

Progress of the New Jersey
Department of Children and Families

Monitoring Period XIV
(April 1 – December 31, 2013)

Monitoring Report
Charlie and Nadine H. v. Christie

July 17, 2014

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

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

April 1 – December 31, 2013

TABLE OF CONTENTS

I.	INTRODUCTION	1
II.	SUMMARY OF PERFORMANCE	4
III.	CHILD AND FAMILY OUTCOME AND CASE PRACTICE PERFORMANCE MEASURES	11
IV.	DCF’S INVESTIGATIVE PRACTICE	44
	A. New Jersey’s State Central Registry (SCR)	44
	B. Timeliness and Quality of Investigative Practice	47
	C. Institutional Abuse Investigative Unit (IAIU): Investigations of Allegations of Child Maltreatment in Placements	51
V.	IMPLEMENTING THE CASE PRACTICE MODEL	56
	A. Activities Supporting the Implementation of the Case Practice Model	56
	B. Performance Measures on Family Team Meetings and Case Planning	60
	C. Performance Benchmarks Related to Safety and Risk Assessments	70
	D. Performance Measures on Caseworker, Parent-Child and Sibling Visits	72
VI.	THE PLACEMENT OF CHILDREN IN OUT-OF-HOME CARE	82
	A. Recruitment and Licensure of Resource Family Homes	85
	B. Performance Measures on Placement of Children in Out-of-Home Care	92
VII.	REPEAT MALTREATMENT AND RE-ENTRY INTO CARE	100
VIII.	TIMELY PERMANENCY THROUGH REUNIFICATION, ADOPTION OR LEGAL GUARDIANSHIP	104
IX.	HEALTH CARE FOR CHILDREN IN OUT-OF-HOME PLACEMENT	118
	A. Health Care Delivery System	119
	B. Health Care Performance Measures	119

X.	MENTAL HEALTH CARE	134
	A. Mental Health Delivery System	134
	B. Mental Health Performance Measures	136
XI.	SERVICES TO PREVENT ENTRY INTO FOSTER CARE AND TO SUPPORT REUNIFICATION AND PERMANENCY.....	140
XII.	SERVICES TO OLDER YOUTH.....	142
	A. New Developments	142
	B. Updates to Current Practice.....	143
	C. Performance Measures for Services to Older Youth.....	147
XIII.	SUPPORTING A HIGH QUALITY WORKFORCE: CASELOADS AND TRAINING.....	152
	A. Caseloads.....	152
	B. Training	164
XIV.	ACCOUNTABILITY THROUGH QUALITATIVE REVIEW AND THE PRODUCTION AND USE OF ACCURATE DATA.....	170
XV.	FISCAL YEAR 2014 AND PROPOSED 2015 BUDGET	175

APPENDICES

A.	Glossary of Acronyms Used in Monitoring Report.....	A-1
B.	Local Office Performance on Selected Measures	
	1. Measure 7a: Initial Family Team Meeting Held within 30 days from the Removal	B-1
	2. Measure 7b: Quarterly Family Team Meetings Held Every Three Months of a Child’s Placement.....	B-2
	3. Measure 8c: Risk Assessments/Reassessments Completed within 30 days prior to Case Closure	B-3
	4. Measure 17: Caseworker Visits With Children in Placement.....	B-4
	5. Measure 18: Caseworker Visits with Parent(s) Goal of Reunification.....	B-5
	6. Measure 20: Parent Visits with Child – Goal of Reunification	B-6
C.	New Jersey Department of Children and Families Needs Assessment.....	C-1
D.	Case Worker Caseload Compliance by Local Office	
	1. Intake Caseload Compliance	D-1
	2. Adoption Caseload Compliance	D-2
E.	DCF Organizational Chart	E-1

LIST OF TABLES

TABLE

1.	<i>Charlie and Nadine H. v. Christie</i> Child and Family Outcome and Case Practice Performance Measures (Summary of Performance as of December 31, 2013).....	12
2.	IAIU Investigative Timeliness: Percent of Investigations Completed within 60 days (April-December 2013).....	53
3.	Number of FTM Facilitators, Coaches and Master Coaches Developed as of December 31, 2013	57
4.	Five Month Enhanced Review (April–December 2013)	58
5.	Ten Month Enhanced Review (April–December 2013).....	59
6.	Assignment to Adoption Worker within 5 days of Goal Change to Adoption (April–December 2013).....	59
7.	Family Team Meetings Held within 30 days (April–December 2013)	62
8.	Quarterly Family Team Meetings Held (April–December 2013).....	63
9.	Case Plans Developed within 30 days of Child Entering Placement (April–December 2013).....	66
10.	Case Plans Updated Every 6 months (April–December 2013).....	67
11.	Selected Demographics for Children in Out-of-Home Placement as of December 31, 2013	83
12.	Resource Family Homes Licensed and Closed (January–December 2013).....	87
13.	Newly Licensed Resource Family Homes Compared to County/State Targets (January–December 2013).....	89
14.	Total Number of Resource Family Applications Resolved in 150 and 180 Days for Applications Submitted October 2012 through June 2013	90
15.	Shelter Placements for Youth Aged 13 or Older (January 2008 – December 2013).....	99
16.	Adoption Finalizations by CP&P Local Office (January–December 2013).....	110
17.	TPR Filing for Children with a Permanency Goal of Adoption (April–December 2013).....	112
18.	Child Specific Recruitment Plans Developed within 30 or 60 days of Goal Change for Children without Identified Adoption Resource (April–December 2013).....	114
19.	Adoptions Finalized within 9 months of Child’s Placement in an Adoptive Home (April–December 2013)	117
20.	Comprehensive Medical Examinations within 30 and 60 days of Entering DCF Custody (April–December 2013).....	123
21.	EPSDT for Children Ages 12-24 months (April–December 2013).....	126

22.	EPSDT Annual Medical Exams for Children Age 25 months and older (April–December 2013).....	126
23.	Provision of Required Follow-up Medical Care (December 31, 2013).....	129
24.	Health Passport: Presence in the Record, Evidence of Sharing Records (December 31, 2013)	132
25.	Youth in CP&P Custody in Juvenile Detention Post-Disposition Awaiting CSOC Placement (April–December 2013).....	136
26.	Mental Health Screening and Assessments for Children Age 2 and older as of December 31, 2013	138
27.	Unduplicated Number of Families Served by New Jersey’s FSCs (April–December 2013).....	141
28.	Ten Contracted Services Provided by FSCs Statewide between April and August 2013.....	141
29.	Revised Contracted Services Provided to Families by FCSs between September and December 2013	141
30.	Youth Transitional and Supported Housing as of December 31, 2013	144
31.	DCF/CP&P Individual Caseload Standards.....	152
32.	Number Of DCF/DCP&P Investigations and Secondary Intake Assignments By Month (April – December 2013).....	158
33.	Percentage of DCF/CP&P Investigations Assigned to Non-Caseload Carrying Staff by Month (September–December 2013).....	160
34.	DCF Staff Trained (January 1, 2006 – December 31, 2013).....	165
35.	DCF Staff Trained on Case Practice Model Modules (January 1, 2009 – December 31, 2013).....	167
36.	Qualitative Review Racial Demographics (April–December 2013)	170
37.	Qualitative Review Child and Family Status Results (April–December 2013).....	171
38.	Qualitative Review Practice/System Performance Results (April–December 2013).....	172

LIST OF FIGURES

FIGURE

1.	Number of Calls to SCR by Month (April–December 2013).....	45
2.	Percentage of Investigations Received by the Field in a Timely Manner (June 2009 – December 2013).....	47
3.	Percentage of Investigations Commenced within Required Response Time (June 2009 – December 2013).....	48
4.	Percentage of Abuse/Neglect Investigations Completed within 60 days (June 2009 – December 2013).....	49
5.	Referral Sources for all IAIU Referrals (January–December 2013).....	51
6.	Percentage of IAIU Investigations Completed within 60 days (June 2009 – December 2013).....	52
7.	Cases Rated Acceptable on Family Involvement and Effective Use of Family Team Meetings (April–December 2013).....	63
8.	Percentage of Children Entering Care with Case Plans Developed within 30 days (June 2009 – December 2013).....	65
9.	Percentage of Case Plans Reviewed and Modified as Necessary at least every 6 months (June 2009 – December 2013).....	66
10.	Cases Rated Acceptable on Quality of Case and Service Planning (April–December 2013).....	68
11.	Cases Rated Acceptable on Planning to Meet Educational Needs (April–December 2013).....	69
12.	Performance on Safety Assessments Completed prior to Investigation Completion, Risk Assessments Completed prior to Investigation Completion and Risk Reassessments Completed within 30 days prior to Case Closure (April–December 2013).....	71
13.	Percentage of Children who had Two Visits per month during First Two months of an Initial or Subsequent Placement (December 2009 – September 2013).....	73
14.	Percentage of Children in Out-of-Home Care who had at least One Caseworker Visit per month in his/her Placement (June 2009 – December 2013).....	74
15.	Percentage of Families who have at least Twice per month Face-to-Face Contact with Caseworker when the Goal is Reunification (June 2009 – December 2013).....	76
16.	Percentage of Parents who had at least One Face-to-Face Contact with Caseworker who had a Permanency Goal other than Reunification (December 2009 – December 2013).....	77
17.	Percentage of Children with Weekly Visits with their Parent(s) (June 2009 – December 2013).....	78
18.	Percentage of Children who had at least Two Visits per month with their Parent(s) (December 2009 – December 2013).....	79

19.	Percentage of Children in Custody who have at least Monthly Visits with Siblings, for Children not Placed with Siblings (December 2010 – December 2013).....	80
20.	Children in CP&P Out-of-Home Placement by Type of Placement as of December 31, 2013	82
21.	Children in Out-of-Home Placement (December 2009 – December 2013)	84
22.	Children Receiving In-Home Services (December 2009 – December 2013).....	84
23.	Number of Licensed Resource Family Homes Compared to Statewide Target (January–December 2013).....	85
24.	Newly Licensed Resource Family Homes (Kinship and Non-Kinship) (April–December 31, 2013).....	86
25.	Reasons for Resource Home Closures (April–December 2013)	88
26.	Cases Rated Acceptable on Appropriateness of Placement (April–December 2013).....	92
27.	Percentage of Children Placed in a Family Setting (June 2009 – December 2013).....	93
28.	Percentage of Sibling Groups of Two or Three Placed Together (CY 2008 – 2013)	94
29.	Percentage of Sibling Groups of Four or More Placed Together (CY 2008 – 2013)	95
30.	Percentage of Children Entering Care who had Two or Fewer Placements within 12 months of Entering Care (CY 2007 – 2012).....	96
31.	Percentage of Children over Age 13 Placed in Compliance with MSA Standards (June 2008 – December 2013).....	98
32.	Percentage of Children who Re-Entered Custody within One Year of Date of Exit (CY 2007 – 2012).....	103
33.	Percentage of Children who Entered Foster Care in CY 2012 and were Discharged to Permanency within 12 months from Removal (CY 2006 – 2012)	105
34.	Discharge to Permanency for Children in Care between 13 and 24 months (Of all Children in Care on the First Day of CY 2013 and had been in Care between 13-24 months, Percentage of Children who were Discharged to Permanency prior to their 21 st Birthday or by the Last Day of the Year (CY 2006 – 2013)	106
35.	Discharge to Permanency for Children in Care 25 months or longer (Of all Children who were in Foster Care for 25 months or longer on the First Day of CY 2013, Percentage Discharged to Permanency prior to their 21 st Birthday or by the Last Day of the Year) (CY 2006 – 2013)	107
36.	Percentage of Children Discharged to Final Adoption in less than 12 months from the Date of Becoming Legally Free (CY 2005 – 2012).....	108
37.	Percentage of Children who Exit to Adoption within 30 months of Removal (CY 2006 – 2013)	109
38.	Percentage of Child Specific Recruitment Plans Developed with 30 Days of Goal Change to Adoption (December 2010 – December 2013).....	113

39.	Percentage of Children with Goal of Adoption for whom Adoptive Home Had not been identified at time of Termination of Parental Rights (TPR) who were Placed in Adoptive Home within 9 months of TPR (June 2009 – December 2013)	115
40.	Percentage of Adoptions Finalized within 9 months of Adoptive Placement (June 2009 – December 2013)	116
41.	Percentage of Children who Received Pre-Placement Assessment in a Non-Emergency Room Setting or Other Settings Appropriate to the Situation (June 2009 – December 2013)	120
42.	Percentage of Children with Comprehensive Medical Examination (CME) within 30 days of Entering Out-of-Home Care (December 2009 – December 2013)	121
43.	Percentage of Children with Comprehensive Medical Examination (CME) within First 60 days of Placement (June 2009 – December 2013)	122
44.	Percentage of Children Ages 12-24 months Up-to-Date on EPSDT Visits (June 2009 – December 2013)	124
45.	Percentage of Children older than 2 years Up-to-Date on EPSDT Visits (June 2009 – December 2013)	125
46.	Percentage of Children Current with Semi-Annual Dental Exams (June 2009 – December 2013)	127
47.	Percentage of Children Who Received Follow-up Care for Needs Identified in CME (June 2009 – December 2013)	128
48.	Percentage of Children in Custody Current with Immunizations (June 2009 – December 2013)	130
49.	Percentage of Caregivers who Received Health Passports within 5 days of Child’s Placement (December 2009 – December 2013)	131
50.	Percentage of Caregivers who Received Health Passports within 30 days of Child’s Placement (December 2009 – December 2013)	132
51.	Children in Out-of-State Placement (June 2011 – December 2013)	135
52.	Percentage of Children with Suspected Mental Health Needs who Received Mental Health Assessment (December 2009 – December 2013)	136
53.	Percentage of Youth Aged 14-18 with Independent Living Assessment (December 2009 – December 2013)	148
54.	Youth Existing Care with Housing and Employed or Enrolled in Educational or Vocational Training Program (December 2009 – December 2013).....	150
55.	Percentage of DCF/CP&P Local Offices Meeting Average Caseload Standards for Intake Workers (June 2009 – December 2013).....	154
56.	Percentage of DCF/CP&P Local Offices Meeting Average Caseload Standards for Permanency Workers (June 2009 – December 2013)	154
57.	Percentage of DCF/CP&P Local Offices Meeting Average Caseload Standards for Adoption Workers (June 2009 – December 2013).....	155
58.	Percentage of Intake Workers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – December 2013).....	156
59.	Percentage of IAIU Workers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – December 2013).....	161

60.	Percentage of Adoption Workers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – December 2013)	162
61.	New Jersey CP&P Supervisor to Caseload Staff Ratios (June 2009 – December 2013)	163
62.	Percentage of Allocated DAsG Positions Filled (June 2009 – December 2013)	164

I. INTRODUCTION

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

As reported in the previous monitoring period, the impact of Superstorm Sandy was far-reaching. The aftereffects of the storm effected workers and their families, as well as resource families, children, youth and families involved with Department of Children and Family Services (DCF). In recognition of that, and the difficulties Superstorm Sandy created for the state and its ability to provide services in the immediate aftermath of the storm, the parties to this lawsuit agreed and the Court sanctioned extending the previous reporting period—which otherwise would have covered July to December 2012—by three months to March 31, 2013. As a result, the previous report includes nine months of performance data for the period July 1, 2012 to March 31, 2013. In order to resume a schedule of reporting based on six month periods, the parties agreed and the Court sanctioned that this report will include nine months of performance data for the period April to December 2013. Hereafter, reporting will resume a schedule of six month increments, and the next monitoring report will cover January to June 2014. The Monitor again commends DCF for its exemplary work during and after Superstorm Sandy and recognizes the fact that New Jersey's child welfare system responded and continued to operate smoothly through a natural disaster, which is indicative of its solid infrastructure and committed workforce.

This is the 14th monitoring report under the MSA and the eighth report that includes Phase II requirements of the MSA.²

Methodology

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

- **Caseload Data Verification**

The Monitor conducted a telephone survey of 125 workers to verify their individual caseloads during this monitoring period. Findings from this survey are discussed in Section XIII—Supporting a High Quality Workforce—of this report.

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

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

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

The Monitor collaborated with DCF to review case records of 106 youth ages 18-21 years who exited care between January and December 2013 without achieving permanency. The review, which took place in two parts—December 2013 and February 2014—primarily focused on the education, housing and employment status of these youth and the transition planning activities undertaken by DCF. Findings and recommendations from the review are discussed in Section XII—Services to Older Youth—of this report.

- **Shelter Placement Data Review**

The Monitor reviewed 17 out of 44 cases from April through December 2013 in which youth age 13 and older were placed in shelters for more than 30 days pursuant to court order to examine whether the exceptions to the 30 day limit, which permits shelter placement to extend beyond 30 days pursuant to a court order, were appropriately applied. (See Section VI – The Placement of Children in Out-of-Home Care).

- **Visitation Data Review**

The Monitor reviewed 50 out of 507 case records from September 2013 of families with children newly in placement to verify that the children had the requisite two visits from their caseworker during the first two months of the initial or subsequent out-of-home placement. Findings from this validation review are discussed in Section V—Implementing the Case Practice Model—of this report.

- **Other Monitoring Activities**

The Monitor interviewed and/or visited multiple external stakeholders of New Jersey’s child welfare system, including contracted service providers, youth, relatives, birth parents, advocacy organizations and judicial officers. The Monitor also periodically attends DCF’s ChildStat meetings, statewide Child Fatality/Near Fatality Review Board meetings, adolescent practice forums, Area Director meetings, Health Care Case Reviews, youth permanency meetings, youth advisory board meetings and participates in statewide Qualitative Reviews. DCF has fully cooperated with the Monitor in notifying them and facilitating their participation in relevant activities.

Structure of the Report

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

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

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

In order to better understand the progress DCF has made since the start of the reform, the report includes, where appropriate, trend data from the first available data, usually June 2009 through December 2013.³ In addition, Appendices B-1 through B-6 provide data by Local Office on selected key case practice measures.

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

II. SUMMARY OF PERFORMANCE

The progress documented in this report covering April through December 2013 represents a statewide effort to improve outcomes for children and families involved with New Jersey's Department of Children and Families (DCF), and reflects the committed work of staff and administrators, as well as their partners in private agencies, the courts, resource parents and other service providers.

DCF continues to make significant progress toward meeting the requirements of the *Charlie and Nadine H. v. Christie* Modified Settlement Agreement (MSA) including demonstrating improved implementation of New Jersey's Case Practice Model (CPM), specifically meeting standards on timeliness of case planning and increasing performance on Family Team Meetings (FTMs), a critical component of the CPM. Further, as the report makes clear, the state has sustained compliance on a number of MSA performance measures, sometimes for several years. DCF is also demonstrating their increased capacity and efforts to effectively collect and use quantitative and qualitative data for management and practice improvements, an important and potentially enduring achievement.

In January 2014, DCF appointed the former Director of Family and Community Partnerships (FCP) who led the statewide expansion of Family Success Centers and Early Childhood Programs, including the Home Visitation Program and the Strengthening Families initiative, to be the new Assistant Commissioner directly responsible for CP&P. Chosen for her extensive expertise, including being the former Deputy Director of case practice at DYFS, she is expected to increase the focus throughout the state on the consistency of quality case practice. Additionally, in February 2014 the former Area Director of Camden County was appointed the new DCF Director of Family and Community Partnerships. DCF also made leadership changes in some Area Offices during this monitoring period, many involving supervisors and managers DCF has been training and cultivating to move into leadership positions.

Other noteworthy accomplishments include:

- The commencement of child protective services investigations within one hour of the hotline call's completion for 97 percent of referrals;
- Consistent, solid performance on nearly all the MSA health care measures, indicating that children in out-of-home placement have dependable access to health care;
- Routine recruitment and licensing of kinship homes with the result that more children in placement are living with kin;
- Good Qualitative Review (QR) ratings on how children's out-of-home placement meets their developmental, emotional, behavioral and physical needs;
- Ongoing work to consistently implement the CPM by improving and deepening the quality of workers' case planning skills. New training models are in use to assist supervisors on site as they pursue practice improvement strategies;
- Expansion of DCF's policies and practices to support adolescents, including older youth transitioning out of care; and
- An approved Needs Assessment plan, developed after consultation with the Monitor and Plaintiffs, which involves a multi-year process to identify the strengths and address the

needs of children and youth in out-of-home placement and children at risk of entering care. By the end of CY 2014 DCF will have completed its first interim report on the northern region of the state, including Bergen, Essex, Hudson, Morris, Passaic, Sussex and Union counties. (See Appendix C).

During the monitoring period DCF continued to make progress toward meeting the Performance Measures in the Modified Settlement Agreement (MSA). As of December 31, 2013, 23 of the MSA's 53 Performance Measures⁴ have been met and seven were partially met.⁵ There are additional measures that were not met but where performance improved during the monitoring period.

Three Performance Measures were newly met during this monitoring period:

- Timeliness of Response to Investigations (Performance Measure 3)
- Timeliness of Initial Case Plans (Performance Measure 10)
- Timeliness of Current Case Plans (Performance Measure 11)

Four measures substantially improved during this monitoring period but are not yet at compliance levels:

- Holding initial and quarterly Family Team Meetings (Performance Measure 7a and 7b and Family Teamwork 7)⁶
- Visitation between children in custody and siblings placed apart (Performance Measure 21)
- Risk Re-assessment Prior to Case Closure (Performance Measure 8c)
- Youth Exiting Care (Performance Measure 55)

The report also includes findings on the Child and Family Status portion of the Qualitative Review conducted in the monitoring period indicating that the overall status of children and

⁴ Monitoring reports prior to Period XIII referenced 54 measures, however, performance for Measure 49 (Statewide Implementation of Differential Response, Pending Effectiveness of Pilot Sites) is not currently applicable as the DR pilot concluded June 30, 2012, leaving 53 measures.

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

⁶ During the previous monitoring period and continuing from April through December 2013, DCF was engaged in an effort to better capture legitimate reasons for why FTMs do not occur, either because the parent is unavailable or because the parent declined to attend. The parties agreed that, consistent with the previous monitoring period, while the state was involved in this self-diagnosis, the Monitor would continue to assess performance on FTMs by counting only those FTMs that actually occurred. After the conclusion of the monitoring period DCF provided the Monitor with additional data indicating that after successfully clarifying and implementing policy, it had confidence that staff were properly using and documenting exceptions. Given the timing, the Monitor has not yet been able to take steps necessary to validate this data. The Monitor and DCF will conduct a statistically valid case record review to validate the new data and issue a supplemental letter on this measure prior to the next full monitoring report.

families rated acceptable in 90 percent of cases reviewed, including a rating of 98 percent for safety in the home and 97 percent for physical health of the child reviewed. (See Section XIV).

The report also identifies challenges, most notably within the following adoption measures:

- The percentage of children who exit foster care to adoption within 30 months from removal;
- The placement of children in an adoptive home when there is not an identified home at the time of termination of parental rights; and
- The timely completion of child specific recruitment plans when necessary for children with a permanency goal of adoption.

Other areas identified as challenges are:

- Stability measures for children in placement;
- The quality of FTMs, case planning and case practice, including providing services to support transitions out of placement; and
- Increased rates of repeat maltreatment of children within one year of reunification.

The remainder of this summary discusses the strengths and challenges of current performance in the major substantive areas covered by the MSA. The data on specific Performance Measures are provided in Table 1 and the remainder of the report.

Investigative Practice

DCF continues to have a strong investigative practice. The State Central Registry (SCR) operates professionally, efficiently and effectively; reports of alleged abuse and neglect continue to be appropriately screened and timely forwarded to the field for investigation. Investigative staff are well trained. New developments at SCR include an update of the call management system to allow screeners and supervisors access to calls at their desktop via email, facilitating review of calls and timely supervision.

Investigation caseloads, while improved over the previous two consecutive monitoring periods, remain higher than acceptable. High intake caseloads may be affecting other areas of practice, particularly the timely completion of investigations, which decreased in performance by nine percent this monitoring period. The Monitor has not reassessed the quality of investigative practice this period but anticipates conducting a joint review with DCF of the quality of investigative practice and decision-making during the next monitoring period.

Implementation of the Case Practice Model

During this monitoring period, DCF continued to implement a number of approaches to improve case practice performance that appear to have been effective for the following Performance Measures: the timely completion of initial and current case plans; completion of risk re-assessments; and holding initial and quarterly Family Team Meetings (FTMs). One strategy is holding weekly conferences among DCF leadership, Area Directors and their Local Office

managers to review individual performance on specific key indicators, including visitation, FTMs and case plan development. Additionally, the CP&P Director continued to hold meetings with Area Directors who were required to submit performance improvement plans for specific measures where performance was low. These approaches, having already demonstrated success, are projected to accelerate the pace of change and lead to additional positive outcomes as measured by the MSA and for children and families in New Jersey.

The Quality Review (QR) ratings for Practice and for System Performance, one indicator of the quality of case practice statewide, have improved overall and notably in a few important areas such as family engagement and effective use of FTMs. However, while improved, the QR ratings remain below levels expected by both DCF leadership and the MSA and underscore the need for DCF to continue its efforts to bolster the quality of supervision and its focus on the quality of timely case plans and the case planning process. Similarly, work remains to ensure that caseworker visits with families happen consistently and to ensure that every visit is used as an opportunity to assess and effectively implement case plans that promote child safety, permanency and well-being.

DCF leadership throughout the state continue to demonstrate a solid commitment to transparent, inclusive practice improvement strategies. The faithful implementation of the QR process is one example. DCF maximizes the utility of ChildStat meetings by holding them monthly with staff and stakeholders to identify strengths, areas needing improvement and the service delivery and policy barriers that influence child and family outcomes. DCF also continues to develop leadership skills among its staff through its New Jersey Fellows Program; from its inception in 2012, as many as 178 staff, including supervisors and managers, have participated in the program. Designed specifically for staff to learn how to better use data to support improved case practice and outcomes for children and families, the project uses live lectures, data analysis skill building, team projects, coaching, mentoring and conference presentations to enhance the leadership skills of DCF staff all across the state.

Placement of Children in Out-of-Home Care

DCF's performance on MSA requirements regarding the appropriate placement of children in the state's custody remains strong overall. Consistent with the previous monitoring period, 99 percent of cases examined through the QR were judged to be acceptable on the appropriateness of a child's placement. DCF has also continued to meet standards related to the placement of children in a family setting and within placement capacity limits. Further, as repeatedly reported, there are now almost no children placed out of state for treatment and DCF meets all of the MSA requirements regarding restrictions on the use of inappropriate placements such as congregate care and shelter placement for young children and detention placements, an accomplishment met early in the reform and sustained over time. The state has continued to appropriately recruit, license, train and retain resource parents; this monitoring period more than 50 percent of the newly licensed families were relatives of children in care, a notable achievement. Recruitment for homes for large sibling groups and adolescents remains a DCF priority.

While the state's performance on the placement of sibling groups of four or more children together improved slightly, performance on placement of sibling groups of two or three together

fell from 82 percent in CY 2012—exceeding the MSA standard of 80 percent—to 77 percent in CY 2013, a return to CY 2010 levels. The state’s performance on the rate of stability for children in out-of-home care also declined: in CY 2011, 85 percent of children who entered care that year and had two or fewer placements within the next 12 months; in CY 2012, the most recent year for which data are available, performance declined to 82 percent: the MSA standard is that 88 percent of children will have two or fewer placements in the first 12 months of entering care.

Repeat Maltreatment and Re-Entry into Foster Care

The MSA has several Performance Measures related to the repeat maltreatment of children who have been served by CP&P through in-home services or in out-of-home placement. The two performance measures that remain to be met relate to repeat maltreatment of children within one year of reunification and the percentage of children and youth who re-enter placement within one year of leaving custody.

Timely Permanency through Reunification, Adoption or Legal Guardianship

The state’s performance on measures related to timely permanency through reunification, adoption or legal guardianship is based on calendar year data and the most recent data are presented in the report. Overall, DCF’s performance in timely meeting permanency goals and discharging children to permanency has improved slightly from the previous monitoring period but does not meet the levels required by the MSA final targets. While performance on adoption measures is generally positive, despite new strategies for improvement, DCF’s current performance on timely completion of child specific recruitment plans demonstrates a continued decline as well as an increase in the percentage of child specific recruitment plans never completed. There has also been a decline in performance for the small cohort of children without an identified adoptive home at the time of termination of parental rights and DCF continues to perform below the required MSA target on percentage of children who discharge from foster care to adoption within 30 months of their removal from home. On a positive note, performance on finalizing adoptions within nine months of an adoptive placement remains strong.

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

Since June 2011, DCF has demonstrated consistently solid performance on nearly all MSA Performance Measures related to health care services. As the Monitor has previously reported, DCF’s work through its Child Health Units and with its nurses and health and mental health providers has meant that performance on the MSA’s health and mental health indicators remains strong. Further, results from the QRs on the provision of health care services were rated acceptable for 96 percent of the cases reviewed.

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

As part of the state’s strategies to support families to keep children safe at home, over the past five years DCF has developed 51 Family Success Centers (FSCs), neighborhood based centers

where families can access services before falling into crisis. Since Superstorm Sandy in October 2012, these FSCs have become gateways to reach families in the counties that were hardest hit by the storm. In addition to providing families with assistance immediately following the storm, the FSCs offer dependable support and a place to build and restore communities. New Jersey's families have taken advantage of this resource as described in the report, and FSCs continue to be a significant system strength. Additionally, under the MSA, DCF continues to provide a range of post-adoption supports to families and has been working to increase its capacity to effectively identify families affected by domestic violence and link them to appropriate services. An area for continued improvement remains the provision of services to families and youth to support successful transitions and life adjustments which was rated acceptable in just under half of the cases reviewed in recent QRs.

Services to Older Youth

DCF has put significant energy and resources towards improving the provisions of services and supports to adolescents, including to those older youth transitioning out of care. The state's comprehensive review of its policies and programs has been one result of the focus on older youth. The Office of Educational Support (OES) moved under the Office of Adolescent Services (OAS) on July 1, 2013. This move has created opportunities for educating staff and resource parents about educational supports youth may need. DCF has also developed new partnerships with stakeholders that have led to expanded access to employment programs. An important change to policy pertaining to older youth that became effective April 1, 2013 is the updated Independent Living stipend policy, increasing the amount of funding available to be more comparable with current standards of living and to appropriately provide support for youth in independent living placements or receiving independent living services.

The state's work with older youth continues to positively affect performance on MSA measures. In December 2013, 96 percent of youth ages 14 to 18 completed Independent Living Assessments. A QR conducted between January 2012 and July 2013 of 44 cases of youth ages 18 to 21 found significant areas of strength, including the youth's safety, living arrangement, physical health and emotional well-being. Challenges remain, however, around appropriately planning with the youth for upcoming transitions and life changes.

The Monitor and DCF recently completed a case record review of 106 youth who exited care without achieving permanency between January and December 2013. Ninety-three percent of the youth had a plan for housing upon exiting care; however, a third of applicable youth were neither employed nor enrolled in education or vocational training programs at the time of their exit.

Continuous Quality Improvement

DCF's use of data to identify areas needing more attention, both in terms of areas of practice and geographically, is demonstrating progress. DCF leaders consistently review performance indicators with Local Office management. New Jersey's QRs also continue to provide county-level data on the state's progress in implementing the Case Practice Model with quality, and DCF staff at all levels are becoming increasingly comfortable with using data to diagnose and assess barriers to quality case practice. DCF's ChildStat meetings and the DCF Fellows Program

are both innovative strategies that promote the increased use of quantitative and qualitative data to better understand and improve system performance and outcomes.

While there remain areas requiring further progress to meet MSA outcomes, the Monitor believes that DCF's continued growth in its robust quality assurance and accountability processes will serve to enhance the quality of case practice and advance positive outcomes for New Jersey's children and families.

III. CHILD AND FAMILY OUTCOME AND CASE PRACTICE PERFORMANCE MEASURES

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

Many of the measures are assessed using data from NJ SPIRIT (the CP&P data management system) and SafeMeasures,⁸ reviewed and in many areas independently validated by the Monitor. Some data are also provided through the Department's work with Hornby Zeller Associates, Inc. that assists with data analysis. Data provided in the report are as of December 2013, or the most current data available.

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

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

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

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
<i>State Central Registry, Investigative Practice and Institutional Abuse Investigations Unit (IAIU)</i>						
CPM V.1	1. <u>Responding to Calls to the SCR</u> a. Total number of calls b. Number of abandoned calls c. Time frame for answering calls d. Number of calls screened out e. Number of referrals for CWS	Ongoing Monitoring of Compliance	a. 14,797 calls b. 390 abandoned calls c. 21 seconds d. 5,359 calls screened out e. 1,345 CWS referrals	a. 12,568 calls b. 281 abandoned calls c. 15 seconds d. 4,500 calls screened out e. 1,222 CWS referrals	Ongoing Monitoring of Compliance	N/A

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

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

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

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
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	See <i>Review of the New Jersey State Central Registry</i> , DCF, issued July, 2012. ¹² Performance not newly assessed this period.	Ongoing Monitoring of Compliance	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. 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. 96% of investigations commenced within required response time.</p>	<p>a. 100% of investigations were received by the field in a timely manner.</p> <p>b. 97% of investigations commenced within required response time.</p>	Yes	↑
CPM V.1 MSA III.B.3	<p>4. <u>Timeliness of Completion:</u> Investigations of alleged child abuse and neglect shall be completed within 60 days.</p>	By June 30, 2010, 98% of all abuse/ neglect investigations shall be completed within 60 days.	72% of investigations were completed within 60 days.	63% of investigations were completed within 60 days. ¹³	No	↓

¹² For full report of review, see http://www.state.nj.us/dcf/about/divisions/opma/SCRReport_7%2026%2012.pdf

¹³ Performance data for the monitoring period are as follows: April 2013, 70%; May 2013, 68%; June 2013, 71%; July 2013, 68%; August 2013, 69%; September 2013, 69%; October 2013, 66%; November 2013, 62%; December 2013, 63%.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
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"> a. Locating and seeing the child and talking with the child outside the presence of the caretaker within 24 hours of receipt by field; b. Conducting appropriate interviews with caretakers and collaterals; c. Using appropriate tools for assessment of safety and risk; d. Analyzing family strengths and needs; e. Seeking appropriate medical and mental health evaluations; f. Making appropriate decisions; and g. Reviewing the family's history with DCF/CP&P 	By December 31, 2009, 90% of investigations shall meet quality standards.	Data collected during a case record review conducted in January 2013 found that 78% of investigations reviewed met quality standards.	Ongoing Monitoring of Compliance ¹⁴	Data Not Available	N/A

¹⁴ The Monitor anticipates conducting a joint review with DCF of the quality of investigative case practice for the next monitoring report.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM V.1 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 and thereafter, 80% of investigations by IAIU shall be completed within 60 days.	85% of IAIU investigations involving group homes and other congregate care settings were completed within 60 days.	85% of IAIU investigations involving group homes and other congregate care settings were completed within 60 days.	Yes	↔

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
Implementation of Case Practice Model						
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 & 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 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>a. In March 2013, 56% of children newly entering placement had a family team meeting within 30 days of entering placement. From July 1, 2012 to March 31, 2013 performance ranged from 34 to 57%.</p> <p>b. In March 2013, 46% of children had at least one family team meeting each quarter. From July 1, 2012 to March 31, 2013 performance ranged from 30 to 46%.</p> <p>c. 24% of cases rated at least minimally acceptable on both QR 'Family Teamwork' indicators: team formation and team functioning.</p>	<p>a. In December 2013, 69% of children newly entering placement had a family team meeting within 30 days of entering placement. From April 1, 2013 to December 31, 2013 performance ranged from 43 to 69%.¹⁵</p> <p>b. In December 2013, 54% of children had at least one family team meeting each quarter. From April 1, 2013 to December 31, 2013 performance ranged from 43 to 54%.¹⁶</p> <p>c. 32% of cases rated acceptable on both QR 'Family Teamwork' indicators: team formation and team functioning.¹⁷</p>	No	↑

¹⁵ During the previous monitoring period and continuing from April through December 2013, DCF was engaged in an effort to both improve documentation and data entry to account for legitimate reasons for why FTMs do not occur, either because the parent is unavailable or because the parent declined to attend. The parties agreed that, consistent with the previous monitoring period, while the state was involved in this self-diagnosis and corrective action, the Monitor would continue to assess performance on FTMs by counting only those FTMs that actually occurred. The report's documented progress therefore includes the number of FTMs that have occurred. Performance data for the monitoring period are as follows: April 2013, 49%; May 2013, 43%; June 2013, 46%; July 2013, 51%; August 2013, 47%; September 2013, 46%; October 2013 56%; November 2013, 63%; December 2013 69%. After the conclusion of the monitoring period DCF provided the Monitor with additional data indicating that after successfully clarifying and implementing policy, it had confidence that staff were properly using and documenting exceptions. Given the timing, the Monitor has not yet been able to take steps necessary to validate this data. The Monitor and DCF will conduct a statistically valid case record review to validate the new data and issue a supplemental letter on this measure prior to the next full monitoring report.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM	8. <u>Safety and Risk Assessment</u> : Number/ percent of closed cases where a safety and risk of harm assessment is done prior to case closure.	By December 31, 2010, (a) 98% of investigations will have a safety assessment completed, (b) 98% of investigations will have a risk assessment completed, and (c) 98% of non-investigation cases will have a risk assessment or risk re-assessment completed within 30 days of case closure.	<ul style="list-style-type: none"> a. 100% of investigations completed had a safety assessment completed prior to investigation closure. b. 100% of investigations completed had a risk assessment completed prior to investigation closure. c. 59% of applicable closed cases had a risk re-assessment completed within 30 days prior to case closure.¹⁸ 	<ul style="list-style-type: none"> a. 100% of investigations completed had a safety assessment completed prior to investigation closure. b. 100% of investigations completed had a risk assessment completed prior to investigation closure. c. 92% of applicable closed cases had a risk re-assessment completed within 30 days prior to case closure.¹⁹ 	Partially	↑

¹⁶ See above footnote for an explanation of methodology. Using this methodology, in December 2013, out of 1,854 possible FTMs, 1,005 (54%) occurred. Performance data for the monitoring period are as follows: April 2013, 47%; May 2013, 48%; June 2013, 44%; July 2013, 43%; August 2013, 47%; September 2013, 46%; October 2013, 47%; November 2013, 50%; December 2013, 54%.

¹⁷ 43 of 133 (32%) in and out-of home cases rated acceptable on *both* indicators of Family Teamwork, team formation and team functioning; 62 of 133 cases (47%) rated acceptable on team formation; 50 of 133 cases (38%) cases rated acceptable on team functioning.

¹⁸ Applicable cases include reunification and do not include adoption, kinship legal guardianship or emancipation.

¹⁹ Applicable cases include reunification and do not include adoption, kinship legal guardianship or emancipation.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM V.4, 13.a.	10. <u>Timeliness of Initial Plans</u> : For children entering care, number/ percent of case plans developed within 30 days.	By June 30, 2010, 95% of case plans for children and families are completed within 30 days.	96% of children entering care had case plans developed within 30 days. Between July 2012 and March 2013, monthly performance ranged from 45 to 99%.	97% of children entering care had case plans developed within 30 days. Between April 2013 and December 2013, monthly performance ranged from 92 to 97%. ²⁰	Yes	↑
CPM V.4, 13.b.	11. <u>Timeliness of Current Plans</u> : For children entering care, number/ percent of case plans shall be reviewed and modified as necessary at least every six months.	By June 30, 2010, 95% of case plans for children and families will be reviewed and modified at least every six months.	99% of case plans were reviewed and modified as necessary at least every six months. From July 2012 through March 2013, monthly performance ranged from 59 to 99%.	98% of case plans were reviewed and modified as necessary at least every six months. From April 2013 through December 2013, monthly performance ranged from 94 to 99%. ²¹	Yes	↑

²⁰ Performance data for the monitoring period are as follows: April 2013, 96%, May 2013, 94%; June 2013, 94%; July 2013, 95%; August 2013, 92%; September 2013, 94%; October 2013, 96%; November 2013, 94%; December 2013, 97%. Because performance meets or is within one percentage point of the standard for all but one month during the monitoring period, the Monitor considers DCF to have met the final target.

²¹ Performance data for monitoring period are as follows: April 2013, 99%; May 2013, 99%; June 2013, 98%; July 2013, 98%; August 2013, 97%; September 2013, 95%; October 2013, 96%; November 2013, 94%; December 2013, 98%.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM V.4	12. <u>Quality of Case and Service Planning</u> : The child's/family's case plan shall be developed with the family and shall be individualized and appropriately address the child's needs for safety, permanency and well-being. The case plan shall provide for the services and interventions needed by the child and family to meet identified goals, including services necessary for children and families to promote children's development and meet their educational, physical and mental health needs. The case plan and services shall be modified to respond to the changing needs of the child and family and the results of prior service efforts.	By December 31, 2011, 90% of case plans rated acceptable as measured by the QR.	39% of cases rated at least minimally acceptable on both QR indicators 'Case Planning Process' and 'Tracking and Adjusting.'	41% of cases rated acceptable on both QR indicators 'Case Planning Process' and 'Tracking and Adjusting.' ²²	No	↔
CPM V.4	15. <u>Educational Needs</u> : Children will be enrolled in school and DCF will have taken appropriate actions to ensure that their educational needs will be met.	By December 31, 2011, 90% of cases rated acceptable as measured by the QR.	77% of cases rated acceptable on QR indicators 'Stability (school)' and 'Learning and Development - over age 5.'	67% of cases rated acceptable on QR indicators 'Stability (school)' and 'Learning and Development - over age 5.' ²³	No	↓

²² 133 in and out-of-home cases were reviewed as part of the Quality Reviews (QRs) conducted from April to December 2013. 54 of the 133 (41%) cases rated acceptable on *both* the 'Case Planning Process' and 'Tracking and Adjusting' indicators; 62 of 133 cases (47%) rated acceptable on 'Case Planning Process'; 79 of 133 cases (59%) rated acceptable on 'Tracking and Adjusting.'

²³ 133 in and out-of-home cases were reviewed as part of the Quality Reviews (QRs) conducted from April to December 2013. Of the 133 only 49 involved children over the age of 5 and were in out-of-home placement. Of the 49 applicable cases, 33 rated acceptable on *both* the Stability (school) and Learning and Development (age 5 and older) QR indicators; 57 of 67 (85%) cases rated acceptable on Stability (school); 42 of 52 (81%) cases rated acceptable on Learning and Development for children over age 5.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
MSA III.B 7.a	16. <u>Caseworker Visits with Children in State Custody</u> : Number/percent of children where caseworker has two visits per month (one of which is in the placement) during the first two months of an initial placement or subsequent placement for a child in state custody.	By December 31, 2010, during the first two months of an initial placement or subsequent placement, 95% of children had at least two visits per month.	84% of children had two visits per month, one of which was in the placement, during the first two months of an initial or subsequent placement. ²⁴	In September 2013, 89% 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. ²⁵	No	↑
MSA III.B 7.b	17. <u>Caseworker Visits with Children in State Custody</u> : Number/ percent of children where caseworker has at least one caseworker visit per month in the child's placement.	By June 30, 2010, 98% of children shall have at least one caseworker visit per month during all other parts of a child's time in out-of-home care.	94% of children had at least one caseworker visit per month in his/her placement. ²⁶ Monthly range July 2012 – March 2013: 85 – 94%.	94% of children had at least one caseworker visit per month in his/her placement. ²⁷ Monthly range April – December 2013: 93 – 95%. ²⁸	Partially ²⁹	↑

²⁴ Data validation by the Monitor and DCF of NJ SPIRIT reports on this measure as compared with written case documentation identified some errors in categorizing workers' visits with children. As a result, DCF conducted an internal audit of all applicable cases in March 2013 and determined the compliance data presented above. CSSP's independent data validation confirmed this finding. Performance data for other months during the monitoring period were not fully validated and are not presented in this report.

²⁵ Performance data presented were determined through internal audit conducted by DCF of all applicable cases in September 2013. The Monitor conducted a secondary review of 50 cases. Performance data for other months during the monitoring period were not fully validated and are not presented in this report.

²⁶ An additional 5% of children had at least one caseworker visit per month for a total of 99% of children with at least one caseworker visit per month regardless of location.

²⁷ *Ibid.*

²⁸ Performance data for monitoring period are as follows: April 2013, 95%; May 2013, 94%; June 2013, 94%; July 2013, 94%; August 2013, 95%; September 2013, 94%; October 2013, 94%; November 2013, 93%; December 2013, 94%.

²⁹ The Monitor considers this performance measure to be partially met as performance is close to meeting the final target for caseworker monthly visits in placement and has demonstrated 99% of children in out-of-home placement were visited at least once by a caseworker regardless of location.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM MSA III.B 8.a	18. <u>Caseworker Visits with Parents/Family Members</u> : The caseworker shall have at least two face-to-face visits per month with the parent(s) or other legally responsible family member of children in custody with a goal of reunification.	By December 31, 2010, 95% of families have at least twice per month face-to-face contact with their caseworker when the permanency goal is reunification.	77% of parents or other legally responsible family members of children in custody with a goal of reunification had at least two face-to-face visits with a caseworker. Monthly range July 2012 - March 2013: 45 – 77%. ³⁰	74% 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 April – December 2013: 70 – 77%. ^{31,32}	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.	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. ³³	67% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month. Monthly range July 2012 - March 2013: 51 – 67%. ³⁴	66% of parents or other legally responsible family members had at least one face-to-face caseworker contact per month. Monday range April – December 2013: 63 – 71%. ^{35, 36}	No	↔

³⁰ For comparison purposes, cited performance does not exclude from calculations those instances where visits did not occur because the parent was unavailable or because contacts were not required. Therefore, cited performance is different than previously reported performance.

³¹ Actual performance is likely to be better than reported because reported performance does not exclude instances where a parent is unavailable or contacts are not required due to concerns regarding appropriate use of these exceptions.

³² Performance data for monitoring period for twice monthly visitation between caseworker and parent when the permanency goal is reunification are as follows: April 2013, 77%; May 2013, 77%; June 2013, 76%; July 2013, 76%; August 2013, 76%; September 2013, 73%; October 2013, 75%; November 2013, 70%; December 2013, 74%.

³³ Possible modification of this final target has been discussed among the Parties and the Monitor with no resolution.

³⁴ For comparison purposes, cited performance does not exclude from calculations those instances where visits did not occur because the parent was unavailable or because contacts were not required. Therefore, cited performance is different than previously reported performance.

³⁵ Actual performance is likely to be better than reported because reported performance does not exclude instances where a parent is unavailable or contacts are not required due to concerns regarding appropriate use of these exceptions.

³⁶ Performance data for monitoring period for monthly visitation between caseworker and parent with permanency goal other than reunification are as follows: April 2013, 68%; May 2013, 67%; June 2013, 69%; July 2013, 71%; August 2013, 70%; September 2013, 69%; October 2013, 67%; November 2013, 63%; December 2013, 66%.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM MSA III.B 9a.	20. <u>Visitation between Children in Custody and Their Parents</u> : Number/percent of children who have weekly visits with their parents when the permanency goal is reunification unless clinically inappropriate and approved by the Family Court.	By December 31, 2010, at least 85% of children in custody shall have in person visits with their parent(s) or other legally responsible family member at least every other week and at least 60% of children in custody shall have such visits at least weekly.	80% of children had recorded visits at least every other week. Monthly range July 2012 – March 2013: 64-80%. 59% of children had recorded weekly visits with their parents. Monthly range July 2012 – March 2013: 37-59%. ³⁷	78% of children had recorded visits at least every other week. Monthly range April – December 2013: 76 – 80%. ³⁸ 56% of children had recorded weekly visits with their parents. Monthly range April – December 2013: 54 – 61%. ³⁹	No	↔
CPM MSA III.B 10	21. <u>Visitation Between Children in Custody and Siblings Placed Apart</u> : Number/percent of children in custody who have siblings with whom they are not residing shall visit with their siblings as appropriate.	By December 31, 2010, at least 85% of children in custody who have siblings with whom they are not residing shall visit with those siblings at least monthly.	63% of children in custody who have siblings with whom they are not residing visited with their siblings monthly. Monthly range July 2012 – March 2013: 49 – 63%.	71% of children in custody who have siblings with whom they are not residing visited with their siblings monthly. Monthly range April – December 2013: 61 – 71%. ⁴⁰	No	↑

³⁷ Performance data for July 2012 and later do not exclude children who CP&P had indicated visits were not required or the parent was unavailable.

³⁸ Performance data for monitoring period for visits at least every other week between parent and child are as follows: April 2013, 80%; May 2013, 80%; June 2013, 78%; July 2013, 78%; August 2013, 78%; September 2013, 76%; October 2013, 77%; November 2013, 78%; December 2013, 78%.

³⁹ Performance data for monitoring period for weekly visits between parent and child are as follows: April 2013, 61%; May 2013, 60%; June 2013, 56%; July 2013, 56%; August 2013, 57%; September 2013, 54%; October 2013, 57%; November 2013, 55%; December 2013, 56%.

⁴⁰ Performance data for monitoring period for monthly sibling visits are as follows: April 2013, 61%; May 2013, 64%; June 2013, 65%; July 2013, 62%; August 2013, 67%; September 2013, 67%; October 2013, 64%; November 2013, 66%; December 2013, 71%.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM; MSA Permanency Outcomes	22. <u>Adequacy of DAsG Staffing</u> : Staffing levels at the DAsG office.	98% of allocated positions filled plus assessment of adequacy of FTEs to accomplish tasks by June 30, 2012.	132 (99%) of 134 staff positions filled with two staff on full time leave; 132 (99%) available DAsG.	131 (98%) of 134 staff positions filled with eight staff on full time leave; 123 (92%) available DAsG. ⁴¹	Yes	↔
<i>Placements of Children in Out-of-Home Care</i>						
CPM V.4	23. <u>Combined assessment of appropriateness of placement based on:</u> a. Placement within appropriate proximity of their parents' residence unless such placement is to otherwise help the child achieve the planning goal. b. Capacity of caregiver/ placement to meet child's needs. c. Placement selection has taken into account the location of the child's school.	By June 30, 2010, 90% of cases score appropriately as measured by QR Modules.	99% of cases rated at least minimally acceptable on QR indicator 'Appropriateness of Placement.'	99% of cases rated acceptable on QR indicator 'Appropriateness of Placement.'	Yes	↔
MSA III.A 3.c	24. <u>Placing Children with Families</u> : The percentage of children currently in custody who are placed in a family setting.	Beginning July 2009 and thereafter, at least 85% of children will be placed in a family setting.	89% of children were placed in a family setting.	89% of children were placed in a family setting.	Yes	↔

⁴¹ DCF reports that during this monitoring period it added two full time law assistants and 5.4 DAsG external to their Practice Group who dedicate time to DCF matters.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM MSA III.A 3.b	25. <u>Placing Siblings Together</u> : Of sibling groups of two or three siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.	In CY 2012, 82% of sibling groups of 2 or 3 were placed together.	In CY 2013, 77% of sibling groups of 2 or 3 were placed together. ⁴²	No	↓
MSA III.A 3.b	26. <u>Placing Siblings Together</u> : Of sibling groups of four or more siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.	For siblings entering in the period beginning July 2011 and thereafter, at least 40% will be placed together.	In CY 2012, 25% of sibling groups of 4 or more were placed together.	In CY 2013, 26% of sibling groups of 4 or more were placed together. ⁴³	No	↔
MSA III.A 3.a	27. <u>Stability of Placement</u> : Of the number of children entering care in a period, the percentage with two or fewer placements during the 12 months beginning with the date of entry.	By June 2009 and thereafter, at least 88% of children entering care will have two or fewer placements during the 12 months from their date of entry.	For children entering care in CY 2011, 85% of children had two or fewer placements during the 12 months from their date of entry.	For children entering care in CY 2012, 82% of children had two or fewer placements during the 12 months from their date of entry.	No	↓

⁴² In CY 2012 there were 783 sibling groups of two or three children. In CY 2013 there were 842 sibling groups of two or three, representing an 8 percent increase over the previous year.

⁴³ In CY 2012, there were 136 sibling groups with four or more children. In CY 2013, there were 103 sibling groups with four or more children, representing a 24 percent decrease in large sibling groups over the previous calendar year.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
MSA III.C	28. <u>Placement Limitations:</u> Number/percent of resource homes in which a child has been placed if that placement will result in the home having more than four foster children, or more than two foster children under age two, or more than six total children including the resource family's own children.	By June 2009, no more than 5% of resource home placements may have seven or eight total children including the resource family's own children.	Less than one percent of resource home placements are over-capacity.	Less than one percent of resource home placements are over-capacity.	Yes	↔
MSA III.B.6	29. <u>Inappropriate Placements:</u> a. The number of children under age 13 placed in shelters. b. The number of children over age 13 placed in shelters in compliance with MSA standards on appropriate use of shelters to include: as 1) an alternative to detention; 2) a short-term placement of an adolescent in crisis not to extend beyond 45 days; or 3) a basic center for homeless youth.	a. By December 2008 and thereafter, no children under age 13 in shelters. b. By December 31, 2009, 90% of children placed in shelters in compliance with MSA standards on appropriate use of shelters to include: 1) an alternative to detention; 2) short-term placement of an adolescent in crisis not to extend beyond 30 days; or 3) a basic center for homeless youth.	a. Between July 2012 and March 2013, no child under the age of 13 was placed in a shelter. b. Between July 2012 and March 2013, 97% of children over the age of 13 who were placed in shelters were in compliance with MSA standards.	a. Between April 2013 and December 2013, no child under the age of 13 was placed in a shelter. b. Between April 2013 and December 2013, 96% of children over the age of 13 who were placed in shelters were in compliance with MSA standards. ⁴⁴	Yes	↔

⁴⁴The Monitor conducted a review of 17 out of the 44 cases in which DCF reported that youth age 13 or older were placed in shelters for 30 days or more by court orders. The Monitor found that in those 17 cases court orders were present. However, the Monitor and DCF are in discussions regarding the appropriate use of court orders for placement of children age 13 and older in shelters.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
<i>Repeat Maltreatment and Re-Entry into Out-of-Home Care</i>						
MSA III.A. 1.a	30. <u>Abuse and Neglect of Children in Foster Care:</u> Number of Children in custody in out-of-home placement who were victims of substantiated abuse or neglect by a resource parent or facility staff member during 12 month period, divided by the total number of children who have been in care at any point during the period.	For the period beginning July 2010 and thereafter, no more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.	In CY 2012, 0.21% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member. ⁴⁵	In CY 2013, 0.32% of children were victims of substantiated abuse or neglect by a resource parent or facility staff member. ⁴⁶	Yes	↔
MSA III.A 1.b	31. <u>Repeat Maltreatment:</u> Of all children who remain in home after substantiation of abuse or neglect, the percentage who have another substantiation within the next 12 months.	For the period beginning July 2009 and thereafter, no more than 7.2% of children who remain at home after a substantiation of abuse or neglect will have another substantiation within the next 12 months.	For children who were victims of a substantiated allegation of child maltreatment in CY 2011 and remained at home, 7.8% had another substantiation within the next 12 months.	For children who were victims of a substantiated allegation of child maltreatment in CY 2012 and remained at home, 7.6% had another substantiation within the next 12 months.	No	↔
MSA III.A 1.c	32. <u>Repeat Maltreatment:</u> Of all children who are reunified during a period, the percentage who are victims of substantiated abuse or neglect within one year after the date of reunification.	For the period beginning July 2009 and thereafter, no more than 4.8% of children who reunified will be the victims of substantiated abuse or neglect within one year after reunification.	In CY 2011, 8.4% of children who reunified were victims of substantiated child maltreatment within one year after reunification.	In CY 2012, 8.5% of children who reunified were victims of substantiated child maltreatment within one year after reunification.	No	↔

⁴⁵ In CY2012, of the 12,380 children who were in care at any point during the year, 26 (.21%) were victims of substantiated abuse or neglect by a resource parent, relative placement provider or facility staff member.

