.3.a.</b> All new staff responsible for conducting intake or investigations shall receive specific, quality training on intake and investigations processes, policies and investigations techniques and pass competency exams before assuming responsibility for cases.</p>	<p>236 employees (100%) assigned to intake and investigations in this monitoring period successfully completed intake training and passed competency exams.</p>	<p align="center">Yes</p>
<p><b>II.B.4.b.</b> 100% of all staff newly promoted to supervisory positions shall complete their 40 hours of supervisory training and shall have passed competency exams within six months of assuming their supervisory positions.</p>	<p>Between January and June 2012, 33 supervisors were trained and passed competency exams; 13 of these supervisors were appointed at the end of the last monitoring period. Forty supervisors were appointed during this monitoring period, 20 of whom were part of the 33 supervisors trained.</p>	<p align="center">Yes</p>
<p><b>II.C.4</b> The state will develop a plan for appropriate service delivery for lesbian, gay, bisexual, transgender and questioning youth, and thereafter begin to implement this plan.</p>	<p>A plan was developed by June 2007. Implementation of the plan continues.</p>	<p align="center">Yes</p>
<p><b>II.C.5</b> The state shall promulgate and implement policies designed to ensure that the State continues to provide services to youth between ages 18-21 similar to services previously available to them.</p>	<p>Policies have been promulgated and DCF continues to work to expand services to this population. Implementation of 2011-2014 Strategic Plan continues.</p>	<p align="center">Yes</p>

**Ongoing Phase I and Phase II Requirements**

<b>The following are additional MSA requirements that DCF must meet:</b>	<b>June 2012 Performance</b>	<b>Fulfilled (Yes/No)</b>
<p><b>II.D.1.</b> The state shall implement an accurate real time bed tracking system to manage the number of beds available from the CSOC and match those with children who need them.</p>	<p>The state has implemented and utilizes a real time bed tracking system to match children with placements.</p>	<p align="center">Yes</p>
<p><b>II.D.2.</b> The state shall create a process to ensure that no child shall be sent to an out-of-state congregate care facility. The process will also ensure that for any child who is sent out-of-state, an appropriate plan is developed to maintain contacts with family and return the child in-state as soon as appropriate.</p>	<p>Processes are in place to ensure that children are sent of state only with permission of the CSOC director, that children maintain contacts with family and returns in-state as soon as possible.</p>	<p align="center">Yes</p>
<p><b>II.D.5.</b> The state shall implement an automated system for identifying youth in its custody being held in juvenile detention facilities and ensure that they are placed within 30 days of disposition.</p>	<p>There is an automated system for identifying youth in juvenile detention awaiting DCP&amp;P placement and facilitating placement within 30 days of the youth's juvenile case disposition.</p>	<p align="center">Yes</p>
<p><b>II.G.9.</b> The state shall provide adoption training to designated adoption workers for each local office.</p>	<p>Eighteen out of eighteen (100%) adoption workers were trained between January and June 2012.</p>	<p align="center">Yes</p>
<p><b>II.G.15.</b> The state shall issue reports based on the adoption process tracking system.</p>	<p>Adoption tracking data is now collected in NJ SPIRIT and DCF is reporting on all data required in MSA II.G.4.</p>	<p align="center">Yes</p>

### Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	June 2012 Performance	Fulfilled (Yes/No)
<b>II.H.4.</b> The period for processing Resource family applications through licensure will be 150 days.	Of applications submitted between July and December 2011, DCF resolved 64% of applications within 150 days.	No
<b>II.H.13</b> The state shall implement the methodology for setting annualized targets for Resource family non-kin recruitment.	DCF continues to set targets for homes targeted for recruitment by county.	Yes
<b>II.H.14</b> The state shall provide flexible funding at the same level or higher than provided in FY'07.	For FY2012, the flex fund budget was \$5,710,219.	Yes
<b>II.H.17</b> The state shall review the Special Home Service Provider (SHSP) Resource family board rates to ensure continued availability of these homes and make adjustments as necessary.	New policies implemented.	Yes
<b>II.J.2.</b> The state shall initiate management reporting based on Safe Measures.	The state continues to use Safe Measures for management reporting.	Yes
<b>II.J.6.</b> The state shall annually produce DCF agency performance reports.	FY 2012 report is due December 2012.	Yes
<b>II.J.9.</b> The state shall issue regular, accurate reports from Safe Measres.	The state has the capacity and is regularly producing reports from Safe Measures.	Yes
<b>II.J.10.</b> The state shall produce caseload reporting that tracks caseloads by office and type of worker and, for permanency and adoption workers, that tracks children as well as families.	The State has provided the Monitor with a report for June 2012 that provides individual worker caseloads of children and families for intake, permanency and adoption workers.	Yes

### Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	June 2012 Performance	Fulfilled (Yes/No)
<b>II.E.20</b> 95% of offices shall have sufficient supervisory staff to maintain a five worker to one supervisor ratio.	100% of DCP&P local offices have sufficient frontline supervisors, with ratios of five workers to one supervisor.	Yes
<b>III.B.1.a</b> 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>permanency workers</i> : no more than 15 families and no more than ten children in out-of-home care.	94% of offices met permanency standards. 92% of permanency workers met caseload requirements. <sup>63</sup>	No
<b>III.B.1.b</b> 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>intake workers</i> : no more than 12 open cases and no more than eight new case assignments per month.	87% of offices met intake standards. 76% of intake caseworkers met caseload requirements. <sup>64</sup>	No
<b>III.B.1.c</b> 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>IAIU investigators</i> : no more than 12 open cases and no more than eight new cases assignments per month.	98% of IAIU investigators at or below the caseload requirements.	Yes
<b>III.B.1.d</b> 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>adoption workers</i> : no more than 12 children.	88% of offices met adoption standards. 90% of adoption workers had caseloads that met the caseload requirement. <sup>65</sup>	No

<sup>63</sup> The performance percentage shown as of the last month of this monitoring period (June 2012) is the average of the prior six month's performance in meeting individual caseload standards during this six month monitoring period.

<sup>64</sup> Ibid.

<sup>65</sup> Ibid.

**Ongoing Phase I and Phase II Requirements**

<b>The following are additional MSA requirements that DCF must meet:</b>	<b>June 2012 Performance</b>	<b>Fulfilled (Yes/No)</b>
<p><b>III.C.2</b> The state shall promulgate and implement policies designed to ensure that psychotropic medication is not used as a means of discipline or control and that the use of physical restraint is minimized.</p>	<p>DCF continues to implement a policy ensure that psychotropic medication is not used as a means of discipline or control and that the use of physical restraint is minimized.</p>	<p align="center">Yes</p>
<p><b>III.C.4</b> The state shall continue to meet the final standards for pre-licensure and ongoing training of resource families, as described in Phase I.</p>	<p>DCF continues to conduct pre-licensure training for DCP&amp;P resource families and contracts with Foster and Adoption Family Services (FAFS) to conduct ongoing in-service training.</p>	<p align="center">Yes</p>
<p><b>III.C.5</b> The state shall incorporate into its contracts with service providers performance standards consistent with the Principles of the MSA.</p>	<p>The Monitor has reviewed several service provider contracts and found that such contracts incorporate performance standards consistent with the Principles of the MSA.</p>	<p align="center">Yes</p>
<p><b>III.C.6</b> In consultation with the Monitor, the state shall develop and implement a well-functioning quality improvement program consistent with the Principles of the MSA and adequate to carry out the reviews of case practice in Phase II.</p>	<p>DCF's Office Performance Management and Accountability continues to facilitate case record reviews, ChildStat and Qualitative Reviews statewide.</p>	<p align="center">Yes</p>

**Ongoing Phase I and Phase II Requirements**

<b>The following are additional MSA requirements that DCF must meet:</b>	<b>June 2012 Performance</b>	<b>Fulfilled (Yes/No)</b>
<p><b>III.C.7</b> The state shall regularly evaluate the need for additional placements and services to meet the needs of children in custody and their families, and to support intact families and prevent the need for out-of-home care. Such needs assessments shall be conducted on an annual, staggered basis that assures that every county is assessed at least once every three years. The state shall develop placements and services consistent with the findings of these needs assessments.</p>	<p>The state is reevaluating its needs assessment process and will be proposing a new plan in the next monitoring period.</p>	<p>Unable to Determine</p>
<p><b>III.C.8</b> Reimbursement rates for resource families shall equal the median monthly cost per child calculated by the United States Department of Agriculture for middle-income, urban families in the northeast.</p>	<p>Resource family board rates continue to meet USDA standards.</p>	<p>Yes</p>

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#### **IV. DCF'S INVESTIGATIVE PRACTICE**

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

New Jersey's State Central Registry (SCR) is charged with receiving calls of suspected child abuse and neglect as well as calls where reporters believe the well-being of families is at risk and an assessment, support, and/or information and referral is needed, even though there is no allegation of child abuse or neglect. The SCR operates 24 hours per day, seven days per week with multiple shifts of staff and supervisors and a sophisticated call management and recording system. Screeners at SCR determine the nature of each caller's concerns and initiate the appropriate response.

This function also includes receiving calls about and investigating allegations of abuse and/or neglect in institutional settings (e.g., resource homes, schools, shelters, detention facilities, etc.). DCP&P local offices employ investigative staff to follow-up on the calls as appropriate and a regionally organized Institutional Abuse Investigation Unit (IAIU) is responsible for investigations in institutional settings.

## State Central Registry

<b>Quantitative or Qualitative Measure</b>	1. <u>Responding to Calls to the SCR:</u> a. Total number of calls b. Number of abandoned calls c. Time frame for answering calls d. Number of calls screened out e. Number of referrals for CWS	
<b>Final Target</b>	Ongoing Monitoring of Compliance	
<b>JUNE</b>		<b>DECEMBER</b>
<b>2009</b>		<b>2009</b>
a. 15,197 calls b. 392 abandoned calls c. 17 seconds d. 4,223 calls screened out e. 1,107 CWS referrals	a. 13,538 calls b. 402 abandoned calls c. 18 seconds d. 3,816 calls screened out e. 922 CWS referral	
<b>2010</b>		<b>2010</b>
a. 15,785 calls b. 657 abandoned calls c. 28 seconds d. 4,271 calls screened out e. 1,197 CWS referrals	a. 14,072 calls b. 394 abandoned calls c. 20 seconds d. 4,109 calls screened out e. 866 CWS referrals	
<b>2011</b>		<b>2011</b>
a. 16,325 calls b. 716 abandoned calls c. 29 seconds d. 5,592 calls screened out e. 1,232 CWS referrals	a. 15,305 calls b. 456 abandoned calls c. 22 seconds d. 5,279 calls screened out e. 1,111 CWS referrals	
<b>2012</b>		
a. 14,388 calls b. 464 abandoned calls c. 21 seconds d. 5,399 calls screened out e. 1,162 CWS referrals		

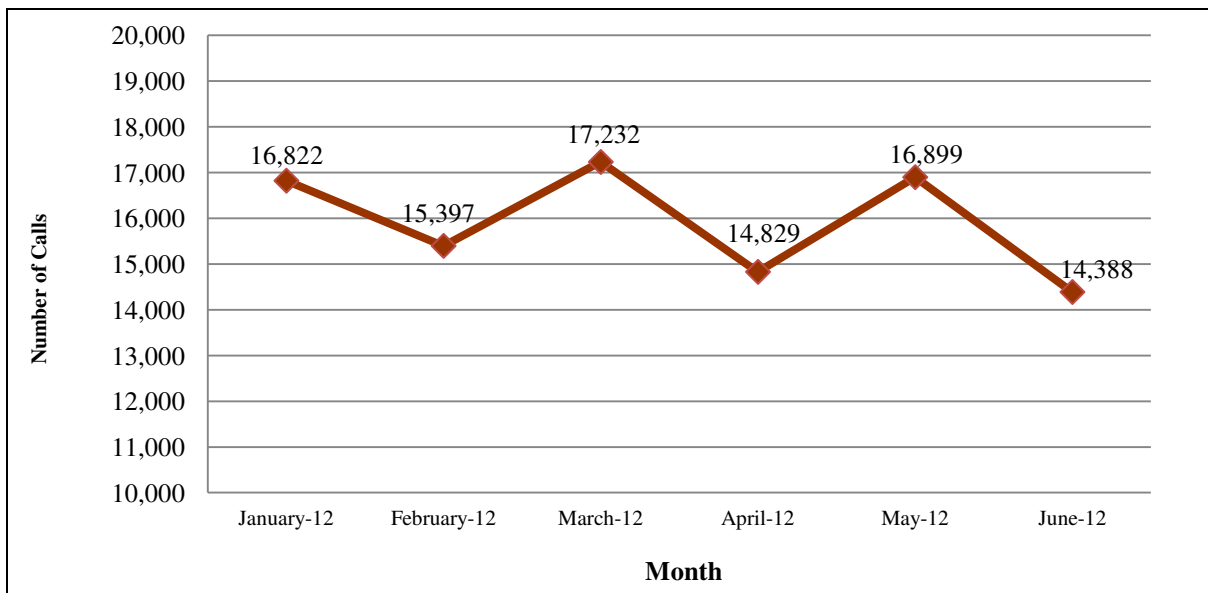
### ***Performance as of June 30, 2012:***

Between January and June 2012, the SCR received a total of 95,567 calls. This is an increase of 5,825 calls as compared to the last monitoring period (July-December 2011) and an increase of 4,245 calls as compared to the same six month period in 2011 (January-June). The state reports that in June 2012 callers waited about 21 seconds for an SCR screener to answer their calls. Of all the calls received during this monitoring period, 32,108 (34%) calls<sup>66</sup> related to the possible need for Child Protective Services (CPS) responses. Of those, screeners classified 31,321 reports

<sup>66</sup> Calls are differentiated from reports or referrals because SCR can receive several calls related to one incident or in some cases one call can result in several separate reports.

for investigation of alleged child abuse or neglect. Another 8,001 (8%) calls related to the possible need for Child Welfare Services (CWS) and assessment of service need. Figure 1 shows a month-by-month breakdown of the call volume at SCR for January through June 2012.

**Figure 1: Number of Calls to SCR by Month  
(January – June 2012)**



Source: DCF data

### State Central Registry (SCR)

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

#### *Performance as of June 30, 2012:*

Between January and June 2012, SCR continued to implement a number of system improvements related to staffing, training and quality assurance. Staffing improvements require that all new SCR screeners have prior field experience. DCF employees who have transferred to SCR currently receive 15 days of training with an increased emphasis on live-call training. Newly hired SCR staff spend the final week of their training period on the designated shift they are assigned. This process permits the supervisor to become an active participant in the screener's training process.

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Quality assurance continues to be in place to ensure that calls designated as information and referral (I&R)<sup>67</sup> are properly classified. A Quality Assurance Peer Review Team completes a daily review of all reports designated as I&Rs generated the previous business day. SCR staff evaluate 75 percent of every I&R Intake call received the previous business day to ensure they are properly coded. The remaining 25 percent of I&R calls are evaluated more intensely to assess for proper case practice. To account for bias, reports identified with concerns are reviewed by casework supervisors who were not included in the referral's decision making process. The SCR administrator reviews a daily random sample of these reports. SCR supervisors are also responsible to review and evaluate a prescribed number of calls for their staff in order to continually assess their screeners' skill sets and provide on-going training to address any areas needing improvement.

An upgrade to the call management system is currently being developed to allow screeners to have access to their own calls at their desktop via email. The upgrade would allow for immediate evaluation of screeners' work. This feature would also enable supervisors to provide prompt feedback to screeners on their performance.

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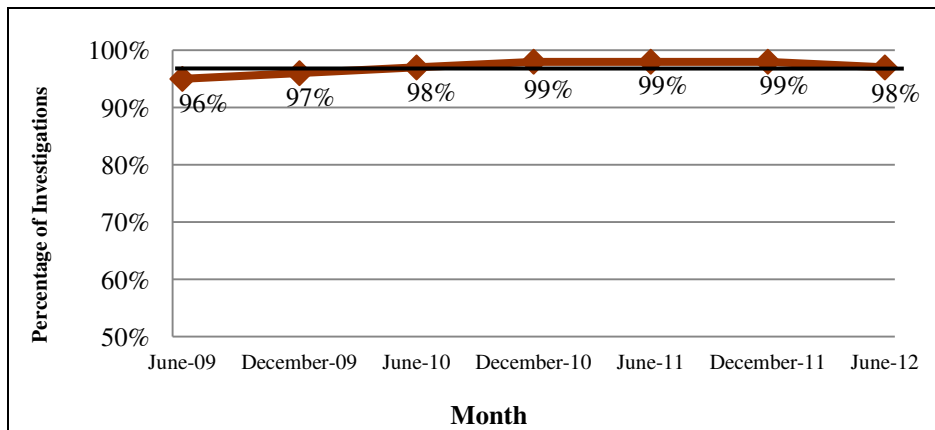
<sup>67</sup> A call is identified as an I & R call when (1) a caller is seeking a referral to one or more service providers, (2) a SCR screener determines that a referral is the appropriate response to the concern raised by the caller, or (3) the matter is referred back to the caller for handling (e.g., police calling about non-abuse incident, school calling about educational neglect).

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

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

**Figure 2: Percentage of Investigations Received by the Field in a Timely Manner (June 2009 – June 2012)**

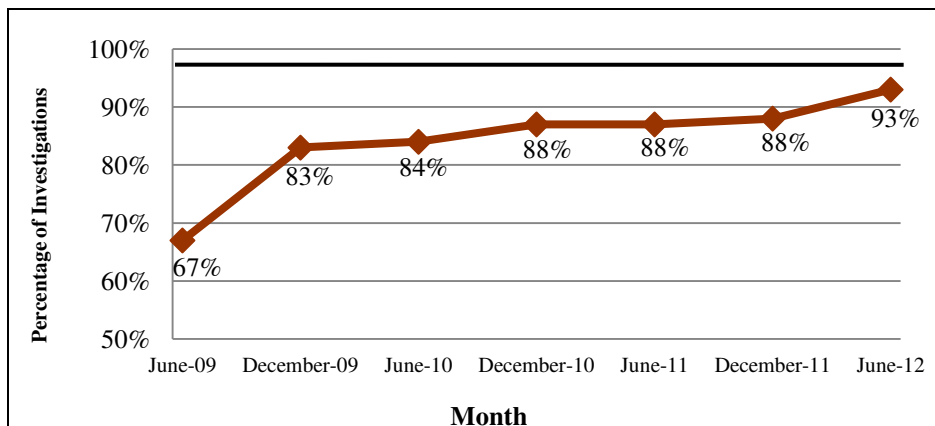
2009	
June	96%
December	97%
2010	
June	98%
December	99%
2011	
June	99%
December	99%
2012	
June	98%



Source: DCF data  
\*Interim Benchmark by June 2009 (90%)

**Figure 3: Percentage of Investigations Commenced within Required Response Time (June 2009 – June 2012)**

2009	
June	67%
December	83%
2010	
June	84%
December	88%
2011	
June	88%
December	89%
2012	
June	93%



Source: DCF data  
\*Interim Benchmark by June 2009 (75%)

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***Performance as of June 30, 2012:***

DCF continued to meet the timeframe for timely transmittal of referrals to the field (Figure 2). Although performance improved to 93 percent, DCF did not meet the final target of 98 percent for commencing investigations within the required response times (Figure 3). DCF uses NJ SPIRIT data analyzed by Safe Measures to report on these measures.

DCP&P policy on timeliness requires receipt by the field of a report within one hour of call completion.<sup>68</sup> During the month of June 2012, DCF received 4,484 referrals of child abuse and neglect requiring investigation. Of the 4,484 referrals, 3,905 (87%) referrals were received by the field within less than an hour of call completion. An additional 511 (11%) referrals were received by the field between one and three hours after call completion; for a total of 98 percent of referrals being received by the field within three hours of call completion. The number of referrals received per month ranged from 5,817 in March 2012 to 4,484 in June 2012. Between 98 percent and 99 percent of referrals were received by the field within three hours of call completion during the entire monitoring period.

DCP&P policy considers an investigation “commenced” when at least one of the alleged victim children has been seen by an investigator. During the month of June 2012, there were 4,255 CPS intakes applicable to this measure.<sup>69</sup> Of the 4,255 intakes received, 1,246 intakes were coded for an immediate response and 3,009 intakes were coded for a response within 24 hours; 3,940 (93%) intakes were commenced within their required response time. Between January and June 2012, the percentage of monthly intakes commenced within their required response time ranged from 93 to 94 percent. The final target of 98 percent for this measure was not met although performance improved from the last monitoring periods.

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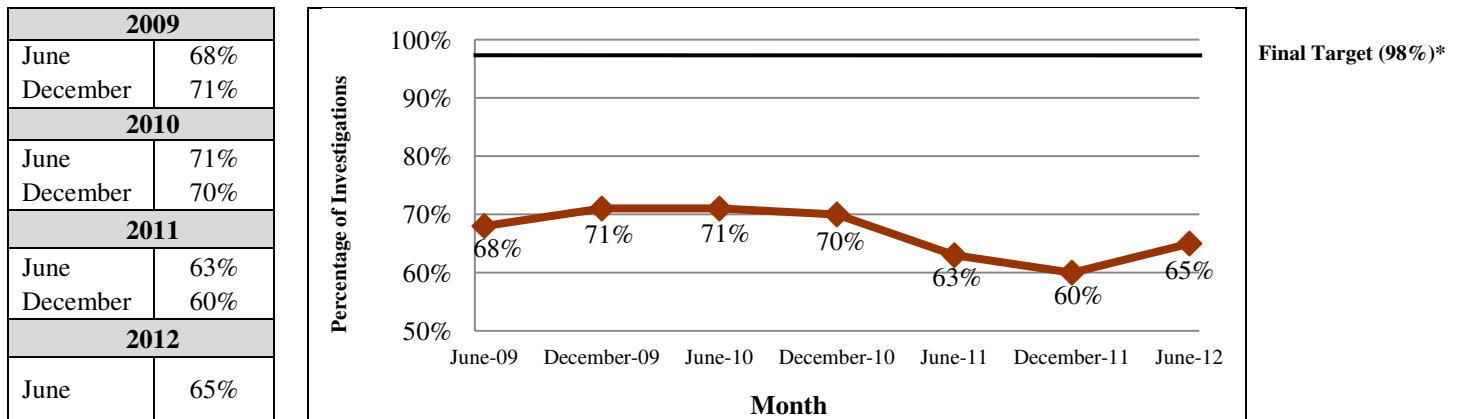
<sup>68</sup> The Monitor currently assesses performance on receipt by the field in a timely manner with a three hour standard.

<sup>69</sup> Intakes are differentiated from referrals because SCR can receive several referrals related to one incident or in other instances, one referral can result in several intakes.

## Investigative Practice

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

**Figure 4: Percentage of Abuse/Neglect Investigations Completed within 60 days (June 2009 – June 2012)**



Source: DCF data

\*Interim Benchmark by December 2009 (95%)

### ***Performance as of June 30, 2012:***

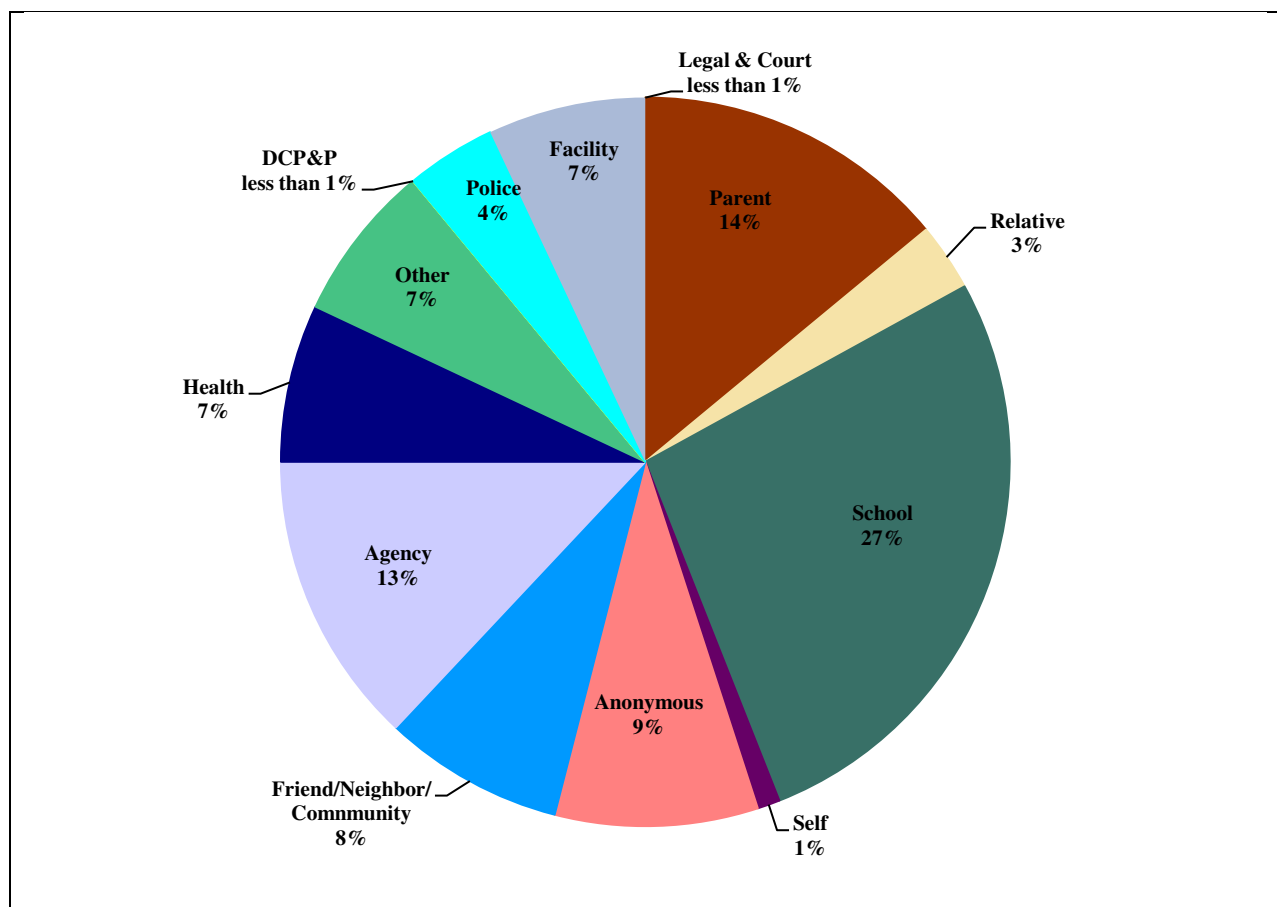
The Performance Benchmark requires that 98 percent of all abuse and neglect investigations be completed within 60 days. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure. There were 4,293 intakes in June 2012 applicable to this measure. Of the 4,293 intakes, investigations were completed within 60 days on 2,795 (65%) intakes. An additional 872 (20%) investigations were completed between 61 and 90 days after receipt. Between January and June 2012, monthly performance on investigation completion ranged between 62 percent and 65 percent. While performance on this measure continues to fall short of the final target, it has increased by five percent from the previous monitoring period even with a sustained high rate of referrals.

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**C. Institutional Abuse Investigative Unit (IAIU): Investigations of Allegations of Child Maltreatment in Placements**

The Institutional Abuse Investigations Unit (IAIU) is responsible for investigating allegations of child abuse and neglect in settings including correctional facilities, detention facilities, treatment facilities, schools (public or private), residential schools, shelters, hospitals, camps or child care centers that are required to be licensed, Resource family homes and registered family day care homes.<sup>70</sup> From January to June 2012, IAIU received approximately 1,691 referrals. This is an increase of 145 referrals over the same period in 2011. Figure 5 illustrates the proportion of IAIU referrals from different sources.

**Figure 5: Referral Sources for All IAIU Reports and Requests  
(January – June 2012)  
Total = 1,691**



Source: DCF Data

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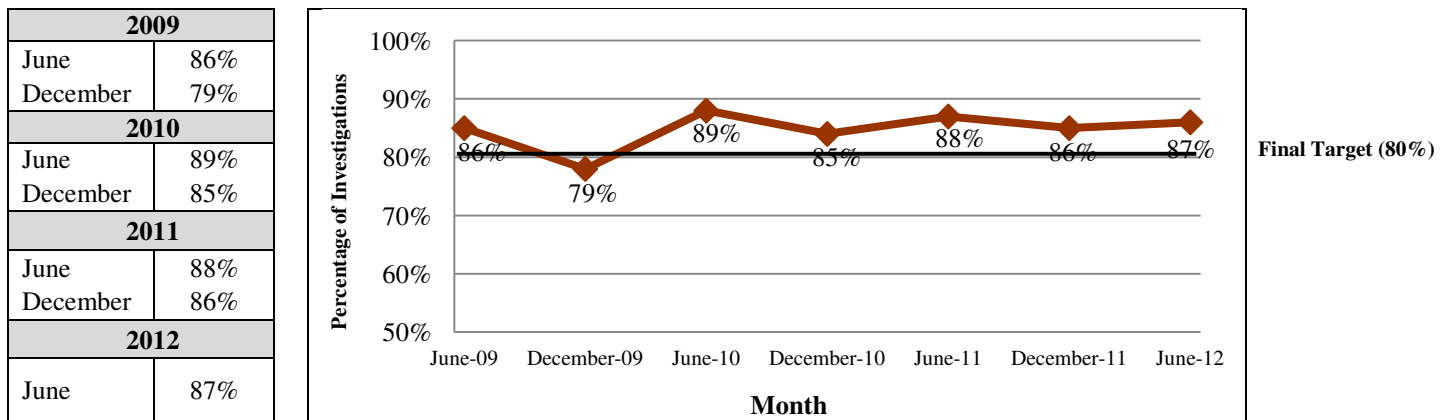
<sup>70</sup> DCP&P (7-1-1992). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 302.

1. Performance Benchmarks for IAIU

**IAIU Practice for Investigations in Placements**

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

**Figure 6: Percentage of IAIU Investigations Completed within 60 days (June 2009 – June 2012)**



Source: DCF data

**Performance as of June 30, 2012:**

DCF manages and tracks IAIU performance daily, calculating the proportion of investigations open 60 days or more statewide and within regional offices. Between January and June 2012, 87 to 91 percent of all IAIU investigations were open less than 60 days (see Table 2).

The MSA does not make any distinctions on the type of investigations IAIU conducts based on the allegation or location of the alleged abuse. Instead, the 60 day completion standard applies to all IAIU investigations. In reviewing IAIU performance, the Monitor requests data separately on investigations of maltreatment in foster care settings (Resource family homes and congregate care facilities) as well as from other settings (schools, day care, etc). Table 2 below displays IAIU’s reported overall performance for the dates cited, in addition to the timeliness of investigations in Resource family homes and congregate care facilities. DCF continues to meet the final target for this measure.

**Table 2: IAIU Investigative Timeliness:  
Percent of Investigations Completed Within 60 days  
as Recorded for the last date of each month, January – June 2012**

Date	All Open IAIU Investigations completed within 60 days	Open Investigations in Resource family homes and congregate care completed within 60 days
January 31, 2012	88%	71%
February 28, 2012	90%	70%
March 31, 2012	91%	84%
April 30, 2012	87%	80%
May 31, 2012	87%	77%
June 30, 2012	87%	66%

Source: DCF data, IAIU, Daily Workflow Statistics

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

If the evidence from an investigation does not support substantiating maltreatment, the investigation is considered “unfounded.” However, during the course of an IAIU investigation, investigators may identify policy, licensing, training or other issues that require attention. These circumstances often prompt the investigators to conclude that even though the allegation of abuse or neglect was “unfounded,” there remain concerns that should be addressed. IAIU investigators refer to this as a finding “with concerns.” The concerns generally require some type of corrective action by the facility or Resource home.