⁴⁶ In CY2013, of the 12,668 children who were in care at any point during the year, 40 (.32%) were victims of substantiated abuse or neglect by a resource parent, relative placement provider or facility staff member.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
MSA III.A 2.b	33. <u>Re-entry to Placement</u> : Of all children who leave custody during a period, except those whose reason for discharge is that they ran away from their placement, the percentage that re-enter custody within one year of the date of exit.	For the period beginning July 2011 and thereafter, of all children who exit, no more than 9% will re-enter custody within one year of exit.	Of all children who exited in CY 2011, 13% re-entered custody within one year of the date of exit.	Of all children who exited in CY 2012, 13% re-entered custody within one year of the date of exit. ⁴⁷	No	↔

⁴⁷ DCF has objected to the Monitor’s definition of “qualifying exits” used to analyze this measure. The Agency believes that due to the specific exclusion cited in the MSA, the definition of qualifying exits should only exclude children who run away from placement. The Monitor uses a definition of qualifying exits which excludes from the calculations runaways as well as children who are adopted. Based on the DCF recommended definition, of all children who exited in CY 2012, 10 percent re-entered custody within one year of the date of exit. Using that definition, DCF calculates performance for previous years as follows: CY 2007, 12%; CY 2008, 10%; CY 2009, 10%; CY 2010, 9%, CY 2011 9%.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
<i>Permanency</i>						
MSA III.A 2.a	34. a., d., e. <u>Discharged to Permanency</u> : Percentage of children discharged from foster care to permanency (reunification, permanent relative care, adoption and/or guardianship).					
	a. Of all children who entered foster care for the first time in target year and who remained in foster care for eight days or longer, percentage that discharged to permanency within 12 months.	a. CY 2011: 50%	a. CY 2011: 45%	a. CY 2012: 46%	Partially ⁴⁸	↑
	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 st birthday or by the last day of the year.	d. CY 2011: 47%	d. CY 2012: 42%	d. CY 2013: 46%		
	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 st birthday or by the last day of the year.	e. CY 2011: 47%	e. CY 2012: 33%	e. CY 2013: 36%		

⁴⁸ The Monitor considers this performance measure to be partially met as performance for sub-part d. of this measure is within one percent of the final target.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
MSA III.A 2.a	34.b. <u>Adoption</u> : Of all children who became legally free for adoption during the 12 months prior to the target year, percentage that was discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.	Of those children who become legally free in CY 2011, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.	80% of children who became legally free in CY 2011 were discharged from foster care to a finalized adoption in less than 12 months from date of becoming legally free.	74% of children who became legally free in CY 2012 were discharged from foster care to a finalized adoption in less than 12 months from date of becoming legally free.	Yes	↓
MSA III.A 2.a	34.c. <u>Total time to Adoption</u> : Of all children who exited foster care to adoption in the target year, what percentage was discharged from foster care to adoption within 30 months from removal from home.	Of all children who exit to adoption in CY 2011, 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 2012, 44% were discharged from foster care to adoption within 30 months from removal from home.	Of all children who exited to adoption in CY 2013, 45% were discharged from foster care to adoption within 30 months from removal from home.	No	↔
MSA III.B 12(i)	35. <u>Progress Toward Adoption</u> : Number/percent of children with a permanency goal of adoption who have a petition to terminate parental rights filed within 60 days of the date of the goal change.	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% shall have a petition to terminate parental rights filed within 60 days of the date of the goal change.	In March 2013 71% of children with a permanency goal of adoption had a petition to terminate parental rights filed within 60 days of the date of the goal change. Performance between July 2012 and March 2013 ranged from 65 to 90%.	In December 2013, 74% of children with a permanency goal of adoption had a petition to terminate parental rights filed within 60 days of the date of the goal change. Performance between April and December 2013 ranged from 69 to 83%. ⁴⁹	No	↑

⁴⁹ Performance data for monitoring period are as follows: April 2013, 74%; May 2013, 83%; June 2013, 75%; July 2013, 76%; August 2013, 69%; September 2013, 83%; October 2013, 77%; November 2013, 81%; December 2013, 74%

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM MSA III.B 12.a (ii)	36. <u>Child Specific Adoption Recruitment</u> : Number/percent of children with a permanency goal of adoption needing recruitment who have a child-specific recruitment plan developed within 30 days of the date of the goal change.	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% of those for whom an adoptive home has not been identified at the time of termination of parental rights shall have a child-specific recruitment plan developed within 30 days of the date of the goal change.	Between July 2012 and March 2013, 105 children required child specific recruitment plans and 48 (46%) of these plans were developed within 30 days of the date of goal change.	Between April and December 2013, 147 children required child specific recruitment plans and 55 (37%) of these plans were developed within 30 days of the date of goal change. ⁵⁰	No	↓
MSA III.B 12.a.(iii)	37. <u>Placement in an Adoptive Home</u> : Number/percent of children with a permanency goal of adoption and for whom an adoptive home had not been identified at the time of termination are placed in an adoptive home within nine months of the termination of parental rights.	Beginning July 1, 2009, of the children in custody whose permanency goal is adoption, at least 75% of the children for whom an adoptive home has not been identified at the time of termination shall be placed in an adoptive home within nine months of the termination of parental rights.	Between July 2012 and March 2013, 17 (59%) out of 29 applicable 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 April and December 2013, 5 (24%) out of 21 applicable children with a permanency goal of adoption for whom an adoptive home had not been identified at the time of the termination were placed in an adoptive home within nine months of termination of parental rights.	No	↓
MSA III.B 12.b	38. <u>Final Adoptive Placements</u> : Number/percent of adoptions finalized within nine months of adoptive placement.	Beginning July 1, 2009, of adoptions finalized, at least 80% shall have been finalized within nine months of adoptive placement.	In March 2013, 94% of adoptions were finalized within nine months of adoptive placement.	In December 2013, 100% of adoptions were finalized within nine months of adoptive placement.	Yes	↑

⁵⁰ Performance data for the monitoring period are as follows: April 2013, 42%; May 2013, 44%, June 2013, 32%; July 2013, 31%; August 2013, 14%; September 2013, 8%; October 2013, 44%; November 2013, 53%; December 2013, 80%.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
<i>Health Care for Children in Out-of-Home Placement</i>						
MSA II.F.5	39. <u>Pre-Placement Medical Assessment</u> : Number/percent of children receiving pre-placement medical assessment in a setting appropriate to the situation. ⁵¹	By December 31, 2009, 98% of children will receive a pre-placement assessment either in a non-emergency room setting, or in an emergency room (ER) setting if the child needed emergency medical attention or the child was already in the emergency room when CP&P received the referral.	100% of children entering CP&P custody received a pre-placement assessment (PPA). 99% of PPAs occurred in a setting appropriate for the situation.	100% of children entering CP&P custody received a pre-placement assessment (PPA). ⁵² 99% of PPAs occurred in a setting appropriate for the situation.	Yes	↔
MSA III.B 11	40. <u>Initial Medical Examinations</u> : Number/percent of children entering out-of-home care receiving full medical examinations within 60 days.	By January 1, 2009 and thereafter, at least 85% of children shall receive full medical examinations within 30 days of entering out-of-home care and at least 98% within 60 days.	From July 2012 through March 2013 (excluding October), ⁵³ 85% of children received a CME within the first 30 days of placement and 98% received a CME within the first 60 days of placement.	From April through December 2013, 85% of children received a CME within the first 30 days of placement and 98% received a CME within the first 60 days of placement.	Yes	↔

⁵¹ 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 CP&P received the referral.

⁵² Percentage reflected as 100 due to rounding.

⁵³ After reviewing the data and discussions with DCF, the Monitor decided to exclude data for children who entered out-of-home care in the month of October 2012. DCF provided relevant information that as a direct result of Superstorm Sandy medical providers were unavailable (temporarily shut down, handling emergencies, etc.). Fifty-nine percent of children who entered out-of-home care in the month of October received a CME within 30 days of entering custody. Performance the other months ranged from 77 to 91 percent, affirming that the October performance was an aberration. Notably, 94 percent of the children who entered out-of-home care in October received a CME within 60 days of entering custody, so DCF was able to ensure medical attention once medical providers were available or other providers were identified.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
Negotiated Health Outcomes	41. <u>Required Medical Examinations</u> : Number/percent of children in care for one year or more who received medical examinations in compliance with Early Periodic Screening and Diagnosis Treatment (EPSDT) guidelines.	By June 2010, 98% of children in care for one year or more will receive medical examinations in compliance with EPSDT guidelines.	From July 2012 through March 2013, 93% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 93% of children older than two years were clinically up-to-date on their EPSDT visits.	From April through December 2013, 92% of children ages 12-24 months were clinically up-to-date on their EPSDT visits and 92% of children older than two years were clinically up-to-date on their EPSDT visits.	Partially ⁵⁴	↔
MSA II.F.2	42. <u>Semi-Annual Dental Examinations</u> : Number/percent of children ages three and older in care six months or more who received semi-annual dental examinations.	a. By December 2011, 98% of children will receive annual dental examinations. b. By December 2011, 90% of children will receive semi-annual dental examinations.	a. 98% of children received an annual dental examination. b. 85% of children were current with their semi-annual dental exam. ⁵⁵	a. By December 2013, 99% of children received an annual dental examination. b. By December 2013, 84% of children were current with their semi-annual dental exam.	Partially	↔
MSA II.F.2	43. <u>Follow-up Care and Treatment</u> : Number/percent of children who received timely accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	By December 31, 2011, 90% of children will receive timely, accessible and appropriate follow-up care and treatment to meet health care and mental health needs.	95% of children received follow-up care for needs identified in their CME. ⁵⁶	95% of children received follow-up care for needs identified in their CME. ⁵⁷	Yes	↔

⁵⁴ While not yet meeting the final target, performance on EPSDT/well child exams represents sustained access to health care for this population and is a significant achievement.

⁵⁵ Performance is as of December 31, 2012 as annual exams are measured on the calendar year.

⁵⁶ 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 CP&P out-of-home placement who were removed between May 1, 2012 and October 10, 2012 and were in care for a minimum of 60 days. 2,125 children comprise this cohort. A sample of 350 children was reviewed. The results have a ± 5% margin of error with 95% confidence.

⁵⁷ 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 CP&P out-of-home placement who were removed between November 1, 2012 and July 31, 2013 and were in care for a minimum of 60 days. 2,997 children comprise this cohort. A sample of 366 children was reviewed. The results have a ± 5% margin of error with 95% confidence.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
	44. <u>Immunization</u> : Children in DCF custody are current with immunizations.	By December 31, 2011, 98% of children in custody will be current with immunizations.	From January through March 2013, 95% of children in out-of-home placement were current with their immunizations.	From October through December 2013, 94% of children in out-of-home placement were current with their immunizations.	Partially ⁵⁸	↔
MSA II.F.8	45. <u>Health Passports</u> : Children's parents/ caregivers receive current Health Passport within five days of a child's placement.	By June 30, 2011, 95% of caregivers will receive a current Health Passport within five days of a child's placement.	63% of caregivers received Health Passports within five days of a child's placements and 96% of caregivers received Health Passports within 30 days of a child's placement. ⁵⁹	65% of caregivers received Health Passports within five days of a child's placements and 98% of caregivers received Health Passports within 30 days of a child's placement. ⁶⁰	No	↔

⁵⁸ While not yet meeting the final target, performance on ensuring children in out-of-home care are current with their immunizations represents sustained access to health care for this population and is a significant achievement.

⁵⁹ 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 CP&P out-of-home placement who were removed between May 1, 2012 and October 10, 2012 and were in care for a minimum of 60 days. 2,125 children comprise this cohort. A sample of 350 children was reviewed. The results have a ± 5% margin of error with 95% confidence.

⁶⁰ 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 CP&P out-of-home placement who were removed between November 1, 2012 and July 31, 2013 and were in care for a minimum of 60 days. 2,997 children comprise this cohort. A sample of 366 children was reviewed. The results have a ± 5% margin of error with 95% confidence.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
<i>Health Care for Children in Out-of-Home Placement</i>						
MSA II.F.2	46. <u>Mental Health Assessments</u> : Number/percent of children with a suspected mental health need who receive mental health assessments.	By December 31, 2011, 90% of children with a suspected mental health need will receive a mental health assessment.	From May to October 2012, 99% of eligible children and youth received a mental health screening. Of those screened, 60% had a suspected mental health need. Of those with a suspected mental health need (and 14 additional youth already receiving services) 90% received a mental health assessment. ⁶¹	From November 2012 to July 2013, 99% of eligible children and youth received a mental health screening. Of those screened, 64% had a suspected mental health need. Of those with a suspected mental health need (and 22 additional youth already receiving services) 93% received a mental health assessment. ⁶²	Yes	↑
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 CP&P and to prevent children and youth from entering CP&P custody.	Ongoing Monitoring of Compliance	DCF continues to support CMO, YCMs, FSOs, Mobile Response, MST, FFT and community-based services to prevent children from being removed and to reunify children with their parents.	DCF continues to support CMO, YCMs, FSOs, Mobile Response, MST, FFT and community-based services to prevent children from being removed and to reunify children with their parents.	Yes	N/A

⁶¹ 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 CP&P out-of-home placement who were removed between May 1, 2012 and October 10, 2012 and were in care for a minimum of 60 days. 2,125 children comprise this cohort. A sample of 350 children was reviewed. The results have a \pm 5% margin of error with 95% confidence.

⁶² 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 CP&P out-of-home placement who were removed between November 1, 2012 and July 31, 2013 and were in care for a minimum of 60 days. 2,997 children comprise this cohort. A sample of 366 children was reviewed. The results have a \pm 5% margin of error with 95% confidence.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
Services to Families						
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	51 Family Success Centers statewide	51 Family Success Centers statewide	Yes	N/A
CPM	50. <u>Services to Support Transitions</u> : The Department will provide services and supports to families to support and preserve successful transitions.	By December 31, 2011, 90% of cases score appropriately as measured by QR.	52% of cases rated at least minimally acceptable on QR indicator 'Transitions and Life Adjustments.'	49% 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	DCF administers an Adoption Subsidy Program which supported 13,757 adopted children by the end of March 2013. DCF funds a statewide network of post-adoption services through contract arrangements with 11 private agencies. Funding remains slightly over \$3 million and is used specifically for family counseling and family support services.	DCF administers an Adoption Subsidy Program which supported 13,890 adopted children by the end of CY 2013. DCF funds a statewide network of post-adoption services through contract arrangements with 11 private agencies. Funding remains slightly over \$3 million and is used specifically for family counseling and family support services.	Yes	N/A

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
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 CP&P.	Ongoing Monitoring of Compliance	DCF increased the number of Domestic Violence liaisons by 7 during this reporting period; 31 liaisons are now available in all CP&P's Local Offices.	31 liaisons are available in all 47 CP&P's Local Offices, ⁶³ one in each county.	Yes	N/A
<i>Services to Older Youth</i>						
CPM	53. <u>Independent Living Assessments</u> : Number/percent of cases where DCF Independent Living Assessment is complete for youth age 14-18.	By December 31, 2011, 95% of youth age 14-18 have an Independent Living Assessment.	As of March 31, 2013, 98% of youth ages 14 to 18 in out-of-home placement for at least six months had a completed Independent Living Assessment.	96% of youth ages 14 to 18 in out-of-home placement for at least six months had a completed Independent Living Assessment.	Yes	↔
CPM	54. <u>Services to Older Youth</u> : DCF shall provide services to youth between the ages 18 and 21 similar to services previously available to them unless the youth, having been informed of the implications, formally request that DCF close the case.	By December 31, 2011, 90% of youth are receiving acceptable services as measured by the New Jersey Qualitative Review.	Data Not Available ⁶⁴	66% of youth received acceptable services. ⁶⁵	No	N/A

⁶³ The Newark Adoption office was phased out as of October 2013 and adoption units were assigned to each Local Office. As of October 2013, there were 46 CP&P offices.

⁶⁴ A methodology to determine performance was finalized and in late-July 2013, the Monitor and DCF jointly participated in specialized Quality Reviews (QRs) to collect performance data for this measure.

⁶⁵ Reported performance based upon QR findings from 44 cases of youth ages 18 to 21 whose cases were reviewed between January 2012 and July 2013. Cases were considered acceptable if acceptable ratings were determined for overall Child (Youth)/Family Status and Practice Performance.

Reference	Quantitative or Qualitative Measure	Final Target	March 2013 Performance	December 2013 Performance ⁹	Requirement Fulfilled (Yes/No/Ongoing) ¹⁰	Direction of Change ¹¹
CPM	55. <u>Youth Exiting Care</u> : Youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	By December 31, 2011, 95% of youth exiting care without achieving permanency shall have housing and be employed or in training or an educational program.	Data collected during a case record review of all youth exiting care between July 1 and December 31, 2012 without achieving permanency found that 86% of youth had housing and 52% of youth were either employed or enrolled in education or vocational training program. ⁶⁶	Data collected during a case record review of all youth exiting care between January and December 2013 without achieving permanency found that 93% of youth had a plan for housing upon exiting care and 65% of youth were either employed or enrolled in education or vocational training program. ⁶⁷	No	↑

⁶⁶ Case records for 65 youth were reviewed.

⁶⁷ Case records for 106 youth were reviewed.

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2013 Performance	Fulfilled (Yes/No)
II.A.5. In reporting during Phase I on the state’s compliance, the Monitor shall focus on the quality of the Case Practice Model and the actions by the state to implement it.	All Local Offices ⁶⁸ have completed the immersion process.	Yes
II.B.1.b. 100% of all new case carrying workers shall be enrolled in Pre-Service Training, including training in intake and investigations, within two weeks of their start date.	Between April 1, 2013 and December 2013, 122 (100%) new workers (106 hired in the previous monitoring period) were enrolled in Pre-Service Training within two weeks of their start date (25 BCWEP hires). ⁶⁹	Yes
II.B.1.c. No case carrying worker shall assume a full caseload until completing Pre-Service Training and passing competency exams.	Between April 1, 2013 and December 31, 2013, 122 (100%) new workers (106 hired in the previous monitoring period) were enrolled in Pre-Service Training within two weeks of their start date and passed competency exams (25 BCWEP hires).	Yes
II.B.2. c. 100% of case carrying workers and supervisors shall take a minimum of 40 hours of annual In-Service Training and shall pass competency exams.	Between April 1, 2013 and December 31, 2013, 2,931 (97%) out of 3,008 case carrying workers and supervisors completed 40 or more hours of training and passed competency exams. ⁷⁰	Yes

⁶⁸ The Newark Adoption office was phased out as of October 2013 and adoption units were assigned to each Local Office. As of October 2013, there were 46 CP&P offices.

⁶⁹ The Baccalaureate Child Welfare Education Program (BCWEP) is a consortium of seven New Jersey colleges (Rutgers University, Seton Hall University, Stockton College, Georgian Court University, Monmouth University, Century College and Ramapo College) that enables students to earn a Bachelor of Social Work (BSW) degree. The Monitor has previously determined that this course of study together with Worker Readiness Training designed by the DCF Child Welfare Training Academy satisfies the MSA requirements. All BCWEP students are required to pass the same competency exams that non-BCWEP students take before they are permitted to carry a caseload.

⁷⁰ The remaining 77 workers completed some In-service training but were either on leave or left the agency during the reporting period.

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2013 Performance	Fulfilled (Yes/No)
II.B.2.d. The state shall implement In-Service Training on concurrent planning for all existing staff.	Between April 1, 2013 and December 31, 2013, 174 (100%) eligible CP&P workers were trained on concurrent planning and passed competency exams before assuming caseloads.	Yes
II.B.3.a. All new staff responsible for conducting intake or investigations shall receive specific, quality training on intake and investigations processes, policies and investigations techniques and pass competency exams before assuming responsibility for cases.	Between April 1, 2013 and December 31, 2013, 304 (100%) employees assigned to intake and investigations in this monitoring period successfully completed one or more modules of intake training and passed competency exams.	Yes
II.B.4.b. 100% of all staff newly promoted to supervisory positions shall complete their 40 hours of supervisory training and shall have passed competency exams within six months of assuming their supervisory positions.	Between April 1, 2013 and December 31, 2013, 10 (100%) newly promoted supervisors were trained and passed competency exams; two more supervisors were appointed during the monitoring period: one is on leave and one began supervisory training in January 2014 and is scheduled to complete it in the next monitoring period.	Yes
II.C.4 The state will develop a plan for appropriate service delivery for lesbian, gay, bisexual, transgender and questioning youth, and thereafter begin to implement this plan.	Delivery of services ongoing.	Yes
II.C.5 The state shall promulgate and implement policies designed to ensure that the State continues to provide services to youth between ages 18-21 similar to services previously available to them.	DCF continues to provide services to these youth. New policies have been developed and current policies are being revised.	Yes

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2013 Performance	Fulfilled (Yes/No)
<p>II.C.6 The state shall provide mental health services to at least 150 birth parents whose families are involved with the child system.</p>	<p>DCF continues to meet this standard by funding both in-home and office-based therapeutic interventions for over 400 birth parents (unduplicated count) in efforts to maintain children in, or return children to, the custody of their parents. The state's approved Medicaid Waiver moves adults into a managed care system which should allow for a more comprehensive approach to patient care and treatment of both physical and mental health needs. This impacts some parents involved with CP&P and could improve access to mental health care.</p>	<p align="center">Yes</p>
<p>II.D.1. The state shall implement an accurate real time bed tracking system to manage the number of beds available from the CSOC and match those with children who need them.</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>II.D.2. The state shall create a process to ensure that no child shall be sent to an out-of-state congregate care facility. The process will also ensure that for any child who is sent out-of-state, an appropriate plan is developed to maintain contacts with family and return the child in-state as soon as appropriate.</p>	<p>As of December 2013, there were four youth in out-of-state residential placements. All four youth are in a specialized program for the deaf or hard of hearing. DCF is currently finalizing a program in state to meet the needs of youth needing residential placement who are deaf or hard of hearing.</p>	<p align="center">Yes</p>

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2013 Performance	Fulfilled (Yes/No)
II.D.5. The state shall implement an automated system for identifying youth in its custody being held in juvenile detention facilities and ensure that they are placed within 30 days of disposition.	DCF reports that from April 1, 2013 to December 31, 2013 eight youth in CP&P custody were in juvenile detention awaiting a CSOC placement. All transitioned within 30 days of disposition of their juvenile court case.	Yes
II.G.9. The state shall provide adoption training to designated adoption workers for each Local Office.	50 (100%) adoption workers were trained between April 1, 2013 and December 31, 2013.	Yes
II.G.15. The state shall issue reports based on the adoption process tracking system.	Adoption tracking data are now collected in NJ SPIRIT and DCF is reporting on all data required in MSA II.G.4.	Yes
II.H.4. The period for processing resource family applications through licensure will be 150 days.	Of applications submitted between October, 2012 and June 2013, DCF resolved 57% of applications within 150 days.	No
II.H.13 The state shall implement the methodology for setting annualized targets for resource family non-kin recruitment.	DCF continues to set targets for homes targeted for recruitment by county.	Yes
II.H.14 The state shall provide flexible funding at the same level or higher than provided in FY'07.	In FY2014, the flex fund budget was \$5,714,602.	Yes
II.H.17 The state shall review the Special Home Service Provider (SHSP) resource family board rates to ensure continued availability of these homes and make adjustments as necessary.	New policies implemented.	Yes
II.J.2. The state shall initiate management reporting based on SafeMeasures.	The state continues to use Safe Measures for management reporting.	Yes
II.J.6. The state shall annually produce DCF agency performance reports.	DCF released FY2012 in December 2012. DCF released a report entitled DCF Today Accomplishments 2011-2013 in May 2014.	Yes

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2013 Performance	Fulfilled (Yes/No)
II.J.9. The state shall issue regular, accurate reports from SafeMeasures.	The state has the capacity and is regularly producing reports from SafeMeasures	Yes
II.J.10. The state shall produce caseload reporting that tracks caseloads by office and type of worker and, for permanency and adoption workers, that tracks children as well as families.	The state has provided the Monitor with reports that provide individual caseloads of children and families for intake, permanency and adoption workers.	Yes
II.E.20 95% of offices shall have sufficient supervisory staff to maintain a five worker to one supervisor ratio.	97% of CP&P Local Offices have sufficient frontline supervisors, with ratios of five workers to one supervisor.	Yes
III.B.1.a 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>permanency workers</i> : no more than 15 families and no more than ten children in out-of-home care.	98% of offices met permanency standards. 95% of permanency workers met caseload requirements. ⁷¹	Yes
III.B.1.b 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>intake workers</i> : no more than 12 open cases and no more than eight new case assignments per month.	91% of offices met intake standards. 87% of intake workers met caseload requirements. ⁷²	No
III.B.1.c 95% of individual workers with caseloads meeting the standard: <i>IAIU investigators</i> : no more than 12 open cases and no more than eight new cases assignments per month.	100% of IAIU workers met caseload requirements.	Yes
III.B.1.d 95% of offices with average caseloads meeting the standard and at least 95% of individual workers with caseloads meeting the standard: <i>adoption workers</i> : no more than 15 children.	95% of offices met adoption standards. 87% of adoption workers met caseload requirements. ⁷³	Partially

⁷¹ Reported performance is the average of DCF's performance in meeting individual caseload standards during this nine month monitoring period.

⁷² Ibid.

⁷³ Ibid.

Ongoing Phase I and Phase II Requirements

The following are additional MSA requirements that DCF must meet:	December 2013 Performance	Fulfilled (Yes/No)
III.C.2 The state shall promulgate and implement policies designed to ensure that psychotropic medication is not used as a means of discipline or control and that the use of physical restraint is minimized.	In January 2010, DCF issued polices on psychotropic medication and continues to monitor children and youth on psychotropic medication in accordance with this policy.	Yes
III.C.4 The state shall continue to meet the final standards for pre-licensure and ongoing training of resource families, as described in Phase I.	DCF continues to conduct pre-licensure training for CP&P resource families and contracts with Foster and Adoptive Family Services (FAFS) to conduct ongoing in-service training.	Yes
III.C.5 The state shall incorporate into its contracts with service providers performance standards consistent with the Principles of the MSA.	The Monitor has previously reviewed several service provider contracts and found that such contracts incorporate performance standards consistent with the principles of the MSA.	Yes
III.C.6 In consultation with the Monitor, the state shall develop and implement a well-functioning quality improvement program consistent with the Principles of the MSA and adequate to carry out the reviews of case practice in Phase II.	DCF's Office of Performance Management and Accountability continues to facilitate case record reviews, ChildStat and Qualitative Reviews statewide.	Yes
III.C.7 The state shall regularly evaluate the need for additional placements and services to meet the needs of children in custody and their families, and to support intact families and prevent the need for out-of-home care. Such needs assessments shall be conducted on an annual, staggered basis that assures that every county is assessed at least once every three years. The state shall develop placements and services consistent with the findings of these needs assessments.	DCF completed a Needs Assessment plan, developed after consultation with the Monitor and Plaintiffs (see Appendix C).	Ongoing Monitoring ⁷⁴
III.C.8 Reimbursement rates for resource families shall equal the median monthly cost per child calculated by the United States Department of Agriculture for middle-income, urban families in the northeast.	Resource family board rates continue to meet USDA standards.	Yes

⁷⁴ By the end of CY 2014 DCF will have completed its first interim report on the northern region of the state, including Bergen, Essex, Hudson, Morris, Passaic, Sussex and Union counties.

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 and residential facilities). CP&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.

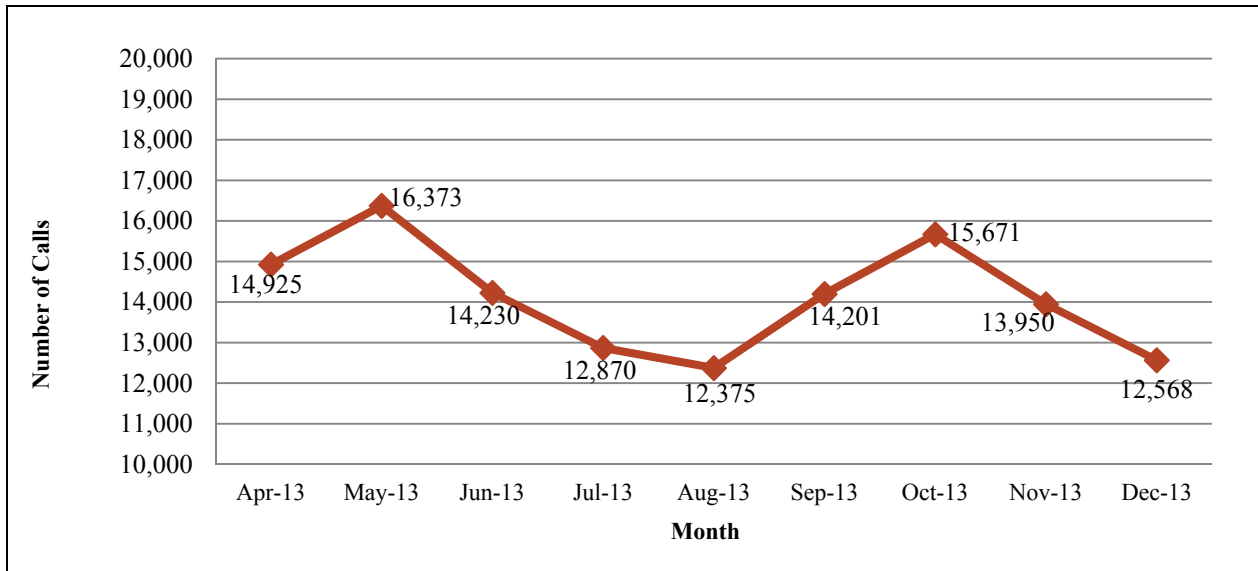
State Central Registry (SCR)

Quantitative or Qualitative Measure	<ol style="list-style-type: none"> 1. <u>Responding to Calls to the SCR:</u> <ol style="list-style-type: none"> a. Total number of calls b. Number of abandoned calls c. Time frame for answering calls d. Number of calls screened out e. Number of referrals for CWS
Final Target	Ongoing Monitoring of Compliance

Performance as of December 31, 2013:

Between April and December 2013, the SCR received a total of 127,163 calls. Data from the call system show that in December 2013 callers waited approximately 15 seconds for an SCR screener to answer their calls. Of all the calls received during this monitoring period, 44,271 (35%) calls⁷⁵ related to the possible need for Child Protective Services (CPS) responses. Of those, screeners classified 43,369 (98%) reports for investigation of alleged child abuse or neglect. Another 12,140 (10%) calls related to the possible need for Child Welfare Services (CWS) and assessment of service need, of which 11,672 (96%) were referred for response. Figure 1 shows a month-by-month breakdown of the call volume at SCR for April through December 2013.

**Figure 1: Number of Calls to SCR by Month
(April–December 2013)**



Source: DCF data

⁷⁵ 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.

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

Performance as of December 31, 2013:

Between April 2013 and December 2013, the SCR continued to make system improvements related to staff training and quality assurance which the Monitor believes has enhanced the overall quality of SCR response. SCR improved the internal training of newly hired staff by implementing a new component to the training process that requires skilled SCR screeners to complete training status notes on trainee performance related to timeliness of response, information collection, documentation and decision making. This process assists with assessing the newly hired staff’s areas of strength and improvements, enabling the training to be tailored to the new hire’s individual skill level. DCF employees who transfer to SCR⁷⁶ continue to receive up to 20 days of training with an 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.

In June 2013, two SCR supervisors graduated from professional leadership programs: the DCF Fellows Program and New Jersey Certified Public Manager’s (CPM) Program. These leadership trainings are part of an ongoing effort to increase supervisors’ capacity to address complex situations, measure results and assist in the implementation of sustained system change to better support screeners and improve outcomes for children and families. Additionally, in September 2013 three SCR screeners were accepted into the DCF/Rutgers School of Social Work Violence Against Women Program. This program is part of DCF’s effort to increase screeners’ knowledge about violence and its impact on children and families.

Quality assurance remains a priority for the SCR. As previously reported, a Quality Assurance Peer Review Team completes a daily review of all reports designated as information and referral (I&R)⁷⁷ generated the previous business day. SCR staff evaluate 75 percent of all I&R calls received the previous business day to ensure they are properly categorized. Supervisory staff more closely examine the remaining 25 percent of I&R calls for proper case practice. To account for internal bias, reports identified with concerns are reviewed by casework supervisors who were not included in the referral’s decision making process. The SCR administrator performs a

⁷⁶ All employees at SCR must have prior field experience.

⁷⁷ A call is identified as an I&R call when it has been determined that CP&P intervention is not warranted, and (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).

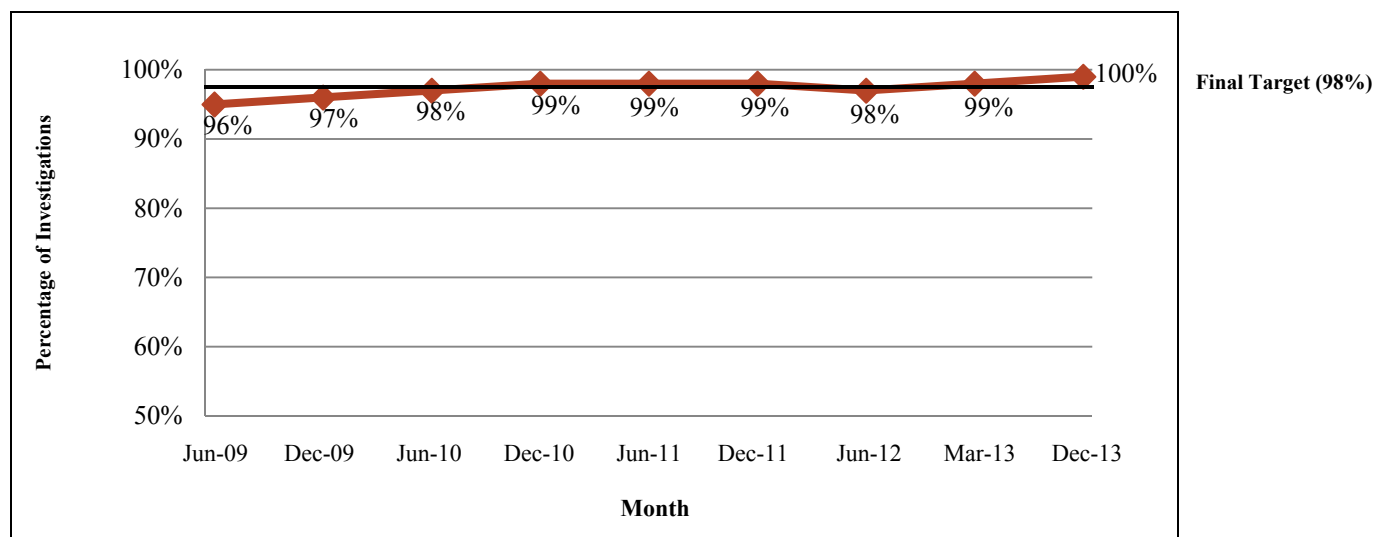
daily review of randomly selected reports. SCR supervisors also review and evaluate a prescribed number of calls for their staff in order to continually assess their screeners' performance, identify areas in need of improvement and provide on-going training to strengthen staff skills.

During this monitoring period, work continued to update the call management system to allow screeners access to their own calls at their desktop via email so they can listen to the call as many times as they need as they write their report and to facilitate supervision. This upgrade, scheduled to be completed as of October 2014, will allow for immediate evaluation of screeners' work by supervisors and will enable prompt supervisory feedback to screeners on their performance. In June 2013, NJ SPIRIT was updated allowing SCR to attach screening calls to summary intakes. In July 2013, SCR began attaching calls to CPS and CWS screening summary intakes allowing field staff the opportunity to hear first-hand what the caller reported. The Monitor anticipates that this will further enhance the overall quality of SCR practice.

B. Timeliness and Quality of Investigative Practice

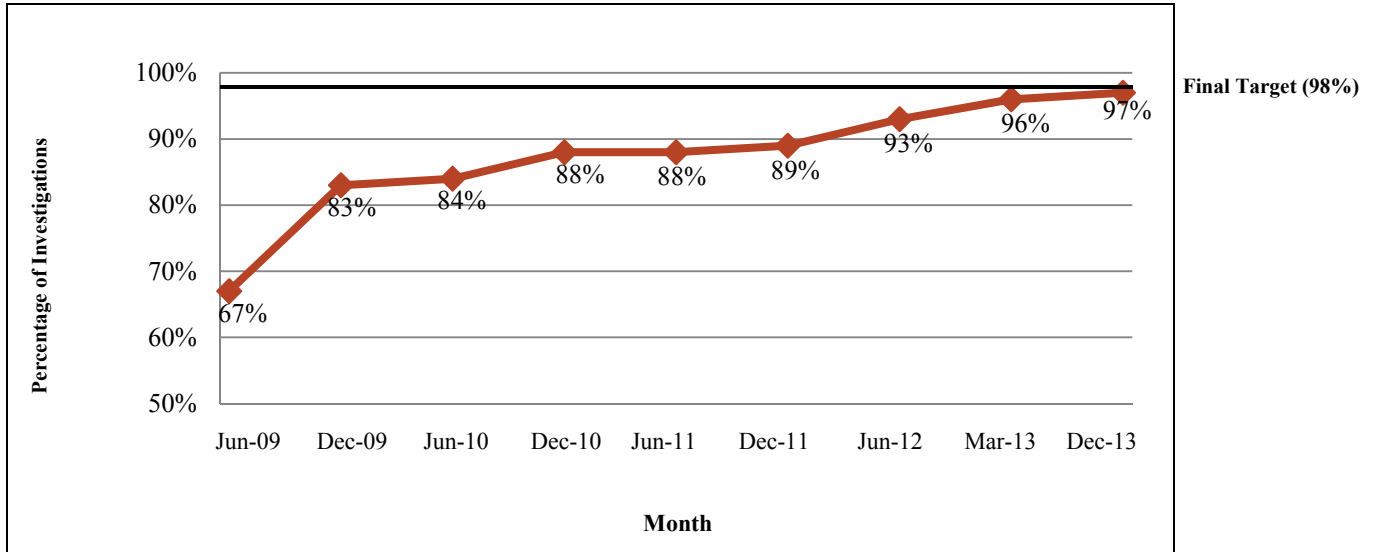
Quantitative or Qualitative Measure	3. Timeliness of Response: Investigations of alleged child abuse and neglect shall be received by the field in a timely manner and commenced within the required response time as identified at SCR, but no later than 24 hours.
Final Target	<ul style="list-style-type: none"> a. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be received by the field in a timely manner. b. For periods beginning July 1, 2009, and thereafter, 98% of investigations shall be commenced within the required response time.

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



Source: DCF data

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



Source: DCF data

Performance as of December 31, 2013:

As of December 2013, DCF exceeded the final target by reaching performance of 100 percent for the timely transmittal of referrals to the field (Figure 2). DCF met the final target for commencing investigations within the required response time (Figure 3), for the first time this monitoring period⁷⁸.

CP&P policy on timeliness of investigations requires receipt by the field of a report within one hour of call completion.⁷⁹ During the month of December 2013, DCF received 4,281 referrals of child abuse and neglect requiring investigation. Of the 4,281 referrals, 3,941 (92%) referrals were received by the field in less than an hour of call completion. An additional 323 (8%) referrals were received by the field between one and three hours after call completion; for a total of 100 percent of referrals received by the field within three hours of call completion. The number of referrals received per month ranged from 5,813 in May 2013 to 4,165 in August 2013. The number of referrals in May and October 2013 (which are typically months of high referral for child protection agencies) were reported by DCF to be even higher than in the previous year. Between 97 and 100 percent of referrals were received by the field within three hours of call completion during the months of April through December 2013.

CP&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 December 2013, there were

⁷⁸ The Monitor has determined that a requirement is met when DCF performance is within one percentage point of the final target.

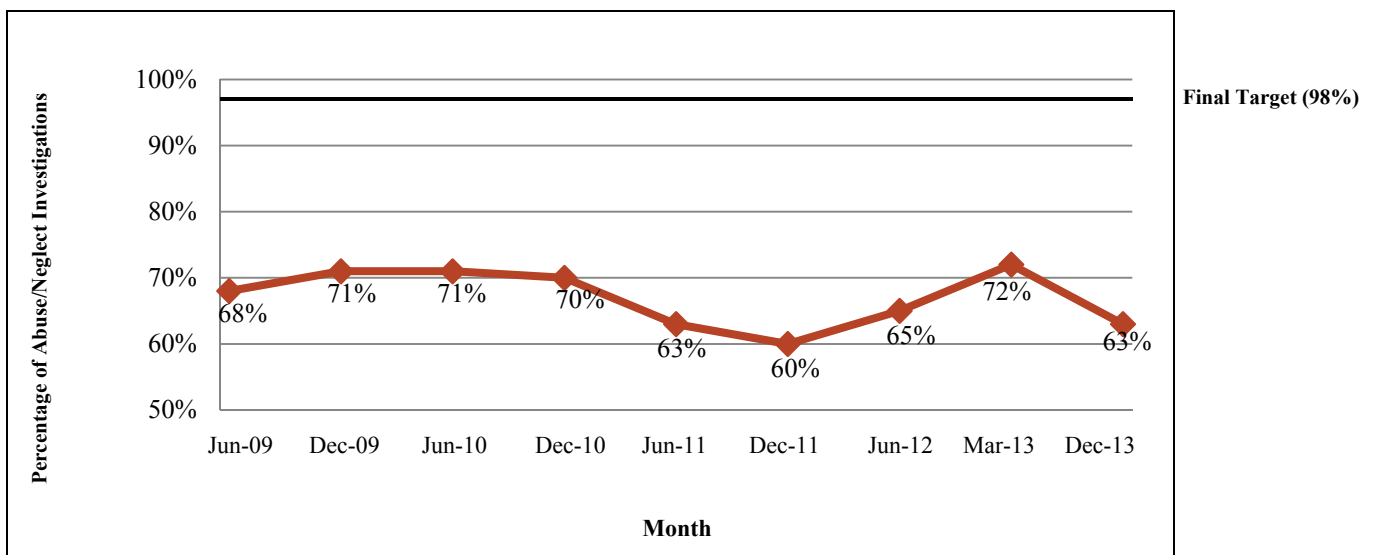
⁷⁹ The Monitor currently assesses performance of receipt by the field in a timely manner with a three hour standard.

4,119 CPS intakes applicable to this measure.⁸⁰ Of the 4,119 intakes received, 1,031 intakes were coded for an immediate response and 3,088 intakes were coded for a response within 24 hours; 3,999 (97%) intakes were commenced within their required response time. Between April and December 2013, the percentage of monthly intakes commenced within their required response time ranged from 94 to 97 percent. For the first time, DCF has fully met the performance standard for this measure in this monitoring period.

Investigative Practice

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

Figure 4: Percentage of Abuse/Neglect Investigations Completed within 60 days (June 2009 – December 2013)



Source: DCF data

Performance as of December 31, 2013:

This MSA Performance Measure requires that 98 percent of all abuse and neglect investigations be completed within 60 days. There were 4,135 intakes in December 2013 applicable to this measure. Of the 4,135 intakes, investigations were completed within 60 days on 2,609 (63%) intakes. An additional 1,005 (24%) investigations were completed between 61 and 90 days after receipt, for a total of 87 percent of investigations completed within 90 days. Between April and December 2013, monthly performance on investigation completion ranged between 62 and 71

⁸⁰ 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.

percent. Performance on this measure does not meet the final target and has declined by nine percent since March 2013.

As reported in the prior monitoring period, a case record review of the quality of CP&P's investigative practice was conducted in January 2013.⁸¹ This review examined the quality of practice of 324 CPS investigations assigned to DCF Local Offices between September 16 and September 29, 2012 involving 688 children.⁸²

Overall, the reviewers found that 253 (78%) of the investigations were of acceptable quality. The findings of this review reflect some clear strengths in CP&P investigative case practice as well as areas in need of further development. To improve the quality of investigative practice and address recommendations from the review, CP&P has taken the following steps:

- **Reviewing and Understanding a family's prior child protection history:** Through its use of the statewide ChildStat, the Focus on Supervision⁸³ initiative and supervisory conferences, DCF has continued to highlight the importance of understanding a family's child protection history when assessing a family's overall functioning, prior interventions attempted and patterns of behaviors. During this monitoring period, CP&P changed NJ SPIRIT to allow for more concise family history information to be included at the end of the screening summary document, making it easily accessible to staff. This change is expected to go into effect in July 2014.
- **Integrating collateral information into investigative decision making:** CP&P issued a memo to all staff clarifying the policy for contacting collaterals⁸⁴. The policy is also discussed with all staff during supervisory conferences. DCF has expressed concern that the Allegation Based System⁸⁵ may be guiding practice too narrowly in determining which collaterals are most appropriate for which kind of allegations, and that as a result, staff are not appropriately assessing the family. To improve on the process of gathering information from collaterals, in December 2013, CP&P initiated a work group that was tasked with reviewing the Allegation Based System and determining what changes need to be made.
- **Timeliness of investigation completion:** During the previous monitoring period, CP&P instituted weekly key performance indicators phone calls with Area Directors, Local Office managers, and casework supervisors facilitated by a staff from the Office of Performance Management and Accountability. During these calls, technical assistance and support is provided to directly address barriers to the timeliness of investigation completion. Additionally, CP&P leadership has continued to encourage staff to complete

⁸¹ A full report on the findings and recommendations from the review can be found at:

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

⁸² These results have a $\pm 5\%$ margin of error with 95% confidence.

⁸³ Focus on Supervision is a case conferencing model that utilizes DCF contracted provider agency clinicians to co-facilitate case conferences with CP&P casework supervisors.

⁸⁴ Collaterals are defined as individuals having pertinent information regarding the family.

⁸⁵ In an Allegation Based System, policy directs specific activities based on the identified allegation(s) of maltreatment.

and submit investigations at the 45 day mark thereby allowing supervisors time to review and ask for additional information as needed.

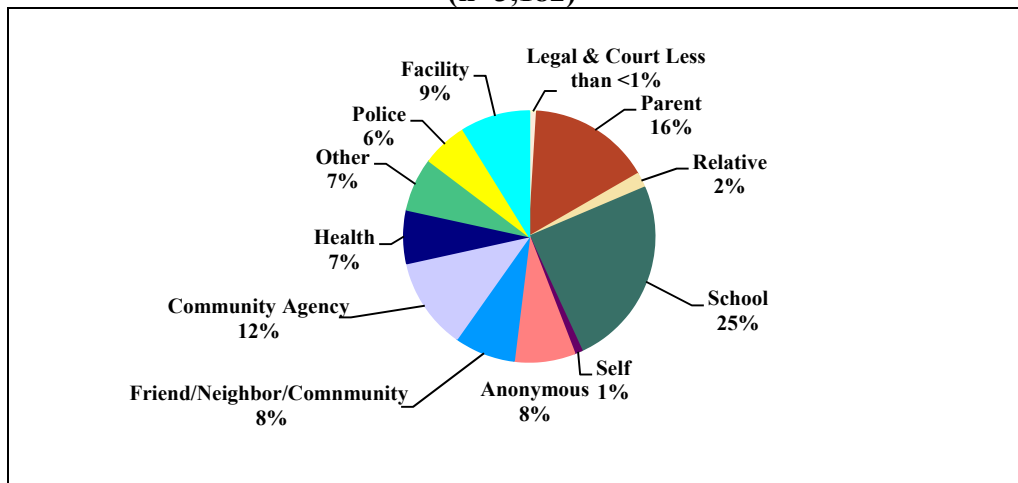
CP&P has not specifically addressed case record review recommendations related to interviewing fathers of alleged child victims or interviewing subject children alone.

On April 1, 2013, DCF instituted a new regulation that modified the system used to designate findings following completion of an investigation.⁸⁶ Previously, DCF had a two tier system in which a finding was designated as either substantiated or unfounded. The new regulation adopts a four tier system in which a finding can be designated as either substantiated, established, not established or unfounded. This change has resulted in DCF's ability to maintain the records of children in which the investigation determined that they were harmed or exposed to risk of harm, even where the statutory definition of child abuse or neglect could not be met. Maintaining these records provides workers with a more accurate history of families that can inform their assessments when new referrals are received.

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 child care facilities, detention centers, schools, and residential facilities, resource family care homes and other out-of-home care settings.⁸⁷ From January to December 2013, IAIU received 3,182 referrals. This is an increase of 184 referrals (6%) over the same period in 2012. Figure 5 illustrates the proportion of IAIU referrals from different sources.

**Figure 5: Referral Sources for All IAIU Referrals
(January – December 2013)
(n=3,182)**



Source: DCF Data

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

⁸⁶ A detailed explanation of the four tier finding system can be found at <http://www.nj.gov/dcf/families/dcpp/4-Tier.pdf>

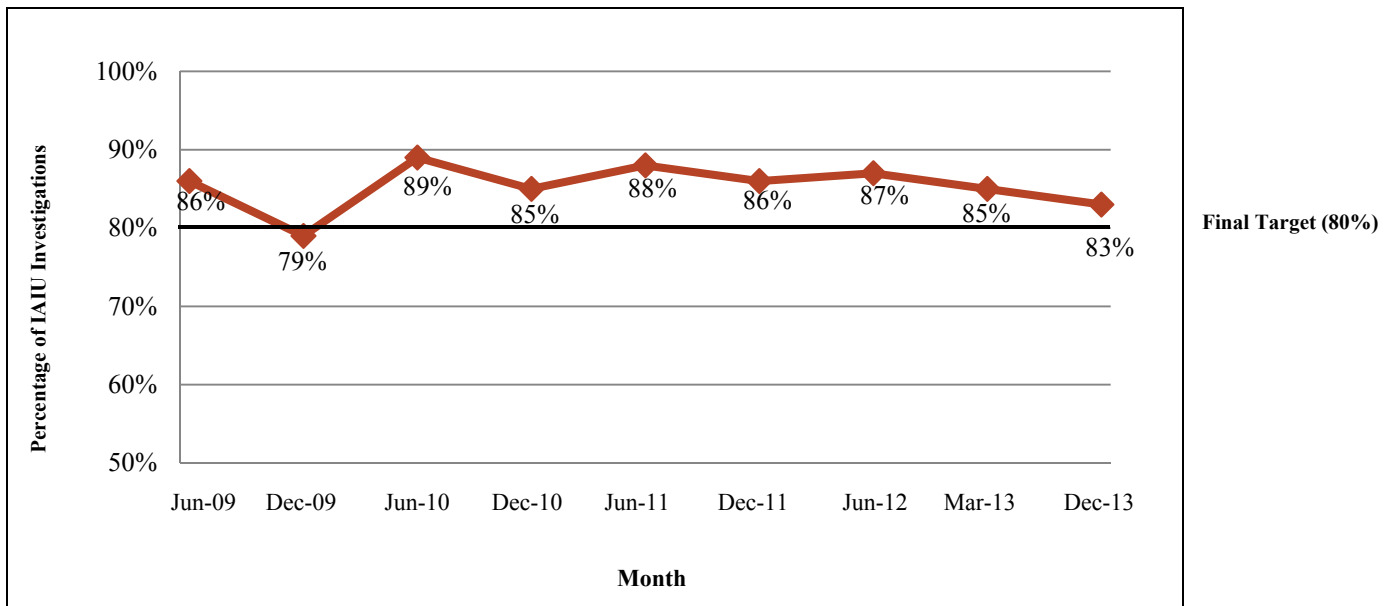
⁸⁷ CP&P (4-1-2013). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 200.

1. Performance Measures for IAIU

IAIU Practice for Investigations in Placements

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

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



Source: DCF data

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

Performance as of December 31, 2013:

DCF manages and tracks IAIU performance daily, calculating the proportion of investigations open 60 days or more statewide and within regional offices. Between 79 and 88 percent of all IAIU investigations were open less than 60 days (see Table 2) during the months of April through December 2013.

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

**Table 2: IAIU Investigative Timeliness:
Percent of Investigations Completed within 60 days
(April–December 2013)***

Date	All IAIU investigations completed within 60 days	Investigations in resource family homes and congregate care completed within 60 days
APRIL	82%	88%
MAY	81%	84%
JUNE	81%	85%
JULY	79%	85%
AUGUST	83%	92%
SEPTEMBER	83%	88%
OCTOBER	88%	89%
NOVEMBER	85%	90%
DECEMBER	81%	85%

Source: DCF data, IAIU, Daily Summary Reports

*Data as of last date in each month.

2. IAIU Investigations Corrective Action Monitoring

Every IAIU investigation results in a finding letter which is sent to a facility or resource home. This letter cites the investigative conclusion and, when applicable, identifies concerns and makes a request for corrective action. Every finding letter is sent to DCF's Office of Licensing (OOL). When a request for corrective action is made, DCF policy is that the facility administrator or the resource home unit responsible for supervising the resource home is required to develop and

submit a corrective action plan (CAP) within 30 calendar days of the date on the IAIU finding letter.⁸⁸ IAIU's Continuous Quality Improvement (CQI) staff is responsible for monitoring the development and implementation of corrective action plans to assure satisfactory resolution of all concerns identified in the finding letter. CQI staff are also responsible for determining whether the CAP is successfully completed and whether it is approved, disapproved or will remain open and pending. All CAPs require the submission of supporting documentation to confirm the plan was implemented and completed. As a result, CAPs remain open until all documentation is received. DCF policy does not stipulate time frames for when CQI staff must approve successfully completed CAPs. Time frames for the successful completion of CAPs vary according to the elements of the plan. For example, a CAP may include intensive monitoring of a resource home for a six month period. In that instance, IAIU's CQI staff will review documentation of the six month monitoring to determine whether the identified concerns have been addressed and, once they are addressed, will approve the CAP as successfully completed.

Between April and December 2013, IAIU issued 449 corrective action requests involving resource family homes, group homes, and residential facilities where children were placed. Information reported from the IAIU corrective action database indicate that 276 (61%) of 449 CAPs had been approved as successfully completed and 175 (39%) corrective action requests were outstanding or pending resolution as of December 31, 2013. Of the 175, 19 CAPs are not yet due.

Review of Corrective Action Plans (CAPs)

The Monitor reviewed ten randomly selected corrective action requests that resulted from investigation findings between April and December 2013 to look at feedback processes between IAIU and other divisions (e.g. OOL) and to ensure CAPs are being developed and implemented. The sample included three resource family homes, two kinship resource homes, three group homes and two residential facilities. CAPs were developed and submitted for eight of the ten requests; four of the eight were developed and submitted within 30 days from the date of the finding letter. IAIU's CQI staff accepted six of the eight CAPs as successfully implemented. The remaining two of the eight CAPs were pending while staff awaited supporting documentation. CAPs from this sample resulted in the removal of children from resource homes, the monitoring of resource homes, the reduction of a resource home's capacity, the suspension of resource homes, the closing of a resource home, the re-training of resource parents and facility staff on CP&P policies and procedures, the training of a resource parent and facility staff and the termination of staff at a group home and at a residential facility.

Additionally, the Monitor reviewed five randomly selected corrective action requests resulting from investigation finding letters dated between April and December 2013 which were pending approval as successfully completed by IAIU CQI staff ninety days and beyond. The CAPs pending approval were reviewed to determine the reasons why they remained pending and if IAIU staff were following up appropriately on the identified concerns. The sample included four resource family homes and one kinship family home. CAPs were developed and submitted for three of the five requests; one of the three was submitted within 30 days from date of the finding

⁸⁸ CP&P (4-1-2013). IAIU Support Operations Manual, III E Institutional Abuse and Neglect, 704.

letter. IAIU's CQI staff did not accept any of the three CAPs as of December 31, 2013 for varying reasons. CAPs in this sample were not accepted because OOL violations remained open and unabated, the CAP did not comprehensively address all concerns identified and documentation verifying that a resource parent completed training was missing. For the two CAPs in the sample that had not been developed and submitted as of December 31, 2013, there was evidence that IAIU staff had sent letters and emails to supervisors of resource home units to follow up on the CAP.

The CAPs reviewed appeared to adequately address the incidents which prompted the IAIU investigation. There was evidence of appropriate communication between divisions in all cases reviewed, particularly between IAIU and OOL regarding the licensure of resource homes and facilities under investigation. All communication on record occurred via email or inter-office memos. In addition, IAIU hosts monthly "systems partners" meetings with OOL and SCR to ensure that concerns identified during IAIU investigations are communicated to all the system partners. The Monitor plans on attending these meetings during the next monitoring period.

V. IMPLEMENTING THE CASE PRACTICE MODEL

DCF continues to train on and reinforce high quality case practice according to New Jersey's Case Practice Model (CPM). The CPM is designed to guide and support staff towards a strength-based and family-centered approach that ensures the safety, permanency and well-being of children. This practice requires engagement with children, youth and families through teamwork and crafting individualized case plans with families and children.

DCF is holding weekly conference calls among DCF leadership, Area Directors and their Local Office manager to review individual performance on specific key indicators, including visitation, Family Team Meetings (FTMs) and case plan development. These weekly calls have led to more consistent use of quantitative and qualitative data to support positive outcomes for children and families.

The Performance Measures discussed below measure progress on some of the CPM activities using data from NJ SPIRIT and data collected during the state's QR process, a case review process led by DCF's Office of Quality discussed in more detail in Section XIV.

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

A critical component of CP&P's CPM is its focus on coaching, facilitating and supervising Family Team Meetings (FTMs), where families and their formal and informal supports meet to discuss the families' progress. CP&P continues to build its capacity to hold FTMs, primarily through its Implementation Specialists. CP&P has ten Implementation Specialists, one in each area. Their primary responsibility is to provide ongoing assistance to staff to practice according to the CPM. Implementation Specialists train and mentor staff to serve as facilitators, coaches and master coaches who conduct FTMs and implement the CPM.⁸⁹ They also conduct training at Local Offices tailored to staff needs, particularly on topics related to effective engagement of families and building appropriate and functioning teams that support families.

As of December 31, 2013, DCF developed 2,211 staff as FTM facilitators, 324 as coaches and 142 as master coaches. Table 3 shows the number of facilitators, coaches and master coaches by CP&P area.

⁸⁹ Coaches are CP&P staff of varying levels who are trained specifically to lead FTMs; master coaches train Local Office and Area staff to become facilitators and coaches. Facilitators are trained to conduct Family Team Meetings according to protocol and the principles and values of DCF's CPM.

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

County	Facilitators	Coaches	Master Coaches
Atlantic	69	14	7
Bergen	116	34	9
Burlington	116	17	8
Camden	193	23	9
Cape May	57	10	3
Cumberland	59	12	4
Essex	278	28	15
Gloucester	80	11	2
Hudson	190	25	15
Hunterdon	22	4	0
Mercer	108	13	5
Middlesex	141	13	7
Monmouth	93	18	9
Morris	81	15	6
Ocean	111	24	9
Passaic	135	21	13
Salem	46	7	1
Somerset	64	6	0
Sussex	36	7	4
Union	166	19	14
Warren	50	3	2
Total	2,211	324	142

Source: DCF

ChildStat Meetings

Since September 2010, DCF has held monthly ChildStat meetings, which have become central to DCF’s continuous quality improvement processes.⁹⁰ The ChildStat process encourages learning through self-diagnosis and data analyses. At the ChildStat meetings Local Office leadership present practice issues, including data on key performance indicators from the most recent two fiscal quarters compared with statewide data. As additional offices participate in ChildStat, more staff from many levels within DCF have become better able to use data to assess Local Office performance. During this monitoring period DCF’s focus for the ChildStat process was cases involving families who had a prior unfounded CPS investigation within 12 months of a current

⁹⁰ Drawn from CompStat in New York City, ChildStat is a process wherein organizations use quantitative and qualitative data from multiple contexts to understand and attempt to improve service delivery.

referral. During the next monitoring period, DCF will shift its focus to include cases involving families whose children have been reunited with them between three and six months prior to the ChildStat meeting. The focus will be on the quality of the case practice and services offered to families in their own home to encourage and promote engagement with service providers in the community, frequently an important feature of successful reunification. DCF has expanded the number of outside stakeholders and partners who now attend its ChildStat meetings. The Monitor continues to regularly attend DCF’s ChildStat meetings and supports DCF’s progress in promoting self-examination and diagnosis through quality data.

Concurrent Planning Practice

DCF workers hold case reviews at five and ten months into a child’s placement for staff to address concurrent planning, a practice used throughout the country in which workers 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. Staff also conduct “enhanced reviews” after a child has been in placement for five and ten months to carry out its concurrent planning required by the MSA. Enhanced reviews occur in all CP&P Local Offices.

Statewide, in December 2013, 99 percent of applicable families had required five month reviews, and 94 percent had required ten month reviews.

As Table 4 reflects, in December 2013, 99 percent of five month reviews due that month were completed timely statewide. Between April and December 2013, monthly performance on this measure ranged from 93 to 100 percent.

**Table 4: Five Month Enhanced Review
(April–December 2013)**

	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Reviews Completed w/in five months	254	98%	259	100%	289	100%	267	98%	295	99%	288	93%	367	98%	299	99%	273	99%
Reviews Not Completed w/in five months	6	2%	1	0%	1	0%	6	2%	2	1%	23	7%	7	2%	3	1%	4	1%
Totals	260	100%	260	100%	290	100%	273	100%	297	100%	311	100%	374	100%	302	100%	277	100%

Source: DCF data

Table 5 shows that statewide in December 2013, 94 percent of ten month reviews due that month were completed timely. Between April and December 2013, monthly performance on this measure ranged from 90 to 96 percent.

**Table 5: Ten Month Enhanced Review
(April–December 2013)**

	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Reviews Completed w/in ten months	256	94%	210	96%	206	95%	263	93%	222	93%	234	90%	198	95%	173	92%	215	94%
Reviews Not Completed w/in ten months	17	6%	9	4%	12	6%	21	7%	17	7%	25	10%	10	5%	15	8%	15	7%
Totals	273	100%	219	100%	218	101%*	284	100%	239	100%	259	100%	208	100%	188	100%	230	101%*

Source: DCF data

*Percentage is greater than 100 due to rounding.

In December 2013, 72 percent of cases were transferred to an Adoption worker in the required five days after a change of goal to adoption.

The MSA requires CP&P to transfer a case to an Adoption worker within five business days after a child’s permanency goal has been changed to adoption (Section II.G.2.c). As Table 6 reflects, in December 2013, 72 percent of cases were transferred to an Adoption worker within the required timeframe. Between April and December 2013, monthly performance on transfers within five days ranged from 59 to 80 percent; during these same months, performance on transfers to an Adoption worker within 30 days ranged from 79 to 97 percent of applicable cases.

**Table 6: Assignment to Adoption Worker within 5 days of Goal Change to Adoption
(April–December 2013)**

	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Within 5 days	98	80%	94	74%	82	77%	84	69%	76	68%	65	59%	87	70%	61	69%	100	72%
6-20 days	8	7%	15	12%	3	3%	18	15%	12	11%	19	17%	24	19%	13	15%	29	21%
21- 30 days	0	0%	0	0%	2	2%	1	1%	8	7%	3	3%	5	4%	6	7%	6	4%
31 or More days	9	7%	10	8%	9	9%	15	12%	9	8%	3	3%	9	7%	8	9%	3	2%
Not Yet Assigned**	8	7%	8	6%	10	9%	3	3%	7	6%	21	19%	0	0%	0	0%	1	1%
Not Able to Determine (Missing hearing date)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%
Totals	123	101%*	127	100%	106	100%	121	100%	112	100%	111	101%*	126	101%*	88	100%	139	100%

Source: DCF data

*Percentage is greater than 100 due to rounding.

**April – June 2013 data were extracted on 9/12/13; July – September 2013 data were extracted on 10/28/13; October – November were extracted on 1/5/14; and December 2013 data were extracted on 3/31/14.

B. Performance Measures on Family Team Meetings and Case Planning

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

There has been improvement in performance on incorporating FTMs as a consistent part of DCF's case practice. The improvement has been slower than desired despite intensive efforts to train, coach and supervise staff over the past several years. During this monitoring period, DCF focused on diagnosing the root cause of some of these challenges, including how to accurately assess and document those families that do not want to or are unavailable to participate in FTMs. Two implementation specialists and 23 Master Coaches conducted an "FTM Focus Pilot" in Hudson and Bergen counties for families requiring FTMs between December 13, 2013 and January 31, 2014. The pilot was designed to explore whether the assignment of a designated facilitator would positively impact the quality, rate of completion and documentation of FTMs. DCF hopes to learn from the FTM Focus Pilot whether to modify its current model of conducting FTMs.

Family Involvement and Effective Use of Family Team Meetings

Quantitative or Qualitative Measure	<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 & decision making throughout a case and have the skills, family knowledge and abilities to solve and help to organize effective services for the child and family. Number of family team meetings at key decision points:</p> <ul style="list-style-type: none"> a. For children newly entering placement, the number/percent who have a family team meeting within 30 days of entry. b. For all other children in placement, the number/percent who have at least one family team meeting each quarter. c. Family Teamwork
Final Target	<ul style="list-style-type: none"> a. By June 30, 2010, family meetings held prior to or within 30 days of entry for 90% of new entries and 90% of pre-placements. b. By June 30, 2010, family meetings held for 90% of children at least once per quarter. c. By June 30, 2011, 90% of cases show evidence in QR of acceptable team formation and functioning.

Performance as of December 31, 2013:

While performance improved, DCF did not meet the final target requiring FTMs for 90 percent of children prior to or within 30 days of a child entering foster care, for pre-placements, and at least once per quarter thereafter.

During the previous monitoring period and continuing from April through December 2013, DCF was engaged in an effort with Area Directors, Local Office managers and line staff to both improve engagement with parents to encourage participation in FTMs and to improve documentation and data entry to account for legitimate reasons why FTMs do not occur, either because the parent is unavailable or because the parent declined to attend. The parties agreed that, consistent with the previous monitoring period, while the state was involved in this self-diagnosis and corrective action, the report's documented progress would include only the number of FTMs that have actually occurred. After the conclusion of the monitoring period, DCF provided the Monitor with additional data indicating that after successfully clarifying and implementing policy, it had confidence that workers were properly using and documenting exceptions and with that information had approached reaching the final target on this performance measure. Given the timing, the Monitor has not yet been able to conduct the case review needed to validate this data. The Monitor and DCF will conduct a statistically valid case record review to validate the data and issue a supplemental letter on this measure prior to the next full monitoring report.

According to NJ SPIRIT data, and counting only those FTMs that actually occurred, in December 2013, out of 295 possible FTMs, 202 (69%) occurred within 30 days of removal; from April to December 2013, monthly performance ranged from 43 to 69 percent. Appendix B-1 provides performance data on FTMs held within 30 days by Local Office for the month of December 2013. The state's performance on FTMs that occurred (even without excluding from

the universe FTMs where the parent was unavailable or declined to participate) has significantly improved from the previous monitoring period.⁹¹

**Table 7: Family Team Meetings Held within 30 days
(April – December 2013)**

Month	Total Number of Applicable Children	Number of Children with Initial FTMs Held within 30 days	Percent
APRIL	403	199	49%
MAY	439	187	43%
JUNE	374	173	46%
JULY	338	171	51%
AUGUST	379	177	47%
SEPTEMBER	386	178	46%
OCTOBER	398	224	56%
NOVEMBER	331	207	63%
DECEMBER	295	202	69%

Source: DCF data

Performance on quarterly FTMs also improved. Using the same methodology and reporting only on FTMs that actually occurred, in December 2013, out of a possible 1,854 quarterly FTMs, 1,005 (54%) occurred; from April to December 2013, monthly performance ranged from 43 to 54 percent.⁹² Appendix B-2 provides performance data on quarterly FTMs by Local Office for the month of December 2013.

⁹¹ Using the same methodology, in March 2013, out of 358 possible FTMs, 200 (56%) of FTMs occurred within 30 days of removal. As shown in Appendix B-1, there is wide variation in Local Office compliance, with one third of Local Offices meeting the final target for FTMs, and another 9 percent were within 10 percent of the final target.

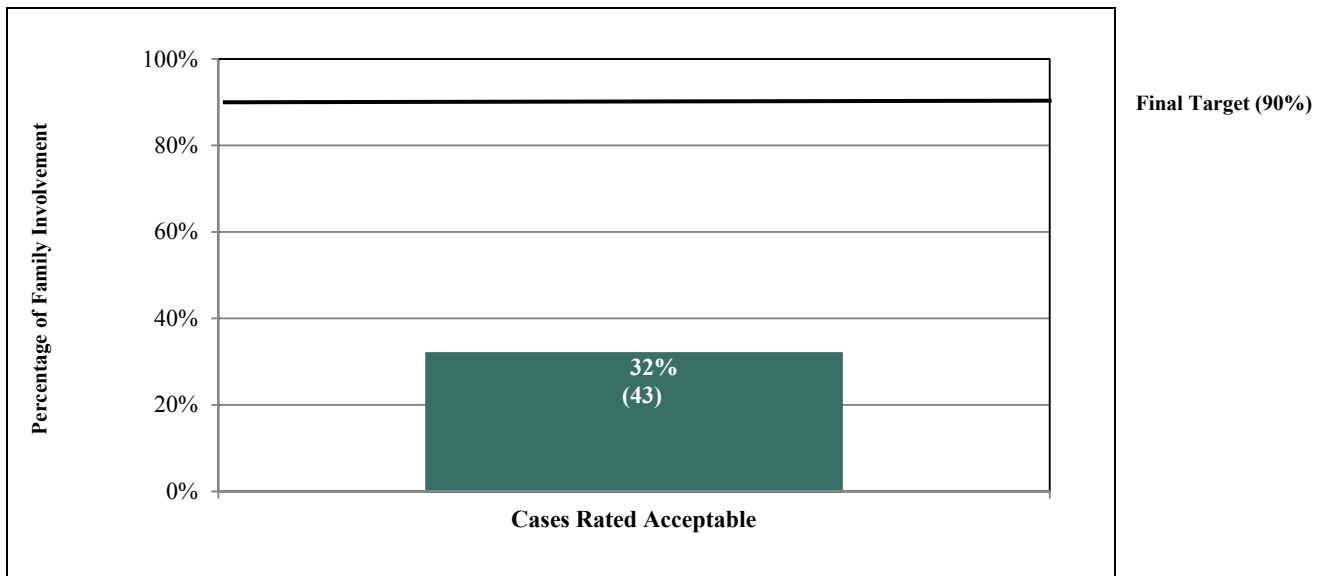
⁹² Using the same methodology, in March 2013, out of a possible 1,758 FTMs, 815 (46%) occurred quarterly.

Table 8: Quarterly Family Team Meetings Held (April–December 2013)

Month	Total Number of Applicable Children	Number of Children with Quarterly FTMs Held	Percent
APRIL	1,823	858	47%
MAY	1,780	857	48%
JUNE	1,747	766	44%
JULY	1,806	776	43%
AUGUST	1,837	858	47%
SEPTEMBER	1,744	793	46%
OCTOBER	1,759	829	47%
NOVEMBER	1,844	928	50%
DECEMBER	1,854	1,005	54%

Source: DCF data

Figure 7: Cases Rated Acceptable on Family Involvement and Effective Use of Family Team Meetings (April–December 2013) (n=133)



Source: DCF, QR results

Reported performance based upon QR results from cases reviewed between April to December 2013.

Performance as of December 31, 2013:

DCF did not meet the target requiring that 90 percent of cases show evidence in the QR of acceptable team formation and functioning, the quality indicator used to report on family involvement and effective use of FTMs. For cases rated as acceptable, there was evidence that

persons who provided both formal and informal supports to children/youth and families had formed a working team that met, talked and planned together to help children/youth and families meet their goals. For cases rated as unacceptable, there was evidence in most cases of initial team formation but less effective ongoing team functioning to support the case goals and/or some critical members of a necessary team were not involved.

Results of 133 cases reviewed from April to December 2013 using the QR indicate that both team formation and functioning were rated acceptable in 32 percent of cases, an eight percent improvement from the previous monitoring period, but still far below required performance.⁹³

Timeliness of Case Planning-Initial Plans

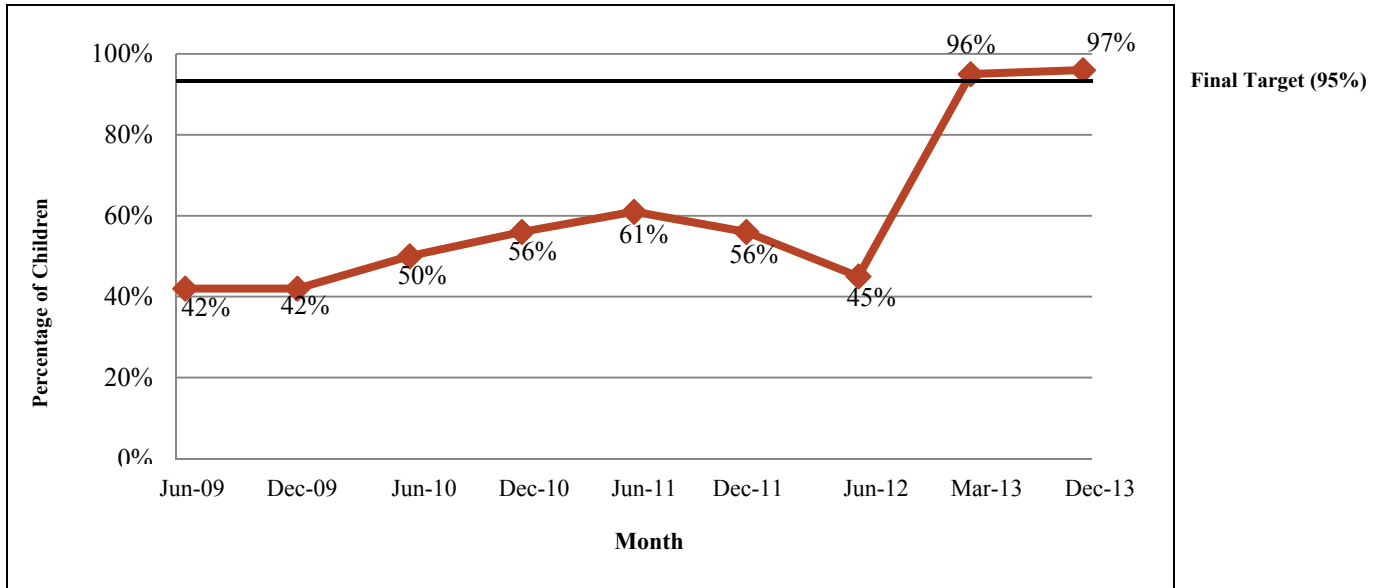
DCF policy and the MSA require a case plan be developed within 30 days of a child entering placement. For the first time, the state has met the final target on this measure (see Figure 8), a significant accomplishment, representing a dramatic improvement from prior periods.⁹⁴

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

⁹³ 133 cases were reviewed as part of the Quality Reviews (QRs) conducted from April to December 2013. 43 of 133 cases (32%) rated acceptable on *both areas* of Family Teamwork, team formation and team functioning; 62 of 133 cases (47%) rated acceptable on team formation; and 50 of 133 cases (38%) cases rated acceptable on team functioning.

⁹⁴ While the state met the standard for this measure in the previous monitoring period in the months of February and March 2013, it did not meet the final target for the remaining seven months.

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



Source: DCF data

Performance as of December 31, 2013:

In December 2013, 289 (97%) out of a total of 297 case plans were completed within 30 days. Additionally, a total of 295 (99%) cases had case plans completed within 60 days.

As shown in Table 9, between April and December 2013, the timely development of case plans ranged from 92 to 97 percent each month. Because performance meets or is within one percentage point of the standard for all but one month during the monitoring period, the Monitor considers DCF to have met the final target of 95 percent for the first time.⁹⁵

⁹⁵ While the state met the standard for this measure in the previous monitoring period in the months of February and March 2013, it did not meet the final target for the remaining seven months of the monitoring period.

Table 9: Case Plans Developed within 30 days of Child Entering Placement (April–December 2013)

	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Case Plans Completed in 30 days	377	96%	415	94%	351	94%	319	95%	346	92%	362	94%	373	96%	315	94%	289	97%
Case Plans Completed in 31-60 days	13	3%	25	6%	18	5%	8	2%	31	8%	14	4%	14	4%	20	6%	6	2%
Case Plans Not Completed after 60 days	2	1%	0	0%	3	1%	8	2%	0	0%	8	2%	2	1%	1	0%	2	1%
Totals	392	100%	440	100%	372	100%	335	99%*	377	100%	384	100%	389	101%*	336	100%	297	100%

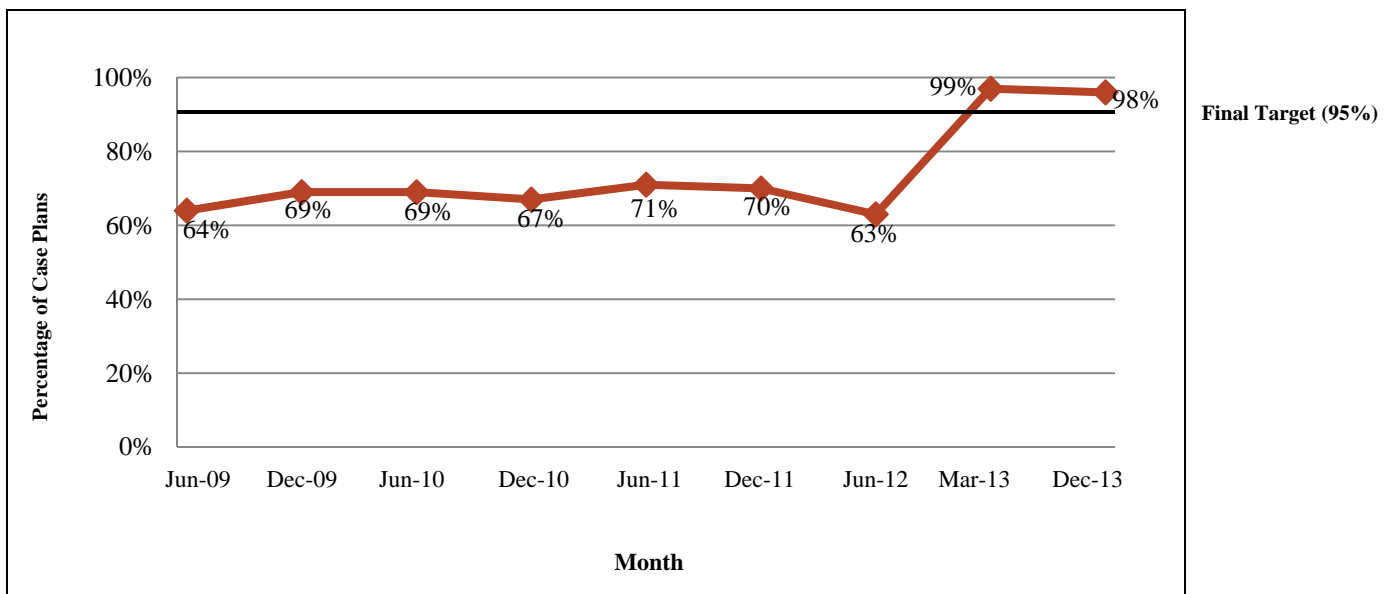
Source: DCF data

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

Timeliness of Case Planning-Current Plans

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

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



Source: DCF data

Performance as of December 31, 2013:

DCF policy requires that case plans be reviewed and modified at least every six months. From April through December 2013, between 94 and 99 percent of case plans were modified within the required six month timeframe. In December 2013, 98 percent of case plans had been modified as necessary. Notably, DCF met or exceeded the final target of 95 percent for each month of this monitoring period and as a result the Monitor considers the final target of 95 percent to be met for the first time.⁹⁶ This is a significant accomplishment.

**Table 10: Case Plans Updated Every 6 months
(April–December 2013)**

	Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13		Oct-13		Nov-13		Dec-13	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Case Plans Completed within six months	1,150	99%	1,151	99%	1,115	98%	1,170	98%	1,136	97%	1,161	95%	1,120	96%	1,158	94%	1,106	98%
Outstanding	15	1%	13	1%	29	3%	29	2%	39	3%	56	5%	45	4%	74	6%	21	2%
Totals	1,165	100%	1,164	100%	1,144	101%*	1,199	100%	1,175	100%	1,217	100%	1,165	100%	1,232	100%	1,127	100%

Source: DCF data

*Percentage is greater than 100 due to rounding.

Quality of Case Planning and Service Plans

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

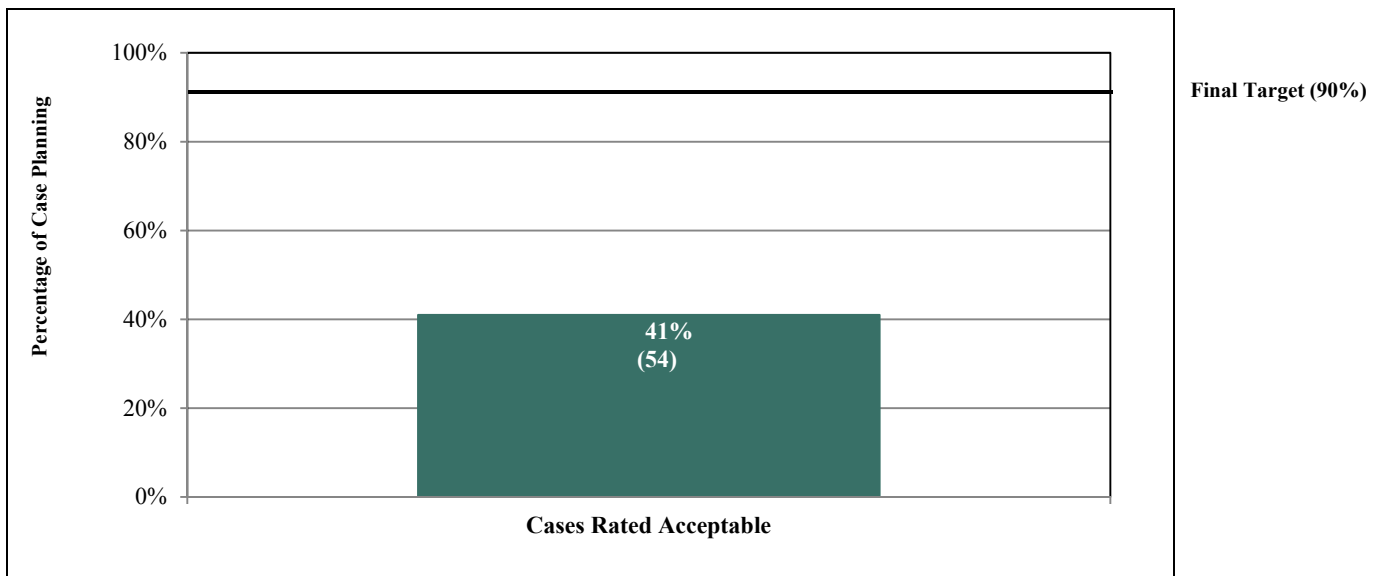
Performance as of December 31, 2013:

DCF policy and the MSA requires family involvement in case planning; plans that are appropriate and individualized to the circumstances of the child/youth and family; oversight of the plans implemented to ensure case goals are being met; and course correction when needed.

⁹⁶ In the previous monitoring period the state met this performance measure in the month of March, but not for the remaining eight months.

As Figure 10 indicates, DCF did not meet the target requiring that 90 percent of cases rate as acceptable for case planning and service plans as measured by the QR. Cases rated as acceptable demonstrate evidence that the child and families’ needs are addressed in the case plan, the plan directly addresses the needs and risks that brought the child to DCF’s attention, appropriate family members were included in the plan and the implementation of the service process is being tracked and adjusted when necessary. DCF results of 133 cases reviewed from April through December 2013 indicate that 41 percent of cases were rated as acceptable on both QR indicators ‘Case Planning Process’ and ‘Tracking and Adjusting’.⁹⁷ To specifically address concerns about the quality of the case planning process, DCF’s Office of Training and Professional Development partnered with Area and Local Office leadership to pilot a new, customized, on site Transfer of Learning (TOL) training model on case planning that features “real time” evaluation tools and strategies for supervisors and workers.

**Figure 10: Cases Rated Acceptable on Quality of Case and Service Planning
(April–December 2013)
(n=133)**



Source: DCF, QR results

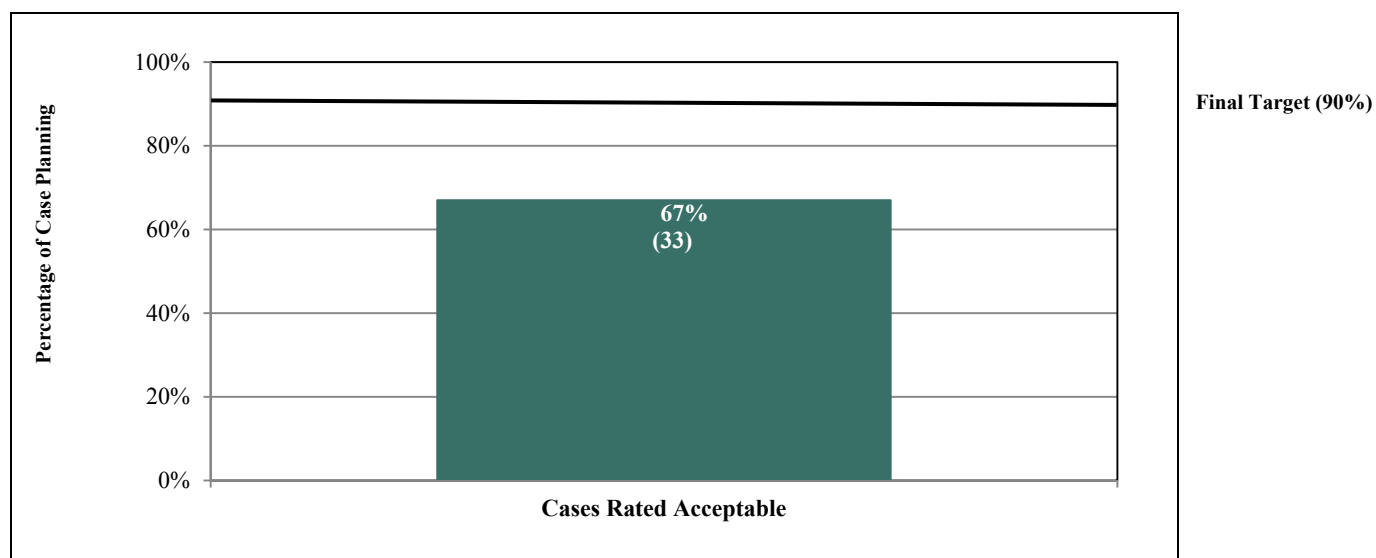
Reported performance based upon QR results from cases reviewed between April to December 2013.

⁹⁷ 54 of 133 (41%) in and out-of-home cases rated acceptable on *both* the Case Planning Process and Tracking and Adjusting indicators; 62 of 133 cases (47%) rated acceptable on Case Planning Process; and 79 of 133 cases (59%) rated acceptable on Tracking and Adjusting.

Planning to Meet Children’s Educational Needs

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

**Figure 11: Cases Rated Acceptable on Planning to Meet Educational Needs
(April–December 2013)
(n=49)⁹⁸**



Source: DCF, QR results

Reported performance based upon QR results from cases reviewed between April to December 2013.

Performance as of December 31, 2013:

The QR Child and Family Status ratings, ‘Stability of School Placement’ and ‘Learning and Development’ (for children over the age of 5), are measured together on each case to assess how children are faring in their educational setting. As Figure 11 indicates, performance on this measure based on April through December 2013 QR results is 67 percent acceptable. Forty-nine cases were applicable for this performance measure because cases must involve children five and older and in out-of-home placement. For cases rated as acceptable, there was evidence of few disruptions of school settings and a low risk of such disruptions as well as evidence that the children were achieving key development milestones. Thirty-three of 49 applicable cases (67%) rated acceptable on *both* the Stability (school) and Learning and Development (age 5 and older) QR indicators⁹⁹.

⁹⁸ As noted, although 133 cases were reviewed for the QR, only 49 involved children over the age of 5 *and* in out-of-home placement.

⁹⁹ Fifty-seven of 67 cases (85%) rated acceptable on Stability (school); 42 of 52 (81%) cases rated acceptable on Learning and Development (age 5 and older).

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

Quantitative or Qualitative Measure	8. <u>Safety and Risk Assessment</u> : Number/percent of closed cases where a safety and risk of harm assessment is done prior to case closure.
Final Target	By December 31, 2010, (a) 98% of investigations will have a safety assessment completed, (b) 98% of investigations will have a risk assessment completed and (c) 98% of non-investigation cases will have a risk assessment or risk re-assessment completed within 30 days of case closure. ¹⁰⁰

Performance as of December 31, 2013:

Performance during the months of April through December 2013 for both safety and risk assessments completed prior to investigation completion exceeded the 98 percent required by the MSA final target. For example, in December 2013, there were 4,519 applicable¹⁰¹ investigation cases closed. Of these 4,519 investigations, 4,518 (100%) investigations had a safety assessment completed prior to investigation completion and 4,519 (100%) investigations had a risk assessment completed prior to investigation completion.

Performance on conducting a risk reassessment 30 days prior to non-investigative case closure ranged from 61 to 94 percent (see Figure 12) between the months of April through December 2013. For example, in December 2013, there were 675 applicable¹⁰² cases closed. Of these 675 cases, 623 (92%) cases had a risk reassessment completed within 30 days prior to case closure; 17 (3%) cases had a risk reassessment completed within 31 to 60 days prior to case closure. Data by Local Office for December 2013 reflects a performance range between 72 and 100 percent

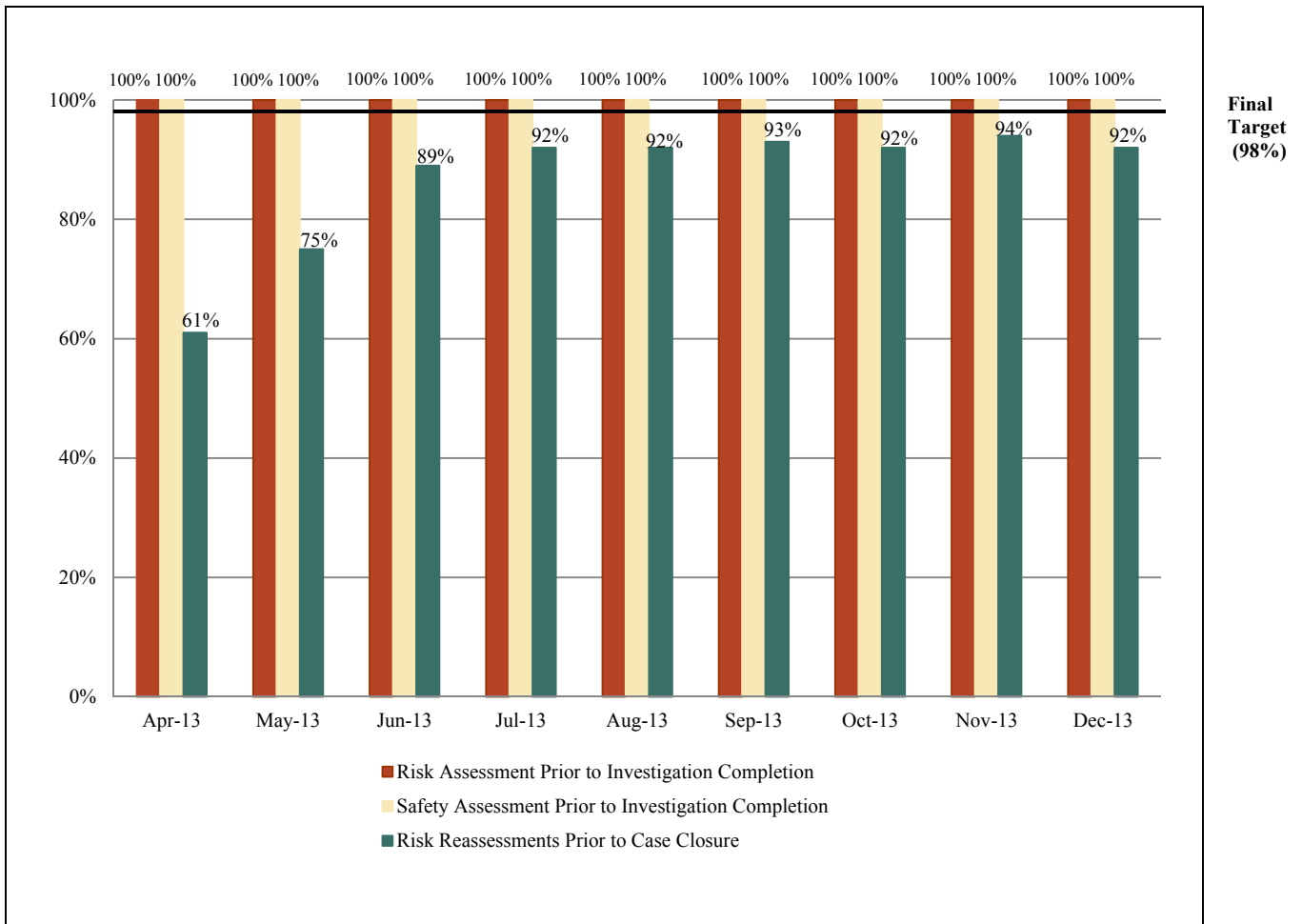
¹⁰⁰ In order to be consistent with practice expectations, in May 2012, the Parties agreed to revise the final target from, "By December 31, 2010, 98% of cases will have a safety and risk of harm assessment completed prior to case closure" to the language stated above, which allows for separate reporting on investigations and non-investigations cases.

¹⁰¹ In December 2013, an additional 23 investigations were closed; however, those cases were marked as "unable to make contact with children/family" and were excluded from the calculations.

¹⁰² Applicable cases include reunification and do not include adoption, kinship legal guardianship or emancipation.

(see Appendix B-3)¹⁰³ among offices with many Local Offices meeting the performance required by the final target. DCF added a hard edit to NJ SPIRIT on May 23, 2013 that requires a risk assessment to be complete before the NJ SPIRIT system will allow staff to close a case. This hard edit has resulted in a significant improvement in performance.

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



Source: DCF data

¹⁰³ Cases assigned to adoption workers are included in Appendix D-2 only for the few cases where the goal of the child in placement was changed from adoption to reunification. Prior to case closure, the Adoption worker is required to complete a risk reassessment for those cases when the child exits to reunification.

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

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

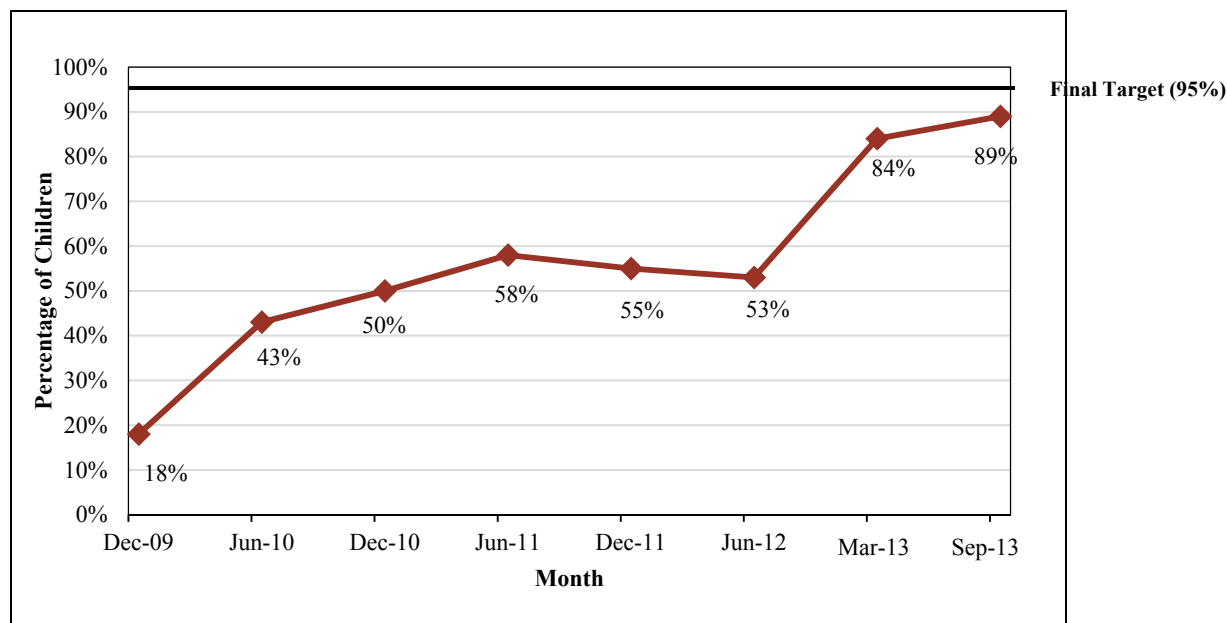
The state's performance for most MSA visitation measures remained relatively unchanged, with the exception of visits between siblings who are not placed together, which improved by eight percent. Local Office data were reviewed for several measures and as stated in the previous monitoring period, variations in performance are evident. Local Office data for those measures are discussed below and can be found in Appendices B-4 through B-6.

During this monitoring period, the Monitor and DCF agreed to use a new methodology to determine performance for caseworker visits with parents. The previous methodology excluded instances where a caseworker documented that a parent was unavailable or did not require a visit. Analysis of a sample of these cases found that these exceptions were not consistently applied in an appropriate manner. Performance for the current monitoring period does not exclude these instances and only reports compliance for those visits that actually occurred. Due to this change, current performance is not comparable with previously reported performance when the exceptions were applied.

Caseworker Visits with Children in State Custody

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

Figure 13: Percentage of Children who had Two Visits per month during First Two months of an Initial or Subsequent Placement (December 2009 – September 2013)



Source: DCF data

Performance as of December 31, 2013:

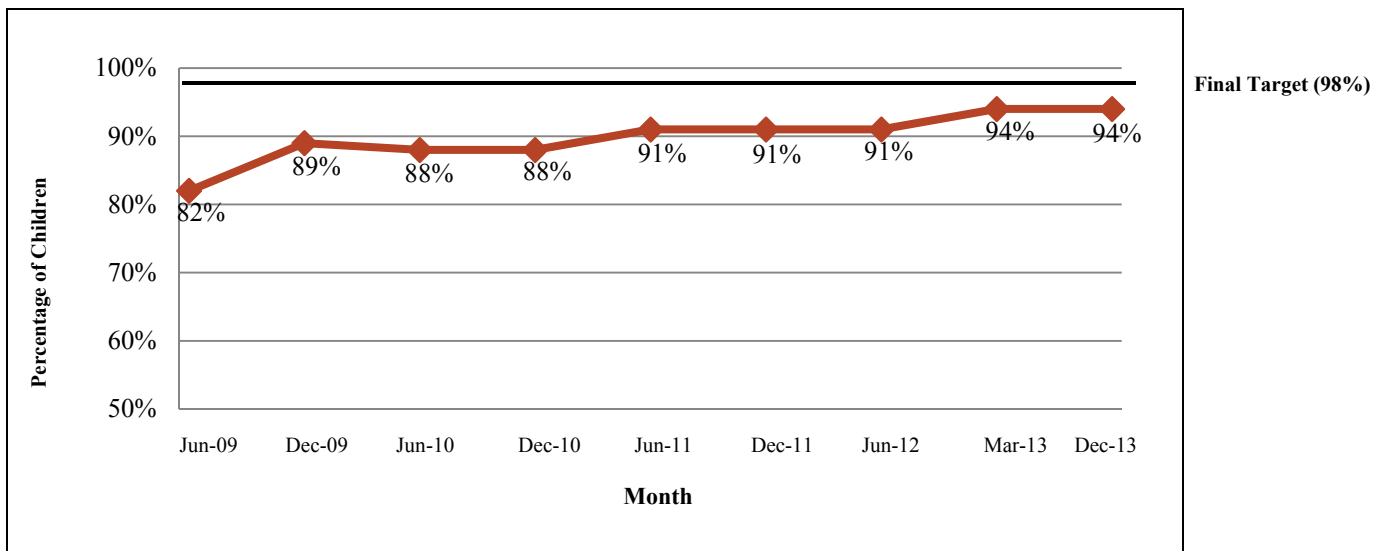
Performance data presented below were determined through an internal audit conducted by DCF of all applicable cases in September 2013. The Monitor conducted a secondary review of a small sample of these cases. Performance data for other months during the monitoring period were not fully validated and are not presented in this report.

During the month of September 2013, 89 percent of applicable children had two visits per month during the first two months of an initial or subsequent placement. Specifically, there were 507 children who were in an initial or subsequent placement and remained in the placement for a full two months; 452 (89%) had documented visits by their workers twice per month with at least one visit occurring in the placement setting.

Caseworker Visits with Children in State Custody

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

Figure 14: Percentage of Children in Out-of-Home Care who had at least One Caseworker Visit per month in his/her Placement (June 2009 – December 2013)



Source: DCF data

Performance as of December 31, 2013:

Between April and December 2013, performance ranged monthly from 93 to 95 percent of children in out-of-home placement with at least one caseworker visit per month in his/her placement.¹⁰⁴ For example, in December 2013 there were 6,774 children in out-of-home placement for a full month; 6,382 (94%) were visited by their caseworker at least one time per month in their placement. An additional 310 (5%) children had at least one caseworker visit per month in a location other than their placement, for a total of 99 percent of children with at least one caseworker visit per month regardless of location. The Monitor considers this performance measure to be partially met.

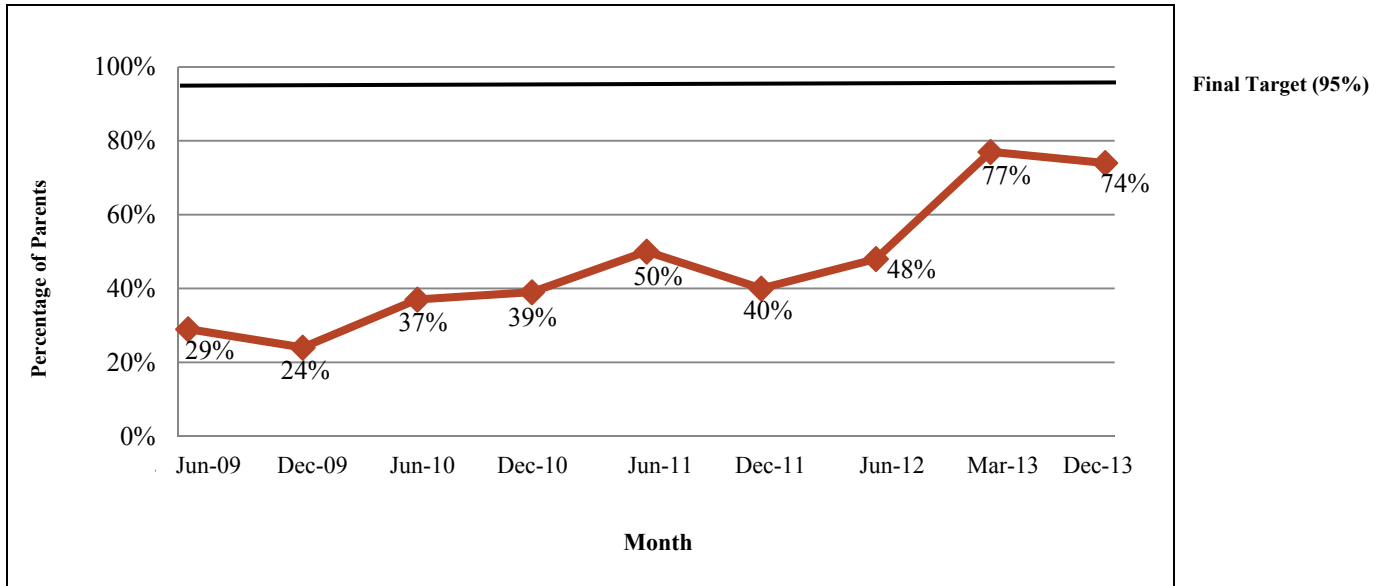
In December, performance on this measure by Local Office ranged from 87 to 99 percent; five Local Offices met the MSA standard and over half of the Local Offices performed at 95 percent or higher (see Appendix B-4).

Caseworker Visits with Parents/Family Members

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

¹⁰⁴ Performance data for monitoring period are as follows: April 2013, 95%; May 2013, 94%; June 2013, 94%; July 2013, 94%; August 2013, 95%; September 2013, 94%; October 2013, 94%; November 2013, 93%; December 2013, 94%.

Figure 15: Percentage of Families who have at least Twice per month Face-to-Face Contact with Caseworker when the Goal is Reunification (June 2009 – December 2013)¹⁰⁵



Source: DCF data

Performance as of December 31, 2013:

Between April and December 2013, monthly performance on this measure ranged from 70 to 77 percent of parents or other legally responsible family members visited two times per month by a caseworker when the family’s goal is reunification.¹⁰⁶ For example, in December 2013, there were 3,633 children in custody with a goal of reunification; the parents of 2,678 (74%) children were visited twice during the month and the parents of an additional 95 (3%) children had at least one contact in December. Local Office data for December ranges between 58 and 100 percent; only one of the 46 Local Offices met the required level of 95 percent (see Appendix B-5). Statewide performance does not meet the required MSA level.

Reported performance at this time understates actual performance because the data do not exclude instances where a parent is unavailable or contacts are not required due to concerns regarding appropriate use of these exceptions. The Monitor will be working with DCF to validate recently available data which account for these exclusions.

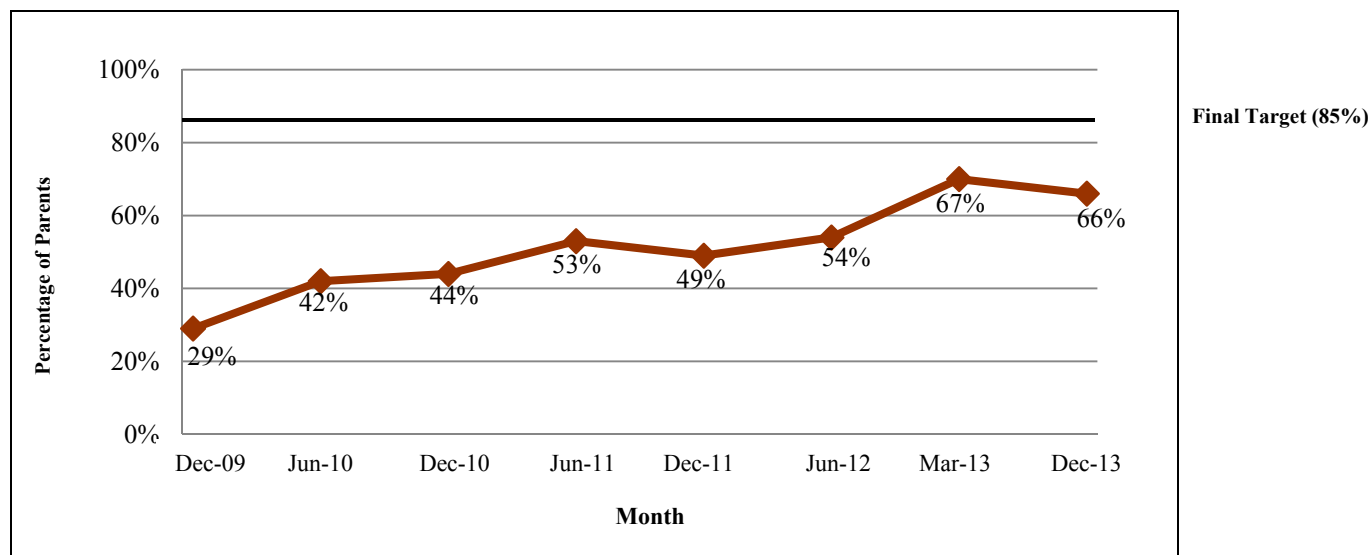
¹⁰⁵ Previously reported performance for June 2011 through March 2013 excluded from calculations those instances where the parent was unavailable or because contacts were not required. Due to concerns regarding appropriate use of these exceptions and for comparison purposes, performance data in this Figure for June 2011 through December 2013 do not exclude from calculations those instances where the parent was unavailable or because contacts were not required. Therefore, cited performance is different than previously reported performance.

¹⁰⁶ Performance data for monitoring period are as follows: April 2013, 77%; May 2013, 77%; June 2013, 76%; July 2013, 76%; August 2013, 76%; September 2013, 73%; October 2013, 75%; November 2013, 70%; December 2013, 74%.

Caseworker Visits with Parents/Family Members

Quantitative or Qualitative Measure	19. <u>Caseworker Visits with Parents/Family Members</u> : The caseworker shall have at least one face-to-face visit per month with the parent(s) or other legally responsible family member of children in custody with goals other than reunification unless parental rights have been terminated.
Final Target	By December 31, 2010, at least 85% of families shall have at least one face-to-face caseworker contact per month, unless parental rights have been terminated. ¹⁰⁷

Figure 16: Percentage of Parents who had at least One Face-to-Face Contact with Caseworker who had a Permanency Goal other than Reunification (December 2009 – December 2013)¹⁰⁸



Source: DCF data

¹⁰⁷ Possible modification of this final target has been discussed among the Parties and the Monitor with no resolution.

¹⁰⁸ Previously reported performance for June 2011 through March 2013 excluded from calculations those instances where visits did not occur because the parent was unavailable or because contacts were not required. Due to concerns regarding appropriate use of these exceptions and for comparison purposes, performance data in this Figure for June 2011 through December 2013 do not exclude from calculations those instances where visits did not occur because the parent was unavailable or because contacts were not required. Therefore, cited performance is different than previously reported performance.

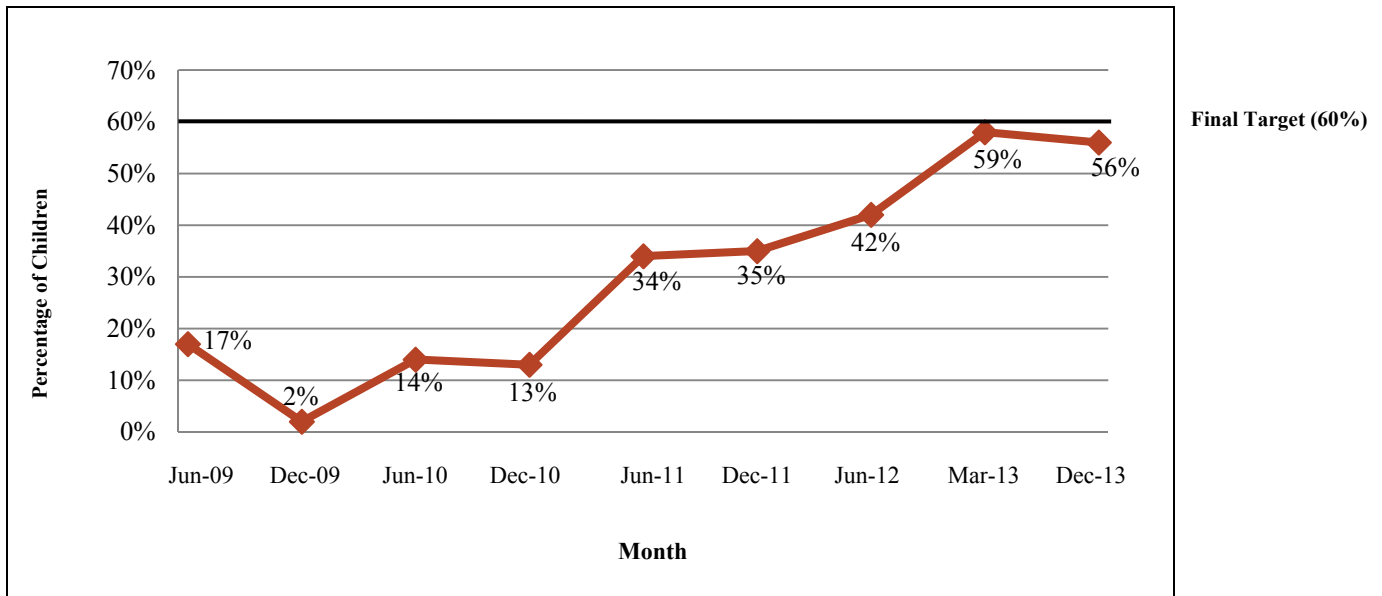
Performance as of December 31, 2013:

Between April and December 2013, monthly performance on this measure ranged from 63 to 71 percent of parents or other legally responsible family members visited monthly by a caseworker when the family’s goal is no longer reunification.¹⁰⁹ For example, in December 2013, there were 1,951 children in custody whose goal was not reunification; the parents for 1,293 (66%) children were visited monthly. As stated for the previous measure, reported performance at this time understates actual performance because reported performance does not exclude instances where a parent is unavailable or contacts are not required due to concerns regarding appropriate use of these exceptions. The Monitor will be working with DCF to validate recently available data which account for these exclusions.