Every IAIU investigation results in a “finding letter” sent to a facility or resource home. This letter cites the investigative conclusion and, when applicable, concerns that are distinct from the investigative finding. The Office of Licensing (OOL) is informed of every “finding letter.” IAIU’s Continuous Quality Improvement (CQI) staff is responsible for monitoring the development and completion of corrective actions required by concerns raised in IAIU investigations (MSA Section II.I.2). Between January 1 and June 30, 2012, IAIU issued 175 corrective action requests involving Resource family homes, group homes and residential facilities where foster children were placed. DCP&P policy allows 30 days to complete or “accept” a corrective action. According to the information reported from the IAIU corrective action database, 149 (85%) of 175 corrective actions had been successfully completed (accepted) and 26 (15%) of corrective action requests were outstanding or pending resolution as of September 1, 2012. As of September 1, 2012, the 26 corrective action requests due had been outstanding for 74 to 234 calendar days since the date of the findings letter.

## **3. Corrective Action Reports**

The Monitor reviewed ten cases randomly selected from incidences that occurred between January and June 2012 in the corrective action database to look at feedback mechanisms between IAIU and other divisions (CSOC, OOL, etc) and to ensure corrective action plans (CAPs) are

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being developed. The sample included: five Resource family homes, four relative placements and one group home. IAIU's CQI accepted all ten CAPs. CAPs in this sample resulted in verified re-training of staff, re-training of resource parents, rejecting the licensing application of Resource homes, and closing resource homes. The CAPs reviewed appeared to adequately address the incidences which prompted the IAIU investigation. There was evidence of appropriate communication between divisions in several reports, particularly between IAIU and OOL regarding the licensure of Resource homes under investigation. All communication on record occurred via email or inter-office memos.

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## V. IMPLEMENTING THE CASE PRACTICE MODEL

Having completed its statewide intensive on-site training on the Case Practice Model (CPM) in June 2012, DCF continues to train additional staff who are expected to practice according to the CPM. The CPM is designed to guide and support staff towards a strength-based and family-centered approach that ensures the safety, permanency and well-being of children. This practice requires engagement with children, youth and families through teamwork and crafting individualized case plans with families and children. The Performance Benchmarks discussed below measure progress on some of these activities. Other Performance Benchmarks on case practice are measured as part of New Jersey's Qualitative Review process and are discussed beginning on page 70.

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

DCP&P continues to build its capacity to coach, facilitate and supervise Family Team Meetings (FTMs), a critical element of the CPM. With the ongoing assistance of the Implementation Specialists, DCF continues to build the capacity of staff to serve as facilitators, coaches and master coaches who will conduct FTMs and implement the CPM. Between January and June 2012 DCF developed 289 staff: 224 facilitators, 48 coaches and 17 master coaches.<sup>71</sup> DCF's Implementation Specialists continue to be responsible for helping develop and support quality case practice by strategies such as team building and individualized skill development. During this monitoring period five new Implementation Specialists were hired, bringing the statewide total to ten, with one Implementation Specialist assigned to every DCP&P area. The role of the Implementation Specialist has evolved to include participation in the statewide Qualitative Reviews and the development and facilitation of local case practice forums. These workshops focus on areas of case practice that have been identified as challenging or in need of additional skill building. The Implementation Specialists have been critical in training trainers around the state on the new Case Plan, a tool that is expected to enhance the Family Team Meeting process and documentation of case planning activities.

### *ChildStat Meetings*

DCF's monthly ChildStat meetings, which have been in place since September 2010, continue to be a catalyst to improved performance.<sup>72</sup> At the ChildStat meetings, local office leadership present a number of practice related issues, including information and data regarding cases with repeat referrals. The Monitor continues to attend DCF's ChildStat meetings and remains encouraged by the quality of data and thoughtful analyses presented. DCF's practice of conferencing current cases at the ChildStat meetings has added depth and diagnostic capacity to its ChildStat model and quality assurance practice and has spurred improvement. As of September 2012, DCF has invited other stakeholders and partners to attend its ChildStat

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<sup>71</sup> Coaches are DCP&P staff of varying levels who are trained specifically to lead FTMs; master coaches train local office and area staff to become facilitators and coaches. Facilitators are trained to conduct Family Team Meetings according to protocol and the principles and values of DCF's CPM. The Monitor will examine the location and staffing of coaches and master coaches for the next monitoring period to assess if every geographic area has access to needed supports.

<sup>72</sup> ChildStat is a process wherein organizations use quantitative and qualitative data from multiple contexts to understand and attempt to improve service delivery.

meetings. DCF's efforts at self examination and diagnosis have been a productive way to identify to staff and DCF partners what distinguishes quality case practice. The Monitor will continue to attend ChildStat meetings and follow DCF's progress in examining and resolving barriers to model case practice.

**Concurrent Planning Practice**

DCF continues its practice of holding meetings five and ten months into a child's placement to address concurrent planning, a practice used throughout the country in which caseworkers work with families with children in out-of-home placement to reunify children as quickly as possible while simultaneously pursuing alternative permanency options should reunification efforts fail. DCP&P conducts "enhanced reviews" after a child has been in placement for five and ten months to carry out its concurrent planning required by the MSA.<sup>73</sup> Enhanced reviews now occur in all 47 DCP&P local offices.

***Statewide, in June 2012, 93 percent of applicable families had required five month reviews, and 94 percent had required ten month reviews.***

As Table 3 below reflects, in June 2012, 93 percent of five month reviews due that month were completed timely statewide. Between January and June 2012, monthly performance on this measure ranged from 93 to 98 percent.

**Table 3: Five Month Enhanced Review  
(January – June 2012)**

	January		February		March		April		May		June	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Reviews Completed w/in five months	231	93	310	98	266	94	260	98	289	98	253	93
Reviews Not Completed w/in five months	18	7	8	3	16	6	6	2	7	2	20	7
Totals	249	100	318	101*	282	100	266	100	296	100	273	100

Source: DCF data

\*Percentage is greater than 100 due to rounding.

<sup>73</sup> For more information, see *Progress of the New Jersey Department of Children and Families: Period II Monitoring Report for Charlie and Nadine H. v. Christie – January 1, 2007 through December 31, 2007*, Washington, D.C., pg. 36.

Table 4 below shows that statewide in June 2012, 94 percent of ten month reviews due that month were completed timely. Between January and June 2012, monthly performance on this measure ranged from 87 to 99 percent.

**Table 4: Ten Month Enhanced Review  
(January – June 2012)**

	January		February		March		April		May		June	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Reviews Completed w/in ten months	141	88	166	87	172	98	189	98	257	99	236	94
Reviews Not Completed w/in ten months	20	12	24	13	3	2	4	2	3	1	14	6
Totals	161	100	190	100	175	100	193	100	260	100	250	100

Source: DCF data

***In June 2012, 74 percent of cases were transferred to an Adoption worker in the required five days after a change of goal to adoption.***

The MSA requires DCP&P to transfer a case to an Adoption worker within five business days after a child’s permanency goal has been changed to adoption (Section II.G.2.c). As Table 5 below reflects, in June 2012, 74 percent of cases were transferred to an Adoption worker within the required timeframe. Between January and June 2012, monthly performance on transfers within five days ranged from 57 to 74 percent; during these same months, performance on transfers to an Adoption worker within 30 days ranged from 83 to 94 percent of applicable cases. DCF reports that in June 2012, 80 percent of cases were assigned to an Adoption worker within ten days of the goal change.

**Table 5: Assignment to Adoption Worker within 5 days of Goal Change to Adoption  
(January – June 2012)**

	January		February		March		April		May		June	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Within 5 days	87	67	79	69	95	73	52	64	74	57	72	74
6-20 days	26	20	22	19	19	15	15	19	39	30	17	17
21- 30 days	2	2	6	5	1	1	0	0	6	5	3	3
31 or More days	8	6	0	0	0	0	10	12	6	5	1	1
Not Yet Assigned	3	2	6	5	15	12	3	4	3	2	3	3
Not Able to Determine (Missing hearing date)	3	2	1	1	1	1	1	1	2	2	2	2
Totals	129	99*	114	99	131	102*	81	100	130	101*	98	100

Source: DCF data

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

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

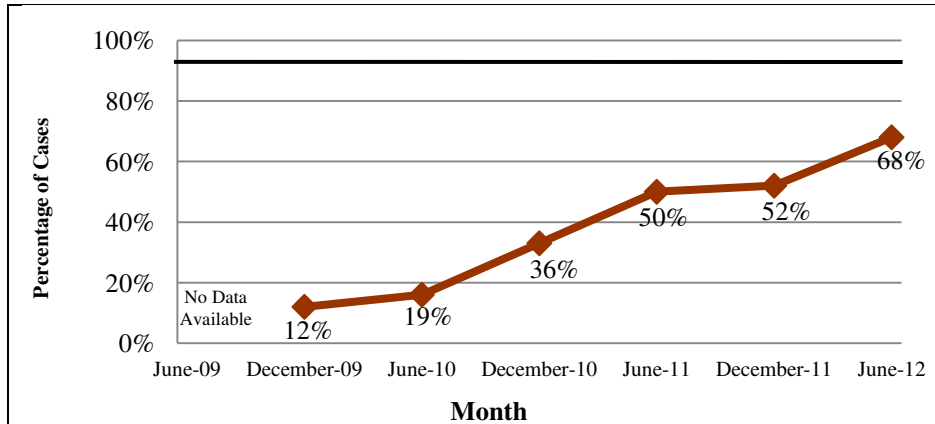
Family Team Meetings are intended to work in concert with individualized case planning to support improved results for children and families. Caseworkers are trained and coached to hold FTMs at key decision points in the life of a case, such as when a child enters placement, when a child has a change of placement and/or when there is a need to adjust a case plan. Working at optimal capacity, FTMs enable families, providers, and formal and informal supports to exchange information that can be critical to coordinating and following up on services, examining and solving problems, and achieving positive outcomes. Meetings are to be scheduled according to the family’s availability in an effort to get as many family members and family supports as possible around the table. Engaging the family, the heart of New Jersey’s CPM, is a critical component of successful family teaming.

## Family Involvement and Effective Use of Family Team Meetings

<b>Quantitative or Qualitative Measure</b>	<p>7. <u>Family Involvement and Effective Use of Family Team Meetings</u>: A family team (involving parents, youth and appropriate formal and informal supports) shall meet and plan together. The team should be involved in planning &amp; decision making throughout a case and have the skills, family knowledge and abilities to solve and help to organize effective services for the child and family.<sup>74</sup> Number of family team meetings at key decision points:</p> <ul style="list-style-type: none"> <li>a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry.</li> <li>b. For all other children in placement, the number/percent who have at least one family team meeting each quarter.</li> <li>c. Family Teamwork<sup>75</sup></li> </ul>
<b>Final Target</b>	<ul style="list-style-type: none"> <li>a. By June 30, 2010, family meetings held prior to or within 30 days of entry for 90% of new entries and 90% of pre-placements.</li> <li>b. By June 30, 2010, family meetings held for 90% of children at least once per quarter.</li> <li>c. By June 30, 2011, 90% of cases show evidence in QR of acceptable team formation and functioning.</li> </ul>

**Figure 7: Percentage of Cases with Family Team Meeting held within 30 days of Child Entering Placement (June 2009 – June 2012)**

2009	
June	N/A
December	12%
2010	
June	19%
December	36%
2011	
June	50%
December	52%
2012	
June	68%



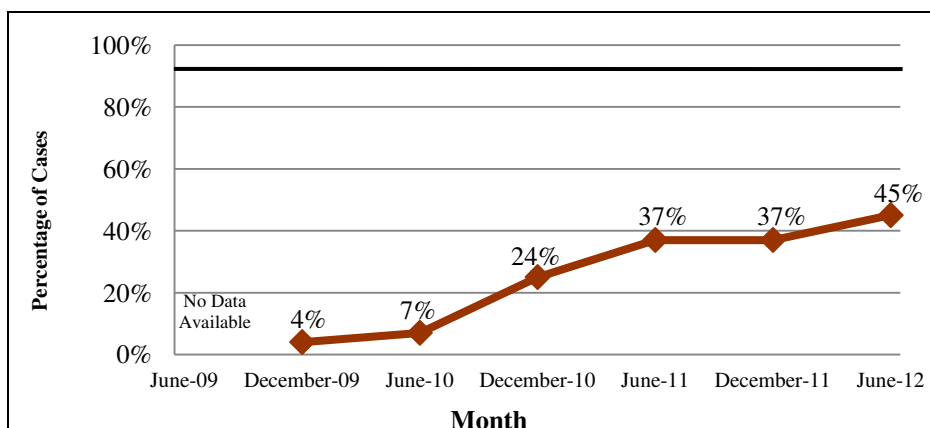
Source: DCF data  
\*Interim Benchmark by December 2009 (75%)

<sup>74</sup> This is newly agreed upon language, as of May 2012, to more closely reflect expected practice. This previously read: “Family teams (including critical members of the family [parents, youth, and informal supports], additional supports) will be formed and be involved in planning and decision-making and function throughout a case.”

<sup>75</sup> Upon agreement of the Parties, Measure 7c has been merged with Measure 9. Measure 9, which read: “Every reasonable effort will be made to develop case plans in partnership with youth and families, relatives, the families informal support networks and other formal resources working with or needed by the youth and/or family” has been deleted.

**Figure 8: Percentage of Cases in Placement with at least One Family Team Meeting Each Quarter (June 2009 – June 2012)**

2009	
June	N/A
December	4%
2010	
June	7%
December	24%
2011	
June	37%
December	37%
2012	
June	45%



Source: DCF data

\*Interim Benchmark by December 2009 (75%)

***Performance as of June 30, 2012:***

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

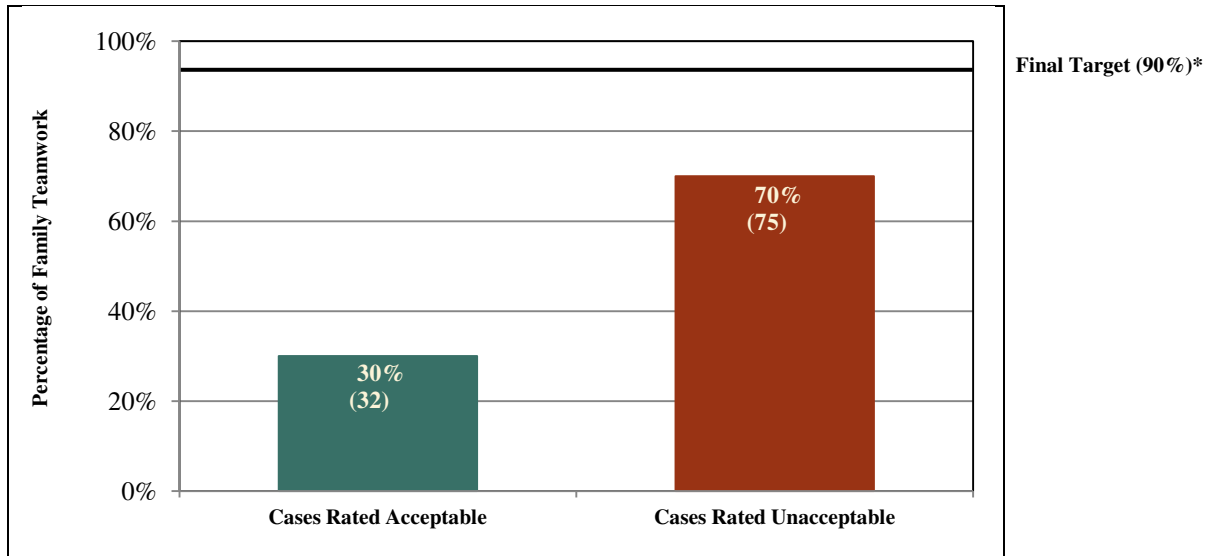
As previously reported, DCF completed its statewide intensive on-site training of the Case Practice Model in June 2012. DCF continues to report on FTMs held in offices that completed immersion training as of the end of the quarter: a total of 41 sites at the end of the first quarter of 2012, and 44 sites at the end of the second quarter.<sup>76</sup> According to NJ SPIRIT data, in June 2012, 68 percent of the cases requiring FTMs within 30 days of removal held FTMs in the 44 sites which had completed immersion training; from January to June 2012, monthly performance ranged from 58 percent to 75 percent.<sup>77</sup> In June 2012, quarterly FTMs were held in 45 percent of applicable cases in the 44 sites; from January to June 2012, monthly performance ranged from 33

<sup>76</sup> DCF reported on the following sites for this monitoring period: Atlantic East LO; Atlantic West LO; Bergen Central LO; Bergen South LO; Burlington East LO; Burlington West LO; Camden Central LO; Camden East LO; Camden North LO; Camden South LO; Cape May LO; Cumberland East LO; Cumberland West LO; Essex North LO; Essex South LO; Essex Central LO; Gloucester East LO; Gloucester West LO; Hudson Central LO; Hudson North LO; Hudson West LO; Hunterdon LO; Mercer North LO; Mercer South LO; Middlesex Central LO; Middlesex West LO; Monmouth North LO; Monmouth South LO; Morris East LO; Morris West LO; Newark Adoption Office; Newark Center City LO; Newark Northeast LO; Ocean North LO; Ocean South LO; Passaic Central LO; Passaic North LO; Warren LO; Salem LO; Somerset LO; Sussex LO; Union Central LO; Union East LO; Union West LO.

<sup>77</sup> Data for monitoring period are as follows: January 2012, 58% (measuring 41 sites); February 2012, 63% (measuring 41 sites); March 2012, 64% (measuring 41 sites); April 2012, 72% (measuring 44 sites); May 2012, 75% (measuring 44 sites); June 2012, 68% (measuring 44 sites).

to 45 percent.<sup>78</sup> DCF has improved performance on this measure, possibly due to having all local offices successfully complete the case practice immersion process. It is anticipated that performance will accelerate as Implementation Specialists continue to identify and resolve problems and further support quality case practice.

**Figure 9: Family Involvement and Effective Use of Family Team Meetings  
(January – June 2012)  
(n=107)**



Source: DCF, QR results

\*Interim Benchmark by December 2009 (80%)

**Performance as of June 30, 2012:**

DCF did not meet the target requiring that 90 percent of cases show evidence in the QR of at least minimally acceptable team formation and functioning, a measure used to report on family involvement and effective use of Family Team Meetings. Results of 107 cases reviewed from January to June 2012 using the QR indicate that both team formation and functioning were rated acceptable in 30 percent of cases.<sup>79</sup> In those cases, there was evidence that persons who provided both formal and informal supports to children/youth and families had formed a working team that met, talked and planned together to help children/youth and families meet their goals. In the unacceptable cases, there was usually evidence of initial team formation but less effective ongoing functioning to support the case goals and/or some critical members of a necessary team not involved.

<sup>78</sup> Data for monitoring period are as follows: January 2012, 33% (measuring 41 sites); February 2012, 34% (measuring 41 sites); March 2012, 39% (measuring 41 sites); April 2012, 42% (measuring 44 sites); May 2012, 42% (measuring 44 sites); June 2012, 45% (measuring 44 sites).

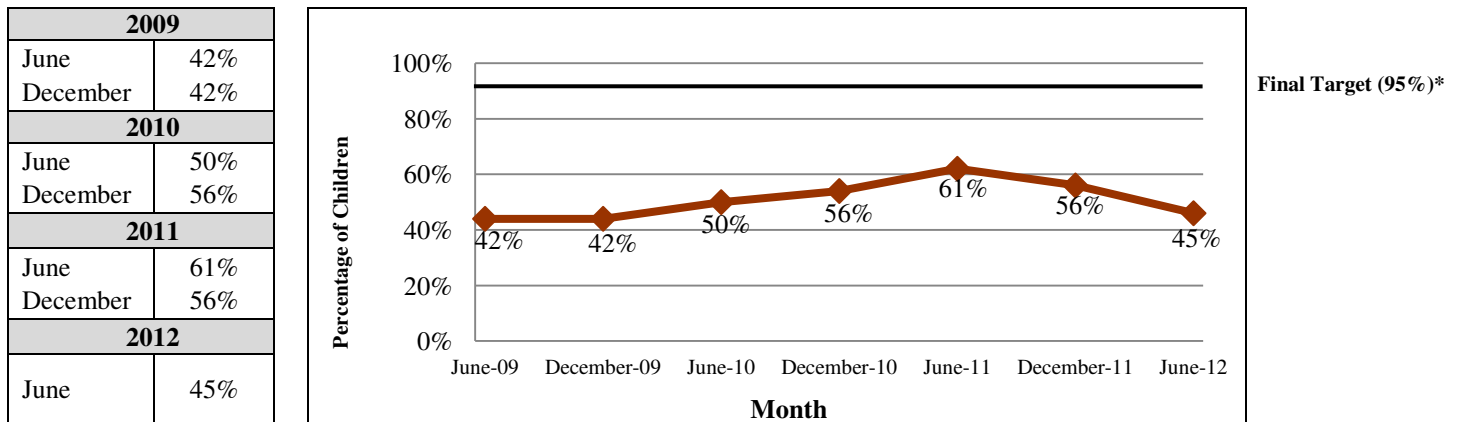
<sup>79</sup> 32 of 107 cases (30%) rated acceptable on *both areas* of Family Teamwork, team formation and team functioning; 41 of 107 cases (38%) rated acceptable on team formation; 36 of 107 cases (34%) cases rated acceptable on team functioning.

## Timeliness of Case Planning-Initial Plans

DCF policy and the MSA require a case plan to be developed within 30 days of a child entering placement. Performance in this area remains inexplicably low despite DCF’s work on quality case practice and is a serious concern.

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

**Figure 10: Percentage of Children Entering Care with Case Plans Developed within 30 days (June 2009 – June 2012)**



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

### ***Performance as of June 30, 2012:***

In June 2012, 145 (45%) out of a total of 326 case plans were completed within 30 days. An additional 107 (33%) cases had case plans completed within 60 days. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure.

As shown in Table 6 below, between January and June 2012, the timely development of case plans ranged from 41 to 65 percent each month. Performance declined for a second monitoring period this month—with March and April demonstrating a third of case plans not completed after 60 days—suggesting a need for a critical examination of the impediments to timely case plan development. Particularly disturbing is that in June, 2012, 23 percent of case plans were not complete after 60 days from a child’s entering placement. DCF reports that training of staff on its new case plan began in March and is ongoing.

**Table 6: Case Plans Developed within 30 days of Child Entering Placement  
(January – June 2012)**

	January		February		March		April		May		June	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Case Plans Completed in 30 days	221	65	190	54	221	55	144	41	257	58	145	45
Case Plans Completed in 31-60 days	59	17	84	24	53	13	92	26	87	20	107	33
Case Plans Not Completed after 60 days	62	18	80	23	131	32	118	33	97	22	74	23
Totals	342	100	354	101*	405	100	354	100	441	100	326	101*

Source: DCF data

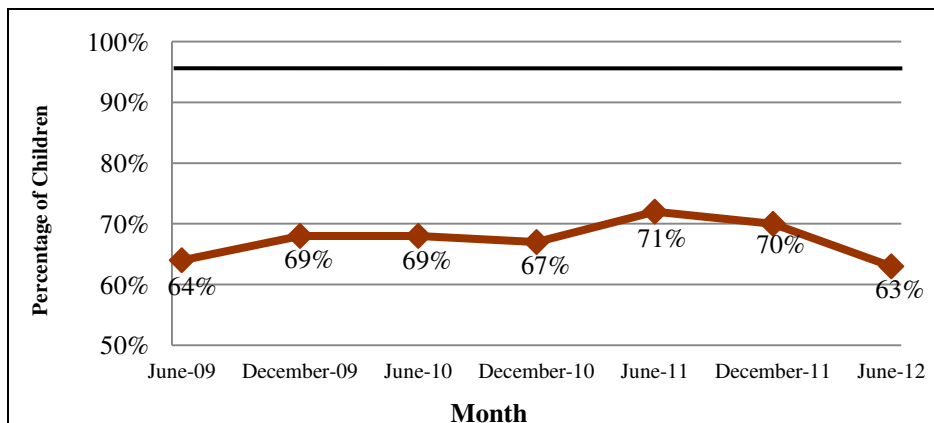
\*Percentage is more or less than 100 due to rounding.

**Timeliness of Case Planning-Current Plans**

<b>Quantitative or Qualitative Measure</b>	11. <u>Timeliness of Current Plans</u> : For children entering care, number/percent of case plans shall be reviewed and modified as necessary at least every six months.
<b>Final Target</b>	By June 30, 2010, 95% of case plans for children and families will be reviewed and modified at least every six months.

**Figure 11: Percentage of Case Plans Reviewed and Modified as Necessary at least every 6 months  
(June 2009 – June 2012)**

2009	
June	64%
December	69%
2010	
June	69%
December	67%
2011	
June	71%
December	70%
2012	
June	63%



Source: DCF data

\*Interim Benchmark by June 2009 (80%)

**Performance as of June 30, 2012:**

DCF policy requires that case plans be reviewed and modified at least every six months. DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this measure. From January through June 2012, between 63 and 71 percent of case plans were modified within the required six month timeframe. In June 2012, 63 percent of case plans had been modified as necessary within six months as compared to 70 percent modified timely in December 2011. DCF has not met the final target of 95 percent of cases with timely modified plans, and for the second consecutive monitoring period performance is declining. The reasons for the continuing deficiencies on timely review and modification of case plans are not clear to the Monitor and need more intensive examination.

**Table 7: Case Plans Updated Every 6 months  
(January – June 2012)**

	January		February		March		April		May		June	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Case Plans Completed within six months	741	67	628	65	707	63	735	69	693	71	686	63
Outstanding	364	33	344	35	408	37	326	31	286	29	402	37
Totals	1,105	100	972	100	1,115	100	1,061	100	979	100	1,088	100

Source: DCF data

**Quality of Case Planning and Service Plans**

<b>Quantitative or Qualitative Measure</b>	12. <u>Quality of Case and Service Planning</u> : The child’s/family’s case plan shall be developed with the family and shall be individualized and appropriately address the child’s needs for safety, permanency and well-being. The case plan shall provide for the services and interventions needed by the child and family to meet identified goals, including services necessary for children and families to promote children’s development and meet their educational, physical and mental health needs. The case plan and services shall be modified to respond to the changing needs of the child and family and the results of prior service efforts. <sup>80</sup> (13 and 14 have been merged with 12 above)
<b>Final Target</b>	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.

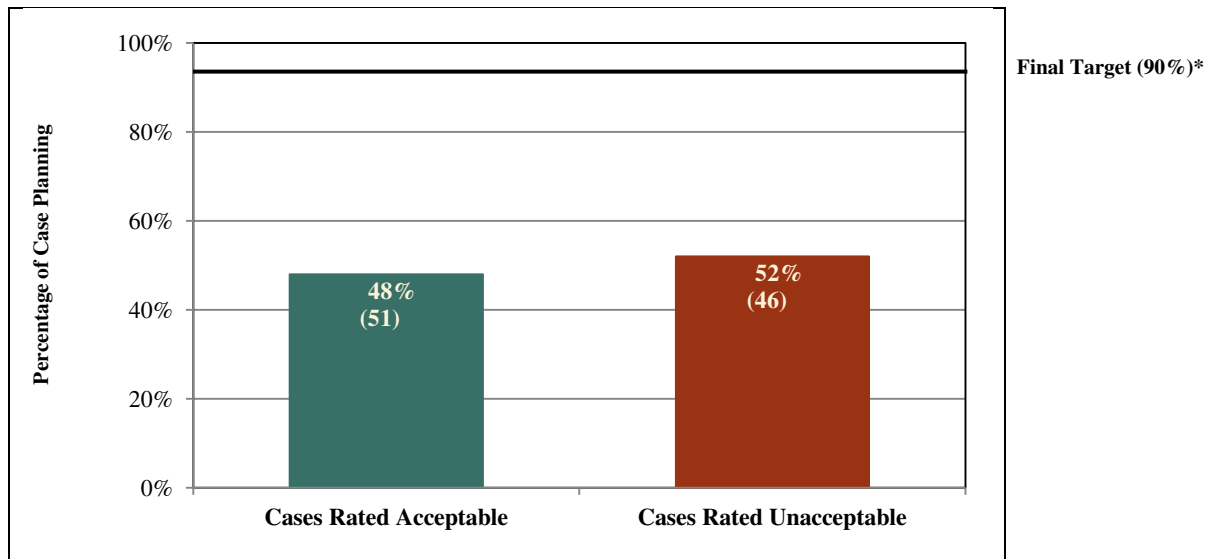
<sup>80</sup> This item previously read: “The Department, with the family, will develop timely, comprehensive and appropriate case plans with appropriate permanency goals and in compliance with permanency timeframes, which reflect family and children’s needs, are updated as family circumstances or needs change and will demonstrate appropriate supervisory review of case plan progress.” Upon agreement of Parties it has been merged with items 12 and 13 to reduce duplication and better reflect NJ’s practice expectations.

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**Performance as of June 30, 2012:**

As Figure 12 below indicates, DCF did not meet the target requiring that 90 percent of cases rate at least minimally acceptable on case planning and service plans as measured by the QR. Results of 107 cases reviewed from January through June 2012 in nine counties across the state indicate that 48 percent of cases were rated acceptable on both QR indicators ‘Case Planning Process’ and ‘Tracking and Adjusting’.<sup>81</sup> This requirement calls for family involvement in case planning; plans which are appropriate and individualized to the circumstances of the child/youth and family; oversight of the plans implemented to ensure goals are being met; and course correction when needed.

**Figure 12: Quality of Case and Service Planning  
(January – June 2012)  
(n=107)**



Source: DCF, QR results

\*Interim Benchmark by December 2009 (80%)

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<sup>81</sup> 51 of 107 rated cases (48%) rated acceptable on *both* the Case Planning Process and Tracking and Adjusting indicators; 51 of 107 cases (48%) rated acceptable on Case Planning Process; 82 of 107 cases (63%) rated acceptable on Tracking and Adjusting.

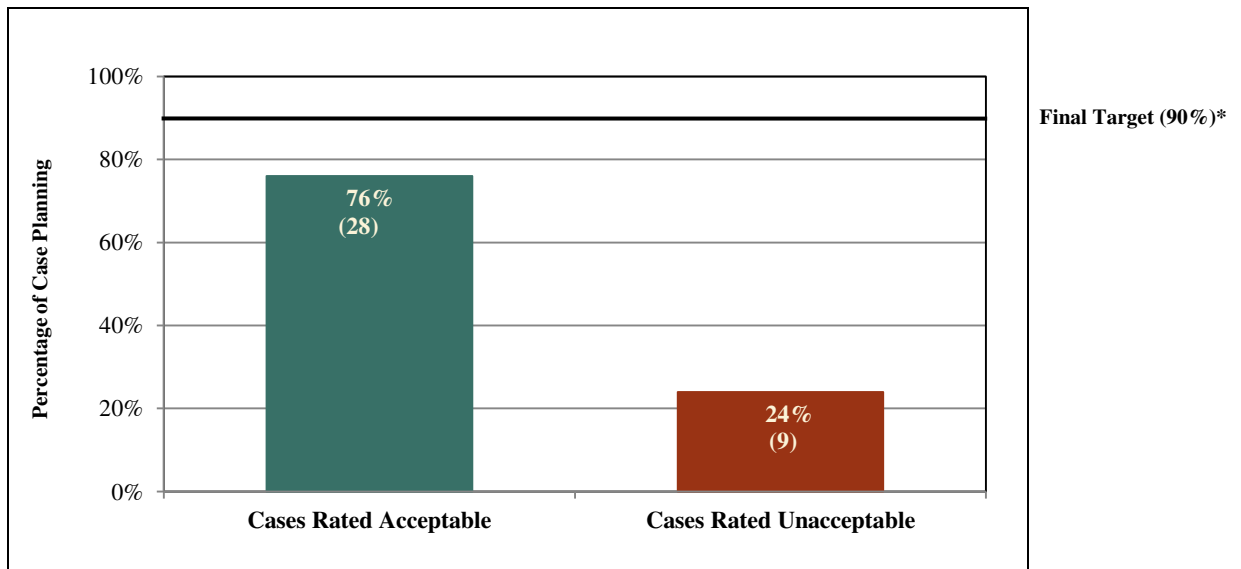
## Planning to Meet Children’s Educational Needs

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

***Performance as of June 30, 2012:***

Two of the QR Child and Family Status ratings, Stability of School Placement and Learning and Development (for children over the age of 5), are measured together on each case to assess how children are faring in their educational setting. As Figure 13 below indicates, performance on this measure based on January through June 2012 QR results is at 76 percent acceptable.<sup>82</sup>

**Figure 13: Planning to Meet Educational Needs  
(January – June 2012)  
(n=37)<sup>83</sup>**



Source: DCF, QR results

\*Interim Benchmark by December 2009 (80%)

<sup>82</sup> 28 of 37 cases (76%) rated acceptable on *both* the Stability (school) and Learning and Development (age 5 and older) QR indicators; 31 of 37 cases (84%) rated acceptable on Stability (school); 33 of 37 (89%) cases rated acceptable on Learning and Development (age 5 and older). This data reflects children in out-of-home placement.