Visitation between Children in Custody and their Parents

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

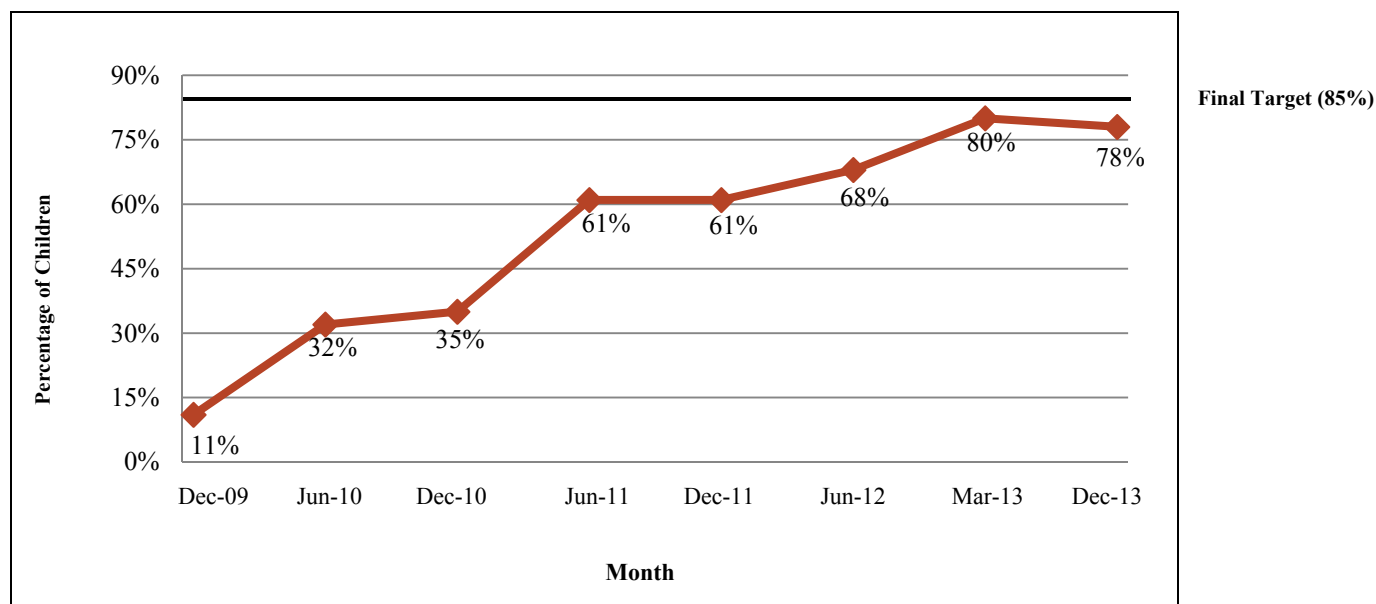
Figure 17: Percentage of Children with Weekly Visits with their Parent(s) (June 2009 – December 2013)



Source: DCF data

¹⁰⁹ Performance data for monitoring period are as follows: April 2013, 68%; May 2013, 67%; June 2013, 69%; July 2013, 71%; August 2013, 70%; September 2013, 69%; October 2013, 67%; November 2013, 63%; December 2013, 66%.

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



Source: DCF data

Performance as of December 31, 2013:

Between April and December 2013, a monthly range of 54 to 61 percent of children had weekly visits with their parents when their permanency goal is reunification¹¹⁰ and a monthly range of 76 to 80 percent of children had visits at least every other week.¹¹¹ For example, in December 2013, there were 3,455 children in placement with a goal of reunification; 1,930 (56%) had four visits with their parents during the month and an additional 774 (22%) children had two or three visits during the month. CP&P reports that 459 children could not have any visits because the visits were not required or the parent was unavailable. Of the 1,035 children who had one, two or three visits during the month, CP&P reports that for 815 (79%) children, the remaining visits did not occur because the visits were not required or the parent was unavailable. Performance during the entire monitoring period did not meet the level required by the MSA, although, it is encouraging that for the first time, DCF met the required level of performance for two months during the monitoring period.

¹¹⁰ Performance data for monitoring period for weekly visits between parent and child are as follows: April 2013, 61%; May 2013, 60%; June 2013, 56%; July 2013, 56%; August 2013, 57%; September 2013, 54%; October 2013, 57%; November 2013, 55%; December 2013, 56%.

¹¹¹ Performance data for monitoring period for visits at least every other week between parent and child are as follows: April 2013, 80%; May 2013, 80%; June 2013, 78%; July 2013, 78%; August 2013, 78%; September 2013, 76%; October 2013, 77%; November 2013, 78%; December 2013, 78%.

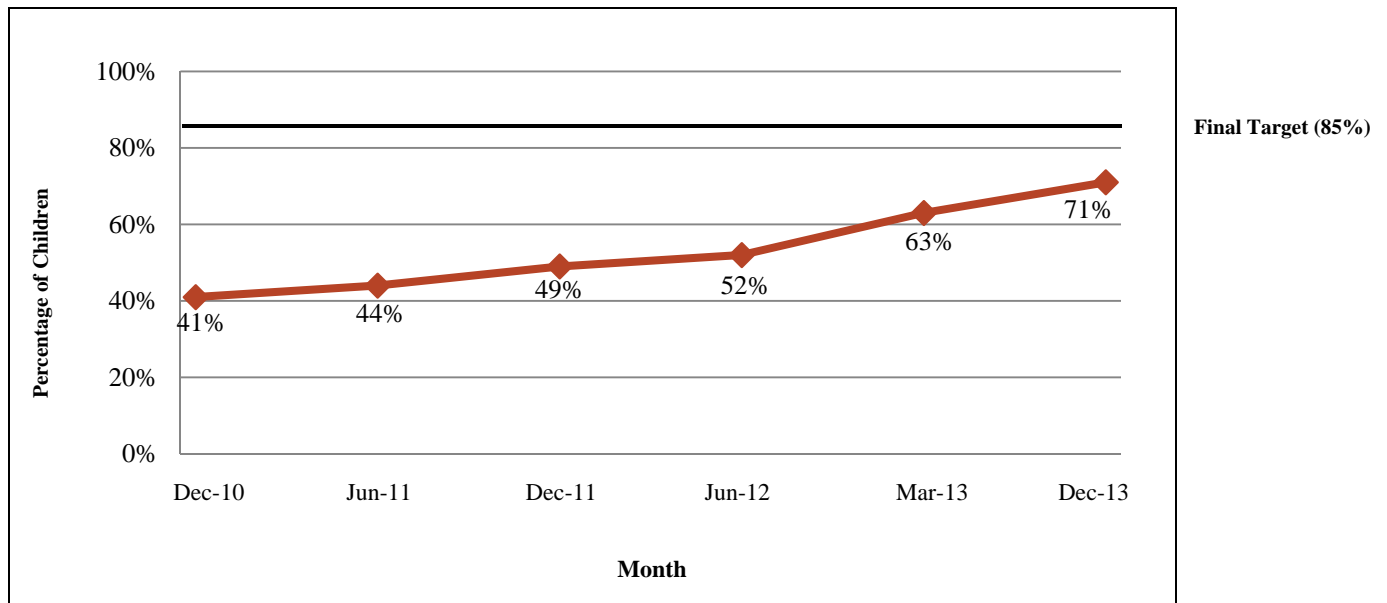
In December 2013, Local Office data for weekly visits between children and parents when their permanency goal is reunification ranges between 39 and 79 percent; 18 of the 46 Local Offices met the required level of 60 percent (see Appendix B-6).

During the next monitoring period, the Monitor will be working with DCF to validate recently available data which account for instances where a parent is unavailable or visits are not required and findings from this validation will be discussed in the next report.

Visitation between Children in Custody and Sibling Placed Apart

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

Figure 19: Percentage of Children in Custody who have at least Monthly Visits with Siblings, for Children not Placed with Siblings (December 2010 – December 2013)



Source: DCF data

Performance as of December 31, 2013:

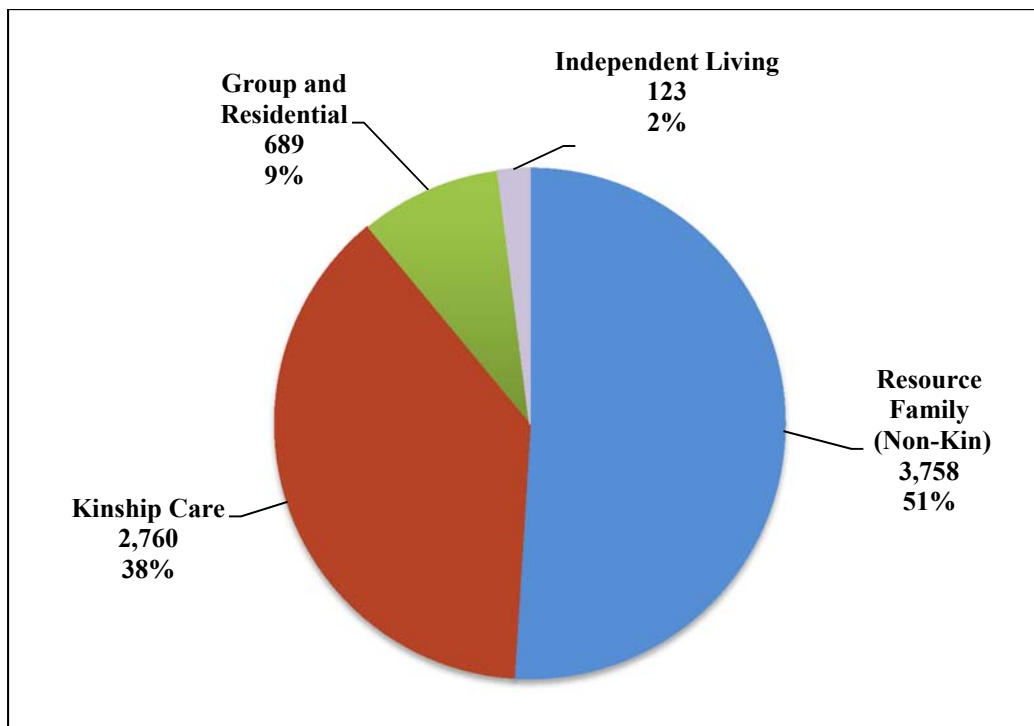
Between April and December 2013, a monthly range of 61 to 71 percent of children had monthly visits with their sibling(s) when they were not placed together.¹¹² For example, in December 2013 there were 2,372 children in placement who had at least one sibling who did not reside in the same household as them; 1,677 (71%) children had a visit with their siblings during the month. Performance on this measure continues to steadily improve but does yet not meet the final target of 85 percent.

¹¹² Performance data for monitoring period are as follows: April 2013, 61%; May 2013, 64%; June 2013, 65%; July 2013, 62%; August 2013, 67%; September 2013, 67%; October 2013, 64%; November 2013, 66%; December 2013, 71%.

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

As of December 31, 2013, a total of 52,255 children were receiving CP&P services: 7,330 in out-of-home placement and 44,925 in their own homes. Figure 20 shows the type of placement for children in CP&P custody as of December 31, 2013: 89 percent were in resource family homes (either kinship or non-kinship), nine percent in group and residential facilities and two percent in independent living facilities. As shown in Figure 20, the number of children placed with kin is now substantial, representing 38 percent of the children in out-of-home placement. One of the state's accomplishments since the start of the MSA has been the significant reduction of children in out-of-home care.

Figure 20: Children in CP&P Out-of-Home Placement by Type of Placement as of December 31, 2013 (n=7,330)



Source: DCF data

Table 11 shows selected demographics for children in out-of-home placement as of December 31, 2013. As seen in Table 11, almost half (46 percent) of the children in out-of-home care were age five or under, with the largest single group (children two or younger) comprising 26 percent of the out-of-home placement population. Over one quarter (27 percent) of the population were age six to 12, 20 percent were age 13 to 17 and seven percent were age 18 or older.

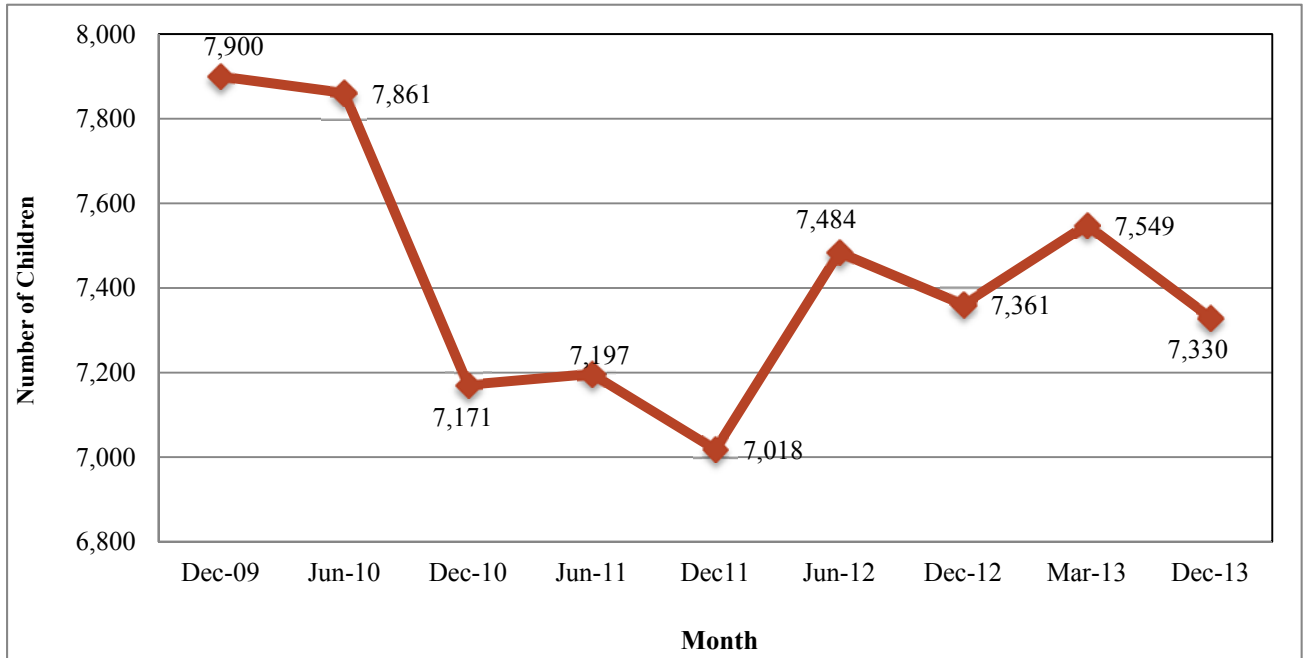
**Table 11: Selected Demographics for Children in Out-of-Home Placement
as of December 31, 2013
(n=7,330)**

Gender	Percent
Female	49%
Male	51%
Total	100%
Age	Percent
2 years or less	26%
3-5 years	20%
6-9 years	17%
10-12 years	10%
13-15 years	11%
16-17 years	9%
18+ years	7%
Total	100%
Race	Percent
Black or African American	43%
American Indian or Alaska Native	<1%
Asian	<1%
Native Hawaiian or Other Pacific Islander	<1%
Black or African American Hispanic	2%
Hispanic—No Race	3%
White Non-Hispanic	28%
White Hispanic	12%
Multiple Races	5%
Missing or Undetermined	6%
Total	100%

Source: DCF data

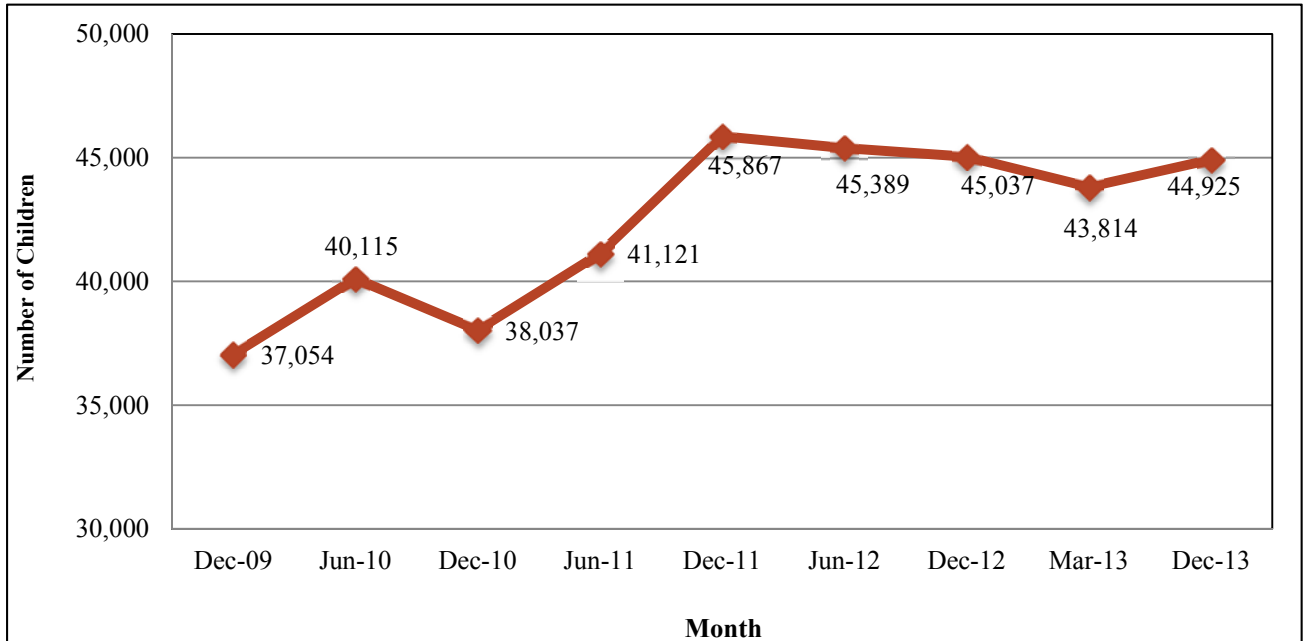
The number of children in out-of-home placement has dropped by three percent from 7,549 in March 2013 to 7,330 in December 2013 (see Figure 21). Since the previous monitoring period, there has been a two and a half percent (2.5%) increase in the number of children receiving in-home services from 43,814 to 44,925 (see Figure 22).

**Figure 21: Children in Out-of-Home Placement
(December 2009 – December 2013)**



Source: DCF data

**Figure 22: Children Receiving In-Home Services
(December 2009 – December 2013)**



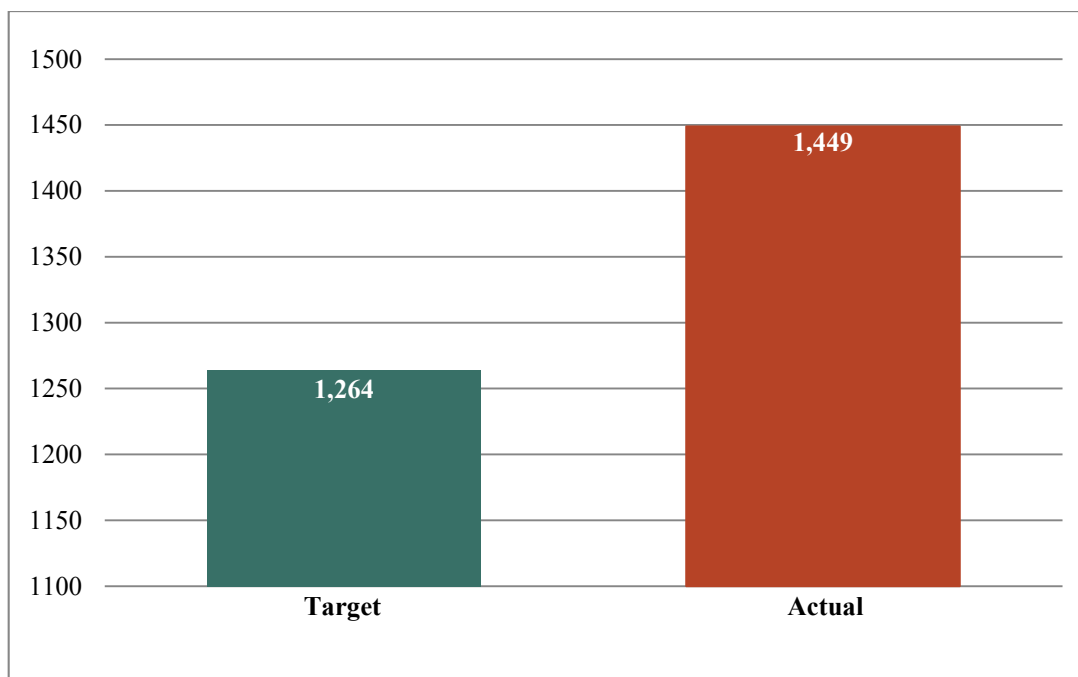
Source: DCF data

A. Recruitment and Licensure of Resource Family Homes

DCF reports that it maintains a resource family home placement capacity in excess of the current number of children in out-of-home placement, but in order to meet the specific needs of children and youth coming into placement, DCF is seeking to recruit and license more large capacity resource family homes and homes for adolescents.

DCF recruited and licensed 1,449 new kinship and non-kinship resource family homes from January to December 2013, exceeding its target for CY 2013 by 185 families. More than 50 percent of the newly licensed families were relatives of children in care.

Figure 23: Number of Licensed Resource Family Homes Compared to Statewide Target (January–December 2013)
Total = 1,449

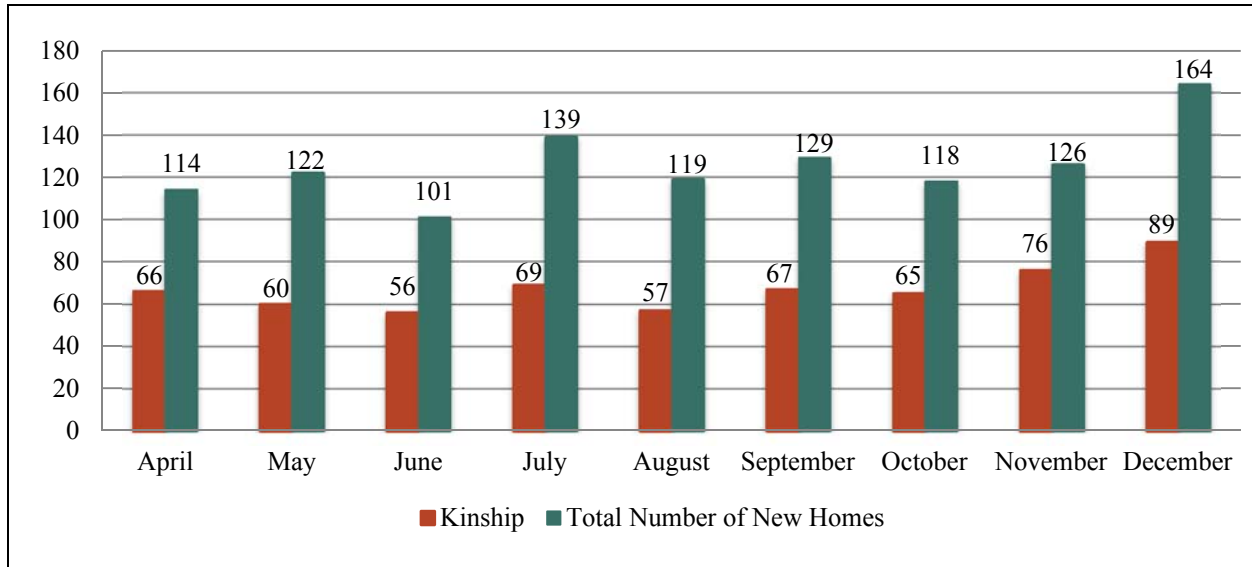


Source: DCF data

As indicated in Figure 24, 605 (53%) of 1,132 newly licensed resource family homes during this monitoring period were kinship homes. In the most recent three reporting periods DCF has licensed more kinship homes than non-kinship homes, reflecting the state’s significant progress in exploring kinship care as the preferred placement option.¹¹³

¹¹³ See Table 12 for total gross and net numbers of resource family homes.

**Figure 24: Newly Licensed Resource Family Homes
(Kinship and Non-Kinship)
(April–December 2013)
Total Licensed = 1,132
Total Kinship Licensed = 605**



Source: DCF data

Table 12 shows the number of kinship and non-kinship resource family homes licensed and the number of resource family homes closed between January and December 2013. Between April and December 2013 DCF had a net gain of 127 resource family homes. Of the 1,005 homes that closed during the monitoring period, DCF reports that 46 percent were homes of relatives. The vast majority of these homes closed when the children achieved permanency, either through adoption, kinship legal guardianship, or reunification with the biological parents.

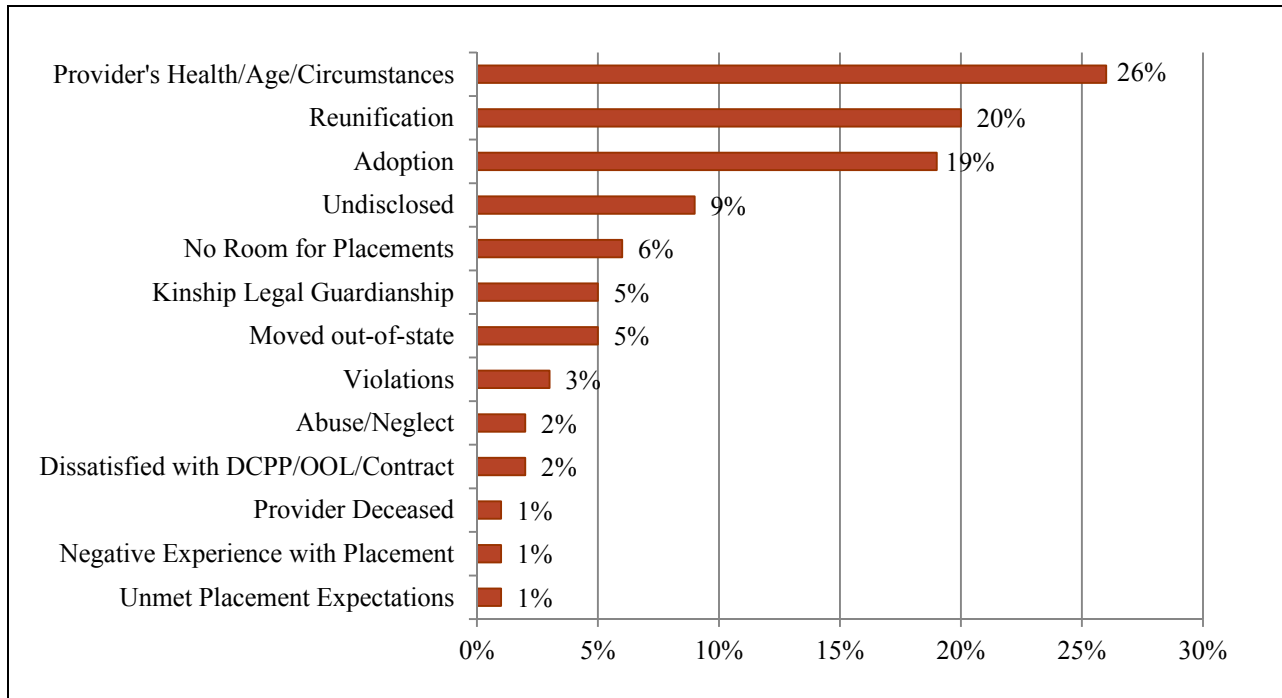
**Table 12: Resource Family Homes Licensed and Closed
(January 1 –December 31, 2013)**

2013 Monthly Statistics	Non-Kin Resource Homes Licensed	Kin Resource Homes Licensed	Total Resource Homes Licensed	Total Resource Homes Closed	Resource Homes Net Gain
JANUARY	48	57	105	96	9
FEBRUARY	44	56	100	88	12
MARCH	56	56	112	137	-25
Jan – Mar 2013 Totals	148	169	317	321	-4
APRIL	48	66	114	112	2
MAY	62	60	122	103	19
JUNE	45	56	101	80	21
JULY	70	69	139	105	34
AUGUST	62	57	119	59	60
SEPTEMBER	62	67	129	45	84
OCTOBER	53	65	118	129	-11
NOVEMBER	50	76	126	185	-59
DECEMBER	75	89	164	187	-23
Apr – Dec 2013 Totals (Monitoring Period XIV)	527	605	1,132	1,005	127
TOTALS	675	774	1,449	1,326	123

Source: DCF data

As reflected in Figure 25, 44 percent of all resource family homes that were closed between April and December 2013 were due to reunification (20%), kinship legal guardianship (5%) or adoption (19%). Additional reasons for closing resource homes include a provider’s personal circumstances, such as the health/age of the provider (26%), a move out-of-state (5%) and lack of room for the placement (6%). Nine percent of the resource family home providers did not disclose their reasons for closing their homes. An additional ten 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 CP&P and Office of Licensing (OOL) rules (2%), unmet provider expectations (1%) and violations of licensing rules (3%).

**Figure 25: Reasons for Resource Home Closures
(April 1 –December 31, 2013)**



Source: DCF data

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

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

- Total number of children in placement,
- Total number of licensed resource family homes statewide,
- Total number of sibling groups,
- Average number of closed homes statewide,
- Geographical location of resource family homes, and
- County of origin of children who need placement.

For CY 2013, 16 of 21 counties met or exceeded their annual targets for licensed resource family homes. Table 13 shows county performance in 2013 as compared to recruitment/licensure targets.

Table 13: Newly Licensed Resource Family Homes Compared to County/State Targets (January–December 2013)

County	Target	Licensed	Performance Against Target
Atlantic	47	56	9
Burlington	64	65	1
Cape May	22	25	3
Camden	115	128	13
Cumberland	32	42	10
Gloucester	48	75	27
Salem	20	27	7
Essex	217	196	-21
Hudson	100	100	0
Bergen	79	99	20
Hunterdon	20	14	-6
Mercer	48	27	-21
Somerset	36	33	-3
Warren	20	21	1
Middlesex	64	125	61
Morris	45	41	-4
Sussex	22	28	6
Passaic	60	69	9
Ocean	70	104	34
Monmouth	55	94	39
Union	80	80	0
Totals	1,264	1,449	185

Source: DCF

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

As shown in Table 14, for resource family applications received from October to June 2013, 1,018 (57%) were resolved within 150 days and 1,196 (67%) applications were resolved within 180 days. When compared to performance in 2007 (25% of applications resolved in 150 days), DCF has improved significantly in its efforts to reach the 150 day timeframe. DCF has taken steps to further improve this performance, including forming an Impact Team Workgroup comprised of staff from Local Office resource family units, area resource family specialists and staff from the Office and Resource Families (ORF) and Office of Licensing (OOL). Based on findings from the Workgroup that kinship applications tend to encounter more challenges and delays than non-kinship applications, DCF implemented a new Resource Family Impact Team process that more intensely monitors kinship applications. Under the new system, monthly Impact Team conferences now focus on pending non-kinship applications after day 50 of the 150 day timeframe, unless there is an identified problem that surfaces earlier. All kinship

applications continue to be conferenced by the Impact Team and four of the most challenging kinship applications per month from each Local Office are selected for intensive review by the Impact Team, together with Local Office case management and supervisory staff. The expectation is that this new process will improve practice and assist in expediting the 150 day application process.

Table 14: Total Number of Resource Family Applications Resolved in 150 and 180 Days for Applications Submitted October 2012 through June 2013

Month Applied	Total Applications	Resolved in 150 Days		Resolved in 180 Days	
	Number	Number	Percent	Number	Percent
October 2012	197	106	54%	116	59%
November 2012	161	88	55%	107	66%
December 2012	182	109	60%	129	71%
January 2013	176	99	56%	120	68%
February 2013	214	125	58%	146	68%
March 2013	253	134	53%	161	64%
April 2013	208	131	63%	149	72%
May 2013	181	109	60%	127	70%
June 2013	200	117	59%	141	71%
Total	1,772	1,018	57%	1,196	67%

Source: DCF data

Resource Family Recruitment and Retention Strategies

Large Capacity Homes

DCF identified recruiting and licensing homes with capacity to accommodate large sibling groups as a priority in the needs assessment it conducted in 2007. As previously reported, the state developed and has been using a specialized recruitment strategy to focus attention on identifying, recruiting and licensing these homes, termed “Siblings in Best Settings” or SIBS. At the end of this reporting period, DCF had 29 SIBS homes, a net increase of four homes from the previous monitoring period; eleven SIBS homes were newly licensed between April and December 2013.¹¹⁴ Recruiting homes for large sibling groups continues to be a priority need.

¹¹⁴ Seven homes left the SIBS program: three homes closed upon adoption finalization, one closed due to the provider’s health circumstances, one home closed due to the reunification of the children with their biological parents, one home closed due to the court determining that placement with other relatives was preferred as the parents had not sufficiently complied with licensing requirements. Another home downgraded from SIBS status when the resource parents determined the large number of siblings was too difficult to manage.

Assistance from the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents (NRCRRFAP)

DCF's work with the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at Adopt US Kids (NRCRRFAP) continued this monitoring period. Eleven counties¹¹⁵ were identified to participate in NRCRRFAP's "market segmentation" approach using a marketing research tool that helps identify households by geographic area and lifestyle characteristics that are most similar to those in which DCF is currently successful in placing children. Recruiters have used the data obtained from this "market segmentation" approach to inform local recruitment plans and strategies. Recognizing the need to increase the pool of families willing to accept large sibling groups, DCF is requiring all recruiters to identify large sibling groups as a primary objective in their 2014 Local Office Recruitment Plans. The next step planned for the "market segmentation" approach is using the data to determine effective messaging targeted to potential resource families for adolescents and large sibling groups.

Staff Training and Skill Development

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

- PRIDE (Parent Resources for Information, Development and Education) Train the Trainer—this course is a four day training for all resource family trainers.
- PRIDE and Traditions of Caring (TOC) Pre-service training for prospective resource parents.
- Joint OOL and Resource Family Support Workers (RFSWs)—this course is a two day training designed for new OOL and RFSW staff so they understand the practice and processes of their respective departments and what is involved in licensing a home.

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, county-based workshops and, new this monitoring period, e-live webinars.

Between April and December 2013, 686 resource parents took a total of 1,488 in-service courses. FAFS offers a wide variety of topics, including:

- The Child Health Program,
- The Educational Stability Act,
- Suicide and Depression,
- Discipline, and
- Working with DCF.

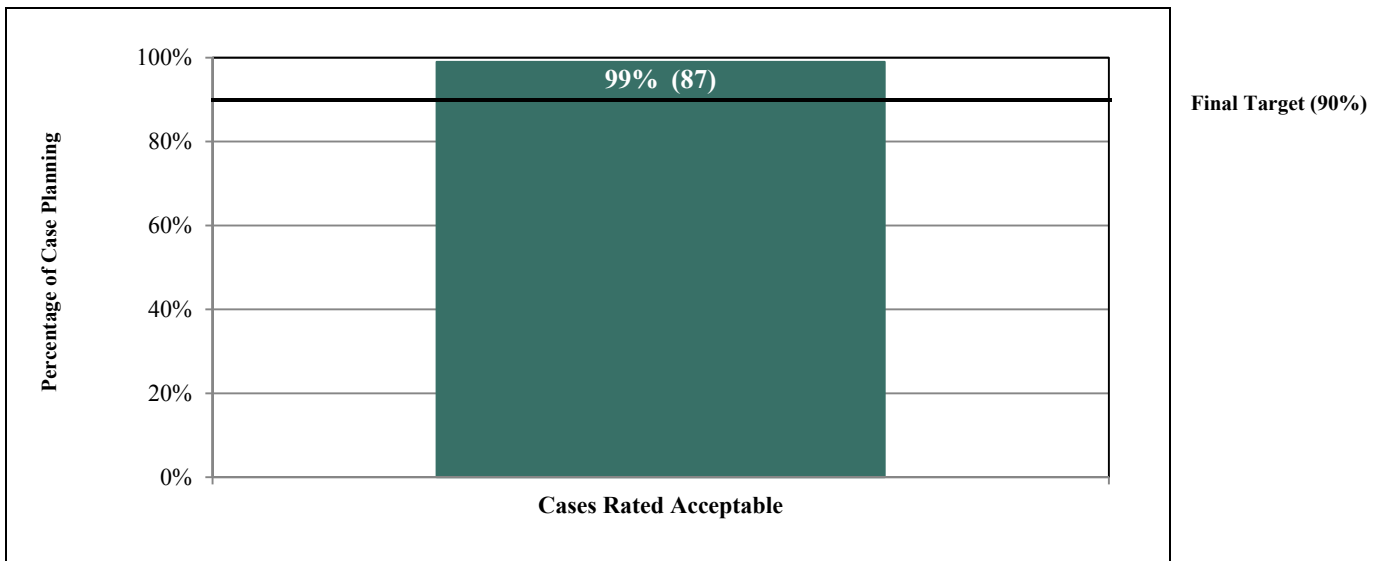
¹¹⁵ Mercer, Sussex, Camden, Monmouth, Morris, Essex, Cumberland, Ocean, Middlesex, Gloucester and Salem.

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

Appropriateness of Placement

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

Figure 26: Cases Rated Acceptable Appropriateness of Placement (April–December 2013) (n=88)



Source: DCF, QR results
 Reported performance based upon QR results from cases reviewed between April and December 2013.

Performance as of December 31, 2013:

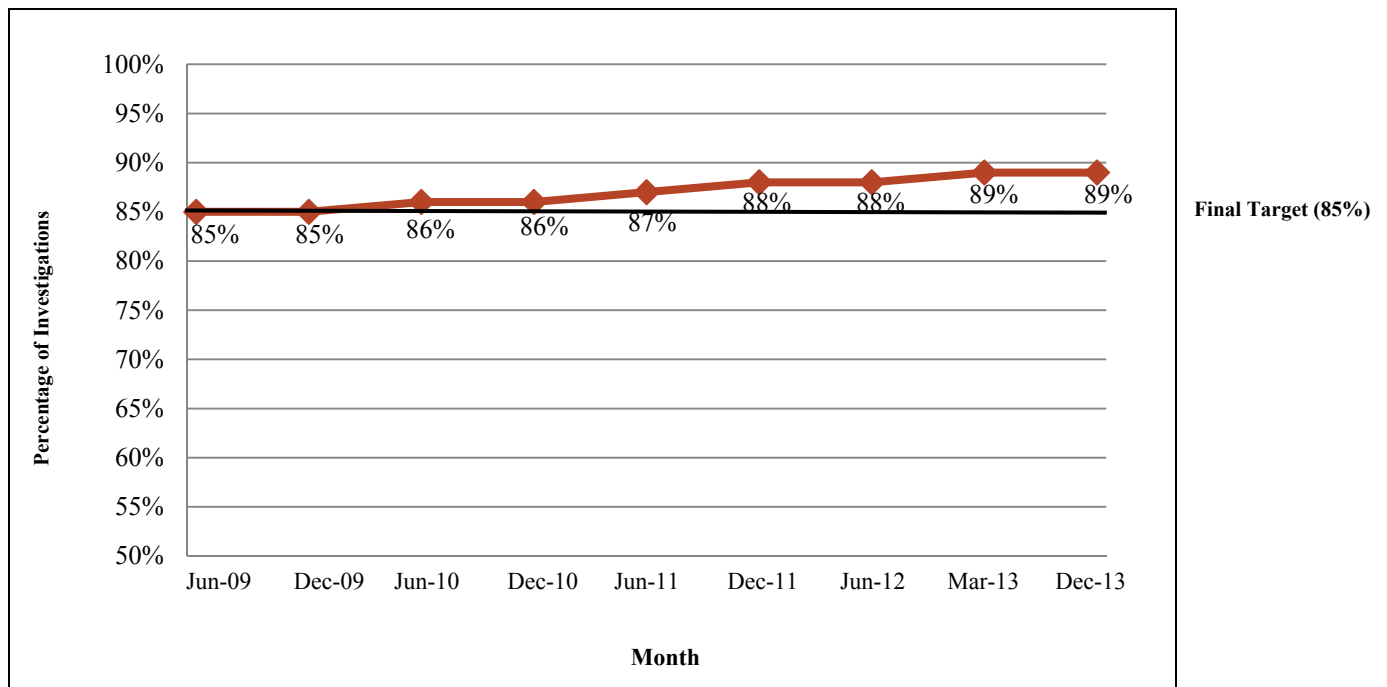
From April through December 2013, out of 133 QR cases, 88 cases of children in out-of-home care were reviewed and were assessed for appropriateness of their placement. Almost all (99% / 87 of 88) of the placements were rated acceptable which meant that the placement met the child’s developmental, emotional, 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. This is a very significant accomplishment and one that DCF has sustained for several years.

Placing Children with Families

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

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



Source: DCF data

Performance as of December 31, 2013:

As of December 31, 2013, there were 7,330 children in CP&P out-of-home placement; 6,518 (89%) of whom were placed in resource family placements (non-kinship or kinship). The remaining 812 (11%) were placed in independent living placements (123) or group and residential facilities (689). DCF has met or exceeded the performance target for placing children in a family setting since 2009.

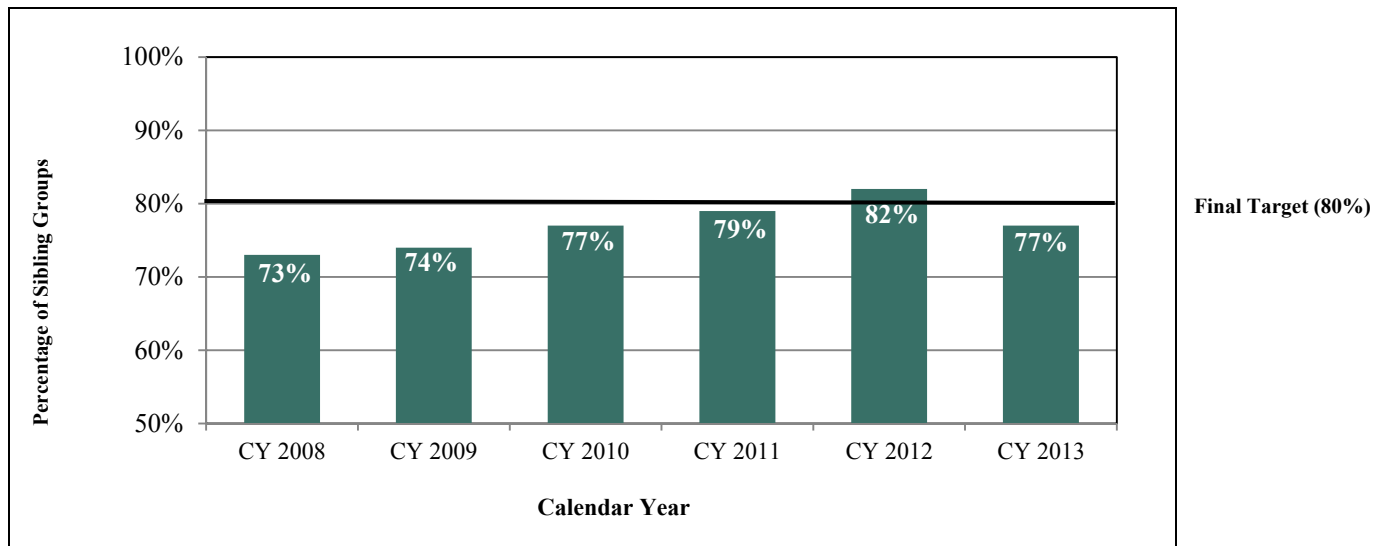
DCF also provides data on children’s out-of-home placement type at the time of initial placement. The most recent data are from CY 2013 when 4,313 children entered out-of-home

placement; 3,968 (92%) of these children were placed in family settings for their first placement or within seven days of initial placement, an important accomplishment.¹¹⁶

Placing Siblings Together

Quantitative or Qualitative Measure	25. <u>Placing Siblings Together</u> : Of sibling groups of two or three siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.
Final Target	For siblings entering custody in the period beginning July 2012 and thereafter, at least 80% will be placed together.

Figure 28: Percentage of Sibling Groups of Two or Three Placed Together (CY 2008 – 2013)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2006 through 2011. CY 2012 and 2013 data analyzed by Hornby Zeller Associates.

Performance as of CY 2013:

In CY 2013, there were 945 sibling groups that came into custody at the same time or within 30 days of one another. Of these 945 sibling groups, 842 sibling groups had two or three children in them; 645 (77%) of this subset of sibling groups were placed together. This performance does not meet the final target and shows a decline from CY12 performance, which met the MSA standard.¹¹⁷

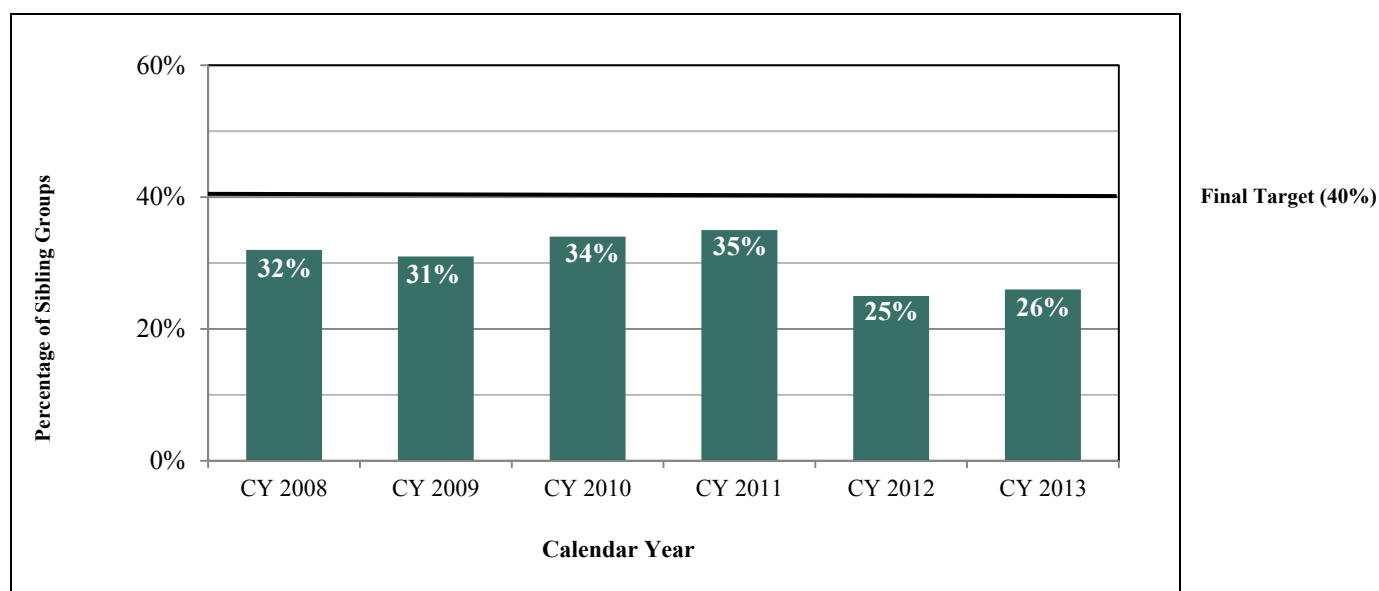
¹¹⁶ These data were analyzed by Hornby Zeller Associates.

¹¹⁷ In CY 2012 there were 783 sibling groups of two or three children. In CY 2013 there were 842 sibling groups of two or three, representing an 8 percent increase over the previous year.

Placing Large Sibling Groups Together

Quantitative or Qualitative Measure	26. <u>Placing Siblings Together</u> : Of sibling groups of four or more siblings entering custody at the same time or within 30 days of one another, the percentage in which all siblings are placed together.
Final Target	For sibling groups of four or more entering in the period beginning July 2011 and thereafter, at least 40% will be placed together.

Figure 29: Percentage of Sibling Groups of Four or More Placed Together (CY 2008 – 2013)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2006 through 2010. CY 2012 and 2013 data analyzed by Hornby Zeller Associates.

Performance as of CY 2013:

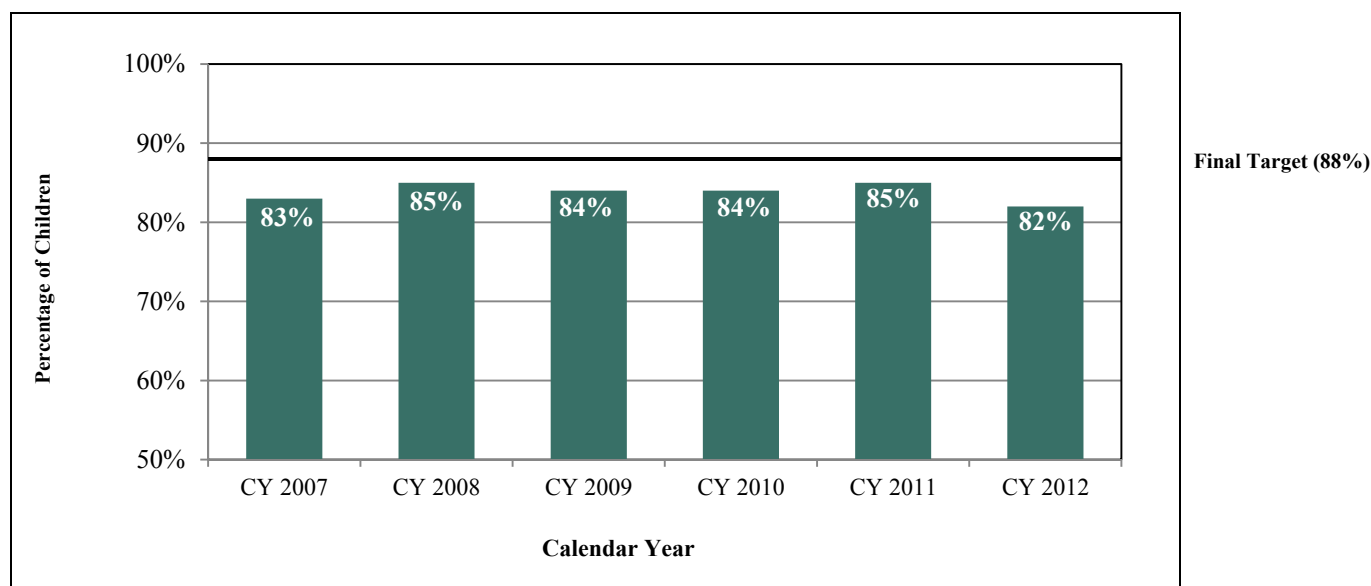
In CY 2013, there were 103 sibling groups that had four or more children who came into custody at the same time or within 30 days of each other; 27 (26%) sibling groups were placed together. While the number of large sibling groups has decreased since CY 2012¹¹⁸, performance has remained relatively unchanged and does not meet the level required by the MSA final target. As previously mentioned, recruitment of resource homes to accommodate large sibling groups is a DCF priority.

¹¹⁸ In CY 2012, there were 136 sibling groups with four or more children. In CY 2013, there were 103 sibling groups with four or more children, representing a 24 percent decrease in large sibling groups over the previous calendar year.

Stability of Placement

Quantitative or Qualitative Measure	27. <u>Stability of Placement</u> : Of the number of children entering care in a period, the percentage with two or fewer placements during the 12 months beginning with the date of entry.
Final Target	By June 2009 and thereafter, at least 88% of children entering care will have two or fewer placements during the 12 months from their date of entry.

Figure 30: Percentage of Children Entering Care who had Two or Fewer Placements within 12 months of Entering Care (CY 2007 – 2012)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2006 through 2010. CY 2011 and 2012 data analyzed by Hornby Zeller Associates.

Performance as of Most Recent Calendar Year Available:

The most recent performance data assesses the 4,456 children who entered care in CY 2012 and aggregates the number of placements each child experienced. For children entering care in CY 2012, 3,658 (82%) children had two or fewer placements during the 12 months from their date of entry. This performance shows a slight decline from CY 2011 and does not meet the final MSA target.

Placement Limitations

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

Performance as of December 31, 2013:

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

Each reporting period the Monitor reviews the waivers to population limits DCF granted for the monitoring period to validate that they fall within the designated capacity limitations. During this monitoring period less than one percent of resource home placements were over capacity.

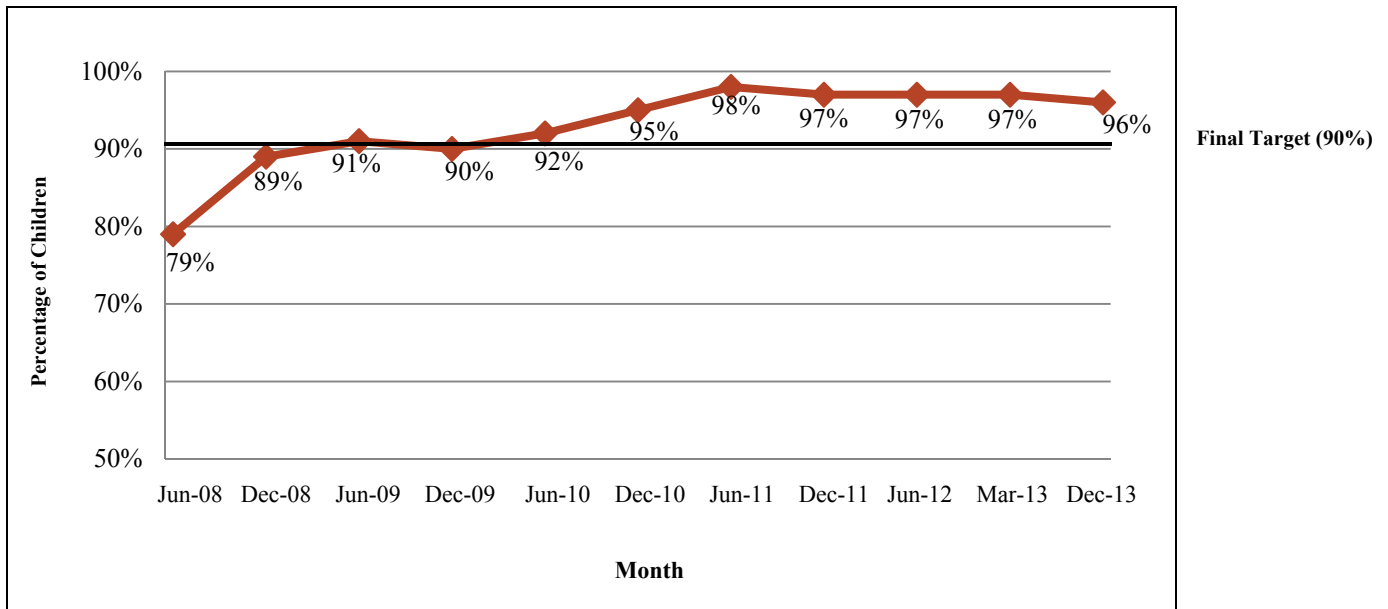
The Monitor reviewed the five waivers to populations limits granted between April and December 2013 and each of these waivers were deemed appropriate. Of the five waivers granted, three were approved for children to be placed in homes with over four children; one for a child who was related to the resource parent; one for a child with behavioral issues who had previously been placed in the home, and another to keep a sibling group together. Another waiver was approved for a child to be placed in a home with more than two children under two because the placement was anticipated to be short term; the child was reunited with his father in less than one month. A final waiver was granted during the monitoring period for a child to be placed in a home with six children because the child was attending the resource parent's daycare prior to being placed in the resource parent's home and was comfortable with the resource parent.

DCF continues to meet the MSA performance target for this outcome.

Limiting Inappropriate Placements

Quantitative or Qualitative Measure	<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>
Final Target	<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 31: Percentage of Children over Age 13 Placed in Compliance with MSA Standards (June 2008 – December 2013)



Source: DCF data

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

**Table 15: Shelter Placements for Youth Aged 13 or Older
(January 2008 – December 2013)**

	Jan-Jun 2008	Jul-Dec 2008	Jan-Jun 2009	Jul-Dec 2009	Jan-Jun 2010	Jul-Dec 2010	Jan-Jun 2011	Jul-Dec 2011	Jan-Jun 2012	Jul 2012–Mar 2013	April-Dec 2013
Number of youth 13 or older placed in shelters	451	421	465	393	350	303	337	315	292	411	439
Number of youth appropriately placed	358 (79%)	375 (89%)	423 (91%)	352 (90%)	322 (92%)	287 (95%)	331 (98%)	305 (97%)	282 (97%)	400 (97%)	421 (96%)
Number of youth inappropriately placed	93 (21%)	46 (11%)	42 (9%)	41 (10%)	28 (8%)	16 (5%)	6 (2%)	10 (3%)	10 (3%)	11 (3%)	18 (4%)

Source: DCF data

Performance as of December 31, 2013:

From April to December 2013, no child under the age of 13 was placed in a shelter. DCF has met the required performance on this measure since 2009.

Between April and December 2013, 439 youth ages 13 or older were placed in shelters. Of these youth, 421 (96%) youth were reported by DCF to have been placed in accordance with criteria on appropriate use of shelters.¹¹⁹ This performance exceeds the MSA final target of 90 percent.

¹¹⁹ The Monitor conducted a review of 17 out of the 44 cases in which DCF reported that youth age 13 or older were placed in shelters for 30 days or more by court orders. The Monitor found that court orders were present in those 17 cases. However, the Monitor and DCF are in discussions regarding the appropriate use of court orders for placement of children age 13 and older in shelters.

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 CP&P. This responsibility includes ensuring the safety of children who are placed in resource family homes and congregate facilities. As detailed below, the MSA includes a number of measures on repeat maltreatment, maltreatment while in care and re-entry into care. Given this is a longitudinal measure, the most recent data available for repeat maltreatment and re-entry into foster care are from CY 2012.

In the previous monitoring report, CY 2011 data (the most recent calendar year available) indicated that CP&P's performance for repeat maltreatment of children within one year of reunification and re-entry of children within one year of their exit from care did not meet the MSA standards. In fact, repeat maltreatment data showed a concerning rise in the number of children with substantiated abuse or neglect within one year of reunification. CP&P recognized the need for data analysis and strategy development to address performance for these measures and beginning this monitoring period, they implemented the following activities to better understand factors associated with repeat maltreatment:

- Analyzing data to look for trends by Local Office, age of child, allegation type and other variables to assist leadership in understanding the trends in their counties and what action may be needed to address performance. Additionally, CP&P is partnering with Rutgers University to conduct a multivariate analysis of repeat maltreatment to better understand the factors most related to this outcome.
- Constructing area and Local Office level datasets with individual cases of repeat maltreatment within 12 months of exit for children who exited between January and June 2012. Local Offices will be required to conduct a qualitative case record review of these cases to identify the precipitating factors that lead to the repeat maltreatment and identify case practice themes for targeted improvement.
- Focusing the work of the current cohort of DCF Fellows on statewide increases in out-of-home placements which include children re-entering care after reunification. DCF anticipates that this analysis will identify risk factors that lead to initial entries as well as re-entries into care.
- Changing the focus of ChildStat to review cases that have recently reunified within three to six months of reunification to better understand CP&P's role in supporting families when children return home.

The current data demonstrate a small increase in CY 2013 in the percent of children who were victims of abuse or neglect while in out-of-home care (although performance continues to meet the MSA standard). Consistent with CY 2011, DCF has not met the measure related to repeat maltreatment of children within one year of reunification. The state's performance for children who re-enter out-of-home care within one year of discharge has remained constant at 13 percent since CY 2010 and does not meet the final target of no more than nine percent of children re-entering care.

Abuse and Neglect of Children in Foster Care

Quantitative or Qualitative Measure	30. <u>Abuse and Neglect of Children in Foster Care</u> : Number of children in custody in out-of-home placement who were victims of substantiated abuse or neglect by a resource parent or facility staff member during 12 month period, divided by the total number of children who have been in care at any point during the period.
Final Target	For the period beginning July 2010 and thereafter, no more than 0.49% of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.

Performance as of CY 2013:

In CY 2013, there were 12,668 children in care at any point during the year; 40 children (0.32%) were victims of substantiated abuse or neglect by a resource parent, relative placement provider or facility staff member.¹²⁰ This performance, while an increase of 0.11 percent of children with substantiated abuse from CY 2012, meets the final MSA performance target requiring that no more than 0.49 percent of children will be victims of substantiated abuse or neglect by a resource parent or facility staff member.

Repeat Maltreatment

Quantitative or Qualitative Measure	31. <u>Repeat Maltreatment</u> : Of all children who remain in home after substantiation of abuse or neglect, the percentage who have another substantiation within the next 12 months.
Final Target	For the period beginning July 2009 and thereafter, no more than 7.2% of children who remain at home after a substantiation of abuse or neglect will have another substantiation within the next 12 months.

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

In CY 2012, there were 5,675 children who were victims of a substantiated allegation of abuse and/or neglect and were not placed in out-of-home care. As of December 31, 2013, of the 5,675 children, 430 (7.6%) children were the victims of a substantiated allegation of child abuse and/or neglect within 12 months of the initial substantiation.¹²¹ Although DCF had previously met this

¹²⁰ Data analyzed by Hornby Zeller Associates.

¹²¹ Data analyzed by Hornby Zeller Associates. There was a slight change in methodology in analyzing data in CY 2011 and later. Performance for calendar years prior to 2011 was analyzed by assessing the date of the initial substantiated report to the date of the subsequent substantiated report. Performance for CY 2011 and 2012 was analyzed by assessing the date of the initial substantiated report to the date of the subsequent incident which resulted

measure for three years (CY 2007 to 2010), the most recent performance for CY 2012 does not meet the MSA final target of no more than 7.2 percent.

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

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

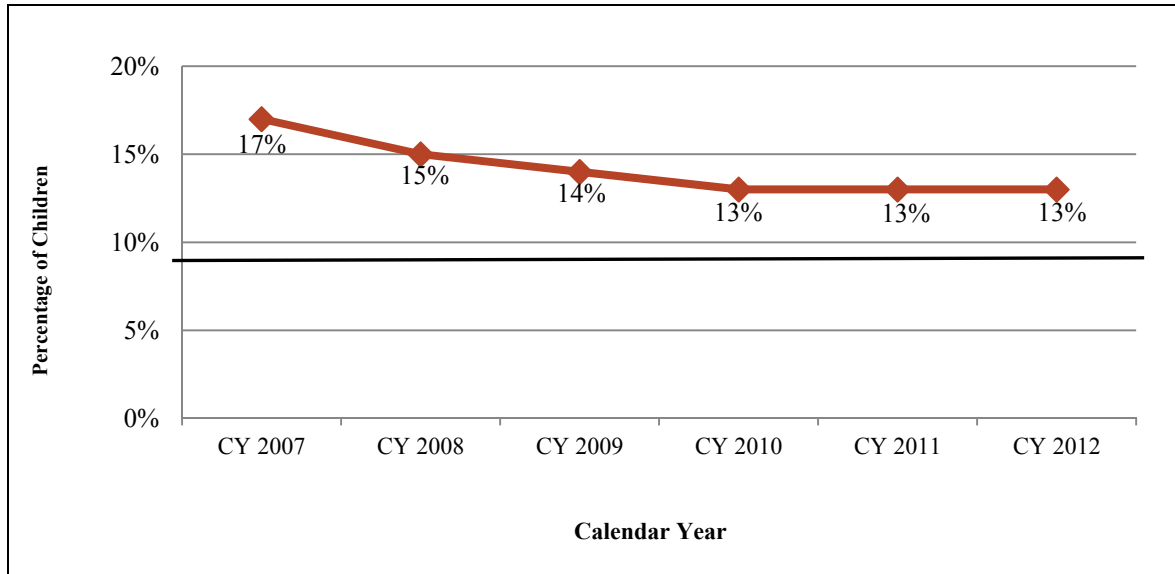
In CY 2012, there were 3,474 children who were returned home or to a family member after a stay in out-of-home placement; 295 (8.5%) were the victims of a substantiated allegation of abuse and/or neglect within 12 months of their return home. This rate of repeat maltreatment continues to exceed the MSA final target that no more than 4.8 percent of children who reunified will be victims of substantiated abuse and/or neglect within one year after reunification. DCF and the Monitor continue to be concerned about these occurrences and the reasons that the repeat maltreatment rate remains high.

Re-entry to Placement

Quantitative or Qualitative Measure	33. <u>Re-entry to Placement</u> : Of all children who leave custody during a period, except those whose reason for discharge is that they ran away from their placement, the percentage that re-enter custody within one year of the date of exit.
Final Target	For the period beginning July 2011 and thereafter, of all children who exit, no more than 9% will re-enter custody within one year of exit.

in a substantiation of abuse or neglect. DCF has indicated that this decline in performance is not attributable to the methodology change.

**Figure 32: Percentage of Children who Re-Entered Custody
within One Year of Date of Exit
(CY 2007 – 2012)**



**Final Target –
no more than (9%)**

Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2007 through 2010. CY 2011 and 2012 data analyzed by Hornby Zeller Associates.

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

In CY 2012, there were 5,335 children who exited foster care; 3,883 (73%) children exited to qualifying exits (i.e., reunification, guardianship or to a relative placement).^{122,123} Of the 3,883 children who exited to qualifying exits, 518 (13%) children re-entered placement as of December 31, 2013. While the percentage of children re-entering care has declined since CY 2007, performance has leveled off at 13 percent since CY 2010 and does not meet the final target of no more than nine percent of children re-entering custody within one year of exit.

¹²² Data analyzed by Hornby Zeller Associates.

¹²³ DCF has objected to the Monitor’s definition of “qualifying exits” used to analyze this measure. The Agency believes that due to the specific exclusion cited in the MSA, the definition of qualifying exits should only exclude children who run away from placement. The Monitor uses a definition of qualifying exits which excludes from the calculations runaways as well as children who are adopted. Based on the DCF recommended definition, of all children who exited in CY 2012, 10 percent re-entered custody within one year of the date of exit. Using that definition, DCF calculates performance for previous years as follows: CY 2007, 12%; CY 2008, 10%; CY 2009, 10%; CY 2010, 9% CY 2011 9%.

VIII. TIMELY PERMANENCY THROUGH REUNIFICATION, ADOPTION OR LEGAL GUARDIANSHIP

All children—regardless of age, gender, race or ethnicity—need and deserve a safe, nurturing family to protect and guide them. In child welfare work, this is called “permanency.” Permanency can be achieved through a number of different avenues; safe family reunification is the preferred choice, but permanency also includes kinship legal guardianship and adoption. The MSA requires that children in custody achieve timely permanency through reunification, adoption or legal guardianship (Section III.A.2.a).

The MSA permanency measures reflect an expectation that children entering custody will attain permanency in a timely manner through whatever is their most appropriate permanency pathway. The measures were designed to avoid creating unintended incentives in favor of one permanency path (e.g., reunification or adoption) over another. The measures also seek to examine performance and set realistic permanency expectations and timeframes for children who have newly entered foster care and how long they remain in care as well as for those children and youth who have been in care for extended periods of time.

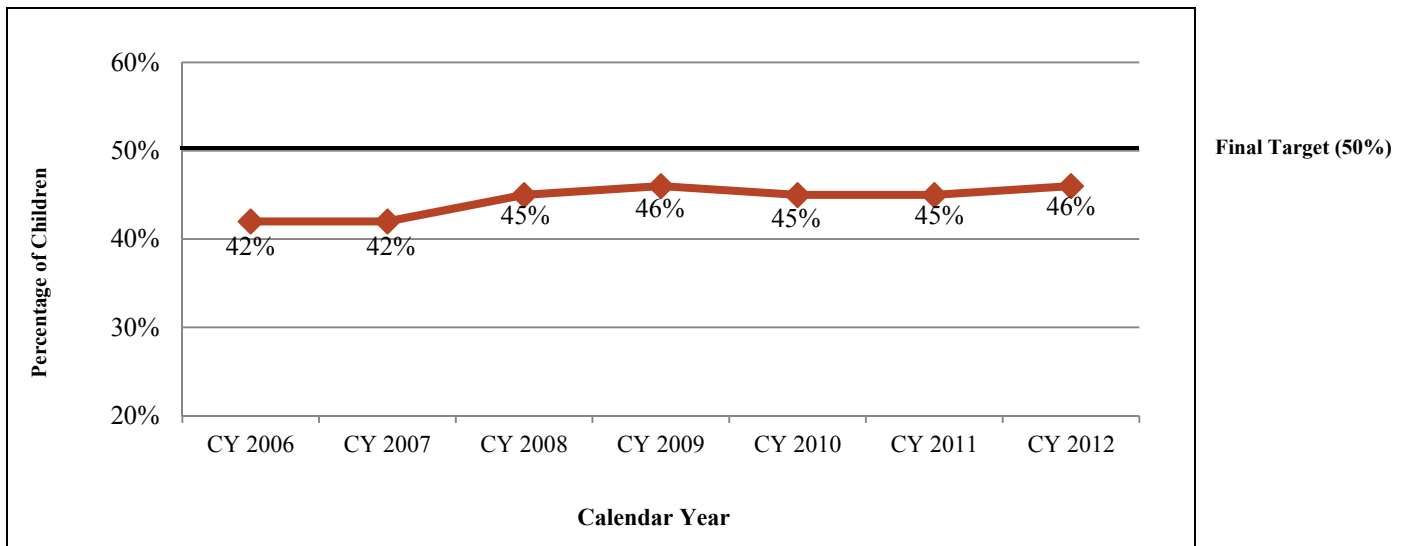
The permanency measures discussed below include timeframe to permanency for different cohorts of children—discharged within 12 months of removal, between 13 and 24 months from removal and 25 months or longer from removal. Performance is based on calendar year and the most recent data are presented. This section also includes the state’s performance on timely discharge specific to adoption as well as several process measures related to adoption practice including 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.

Overall, DCF’s performance in discharging children to permanency has improved slightly but does not meet the final targets required by the MSA. While DCF’s adoption practice demonstrates strengths, the report also identifies challenges, most notably around the goal of achieving permanency for children who exit to adoption within 30 months of their removal. DCF also declined in performance in identifying adoptive homes at the time of termination of parental rights and completion of child specific recruitment plans for applicable children. The Monitor acknowledges that adoption work is complex and that delays in court processing and appeal processes can impact the time to finalize an adoption. The Monitor encourages DCF to closely examine performance in this area to identify barriers and strategies for improvement.

Timely Permanency through Reunification, Adoption or Legal Guardianship

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

**Figure 33: Percentage of Children who Entered Foster Care in CY 2012 and were Discharged to Permanency within 12 months from Removal¹²⁴
(CY 2006 – 2012)**



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2006 through 2010. CY 2011 and 2012 data analyzed by Hornby Zeller Associates.

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

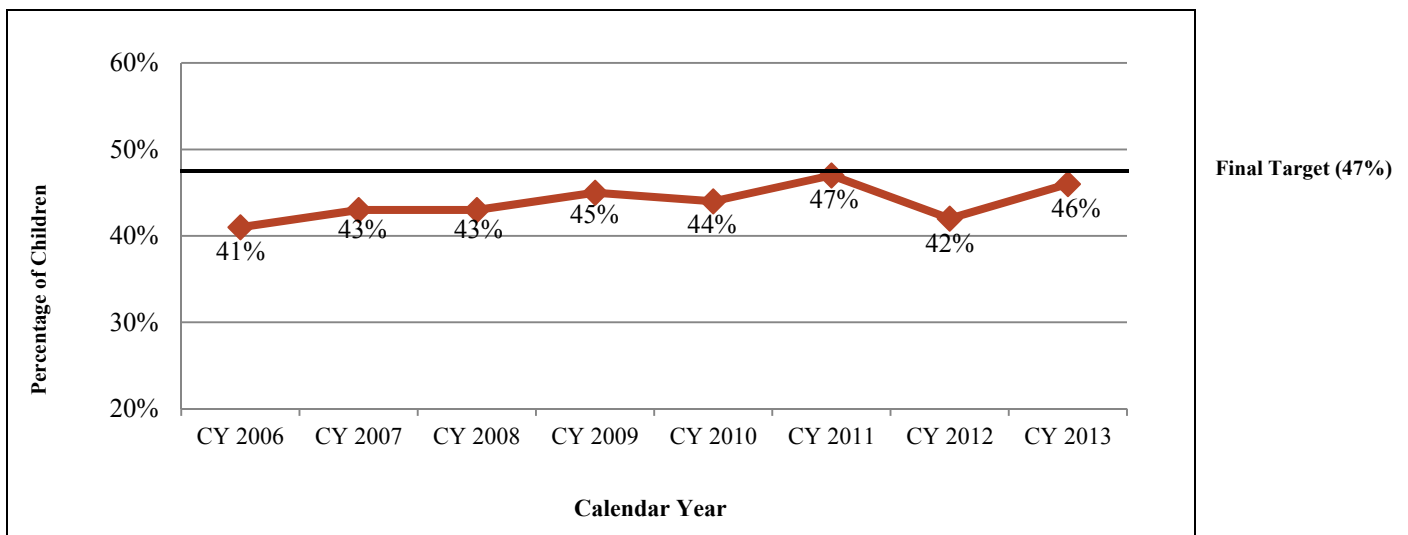
The most recent data available are for children who entered foster care in CY 2012. Of the children who entered foster care in CY 2012, 46 percent discharged to permanency within 12

¹²⁴ Small shifts in previously reported performance for prior years may be found and are attributable to on-going data management and clean-up.

months from their removal from their home.¹²⁵ Performance for this sub-part of this permanency outcome does not meet the final target of 50 percent.¹²⁶

Quantitative or Qualitative Measure	34. d. <u>Discharged to Permanency:</u> <u>Permanency for Children in Care between 13 and 24 months:</u> Of all children who were in foster care on the first day of the target year and had been in care between 13 and 24 months, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21 st birthday or by the last day of the year.
Final Target	Of all children who were in care on the first day of CY 2011 and annually thereafter, and had been in care between 13 and 24 months, 47% will be discharged to permanency prior to their 21 st birthday or by the last day of year.

Figure 34: Discharge to Permanency for Children in Care between 13 and 24 months (Of all Children in Care on the First Day of CY 2013 and had been in Care between 13-24 months, Percentage of Children who were Discharged to Permanency prior to their 21st Birthday or by the Last Day of the Year)¹²⁷ (CY 2006 – 2013)



Source: DCF data analyzed by Chapin Hall for CY 2006 through 2011. CY 2012 and 2013 data analyzed by Hornby Zeller Associates.

¹²⁵ Data analyzed by Hornby Zeller Associates.

¹²⁶ Performance Measures 34. a, d. & e. are the same outcome measure and require three different performance levels based on three cohorts of children defined by how long they have been in foster care. The Monitor considers this permanency performance requirement met only when all three cohorts achieve the required performance. Based upon performance for the most recent data available, this outcome has not been met.

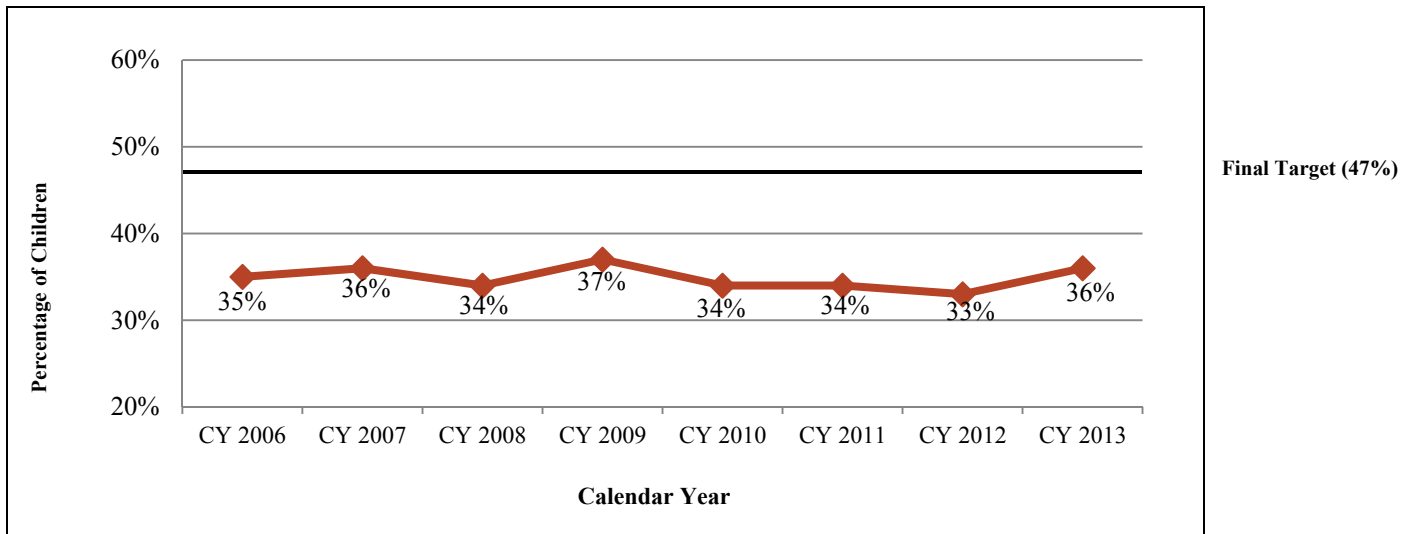
¹²⁷ Small shifts in previously reported performance for prior years may be found and are attributable to on-going data management and clean-up.

Performance as of CY 2013:

Of all children who were in care on the first day of CY 2013 and had been in care between 13 and 24 months, 46 percent discharged to permanency prior to their 21st birthday or the last day of the year.¹²⁸ Performance for this sub-part of this permanency outcome significantly improved from 42 percent in CY 2012 and, because it is within one percentage point of the final target, the Monitor considers the final target to have been reached for this subpart of the measure.

<p>Quantitative or Qualitative Measure</p>	<p>34. e. <u>Discharged to Permanency:</u> <u>Permanency after 25 months:</u> Of all children who were in foster care for 25 months or longer on the first day of the target year, what percentage was discharged to permanency (through reunification, permanent relative care, adoption and guardianship) prior to their 21st birthday and by the last day of the year.</p>
<p>Final Target</p>	<p>Of all children who were in foster care for 25 months or longer on the first day of CY 2011 and annually thereafter, 47% will be discharged to permanency prior to their 21st birthday or by the last day of the year.</p>

Figure 35: Discharge to Permanency for Children in Care 25 months or longer (Of all Children who were in Foster Care for 25 months or longer on the First Day of CY 2013, Percentage Discharged to Permanency prior to their 21st Birthday or by the Last Day of the Year)¹²⁹ (CY 2006 – 2013)



Source: DCF data analyzed by Chapin Hall for CY 2006 through 2011. CY 2012 and 2013 data analyzed by Hornby Zeller Associates.

¹²⁸ Data analyzed by Hornby Zeller Associates.

¹²⁹ Small shifts in previously reported performance for prior years may be found and are attributable to on-going data management and clean-up.

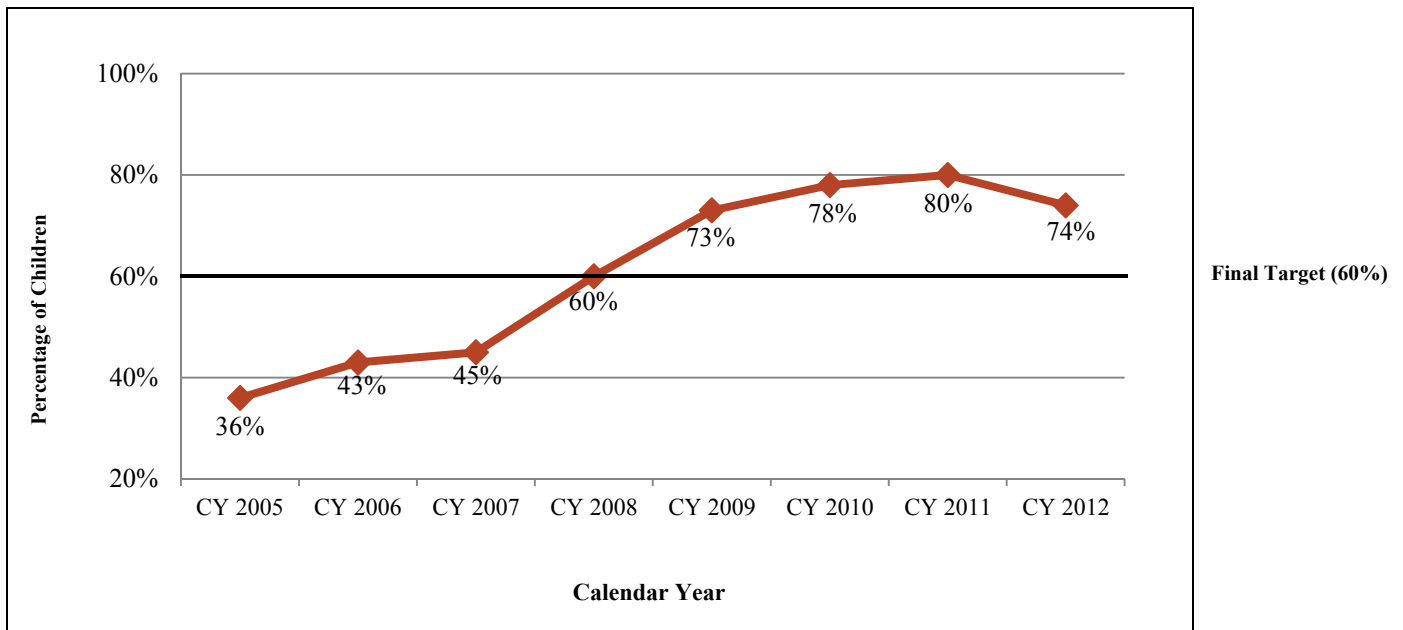
Performance as of CY 2013:

Of all children who were in care on the first day of CY 2013 and had been in care for 25 months or longer, 36 percent discharged prior to their 21st birthday or the last day of the year.¹³⁰ Performance for this sub-part of this permanency outcome does not meet the final target of 47 percent.

Permanency Through Adoption

Quantitative or Qualitative Measure	34. b. <u>Adoption</u> : Of all children who became legally free for adoption during the 12 months prior to the target year, what percentage was discharged from foster care to a finalized adoption in less than 12 months from the date of becoming legally free.
Final Target	Of those children who become legally free in CY 2011 and annually thereafter, 60% will be discharged to a final adoption in less than 12 months from the date of becoming legally free.

Figure 36: Percentage of Children Discharged to Final Adoption in less than 12 months from the Date of Becoming Legally Free (CY 2005 – 2012)



Source: DCF data

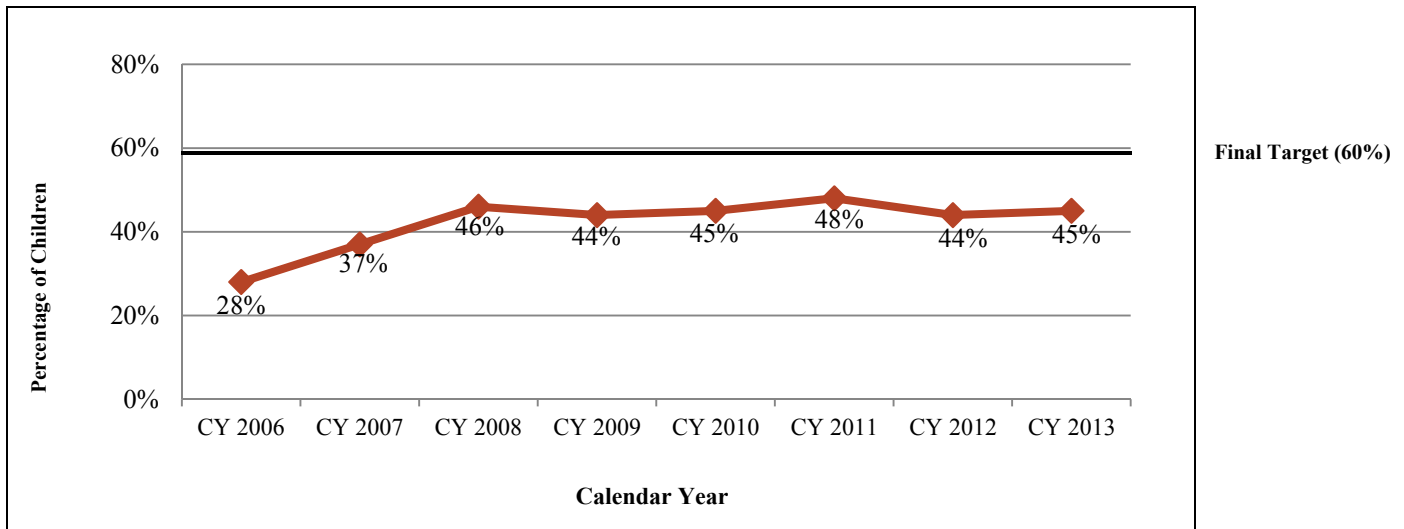
¹³⁰ Data analyzed by Hornby Zeller Associates.

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

The most recent data available are for CY 2012. In CY 2012, 814 children became legally free for adoption; 606 (74%) children were adopted within 12 months of becoming legally free. This performance exceeds MSA standards. An additional 125 (15%) of the children who became legally free in CY 2012 have been adopted with their finalizations occurring more than 12 months after they became legally free.

Quantitative or Qualitative Measure	34. c. <u>Total time to Adoption</u> : Of all children who exited foster care to adoption in the target year, what percentage was discharged from foster care to adoption within 30 months from removal from home.
Final Target	Of all children who exit to adoption in CY 2011 and annually thereafter, 60% will be discharged from foster care to adoption within 30 months from removal from home.

Figure 37: Percentage of Children who Exit to Adoption within 30 months of Removal (CY 2006 – 2013)



Source: DCF NJ SPIRIT data analyzed by Chapin Hall for CY 2006 through 2011. CY 2012 and 2013 data analyzed by Hornby Zeller Associates.

Performance as of CY 2013:

Of the 1,015 children who exited foster care to adoption in CY 2013, 461 (45%) had been in care for 30 months or less.¹³¹ An additional 150 (15%) children who exited foster care to adoption

¹³¹ Data analyzed by Hornby Zeller Associates.

had been in care for 36 months or less. This performance does not meet the final target requirement of 60 percent.

Finalized Adoptions

Between January and December 2013, DCF finalized 1,021 adoptions.¹³² This is an increase over CY 2012 when 943 adoptions were finalized. As of December 31, 2013, 1,047 children in the state’s custody remained legally free for adoption.¹³³ Table 16 below shows the number of adoption finalizations by CP&P Local Office between January and December 2013.

**Table 16: Adoption Finalizations by CP&P Local Office
(January–December 2013)**

Local Office	Number Finalized	Local Office	Number Finalized
Atlantic West	41	Cumberland	24
Cape May	29	Salem	16
Bergen Central	24	Hudson Central	15
Bergen South	33	Hudson North	10
Passaic Central	23	Hudson South	33
Passaic North	41	Hudson West	25
Burlington East	32	Hunterdon	13
Burlington West	11	Somerset	23
Mercer North	16	Warren	17
Mercer South	36	Middlesex Central	14
Camden Central	24	Middlesex Coastal	16
Camden East	17	Middlesex West	8
Camden North	34	Monmouth North	21
Camden South	27	Monmouth South	15
Essex Central	25	Morris East	17
Essex North	8	Morris West	29
Essex South	31	Sussex	15
Newark Adoption ¹³⁴	87	Ocean North	16
Newark Northeast	6	Ocean South	31
Newark Center City	16	Union Central	13
Newark South	22	Union East	13
Gloucester	37	Union West	17
Total-1,021			

Source: DCF data

¹³² The number of adoption finalizations is a measure that is monitored on a calendar year basis; the target numbers are based on the number of legally free children and an estimated number of resolved appeals.

¹³³ Not every legally free child is eligible to move toward adoption as some court decisions that terminate parental rights are appealed.

¹³⁴ As of November 1, 2013, the Newark Adoption Office was dismantled and the adoption units transferred into the following three Local Offices: Newark Northeast, Newark Center City and Newark South.

Paralegal Support

As required under the MSA, DCF continues to provide paralegal support to assist with the paperwork necessary to finalize adoptions (Section II.G.5). As of December 31, 2013, CP&P had 143 paralegal positions in the Local Offices: 139 (97%) paralegal positions were filled, four were vacant. All four vacant positions were approved for new hires to fill the vacancy. In addition, seven paralegal positions were filled at DCF's central office.

Additionally, DCF continues to contract with Children's Home Society to provide 23 child summary writers statewide and up to six part-time adoption expeditors who assist with adoption paperwork in counties throughout the state.

Progress Toward Adoption

Quantitative or Qualitative Measure	35. <u>Progress Toward Adoption</u> : Number/percent of children with a permanency goal of adoption who shall have a petition to terminate parental rights filed within 60 days of the date of the goal change to adoption.
Final Target	Beginning January 1, 2010, of the children in custody whose permanency goal is adoption, at least 90% shall have a petition to terminate parental rights filed within 60 days of the date of the goal change.

Performance as of December 31, 2013:

In December 2013, 74 percent of termination of parental rights (TPR) petitions were filed within 60 days of changing the child's permanency goal to adoption. From April through December 2013, a monthly range of 69 to 83 percent of TPR petitions were filed within 60 days of the child's goal change to adoption (see Table 17). Performance during this monitoring period on filing TPR petitions, while improved, does not meet the MSA Standard.

**Table 17: TPR Filing for Children with a Permanency Goal of Adoption
(April–December 2013)**

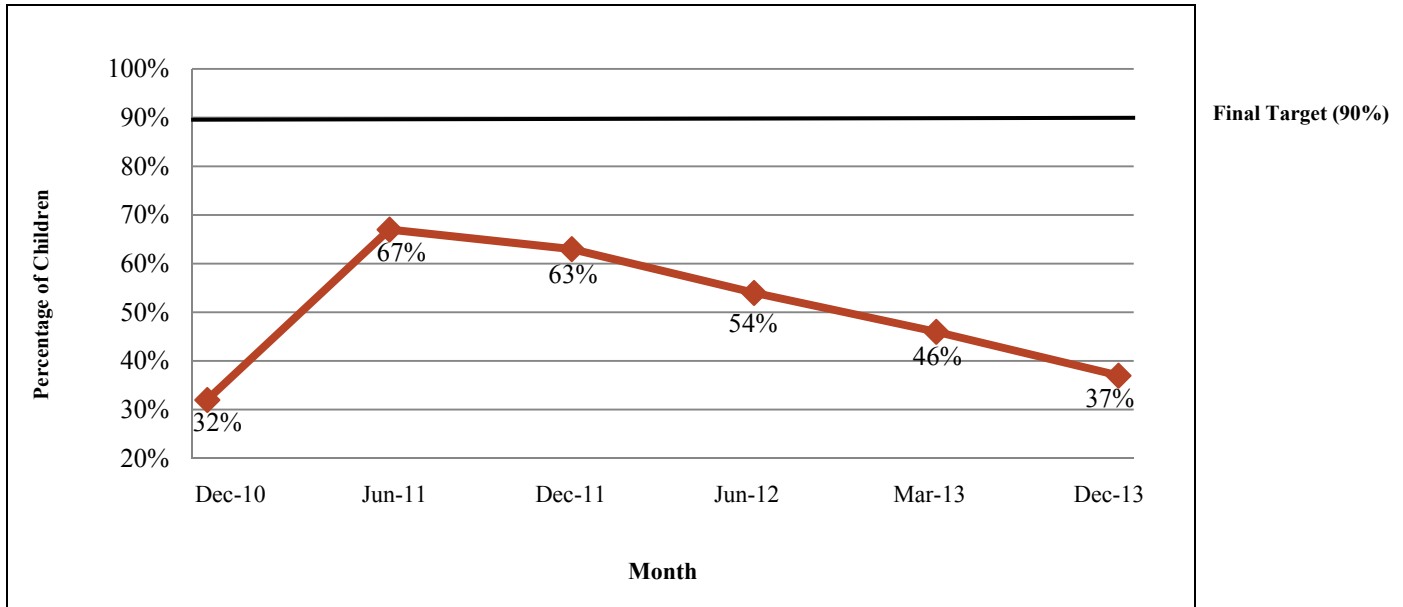
Month	Number of Children with an Adoption Goal	TPR Petitions Filed within 60 Days*	% of TPRs Filed within 60 Days*	TPR Petitions Filed within 90 Days	% of TPRs Filed within 90 Days
APRIL	121	89	74%	104	86%
MAY	122	101	83%	110	90%
JUNE	102	77	75%	84	82%
JULY	131	99	76%	114	87%
AUGUST	114	87	69%	101	89%
SEPTEMBER	126	104	83%	110	87%
OCTOBER	133	102	77%	117	88%
NOVEMBER	101	82	81%	86	85%
DECEMBER	139	103	74%	113	81%
Total	1,089	844	78%	939	86%

Source: DCF data
*Final Target (90%)

Child-Specific Adoption Recruitment

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

Figure 38: Percentage of Child Specific Recruitment Plans Developed within 30 Days of Goal Change to Adoption (December 2010 – December 2013)



Source: DCF data

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

Performance as of December 31, 2013:

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

Between April and December 2013, of the 147 children requiring child-specific recruitment plans,¹³⁵ 55 (37%) had a child-specific recruitment plan developed within 30 days of the goal change (see Table 18). An additional 29 (20%) cases had a child-specific recruitment plan developed within 60 days, and 13 (9%) eligible select home adoption cases had a plan developed over 60 days from the goal change. Fifty (34%) child-specific plans were not completed by the time the data were provided.¹³⁶ Current performance demonstrates a continued steady decline in timely completion of child specific recruitment plans (see Figure 38 above) and an increase in the percentage of plans not completed. During the previous monitoring period (July 2012 through March 2013), 15 percent of plans were not completed and, as shown above, this doubled to 34 percent this period.

¹³⁵ Due to the small number of eligible cases per month, this measure is reported by aggregating the monthly data.

¹³⁶ April-June 2013 data were extracted on August 1, 2013; July-September 2013 data were extracted as of October 22, 2013; and October-December 2013 data were extracted on March 5, 2014.

**Table 18: Child Specific Recruitment Plans Developed within 30 or 60 days
of Goal Change for Children without Identified Adoption Resource
(April – December 2013)
(n=147)**

Month in which Plan was Due	Plan developed within 30 days	Plan developed within 31-60 days	Plan developed over 60 days	Not completed*
APRIL	8	6	1	4
MAY	14	8	1	9
JUNE	6	3	0	10
JULY	4	0	3	6
AUGUST	2	2	3	7
SEPTEMBER	1	6	1	4
OCTOBER	7	1	2	6
NOVEMBER	9	3	1	4
DECEMBER	4	0	1	0
Total	55 (37%)	29 (20%)	13 (9%)	50 (34%)

Source: DCF data

* Data are pulled on a quarterly basis and these plans were not complete at the time data were extracted.

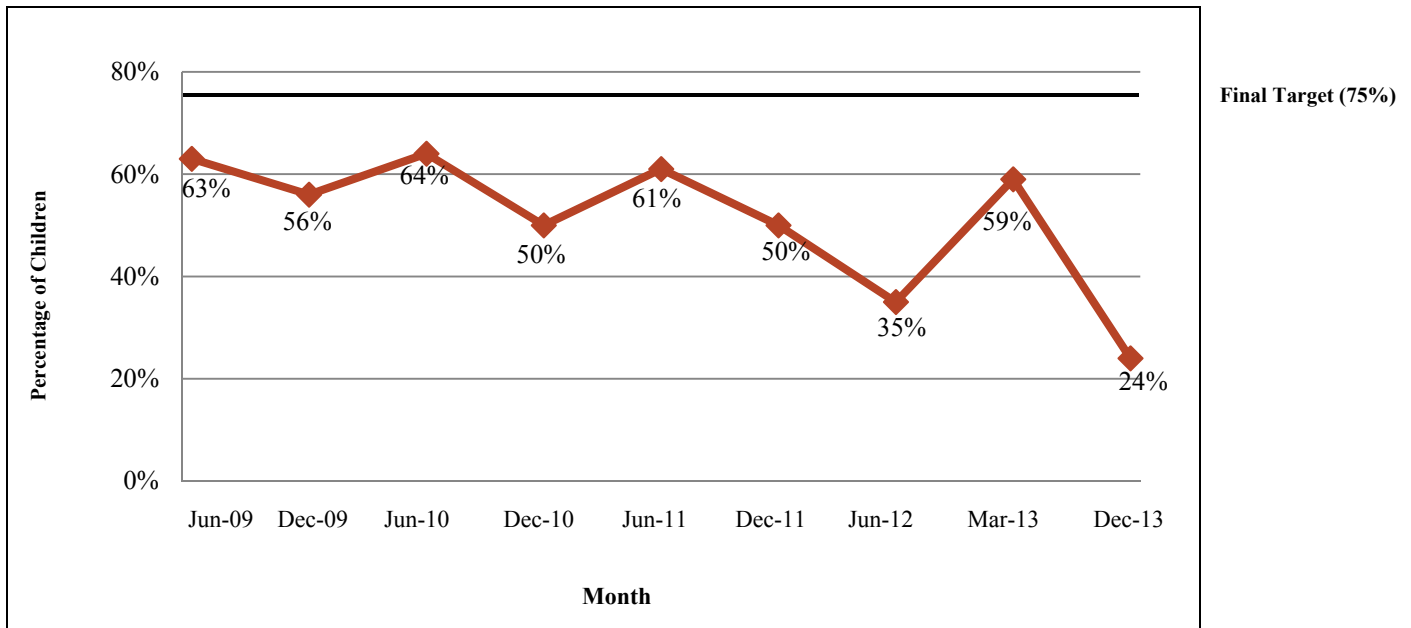
DCF reports several strategies for improving performance toward completion of child specific recruitment plans, including:

- Regular statewide meetings between adoption operations, area and contracted child specific recruiters to coordinate recruitment efforts and focus on fundamentals of identifying connections through mining case records and partnering with the child, caretakers, community partners and significant adults in the child’s life.
- In March 2014, DCF increased supervision by assigning responsibilities for area Child Specific Recruiters to central office Adoption Operations who work in collaboration with the area Concurrent Planning Specialists and field support staff to identify children needing recruitment and strategize on recruitment efforts.

Placement in an Adoptive Home

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

Figure 39: Percentage of Children with Goal of Adoption for whom Adoptive Home had not been identified at time of Termination of Parental Rights (TPR) who were Placed in Adoptive Home within 9 months of TPR (June 2009 – December 2013)



Source: DCF data

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

Performance as of December 31, 2013:

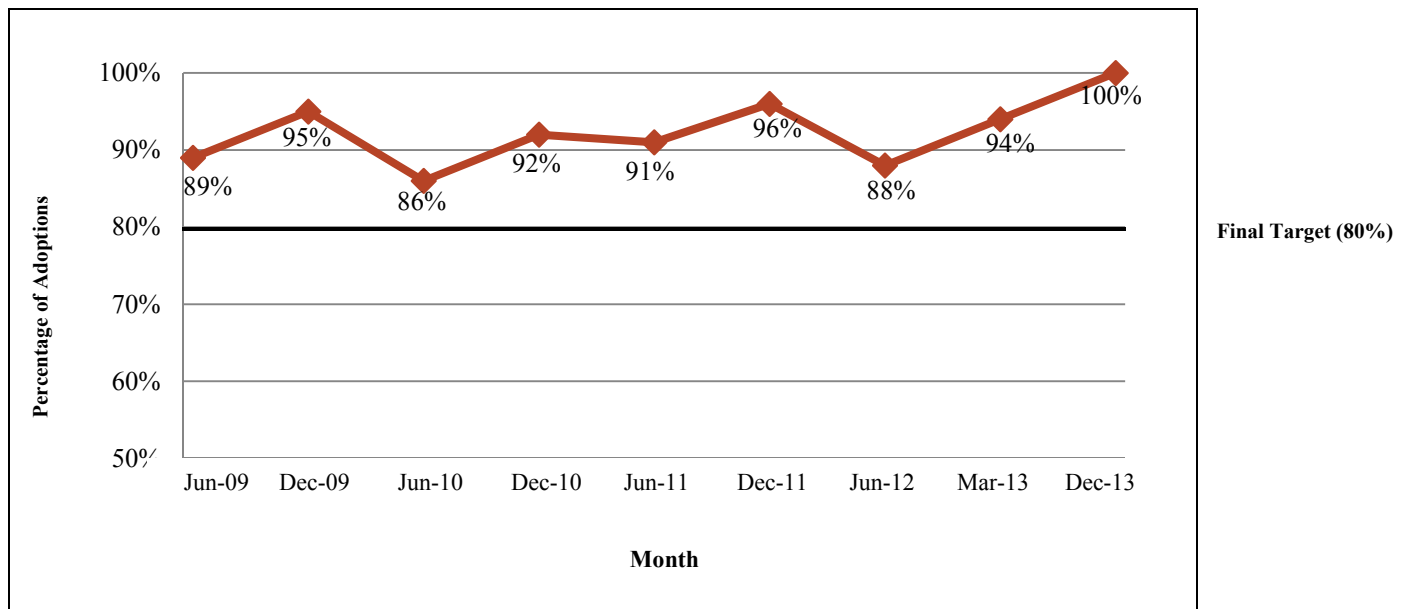
DCF policy and the MSA require that a child be placed in an adoptive home within nine months of the TPR. Most children are already residing in an adoptive home at the time of TPR and this measure focuses on those children not already in an adoptive home at the time they become legally free for adoption.

Between April and December 2013, 21 children were applicable to this measure. Five (24%) of the 21 children were placed in an adoptive home within nine months of the TPR. Current performance, while based on a small number of cases, is significantly below the required level of 75 percent and is the lowest reported performance in the past five years. Timely placement of children in an adoptive home is a critical component of overall timely permanency and the Monitor encourages DCF to closely examine performance in this area to identify barriers and strategies for improvement.

Final Adoptive Placement

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

Figure 40: Percentage of Adoptions Finalized within 9 months of Adoptive Placement (June 2009 – December 2013)



Source: DCF data

Performance as of December 31, 2013:

In December 2013, of the 57 adoptions eligible to be finalized, 57 (100%) were finalized within nine months of the adoptive placement. Between April and December 2013, 96 to 100 percent of adoptions each month were finalized within nine months of the child’s placement in an adoptive home (see Table 19). This performance continues to exceed the final target of 80 percent.

**Table 19: Adoptions Finalized within 9 months of
Child's Placement in an Adoptive Home
(April–December 2013)**

Month	Total number eligible to be finalized	Finalized within 9 months (percent of total)
APRIL	68	65 (96%)
MAY	91	89 (98%)
JUNE	76	75 (99%)
JULY	65	65 (100%)
AUGUST	108	107 (99%)
SEPTEMBER	82	81 (99%)
OCTOBER	58	56 (97%)
NOVEMBER	300	297 (99%)
DECEMBER	57	57 (100%)

Source: DCF data

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

The provision of appropriate health care services to children in DCF's custody has been a principal focus of the MSA and the DCF's reform agenda. Since June 2011, DCF has maintained or improved performance on nearly all Performance Measures related to health care services.¹³⁷ These Performance Measures track DCF's progress in ensuring that children in out-of-home placement receive:

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

Although not used to directly assess MSA compliance, DCF's QR found that 96 percent of cases¹³⁸ scored at least minimally acceptable on the provision of health care services, a very positive finding consistent with performance on the measures discussed below.

This section provides updates of ongoing efforts to improve policies, staffing and access to services, which are necessary to realize and sustain positive health outcomes for children as well as information about the health care received by children in out-of-home placement.¹³⁹ 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.

DCF regularly carries out a Health Care Case Record Review that analyzes the follow-up care children receive for concerns identified in CMEs; mental health screenings, assessments and follow-up care; and timely delivery of the health passport to resource parents. Because these reviews are labor intensive and consistently done every six months, the Monitor did not require a special review, given the extended monitoring period, to assess performance through December

¹³⁷ The one exception is the performance measure requiring 95 percent of caregivers receive a current Health Passport within five days of a child's placement where performance as of July 2013 is 65 percent.

¹³⁸ Out of 133 cases reviewed through the QR during the monitoring period, 127 (96%) scored at least minimally acceptable on the provision of health care services.

¹³⁹ The Monitor has previously verified health care outcomes through a case record review. See Appendix C of *Progress of the New Jersey Department of Children and Families: Period VI Monitoring Report for Charlie and Nadine H. v. Christie* – January 1 to June 30, 2009, Washington, DC: Center for the Study of Social Policy, December 22, 2009. See, <http://www.cssp.org/publications/child-welfare/class-action-reform/progress-of-the-new-jersey-state-department-of-children-and-families-monitoring-report-for-charlie-and-nadine-h.-v.-corzine-december-2009.pdf>

2013. The most recent case record review includes a random sample of children in out-of-home placement who were removed between November 1, 2012 and July 31, 2013 and were in care a minimum of 60 days. Thus, for the health care Performance Measures based on case record review findings, performance is reported through July 31, 2013.

A. Health Care Delivery System

Child Health Units

The Child Health Units are a fundamental cornerstone of the provision of health care to children in CP&P custody. These units are in each CP&P Local Office and are staffed with a clinical nurse coordinator, Health Care Case Managers (nurses) and staff assistants based on the projected number of children in out-of-home placement. A regional nurse administrator supervises local units for a particular region (aligned with the Area Offices). DCF worked with University of Medicine and Dentistry of New Jersey’s School of Nursing’s François-Xavier Bagnoud Center (FXB)¹⁴⁰ and CP&P Local Offices to build these units. As part of their duties, these staff members are responsible for tracking and advocating for the health needs of children who enter into out-of-home care. Since the creation of health care units and assignment of nurses to children in out-of-home care, DCF has achieved and sustained substantial results.

The Child Health Units are operational in all CP&P Local Offices. Staffing levels remain consistent. As of December 31, 2013, there were 163 Health Care Case Managers and 103 staff assistants statewide. DCF works to ensure that the ratio of Health Care Case Managers to children in out-of-home care is 1 to 50 in every Local Office.

B. Health Care Performance Measures

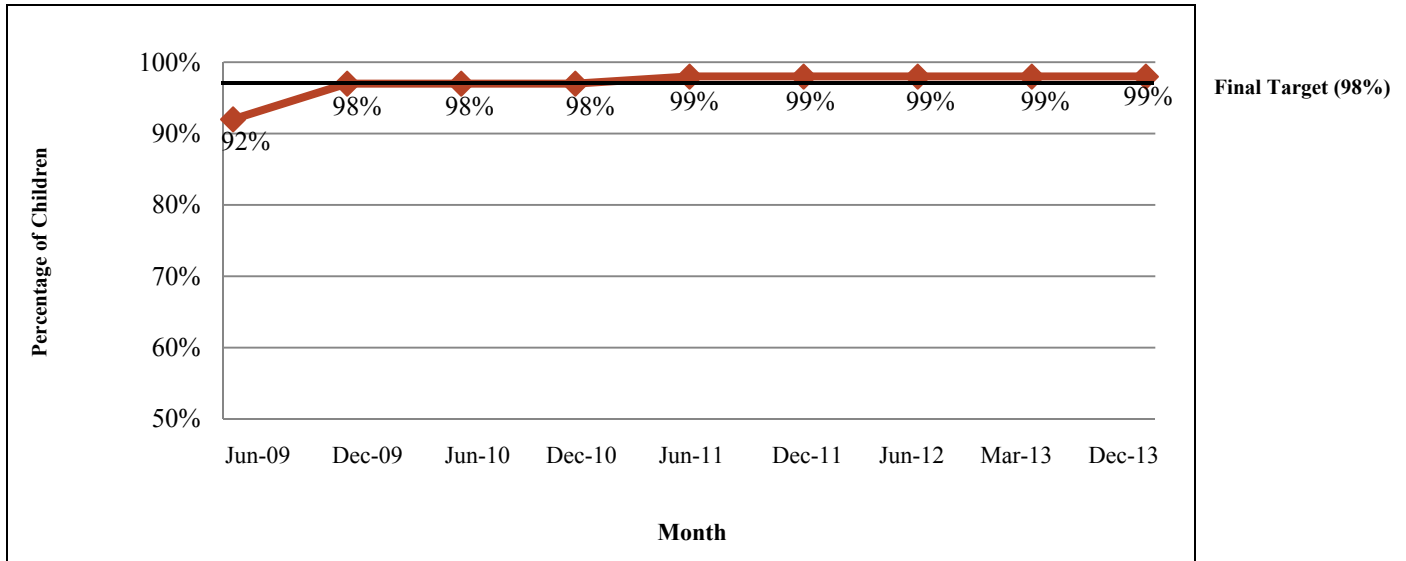
Pre-Placement Medical Assessment

Quantitative or Qualitative Measure	39. <u>Pre-Placement Medical Assessment</u> : Number/percent of children receiving pre-placement medical assessment in a non-emergency room setting or other setting appropriate to the situation. ¹⁴¹
Final Target	By December 31, 2009, 98% of children will receive a pre-placement assessment either in a non-emergency room setting, or in an emergency room setting if the child needed emergency medical attention or the child was already in the emergency room when CP&P received the referral.

¹⁴⁰ As of July 1, 2013, the University of Medicine and Dentistry merged with Rutgers, The State University of New Jersey. The UMDNJ-School of Nursing is now Rutgers School of Nursing.

¹⁴¹ 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 CP&P received the referral.

Figure 41: Percentage of Children who Received Pre-Placement Assessment in a Non-Emergency Room Setting or Other Settings Appropriate to the Situation (June 2009 – December 2013)



Source: DCF data

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

Performance as of December 31, 2013:

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

From April to December 2013, 4,014 children entered out-of-home placement and 4,000 (100%)¹⁴² of them received a pre-placement assessment (PPA). Of those 4,000 children, 3,378 (84%) received the PPA in a non-emergency room setting. Six hundred and twenty-two children received a PPA in an emergency room setting. During this period, DCF conducted an internal review of all 622 PPAs that occurred in an emergency room and determined that 605 were appropriate for the situation; that is, the child needed emergency medical attention or the child was already in the emergency room when CP&P received the referral.¹⁴³ Thus, 99 percent of children received a PPA in a setting appropriate to the situation—84 percent received PPAs in a

¹⁴² Percentage is 100 due to rounding.