<sup>83</sup> Although 107 cases were reviewed for the QR, only 37 involved children over the age of 5 and out-of-home placement.

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

Individualized, comprehensive assessment is a process in which information concerning the needs, problems, circumstances and resources of the family, youth and children are collected, evaluated and updated at key points of decision-making and whenever major changes in family circumstances occur. The decision to close a case should reflect the achievement of satisfactory outcomes with regard to the children or youth's safety, permanence and well-being. An assessment of both safety and risk prior to case closure is necessary to ensure these outcomes have been achieved.

#### Safety and Risk Assessment

<b>Quantitative or Qualitative Measure</b>	8. <u>Safety and Risk Assessment</u> : Number/percent of closed cases where a safety and risk of harm assessment is done prior to case closure.
<b>Final Target</b>	By December 31, 2010, (a) 98% of investigations will have a safety assessment completed, (b) 98% of investigations will have a risk assessment completed and (c) 98% of non-investigation cases will have a risk assessment or risk re-assessment completed within 30 days of case closure. <sup>84</sup>

#### *Performance as of June 30, 2012:*

Performance during the months of January through June 2012 for both safety and risk assessments completed prior to completing an investigation exceeded the 98 percent required by the final target. For example, in June 2012, there were 5,053 applicable<sup>85</sup> investigation cases closed. Of these 5,053 investigations, 5,047 (99.9%) investigations had a safety assessment completed prior to investigation completion and 5,047 (99.9%) investigations had a risk assessment completed prior to investigation completion.

For non-investigation cases, performance on this measure for risk reassessment 30 days prior to case closure ranged from 49 to 57 percent (see Figure 14 below) between the months of January through June 2012, dipping slightly from July through December 2011 performance which ranged from 54 to 59 percent. For example, in June 2012, there were 1,493 applicable<sup>86</sup> cases closed. Of these 1,493 cases, 732 (49%) cases had a risk reassessment completed within 30 days prior to case closure; 274 (18%) cases had a risk reassessment completed within 31 to 60 days prior to case closure; 137 (9%) cases had a risk reassessment completed within 61 to 90 days prior to case closure; and 313 (21%) cases had a risk reassessment completed over 91 days prior to case closure. This performance does not meet the performance required by the final target.

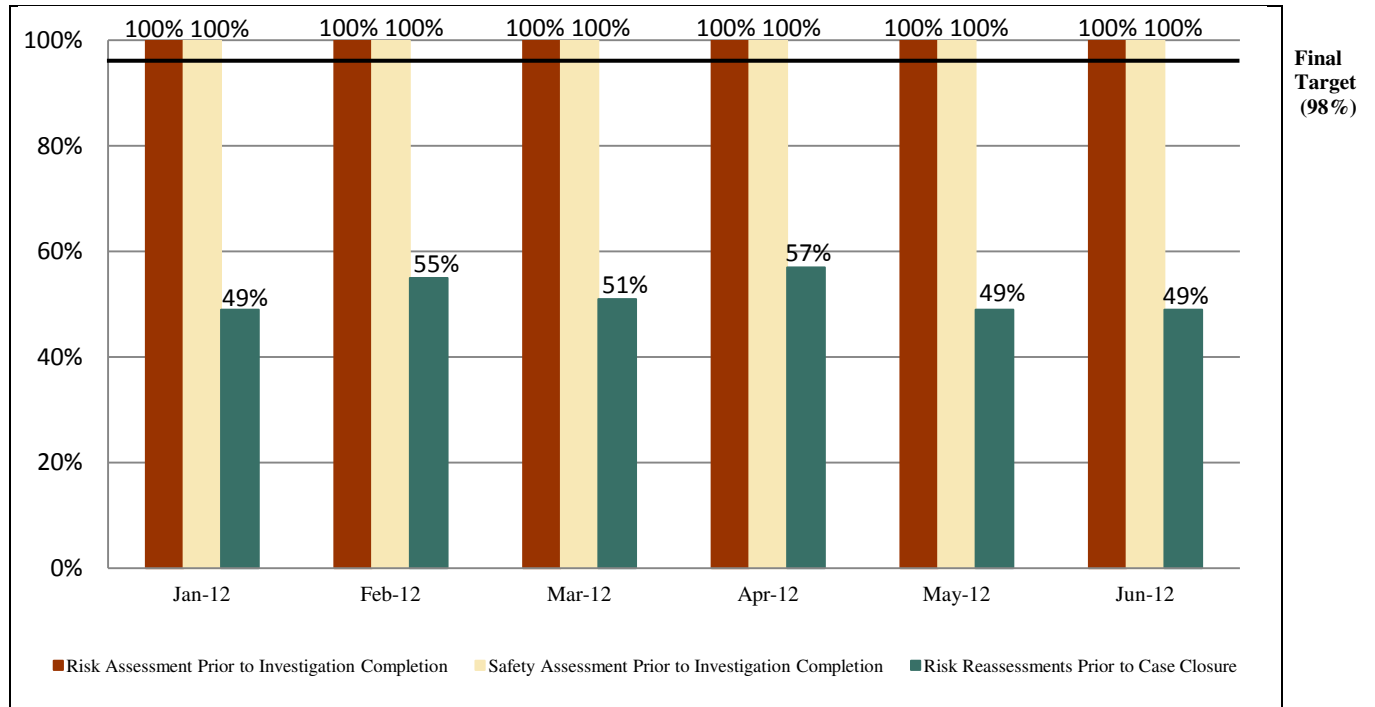
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<sup>84</sup> In order to be consistent with practice expectations, in May 2012, the Parties agreed to revise the final target from, "By December 31, 2010, 98% of cases will have a safety and risk of harm assessment completed prior to case closure" to the language stated above, which allows for separate reporting on investigations and non-investigations cases.

<sup>85</sup> In June 2012, an additional 64 investigations were closed; however, those cases were marked as "unable to make contact with children/family" and were excluded from the calculations.

<sup>86</sup> Applicable cases include reunification and do not include adoption, kinship legal guardianship or emancipation.

**Figure 14: Performance on Safety Assessments Completed Prior to Investigation Completion, Risk Assessments Completed Prior to Investigation Completion and Risk Reassessments Completed within 30 days Prior to Case Closure (January – June 2012)**



Source: DCF data

**D. Performance Benchmarks Related to Visits**

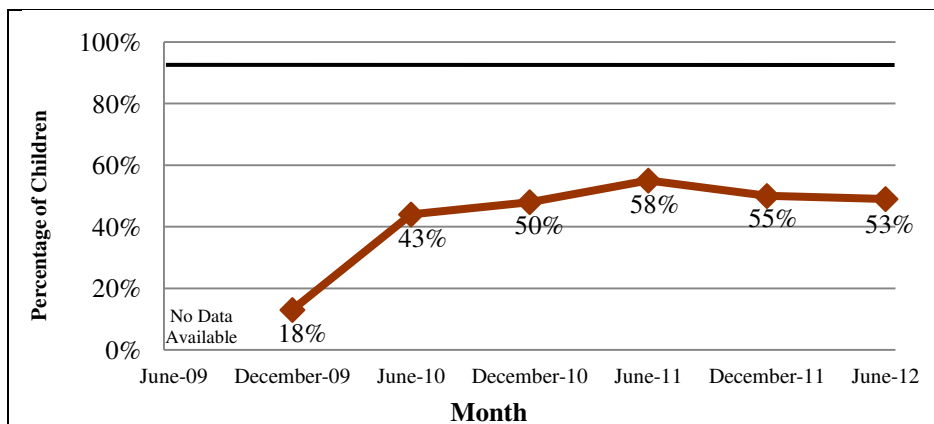
The visits of children with their caseworkers, parents and siblings are important events that can ensure children’s safety, maintain and strengthen family connections, and increase children’s opportunities to achieve permanency. They are also integral to the principles and values of the CPM.

## Caseworker Visits with Children in State Custody

<b>Quantitative or Qualitative Measure</b>	16. <u>Caseworker Visits with Children in State Custody</u> : Number/percent of children where caseworker has two visits per month (one of which is in the placement) during the first two months of an initial placement or subsequent placement for children in state custody.
<b>Final Target</b>	By December 31, 2010, during the first two months of an initial placement or subsequent placement, 95% of children had at least two visits per month.

**Figure 15: Percentage of Children who had Two Visits per month during First 2 months of an Initial or Subsequent Placement (June 2009 – June 2012)**

2009	
June	N/A
December	18%
2010	
June	43%
December	50%
2011	
June	58%
December	55%
2012	
June	53%



Source: DCF data

\*Interim Benchmark by December 2009 (75%)

### ***Performance as of June 30, 2012:***

This measure requires an analysis of the pattern of caseworker visits with children who are in an initial or subsequent placement and remain in that placement for two months. DCP&P uses NJ SPIRIT data analyzed by Safe Measures to report on this measure. Between January and June 2012, a range of 53 to 62 percent of children per month had documented visits by their caseworkers twice per month during the first two months of an initial or subsequent placement. For example, in June 2012, there were 532 children who were in an initial or subsequent placement and remained in the placement for two full months. Of the 532 children, 284 (53%) had documented visits by their caseworkers twice per month with at least one visit occurring in the placement setting.

As demonstrated in the Figure above, DCP&P's performance on caseworker visits has substantially improved since December 2009; however, performance has plateaued over the past four monitoring periods. Data from this monitoring period suggest that performance on this measure is typically better during the first month of the new placement (monthly range of 78 to 86 percent of applicable children have two contacts in the first month) than during the second month of the new placement (monthly range of 62 to 69 percent of applicable children have two

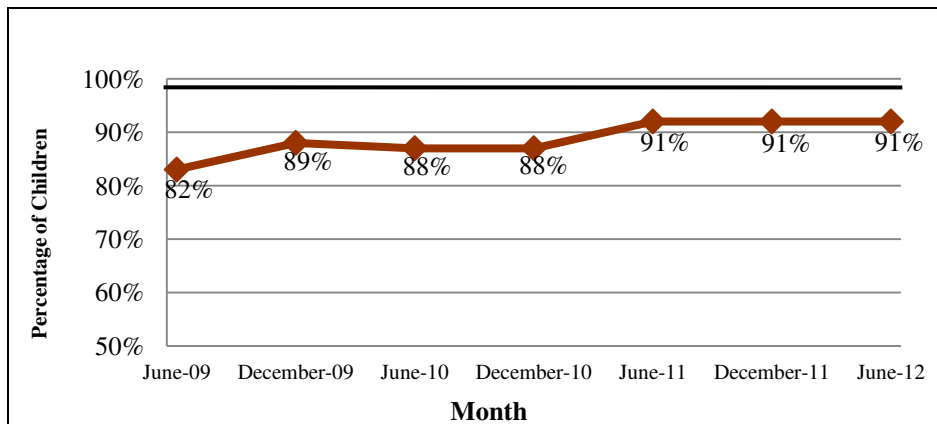
contacts in the second month). It is unclear to the Monitor what the specific barriers are which prevent increased performance on this measure and will be engaging with DCP&P staff to identify and resolve barriers.

### Caseworker Visits with Children in State Custody

<b>Quantitative or Qualitative Measure</b>	17. <u>Caseworker Visits with Children in State Custody</u> : Number/percent of children where caseworker has at least one caseworker visit per month in the child's placement.
<b>Final Target</b>	By June 30, 2010, 98% of children shall have at least one caseworker visit per month during other parts of a child's time in out-of-home care.

**Figure 16: Percentage of in Out-of-Home Care who had at least One Caseworker Visit per month in his/her Placement (June 2009 – June 2012)**

2009	
June	82%
December	89%
2010	
June	88%
December	88%
2011	
June	91%
December	91%
2012	
June	91%



Source: DCF data  
\*Interim Benchmark by June 2009 (85%)

**Performance as of June 30, 2012:**

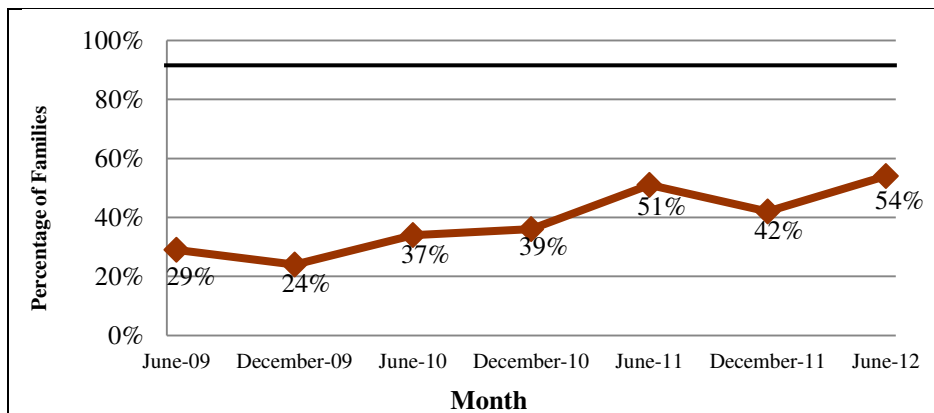
DCP&P uses NJ SPIRIT data analyzed by Safe Measures to report the number of children in out-of-home placement who have at least one caseworker visit per month in his/her placement. Between January and June 2012, performance on this measure ranged monthly from 91 to 92 percent of children in out-of-home placement with at least one caseworker visit per month in his/her placement. For example, in June 2012 there were 7,396 children in out-of-home placement who were not in the first two months of an initial or subsequent placement. Of the 7,396 children, 6,742 (91%) were visited by their caseworker at least one time per month in their placement. An additional 388 (5%) children had at least one caseworker visit per month in a location other than their placement, for a total of 96 percent of children with at least one caseworker visit per month regardless of location. Performance on this measure, while strong, has not increased over the past several monitoring periods and does not meet the final target.

## Caseworker Visits with Parents/Family Members

<b>Quantitative or Qualitative Measure</b>	18. <u>Caseworker Visits with Parents/Family Members</u> : The caseworker shall have at least two face-to-face visits per month with the parent(s) or other legally responsible family member of children in custody with a goal of reunification.
<b>Final Target</b>	By December 31, 2010, 95% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.

**Figure 17: Percentage of Families who have at least Twice per month Face-to-Face Contact with Caseworker when the Goal is Reunification (June 2009 – June 2012)**

2009	
June	29%
December	24%
2010	
June	37%
December	39%
2011	
June	51%
December	42%
2012	
June	54%



Source: DCF data

\*Interim Benchmark by December 2009 (60%)

### ***Performance as of June 30, 2012:***

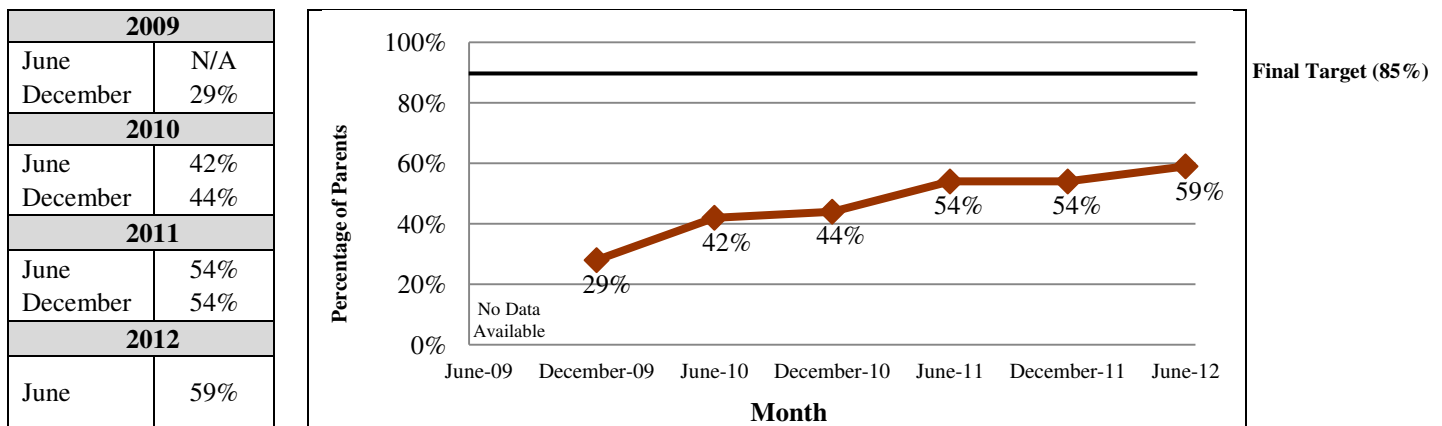
DCP&P uses NJ SPIRIT data analyzed by Safe Measures to report on the number of parents or other legally responsible family members who are visited two times per month by a caseworker when the family’s goal is reunification. Between January and June 2012, monthly performance on this measure ranged from 43 to 54 percent of parents or other legally responsible family members visited two times per month by a caseworker when the family’s goal is reunification.<sup>87</sup> For example, in June 2012, there were 2,965 children with the goal of reunification applicable to this measure. Of the 2,965 children, the parents of 1,595 (54%) children were visited twice during the month. The parents of an additional 471 (16%) children had at least one contact in June and 899 (30%) had no contact with the caseworker during the month. DCP&P’s performance continues to be substantially lower than the MSA target of 95 percent.

<sup>87</sup> Data for monitoring period are as follows: January 2012, 46%; February 2012, 45%; March 2012, 45%; April 2012, 43%; May 2012, 51%; June 2012, 54%.

## Caseworker Visits with Parents/Family Members

<b>Quantitative or Qualitative Measure</b>	19. <u>Caseworker Visits with Parents/Family Members</u> : The caseworker shall have at least one face-to-face visit per month with the parent(s) or other legally responsible family member of children in custody with goals other than reunification unless parental rights have been terminated.
<b>Final Target</b>	By December 31, 2010, at least 85% of families shall have at least one face-to-face caseworker contact per month, unless parental rights have been terminated. <sup>88</sup>

**Figure 18: Percentage of Parents who had at least One Face-to-Face Contact with Caseworker who had a Permanency Goal other than Reunification (June 2009 – June 2012)**



Source: DCF data

### *Performance as of June 30, 2012:*

DCP&P uses NJ SPIRIT data analyzed by Safe Measures to report on the number of parents or other legally responsible family members who are visited monthly by a caseworker when the family’s goal is no longer reunification. Between January and June 2012, monthly performance on this measure ranged from 55 to 59 percent of parents or other legally responsible family members visited monthly by a caseworker when the family’s goal is no longer reunification. For example, in June 2012, there were 1,792 children in custody whose goal was not reunification. Of the 1,792 children, 159 (9%) children’s parents did not require visits from a caseworker due to contacts not being required or the parent being unavailable, leaving 1,633 children in custody whose goal was not reunification applicable to this measure. Of these 1,633 children, the parents for 961 (59%) children were visited monthly.

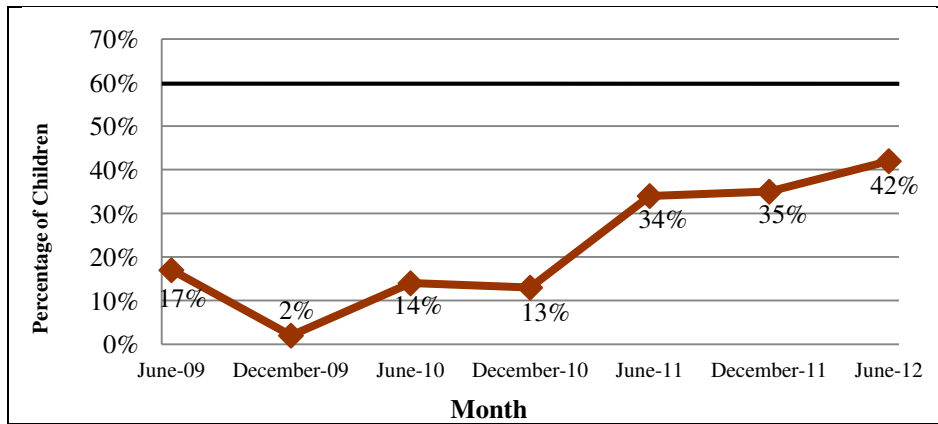
<sup>88</sup> Possible modification of the final target for this performance measure is currently under discussion among the Parties and the Monitor.

## Visitation between Children in Custody and their Parents

<b>Quantitative or Qualitative Measure</b>	20. <u>Visitation Between Children in Custody and Their Parents</u> : Number/percent of children who have weekly visits with their parents when the permanency goal is reunification unless clinically inappropriate and approved by the Family Court.
<b>Final Target</b>	By December 31, 2010, at least 85% of children in custody shall have in person visits with their parent(s) or other legally responsible family member at least every other week and at least 60% of children in custody shall have such visits at least weekly.

**Figure 19: Percentage of Children with Weekly Visits with their Parent(s)  
(June 2009 – June 2012)**

2009	
June	17%
December	2%
2010	
June	14%
December	13%
2011	
June	34%
December	35%
2012	
June	42%

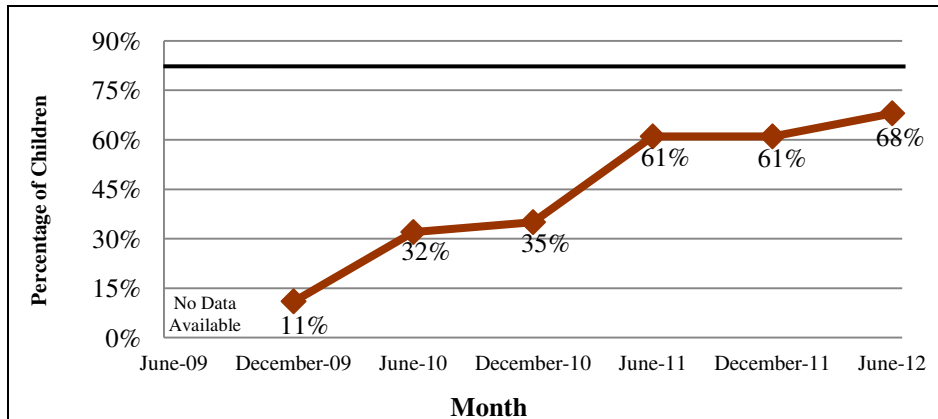


Source: DCF data

\*Interim Benchmark by December 2009 (40%)

**Figure 20: Percentage of Children who had at least Two Visits  
per month with their Parent(s)  
(June 2009 – June 2012)**

2009	
June	N/A
December	11%
2010	
June	32%
December	35%
2011	
June	61%
December	61%
2012	
June	68%



Source: DCF data

\*Interim Benchmark by December 2009 (50%)

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*Performance as of June 30, 2012:*

DCP&P uses NJ SPIRIT data analyzed by Safe Measures to report on the number of children who have weekly visits with their parents when their permanency goal is reunification. During this monitoring period, DCP&P in consultation with the Monitor modified the methodology used to report data on this measure in order to more accurately reflect visitation compliance for all four weeks during the reporting month. The previous methodology excluded children entirely from the monthly cohort if their parent was unavailable or if a visit was not required<sup>89</sup> for at least one week of the reporting month. The new methodology takes into account visits that occur for some weeks of the month and visits that do not occur for other weeks of the month because either a parent is unavailable or a visit is not required. In June 2012, there were 3,232 children in placement with a goal of reunification.<sup>90</sup> Of the 3,232 children, 250 (8%) children could not have visits because the visit was either not required or not held because the parent was determined to be unavailable for the entire month. Of the remaining 2,982 children, 1,249 (42%) had four visits with their parents during the month; 290 (10%) children had one, two or three visits during the month and for those visits which did not occur during the month, DCP&P reports that either the parent was unavailable or a visit was not required; 775 (26%) children had either two or three visits during the month and there was not a documented reason for the other required visits not occurring; 370 (12%) children had one visit during the month and there was not a documented reason for the other required visits not occurring; 495 children (17%) had no visits with their parents during the month; and for 93 (3%) children, their parents were determined to be unavailable or the visit was not required for three or less visits and there was not a documented reason for the other required visits not occurring. While current performance has improved over the previous monitoring period, it remains below the level required by the MSA.

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<sup>89</sup> DCP&P reports that “parent unavailable” or “visit not required” are used for the following reasons: parent(s) is either missing, unavailable due to illness, hospitalized, in a treatment program which prohibits or limits visitation, incarcerated in a facility which prohibits or limits visitation; visit is cancelled by parent; court order prohibits visit or specifies a different schedule of visits; visit will be physically or psychologically harmful to the child even with supervision; or parent requests limited or no visits despite the DCP&P’s efforts to explain the importance of attending visits for the parent and child.

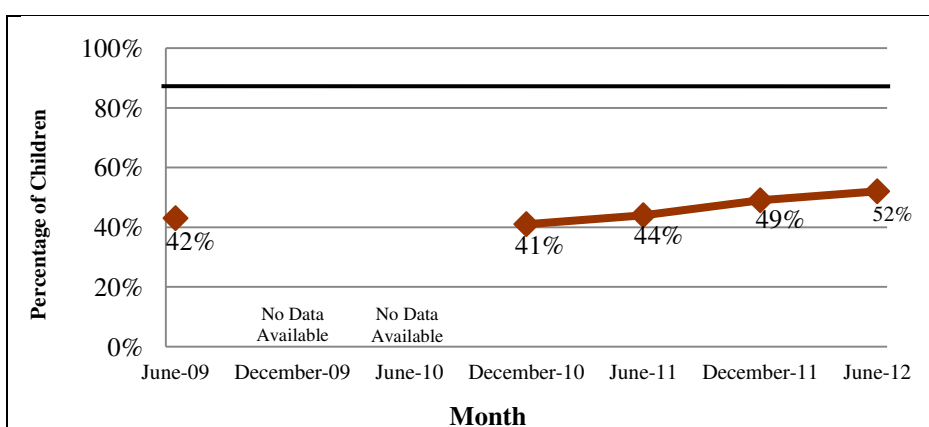
<sup>90</sup> As this methodology was recently changed, DCP&P reported data only for June 2012.

## Visitation between Children in Custody and Siblings Placed Apart

<b>Quantitative or Qualitative Measure</b>	21. <u>Visitation Between Children in Custody and Siblings Placed Apart</u> : Number/percent of children in custody, who have siblings with whom they are not residing shall visit with their siblings as appropriate.
<b>Final Target</b>	By December 31, 2010, at least 85% of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly.

**Figure 21: Percentage of Children in Custody who have at least Monthly Visits with Siblings, for Children not Placed with Siblings (June 2009 – June 2012)**

2009	
June	42%
December	N/A
2010	
June	N/A
December	41%
2011	
June	44%
December	49%
2012	
June	52%



Source: DCF data

\*Interim Benchmark by December 2009 (60%)

### ***Performance as of June 30, 2012:***

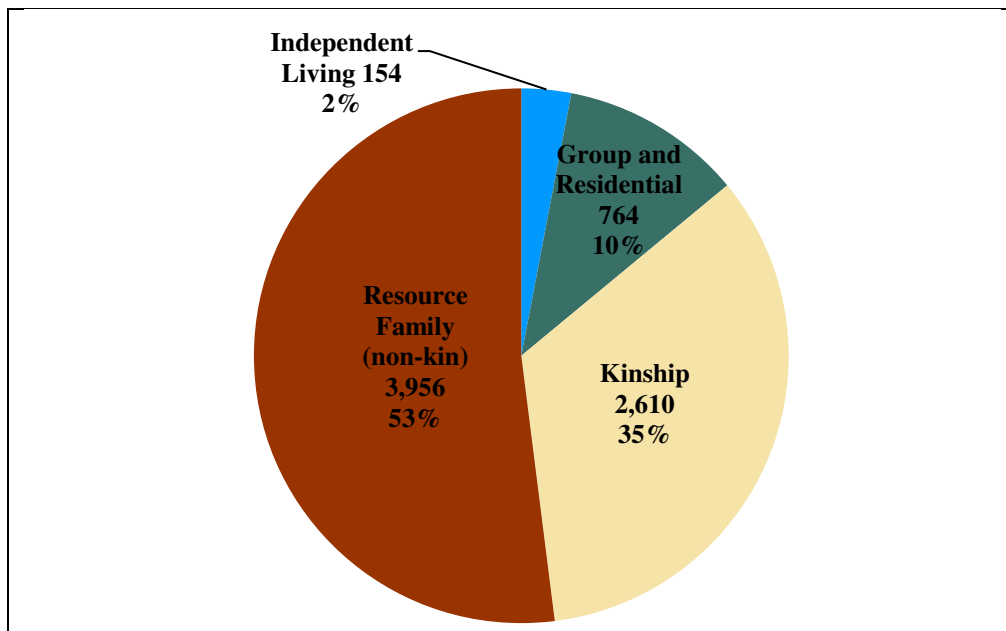
DCF uses data extracted from NJ SPIRIT and analyzed by DCF’s Office of Research, Evaluation and Reporting to report on the number of children who have monthly visitation with their siblings when they are not placed together. Between the months of January and June 2012, a monthly range of 46 to 52 percent of children had monthly visits with their sibling when they were not placed together. For example, in June 2012 there were 2,595 children in placement who had at least one sibling who did not reside in the same household as them. Of the 2,595 children, 1,343 (52%) children had a visit with their siblings during the month. Performance, while improving, is still substantially lower than the final target of 85 percent.

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

As of June 30, 2012, a total of 52,873 children were receiving DCP&P services: 7,484 in out-of-home placement and 45,389 in their own homes. Figure 22 below shows the type of placement for children in DCP&P custody as of June 30, 2012: 88 percent were in Resource family homes (either kinship or non-kinship), 10 percent in group and residential facilities and two percent in independent living facilities.

**Figure 22: Children in DCP&P Out-of-Home Placement by Type of Placement as of June 30, 2012 (n=7,484)**



Source: DCF data

Table 8 shows selected demographics for children in out-of-home placement as of June 30, 2012. As seen in Table 8, 45 percent of children in out-of-home care were age five or under, with the largest single group (children two or younger) comprising 27 percent of the out-of-home placement population. Twenty-nine percent of the population was age 13 or older and eight percent were age 18 or older.