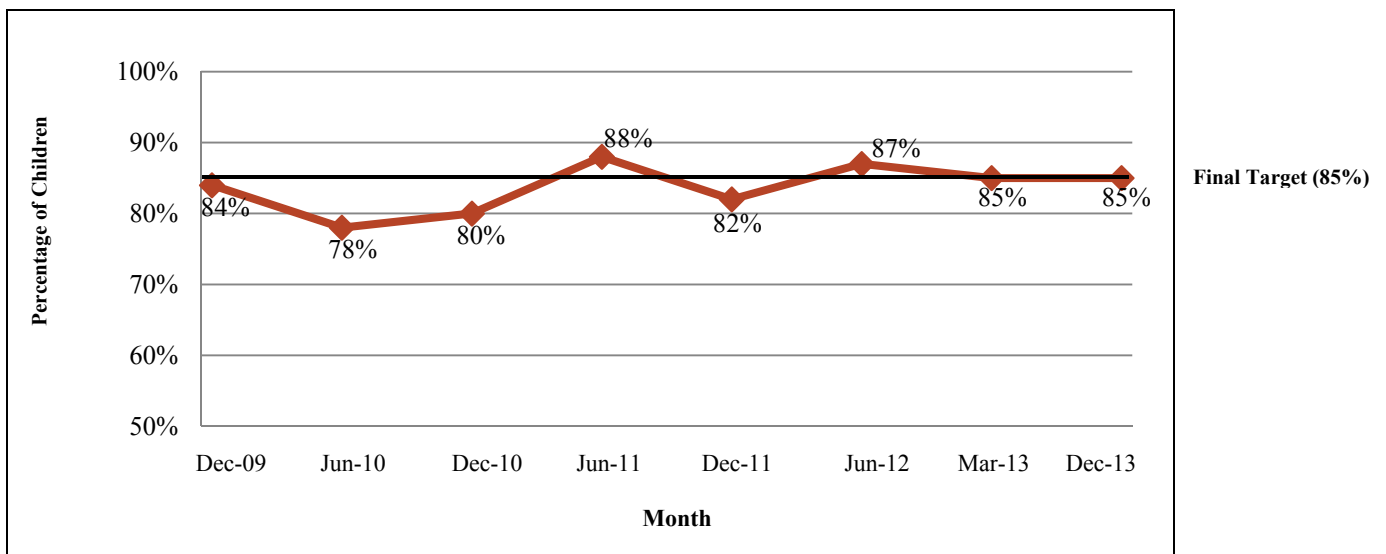
¹⁴³ In monitoring Period XII, the Monitor reviewed back-up data provided by DCF regarding the PPAs occurring in an emergency room setting and agreed with DCF determinations regarding appropriate or inappropriate use of the ER for PPAs. In addition, the Monitor’s previous Health Care Case Record Review found that many of the PPAs occurring in an ER were because the child had an injury requiring ER treatment or had been brought to the ER by the police or other service provider.

non-ER setting and an additional 15 percent appropriately received a PPA in an ER setting.¹⁴⁴ DCF continues to meet the MSA standard regarding appropriate settings for PPAs.

Initial Medical Examinations

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

Figure 42: Percentage of Children with Comprehensive Medical Examination (CME) within 30 days of Entering Out-of-Home Care (December 2009 – December 2013)

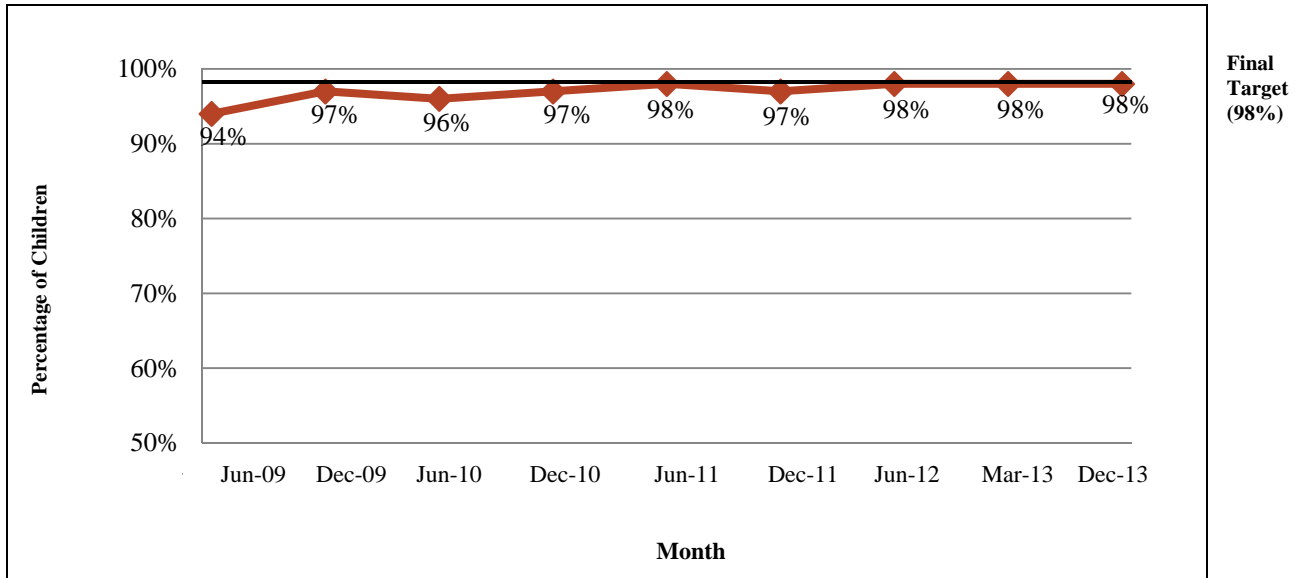


Source: DCF data

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

¹⁴⁴ Of 4,000 children receiving PPAs, 3,378 (84%) were in a nonemergency room setting and 605 (15%) were appropriately seen in an ER. In addition, for 17 of the 622 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. Thus, one percent of children received their PPA in an inappropriate setting.

Figure 43: Percentage of Children with Comprehensive Medical Examination (CME) within First 60 days of Placement (June 2009 – December 2013)



Source: DCF data

Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure. However, for the monitoring period ending March 2013, data for children that entered care in the month of October 2012 are excluded due to the impact of Superstorm Sandy on provider availability for appointments needing to occur in October or November 2012.

Performance as of December 31, 2013:

Children entering out-of-home placement must receive a comprehensive medical examination (CME) within 60 days of entering placement (MSA Section II.F.2.ii). A CME involves a comprehensive physical, including a developmental history and evaluation, and an initial mental health screening.¹⁴⁵ Mental health screenings determine if a child has a suspected mental health need.¹⁴⁶ If a child is suspected to have a mental health need, a full mental health evaluation is then expected to be conducted.

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

¹⁴⁵ Another type of CME is the Comprehensive Health Evaluation for Children (CHEC) model which requires a three part examination: medical, neurodevelopmental and mental health assessments and can only be administered by a limited number of medical providers in New Jersey.

¹⁴⁶ 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.

Data from April through December 2013 show that 3,288 children required a CME; 2,785 (85%) received a CME within the first 30 days of placement (See Table 20). An additional 427 (13%) children received their CME between 31-60 days of placement. Table 20 shows the monthly variation in performance.

Table 20: Comprehensive Medical Examinations within 30 and 60 days of Entering DCF Custody (April–December 2013)

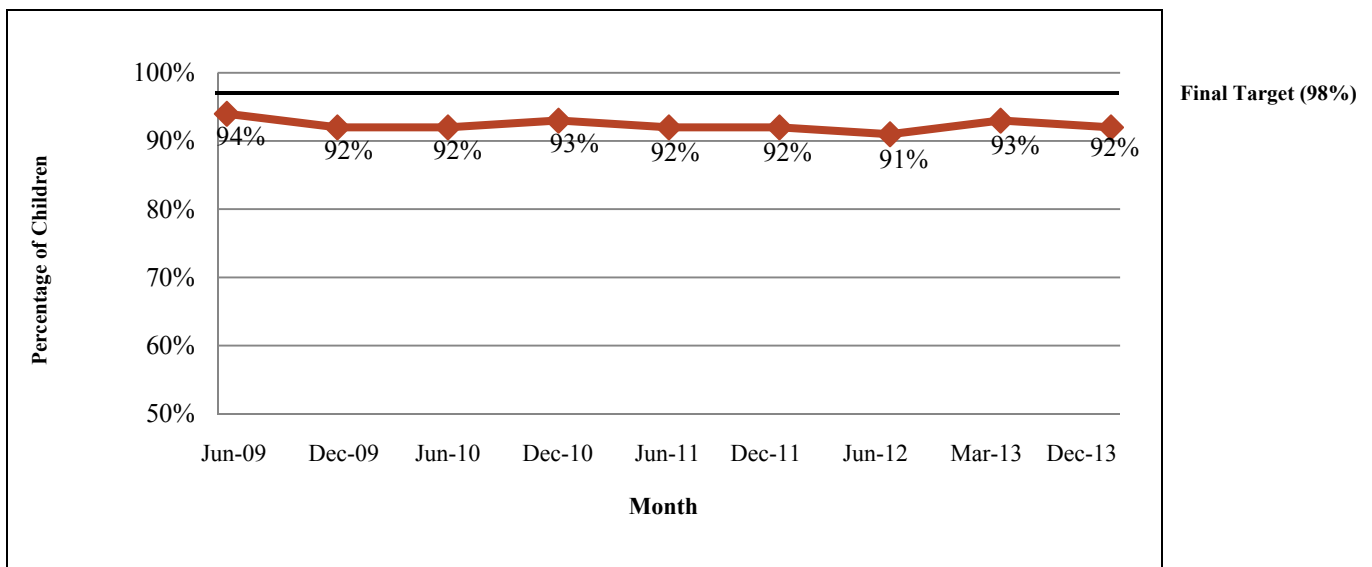
Comprehensive Medical Examinations Data April–December 2013							
	Children requiring CME	Total Completed within 30 days	%	Total Completed within 31-60 days	%	Total Completed within 0-60 days	%
APRIL	384	346	90%	30	8%	376	98%
MAY	436	371	85%	56	13%	427	98%
JUNE	371	330	89%	37	10%	367	99%
JULY	332	290	87%	32	10%	322	97%
AUGUST	373	310	83%	56	15%	366	98%
SEPTEMBER	379	324	88%	47	12%	371	98%
OCTOBER	384	325	85%	54	14%	379	99%
NOVEMBER	336	266	79%	54	16%	320	95%
DECEMBER	293	223	76%	61	21%	284	97%
Total	3,288	2,785	85%	427	13%	3,212	98%

Source: Data produced by the Child Health Unit

Required Medical Examinations

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

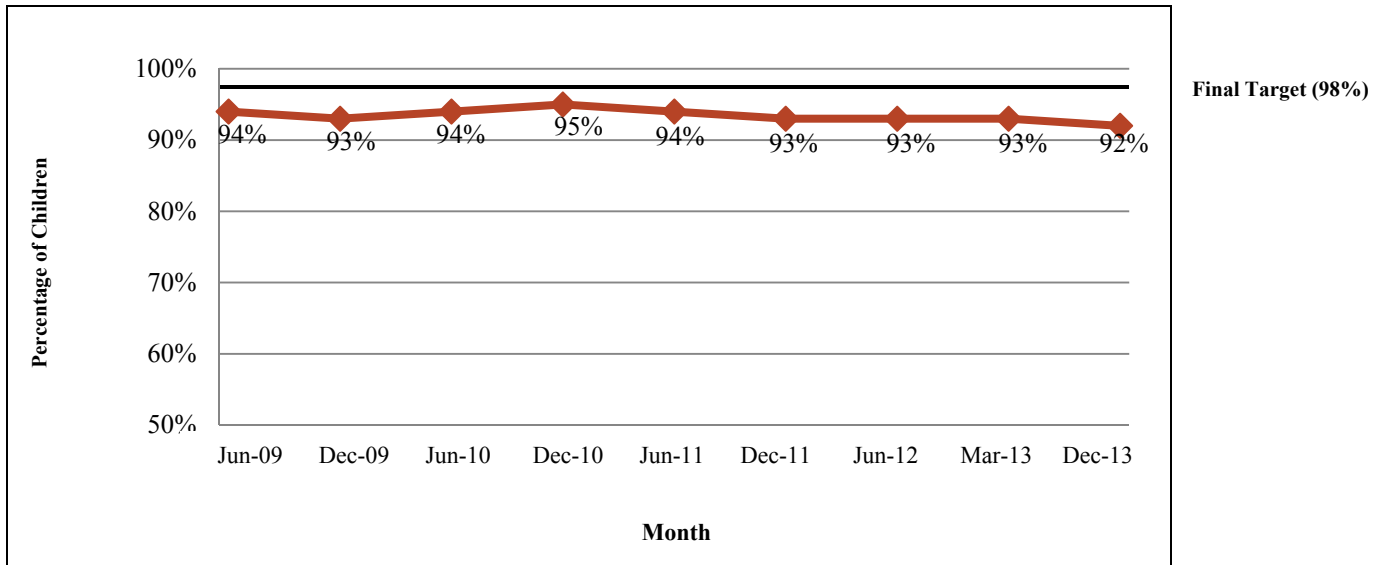
Figure 44: Percentage of Children Ages 12-24 months Up-to-Date on EPSDT Visits (June 2009 – December 2013)



Source: DCF data

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

Figure 45: Percentage of Children older than 2 years Up-to-Date on EPSDT Visits (June 2009 – December 2013)



Source: DCF data

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

Performance as of December 31, 2013:

Between April and December 2013, 92 percent of children 12 to 24 months old received the required Early and Periodic Screening, Diagnosis and Treatment (EPSDT) well-child examinations (see Figure 44 and Table 21). Similarly, 92 percent of children age two and above also received the required EPSDT well-child examinations (see Figure 45 and Table 22). This performance is similar to previous monitoring periods and is below the MSA final target of 98 percent of children in care for one year or more receiving timely EPSDT well-child examinations.¹⁴⁷ However, in the Monitor’s judgment, this performance demonstrates sustained access to health care for children in out-of-home care.

NJ SPIRIT and SafeMeasures provide reports on when a child receives an EPSDT examination, but neither have the ability to determine whether or not a child is clinically up-to-date with these exams. A child may be noted in NJ SPIRIT as not up-to-date if at the EPSDT visit the child was sick (children must be well for such visits to be considered EPSDT visits) or the visit was missed, but rescheduled within a close time period. Also, especially notable for younger children, once a child is off schedule, they will remain off schedule within DCF’s data system for all subsequent EPSDT exams. Therefore, in an effort to determine the actual receipt of an EPSDT exam, DCF conducted a secondary review of all the records of children noted as “not

¹⁴⁷ 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.

current with their EPSDT exams” and found more children were clinically up-to-date on their EPSDT exam than reported in NJ SPIRIT and SafeMeasures.¹⁴⁸

**Table 21: EPSDT for Children Ages 12-24 months
(April–December 2013)**

Month	Children Requiring EPSDT	Children Up-to-Date	% Children Up-to-Date
APRIL	99	90	91%
MAY	89	79	89%
JUNE	118	111	94%
JULY	109	102	94%
AUGUST	102	97	95%
SEPTEMBER	105	97	92%
OCTOBER	100	92	92%
NOVEMBER	101	91	90%
DECEMBER	124	112	90%
Total	947	871	92%

Source: DCF data produced by Child Health Unit

**Table 22: EPSDT Annual Medical Exams for Children
Age 25 months and older
(April–December 2013)**

Month	Total Due	Annual Exam Completed		Annual Exam Not Completed	
APRIL	197	186	94%	11	6%
MAY	214	196	92%	18	8%
JUNE	239	216	90%	23	10%
JULY	239	217	91%	22	9%
AUGUST	223	210	94%	13	6%
SEPTEMBER	220	202	92%	18	8%
OCTOBER	220	197	90%	23	10%
NOVEMBER	187	175	94%	12	6%
DECEMBER	160	139	87%	21	13%
Total	1,899	1,738	92%	161	8%

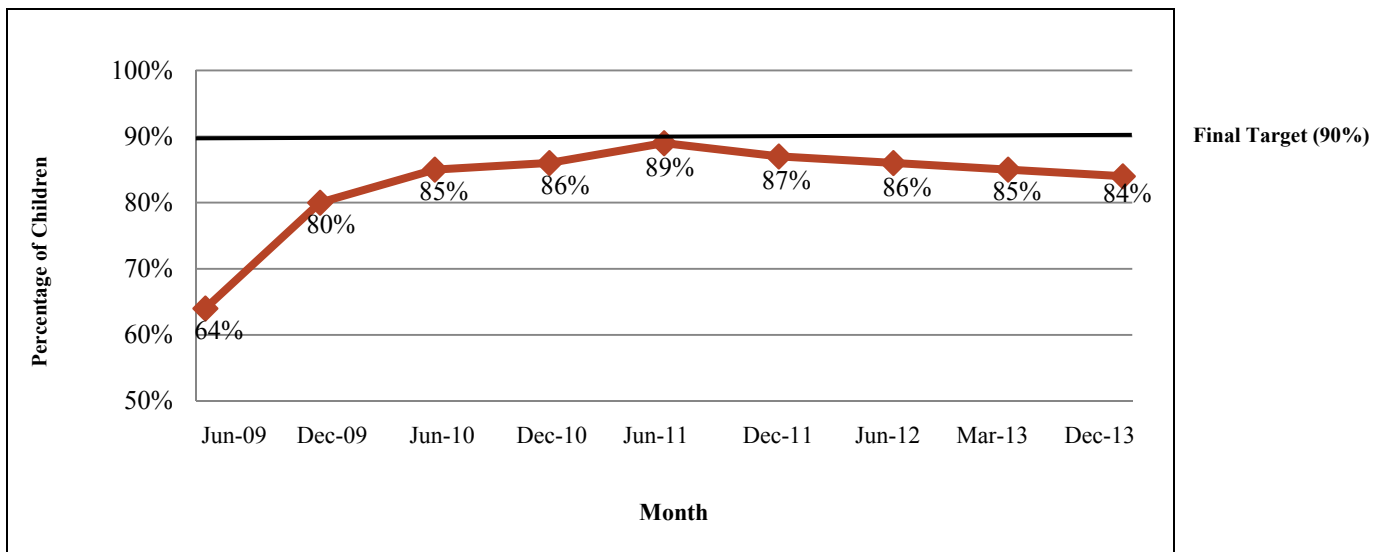
Source: DCF data

¹⁴⁸ The Monitor did not review the back-up data this monitoring period but has confidence in the review as the Monitor has previously examined the back-up data of this secondary review for children age 12 to 24 months and found DCF’s secondary review adequate to determine if children in the age range were clinically up-to-date on their EPSDT exam.

Semi-Annual Dental Examinations

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

**Figure 46: Percentage of Children Current with Semi-Annual Dental Exams
(June 2009 – December 2013)**



Source: DCF data

Performance as of December 31, 2013:

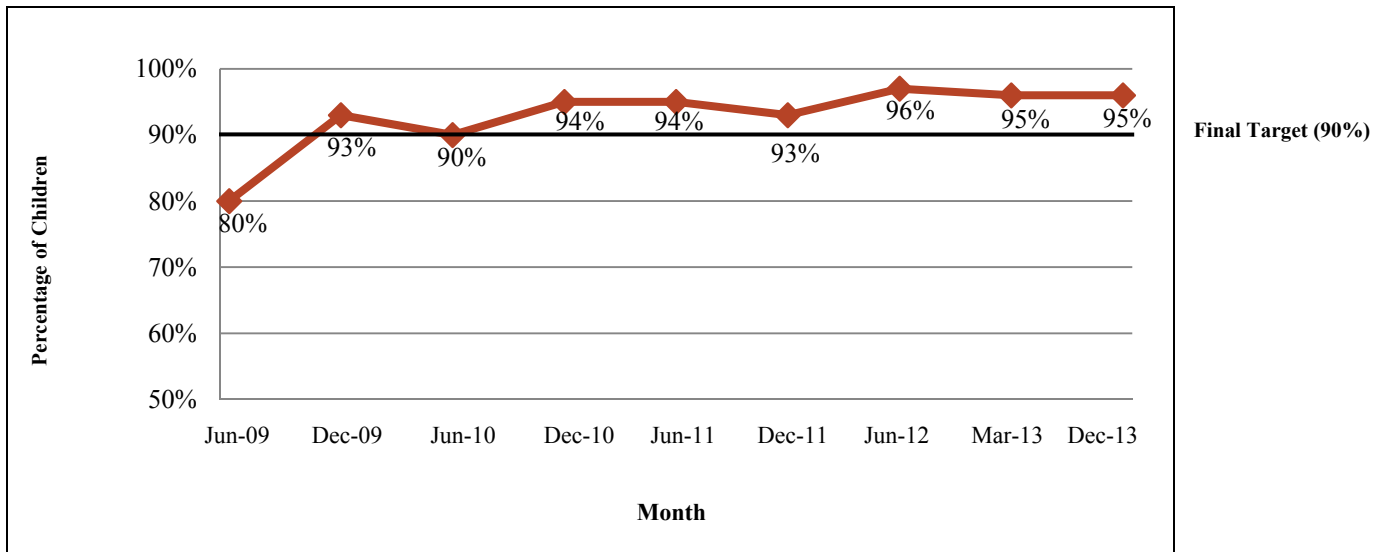
As of December 31, 2013, 84 percent of children age three or older who have been in care for at least six months had evidence of receiving a semi-annual dental exam (within the last six months). DCF's performance remains similar to the previous three monitoring periods and is below the final target by five percent. The dental care measure includes targets for annual and semi-annual dental exams. Because the performance expectation for field staff is to ensure that children age three or older receive semi-annual dental exams, DCF had been solely measuring whether children receive dental exams semi-annually. DCF also provided annual data on this measure which show that 98 percent of children three and older in care for at least six months in calendar year 2013 had an annual dental exam as of December 31, 2013. Thus the Monitor considers DCF to have partially fulfilled this Performance Measure.

As of December 31, 2013, DCF reports that there were 4,168 children age three or older who had been in CP&P out-of-home placement for at least six months; 3,484 (84%) had received a dental examination within the previous six months and an additional 627 (15%) had received an annual dental examination, thus there was evidence that 99 percent of children aged three and older had at least an annual dental examination. From April through December 2013, monthly performance on current semi-annual dental examinations ranged from 81 to 87 percent.

Follow-up Care and Treatment

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

Figure 47: Percentage of Children Who Received Follow-up Care for Needs Identified in CME (June 2009 – December 2013)



Source: DCF data, Health Care Case Record Reviews, Child Health Unit
 Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure. Data for December 2013 represents performance for children in out-of-home placement who were removed between November 1, 2012 and July 31, 2013 and were in care for a minimum of 60 days.

Performance as of December 31, 2013:

The data on health care follow-up is based on DCF's internal Health Care Case Record review of a random sample of children in out-of-home placement who were removed between November 1, 2012 and July 31, 2013 and were in care for a minimum of 60 days. Based on multiple assessments by the Monitor of DCF's Health Care Case Record review and the results of the statewide Qualitative Review, the Monitor believes that the medical follow-up care and treatment of children is accurately measured through DCF's internal Health Care Case Record review.¹⁴⁹

DCF reports that of those children identified as needing follow-up care after their CME, 95 percent received the recommended follow-up care. As stated previously, mental health screenings are not routinely documented as part of the CME, but Health Care Case Managers help to ensure that children in out-of-home placement receive needed mental health services. Therefore, the Monitor considers these 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.¹⁵⁰

**Table 23: Provision of Required Follow-up Medical Care
(n=366)
December 31, 2013**

	#	%
No CME data in record	1	>1%
CME Records	365	100%
No follow-up care needed	23	6%
Follow-up care required	342	94%
• Received follow-up	326	95%
• No evidence in record	16	5%

Source: DCF, Health Care Case Record Review, Child Health Unit¹⁵¹

¹⁴⁹ 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.

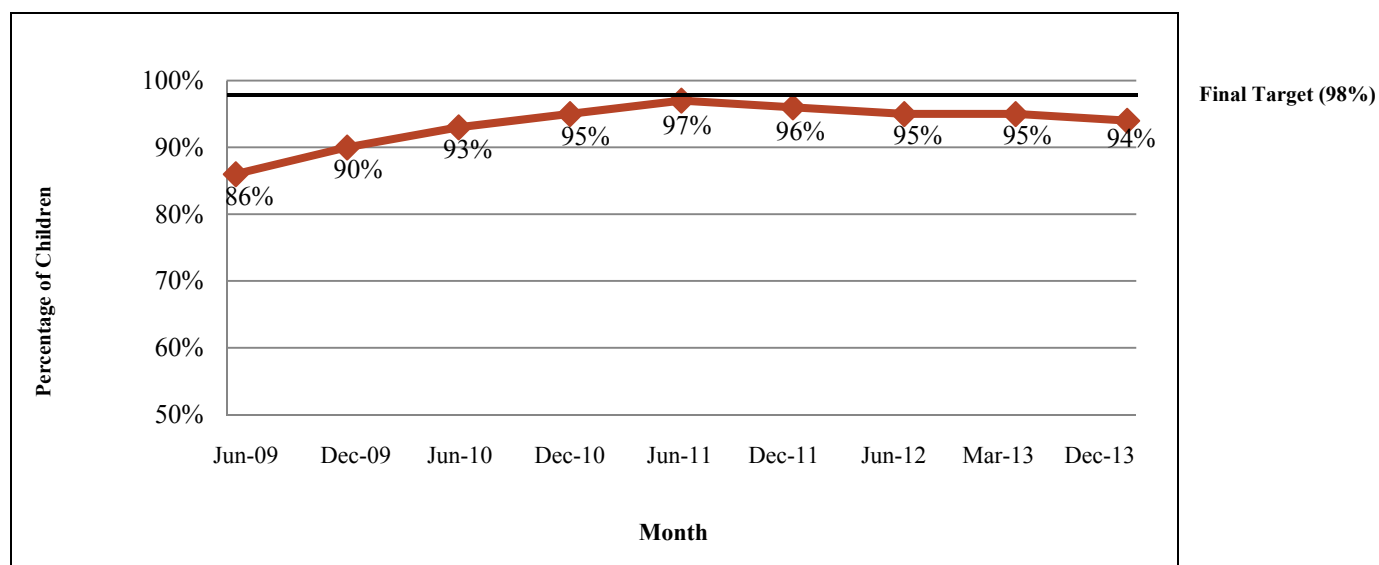
¹⁵⁰ The Monitor thus looks to Performance Measure 46 to measure whether children and youth receive mental health screenings, and whether those with a suspected mental health need receive assessments.

¹⁵¹ DCF conducted a Health Care Case Record review in order to report on this measure. The Review examined records of a random sample of children in CP&P out-of-home placement who were removed between November 1, 2012 and July 31, 2013 and were in care for a minimum of 60 days. 2,997 children comprise this cohort and a sample of 366 children was reviewed. The results have a ± 5 percent margin of error with 95 percent confidence.

Immunizations

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

**Figure 48: Percentage of Children in Custody Current with Immunizations
(June 2009 – December 2013)**



Source: DCF data

Data in this Figure are not point in time for the month but represent performance over the last quarter of the monitoring period which ends in the month indicated in the Figure. Data for December 2013 represents performance from October – December 2013.

Performance as of December 31, 2013:

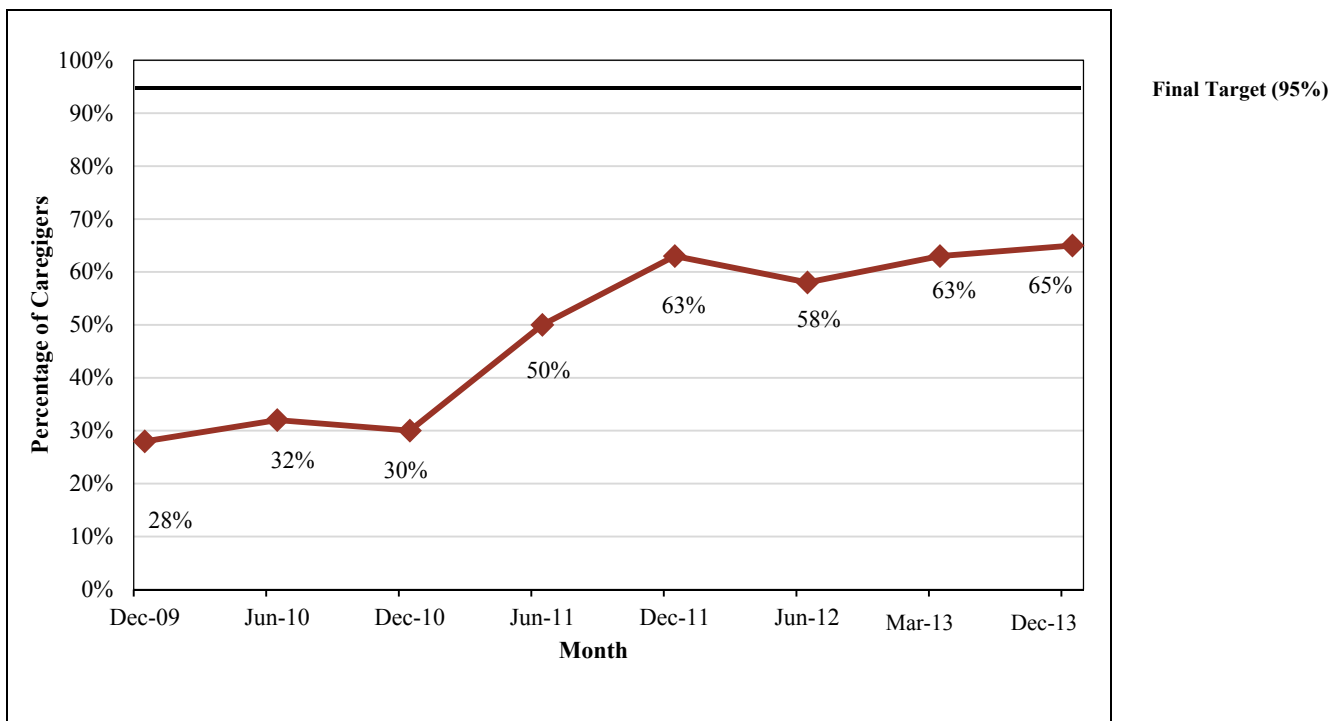
From October through December 2013, of the 6,649 children in out-of-home placement, 6,276 (94%) were current with their immunizations, below the performance requirement of 98 percent. Performance on this measure has varied only two percentage points since December 2011. While not meeting the MSA final target, this performance represents sustained and positive results in ensuring that children are current with their immunizations. Thus, the Monitor deems this MSA requirement as partially fulfilled.¹⁵²

¹⁵² New Jersey's performance on child immunizations exceeds the Center for Disease Control and Prevention's goal for the nation that states achieve immunizations rates of 90 percent for children. Further, DCF's performance on immunization rates for children in out-of-home placement is similar to rates of immunization for all of New Jersey's children (grades pre K-6) in public schools. See, http://www.state.nj.us/health/cd/documents/status_report/2013/-all_vacc13.pdf.

Health Passports

Quantitative or Qualitative Measure	45. <u>Health Passports</u> : Children’s parents/caregivers receive current Health Passport within five days of a child’s placement. ¹⁵³
Final Target	By June 30, 2011, 95% of caregivers will receive a current Health Passport within five days of a child’s placement.

Figure 49: Percentage of Caregivers who Received Health Passports within 5 days of Child’s Placement (December 2009 – December 2013)

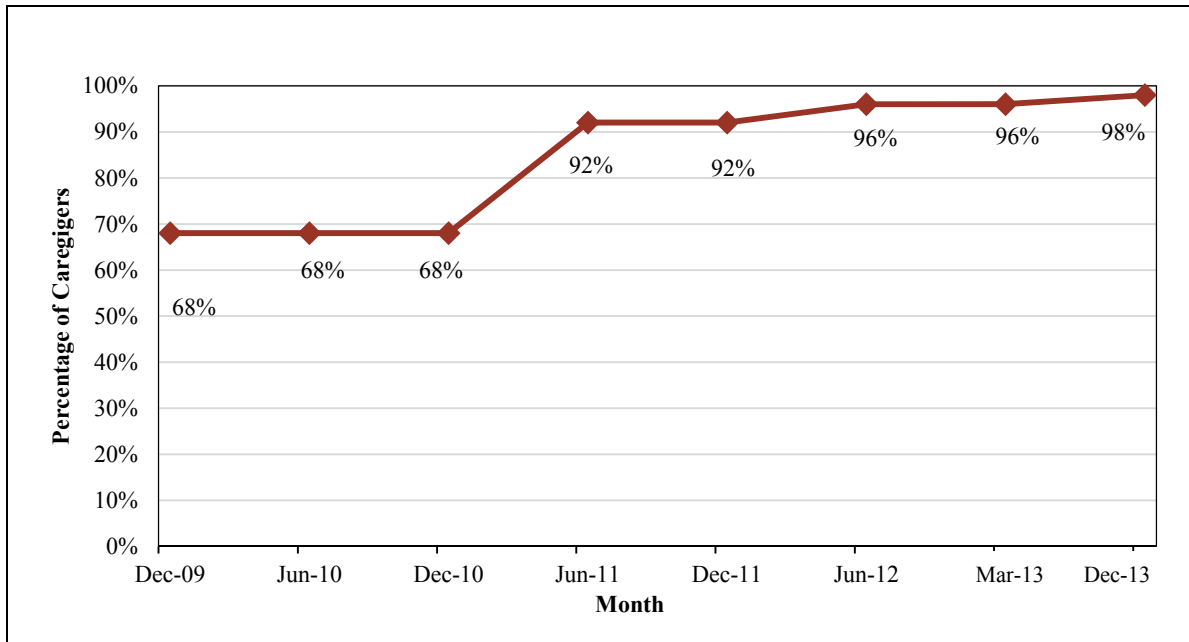


Source: DCF Health Care Case Record Review

Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure. Data for December 2013 represents performance for children in out-of-home placement who were removed between November 1, 2012 and December 31, 2013 and were in care for a minimum of 60 days.

¹⁵³ Parties are determining if a more effective measure can be designed that assesses when meaningful medical information of children can reasonably be shared with their caregivers.

Figure 50: Percentage of Caregivers who Received Health Passports within 30 days of Child's Placement (December 2009 – December 2013)



Source: DCF Health Care Case Record Review

Data in this Figure are not point in time for the month but represent performance over the monitoring period which ends in the month indicated in the Figure. Data for December 2013 represents performance for children in out-of-home placement who were removed between November 1, 2012 and December 31, 2013 and were in care for a minimum of 60 days.

Table 24: Health Passport: Presence in the Record, Evidence of Sharing Records (n=366) December 31, 2013

	#	%
Health Passport was present in the record	365	100%
Health Passport not present in the record	1	>1%
Health Passport in record shared with provider	364	100%
Evidence of being shared with resource providers		
• Within 5 days	237	65%
• Between 6- 10 days	73	20%
• Between 11- 30 days	47	13%
• More than 30 days	7	2%

Source: DCF, Health Care Case Record Review¹⁵⁴

¹⁵⁴ DCF conducted a Health Care Case Record review in order to report on this measure. The Review examined records of a random sample of children in CP&P out-of-home placement who were removed between November 1, 2012 and July 31, 2013 and were in care for a minimum of 60 days. 2,997 children comprise this cohort and a sample of 366 children was reviewed. The results have a ± 5 percent margin of error with a 95 percent confidence.

Performance as of December 31, 2013:

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

Based on DCF's internal Health Care Case Record Review of 366 cases, there is evidence that Health Passports are shared with the child's caregiver within the first five days of placement in 65 percent of cases (see Table 24). This performance does not meet the final performance target. However, within 30 days of the placement, DCF data show the Health Passport has been shared with 98 percent of caregivers, consistent with performance from the last two monitoring period.

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

X. MENTAL HEALTH CARE

DCF continues to work on improving its mental health delivery system by expanding the services and supports under the Division of Children's System of Care. DCF also has maintained achievement of MSA Performance Measures requiring that children receive timely mental health assessments and children and youth received appropriate, evidence-based mental health services to prevent their entry into CP&P custody.

A. *Mental Health Delivery System*

DCF's Division of Children's System of Care (CSOC) serves children and adolescents with emotional, behavioral health, developmental and intellectual disabilities and co-occurring conditions. Beginning in 2012, the provision of services to children with developmental and intellectual disabilities, formerly under the purview of the Department of Human Services (DHS), transitioned to CSOC.

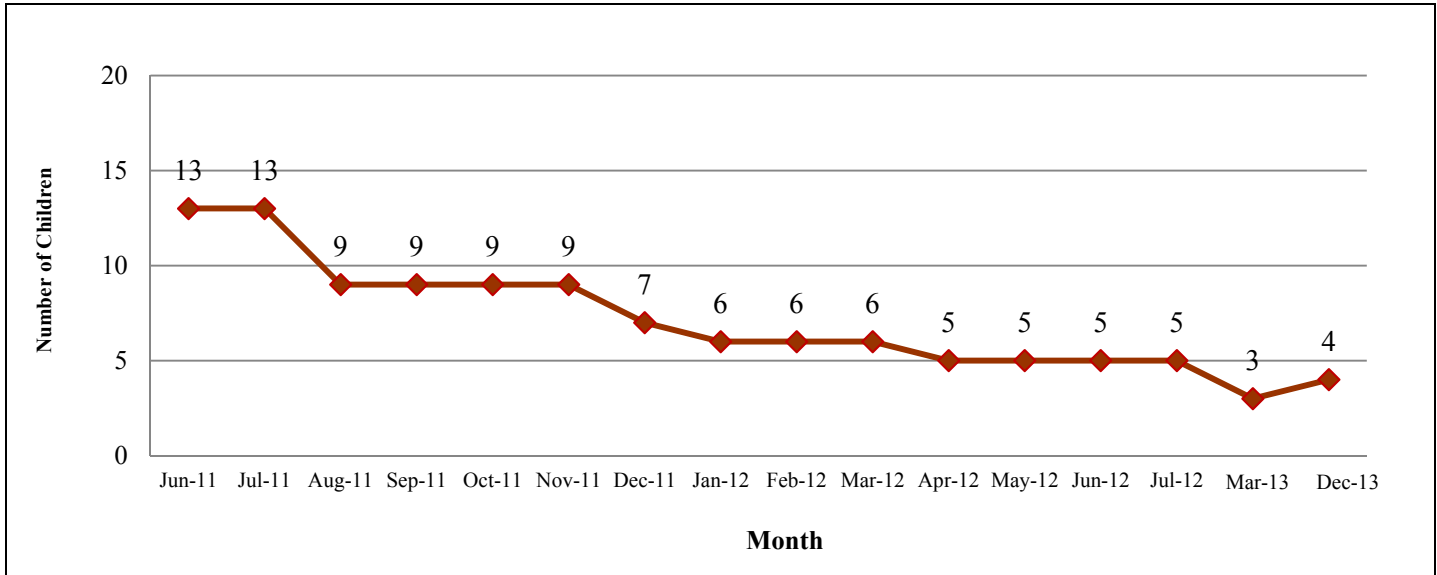
In October 2012 New Jersey received approval from the Centers for Medicare and Medicaid Services (CMS) for a Comprehensive Medicaid Waiver focused, in part, on increasing supports for children and youth who have a risk of hospital level care (children/youth considered to be seriously emotionally disturbed). This waiver has two pilot programs—one that focuses on children and youth with Autism Spectrum Disorder and one that focuses on increasing services for youth with a developmental disability and a behavioral health concern. Some aspects of the waiver were implemented in the summer and fall of 2013.

The number of children placed out-of-state for treatment remains low.

DCF is required to minimize the number of children in CP&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 December 2013, there were four youth in out-of-state residential placements. All four youth are in a specialized program for the deaf or hard of hearing. DCF has worked collaboratively with the state's Department of Education, primarily with staff of New Jersey's Marie H. Katzenbach School for the Deaf, to develop an in-state program to provide residential mental health treatment for five to eight youth. Program services will be provided by St. Joseph's Hospital and Medical Center. The facility is undergoing updates and renovations and DCF hopes to move the youth from out-of-state to the new facility in the summer of 2014 if the renovations have been completed.

Figure 51 shows the number of children placed out-of-state from June 2011 to December 2013.

**Figure 51: Children in Out-of-State Placement
(June 2011 – December 2013)**



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

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

The MSA requires that no youth in CP&P custody should wait longer than 30 days in a detention facility post-disposition for an appropriate placement (Section II.D.5). From April to December 2013, eight youth in CP&P custody, four females and four males ages 13 to 17, were in juvenile detention awaiting a CSOC placement following disposition of their delinquency case. Two youth transitioned from detention within 15 days after disposition. The remaining six youth transitioned between 16 and 30 days following disposition of their case, thereby meeting the MSA requirement. Table 25 provides information on the length of time each of the youth waited for placement.

Table 25: Youth in CP&P Custody in Juvenile Detention Post-Disposition Awaiting CSOC Placement (April–December 2013)

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

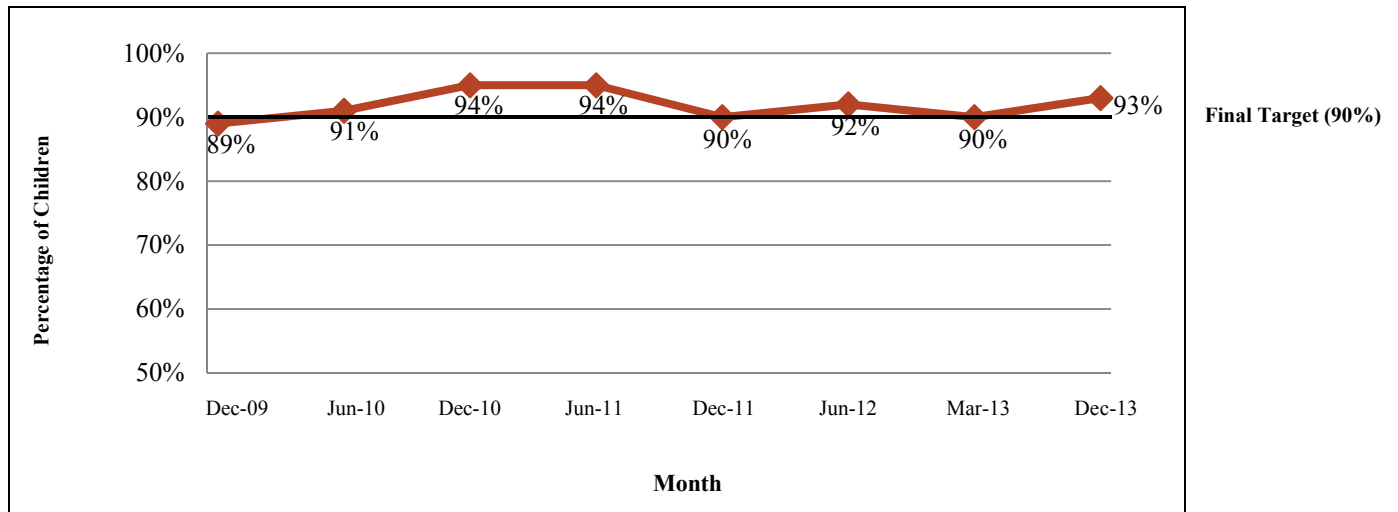
Source: DCF data, CSOC

B. Mental Health Performance Measures

Mental Health Assessments

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

Figure 52: Percentage of Children with Suspected Mental Health Needs who Received Mental Health Assessment (December 2009 – December 2013)



Source: DCF data

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

for children in out-of-home placement who were removed between November 1, 2012 and July 31, 2013 and were in care for a minimum of 60 days.

Performance as of December 31, 2013:

DCF's internal Health Care Case Record Review found that 99 percent of eligible children and youth received the required mental health screening.¹⁵⁵ Eligible children are over the age of two and not already receiving mental health services. As shown in Table 26, a total of 165 children in the sample required a mental health assessment.

DCF reports that 93 percent (154) of those 165 children identified as needing a mental health assessment received one by the time of the record review. Performance met the MSA performance requirement.

The data also show that of the 93 percent of youth receiving a mental health assessment, 74 percent (114) were completed in the first 30 days of out-of-home placement and another 13 percent (21) were completed in 60 days.

¹⁵⁵ 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.

**Table 26: Mental Health Screening and Assessments for Children Age 2 and older
as of December 31, 2013
(n=366)**

MH Screening		
Not reviewed already receiving services (51) or under the age of two (90)	141	39%
Children eligible for screening	225	61%
TOTAL RECORDS REVIEWED	366	100%
MH Screening		
Children eligible screened	222	99%
Children eligible not screened	3	1%
TOTAL CHILDREN ELIGIBLE FOR SCREENING	225	100%
MH Screening		
Suspected MH need identified	143	64%
Youth already receiving services were identified as needing an assessment	22*	
TOTAL REQUIRING MENTAL HEALTH ASSESSMENTS	165	
MH Assessment		
MH assessment completed	154	93%
MH assessment scheduled	1	>1%
MH assessment not completed/not scheduled	10	6%
TOTAL	165	100%
MH Assessment Completion Timeline		
MH assessment complete w/in 30 days	114	74%
MH assessment complete w/in 60 days	21	14%
Greater than 60 days	14	9%
Unable to determine	5	3%
TOTAL	154	100%
Recommendations made in MH Assessment		
Recommendation Made	147	95%
No Recommendation Made	7	5%
TOTAL	154	100%
Treatment Provided/Evidence in the Record		
All Recommended Treatment Provided	90	61%
Some Recommended Treatment Provided	29	20%
Recommended Treatment Not Provided	28	19%
TOTAL	147	100%

Source: DCF data, Health Care Case Record Review¹⁵⁶

*22 of the 51 children already receiving mental health services

¹⁵⁶ 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 CP&P out-of-home placement who were removed between November 1, 2012 and July 31, 2013 and were in care for a minimum of 60 days. 2,997 children comprise this cohort. A sample of 366 children was reviewed. The results have a ± 5 percent margin of error with a 95 percent confidence.

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

Quantitative or Qualitative Measure	47. <u>Provision of in-home and community-based mental health services for children and their families</u> : CSOC shall continue to support activities of CMOs, YCMs, FSOs, Mobile Response, evidence-based therapies such as MST and FFT and crisis stabilization services to assist children and youth and their families involved with CP&P and to prevent children and youth from entering CP&P custody.
Final Target	Ongoing Monitoring of Compliance

Performance as of December 31, 2013:

Section II.C.2 of the MSA requires the state to have a Medicaid rate structure to reimburse evidence-based, informed or support practices such as Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST). FFT continues to be available in seven counties: Atlantic, Cape May, Burlington, Ocean, Cumberland, Gloucester and Salem. For the last quarter of the monitoring period, each program’s average census was 76 percent of the program’s capacity. Two FFT programs operated above capacity. MST continues to be available in three counties: Camden, Essex and Hudson. The MST provider for Essex and Hudson counties operated well below capacity (averaging 33% monthly census) due to the departure of a number of therapists.

The FFT and MST programs averaged approximately 22 successful discharges per month during the last quarter (October-December 2013) of this monitoring period.

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

Continued Support for Family Success Centers

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

Performance as of December 31, 2013:

New Jersey began developing a network of Family Success Centers (FSCs) in 2007, initially with 21 centers. Now, in its sixth year, New Jersey has a total of 51 FSCs, at least one in each of the 21 counties.¹⁵⁷

FSCs are neighborhood-based places where any community resident can access family support, information and services, and specialized supports that tend to vary depending on the needs and desires of the community in which they are located. Their function is to provide resources and supports before families fall into crisis. FSCs are situated in many types of settings: storefronts, houses, schools, houses of worship and public housing. Services range from life skills training, parent and child activities, advocacy, parent education and housing related activities.

Since Superstorm Sandy in October 2012, New Jersey’s FSCs have become gateways to reach families in the counties that were hit the hardest by the storm. In addition to providing families with assistance immediately following the storm, the FSCs offer day to day support and a place to build and restore community.

In September 2013, the Office of Family Support Services (OFSS) redefined the FSC’s contracted services; “parent education” and “parent/child activity” were collapsed into one service and “home visiting” was removed from a contracted service to an expanded service that each FSC can choose to provide depending on need. Table 27 shows the unduplicated number of families served by New Jersey’s FSCs from April to December 2013. Table 28 shows the ten contracted services provided by FSCs statewide to individuals, families or groups between April and August 2013.¹⁵⁸ Table 29 shows the revised contracted services provided by FSCs statewide to individuals, families or groups between September and December 2013.

¹⁵⁷ During the monitoring period the new Meadowlands FSC replaced a FSC in Lodi that closed, the Palisades FSC replaced the West Hudson FSC, and the Bayshore FSC was added after a privately funded FSC closed in Essex county.

¹⁵⁸ Families can receive more than one service at any one time.

Table 27: Unduplicated Number of Families Served by New Jersey’s FSCs (April–December 2013)*

FSC Unduplicated Number of Families Served	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13**	Oct-13	Nov-13	Dec-13
	5,539	4,859	4,384	4,703	4,266	3,526	3,581	3,417	3,088

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

**OFSS changed its definition of contracted services on September 1, 2013.

Table 28: Ten Contracted Services Provided by FSCs Statewide between April and August 2013¹⁵⁹

Contracted Service	2013				
	April	May	June	July	August
Access to Health	6,187	6,481	3,660	3,028	2,750
Development of Family Success Plans	283	282	283	375	364
Economic Self Sufficiency	2,619	2,501	2,222	1,907	2,043
Information & Referral Services	4,406	3,803	3,479	3,031	4,057
Life Skills Training	7,130	6,354	3,540	3,463	3,240
Housing-Related Services	944	782	744	900	971
Parent Education	1,258	1,091	1,078	782	994
Parent–Child Activities	3,232	2,387	2,976	3,139	4,381
Advocacy	823	1,028	874	792	775
Home Visiting	296	263	243	220	276
Total	27,178	24,972	19,099	17,637	19,851

Table 29: Revised Contracted Services Provided by FSCs between September and December 2013*

Contracted Service	2013			
	September	October	November	December
Family Health	1,824	2,631	1,840	1,970
Parent Education/Parent-Child Activity	3,496	6,171	3,722	5,345
Employment Related	896	1,376	1,059	1,083
Housing Related	827	784	852	844
Life Skills	2,566	4,038	3,296	2,891
Advocacy	1,014	1,299	1,333	1,607
Family Success Plans	392	323	253	256
General I&R/Linkage	4,752	5,096	4,756	4,295
Total	15,767	21,718	17,111	18,291

*Table 29 shows data after DCF revised its definition of contracted services beginning in September 2013.

¹⁵⁹ Table 28 and 29 refer to individual, family and group sessions, whereas Table 27 refers to the number of families served.

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 extending the option for CP&P custody until age 21. During this monitoring period, DCF has continued to expand and deepen its policies and practices to support adolescents. DCF increased attention to permanency for older youth through the implementation of Permanency Roundtables, reorganized Youth Advisory Boards and awarded new contracts to support homeless youth and youth who are the victims of human trafficking. Also, new this monitoring period, DCF was awarded a federal planning grant to conduct data analysis and a needs assessment and develop a framework for improving educational, employment, well-being and permanency outcomes for CP&P involved youth. These new developments are discussed below.

Also, discussed below are new developments and updates to current practices and strategies utilized by DCF to provide services for older youth in the following areas: housing, education, employment, financial literacy, increasing staff skills and Lesbian, Gay, Bisexual, Transgender, Questioning or Intersex (LGBTQI) services. Following the practice updates, progress toward the Phase II Performance Measures is provided.

A. *New Developments*

In this monitoring period, DCF awarded two contracts that focused on: preventing human trafficking; providing rescue interventions in cases of human trafficking of youth; providing stabilization, resources and supportive services needed by these youth; and preparing youth for independence. These contracts were awarded to Homeless Youth Outreach Programs in designated hurricane impacted counties. In addition to these efforts, DCF regularly and widely distributed a newsletter to educate all staff about information, tips and resources related to human trafficking. In August 2013, DCF hired a new staff member within OAS to manage efforts on addressing human trafficking case practice issues as well as immigration and expungement of juvenile records.

DCF also made efforts to enhance supports for youth involved with Youth Advisory Boards (YAB). DCF released a Request for Proposals in May 2013 to support a new Youth Advisory Board model. Rutgers University School of Social Work was awarded the contract and will be creating 15 YABs statewide as well as one Youth Advisory Council. By September 2013, the existing YABs had been recognized for their accomplishments and notified of the transition. Since then, the Transitions for Youth (TFY) at Rutgers School of Social Work hired staff and built much of the infrastructure to support these boards. The majority of new YABs had their first meetings in mid-January 2014.

With support from Casey Family Programs, CP&P and OAS launched Permanency Roundtables (PRT) Case Consultation in November 2013. The PRT began with a kickoff event emphasizing the value of permanency of older youth. In November, 40 cases statewide were reviewed by five teams. These cases involved youth between the ages of 14 and 17 who had been in care for 50 months or more with a current case goal of independent living, other long term specialized care, kinship legal guardianship or individual stabilization. During the PRT, teams created a

Permanency Action Plan and 28 of those plans recommended goals of adoption, reunification or kinship legal guardianship. DCF intends to create a tracking process to measure progress towards these recommended goals.

On September 26, 2013, the Administration for Children, Youth and Families awarded DCF a two year planning grant to gather and analyze data and develop an intervention framework that will improve educational, employment, permanency and well-being outcomes for older youth involved with CP&P. The intervention framework will be evidence-based and focus on addressing trauma, improving protective and promotive capacities and comprehensive life skills of older youth.

Finally, this monitoring period, OAS began working with the Office of Child and Family Health to provide information to youth and providers on the extension of Medicaid coverage for eligible youth until the age of 26 pursuant to the Federal Affordable Care Act. In preparation for the January 1, 2014 implementation date, DCF created system changes and processes to identify and link coverage for youth within the 18 to 26 year old population who are determined eligible. Prior to implementation of the new Medicaid coverage extension, during CY 2013, DCF has continued to ensure that the majority of youth exiting care who need Medicaid health insurance¹⁶⁰ receive it. Specifically, in CY 2013, of the 375 youth ages 17.9 to 20.9 who were discharged from placement and needed Medicaid, 353 (94%) received Medicaid for at least *one month* following discharge. Additionally, of the 249 youth ages 17.9 to 20.9 who were discharged from placement between October 1, 2012 and June 31, 2013 and who needed Medicaid, 231 (93%) received Medicaid for at least *six months*.

B. Updates to Current Practices

Housing

The OAS partners with PerformCare to maintain and operate the Adolescent Housing Hub, a real-time, automated housing slot tracking and referral system housed within PerformCare's CYBER system. DCF reports that the Hub allows for the identification of appropriate housing for youth by accurately matching the youth's needs, provider information and program capacity. OAS is assessing data to determine housing needs across the state and is currently in the process of removing youth from the Hub who no longer have a need for housing or who have aged out. DCF reports having a total of 371 housing slots for homeless youth and DCF involved youth ages 16 to 21. From October 2012 through October 2013, DCF reports a total of 2,867 calls to the Hub for housing assistance, with the highest number of calls occurring in the summer months of May through August. The Hub also allows OAS to gather information on youth's housing, employment and educational status at admission and discharge.

DCF continues to support transitional and supported housing for older youth. As indicated in Table 30, as of December 31, 2013, there were 390 transitional and supported housing operational units contracted for, with 385 slots in use. In September 2013, DCF funded a new

¹⁶⁰ This includes Chafee Medicaid, CP&P Medicaid or non-CP&P Medicaid.

five-bed transitional living housing program in Essex County for young women ages 18 to 21, with one bed for a pregnant or parenting youth.

**Table 30: Youth Transitional and Supported Housing
as of December 31, 2013**

County	Current period: Operational Slots	Providers	Ages Accepted
Atlantic	6	Twin Oaks	18-21
Bergen	16	Bergen County Community Action Program	16-21
		Volunteers of America	16-21
Burlington	31	Crossroads	17-21
		Garden State Homes	16-21
		The Children's Home of Burlington County	16-21
Camden	31	Center For Family Services	16-21
Cape May	12	CAPE Counseling	18-21
		Center For Family Services	18-21
Essex	57	Care Plus (Strive For Independence I)	18-21
		Care Plus (Strive For Independence II)	18-21
		Corinthian Homes (Youth Build)	16-21
		Covenant House	18-21
		Covenant House	18-21
		Tri-City Peoples	18-21
Gloucester	30	Robin's Nest Inc.	18-21
Hudson	25	Catholic Charities Diocese of Newark (Strong Futures)	18-21
		Volunteers of America	18-21
Mercer	14	Anchorage	18-21
		Anchorline	18-21
		Lifeties	18-21
Middlesex	12	Garden State Homes	18-21
		Middlesex Interfaith Partners with the Homeless (MIPH)	18-21
Monmouth	19	Catholic Charities Diocese of Trenton	17-21
		Collier Services	18-21
		IEP	18-21
Morris	5	Plaid House – Thenen House	16-20
Ocean	8	Ocean Harbor House	16-21
Passaic	19	NJ Development Corporation (Ind House/Marion)	18-21
Salem	16	Ranch Hope (HILLS)	17-21
		Robin's Nest Inc	18-21
Somerset	15	Somerset Home for Temporarily Displaced Children	18-21
		Somerset Home for Temporarily Displaced Children	18-21
		Somerset Home for Temporarily Displaced Children	18-21
Union	66	Community Access Unlimited	16-21
		Volunteers of America	16-21
Warren	8	Catholic Charities Diocese of Metuchen	18-21
Total	390		

Source: DCF data

Education

The Office of Educational Support (OESP) moved under the OAS on July 1, 2013. OESP provides a number of supports to DCF staff, including, for example:

- piloting a training for Educational Stability Liaisons;
- holding an education workshop for resource parents and DCF workers about supporting youth's engagement and progression in their education; and
- supporting CP&P case managers on their individual cases to ensure that youth are on target to graduate and get the education supports they may need.

OESP also oversees the New Jersey Foster Care (NJFC) Scholars Program, which provides assistance with tuition and fees to current and former eligible foster youth in order to pursue post-secondary education. Foster and Adoptive Family Services (FAFS) administers the NJ Scholars program. For the 2012-2013 academic year ending in June 2013, 327 students participated in the Scholars program and 274 (84%) received funding through Education and Training Voucher (ETV) or tuition waiver. DCF reports the remaining youth did not utilize Scholars program funding because the financial aid provided by their educational institutions covered their expenses. For the 2013-2014 academic year, 312 youth participated in the Scholars program and 223 (72%) received funding or tuition waiver. The number of youth enrolled in the Scholars program has remained steady since the 2011-2012 academic year when 316 students participated.

DCF continues to make efforts to increase participation in the Scholars program. Between April and June 2013, 25 outreach efforts occurred to provide assistance to 111 youth in understanding the Scholars program. Additional outreach efforts throughout the monitoring period included: two trainings for CASA volunteers in Mercer and Burlington counties on the Scholars Program, four events with Rutgers Transitions for Youth Summer Housing and Internship program to assist Scholars in completing 2013-2014 Scholars Program applications, and presentations at two "Aging Out" events that reached approximately 42 youth.

DCF reports that all youth enrolled in the Scholars program receive support services through Project MYSELF. These services are designed to improve the youth's academic performance, increase post-secondary education retention and develop essential life skills and competencies. A support coach works with each student involved with Project MYSELF to provide mentoring, crisis intervention, and referrals to academic community and other resources as needed, with more intensive involvement from the coach for those students with a low grade point average.¹⁶¹

The OESP also provides Ward of the Court letters for youth who were in foster care with CP&P after the age of 13. These letters allow the adolescent to file as an independent student on the FAFSA and thus the youth does not have to provide their parents/ tax information for financial aid eligibility review. The OESP provided these letters for 73 students during this monitoring period.

¹⁶¹ DCF reports that in the 2012-2013 academic year, Project MYSELF served 321 students and of those, 191 received the more intensive support coach contact.

Employment

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

Also during this monitoring period, OAS, Casey Family Programs and the Rutgers University School of Social Work partnered together and strategized about best practices and models used by other child welfare systems in supporting youth employment. As a result, OAS in cooperation with these partners and OESP developed and delivered staff training that focused on supporting engagement activities with youth to support employment. Topics included working with youth on employment planning, career assessment, training, job seeking and retention.

Financial literacy

DCF continues to offer EverFi, an online financial literacy program, to provide services to youth in housing and life skills programs.¹⁶² As of August 2013, 86 youth were either actively engaged in or completed the course. An unlimited amount of additional slots are available for more youth to participate in the future and training is being conducted with CP&P as well as Care Management Organization (CMO) youth serving agencies.

Increasing staff skills

Beginning in September 2012, OAS offers quarterly training on adolescent policy, practice and resources. The training is mandatory for adolescent supervisors and workers and other CP&P staff who work with youth are encouraged to attend.

The OAS provides a variety of technical assistance to the field on adolescent policy and practice. During the monitoring period, OAS hosted regional practice forums for cross agency staff in June, September, and December on topics relevant to adolescent practice.¹⁶³ Topics included Medicaid Extension to age 26, the role out of Youth Advisory Boards, permanency initiatives, educational initiatives and employment practices. In addition, these forums provide the opportunity for OAS to receive feedback about current policies and new potential initiatives that will improve services, resources and case practice tools. OAS also visits with Outreach to At-Risk Youth (OTARY) programs quarterly and provides on-site technical assistance and consultation. Meetings were held in April and August 2013 for the 21 OTARY programs and trainings were provided on youth employment opportunities, housing services, mandatory reporting laws, adolescent abuse and neglect, case management and developing youth leadership

¹⁶² EverFi is underwritten by Kearny Federal Savings Bank.

¹⁶³ Staff are from CP&P, the DCF Office of Education and the Children's System of Care Care Management Organizations.

opportunities. Finally, in August 2013, 28 CP&P staff completed the first year of the Adolescent Advocacy program—a post-B.A. 15 credit certificate through Montclair State University focused on adolescent advocacy and case practice. Forty new students are now participating in the second year of the program.

Services for LGBTQI Population

The MSA required DCF to develop and begin to implement a plan for appropriate service delivery to youth who identify as LGBTQI (MSA Section II.C.4). During this monitoring period, DCF continued to implement strategies and services to meet the needs of this population. The primary vehicle for these services is through the Safe Space Program. This program encourages and promotes a welcoming and inclusive environment within DCF for LGBTQI youth, families and staff through training, activities, resources, community partnerships, collection of LGBTQI data and through developing policies that reflect appropriate case practice with this population. DCF has increased the number of Safe Space liaisons during this monitoring period by adding an additional 12 liaisons, now offering a total of 160 for all 47¹⁶⁴ CP&P Local Offices. Liaisons continue to produce LGBTQI inclusive newsletters, make presentations on local and national LGBTQI resources, update the LGBTQI Resource Guide, and collect data on the number of LGBTQI youth and families that they serve. The data are collected by OAS to identify, create and update policy, programming and practice needs to best support these youth and families. To date, DCF reports that these liaisons provided 351 consultations concerning case practice and community resources related to LGBTQI youth and families. Also during this monitoring period, the New Jersey Office of Training and Professional Development changed their Cultural Competency I and II trainings to include a focus on LGBTQ issues in the workforce and key concepts on how best to work with LGBTQI youth and families.

C. Performance Measures Measuring Services to Older Youth

As of December 31, 2013, CP&P served 2,858 youth aged 18 to 21; current information indicates that 520 (18%) youth were living in a CP&P out-of-home placement; 1,633 (57%) youth were living in their own homes;¹⁶⁵ and 705 (25%) youth were receiving adoption or Kinship Legal Guardianship subsidies.

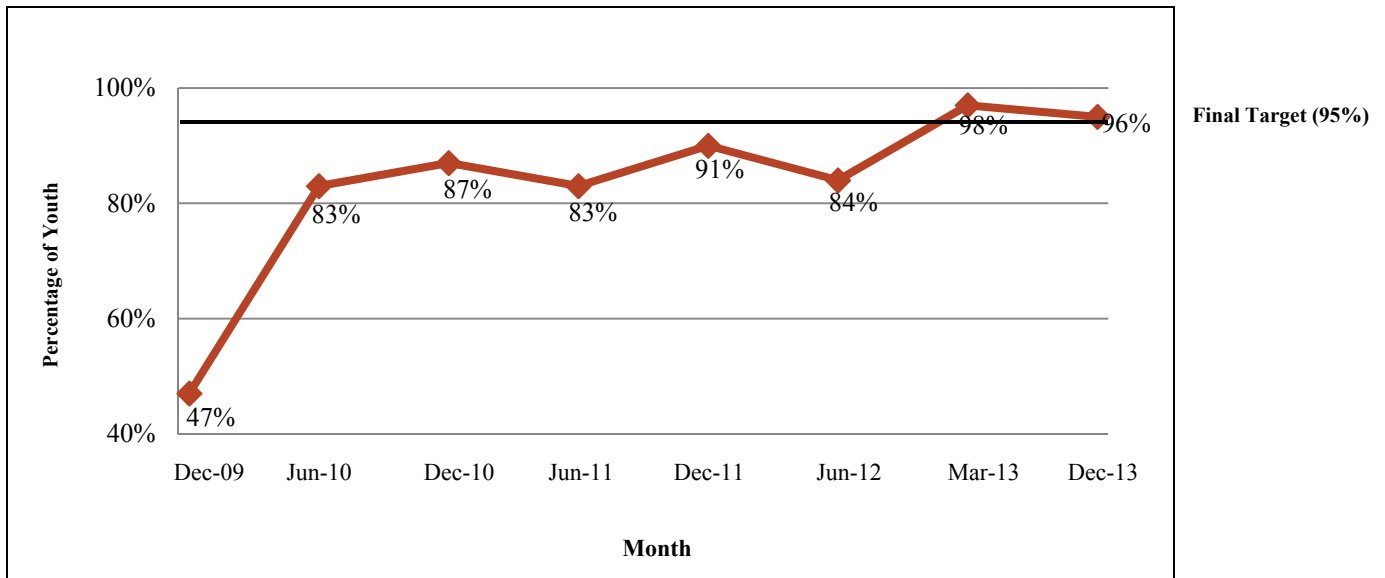
¹⁶⁴ The Newark Adoption office was phased out as of October 2013 and adoption units were assigned to each Local Office. As of October 2013, there were 46 CP&P offices.

¹⁶⁵ DCF is further analyzing these data to better understand the exact setting(s) indicated for the youth categorized as “living in their own homes.”

Independent Living Assessments

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

Figure 53: Percentage of Youth Aged 14-18 with Independent Living Assessment (December 2009 – December 2013)



Source: DCF data

Performance as of December 31, 2013:

CP&P reached the final target for this measure for the first time the previous monitoring period and strong performance continued this monitoring period.¹⁶⁶ Specifically, in December 2013, there were 929 youth aged 14 to 18 in out-of-home placement for at least six months; 894 (96%) had an Independent Living Assessment completed.

¹⁶⁶ June 2013 performance was 93% and September 2013 performance was 95%.

Services to Older Youth

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

Performance as of December 31, 2013:

Performance data for this measure were collected through QR reviews conducted between January 2012 and July 2013 of 44 cases of youth ages 18 to 21. The standard NJ protocol was utilized and for the 20 reviews conducted in July 2013, reviewers were given a list of additional considerations to apply in reviewing cases which asked reviewers to consider the youth's overall global well-being and functioning taking into consideration, for example, youth who identify as LGBTQ, are victims of domestic violence, are pregnant or parenting or are developmentally disabled. By agreement between the Monitor and CP&P, cases were considered acceptable for this measure if the QR ratings were within the acceptable range (4-6) for both the overall Child/Youth and Family Indicator and Practice Performance Indicator.

Twenty-nine (66%) of the 44 cases reviewed were rated acceptable on both the Child/Youth and Family Indicator and Practice Performance Indicator. This is the first time performance data has been available on this measure and findings from these reviews identify areas of strength to build upon as well as areas needing improvement to support provision of services to older youth.

Below are QR indicators within each overall domain where acceptable ratings were provided by reviewers for the majority of cases:

- Safety of the youth in their home setting (98% acceptable),
- Safety of the youth in other settings (98% acceptable),
- Living arrangement (98% acceptable),
- Physical health of the youth (93% acceptable),
- Emotional well-being (82% acceptable),
- Learning and development (87% acceptable),
- Provision of health care services (91% acceptable) and
- Resource availability (93% acceptable).

Overall acceptable ratings for the following QR indicators identify areas needing improvement:

- Progress toward permanency (68% acceptable),
- Family teamwork – formation (57% acceptable),
- Family teamwork – functioning (52% acceptable),
- Case planning process (66% acceptable),
- Plan implementation (66% acceptable),

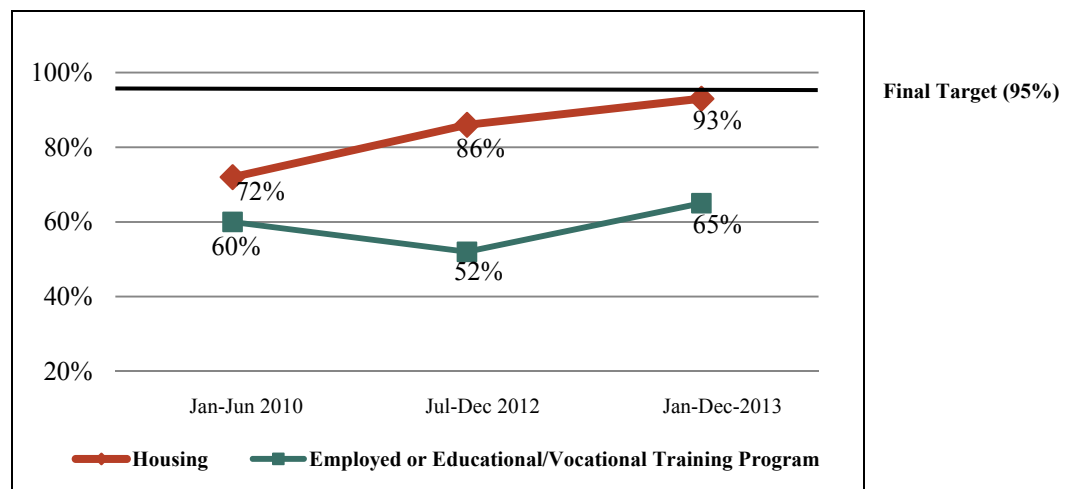
- Long term view (57% acceptable) and
- Transitions and life adjustments (55% acceptable).

DCF has analyzed the data collected through these reviews and is in the process of compiling a report with further detail of the findings. Data will continue to be collected during scheduled QRs of older youth moving forward and will be compiled and presented for this performance measure in future reports.

Youth Exiting Care

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

**Figure 54: Youth Exiting Care with Housing and Employed or Enrolled in Educational or Vocational Training Program
January 2010 – December 2013**



Source: Data from DCF and CSSP Case Record Reviews

Performance as of December 31, 2013:

The Monitor and DCF conducted a case record review of the 106 youth who exited care without achieving permanency between January and December 2013 and found that 93 percent of these youth had documentation of a housing plan upon exiting CP&P care and 65 percent of applicable youth were either employed or enrolled in education or vocational training programs. Current performance demonstrates an improvement on this measure since the last case record review which assessed youth who exited care without permanency between July and December 2012. That review found that 86 percent of those youth had housing and 52 percent were either employed or enrolled in education or vocational training programs.

Data collected in the current review of youth exiting in 2013 identified the following pertaining to planning and service provision:

Planning and Assessment:

- The reason for case closure for 42 percent of youth reviewed was the youth turned 21 years old and 28 percent of youth reviewed declined further services.
- 51 percent of youth signed an adolescent closing agreement at the time their case closed.
- 77 percent of youth had an Independent Living Assessment completed, and of those with a completed assessment, 54 percent were completed within 12 months of case closure and 46 percent were completed over 12 months prior to case closure.
- All youth (100%) had a case plan.
- 42 percent of youth had a Transitional Living Plan completed and included in their record.

Housing:

- All but one youth (99%) had documented housing prior to case closure.
- Documentation in the case record indicated that 81 percent of youth had worked with their caseworker prior to case closure in order to secure housing.
- Reviewers were asked to identify strengths and areas needing improvement with DCF's casework around housing. Some of the more commonly identified strengths included: engagement with youth and family (80 cases), identification of resources and programs for the youth (71 cases) and caseworker-supervisory conferences were held (52 cases). Areas needing improvement included: more community resources needed to achieve the goal (35 cases), assessments not completed or only partially completed (36 cases), plans not completed or only partially completed (34 cases) and improvements needed in caseworker-supervisory conferencing (36 cases).

Education and Employment:

- At the time of case closure, 50 percent of the youth had at least completed a high school level of education.
- 87 percent of applicable youth had undergone case planning specific to their educational or vocational needs; 77 percent of applicable youth had undergone planning related to employment.
- Reviewers were asked to identify strengths and areas needing improvement with DCF's casework around education and employment. Some of the more commonly identified strengths included: engagement of youth and family (75 cases), resources and programs identified for the youth (60 cases) and caseworker-supervisory conferences were held (43 cases). Areas needing improvement included: assessments not completed or only partially completed (38 cases), plans not completed or only partially completed (38 cases), improvements needed in caseworker-supervisory conferencing (35 cases) and improved follow-up by caseworker (35 cases).

CP&P is in the process of finalizing a full report on the findings from this review and the Monitor anticipates this will be available on their website in the near future.

XIII. SUPPORTING A HIGH QUALITY WORKFORCE: CASELOADS AND TRAINING

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

A. Caseloads

Caseload compliance is measured by individual caseworker caseloads in each of the functional areas (Intake, Permanency, Adoption and IAIU) as well as office standards for CP&P Local Offices. Office-wide average caseloads are to comply with the applicable functional area caseload standards in 95 percent of all CP&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 31 summarizes the caseload standards for individual workers.

Table 31: DCF/CP&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 workers are to have no more than 12 open families at any one time and no more than eight new referrals assigned in a month. (Section II.E and Section III.B.1).
Institutional Abuse Investigations Unit (IAIU)	Respond to allegations of child abuse and neglect in settings including correctional facilities, detention facilities, treatment facilities, schools (public or private), residential schools, shelters, hospitals, camps or child care centers that are required to be licensed, resource family homes and registered family day care homes.	IAIU staff workers are to have no more than 12 open cases at any one time and no more than eight new referrals assigned in a month. (Section II.E and Section III.B.1).
Permanency	Provide services to families whose children remain at home under the protective supervision of CP&P and those families whose children are removed from home due to safety concerns.	Permanency workers are to serve no more than 15 families and 10 children in out-of-home care at any one time. (Section II.E and Section III.B.1).
Adoption	Find permanent homes for children who cannot safely return to their parents by preparing children for adoption, developing adoptive resources and performing the work needed to finalize adoptions.	Adoption workers are to serve no more than 15 children at any one time. (Section II.E and Section III.B.1).

Source: DCF

Interview Procedure to Verify Worker Caseloads

The Monitor verified caseload data supplied by DCF by conducting telephone interviews with randomly selected workers across the state. One-hundred sixty workers were selected from those active in September 2013. All of the 46 CP&P¹⁶⁷ Local Offices were represented in the sample. The interviews were conducted throughout the months of November and December 2013 and January 2014. All 160 workers were called. Information was collected from 125 workers (82% of the eligible sample), located in all 46 Local Offices. Five workers were no longer employed by CP&P or were on extended leave during the period of the calls and were removed from the sample. One caseworker declined to participate and another was an interim supervisor who did not carry a caseload for a large portion of the monitoring period (April through July 2013) were also removed from the sample. Contact was attempted at least three times for each caseworker.

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

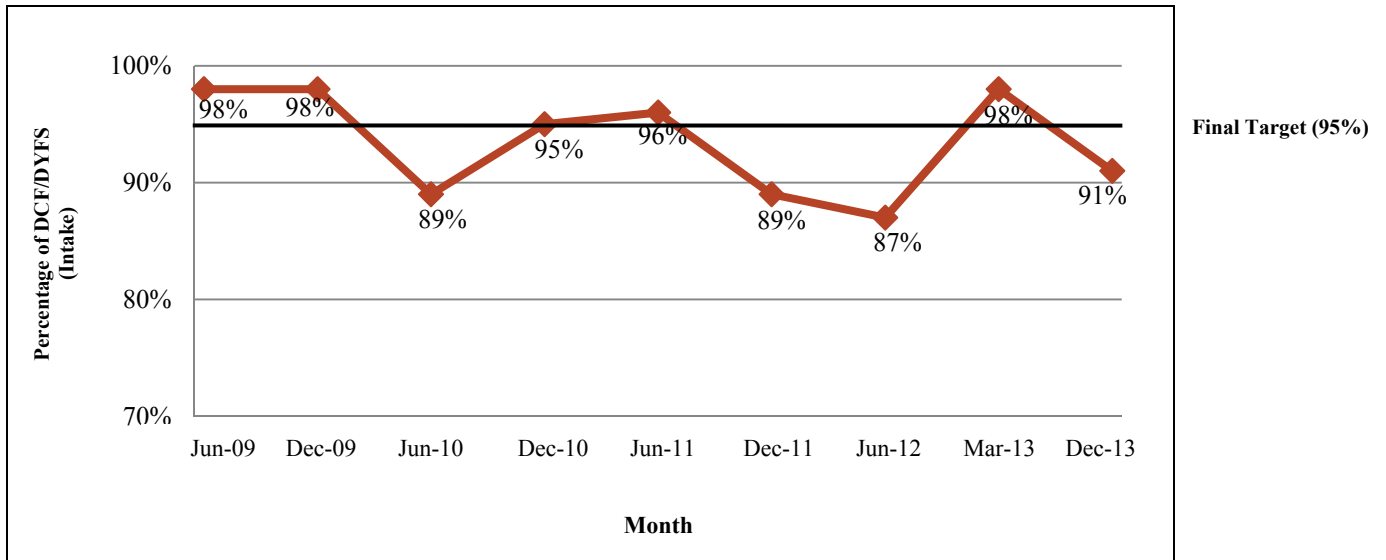
The following discussion describes the state's performance in meeting the office caseload standards and the individual caseload standards.

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

Figures 55-57 summarize the Period XIV performance on meeting Local Offices average caseload standards.

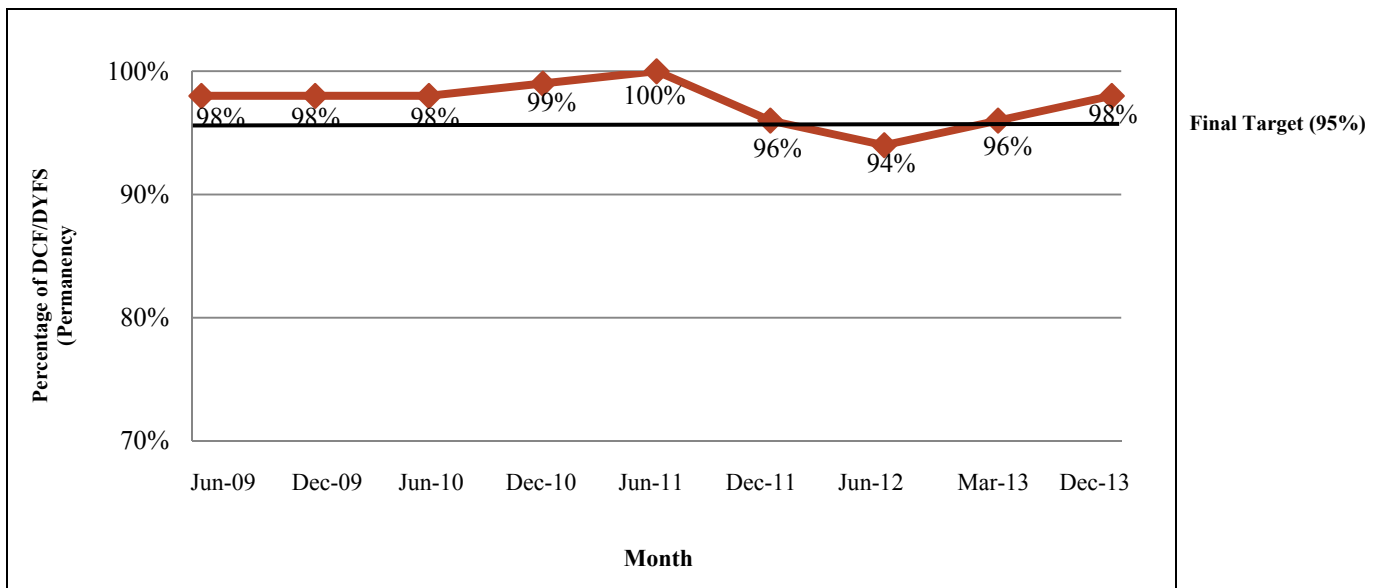
¹⁶⁷ The Newark Adoption office was phased out as of October 2013 and adoption units were assigned to each Local Office. As a result, as of October 2013, the number of CP&P Local Offices were reduced to 46.

Figure 55: Percentage of DCF/CP&P Local Offices Meeting Average Caseload Standards for Intake Workers (June 2009 – December 2013)



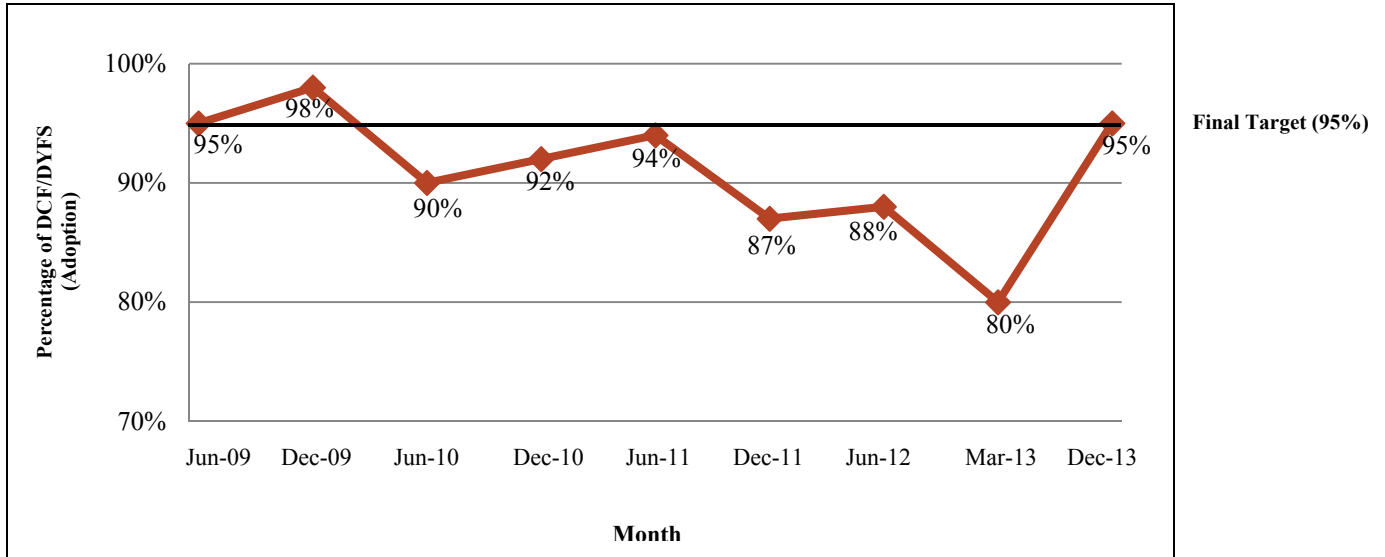
Source: DCF data

Figure 56: Percentage of DCF/CP&P Local Offices Meeting Average Caseload Standards for Permanency Workers (June 2009 – December 2013)



Source: DCF data

Figure 57: Percentage of DCF/CP&P Local Offices Meeting Average Caseload Standards for Adoption Workers (June 2009 – December 2013)



Source: DCF data

Intake

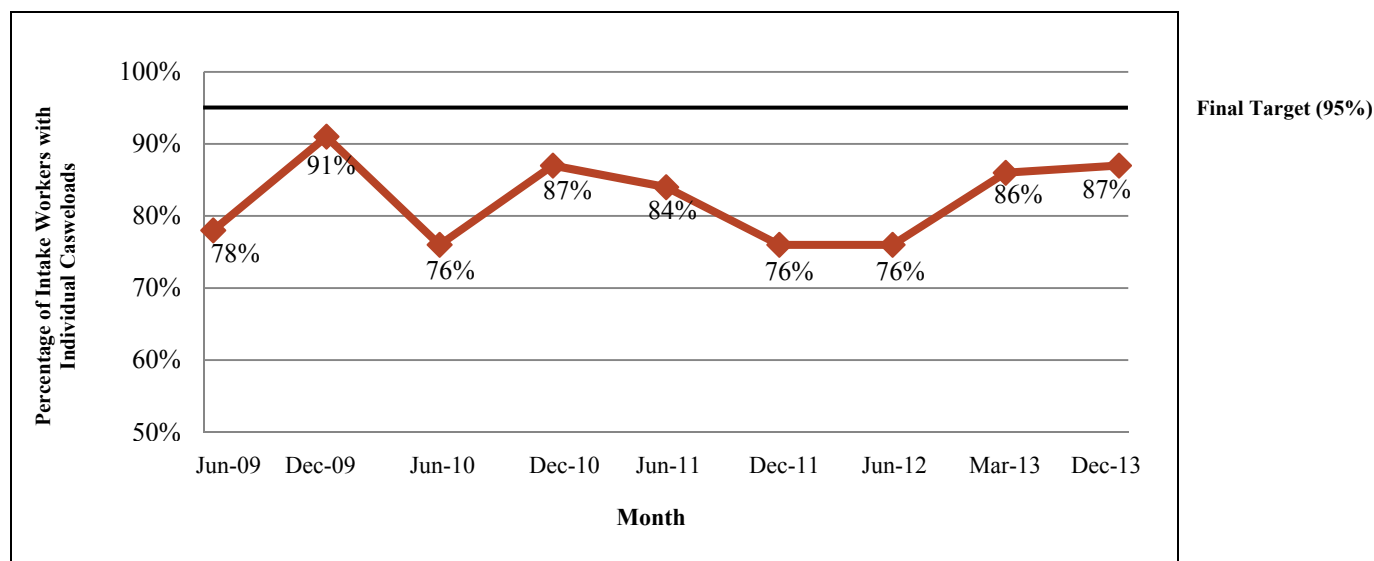
The individual worker caseload standard for Intake workers of no more than 12 open cases at any one time and no more than eight new referrals assigned a month was not met as of December 31, 2013. The state reported an average of 946 active Intake workers between April and December 2013. Among those active Intake workers, an average of 823 (87%) workers had caseloads that met the caseload requirements. Specifically in December 2013, individual worker caseload compliance for Intake workers was also 87 percent. For the 122 Intake workers who did not meet caseload requirements in December 2013, the highest number of new intakes during the month for any worker was 9 and the highest number of open cases for any worker in the month was 25 families.

Data by Local Office show that during December 2013, performance ranged between 19 percent and 100 percent, with 24 of 46 (52%) Local Offices having all Intake workers with caseloads in compliance (see Appendix D-1).

Among the 125 workers who participated in the phone interview for caseload verification, 57 were Intake workers. Seven (12%) of the 57 Intake workers reported going over the caseload limits for new assignments at some point between April and September 2013. Twenty-three (40%) Intake workers reported having more than 12 total families on their caseload at some point between April and September 2013.

DCF has continued to implement efforts to improve Intake caseload compliance through the Ready Work Pool (RWP) initiative and deployment of “impact teams.” The RWP initiative was developed to enhance DCF’s capacity to quickly deploy staffing resources to designated Local Offices experiencing increases in referrals and caseloads in the aftermath of Superstorm Sandy by hiring individuals with previous child protective services experience with CP&P. As of December 31, 2013, 13 RWP workers were hired, trained and assigned to Superstorm impacted counties, ten of whom were assigned caseloads while the remaining three await assignment. Impact teams consist of a supervisor, and three workers that can be assigned to a unit or an office throughout the state where Intakes are unusually high and assist in maintaining caseload standards by taking any overflow of investigations. There are ten impact teams, one per Area Office.

Figure 58: Percentage of Intake Workers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – December 2013)*



Source: DCF data

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

Workers Report “Shared” Cases as a Common Occurrence

As described in the Period XIII monitoring report, Intake and Permanency workers sometimes share responsibility for families with open permanency cases where there are new allegations of abuse or neglect. According to DCF procedure, all CPS Family Reports and CWS Family Referrals are assigned to Intake workers to investigate and these reports are reflected in caseload reporting as one of the eight referrals in the month of the report and as one of the Intake worker’s 12 open families for that month. However, when circumstances indicate that a family with an already open permanency case is the subject of a new CPS Family report, the work with the family becomes the shared responsibility of both Intake and Permanency workers until the investigation is completed.

Intake workers are assigned a secondary worker designation in NJ SPIRIT on a shared case for a family who had been previously assigned to a Permanency worker. According to DCF, this arrangement emphasizes the primary role of the Permanency worker in securing placement, facilitating visits, supporting the family to implement the case plan and coordinating services. It also reflects the Permanency worker’s responsibility to provide information to the Intake worker and to link the family to appropriate services and supports identified during the course of the new investigation, thus relieving the Intake worker of the case management responsibility for the case. Intake workers continue to be responsible for the work required to complete investigative tasks and to reach and document an investigative finding. The designation as a secondary worker is not reflected as an open family for the Intake worker’s caseload and is not categorized as an open family in monthly caseload reports. Thus, these secondary assignments are counted as one of the Intake workers’ eight new referrals assigned in a month, but are not counted as part of their 12 open families in a month.

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

Table 32: Number of DCF/DCP&P Investigations and Secondary Intake Assignments by Month (April – December 2013)

Month	Total Investigations for the Month	Secondary Intake Worker Assignments of CPS and CWS Investigations	
April 2013	6,333	1,360	21%
May 2013	6,848	1,446	21%
June 2013	5,494	1,176	21%
July 2013	5,228	1,170	22%
August 2013	5,000	1,125	23%
September 2013	5,609	1,210	22%
October 2013	6,489	1,220	19%
November 2013	5,461	1,099	20%
December 2013	5,226	1,034	20%

Source: DCF NJ SPIRIT Data

The Monitor reviewed monthly Local Office data on secondary assignments and found that the average number of secondary assignments per Intake worker over the monitoring period is 1.3. The Monitor also found that an average of 34 percent of Intake workers received two or more secondary case assignments each month during the monitoring period. Specifically, in the month of December 2013, 291 (30%) Intake workers received two or more secondary assignments. Of those 291 workers, 202 (69%) had a total of 12 open families or less for the month, including their secondary case assignments.

During phone interviews with caseworkers, the Monitor inquired about the prevalence of secondary assignments and their impact on a worker’s workload. Intake workers were asked how prevalent secondary assignments are, what effect these assignments have on their workload and how they are measured. Of the 57 Intake workers interviewed, 55 (97%) reported receiving an assignment to investigate a new report on an open permanency case as a secondary worker at least once in the six month period between April and September 2013 and 23 (40%) reported receiving at least one secondary assignment per month. Forty-eight of the 57 (84%) Intake workers confirmed that their supervisor appropriately counts secondary assignments toward their eight new referrals for the month. Thirty-three of the 57 (58%) Intake workers interviewed responded that in their opinion, the workload for an investigation on an open Permanency case in which they are designated as secondary is equivalent to, or sometimes more than, the workload for an initial investigation. Workers explained that although Permanency workers may have completed collateral contacts or are able to provide information about the family’s

circumstances, every investigation must be approached in the same manner regardless of primary or secondary status.

In response to these findings, DCF conducted an analysis regarding the prevalence and distribution of secondary assignments and potential workload implications. DCF found that practice related to the division of labor between the Intake and Permanency workers for shared cases varied considerably across the state. Consequently, DCF issued a policy, effective April 7, 2014 further clarifying the division of responsibilities between Intake and Permanency workers upon receipt of a new allegation of abuse or neglect involving a family with an open permanency case. The new policy makes clear that the Permanency worker is responsible for all non-investigative duties, including securing a placement setting, coordination of services, visits with and between parents and children and coordination of medical care¹⁶⁸.

DCF's internal review led leadership to conclude that the vast majority of Intake workers have one or two secondary assignments in any given month, and the variation in workload associated with any investigation needs to be managed by supervisors at the local level to ensure a balanced workload for each Intake worker. DCF has agreed to further examine the process by which secondary assignments are generated, as well as workflow management practices across Local Offices to ensure that intake workload is appropriately managed regardless of the combination of primary and secondary assignments.

Plaintiffs and DCF have expressed to the Monitor different opinions about how secondary assignments should be counted in assessing caseload compliance. DCF's view is that secondary assignments should continue to be reflected as one of an Intake worker's eight new referrals each month but should not be counted as part of an Intake worker's caseload of 12 open families per month. Plaintiffs have asked that all new referrals are included in both parts of an Intake worker's caseload count.

The Monitor will continue to track the incidence of secondary assignments to Intake workers and continue its work to determine whether the impact a shared case on the Intake worker's workload is significant. The Monitor will also examine whether the new policy has helped to clarify the division of labor for secondary assignments between Intake and Permanency workers. DCF has identified Local Offices struggling with intake caseload compliance generally, some of which may also be managing a high number of secondary assignments. They will be focusing their efforts in supporting these offices. The Monitor will specifically track outcomes for these offices and will also look at this issue in greater depth as part of an upcoming case record review that DCF and the Monitor will conduct on the quality of investigative practice.

¹⁶⁸ CP&P (4-7-2014). Child Protection and Permanency Manual, III C Case Management, 400.

Assignment of Investigations to Non-caseload Carrying Staff

Table 33: Percentage of DCF/CP&P Investigations Assigned to Non-Caseload Carrying Staff by Month (September–December 2013)¹⁶⁹

Month	Total Investigations for the Month	Total Investigations Assigned to Non-Caseload Carrying Staff and Percentage of Investigation Assignments to Non-Caseload Carrying Staff	
SEPTEMBER	5,836	63	1%
OCTOBER	6,783	114	2%
NOVEMBER	5,668	73	1%
DECEMBER	5,408	48	1%

Source: DCF NJ SPIRIT Data

On occasion, in order to handle the flow of referrals for investigation, trained non-caseload carrying staff are assigned to an investigation. The Monitor’s review of DCF data found that two percent of investigations were assigned to non-caseload carrying staff between the months of September through December 2013. DCF reports that their policy requires completion of First Responder training for all staff prior to intake assignment and that non-caseload carrying staff who are assigned investigations have been trained and receive supervision by the Intake supervisor as they carry out these investigations.

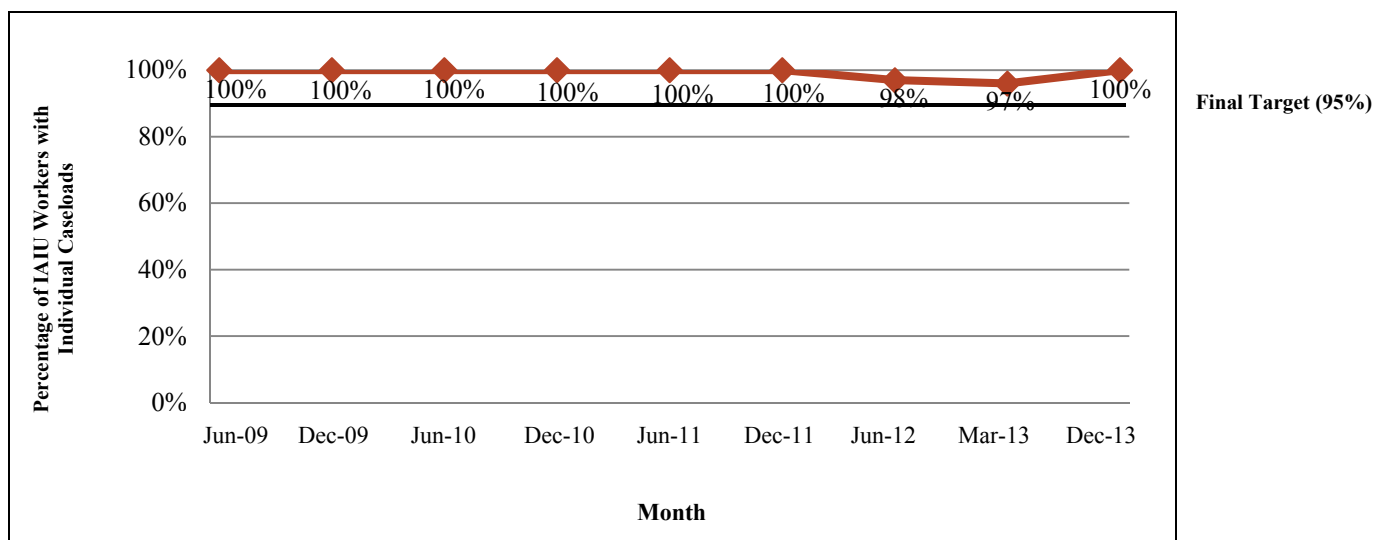
As part of the interviews discussed above, Intake workers were asked if there were scenarios in their office in which non-caseload carrying staff could be assigned an investigation. Twenty-two of the 57 workers (39%) reported that there are scenarios in which this takes place. Respondents stated that non-caseload carrying staff with prior investigations experience can be assigned cases when all Intake workers in a Local Office reach their assignment limit for the month. This was the most common scenario described. The most frequently identified job titles for the non-caseload carrying staff who are assigned investigations are Administrative Assistant, Case Practice Specialist, Litigation Specialists and Resource Development Specialists.

Institutional Abuse Investigation Unit (IAIU)

As of December 31, 2013 the individual worker caseload standard for IAIU investigators of no more than 12 open cases at any one time and no more than eight new referrals assigned in a month was met: DCF data show 100 percent compliance with the standard for IAIU caseloads.

¹⁶⁹ Data are provided for investigations assigned within five days of intake receipt date and does not reflect additional assignments to an investigation after those first five days. DCF conducted a review of assignments to non-caseload carrying staff in NJ SPIRIT and found that some investigations had been re-assigned to caseload carrying workers after the initial five days. As a result, there is potential for the percentage of investigations assigned to non-caseload carrying staff to be lower than 1%.

Figure 59: Percentage of IAIU Workers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – December 2013)



Source: DCF data

Permanency

The individual worker caseload standard for Permanency workers of no more than 15 families and ten children in out-of-home care was met as of December 31, 2013. The state reported an average of 1,172 active Permanency workers between April and December 2013. Of the active Permanency workers, an average of 1,115 (95%) workers had caseloads that met the requirement. Specifically in December 2013, individual worker caseload compliance for Permanency workers was at 95 percent. For the 53 Permanency workers who did not meet caseload requirements in December 2013, the highest individual caseload was 21 families and the highest number of children in placement was 12.

Among the 125 workers who participated in phone interviews conducted by the Monitor for caseload verification, 50 were Permanency workers. Two (4%) of the 50 Permanency workers interviewed reported having exceeded the caseload standard at least once between April and September 2013.

Adoption

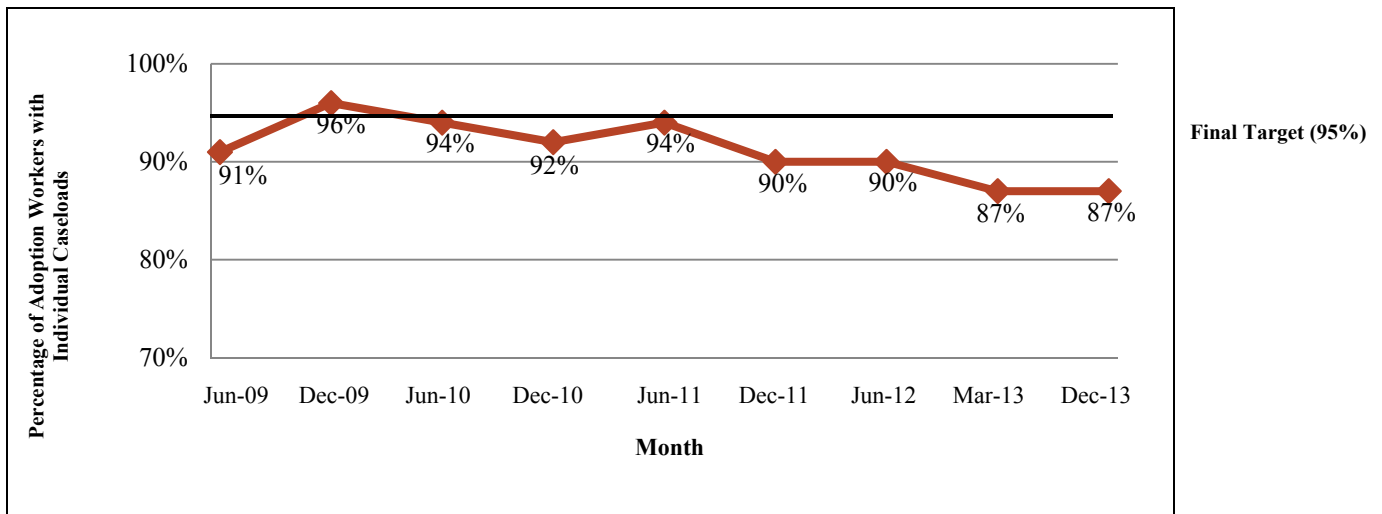
Prior to October 2013, of the 47 CP&P Local Offices, one office in Essex County was dedicated solely to adoption work and 40 other Local Offices had Adoption workers or full Adoption units. In October 2013, the Essex Adoptions office was phased out and adoption units were assigned to each of the 46 Local Offices.

The individual worker caseload standard for Adoption workers of no more than 15 children was not met as of December 31, 2013. The state reported an average of 207 active Adoption workers between April and December 2013. Of the active Adoption workers, an average of 180 (87%) workers had caseloads that met the requirement during the monitoring period. Specifically in December 2013, individual worker caseload compliance for Adoption workers was at 91 percent. For the 19 Adoption workers who did not meet caseload requirements in December 2013, the highest caseload was 25 children.

Data by Local Office indicate that during December 2013, performance ranged between 25¹⁷⁰ and 100 percent among offices and 32 of 41 (78%) Local Offices met the standard for this measure (see Appendix D-2).

Among the 125 workers who participated in the phone interviews conducted by the Monitor for caseload verification, 18 were Adoption workers. Two (11%) of the 18 workers interviewed reported going over caseload standards at least once between April and September 2013.

Figure 60: Percentage of Adoption Workers with Individual Caseloads at or Below the Applicable Individual Caseload Standards (June 2009 – December 2013)*



Source: DCF data

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

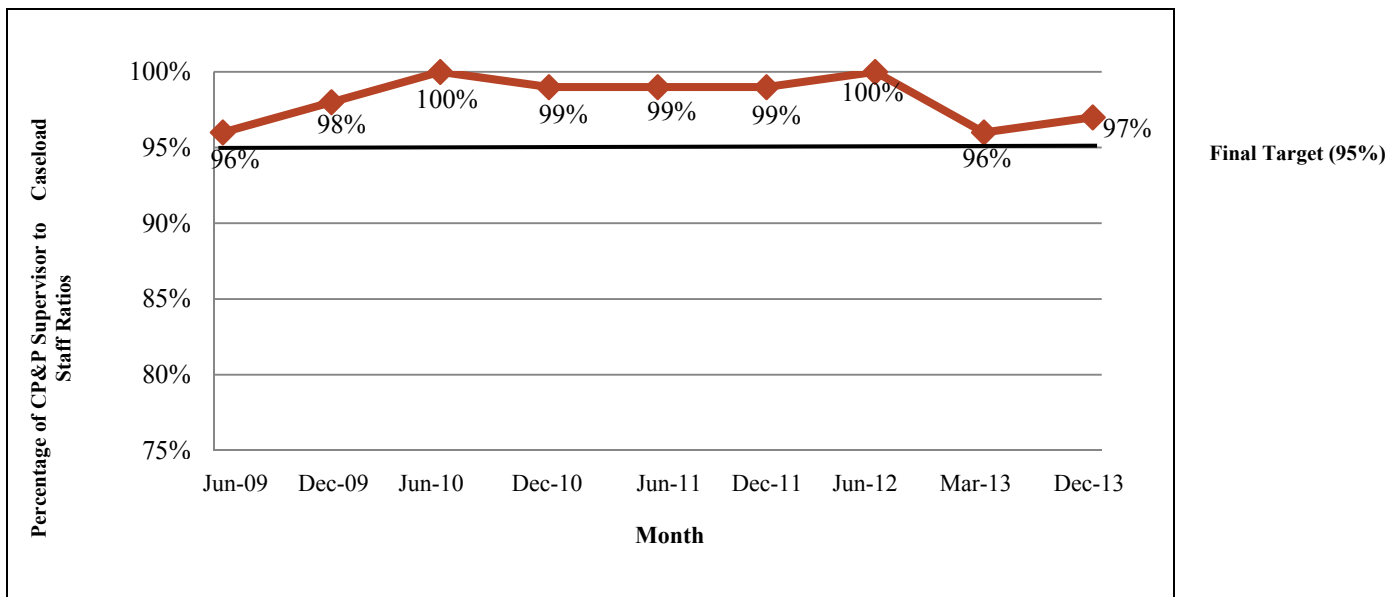
¹⁷⁰ One office had a performance rate of 0% in December 2013. The Monitor did not include this outlier in the performance range and will explore this further in the next monitoring period.

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

Supervision holds a critical role in child welfare; therefore, the MSA established a standard for supervisory ratios that 95 percent of all offices should have sufficient supervisory staff to maintain a ratio of five workers to one supervisor (Section II.E.20).

As shown in Figure 62, DCF reports that between April and December 2013, 97 percent of CP&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 125 workers interviewed the size of their units for the month of September 2013 and 117 (94%) workers reported being in units of five or fewer workers with a supervisor.

Figure 61: New Jersey CP&P Supervisor to Caseload Staff Ratios (June 2009 – December 2013)*



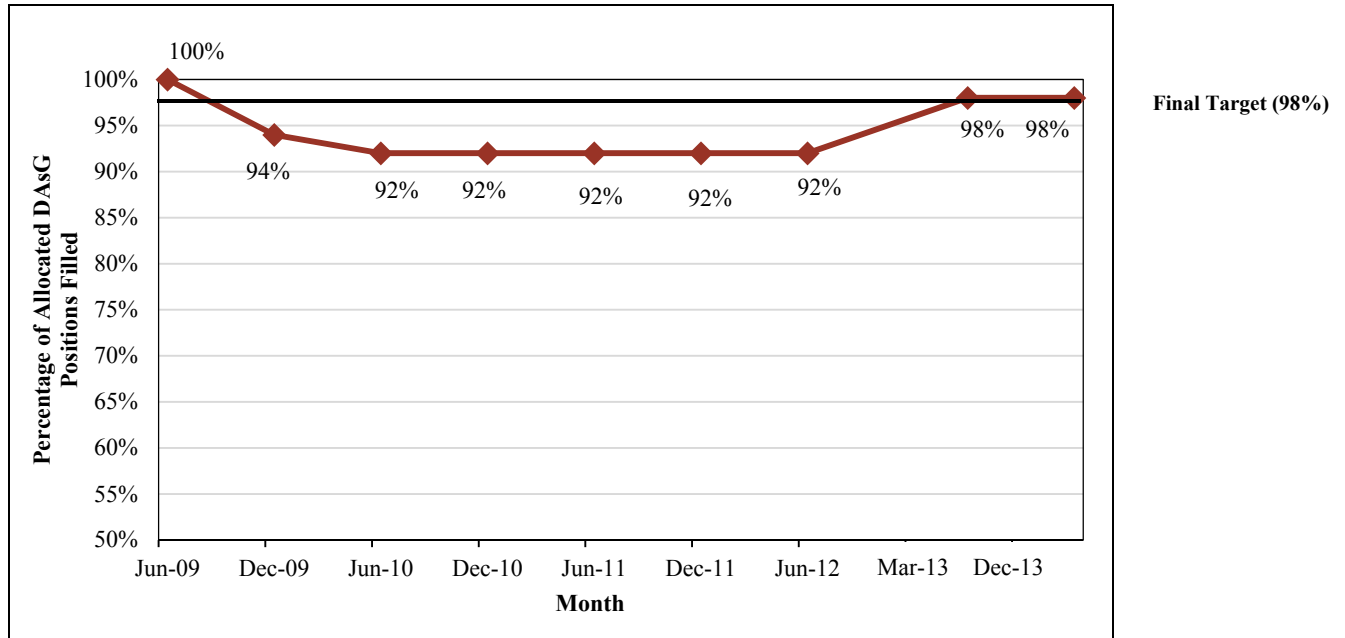
Source: DCF data

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

Adequacy of DAsG Staffing

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

**Figure 62: Percentage of Allocated DAsG Positions Filled
(June 2009 – December 2013)**



Source: DCF data

Performance as of December 31, 2013:

As of December 31, 2013, 131 (98%) of 134 Deputy Attorneys General (DAsG) staff positions assigned to work with DCF are filled. Of those, eight DAsG are on full-time leave. Thus, there are a total of 123 (92%) available DAsG. DCF reports that in addition to these positions, they have assigned two full time law assistants to their Practice Group as well as 5.4 DAsG outside of the DCF Practice Group who dedicate their time to DCF matters. DCF met the final target in this monitoring period.

B. Training

Between April and December 2013 DCF fulfilled all of its training obligations required by the MSA, as shown in Table 34.¹⁷¹

¹⁷¹ In any monitoring month period there is not an exact correlation between number of staff trained and number of staff hired because of different points of entry, as reflected, for example, in the number of staff hired in the previous

**Table 34: DCF Staff Trained
(January 1, 2006 – December 31, 2013)**

Training	Settlement Commitment Description	# of Staff Trained in 2006	# of Staff Trained in 1 st 6 months 2007	# of Staff Trained in 2 nd 6 months 2007	# of Staff Trained in 1 st 6 months 2008	# of Staff Trained in 2 nd 6 months 2008	# of Staff Trained in 1 st 6 months 2009	# of Staff Trained in 2 nd 6 months 2009	# of Staff Trained in 1 st 6 months 2010	# of Staff Trained in 2 nd 6 months 2010	# of Staff Trained in 1 st 6 months 2011	# of Staff Trained in 2 nd 6 months 2011	# of Staff Trained 1 st 6 months of 2012	# of Staff Trained (July 1, 2012 – March 31, 2013)	# Staff trained (April 1, 2013 – Dec. 31, 2103)	
Pre-Service	Ongoing: New workers shall have 160 class hours, including intake and investigations training; be enrolled within two weeks of start date; complete training and pass competency exams before assuming a full caseload.	711	412	168	90	114	55	88	118	89	141	94	192	191	122	
In-Service Training	Ongoing: Staff shall have taken a minimum of 40 annual hours of in-service training	N/A	3,001		3,015		2,846		2,987		2,928		2,893		2,931**	
Concurrent Planning	Ongoing: Training on concurrent planning; may be part of 20 hours in-service training by December 2007.	2,522	729	387	87	96	85	57	59 out of 63(94%)		107 out of 107 (100%)	112 out of 112 (100%)	109	101	206	174
Investigations & Intake: New Staff	Ongoing: New staff conducting intake or investigations shall have investigations training and pass competency exams before assuming cases.	N/A	650	62	127	104	114	95	231 (225 out of 225 or 100% + addtl 6)		227 out of 227 (100%)	98 out of 98 (100%)	159	236	230*	304*
Supervisory: New Supervisors	As of December 2006 and ongoing, newly promoted supervisors to complete 40 hours of supervisory training; pass competency exams within three months of assuming position.	N/A	114	65	35	16	61	25	11		18	21	17	33	53	10
New Adoption Worker	As of December 2006 and ongoing, adoption training for adoption workers.	91	140	44	38	22	31	18	46		20	30	35	18	52	50

Source: DCF data

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

**This Performance Measure is an annual requirement in the MSA. For this performance measure, the reporting period refers to January 1 through December 31, 2013.