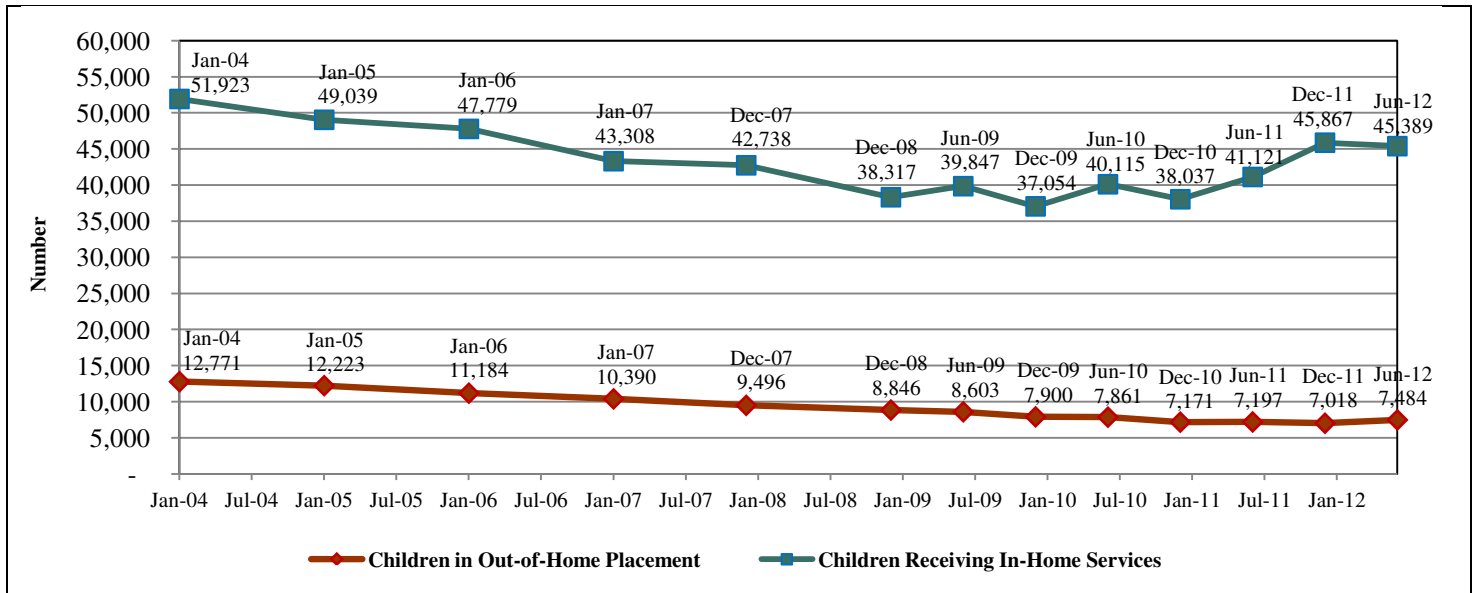
**Table 8: Selected Demographics for Children in Out-of-Home Placement  
as of June 30, 2012  
(n=7,484)**

<b>Gender</b>	<b>Percent</b>
Female	49%
Male	51%
<b>Total</b>	100%
<b>Age</b>	<b>Percent</b>
2 years or less	27%
3-5 years	18%
6-9 years	16%
10-12 years	10%
13-15 years	11%
16-17 years	10%
18+ years	8%
<b>Total</b>	100%
<b>Race</b>	<b>Percent</b>
Black or African American	43%
American Indian or Alaska Native	<1%
Asian	<1%
Native Hawaiian or Other Pacific Islander	<1%
Black or African American Hispanic	2%
Hispanic—No Race	4%
White Non-Hispanic	27%
White Hispanic	13%
Multiple Races	5%
Missing or Undetermined	6%
<b>Total</b>	100%

Source: DCF data

The number of children in out-of-home placement has risen from 7,018 in December 2011 to 7,484 in June 2012 (see Figure 23 below), representing an increase of seven percent. Over the past 12 months, the number of children receiving in-home services has declined slightly (1%) over the previous monitoring period.

**Figure 23: Children in Out-of-Home Placement and Children Receiving In-Home Services  
(January 2004 – June 2012)**



Source: DCF data

Table 9 shows the permanency goals for children in placement as of June 2012: 46 percent have the permanency goal of reunification, 29 percent have the goal of adoption and seven percent of are 16 and older with the goal of independent living.

**Table 9: Permanency Goals for Children in Placement as of June 2012  
(n=7,484)**

Goals	Children	Percent
Reunification	3,448	46%
Adoption	2,198	29%
KLG	164	2%
Long-Term Foster Care	1	<1%
Other Long-Term Specialized Care	346	5%
Independent Living (16 or older)	534	7%
Individual Stabilization (18 or older)	109	2%
Maintenance In Own Home - Family Stabilization	395	5%
Undetermined	289	4%
Total	7,484	100%

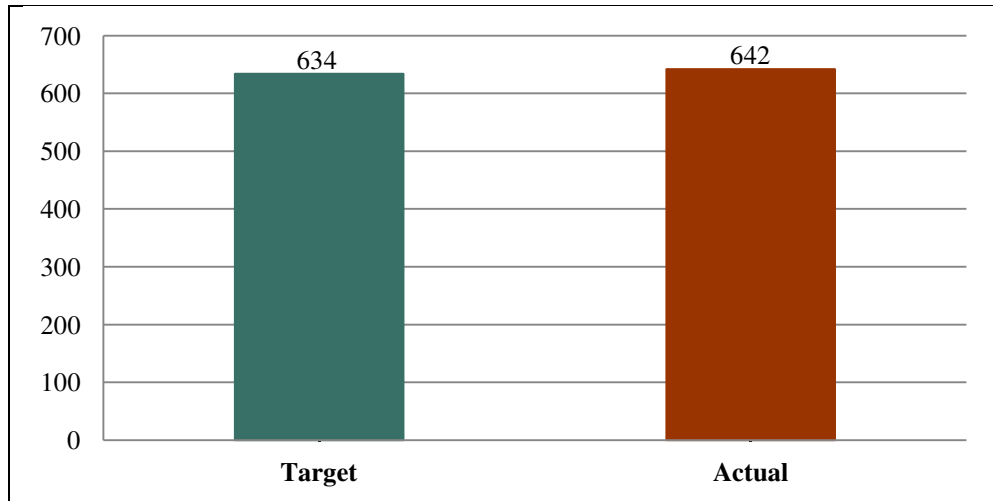
Source: DCF Data, NJ SPIRIT Extract Date: 7/03/12

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

DCF recruited and licensed 642 new kinship and non-kinship Resource family homes from January 1 to June 30, 2012, exceeding its target by eight homes and continuing its success in achieving net gains in its recruitment and licensure of Resource family homes.

**Figure 24: Number of Licensed Resource Family Homes Compared to Statewide Target (January 1 – June 30, 2012)**



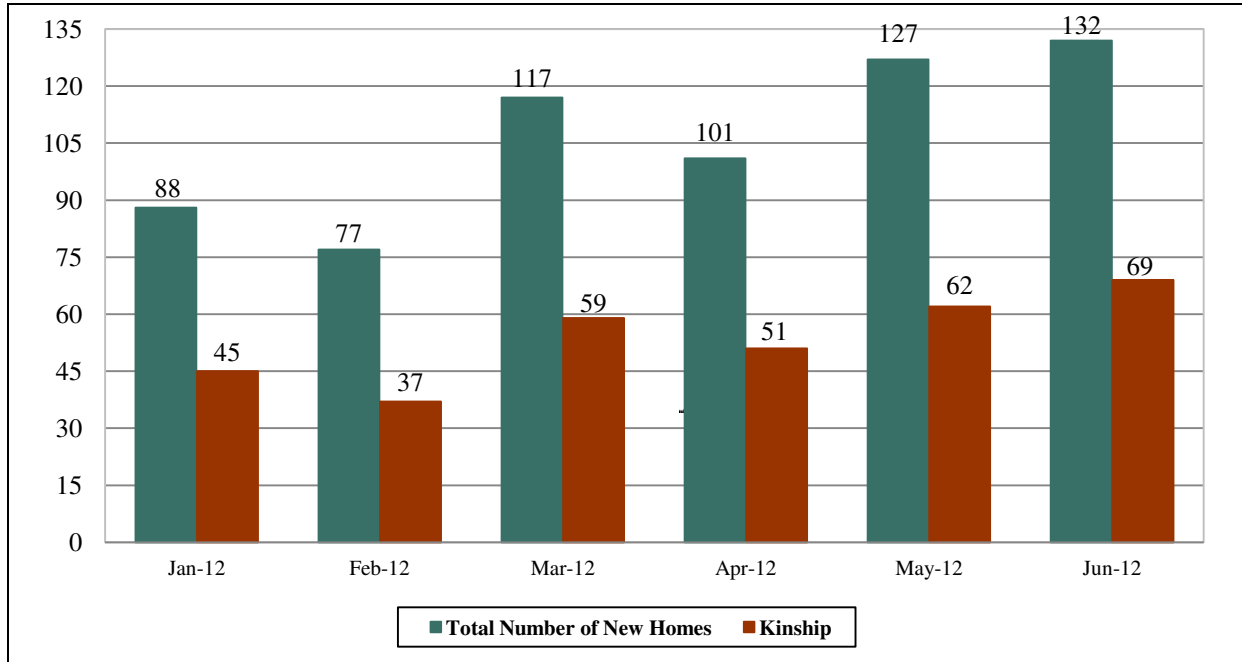
Source: DCF data

DCF reports that 323 (50%) of 642 newly licensed Resource family homes during this monitoring period were kinship homes, a percentage consistent with the past four monitoring periods. Figure 25 below shows the total number of newly licensed Resource family (kinship and non-kinship) homes by month from January 1 to June 30, 2012.<sup>91</sup>

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<sup>91</sup> See Table 10 for total gross and net numbers of Resource family homes.

**Figure 25: Newly Licensed Resource Family Homes  
(Kinship and Non-Kinship)  
(January 1 – June 30, 2012)  
Total Licensed = 642  
Total Kinship Licensed = 323**



Source: DCF data

DCF reports that it continues to maintain a Resource family home placement capacity in excess of 200 percent, equivalent to two Resource family choices for every child in placement. DCF continues to focus additional attention on retention and selective recruitment of homes for special populations, such as specific geographic locations, ages of children, LGBT families, large sibling groups and children with special medical needs.

In the six month period between January 1 and June 30, 2012, DCF had a net gain of 104 Resource family homes, as compared to a net gain of 129 in the same six months of 2011. DCF attributes the slight decline to the increased number of licensed relative homes, which they report tend to lead to permanency for children and home closures occurring more quickly than in non-relative homes. Table 10 below indicates the number of kinship and non-kinship Resource family homes licensed and total number of Resource family homes closed between January 1 and June 30, 2012.

**Table 10: Resource Family Homes Licensed and Closed  
(January 1 – June 30, 2012)**

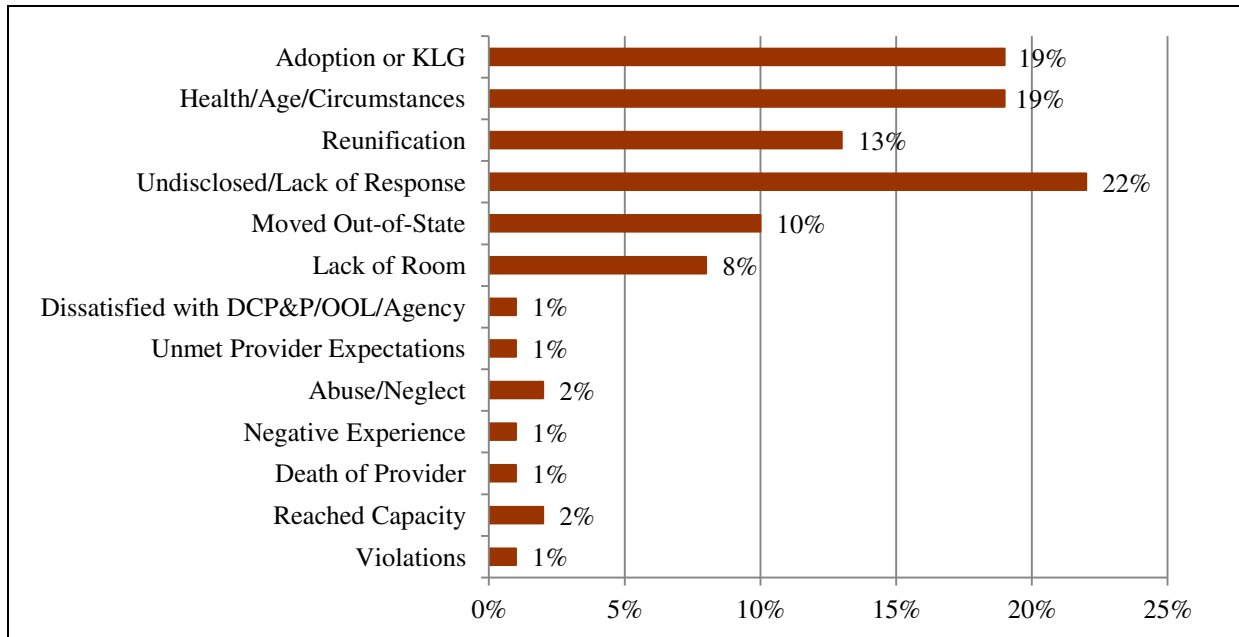
<b>2012 Monthly Statistics</b>	<b>Non-Kin Resource Homes Licensed</b>	<b>Kin Resource Homes Licensed</b>	<b>Total Resource Homes Licensed</b>	<b>Total Resource Homes Closed</b>	<b>Resource Homes Net Gain</b>
JANUARY	43	45	88	50	38
FEBRUARY	40	37	77	78	-1
MARCH	58	59	117	92	25
APRIL	50	51	101	86	15
MAY	65	62	127	122	5
JUNE	63	69	132	110	22
<b>Jan – Jun Totals</b>	<b>319</b>	<b>323</b>	<b>642</b>	<b>538</b>	<b>104</b>

Source: DCF data

DCF reports that its commitment to placing children with kinship providers has resulted in the closing of many relative homes once the permanency goal is achieved; forty-one percent of the homes closed between January 1 and June 30, 2012 are reported as relative homes.

As reflected in Figure 26 below, 32 percent of all Resource family homes that were closed between January 1 and June 30, 2012, were due to reunification (13%) and kinship legal guardianship or adoption (19%). Additional reasons for closing resource homes include a provider's personal circumstances, such as the health/age of the provider (19%), a move out of state (10%), lack of room (8%) and reaching capacity (2%). Twenty-two percent of the Resource family home providers did not disclose their reasons for closing their homes. An additional seven percent of homes were closed for other reasons: abuse or neglect (2%), death of a provider (1%), a provider's negative experiences (1%), a provider's dissatisfaction with DCP&P and Office of Licensing (OOL) rules (1%), unmet provider expectations (1%), and violations of licensing rules (1%).

**Figure 26: Reasons for Resource Home Closures  
(January 1 – June 30, 2012)**



Source: DCF data

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

As previously reported, the state regularly conducts a geographic analysis assessing capacity of Resource family homes by county in order to set county-based annualized targets for recruitment (MSA Section II.H.13). These targets are based on:

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

As reported, between January 1 and June 30, 2012 DCF exceeded its annual goal to license 634 homes by eight homes (see Figure 24). A total of 11 counties met or exceeded their annual targets for licensed Resource family homes.

**Table 11: Newly Licensed Resource Family Homes Targets by County  
(January – June 2012)<sup>92</sup>**

County	Mid-Year Target	Licensed	Performance Against Target
Atlantic	26	34	9
Burlington	38	34	-4
Cape May	11	7	-4
Camden	54	60	7
Cumberland	14	14	0
Gloucester	24	27	3
Salem	10	7	-3
Essex	104	100	-4
Hudson	55	53	-2
Bergen	37	43	6
Hunterdon/Warren	20	21	1
Mercer	24	16	-8
Somerset	11	23	12
Middlesex	38	27	-11
Morris	24	27	3
Sussex	10	8	-2
Passaic	35	36	1
Ocean	31	32	1
Monmouth	35	29	-6
Union	38	44	7
<b>Total:</b>	<b>639</b>	<b>642</b>	<b>7</b>

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

As shown in Table 12 below, for applications received from July to December 2011, 64 percent were resolved in 150 days, down five percent from the previous monitoring period. Seventy-three percent of applications were resolved in 180 days. When compared to the performance rate of 25 percent in 2007, DCF has improved significantly in its efforts to reach the 150 day timeframe while at the same time recognizing that families sometimes vary in ability to timely respond to the rigors of the Resource family application process.

<sup>92</sup> Numbers are rounded upward to nearest whole number.

**Table 12: Total Number of Resource Home Applications Resolved  
(Applications submitted July – December 2011: Resolved January – June 2012)**

Month Applied	Total Applications	Resolved in 150 Days		Resolved in 180 Days	
	Number	Number	Percent	Number	Percent
July	181	116	64%	133	73%
August	245	171	70%	186	76%
September	190	118	62%	138	73%
October	169	93	55%	112	66%
November	193	124	64%	142	74%
December	187	122	65%	141	75%
<b>Total</b>	<b>1,165</b>	<b>744</b>	<b>64%</b>	<b>852</b>	<b>73%</b>

Source: DCF data

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

**Resource Family Impact Teams**

DCF reports that monthly Resource family impact team conferences continue to be held in all of the DCP&P local offices. Participants include local and area Resource family staff, licensing inspectors and Office of Resource Family (ORF) staff. Also Office of Licensing (OOL) intake and ORF supervisors meet regularly to discuss new policies and quality case practice. DCF has found that this monthly conferencing model assists in identifying practice issues to resolving applications within 150 days.

**Large Capacity Homes**

DCF identified recruiting and licensing homes with capacity to accommodate large sibling groups as a priority in the needs assessment it conducted in 2007. As previously reported, the state developed and has been using a specialized recruitment strategy to focus attention on identifying, recruiting and licensing these homes, termed “Siblings in Best Settings” or SIBS. DCF concluded CY 2011 with 29 large capacity homes and concluded the reporting period with 24: nine SIBS homes were newly licensed or upgraded between January 1 and June 30, 2012 and fourteen homes left the program as a result of children achieving permanency, adoption, reunification or because of personal circumstance in the resource home.

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

### **Recruitment and Retention**

DCF's current robust pool of licensed Resource Families has permitted a shift in focus to improving local capacity. Tools have been developed for recruiters to use to report on progress in reaching geographical and subpopulation targets.

During the months of February and March 2012, DCF held statewide events targeted to recruit homes that can accommodate children with special medical needs.

Some examples include:

- The Middlesex County recruiter presented to attendees at a community awareness workshop hosted by the Islamic Society of Central Jersey.
- Camden County recruiters spoke to families at the Lion of Judah Assembly of God church monthly parenting session.
- Recruiters in Essex County provided a presentation to staff at Loving Hands, a Home Health Aid agency.
- Atlantic County recruiters presented information at the Kingdom Academy Daycare about the need for families for children with special medical needs.

DCF also conducted statewide events targeting recruitment in the Lesbian, Gay, Bisexual, Transgender (LGBT) community. Recruitment events in the monitoring period were conducted during the months of May and June 2012, including:

- Recruiters spoke to families at a Parents, Families, Friends of Lesbian and Gays (PFLAG) meeting in Sussex and Bergen County.
- The Middlesex County recruiter hosted an event for LGBT families and individuals at the Piscataway local office.
- A Monmouth County recruiter joined a Resource parent and an adoption worker in the Jersey Pride Annual LGBTI pride celebration in Asbury Park.

DCF continued its work with the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at Adopt US Kids (NRCRRFAP) using a marketing research tool that helps identify households by geographic area and select economic indicators that are most similar to those in which DCF is currently successful in placing children. The purpose of the tool is to find new ways to reach and successfully penetrate target markets.

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

Over 500 Resource family and licensing staff participated in training opportunities during this monitoring period, including:

- One Day Structured Analysis Family Evaluation (SAFE) Training—this is a one-day introduction to the philosophy and proper use of the SAFE tools.
- SAFE Supervisory Training—required for all supervisors who supervise the SAFE home study process. This training emphasizes the importance of conferencing and supervision as part of the home study process.
- SAFE Home Study Interview Skills—this is a new training for staff who currently conduct SAFE family home studies intended to build or refresh interviewing skills.
- PRIDE Train the Trainer—this course is for all Resource family trainers, supervisors, case work supervisors and Resource parent co-trainers who train resource parents in the PRIDE program.
- NJSPIRIT Resource family training for facilitators—the purpose of this training is to review how facilitators locate appropriate resources in NJ SPIRIT.
- A two day joint Office of Licensing and Resource family support workers training—a cross disciplinary training designed to review the operations of both offices and what it takes on each end to successfully license a home.
- Institutional Abuse training for Resource family licensing staff—provides information regarding the screening of calls, the assignment of investigations, the investigation process, reports, findings and corrective action plans.

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

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

DCF reports that between January 1 and June 30, 2012, 913 Resource parents took a total of 1,380 in-service courses. FAFS offers a wide variety of topics, including:

- Psychotropic Medications and Children in Care;
- On Solid Ground: Permanency Planning for Children in Care;
- Car Safety and Your Child in Foster Care;
- Hair Care for African and Biracial Children and Adolescents;
- The Empty Seat at the Table: Resource Parent Loss and Grief; and
- The Child Health Program and You.

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

For several of the outcomes related to placement of children in out-of-home care, the performance benchmarks and final targets are measured at the end of the calendar year. Consequently, the state's performance on the following placement outcomes is not newly assessed in this report:

- *Performance Measure 25 – Placing Siblings Together*: Of sibling groups of two or three siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.
- *Performance Measure 26 – Placing Siblings Together*: Of sibling groups of four or more siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.
- *Performance Measure 27 – Stability of Placement*: Of the number of children entering care in a period, the percentage with two or fewer placements during the 12 months beginning with the date of entry.

See Table 1 of this report for prior performance on these measures. The state's more recent performance will be assessed in the next monitoring report.<sup>93</sup>

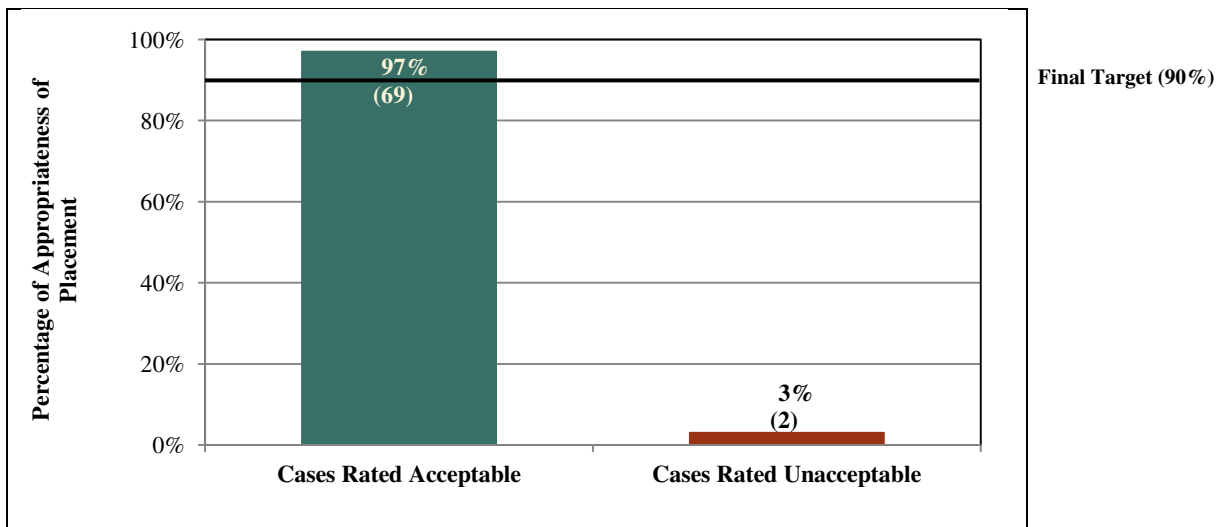
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<sup>93</sup> For performance measures 25 and 26, CY 2012 data will not be available until early 2013. For performance measure 27, data on performance for CY 2011 will not be available until early 2013 as performance is measured on the stability of placement for the first 12 months of children who entered care anytime in 2011.

## Appropriateness of Placement

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

**Figure 27: Appropriateness of Placement  
(January – June 2012)  
(n=71)**



Source: DCF, QR results

### ***Performance as of June 30, 2012:***

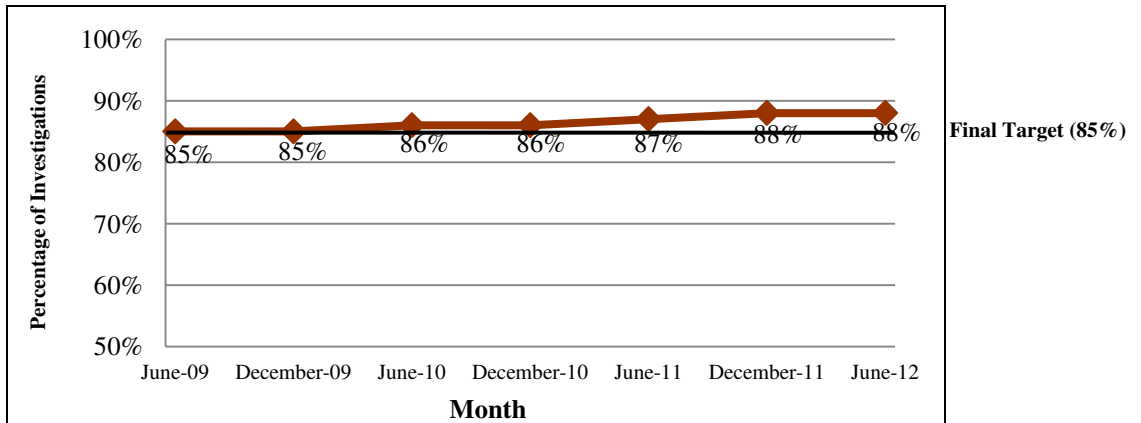
From January through June 2012, 71 cases of children in out-of-home care were reviewed as part of the QR and included an assessment of the appropriateness of their placement. Almost all (97% / 69 of 71) of the placements were rated acceptable which meant that the placement met the child's developmental, emotional, behavioral and physical needs. The assessment of appropriateness of placement also considered whether the placement facilitated the child maintaining connections with his/her parents and siblings and helped in meeting the child's permanency goal.

## Placing Children with Families

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

**Figure 28: Percentage of Children Placed in a Family Setting  
(June 2009 – June 2012)**

2009	
June	85%
December	85%
2010	
June	86%
December	86%
2011	
June	87%
December	88%
2012	
June	88%



Source: DCF data

### ***Performance as of June 30, 2012:***

DCF uses NJ SPIRIT to report on children’s placements. As of June 2012, there were 7,484 children in DCP&P out-of-home placement, 6,566 (88%) of whom were placed in Resource family (non-kinship or kinship placements). The remaining 918 (12%) were placed in independent living placements (154) or group and residential facilities (764). DCF continues to meet the performance target for this outcome.

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

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## Placement Limitations

<b>Quantitative or Qualitative Measure</b>	28. <u>Placement Limitations</u> : Number/percent of resource homes in which a child has been placed if that placement will result in the home having more than four foster children, or more than two foster children under age two, or more than six total children including the Resource family's own children, but such limitations may be waived if needed and appropriate to allow a group of siblings to be placed together.
<b>Final Target</b>	By June 2009, no more than 5% of resource home placements may have seven or eight total children including the Resource family's own children, but such placements may be waived if needed and appropriate to allow a group of siblings to be placed together.

### *Performance as of June 30, 2012:*

The MSA limits how many children can be placed in a Resource family home at one time: no child should be placed in a Resource family home if that placement will result in the home having more than four foster children, more than two foster children under the age of two, or more than six total children including the Resource family's own children (Section III.C.1). Exceptions can be made to these limits as follows: no more than five percent of Resource home placements may be made into resource homes with seven or eight total children including the Resource family's own children, but such placements can be made as long as there is adherence to the other limitations referred to above. Any of the limitations may be waived if needed and appropriate to allow a group of siblings to be placed together.

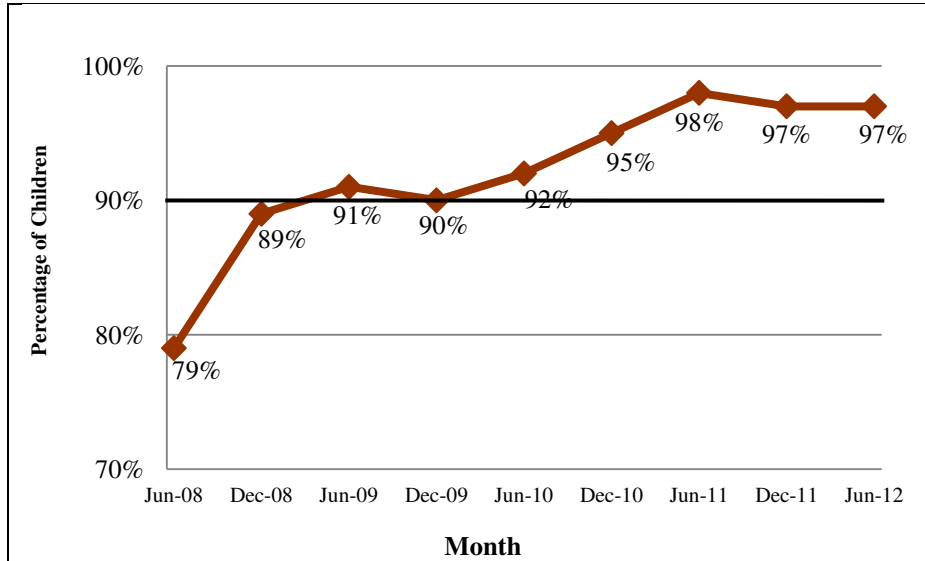
The Monitor reviewed the thirteen waivers to population limits granted between January and June 2012. Six waivers were denied and seven were approved. Of the seven waivers approved, one was to place an infant in a home with over two children under the age of two because the provider had previous experience working with drug exposed infants. Four of the seven were for children to be placed in homes with over four children in placement: two due to unique circumstances, one because an older child was only in the home on weekend trips home from college, and the other was provisional because another child was due to leave the home in six weeks. Finally, two of the seven homes were approved in order to keep siblings together. DCF continues to meet the MSA performance target for this outcome. For the past five monitoring periods DCF waiver compliance has consistently been above 99 percent.

## Limiting Inappropriate Placements

<b>Quantitative or Qualitative Measure</b>	<p>29. <u>Inappropriate Placements:</u></p> <p>a. The number of children under age 13 placed in shelters.</p> <p>b. The number of children over age 13 placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 1) an alternative to detention; 2) a short-term placement of an adolescent in crisis not to extend beyond 45 days; or 3) a basic center for homeless youth.</p>
<b>Final Target</b>	<p>a. By December 2008 and thereafter, no children under age 13 in shelters.</p> <p>b. By December 31, 2009, 90% of children placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 1) an alternative to detention; 2) short-term placement of an adolescent in crisis not to extend beyond 30 days; or 3) a basic center for homeless youth.</p>

**Figure 29: Percentage of Children over Age 13 Placed in Compliance with MSA Standards (June 2008 – June 2012)**

2008	
June	79%
December	89%
2009	
June	91%
December	90%
2010	
June	92%
December	95%
2011	
June	98%
December	97%
2012	
June	97%



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

**Table 13: Shelter Placements for Youth over the Age of 13  
(January 2008 – June 2012)**

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

Source: DCF data

***Performance as of June 30, 2012:***

The MSA includes requirements to limit the placement of children in shelters (Section II.B.6). Specifically, no child under the age of 13 should be placed in a shelter and those children over the age of 13 placed in a shelter must be placed only as an alternative to detention, as a short-term placement of an adolescent in crisis not to extend beyond 30 days or as a basic center for homeless youth.

From January through June 2012, one child under the age of 13 was placed in a shelter. DCF continues to meet required performance on this measure. From January through June 2012, 292 youth ages 13 or older were placed in shelters. This is a significant reduction from 451 youth placed in shelters between January and June 2008. Further, of the 292 youth, 282 (97%) youth were reported by DCF to have been placed in accordance with criteria on appropriate use of shelters.

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## VII. REPEAT MALTREATMENT AND RE-ENTRY INTO CARE

The state is responsible for ensuring the safety of children who are receiving or have received services from DCP&P. This responsibility includes ensuring the safety of children who are placed in Resource family homes and congregate facilities. As bulleted below, the MSA includes a number of outcomes on repeat maltreatment, maltreatment while in care and re-entry into care.

- *Performance Measure 30 – Abuse and Neglect of Children in Foster Care*: Number of children in custody in out-of-home placement who were victims of substantiated abuse or neglect by a resource parent or facility staff member during 12 month period, divided by the total number of children who have been in care at any point during the period.

*Final Target* – For the period beginning July 2010 and thereafter, no more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.

- *Performance Measure 31 – Repeat Maltreatment*: Of all children who remain in home after substantiation of abuse or neglect, the percentage who have another substantiation within the next 12 months.

*Final Target* – For the period beginning July 2009 and thereafter, no more than 7.2% of children who remain at home after a substantiation of abuse or neglect will have another substantiation within the next 12 months.

- *Performance Measure 32 – Repeat Maltreatment*: Of all children who are reunified during a period, the percentage who are victims of substantiated abuse or neglect within one year after the date of reunification.

*Final Target* – For the period beginning July 2009 and thereafter, no more than 4.8% of children who reunified will be the victims of substantiated abuse or neglect within one year after reunification.

- *Performance Measure 33 – Re-entry to Placement*: Of all children who leave custody during a period, except those whose reason for discharge is that they ran away from their placement, the percentage that re-enter custody within one year of the date of exit.

*Final Target* – For the period beginning July 2011 and thereafter, of all children who exit, no more than 9% will re-enter custody within one year of exit.

The state's performance on the above outcomes is not newly assessed in this report as the performance benchmarks are measured at the end of the calendar year. See Table 1 of this report for prior performance on these measures. The state's more recent performance will be assessed in the next monitoring report.<sup>94</sup>

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<sup>94</sup> In early 2013, CY 2012 data for will be available for performance measure 30 and CY 2011 data will be available for performance measures 31, 32 and 33.

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## VIII. TIMELY PERMANENCY THROUGH REUNIFICATION, ADOPTION OR LEGAL GUARDIANSHIP

All children—regardless of age, gender, race or ethnicity—need and deserve a safe, nurturing family to protect and guide them. In child welfare work, this is called achieving “permanency.” Permanency can be achieved through a number of different avenues: safe family reunification is the preferred choice, but permanency also includes kinship/guardianship and adoption. As required by the MSA, the Monitor, in consultation with the Parties, developed specific measures and Performance Benchmarks to determine whether children in custody achieve timely permanency through reunification, adoption or legal guardianship (Section III.A.2.a). The five permanency outcomes are bulleted below.

- *Performance Measure 34.a. – Discharged to Permanency: Permanency in first 12 months*: Of all children who entered foster care for the first time in the target year and who remained in foster care for eight days or longer, what percentage was discharged from foster care to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.

*Final Target* – Of all children who entered foster care for the first time in CY2011, 50% will have been discharged to permanency (reunification, permanent relative care, adoption and/or guardianship) within 12 months from their removal from home.

- *Performance Measure 34.d. – Discharged to Permanency: Permanency for Children in Care between 13 and 24 months*: Of all children who were in foster care on the first day of the target year and had been in care between 13 and 24 months, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21<sup>st</sup> birthday or by the last day of the year.

*Final Target* – Of all children who were in care on the first day of CY2011 and had been in care between 13 and 24 months, 47% will be discharged to permanency prior to their 21<sup>st</sup> birthday or by the last day of the year.

- *Performance Measure 34.e. – Discharged to Permanency: Permanency after 25 months*: Of all children who were in foster care for 25 months or longer on the first day of the target year, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21<sup>st</sup> birthday and by the last day of the year.

*Final Target* – Of all children who were in foster care for 25 months or longer on the first day of CY2011, 47% will be discharged to permanency prior to their 21<sup>st</sup> birthday and by the last day of the year.

- *Performance Measure 34.b. – Adoption*: Of all children who became legally free for adoption during the 12 months prior to the target year, what percentage was discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.

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*Final Target* – Of those children who become legally free in CY2011, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.

- *Performance Measure 34.c. – Total time to Adoption:* Of all children who exited foster care to adoption in the target year, what percentage was discharged from foster care to adoption within 30 months from removal from home.

*Final Target* – Of those children who become legally free in CY2011, 60% will be discharged to a final adoption within 30 months from the date of becoming legally free.

The state's performance on the permanency outcomes is not newly assessed in this report as the performance benchmarks and final targets are measured at the end of the calendar year. See Table 1 of this report for prior performance on these measures. The state's more recent performance will be assessed in the next monitoring report.<sup>95</sup>

### **Permanency Through Adoption**

In addition to the adoption outcome measures that rely on annual data for the previous 12 months, the Monitor analyzes DCF's adoption practice by reviewing the number of adoptions finalized and related adoption case processes, such as the timeliness with which petitions to terminate parental rights have been filed, child-specific recruitment plans have been developed, children have been placed in an adoptive home and an adoptive home placement has been finalized.

#### ***Between January 1 and June 30, 2012 DCF finalized 379 adoptions.***

As of June 30, 2012, 1,224 children were legally free for adoption.<sup>96</sup> Between January 1 and June 30, 2012, 379 children were adopted. As of June 30, 1,224 children were legally free for adoption. DCF's target for 2012 is that 813 children will achieve adoption in 2012. Table 14 shows the number of adoption finalizations by DCP&P local office during the monitoring period.

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<sup>95</sup> These data are not available until early 2013.

<sup>96</sup> Not every legally free child is eligible to move toward adoption as some court decisions that terminate parent rights are appealed.

**Table 14: Adoption Finalizations by DCP&P Local Office  
(January 1 – June 30, 2012)**

Local Office	Number Finalized	Local Office	Number finalized
Atlantic West	9	Hudson Central	12
Cape May	5	Hudson North	4
Bergen Central	5	Hudson South	11
Bergen South	11	Hudson West	6
Passaic Central	10	Hunterdon	1
Passaic North	19	Somerset	6
Burlington East	14	Warren	6
Burlington West	2	Middlesex Central	7
Mercer North	15	Middlesex Coastal	9
Mercer South	10	Middlesex West	4
Camden Central	5	Monmouth North	5
Camden East	5	Monmouth South	8
Camden North	17	Morris East	5
Camden South	8	Morris West	11
Essex Central	8	Sussex	3
Essex North	2	Ocean North	9
Essex South	10	Ocean South	15
Newark Adoption	54	Union Central	4
Gloucester	22	Union East	1
Cumberland	10	Union West	5
Salem	5	Cumberland/Gloucester /Salem Area Office	1
<b>Total-379</b>			

Source: DCF data

***DCF continues to support paralegals and child summary writers to assist in processing adoption cases.***

As required under the MSA, DCF continues to provide paralegal support to assist with the necessary adoption paperwork (Section II.G.5). As of June 30, 2012, DCP&P had 145 paralegal positions in the local offices: 135 (93%) paralegal positions were filled, ten were vacant. Of the ten vacant positions, nine were approved and one was not. In addition, there are five paralegal positions currently filled at DCF’s central office. DCF maintains a contract with Children’s Home Society to provide 23 child summary writers statewide and five part-time adoption expeditors who assist with adoption paperwork in Essex, Union and Middlesex counties. The state has consistently maintained support for these positions that support adoption practice.

**Adoption Performance Benchmarks**

**Progress Toward Adoption**

<b>Quantitative or Qualitative Measure</b>	34. <u>Progress Toward Adoption</u> : Number/percent of children with a permanency goal of adoption who shall have a petition to terminate parental rights filed within 60 days of the date of the goal change to adoption.
<b>Final Target</b>	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% shall have a petition to terminate parental rights filed within 60 days of the date of the goal change.

***Performance as of June 30, 2012:***

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on the percent of children who have termination of parental rights (TPR) petitions filed within sixty days of their goal change to adoption. In June 2012, 69 percent of TPR petitions were filed within sixty days of changing the child’s permanency goal to adoption. From January through June 2012, TPR petitions were filed in 69 to 81 percent of cases within sixty days of the child’s goal change to adoption. Monthly performance on filing TPR petitions is shown in Table 15 below.

**Table 15: TPR Filing for Children with a Permanency Goal of Adoption  
(January – June 2012)**

<b>Month</b>	<b>Number of Children with an Adoption Goal</b>	<b>TPR Completed within 60 Days*</b>	<b>% of TPRs Completed within 60 Days**</b>
January	125	101	81%
February	111	85	77%
March	130	104	80%
April	80	58	73%
May	132	97	73%
June	101	70	69%
<b>TOTAL</b>	<b>679</b>	<b>515</b>	<b>76%</b>

Source: DCF data

Extract Date: 4/19/2012

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

\*\*Final Target (90%)

## Child-Specific Adoption Recruitment

<b>Quantitative or Qualitative Measure</b>	36. <u>Child Specific Adoption Recruitment</u> : Number/percent of children with a permanency goal of adoption needing recruitment who have a child-specific recruitment plan developed within 30 days of the date of the goal change.
<b>Final Target</b>	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% of those for whom an adoptive home has not been identified at the time of termination of parental rights shall have a child-specific recruitment plan developed within 30 days of the date of the goal change.

### *Performance as of June 30, 2012:*

DCF policy requires that a child-specific recruitment plan be developed for those children with a permanency goal of adoption for whom an adoptive home has not been identified at the time of the change to a goal of adoption. This plan should be developed within 30 days of the change to an adoption goal.

DCF uses NJ SPIRIT data analyzed by Safe Measures to report on this outcome. Between January and June 2012, 47 (54%) eligible select home adoption cases had a child-specific recruitment plan developed within 30 days of the goal change; a nine percent decline compared to the previous monitoring period.<sup>97</sup> Six (7%) had a child-specific recruitment plan developed within 60 days, and ten (11%) eligible select home adoption cases had a plan developed over 60 days of the goal change. Twenty-four (28%) child-specific plans were not completed at all. DCF has not met the MSA final target which requires that child-specific recruitment plans are developed in 90 percent of eligible cases within 30 days (see Table 16). However, a combination of DCF Adoption Impact Teen Recruiters and contracted child specific recruiters have held over 28 child specific recruitment events and activities since January 2012 that have yielded a significant number of inquiries regarding children waiting to be adopted. In addition, DCF's Adoption Operations began profiling children at OOL staff meetings and Resource family PRIDE training events, resulting in more inquiries from potential Resource families.

<sup>97</sup> Select home adoption cases are situations where no adoptive home has already been identified for the child. Because of the small number of eligible cases per month, this measure is reported by aggregating the monthly data.

**Table 16: Child-Specific Recruitment Plans Developed within 30 days of Goal Change for Children without Identified Adoption Resource (January – June 2012)**

Month in which Plan was Due	Plan developed within 30 days	Plan developed within 31-60 days	Plan developed over 60 days	Not completed*
January	6	0	2	4
February	4	1	2	7
March	8	2	0	2
April	16	0	0	3
May	6	0	1	2
June	7	3	5	6
<b>TOTAL</b>	<b>47 (54%)</b>	<b>6 (7%)</b>	<b>10 (11%)</b>	<b>24 (28%)</b>

Source: DCF data

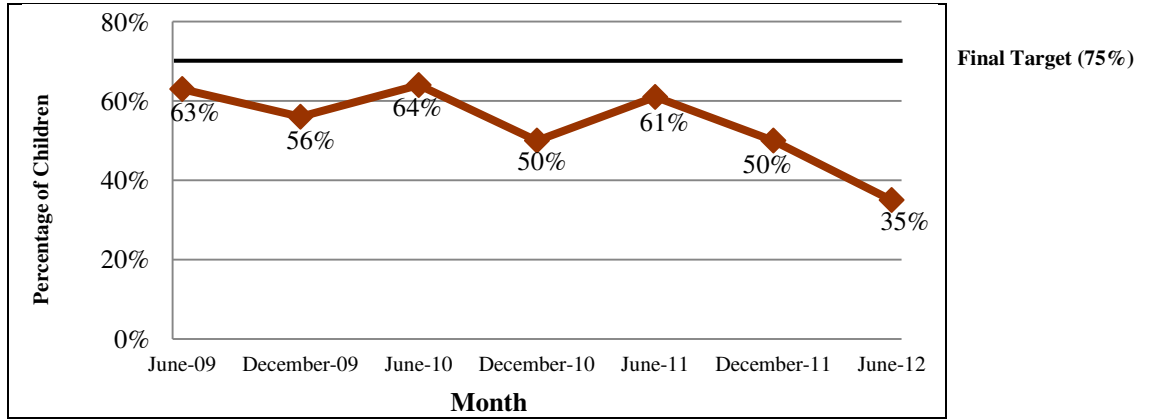
\*January through March data as of May 2, 2012; April through June data as of August 30, 2012.

### Placement in an Adoptive Home

<b>Quantitative or Qualitative Measure</b>	37. <u>Placement in an Adoptive Home</u> : Number/percent of children with a permanency goal of adoption and for whom an adoptive home had not been identified at the time of termination are placed in an adoptive home within nine months of the termination of parental rights.
<b>Final Target</b>	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 75% of the children for whom an adoptive home has not been identified at the time of termination shall be placed in an adoptive home within nine months of the termination of parental rights.

**Figure 30: Percentage of Children with Goal of Adoption for whom Adoptive Home had not been Identified at time of Termination who were Placed in Adoptive Home within 9 months of Termination of Parental Rights (TPR) (June 2009 – June 2012)**

2009	
June	63%
December	56%
2010	
June	64%
December	50%
2011	
June	61%
December	50%
2012	
June	35%



Source: DCF data

***Performance as of June 30, 2012:***

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

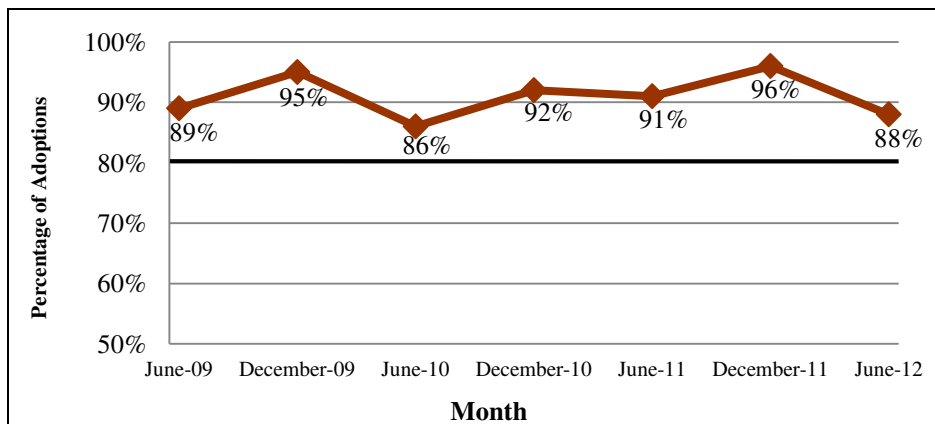
Between January and June 2012, 17 children had a permanency goal of adoption, but did not have an adoptive home identified at the time of TPR. Six (35%) of the 17 children were placed in an adoptive home within nine months of the TPR. Performance on this measure dropped for the second consecutive monitoring period and remains significantly below the final target. It is important to note that the percentages reported for this measure are based on a small number of actual children’s cases.

## Final Adoptive Placement

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

**Figure 31: Percentage of Adoptions Finalized within 9 months of Adoptive Placement (June 2009 – June 2012)**

2009	
June	89%
December	95%
2010	
June	86%
December	92%
2011	
June	91%
December	96%
2012	
June	88%



Source: DCF data

### *Performance as of June 30, 2012:*

DCF uses NJ SPIRIT to report on this measure. In June 2012, of 66 adoptions eligible to be finalized, 58 (88%) were finalized within nine months of the adoptive placement. Between January and June 2012, 83 to 97 percent of adoptions each month were finalized within nine months of the child's placement in an adoptive home (See Table 17 below). With the support of New Jersey's judges and courts, DCF continues to exceed the final target of finalizing at least 80 percent of adoptions within the prescribed time period.

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

<b>Month</b>	<b>Total number eligible to be finalized</b>	<b>Finalized within 9 months (percent of total)</b>
January	24	20 (83%)
February	34	33 (97%)
March	79	74 (94%)
April	78	68 (87%)
May	87	75 (86%)
June	66	58 (88%)

Source: DCF data

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## IX. HEALTH CARE FOR CHILDREN IN OUT-OF-HOME PLACEMENT

The provision of appropriate health care services to children in DCF's custody has been a principal focus of the MSA and the DCF's reform agenda. DCF continues to maintain or improve performance on nearly all Phase II Performance Benchmarks related to health care services. These Performance Benchmarks track DCF's progress in ensuring that children in out-of-home placement receive:

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

This section provides updates of ongoing efforts to improve the infrastructure through policies, staffing, and access to services, which are necessary to realize and sustain positive health outcomes for children. This section also provides information about the health care received by children in out-of-home placement.<sup>98</sup> The delivery of a child's medical information (through the Health Passport) to a new caregiver within five days of placement in his/her home is also assessed.

### A. *Health Care Delivery System*

#### **Child Health Units**

The Child Health Units are a fundamental cornerstone of the overall effort to reform the provision of health care to children in DCP&P custody. These units are in each DCP&P local office and are staffed with a clinical nurse coordinator, Health Care Case Managers (nurses) and staff assistants based on the projected number of children in out-of-home placement. A regional nurse administrator supervises local units for a particular region (aligning with the division of Area Offices). DCF worked with University of Medicine and Dentistry of New Jersey's Francois-Xavier Bagnound Center (FXB) and DCP&P local offices to build these units. As part of their duties, these staff members are responsible for tracking and advocating for the health needs of children who enter into out-of-home care. Since the creation of these units and assignment of nurses to children in out-of-home care, DCF has achieved and sustained substantial results.

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<sup>98</sup> The Monitor has previously verified health care outcomes through a case record review. See Appendix C of *Progress of the New Jersey Department of Children and Families: Period VI Monitoring Report for Charlie and Nadine H. v. Christie*- January 1 to June 30, 2009, Washington, DC: Center for the Study of Social Policy, December 22, 2009. See, [http://www.cssp.org/publications/child-welfare?type=child\\_welfare\\_class\\_action\\_reform&title=Child Welfare: Class Action Reform](http://www.cssp.org/publications/child-welfare?type=child_welfare_class_action_reform&title=Child Welfare: Class Action Reform)

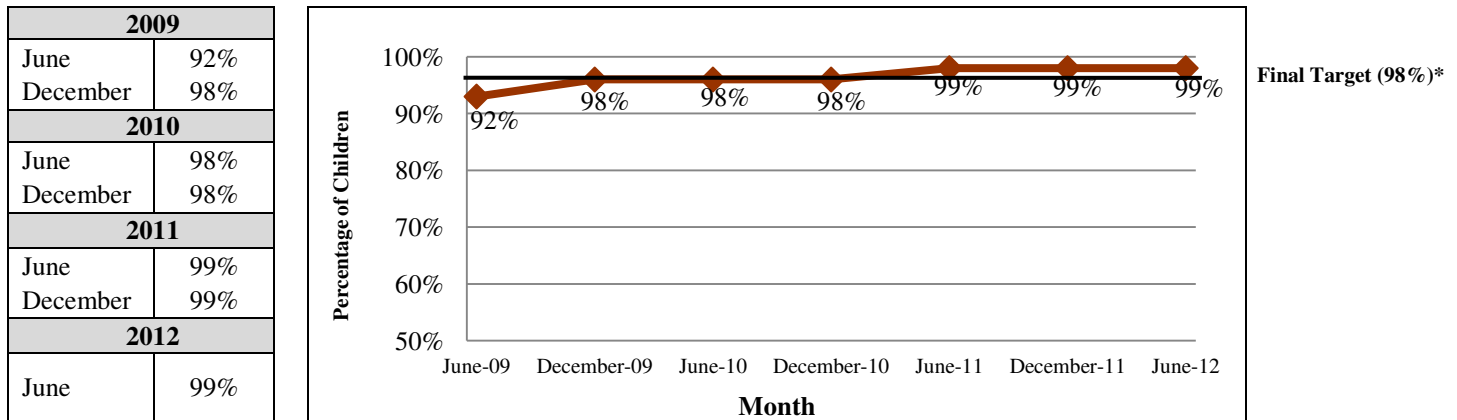
The Child Health Units are operational in all DCP&P local offices. Staffing levels remain consistent. As of June 30, 2012, there were 183 Health Care Case Managers and 108 staff assistants statewide. DCF works to ensure that the ratio of Health Care Case Managers to children in out-of-home care is 1 to 50 in every office.

**B. Health Care Performance Benchmarks**

**Pre-Placement Medical Assessment**

<b>Quantitative or Qualitative Measure</b>	39. <u>Pre-Placement Medical Assessment</u> : Number/percent of children receiving pre-placement medical assessment in a non-emergency room setting or other setting appropriate to the situation. <sup>99</sup>
<b>Final Target</b>	By December 31, 2009, 98% of children will receive a pre-placement assessment either in a non emergency room setting, or in an emergency room setting if the child needed emergency medical attention or the child was already in the emergency room when DCP&P received the referral.

**Figure 32: Percentage of Children who Received Pre-Placement Assessment in a Non-Emergency Room Setting or Other Setting Appropriate to the Situation (June 2009 – June 2012)**



Source: DCF data  
 \*Interim Benchmark by June 2008 (95%)

**Performance as of June 30, 2012:**

Under the MSA, all children entering out-of-home care are required to have a pre-placement assessment and the vast majority of these assessments should be in a non-emergency room setting (Section II.F.5). Child Health Unit nurses, clinics and sometimes the child’s own pediatrician provide these assessments.

<sup>99</sup> By agreement of the Parties, this measure has been redrafted to combine the percentage of PPAs in a non-ER setting and those PPAs conducted in an ER that are appropriate based on the presenting medical needs of the child/youth or because the child/youth was already in the ER when DCP&P received the referral.

From January through June 2012, 2,678 children entered out-of-home placement and 2,677 (100%) of them received a pre-placement assessment (PPA). Of those 2,677 children, 2,304 (86.1%) received the PPA in a non-emergency room setting and an additional 332 children (12.4%) appropriately received a PPA in an emergency room setting based on the medical needs and situation of the child.

During this period, DCF conducted an internal review of all 373 PPAs that occurred in an emergency room and determined that 332 (89%) were appropriate for the situation, that is, the child needed emergency medical attention or the child was already in the emergency room when DCP&P received the referral.<sup>100</sup> Thus, 99 percent of children received a PPA in a setting appropriate to the situation—86.1 percent received PPAs in a non-ER setting and an additional 12.4 percent appropriately received a PPA in an ER setting.<sup>101</sup> DCF continues to meet the MSA standard on ensuring appropriate settings for PPAs.

### Initial Medical Examinations

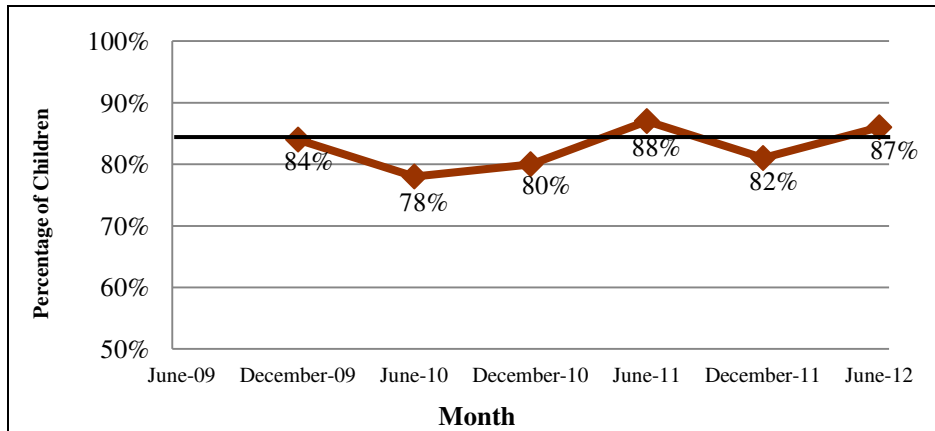
<b>Quantitative or Qualitative Measure</b>	40. <u>Initial Medical Examinations</u> : Number/percent of children entering out-of-home care receiving full medical examinations within 60 days.
<b>Final Target</b>	By January 1, 2009 and thereafter, at least 85% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 98% within 60 days.

<sup>100</sup> In monitoring Period VII, the Monitor reviewed back up data provided by DCF regarding the PPAs occurring in an emergency room setting and agreed with DCF determinations regarding appropriate or inappropriate use of the ER for PPAs. In addition, the Monitor’s previous Health Care Case Record Review found that in many of the PPAs occurring in an ER were because the child had an injury requiring ER treatment or had been brought to the ER by the police or other service provider.

<sup>101</sup> For reporting purposes, performance is rounded to nearest whole number, thus the 98.5% performance is rounded up to 99%. In 41 of the 373 children who had their PPA in an ER setting, DCF’s internal review found no evidence to support that the PPA taking place in the ER was appropriate. Therefore, two percent of children received their PPA in an inappropriate setting.

**Figure 33: Percentage of Children with Comprehensive Medical Examination (CME) within 30 days of Entering Out-of-Home Care (June 2009 – June 2012)**

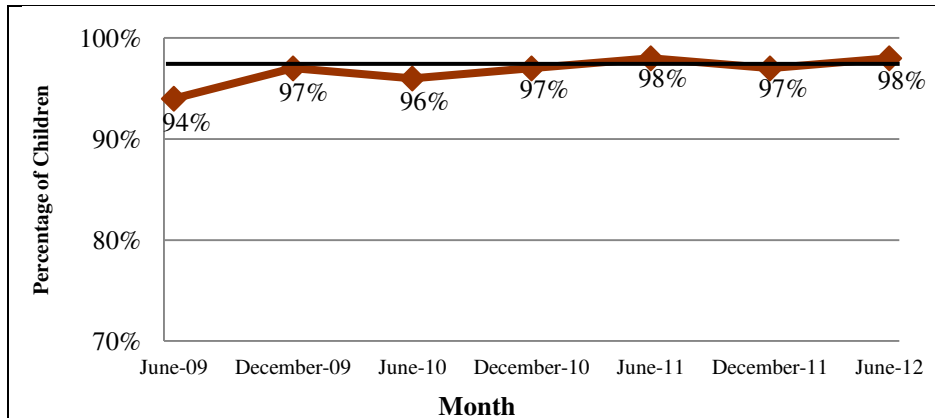
2009	
June	N/A
December	84%
2010	
June	78%
December	80%
2011	
June	88%
December	82%
2012	
June	87%



Source: DCF data  
 \*Interim Benchmark by June 2008 (80%)

**Figure 34: Percentage of Children with Comprehensive Medical Examination (CME) within First 60 days of Placement (June 2009 – June 2012)**

2009	
June	94%
December	97%
2010	
June	96%
December	97%
2011	
June	98%
December	97%
2012	
June	98%



Source: DCF data  
 \*Interim Benchmark by June 2008 (85%)

**Performance as of June 30, 2012:**

Children entering out-of-home placement must receive a comprehensive medical examination (CME) within 60 days of entering placement (MSA Section II.F.2.ii). The Monitor set a benchmark and final target that measured the delivery of a CME within the first 30 and first 60 days of placement. From January through June 2012, 98 percent of children received a Comprehensive Medical Examination (CME) within the first 60 days of placement and 87 percent of children received a CME within 30 days of placement. DCF improved performance in

ensuring that children receive CMEs within 30 days of entering placement and maintained consistent performance in ensuring that children receive CMEs within 60 days of entering placement. Data again demonstrate sustained performance in the delivery of health care to children in out-of-home placement.

Previously, the state relied on the Comprehensive Health Evaluation for Children (CHEC) model as the sole vehicle to comprehensively assess the health care needs of these children. CHEC examinations require a three part examination: medical, neurodevelopmental, and mental health assessments, which can only be administered by a limited number of medical providers in New Jersey. CHEC examinations still take place and are considered a type of CME. CMEs are now also provided through other community-based medical providers. A CME involves a comprehensive physical, including a developmental history and evaluation, and an initial mental health screening. Mental health screenings determine if a child has a suspected mental health need. If a child is suspected to have a mental health need, a full mental health evaluation is then expected to be conducted.

In addition to the expectation that mental health screenings occur as part of the CME, DCF directs Health Care Case Managers to conduct mental health screenings with children in out-of-home placements who are age two and above and not already receiving mental health services. Health Care Case Managers conduct these screenings within the first two weeks of a child's placement.

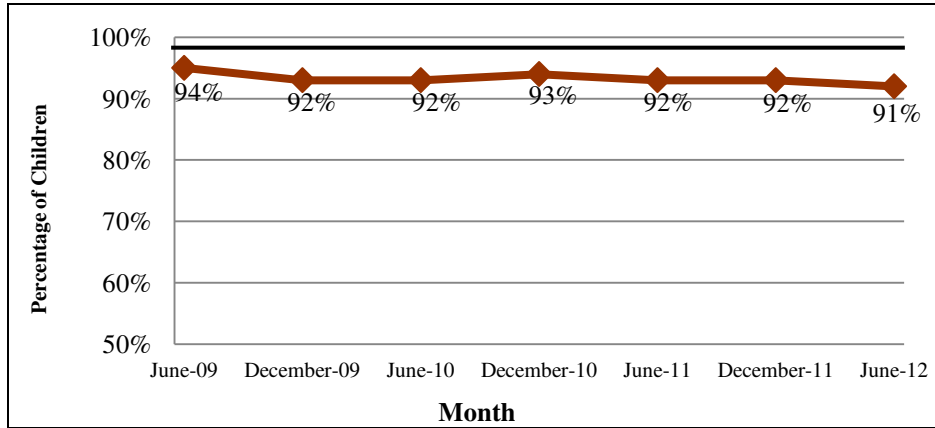
From January through June 2012, 2,254 children required a CME. Of these 2,254 children, 1,955 (87%) received a CME within the first 30 days of placement (See Figure 33). This performance is an improvement over the last monitoring period and similar to June 2011 performance. An additional 260 (12%) children received their CME within 60 days of placement, thus 98 percent of children received a CME within 60 days of placement (See Figure 34).

### Required Medical Examinations

<b>Quantitative or Qualitative Measure</b>	41. <u>Required Medical Examinations</u> : Number/percent of children in care for one year or more who received medical examinations in compliance with EPSDT guidelines.
<b>Final Target</b>	By June 2010, 98% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.