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.

Pre-service Training

One hundred and sixty-two caseload carrying staff (Family Service Specialist Trainees and Family Service Specialists) were hired between April and December 2013. CP&P trained 122 workers during this monitoring period, 106 of whom were hired in the previous monitoring period. Twenty-five of the 122 workers were trained through the Baccalaureate Child Welfare Education Program (BCWEP).¹⁷²

The Monitor verified that the state complied with the MSA (Section II.B.1.b).

Case Practice Model Training

DCF continues to train its workforce on the Case Practice Model (CPM), which represents the fundamental change in practice in New Jersey. At this stage in the implementation of the CPM, the only staff who receive CPM training are staff who did not receive CPM training at an earlier date because they were not yet on staff, were on leave when the training was conducted, or not yet appointed as supervisors in the case of Module 6.

As reflected in Table 35, between April and December 2013, the New Jersey Office of Training and Special Development (Training Academy) trained 225 staff on Module 1 of the CPM. The Training Academy also trained 215 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 CP&P Local Offices and is conducted by the New Jersey Child Welfare Training Partnership.¹⁷³ Between April and December 2013, 256 staff were trained in Module 3, 200 were trained in Module 4 and 196 were trained in Module 5. A total of seven staff were trained in Module 6.¹⁷⁴

The Monitor verified that staff took Case Practice Model training and passed competency exams.

¹⁷² 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.

¹⁷³ The New Jersey Child Welfare Training Partnership is a consortium of three New Jersey colleges and universities (Rutgers School of Social Work, Montclair State University Center for Child Advocacy and the Richard Stockton College of New Jersey) that DCF contracts with to provide In-Service training to CP&P staff.

¹⁷⁴ Seven staff took Module 6 either as make-ups or because they were newly appointed supervisors.

**Table 35: DCF Staff Trained on Case Practice Model Modules
(January 1, 2009 – December 31, 2013)**

Training	Settlement Commitment Description	# of Staff Trained in 1 st 6 months 2009	# of Staff Trained in 2 nd 6 months 2009	# of Staff Trained in 1 st 6 months 2010	# of Staff Trained in 2 nd 6 months 2010	# Staff trained in 1 st 6 months 2011	# Staff Trained 2 nd 6 months 2011	# Staff Trained in 1 st 6 months 2012	# Staff Trained (July 1, 2012 – March 31, 2013)	# Staff trained (April 1, 2013 – Dec. 31, 2013)
Module 1 – Engaging Families and Building Trust-Based Relationships	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	110	89	176	102	132	103	147	252	225
Module 2 – Making Visits Matter	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	89	112	149	128	131	99	107	228	215
Module 3 – Teaming with Families	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	872	706	560	527	669	391	142	157	256
Module 4 – Assessment	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	649	640	592	464	539	551	200	166	200
Module 5 – Planning and Intervention	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	378	885	455	295	437	797	349	122	196
Module 6 - Supervising Case Practice in NJ	As of December 2008 and ongoing, case carrying staff, supervisors and case aides that had not been trained on the new case practice model shall receive this training.	37	207	110	113	57	154	0	0	7

Source: DCF data

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 incorporates concurrent planning approaches into FTMs and other family conferences.

As reflected in Table 33, between April and December 2013, 174 (100%) out of 174 new CP&P workers were trained in concurrent planning and passed competency exams.

The Monitor verified that the state complied with the MSA (Section II.B.2.d).

Investigation (or First Responder) Training

In September 2013 First Responders training was expanded into three separate modules covering six days of training. Between April and December 2013, 304 (100%) staff completed one or more modules of the revised First Responders training. DCF reports that 262 staff completed Module 1, Building Rapport with Families; 210 staff completed Module 2, Assessment of Families; and 220 staff completed Module 3, Planning and Intervening with Families.¹⁷⁵

The Monitor verified that the state complied with the MSA (Section II.B.3.a).

Supervisory Training

As reflected in Table 34, a total of 10 supervisors were trained and passed competency exams between April and December 2013. Two more supervisors were appointed during the monitoring period: one is on leave and one began supervisory training in January 2014 and is scheduled to complete it in the next monitoring period.

The Monitor verified that the state complied with the MSA (Section II.B.4.b).

New Adoption Worker Training

Fifty newly appointed Adoption workers were trained between April and December 2013.

The Monitor verified that the state complied with MSA (Section II.G.9).

In-Service Training

Beginning in January 2008, the MSA required all case carrying workers and supervisors to take a minimum of 40 hours of annual In-Service training and pass competency exams (Section II.B.2.c). Between January and December 2013,¹⁷⁶ 2,931 out of 3,008 (97%) caseload carrying staff completed 40 hours or more of In-Service training and passed applicable competency exams. The remaining 77 completed some In-service training but were either on leave or left the agency during the reporting period.

The Monitor verified that the state complied with the MSA (Section II.B.2.c).

¹⁷⁵ Numbers are not totaled because staff complete one or more modules within the reporting period.

¹⁷⁶ The Monitor reported In-Service training in monitoring period XIII for January 1, 2012 through March 31, 2013. The parties agreed to return to reporting In-service training annually for monitoring period XIV.

IAIU Training

Eighty-three investigators completed one or more IAIU training modules between April and December 2013.

The Monitor verified that the state complied with MSA (Section II.I.4).

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

QUALITATIVE REVIEW

DCF's Office of Performance Management and Accountability continues to facilitate statewide Qualitative Reviews (QRs), led by the Office of Quality. During this monitoring period, DCF reviewed 133 cases from eleven counties,¹⁷⁷ typically reviewing 12 cases from each county. The reviews focus on the status of children, the status of practice and the functioning of systems in each of the counties. For children under 18, the child's legal guardian is asked to give informed consent for participation in the QR. Trained review teams of two persons that include DCF staff, community stakeholders and Monitor staff review CP&P case records and interview as many people as possible who are involved with the child and family. Following the QR in each county, areas of accomplishment and challenges for the system are identified and discussed to inform continued case practice improvement. Selected QR results are also used to report on several MSA requirements and are included in this report.

Of the 133 children whose cases were reviewed between April and December 2013, 66 were male and 67 were female. They ranged in age from less than one year old to 20 years old, with the majority (42%) being infants to four year olds. Of the remainder, eighteen percent of the children were five to nine years old, nineteen percent were between ten and 13 years old and twenty-one percent were over age fourteen. Over a third (34%) of the children were living with a parent at the time of the review; 66 percent of the children lived with a relative or non-relative resource parent, some with the goal of adoption. Table 36 provides the racial demographics of the 133 children reviewed.

**Table 36: Qualitative Review Racial Demographics¹⁷⁸
(April–December 2013)**

Race	#	%
White/Caucasian	85	49%
African American	49	28%
Hispanic	32	19%
Native Hawaiian	1	<1%
American Indian	0	0%
Asian	1	<1%
Unable to Determine/Unknown	5	3%
Total	173	101*

Source: DCF, QR Demographics April 2013 – December 2013

*Percentage is greater than 100 due to rounding

¹⁷⁷ Qualitative Reviews were conducted in Union, Warren, Passaic, Monmouth, Gloucester, Cape May, Middlesex, Cumberland, Sussex, Essex and Camden counties.

¹⁷⁸ Percentages are calculated from a total of 173; some children are identified by more than one race.

DCF reports that across the state, 1,257 people were interviewed to inform the QR data for this reporting period. Those informants included CP&P and Child Health Unit staff, biological parents, others who the youth or parent identified as supportive, relative and non-relative resource parents, education providers, mental health and legal professionals, substance abuse treatment providers, and children/youth.¹⁷⁹ Reviewers evaluated the child and family’s status and rated whether the status was acceptable or unacceptable.¹⁸⁰ See Table 37 for the results on each Child and Family Status indicators and overall Child Status ratings for all cases.

As shown in Table 37, the current status of children was rated as acceptable in the majority of cases in most key areas measured including safety, living arrangement, learning and development and physical health of the child. The QR scores regarding Family Functioning and Resourcefulness and Progress towards Permanency remain low, indicating a need for attention to these areas of practice.

**Table 37: Qualitative Review Child and Family Status Results
(April–December 2013)**

Child & Family Status Indicators	# Cases Applicable	# Cases Acceptable	% Acceptable
Safety at Home	133	128	96%
Safety in other Settings	133	130	98%
Stability at Home	133	105	79%
Stability in School	67	57	85%
Living Arrangement	88	87	99%
Family Functioning & Resourcefulness	127	79	62%
Progress towards Permanency	133	74	56%
Physical Health of the Child	133	129	97%
Emotional Well-Being	133	112	84%
Learning & Development, Under Age 5	58	55	95%
Learning & Development, Age 5 & older	52	42	81%
OVERALL Child & Family Status	133	120	90%

Source: DCF, QR results April 2013 – December 2013

¹⁷⁹ Interviews are usually conducted individually, either by phone or in person. All efforts are made to see children/youth in the setting in which they reside.

¹⁸⁰ In previous monitoring reports, under the heading of acceptable, status was further described as either “optimal,” “good,” or “fair.” Unacceptable status was further defined as either “marginal,” “poor,” or “worsening.” Beginning this monitoring period, under the heading of acceptable, status is changed to be further described as either “refine” or “maintain.” Unacceptable status is changed to be further described as either “refine” or “improve.” By agreement between the Monitor and CP&P, cases were considered acceptable if the QR ratings were within 4 – 6 and unacceptable if ratings were within 1 – 3.

The QR also includes an evaluation of system and practice performance on behalf of the child and family and looks for the extent to which aspects of the state’s CPM are being implemented. Table 38 represents the results for cases reviewed between April and December 2013. As with the status indicators, reviewers evaluated whether performance was acceptable or unacceptable.¹⁸¹

With the exception of Provision of Health Care Services and Supports to Resource Families, the QR results demonstrate that continuing work is needed to fully implement the CPM with fidelity and emphasizes areas where further skill development is needed. Overall, 59 percent of cases scored acceptably on Practice Performance.

**Table 38: Qualitative Review Practice/System Performance Results
(April–December 2013)**

Practice Performance Indicators		# Cases Applicable	# Cases Acceptable	% Acceptable
Engagement	Overall	132	75	57%
	Child/Youth	71	53	75%
	Parents	111	40	36%
	Resource Family	78	65	83%
Family Teamwork	Formation	133	62	47%
	Functioning	133	50	38%
Assessment & Understanding	Overall	133	85	64%
	Child/Youth	133	101	76%
	Parents	112	51	46%
	Resource Family	78	73	94%
Case Planning Process		133	62	47%
Plan Implementation		133	77	58%
Tracking & Adjusting		133	79	59%
Provision of Health Care Services		133	127	96%
Resource Availability		133	109	82%
Family & Community Connections	Overall	79	56	71%
	Mother	64	51	80%
	Father	57	29	51%
	Siblings	56	38	68%
Family Supports	Overall	127	103	81%
	Parents	112	76	68%
	Resource Family	76	56	74%
Long Term View		133	65	49%
Transitions & Life Adjustments		133	65	49%
OVERALL Practice Performance		133	78	59%

Source: DCF April 2013 – December 2013 QR results

¹⁸¹ Ibid.

QR scores that are clear indicators of CPM standards such as Engagement and Case Planning remain low, though others show an improvement from the previous monitoring period. For example, Family Team formation showed a 13 percent improvement and Family Team functioning improved by 12 percent from the previous monitoring period. Following the QR and based on results, each county develops a plan to focus on improving practice in particular areas. The statewide QR process has become a routine part of quality improvement practice in New Jersey and QR data continue to be used to inform policy and practice changes.

DCF is expected to release its annual report on findings from 2013 QRs in the fall of 2014.

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).¹⁸²

NJ SPIRIT functionality was again enhanced during this monitoring period. In June 2013, a new feature was added to NJ SPIRIT that provided all field staff responsible for investigating allegations the ability to listen to the audio of the report to the SCR. Additionally, changes were made to NJ SPIRIT requiring that workers complete a family risk re-assessment 30 days before closing an in-home case to reinforce policy.

The NJ SPIRIT Help Desk has continued to support workers in resolving issues. Between April and December 2013 the Help Desk closed 21,456 tickets requesting help or NJ SPIRIT fixes. The Help Desk resolved 12,659 (59%) of the 21,456 closed tickets within one work day and an additional 5,364 (25%) tickets within seven work days for a total of 84 percent resolved within seven work days.

SafeMeasures

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

DCF continues to work with the Children's Research Center (CRC) to develop new SafeMeasures screens as well as refine reporting data. During this monitoring period, CRC has upgraded SafeMeasures application to a new version: version five. This version has more functionality with customizable views and menus to meet the continuing needs of users. DCF has seen a sustained increase in SafeMeasures usage by staff. According to DCF, while this increase occurred among all users, supervisors were the highest group of users followed by

¹⁸² See <http://www.state.nj.us/DCF/childdata/>

office managers. DCF continues to develop new reports in SafeMeasures to help staff better manage caseloads and worker responsibilities.

XV. FISCAL YEAR 2015 BUDGET

DCF's FY 2014 budget included a supplemental appropriation of \$22.3 million of new state funding for the Children's System of Care (CSOC) and supplemental state funding of \$8.2 million to support adoption subsidies, family support services and independent living programs.

The proposed DCF budget for FY 2015, which begins July 1, 2014, remains slightly over a billion dollars (\$1.09 billion) in appropriated state funds. This represents an increase of \$2.7 million more than the adjusted FY 2014 appropriation. The FY 2015 budget provides funds for 6,643 staff positions which represents no change from FY 2014.

DCF reports that a total of \$34.5 million in state funds are invested in DCF services and programs, which includes FY 2014 supplemental resources of \$30.6 million as well as FY 2015 growth of \$3.9 million. DCF's proposed FY 2015 budget also includes a supplemental appropriation of \$2.1 million of new state funding for CSOC and a supplemental state funding of \$1.8 million for CP&P programming.

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

APPENDIX: A

Glossary of Acronyms Used in the Monitoring Report

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

APPENDIX: B-1
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

Measure #7a
Initial Family Team Meeting Held within 30 days from the Removal
SafeMeasures Screen "Initial Family Team Meeting Timeliness"

December 2013

Local Office	Total	Not Held Within 30 Days	Initial FTM Declined	Initial FTM Not Held - Parent Unavailable	Held Within 30 Days	% Compliance
Atlantic East LO	15	0	1	2	12	80%
Atlantic West LO	11	0	7	0	4	36%
Bergen Central LO	6	0	0	0	6	100%
Bergen South LO	9	0	0	0	9	100%
Burlington East LO	14	0	1	2	11	79%
Burlington West LO	11	0	3	0	8	73%
Camden Central LO	9	1	1	2	5	56%
Camden East LO	2	0	0	0	2	100%
Camden North LO	4	0	0	2	2	50%
Camden South LO	15	2	0	4	9	60%
Cape May LO	6	0	0	0	6	100%
Cumberland East LO	3	0	0	1	2	67%
Cumberland West LO	12	0	0	0	12	100%
Essex Central LO	17	0	12	2	3	18%
Essex North LO	6	0	0	3	3	50%
Essex South LO	3	0	2	0	1	33%
Gloucester East LO	10	0	3	0	7	70%
Gloucester West LO	7	0	2	5	0	0%
Hudson Central LO	7	0	0	1	6	86%
Hudson North LO	1	0	0	0	1	100%
Hudson South LO	5	0	0	1	4	80%
Hudson West LO	5	0	0	2	3	60%
Hunterdon LO	7	0	0	4	3	43%
Mercer North LO	8	0	0	0	8	100%
Mercer South LO	9	0	0	2	7	78%
Middlesex Central LO	2	0	0	1	1	50%
Middlesex Coastal LO	8	0	1	2	5	63%
Middlesex West LO	7	0	0	0	7	100%
Monmouth North LO	3	0	2	0	1	33%
Monmouth South LO	1	0	1	0	0	0%
Morris East LO	1	1	0	0	0	0%
Morris West LO	4	0	1	0	3	75%
Newark Center City LO	1	0	0	0	1	100%
Newark Northeast LO	6	0	0	2	4	67%
Newark South LO	7	0	0	0	7	100%
Ocean North LO	9	0	0	1	8	89%
Ocean South LO	10	0	0	5	5	50%
Passaic Central LO	3	1	0	0	2	67%
Passaic North LO	5	0	1	1	3	60%
Salem LO	2	0	0	1	1	50%
Somerset LO	1	0	0	0	1	100%
Sussex LO	2	0	0	0	2	100%
Union Central LO	10	0	3	1	6	60%
Union East LO	6	0	0	0	6	100%
Union West LO	2	0	0	0	2	100%
Warren LO	3	0	0	0	3	100%
Total	295	5	41	47	202	69%

SafeMeasures Extract: 3/23/2014

APPENDIX: B-2
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

Measure #7b

Quarterly Family Team Meetings Must be Held every 3 months during the Child's Time in Placement
SafeMeasures Screen "Quarterly Family Team Meeting Timeliness"

December 2013						
Local Office	Total	Outstanding	FTM Declined	FTM Not Held - Parent Unavailable	Completed	% Compliance
Atlantic East LO	33	1	2	2	28	85%
Atlantic West LO	54	6	9	11	28	52%
Bergen Central LO	27	0	0	0	27	100%
Bergen South LO	70	0	0	12	58	83%
Burlington East LO	66	0	2	21	43	65%
Burlington West LO	45	2	6	11	26	58%
Camden Central LO	35	4	4	12	15	43%
Camden East LO	29	3	7	6	13	45%
Camden North LO	44	5	23	7	9	21%
Camden South LO	53	0	6	29	18	34%
Cape May LO	45	2	3	8	32	71%
Cumberland East LO	20	1	1	10	8	40%
Cumberland West LO	32	2	0	7	23	72%
Essex Central LO	57	0	13	26	18	32%
Essex North LO	15	0	1	7	7	47%
Essex South LO	36	0	14	20	2	6%
Gloucester East LO	24	0	3	8	13	54%
Gloucester West LO	64	0	20	26	18	28%
Hudson Central LO	27	0	8	0	19	70%
Hudson North LO	19	0	1	1	17	90%
Hudson South LO	63	3	6	13	41	65%
Hudson West LO	30	0	1	0	29	97%
Hunterdon LO	6	1	0	0	5	83%
Mercer North LO	48	3	3	12	30	63%
Mercer South LO	38	0	8	2	28	74%
Middlesex Central LO	22	0	1	3	18	82%
Middlesex Coastal LO	45	1	1	9	34	76%
Middlesex West LO	32	1	2	10	19	59%
Monmouth North LO	51	0	17	14	20	39%
Monmouth South LO	48	0	16	14	18	38%
Morris East LO	7	0	0	2	5	71%
Morris West LO	23	0	2	5	16	70%
Newark Center City LO	76	1	14	34	27	36%
Newark Northeast LO	101	2	20	33	46	46%
Newark South LO	81	1	24	20	36	44%
Ocean North LO	31	1	9	3	18	58%
Ocean South LO	68	2	13	21	32	47%
Passaic Central LO	25	1	4	9	11	44%
Passaic North LO	51	0	9	9	33	65%
Salem LO	23	0	3	4	16	70%
Somerset LO	41	1	11	16	13	32%
Sussex LO	25	0	12	1	12	48%
Union Central LO	21	0	3	13	5	24%
Union East LO	40	0	2	5	33	83%
Union West LO	30	1	3	3	23	77%
Warren LO	32	1	4	11	16	50%
Total	1,853	46	311	490	1,006	54%

SafeMeasures Extract 3/23/2014

**APPENDIX: B-3
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES**

Measure #8c

**Risk Assessments/Reassessments Completed within 30 days prior to Case Closure for Cases Assigned to a
Permanency Worker or Adoption Worker at the time of Case Closure**

December 2013			
Local Office	Total # of Closed Cases	Assessments Completed within 30 Days of Case Closure	%
Atlantic East LO	44	44	100%
Atlantic West LO	1	1	100%
Atlantic-Burlington-Cape May Area Office	1	1	100%
Bergen Central LO	26	24	92%
Bergen South LO	8	8	100%
Burlington East LO	20	19	95%
Burlington West LO	15	15	100%
Camden Central LO	14	14	100%
Camden East LO	27	26	96%
Camden North LO	18	18	100%
Camden South LO	19	19	100%
Cape May LO	11	11	100%
Cumberland East LO	13	12	92%
Cumberland West LO	11	11	100%
Essex Central LO	15	14	93%
Essex North LO	11	11	100%
Essex South LO	16	16	100%
Gloucester East LO	15	12	80%
Gloucester West LO	8	8	100%
Hudson Central LO	11	9	82%
Hudson North LO	10	9	90%
Hudson South LO	27	25	93%
Hudson West LO	11	11	100%
Mercer North LO	14	12	86%
Mercer South LO	18	15	83%
Middlesex Central LO	21	17	81%
Middlesex Coastal LO	31	28	90%
Middlesex West LO	17	15	88%
Monmouth North LO	15	11	73%
Monmouth South LO	9	9	100%
Morris East LO	5	4	80%
Morris West LO	9	8	89%
Newark Center City LO	6	5	83%
Newark Northeast LO	10	8	80%
Newark South LO	14	12	86%
Ocean North LO	18	17	94%
Ocean South LO	24	21	88%
Passaic Central LO	28	27	96%
Passaic North LO	20	20	100%
Salem LO	6	5	83%
Somerset LO	18	13	72%
Sussex LO	9	8	89%
Union Central LO	10	9	90%
Union East LO	9	9	100%
Union West LO	11	10	91%
Warren LO	3	3	100%
Total	677	624	92%

Extract Date: 3/24/2014

APPENDIX: B-4
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES

Measure #17
Caseworker Visits With Children in Placement

December 2013			
Local Office	Total # of Children in Placement (In State & Out-of-State)	# Contacts Completed in Placement	% Completed
Atlantic East LO	172	160	93%
Atlantic West LO	232	213	92%
Bergen Central LO	108	102	94%
Bergen South LO	194	181	93%
Burlington East LO	266	240	90%
Burlington West LO	171	169	99%
Camden Central LO	174	159	91%
Camden East LO	92	87	95%
Camden North LO	162	152	94%
Camden South LO	204	199	98%
Cape May LO	149	136	91%
Cumberland East LO	107	100	93%
Cumberland West LO	111	106	95%
Essex Central LO	238	223	94%
Essex North LO	57	55	96%
Essex South LO	112	107	96%
Gloucester East LO	81	77	95%
Gloucester West LO	248	232	94%
Hudson Central LO	128	123	96%
Hudson North LO	72	69	96%
Hudson South LO	234	204	87%
Hudson West LO	109	100	92%
Hunterdon LO	36	35	97%
Mercer North LO	194	189	97%
Mercer South LO	125	124	99%
Middlesex Central LO	54	47	87%
Middlesex Coastal LO	155	151	97%
Middlesex West LO	115	111	97%
Monmouth North LO	160	156	98%
Monmouth South LO	136	131	96%
Morris East LO	36	35	97%
Morris West LO	137	136	99%
Newark Center City LO	227	218	96%
Newark Northeast LO	293	274	94%
Newark South LO	229	218	95%
Ocean North LO	164	156	95%
Ocean South LO	260	253	97%
Passaic Central LO	99	90	91%
Passaic North LO	182	170	93%
Salem LO	94	91	97%
Somerset LO	126	114	90%
Sussex LO	88	85	97%
Union Central LO	81	75	93%
Union East LO	141	125	89%
Union West LO	90	82	91%
Warren LO	129	120	93%
Total	6,772	6,380	94%

SafeMeasures Extract: 3/30/2014

**APPENDIX: B-5
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES**

**Measure #18
Caseworker Visits with Parent(s) - Goal of Reunification**

December 2013			
Local Office	Total Children	# Completed	% Completed
Atlantic East LO	140	102	73%
Atlantic West LO	75	57	76%
Bergen Central LO	49	42	86%
Bergen South LO	91	76	84%
Burlington East LO	155	113	73%
Burlington West LO	92	79	86%
Camden Central LO	91	70	77%
Camden East LO	61	53	87%
Camden North LO	94	75	80%
Camden South LO	122	75	62%
Cape May LO	51	42	82%
Cumberland East LO	41	24	59%
Cumberland West LO	95	55	58%
Essex Central LO	137	97	71%
Essex North LO	29	19	66%
Essex South LO	69	48	70%
Gloucester East LO	68	53	78%
Gloucester West LO	128	91	71%
Hudson Central LO	75	69	92%
Hudson North LO	36	31	86%
Hudson South LO	138	102	74%
Hudson West LO	74	57	77%
Hunterdon LO	20	20	100%
Mercer North LO	89	64	72%
Mercer South LO	72	66	92%
Middlesex Central LO	34	21	62%
Middlesex Coastal LO	80	50	63%
Middlesex West LO	73	49	67%
Monmouth North LO	102	73	72%
Monmouth South LO	79	56	71%
Morris East LO	16	14	88%
Morris West LO	51	40	78%
Newark Center City LO	143	115	80%
Newark Northeast LO	140	108	77%
Newark South LO	110	82	75%
Ocean North LO	84	53	63%
Ocean South LO	162	95	59%
Passaic Central LO	37	28	76%
Passaic North LO	80	56	70%
Salem LO	42	28	67%
Somerset LO	56	41	73%
Sussex LO	44	32	73%
Union Central LO	19	15	79%
Union East LO	82	64	78%
Union West LO	44	31	71%
Warren LO	63	47	75%
Total	3,633	2,678	74%

SafeMeasures Extract: 3/26/2014

**APPENDIX: B-6
LOCAL OFFICE PERFORMANCE ON SELECTED MEASURES**

**Measure #20
Parent Visits with Child – Goal of Reunification**

December 2013									
Local Office	Total	Three Contacts	Two Contacts	One Contact	No Contacts	No Contacts – Visit Not Required	No Contacts – Parent Unavailable	Four or More Contacts	%
Atlantic East LO	132	21	7	10	0	1	14	79	60%
Atlantic West LO	66	12	8	4	4	1	5	32	49%
Bergen Central LO	49	2	3	5	0	2	1	36	74%
Bergen South LO	83	10	10	5	0	1	3	54	65%
Burlington East LO	144	19	8	6	0	0	18	93	65%
Burlington West LO	88	14	3	11	0	1	8	51	58%
Camden Central LO	88	10	16	14	1	5	8	34	39%
Camden East LO	56	1	4	7	0	3	7	34	61%
Camden North LO	86	5	12	1	0	3	12	53	62%
Camden South LO	110	4	13	10	0	3	19	61	56%
Cape May LO	47	11	4	4	0	1	1	26	55%
Cumberland East LO	39	2	4	5	0	3	6	19	49%
Cumberland West LO	93	17	12	8	0	4	7	45	48%
Essex Central LO	132	18	13	18	0	3	26	54	41%
Essex North LO	25	2	0	1	1	1	4	16	64%
Essex South LO	63	11	16	1	0	0	7	28	44%
Gloucester East LO	62	2	7	1	0	3	3	46	74%
Gloucester West LO	125	13	18	8	0	1	13	72	58%
Hudson Central LO	70	10	5	2	0	4	0	49	70%
Hudson North LO	36	4	0	3	0	1	4	24	67%
Hudson South LO	137	12	13	12	8	3	8	81	59%
Hudson West LO	67	7	4	6	2	4	5	39	58%
Hunterdon LO	19	2	2	0	0	0	0	15	79%
Mercer North LO	84	8	5	6	0	8	12	45	54%
Mercer South LO	72	7	6	4	0	0	4	51	71%
Middlesex Central LO	33	8	3	1	0	2	6	13	39%
Middlesex Coastal LO	70	5	6	5	0	5	3	46	66%
Middlesex West LO	70	4	5	5	0	3	8	45	64%
Monmouth North LO	99	10	13	7	0	8	9	52	53%
Monmouth South LO	77	14	4	7	3	8	8	33	43%
Morris East LO	16	0	2	0	0	2	0	12	75%
Morris West LO	50	8	2	6	0	5	1	28	56%
Newark Center City LO	131	24	25	13	5	1	10	53	41%
Newark Northeast LO	139	22	11	12	1	4	2	87	63%
Newark South LO	108	19	8	7	3	0	15	56	52%
Ocean North LO	83	4	8	9	0	11	7	44	53%
Ocean South LO	156	18	20	9	0	7	22	80	51%
Passaic Central LO	36	5	5	2	0	5	3	16	44%
Passaic North LO	76	10	5	8	1	0	12	40	53%
Salem LO	39	6	4	3	0	2	2	22	56%
Somerset LO	56	11	10	3	0	1	6	25	45%
Sussex LO	42	1	4	3	0	1	4	29	69%
Union Central LO	19	1	2	1	0	2	3	10	53%
Union East LO	78	8	4	4	0	3	4	55	71%
Union West LO	45	11	4	0	2	5	4	19	42%
Warren LO	59	11	12	4	0	1	3	28	48%
Total	3,455	424	350	261	31	132	327	1,930	56%

SafeMeasures Extract: 3/25/2014

APPENDIX: C
New Jersey Department of Children and Families
Needs Assessment

I. Overview and Purpose of the Needs Assessment

As part of the ongoing requirements under the Modified Settlement Agreement (MSA), and as a key component of a learning organization, the NJ Department of Children and Families (DCF) is committed to understanding the needs and service gaps of those it serves. Specifically, the MSA requires that:

“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.”

With this in mind, DCF will implement a multi-year needs assessment that focuses on identifying the strengths and needs for children and youth in out of home placement through the Division of Child Protection and Permanency (DCP&P) as well as for children at risk of entering out of home placement. DCF proposes that the focus of the DCF Needs Assessment be narrow in scope in order to have the ability to delve deeply into areas identified through a mixed-methods approach to gathering and assessing information from a variety of sources. This needs assessment will not only provide the data for DCF to understand the needs of children, youth, and families, but will prioritize needs for implementing actionable change to enhance the current service array. Using data to drive the focus of the needs assessment will ensure that the results and recommendations are germane to the geographic area and subpopulations subject to the needs assessment. Appendix A outlines the timeline for the completion of the multi-year DCF Needs Assessment.

II. Approach

Using a mixed-methods approach of both quantitative and qualitative data, DCF will collaborate with stakeholders including youth in care, families, external providers (i.e. court system, service providers, etc.), other key community informants, and internal staff members to create a responsive approach that focuses on the safety, permanency, and well-being of children and youth in out-of-home care and families with children at risk of placement. The goals of this needs assessment are to:

- Identify and prioritize the placement and service needs¹⁸³ (as identified by the family-serving professionals) and the service demands (as identified by families themselves) of the target population;

¹⁸³ DCF recognizes the importance of the family voice in determining their needs and acknowledges that there may be differences between that family voice and the assessment of family needs from the professionals working with the family. Professional assessments for services are needed to account for underlying needs and the presenting behavior.

- Identify and evaluate the current service array within DCP&P through contracted and community based resources focusing on the availability, accessibility, utilization, and quality of services;
- Identify gaps in services and placement resources needed to support children in out-of-home placement and their families;
- Partner with external stakeholders to develop targeted, prioritized recommendations based on the findings of the needs assessment;
- Provide recommendations to DCF leadership to enhance and/or develop services to improve the permanency, safety, and well-being of children and youth in out of home placement or at risk of placement and their families.

DCF proposes to form an internal workgroup responsible to carry out the DCF Needs Assessment planning, implementation, recommendation, and follow-up. The internal workgroup will be headed by Assistant Commissioner of Performance Management and Accountability (PMA), and includes additional staff from across the Department, including representation from the Office of Strategic Development, the Office of Quality, the Office of Research, Evaluation and Reporting (RER), the Office of Contracting, as well as staff in key roles across the DCP&P, CSOC and FCP. This group will be comprised of leaders with authority to ensure discussions are productive and decisions are made timely.

In an effort to better collaborate and receive feedback from stakeholders, the creation of an external stakeholder board is imperative. This group will be comprised of a broad range of individuals representing community based agencies, the court system, families, youth, and other key participants from all three regions. This board will be charged with reviewing, interpreting, and validating findings from the DCF Needs Assessment and working with DCF's internal workgroup to formulate recommendations for action. Recommendations will then be incorporated into a final report and utilized by DCF's internal workgroup to strategically plan regional or local service improvements and, when appropriate, statewide enhancements.

While the external stakeholders function as an intermediary that ensures community feedback is incorporated, it is the internal workgroup that is accountable to ensure appropriate and meaningful steps are taken to strengthen the overall system.

Since the DCF Needs Assessment is designed to identify the placement and service needs for children and youth in out of home settings, as well as service demands of at risk families, the process must be positioned to identify local variation among needs. In order to address the array of service needs across the state, DCF will divide the state into three regions (North, Central, and South) focusing on one region each year over a three-year period to ensure each region is assessed every three years. The regions consist of seven counties each and are identified below:

Northern Region: Bergen County, Essex County, Hudson County, Morris County, Passaic County, Sussex County, and Union County

Central Region: Hunterdon County, Mercer County, Middlesex County, Monmouth County, Ocean County, Somerset County, and Warren County

Southern Region: Atlantic County, Burlington County, Cape May County, Camden County, Cumberland County, Gloucester County, and Salem County

The DCF needs assessment will take a systematic and comprehensive approach based on the framework outlined by McKenzie, Neiger, and Thackeray (2012) in *Planning, Implementing, and Evaluating Health Promotion Programs*. DCF's needs assessment will include four phases including I) gather, analyze and summarize existing data available across a variety of quantitative and qualitative data sources; II) collect and analyze new data from stakeholders to identify and prioritize needs across specific subpopulations; III) identify and evaluate current services; and IV) validate needs identified and make recommendations. Each of the four phases in the needs assessment is discussed in more detail below and will be implemented by DCF staff and key partners. By utilizing this robust, mixed-methods approach, DCF can expand its reach and understanding of current service needs, existing services, and gaps.

To ensure accountability and timelines for this process, DCF will generate interim reports at the conclusion of each phase of the needs assessment to be reviewed by both internal and external workgroups in order to inform the next phase of the needs assessment. Analysis of all data will culminate in a final report, informed by the external stakeholder board, that summarizes a prioritized list of needs, gaps in services for the specific region under review, and provide recommendations for action to improve the overall system. The final report will have a broad distribution as it is anticipated to heavily impact service delivery, contracting, budgeting, and programmatic decision-making.

III. Implementation

Phase I: Gather, Analyze and Summarize Existing Data

The first phase of the DCF needs assessment is to review, analyze and summarize all sources of data currently available to DCF through a variety of sources. Using the attached chart (Appendix B), DCF staff will collect an accounting of the variety of different needs assessment-like processes occurring across the department. DCF regularly collects both quantitative and qualitative data for case and performance management purposes. In order to leverage all of the processes underway at DCF, the full scope of the available data must be clear.

For example, Family and Community Partnerships (FCP) has partnered with the NJ Task Force on Child Abuse and Neglect, Prevention Committee to design and implement a new Statewide Prevention Plan. The Prevention Plan was created based on the results of a similar needs assessment process conducted by an outside entity with a focus on intact families who are considered at risk. Similarly, the Office of Adolescent Services (OAS) is also engaged in a needs assessment process for older youth involved¹⁸⁴ with DCP&P and has planned a needs assessment as part of a recently awarded federal planning grant. Another example is the data collected through

¹⁸⁴ The OAS processes look at youth living independently, living in out of home placements, or family.

other continuous quality improvement efforts across the Department such as Qualitative Reviews (QR), targeted record reviews, and other existing surveys that generate reports summarizing findings on a variety of subpopulations and topics. Therefore, DCF proposes that the needs assessment begins with a thorough review of existing reports and publications that assess needs from across the Department.

As a second step, DCF will analyze existing administrative data from New Jersey SPIRIT (NJS), the child welfare case management system, as well as SafeMeasures, a performance management system available to all staff. In addition to the Key Performance Indicators (KPI) tracked through SafeMeasures, DCF tracks data on placement of children and youth in out-of-home care, repeat maltreatment and re-entry into care, permanency outcomes, educational stability, physical and mental health care, services to families, and services to older youth. The DCF data system allows for tracking information at the macro and micro levels with data available by child, family, caseworker, local office, region, and/or state levels.

The administrative data will be used to understand the basic placement and service needs of the entire out-of-home population. This analysis will begin with understanding the demographics and descriptive factors (i.e. age, race, geography, type of abuse, type of placement, placement stability, length of stay) of the out-of-home target population and the regional variation that exists across the State.

The next step will be to look at the data available through the Standard Decision Making (SDM) tools used by caseworkers to assess families. Each family that is investigated for a CPS report has a Safety and a Risk Assessment conducted during the investigation. These assessments can provide information about identified risk factors for families as one indication of potential service needs. Although there are some limitations in using this data to draw conclusions as to the needs of families, it provides additional points of reference when analyzed in aggregate. Additionally, when a case is open for services with DCP&P, the caseworker is required to do a Strengths and Needs Assessment for both the child and the caregiver every six months as part of the planning process. These assessments contain information on physical and mental health, coping skills, substance use, relationships, parenting skills, and financial resources. Again, while this data may have some limitations in its utility, an analysis of the Strengths and Needs data will be the best source of information to take a broad look at all children placed in out-of-home care across the State as well as the needs of intact families at risk.

In addition to the SDM tools, DCF will aggregate data of professional and diagnostic assessments (i.e. psychological or psychiatric assessments) being requested and paid for by DCP&P as a proxy for the type of referral services needed for children and families. This analysis will look at the frequency of services secured to support the needs of a family; such as childcare, transportation, family preservation services, individual and family therapy, homemaker services and others. The focus will rely heavily on services that DCF pays for on a fee-for-service¹⁸⁵ basis to increase the likelihood of quality data. The data when taken in aggregate can provide an accounting of the frequency and types of services children, youth and their families are receiving. This will be

¹⁸⁵ Services provided to families on a fee-for-service basis, require casework staff to enter payment information into NJS thereby increasing the likelihood of accurate information because if there is no payment, the family cannot access the service timely.

incorporated into DCF's larger inventory of contracted services for a complete picture of available resources regardless of payment type and matched with identified needs and service demands in Phase III of the needs assessment.

When results of all these data sources outlined above are combined through the DCF needs assessment, the Department will have a comprehensive, multi-source understanding of the placement and service needs of all children and youth in out of home placement and families whose children may be at risk for entry into out of home placement. Understanding the results of completed and ongoing assessments across the Department will allow DCF to synthesize all that is known about the current needs of children, youth and families served by Department. Additionally, given the timing and similarities of the other needs assessments, this work will maximize understanding to avoid duplication of efforts, and leverage a multitude of resources and expertise to sufficiently assess the needs of both the out-of-home population as well as intact families in order to fully satisfy the MSA requirements.

In turn, understanding what story the exiting data tells, leads to decisions about what populations and topics need further exploration in phase II of the needs assessment. In phase II, DCF will collect additional data to improve our in-depth knowledge of the specific placement and service needs of certain subpopulations. The deliverables due to both internal and external workgroups at the conclusion of Phase I are as follows:

- Meta Analysis of the array of needs assessments within DCF;
- Summary of the analysis of DCF administrative data at the statewide and when available at the county/DCP&P Local Office level;
- Guidance to DCP&P leadership about using the analyses completed to inform decision-making broader than for the DCF Needs Assessment process, and;
- Areas to focus on in primary data collection processes.

Phase II: Collect and Analyze New Data and Prioritize Needs

Primary data collection strategies will be used in the DCF Needs Assessment to delve more deeply into understanding aspects of the findings from Phase I. In order to achieve this, DCF will create structured interview guides and surveys to conduct informational interviews, focus groups, and population based surveys to yield a more in-depth analysis of targeted subpopulations of interest. For example, much is known about the need for additional services for parents with a substance use disorder. However, the administrative data will not be able to answer questions about the level of care needed, the type of substance used by the participant in the program, the quality and accessibility of the service, or whether the service provided meets the current need. This data collection process provides the opportunity to interview DCP&P local office staff about referred services for families, anticipated outcomes, and insight into the decision making process that leads to a referral for services.

DCF will conduct structured informational interviews with external providers, key community informants, and DCP&P leadership located in the region being assessed as needed. Administered by PMA staff, these discussions will provide expert opinions on the needs of the community to

assist DCF with better understanding the placement and service needs children and families are encountering. Providers will be chosen based on their presence in the community (i.e. they serve a wide variety of DCP&P families in their region) as well as through discussions with local DCP&P leadership to ensure that key information is received from the most knowledgeable individuals who are deeply engaged in providing children, youth and their families with quality care. Once completed, interview responses will be analyzed in order to identify themes and trends. These responses will inform the development of questions for the population-based survey as well as to inform the structured interview guide for focus group.

DCF will conduct focus groups with approximately four target groups: provider agencies, youth, families, and DCP&P staff. Each group will consist of 6-10 individuals invited through a formal process and meetings will last approximately 45-90 minutes. Utilizing 8-10 targeted open-ended questions, DCF will lead discussions in an opportunity to identify broad and sweeping issues affecting youth in out-of-home placements and families with children at risk of placement and the type of services needed to address these issues. Focus group meetings will take place in an area that is convenient for members in the relevant region to help enable consistent attendance. Once completed, focus group responses will be analyzed in order to identify themes and trends. These responses will also inform the development of questions for the population-based survey.

Surveys are a key component to any needs assessment as they allow us to target a larger population than focus groups and informational interviews. Three parallel surveys will be created to capture the responses of providers, youth/families, and DCP&P staff members. All will be similar but adapted to respondent's roles.

Each survey will focus on understanding the placement and service needs of the target population, as well as the current services available to address those needs. The questions will be constructed based on the information gathered during the informational interviews and focus groups to ask specific questions that focus not only on the service needs, but also on the availability, effectiveness, and accessibility of services in the designated area. Broad areas of services will be defined as opposed to individual service agencies. For example, substance abuse screening, case management services, and therapeutic services may each be part of a broader array of service needs analyzed.

DCF will conduct approximately 25 surveys within each target group (i.e. provider agencies, youth, families, and DCP&P staff) that contain a mixture of open and closed ended questions. This will allow opportunities for individuals to leave more substantial comments. Key questions include: What are the most useful services? How do you use this service? How helpful are these services? The majority of the questions will be close-ended allowing individuals to rate each question to the best of their abilities using a Likert scale. Additional surveys of up to 200 per target group that are entirely closed-ended will be conducted using a similar question format. All surveys will be available both online and in paper format to accommodate families who do not have internet access.

After all data is collected, DCF staff will analyze all data from both existing data sources and newly collected data to identify and prioritize placement and service needs as well as service demands as outlined by the stakeholders. The analysis will focus on understanding the needs

among the entire population but also on targeted subpopulations when possible as there will likely be variation in need across various subgroups (e.g. geography, age, placement type, stakeholder type, etc.). The ultimate goal of the analysis is to develop a prioritized list of needs for review. Each identified need will be ranked using the priority ranking process as outlined by McKenzie et al. This process allows each identified need to be ranked across four different components to generate a priority score. These components are as follows:

- A. size of the problem (0 to 10)
- B. seriousness of the problem (0 to 20)
- C. effectiveness of the possible interventions (0 to 10)
- D. feasibility or the ability to conduct an intervention based on economics, resources, and legality (0 or 1)

$$\text{Basic priority rating (BPR)} = [(A + B) * C] / 3 * D$$

DCF in consultation with the external stakeholder board will assign a priority score to each need identified. These priority ratings will serve as a guide for DCF and its partners to make decisions on where to invest resources. There are likely to be many needs that arise from this process and the priority rating will provide some quantitative metric by which to make decisions based on the volume and seriousness of the need. Ultimately, decisions will be made based on the totality of the needs assessment, but the priority score will inform the decision making.

There will likely be a myriad of needs identified from this needs assessments across a variety of topic areas. With limited available resources, DCF must prioritize the needs of the children and families of the State based on the charge of the Department. A priority score would be given a “0” if the need falls outside DCF’s scope of work. This need would still be reported out in the regional and final reports, however, DCF would work with the external stakeholder group to identify appropriate State and community partners that would be better suited to address these needs directly. For example, should community or gang violence be identified as a high priority need from our focus group and survey data collection, that is an important piece of actionable information. However, DCF may do a “warm transfer” of this knowledge to another State agency or community provider to focus on this need as it more squarely fits within their strategic priorities. A priority score of “0” would never be given based solely on the availability of DCF resources, especially if the need falls within the mission and scope of work of the Department.

At the conclusion of Phase II, the following deliverables will be available to the workgroups for review:

- Results and summary of themes from informational interviews and focus groups
- Summary of findings from population-based survey outlining both general needs and needs of specific subpopulations, and;
- Summary of the highest priority of needs.

Phase III: Identify and Evaluate Current Services

Once needs are defined and prioritized for a region, DCF will identify the existing landscape and utilization levels of contracted and community based resources available to children, youth and families in the region geared toward addressing the highest priority needs identified. DCF will rely on content analysis of Business/Area/Local Office information (i.e. contracts and provider quarterly reports) as well as data available through DCF Central Office supports (i.e. financial downloads). Through this process, DCF will also make a determination if contracted services are offering best practice; evidence based, or evidence informed programs.

DCF will match the service landscape and utilization data against findings from Phase II above on the availability and effectiveness/satisfaction with existing services in the region to assist with identifying gaps or barriers that need to be addressed. This analysis will provide DCF with a better understanding of what programs are available to the target population; which programs are being utilized; how effective/satisfied stakeholders are with programming, and an overall understanding if the identified needs of the target population are being served. The Phase III process and deliverables will inform the recommendation process and/or prioritize recommendations if there are competing priorities.

Phase III deliverables are as follows:

- Inventory of contracted and community based services relevant to the areas of need explored in the DCF needs assessment;
- Summary on the frequency existing services are accessed and/or the levels of service contracted providers are providing.
- Identification of potential gaps in identified needs and existing service array.

Phase IV: Validate Needs Identified and Make Recommendations

After all needs are identified and prioritized, and after the existing service array is examined for gaps, a summary of the findings will be shared with the external stakeholder board. Together, DCF's internal workgroup and the external stakeholder board will validate and prioritize the identified placement and service needs identified by professional stakeholders along with the service demands identified by youth and families to create a blended list of priorities for DCF. These groups together will use the list of prioritized needs to develop recommendations for change. DCF's internal workgroup will be responsible for turning these recommendations into an actionable plan. This plan will be comprised of practical steps that can be measured and evaluated over time.

Upon completing all data collection, analysis, and stakeholder engagement, a summary will be written by DCF forming an easily understandable report that will highlight key statistics and findings from each area of need as well as emphasize any regional trends. After the completion of the DCF Needs Assessment in the primary region, a preliminary report will be drafted highlighting the trends in service, strengths, and challenges associated with youth in out-of-home placements and families with children at risk of out of home placement. This report will also incorporate recommendations for action for each specific region along with introductory plans to be

implemented. The report will be given to DCF leadership providing recommendations on necessary changes to the system and services.

IV. Conclusion

Once the statewide data collection and analysis is completed in the first year of the DCF Needs Assessment, this process will be repeated for the other two regions culminating in the entire state being completed in three years. The deliverables at the end of each phase will serve as interim updates to keep the internal and external workgroups apprised of progress made, decision-making processes and to provide overall accountability for the DCF Needs Assessment.

Preliminary reports such as this will be written for all three regions. Upon completing analysis of the third and final region, a comprehensive report will be drafted focusing on both regional and statewide system issues, recommendations for change, and subsequent tasks to mitigate these challenges. Reports, available by county, will be disseminated broadly on an annual basis, posted on the DCF website as well as shared with community based organizations, staff, and a broad array of stakeholders.

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

Measure III.B.1.b

December 2013			
Local Office	Intake		
	Total Workers	Workers In Compliance	Percent in Compliance
Atlantic East	19	10	53%
Atlantic West	15	7	47%
Bergen Central	21	18	86%
Bergen South	29	28	97%
Burlington East	22	20	91%
Burlington West	23	21	91%
Camden Central	21	21	100%
Camden East	21	20	95%
Camden North	20	20	100%
Camden South	20	19	95%
Cape May	13	12	92%
Cumberland East	13	12	92%
Cumberland West	26	25	96%
Essex Central	21	21	100%
Essex North	15	15	100%
Essex South	16	16	100%
Gloucester East	17	16	94%
Gloucester West	19	16	84%
Hudson Central	16	6	38%
Hudson North	18	18	100%
Hudson South	18	4	22%
Hudson West	20	14	70%
Hunterdon	8	8	100%
Mercer North	19	19	100%
Mercer South	22	22	100%
Middlesex Central	16	14	88%
Middlesex Coastal	21	20	95%
Middlesex West	21	20	95%
Monmouth North	28	16	57%
Monmouth South	25	14	56%
Morris East	17	17	100%
Morris West	21	20	95%
Newark Center City	20	20	100%
Newark Northeast	20	16	80%
Newark South	22	15	68%
Ocean North	32	30	94%
Ocean South	34	32	94%
Passaic Central	24	23	96%
Passaic North	33	33	100%
Salem	14	13	93%
Somerset	23	23	100%
Sussex	16	3	19%
Union Central	23	23	100%
Union East	23	23	100%
Union West	19	19	100%
Warren	18	18	100%
Total	942	820	87%
Statewide Total	2,288	2,094	92%

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

Excludes On-Leave Workers.

Prepared by the Office of Research, Evaluation and Reporting – January 15, 2014

Data Extracts on January 6, 2014

APPENDIX: D-2
CASE WORKER CASELOAD COMPLIANCE BY LOCAL OFFICE
Adoption Caseload Compliance

Measure III.B.1.d

December 2013

Local Office	Intake		
	Total Workers	Workers In Compliance	Percent in Compliance
Atlantic East			
Atlantic West	7	0	0%
Bergen Central	5	5	100%
Bergen South	6	5	83%
Burlington East	7	6	86%
Burlington West	4	1	25%
Camden Central	4	3	75%
Camden East	2	2	100%
Camden North	4	4	100%
Camden South	5	4	80%
Cape May	6	5	83%
Cumberland East	6	6	100%
Cumberland West			
Essex Central	5	4	80%
Essex North	2	2	100%
Essex South	4	4	100%
Gloucester East			
Gloucester West	8	7	88%
Hudson Central	3	3	100%
Hudson North	2	2	100%
Hudson South	6	6	100%
Hudson West	3	3	100%
Hunterdon	1	1	100%
Mercer North	6	6	100%
Mercer South	4	4	100%
Middlesex Central	3	3	100%
Middlesex Coastal	5	5	100%
Middlesex West	3	3	100%
Monmouth North	4	4	100%
Monmouth South	3	2	67%
Morris East	2	2	100%
Morris West	6	6	100%
Newark Center City	8	8	100%
Newark Northeast	9	9	100%
Newark South	9	9	100%
Ocean North	5	5	100%
Ocean South	6	6	100%
Passaic Central	5	5	100%
Passaic North	6	5	83%
Salem	4	4	100%
Somerset	5	5	100%
Sussex	4	4	100%
Union Central	3	3	100%
Union East	4	4	100%
Union West	4	4	100%
Warren	4	4	100%
Total	202	183	91%
Statewide Total	2,288	2,094	92%

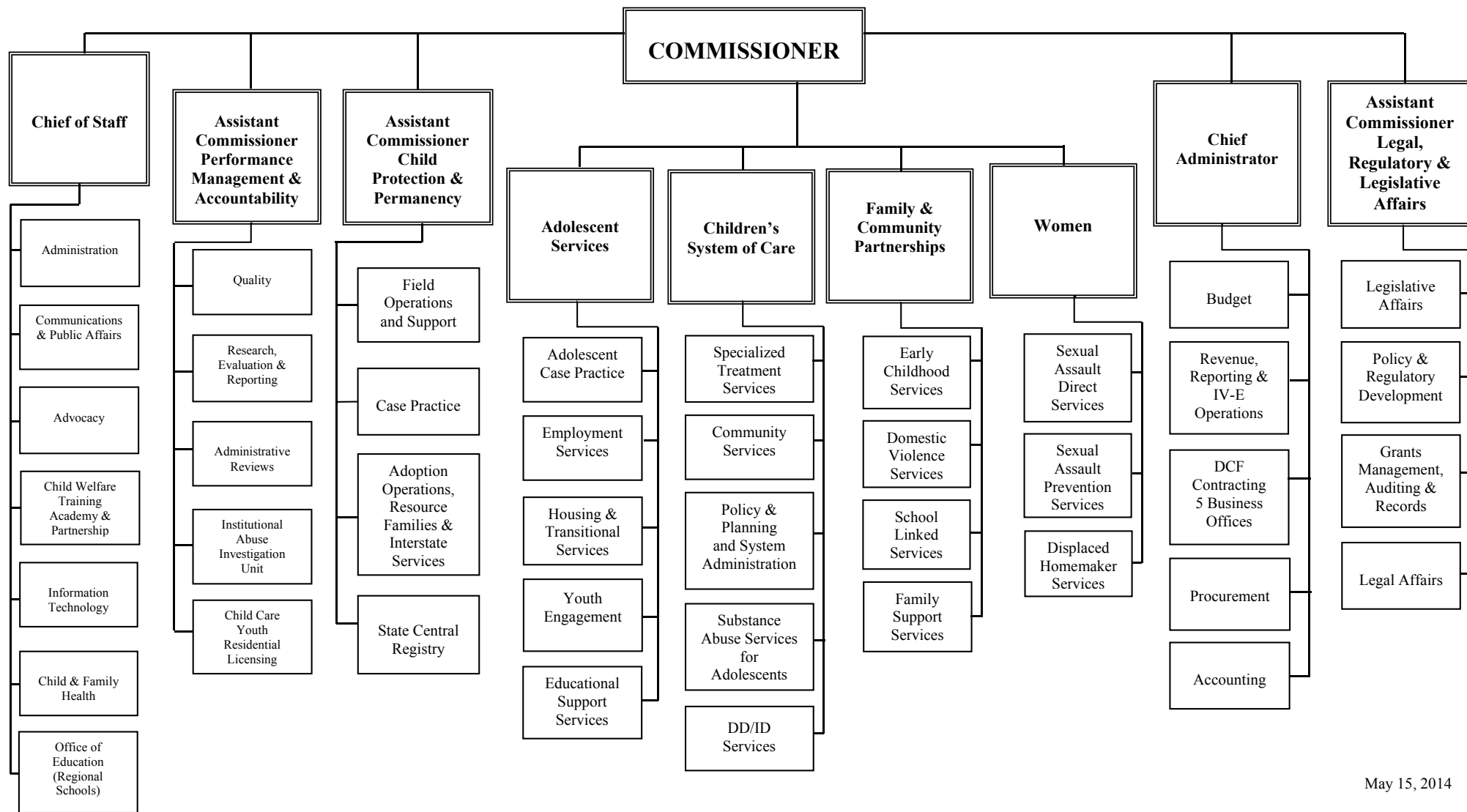
Adoption Standard - Percentage of workers that meet the 15 or fewer children standard (Standard = 95%)

Excludes On-Leave Workers.

Prepared by the Office of Research, Evaluation and Reporting – January 15, 2014

Data Extracts on January 6, 2014

**APPENDIX E:
DCF Organizational Chart
Department of Children and Families**



May 15, 2014