**Figure 35: Percentage of Children Ages 12-24 months Up-to-date on EPSDT Visits (June 2009 – June 2012)**

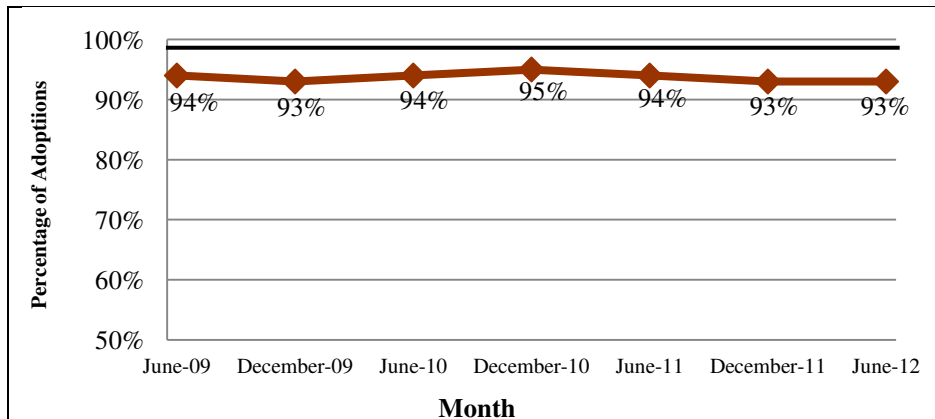
2009	
June	94%
December	92%
2010	
June	92%
December	93%
2011	
June	92%
December	92%
2012	
June	91%



Source: DCF data  
 \*Interim Benchmark by December 2009 (95%)

**Figure 36: Percentage of Children older than 2 years Up-to-Date on EPSDT Visits (June 2009 – June 2012)**

2009	
June	94%
December	93%
2010	
June	94%
December	95%
2011	
June	94%
December	93%
2012	
June	93%



Source: DCF data  
 \*Interim Benchmark by December 2009 (95%)

***Performance as of June 30, 2012:***

Between January and June 2012, 91 percent of children 12 to 24 months received the required EPSDT well-child examinations. Ninety-three percent of children age two and above also received the required EPSDT well-child examinations (See Tables 18 and 19 below). This performance is similar to previous monitoring periods and does not meet the June 2010 final target of 98 percent of children in care for one year or more receiving timely EPSDT well-child

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examinations.<sup>102</sup> However, this performance demonstrates sustained access to health care for children in out-of-home care.

DCF reports that NJ SPIRIT and Safe Measures provide reports on when a child receives an EPSDT examination, but neither have the ability to determine whether or not a child is clinically up-to-date with these exams.

A child may be noted in NJ SPIRIT as not up-to-date if at the EPSDT visit the child was sick (children must be well for such visits to be considered EPSDT visits) or the visit was missed, but rescheduled within a close time period. Also, especially notable for younger children, once a child is off schedule, they will remain off schedule within DCF's data system for all subsequent EPSDT exams. Therefore, in an effort to determine the actual receipt of an EPSDT exam, DCF conducted a secondary review of all the records of children noted as "not current with their EPSDT exams" and found more children were clinically up-to-date on their EPSDT exam. The Monitor reviewed back-up data of this secondary review for children age 12 to 24 months and found DCF's secondary review adequate to determine if children in the age range were clinically up-to-date on their EPSDT exam.

**Table 18: EPSDT for Children Ages 12-24 months  
(January – June 2012)**

Month	Children Requiring EPSDT	Children Up-to-Date	% Children Up-to-Date
January	102	93	91%
February	110	99	90%
March	93	84	90%
April	97	90	93%
May	96	85	89%
June	95	86	91%
Total	593	537	91%

Source: DCF data produced by Child Health Unit

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<sup>102</sup> As the measure involves children in out-of-home placement for one year or more, performance for children under the age of 12 months is not measured by the Monitor.

**Table 19: EPSDT Annual Medical Exams for Children Age 25 months and older (January – June 2012)**

Month	Total Due	Annual Exam Completed		Annual Exam Not Completed	
		Count	Percentage	Count	Percentage
January	236	225	95%	11	5%
February	168	157	94%	11	7%
March	247	227	92%	20	8%
April	209	197	94%	12	6%
May	189	171	91%	18	10%
June	199	183	92%	16	8%
Total	1,248	1,160	93%	88	7%

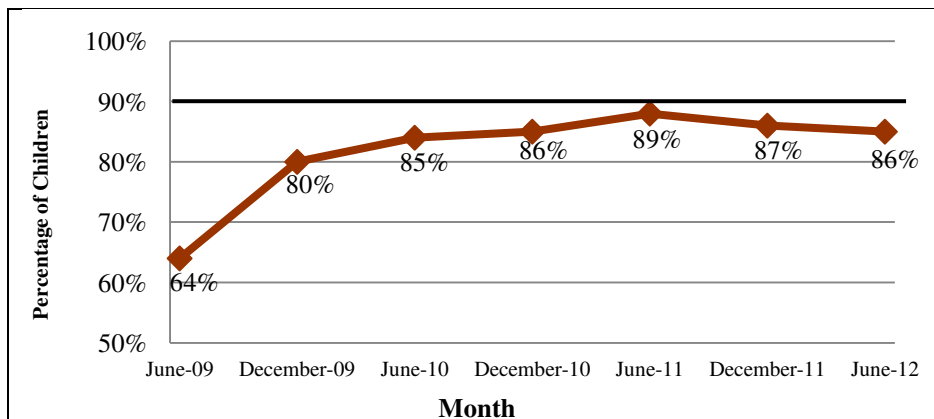
Source: DCF data, Safe Measures  
 Percentages do not equal 100 due to rounding.

**Semi-Annual Dental Examinations**

<b>Quantitative or Qualitative Measure</b>	42. <u>Semi-Annual Dental Examinations</u> : Number/percent of children ages three and older in care six months or more who received semi-annual dental examinations.
<b>Final Target</b>	a. By December 2011, 98% of children will receive annual dental examinations. b. By December 2011, 90% of children will receive semi-annual dental examinations.

**Figure 37: Percentage of Children Current with Semi-Annual Dental Exams (June 2009 – June 2012)**

2009	
June	64%
December	80%
2010	
June	85%
December	86%
2011	
June	89%
December	87%
2012	
June	86%



Source: DCF data  
 \*Interim Benchmark by December 2010 (85%)

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***Performance as of June 30, 2012:***

As of June 30, 2012, 86 percent of children age three or older who have been in care for at least six months had evidence of receiving a semi-annual dental exam (within the last six months). DCF's performance remains similar to the previous three monitoring periods, and falls below the final target by four percent. The dental care measure includes targets for annual and semi-annual dental exams. Because the performance expectation for field staff is to ensure that children age three or older receive semi-annual dental exams, DCF had been solely measuring whether children receive dental exams semi-annually. DCF also provided annual data on this measure which show that 97 percent of children three and older in care for at least six months between June 1, 2011 and June 30, 2012 had an annual dental exam. Thus the Monitor considers DCF to have partially fulfilled this performance benchmark.

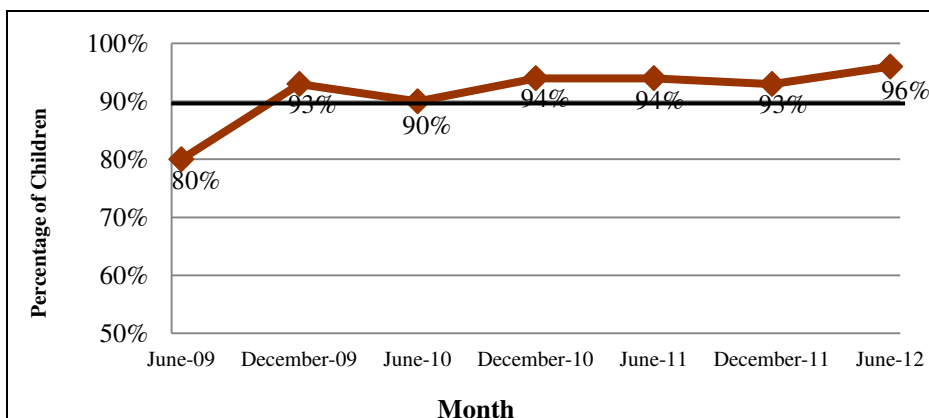
As of June 30, 2012, DCF reports that there were 4,106 children age three or older who had been in DCP&P out-of-home placement for at least six months. Of the 4,106 children, 3,545 (86%) had received a dental examination within the previous six months and an additional 457 (11%) had received an annual dental examination, thus there was evidence that 97 percent of children aged three and older had at least an annual dental examination. From January through June 2012, monthly performance on current semi-annual dental examinations ranged from 83 to 87 percent. DCF uses NJ SPIRIT to report on this measure.

**Follow-up Care and Treatment**

<b>Quantitative or Qualitative Measure</b>	43. <u>Follow-up Care and Treatment</u> : Number/percent of children who received timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.
<b>Final Target</b>	By June 2011, 90% of children will receive follow-up care and treatment to meet health care and mental health needs.

**Figure 38: Percentage of Children Received Follow-up Care for Needs Identified in CME (June 2009 – June 2012)**

2009	
June	80%
December	93%
2010	
June	90%
December	94%
2011	
June	94%
December	93%
2012	
June	96%



Source: DCF data, Health Care Case Record Reviews, Child Health Unit

\*Interim Benchmark by December 2010 (85%)

***Performance as of June 30, 2012:***

The data on health care follow-up is based on an internal Health Care Case Record review of a random sample of children in out-of-home placement who were removed between November 1, 2011 and April 30, 2012 and were in care for a minimum of 60 days. Based on multiple assessments by the Monitor of the Health Care Case Record review and the results of the statewide Qualitative Review, the Monitor believes that the medical follow-up care and treatment of children is effectively measured through DCF’s internal Health Care Case Record review.<sup>103</sup>

DCF reports that of those children identified as needing follow-up care after their CME, 96 percent received the recommended follow-up care. This performance is slightly improved over the last reporting period. As stated previously, mental health screenings are not routinely documented as part of the CME, but Health Care Case Managers are helping to ensure that children in out-of-home placement receive needed mental health services. Therefore, the Monitor considers this follow-up care data with the caveat that mental health needs requiring follow up may not have been fully identified or documented as part of the CME for some children.<sup>104</sup>

<sup>103</sup> The Monitor did not independently verify the findings of DCF’s Health Care Case Record Review during this Monitoring Period. However, the Monitor did review the protocol and observe a day of the review. The methodology and analysis remain comparable to the Health Care Case Record review conducted by the Monitor in spring 2009.

<sup>104</sup> The Monitor thus looks to performance benchmark 46 to measure whether children and youth receive mental health screenings, and whether those with a suspected mental health need receive assessments.

**Table 20: Provision of Required Follow-up Medical Care  
(n=333)**

No CME data in record	0	0%
CME Records	333	100%
No follow-up care needed	19	6%
Follow-up care required	314	94%
• Received follow-up	300	96%
• No evidence in record	14	5%

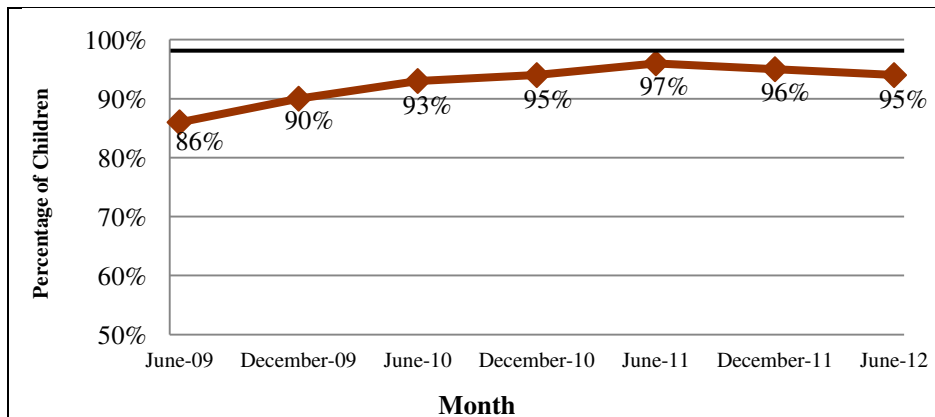
Source: DCF, Health Care Case Record Review, Child Health Unit<sup>105</sup>  
 Percentages measuring the receipt of follow-up care do not equal 100 due to rounding.

**Immunizations**

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

**Figure 39: Percentage of Children in Custody Current with Immunizations  
(June 2009 – June 2012)**

2009	
June	86%
December	90%
2010	
June	93%
December	95%
2011	
June	97%
December	96%
2012	
June	95%



Source: DCF data  
 \*Interim Benchmark by December 2010 (95%)

<sup>105</sup> DCF conducted a Health Care Case Record review in order to report on this measure. The Review examines records of a random sample of children in DCP&P out of home placement who were removed between 11/1/2011 and 4/30/2012 and were in care for a minimum of 60 days. 2,037 children comprise this cohort. A sample of 333 children was reviewed. The results have a ± 5 percent margin of error.

**Performance as of June 30, 2012:**

From April through June 2012, of the 6,407 children in out-of-home placement, 6,071 (95%) were current with their immunizations, missing the performance requirement of 98 percent. Performance on this measure has varied only two percentage points since December 2010.

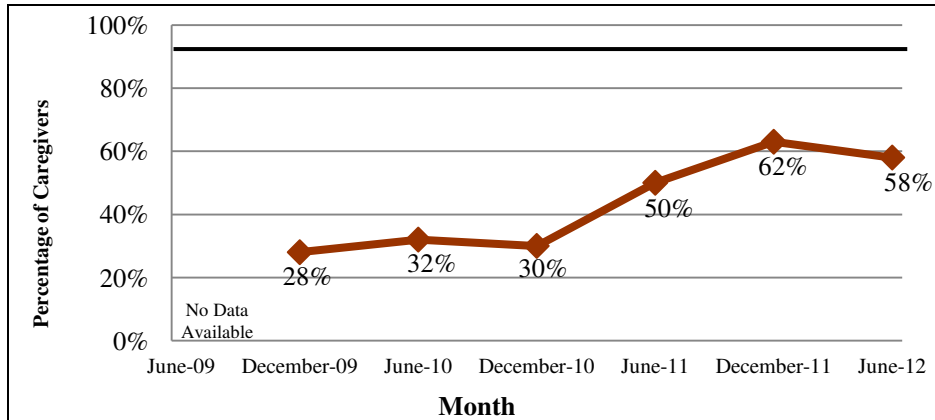
The Monitor did not independently verify this performance.<sup>106</sup>

**Health Passports**

<b>Quantitative or Qualitative Measure</b>	45. <u>Health Passports</u> : Children’s parents/caregivers receive current Health Passport within five days of a child’s placement. <sup>107</sup>
<b>Final Target</b>	By June 30, 2011, 95% of caregivers will receive a current Health Passport within five days of a child’s placement.

**Figure 40: Percentage of Caregivers who Received Health Passports within 5 days of Child’s Placement (June 2009 – June 2012)**

2009	
June	N/A
December	28%
2010	
June	32%
December	30%
2011	
June	50%
December	62%
2012	
June	58%



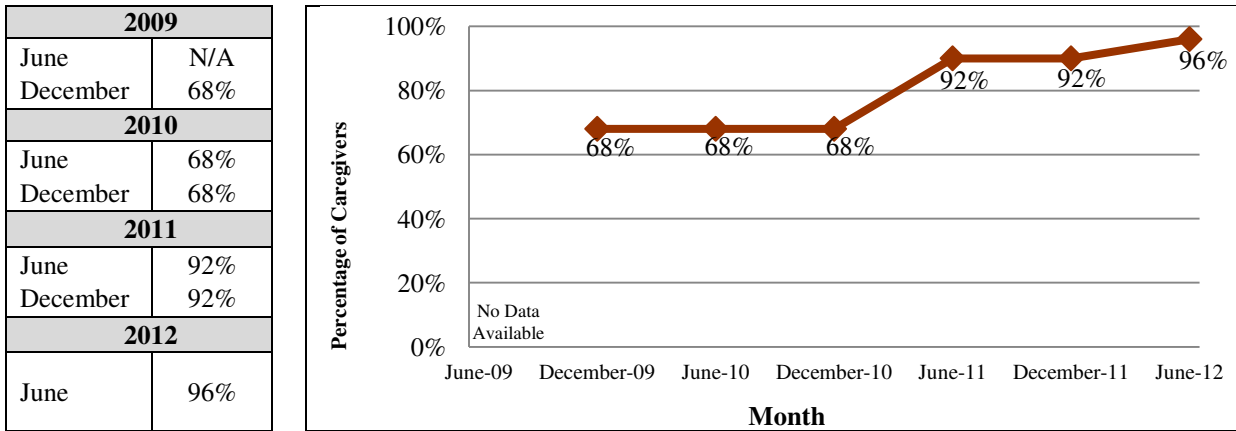
Source: DCF Health Care Case Record Review

\*Interim Benchmark by June 2010 (85%)

<sup>106</sup> The Monitor has previously verified this data through a Health Care Case Record Review conducted in spring 2009.

<sup>107</sup> Parties are in the process of determining if a more effective measure can be designed that assesses when meaningful medical information of children can reasonably be shared with their caregivers.

**Figure 41: Percentage of Caregivers who Received Health Passports within 30 days of Child’s Placement (June 2009 – June 2012)**



Source: DCF Health Care Case Record Review

**Table 21: Health Passport: Presence in the Record, Evidence of Sharing Records (n=333)**

<b>Health Passport was present in the record</b>	<b>333</b>	<b>100%</b>
<b>Health Passport not present in the record</b>	<b>0</b>	<b>0%</b>
<b>Health Passport in record shared with provider</b>	<b>333</b>	<b>100%</b>
<b>Evidence of being shared with resource providers</b>		
• Within 5 days	192	58%
• Within 10 days	71	21%
• Within 30 days	55	17%
• More than 30 days	15	5%

Source: DCF, Health Care Case Record Review<sup>108</sup>  
 Percentages do not equal 100 due to rounding.

***Performance as of June 30, 2012:***

Based on DCF’s internal Health Care Case Record Review of 333 cases, there is evidence that Health Passports are shared with the child’s caregiver within the first five days of placement in 58 percent of cases (See Table 21). This performance does not meet the final performance target and represents a decline over the last monitoring period when 62 percent of caregivers received Health Passports within five days. However, within 30 days of the placement, DCF data show

<sup>108</sup> DCF conducted a Health Care Case Record review in order to report on this measure. The Review examines records of a random sample of children in DCP&P out of home placement who were removed between 11/1/2011 and 4/30/2012 and were in care for a minimum of 60 days. 2,037 children comprise this cohort. A sample of 333 children was reviewed. The results have a ± 5 percent margin of error.

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the Health Passport has been shared with 96 percent of caregivers, an increase over last monitoring period when 92 percent of caregivers received the passport in 30 days.

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

In addition to the Health Passport, DCP&P uses a form, known as the 11-2A, to organize health information from a range of sources including the findings of the PPA and then provides this form to the resource provider. DCF policy requires that the Health Care Case Manager complete the form, which is maintained by the DCP&P local office Child Health Unit, and is supposed to be provided to the Resource parent within 72 hours of the child's placement. This policy is a more stringent policy than the MSA requirement that requires the Health Passport be conveyed to the child's caregiver within five days. DCF continues to be unable to consistently meet its internal timeframe or the five day requirement set in the MSA and there is concern that Health Passports produced within 72 hours or even five days frequently cannot contain meaningful medical information. The Monitor and parties have met to discuss this measure and are considering whether a more effective measure can be designed that assesses how meaningful children's medical information can reasonably be collected and timely shared with their caregivers.

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## X. MENTAL HEALTH CARE

DCF's Division of Children's System of Care, CSOC (formerly the Division of Child Behavioral Health Services), continues to serve children and adolescents with emotional and behavioral health challenges and their families. The provision of services to children with developmental disabilities, formerly under the purview of the Department of Human Services (DHS), is transitioning to CSOC beginning July 2012. The new DCF division will become a single point of entry for families with children who have complex needs and is intended to end the fragmentation of services for children and families currently served by both DHS and DCF.

The first phase of this transition occurred on July 1, 2012 and involved 450 children in out of home placement and the In Home Children's Placement Enhancement Pilot (C-PEP). The C-PEP pilot is designed to help develop structured, community placement and stabilization to individuals with moderate to severe range of functioning who are at risk of out of home care. The primary goal of C-PEP is to provide a safe, stable and therapeutically supportive environment in the community for children and/or young adults with significantly challenging behaviors or medical needs. The pilot provides all participating individuals with specific training and onsite technical supports. Full-time staff positions were transferred from the Department of Developmental Disabilities to DCF and grant awards were made to expand out of home treatment options for children with developmental disabilities. The second phase of the transition, involving Family Support services, is scheduled to take place in early 2013. CSOC reports that family-centered, community-based service provision remains a priority.

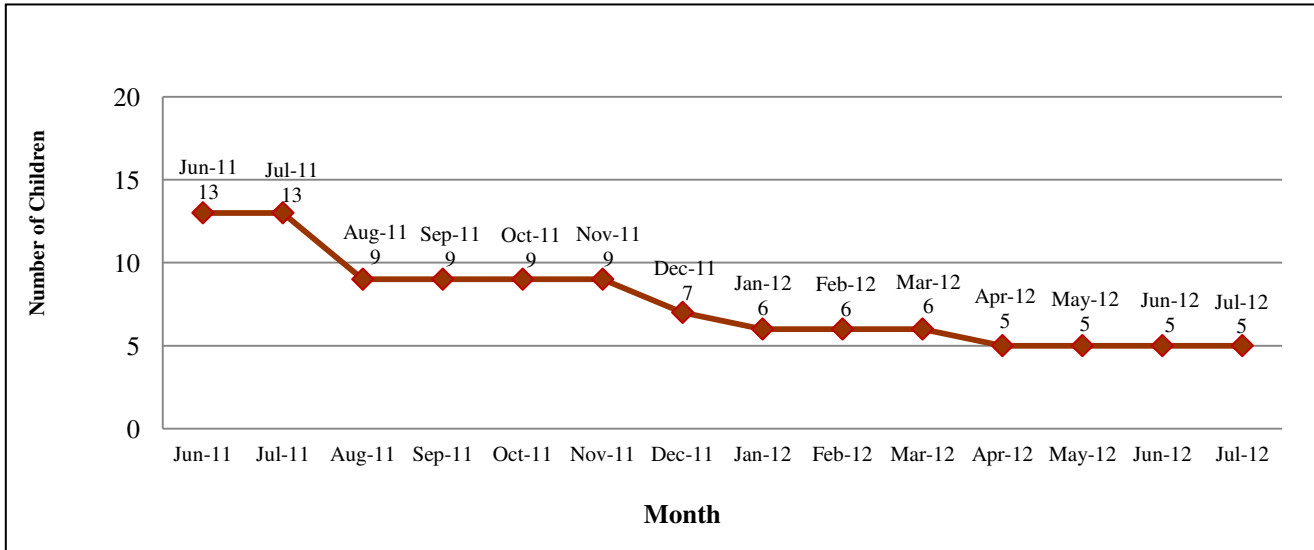
### A. *Mental Health Delivery System*

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

DCF is required to minimize the number of children in DCP&P custody placed in out-of-state congregate care settings and to work on transitioning these children back to New Jersey (Section II.D.2). As of June 2012, there were five youth in out-of-state placements. All but one of them was in a specialized program for the deaf or hard of hearing and all but two were age 18 or older. DCF reports working collaboratively with the state's Department of Education, primarily with staff of New Jersey's Marie H. Katzenbach School for the Deaf to develop an in-state program to provide residential mental health treatment for five to eight youth. Upgrades and repairs will be needed to utilize the space identified. It is anticipated that a Request for Proposals (RFP) for programming/treatment will be released in mid December 2012 and that the anticipated program will open in spring 2013.

Figure 42 below depicts the number of children placed out-of-state from June 2011 - July 2012. It is important to re-emphasize that the decline in the number of children placed out of state since the MSA has been dramatic, from a high of 327 children in March of 2006 and 322 children in July 2006 to five children in July 2012.

**Figure 42: Children in Out-of-State Placement  
(June 2011 – July 2012)**



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

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

The MSA requires that no youth in DCP&P custody should wait longer than 30 days in a detention facility post-disposition for an appropriate placement (Section II.D.5). DCF reports that from January to June 2012, nine youth in DCP&P custody, five females and four males ages 14-17, were in a juvenile detention facility, awaiting a CSOC placement following disposition of their delinquency case. Two of the youth transitioned from detention within 15 days after disposition. The remaining seven youth transitioned between 16 and 30 days following disposition of their case. Table 22 below provides information on the length of time each of the youth waited for placement.

**Table 22: Youth in DCP&P Custody in Juvenile Detention Post-Disposition Awaiting CSOC Placement (January – June 2012)**

Length of Time to placement while in Detention Post-Disposition	Number of Youth
0-15 Days	2
16-30 Days	7
Over 30 Days	0
<b>Total</b>	<b>9</b>

Source: DCF data, CSOC

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### ***CSOC has continued to support evidence-based therapeutic treatments***

Section II.C.2 of the MSA requires the state to seek approval from the federal government for a Medicaid rate structure to support evidence-based, informed or support practices such as Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST). FFT is available in seven counties: Atlantic, Cape May, Burlington, Ocean, Cumberland, Gloucester and Salem. During this monitoring period each program's average census was at or near capacity. MST is available in three counties: Camden, Essex and Hudson. The average census for the MST programs was near 50 percent of the program's capacity.

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

The MSA requires DCF to provide mental health services to at least 150 birth parents whose families are involved with DCP&P (Section II.C.6). DCF continues to meet this standard by funding both in-home and office-based therapeutic interventions for over 400 birth parents (unduplicated count) in efforts to maintain children in, or return children to the custody of their parents. The state's approved Medicaid Waiver move adults into a managed care system which should allow for a more comprehensive approach to patient care and treatment of both physical and mental health needs. This impacts some parents involved with DCP&P and could improve access to mental health care.

### ***DCF continued efforts to implement the Psychotropic Medication Policy***

Section III.C.2 of the MSA requires the State to promulgate and implement policies designed to ensure that psychotropic medication is not used as a means of discipline or control and that the use of physical restraint is minimized. Child Health Unit (CHU) nurses are continuing to monitor children/youth on psychotropic medication. Data that CHUs maintain include the diagnosis of the child/youth; prescribed and over the counter medications; medication dosage(s); prescriber name and credentials; informed consent documentation; treatment plans; and engagement in non-pharmacological therapies. CHU psychotropic medication data is submitted to the Office of Child and Family Health on a quarterly basis for review and analysis.

The Center for Health Care Strategies, a nonprofit health policy resource center based in New Jersey, awarded DCF a technical assistance grant to participate with five other states in a Psychotropic Medication Quality Improvement Collaborative. New Jersey's goals in receiving this technical assistance include increasing policy compliance and developing frameworks to review the progress of individual children/youth as well as at-risk cohorts.

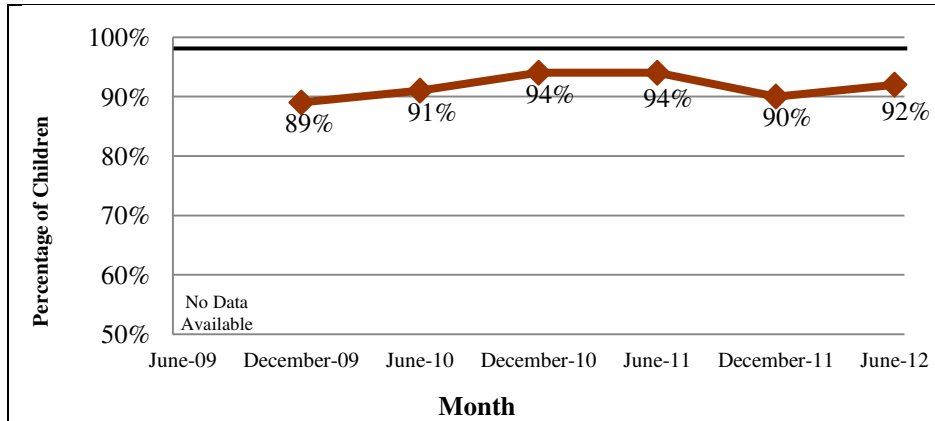
**B. Mental Health Performance Benchmarks**

**Mental Health Assessments**

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

**Figure 43: Percentage of Children with Suspected Mental Health Need who Received Mental Health Assessment<sup>109</sup> (June 2009 – June 2012)**

2009	
June	N/A
December	89%
2010	
June	91%
December	94%
2011	
June	94%
December	90%
2012	
June	92%



Source: DCF data

\*Interim Benchmark by June 2009 (85%)

**Performance as of June 30, 2012:**

DCF’s internal Health Care Case Record Review found that 99.5 percent of eligible children and youth received the required mental health screen.<sup>110</sup> Eligible children are over the age of two and not already receiving mental health services. As shown in Table 23 below, a total of 123 children in the sample required a mental health assessment.<sup>111</sup>

<sup>109</sup> Of the 186 eligible children for a mental health screen, 1 child was determined not to have been screened. Ninety-nine children (54%) were determined to have a suspected mental health need requiring a mental health assessment. DCF also determined that a significant number (24 of 60) of children already receiving mental health services required a new mental health assessment.

<sup>110</sup> The Monitor did not independently verify the findings of DCF’s Health Care Case Record Review. However, the Monitor did review the protocol, observe a day of the review and discuss the methodology with DCF staff. The methodology and analysis are comparable to the Health Care Case Record review conducted by the Monitor in spring 2009.

<sup>111</sup> Ninety-nine children (54%) were determined to have a suspected mental health need requiring a mental health assessment. DCF also determined that a significant number (24 of 60) of children already receiving mental health services required a new mental health assessment.

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DCF reports that 92 percent (113) of those 123 children identified as needing a mental health assessment had received one by the time of the record review. Performance slightly improved over last monitoring period.

The data also show that of the 92 percent of youth receiving a mental health assessment, 74 percent (84) were completed in the first 30 days of out-of-home placement and another 12 percent (13) were completed in 60 days.

**Table 23: Mental Health Screening and Assessments for Children Age 2 and older (n=333)**

<b>MH Screening</b>		
Not reviewed already receiving services (60) or under the age of two (87)	147	44%
Children eligible for screening	186	56%
<b>TOTAL RECORDS REVIEWED</b>	<b>333</b>	<b>100 %</b>
<b>Children Eligible for Screening</b>		
Children eligible screened	185	99.5%
Children eligible not screened	1	≤1%
<b>TOTAL CHILDREN ELIGIBLE FOR SCREENING</b>	<b>186</b>	<b>100 %</b>
<b>Children Requiring Assessment</b>		
Suspected MH need identified	99	54%
Youth already receiving services were identified as needing an assessment	24*	
<b>TOTAL REQUIRING MENTAL HEALTH ASSESSMENTS</b>	<b>123</b>	
<b>MH Assessment</b>		
MH assessment completed	113	92%
MH assessment scheduled	1	1%
MH assessment not completed	9	7%
<b>TOTAL</b>	<b>123</b>	<b>100 %</b>
<b>MH Assessment Completion Timeline</b>		
MH assessment complete w/in 30 days	84	74%
MH assessment complete w/in 60 days	13	12%
Greater than 60 days	10	9%
Unable to determine	6	5%
<b>TOTAL</b>	<b>113</b>	<b>100 %</b>
<b>Recommendations made in MH Assessment</b>		
Recommendation Made	105	93%
No Recommendation Made	8	7%
<b>TOTAL</b>	<b>113</b>	<b>100 %</b>
<b>Treatment Provided/Evidence in the Record</b>		
All Recommended Treatment Provided	68	65%
Some Recommended Treatment Provided	16	15%
Recommended Treatment Not Provided	21	20%
<b>TOTAL</b>	<b>105</b>	<b>100 %</b>

Source: DCF data, Health Care Case Record Review<sup>112</sup>

Percentages do not always equal 100 due to rounding.

\*24 of the 60 already receiving services

<sup>112</sup> DCF conducted a Health Care Case Record review in order to report on this measure. The Review examines records of a random sample of children in DCP&P out of home placement who were removed between 11/1/2011 and 4/30/2012 and were in care for a minimum of 60 days. 2,037 children comprise this cohort. A sample of 333 children was reviewed. The results have a ± 5 percent margin of error.

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

**A. Services to Families Performance Benchmarks**

**Continued Support for Family Success Centers**

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

***Performance as of June 30, 2012:***

New Jersey began developing a network of Family Success Centers (FSCs) in 2007, initially with 21 centers. FSCs are neighborhood-based places where any community resident can access family support, information and services, and specialized supports that tend to vary depending on the needs and desires of the community in which they are located. Their function is to provide resources and supports before families fall into crisis. FSCs are situated in many types of settings: storefronts, houses, schools, houses of worship and housing projects. Services range from life skills training, parent and child activities, advocacy, parent education and housing related activities. These services are available to any family in the community. Now, in its fourth full year, New Jersey has a total of 49 FSCs, at least one in each of the 21 counties. Between January 1 and June 30, 2012 four new FSCs were opened; one in Cape May County, one in Hunterdon County, one in Morris County and one in Somerset County.<sup>113</sup>

DCF has begun a new initiative involving the Division of Family and Community Partnerships (DFCP) and NJ Head Start to extend the network of family support available in NJ Head Start to the FSCs. The Family Development Matrix Outcomes Model, LLC will be assisting DFCP in measuring the impact of this pilot project.

Table 24 below depicts the ten core services provided by FSCs to families; 13 percent more families were served by its FSCs between January and June 2012 as compared with the previous monitoring period, 32,757 families as compared to 28,998 families served in the prior six months. The total number of services provided—families can receive multiple services—increased to 115,643, up from 110,823 in the previous monitoring period. As reflected in Table 24 below, the most requested services are access to family health information (24,288), life skills

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<sup>113</sup> DCF issued a Request for Proposal during this monitoring period to create FSCs in Cumberland, Gloucester, Middlesex, Salem, Union and Camden. Five of these FSCs are already operational; the Camden City Promise Neighborhood FSC is scheduled to open in November 2012 and Penns Grove will be operational by December 2012. On November 29, 2012 an additional FSC was officially announced for Lodi, New Jersey, which is expected to be operational in early 2013.

(23,593), information and referral services<sup>114</sup> (23,300), economic self-reliance (12,995), and parent-child activities (9,538).

**Table 24: Families Served by Family Success Centers by Types of Services Provided (January – June 2012)**

**Level of Service**

FSC Unduplicated # families served	Jan-'12	Feb-'12	Mar-'12	Apr-'12	May-'12	Jun-'12	Total
	5,232	4,694	6,460	6,010	5,256	5,105	32,757*

**Types of Services Provided**

Core Services	Jan-'12	Feb-'12	Mar-'12	Apr-'12	May-'12	Jun-'12	Total
Access to child, maternal and family health information	4,834	4,750	4,608	3,482	3,863	2,751	24,288
Development of “Family Success” plans	538	504	839	878	385	436	3,580
Economic self-reliance	2,153	2,564	2,682	2,259	1,672	1,665	12,995
Information and referral services	2,748	3,329	4,932	4,210	4,067	4,014	23,300
Life Skills	4,456	5,130	4,957	3,353	3,652	2,045	23,593
Housing-related services	380	343	516	431	438	353	2,461
Parent education	1,005	1,501	1,798	1,451	1,640	1,228	8,623
Parent-child activities	548	928	1,205	2,386	2,452	2,019	9,538
Advocacy	750	851	1,236	1,060	822	1,020	5,739
Home visits	252	322	281	227	240	204	1,526
<b>Total</b>	<b>17,664</b>	<b>20,222</b>	<b>23,054</b>	<b>19,737</b>	<b>19,231</b>	<b>15,735</b>	<b>115,643</b>

Source: DCF data

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

Since 2010, DCF data show that the number of unduplicated families served by FSCs have increased by nearly 61 percent, from 37,820 to 61,755.

DCF is continuing a collaboration with the Rutgers School of Social Work, Institute for Families that began on January 31, 2012 to train all FSC directors and staff on a professional development and credentialing program called the Family Development Credential (FDC). This customized program was redesigned specifically for New Jersey’s FSCs. During this monitoring period FSC directors completed the program and it is now being offered to front line FSC staff.

<sup>114</sup> Information and referral services refer to when that FSC staff gave information to families about an agency they requested or needed help from either on the phone, in person or via email. FSC also assists families in this category to access agencies that could assist the families.

DCF's Differential Response (DR) pilot concluded June 30, 2012. As planned, funds were redeployed to the state's network of FSCs, thereby augmenting the state's prevention services and, as reported above, increasing the number of FSC location sites in areas of need. DCF has not determined whether to reestablish work toward differential response.

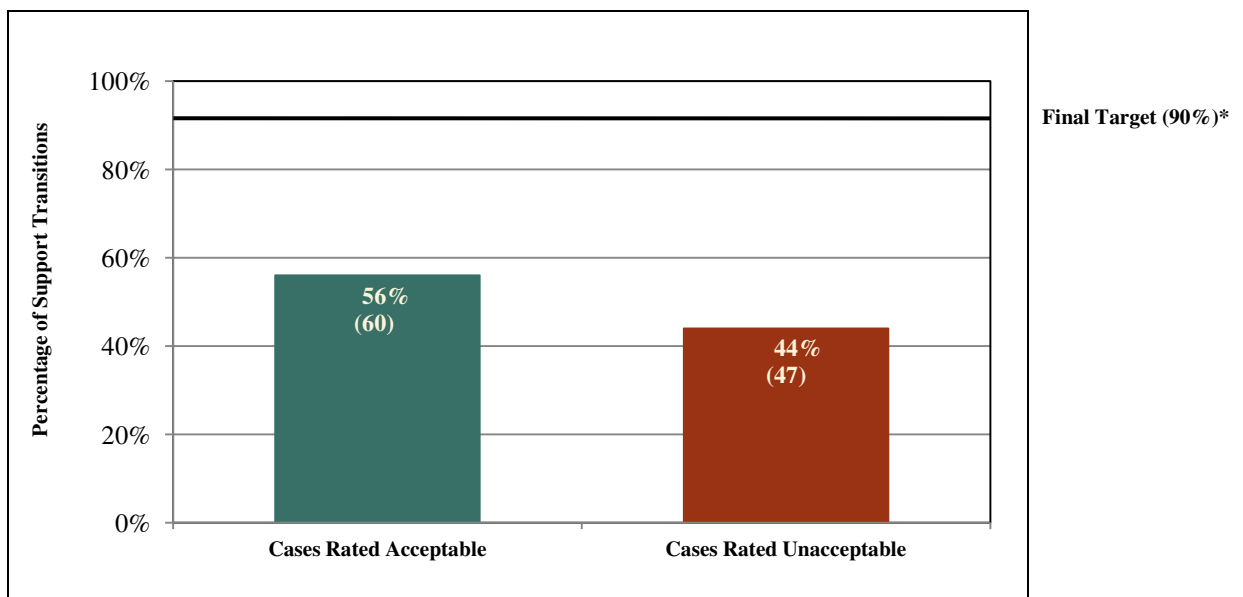
### Services to Support Transitions

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

#### *Performance as of June 30, 2012:*

Children, youth and families experience transitions during their involvement with DCF, which may include age appropriate changes, transitions in school, transition from a non-relative to a relative caretaker or case closure. During the QR, reviewers are asked to assess the extent to which the child/youth or family's current or next transition is being planned for. As Figure 44 below indicates, reviewers found at least minimally acceptable performance in 56% percent of 107 QR cases.

**Figure 44: Services to Support Transitions  
(January – June 2012)  
(n=107)**



Source: DCF, QR results

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## **XII. SERVICES TO OLDER YOUTH**

During Phase I of the MSA, DCF created and promoted policies to provide continued support and services to youth aged 18 to 21, including monitoring youth in DCP&P custody until age 21.

Forty-six DCP&P local offices have either an adolescent unit or designated adolescent workers (this includes all offices except the Newark Adoption Office). Each of these offices has at least one caseworker, one supervisor and one casework supervisor dedicated to working with adolescents.

### ***Training***

DCF continues to train DCP&P staff on best practices to serve older youth in foster care. Between January and June 2012, 10 DCP&P staff completed adolescent training Modules 1-3; 39 DCP&P staff started adolescent training; 7 DCP&P staff completed adolescent training; 29 DCP&P staff completed Module 4 of adolescent training; and 93 provider agency staff were trained in Modules 1-4 of the adolescent training. The Office of Adolescent Services (OAS) continues to collaborate with the National Resource Center for Youth Services, the New Jersey DCF Training Academy and Rutgers University School of Social Work to train DCP&P staff and community-based providers.

Further, two additional training curricula have been developed to supplement the adolescent training discussed above. The first is an Adolescent Policy, Practice and Resource Training (titled, “Got Adolescents?”) which focuses on resources and policies specific to adolescents and will be mandatory for all adolescent workers and supervisors. The second curricula is the post B.A. Adolescent Advocacy certificate for DCP&P workers which will focus on adolescent development issues, trauma, engaging this population, interviewing skills and how to advocate for the needs of older youth. Training using both curricula will begin in September 2012.

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

During the previous monitoring period, DCF developed a strategic plan, *Striving for Success in Transitions to Adulthood—New Jersey—DCF Adolescent Services Strategic Plan*,<sup>115</sup> which was finalized in December 2011 and is organized by service area, including housing, education and employment, physical and mental health, general transition support, youth engagement, permanence and familial support, criminal justice/legal services and general cross-systems work. Within each service area, the plan includes goals, objectives, activities, timelines and a section for status updates. The strategic plan is updated quarterly to report on implementation progress and below are several highlights of activities which occurred this monitoring period.

- *Housing* – The Adolescent Housing Hub, a new transitional bed tracking system, was launched on April 23, 2012 and is an effort to maximize access and coordination of housing options for youth and young adults in the state of New Jersey. The system creates a more standardized and efficient referral and discharge process. These

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<sup>115</sup> The full *Striving for Success in Transitions to Adulthood –New Jersey – DCF Adolescent Services Strategic Plan*, can be accessed through <http://www.state.nj.us/dcf/about/divisions/oas/index.html>

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transitional and supportive housing programs are for youth ages 16 to 21 and are accessible to all DCF (DCP&P and CSOC) involved youth and youth that are homeless and non-DCF involved.<sup>116</sup>

- *Education and Employment* – In May 2012, OAS hired a youth employment coordinator who has been actively working to implement employment related activities and initiatives within the strategic plan.
- *General Transition Support* – In May 2012, two resource guides were developed. One guide was developed in collaboration with community stakeholders and identifies general services for transitioning youth. The second guide is specific to DCF involved youth and provides details on resources available to such youth, including stipend programs, funding opportunities, etc. In March 2012, DCF developed a partnership with a private sector entity that donated an online financial literacy program to support life skills programming. This pilot program launched in May 2012 and is expected to expand in the fall of 2013.
- *Youth Engagement* – Youth Advisory Board members have begun participating in the hiring processes within OAS. Several youth have been involved in interviewing recently hired staff. Additionally, OAS conducted its first Youth Empowerment Seminar in April 2012 which was attended by both the Commissioner and Director of DCP&P. Moving forward, Youth Empowerment Seminars will be held twice a year.

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

Phase I of the MSA required DCF to develop and begin to implement a plan for appropriate services to be delivered to youth who identify as Lesbian, Gay, Bisexual, Transgender, Questioning or Intersex (LGBTQI) (Section II.C.4). The Monitor continues to follow DCF's efforts to work with this population of youth. Overall, DCF continues efforts to ensure that LGBTQI youth experience staff and providers as welcoming and inclusive, treating them with respect and professionalism and responsive to their needs. DCF efforts include: continuing to implement a Safe Space initiative; developing and delivering a LGBTQI competency training for all field staff; and regularly updating a comprehensive LGBTQI Resource Guide.

The Safe Space initiative creates “safe zones” that LGBTQI youth can easily recognize. This strategy provides environments where LGBTQI youth can feel supported in accessing resources and talking about their needs. Currently, there are a total of 124 primary and back-up Safe Space Liaisons identified for 47 DCP&P local offices and 10 area offices; this represents an increase of 12 liaisons from previous reporting period. Safe Space Liaisons are responsible for identifying local resources to support LGBTQI youth and for making sure that staff and youth are aware of these resources. The Safe Space Liaisons completed a resource guide identifying LGBTQI resources throughout the state.

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<sup>116</sup> Youth with developmental disabilities are not eligible for these transitional housing programs.

New this monitoring period, the Safe Space Liaisons divided into four working teams. The Newsletter Team creates a quarterly newsletter with LGBTQI related articles, case practice issues and current events. The Team identifies local and national resources for the Resource Guide for Safe Space Liaisons and local office staff. The Data Analysis Reporting and Tracking Statistics (DARTS) team collects data on all identified LGBTQI youth, biological and Resource families in the local offices. The Education/Communication team facilitates a LGBTQI specific topic to be presented at each regional quarterly in-service Safe Space Liaison training (12 total annually). Through these teams, DCF strives to ensure competent practice for LGBTQI youth and families served by the department.

DCF continues collaboration efforts with community partners. Partners have presented during training for the Safe Space Liaisons and DCP&P staff on LGBTQI related issues. This training is approved for in-service hours and is available for all DCP&P staff throughout the state. In this monitoring period, in-service training offerings for liaisons included: LGBTQI terminology, Safe Space Roles and Duties, Strategies on Creating Welcoming and Inclusive environments, Working with Transgender Youth, Characteristic of Being an LGBTQI Ally, Homeless LGBTQI Youth, LGBTQI Youth involved in Human Trafficking and Helping Families Adjust to a Gay or Lesbian Child.

LGBTQI competency training remains a part of a two-day cultural competency training for all field staff. Between January and June 2012, three of these training sessions were offered and eight staff completed the entire module. To date, 1,308 DCP&P staff has completed this module. OAS and the Training Academy are working to develop a one-day LGBTQI training.

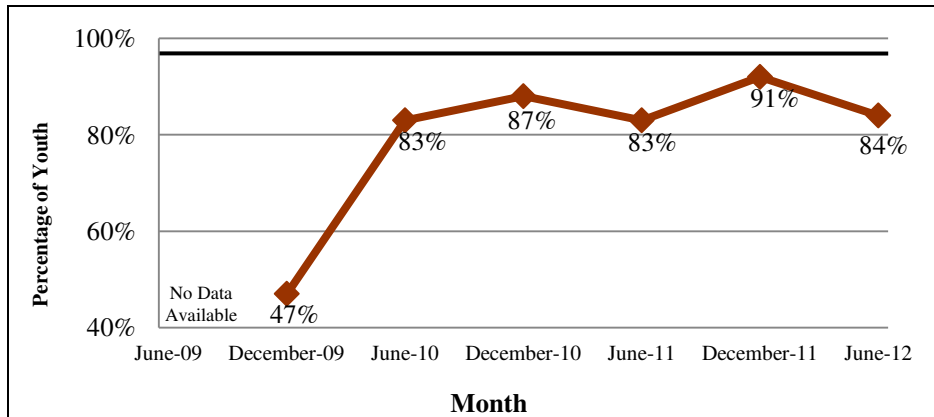
**B. Performance Benchmarks Measuring Services to Older Youth**

**Independent Living Assessments**

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

**Figure 45: Percentage of Youth Aged 14-18 with Independent Living Assessment (June 2009 – June 2012)**

2009	
June	N/A
December	47%
2010	
June	83%
December	87%
2011	
June	83%
December	91%
2012	
June	84%



Source: DCF data  
 \*Interim Benchmark by December 2010 (85%)

***Performance as of June 30, 2012:***

On June 30, 2012, there were 1,008 youth aged 14 to 18 in out-of-home placement for at least six months. Of the 1,008 youth, 850 (84%) had Independent Living Assessments completed and 158 (16%) did not. Performance fell from the previous monitoring period (when performance was at 91%) and DCF is currently examining the data to determine potential causes for this decline. DCF has not yet met the final target that 95 percent of youth aged 14 to 18 have a completed Independent Living Assessment.

Independent Living Assessments are filled out by the youth or his/her caregiver online. These assessments examine the youth's knowledge related to financial decision-making, work and study skills, self care, social relationships and other life skills. The Monitor reviewed five Independent Living Assessments as well as the results of an OAS review to determine the extent to which these Independent Living Assessments were integrated into youth case plans and planning related documents. OAS identified many strengths in its review, including: planning conferences were strength based; assessment were accurately completed; and specific goals and relevant services were included in the case plan. Some areas identified for additional focus or training include ensuring that the transition plan reflects the youth's areas for development identified in the assessment; inclusion of goals identified by the youth and clear target dates and complete documentation.

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## Services to Older Youth

<b>Quantitative or Qualitative Measure</b>	54. <u>Services to Older Youth</u> : DCF shall provide services to youth between the ages 18 and 21 similar to services previously available to them unless the youth, having been informed of the implications, formally request that DCF close the case.
<b>Final Target</b>	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the QR.

### *Performance as of June 30, 2012:*

Originally, the Monitor intended that performance on the provision of services to youth between the ages of 18 and 21 would be measured through a QR or other quality assessment process. DCF, lawyers for plaintiff and the Monitor have recently agreed that the most effective and accurate method to measure performance on Measure 54, Services to Older Youth and Measure 55, Youth Exiting Care, is through a separate case record review process. Currently, the Monitor and DCF are coming to agreement about the sample size of cases to be reviewed and the review data collection instrument. The Monitor and DCF are preparing for a joint review in February 2013 and the Monitor will assess performance on these measures in a future monitoring report.

Between April and June 2012, DCP&P served 2,300 youth aged 18 to 21. Of the 2,300 youth, 726 (32%) were living in a DCP&P out-of-home placement and 450 (20%) were living in their own homes. An additional 1,124 (49%) youth aged 18 to 21 were receiving adoption or Kinship Legal Guardianship subsidies.<sup>117</sup>

During Phase I of the MSA, DCF created policy allowing youth aged 18 to 21 to continue to receive similar services from DCP&P that were available to them when they were under the age of 18 (MSA Section II.C.5). By policy, these services will continue to be provided to youth unless they formally request that their case be closed.

### *Services and Supports after Leaving DCP&P Custody*

Some critical aspects of working with youth aged 18 to 21 include connecting youth to health insurance, supporting youth in pursuing higher education and in finding stable housing. DCF reports that a CHAFEE Medicaid Independent Living Coordinator works within the Office of Child and Family Health to ensure that eligible youth receive the appropriate Medicaid. DCF reports that as of September 11, 2012, 88 percent (183 out of 209) of youth leaving DCP&P custody in 2012 had Medicaid health insurance<sup>118</sup> for at least *one month* after discharge from placement. Additionally, of the 202 youth aged 18 to 21 years old who discharged from foster care placement between July and December 2011 and were eligible to receive Medicaid, 161 (80%) youth received Medicaid for at least six months after placement. Youth interviewed by the Monitor in focus groups report a high degree of anxiety about health insurance after they leave DCF custody.

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<sup>117</sup> Percentages are greater than 100 due to rounding.

<sup>118</sup> This includes Chafee Medicaid, DCP&P Medicaid or non-DCP&P Medicaid.

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## ***NJ Scholars Program***

The NJ Scholars Program is another support the Monitor has tracked for youth involved with DCP&P. Through the NJ Scholars program, participants can receive funding assistance for tuition, books and related school expenses. All youth, regardless of funding, are supposed to receive supports, such as coaching and mentoring. In the fall of 2011, oversight of the NJ Scholars Program transitioned from OAS to the Office of Educational Support and Programs (OESP). NJ Scholars continues to be administered by the Foster and Adoptive Family Services (FAFS).

According to DCF, for the second half of the 2011-2012 academic year (January 1, 2012 to June 30, 2012), 287 youth were approved for funding and enrolled in the NJ Scholars Program, a slight increase from the 273 for the first half of the 2011-2012 academic year.<sup>119</sup> Of the 287 students, 222 (81%) received NJ Scholars Program funding. The remaining 65 students did not receive NJ Scholars Program funding because the financial aid provided by their institutions entirely covered their cost of attendance. As previously reported by the Monitor, the number of youth participating in and receiving financial assistance for the NJ Scholars program continues to be low as compared to earlier monitoring periods. During the 2007-2008 school year, there were 556 participants in the NJ Scholars program and 443 (80%) received funding. In an effort to increase participation and support within the NJ Scholars program, a new staff position was added to OESP in December 2011. DCF reports that it continues efforts to inform and encourage youth to be involved in the NJ Scholars Program.

Between January and June 2012, DCF reports 43 “A Night with NJFC Scholars” application events occurred with 166 prospective students attending. FAFS recruitment staff provided information materials and were available to answer questions at over ten outreach events and conferences, as well as provide presentations to other DCF agency staff.

## ***Project MYSELF***

Every student enrolled in the NJ Scholars Program is required to participate in Project MYSELF, a multi-service mentoring program designed to improve academic performance, increase post-secondary education retention, complete post-secondary education, and develop essential life skill and competencies. The program runs from September through April. DCF reports that Project MYSELF services were provided to 177 students from January through April 2012.<sup>120</sup>

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<sup>119</sup> For the first half of the academic year (July 1, 2011 to December 31, 2011), 273 students were approved for funding. Overall, during the 2011-2012 academic year, 316 unduplicated students were approved for funding and 60 students did not utilize funding because their costs associated with attending school were covered by other financial sources.

<sup>120</sup> DCF reports that one possible reason that the number of students enrolled in Project MYSELF does not match the number of students enrolled in the NJ Scholars Program is that the number of youth served does not include email contact for youth out-of-state and/or unable to meet in person and/or by phone.

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

DCF reports 40 youth participated in the Summer Housing and Internship program (SHIP) during the summer of 2012. This program provides selected youth with a 12-week long intensive summer experience. Housing, internships, stipends, life skill instruction and recreational opportunities are all part of the SHIP experience. As part of this program, youth earn three academic credits by participating in a course especially designed by Rutgers University faculty.

### ***Life Skills Camp***

A two-week Life Skills Camp was provided to 70 youth ages 16 to 21 years old in the summer of 2012.

### **Youth Exiting Care**

<b>Quantitative or Qualitative Measure</b>	55. <u>Youth Exiting Care</u> : Youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.
<b>Final Target</b>	By December 31, 2011, 95% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.

### ***Performance as of June 30, 2012:***

DCF currently cannot provide data on this measure. As stated above, parties have recently agreed that a case record review process is necessary to measure performance. Baseline performance was established in a previous case record review.<sup>121</sup> A second case record review is scheduled for early 2013. The Monitor will provide performance on this measure in a future monitoring report. DCF reports that during this monitoring period, the OAS clarified and monitored several housing contracts and, as discussed above, launched the Adolescent Housing Hub. DCF reports that 100 housing slots were added to the resource base as a result of this work.

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<sup>121</sup> See *Charlie and Nadine H. v. Christie*, Supplemental Monitoring Report: An Assessment of Services and Outcomes for Older Adolescents Exiting DYFS Placements, June 2011.

**Table 25: Youth Transitional and Supported Housing  
as of June 30, 2012**

County	Contracted Slots	Operational Slots	Providers
Bergen	12	12	Bergen County Community Action Program
			Volunteers of America
Burlington	26	26	Crossroads
			The Children's Home of Burlington County-Fastow Apartments
Camden	29	29	Center For Family Services
Cape May	12	12	Center for Family Services
			CAPE Counseling
Essex	57	57	Covenant House –Nancy's Place, Rites of Passage
			Corinthian Homes (Youth Build)
			Catholic Charities Diocese of Newark (Sanford)
			Tri-City Peoples
			Care Plus
Gloucester	30	30	Robin's Nest
Hudson	30	30	Catholic Charities Diocese of Newark (Strong Futures)
			Volunteers of America
Mercer	14	14	Lifeties
			Anchorline
			Anchorage
Middlesex	12	12	Middlesex Interfaith Partners with the Homeless (MIPH)
			Garden State Homes
Monmouth	19	19	IEP
			Catholic Charities Diocese of Trenton
			Collier House
Morris	5	5	Plaid House-Thenen House
Ocean	8	8	Ocean Harbor House
Passaic	19	19	NJ Development Corporation (Ind House/Marion)
Salem	16	13	Ranch Hope (Hills)
			Robin's Next, Inc
Somerset	14	14	Somerset Home for Temporarily Displaced Children (3 facilities)
Union	58	58	Community Access Unlimited
			Volunteers of America
Warren	8	8	Catholic Charities Diocese of Metuchen
<b>Total</b>	<b>369</b>	<b>366</b>	

Source: DCF data

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

Despite an increase in Child Protective Services intakes and an increase in the number of children in custody, compliance rates on worker caseloads mostly remained similar to the previous monitoring period. DCF continued to meet individual caseload requirements for IAIU staff and office caseload compliance standards for Permanency workers. However, in all other functional areas, caseloads were slightly higher than standards.

#### A. Caseloads

Caseload compliance is measured by individual caseworker caseloads in each of the functional areas (Intake, Permanency, Adoption and IAIU) as well as office standards for DCP&P local offices. Table 26 below summarizes the caseload expectations for individual workers. Office-wide average caseloads are to comply with the applicable functional area caseload standards in 95 percent of all DCP&P local offices and at least 95 percent of workers in each of the functional areas are to have individual caseloads meeting the designated standard (MSA Section III.B.1).

**Table 26: DCF/DCP&P Individual Caseload Standards**

Caseworker Function	Responsibility	Individual Caseload Standard
Intake	Respond to community concerns regarding child safety and well-being. Specifically, receive referrals from the State Central Registry (SCR) and depending on the nature of the referral, respond between two hours and five days with a visit to the home and begin investigation or assessment. Complete investigation or assessment within 60 days.	Intake caseworkers are to have no more than <b>12 open cases</b> at any one time <b>and</b> no more than <b>eight new referrals</b> assigned in a month. (Section II.E and Section III.B.1).
Institutional Abuse Investigations Unit (IAIU)	Respond to allegations of child abuse and neglect in settings including correctional facilities, detention facilities, treatment facilities, schools (public or private), residential schools, shelters, hospitals, camps or child care centers that are required to be licensed, Resource family homes and registered family day care homes. <sup>122</sup>	IAIU staff workers are to have no more than <b>12 open cases</b> at any one time <b>and</b> no more than <b>eight new referrals</b> assigned in a month. (Section II.E and Section III.B.1).
Permanency	Provide services to families whose children remain at home under the protective supervision of DCP&P and those families whose children are removed from home due to safety concerns.	Permanency caseworkers are to serve no more than <b>15 families and 10 children</b> in out-of-home care at any one time. (Section II.E and Section III.B.1).
Adoption	Find permanent homes for children who cannot safely return to their parents by preparing children for adoption, developing adoptive resources and performing the work needed to finalize adoptions.	Adoption caseworkers are to serve no more than <b>15 children</b> at any one time. (Section II.E and Section III.B.1).

Source: DCF

<sup>122</sup> DCP&P (7-1-1992). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 302.

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

The Monitor verified caseload data supplied by DCF by conducting telephone interviews with randomly selected caseworkers across the state. One hundred sixty caseworkers were selected from those active in June 2012. Forty-six of the 47 DCP&P local offices were represented in the sample. The interviews were conducted throughout the months of September and October 2012. All 160 caseworkers were called. Information was collected from 106 caseworkers (71% of the eligible sample), located in 45 offices. Ten caseworkers were no longer employed by DCP&P or were on extended leave during the period of the calls. These workers were not included in the sample. Contact was attempted at least three times for each caseworker that was not interviewed.

In the interviews, caseworkers were asked if they were in compliance with caseload standards between January and June of 2012 and their responses were compared to the caseload information the state supplied for the same period from NJ SPIRIT. They were also asked about their caseload size specifically for the month of June 2012. The Monitor found that in general NJ SPIRIT accurately reflects worker caseloads. The Monitor is satisfied that sufficient information was gathered to verify the accuracy of the state's caseload reporting.

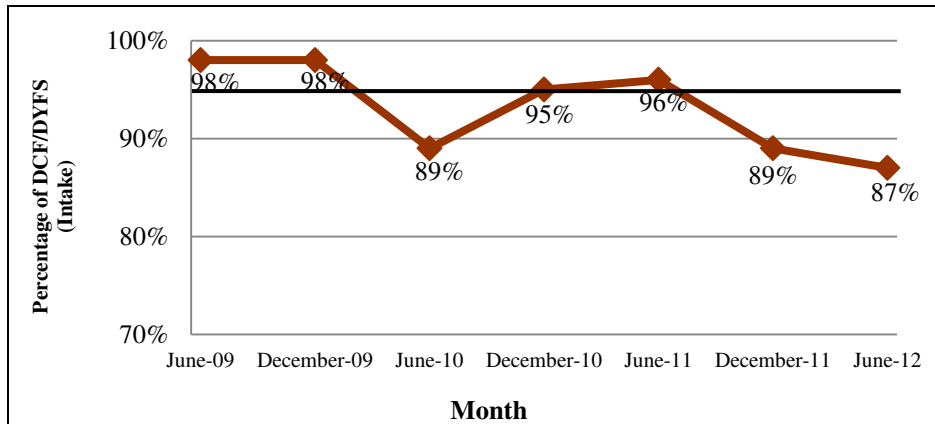
The following discussion describes the state's performance in meeting the office caseload standards and the individual caseload standards.

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

DCF/DCP&P met the average office caseload standards in the area of Permanency and failed to meet the standards in the areas of Intake and Adoption. Figures 46-48 below summarize the Period XII performance.

**Figure 46: Percent of DCF/DCP&P Local Office Meeting Average Caseloads Standards for Intake Workers (June 2009 – June 2012)**

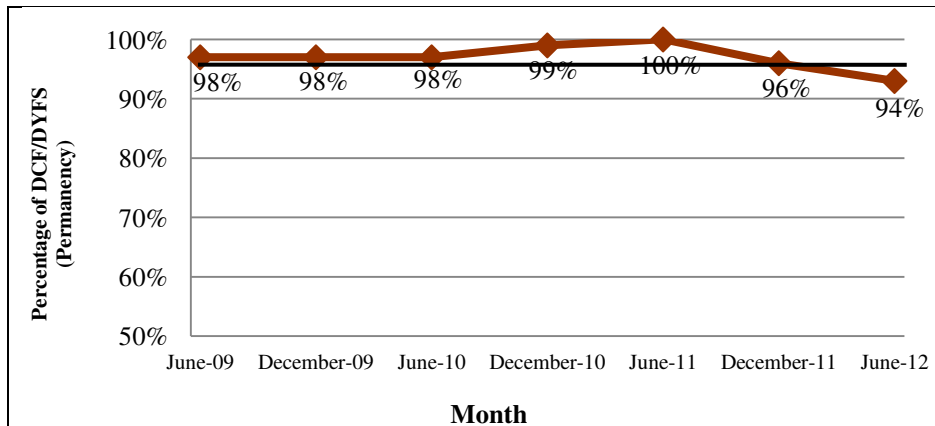
2009	
June	98%
December	98%
2010	
June	89%
December	95%
2011	
June	96%
December	89%
2012	
June	87%



Source: DCF data

**Figure 47: Percent of DCF/DCP&P Local Office Meeting Average Caseloads Standards for Permanency Workers (June 2009 – June 2012)**

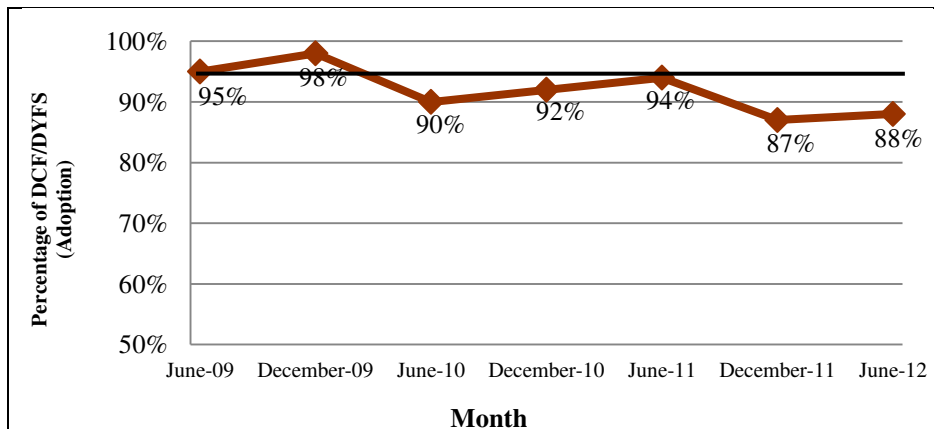
2009	
June	98%
December	98%
2010	
June	98%
December	99%
2011	
June	100%
December	96%
2012	
June	94%



Source: DCF data

**Figure 48: Percent of DCF/DCP&P Local Office Meeting Average Caseloads Standards for Adoption Workers (June 2009 – June 2012)**

2009	
June	95%
December	98%
2010	
June	90%
December	92%
2011	
June	94%
December	87%
2012	
June	88%



Source: DCF data

**Individual Caseload Standards:**

*From January 1, 2012 to June 30, 2012, 85 percent of all DCF/DCP&P caseworkers met the individual caseload standards.*

Worker caseloads complied with individual caseload standards only in the area of IAIU (see Figure 50). Among Intake workers, 76 percent of the caseworkers had caseloads that met the caseload standard (see Figure 49). This is the same rate of compliance from the previous monitoring period. Among Adoption workers, 90 percent of caseworkers had caseloads that met the caseload standard, which is also the same compliance rate as the previous monitoring period (see Figure 52). Ninety-two percent of Permanency caseworkers had caseloads that met the caseload standard. This is a one percent decrease in compliance rates from the previous monitoring period (see Figure 51). Additional details on individual caseload findings are as follows:

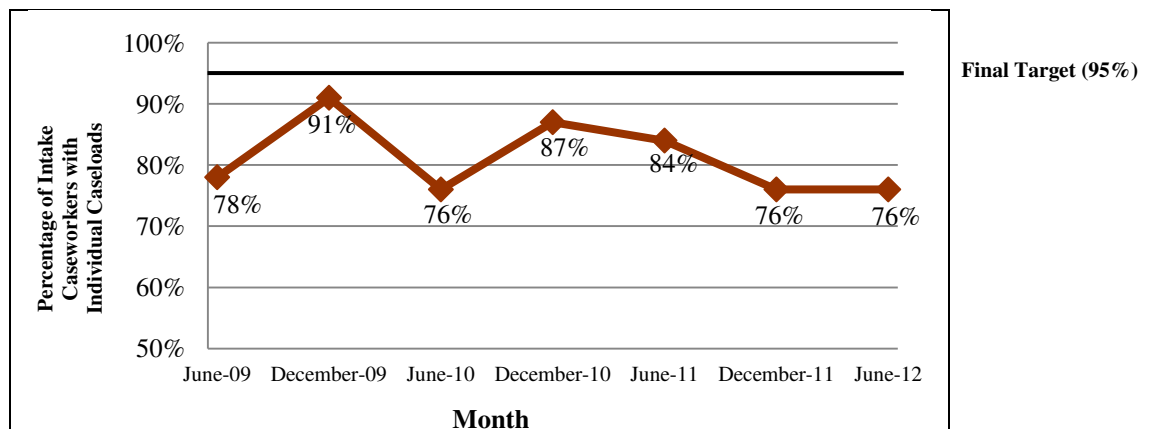
- **Intake**

The individual worker caseload standard for Intake workers of no more than 12 open cases at any one time and no more than eight new referrals assigned in a month was not met as of June 30, 2012. The state reported an average of 936 active Intake caseworkers between January and June 2012. Among those active workers, an average of 710 (76%) caseworkers had caseloads that met the caseload requirements. In June 2012, individual worker caseload compliance for Intake workers peaked at 85 percent. For the 144 Intake workers who did not meet caseload requirements in the month of June 2012, the highest number of new intakes for any worker was ten and the highest number of open cases for any worker in the month was 33 families.

Among the 106 caseworkers that participated in the phone interview for caseload verification, 73 were Intake caseworkers.<sup>123</sup> Sixteen (22%) of the 73 Intake workers recalled going over the case limits for new assignments at some point between January and June 2012. Thirty-six (49%) caseworkers reported having more than 12 total families on their caseload at some point between January and June 2012. The failure to meet the requirement that 95 percent of Intake workers meet caseloads standards is a problem recognized by DCF and DCP&P leaders. DCF has attempted to address the issue by hiring 30 additional Intake workers to create “impact teams” deployed throughout the state in offices where Intakes are unusually high. The early implementation of the Impact Teams appears to have stabilized caseloads over the past year but compliance levels have not been reached.<sup>124</sup>

**Figure 49: Percent of Intake Caseworkers with Individual Caseloads At or Below the Applicable Individual Caseload Standards (June 2009 - June 2012)**

2009	
June	78%
December	91%
2010	
June	76%
December	87%
2011	
June	84%
December	76%
2012	
June	76%



The performance percentage shown on the last month of each monitoring period (June and December) is the average of the prior six month’s performance in meeting individual caseload standards during that six month monitoring period.

Source: DCF data

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

As described in the previous monitoring report (Period XI), Intake and Permanency caseworkers sometimes “share responsibility” for cases (families). According to DCF, all CPS-Family reports are assigned to Intake workers to investigate and these reports are reflected in caseload reporting as “new assignments” in the month of the report and as one of their “open cases” for that month. When circumstances indicate that a permanency case needs to be opened before the investigation is complete or a family with an open permanency case is the subject of a CPS-Family report, the work with the family becomes the responsibility of both Intake and Permanency workers until the investigation is completed.

<sup>123</sup> CSSP over-sampled Intake workers in the telephone survey because of expressed concerns with intake caseloads.

<sup>124</sup> Note that DCF reports intake compliance rose to 90% by August 2012 and to 92% in September 2012.

Intake workers are considered “secondary” workers on a “shared case” when families are assigned to Permanency workers who are designated as “primary” workers. DCF believes this arrangement emphasizes the primary role of the Permanency worker. It also reflects the Permanency worker’s responsibility to provide information to Intake and to link the family to appropriate services and supports identified during the course of the investigation, thus relieving the Intake worker of some, but not all, responsibility with the case. Intake workers are still responsible for the work related to completing investigative tasks and reaching an investigative conclusion. The secondary designation, however, is not reflected in the caseload counts of “open cases” for Intake workers in Safe Measures or in NJ SPIRIT reports provided to the Monitor.

DCF reports that Intake supervisors in DCP&P local offices are expected to appropriately manage the workload of their units and consider an Intake worker’s primary and secondary responsibilities when assigning new referrals. The following table provides the reported number of secondary Intake worker assignments by month during this monitoring period.

**Table 27: Number of DCF/DCP&P Investigations and Secondary Intake Assignments by Month (January – June 2012)**

2012	Total Investigations	Secondary Intake Worker Investigations
January	6,295	746
February	6,097	778
March	6,795	886
April	5,609	723
May	6,606	827
June	5,176	802

Source: DCF data

The Monitor posed questions during phone interviews to workers designed to follow up on the topic of “shared/secondary” cases. Intake workers were asked how prevalent secondary cases are, what effect these cases have on their workload, and how they are measured. Of the 73 Intake workers interviewed, 67 (92%) reported being assigned as a secondary worker on at least one open permanency case between January and June 2012. Sixty-four of the 67 (96%) Intake workers confirmed that their supervisor counts secondary assignments toward their eight assignments for the month. Thirty-five of the 67 (52%) Intake workers interviewed responded that the workload for open permanency investigations designated as “secondary” is equivalent or sometimes more than an initial investigation. Workers explained that although Permanency workers may have completed collateral contacts, every investigation must be approached in the same manner regardless of primary or secondary status. Workers noted that secondary assignments always involve a family with a history with DCP&P, which can make the cases more complex. Fifty-two of the 67 (78%) Intake workers reported receiving at least one secondary assignment a month. The Monitor continues to track the incidence of shared cases as the practice raises concerns regarding its overall impact on the true workload of Intake workers.

It becomes especially important for those offices not in compliance with caseload standards based on primary assignments.

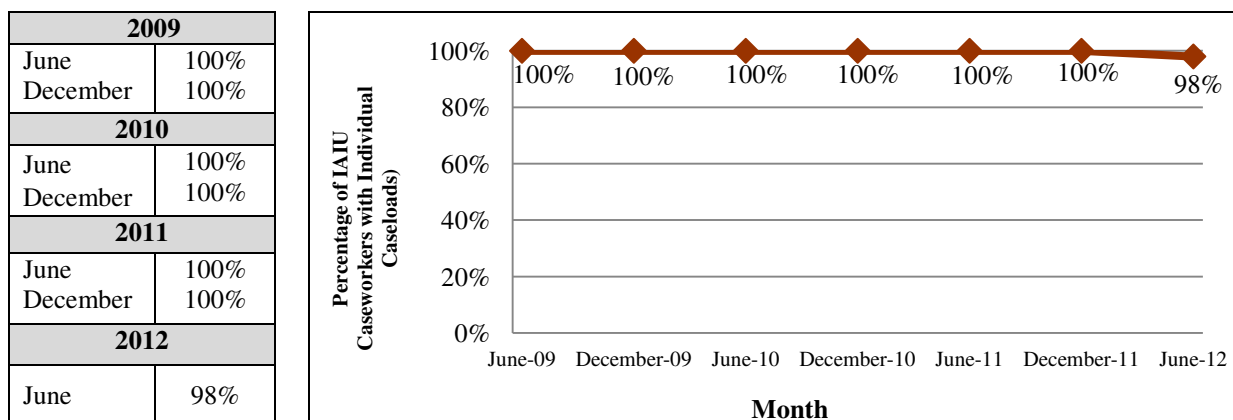
***Workers Report Non-Caseload Carrying Staff Assigned Intake Cases***

As part of the interviews discussed above, Intake workers were asked if there were scenarios in their office in which non-caseload carrying staff could be assigned a case. Forty-one of the 73 workers (56%) reported that there are scenarios in which this takes place. Respondents stated that currently non-caseload carrying staff with prior investigations experience might be assigned cases for a short time when all Intake workers in a local office reach their assignment limit for the month. This was the most common scenario described. Thirty-two of the 35 (91%) Intake workers with specific knowledge about the topic reported that the non-caseload carrying staff assigned intakes in their office had completed First Responder/Intake training.

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

As of June 30, 2012 the individual worker caseload standard for IAIU investigators of no more than 12 open cases at any one time and no more than eight new referrals assigned in a month was met: DCF reports that 57 of 58 (98%) IAIU investigators had caseloads in compliance with the standard.

**Figure 50: Percent of IAIU Caseworkers with Individual Caseloads At or Below the Applicable Individual Caseload Standards (June 2009 – June 2012)**



Source: DCF data

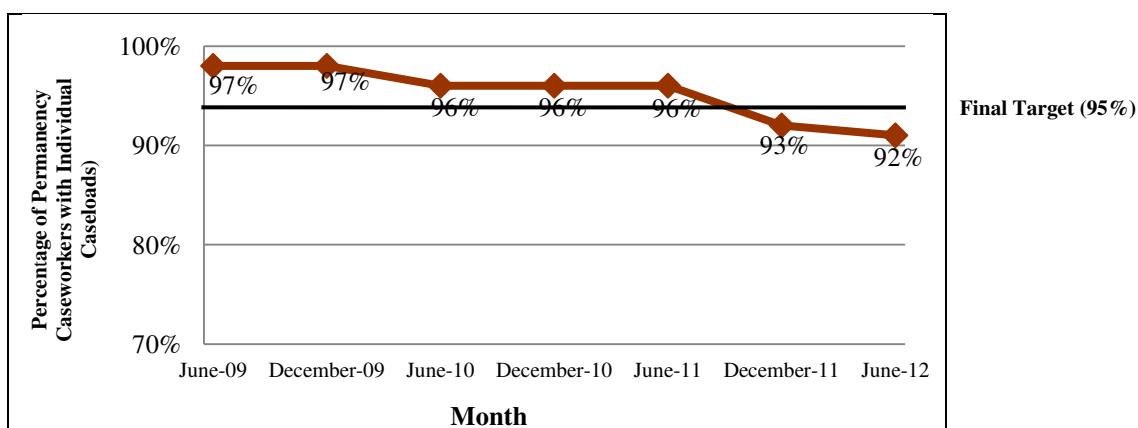
- **Permanency**

The individual worker caseload standard for Permanency workers of no more than 15 families and ten children was not met as of June 30, 2012. The state reported an average of 1,127 active Permanency caseworkers between January and June 2012. Of the 1,127 caseworkers, an average of 1,033 (92%) caseworkers had caseloads that met the caseload requirements. In the month of June, among the 101 (9%) Permanency caseworkers that had caseloads over one or both of the caseload component caps, the highest individual caseload was 39 families and the highest number of children in placement was 18.

Among the 106 caseworkers who participated in phone interviews conducted by the Monitor for caseload verification, 25 (24%) were in Permanency units. Three (12%) of the 25 permanency unit caseworkers interviewed reported exceeding their caseload standards between January and June 2012.

**Figure 51: Percent of Permanency Caseworkers with Individual Caseloads At or Below the Applicable Individual Caseload Standards (June 2009 – June 2012)**

2009	
June	97%
December	97%
2010	
June	96%
December	96%
2011	
June	96%
December	93%
2012	
June	92%



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

Source: DCF data

- **Adoption**

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

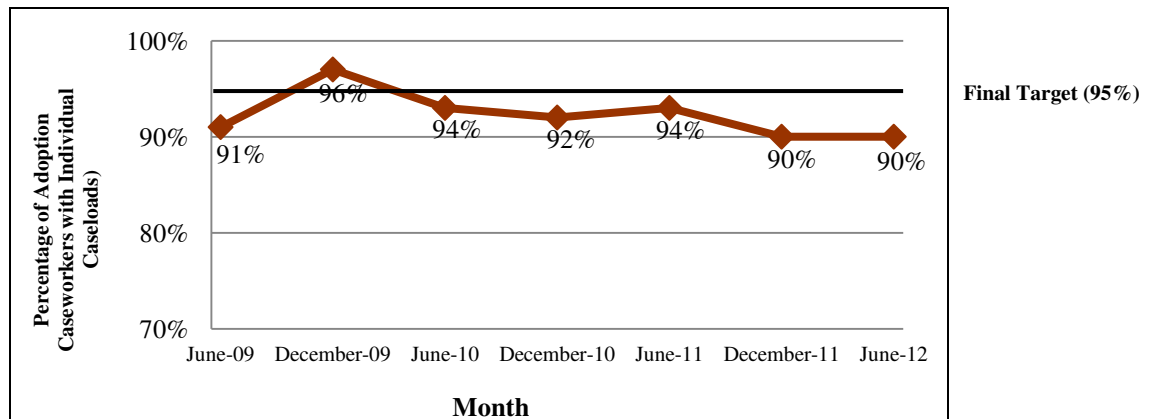
The individual worker caseload standard for Adoption workers of no more than 15 children was not met as of June 30, 2012. The state reported an average of 219 active Adoption caseworkers between January and June 2012. Of the 219, an average of 196 (90%) workers had caseloads

that met the caseload requirement. In the month of June, among the 25 (12%) Adoption workers with caseloads of over 15 children, the highest caseload was 27 children.

Among the 106 caseworkers that participated in the phone interviews conducted by the Monitor for caseload verification, eight were Adoption workers. None of the workers interviewed in this monitoring period reported going over caseload standards between January and June 2012.

**Figure 52: Percent of Adoption Caseworkers with Individual Caseloads At or Below the Applicable Individual Caseload Standards (June 2009 – June 2012)**

2009	
June	91%
December	96%
2010	
June	94%
December	92%
2011	
June	94%
December	90%
2012	
June	90%



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

Source: DCF data

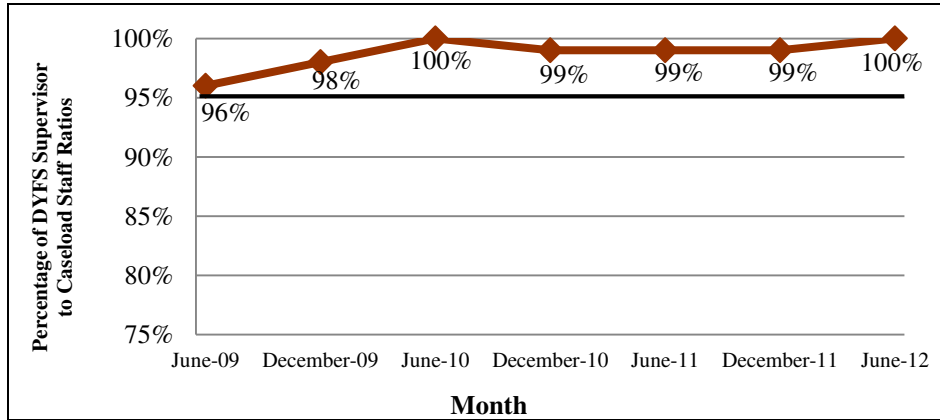
***The standard for the ratio of supervisors to workers was met for the period ending June 30, 2012.***

Supervision is a critical role in child welfare and the range of supervisor responsibilities should be limited to allow more effective individualized supervision. Therefore, the MSA established a standard for supervisory ratios such that, by December 2008 and thereafter, 95 percent of all offices should have sufficient supervisory staff to maintain a ratio of five workers to one supervisor (Section II.E.20).

As shown in Figure 53, the state reported that between January and June 2012, 100 percent of DCP&P local offices had sufficient supervisors to have ratios of five workers to one supervisor. The Monitor verified the state's reported information about supervision by asking all 106 caseworkers interviewed the size of their units and 104 (98%) caseworkers reported having units of five or fewer caseworkers with a supervisor.

**Figure 53: New Jersey DCP&P Supervisor to Caseload Staff Ratios  
(June 2009 – June 2012)**

2009	
June	96%
December	98%
2010	
June	100%
December	99%
2011	
June	99%
December	99%
2012	
June	100%



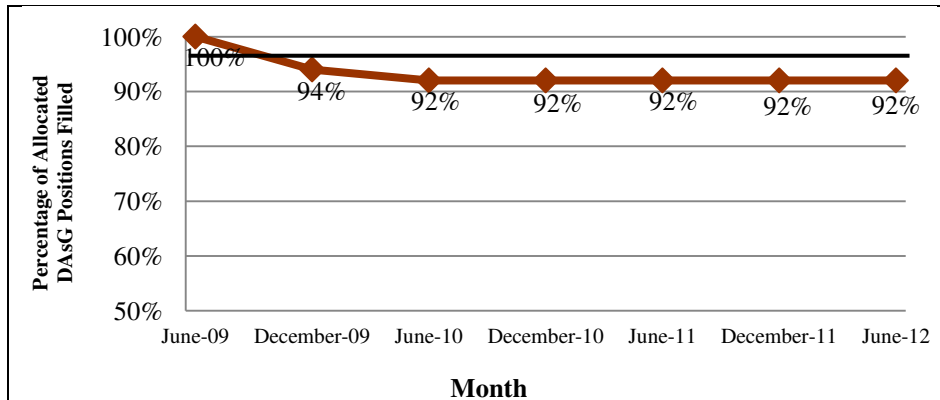
Source: DCF data

### Adequacy of DAsG Staffing

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

**Figure 54: Percentage of Allocated DAsG Positions Filled  
(June 2009 – June 2012)**

2009	
June	100%
December	94%
2010	
June	92%
December	92%
2011	
June	92%
December	92%
2012	
June	92%



Source: DCF data

\*Interim Benchmark by June 2009 (95%)

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***Performance as of June 30, 2012:***

DCF reports that as of June 30, 2012, 130 (92%) of 142 Deputy Attorneys General (DAsG) staff positions are filled. Of those, eight DAsG are on full-time leave. Thus, there are a total of 122 available DAsG. Since 2009, the number of available DAsG has remained relatively consistent in each monitoring period, but DCF has yet to meet the performance standard.

***B. Training***

Between January 1 and June 30, 2012 DCF completed a multi-year effort to intensively train its staff on New Jersey's Case Practice Model while fulfilling all of its other training obligations required by the MSA, as shown in Table 28 below.<sup>125</sup>

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<sup>125</sup> In any six month period there is not an exact correlation between number of staff trained and number of staff hired because of different points of entry, as reflected, for example, in the number of staff hired in the previous monitoring period that were trained in this monitoring period, and the number of staff hired in this monitoring period that will be trained in the next monitoring period.

**Table 28: Staff Trained  
(January 1, 2006 – June 2012)**

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

Source: DCF data

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### **Pre-service Training**

One hundred and eighty six caseload carrying staff (Family Service Specialist Trainees and Family Service Specialists) were hired between January 1 and June 30, 2012. DCP&P trained 177 workers during this monitoring period, 45 of whom were hired in the previous monitoring period. One worker who was hired in the previous monitoring period and was scheduled to complete training during this monitoring period left DCF before completing training. Another sixteen workers were trained through the BCWEP program, for a total of 192 staff who were trained and passed competency exams.<sup>126</sup>

The Monitor reviewed a random sample of 20 percent of staff transcripts and cross-referenced them with Human Resources data to determine that the Family Service Trainees and Family Service Specialists took the training and passed competency exams. The Monitor verified that all the newly hired and/or promoted staff were enrolled in Pre-service training within two weeks of their start dates and passed competency exams as required by the MSA (Section II.B.1.b).

### **Case Practice Model Training**

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

As reflected in Table 29 below, between January 1 and June 30, 2012, the New Jersey Child Welfare Training Academy (Training Academy) trained 147 staff on Module 1 of the Case Practice Model. The Training Academy also trained 102 staff on Module 2. These are the first two training modules in the six part series.

Modules 3 through 6 of the series take place on site in DCP&P local offices and are part of the immersion training described in previous reports. In these immersion sites, between January 1 and June 30, 2012, 142 staff were trained in Module 3, 200 were trained in Module 4, 349 were trained in Module 5, and 82 staff were trained on Module 6. Staff was trained on Modules 3 through 6 by the New Jersey Child Welfare Training Partnership (Training Partnership).<sup>127</sup>

The Monitor reviewed a random sample of 20 percent of staff transcripts reflecting Case Practice Model training and cross-referenced them with Human Services data to determine that staff took Case Practice Model training and passed competency exams.<sup>128</sup>

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<sup>126</sup> The Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Kean University and Ramapo College) that enables students to earn the Bachelor of Social Work (BSW) degree. As discussed in *Progress of the New Jersey Department of Children and Families: Period V Monitoring Report for Charlie and Nadine H. v. Christie – July 1, 2008 through December 31, 2008*, Washington, D.C., pg. 34, the Monitor previously determined that this course of study together with Worker Readiness Training designed by the DCF Child Welfare Training Academy satisfies the MSA requirements. All BCWEP students are required to pass the same competency exams that non-BCWEP students take before they are permitted to carry a caseload.

<sup>127</sup> The New Jersey Child Welfare Training Partnership is a consortium of four New Jersey colleges and universities (Rutgers School of Social Work, Montclair State University Center for Child Advocacy, Kean University, and the Richard Stockton College of New Jersey) that DCF contracts with to provide In-Service training to DCP&P staff.

<sup>128</sup> Staff transcripts for Case Practice Model and Immersion Site training were pulled using the Random Integer Generator located on [www.random.org](http://www.random.org).

**Table 29: Staff Trained on Case Practice Model Modules  
(January 1 – June 30, 2012)**

<b>Training</b>	<b>Settlement Commitment Description</b>	<b># of Staff Trained in 1st 6 months 2009</b>	<b># of Staff Trained in 2nd 6 months 2009</b>	<b># of Staff Trained in 1st 6 months 2010</b>	<b># of Staff Trained in 2<sup>nd</sup> 6 months 2010</b>	<b># Staff trained in 1<sup>st</sup> half 2011</b>	<b># Staff Trained 2<sup>nd</sup> half 2011</b>	<b># Staff Trained in 1<sup>st</sup> half of 2012</b>
<b>Module 1 - Engaging Families and Building Trust-Based Relationships</b>	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	110	89	176	102	132	103	147
<b>Module 2 - Making Visits Matter</b>	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	89	112	149	128	131	99	107
<b>Module 3 - Teaming with Families</b>	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	872	706	560	527	669	391	142
<b>Module 4 - Assessment</b>	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	649	640	592	464	539	551	200
<b>Module 5 - Planning and Intervention</b>	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	378	885	455	295	437	797	349
<b>Module 6 - Supervising Case Practice in NJ</b>	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	37	207	110	113	57	154	82

Source: DCF data

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### **Concurrent Planning Training**

Rutgers School of Social Work continues to provide concurrent planning training to all staff who complete Pre-Service training or to staff who recently became case-carrying staff and are in need of concurrent planning training. Concurrent planning is the practice of simultaneously planning for more than one permanency outcome for a child in care. DCF continues to incorporate concurrent planning approaches into FTMs and other family conferences.

As reflected in Table 29, between January 1 and June 30, 2012, 101 (100%) out of 101 new DCP&P caseworkers were trained in concurrent planning and passed competency exams.

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

### **Investigation (or First Responder) Training**

All 236 (100%) employees assigned to Intake and Investigations in this monitoring period successfully completed First Responders training and passed competency exams (See Table 29).

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

### **Supervisory Training**

As reflected in Table 29 above, a total of 33 supervisors were trained and passed competency exams between January 1 and June 30, 2012; 13 of these supervisors were appointed at the end of the last monitoring period. A total of 40 supervisors were appointed in this monitoring period, 20 of whom were appointed at the end of the period and are scheduled to complete supervisory training in the next monitoring period.

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

### **New Adoption Worker Training**

Eighteen newly appointed Adoption workers were trained between January 1 and June 30, 2012.

The Monitor reviewed all 18 staff transcripts and cross-referenced them with Human Resources data to verify that the state complied with MSA (Section II.G.9.).

In addition, DCF reports that during this monitoring period nine investigators completed IAIU training between January 1 and June 30, 2012.

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### **In-Service Training**

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

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

##### **QUALITATIVE REVIEW**

DCF's Office of Performance Management and Accountability continues to facilitate statewide Qualitative Reviews, led by the Office of Quality. During this monitoring period, DCF reviewed 107 cases from nine counties<sup>129</sup>, typically reviewing 12 cases from each county. The reviews focus on the status of children, the status of practice and the functioning of systems in each of the counties. The child's legal guardian is asked to give informed consent for participation in the Review. Trained review teams of two persons that include DCF staff, community stakeholders and Monitor staff review DCP&P case records and interview as many people as possible who are involved with the child and family. Following the QR in each county, areas of accomplishment and challenges for the system are identified and discussed to inform continued case practice improvement. Selected QR results are also used to report on several MSA requirements. Preliminary 2012 QR results covering only the first six months of the year are included in this report.

An annual report on the QRs will be released by DCF. The Monitor will provide a more full report of the findings from the 2012 QRs in the next monitoring report.

##### **NJ SPIRIT**

DCF continues to work to improve data entry, data quality and data reporting through NJ SPIRIT. Additionally, DCF continues to fulfill the MSA requirement to produce agency performance reports with a set of measures approved by the Monitor and to post these reports on the DCF website for public viewing (MSA II.J.6).<sup>130</sup>

NJ SPIRIT functionality was again enhanced during this monitoring period. The new case plan module became fully functional in April 2012. As a result, documentation has been streamlined by allowing workers to create one case plan for children in both in-home and out of home placement settings. Workers can also add multiple case participants to each identified strength and need of a family and add multiple case participants to one visitation plan. The Education module has been expanded to align with the 2008 Fostering Connections to Success Act.<sup>131</sup> Each participant in a case has their own individual education record, which allows NJ SPIRIT to capture a child's complete education history, even when a child is involved in more than one case. Finally, workers can now document and print court reports directly from NJ SPIRIT, which until now has been a barrier to more effective partnering with the courts.

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<sup>129</sup> Qualitative Reviews were conducted in Bergen, Burlington, Cape May, Cumberland, Gloucester, Mercer, Morris, Passaic and Union counties.

<sup>130</sup> See <http://www.state.nj.us/DCF/childdata/>

<sup>131</sup> H.R. 6893--110th Congress: Fostering Connections to Success and Increasing Adoptions Act of 2008. (2008) available at <http://www.govtrack.us/congress/bills/110/hr6893>

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DCF has been working in collaboration with New Jersey Office of Information Technology (OIT) to develop a new reporting tool through the inclusion of NJ SPIRIT data in OIT's Electronic Data Warehouse (EDW). When fully developed, DCF will be able to create reports that cut across three divisions, and potentially other State departments (i.e. health and education) in order to more effectively monitor child, youth and family outcomes.

The NJ SPIRIT Help Desk has continued to publish an electronic newsletter to communicate changes and enhancements to NJ SPIRIT to the DCP&P local offices. The monthly newsletter is emailed to field staff and posted on the DCP&P intranet. The newsletter also serves to notify staff of recent changes and planned future NJ SPIRIT enhancements. Between January and June 2012, the Help Desk closed 11,805 tickets requesting help or NJ SPIRIT fixes. Help Desk resolved 6,728 (57%) of the 11,805 closed tickets within one work day and an additional 3,069 (26%) tickets within seven work days for a total of 83 percent resolved within seven work days. The Help Desk also trained contracted agencies providing supervised visitation services for the Division; these agencies are now able to document visits directly in NJ SPIRIT.

The State received approval of the federal AFCARS Improvement Plan (AIP) in January 2012, and began the process of correcting those General Requirements and Foster Care/Adoption data identified in order for the state to meet be in full compliance with federal requirements. The State will continue to partner with ACF throughout the AIP process.

### **Safe Measures**

DCF reports continued refinement to reporting data using Safe Measures and a sustained increase in Safe Measures usage by staff. Data show that Safe Measures screens were viewed by DCF staff 1,307,050 times between January and June 2012 compared to 1,132,321 in the previous reporting period, a 15 percent increase. Additionally, DCF is developing a number of new reports in Safe Measures to help staff better manage caseloads and worker responsibilities.

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

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## **XV. FISCAL YEAR 2013 BUDGET**

As previously reported, DCF's Fiscal Year (FY) 2013 budget for the period July 1, 2012 through June 30, 2013 totals \$1.037 billion in state funds. The total budget has a net increase of approximately \$1 million over the FY 2012 adjusted appropriation of \$1.036 billion largely due to the addition of new responsibilities to DCF with the accompanying transfer of funds from other state agencies. Thus, a \$37.6 million increase in the DCF budget is a result of the statewide restructuring of programs to DCF including women's services from the Department of Community Affairs (DCA) and children's services from the Division of Developmental Disabilities (DDD) in the Department of Human Services. If this reallocation of services was not included, DCF's overall FY 2013 budget would be \$999.8 million, a decrease of \$37.2 million in state funding from the prior year for comparable responsibilities. The FY 2013 budget decrease for these expenditure categories is offset by a projected increase of \$19.5 million in federal funds and other dedicated resources. DCF budgeted for 6,643 positions in FY 2013, an increase of 22 from FY 2012, reflecting staff realigned from other state departments (11 from DCA and 11 from DDD).

While the Monitor had previously expressed concern about the potential impact of the budget, DCF reports that it expects its FY 2013 budget is sufficient to maintain New Jersey's commitments under the MSA and support its progress with desired reforms. To date, the Monitor has not seen evidence that budget pressures are restricting DCF's ability to meet its commitments under the MSA. The Monitor will continue to assess this as the year progresses, particularly if the number of children in foster care rises and caseloads exceed MSA standards.

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

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

## Appendix B: DCF Organizational Chart

### Department of Children & Families

